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Evaluation of the Youth Partnership Project practice framework

Final report

For Save the Children Australia



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Implementation

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



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Executive Summary

Context

The Youth Partnership Project (YPP) is a placed-based collective impact initiative to prevent and reduce youth offending in the South East Corridor of Perth. The project aims to engage state and local government agencies and not-for-profit organisations in working collaboratively to rethink the youth justice system and ensure initiatives to prevent youth offending are targeted, efficient and effective.

Scope

The Centre for Evidence and Implementation (CEI) was commissioned by Save the Children to undertake two streams of work related to the YPP, they include:

- *Developing and supporting the implementation of a practice framework* — this involved: a) reviewing and refining current practice to align delivery model to user needs and evidence informed best practice and b) providing implementation support, ongoing practice coaching, observation and supervision to ensure fidelity to practice framework.
- *Evaluating the implementation of the practice framework* — this involved examining a) Implementation outcomes through an assessment of model fidelity, program sustainability and acceptability and b) Outcomes for participants through a descriptive analysis of outcomes from survey and administrative data.

The findings presented in this report aim to answer a series of questions proposed by Save the Children for the evaluation.

Methodology

We used the RE-AIM framework to frame our evaluation findings. This framework has been used to guide the design and delivery of more than 2,800 health services evaluations and allows us to focus on those areas that have been demonstrated to be critical for the successful implementation of programs.

The evaluation used information from two main sources:

- *Survey instruments and administrative data* — Children and families participating in YPP were surveyed at three time points using a series of validated survey instruments. Additionally, the YPP backbone team maintain a 'tracking tool' that contains a series of outcomes for program participants sourced from administrative data.
- *Focus groups with key stakeholders* — Two 1-hour focus groups were held with representatives from the YPP backbone team and YPP practice team to explore the implementation of the practice framework.

Data from survey instruments and administrative data was summarised by timepoint, visualised and described narratively. Due to the small sample size (n = 17) we made a conscious decision not to report summary statistics or statistical analyses due to their potential to provide misleading confidence in the results. Results were contextualised by benchmarking against reference groups from the West Australia Aboriginal Child Health Survey and the Longitudinal Study of Indigenous Children.

Focus group discussions were analysed thematically and guided by the Consolidated Framework for Implementation Research (CFIR). CFIR consists of factors that are believed to influence implementation of an intervention, either positively or negatively (i.e., enablers or barriers to implementation). The analytic process involved categorising findings into constructs based on the CFIR to identify barriers and enablers to implementation and to determine whether the team implementing the practice framework found it acceptable and feasible.

In early discussions about the scope of the evaluation it was clear that Save the Children and other YPP stakeholders were particularly interested in understanding whether YPP was 'effective'. Due to limitations imposed by the small sample size and absence of a counterfactual — see section 5.1 for more information — we are unable to answer the question about whether YPP was effective using causal methods.

Key findings

Reach

Nearly all young people and families invited to participate in the YPP chose to do so. Approximately half of the participants were Aboriginal. All participants had experience of trauma, and nearly half reported anxiety. Based on discussions with the YPP backbone team, non-participation in the program is largely influenced by two factors, inability to locate families and limited capacity of the program.

Effectiveness

Due to the small sample size and absence of a counterfactual, we cannot determine whether or not YPP is 'effective.' Findings suggest children's ability to manage their socio-emotional behaviour improved with time. Participants with socio-emotional behavioural

scores in the 'abnormal' range decreased over time and appeared similar to scores in the general population at the final time point. Caregiver confidence also improved over time, with the proportion of caregivers with a 'poor' rating appearing lower than that of population norms by the final time period. There was no discernible change in family functioning scores. School attendance, days suspended, risky behaviour and offending were examined using administrative data. Of these outcomes, the interquartile range (i.e., the middle 50 per cent) of days suspended narrowed over time.

Adoption

Establishing and maintaining strong relationships is key for the delivery of the YPP model and practice framework. This includes relationships between the YPP team, young people and their families, as well as internal relationships among YPP partners.

Several aspects of the program model and practice framework were identified as vital to the delivery of the YPP. This includes the intensive engagement program, which allows YPP staff to forge strong relationships with young people to maintain their interest and involvement, and tools, such as goal setting and the strengths and needs assessment, which assist families to visualise the potential benefits of the YPP, while addressing any barriers to their involvement.

Implementation

Our analysis of the fidelity assessment tool shows YPP staff consistently deliver the practice framework with strong fidelity. YPP staff describe the practice framework as feasible and acceptable to implement. The practice framework is described as easy to use and adaptable to fit individual needs. YPP staff believe the framework adds structure to the YPP model, which increases the programs' credibility and sets the YPP apart from other programs.

Maintenance

Using the Intervention Scalability Assessment Tool (ISAT), we assessed the scalability and sustainability of the YPP in two scenarios: expanding the capacity of YPP within its current geographic area versus replicating YPP in another location with expanded capacity. The expansion of YPP within its current location scores highly in several domains, while replication in a different setting with expanded capacity did not score as well. This is due to concerns surrounding the transferability of implementation infrastructure and sustainability in the absence of ongoing funding.



Part one

Key messages

1. Key findings and recommendations

1.1. Key findings

We have summarised some of the key findings that emerged from our evaluation below.

1.1.1. There is a local need for YPP

This may appear to be self-evident, given that YPP is a place-based initiative, but there is a clear need for YPP in its current catchment. It is apparent that the number of children who are identified as eligible from the program is greater than the number of funded positions available. This means that while the YPP is reaching its intended population, there is an opportunity to increase the capacity of the program. Stakeholders also felt that there was an opportunity to increase the breadth of the program to encompass service gaps that were identified as priorities for this cohort — namely, health and youth mental health.

1.1.2. The practice framework has strengthened service delivery

The YPP practice framework, which provides a clear and documented structure for the model, has been well received by practice staff. Internal stakeholders have observed that it provides additional structure to the service model and provides guidance for practice staff. Our analysis using a self-reported tool suggests that, thus far, the practices are being implemented as intended. However, implementation is not a stationary process and is important that ensure that these gains are maintained over time through ongoing monitoring, supervision and support.

1.1.3. Continuity is important in laying the groundwork for success

Program continuity is important for participants, practitioners and practice. For vulnerable participants, it can be difficult to build trusting relationships with multiple support workers.

For practitioners, program continuity can affect job security and tenure. At the practice-level it can take time to train and support new staff to implement new practices. During this evaluation, we observed significant staff turnover in both the support and practice teams. While the reasons for staff turnover vary, some internal stakeholders observed that some staff in the practice team left due to concerns about job security. We learned that the contract lengths available to the practice team were limited by the 12-month funding extensions received for the program. It is likely that some of these continuity issues could be resolved through securing a longer-term tranche of funding.

1.2. Recommendations

We have developed a series of recommendations to support the continued operation and potential scale-up for the Youth Partnership Program (YPP). These recommendations are made with reference to the Evaluation Team's expertise in Implementation Science. We have grouped these recommendations into three categories

- 1 Recommendations that support the continued use of the practice framework
- 2 Recommendations that support the maintenance and further development of relationships with partner organisations
- 3 Recommendations that provide a pathway to understanding if the YPP is effective at achieving outcomes for participants

1.2.1. Supporting the use of practice framework

The practice framework has been well received by YPP practice staff and there is a strong perception amongst internal stakeholders that it has supported service delivery and provided the program with additional structure. To continue to support its maintenance we are recommending that Save the Children and the Youth Partnership Project:

- Facilitate access to regular group supervision for the practice team
- Provide access to external coaching support when required, particularly for new team members who might be unaccustomed to using some practices
- Formalise adaptations that are made to the practice framework in different situations — e.g., when the family has younger siblings — to ensure that practices are applied consistently across the team

1.2.2. Maintain strong relationships with partner organisations to support the continued delivery and scale up of YPP

A common theme in discussions surrounding this evaluation was the strong interest within SCA to increase the scale of YPP, in both its current footprint, and potentially in an additional location. Scaling a program is a fragile process and requires planning and sufficient implementation structures to allow it to succeed. As a place-based initiative the continued success of the YPP is built on the maintenance of existing relationships with partner organisations. To ensure that YPP is well positioned for the medium term we recommend the following:

- Consider building relationships with organisations that can facilitate access to age-appropriate mental health support for children in YPP
- Ensure that existing relationships are maintained, and further relationships developed e.g., with WA Health, with a view to provide some longer-term continuity for YPP. This

process should include understanding the necessary conditions for securing continued or expanding funding

- Seek to obtain funding to scale up the capacity of the program in its current geographic footprint to a) meet local need and b) test the capacity to scale the program

1.2.3. Providing a pathway to understanding if the YPP is effective

We recognise that there is strong stakeholder interest in understanding if the YPP is 'effective'. As it currently stands, the necessary conditions to understand this do not exist. This is primarily due to the very small number of families who have participated in the program. However, we believe it may be feasible to undertake a methodologically rigorous impact evaluation if there is sufficient stakeholder interest. To achieve this, we recommend:

- Exploring the feasibility of undertaking a randomised control trial. We believe this is reasonable given that even if program capacity is tripled, local need will still be more than double the capacity of the program. The trial could be undertaken over multiple years with different cohorts to ensure that sufficient families are recruited to meet statistical power requirements i.e., the ability to detect a difference.



Part two

Evaluation context

2. The Youth Partnership Program in context

2.1. Youth Justice in Western Australia

Children and young people in the youth justice system represent one of the most vulnerable populations in Australia. In 2019 – 20, 863 children and young people were in detention across Australia on an average night (Australian Institute of Health and Welfare, 2021). Of these, 112 young people were detained in Western Australia (WA) (Australian Institute of Health and Welfare, 2021). Aboriginal and Torres Strait Islander youth were over-represented with Indigenous youth 17 times as likely to be in detention on an average night than non-Indigenous youth (Australian Institute of Health and Welfare, 2021).

Banksia Hill Detention Centre is the only detention centre for offenders aged 10 to 17 years in WA (Commissioner for Children and Young People, 2020). Between October 2015 and September 2016, there were 1,684 entries into Banksia (Department of Corrective Services, 2016). One in four of these young people were from the South East Corridor of Perth (Department of Corrective Services, 2016). Despite high expenditure on youth corrective services in WA, more than half of young people released from sentenced supervision in WA between 2016 – 17 returned within 12 months (Productivity Commission, 2020).

2.1.1. Risk factors for youth involvement in the justice system

To reduce youth offending, strategies must be designed to address underlying risk factors. Research suggests a range of social and environmental factors contribute to children and young people's involvement in crime (Commissioner for Children and Young People, 2020). This includes family and community dysfunction, exposure to violence, alcohol and drug

abuse, low socioeconomic status, disengagement from education, and social exclusion (Commissioner for Children and Young People, 2020).

Specifically, children and young people who have experienced abuse or neglect are more likely to engage in criminal activity and enter the youth justice system (Australian Institute of Health and Welfare, 2020) than their peers. In Australia, approximately 3 in 5 young children and young people in detention have also received child protective services (Australian Institute of Health and Welfare, 2020).

The underlying causes for youth offending are complex and multifaceted. As such, a comprehensive approach is required to address youth justice issues. The youth justice system must work collaboratively with human service agencies, including child protective services, schools, and healthcare providers as well as with families, communities, and young people in addressing this issue (Commissioner for Children and Young People, 2020).

2.2. Overview of the Youth Partnership Project

2.2.1. What is the YPP?

The Youth Partnership Project (YPP) is a place-based collective impact initiative aiming to prevent and reduce youth offending in the South East Corridor of Perth. The project aims to engage state and local government agencies and non-for-profit organisations to work collaboratively to rethink the youth justice system and to ensure initiatives to prevent youth offending are targeted, efficient, and effective (Youth Partnership Project, 2019).

The YPP aims to:

- identify at risk youth early and intervene before they become involved with the youth justice system through leveraging the expertise of sector stakeholders,
- intervene effectively with young people and their families by using evidence-informed practices tailored to this group, and
- connect young people and their families to support services to promote protective factors to reduce the likelihood of youth's engagement in crime through partnerships with services active in the community.

2.2.2. Where did the YPP come from?

The YPP was launched in 2014 after a working group of the South East Metropolitan Human Services Regional Managers Forum sought funding from the Department of Local Government and Communities' Social Innovation Fund to respond to the high levels of youth crime and anti-social behaviour in the South East Corridor of Perth. Initial funding allowed for the strengthening of partnerships and supported the early stages of development of the YPP early intervention model, which was supported by Save the Children, who provides the 'backbone' organisation.

2.2.3. Who is involved in the YPP?

The YPP Steering Committee is the core group leading and overseeing the implementation of the YPP model. The steering committee is comprised of members from the City of Gosnells, Department of Communities, Department of Education, the WA Police Force, and Save the Children. The committee is responsible for providing strategic and operational

advice, facilitating information and data sharing, identification of potential YPP participants, and coordinating service delivery.

Save the Children provides the backbone organisation for the YPP and is responsible for day-to-day management and implementation. Save the Children provides both a technical team and an operational team to support the YPP. The technical team provides project management, research design, data collection, secretarial support, and monitoring and evaluation. The operational team includes team leaders, youth workers, family support workers, and a cultural development officer.

The YPP also involves several operational partners, including schools, frontline government services, and community services, who collaborate to provide holistic client-centred support to participating young people and their families. Cross-sector collaboration is a key component of the YPP model.

2.2.4. How has the YPP changed over time?

Adopting a collective impact approach, the YPP encouraged cross-sector collaboration from the outset with the aim to develop an early intervention model to address youth offending and anti-social behaviour. This process began with the development of a shared definition of young people with complex needs, allowing the YPP to establish a clear target group for the early intervention model. Data and information sharing across sectors was facilitated, allowing the YPP team to map services for young people. This outlined the landscape of youth support services in the area, thus enabling the YPP team to identify gaps in support and leverage existing services (Youth Partnership Project, 2019).

In 2016, the YPP engaged a group of young people who have been involved with the youth justice system to co-design the YPP early intervention model. Through this process, the young people identified six protective factors — see Figure 2.1. These protective factors were mapped against existing services in the area. This solidified the need for a collaborative, cross-sector approach to youth offending and formed the basis for the YPP early intervention model (Youth Partnership Project, 2019).

Figure 2.1 Protective factors to youth offending



The YPP early intervention model was piloted from 2017 – 19 in the City of Armadale after receiving funding from the WA Police Force. The program was known locally as the Armadale Youth Intervention Partnership (AYIP) and built upon existing partnerships between youth service providers. The City of Armadale was selected as the pilot location due to the high youth crime rate in the area, along with evidence that the youth service system was open to a collaborative response to youth justice as youth service providers were actively acting collaboratively on other initiatives.

Piloting of the YPP early intervention model occurred in two phases. This allowed the YPP team to adapt and refine the model based on ‘lessons learned’ during delivery. For example, the process of identifying participants was revised and the target age range was dropped to allow for earlier engagement. Initially the program involved a school holiday

program designed to build and strengthen relationships between young people and their families and youth workers. This was adapted over time to an intensive engagement program, which encouraged stronger relationship building and allowed activities to be closely tailored to participants' individual interests. The coordination, educational engagement, and family support components were also adapted over time to increase cross-sector collaboration and improve sustainability.

In 2019, the YPP began a second pilot phase for the YPP model, expanding to the City of Gosnells with funding from the Department of Justice, City of Gosnells, Hope Community Services, and the Paul Ramsay Foundation.

2.3. How does the YPP seek to improve outcomes for at-risk children and their families?

2.3.1. What is the theory of change for the YPP?

The YPP utilises a systems change approach to youth justice by encouraging cross-sector collaboration to define the problem and design a solution for youth offending and anti-social behaviour. The YPP model aims to increase the effectiveness and efficiency of the youth services system in WA and thus, reduce demand on statutory services in communities with high levels of complex needs and youth offending.

The theory of change for the YPP is that by increasing the capacity and collaboration within the youth services sector, the sector will be able to provide the right support to young people with complex needs prior to their involvement in the youth justice system. As a result, the needs of young people are met, thus preventing or reducing the likelihood of them offending. The full program logic can be found in Appendix A.

2.4. What is the role of the practice framework in the delivery of the YPP?

2.4.1. What is the YPP practice framework?

The practice framework was designed to support YPP staff in delivering services to young people and their families. The framework provides a clear and documented structure for the YPP model by:

- Providing guidance on the implementation of evidence-informed practices. The practices included in the framework were designed based on the outcomes the YPP model aims to achieve — see Figure 2.2 — and the evidence surrounding their effectiveness.
- Improving quality and consistency of service delivery by making the ways of working explicit, providing common language for staff to use across the program, increasing consistency, and supporting potential scale up of the program.

Figure 2.2 The YPP model outcomes informing the practice framework



2.4.2. How was the practice framework developed?

Building upon the six identified protective factors (Figure 2.1), the practice framework was developed by applying an evidence-informed approach designed to implement research-based evidence in real world settings. An evidence-informed approach draws from the research evidence, combined with expertise of staff delivering the services, and the values of the young people and families involved in the program. The methodology used to develop the practice framework is summarised in Table 2.1.

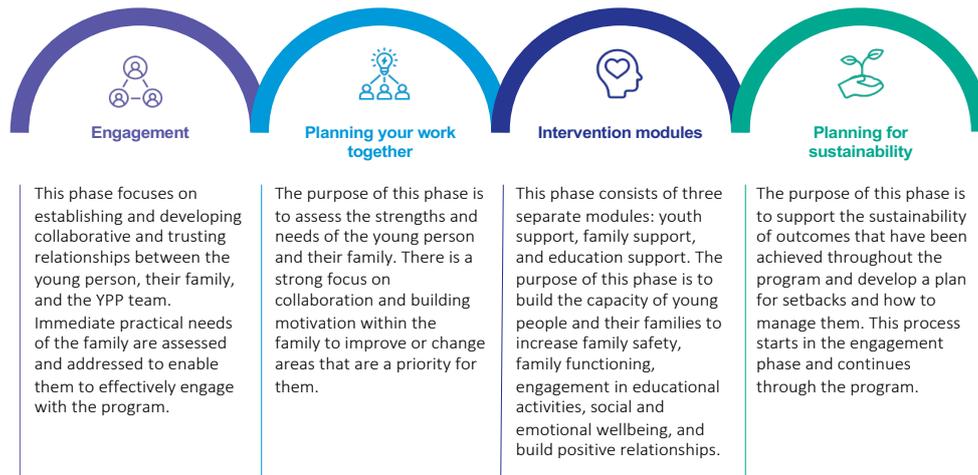
Table 2.1. Overview of the practice framework development method

| | |
|---|--|
|  | Step 1. Co-design workshop and key stakeholder interviews held to: <ul style="list-style-type: none">• Examine existing activities and practices used in the program• Identify outcomes of the program under each of the protective factors |
|  | Step 2. Evidence check mapped against the outcomes identified above, including: <ul style="list-style-type: none">• A review of high-quality systematic reviews across well-established research databases• A review of the evidence found across research-based clearinghouses that collate and summarise high quality evidence• Targeted search of other journal articles and databases in identifying 'grey literature' research |
|  | Step 3. Co-design workshop held to: <ul style="list-style-type: none">• Consider findings of evidence check• Identify common elements / practices that were suitable for inclusion in the practice framework• Arrive at a shared understanding of practice and activities to include in the model. |

2.4.3. How is the practice framework used?

The practice framework describes specific practices and activities the YPP staff can use to support young people and their families. These practices sit within four phases of delivery. Each phase contains practice elements that guide staff in what to do with young people and their families and how to do it. A summary of each of these phases is presented in Figure 2.3.

Figure 2.3 YPP practice framework phases of delivery



Delivery of the phases is to be informed by a series of guiding principles and based on the needs of the young people and their families. The guiding principles inform the delivery of both the practice framework and the overall YPP model. These principles are summarised in Table 2.2.

Table 2.2 Guiding principles of the YPP practice framework

| | | |
|--|--|---|
| | Being trauma informed | Staff focus on building rapport and authentic engagement through demonstrating positive regard. Trauma informed practice are used to promote safety, trustworthiness, empowerment, choice and collaboration. |
| | Demonstrating cultural competency and responsiveness | A culturally respectful, safe and responsive approach is used when engaging with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse clients to ensure culture is respected and seen as a source of strength. |
| | Building self-efficacy within the young person and family | Staff foster self-efficacy within the young person and their family by providing an environment that is conducive to working collaboratively and provides capacity building. |
| | Modelling | Staff act as mentors and role models for young people and their families and actively work to model positive behaviours. |
| | Young person is heard | Young people are empowered and supported to voice their feelings on decisions that impact them. Staff regularly seek feedback from young people and families on the program. |
| | Strengths focused | Staff strive to identify, build on, and enhance the capabilities, skills, knowledge, and assets of the young person, family and their community. |



Individualised and flexible

Interventions are customisable to suit the unique needs of individual young people and their families. Needs are responded to in a flexible, responsive, and adaptive manner.



Focused on skill development

Staff focus on teaching young people and their families' skills that build capacity to autonomously solve problems and increase family functioning.

2.4.4. How was implementation of the practice framework supported?

Prior to commencing implementation of the practice framework, CEI conducted a readiness assessment to determine ways in which the YPP team was ready to adopt the framework. In other words, this assessment was used as a tool to measure potential barriers and enablers to implementation of the framework. A local implementation team was selected to develop a tailored implementation plan, outlining specific strategies for implementation, and a plan for monitoring implementation quality.

In accordance with the implementation plan, training on the use of the practice framework was delivered to YPP team members by CEI staff through online coaching sessions. Continuous, follow-on coaching sessions were held to support integration of what YPP staff learned about the practice framework in training into practice. These sessions focused on skill-building and troubleshooting through modelling, rehearsal and feedback. Training and coaching sessions were recorded and shared with the YPP team for future reference.

Based on the monitoring plan, one team leader was trained in the use of a 24-item YPP Fidelity Building Tool (YPP-FBT) designed by CEI to support YPP staff delivering the practice framework. The tool was developed as a mechanism for monitoring whether the practice framework is being delivered as intended and to inform areas requiring additional training and support. This tool is presented in Appendix B.

2.4.5. How are young people and their families identified to participate in the YPP?

As previously mentioned, the YPP team developed a shared definition for young people with complex needs. This definition was designed in collaboration with governmental agencies, drawing on various indicators and definitions used across sectors. The definition emphasises that it is the concurrence of complex needs that places a young person in a situation of high vulnerability and increases their risk of anti-social behaviour, thus increasing the likelihood of them entering the juvenile justice system (Youth Partnership Project, 2019).

The YPP defines young people with complex needs as young people who experience all hard indicators as listed in Table 2.3, plus any additional risk factors. This definition and matrix are used to identify potential participants for the YPP. The target group for the YPP model is further limited to include young males aged 8-12 years. This decision was made based on the overrepresentation of males in the youth justice system and a recognition that this age range is well-suited to early intervention (Youth Partnership Project, 2019).

Table 2.3 The YPP matrix to define young people with complex needs

| | Situational risk factors | Individual risk factors |
|------------------------|--|--|
| Hard indicators | <p>A young person who is related to, associated with or seen with an offender, or who is a witness to or associated with offending</p> <p>A young person living in a conflicting home environment, as indicated by:</p> <ul style="list-style-type: none"> • Referrals to DoC-CPFS for child protection concerns, and/or • Being subject to a safety and wellbeing assessment, and/or • Being in the care of DoC-CPFS | <p>A young person who has:</p> <ul style="list-style-type: none"> • School attendance rate below 59% over 24 months, and/or • Had school suspensions • Involved in critical incidences, including physical assault or intimidating/ threatening behaviour |
| Soft indicators | <p>A young person experiencing social disadvantage, such as unemployed carers, homelessness or housing stress, family breakdown, transience, low socioeconomic status, or primary carers identified as having issues with mental health, alcohol, or drugs</p> <p>A young person who is street present</p> <p>Lack of recreational or positive leisure activities</p> | <p>A young person with mental health concerns (e.g., depression, anxiety, conduct disorders and/or alcohol and substance abuse)</p> <p>A young person who, if at school, is:</p> <ul style="list-style-type: none"> • Not coping in classroom situations • Showing signs of low self-esteem and/or difficulty with problem solving |

Adapted from Youth Partnership Project Model: June 2019 (p. 20), by Youth Partnership Project, Save the Children, 2019.

Identification of young people meeting inclusion criteria for involvement in the YPP is facilitated by the local YPP Steering Group. The Department of Education generates a list of young people who meet the hard indicators of individual risk factors. The Department of Communities – Child Protection and Family Support (*Communities – CPFS*) then identify which of these young people live in a conflicting home environment. A list of young people identified by both departments is subsequently sent to the WA Police Force, who determine which of these young people are related to, associated with or have been seen with an offender, or who have been witness to or associated with offending (see Table 2.3). This final list is sent to the YPP Steering Committee for review. A scoring system is then applied to prioritise those who may benefit most from participating in the YPP,

3. Evaluation scope and methodology

3.1. Evaluation scope

3.1.1. Relationship between the practice framework and evaluation

CEI was engaged by Save the Children to undertake related pieces of work related to YPP:

- Stream 1: Practice Review and Implementation Science
 - This included two main tasks:
 - Reviewing and refining current practice to align delivery model to user needs and evidence informed best practice,
 - Provision of implementation support, ongoing practice coaching, observation and supervision to ensure fidelity to practice framework.
- Stream 2: Implementation and outcome evaluation
 - The evaluation of the practice framework (developed in stream one) includes two core elements:
 - *Implementation outcomes* — through assessment of model fidelity, program sustainability and acceptability and staff satisfaction.
 - *Outcomes for participants* — through analysis of outcomes for YPP program participants.

3.1.2. Evaluation questions

Save the Children proposed a series of evaluation questions that were based on those requested by the program funder — the Paul Ramsay Foundation. These questions are included in Table 3.1.

3.2. The RE-AIM framework

We used the RE-AIM framework to frame our evaluation findings — see Figure 3.1. This framework has been used to guide the design and delivery of more than 2,800 health services evaluations (Glasgow et al., 2019). We chose to use RE-AIM as it allows us to focus on those areas that have been demonstrated to be critical for the successful implementation of programs.

Figure 3.1 RE-AIM framework

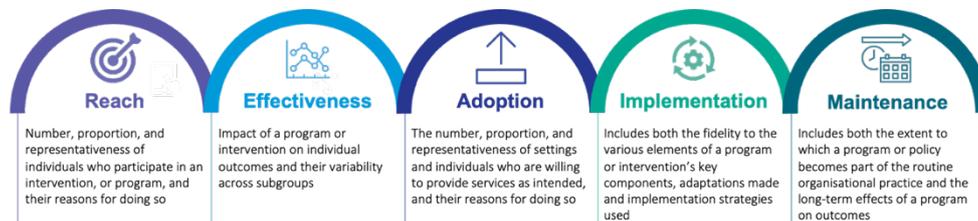


Table 3.1 Mapping evaluation questions to RE-AIM domains

| | | |
|--|----------------|---|
| | Reach | <ul style="list-style-type: none"> • What proportion of potentially eligible children and families participated in the program? |
| | Effectiveness | <ul style="list-style-type: none"> • To what extent have young people increased their ability to manage their behaviour? • To what extent do young people feel more connected to their culture? • To what extent do caregivers feel more confident in their caregiving ability? • To what extent has family functioning improved? • Are young people attending school more regularly? • To what extent are young people avoiding risk? • To what extent are young people avoiding interaction with youth justice system? |
| | Adoption | <ul style="list-style-type: none"> • Which aspects of the program model and practice framework are perceived to be most important in engaging young people and delivering the program? |
| | Implementation | <ul style="list-style-type: none"> • What is the perceived feasibility and acceptability of the YPP practice framework among those implementing and receiving it? • To what extent was the program delivered consistently with the practice framework? |
| | Maintenance | <ul style="list-style-type: none"> • What is the perceived sustainability and scalability of the YPP practice framework among those implementing it? |

3.3. Evaluation methodology

3.3.1. YPP cohorts and the implementation of the practice framework

YPP is delivered with cohorts of families starting at the same time. This evaluation covers the period where YPP was delivered to cohorts 4 and 5. The YPP practice framework was implemented during the period cohort 4 was receiving services, which meant that families in cohort 4 received a combination of YPP with and without the practice framework, while families in cohort 5 received only YPP with the practice framework. There are not enough families in either cohort for us to analyse the results separately, so we have combined outcomes from both cohorts in most of the analyses presented in this report.

3.3.2. Information sources

Survey instruments and administrative data

Children and families participating in YPP were surveyed at three time points using a series of validated survey instruments. Surveys were administered and collated by the YPP team. This evaluation used the results from:

- Strengths and Difficulties Questionnaire (SDQ) (Goodman et al., 1998).
- Parent Empowerment and Efficacy Measure (PEEM) (Freiberg et al., 2014).
- West Australian Aboriginal Child Health Survey Family Functioning Scale (WAACHS-FFS) (Zubrick et al., 2005).

In addition to these survey instruments, the YPP backbone team maintain a ‘tracking tool’ that contains a series of outcomes for program participants that include:

- School attendance rates
- Days suspended from school
- Count of offences
- Count of child protection reports
- Count of child safety investigations

These outcomes were provided to us in summary form by semester, and for 24 months prior to commencement.

Focus groups with key stakeholders

Two 1-hour focus groups were held with:

- Representatives from the YPP backbone team
- Representatives from the YPP practice team

These focus groups were guided by discussion guides developed for each group, these have been included in Appendix D.

3.3.3. Analysis methods

Insights from survey instruments and administrative data

We combined scores from surveys and counts of events from administrative data from cohorts 4 and 5 and presented them at relative timeframes (i.e. baseline, midpoint,

endpoint). Data from both surveys and administrative sources was summarised by timepoint, visualised and described narratively. Due to the small sample size (n = 17) we made a conscious decision not to report summary statistics or statistical analyses due to their potential to mislead the audience and provide misleading confidence in the results. Where possible we presented the distribution of results to highlight the wide range of possible outcomes at each time point. Specific detail on decisions made for each question is included in Chapter 5.

To contextualise the scores from the survey instruments we benchmarked results from YPP participants with results from a reference group. We used the West Australia Aboriginal Child Health Survey (Zubrick et al., 2005) and the Longitudinal Study of Indigenous Children (LSIC), also known as *Footprints in Time* as reference groups (Department of Social Services, 2015).

Insights from focus groups with key stakeholders

Focus group discussions were analysed thematically using a modified framework approach. Our analysis was guided by the Consolidated Framework for Implementation Research (CFIR). CFIR consists of factors that are believed to influence implementation of an intervention, either positively or negatively (i.e., enablers or barriers to implementation) (Damschroder et al., 2009). The analytic process involved:

- Reviewing the focus group recording and notes using a direct analysis approach to ensure familiarity with key insights (Greenwood et al., 2017); and
- Categorising findings into constructs based on the CFIR to identify barriers and enablers to implementation and to determine whether those implementing the practice framework found it acceptable and feasible.

3.3.4. Information sources and analysis methods for each evaluation question

Information sources and methods used to answer each of the evaluation questions are summarised in Table 3.2 below.

Table 3.2 Methods used for each evaluation question

| Evaluation question | Information source | Method |
|---|--|--|
| To what extent have young people increased their ability to manage their behaviour? | <ul style="list-style-type: none"> • SDQ | <ul style="list-style-type: none"> • Descriptive analysis • Benchmarking |
| To what extent do caregivers feel more confident in their caregiving ability? | <ul style="list-style-type: none"> • WAACHS-FFS | <ul style="list-style-type: none"> • Descriptive analysis • Benchmarking |
| To what extent has family functioning improved? | <ul style="list-style-type: none"> • PEEM | <ul style="list-style-type: none"> • Descriptive analysis • Benchmarking |
| Are young people attending school more regularly? | <ul style="list-style-type: none"> • School attendance rates | <ul style="list-style-type: none"> • Descriptive analysis • Benchmarking |
| To what extent are young people avoiding risk? | <ul style="list-style-type: none"> • Days suspended from school • Number of child protection reports | <ul style="list-style-type: none"> • Descriptive analysis |

| Evaluation question | Information source | Method |
|--|--|--|
| | <ul style="list-style-type: none"> Number of child protection investigations | |
| To what extent are young people avoiding interaction with youth justice system? | <ul style="list-style-type: none"> Recorded offences | <ul style="list-style-type: none"> Descriptive analysis |
| To what extent was the program delivered consistently with the practice framework? | <ul style="list-style-type: none"> YPP Fidelity tool Focus groups with YPP staff | <ul style="list-style-type: none"> Descriptive analysis of fidelity tool Thematic analysis of insights from focus groups |
| What is the perceived appropriateness and acceptability of the YPP practice framework among those implementing and receiving it? | <ul style="list-style-type: none"> Focus groups with YPP staff | <ul style="list-style-type: none"> Thematic analysis of insights from focus groups |
| Which aspects of the program model and practice framework are perceived to be most important in engaging young people, delivering the program and achieving successful outcomes? | <ul style="list-style-type: none"> Focus groups with YPP staff | <ul style="list-style-type: none"> Thematic analysis of insights from focus groups |
| What is the perceived sustainability and scalability of the YPP practice framework among those implementing it? | <ul style="list-style-type: none"> Focus groups with YPP staff | <ul style="list-style-type: none"> Thematic analysis of insights from focus groups |

3.4. Limitations of our approach

3.4.1. Changes from the Evaluation Plan

In early discussions about the scope of the evaluation it was clear that Save the Children and other YPP stakeholders were particularly interested in understanding whether YPP was ‘effective’. This influenced the approach CEI outlined in an Evaluation Plan. In that plan we proposed a methodology that used a hybrid implementation-effectiveness approach that used quasi-experimental methods and linked administrative data to examine the impact of the program on justice and child protection outcomes. This plan relied on a number of assumptions, including the availability of linked administrative data and the existence of sufficient number of participants in the program to undertake a suitably powered analysis. Following consultations with YPP stakeholders, it became clear that these assumptions could not be met. The critical issue was that there were far fewer participants in YPP than required to undertake a suitably powered statistical analysis.

Due to limitations imposed by the small sample size and absence of a counterfactual — see section 5.1 for more information — we are unable to answer the question about whether YPP was effective using causal methods. CEI and Save the Children agreed on a revised approach which was summarised in a Terms of Reference.

3.4.2. Changes from the Terms of Reference

In the Terms of Reference, we proposed to answer the question “*to what extent do young people feel more connected to their culture?*” by using the IRISE-C tool and analysis of case notes. However, in consultation with Save the Children it was decided to not use the

IRISE-C tool. We had concerns about its application (it is only supposed to be used with clients who have an explicit case plan goal to improve connect to culture) and Save the Children had concerns about its cultural appropriateness. Additionally, Save the Children and CEI decided to not code the case notes because of various resource constraints. Therefore, we were not able to answer this question.

Additionally in the Terms of Reference, we proposed to use the Spence Children's Anxiety Scale (SCAS) as an input to answer the question: *To what extent have young people increased their ability to manage their behaviour?* However, the SCAS was only administered at one time point for one cohort, so we were unable to use this to provide insight into this question.



Part three

Evaluation findings

4. Reach

Key findings



Almost all children and families who are invited to participate in YPP opt to do so. Approximately half of participants were Aboriginal.



Based on consultations with the YPP backbone team the two factors that are most likely to influence participation are: their ability to locate a family and the funded capacity of the program — with demand outstripping supply



All YPP participants had experience of prior trauma. Approximately half of participants reported anxiety.

4.1. Why is reach important?

Reach refers to the absolute number, proportion, and representativeness of individuals who are willing to participate in an intervention, and reasons why or why not. It is an important domain to consider, because it allows us to determine if an intervention is being delivered to the intended population.

There is an important distinction to make here between proportion and representativeness. Proportion is often operationalised as the participation rate i.e., those who participate divided by the total number of eligible individuals. Representativeness is slightly different, it refers to the similarity or differences between those who participated and those who are eligible but did not. If there are no observed differences between those

who opted to participate relative to those who did not, then a reasonable case can be made for the generalisability of findings to ‘real world’ applications. However, if there are differences then there might be a differential impact that cannot be determined because the study population is not representative enough of the intended population.

4.2. Key findings

4.2.1. What proportion of potentially eligible children and families participated in the program?

We sought to determine the proportion and representativeness of YPP participants by comparing the characteristics of those who participated relative to those who did not. However, based on consultations with the YPP backbone team we learned that only two families declined to participate in cohorts 4 and 5.¹ Therefore, it became clear that there were insufficient children who declined to participate to answer the question in this manner. Instead, we varied our approach to:

- 1 Identify what other factors might affect who is identified and invited to participate
- 2 Identify key characteristics of YPP participants

Factors that influence reach

We sought to investigate this through consultations with the YPP backbone team. In the process of doing so, we revisited the process used to identify potential participants that was discussed in section 2.4.4. In Table 4.1 we have identified those factors that may influence the reach of YPP at each stage of identification/recruitment process.

Insights from consultations with the YPP backbone team suggest that the two factors that are most likely to influence participation are:

- *Their ability to locate a family* — they observed that across all cohorts the reason most families don’t participate is because they cannot be found, as families are often transient
- *The capacity of the program* — there are far more eligible families than there are funded places in YPP.

Table 4.1 Factors that may influence reach of YPP

| Identification / recruitment stage | Goal of each step | Factors that could influence identification, selection, or participation |
|------------------------------------|--|--|
| Data screening | Identify children who meet education, police and child protection criteria in catchment area | Accurateness and completeness of data extract |

¹ Based on consultations with the YPP backbone team, we learned that:

- all children identified in cohort 4 (n=7) consented and participated in YPP
- two children identified in cohort 5 (n=10) declined to participate
 - one child had changed primary carer and had moved regionally
 - one family chose not to participate

| Identification / recruitment stage | Goal of each step | Factors that could influence identification, selection, or participation |
|--|---|--|
| Practicalities of program delivery | Identify schools where multiple children are enrolled to minimise travel and ensure efficiencies | School enrolment |
| Obtain additional information from other service providers | Add qualitative insights from other local service providers to obtain additional information about the family | Accessed services in YPP network |
| Prioritise families to work with | Prioritise families to work with based upon need and program capacity | YPP capacity Prioritisation process |
| Make contact with families | Invite families to participate in program | Ability to contact family |

Characteristics of YPP participants

Characteristics of participants were provided by the YPP backbone team in summary form. Of the 17 YPP participants 7 participated in Cohort 4 and 10 in Cohort 5. Approximately half of YPP participants were Aboriginal (n=9; 3 in Cohort 4 and 6 in Cohort 5).

We have stratified these by cohort and presented them in Table 4.2 below. Key takeaways across both cohorts include:

- All participants had experienced prior trauma
- Approximately half of participants had anxiety

Table 4.2 Key characteristics of YPP participants

| Category | Indicator | Group | Count |
|-----------------------|---|-----------------------|-------|
| Learning difficulties | Autism spectrum disorder | Cohort 4 (n = 7) | 1 |
| | | Cohort 5 (n = 10) | 1 |
| | | <i>Total (n = 17)</i> | 2 |
| | Attention deficit hyperactivity disorder ² | Cohort 4 (n = 7) | 4 |
| | | Cohort 5 (n = 10) | 1 |
| | | <i>Total (n = 17)</i> | 5 |
| | Dyslexia | Cohort 4 (n = 7) | 1 |
| | | Cohort 5 (n = 10) | 2 |
| | | <i>Total (n = 17)</i> | 3 |

² Diagnosed or suspected

| Category | Indicator | Group | Count |
|--------------------------------|-----------------------------|--|---------------|
| | Intellectual disability | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 0 1 1 |
| | Other learning difficulties | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 1 0 1 |
| Psychological disorders | Anxiety | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 4 4 8 |
| | Depression | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 2 1 3 |
| | Behaviour dysregulation | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 2 0 2 |
| | Anger management | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 2 0 2 |
| Other | Prior trauma | Cohort 4 (n = 7) Cohort 5 (n = 10) <i>Total (n = 17)</i> | 7 10 17 |

5. Effectiveness

Key findings



Due to limitations in the sample size and absence of a counterfactual we cannot determine whether or not YPP is 'effective'.



Children's ability to manage their socio-emotional behaviour was measured using the SDQ. The proportion of participants with scores in the 'normal' range increased over the three time points it was measured. The proportion of participants with scores in the 'abnormal' range decreased over time and looked approximately similar to scores in the general population at the final time point.



Caregiver confidence was measured using the WAACHS family functioning measure. The distribution of scores narrowed over the three time points in a positive direction. By the third time point the proportion of caregivers with a 'poor' rating was lower than population norms.



Family functioning was measured using the PEEM. The distribution of scores did not change markedly over the three time points. Total YPP participant scores were broadly in line with a validation study, however individual item scores were consistently lower than those in the *Footprints in Time* study.



School attendance, days suspended, risky behaviour and offending were all examined using administrative data. Of these outcomes, the interquartile range of days suspended narrowed over time.

5.1. What do we mean by ‘effective’?

An analysis of effectiveness in the RE-AIM framework would normally include an impact evaluation (Gaglio et al., 2013). An impact evaluation assesses the changes that can be attributed to a particular intervention on outcomes of interest and requires a counterfactual analysis to attribute cause and effect. A counterfactual considers what would have happened in the absence of an intervention (Pearl & Mackenzie, 2019). A challenge facing impact evaluation is that a counterfactual cannot be directly observed and needs to be approximated by comparing outcomes from a comparison group. There are a number of experimental — e.g. randomised control trials and stepped wedge designs — and quasi-experimental — e.g. propensity score matching, difference-in-difference regression etc — methods that use different methods to construct comparisons and compare outcomes (Gertler et al., 2016). Each of these methods has a set of underlying assumptions and pre-requisites that need to be fulfilled to obtain a valid result.

Unfortunately, we have not been able to meet the necessary pre-requisites to undertake an impact evaluation with the information available to us. The principal difficulties surround the insufficient sample size, absence of a valid counterfactual and limited data collected amongst a potential comparison group (i.e., only YPP participants were surveyed). These limitations mean that we cannot make a determination about whether or not YPP is ‘effective’. Additionally, the small sample size of YPP participants prevents us from undertaking statistical analyses to see if outcomes have changed over time. Accordingly, all the results that we present here are *descriptive* only and make no claim about the effectiveness of the YPP at influencing participant outcomes, either positively or negatively.

5.2. Key findings

5.2.1. To what extent have young people increased their ability to manage their socio-emotional behaviour?

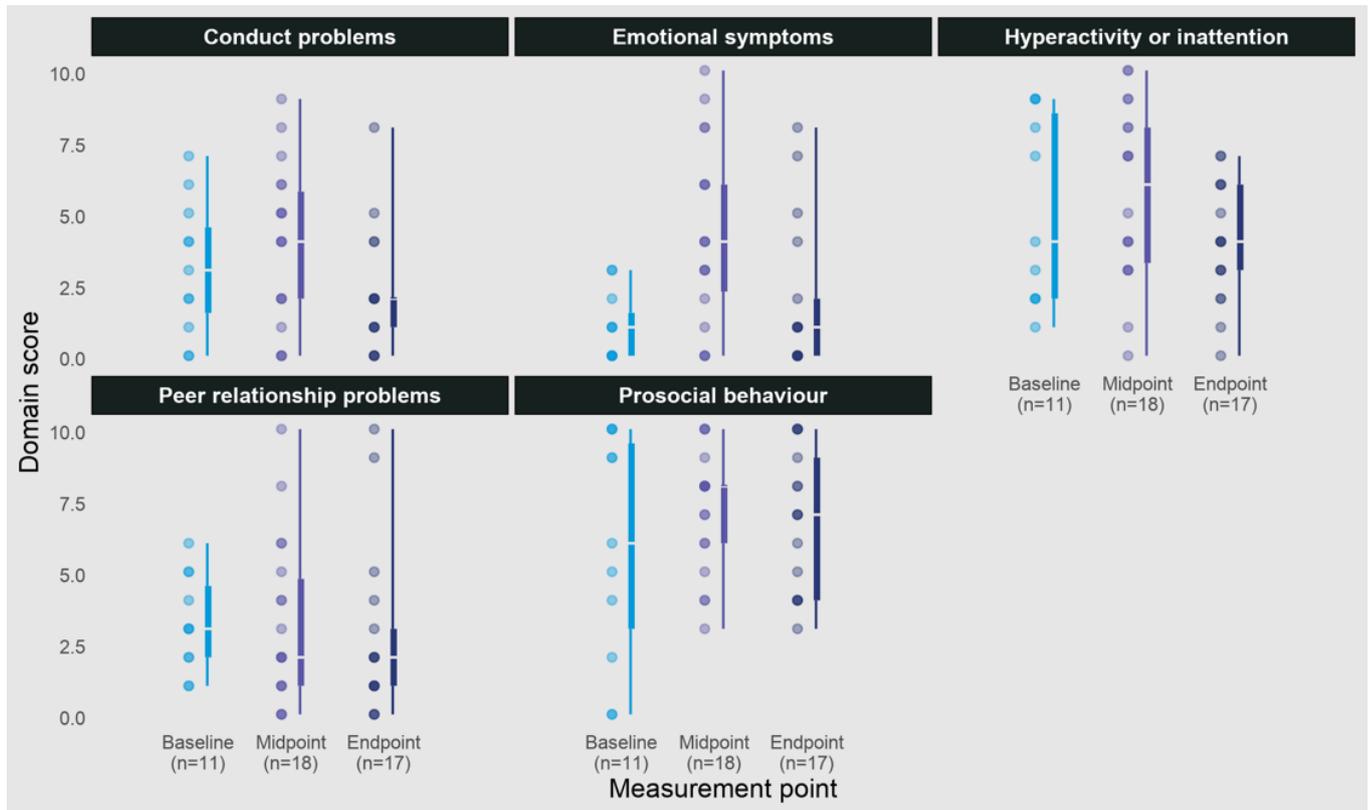
The ability of young people in YPP to manage their socio-emotional behaviour was measured through the application of the strengths and difficulties questionnaire (SDQ) which was completed by the primary caregiver. The SDQ is validated behavioural screening questionnaire for children and young people aged 3-16. It contains 25 questions, grouped into five scales. Four of the scales measure negative behaviours (conduct problems, emotional symptoms, hyperactivity or inattention and peer relationship problems). The final scale — prosocial behaviour — measures positive behavioural attributes. An overall score — which can fall between 0 and 40 — is created by summing the 20 of the 25 items (the prosocial scale is excluded from the total score) (Goodman et al., 1998).

In Figure 5.1 below we have plotted the distribution of the SDQ responses for each domain at each time point it was assessed. Note that the SDQ uses an inverted scale where a lower score indicates a superior outcome. This is true for all scales except for the prosocial behaviour scale, where a *higher* score indicates a superior outcome. The figure below combines:

- a ‘strip plot’ — where each point indicates an individual’s response with darker points indicating more responses, and
- a boxplot — where the thicker line shows the interquartile range (i.e., the middle 50 per cent of values), the gap in the interquartile range shows the median, the thin line shows the range.

From the figure we can see that there is a wide distribution of scores, at each time point, for each domain — which is related to the very small sample size.

Figure 5.1 Distribution of SDQ scores by domain at three time points



As discussed previously, the small sample size and absence of a counterfactual narrows our analytic options. We cannot meaningfully stratify responses by gender or Aboriginality, nor can we perform any statistical analyses to see if the change at the three timepoints is meaningful or causally related to participation in YPP. Therefore, in order to contextualise these results we have done two things:

- 1 Clustered responses into categories suggested by the tool developer
- 2 Benchmarked these categories against Australian population norms

Clustered SDQ results

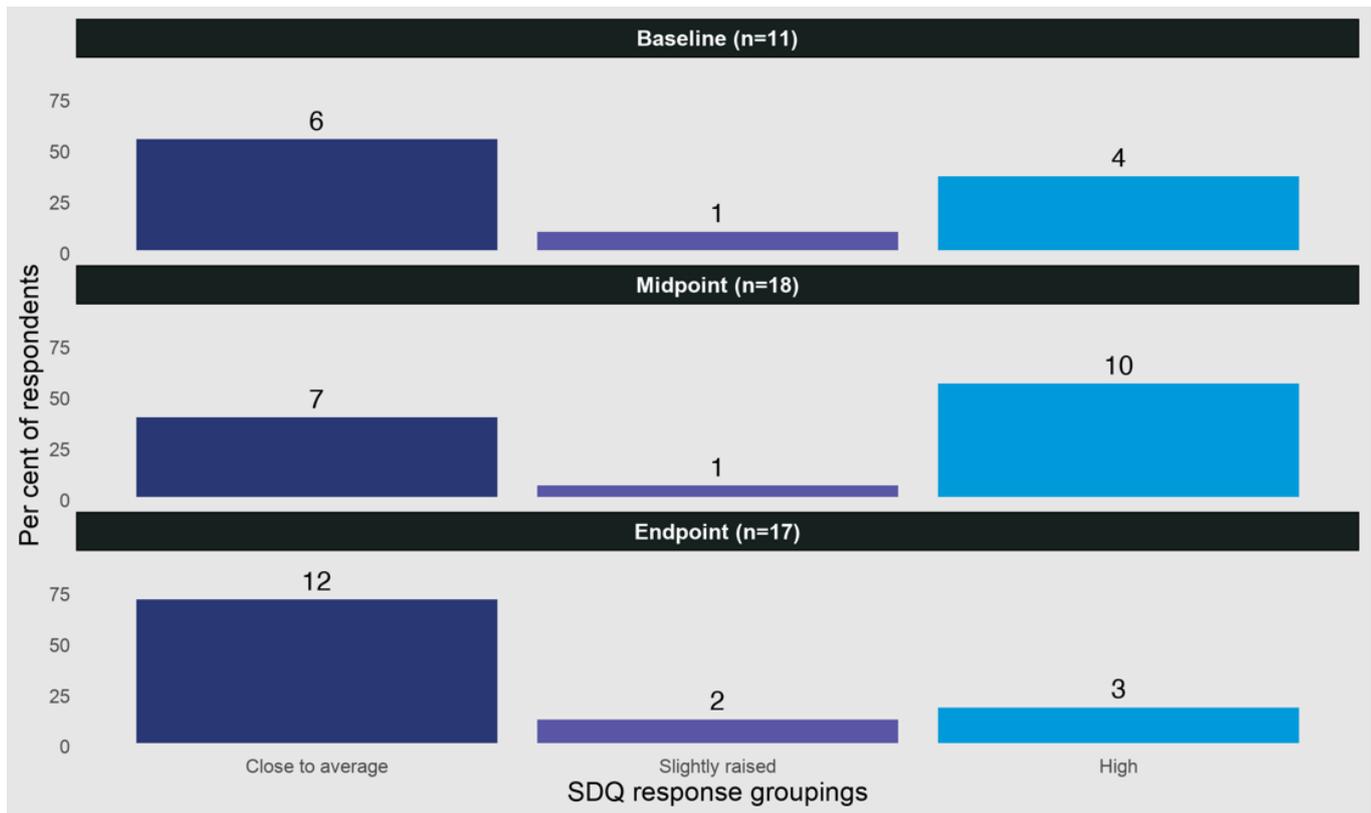
Goodman et al (1998) — the developers of the SDQ — created three ‘bandwidths’ into which overall scores can be classified:

- *Close to average* — clinically significant problems in this area are unlikely: 0-13
- *Slightly raised* — this may reflect clinically significant problems: 14-16
- *High* — there is a substantial risk of clinically significant problems: 17-40

In Figure 5.2 below, we have presented the distribution of SDQ responses of YPP respondents into each of these categories at each time point. Due to the very small sample size, we need to be very cautious in interpreting these results. However, there are a few points worth noting:

- It is interesting to see a higher proportion of ‘high’ cases at midpoint. However, this could be related to the fact that cohort four (commencing in December 2019) did not get an SDQ assessment at baseline and *may* have commenced with more difficult behaviours than those in cohort five.
- It is positive to see that the frequency of cases who were in the ‘close to average’ range doubled from 6 at baseline to 12 at endpoint. However, it is important to point out that these numbers are small, and we cannot make a causal link between this change over time to participation in YPP.

Figure 5.2 Summarised SDQ responses by time point



SDQ results relative to population norms

The SDQ is a widely used tool in research and practice, this provides us with an opportunity to compare results from other sources. For this comparison, we are drawing upon the results of the West Australian Aboriginal Children’s Health Survey (WAACHS) which used the SDQ to measure the emotional and behavioural health of 3993 Aboriginal children aged 4-17 across Western Australia (Zubrick et al., 2005).

Overall, respondents in the WAACHS reported a mean SDQ score of 11.3 (95% CI: 10.9, 11.7), this is lower than YPP mean scores at baseline (mean = 12.4, 95% CI: 8.4-16.4) and midpoint (mean = 17, 95% CI: 12.6-21.4), but higher than endpoint (mean = 10.4, 95% CI: 7.5-13.3).

In Table 5.1 we have benchmarked some of the findings from WAACHS with those from cohorts 4 and 5 of YPP using Goodman et al’s (1998) groupings. To contextualise their findings the WAACHS research team also sampled a non-Aboriginal population to use as a benchmark, we have included those results in the table below too to serve as a population reference point.

With the caveats about the small sample size still applying, we can make some comparisons between the WAACHS and YPP samples:

- The proportion of the YPP sample with a ‘high’ score was higher than both the non-Aboriginal and Aboriginal samples from WAACHS. However, the YPP sample at endpoint was lower than the Aboriginal sample from WAACHS but higher than the non-Aboriginal sample.
- The proportion of the YPP sample with a ‘close to average’ score follows a similar pattern to the abnormal score, it is lower than both the Aboriginal and non-Aboriginal WAACHS samples at baseline and midpoint. However, by the endpoint, the YPP sample scores are higher than the Aboriginal sample, but lower than the non-Aboriginal sample.
- The proportion of the YPP sample at ‘slightly raised’ is too small to comment on.

Table 5.1 Comparison of SDQ bands in YPP relative to population norms from WAACHS

| Source | Sample | Close to average (per cent) | Slightly raised (per cent) | High (per cent) |
|---|---|--------------------------------|-------------------------------|--------------------|
| West Australian Aboriginal Children’s Health Survey (Zubrick et al., 2005) | Aged 4-17 & Aboriginal (n=3993) | 64.6 | 11.4 | 24.0 |
| | Aged 4-17 & non- Aboriginal (n=1200) | 74.9 | 10.2 | 15.0 |
| YPP sample (cohorts 4 & 5) | Baseline (n=11) | 54.5 | 9.1 | 36.4 |
| | Midpoint (n=18) | 38.9 | 5.5 | 55.6 |
| | Endpoint (n=17) | 70.6 | 11.8 | 17.6 |

5.2.2. To what extent do caregivers feel more confident in their caregiving ability?

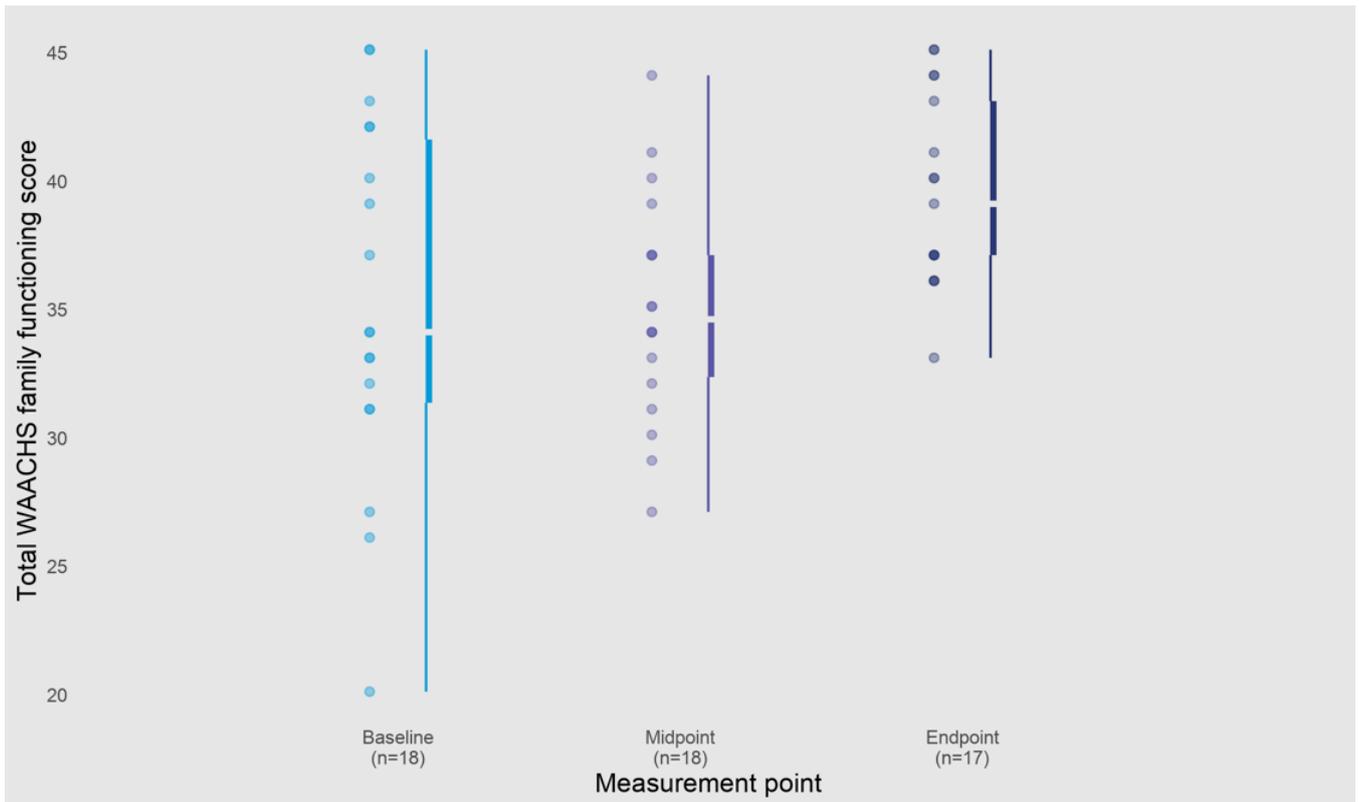
The extent to which caregivers feel more confident in their abilities was measured through the application of a family functioning measure used in the WAACHS. The nine-item scale was specifically developed for the WAACHS and was based upon the McMaster Family Assessment Device (Epstein et al., 1983). The survey is completed by the primary carer and is designed to measure the extent to which families have established a climate of cooperation, emotional support and good communication (Zubrick et al., 2005).

The nine-item scale can be summed to get an overall measure of family functioning with a possible range from 9-45. In Figure 5.3 below we have plotted the distribution of the

WAACHS family functioning scores for each time point it was assessed. The figure below combines a strip plot³ and a boxplot⁴.

As with the SDQ scores, we observe a wide distribution of scores, at each time point, particularly at baseline. Over the three time points the distribution of the scores narrows with fewer scores at the tail end of the scale. However, it is important to note that with such a small sample size a change in a single carers score can change the appearance of the distribution.

Figure 5.3 Distribution of WAACHS family functioning scores at three time points



As noted in the previous section, the small sample size and absence of a counterfactual narrows our analytic options. To contextualise these results, we have followed a similar procedure:

- 1 Clustered responses into categories used in the WAACHS
- 2 Benchmarked these categories against Australian population norms

Clustered WAACHS results

In their analysis Zubrick et al (2005) — the WAACHS researchers — clustered responses into quartile measures of family functioning:

- Poor: 9-34

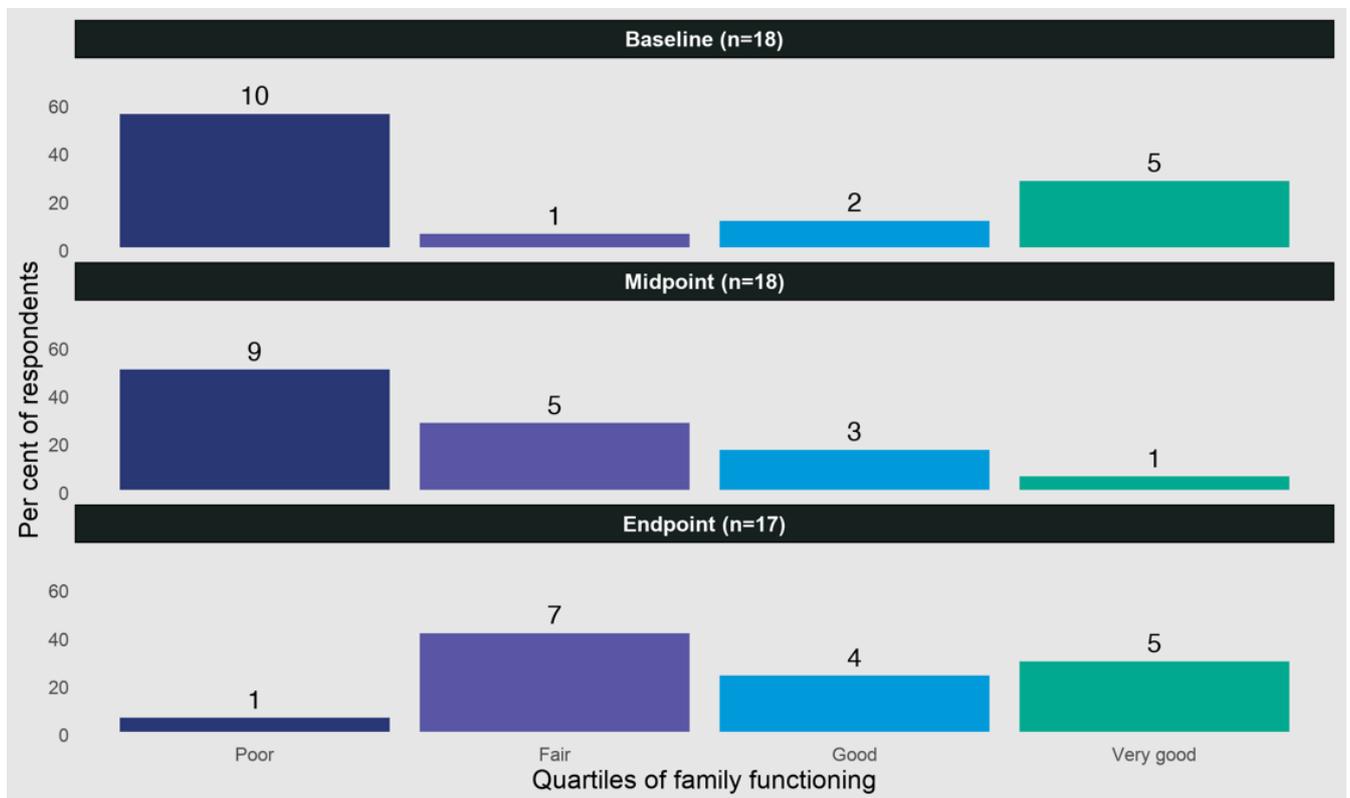
³ In this plot each point indicates an individual's response with darker points indicating more responses.

⁴ In this plot the thicker line shows the interquartile range, the gap in the interquartile range shows the median, the thin line shows the range.

- Fair: 35-38
- Good: 39-41
- Very good: 42-45

In Figure 5.4 below, we have presented the distribution of WAACHS family functioning scores of YPP participants into these same categories at each time point. Due to the very small sample size, we need to be very cautious in interpreting these results. This is because the size of three upper quartile bands from the WAACHS are much narrower (3-4) relative to the lowest quartile, which has a bandwidth of 25. This means that small changes in scores at the upper end of the scale can markedly affect the results. Notwithstanding that caveat, there is one point worth noting about these results. It is promising to see that over time, the proportion of families with scores in the lowest quartile has decreased. However, it is important to point out that these numbers are small, and we cannot make a causal link between this change over time to participation in YPP.

Figure 5.4 Summarised WAACHS family functioning scores by time point



WAACHS family functioning results relative to population norms

The use of the family functioning tool in the WAACHS provides an opportunity for use it to benchmark results from the YPP. In Table 5.2 we have benchmarked some of the findings from WAACHS with those from cohorts 4 and 5 of YPP using the quartiles from WAACHS.

As noted previously, we need to be cautious in interpreting change within the fair, good and very good quartiles due to their narrow with and the small sample size. Therefore, we have chosen to highlight only families with family functioning in the lowest quartile. Overall, 23.6 per cent of families surveyed in the WAACHS were identified in this quartile. The proportion of YPP families with scores in this quartile were more than double this

amount at baseline (55.6 per cent) and midpoint (50 per cent). However, at endpoint the proportion of families was much lower than in WAACHS (5.5 per cent).

Table 5.2 Comparison of WAACHS family functioning quartiles in YPP relative to population norms from WAACHS

| Source | Sample | Poor (per cent) | Fair (per cent) | Good (per cent) | Very good (per cent) |
|--|---------------------------------|-----------------|-----------------|-----------------|----------------------|
| West Australian Aboriginal Children's Health Survey (Zubrick et al., 2005) | Aged 4-17 & Aboriginal (n=3993) | 23.6 | 26.2 | 23.5 | 26.7 |
| | Baseline (n=18) | 55.6 | 5.5 | 11.1 | 27.8 |
| YPP sample (Cohorts 4 & 5) | Midpoint (n=18) | 50.0 | 27.8 | 16.7 | 5.5 |
| | Endpoint (n=17) | 5.9 | 41.2 | 23.5 | 29.4 |

5.2.3. To what extent has family functioning improved?

Family functioning of families participating in YPP was measured through the application of the Parent Empowerment and Efficacy Measure (PEEM). The PEEM uses a strengths-based approach to measure parent functioning. It focuses on caregivers' sense of control or capacity to engage confidently with the challenges of being a parent (Freiberg et al., 2014). The PEEM was developed in Queensland as part of the *Pathways to Prevention Project* a practice-research collaboration between Griffith University and Mission Australia.

The PEEM consists of twenty items. Respondents rate their feelings toward each item on a scale from 1-10, where 1 indicates a poor description of their feelings and 10 indicates a good description. All 20 items can be summed together to get an overall score that ranges from 20-200. From the total items it is possible to derive two subscales:

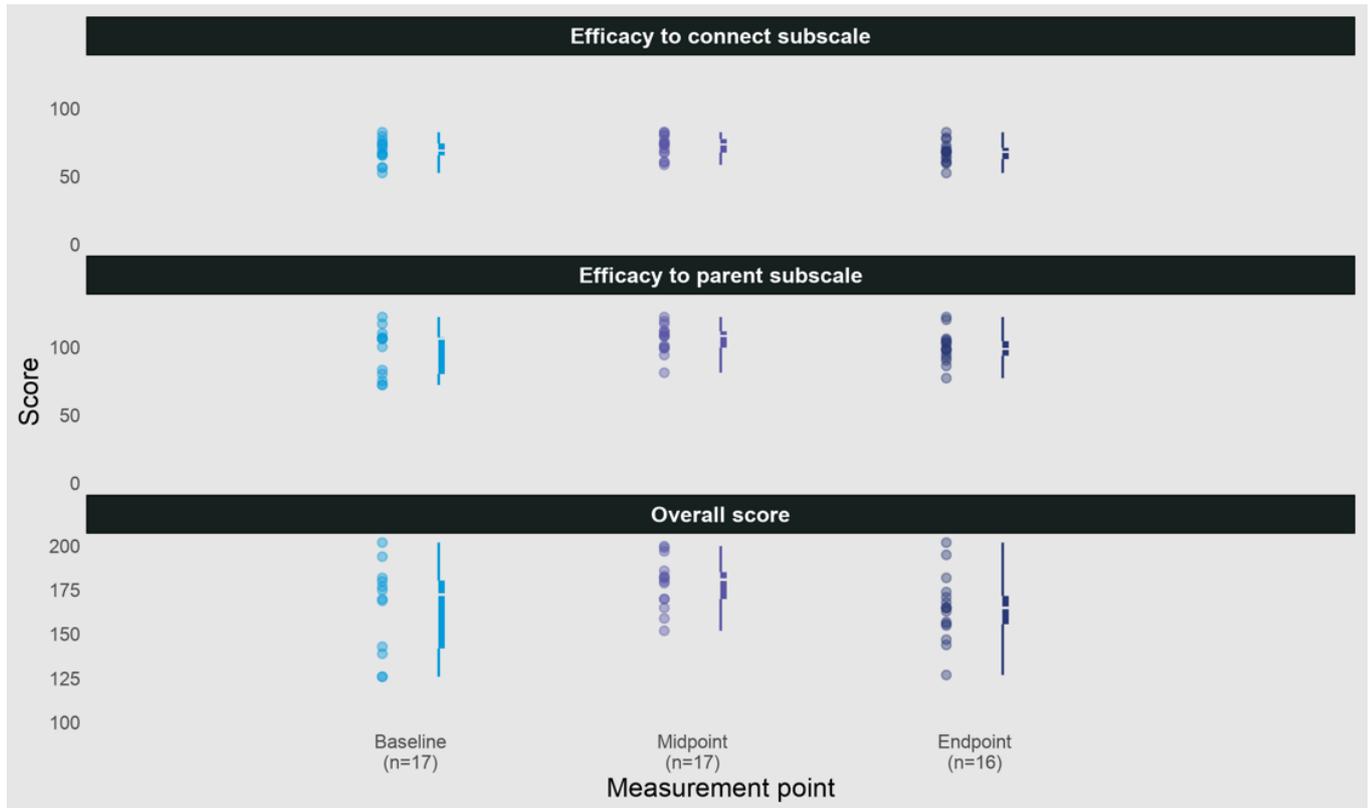
- *Efficacy to parent* — this subscale sums twelve items and can range from 12-120
- *Efficacy to connect* — this subscale sums eight items and can range from 8-80.

In Figure 5.5 we have plotted the distribution of the PEEM scores, both overall and for each subscale at each time point it was assessed. The figure below combines a strip plot⁵ and a boxplot⁶. From the figure we can see that there is a wide distribution of scores for the overall score, at each time point. The distributions are narrower for the subscales which is to be expected, given the narrower possible range of scores.

⁵ In this plot each point indicates an individual's response with darker points indicating more responses.

⁶ In this plot the thicker line shows the interquartile range, the gap in the interquartile range shows the median, the thin line shows the range.

Figure 5.5 Distribution of PEEM scores by domain at three time points



As discussed previously, the small sample size and absence of a counterfactual narrows our analytic options. Additionally, to date there are no established cut-off points with which to cluster and interpret scores. As a result, we have:

- 1 Compared mean overall scores from the YPP sample to the PEEM validation study
- 2 Benchmarked PEEM items included in the Longitudinal Study of Australian Children (LSIC) with those from YPP.

Comparison with validation study

The PEEM developers validated the tool in a sample of 866 parents and carers of 5- to 12-year-old children enrolled in 11 primary schools located in high (n = 290 respondents), medium (n = 228) and low (n = 348) socioeconomic status (SES) areas. They found no significant difference between SES areas. The mean overall score in their sample was 154.3 (SD: 24.16) with a range of 51-199 (Freiberg et al., 2014). In contrast, the mean overall score for the YPP sample was higher at each of the three time-points:

- At baseline it was 163 (SD: 25.6)
- At midpoint it was 177 (SD: 14.5)
- At endpoint it was 163 (SD: 18.5)

These numbers in the YPP sample are broadly similar over time, and largely comparable with the validation sample. However as with all results presented here, caution needs to be taken in interpreting these results.

Comparison with LSIC

The LSIC, also known as *Footprints in Time*, is a longitudinal study conducted by the Department of Social Services (DSS). The study, which commenced in 2008, follows two cohorts of Aboriginal and Torres Strait Islander youth located in urban, regional and remote areas across Australia. The first cohort was aged 6 to 18 months when the study commenced, and the second cohort was aged 3.5-5 years (Department of Social Services, 2020).

Wave 5 of the LSIC included 14 out of 20 of the items from the PEEM. Of the 14 items that were included 10 were from the 'Efficacy to Parent' subscale and 4 were from the 'Efficacy to Connect' subscale (Department of Social Services, 2015). Mean scores for each of the fourteen items were reported individually in the wave 5 research report. We have included these in Table 5.3 below alongside mean scores for YPP participants at each of the time points they were measured. As can be seen in the table, the mean result for each of the items is either equal to or higher in the LSIC group relative to YPP, at any of the three timepoints.

Table 5.3 Mean responses to individual PEEM items in LSIC relative to YPP

| PEEM item | LSIC wave 5 | YPP baseline | YPP midpoint | YPP endpoint |
|--|-------------|---|---|---|
| I find it easy to talk to people like teachers, doctors and nurses about my children | 8.8 | 8.3  | 8.8  | 7.8  |
| I know how to get useful information about how my children's needs change as they grow | 9.0 | 7.7  | 8.3  | 7.9  |
| I feel good when I think about the future for my children | 9.0 | 7.5  | 8.6  | 7.9  |
| I can work out what to do if any of my children have a problem | 9.2 | 7.8  | 8.8  | 7.9  |
| We have clear rules and routines in my family | 8.6 | 7.5  | 7.9  | 7.3  |
| I can find services for my children when I need to | 9.2 | 8.1  | 8.8  | 8.1  |
| In my family there is more to enjoy than worry about | 9.0 | 8.1  | 8.7  | 8.3  |
| I stay calm and manage life even when it's stressful | 8.2 | 7.5  | 7.6  | 7.5  |

| PEEM item | LSIC wave 5 | YPP baseline | YPP midpoint | YPP endpoint |
|---|-------------|--------------|--------------|--------------|
| I believe my children will do well at school | 9.3 | 7.2 | 8.2 | 7.9 |
| I feel that I am doing a good job as a parent | 9.2 | 8 | 8.6 | 8.2 |
| I feel good about myself | 8.7 | 7.4 | 8.5 | 8.1 |
| I feel good about the way my children behave | 8.5 | 7.2 | 8.1 | 8.1 |
| I can make time for my children when they need it | 9.3 | 8.4 | 9.3 | 8.4 |
| I know my children feel secure | 9.5 | 8.5 | 9.7 | 8.8 |

Legend: less than 1 point difference from LSIC mean; more or equal to a 1 point difference from LSIC mean in negative direction; more or equal to a 1 point difference from LSIC mean in positive direction.

5.2.4. Are young people attending school more regularly?

School attendance records were sourced by the YPP backbone team through the YPP steering committee and provided to us in summary form. Records were provided summarised by semester of participation. They were also provided for the 24 months prior to commencing YPP. Since cohort 4 started almost 1 year earlier than cohort 5 we had different lengths of follow up. To ensure that we had the same length of level of follow up between both cohorts we selected the semester at which YPP commenced, and one subsequent semester for analysis, dropping any data from a third semester of follow up for cohort 4.

We plotted school attendance rates by three timepoints in Figure 5.6 below. The first timepoint is the child's attendance rate in the 24 months prior to commencing YPP. The second and third columns are the attendance rates during the first and second semester of participation. With such a small sample, we thought it was important to show the distribution of attendance rates. The figure below shows the distribution in the form of a strip plot⁷ and a boxplot⁸.

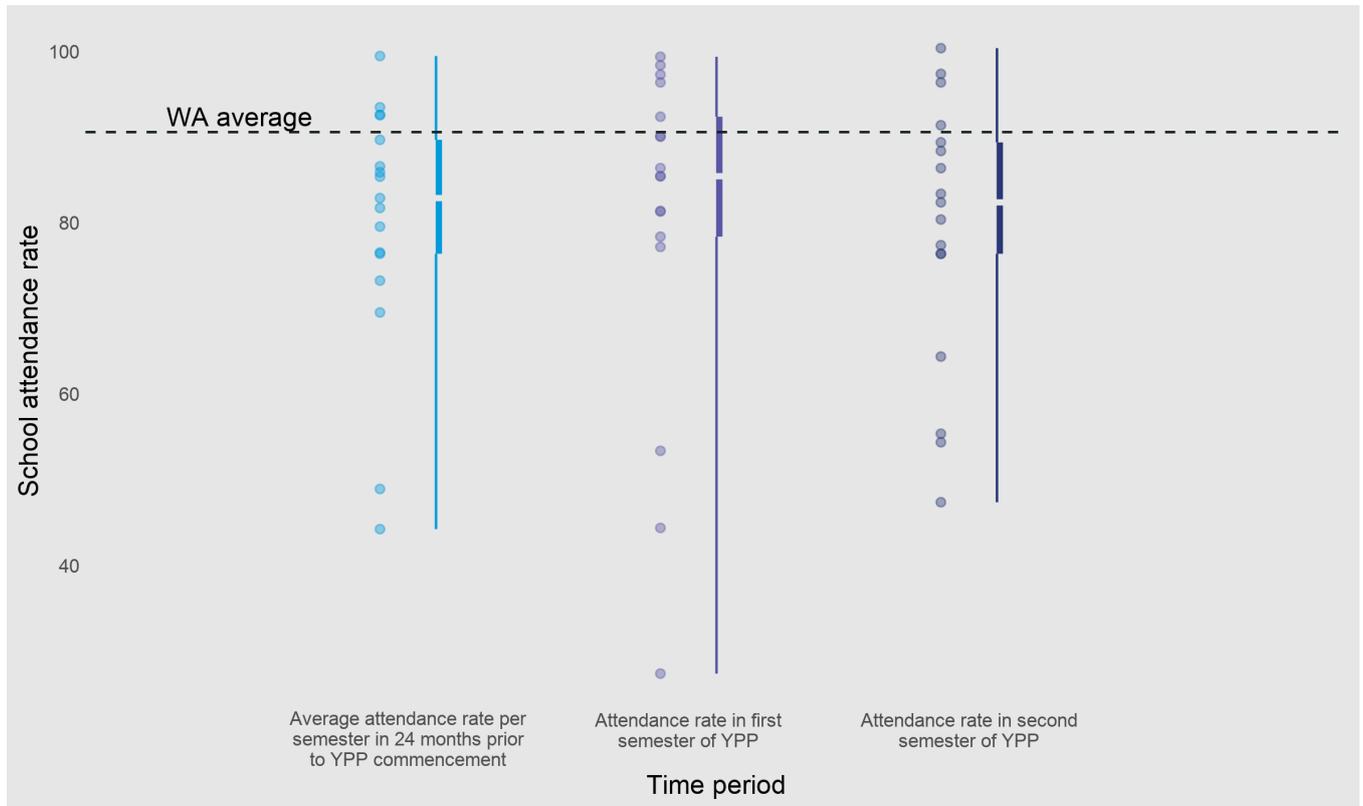
According to the Australian Curriculum Assessment and Reporting Authority (2021) the average school attendance rate for years 1-10 in Western Australian government schools was 90.2 per cent in 2019. We have plotted in on the figure below in a dashed line. As can be seen on the figure, most YPP participants remain below this level at each time point (both before and during YPP). Attendance rates do not appear to have changed much over

⁷ In this plot each point indicates an individual's response with darker points indicating more responses.

⁸ In this plot the thicker line shows the interquartile range, the gap in the interquartile range shows the median, the thin line shows the range.

time; however we need to be careful drawing conclusions from these results due to the small sample size.

Figure 5.6 Distribution of school attendance rates before and during YPP



5.2.5. To what extent are young people avoiding risk?

The extent to which young people were at risk was measured in three ways:

- The number of days they were suspended from school
- The number of child protection reports they or other members of their family were subject to
- The number of child protection investigations their family were subject to.

All of these records were sourced by the YPP backbone team through the YPP steering committee and provided to us in summary form. As with other administrative data, records were provided summarised by semester of participation, which required us to make some adjustments⁹. They were also provided for the 24 months prior to commencing YPP.

Number of days suspended from school

We plotted school attendance rates by three timepoints in Figure 5.7 below. The first timepoint is the number of days the child was suspended per semester in the 24 months

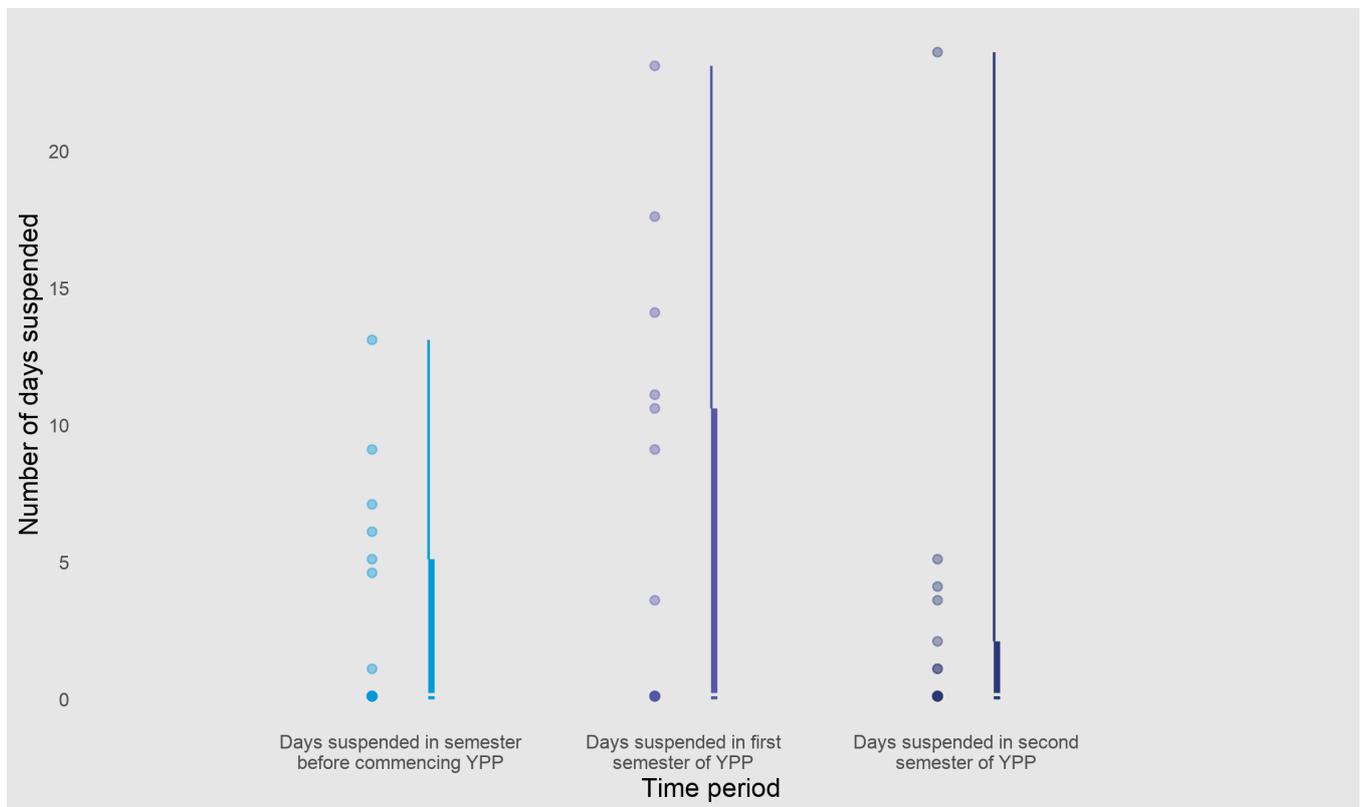
⁹ Since cohort 4 started almost 1 year earlier than cohort 5 we had different lengths of follow up. To ensure that we had the same length of level of follow up between both cohorts we selected the semester at which YPP commenced, and one subsequent semester for analysis, dropping any data from a third semester of follow up for cohort 4.

prior to commencing YPP. The second and third columns are the number of days they were suspended in the first and second semester of participation. With such a small sample, we thought it was important to show the distribution of suspension days. The figure below shows the distribution in the form of a strip plot¹⁰ and a boxplot¹¹.

There is a wide distribution of days suspended during YPP: ranging from 0 to more than 20 days per semester. It is possible that the distribution of days suspended in the semester prior to YPP is narrower as younger children are less likely to be suspended.

It is difficult to draw conclusions with such a small sample size and a limited follow up time. However, it is promising to see that the interquartile range of days suspended in the second semester of YPP is smaller than that in the first semester.

Figure 5.7 Distribution of days suspended before and during YPP



Number of child protection reports

In examining the number of child protection reports we have presented both the number of reports and a count of children who were the subject of a report. By reporting both metrics we hope that we can account for children who were the subject of multiple reports. With that in mind, in Table 5.4 below we have detailed:

- The total number of child protection reports by semester

¹⁰ In this plot each point indicates an individual's response with darker points indicating more responses.

¹¹ In this plot the thicker line shows the interquartile range, the gap in the interquartile range shows the median, the thin line shows the range.

- The number of children who were subject to a child protection report

As with other indicators we are dealing with a small sample size, limited follow up time and a small number of events. Therefore, we need to be careful about drawing any conclusions from these numbers. Furthermore, as the program model enables YPP staff to work closely and intensively with at-risk families, the YPP team may become increasingly aware of incidents that require a child protection report. This increase in visibility may inadvertently increase the number of child protection reports over the course of program delivery.

Table 5.4 Child protection reports by cohort before and during YPP

| Cohort | Average number of child protection reports by semester in 24 months prior to YPP | Number of children who had a child protection report in 24 months prior to YPP | Number of child protection reports in first semester of YPP | Number of children who had a child protection report in first semester of YPP | Number of child protection reports in second semester of YPP | Number of children who had a child protection report in second semester of YPP |
|---------------------|--|--|---|---|--|--|
| Cohort 4 (n = 7) | 1 | 2 | 3 | 2 | 1 | 1 |
| Cohort 5 (n = 10) | 3 | 4 | 0 | 0 | 10 | 5 |
| Total (n=17) | 4 | 6 | 3 | 2 | 11 | 6 |

Number of substantiated child safety investigations

We have presented the number of YPP participants who were the subject of a substantiated child safety investigation both before and during their time in YPP in Table 5.5 below. One child was the subject of a child safety investigation at any time point before or during YPP. We cannot draw any conclusions from this information.

Table 5.5 Total number of substantiated child safety investigations by cohort before and during YPP

| Cohort | Average number of substantiated child safety investigations by semester in 24 months prior to commencement | Number of substantiated child safety investigations in first semester of YPP | Number of substantiated child safety investigations in second semester of YPP |
|---------------------|--|--|---|
| Cohort 4 (n = 7) | 0 | 0 | 0 |
| Cohort 5 (n = 10) | 0 | 1 | 0 |
| Total (n=17) | 0 | 1 | 0 |

5.2.6. To what extent are young people avoiding interaction with youth justice system?

Interaction with the justice system was measured through records of ‘offences’ provided by the Western Australia Police. These records were sourced by the YPP backbone team through the YPP steering committee and provided to us in summary form. As with other administrative data, records were provided summarised by semester of participation, which required us to make some adjustments¹².

As shown in Table 5.6 below, zero offences were recorded in either the first or second semester of YPP participation. Considering that one of the primary outcomes of the YPP is to divert at-risk young people from the justice system, this is potentially positive. However, as with all the data presented in this report we need to be extremely careful in drawing a conclusion that this is either causal or meaningful as the sample size is small and the follow up time brief. It is also important to note that the Age of Criminal Responsibility is 10 years old in Western Australia. YPP participants are typically 8 to 11 years old at intake into the program and thus, may not be held criminally responsible for offences committed during their involvement in the YPP.

Table 5.6 Total number of offences committed by participants by cohort before and during YPP

| Cohort | Number of offences committed in first semester of YPP | Number of offences committed in second semester of YPP |
|-------------------------|---|--|
| Cohort 4 (n = 7) | 0 | 0 |
| Cohort 5 (n = 10) | 0 | 0 |
| Total (n=17) | 0 | 0 |

¹² Since cohort 4 started almost 1 year earlier than cohort 5 we had different lengths of follow up. To ensure that we had the same length of level of follow up between both cohorts we selected the semester at which YPP commenced, and one subsequent semester for analysis, dropping any data from a third semester of follow up for cohort 4.

6. Adoption

Key findings



Young people are particularly drawn to the intensive engagement program embedded within the YPP model. These activities allow youth workers to establish rapport with young people, whilst sparking their interest in the program.



Elements of the practice framework, such as goal setting and the strengths and needs assessment, are crucial to the involvement of families in the YPP as these tools help parents and caregivers visualise the potential benefits of the YPP, whilst mitigating any barriers to their involvement.



Establishing and maintaining strong relationships is key for the delivery of the YPP model and practice framework. This includes relationships between the YPP team, young people and their families, as well as internal relationships between YPP partners.

6.1. Why is adoption important?

By definition, adoption is the number, proportion, and representativeness of settings and individuals who are willing to deliver an intervention as intended (Glasgow et al., 1999). In the context of the YPP, this definition is not relevant as those delivering the program joined the YPP team specifically for the purpose of delivering the YPP model. Rather, we investigate which aspects of the program model and practice framework enable YPP staff to successfully 'adopt' the program model and deliver the practice framework as intended.

This provides useful insights into the components essential for the delivery of the program, from the perspective of YPP staff.

6.2. Key findings

6.2.1. Which aspects of the program model and practice framework are perceived to be most important in engaging young people and delivering the program?

Findings from focus groups revealed several aspects of the program model imperative for the engagement of young people and their families. YPP staff describe intensive engagement through holiday programs and leisure activities as a key component for the engagement of young people. These activities allow youth workers to build relationships and rapport with the young people, whilst sparking their interest in the program. One YPP team member described the intensive engagement program as ‘the real carrot’ for young peoples’ involvement in the YPP. This is also viewed as an opportunity for youth workers to slowly begin to incorporate core elements of the practice framework into their work (for example, ROARS – see Appendix C) and to gain a better understanding of family structure and dynamics.



[Young peoples’] real interests are the activities, but we’ve found [the intensive engagement program] provides us the opportunity to build those relationships. That is critical to the work [our team] does

Whilst young people tend to be more interested in activities, parents and caregivers are often driven by educational and behavioural outcomes. As such, goal setting is described as a crucial component for engaging families. This allows YPP staff to set expectations and provide families a reason to be involved in the program. Goal setting serves as a visualisation tool to show families the role and potential benefits of the YPP model and practice framework. This tool is presented in Appendix C.



We work on goal setting. We follow the flow of the framework. There has to be a structure and a purpose

Acknowledging the complex needs of families involved in the YPP, staff also prioritise the completion of strengths and needs assessments from the outset. This allows the team to identify barriers faced by families to engage with the YPP. Challenges deemed most important to families and those that can be resolved quickly are prioritised. This provides the YPP team an opportunity to show families the advantages of the YPP model and helps develop strong, trusting relationships where clients’ needs are placed at the forefront.



It was about getting runs on the board – fixing something that was easy to fix but had become a barrier for these families so that they believed and trusted in the program

The YPP team states there is an intentional focus on building and maintaining strong relationships between young people, their families, and YPP staff. This is described as a key strength of the program and encourages the ongoing involvement of young people and their families in the YPP.



Whenever we have those relationships [with young people and families], that's when we can implement the framework

Strong relationships also play an important role between YPP partners. The YPP model is designed around cross-sector collaboration and YPP staff state this is key to delivering the program and mitigating barriers for young people and their families. The prioritisation of clear communication, coordination, and information sharing between YPP partners is viewed as a major strength of the program model.

Despite the presence of strong relationships with existing partners, YPP staff claim there is a noticeable gap in cross-sector collaboration – health, and in particular, adolescent mental health services.



It's really health that is missing from the table. We have CPFS, WAPOL, the City of Gosnells youth leader, Department of Housing, one of the school principals. The piece that is missing is health



We've had to pay for a private psychologist... that would be another really good [partner] if you were trying to create an ecosystem, because all of our boys really need counselling

The YPP team also faced several barriers when engaging young people and their families. Caregivers are described by YPP staff as ‘hard to reach,’ and often do not have access to mobile devices or frequently change their contact information. Families are very mobile and often not home when YPP staff try to reach them. When home visits are made, there is often a large number of people living within the household. This has caused safety concerns and issues around confidentiality and information sharing, making delivery of the program difficult at times.



One of the biggest barriers is parents not having phones or changing their phone numbers all the time, not having emails, and being very mobile... you'd go around there twenty times a day, different times of day, and they're not there.

7. Implementation

Key findings



YPP staff describe the practice framework as feasible to implement. Staff feel sufficiently supported and capable of implementing the framework. This is attributed to effective training and a shared motivation to implement the framework as intended to achieve a successful outcome for young people and their families.



The practice framework is perceived to be easy to use and is adaptable to fit the needs of young people and their families. The framework adds structure to the YPP model which is often shared with stakeholders to increase credibility and set the YPP apart from other programs.



Our analysis of the fidelity tool shows YPP staff consistently deliver the practice framework with strong fidelity. An examination of participation shows that only one family has left the program prior to its scheduled completion.

7.1. What do we mean by implementation, and why is it important?

A precursor to intervention effectiveness is high-quality implementation (Proctor et al., 2011). Regardless of intervention effectiveness, people cannot benefit from interventions they do not receive. Evaluating program implementation can reduce the probability that positive or negative outcomes are misappropriated to a program that was never completely implemented. In other words, if we do not measure implementation effectiveness, we cannot determine whether an intervention failed because the

intervention itself was ineffective or if the intervention was simply not implemented correctly.

Proctor and colleagues (2011) have identified and defined a range of important implementation outcomes that act as indicators of implementation success and can be conceptualised as intermediate outcomes for effectiveness research. The most used implementation outcome is fidelity, or the extent to which an evidence-informed intervention or program is implemented as intended by its developers (Dusenbury et al., 2003; Proctor et al., 2011). Fidelity is often measured in terms of:

- 1 adherence to the program protocol, and
- 2 the dose or amount of program delivered.

If an evidence-informed intervention is implemented with adherence to the content and dose as prescribed by the program protocol, an intervention is said to be delivered with strong fidelity (Carroll et al., 2007).

Implementation effectiveness is also influenced by the perceived feasibility and acceptability of the intervention by implementation stakeholders (Proctor et al., 2011). Feasibility is the extent to which a new intervention or protocol can be successfully used in each context or setting. For example, an organisation may not have the tools or resources available to implement a program effectively. Acceptability can be defined as implementation stakeholders' satisfaction with various aspect of the intervention, such as its content, complexity, or credibility (Proctor et al., 2011).

7.2. Key findings

7.2.1. What is the perceived feasibility and acceptability of the YPP practice framework among those implementing and receiving it?

Overall, the YPP operational and technical teams found the practice framework acceptable and feasible to implement within their given context. The YPP operational team described themselves as sufficiently supported and capable of implementing the practice framework without much difficulty. Whilst the practice framework may appear complex at first, particularly for less experienced team members, all staff were able to implement the framework as intended. This is attributed in part to ongoing access to training materials and motivation within the team to use the framework consistently and appropriately. This motivation is driven by the evidence-based nature of the framework and other perceived advantages to its use. Below is a more detailed outline of our findings categorised by CFIR constructs. These findings are also summarised in Table 7.1.

Intervention source

The co-design process used to develop the practice framework acted as an enabler to implementation. As users of the practice framework were involved in its development, they better understand the rationale behind its use. Understanding *why* the practice framework was created and *how* it intends to work encourages the YPP team to use it in practice.

Evidence strength and quality

YPP staff describe the use of the practice framework as 'best practice,' and believe it is grounded in strong evidence. This shared belief acts as an enabler to implementation and motivates them to implement the framework as intended, as this is believed to help achieve program outcomes.



What I feel comfortable about is that we've done all the research to understand that right now, this is the best practice approach. So, I feel confident with the framework

We noted there had been considerable turnover in YPP practice staff over the period of the evaluation. While some staff turnover coincided with the provision of practice model coaching, and the YPP team supported new staff to learn the practice model using videos, there is a risk that over time new staff may not be able to learn or apply practices with the same level of fidelity as staff who had participated in model refinement, training and coaching.

Complexity

Although some YPP staff claim the practice framework can appear 'daunting' at first, particularly for less experienced staff, this complexity is mitigated with adequate support and training. With the right supports in place, the practice framework is described as relatively simple to implement and easy to use. This is true for all operational staff, regardless of position or qualification. Some YPP staff have experience using similar frameworks for prior roles and claim the YPP practice framework is comparable in terms of simplicity and ease of use.



[The practice framework] can be daunting for workers coming in that are not as experienced...but as long as they're supported and they understand the process, the expectations, the training, it's very clear

Adaptability

YPP staff describe the practice framework as highly flexible and adaptable. Operational staff often modify the framework to better suit the needs of young people and their families. For example, YPP staff claim some tools within the framework are more suitable for older youth. These tools have been adapted internally for use with younger cohorts. Similarly, the YPP staff have tailored worksheets and handouts for families and caregivers with lower literacy levels or intellectual disabilities. Tools have also been modified for CALD and Aboriginal families. Adaptation of tools appears to be undertaken at an individual staff and client level rather than across the program, meaning there could potentially be more than one adaptation of a tool used within the program.



[YPP staff] have been able to adapt some of the worksheets so they are more suited to youth, the younger cohort we're working with

Not all elements of the practice framework were used by the YPP team, perhaps because there had not been an opportunity or need to use a practice to meet the needs of young people.

Relative advantage

According to YPP staff, the practice framework adds structure to the YPP program model that was not present prior to implementing the framework. The practice framework is described as a 'streamlined approach,' which helps 'hone the work' of the YPP. Staff believe this structure is vital when working with people with complex needs. Having a structured framework in place is perceived to have improved internal consistency in delivering the model, even with staff turnover.



[The practice framework is] trauma-informed, it's solution-focused and there's a process to it and I think we need that, especially [when working] with our complex families

The practice framework is further described as a concrete tool which helps set the YPP apart from other programs in the area. Staff believe the framework makes the YPP appear more 'sophisticated' and adds to the credibility of the YPP program model, particularly when interacting with stakeholders. For example, YPP staff have used the practice framework — along with other program material — to show members of the education sector how the program works and why it is important that young people participate. This helps the YPP team to negotiate with school staff to gain access to the young people for program activities during school hours.



[The practice framework] gives more credence, more weight, to the program, to the way we can distribute it and promote it

Access to knowledge and information

Training on the use of the practice framework was provided via a series of online coaching sessions. YPP staff state these training sessions made them feel sufficiently supported to implement the framework. The recorded versions of these sessions were described as an

invaluable tool used to upskill new staff and refresh the skills of existing team members. Given this, the YPP team preferred this method of delivery to face-to-face training.



[Online training] has probably been the best way to be trained. Then to be able to have those [training] videos available, that was really good

Relative priority

YPP staff describe themselves as committed to and heavily invested in the implementation of the practice framework. YPP operational staff set up regular meetings to ensure staff feel supported and can voice any concerns regarding the framework. This commitment allows the YPP staff to navigate and mitigate any challenges faced during implementation.



Everyone had a commitment to making this work and there was always the opportunity to flag if something wasn't working

Table 7.1 Implementation barriers and enablers by CFIR domain

| Construct | Definition | How it acted as a barrier (-) | How it acted as an enabler (+) |
|--------------------------------------|--|--------------------------------------|---|
| Intervention source | Perceptions of YPP staff about whether the intervention was developed internally or externally | N/A | <ul style="list-style-type: none"> According to YPP staff, the co-design process acted as an enabler to implementation as users of the framework were involved in its development and better understood the rationale behind its use |
| Evidence strength and quality | Perceptions of YPP staff regarding the quality and validity of evidence to support the use of the practice framework to achieve desired outcomes | N/A | <ul style="list-style-type: none"> YPP staff believe the practice framework is grounded in evidence and describe the framework as 'best practice,' thus motivating them to implement the framework as intended |

| Construct | Definition | How it acted as a barrier (-) | How it acted as an enabler (+) |
|---|---|--|---|
| Complexity of the practice framework | How complex the practice framework is to implement | <ul style="list-style-type: none"> Some YPP staff state the practice framework may be 'daunting' as a concept for new staff; however, it was relatively simple to use in practice | <ul style="list-style-type: none"> YPP staff describe the practice framework as relatively simple to implement and easy to use for all operational staff, regardless of position or level of formal training |
| Adaptability of the practice framework | How adaptable or flexible the practice framework is for YPP operational staff to implement | N/A | <ul style="list-style-type: none"> The practice framework is described as highly adaptable with YPP staff often modifying tools to suit the needs of young people and their families (i.e., adapted to suit lower literacy level) |
| Relative advantage of the practice framework | YPP staffs' perception that the practice framework is advantageous when compared to alternatives | N/A | <ul style="list-style-type: none"> YPP staff claim the practice framework adds structure to the YPP program model that was not present prior to implementing the framework YPP staff describe the framework as a concrete tool used to set the YPP apart from other programs, particularly when shared with stakeholders |
| Access to knowledge and information | How easy it is to access information about the practice framework and how to incorporate it into work tasks | N/A | <ul style="list-style-type: none"> YPP staff felt sufficiently supported to implement the practice framework after undergoing a series of online coaching sessions As coaching sessions were recorded and shared with the YPP team, this served as an invaluable resource to upskill new staff or refresh skills of existing team members |
| Relative priority of the practice framework | How important the practice framework is perceived among YPP staff | N/A | <ul style="list-style-type: none"> YPP staff describe themselves as heavily invested in and committed to the implementation of the practice framework, which allowed them to navigate challenges well |

7.2.2. To what extent was the program delivered consistently with the practice framework?

A 24-item Fidelity Building Tool (YPP-FBT) was developed to support the skill-building of the YPP team who are responsible for delivering the practice framework – see Appendix B. During coaching sessions held by CEI, one team leader was trained in the use of the YPP-FBT. The team leader was encouraged to use the tool while observing staff as they deliver services to the young people and their families. In doing so, the YPP-FBT was designed to help the team leader determine whether the practice elements were being delivered as intended. Ideally observations would have been undertaken by a member of the evaluation team, but this was not possible given COVID-19 restrictions. Observations were conducted two to three times for each youth and family support worker. These observations took place in April, May, and July 2021.

Overall, the practice framework was delivered by all YPP staff with strong fidelity. One youth worker delivered the practice framework with moderate fidelity during the first observation; however, fidelity increased over the next two observation periods. The remainder of YPP staff delivered the practice framework with strong fidelity across all three observation periods.

We explored the ‘dose’ of the YPP by looking at how long families were engaged with the program. We summarised these results in Table 7.2 below. In cohort 4, all 7 participating families were engaged from program start until completion (19 months in total). In cohort 5 — which is ongoing as of October 20 2021 — 1 participating family left after 10 months, the remaining families were still engaged at 14 months.

Table 7.2 Time spent in YPP by cohort

| Cohort | Cohort start date | Cohort end date | # of children who stayed in YPP from start to end | # of children who left YPP early | Min length of time in YPP | Max length of time in YPP |
|-----------------------|-------------------|-------------------------------|---|----------------------------------|---------------------------|---------------------------|
| Cohort 4 (n = 7) | December 1 2019 | July 1 2021 | 7 | 0 | ~19 months | ~19 months |
| Cohort 5 (n = 10) | September 1 2020 | Ongoing as of October 30 2021 | 9 | 1 | ~10 months | ~14 months |
| Total (n = 17) | — | — | 16 | 1 | — | — |

8. Maintenance

Key findings



We applied the Intervention Scalability Assessment Tool (ISAT) to inform our assessment of the scalability and sustainability of the YPP in two scenarios: a) expanding the capacity of YPP within its current geographic footprint and b) replicating YPP in another geographic location and expanding capacity



Reflecting its existing delivery, implementation infrastructure and modest aims, Scenario 1 scored highly on four domains: delivery setting and workforce, the program or intervention, the problem and reach and acceptability. It scored less highly in sustainability and implementation infrastructure due to concerns about ongoing funding and the challenges of sustaining implementation infrastructure.



Scenario 2 did not score highly in any domains. There were concerns about the transferability of implementation infrastructure and sustainability in the absence of ongoing funding commitments, which would be unlikely to be provided given the absence of evidence of effectiveness and intervention costs

8.1. What do we mean by maintenance, and why is it important?

Within the RE-AIM framework, maintenance can be applied at two levels:

- 1 *Setting level* — this is the extent to which an intervention becomes part of routine practice
- 2 *Individual level* — this can include the long-term effects of the program on outcomes after it has been completed.

There is no set timeframe for what constitutes ‘maintenance’ and this can vary between interventions and contexts. For the purposes of looking at maintenance in the context of YPP we have opted to look at the sustainability and scalability of the program over time.

8.2. Key findings

8.2.1. What is the perceived sustainability and scalability of the YPP practice framework among those implementing it?

To inform our assessment of scalability and sustainability we have used the Intervention Scalability Assessment Tool (ISAT) as a guide. The ISAT was developed as a tool for policymakers in a health context. Within the tool are 10 domains that encompass context, existing evidence, implementation structures and support (Milat et al., 2020). Within each domain there are sub-questions that guide the assessment. Each question can be scored with one of five options:

- Not applicable (NA)
- Not at all (0)
- To a small extent (1)
- Somewhat (2)
- To a large extent (3)

A domain score (0-3) is generated by averaging the scores across each question in that domain.

Normally the ISAT would be applied in a context where there is extensive research evidence surrounding the effectiveness of the program under consideration and different implementation strategies. We acknowledge this is not present in the context of YPP. Therefore, we present an *indicative* representation of the ISAT tool as applied to YPP. This has allowed us to use the ISAT tool to organise our assessment of YPP based on insights from across the evaluation. We believe these indicative results could help frame future priority areas for consideration.

There is an important distinction between scalability in the context of the existing YPP infrastructure versus scalability in a different context. Based on discussions with stakeholders from YPP and Save the Children, we have presented a scalability assessment that considers two scenarios:

- Expanding the capacity of YPP within its current geographic footprint

- Replicating YPP in another geographic location and expanding capacity

Scenario 1: Expanding the capacity of YPP within its current geographic footprint

The scenario is based on the following assumptions:

- Existing implementation infrastructure — e.g. YPP steering committee — is maintained
- Existing YPP staff — from both practice and backbone support — are retained
- Any new YPP practice staff receive appropriate training and coaching on the use of the practice framework
- The fidelity assessment tool is used as a coaching and improvement tool
- The capacity of YPP is expanded from 10 per cohort to between 30 and 40 per cohort

Detailed results of our assessment are included in Table 8.1 below.

Table 8.1 Application of Intervention Scalability Assessment Tool for Scenario 1

| Domain | Question | Score | Justification |
|-------------------------------|--|--|---|
| The problem | Is the problem of sufficient concern to warrant scale-up of an (the) intervention/program to address it? |  3 | The current capacity of YPP is 10 families per cohort. Based on insights from focus groups with YPP stakeholders, they estimate that there is sufficient local need for ~80 families per cohort. |
| | Domain score: | 3 | |
| The program or intervention | Will the outcomes delivered by this program/intervention address the needs of the target group (and/or) problem? |  3 | The program aims to reduce youth offending by supporting at-risk children and their families as a preventative measure. The program emerged from a place-based initiative indicating a local need. |
| | Domain score: | 3 | |
| Strategic / political context | Is addressing the problem consistent with policy/strategic directions or priorities? |  3 | The involvement of WA Police and other government agencies on the steering committee and providing earlier rounds of funding for the project suggest the project is consistent with local priorities. |
| | Will scaling up this program/intervention up be strategically useful to funders/ funding agency? |  2 | If the YPP can be demonstrated to be effective, then yes it could be strategically useful. |
| | Domain score: | 2.5 | |

| Domain | Question | Score | Justification |
|--------------------------------|---|--|---|
| Evidence of effectiveness | Is there compelling evidence from the literature to indicate that the program/intervention is effective in addressing the problem in the target population? |  0 | There is no high-quality evidence that the YPP itself is effective at improving outcomes for participants. |
| | Domain score: | | 0 |
| Intervention costs | Is there evidence that the benefits of the intervention exceeded the costs? |  0 | There is no cost-benefit analysis available to suggest this. |
| | Domain score: | | 0 |
| Fidelity and adaptation | Will the core components of the scaled-up intervention be consistent with what was previously shown to be effective? |  3 | Noting that the intervention has not been previously shown to be effective, we think it is reasonable to assume that the YPP team can achieve this at the assumed scale |
| | If the core components of program/intervention are to be modified from its original form during scale up, will the impact of the modification likely be favourable? |  NA | We have no information to inform an assessment of this question. |
| | Can program fidelity be monitored and/or maintained when implemented at scale? |  2 | The YPP have experience with using the practice framework and fidelity tool. However other fidelity measures should be included in the future. |
| Domain score: | | 2.5 | |
| Reach and acceptability | Does the selected intervention have the potential to reach the intended target population at scale? |  3 | We understand that even if scaled up under this scenario, there will still be far more eligible families than spots available to participate |
| | Is the selected intervention likely to be acceptable to the target population? |  3 | Based on current recruitment and retainment, it would appear the program is acceptable. |
| | Domain score: | | 3 |
| Delivery setting and workforce | Is the delivery setting(s) selected to deliver the program at scale consistent with that used in previous studies? |  3 | Yes, it is the same team |
| | Is the delivery workforce selected to deliver the program at scale consistent with that used in previous studies? |  3 | Yes, it is the same team |

| Domain | Question | Score | Justification |
|--------------------------------------|---|--|--|
| | Is the intervention likely to be acceptable to the delivery workforce involved in its delivery at scale? |  3 | Yes, the intervention appears to be acceptable to the delivery team |
| | If the intervention requires integration into existing organisational or community structures, how likely is it to be acceptable? |  3 | We need to assume that the YPP steering committee will be amenable to scale up and continue to provide support |
| | Domain score: | 3 | |
| Implementation infrastructure | Are the implementation infrastructure requirements of the intervention/program feasible for scale up? |  2 | For this scenario, it is reasonable to assume this is possible if sufficient supervision and coaching support is provided to any new staff |
| | Domain score: | 2 | |
| Sustainability | Is level of integration of the intervention into delivery settings required for implementation at scale sustainable? |  3 | In this scenario, no |
| | Is the level of resourcing required to implement the intervention at scale sustainable? |  1 | Existing 1-year funding extensions are not ideal conditions for sustainability |
| | Is the delivery workforce selected for implementation at scale sustainable? |  2 | We have some concerns over staff turnover, which could negatively affect sustainability |
| | Domain score: | 2 | |

Scenario 2: Replicating YPP in another geographic location and expanding capacity

The scenario is based on the following assumptions:

- The YPP practice framework is used as the basis for implementing the program in another geographic location with similar needs in Australia
- It is possible to develop and maintain similar implementation infrastructure — e.g. YPP steering committee — to that used in Armadale
- YPP practice staff receive appropriate training and coaching on the use of the practice framework
- The fidelity assessment tool is used as a coaching and improvement tool
- The capacity of YPP is expanded from 10 per cohort to between 30 and 40 per cohort

The results of our assessment are included in Table 8.2 below.

Table 8.2 Application of Intervention Scalability Assessment Tool for Scenario 2

| Domain | Question | Score | Justification |
|-------------------------------|---|---|--|
| The problem | Is the problem of sufficient concern to warrant scale-up of an (the) intervention/program to address it? |  2 | Diverting at-risk youth from juvenile justice is an issue of national importance, but this is highly dependent on the location selected for scale up |
| | Domain score: | 2 | |
| The program or intervention | Will the outcomes delivered by this program/intervention address the needs of the target group (and/or) problem? |  2 | This is very dependent on the needs in the location selected, assuming an appropriate location is selected it is reasonable to assume this will be met at least somewhat |
| | Domain score: | 2 | |
| Strategic / political context | Is addressing the problem consistent with policy/strategic directions or priorities? |  2 | Highly dependent on location selected, reasonable to assume this will be met at least somewhat |
| | Will scaling up this program/intervention up be strategically useful to funders/ funding agency? |  2 | Highly dependent on location selected, reasonable to assume this will be met at least somewhat |
| Domain score: | 2 | | |
| Evidence of effectiveness | Is there compelling evidence from the literature to indicate that the program/intervention is effective in addressing the problem in the target population? |  0 | There is no high-quality evidence that the YPP itself is effective at improving outcomes for participants. |
| | Domain score: | 0 | |
| Intervention costs | Is there evidence that the benefits of the intervention exceeded the costs? |  0 | There is no cost-benefit analysis available to suggest this. |
| | Domain score: | 0 | |
| Fidelity and adaptation | Will the core components of the scaled-up intervention be consistent with what was previously shown to be effective? |  2 | This is unclear, it's possible that the intervention may be adapted to meet local needs |
| | If the core components of program/intervention are to be modified from its original form during scale up, will the impact of the modification likely be favourable? |  NA | We have no information to inform an assessment of this question |

| Domain | Question | Score | Justification |
|---------------------------------------|---|--|---|
| | Can program fidelity be monitored and/or maintained when implemented at scale? |  1 | It's possible to monitor fidelity using the available tools, but its unclear if it can be maintained in a different context without implementation support |
| | Domain score: | 1.5 | |
| Reach and acceptability | Does the selected intervention have the potential to reach the intended target population at scale? |  1 | This is highly dependent on where it is implemented and the scale at which it is implemented |
| | Is the selected intervention likely to be acceptable to the target population? |  2 | Based on the experience in WA, it is reasonable to assume that the intervention will be acceptable |
| | Domain score: | 1.5 | |
| Delivery setting and workforce | Is the delivery setting(s) selected to deliver the program at scale consistent with that used in previous studies? |  2 | This will be highly dependent on the location selected. It is reasonable to assume that the delivery context will be somewhat consistent |
| | Is the delivery workforce selected to deliver the program at scale consistent with that used in previous studies? |  2 | This will be highly dependent on the location selected. It is reasonable to assume that the workforce will be somewhat consistent |
| | Is the intervention likely to be acceptable to the delivery workforce involved in its delivery at scale? |  2 | Based on the experience in WA, it is reasonable to assume that the intervention will be at least somewhat acceptable to the workforce with sufficient support and coaching |
| | If the intervention requires integration into existing organisational or community structures, how likely is it to be acceptable? |  1 | This is highly dependent on replicating the implementation structure used in WA, there are many local factors that contributed to its acceptability. It is not clear that these are well documented enough to replicate these easily in another context |
| | Domain score: | 1.75 | |
| Implementation infrastructure | Are the implementation infrastructure requirements of the intervention/program feasible for scale up? |  1 | It is potentially possible that the intervention could be replicated using similar principles to that used in WA, however it is not clear if it is possible to relocate and scale up simultaneously |
| | Domain score: | 1 | |
| Sustainability | Is level of integration of the intervention into delivery settings required for implementation at scale sustainable? |  1 | An entirely new implementation infrastructure would need to be built, developed and sustained in order for the relocation and scale up to be successful |

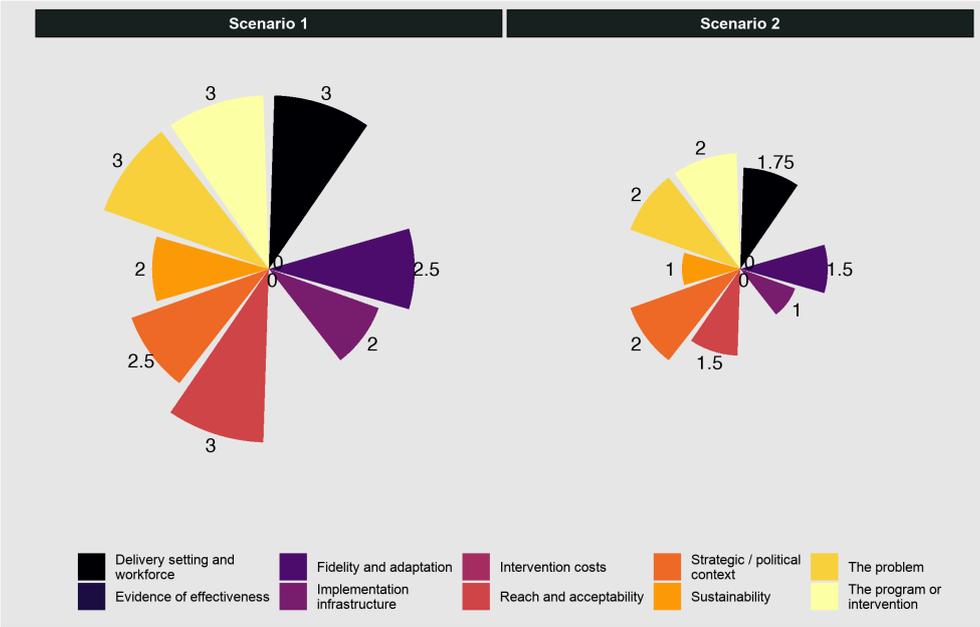
| Domain | Question | Score | Justification |
|----------------------|---|--|---|
| | Is the level of resourcing required to implement the intervention at scale sustainable? |  0 | It is unclear how this could attract sufficient funding without evidence of effectiveness or a cost-benefit analysis |
| | Is the delivery workforce selected for implementation at scale sustainable? |  1 | It is possible that a delivery workforce could be recruited to support this, but it is heavily dependent on funding timeframes. We had concerns about staff retention in WA which was potentially linked to short term contracting and working conditions |
| Domain score: | | 1 | |

Comparison of the two scenarios

We have summarised the domain scores from each scenario in Figure 8.1 below. Noting that this assessment is indicative and reliant on the assumptions underpinning each scenario, there are a number of key takeaways to consider:

- Scenario 1 (modest local scale up) scores higher in every domain than Scenario 2 (replication and scale up in another geography)
- Both scenarios scored the lowest possible score (0) for evidence of effectiveness and intervention costs — bringing into stark contrast the absence of key decision-making criteria
- Reflecting its existing delivery, implementation infrastructure and modest aims, Scenario 1 scored highly on four domains: *delivery setting and workforce, the program or intervention, the problem* and *reach and acceptability*. It scored less highly in *sustainability* and *implementation infrastructure* due to concerns about ongoing funding and the challenges of sustaining implementation infrastructure.
- Scenario 2 did not score highly in any domains. There were concerns about the transferability of *implementation infrastructure* and *sustainability* in the absence of ongoing funding commitments, which would be unlikely to be provided given the absence of *evidence of effectiveness* and *intervention costs*.

Figure 8.1 Summary of ISAT domain scores for two scenarios



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Appendix A YPP Program Logic

| | | | | | | |
|--|---|--|---|---|---|---|
| Broader Goal | The YPP increases the effectiveness and efficiency of the Youth Services System in WA, reducing demand on youth statutory services in community with complex needs | | | | | |
| Outcomes for Young People | The YPP model meets the needs of young people with complex needs living in communities with high level of youth offending, by providing the right support to the right young people at the right time, preventing/ reducing their engagement with the juvenile justice system | | | | | |
| Systems Outcome | The YPP intervention model increases the capacity and connection of the Youth Service to provide the right support to the right young people at the right time in communities with complex needs and high levels of youth offending | | | | | |
| Long term outcomes | Young people improved their social and emotional wellbeing | Young people improved life skills | Young people have safe and stable families | Young people improve education engagement and attainment | Young people have increased their safety in their community | |
| Systems-level outcomes | Responsive and engaging youth service system | | | Increased linkages and alignment across Youth Service System | | |
| | Co-design techniques adopted by youth services in WA | YPP intensive engagement mechanism adopted by youth services in WA | Service delivery tailored according to level of risk/need | Service gaps addressed | Transition pathways identified-co- developed | |
| | Young people with complex needs identified per LGA using YPP-Matrix | Young people & carers provide informed consent | Young people with complex needs engaged | Right mix services identified and engaged | Inter-agency case management plans developed and delivered | Transition support plans co-developed and delivered |
| Operational-level outcomes | Identification & eligibility process | Consent | Intensive engagement | Cross sector assessment of needs | Holistic support & transition support | |
| Operational strategies | Whole of System Engagement | | | Continuous Improvement | Accountability | |
| | Stakeholder and Community engagement; Ongoing Co-Design; Support the partnership to prioritise relationship with young people | | | Ongoing research; evidence based - reflective practice; capacity building | Shared monitoring & evaluation system | |
| Systems coordination strategies | Governance support & Communication Technical support, shared language, strategic communication across partners, shared results and data | | | | | |
| Establishment strategies | Shared Goal | | Shared Resources | | Shared Authority & Accountability | |
| | Co-define & co-design with young people and service providers; systemic & policy alignment; shared approach to collaboration | | Shared language, service coordination, shared operational model | | Participatory decision-making & shared responsibility; governance structure; relevant MOUs and TOR; tracking collectively progress and impact | |
| Foundational strategies | Identify and Build Preconditions Including backbone, urgency for change (data mapping), adequate resources (service mapping), champions for change | | | | | |

Appendix B YPP Fidelity Building Tool (YPP-FBT)

The Fidelity Building Tool is designed to support the skill-building of the YPP team who are delivering the YPP Practice Framework. It will be used by CEI and the team leader in their observations of staff. The tool is designed to:

- Resource the team leader to make a determination about whether the practice elements are being delivered as intended (i.e., with fidelity)
- Generate useful insights into the skills and capabilities of the team leader and the team that can feed into coaching sessions
- Generate data for the YPP implementation monitoring and evaluation activities

B.1.1. How do I use the Fidelity Building Tool?

As part of the implementation support CEI will undertake fidelity assessments of the team leader during coaching sessions. The team leader will undertake observations of staff as they deliver services to young people and families. The tool is designed to be used during these observation sessions.

The intention is that the team leader would conduct two or three observations of every youth and family support worker by the end of:

- 1 April 2021
- 2 May 2021
- 3 July 2021

The data that result from the use of this tool during these observations is crucial to inform your coaching of the staff.

Complete the Fidelity Building Tool during the observation session as follows:

- Ensure you are familiar with the fidelity criteria for each practice element
- Observe/list to the team member throughout the session and make an assessment on the matrix provided about the extent to which each practice element was used with fidelity

After the session, discuss what you observed with the team member. Use the insights the tool provides to feed into your coaching sessions with them, focusing on skill-building towards fidelity on all practices applicable to their role.

B.1.2. The fidelity threshold

- Scores of 1 and 2 indicate that the staff is not yet at fidelity for that practice element.
- A score of 3 indicates satisfactory fidelity for that practice element. This is the threshold to aim for.

- A score of 4 indicates good fidelity for that practice element. It reflects a high level of skill and adherence to the techniques outlined in the practice guide and the fidelity criteria.
- A score of 5 indicates very high fidelity. It reflects an exceptionally high level of skill and adherence to the techniques outlined in the practice guide and the fidelity criteria.

B.1.3. Generating global fidelity scores

There are two global fidelity scores.

Global Fidelity Score A relates to the practice elements in the engaging and planning your work together modules only. These are foundational skills that are likely to be used very frequently with all young people and families.

Calculate the total number of ‘applicable’ practice elements within the Engaging and Planning your work together phases where the Team Leader/staff has met or exceeded the fidelity threshold of 3. Then, convert this to a proportion (%).

Global Fidelity Score B relates to the practice elements in phase 3 (Intervention modules) only, which are to be used in response to the identified goals and needs of each young person and their family (and thus not every intervention module will be used with every young person or family).

Calculate the total number of ‘applicable’ practice elements within all the Intervention modules where the Team Leader/staff has met or exceeded the fidelity threshold of 3. Then, convert this to a proportion (%).

B.1.4. Recording the data

Record the individual practice element scores and the Global Fidelity Scores (A and B) into the central spreadsheet as soon as possible.

B.1.5. The Fidelity Building Tool

| To what level of fidelity was the practice demonstrated? | | | | | | | Notes |
|--|-----|---|---|---|---|---|-------|
| Practice elements | N/A | 1 | 2 | 3 | 4 | 5 | |
| Engaging | | | | | | | |
| Conservation techniques for building engagement | | | | | | | |
| ROARS | | | | | | | |
| Checking for understanding | | | | | | | |
| Planning your work together | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Strengths and needs assessment | | | | | | | |
| Identifying priorities | | | | | | | |
| Goal setting | | | | | | | |
| Youth support | | | | | | | |
| Zones of regulation | | | | | | | |
| Problem solving | | | | | | | |
| Life skill | | | | | | | |
| Identify and build relationship with community-based mentor | | | | | | | |
| Family support | | | | | | | |
| Safety planning | | | | | | | |
| Problem solving | | | | | | | |
| Communication skills | | | | | | | |
| Caregiver self-regulation | | | | | | | |
| Routines | | | | | | | |
| Warm and responsive caregiving | | | | | | | |
| Planning family time | | | | | | | |
| Relaxation techniques | | | | | | | |
| Education support | | | | | | | |
| Increasing home-school link | | | | | | | |
| Zones of regulation | | | | | | | |
| Planning for sustainability | | | | | | | |
| Sustainability plan | | | | | | | |
| Referrals and support | | | | | | | |

Group case reviews

| | | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| Group case reviews | | | | | | | |
|--------------------|--|--|--|--|--|--|--|

Note: There may be cases where a staff has not used all of the key skills identified in the fidelity criteria because it was not necessary or appropriate to the young person or family requirements during that session. If the staff member can clearly articulate their rationale for not using some of these criterion skills, the team leader may determine that a score of 3 or more is still appropriate and should note reasons in the notes section.

B.1.6. Summary

Total number of 'applicable' practices in engaging and planning your work together phases (i.e., practices that have received a score above; not those with an N/A): _____

Global fidelity score A: Proportion of 'applicable' practices with a score of 3 or above in engaging and planning your work together phases: _____

Global fidelity score B: Proportion of 'applicable' practices with a score of 3 or above in phase 3 (intervention modules): _____

Appendix C Elements from the YPP Practice Framework

C.1.1. ROARS

Summary of practice

| Who: | Use this when: | Where: | Phase: |
|--|---|---------------------------------|--------------------------------|
| Young person, family Staff: YW, FSW | Engaging and exploring change with the youth and family | Home setting, school, community | Phase 1: Intake and engagement |

ROARS stands for refrain, open-ended questions, affirmations, reflections, and summaries. The use of these skills during engagement gives the family a sense that they are being listened to and understood, with open ended questions focusing on eliciting their thoughts and feelings. The use of affirmations, summaries and reflections demonstrate that you have heard their perspective and understood the information they have provided as well as their feelings on the matter. The ROARS skills are the core skills of Motivational Interviewing and are an essential practice in help people change. They can be used to build engagement at the beginning of, and throughout your work with families.

Refrain refers to things to avoid such as directing the conversation and ‘telling’ young people or families what they should do.

Open-ended questions are phrases that seek a response and encourage exploration and understanding of a situation, rather than a ‘Yes’ or ‘No’ answer. For example, instead of asking “Is Tom difficult to manage?” Ask, “Can you tell me about your relationship with Tom?”

Affirmations are statements that recognise a person’s strengths. Affirmations help to build rapport with a service user, recognise strengths, and help the person see themselves in a different and more positive light. For example, “The fact you keep turning up to contact visits tells me you are committed.”

Reflections are used to respond to and reflect back what is being said by repeating or rephrasing, so the person knows the staff member is listening, and they feel heard. For example, if the family states “I don’t know why the kids don’t listen to me!” you might reply with “it sounds like it frustrates you.”

Summaries are statements that infer the meaning of what is said and are reflected back to show understanding, call attention to important elements of the discussion, or to shift the direction of the discussion. For example, “You have mentioned a few concerns today – you are worried about finances, and you’re worried about this meeting next week with all the services, but most of all you are worried about how the family is getting along, especially the screaming matches. It’s something you’d like to change.”

Goal of the practice

To build trust with the family by actively listening and demonstrating an understanding of their perspective. Avoid being directive and judgmental in conversations with the family to start building the family’s motivation to change.

How you do it

| | |
|----------------|---|
| Refrain | Families are more motivated to make change when it’s based on their own decisions and choices, rather than an authority figure telling them what to do. When we are communicating with young people and families we need to refrain from: |
|----------------|---|

- Imposing your own thoughts and reasons for them to change
- Trying to 'fix' the problem or make suggestions
- Making assumptions about their capacity to make change

Example

Caregiver: "I know smoking is expensive and I'm struggling to buy food, but it's all I have to keep me calm and gives me a break outside alone"

Non-refraining example:

FSW: "You really need to put the kids first and stop buying cigarettes."

Refraining example:

FSW: "Smoking helps you to manage and gives you a bit of a break."

Open-ended questions

Open-ended questions are questions that cannot be answered with a single word or phrase. For example, instead of asking "is Levi difficult to manage?" ask "tell me about your relationship with Levi?"

Ask open-ended to encourage the exploration of issues.

Examples

"What do you want for yourself? Your family?"

"Tell me more?"

"What things worry you the most?"

"What do you know about our program?"

Autonomy-building questions are questions that do not challenge, but instead highlight the central notion that the family holds the expertise and wisdom about changing.

Example

FSW: "I've heard [Staff]'s concerns about Levi, what do you two make of all of this?"

Instead of:

FSW: "I've heard Child Protection's concerns about Levi, it sounds like it's an issue..."

YW: "I've heard some concerns at school, what do you know about it?"

Instead of:

YW: "I heard about your teachers concerns, sounds like it's a problem."

In this situation, the autonomy building example emphasises that, if there is an issue, the family has the expertise and wisdom to make changes where necessary.

Empathy-building questions can also build understanding, and elicit what the person feels or thinks, rather than asking information-seeking questions

Example

Caregiver: "Levi tells me he doesn't like school, he's always in trouble."

FSW: "I can see why Levi might not want to go to school. When he says these things, how does it impact you?"

Young person: "I hate school, I'm always getting kicked out of class for no reason."

YW: "That must be hard to deal with not knowing why, how does that make you feel?"

In this situation, the empathy building example focuses on perspective and experience, primarily focusing on their feelings. Always remember to ask permission before asking questions to demonstrate respect and to allow the family autonomy and choice in the information they share.

Affirmations

Affirmations are statements that highlight and are supportive of a person's strengths, efforts, intentions, value or worth and can also build engagement and motivation. Affirmations are similar to compliments (e.g., You did a great job!), as both can help build self-confidence, which is linked to motivation. The difference with affirmations is that they are specific to a person's behaviour or characteristic:

Example

FSW: "I'm impressed by your honesty in talking about the difficulties you have with your relationship with the school." OR "You've come up with plenty of good ideas about why Levi is often missing school, great job brainstorming today." OR "You care a lot about your family."

YW: "It's not easy talking about stuff you don't enjoy like school, awesome work for sharing that with me, tells me you want things to be different...better."

They are great for building engagement, and when aimed towards a specific change, they can build motivation for change.

Reflections

Reflections are statements that reflect what is said or felt by the person (e.g., Caregiver: "I don't know why the kids don't listen to me!" Staff: "it sounds like it frustrates you"). They are used to let the caregiver know we are listening but also increase conversations about change.

Use reflections to show you understand what the youth/family are thinking and feeling by reflecting it back to them in a statement (not a question).

Example

FSW: "You've tried everything to make him listen, but you feel nothing works, you're exhausted."

OR

YW: "You're frustrated and feel that your family don't understand how you feel."

These simple statements are an example of a reflection that is perfect for showing a person that you are listening. These simple reflections are critical to authentic engagement.

There are also more complex reflections which you might like to work towards as you develop your practice. These are particularly useful for building motivation for change. These reflections are a lot trickier to master than simple reflections, but they help families move towards making the final decision to make a change. By using the OARS strategies, we are attempting to enhance, draw out or build upon the individual's own arguments for change.

Talking with families about a supervision issue with their children.

Example

Caregiver: "Tamika has always been hard to control, she just doesn't listen to me."

FSW: "So it wouldn't be as hard on you, if Tamika was easier to manage and supervise."

Summaries

Summaries are a special type of reflection where the Staff recaps what has occurred in all or part of a conversation or session (e.g., "You have mentioned a few concerns today – you are worried about finances, but most of all you are worried about how the family is getting along").

Summaries are used to list or draw together the key ideas a person has expressed. This is often done when there is a natural finish to a conversation or a change in topic.

Summaries can also be used to move a conversation along or draw one topic to a close before moving on to another. Staff may find it useful to try and use the same language as the person when using summaries.

Example

FSW: "Ok, let me see if I have it all. One, you struggle to pay rent; two, you're fighting with your mother and she's the one that looks after the kids while you're at work; and three, you feel like the school is always breathing down your neck and this makes you feel intimidated. Have I got it all?"

YW: “I hear ya, let me check I got this right. School isn’t your favourite place, you’re getting booted out of class and you don’t get why, and that caused trouble at home, does that sound about right?”

Staff can also invite the caregiver or young person to correct anything that has been missed (“Did I miss anything?”), assisting in building their autonomy.

C.1.2. Strengths and needs assessment

Summary of practice

| Who: | Use this when: | Where: | Phase: |
|--|---|----------------------|--------------------------------------|
| Young person, family Staff: YW, FSW | Commencing work with the young person and family and throughout the early engagement period | Home setting, school | Phase 2: Planning your work together |

This practice guide outlines the assessment process using the Strengths and Needs Assessment and explains how this will be used to inform decisions about how staff, the young person, and family will work together. This involves understanding what the family values most and what issues are most important to them, as well as identifying the most important issues for staff to address. This includes capturing the information gathered during the intensive engagement period, together with details about the history and current context of the difficulties the family is facing. Whilst it is important to understand the issues and concerns, a key focus of the assessment is to highlight the young person and family’s strengths to use as levers for change. This then forms the basis for collaborative discussions about what to prioritise and target for goal development.

Goal of Practice

To understand the needs of the young person and the family as well as strengths that can be used as levers for change.

How you do it

Introduce information gathering using the tool

When gathering assessment information using the strengths and needs assessment tools, the family support staff will work with the family and the youth worker will work directly with the young person.

Remind the young person and family that what is most important to them is also what you would like to help them with. When staff have a good understanding of what is happening for the family, support can be tailored to address their needs.

Family support worker:

Let the family know that you would like to ask some questions to help you gather information, and that you may be asking lots of questions at this stage. Let them know that you will be taking some notes to ensure you capture what is important to them, ask for permission before doing so.

Example

FSW: “Deb, for me to learn about what is important to you and your family, it would be helpful for me to hear from you about how you all get along, what some of the worries might be, and also about the things that are going well. Would that be ok?”

FSW: “I have a tool that can help us gather this information and to ensure I don’t forget anything, are you ok if I use that to guide our conversation?”

Youth worker:

Let the young person know that what they have to say matters and it's important for you to take the time to listen and understand things from their perspective. Also, that they don't have to talk about anything they don't want to, and that they're in control of what gets discussed.

Example

YW: "Nate, to help me understand and learn more about what's happening for you, it would be really cool to hear about the good stuff going on for you, and also the things that aren't so great and that you might like to be better. How does that sound to you?"

The above examples are exactly that, examples only and can be useful in guiding your conversations with young people and families. With youth in particular, strengths and needs may be gathered during a game of basketball, riding in a car, or other time spent with the youth worker. Some information would have already been gathered during the intensive engagement period.

Strengths and needs assessment tool

There are two versions of the strengths and needs assessment tool.

- Young person strengths and needs assessment for young people
- Family strengths and needs assessment for families

Youth worker: engages with the young person to complete the young person strength and needs assessment. Family support staff: engage with the family to complete the family strengths and needs assessment.

This includes identifying what they would like to change or be different, and their strengths and needs relevant to the young person or family. This information gathered is used to develop goals in collaboration with the caregiver and/or family as well as the young person.

The tools are broken into six domains that reflex the YPP program's protective factors:

- Adequate resources
- Family support
- Social and emotional wellbeing
- Education support
- Life skills
- Safe community

Each domain includes prompts for staff to use to guide questions and gather information for example, the family support domain includes family resolves disputes in a calm and stable manner. This prompts staff to ask either the young person or family how things are at home, examples of how to do this are described below in gathering information.

Staff work their way through each domain to identify the strengths and needs within each section. Importantly, the list of needs that emerge form the basis of discussions for things to target for goal development in the phase of planning your work together. Strengths that have been identified are great to draw from to leverage behaviour change to achieve goals.

Gathering information

As you work through each domain of the Strength and Needs assessment, use various techniques to encourage the young person and family to share their story to gather assessment information.

Use open-ended questions: encourage the young person/family to explore what they perceive as their current priorities.

Example

YW:

"How are things at school?" (neutral)

"What are the good things about school? (strength). What don't you like about it?" (need)

“How are things at home, how do you get on with your younger sister?” (strength or need)

“What do you do on the weekends and who do you hang out with?” (strength or need)

FSW:

“What immediate change would make the most difference for the family?” (need)

“How do you manage to keep it together with everything that’s happening?” (strength or need)

“When do you get time to catch up for a cuppa with friends or family?” (strength or need)

“What is the most challenging issue for you at the moment?” (need)

“What’s working for you and the family right now?” (strength)

Use active listening: give free and undivided attention, remaining actively engaged in what they are saying. Let them know you are listening with your facial expressions and body language.

Including input from others: when there are other points of view, elicit the young person’s or family’s perception of the other points of view; reflect on their point of view, even if it is contrary to others (e.g., school, statutory services).

Example

FSW: “Child protection mentioned they are concerned about Nate’s school attendance, how do you feel about it?”

Caregiver: “I’m a good parent you know – they need to recognize that...like I know he needs to go to school.”

FSW: “From your point of view you’re a good parent and also want him to attend.”

YW: “Your mum mentioned that you don’t get on so well with her new partner, how do you feel about that?”

Young person: “He tells us what to do and buys food that only him and mum can have, it’s not fair, he’s not my dad!”

YW: “He bosses you around, doesn’t share stuff, that must be tough on you.” (reflecting, not asking a question).

Check for understanding: make sure you have accurately captured all the information before moving on. See Checking for understanding.

Summarise: This strategy can be used to show understanding, call attention to important elements of the assessment, or to shift attention or direction and prepare the family to 'move on' in the discussion.

See ROARS for more information regarding summaries. Suggest the voice of the young person:

If family support staff have a strong collaborative relationship with the caregiver they may choose to enquire if the priorities also suit other important people, such as the young person.

Summarise and share information gathered

Sharing assessment findings starts by organising and interpreting the information collected so far. The information is shared with the young person and family in a way that promotes understanding into the possible causes of the challenges they are experiencing, and the strengths and resources that can be used to leverage change. Agreement between staff and the young person and family at this stage is essential for maintaining authentic engagement and continuing to build a collaborative relationship.

Once the Strengths and Needs assessments are completed, let the young person and family know that the next step will be deciding what is most important to them to work on first. Examples of how to do this are described in Identifying priorities.

C.1.3. Goal setting

Summary of practice

| Who: | Use this when: | Where: | Phase: |
|--|---|----------------------|--------------------------------------|
| Young person, family Staff: YW, FSW | Commencing work with the young person and family and throughout the early engagement period | Home setting, school | Phase 2: Planning your work together |

When the assessment practice has been completed and you have collaboratively identified some behaviours the young person and family would like change, you are ready to start setting goals. Goal setting is a key strategy to drive motivation and guide action/activity/intervention. Making goals manageable is important to help maintain motivation. This practice focuses on helping families identify specific and meaningful self-selected goals. Helping families set effective goals is an important self-management tool and makes goal achievement easier. Having clear, realistic and achievable goals enables families and staff to come to a clear understanding of what they are working on together, and when this has been achieved. Clearly defined goals also make it easier to identify barriers to completing the goal and monitor progress towards goal achievement.

Goal of practice

To empower families in setting realistic and achievable goals based on their needs and desires.

How you do it

| | |
|---|--|
| <p>Provide an overview and rationale for setting goals</p> | <p>Introduce the idea of goal setting:</p> <p>Introduce goal setting as a way of helping the family keep track of the changes they want to make. An example of this could be as simple as needing help with budgeting or finances but not knowing where to turn for assistance.</p> <p>Example</p> <p>FSW: "I've heard you say that there are a lot of things in your life you want to change. Sometimes it's hard to know where to start and there might be too many things to tackle at once. It can be useful to have a couple of things that we are working on and to be really clear about what you want to change so that we can tackle them together one at a time. If we create goals together, we will have a plan that helps us achieve the change you want."</p> |
| <p>Identify goals</p> | <p>Identify goals via values:</p> <p>Invite them to identify and describe their values (what is important to them).</p> <p>Example</p> <p>FSW: "You've talked about this idea and 'being a good parent' and how important that is to you. Could there be a goal related to being a good parent?"</p> <p>Identify goals via (caregiver labelled) problems:</p> <p>Invite them to identify and describe the key problems they are facing, and re-frame the problems (e.g. high parent-child conflict) as goals (e.g. improved parent-child communication).</p> |

Example

FSW: "You've mentioned that you argue a lot in the house, what would it look like if there was less arguing?"

See functional assessment for additional support in tackling the problems in a way to consider specific goals.

Identify goals via priorities:

Example

FSW: "You mentioned that you'd like to prioritise the concerns you have about Blake getting out of jail, would that be a good topic to consider a goal?"

Prioritise goals

Explain that it is usually more manageable and more motivating to make progress towards one goal at a time, rather than trying to address multiple goals at once.

Example

FSW: "Goals are usually easier to achieve when we focus on one at a time, would you be interested in prioritizing one?"

Invite the family to number the goals in order of priority (1=highest priority). Check that the goal marked as '1' is where they would like to focus their attention first.

As needed, prompt caregivers for good goal characteristics

Positively worded:

Example

FSW: "What would you like to see instead of [the problem]?"

Concrete, specific and observable:

Example

FSW: "If you could think about explaining this goal to a friend, what would you need to add in so they would know that you've done it?"

Behaviours that are in the caregivers' control:

Example

FSW: "Is that something you can change?"

Challenging but achievable:

Example

FSW: "Do you think that would be manageable straight away?"

Time-bound:

Example

FSW: "How long do you think it would take to get there?"

Includes values:

Example

FSW: "And why is that important to you?"

If needed, writing down the goal can be helpful. They could use their phone or other system that works for them.

Example

FSW: "Are you interested in looking at this sheet which gives us reminders about how to set up your goal so it's clear and manageable? It might help you think about the important parts of this goal you have in mind."

| | |
|---|---|
| <p>Identify obstacles</p> | <p>Brainstorm the things that might get in the way of achieving the goal (barriers to goal attainment).</p> <p>Example</p> <p>FSW: “Can you see any things that might get in the way of being about to reach this goal?”</p> <p>Collaboratively make a plan for how each barrier could be addressed or overcome.</p> |
| <p>Make a plan to monitor progress</p> | <p>Explain that those who actively monitor their progress and are accountable to their goal are more likely to stay motivated and achieve that goal.</p> <p>Help the family plan for how progress will be monitored. Consider:</p> <ul style="list-style-type: none"> • How progress will be monitored and recorded (e.g., case plan, action plan, rewards chart, attendance record). This will vary depending upon referral pathway and support. • When progress will be reviewed, how it will be reviewed, and by whom. <p>Example</p> <p>FSW: “People are more likely to achieve a goal if they have some way of monitoring it. It usually includes having help from somebody else, telling them so they can check in with progress.”</p> |
| <p>Celebrate achievements</p> | <p>Celebrating the achievement should always take the form of celebrating the achievements of family, rather than the successes of the staff member. The success of the collaborative partnership can also be celebrated.</p> <p>Provide specific praise which is focused on the efforts of the caregiver, rather than their inherent qualities or personal traits.</p> <p>Example</p> <p>FSW: “Such patience and perseverance Susan, navigating housing, the department and all your appointments to finish this goal in four weeks.”</p> <p>Rather than: “You’ve done a good job” or “I knew you could do it, you’re so smart!”</p> <p>Ask the caregiver how they feel. This allows them to verbalise their feelings and for the staff member to affirm their achievement.</p> <p>Example</p> <p>FSW: “How does it feel to have achieved your goal?”</p> <p>Remember to thank them for continuing to work with you, let them know you appreciate and value them letting you into their life and working with them and their family.</p> |

Appendix D Focus group discussion guides

D.1 Discussion Guide for focus groups with youth and family support workers

D.1.1. Context

The Centre for Evidence and Implementation is undertaking an evaluation of the Youth Partnership Program (YPP) for Save the Children Australia. We are interested in speaking to you to deepen our understanding of the program and seek your views on how the program has been implemented and affected the lives of participants.

Thank you for agreeing to participate in this focus group, we value your time and your input. Please note that your participation in this focus group is both voluntary and confidential. Any information that you do share with us will be treated with confidence and any statements or quotes will not be attributed to you by name.

D.1.2. Purpose and scope

We understand that YPP program model operates in the context of a partnership with government agencies, police and schools. However, our evaluation is focusing on the implementation of the YPP practice framework and the outcomes that it achieves for participants. With that in mind, the questions we seek to answer from speaking to you are:

- What is the perceived appropriateness and acceptability of the YPP practice framework among those implementing and receiving it?
- Which aspects of the program model and practice framework are perceived to be most important in engaging young people, delivering the program and achieving successful outcomes?
- What is the perceived sustainability and scalability of the YPP practice framework among those implementing it?

D.1.3. Appropriateness and acceptability

Among staff

- To what extent do you find the practice framework acceptable? *i.e., do you perceive it positively or negatively? Is it relatively complex or straightforward to implement?*
- To what extent do you think that the practice framework is appropriate? *i.e., do you perceive it supports you to achieve positive outcomes for the children and families you work with? Is it a good 'fit' for the service/organisation (including culture, systems etc)?*
- Do you think that you have the skills and confidence to implement the practice framework in your work with children and families?
- What training, coaching and supervision is provided on-site to support framework implementation and practice?

- How have you found the fidelity assessment tool?
- To what extent is leadership supportive of the practice framework?

Among participants

- How have participants responded to the implementation of the practice framework? *i.e., has there been a perceptible difference, either positive or negative*

D.1.4. Child and family engagement

- What avenues have you used to engage with children and families? *e.g. through school or community services*
- What do you see as critical success factors for successful engagement with children and families? *e.g. referral from a trusted source, frequency of engagement*
- What do you see as barriers to successful engagement with participants? *e.g. obtaining consent, parental engagement*
- Are there any elements of the program that are particularly well received? Does this vary by child or family?
- Are there any elements of the program that are not well received? Does this vary by child or family?
- Thinking about the wider program model, what aspects of it have supported the implementation of the practice framework?
- If you were starting YPP from scratch, what elements of the wider program model would be essential to achieve positive outcomes for children and families?

D.1.5. Sustainability and scalability

- What do you perceive as the biggest challenges facing the delivery of services to participants currently? *i.e. governance, staff capacity/retention*
 - Has this always been the case? *i.e., were the challenges different previously?*
- What do you perceive as the biggest challenges facing the delivery of services to participants looking forward?

D.2 Discussion Guide for focus groups with YPP backbone staff

D.2.1. Context

The Centre for Evidence and Implementation is undertaking an evaluation of the Youth Partnership Program (YPP) for Save the Children Australia. We are interested in speaking to you to deepen our understanding of the program and seek your views on how the program has been implemented and affected the lives of participants.

Thank you for agreeing to participate in this focus group, we value your time and your input. Please note that your participation in this focus group is both voluntary and confidential. Any information that you do share with us will be treated with confidence and any statements or quotes will not be attributed to you by name.

D.2.2. Purpose and scope

We understand that YPP program model operates in the context of a partnership with government agencies, police and schools. However, our evaluation is focusing on the implementation of the YPP practice framework and the outcomes that it achieves for participants. With that in mind, the questions we seek to answer from speaking to you are:

- What is the perceived appropriateness and acceptability of the YPP practice framework among those implementing and receiving it?
- Which aspects of the program model and practice framework are perceived to be most important in engaging young people, delivering the program and achieving successful outcomes?
- What is the perceived sustainability and scalability of the YPP practice framework among those implementing it?

D.2.3. Introduction

- What is/was your name and role and what role did/do you have in the implementation of the YPP?

D.2.4. Appropriateness and acceptability

Among staff

- To what extent do you find the practice framework acceptable? *i.e., do you perceive it positively or negatively? Is it relatively complex or straightforward to implement?*
- To what extent do you think that the practice framework is appropriate? *i.e., do you perceive it supports your team to achieve positive outcomes for the children and families you work with? Is it a good 'fit' for the service/organisation (including culture, systems etc)?*
- *Do you think that YPP staff have the skills and confidence to implement the practice framework in your work with children and families?*
- *What training, coaching and supervision is provided on-site to support framework implementation and practice?*
- *How have you found the fidelity assessment tool?*
- *To what extent are you and SCA leadership supportive of the practice framework?*

Among the organisation

- *How has the SCA responded to the implementation of the practice framework? i.e., has there been a perceptible difference, either positive or negative*

D.2.5. Sustainability and scalability

- What do you perceive as the biggest challenges facing the delivery of services to participants currently? *i.e. governance, staff capacity/retention*
 - Has this always been the case? *i.e., were the challenges different previously?*
- What do you perceive as the biggest challenges facing the delivery of services to participants looking forward?

D.2.6. Child and family engagement

- What avenues have you used to engage with children and families? *e.g. through school or community services*
- What do you see as critical success factors for successful engagement with children and families? *e.g. referral from a trusted source, frequency of engagement*
- What do you see as barriers to successful engagement with participants? *e.g. obtaining consent, parental engagement*
- Are there any elements of the program that are particularly well received? Does this vary by child or family?
- Are there any elements of the program that are not well received? Does this vary by child or family?
- Thinking about the wider program model, what aspects of it have supported the implementation of the practice framework?
- If you were starting YPP from scratch, what elements of the wider program model would be essential to achieve positive outcomes for children and families?

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