

Research Synthesis Service

Boost program evaluation

Final report

authored by

**Dr Katie Jones
Dr Lauren Costello**

of the

AHURI Research Synthesis Service

for

**Hope Street Youth and Family
Services**

July 2013

DISCLAIMER The opinions in this publication reflect the results of an evaluation and do not necessarily reflect the views of AHURI Limited, its Board or its funding organisations. No responsibility is accepted by AHURI Limited, its Board or its funders for the accuracy or omission of any statement, opinion, advice or information in this publication.

ACKNOWLEDGEMENTS

AHURI would like to thank all of those who generously gave their time to participate in the Boost program evaluation. Your contribution and valuable ideas are greatly appreciated.

CONTENTS

EXECUTIVE SUMMARY	2
Data collection	2
Key findings	2
Critical success factors	3
Conclusion	4
1 TASK AND SCOPE.....	6
2 OVERVIEW OF BOOST ENHANCED YOUTH REFUGE RESPONSE	7
2.1 Objective	7
2.2 Co-location at Hope Street Youth and Family Services	7
2.3 Operations	7
2.4 Target groups.....	8
2.5 Referrals from access points	8
2.6 Boost assessment and planning processes.....	8
2.7 Boost processes.....	9
2.8 Key features	10
2.9 Case management.....	10
3 EVALUATION METHODOLOGY	11
4 FINDINGS – BOOST MODEL	12
4.1 Referrals and client demographics	12
4.2 Effectiveness of Boost for client outcomes	16
4.3 Holistic and client centred approach to case management.....	20
4.4 The impact of Boost on the service system	22
4.5 Critical factors for success.....	24
4.6 Key challenges and future considerations	28
5 DISCUSSION OF FINDINGS	30
5.1 Headline findings.....	30
5.2 Findings in relation to the evaluation aims	30
5.3 Future directions	33
REFERENCES	35
APPENDIX 1: EFFECTIVE CASE MANAGEMENT.....	37
APPENDIX 2: PARTICIPANT INFORMATION SHEET	44
APPENDIX 3: STAKEHOLDER INTERVIEW QUESTIONS	46
APPENDIX 4: CLIENT INTERVIEW QUESTIONS	48

EXECUTIVE SUMMARY

This report presents findings from an evaluation of the Boost Enhanced Youth Refuge Response Initiative (Boost), located at Hope Street Youth and Family Services (Hope Street). Boost provides assistance to young people at risk of homelessness through the provision of a short stay refuge bed and outreach support.

Boost operates from Hope Street Youth and Family Services in Brunswick West with a focus on the Department of Human Services (DHS) North Division.

Key features of the Boost program include:

- Transitional support—three months intensive support.
- Crisis support—six weeks support.
- Short stay bed—available for up to seven nights per client.
- Intensive case management.
- A youth specific approach.
- Links to other specialist services.

The purpose of the evaluation is to determine whether Boost, as the Hope Street service delivery model of the Enhanced Youth Refuge Response initiative, is an effective and innovative way to assist young people at risk of homelessness. The evaluation also considers the impact of Boost in enhancing service system responses to young people.

Data collection

In order to address the aims of the evaluation, a mixed method approach was employed. Data collection activities included:

1. Research synthesis—a comprehensive research synthesis of national and international literature on case management was undertaken in order to inform the context of the evaluation and identify good practice examples.
2. Desktop analysis of program documentation—key documents relevant to the Boost program were analysed as part of the evaluation.
3. Interviews were carried out with twelve key stakeholders in order to gather information about the implementation of Boost.
4. Interviews with four former Boost clients were undertaken in order to gain information about their perceptions and experience of Boost.

Key findings

- Boost has assisted 105 young people (including 13 accompanying children) since the first client assisted in November 2012 and is on track to meet DHS annual targets for transitional and crisis support.
- Of these 105 clients, 17 have used the short stay bed facility at Hope Street refuge. Use of the short stay bed has some way to go before it meets its DHS target, however this can be attributed to the delay in opening the bed because of challenges in staff recruitment at the beginning of Boost.
- Boost has achieved a range of housing and non-housing outcomes for clients. Clients have been diverted from the homelessness service through assistance to enter the private rental sector. Clients in need of further support have successfully

integrated into the service system through transfers to longer term placements in other youth refuges.

- Clients are referred to Boost via four access points. The highest number of referrals has come from North East Housing access point, which has a Boost specialist practitioner co-located at the office for half a day a week.
- The holistic and client centered approach to case management adopted by Boost is a key factor in the success of the model. The support provided by Boost staff is housing focused, but not housing constrained. Staff concentrate on mentoring a young person, providing practical support and information, as well as links to other specialist services.

Critical success factors

The evaluation identified a number of key factors contributing to the success of Boost. These include:

Innovative approaches to assisting clients to secure housing, including successful engagement of the private rental sector

A majority of project stakeholders considered that Boost has found innovative ways to secure housing for clients. Boost has been particularly successful in supporting clients to access the private rental market.

Co-location of Boost and the Hope Street Residential Program

Co-location of Boost at Hope Street Residential Program (referred to as refuge) has enabled Boost to leverage off the youth specific services already located at Hope Street, including: the Homelessness Youth Dual Diagnosis (HYDDI) partnership with Melbourne Health; the Royal District Nursing Service (RDNS) Homeless Persons Program; the Youth Reconciliation Program (YRP); and the Youth Residential Program. This provides opportunities for internal capacity building through the sharing of professional knowledge and skills amongst staff with different specialisms.

Availability of brokerage funding that is housing focused but not housing constrained

Boost was successful in accessing two sources of brokerage funding: the Enhanced Youth Refuge brokerage fund and the Private Rental Brokerage program at Vincentcare. Brokerage funding was vital in enabling access to private rental accommodation and for accessing education, employment and training opportunities through for example the purchase of school books and clothing for job interviews.

Multi-disciplinary team

The full time Boost team, including the Program Coordinator and two Specialist Practitioners contribute experience from a range of specialisms, namely: family violence; child protection; mental health; drug and alcohol; and working with CALD communities. The multi-disciplinary nature of the team is important in responding to the range of issues and circumstances experienced by young people and their families.

Sustainable approaches

An aspect of Boost that contributes to its success is that clients play an active part in the development of support plans which promotes engagement and commitment. Boost adopts sustainable approaches to supporting clients through teaching clients independent living skills and responsibility.

Combination of outreach support and the short stay bed

The combination of outreach support and the short stay accommodation means young people with a variety of housing and support needs can be assisted through the Boost program. Outreach provides the capacity to meet a young person in a location suitable to them, in comfortable and familiar surroundings. Other benefits of outreach include that a Boost worker can visit real estate agents and attend private rental open inspections with clients. The short stay bed provides the opportunity for a Boost worker to respond to an immediate accommodation crisis and work intensively with a client in order to secure alternative accommodation. This can include exploring a young person's resources in terms of family and friends or working with other agencies and access points to secure accommodation using Housing Establishment Funds (HEF).

Early intervention

Boost intervenes at an appropriate time when young people are entering the service system, many for the first time. Boost is able to navigate the client through the service system or to divert the young person away from the service system. In relation to general health, mental health and drug and alcohol issues, several stakeholders commented that Boost assessment processes enabled early identification of issues that may not have been addressed or worsened if they had not been part of Boost. This can be said to offer value for money as an effective service model that facilitates access to resources in a timely and supported manner.

Responsiveness

According to Boost program data, 100 per cent of referrals to Boost have been contacted within 24 hours of the initial referral; the average time frame of contact usually being three hours. This ability to provide an immediate response to clients is important in capturing young people when they are motivated to work on housing and protective solutions.

Individualised approach

Boost adopts an individualised approach by developing packages of support that are tailored to the needs of individual clients—case management focuses on both the immediate and longer term goals and clients are linked to services for support with mental health, drug and alcohol, family mediation and health issues. Clients participate in the development of support plans and are encouraged to take responsibility for the resolution of issues.

Responding to feedback

A critical success factor of a pilot or newly established program is the ability to modify delivery in response to feedback. Several stakeholders emphasised a key strength of Boost is the openness of staff to receiving feedback and improving practice.

Conclusion

The Boost program is effective in meeting its short term aims of:

- diverting its clients from homelessness and/or
- successfully integrating clients into the homelessness system.

There is still some way to meet the longer term aim of:

- capacity building across the service sector.

Overall the results indicate that the model of support offered by Boost provides evidence about 'what works' in providing a holistic response for young people at risk of homelessness and can potentially be built on as part of future responses to homelessness.

1 TASK AND SCOPE

In June 2013 the Australian Housing and Urban Research Institute (AHURI) Research Synthesis Service was engaged by Hope Street Youth and Family Services (hereafter Hope Street) to undertake an evaluation of the Boost Enhanced Youth Refuge Response Initiative (Boost).

The purpose of the evaluation is to determine whether Boost, as the Hope Street service delivery model of the Enhanced Youth Refuge Response initiative, is an effective and innovative way to assist young people at risk of homelessness. The evaluation also considers the impact of Boost in enhancing service system responses to young people.

The evaluation included an assessment of:

- Improvements in client outcomes and circumstances as a result of participation in Boost, specifically diversion from the homelessness service sector.
- Improvements in service delivery as a result of employing the Boost early intervention and prevention approach, including effectiveness, efficiency, level of service integration (cross program service delivery) and client access to mainstream services.
- Overall impact and appropriateness of the Boost initiative and its implementation, specifically as an early intervention and prevention response.
- Sustainability and transferability of the Boost approach.

The evaluation focused on the activities of Boost between October 2012 and June 2013.

2 OVERVIEW OF BOOST ENHANCED YOUTH REFUGE RESPONSE

2.1 Objective

The Boost program is an enhanced youth refuge response to young people experiencing homelessness and in crisis. The program model is based on intervention that responds to the immediate situation and needs of the young person and connects young people to a range of services. Boost aims to improve service system integration and medium/long term diversion from the homelessness system. Key aims of Boost include:

- Immediate crisis response, client centered assessment and support planning.
- Responsive intervention to young people with emerging complex needs.
- Integration with existing Hope Street specialist youth programs.
- Capacity building of the wider service system to better respond to the needs of homeless and at risk young people who are in crisis.

The forms of assistance offered by Boost include:

- Crisis accommodation in a Boost short stay bed at Hope Street refuge for up to seven nights (Monday–Monday).
- Transitional support—three months intensive support.
- Crisis support—six weeks support.

2.2 Co-location at Hope Street Youth and Family Services

Boost is co-located at the Brunswick west site of Hope Street Youth and Family Services. Hope Street has been operating since 1979 and is a leader in the provision of youth focused accommodation and specialist support services for young people, including young families. Hope Street services that Boost utilises include:

- Youth Residential program—supported crisis accommodation model and facility
- Youth Reconciliation program (YRP)—counseling and support for young people and families.
- Homeless Youth Dual Diagnosis (HYDDI) partnership with Melbourne Health.
- Royal District Nursing Service (RDNS) Homeless Persons Program.

2.3 Operations

Boost is funded under Phase 2 of the National Partnership Agreement on Homelessness (NPAH): Enhanced Youth Refuge Responses (EYRR), which builds on the existing resources allocated to youth refuges.

The Phase 2 funding provides youth refuges with resources to: divert young people from the service system where possible; make appropriate referrals to specialist support; respond to complex issues and needs; assist with the transition to new living arrangements; assist young people to develop protective strategies; and link young people in with support in their communities.

Boost is intended to deliver a response in the Department of Human Services (DHS) North Division.

EYRR was funded for one year until June 2013. Consistent with the release of funding, Boost was initially funded to operate from October 2012 until October 2013. However, the Victorian Government has recently extended funding to June 2014.

Boost was established during September and October 2012 and went live late October 2012.

Boost services are available from 7.30am until 11pm Monday to Friday and 10am until 6pm on Saturday.

The Boost program has a full time team of three staff and an additional pool of casual workers who fill three night shifts a week. Boost full time staff include:

- Boost program coordinator.
- Two Boost specialist practitioners.

The program is also supported by the Hope Street Program Manager and CEO.

2.4 Target groups

Boost is targeted at young people aged 16–25 who are homeless or at risk of homelessness and in crisis, with a particular focus on young people with complex needs and challenging behaviour. Key target groups include:

- Young people from CALD backgrounds.
- Young people who are recent refugees.
- Pregnant young women.
- Young mothers and their children.

Common issues experienced by Boost clients include: trauma; poor health; abuse; neglect; violence; substance use; unemployment/poverty; overcrowding; young and pregnant/parenting; undiagnosed/emerging mental health; social and familial disconnection.

2.5 Referrals from access points

Young people at risk of homelessness are referred to Boost via four access points:

- Melbourne Youth Support Service.
- North East Housing.
- HomeGround.
- Vincentcare.

Boost vacancies are advertised on the Resource Register for the area. If a vacancy is available, access points refer young people to Boost. Boost contacts the young person within 24 hours and arranges an appointment to meet. An assessment is conducted by the Boost worker who within 48 hours develops a case plan with the client, prioritising areas the client identifies as in need of immediate support.

2.6 Boost assessment and planning processes

The Boost assessment process involves an interview with the client on the day of referral. Assessment includes collection of information on:

- Current circumstances.
- Accommodation history.

- Income.
- Financial issues for example, debts, fines.
- Health.
- Mental health.
- Drug and alcohol history.
- Education and employment support.
- K10 measure of psychological distress.
- Family relationships.
- Violence / safety.

Clients are issued with a statement of rights and responsibilities and if staying in the refuge, the Client Info Kit. Where appropriate, clients sign a consent form agreeing to the disclosure of personal information from other agencies to Boost.

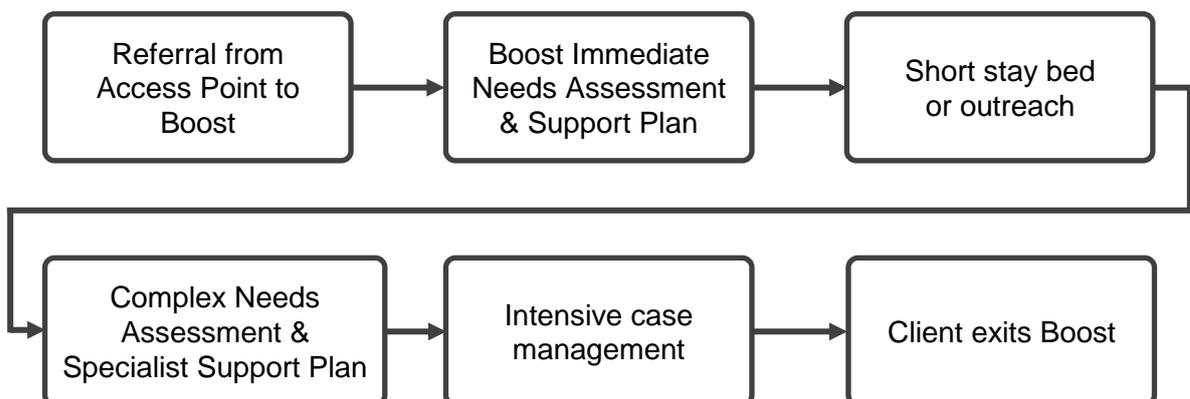
2.7 Boost processes

Figure 1 below provides a high level overview of the pathway a young person takes through Boost. Key activities include:

- Specialist practitioner conducts Immediate Needs Assessment and develops an Immediate Needs Support Plan to address immediate needs.
- Specialist practitioner returns to refuge with client to be accommodated in the short stay bed or commences outreach.
- Multi-disciplinary team carries out Complex Needs Assessment and develops Specialist Support Plan.
- Intensive one-to-one case management support.

The final step is closure of a client. Exit planning is commenced at time of entry to ensure a successful transition at closure into appropriate accommodation, for example into: a youth refuge; private rental/share accommodation; transitional housing; or returning to live with friends and/family.

Figure 1: Boost pathway



2.8 Key features

Key features of Boost include:

- Co-location of Boost specialist practitioners at access points to enhance capacity and provide youth homelessness expertise.
- Specialist practitioners and a multi-disciplinary team with expertise in; case management for young people, responding to trauma and complex needs, role modeling and mentoring, and therapeutic approaches.
- A focus on securing education, training and employment opportunities for young people.
- Provision of an immediate response—Boost aims to enhance the responsiveness of Access Points through the services Boost can provide when co-located on site.
- Flexibility in service delivery through providing both short terms crisis accommodation through the seven night short stay bed and outreach support.
- Intensive case management.

2.9 Case management

Intensive case management is an integral component of Boost. Following the initial assessment, clients meet with their caseworker in order to develop and implement their case plan. According to the *Hope Street Youth and Family Services Case Management Policy and Procedures*, case management includes the following principles:

- Empowerment of young people.
- Client focused approach.
- Multi-disciplinary approach involving collaboration and coordination between key players.
- Supports young people to identify what young people want to change and the steps necessary to achieve those changes.
- Coordination of access to and delivery of a range of appropriate services.

3 EVALUATION METHODOLOGY

In order to address the aims of the evaluation a mixed method approach was employed. The methodology was developed to gain a full understanding of Boost and to evaluate its impact. The main data collection methods are presented below.

Research synthesis

A comprehensive research synthesis of national and international literature on case management was undertaken in order to inform the context of the evaluation and identify good practice examples.

Desktop analysis of program documentation

Key documents relevant to Boost were reviewed in order to inform the context of the evaluation and to gather data on client outcomes and client feedback. The documents included:

- Boost program report to DHS November–June 2013.
- Boost program reports to Committee of Management.
- Boost program practice manual.
- Boost short stay bed guidelines.
- Memorandums of understanding and service agreements.
- Client feedback forms.
- Boost program tender submission to DHS.

Stakeholder interviews

Interviews were carried out with twelve Boost stakeholders in order to gather information about the implementation of the initiative, including barriers, enabling factors and suggestions for improvement (see Appendix 2 for the participant information sheet and Appendix 3 for stakeholder interview questions).

Interviews with former Boost clients

Interviews were carried out with four former Boost clients. Attempts were made to contact additional former clients but these were not successful. All participants were female between the ages of 16 and 20 who had used the Boost short stay bed and/or outreach support. Appendix 4 includes a copy of the interview questions for clients.

Table 1 below shows the number of interviewees and, in the case of stakeholders, the organisation they represent.

Table 1: Stakeholder interviews

Stakeholder group	Number of interviewees
Department of Human Services	1
Boost staff	4
Staff from services based at Hope Street	3
Access points	3
Private rental brokerage program	1
Former Boost clients	4
Total	16

4 FINDINGS – BOOST MODEL

4.1 Referrals and client demographics

4.1.1 Number of clients assisted by Boost

Boost has filled 105 vacancies (including 13 accompanying children) since it began operating in November 2012. The number of vacancies filled for each Boost service, compared to the DHS target, is shown in Table 2 below.

Table 2: Number of Boost clients against targets

Support type	DHS annual targets	Number of vacancies filled
Transitional	48	53 (November 2012–June 2013)
Crisis	36	35 (November 2012–June 2013)
Short stay bed	48	17 (March 2013–June 2013)
Total	132	105

The number of vacancies filled for transitional and crisis support is calculated from November 2012 when these Boost services began operating. The short stay bed did not open until March 2013.

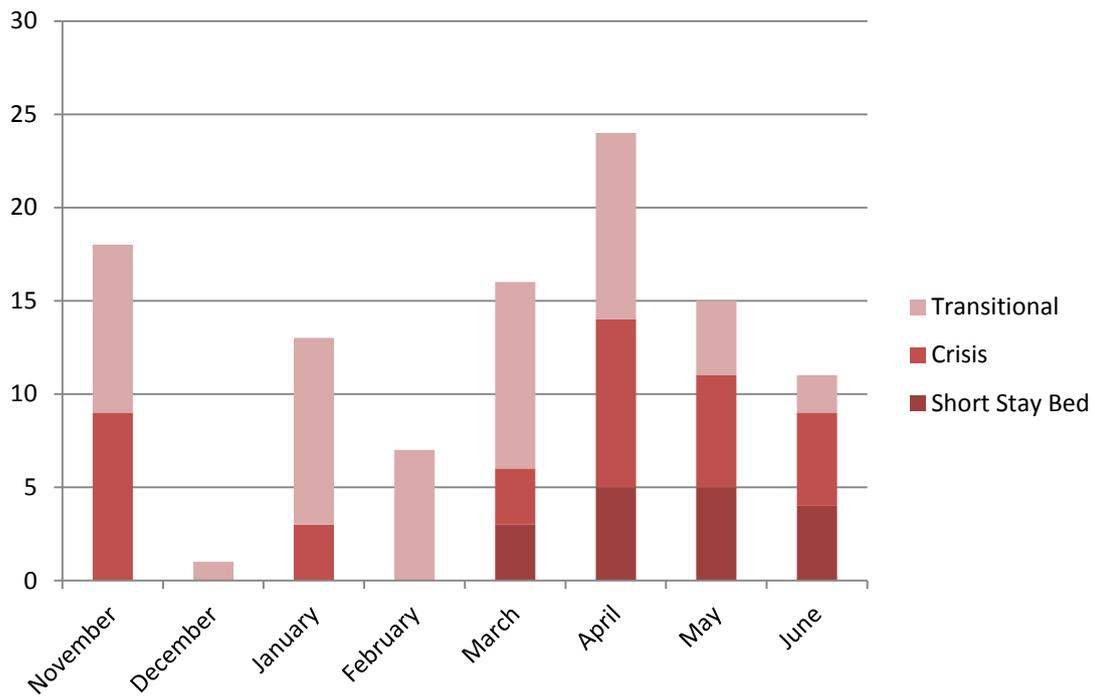
Vacancies filled for transitional support have exceeded the DHS target by five clients. Vacancies filled for crisis support are well on track to meet the DHS annual target (calculated October 2012–October 2013 consistent with the release of funding).

The short stay bed has achieved an occupancy rate of 100% since it began operating, however it has some way to go to meet its DHS target.

4.1.2 Number of referrals each month

Figure 2 below shows the number of referrals to Boost each month between November 2012 and June 2013. The highest number of referrals to date (24 clients) was made in April 2013. The lowest number of referrals (1 client) was in December 2012. Referrals for December were low because 18 new clients had been referred to Boost in November and many of these were still being worked with in December. Boost was operating with a Program Coordinator and one, instead of two, specialist practitioners between November 2012 and February 2013, and therefore had limited capacity. This is reflected in the lower number of referrals accepted during these months.

Figure 2: Number of referrals each month

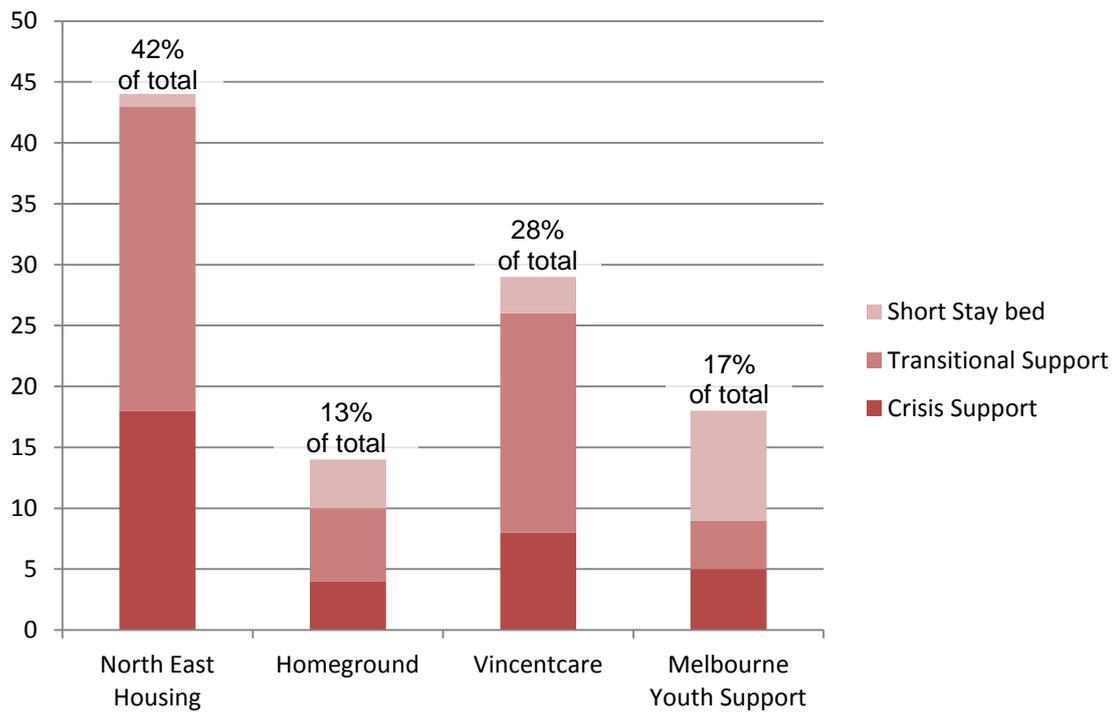


Source: SHIP data collection

4.1.3 Source of referrals

Figure 3 below shows the number of referrals made from each access point and the type of Boost service to which a client was referred. The highest number of referrals is from North East Housing Services (42%), where a Boost Specialist Practitioner is co-located for half a day a week. The lowest number of referrals is from HomeGround (13%), which also has a Boost Specialist Practitioner co-located for half a day a week but reported fewer young people presenting at the access point. This could be due to its proximity to Melbourne Youth Support Service and young people accessing that service instead.

Figure 3: Source of referrals



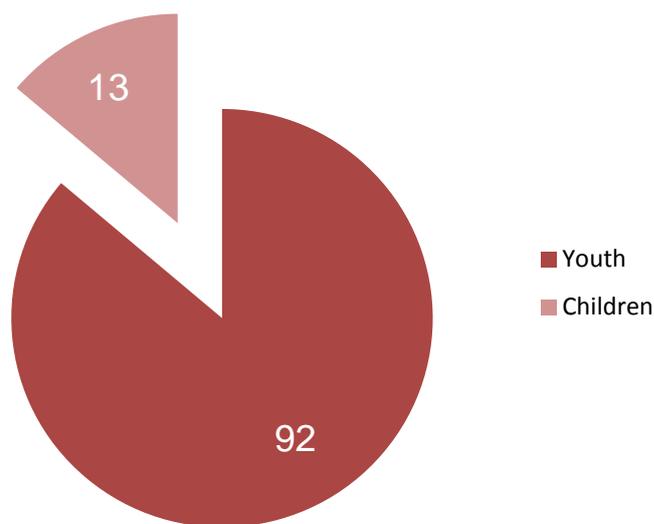
Source: SHIP data collection

4.1.4 Client demographics

Young people and their children

A key target group for Boost is assisting pregnant young women and young mothers and their children. As shown in Figures 4 and 5, between November 2012 and June 2013 Boost has assisted 13 children (under the age of 5) accompanying Boost clients.

Figure 4: Number of young people and their children referred to Boost

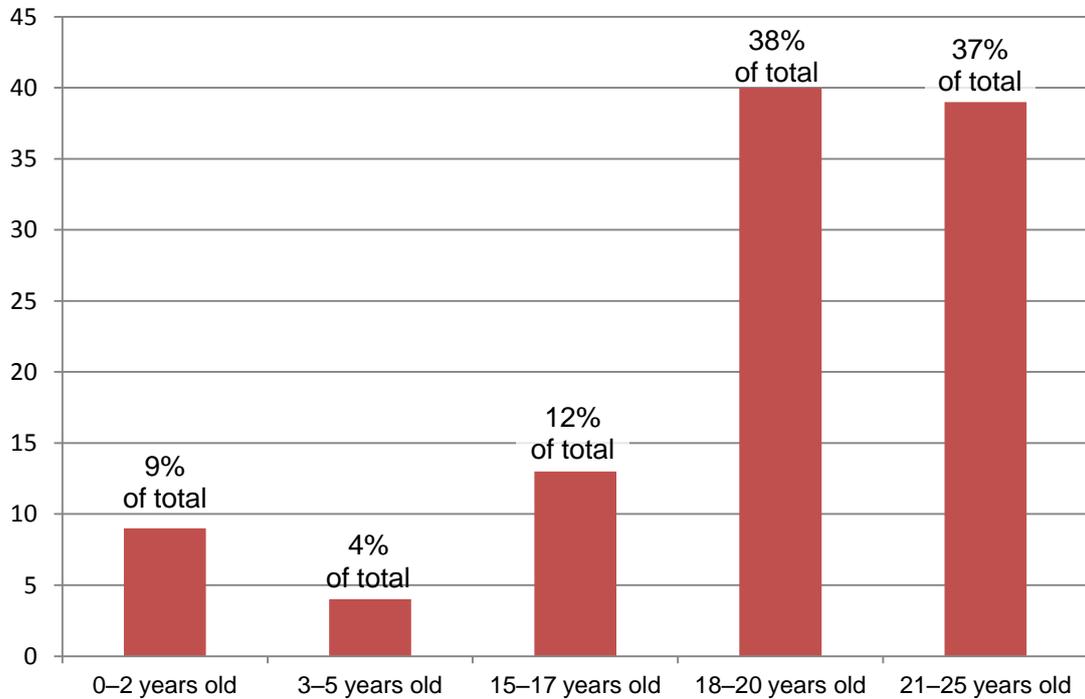


Source: SHIP data collection

Age

In terms of the age of clients, the largest proportion of clients (38%) is aged 18–20 years old. The second largest proportion (37%) is clients aged 21–25.

Figure 5: Age of Boost clients

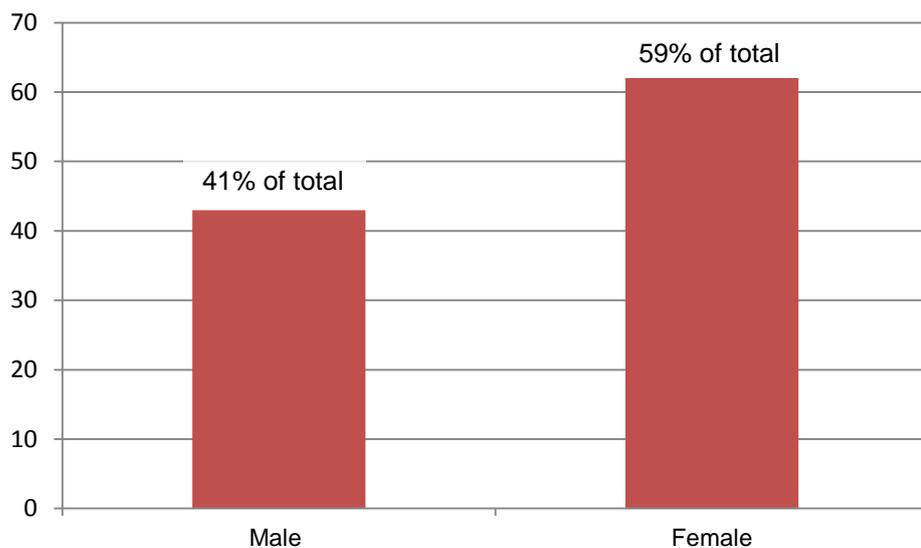


Source: SHIP data collection

Gender

As shown in Figure 6, Boost has assisted more female clients (59%, 62 clients) than male clients (41%, 43 clients).

Figure 6: Gender of Boost clients



Source: SHIP data collection

Previous experience of homelessness

According to program data, out of the 105 Boost clients in the period November 2012–June 2013, almost half (51 clients, 48%) were experiencing homelessness and/or navigating the homelessness system for the first time. This is a key target group in terms of early intervention and diversion from the homelessness system.

4.2 Effectiveness of Boost for client outcomes

4.2.1 Housing outcomes

The majority of stakeholders interviewed generally considered that Boost had helped clients to obtain or maintain accommodation appropriate to their needs. As reported by staff at Boost, much time is spent advising young people what their housing options are as many may be unaware, particularly if this is their first experience of homelessness. This includes informing young people about waiting lists for public housing and transitional housing.

In terms of housing outcomes, stakeholders valued the success of Boost in linking young people into a range of housing options. As shown in Figure 7, the largest percentage of clients (23%) were assisted into longer term placements at youth refuges. This can be attributed to the number of clients presenting with mental health and drug and alcohol issues or who are under the age of 18 years old. As explained by one stakeholder:

Boost assesses the young person and looks at housing options. We will always try and look at shared accommodation and private rental, but where we think the young person lacks living skills or where there is mental health and/or drug and alcohol issues then we look at youth refuges. There is a challenge securing private rental for under 18 year olds, so we need to prioritise successfully integrating them into the homelessness system if they are unable to go back into the family home (Stakeholder interview).

The ability to work intensively with a young person through the short stay bed has enabled staff to identify clients who have shown to progress in a refuge environment. This has meant they are able to make recommendations for refuge places when they become available. Clients interviewed reported wanting to access longer term places in refuges because they felt they needed continued intensive support.

Boost was particularly successful in supporting clients to access the private rental market (18%), a housing option often neglected in homelessness programs. This was largely facilitated through establishing links with the Private Rental Brokerage program at Vincentcare. The program provides financial brokerage packages of up to \$2000 for young people to assist with: budgeting and rent payments; tenancy set up costs; and property enhancement grants. Fifteen per cent of Boost clients (11 clients) have applied for the brokerage funding. Of this, 82 per cent of applications (9 applications) were successful.

According to stakeholders, the guarantee of funds and knowledge that a tenant is being supported by a case worker is attractive for real estate agents and landlords. The program has additional benefits in enabling a young person to develop a rental history after six months of living in the property. A client who was interviewed described how her Boost caseworker had helped her secure funds from the program to pay the bond on a private rental property and buy furniture.

A common housing outcome was remaining in the family home or with friends (17%). Given the lack of affordable alternatives in the area, project staff with the assistance of

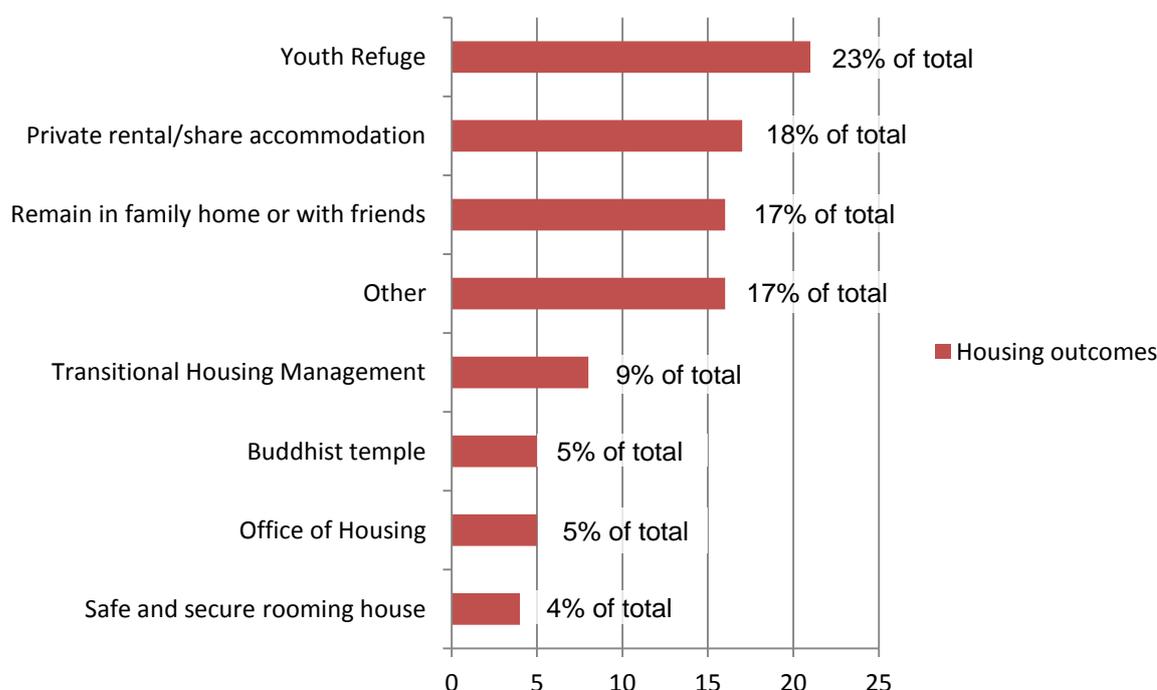
the family reconciliation program often negotiated with clients about options they may have with family and friends. Support included considering ways of facilitating the stay and managing the situation. As one stakeholder reported:

A young person came into our service, he was still living at home but things were not going well and his household was considering him going into a homeless shelter. The Boost intervention linked him to a family mediation program as well as getting him linked back into education. This resulted in him staying at home and his relationship with other household members improved (Stakeholder interview).

A small proportion of clients were assisted into the Transitional Housing Management (THM) program (9%), Office of Housing accommodation (5%), and rooming houses (4%).

'Other' (17%) includes admissions to hospital and disengagement from the program. Boost has a low rate of attrition with only seven clients disengaging from the program.

Figure 7: Housing outcomes for clients



Source: SHIP data collection

4.2.2 Non housing outcomes

In addition to housing outcomes, significant non housing outcomes such as improvements in mental health, family functioning and employment or education outcomes were also identified by the evaluation.

Many stakeholders identified housing related stress as one of the most common and most critical issues in clients' lives. One of the most significant outcomes for clients receiving support is the reduction in stress achieved.

General health outcomes

Boost has referred ten clients to the RDNS Nurse co-located at the Hope Street refuge. The Nurse is able to provide assistance with general health issues including

vaccinations and ensuring links to GPs, dentists, optometrists and other specialists. A key aspect of the work of the nurse includes providing sexual and general health education and information about health issues, for example asthma and pregnancy. Table 3 below provides an overview of outcomes for five clients following support from the RDNS nurse.

Table 3: Client outcomes following support from RDNS

Client	Case study
Client 1	Client 1 had 48 contacts and a total of 28 hours with the Nurse. The predisposing factors to her homelessness were abuse, physical health and social issues. Client was referred to a GP by the Nurse. The outcome for this client was that her housing is more secure after assistance at VCAT and with arrears. Reproductive and sexual health issues addressed.
Client 2	Client 2 had 16 contacts with the Nurse over 11 hours. Predisposing factors were mental health, social issues and physical health. Client was referred to dental services and optometry. The outcomes are that client is having dental care addressed, has been prescribed and now wears glasses for reading and has been housed via Boost.
Client 3	Client 3 had 44 contacts with the Nurse over 33 hours. Predisposing factors were abuse, mental health and social issues. Client was referred to accommodation services, dental service, GP and optometry. Outcomes are a work in progress as client remains chaotic and difficult to engage at times as fleeing from a violent partner so constantly changing mobile number.
Client 4	Client 4 had 32 contacts over 20 hours. The predisposing factors were physical health, mental health and social issues. Client was referred to accommodation services, dental services and a GP. Outcomes are that she has a case worker from another Hope Street program and has just been housed. Client now open to having sexual and reproductive health and immunisations addressed with the Nurse's help. Also advocacy by the Nurse for this client as has impacted wisdom teeth treatment as there is a long waiting list.
Client 5	Client 5 had 12 contacts over 8 hours. Predisposing factors were mental health, drug and alcohol and social issues. Client was referred to dental and optometry services. Outcomes were that client did become a refuge resident but has now left and is difficult to find. Has not completed course of dental care.

Source: Stakeholder consultations

Support for mental health and drug and alcohol issues

Boost has referred six clients to the HYDDI program that is co-located at Hope Street following identification of emerging mental health issues with no support. Table 4 below provides case study examples in relation to the mental health concerns of clients and support provided by the HYDDI program.

Table 4: Mental health concerns and support provided by HYDDI worker

Client	Mental health concern	Treatment
Client 1	Anxiety	HYDDI worker set up an appointment with the young person and made a GP referral.
Client 2	Schizophrenia	HYDDI worker provided a secondary consultation and the client was admitted to hospital.
Client 3	Post-traumatic stress disorder and anxiety	HYDDI worker conducted an assessment and organised to have ongoing sessions with the young person in combination with psychologist treatment.
Clients 4, 5 & 6	Depression and drug use	Harm minimisation strategies were implemented into the Boost case plans for these clients.

Source: Boost program report to DHS November 2012–May 2013.

Stakeholders acknowledged that although some young people have entrenched issues due to traumatic childhood experiences, with others it has been possible to intervene before medical or general health issues have become entrenched or chronic.

Counseling and family reconciliation outcomes

Boost has referred six young people to the Youth Reconciliation Program (YRP) co-located at Hope Street. These clients were experiencing homelessness for the first time and dealing with grief and loss issues related to their disrupted connection to family. The YRP enables young people to receive immediate counseling and in one instance, a young person was enabled to stay in the family home through the family mediation provided by the service.

Education, training and employment outcomes

Clients that stay in short stay bed are able to access the Enhanced Youth Refuge Brokerage funds. This has enabled several clients to continue with education and employment. Examples of resources clients have purchased through the brokerage fund include:

- School / TAFE fees.
- School books.
- Laptops.
- Tutoring.
- Transport tickets.
- Clothes for school, interviews and employment.

Additional outcomes

Examples of general non housing outcomes reported by clients and stakeholders include:

- Development of independent living skills, including budgeting and confidence in applying for private rental housing.
- Social connection with peers and peer empathy (short stay bed).

- Access to nutritional meals and personal hygiene facilities (short stay bed).
- Increased knowledge about support services on offer.
- Sustainment of positive links with local communities, including for example: sport; church; drawing classes; and part time jobs.
- Stability and containment of a crisis situation.
- Opportunity to explore solutions and work towards achieving these.
- Purchase of furniture to support transition to independent living in the private rental sector.

4.2.3 Client feedback

Clients who have exited Boost were asked by the service to provide feedback on the support they received. Nine completed forms were received. Despite the low response rate, feedback about Boost is positive—the majority of respondents ‘strongly agree’ with positive statements about the service provided by Boost.

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The worker listened to me carefully	8	1			
The workers are professional and treated me with respect	8	1			
If I needed to, I would use this service again	8	1			
I felt safe and secure in the service	8		1		
The worker made appointment times that suited me	7	2			
The service was able to assist me with my immediate needs	7	2			
The worker respected my privacy	7		1		
The worker explained to me what other services are available to me at Hope Street	5	4			
I was contacted by the service in a reasonable time after I was referred	5	3	1		
I was given information about how to make a complaint about the service	5	1	2	1	
The service was able to assist me with my long term needs	4	4	1		

4.3 Holistic and client centred approach to case management

Data revealed how Boost works with young people in different and innovative ways. The model adopts a holistic approach when working with a young person, which is not constrained to finding accommodation. The staff concentrate on mentoring the young

person, providing information and advice, assessing an individual's capacity to access private rental, and considering education and training opportunities. There is a clear focus on identifying a client's strengths and building on those to develop client driven solutions.

Appendix 1 presents findings from a review of national and international literature on good practice principles in a case management approach. In common with other case management models, the approach of Boost involved shared planning and decision-making with the client. This can be an important means of empowering young people who have experienced homelessness. From the start (through the development of a case plan) the young person is involved in setting goals and deciding priorities. Low case loads (on average six per worker) means staff can work intensively with a young person.

Key features of the case management framework adopted by Boost that resonate with the good practice principles identified in the literature include:

Strengths-based practice

Similar to the approach described in the literature (Buchwitz 2001; Saleeby 1992; 1997; Tice and Perkins 1998), Boost focuses on the strengths a client has rather than deficits or things they may be lacking. The client is seen as an expert on themselves and the case worker's role is to help the client develop their strengths to overcome barriers.

Good client and case worker relationships

Research by Gronda (2009a; 2009b) identified a good relationship between client and case worker as the essence of successful case management, including elements such as rapport, engagement skills and support. Clients interviewed valued the support provided by the Boost staff, their friendliness and approachability. As one client commented:

My case worker was very helpful and caring. She was concerned about me and my housing. She would talk to me every day and help me in searching for housing, working out my budget (Client interview).

Boost was also found to be effective in the practical and emotional support it provides for young people. As one stakeholder commented:

Having an introduction to housing in a supportive manner does a lot for young people, especially later on in their lives. ... It's a matter of being patient with them, being understanding, asking the client about what they know and don't know already—the things that other people working with them might take for granted (Stakeholder interview).

Youth focused

A synthesis of evidence-based principles of youth-focused homelessness practice carried out by Gronda (2009b) identifies that practical resources and skills development are critical elements of youth focused practice. Young people, by definition, lack experience in the housing and labour markets, including experience of 'life skills' such as budgeting, cooking, cleaning and personal care. At the same time, research finds that young people experiencing homelessness are survivors (Gronda 2009b p. iii).

Boost works with clients in the short stay bed on a daily basis and has daily contact with outreach clients, usually meeting face-to-face at least once a week. According to stakeholders, this ensures the client remains focused on the process and the result they are trying to achieve. Activities reported by clients and workers include: internet

searching for accommodation; attending housing inspections; attending appointments; making Medicare and Centrelink arrangements; transporting to employment opportunities; help with budgeting and literacy; and developing an understanding of the homeless system and housing waiting lists.

A key way in which Boost workers encourage clients to develop independent living skills is through mentoring and role play. Several stakeholders and clients reported practicing interview techniques and other confidence building activities.

Innovative problem solving

The evaluation found staff look at each case on its own merit and investigate innovative options to resolve issues. As one stakeholder commented:

Staff sit down, look at it, and talk to the young person themselves about the situation. Even though it is a crisis response they take their time and work through things progressively with the resources they have at hand (Stakeholder interview).

Transparency

Stakeholders were keen to emphasise transparency in their interactions with clients. As one described:

I am extremely transparent with young people, I advise them what we can't do and what they need to do, which I find empowers them. I find a lot of young people haven't had any control over their lives so just giving them that control back helps a lot (Stakeholder interview).

4.4 The impact of Boost on the service system

The evaluation found improvements in service delivery and increased capacity at three levels within the service system. This included relationships between:

- Boost and the specialist youth programs operating at Hope Street refuge.
- Boost and the four access points.
- Boost and the wider service system.

4.4.1 Youth specialist programs at Hope Street

The Boost program has successfully integrated into the specialist programs operating at Hope Street, creating mutually beneficial relations and the ability to provide a quick, practical response to the needs of young people.

The combination of skills and experience amongst the staff in the specialist programs (mental health, drug and alcohol, nursing, counselling) and Boost staff expertise in housing offers integration of necessary skills that increases Boost's overall ability to affect positive change.

According to one Boost stakeholder, the strength of a multi-disciplinary team is that it gives workers the confidence to take on cases and delve deeper into issues and solutions for clients because they know they will be able to access knowledge and support. Workers may find something that they are not completely sure of how to address but they are able to obtain a secondary consultation or assistance from a worker in one of the specialist programs. The stakeholder added that the more a staff member increases their knowledge and skills in relation to mental health and drug and alcohol use, the more able they are to provide rapid and effective responses to situations. This was considered particularly important given the range of issues a young person may present with.

The evaluation found co-case management between HYDDI and Boost is increasing the capacity of Boost workers to deal with clients with mental health or substance use issues without having to be a mental health clinician. The HYDDI worker has provided skills development in the use of a K10 assessment tool, which has enabled Boost workers to recognise the early warning signs of mental health issues and ensure appropriate responses. Stakeholders agreed that opportunities for sharing professional knowledge broaden understanding of the role of other workers.

4.4.2 Access points

Stakeholders acknowledged that the relationship with some access points is working better than others. However it was suggested that this may be because some access points have fewer young clients than other, meaning they have not referred to the Boost program as much.

The most effective relationships are with access points that have a Boost worker co-located at their office for half a day a week. Co-location enables greater communication and stronger relationships resulting in improved client responses. A key strength of the co-location is the youth specific knowledge and expertise a Boost worker can bring. Stakeholders valued the ability to learn from, and share experiences of working with young people. Additional support provided by Boost workers at access points include:

- Checking prioritisation lists to identify young people who have not been contacted for Boost.
- Providing an immediate response to young people entering the access point.
- Arranging appointments and meeting with young people.
- Secondary consultations.
- Providing an interim response for young people if the access point staff reach capacity.

Processes have been put in place to ensure consistency in service delivery responses and standards. These include: frequent email communication between Boost and the access points; a weekly report to the Team Leader of North East Housing Services; utilisation of the access point data recording systems, including SHIP and Prioritisation Lists; and adherence by Boost specialist practitioners to access point policies and procedures.

Initial teething problems in the relationship between Boost and the access points were attributed to the need to develop a shared understanding of the Boost program and prioritisation of young people.

4.4.3 Wider service system

Stakeholders reported relationships with other organisations in the service system, although the impact of Boost on these services has been less significant than with access points. Boost carried out an extensive promotional campaign at the start of the program in order to increase awareness of Boost in the sector. Examples of activities included:

- Presentations at access points.
- Presentation to North East Housing Services access point team about ways of assisting young people to access private rental.

- Presentation at the DHS Intensive Case Management Service (ICMS) seminar on Youth Refuge Enhancement Models (May 2013).
- Presentations at other service organisations, including: Youth Support and Advocacy Service (YSAS); youth refuges; CALD services; and mental health services.
- Attendance at service organisation staff meetings.
- Distribution of Boost promotional flyers.
- Program promoted on the organisational website.
- Promotion on the North and West Homelessness Network website, which disseminates a fortnightly newsletter to a distribution list of 360 people.
- Presented at the regional Local Area Service Network (LASN).
- Promotion of Boost, particularly when a referral is made to another agency.

4.5 Critical factors for success

The evaluation identified a number of key factors contributing to the success of Boost. These include:

Innovative approaches to assisting clients to secure housing, including successful engagement of the private rental sector

A majority of project stakeholders considered that Boost had found innovative ways to secure housing for clients. Boost has been particularly successful in supporting clients to access the private rental market, a housing option often neglected in homelessness programs. Funding from the Private Rental Brokerage program at Vincentcare and ongoing client support and supervision provided by Boost has helped engage real estate agents. Boost staff support clients in the early stages of their tenancy, for example by helping them to gather all required documents, advising them how to prepare an application, attend an inspection and put together a payment plan in case of financial difficulties. It was reported that real estate agents appreciated that the program provided ongoing support to tenants and the benefits of this with fewer tenancy management problems, eviction and associated loss of rent.

Co-location of Boost and the Hope Street refuge

Co-location of Boost at Hope Street refuge has enabled Boost to leverage off the youth specific services already located at Hope Street, including: HYDDI; Youth Reconciliation program; Youth Residential program; and Royal District Nursing Service. Other co-location benefits identified through the evaluation include:

- Being able to leverage off Hope Street's reputation as a youth service—as several stakeholders commented, this is particularly important for young people who know that the environment that Boost operates in is a safe environment.
- Providing a dedicated youth response—both programs are focused on young people and aware of the different ways of working with young people. Workers are also aware of the different expectations of clients and the challenges facing young people. It is acknowledged that the ways of working with young people is different to working with adults.
- Access to a short-stay bed—the Boost short stay bed is one of the eleven beds at the Hope Street refuge.
- Boost supports the refuge when Boost staff are on duty. For example providing extra capacity to deal with more challenging situations or clients.

- Opportunities provided for internal capacity building created through the co-location of services, including for example: de-briefing, providing secondary consultations, and a variety of specialised youth focused skills provided through a multi-disciplinary team.

Brokerage funding

The availability of the Enhanced Youth Refuge brokerage funds that a young person staying in the short stay bed can access has helped create positive outcomes related to education, employment and training. Examples of outcomes include: enabling young people to remain engaged in education, employment and training through the purchase of educational materials, equipment and services; purchase of a mobile phone to ensure the young person is always contactable to respond to job opportunities; and reducing the financial burden that often results in young people disengaging with education, training and employment.

Multi-disciplinary team

Boost staff, including the Program Coordinator, two Specialist Practitioners and pool of casual workers, all have tertiary qualifications and experience from a range of specialist areas. This includes: youth work; social work; counseling; family violence; child protection; mental health; drug and alcohol; and working with CALD communities. The combination of qualifications and experience and the multi-disciplinary nature of the team are important in responding to the range of issues and circumstances experienced by young people and their families.

Sustainable approaches

An aspect of Boost that contributes to its success is that clients play an active part in the development of support plans which promotes engagement and commitment. The model has a capacity building focus through teaching young people the skills and knowledge required to live interdependently as responsible citizens. This is achieved by exposing young people to resolving life situations practically and constructively via role modelling and mentoring. As several stakeholders commented:

We're very clear that we are not doing everything for the young person, we are doing it with them. So things like going to inspections, we will go with them so that we can show them how they go about an open for inspection and filling out the paperwork, we'll do that with them a few times so that we can skill them up so that they can do it for themselves (Stakeholder interview).

In cases where young people may not be able to access private rental straight away, the fact that they've been guided through step by step how to go about private rental and budgeting, the reality of what it's like to live independently, equipping them with life skills so that ultimately that would, we hope divert them away from the homelessness system (Stakeholder interview).

The benefit is in a Boost worker who can go through step by step how to get on the internet and search for private rental, taking them to open inspections. ... if you've had generational family disadvantage where no one has ever lived in private rental before, so it's not even something that is on your radar as being possible. I think it's really helpful having a support worker who can go through that step by step and can take you to inspections so young people think yes I can do that (Stakeholder interview).

Commitment

A high level of organisational commitment was demonstrated by Boost staff at both leadership and operational levels. Interviews with stakeholders indicate strongly there

is a high level of commitment from staff and dedication to providing a timely response to clients.

Combination of outreach support and the short stay bed

The combination of outreach support and the short stay accommodation means young people with a variety of housing and support needs can be assisted through the Boost program. Outreach provides the capacity to meet a young person in a location suitable to them, in comfortable and familiar surroundings. Other benefits of outreach include that a Boost worker can visit real estate agents and attend private rental open inspections with clients. The short stay bed provides: seven days of secure, safe and supported youth focused accommodation; immediate access to resources in/out of business hours, including for example phone and internet; immediate access to specialised residential staff; and a respectful, non-judgemental and client focused environment. The short stay bed provides the opportunity for a Boost worker to respond to an immediate accommodation crisis and work intensively with a client in order to secure alternative accommodation. This can include exploring a young person's resources in terms of family and friends or working with other agencies and access points to secure accommodation using Housing Establishment Funds (HEF).

Early intervention

Boost intervenes at an appropriate time when young people are entering the service system, many for the first time. According to program data, out of the 105 Boost clients in the period November 2012–June 2013, 51 (48%) clients were experiencing homelessness and/or navigating the homelessness system for the first time. In terms of early intervention and diversion from the homelessness service system this is a key target group. It also highlights that a significant number of Boost clients will not have an understanding the homelessness service system or how to navigate the system, who would therefore be at risk of falling through the safety net if Boost were not set-up to intervene.

The capacity of Boost to address both housing and non-housing needs within an overall focus on diversion from the homelessness service system is an important element in the success of the model. The use of client-centred case management and established links with a range of non-housing specialist services maximises the effectiveness of the support offered. The Boost model supports integrated service delivery and develops an individual's capacity to seek help and engage with non-housing specialist services.

This supports an early intervention approach, which is critical in the lives of young people and their accompanying children. According to analysis by Baldry et al. (2012), early intervention for young people at risk can reduce negative outcomes and result in significant short and long term savings to government. This resonates with other research that focuses on the relationship between homelessness support programs and cost savings to government (Flatau et al. 2008; Zaretzky et al. 2013; Berry et al. 2003; Culhane et al. 2002). For example, an Australian Institute of Health and Welfare (2012) study found that homelessness and the risk of homelessness is related to a wide range of other services. As such, savings and benefits in one area can significantly benefit other sectors. The unprecedented demand for homelessness services in the DHS North Division reiterates the need for an early intervention approach to provide early support and ensure diversion from the homelessness system.

Responsiveness

According to Boost program data, 100 per cent of referrals to Boost have been contacted within 24 hours of the initial referral; the average time frame of contact usually being three hours. This ability to provide an immediate response to young people is important in capturing young people when they are motivated to work on solutions regarding their housing and contributing factors to their homelessness.

Flexibility

Boost operates outside of traditional working hours to provide a service until 11pm on week days and during the day on Saturdays. This flexibility is beneficial for providing a face to face (as opposed to a phone call) active after hour's response to young people. This can be critical in containing a crisis situation with the young person, and providing the young person with a sense of safety and reassurance that someone will support them. The Boost worker is able to assist the young person with immediate practical needs to get them through the next 12 or 24 hours. For example: transport to a motel; purchasing food; developing a safety plan; and contacting supportive friends or family.

Availability of the Boost Specialist Practitioner is one element of flexibility. The capacity of a Boost Specialist Practitioner to travel offsite and meet a young person where they are located provides another element of flexibility. This outreach capacity facilitates and enhances engagement with the young person. Outreach capacity is also a key factor for accompanying young people to appointments and to attend open inspections for private rental sector properties.

Individualised approach

Boost adopts an individualised approach by developing packages of support that are tailored to the needs of individual clients. Case management focuses on both the immediate and longer term goals and clients are linked to services for support with mental health, drug and alcohol, family mediation and health issues. Clients participate in the development of support plans and are encouraged to take responsibility for the resolution of issues for example: attending open inspections for private rental; attending medical appointments (with or without the assistance of the RDNS Nurse); and attending school.

Effective handover

As a result of the intensive case management approach, when the Boost team refer a young person to another service the worker is able to ensure that the program is fully aware of the young person's needs and history. This type of supported referral provides capacity building in that the team is able to provide advice about the techniques that work well with the young person and their progress to date.

Responding to feedback

A critical success factor of a pilot or newly established program is the ability to modify delivery in response to feedback. Several stakeholders emphasised a key strength of Boost is the openness of staff to receiving feedback and improving practice. For example, an access point stakeholder described a situation where the access point had been making referrals to Boost but had not received feedback on client engagement and follow up. This meant that a young person may re-present at the access point and staff there would be unaware of what Boost was doing with the client. In response to the feedback, the Boost worker located at the access point provides weekly updates on referred clients.

4.6 Key challenges and future considerations

4.6.1 Key challenges in implementing Boost

The evaluation identified several challenges related to the implementation of Boost. These limitations and the associated responses are important when considering the future transferability of the model. These include:

Supply of specialist practitioners

Boost initially encountered some difficulties in recruiting a third specialist practitioner. This was thought to be due to the short term nature of the employment (12 months) based on the funding of the initiative. Remuneration above the award was provided in recognition of this, however it was acknowledged during the evaluation that staff recruitment can be a particular challenge in the community sector. In order to mitigate this, Boost re-examined the model for service delivery and decided instead to increase the hours of existing Residential Support staff to meet the residential requirements of the short stay bed. The benefits of this approach include: greater availability of staff; staff with comprehensive knowledge of the policies, systems, procedures, routines and environment of the Hope Street Residential Program; seamless and positive integration of Boost within the Youth Residential Program, including greater acceptance of change within the team of staff; and efficient use of resources in terms of new staff training and induction to service two programs.

Accommodation options for young people

Structural factors that contribute to youth homelessness include poverty, social inequality and youth unemployment. Young people generally have had less opportunity for further education and work experience, making it more difficult for them to gain employment and access to rental housing and mortgage options (Homelessness Australia 2013). Young people can face greater discrimination in the housing market than other groups due to a lack of rental references and fewer financial resources (Homelessness Australia 2013). These issues, combined with the lack of supply of public housing and transitional housing stock (comprising one and two bedrooms) present significant challenges for young people needing to access suitable, affordable accommodation. The Boost program provides an innovative response through the use of the Private Rental Brokerage program, which has been successful in securing and sustaining private rental tenancies for Boost clients through the use of brokerage funds and establishment of relationships with real estate agents.

Limitations of the short stay bed

Whilst some stakeholders who were interviewed are of the opinion that the short stay bed has responded to a specific emergency by providing crisis accommodation, several stakeholders and clients expressed concern at the limitations of the short stay bed, in that it does not provide sufficient time for a client to make significant progress or achieve sustainable outcomes. Clients expressed frustration when they were exited from the short stay bed into another refuge with another case worker, when they had already spent time developing a relationship with the Boost staff. One client felt it added a sense of pressure to an already traumatic situation, particularly when she was located at the Hope Street refuge with Hope Street clients who had a refuge place secured for six weeks. Another stakeholder commented that:

Some clients find it pretty intense, just five days when they're coming to terms with ... I mean to be in a refuge for some people it takes a long time for them to calm down and to quiet down and to get their head around what it is to be in

a refuge. And then to be exited after five days seems a bit soon (Boost stakeholder).

Several stakeholders expressed difficulty in accessing the short stay bed. As one stakeholder commented:

The bed is advertised on a particular day but that does make it a bit difficult because sometimes a young person may not turn up on a Monday morning, they might turn up on a Thursday afternoon (Boost stakeholder).

Clients with multiple and complex needs

The Boost team expressed confidence in their ability to take on clients with more complex needs given the support of HYDDI and the RDNS Nurse. However, several other stakeholders acknowledged the service gap in securing refuge places for clients at the 'pointy end' of the support needs continuum. In particular, clients with severe complex needs, such as: personality disorders; challenging behaviour; suicidal tendencies; criminal backgrounds; and heroin use etc. It was commented upon that these young people miss out on refuge places because staff feel unable to offer the support needed or because of their perceived impact on other people staying at a refuge. There is an identified need for future service responses to provide youth refuge beds that can accommodate young people with particularly complex needs.

Developing a shared understanding with access points

It was acknowledged through the evaluation that relationships with some access points have been smoother and quicker to establish than with others. On reflection, one stakeholder commented that it would have been productive to develop a shared understanding of the presentation of young people at access points and the type of support needed by access points earlier on in the implementation of Boost. The co-location of Boost workers at two access points has helped establish channels of communication and is beginning to have an impact on knowledge and skills exchange in relation to working with young people.

Specialist Homelessness Information Platform (SHIP) data collection system

Boost stakeholders reported issues in the disaggregation of SHIP data to view data for Boost separate to the Hope Street Youth Residential Program data in order to monitor statistics.

5 DISCUSSION OF FINDINGS

5.1 Headline findings

- Boost has assisted 105 young people (including 13 accompanying children) since it began operating in November 2012 and is on track to meet DHS annual targets for transitional and crisis support.
- Of these 105 clients, 17 have used the short stay bed facility at Hope Street refuge. Use of the short stay bed has some way to go before it meets its DHS target, however this can be attributed to the delay in opening the bed due to staff shortages at the beginning of Boost.
- Boost has achieved a range of housing and non-housing outcomes for clients. Clients have been diverted from the homelessness service through assistance to enter the private rental sector. Clients in need of further support have successfully integrated into the service system through transfers to longer term placements in other youth refuges.
- Clients are referred to Boost via four access points. The highest number of referrals has come from North East Housing, which has a Boost specialist practitioner co-located at the office for half a day a week.
- The holistic and client centred approach to case management adopted by Boost is a key factor in the success of the model. The support provided by Boost staff is housing focused, but not housing constrained. Staff concentrate on mentoring a young person, providing practical support and information, as well as links to other specialist agencies.

5.2 Findings in relation to the evaluation aims

The following findings draw on evidence presented throughout the report to provide summary comments in relation to Boost and its effectiveness.

Aim 1: Improvements in client outcomes, specifically diversion from the homelessness service system

Component of the aim	Progress
Clients are diverted from homelessness service system	Effective
Clients are successfully integrated into the service system	Effective

The evaluation found that Boost has helped the majority of clients to obtain or maintain accommodation appropriate to their needs.

Clients have been diverted from the homelessness system through: assistance to enter the private rental sector (18%); family mediation and support to remain in the family home or with friends (17%); and assistance to enter safe and secure rooming houses (4%) or Office of Housing accommodation (5%).

Boost was able to advocate on behalf of some clients to ensure their successful integration into the homelessness system through securing longer term placements in youth refuges (23%) or Transitional Housing Management accommodation (9%). This was particularly the case for young people under the age of 18 who could not access private rental or those with additional support needs. Half of the young people who have stayed in the short stay bed have exited to longer term refuge placements.

Boost had a low rate of attrition with only seven clients disengaging from the program.

Boost has also achieved a range of positive non-housing outcomes for clients. Key examples include:

- Assistance with general health, for example referrals to GPs, optometrists, dentists and other specialists through support from the RDNS Nurse co-located at Hope Street.
- Assistance with mental health and drug and alcohol issues through support from HYDDI co-located at Hope Street.
- Counseling and family mediation in order to support a young person to remain in the family home.
- Sustainment of links with local communities, including sustainment and establishment of education, training and employment opportunities.
- Development of independent living skills, budgeting and confidence in applying for private rental accommodation or negotiating the homelessness service system.

Aim 2: Improvements in service delivery and service integration

Component of the aim	Progress
Improvements in service delivery between Boost and Hope Street	Effective
Improvements in service delivery between Boost and the access points	Some progress
Improvements in service integration across with wider service system	Needs work

Measuring the impact of Boost on the service system is difficult, particularly given that it has only been in place for a short time and broader system changes often take a long time to achieve and embed. However, the findings from the evaluation indicate that generally Boost had a positive impact on the service system, particularly in relation to providing a youth specific response to young people in housing crisis.

Effective partnerships have developed between Boost and other specialist services co-located at Hope Street, including refuge staff, HYDDI, the RDNS and YRP. Boost has been able to leverage off these services and provide a holistic response to young people.

The combination of experience amongst staff in the specialist programs and Boost expertise in housing and homelessness issues offers integration of necessary skills that increases the overall ability of Boost to affect positive change. Knowledge transfer is achieved through co-case management, secondary consultations and de-briefing sessions. Such activities increase the capacity and confidence of Boost staff to respond to clients with more complex needs.

The evaluation found the co-location of Boost specialist practitioners at two access points is helping increase the capacity of organisations to respond to young people. The interviews found that non youth specific workers now have greater recognition of the challenges encountered by young people and ways of working with young people experiencing homelessness. Co-location has improved communication with the access points and enabled stronger professional relationships to emerge. Co-location also helps reduce duplication and has the potential to enhance the capacity of the service system through the creation of a more streamlined version of service integration.

Boost is beginning to establish relationships with other service organisations, beyond the access points. Boost has an active campaign for informing other organisations about the existence and activities of Boost, which includes: promotional flyers; raising awareness of Boost during client referrals; presentations at network meetings; providing information on the Homelessness Network website; and presentations at service organisations. Although some training workshops have been helpful, activities at this stage tend to be focused on raising awareness of Boost, rather than sector wide capacity building.

Aim 3: Overall impact and appropriateness of Boost and its implementation as an early intervention and prevention response

Component of the aim	Progress
Overall impact and appropriateness of the Boost initiative and its implementation, specifically as an early intervention and prevention response.	Good progress has been made

The Boost program is effective in meeting its short term aims of:

- diverting its clients from homelessness and/or
- successfully integrating clients into the homelessness system.

There is still some way to meet the longer term aim of:

- capacity building across the service sector.

Intensive case management is a key component of Boost as an important way of empowering young people who have experienced homelessness. From the initial stages, through to the development of a case plan the young person is involved in setting goals and priorities.

Overall the results indicate that the model of support offered by Boost provides evidence about ‘what works’ in providing a holistic response for young people at risk of homelessness and can potentially be built on as part of future responses to homelessness.

The evaluation identified several key factors that have contributed to the impact and appropriateness of Boost. These include:

- Innovative approaches to assisting clients to secure housing, including successful engagement of the private rental sector through the Private Rental Brokerage program at Vincentcare.
- Co-location of Boost at the Hope Street refuge to enable Boost to leverage off the specialist services located at the refuge.
- Availability of brokerage funds, which is housing focused but not housing constrained.
- Strengths of a multi-disciplinary team, which create opportunities for knowledge transfer and capacity building.
- Combination of outreach support and short stay crisis accommodation, which enables an intensive response to an immediate crisis situation, alongside ongoing support over a longer time period through outreach.
- Individualised approach to developing support packages that are tailored to the needs of individual clients.

Aim 4: Sustainability and overall transferability of the Boost model

Component of the aim	Progress
There is evidence to suggest the model is sustainable over time	Yes—although sustainability and future capacity building is tied to securing recurrent funding
There is evidence to suggest the model is transferable	Yes—provided consideration of the critical success factors listed above.

There is evidence to suggest the Boost model is sustainable over time. There is also evidence to suggest potential for up-scaling of the model to provide additional crisis accommodation and to respond to demand for referrals from other organisations beyond the access points. Sustainment and potential up-scaling of the model would however be tied to ensuring recurrent funding was available for the model.

There is evidence to suggest the model is transferable to other regions and for other target groups. Successful application of the model in other areas would require consideration of the key success factors of the Boost model and their applicability in other contexts. For example:

- Co-location at a refuge for provision of a short stay bed within a refuge setting.
- Access to brokerage funds that are housing focused but not housing constrained.
- Opportunities to establish links with real estate agents in the private rental sector, for example through the use of a brokerage program that guarantees bond and rent payments for landlords and allows the purchase of furniture for tenants.
- Established relationships with health, mental health and counselling support services in order that timely and responsive referrals can be made.
- Consideration of safe and secure rooming houses as a potential accommodation option for young people.
- Access to youth refuge places for young people requiring additional support.
- Flexibility.
- Multi-disciplinary team with experience in delivering a holistic, client centred approach to case management.

5.3 Future directions

The discussion and conclusions of the evaluation lead to the following suggestions for Hope Street Youth and Family Services to consider. The suggestions for future directions aim to bring about changes that should ensure Hope Street can best harness the benefits that Boost can bring to client outcomes and the service sector in delivering a youth specific response to homelessness.

- Follow up research could include tracking client outcomes for a period of time following exit from Boost. This would enable investigation of the potential of Boost to facilitate and ensure long term diversion from the homelessness system.
- The aim of Boost is to enhance the capacity of access points to respond to young people who are experiencing a housing crisis. Currently Boost staff are co-located at two of the access points in order to provide a youth specific response to young people attending these offices. The Boost program may consider the feasibility and impact of co-locating a specialist worker at other access points as an additional resource for the sector.

- Only a small proportion of Boost clients have completed feedback forms. The program should consider mechanisms (such as exit interviews) to increase the response rate in order to gather feedback to inform the future development of the program.
- Future development of Boost could consider increasing the capacity of the short stay bed element of the program by providing additional short stay beds or a combination of crisis and transitional accommodation options.
- The remit of Boost is to work with clients referred by access points. However, stakeholders reported instances when other organisations had attempted to refer clients to Boost, indicating demand in the region. Future development of the model could consider the scope to take referrals from other organisations within the sector.
- Whilst it is beyond the scope of Boost to engage clients other than those referred by access points, stakeholders suggested a consideration for future service models is how to assist young people at risk of homelessness before they enter homelessness services. For example, through Boost's involvement in discharge planning processes from justice and health facilities.
- Given the perceived gap in the ability of the sector to respond to clients with severe and complex needs, a future direction could be for Boost to monitor the number of clients with severe and complex needs that it assists and the forms of support provided to these clients.

REFERENCES

- AHURI (2009) Evidence to inform NSW Homelessness action priorities 2009-10, AHURI: Melbourne *unpublished research synthesis report*
- Australian Institute of Health and Welfare (2012) *Children and young people at risk of social exclusion: links between homelessness, child protection and juvenile justice*. Data linkage series no. 13 Cat. no. CSI 13. Canberra: Australian Institute of Health and Welfare
- Angell, B. & Mahoney, C. (2007) Reconceptualizing the Case Management Relationship in Intensive Treatment: A Study of Staff Perceptions and Experiences. *Administration and Policy in Mental Health and Mental Health Services Research*, 34.2: 172-188.
- Baldry, E., Dowse, L., McCausland, R., Clarence, M. (2012) *Lifecourse institutional costs of homelessness for vulnerable groups* School of Social Sciences University of New South Wales.
- Berry, M., Chamberlain, C., Dalton, T., Horn, M., & Berman, G. (2003) *Counting the Cost of Homelessness: A Systematic Review of Cost Effectiveness and Cost Benefit Studies of Homelessness*. Melbourne: Australian Housing and Urban Research Institute, RMIT-NATSEM Research Centre (prepared for the Commonwealth National Homelessness Strategy).
- Buchwitz, R. (2001) Alternatives to apprehension: education, action and advocacy *Society to Support Family Bonding and Healing and DAMS*.
- Buck, P. W. & Alexander, L. B. (2006) Neglected voices: Consumers with serious mental illness speak about intensive case management. *Administration and Policy in Mental Health*, 33.4: 470-481.
- Culhane, D. P., Metraux, S., & Hadley, T. (2002) Public service reductions associated with the placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, 13(1), 107-163.
- Flatau, P., Zaretsky, K., Brady, M., Haigh, Y., & Martin, R. (2008) *The cost-effectiveness of homelessness programs: a first assessment*. Melbourne: Australian Housing and Urban Research Institute, Western Australia Research Centre.
- Frankel, A. and Gelman, S. (2012) *Case management: an introduction to concepts and skills* Third Edition Lyceum Books: Chicago
- Grona, H. (2009a) *What makes case management work for people experiencing homelessness? Evidence for practice* AHURI Research Synthesis Service: Melbourne
- Grona, H. (2009b) *Evidence to define youth focused homelessness practice* AHURI Research Synthesis Service: Melbourne
- Homelessness Australia (2013) *Homelessness and young people* Homelessness Australia: Lyneham
- Johnson, P. and Keegan, D. (2012) *Specialist homelessness services case management resource kit February 2012* Version 1 NSW Department of Family and Community Services (FaCS)

- Kidd, S. A. & Davidson, L. (2007) 'You have to adapt because you have no other choice': The stories of strength and resilience of 208 homeless youth in New York City and Toronto. *Journal of Community Psychology*, 35.2: 219-238.
- Kline, J. D. (1993). Challenges to the Clinical Case Management of the Chronic Mentally Ill: Emerging Special Populations. In M. Harris & H. C. Bergman, *Case Management for Mentally Ill Patients, Theory and Practice*. US: Harwood.
- Knapp, M., Barnard, K., Brandon, R., Gehrke, N., Smith, A. and Teather, E. (1993) University based preparation for collaborative interprofessional practice, Politics of Education Association Yearbook, cited in Hubberstey, C. and Tate, B. 1997 *Multidisciplinary Child Welfare Education Project Report*, prepared for the Ministry for Children and Families 1997.
- Morse, G., Calsyn, R., Miller, J., Rosenberg, P., West, L., & Gilland, J. (1996) Outreach to homeless mentally ill people: conceptual and clinical considerations *Community Mental Health Journal* 32(2): 261-274.
- Nehls, N. (2001) What is a Case Manager? The Perspective of Persons with Borderline Personality Disorder. *Journal of the American Psychiatric Nurses Association*, 7.1: 4-12.
- Rapp RC. The strengths perspective and persons with substance abuse problems. In: Saleebey D. (eds). *The strengths perspective in social work practice*. 2nd ed Longman; White Plains, NY: 1997.
- Rog, D. J. (1988). *Engaging Homeless Persons with Mental Illness into Treatment*. Alexandria, VA: National Mental Health Association. Rapp 1997;
- Saleebey, D. (ed) (1992) *The strengths perspective in social work practice* Longman: New York
- Saleebey, D. (ed) (1997) *The strengths perspective in social work practice* Longman: New York
- Tice, C. and Perkins, K. (1998) Case management for the baby boom generation: A strengths perspective *Journal of Case Management* 7(1): 31-36
- Williams, P. and Sullivan, H. (2007) *Working in collaboration: learning from theory and practice* UK: National Leadership and Innovation Agency for Healthcare
- Zaretsky, K., Flatau P., Clear, A., Conroy, E., Burns, L., & Spicer, B. (2013) *The cost of homelessness and the net benefit of homelessness programs: a national study*, AHURI Final Report, Australian Housing and Urban Research Institute: University of Western Australia and University of NSW, Melbourne

APPENDIX 1: EFFECTIVE CASE MANAGEMENT

This section assesses the national and international literature on case management in order to establish key messages about what works and why (critical success factors).

Why case management?

Homelessness is a complex problem, which cannot be tackled by just providing a roof overhead. It is about helping people to access the support and skills they need to cope with difficulties that arise in their lives and enabling them to stay in their accommodation in the long term. Case management is a key component in providing this support, by helping to address a wide range of client needs.

Case management in homelessness has developed out of several assumptions about the problems, causes and solutions to homelessness:

- People who are homeless have multiple issues and unmet service needs
- The services and resources necessary to meet these needs are contained within a fragmented system of disparate service organisations (Rog 1988).
- Case managers are necessary to facilitate access, coordinate and negotiate services for clients' needs.
- Case management is considered as an intervention for changing and improving the entire service system as well as improving individual client outcomes.

What is case management?

Case management is a client-centred, strengths-based approach aimed at empowering and working in partnership with clients to effectively meet their individual needs and become self-sufficient. While there is no one definition of case management, the following are useful:

AHURI (2009) research defines case management as an intervention which does not simply meet this or that need, but develops a person's capacity to self-manage their own access to any supports they need.

The Case Management Society of Australia (CMSA) defines case management as a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost effective outcomes¹.

According to the Specialist Homelessness Services (SHS) Case Management Resource Kit 2012 (Johnson & Keegan 2012), case management:

- Responds individually to client's specific needs and issues.
- Looks at the client in a holistic way; not just their issues.
- Occurs with the client so that they can participate.
- Builds a client's knowledge and skills to enhance self-care, self-determination and independence.
- Provides continuity of care.
- Gives access to a wide range of support services.

¹ <http://www.cmsa.org.au/definition.html>

- Coordinates existing resources and introduces new resources.
- Builds on the client's support network and links them to the wider community and its resources.
- Recognises social and personal contributions to a problem.
- Assists clients to navigate complex service systems.
- Gives clients information they can use again in the future to access support.
- Helps to prevent homelessness.

Benefits and challenges of case management

Case management has benefits for clients and service providers. It can provide clients with better access to improved services and empower them to make decisions about the support they receive. For service providers, case management reinforces shared responsibilities of clients and the services that work with them and helps to identify client's strengths.

Several benefits of effective case management for clients identified by Johnson and Keegan (2012) include:

- Improved coordination of services and reduced duplication.
- Improved outcomes due to clear assessment, planning and self-directed emphasis.
- Clients are empowered to address their own needs through active participation in positive decisions making and choice.
- New knowledge and skills.
- Improved problem solving skills.
- Increased resilience (ability to manage future difficulties).
- Access to relevant services and entitlements.
- Needs are met.

The following are some benefits of case management for services:

- Increased client outcomes and satisfaction.
- Fewer repeat clients.
- More focused interactions between clients and workers.
- Reduced worker burnout.
- Shared responsibility between services—reduced service duplication.
- Shared responsibility for client outcomes among a number of case workers and service providers.
- Caseworkers have a clearer sense of the direction they are taking with and on behalf of their clients.
- Improved coordination results in service gaps becoming more apparent.
- More efficient use of resources.
- Client work is less crisis driven.
- Interactions are more purposeful and aim to address underlying causes of problems.

- Increased networks, partnerships, knowledge of and access to resources and services.

Gronda (2009a) explains that effective case management is a time and resource intensive intervention. However, controlled experiments show that it is cost effective because it reduces other system expenditures.

In addition, Gronda (2009a) found that multi-disciplinary teams providing a case management relationship with the required qualities have been proven to deliver reduced homelessness and more client satisfaction at no extra total system cost than office based services, for clients requiring a complex service response.

A challenge of case management is the time needed to build trust and show benefits and outcomes to clients. Limitations to effective case management include limited resources and time, and the emotional strain of working with complex needs (Johnson & Keegan 2012).

Case management practice approaches

Case management is informed by a variety of different practice approaches. Several approaches relevant to the evaluation of Boost are outlined below:

Social inclusion

Mendes (2002) suggests that social inclusion is the process by which efforts are made to ensure that everyone, regardless of their experiences and circumstances, can achieve their potential in life. To achieve inclusion, income and employment are necessary but not sufficient. An inclusive society is also characterised by a striving for reduced inequality, a balance between individual's rights and duties and increased social cohesion (as cited in Johnson & Keegan 2012).

Strengths-based practice

Strengths-based practice assumes people have strengths and resources for their own empowerment (Buchwitz 2001). The approach focuses on the strengths that a client has, rather than deficits or things that they may be lacking. The client is seen as an expert on themselves, and the caseworker's role is to help the client develop their strengths to overcome barriers. The strengths perspective is closely linked to an empowerment model and includes active client engagement (see Rapp 1997; Saleeby 1992; 1997; Tice & Perkins 1998).

Strengths-based practice begins with the worker engaging with and assisting the client in a process of client-led identification of needs and solutions and presumes that clients are the principal resource for change. This is also called client-centred practice. In other words, clients, not workers, define goals and identify and mobilise strengths and resources. A strengths-based approach can be applied in the following ways:

- Establish and maintain a client focus which means listening to the client's preferred outcomes.
- Identify and acknowledge client's existing strengths, achievements and resources, and build on these to find solutions by using the client's own words/images, as this will help the case worker build on past successes (however small) and move toward solutions that are achievable and sustainable.
- Establish and maintain a partnership approach with the client and other services involved.

- Ensure solutions are decided by the client and caseworker working together collaboratively (Johnson & Keegan 2012).

Solutions focused perspective

Solutions-focused approaches involve a skilled case worker engaging with the client and together defining the issues and their solutions. These solutions are defined in realistic, client-determined achievable terms and take into account the context in which their problem arises.

Case workers who adopt a solution-focused approach help the client imagine a situation where their goals are achieved and describe what this will be like. The client is then supported to lay out the steps required to reach that place. The caseworker then works with the client to put these into action. Through this process, the client learns problem-solving skills and is empowered into action.

Resilience approach

Resilience refers to the ability of an individual, family or community to positively deal with difficult circumstances and bounce back from adversity. The resilience approach tries to identify risk factors and build protective factors so that clients are better able to face and respond to adversity within their own resources. Protective factors are generally seen as internal strengths/skills and external community networks of support (Johnson & Keegan 2012).

Principles of effective case management

Research by Gronda (2009a) with nine Melbourne based case management practitioners identified the following set of principles for effective case management:

- A good relationship is the essence of successful case management: rapport and engagement skills, emotional maturity and excellent support.
- Goals must be client-centred, as without client engagement any achievements are not beneficial for the client.
- Goals must be realistic since failing to achieve specified goals is damaging to the relationship.
- Frequency of contact and length of support relationship should be determined on a case by case basis.
- Lack of appropriate housing compromises the ability of case management to achieve positive change.
- Success relies on the client's participation and therefore cannot be forced.

Case worker and client relationship

AHURI (2009) research found the client/caseworker relationship is significant in ensuring the ongoing success of any case management process. The relationship needs to have the qualities of persistence, reliability, respect and intimacy, and to deliver comprehensive and practical support. Time may be needed to build trust and respect. According to the AHURI research (2009), case workers need to be able to:

- Conduct advanced assessment.
- Have highly developed communication and relationship skills.
- Engage in regular practice supervision.

- Access resources their client requires.
- Develop a persistent, reliable and respectful relationship.

Gronda (2009a) found evidence from studies of service users and service providers who agreed that respect is the key to a successful intervention (Kidd and Davidson 2007; Nehls 2001), and that a form of intimacy is a critical part of case management (Buck and Alexander 2006, Angell & Mahoney 2007). The evidence identifies two dimensions of intimacy: the genuine emotional connection that creates a relationship and the intimate nature of case management activities, including for example, shopping, attending doctor's appointments, financial management, cleaning and providing lifts.

Staff skills and abilities

Critical factors for successful case management staff identified in the literature are related to knowledge, skills, and abilities that case managers working with homeless and/or vulnerable young people. Workers need a thorough understanding of homelessness and the issues impacting on young people, and need to be able to engage young people. Engagement requires a complicated set of skills and attitudes, including being able to establish and develop trusting relationships, responding quickly to client needs and priorities, being dependable but flexible, and being adept at assessing a client's often changing needs or services (Kline 1993; Morse et al. 1996).

Case managers become experts on community resources that might help their clients, including government entitlements, charities, job openings, education, child care, legal aid, housing, transportation, and recreational opportunities. Case managers know the procedures clients need to follow in applying for and receiving help. Sometimes, when necessary services are not available, case managers initiate strategies to help communities develop new resources and systems for their clients (Frankel & Gelman 2012).

The elements of case management

Case management is not a static or linear process, instead it consists of a number of elements that work together according to the needs of the client and the type of support provided. The elements of case management can be summarised under four headings:

1. Assess.
2. Plan.
3. Act.
4. Review.

Assess

Assessment involves identifying the short and long term needs of a clients and considering these against the skills, resources and capacity of the service to meet these needs.

Assessment occurs from the first point of contact with a client and continues throughout the support period. The caseworker invites the client to work together to develop skills and knowledge that will help them to meet their goals. During the initial assessment the case worker collects basic information to help develop an initial case plan. Risk assessment is a key part of the initial assessment as it helps determine if

the agency has capacity to work with the client's needs and to ensure safety for clients and staff, as well as non-discriminatory practice.

Plan

Planning involves setting goals in partnership with the client and developing a list of strategies and actions to reach these goals. Information gathered during the assessment phase will inform planning. Planning is also about ensuring that there is a planned and deliberate approach to the support given to clients. At a minimum a case plan should include:

- A list of goals.
- A list of actions or strategies to achieve these goals.
- Who is responsible for each action.
- The date when each action needs to be completed.

Act

Acting means providing direct support to the client. Acting includes a whole range of supports, including help with referrals, counseling, life-skills development, developing problem solving skills, providing information and rebuilding a positive social and community network for the client.

Review

Reviewing involves monitoring and checking that progress with the case plan is on track and that the current support is still relevant. It ensures the client understands the process and is developing their capacity to help themselves.

Working with other services

Benefits of partnerships

Case management requires a partnership approach and commitment to work across service boundaries—with clients, specialist and mainstream services. This can span multiple areas such as health, income, legal or educational services, which help people to keep their accommodation and live independently or semi-independently, preventing them from becoming homeless or being at risk of homelessness (Johnson & Keegan 2012).

Collaborative working relationships with other services can enhance the ability of caseworkers and organisations to effectively meet the needs of clients. Partnerships give services access to a greater range of services without the need for significant increases in funding. They also reduce duplication and give clients access to other sources of professional expertise and support. Working with other services can enhance case management by:

- Providing timely access to support and information services for clients.
- Creating more seamless service delivery for clients.
- Simplifying referral processes.
- Minimising information sharing for clients.
- Meeting service gaps in the local community.
- Strengthening advocacy for clients.

- Maximising outcomes for clients (Johnson & Keegan 2012).

Principles of successful partnerships

According to Williams and Sullivan (2007), a number of important factors appear to be influential in determining the effectiveness of partnership working. These are:

- Recognising the need for co-operative strategies but clearly defining the limits and potential of these from the perspectives of different partners.
- Negotiated purpose, formulating aims which are clear and realistic, and minimising goal ambiguity.
- Clarifying roles and responsibilities.
- Promoting effective and appropriate leadership.
- Building collaborative capacity in people, teams and organisations through learning, training and skills development.
- Fostering trust and enhancing collaborative cultures.
- Designing appropriate partnership structures with clear lines of accountability, reporting and membership; and ensuring that decision making arrangements are formalised through protocols or similar agreements.
- Ensuring resource availability through budget alignment and planning.
- Recognising the problematic nature of delivery, determining what this constitutes and ensuring that effective implementation structures are installed.
- Installing robust monitoring, evaluation and performance management frameworks.

Collaborative practice

Collaborative practice can be described as an interactive process by which individuals with diverse training from diverse service types meet together to plan, generate and action solutions to identified issues related to the wellbeing of people (Knapp et al. 1993).

AHURI (2009) found that improving coordination between mainstream agencies, specialist homelessness services and other specialist services is critical to improving outcomes for people who are homeless or at risk of homelessness. It further found that multi-disciplinary teams providing a case management relationship with the required qualities is proven to deliver reduced homelessness and more client satisfaction.

Concluding remarks

The research summarised three theories about how case management works:

- Case management works because of the relationships developed by case workers between themselves and the clients and between themselves and other agencies involved in the service system.
- Case management works because of a structured, consistent, systematic process that ensures all the client's needs are identified and the best possible plan is made and enacted to meet the needs and manage any risks using an efficient allocation of available resources.
- Case management works because of the coordination provided by one responsible person or agency.

APPENDIX 2: PARTICIPANT INFORMATION SHEET

Boost program evaluation – participant information sheet

Hope Street Youth and Family Services (HSYFS) have contracted the Australian Housing and Urban Research Institute (AHURI) Research Synthesis Service to carry out an evaluation their Enhanced Youth Refuge Response Model, Boost.

About AHURI

AHURI is a highly regarded research organisation and has substantial knowledge of the current trends, research directions and evidence base in the homelessness sector. AHURI funds, conducts and disseminates high quality research on housing and homelessness to inform the policies and practices of governments, industry and the community sector, and to stimulate debate in the broader Australian community.

AHURI's Research Synthesis Service was established in 2008 to further enhance rigorous use of the existing evidence base. The Service provides concise and targeted analyses and explanations of research evidence, and offers innovative engagement processes to draw out local implications from the highest quality knowledge base. The Service brings expertise in research and evaluations, with skills in consulting with a range of stakeholders.

Purpose of the evaluation

The overall purpose of the project is to evaluate the implementation and effectiveness of the Boost program between October 2012 and May 2013. Of particular significance to the evaluation will be the impact and effectiveness of the service model, specifically the role and operation of Access points and the co-location of Boost within a youth refuge. The evaluation will aim to assess whether the configuration of the Boost initiative is an effective and innovative way to assist young people at risk of experiencing homelessness and enhance the service system responses for young people.

In order to achieve this aim, the evaluation will include an assessment of:

- Improvements in client outcomes and circumstances, as a result of participation in Boost; specifically this means diversion from the homelessness service system.
- Improvements in service delivery as a result of employing the Boost early intervention and prevention approach, including effectiveness, efficiency, level of service integration (cross program service delivery) and client access to mainstream services.
- Overall impact and appropriateness of the Boost model and its implementation, specifically as an early intervention and prevention response.
- Sustainability and transferability of the Boost approach.

Participation in an interview

In order to gather information about the implementation of the Boost initiative, interviews will be carried out with key stakeholders.

The interview will last up to 30 minutes and be recorded to ensure accuracy. Interviews will include staff from HSYFS, Access Point staff, Department of Human Services (DHS) representatives and young people involved in the Boost program. Indicative themes to be explored include:

- Responsiveness and effectiveness of the service.

- Perceptions of the program in meeting client needs (e.g. timeliness, flexibility).
- Key benefits.
- Assessment of client outcomes (especially diversion).
- Progress with implementation.
- Key strengths of this approach.
- Regulatory and governance mechanisms in place.
- Suggestions for improvement.

If you agree to participate in this research, the researchers will organise a suitable time and place to carry out the interview. The interview will be audio-taped to assist in the accuracy of note taking. The interview can be undertaken face-to-face or over the phone at a time convenient to you.

All information included in the final evaluation reports will be non-identifiable. No names or personal information which could potentially identify an individual will be included. The information contained in the interview will be de-identified and reported around general themes and using pseudonyms.

In order to increase the response rate and the timeliness of the evaluation, the AHURI Research Synthesis Service proposes to offer Boost clients who participate in interviews a \$30 supermarket gift card.

Contact details

Further information about the project is available from:

Dr Katie Jones, Senior Analyst, Research Synthesis Service

katie.jones@ahuri.edu.au

9660 2134

Dr Lauren Costello, Director Research Synthesis Service

lauren.costello@ahuri.edu.au

9660 2300

APPENDIX 3: STAKEHOLDER INTERVIEW QUESTIONS

Introduction

Thank you for agreeing to participate in this interview. I work for the Australian Housing and Urban Research Centre (AHURI) Research Synthesis Service. We are a national, not for profit organisation that funds, conducts and disseminates research on housing, homelessness and cities. The Research Synthesis Service was set up in 2008 to carry out synthesis work and evaluations.

As you may be aware, Hope Street Youth and Family Services have commissioned us to carry out an evaluation of the Boost enhanced youth refuge response program. The evaluation aims to determine the effectiveness of Boost as a way of assisting young people at risk of experiencing homelessness and enhancing service system responses for young people.

There are a number of strands to the evaluation including: a review of literature and policy, interviews with Boost staff, key stakeholders and clients.

The purpose of this interview is to gather contextual information about the effectiveness and implementation of Boost, particularly in relation to client outcomes and improvements in service delivery.

The answers you provide will be used solely for the purpose of the evaluation and your comments will not be attributed to you as an individual.

Is it okay if we record the interview to assist in our note taking?

Questions for Access Point representatives

- Please briefly describe your role / the role of your organisation in making referrals to Boost?
- How do people get to the Access point? Outreach / turning up?
- What is the process when an individual contacts the Access Point?
- How successful is the referral process? i.e. is the 24/7 crisis line always available?
- Do you feel you have been provided with enough information about the purpose of boost and its target groups for making a referral?
- What, if any, other information / process would help the referral process?
- If you have a Boost worker based in your office for ½ a day a week – how effective do you feel this is? What are some of the main duties they carry out when they are there?
- How effective is the service coordination?
- How successful is the referral process in diverting young people from the homelessness system?
- Do you continue your engagement with the client after the referral has been made?

I have some more questions about Boost and its effectiveness in relation to client outcomes and wider service system improvements, which you may be able to answer

...

Improvements in client outcomes, specifically diversion from the homelessness service system

1. What is your perception of the effectiveness of Boost in diverting young people away from the homelessness service system?
2. What shelter and non-shelter outcomes were achieved for clients? *Probe Boost focus on education, training and employment, role modelling, mentoring, budgeting skills, life skills, housing support, family reconciliation, reconnection with the community.*

Improvements in service delivery as created by Boost

3. Was the service responsive, flexible and client focused?
4. Are the Access Points an effective method for referral?
5. How did service integration occur on the ground?

Prompts:

6. Can you give me some examples of relationships / partnerships that Boost has established and regularly draws upon (homeless service system and allied services)?
7. What was the nature and effectiveness of the external relationships with other key agencies?
8. Can you give me some examples of capacity building activities that Boost staff have developed, particularly related to youth specific issues and practice? E.g. presentations, workshops, leaflets, role of specialist practitioners, communication strategy – internally for HSYFS staff and wider service system

Overall impact and appropriateness of Boost and its implementation

Appropriateness

9. Is the delivery of an intensive case management approach an effective model? *Probe strengths based, solutions focused and client centred?*
10. How successful is the role of specialist practitioners and a multi-disciplinary team in ensuring a youth focus? *Probe: youth specific case management; complex needs; therapeutic approaches; role modelling and mentoring*
11. What are the benefits of aligning Boost with HSYFS?
12. What are the benefits of the combination of outreach and a short stay bed?

Challenges

13. What have been some of the key challenges in implementing Boost? *E.g. problems with recruitment of staff*

Sustainability and transferability of Boost

14. Do you have any suggestions for improvement to the current Boost model?
15. Do you have any recommendations about the transferability of the Boost model, for example its appropriateness for other regions / target groups.

Wrap up

Is there anything else that you would like to add in relation to Boost that you feel we have not covered?

Thank you for your time and contribution.

APPENDIX 4: CLIENT INTERVIEW QUESTIONS

Introduction

Thank you for agreeing to participate in this interview. I work for the Australian Housing and Urban Research Centre (AHURI) Research Synthesis Service. We are a national, not for profit organisation that funds, conducts and disseminates research on housing, homelessness and cities. The Research Synthesis Service was set up in 2008 to carry out synthesis work and evaluations.

As you may be aware, Hope Street Youth and Family Services have commissioned us to carry out an evaluation of the Boost enhanced youth refuge response program. The evaluation aims to determine the effectiveness of Boost as a way of assisting young people at risk of experiencing homelessness and enhancing service system responses for young people.

There are a number of strands to the evaluation including: a review of literature and policy, interviews with Boost staff, key stakeholders and clients.

The purpose of this interview is to gather contextual information about the effectiveness and implementation of Boost, particularly in relation to client outcomes and improvements in service delivery.

The answers you provide will be used solely for the purpose of the evaluation and your comments will not be attributed to you as an individual.

Is it okay if we record the interview to assist in our note taking?

Profile info

Gender:

Age:

Short stay bed and/or outreach:

Time spent at Boost:

Improvements in client outcomes, specifically diversion from the homelessness service system

Accessing Boost

1. Which access point did you use to access Boost? / Which organisation put you in touch with Boost?
2. What did they tell you about Boost and what it could offer you?
3. How did you find the referral process?
4. Did you find the referral process timely and flexible in responding to your needs?
Y/N

Initial contact

5. What happened at your first meeting with someone from Boost?
 - Check immediate needs assessment and immediate needs support plan
 - Was it a good experience?
6. Did you use the short stay bed at Boost or outreach?
7. Were you linked to any other services?

8. How did you find these / the referral process?

Case management

9. How did you find the case management process? What were the key benefits?

10. Were you co-case managed? How did you find this?

11. How did you find the support received from your case worker?

12. How is Boost different from other support you may have received in the past

Achievements

13. What did Boost help you with / what have you achieved since taking part in Boost?

→ Housing and non-housing outcomes

→ Education / training

→ Family reconciliation

→ Mental health

Improvements

14. Are there any improvements that could be made to Boost?

Thank you for your time and contribution.

Australian Housing and Urban Research Institute
Research Synthesis Service

Level 1 114 Flinders Street, Melbourne Victoria 3000

Phone +61 3 9660 2300 Fax +61 3 9663 5488

Email information@ahuri.edu.au Web www.ahuri.edu.au