The Geelong Project: A community of schools and youth services model for early intervention

**Swinburne Institute for Social Research
Swinburne University**

Homelessness Research Collaboration

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David Mackenzie & Monica Thielking

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Associate Professor David Mackenzie
Swinburne Institute for Social Research
Swinburne University
Contact details: 039214 5462 or dmackenzie@swin.edu.au

Dr Monica Thielking
Swinburne Institute for Social Research
Swinburne University
Contact details: 03 9214 4402 or mthielking@swin.edu.au

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PRINCIPAL INVESTIGATOR: Associate Professor David Mackenzie

ADDRESS: Swinburne Institute for Social Research, Swinburne University, Melbourne.   PH: 03 9214 5462 or djmackenzie@swin.edu.au

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OBJECTIVES:

1. What is the extent and distribution of school students at-high risk of becoming homeless in Geelong? What are the characteristics of at-risk students?

2. What is the incidence of homelessness for young people in Geelong?

3. What happens for young people highly at-risk or recently homeless who receive early intervention support? How effective is early intervention?

4. What happens for young people who become homeless – for how long do they experience homelessness? What are the outcomes from support and accommodation provided by the Geelong youth service system?

5. In what ways does the Victorian education system work with other service providers to assist young people who are homeless or at-risk of becoming homeless?

6. What would comprise an adequate approach to early intervention in a community and what changes to policies and programs would improve 'early intervention'?

NON-TECHNICAL SUMMARY:

The Geelong Project is a place-based, 'community of schools and youth services' approach to early intervention using population screening, a flexible practice framework and youth-focused, family-centred case management. The model builds in longitudinal follow-up and support to reduce homelessness, and achieve sustainable education and lifetime outcomes. The model and the current project has grown out of a collaboration between university researchers and the Geelong Early Intervention Working Group, comprised of service providers and schools. The approach to early intervention is 'indicative prevention' whereby the risk levels of individuals are identified and appropriate responses enabled. This is proactive rather than reactive, and the support for at-risk students and their families is needs-based, comprehensive and flexible. The project involves several major innovations.

The first innovation is the way in which students at-risk of homelessness are identified. Population screening for risk is carried out using a short Student Needs Survey (SNS). The SNS is completed by every secondary student in a school and results are matched with a separate list of school identified at-risk students (local knowledge). A follow-up brief screening interview is then conducted. The screening

interview checks whether or not their information about risk is valid and current and engages the student with The Geelong Project. Referrals to case management are then jointly decided between The Geelong Project team and schools

A second innovation is in service delivery. The Geelong Project Practice Framework provides for a differentiated three level response: (a) Tier One - a non-case work response, either active monitoring by school staff, or a secondary consultation where a referral is made to another program or agency or some advice given to a non-TGP action; (b) Tier Two – case work support, either a brief counselling-type of case work or case management by The Geelong Project; and (c) Tier Three – wrap-around case management for complex cases requiring the formal involvement of several agencies. Youth-focused and family-centred case management means that direct engagement and support is provided to a young person as the client, but also, work with family members is undertaken. The support work involves both community sector workers and school staff working together in a more coordinated, inter-professionally collaborative type of practice.

A third innovation is the way 'collaboration' is and will be operationalised. This requires inter-agency agreements between various parties. In Geelong, an e-Wellbeing IT Platform is being built to facilitate the more complex information needs and flows of a whole of community more integrated local support system. This platform will allow the efficient tracking of young people at risk of homelessness within and between agencies.

The SNS survey, currently being further developed, has proven to be a practical tool for identifying risk. The profile of the 'risk of homelessness' for Geelong students is one per cent of students at high risk (i.e., a score of 9-10 out of 10) and another three to four per cent where risk is indicated (i.e., a score of 7-8). Students at-risk of homelessness are also more likely to be at risk on other issues as well. These results are consistent with earlier research. In a school of 1000 students, on average, about 10 might be at high risk and for another 30-40 risk is indicated. But, there is considerable variation between schools. Risk of homelessness is somewhat higher for females, and significantly higher for Indigenous students.

For about half (51%) of the highly at-risk students and about two-thirds (66%) of student with an indication of risk, school is OK compared with other students. This is an important finding because it means that at-risk students are not necessarily failing at school, although they are at higher risk of disengaging from school and becoming early school leavers. The SNS produced new data on couch-surfing suggesting that while many young people at risk couch-surf at times, the number doing so on any one night is probably less than previously thought, however this can occur on numerous occasions throughout the year.

Data on risk was used to demonstrate how estimates of youth homelessness can be constructed from whole of school data, and also how the extent of need for early intervention can be estimated.

Reconnect is an important program that the evidence suggests has contributed significantly to reducing youth homelessness. An appreciative critique of the Reconnect program has contributed to the approach adopted by The Geelong

Project. A premise of the new reformed model is that schools need to be connected in a systemic way with youth agencies that engage in a range of early intervention activities, including and most importantly family support work. In order to meet all the needs of young people and their families, this requires a place-based community-wide organisation of schools and services, not just bilateral 'referral-based' relations between some schools and agencies who only fulfil a certain function.

LIST OF ACRONYMS

ABS	Australian Bureau of Statistics
CEEP	Creating Connections Educational and Employment Pathways
CTH	Counting The Homeless
D&E	Data & Evaluation Team from Swinburne University
DEECD	Victorian Department of Education and Early Childhood Development
DHS	Victorian Department of Human Services
EFT	Equivalent Full Time
EI	Early Intervention Team at Time for Youth
FRMP	Family Mediation and Reconciliation Program
HREOC	Human Rights and Equal Opportunity Commission
IAP	Victorian Homelessness Innovation Action Projects
LLEN	Local Learning & Employment Network
NEET	Young people 'Not in Education, Employment or Training'
SAAP	Supported Accommodation Assistance Program
SFYS	School Focused Youth Service
SHS	Specialist Homelessness Services
SIS	School Identified Students
SISR	Swinburne Institute for Social Research
SNS	Student Needs Survey
STAR	Student At Risk Program
T4Y	Time for Youth – lead agency for the Geelong Project
TGP	The Geelong Project

Acknowledgements

EXECUTIVE SUMMARY

The Geelong Project began as a research project under the FaHCSIA Homelessness Research Partnership program. The research objectives have been pursued, with the addition of major investment from the Victorian Government in 2012. Through funding achieved through the DHS Homelessness Innovation Action Projects initiative it became a pilot of the full implementation of the Geelong Project model. In its present form, The Geelong Project is testing the effectiveness of a more proactive 'whole of community' approach to early intervention over a period of three years. The FaHCSIA funded research was a major investment and it has helped shape the pilot as a strong 'research and development' project.

This report will provide the reader with an understanding of the 'early intervention' framework that underpins The Geelong Project. A high degree of fidelity to the effective features of The Reconnect Program has been maintained in the Project. Recognising that conflict within the family home is often a precursor to running away, services are provided not only to at-risk young people but to their families as well. The Geelong Project Model is explained in detail, which will highlight how early intervention is achieved through a combination of population screening to identify need and a 'community of schools and youth services' approach. Results from the pilot implementation of this innovative model of early intervention are presented and discussed.

About Early Intervention

1. Early intervention during adolescence is a form of 'indicative prevention' that is directed to containing and resolving issues before they become more serious and escalate further.
2. Schools are sites for early intervention. Schools are the universal institution or mainstream agency that most young people attend (up to some point) during adolescence.
3. The earlier that indications of risk can be obtained about homelessness, early school leaving or other issues, the more effective early intervention can be.
4. Early intervention requires a community approach - a 'community of services and schools' collaborating to address and resolve issues. Well-coordinated in their effort to support young people to remain in education and able to rely on social support networks, as far as possible including their families or family members.

5. Early intervention can be focused on individual need where there is a capacity and methodology for identifying individual risk and resilience.

6. A place-based approach to early intervention requires system reform to create new community-level structures and process and new forms of inter-professional integrated practice whereby school welfare and wellbeing staff work collaboratively with youth and community workers to support the most disadvantaged young people and their families.

7. Early intervention has been shown to provide a lifetime cost saving dividend to the community by addressing issues earlier rather than later when problems have worsened.

8. Addressing the needs of the most vulnerable 10-15 per cent of the school population who leave school early or become homeless, is not only an education issue, but it is also about young people's welfare and wellbeing, in school and post-school.

9. Improving school retention for the most vulnerable or disadvantaged section of the school population requires interventions to address family issues that are among the most formative factors in early school leaving as well as the onset of youth homelessness.

10. Early interventions should be framed as youth-focused and family-centred support and effective 'early intervention' depends on effective work with families.

Summary of the features of The Geelong Project 'community of schools and youth services' model

11. The Geelong Project is an innovative place-based 'community of schools and youth services' model for early intervention involving population screening for risk, a flexible practice framework, youth-focused family-centred case management, and longitudinal follow-up and support as required until social and educational outcomes have been achieved.

12. The project has been funded by the Homelessness Research Partnership program for the implementation of the pilot Student Needs Survey, by the Department of Education and early Childhood Development Youth Partnerships program for the e-Wellbeing IT Platform development, as an Innovations Action Plan project for the delivery of early intervention services and through Swinburne University for an inter-professional development program and a cost analysis of early intervention in Geelong.

13. Population screening is a short survey of risk indicators given to all secondary students in the schools. Combined with local school knowledge about students at risk and a follow-up brief screening interview, this information enabled a proactive identification of risk.

14. The Geelong Project Practice Framework provides for a three level response: (a) Tier One - a non-case work response, either active monitoring by school staff using the Student mapping Tool, or a secondary consultation where a referral is made to another program or agency or some advice given to a non-TGP action; (b) Tier Two – case work support, either a brief counselling-type of case work or case management by The Geelong Project; and (c) Tier Three – wrap-around case management for complex cases requiring the formal involvement of several agencies.

15. The case work is youth-focused and family-centred, which means direct engagement and support for the young person as a client of The Geelong Project, but also work with family members as determined by the requirements of the case.

16. Collaborative and integrated forms of practice: the Geelong Project early intervention workers and school welfare and wellbeing staff under formal agreements work closely to manage the identification and referral as well as the support being offered to at-risk students.

17. A 'community of schools and service' collaboration in which through a governance structure and interagency agreements the work with at-risk young people becomes person-centred and outcomes-focused with cross-sectorial longitudinal monitoring and support.

18. Collaboration involves professionals from education, the community sector and health cooperating, making joint decisions and working closely together to support the client.

Results from the pilot Students Needs Survey

19. The profile of the 'risk of homelessness' for Geelong students is one per cent of students at high risk (i.e., 9-10 scores out of a total score of 10) and another three to four per cent where risk is indicated (i.e., 7-8 scores). These results are consistent with earlier implementations of the 'at-risk of homelessness' indicator. In a school of 1000 students, about 10 might be at high risk and for another 30-40 risk is indicated. There is considerable variation between schools.

20. More female students (55%) are at risk of homelessness compared with male students (45%) whereas, in the student population broadly, there are more males (56%) than females (44%).

21. Indigenous students are more at risk (20% scoring 7-10) than non-Indigenous students (4-5% scoring 7-10). In Geelong, some 90 Indigenous students completed the SNS.

22. Students at risk of homelessness are three times more likely than students not at risk of experimenting with marijuana or other drugs, had contact with the police or seen a doctor, psychologist or psychiatrists about psychological issues. Students at risk are about five times more likely to smoke.

23. For about half (51%) of student at high risk of homelessness and about two thirds (66%) of student with an indication of risk, school is OK compared with 93 per cent of students not at risk. This is an important finding because it means that students at risk of homelessness or who experience a family crisis and become homeless are not necessarily failing at school although they are at high risk of disengaging from school and if their issues remain unresolved very likely to leave school early.

24. Risk and resilience are counter-active factors. Using the Wagnild Resilience Scale, 63 per cent of high-risk student and 61 per cent of students with indicated risk, scored very low (14-56) and low (57-64) on resilience. By contrast, a much smaller proportion (15%) of students not at risk scored in the lowest categories of resilience.

25. Based on a question asking about where students stayed on the night before the SNS and questions about temporary stays with friends and relatives, it can be estimated that there were about 50-60 homeless secondary school students (12-18 years) in the Geelong schools on the night before the SNS was done. This figure does not include young people in the same age group who are not in school but who may have been homeless on that night.

Findings from the first stage of The Geelong Project

The following are a set of findings about the model drawn from the experience of the first stage.

26. Population screening is a significant innovation of The Geelong Project model. Questions arose such as whether the methodology is practical for schools and agencies to use? Can it be done efficiently? Does it produce a large number of false positive cases? After an initial period of coming to terms with new tasks, the consensus from the schools and early intervention workers has been that

the screening process is effective and efficient in identifying students at-risk of homelessness as well as those at-risk of leaving school early.

27. The students identified as at-risk of homelessness on the basis of data about family issues were not necessarily on the cusp of a crisis or in crisis but factors associated with youth homelessness were indicated. Therefore, the response is not only a crisis response, but early intervention and therefore preventative. Furthermore,, the model has been able to respond to any referral of a young person in crisis in a very timely way due to the close relations between the early intervention workers, agencies and the mainstream schools.

28. The practice framework operationalised different responses and levels of support in a way that makes it possible for a 'triage-like' flexibility and is a framework within which the workforce of school welfare staff and early intervention workers operates with a gradually developing integrated 'inter-professional' practice. School staff do Tier One active monitoring. This has meant that an escalating crisis for an at-risk young person is more readily picked up than was the case previously.

29. The grounding of early intervention work in data and evidence requires real-time data collection that reflects the purposes and activities of the cross-sectorial collaboration going on in the local service system. There are costs associated with collecting this kind of data and engaging in follow-up and analysis. However, the data in The Geelong Project is a driver of the early intervention and not, as with many programs, gathered mainly for reasons of accountability.

30. The outcomes data from Stage One is by no means the longitudinal outcomes data that can be produced over the full development cycle of the model, but all the students and families (95 young people and 43 family members) who have received any form of case support from early intervention workers in the first 12 months have avoided homelessness and/or early school leaving. All who have been supported (100%) remain in school and every young person is safely and securely accommodated – 86 per cent remained in the family home or returned home, while 14 per cent are in alternative accommodation where staying at home is not appropriate.

Some Reflections on Implementation

31. Leadership is a key factor in developing place-based inter-agency solutions. Project leaders have to be able to think systemically and mobilise other stakeholders around a vision of the future.

32. Change management and a learning organisation approach is needed in order to work through the developmental process, solve problems, work with uncertainties and change attitudes and behaviours. Managing change requires a different skill set to the skills of day-to-day management of a program, school or agency.

33. The development of the 'community of schools and youth services' structures and processes took time and involved community development skills, careful negotiation and the politics of inclusion. There are costs associated with building and maintaining new forms of collaborative organisation.

34. Schools and agencies have different accountabilities and operate in different sectors. Building collaboration is a progressive process in which relationships have to be nurtured and maintained and inter-organisational engagement is a continual agenda item.

35. School staff and community workers come from different professional cultures, with different frameworks and skills. Working together can produce friction and misunderstanding. An Inter-professional development program that bring together school staff with health and community workers are necessary to build a shared vision, share knowledge, build skills and develop strong interdisciplinary teams.

36. Traditional social casework is well established with standards and guidelines for its use in family violence work and with young people under care and protection orders. Early intervention practice works on a broader template of practice options, something like a hybrid between what is common practice in schools and what happens for clients in the human services.

37. Population screening involving data collection is a core feature of the Geelong project model but it is not a routine part of youth and social work practice. The idea that Early Intervention Team members should undertake this kind of activity challenges preconceptions about roles.

1 INTRODUCTION

The Geelong Project had several starting points. It began as an aspiration for improving early intervention in Geelong led by the CEO of Time for Youth Mike Kelly who convened the Early Intervention Working Group. Mike Kelly had also been working quietly with other stakeholders in Geelong to co-locate several workers who were funded to cover aspects of early intervention. Also, The Geelong Project model had sources in the work of Associate Professor David Mackenzie, who has done research on youth homelessness since the early 1990s. He was among those who had argued for early intervention and prevention as a strategic shift in policy. The Student Needs Survey (SNS) was funded under the Homelessness Research Partnership Program. The original research was conceived in terms of the following broad aim:

> To investigate young people who are recently homeless or at risk of homelessness, by undertaking both cross sectional survey assessment as well as a longitudinal follow-up in the community.

The project was envisaged in two stages: (a) a community-wide assessment of the extent of risk of homelessness, and (b) follow-up of identified at-risk young people to find out which young people go on to experience homelessness and what are the outcomes from their interaction with the service system.

The research questions for the 2010-2013 study were:

1. What is the extent and distribution of school student's at-high risk of becoming homeless in Geelong? What are the characteristics of at-risk students?
2. What is the incidence of homelessness for young people in Geelong?
3. What happens for young people highly at-risk or recently homeless who receive early intervention support? How effective is early intervention?
4. What happens for young people who become homeless – for how long do they experience homelessness? What are the outcomes from support and accommodation provided by the Geelong youth service system?
5. In what ways does the Victorian education system work with other service providers to assist young people who are homeless or at-risk of becoming homeless?
6. What would comprise an adequate approach to early intervention in a community and what changes to policies and programs would improve 'early intervention'?

An early output was an audit and review of Victorian 'early intervention' policies and program initiatives for young people, *A Review of Victorian Education Initiatives Relating to Youth Homelessness* (2012). However, what began as applied research on risk morphed into a fully-fledged R&D project when the collaborative effort by local services to build a place-based early intervention response received a significant investment from DHS to develop The Geelong Project model as a whole of community early intervention innovation project.

In January 2011, the incoming Victorian Government took the politically unusual approach of acknowledging rather than dismissing the achievements of its predecessor. A $11.5m further funding allocation for the Better Youth Services Pilot Program was retained as the Youth Partnerships program focused on building community partnerships in order to better meet the needs of vulnerable children and young people. Similarly, the previous Government's *Homelessness 2020 Strategy* (2010) was reworked as the *Victorian Homelessness Action Plan 2011-2015*, and under this plan, $25 million was earmarked for Innovation Action Projects. The Geelong Project received $1.5m of innovation funds to undertake a new model of early intervention with at-risk young people and their families and to demonstrate that youth homelessness could be measurably reduced. Stage 1 ends in September 2013, but some $10 million has been put aside to continue funding the most promising innovations for the next two years

The Geelong Project is a place-based, whole of 'community of schools and youth services' approach to early intervention using population screening, a flexible practice framework and youth-focused, family-centred case management. The model builds in longitudinal follow-up and support to reduce homelessness, and achieve sustainable education and lifetime outcomes. The model and the current project grew out of collaboration between university researchers and the Early Intervention Working Group of service providers and schools.

Chapter 1 discusses issues of risk and what is meant by early intervention, critiques the Reconnect program and conceptualises various youth transitions as points of intervention. Chapter 2 describes the features of The Geelong Project model. In Chapter 3, population screening is explained. Chapter 4 discussed collaboration as the concept operationalised in the 'community of schools and youth services'. Chapter 5 explains population screening from the literature and the experience in Geelong. The results of the Student Needs Survey are presented and analysed in Chapter 6. Chapter 7 presents the Practice Framework that frames the 'early intervention' response and Chapter 8 explains the outcomes measurement plan with a summary of the basic outcomes for the first cohort and some detailed case studies. Chapter 9 shows that the risk data can shed some light on the statistics of youth homelessness, but most importantly, argues that the methods of data collection in The Geelong Project have potential to improve the homelessness statistics. Finally, Chapter 10 discusses the original research questions and several additional policy relevant issues.

2 EARLY INTERVENTION & YOUTH HOMELESSNESS

In the Australian context, youth homelessness has gained a higher policy priority than in other comparable countries such as the UK or the United States (Mackenzie & Coffey, 2012). Early intervention was pioneered in the homelessness sector in terms of a response to youth homelessness although prevention and early intervention is a more general policy perspective. However the vigorous advocacy during the 1980s and early 1990s did not advance early intervention.

2.1 Early intervention and risk

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

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

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

More recently, there has been advocacy for an early intervention response to mental health issues on the grounds that many disorders begin during late teens and early

adult years. During adolescence, mental health disorders can be particularly disruptive and have long-term impact on young lives. (Patel 2007).

Since the mid-nineties, there has been a major effort to undertake early intervention for youth homelessness. The Reconnect program and improvements to school support generally have been responsible for the measurable reduction in youth homelessness between 2001 and 2006. Early intervention for incipient homelessness, described as 'turning off the tap', is a strategic perspective in the White Paper, *The Road Home*.

The terminology of 'early intervention' and 'prevention' has been derived indirectly from the health sector. In much of the early discourse within the homelessness sector, the terms 'prevention' and 'early intervention' were used conjoined and interchangeably, but a conceptual distinction is useful. Prevention can be 'universal prevention' or programs and initiatives directed to an entire population or a whole of population cohort. Prevention measures are designed to prevent homelessness from happening. In terms of youth homelessness, prevention could include family support, improving student support in schools and making schools more inclusive environments. In reality, universal prevention measures will often be generic prevention of a range of adverse outcomes for young people.

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

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

Another terminology used is 'primary prevention' which is an attempt to prevent new cases from occurring and 'secondary prevention' which might reduce the prevalence of a problem or the total number of cases at any time. In Australia, 'early intervention' has been about reaching recently homeless youth, but it also includes highly or imminently

at-risk young people. Early intervention, so defined, is the same as indicative prevention (see Shinn et. al., 2001).

2.2 Youth Homelessness

During the 1990s, it was widely thought that youth homelessness was a temporary effect of high youth unemployment and that when youth unemployment decreased, so too would youth homelessness. However, the expected 'turn around' never happened and during the 1990s, youth homelessness increased (Mackenzie & Chamberlain, 2006).

The Human Rights and Equal Opportunity Commission (HREOC) inquiry into youth homelessness headed by Commissioner Brian Burdekin, stands at a milestone in this area of policy. Compared to the Senate Inquiry in 1982, the HREOC report, Our Homeless Children (1989) was a hard-hitting, wide-ranging compilation of evidence and policy ideas and the Inquiry had a major public impact through the media. There were some strong references to schools and what might be done to address youth homelessness, but without the nomenclature of 'early intervention':

> Our schools and teachers represent a critical resource, which we must use effectively if we are to address the difficult issue of child and youth homelessness (p.278)

The Inquiry commissioned a social work academic Dr Ian O'Connor to interview one hundred homeless young people. O'Connor found that more than half of those he interviewed had become homeless during their teenage years and whilst at school. A typical pattern was that:

> (They) found themselves on the outer at school (because of): poor academic performance, lack of social skills, the disruptions of changing schools; simply not fitting in with their peers; falling foul of the authority structures; not complying with the school system's expectations of normative behavior (p.88)

The potential of schools as part of the response to youth homelessness was raised without a lot of detail on what might be done exactly. However, several suggestions are proposed: expansion of school counselling capacity; professional development of teachers on social issues such as homelessness; and prevention and early intervention programs in schools and a specifically designed nation-wide accommodation and support system for students who were no longer able to live with their families.

The Burdekin Inquiry raised expectations in the community and the sector and energised efforts to move to a broader 'beyond the refuge' reform agenda incorporating case management practices, living skills programs, links to employment (the

Community Youth Support Scheme) and Education, peer education, health and well-being support and a more 'holistic' support for young people beyond a bed for the night. These high expectations were largely not met. Apart from a small stream of Crisis Accommodation Program (CAP) funding for SAAP crisis services, the development of a youth housing sector remained under-developed, income support for young people attempting to live independently was inadequate and the exit pathways out of homelessness were a continuing problem.

Until the mid-1990s, 'early intervention' was not an established policy setting in the homelessness sector, and, the discourse about prevention mainly focused on arguments about redressing structural disadvantage in wider society and economy.

Research on homeless students found that there were an estimated 10,440 homeless school students in Australian secondary schools. The investigation exposed the fact that youth homelessness was more common than thought and those schools as mainstream institutions were positioned to play a bigger role than they had been doing. There was extensive national media coverage of these results coming only a few years after the Burdekin Inquiry (Mackenzie & Chamberlain, 1995).

Further official attention was directed to youth homelessness when the House of Representatives Standing Committee on Community Affairs focused on the support being provided to homeless youth and the 'availability of family support and welfare services (including mediation services), their role and effectiveness in reducing homelessness and in resolving differences before young people leave home' and the nature and adequacy of income support. The Inquiry headed by Labor MP Allan Morris produced a report, *Report on Aspects of Youth Homelessness* in June 1995. The Inquiry held 18 days of public hearings, received almost 200 submissions, generating some 2800 pages of evidence to produce a report of 200 pages, and containing 129 recommendations. The report proposed a major structural reform of youth policy in Australia that has still to be realised, but its most significant finding was that:

> Early intervention is probably the one area of public policy, which could deliver the greatest returns in terms of increased social cohesion through the reduction in the levels of family breakdown and long-term welfare dependency.

An early intervention strategy was advocated with attention to 'improved family support services and an early intervention strategy in schools'.

2.3 Early Intervention – The Reconnect Program

Following a change of Government at the 1996 election, the Howard Government continued support for the Supported Accommodation & Assistance Program. SAAP continued, although over the next decade, the real value of homelessness funding incrementally declined.

The Students at Risk (STAR) program was wound up, mainly on the grounds that it was a program with ill-defined objectives fielding a disparate number of interested and sometimes innovative initiatives, but a program lacking in coherence. However, in its place, Prime Minister Howard set up a Prime Ministerial Taskforce on Youth Homelessness chaired by Major David Eldridge from the Salvation Army. The Taskforce produced a report that clearly proposed 'early intervention' and which in 1997 led to the early intervention Reconnect Program. Crane and Brannock (1996) undertook a national consultation with young people and parents about their experiences of homelessness. They concluded that: 'schools are well placed locations for providing early intervention or prevention responses' (p.103), however, they recognised the limitations of schools when interventions involved families, and suggested that:

> Schools can certainly use skills in the community and youth sectors, and work in partnership with agencies who do essential coordination. In this way, schools can incorporate a mixture of preventive and early intervention strategies, in the manner of KITS, which stands out as being based on many of the principles suggested in this study as best practice (p.104)

The Taskforce fielded a pilot program of 26 pilot projects to explore how early intervention might be done using mediation and reconciliation approaches. This was an important innovation in policy and service provision for the homelessness sector and the first explicit program in Australia to undertaker 'early intervention'. The Taskforce examined the latest research on youth homelessness, and took advice about might be a viable early intervention response for Australia.

This led to the launch of Reconnect in 1997. By 2003, at 100 sites, Reconnect was deployed to work with young people and their families and address incipient homelessness. The program was rolled out carefully from 1998 to 2003, unlike the deployment of many other social programs. This gave time for experience in early intervention to be steadily developed. Also, a significant commitment was made to action research as a methodology whereby what was being learned in practice could be collectively digested and passed on. Dr Phil Crane authored an Action Research Kit along with seven good practice guides. These materials and program conferences and

activities were used to use action research as a way of developing reflexive practitioners and a program culture of good practice.

Has early intervention been effective? A part of the answer is whether Reconnect is an effective program. However, over the past decade, there has been a range of changes that may have impact on the efficacy of the total early intervention effort. The evaluation of Reconnect in 2003 concluded that the program had significant positive outcomes for young people and their families. Three quarters of the young people and parents involved with the program reported an overall improvement in their situation (RPR Consulting, 2003; Ryan, 2003).

However, a second source of information about the efficacy of 'early intervention' comes from the findings from the *Counting The Homeless 2006* project. From 2001 to 2006, the number of homeless young people has actually decreased from 26,060 to 21,940. Up to 2001, the homeless youth population continued to increase despite an improving economy and falling youth unemployment. The broad inference was that an improved labour market could not account for the decrease, but on the contrary, that 'early intervention appears to account for most of the decrease in youth homelessness since 2001'. Over the past decade, early intervention is not just Reconnect, but is the totality of 'early intervention' taking place on the ground, including what youth homelessness services do. The SHS Data Collection makes a distinction between clients who are homeless when they first present and clients who are at-risk of homelessness. In many cases, when adults face losing their rental tenancy, homeless agencies act to prevent a loss of tenancy (i.e., early intervention). Housing is the predominant issue. But, with young people, the onset of homelessness is not just a housing issue and if family issues can be resolved and the young person supported to remain at school and in the community where they live, finding housing does not arise. In Geelong, there is a single youth entry point and young people who approach the entry point and are at-risk or recently homeless are usually diverted quickly to Time for Youth for an early intervention response. What happens generally throughout Australia is less clear.

A Departmental Review of Reconnect (2013) set out to identify 'what is and is not working within the Reconnect program' (i.e., current performance), to assess the 'appropriateness of current operation(s)' and make an assessment of the interim outcomes for the Reconnect program, The Review reaffirmed some of the key understandings that have underpinned the development of early intervention for homeless youth in Australia.

During 2011-12, 5,818 young people who were homeless or at risk of homelessness were supported in the program. Some 60 per cent had previously left home for a period. About half (52%) were supported for three months or less; about one quarter (23%) were supported for seven months or more. Only one quarter of clients (25%) have been referred by schools, another 21 per cent by family, friends or a caregiver and 17 per cent were self-referrals. Generally, based on the published outcomes data, the program appears to perform highly – an overall improvement of 90 per cent for 2011-2012. Several issues for identified through the review: a need to be freer to work with a wider age range of young people on the grounds that 'the age of becoming at-risk is decreasing' and advocacy from agencies 'to be able to begin intervention work prior to these life course milestones in order to be able to address existing or developing issues' (p.30).

In 2013, Minister Butler announced $73m of funding to continue Reconnect until June 2016, but not its expansion. A Departmental Review (2013) affirmed that Reconnect was having 'positive impacts for clients' and generally 'meeting or exceeding its performance indicators'. The program as early intervention was contributing to the national objective of reducing homelessness ('turning off the tap'). A number of specific improvements were identified, and the program was designated for continuation.

However, a broader question is what lies beyond Reconnect. This is a question that arises from a critical appreciation of Reconnect. Can early intervention be done more effectively? Are there reforms in the way schools and agencies interact that should be pursued? The Geelong Project was in part born out of a critique of the homelessness service system but also an appreciative critique of the limitations of Reconnect. The impetus for reform is not because Reconnect is failing, but as a way of strengthening early intervention as not only a response to homelessness but a more robust multi-issue response that is capable of dealing with whatever adolescent issues arise and in a way that can deal with both early school leaving and youth homelessness.

2.4 Costs and Benefits

A second but related question is whether 'early intervention' stands up to a cost-benefit examination. Pinkney & Ewing (1997) undertook a careful analysis of the potential economic impact of early intervention using secondary data sources. Through this they made a series of assumptions. Costing additional school welfare support at $100 million per year for early intervention, they estimated a net annual cost to the community of about $500 million, most of that ($442m) due to the economic disadvantage of a

significant number of homeless young people who leave school early and experience many years of unemployment and life-time social and economic disadvantage. The balance due to ill health, and the costs associated with crime. The break-even point in their analysis was achieved by successful early intervention in one in five cases.

A compilation of similar studies from various European Union countries produced lifetime costs of early school leaving per person that ranged from EUR100, 000 - 200,000 up to the Finish figure of EUR1.1 million. Europe-wide, the costs of young people Not in Education, Employment or Training (NEET) was calculated annually to amount to EUR 100 Billion, EUR2 Billion per week or one per cent of GDP. The argument has been pressed since that time but little solid economic research on homelessness has been accomplished.

Currently, the Australian Research Council (ARC) funded Costs of Youth Homelessness in Australia project is undertaking longitudinal follow-up of a sample of 300 homeless and at-risk young people to assess the real costs associated with their unfolding life experiences. Preliminary findings suggest that young people who experience homelessness incur nearly 15 times the cost to the justice system of young people in the general population (about $5,925 per individual), and, five time the health related costs of other young people ($6,522 per individual). A full analysis will not be available until Phase 2 and 3 have been completed, however, the preliminary findings in just two areas suggest that there is substantial savings to be had if young people are supported early to move away from a pathway into chronic homelessness.

2.5 Schools as sites for early intervention?

When the White Paper first suggested a bigger role for mainstream agencies in prevention, there was commentary that declared that homeless services were a failure and that major investment should be directed to building up mainstream agencies to be first responders. This is a persuasive point because it is a variant of the adage 'prevention is better than the cure' and everyone agrees with that.

However, this is a false choice as the example of early intervention and young people shows. If Reconnect-type services were incorporated (even with greater funding) into the Education system, would that improve early intervention for at-risk youth? It might or it might not, depending on the specific situation and the work done on the ground, but it would be an inefficient and problematic approach because in about two-thirds of schools there only a small number of homeless students and in 40 per cent of schools

none on Census night. Two-thirds of the homeless student population are in about one third of schools. As well, this pattern may shift and change somewhat from year to year. For most schools, homelessness is an issue that occurs sometimes, not all the time. For some schools and in some communities it is a bigger issue. The difficult cultural barrier to significantly improving early intervention through mainstream schools is that for many schools, homelessness is a relatively small issue amongst a host of other demanding educational issues that teachers deal with on a day-to-day basis. On the other hand, for Reconnect-like early intervention services, homelessness is their core issue and they can work across several schools or take referrals for recently homeless or at-risk young people from anywhere in the community.

In the mid-1990s, Mackenzie and Chamberlain undertook a census of homeless students in state and Catholic secondary schools. After the first National Census of Homeless School Students (1995) revealed an estimated 11,000 homeless students, the possibility of early intervention was highlighted and the policy argument was that potentially schools were sites for early intervention. Schools are universal institutions where young people spend many years of their lives, even those who leave school early. Important evidence for a focus on schools comes from Flatau's study of intergenerational homelessness (2009). In this study, a large representative national cross-sectional survey was done on 647 respondents who were either homeless or at imminent risk of becoming homeless and who were all receiving support from 70 Specialist Homelessness Services around Australia. About two thirds of the respondents (66%) reported that they had first experienced homelessness before the age of 18 in the form of 'couch-surfing, but only 28 per cent had received support from crisis accommodation, but also about half (51%) had slept rough at some point. Some 57 per cent report that they had runaway from home at least once prior to 18 years of age. The evidence strongly points to the strategic value of constructing interventions linked to schools. The question is exactly how to undertake early intervention in the most effective way. The question posed in Geelong was: What is beyond the conceptual and practical horizon of the Reconnect program?'

2.6 Transitions and Opportunities for intervention

The notion of 'risk' when used in an education context usually refers to risk of leaving school early. However, the Geelong Project was funded with a priority to address youth homelessness. The two main dimensions for framing early intervention for at-risk

students are education and their connection at school and 'home' or their connection with their family.

Figure 1 maps these two dimensions. Leaving home is not of itself a cause of homelessness and it is a process that young people will undertake at some point. However, leaving home early when a young person does not have the means to live independently leads to homelessness. Structural changes in Australian society and the economy make it very difficult for teenagers who leave school and home to live independently.

Also, the process, whereby young people who are experiencing difficulties at home, detach from family is complex. Often young people spend short periods staying with friends and then returning home, leaving home whenever conflict arises and whenever they feel disaffected. This has been referred to as the 'in and out' pattern and it can easily become an extended period of couch surfing. It is important to understand that many young people who become homeless begin their process of detachment through this 'in and out' pattern of home leaving and returning. If these early warning signs can be recognised while young people are still at school and in their community, and family reconciliation or a resolution of family issues is still possible, then early intervention can address homelessness as well as early school leaving. In other cases, early school leaving may occur first and family breakdown occur after they have left school. An effective model needs to be able to respond while students are at school, stay with them if they leave school but also continue support for at-risk school leavers.

For young people who drop out of school, there are alternative education programs such as Youth Connections funded through Department of Education, Employment & Workplace Relations (DEEWR). According to DEECD, there were some 480 students attending alternative school programs in the Barwon region that surrounds Geelong. This is a significant at-risk group consisting of young people who have already left school early and the project sees this group as a priority for screening and support.

Figure 1: Mapping Transitions for at-risk young people

		Education Dimension		
		In School	**In Alt Educ**	**Out of education**
Homelessness Dimension	**At Home**	**A1** At-risk school students	**B1** School leaver in alt education	**C1** Early school leaver, not homeless but at-risk
	Independent	**A2** Independent school student	**B2** School leaver, living independently and in alternative education	**C2** Early school leaver living independently
	Homeless	**A3** Homeless school student	**B3** Homeless young person in alternative education	**C3** Homeless young person, not in education or employment

Figure 1 sets the possible transitions, mapped across the two key dimensions of home and relations with family (i.e., the homelessness dimension), and school (i.e, the education dimension). The following are the groups constructed using the above typology.

A1 – *At-risk school students*: Students identified as at-risk of homelessness or at-risk of leaving school early.

A2 – *School students living independently*: These are students who are unable to live at home and attend school but live independently. Their level of risk depends on their living circumstances and how secure that is but also on account of their age. They are deemed to be at-risk because school age young people living independently will face many stresses.

A3 – *Homeless school students*: These are students who have left home early and experienced homelessness. They may be staying with friends (i.e., couch-surfing) or boarding somewhere but often they are in supported accommodation. These students are highly at-risk of leaving school early as a result of the additional stresses of homelessness.

B1 – *Early school leaver, in alternative education, but still at home*: Some 17,000 students leave Victorian schools each year before completing Year 12.

B2 – *Early school leaver, living independently and attending alternative education program*: These are young people who have left home early as well as school. They are not homeless if their accommodation is affordable and relatively secure. They remain involved in education and training. This group is reachable because they attend a program but must be regarded as at-risk of homelessness.

B3 – *Homeless young person in alternative education*: This is a young person who has left home and experienced homelessness but attends an alternative education program. If in the homelessness service system they would be supported by Barwon Youth, but if not, and they have become homeless recently, they would be supported by The Geelong Project by TGP.

C1 – *Early school leaver, living at home*: This is a young person who is not homeless but they have left school already. They are no longer the responsibility of the school and opportunities to intervene during the process of detachment from school have passed. Their risk of homelessness will depend on their home situation but they may well be outside of contact with the service system unless they approach an agency for assistance.

C2 – *Early school leaver, living independently*: This is a young person who has left school and home and is living in an independent living situation. Because they are not involved in education this group is difficult to reach.

C3 – *Homeless young person*: These are young people who are experiencing homelessness and who have detached from education. Many may be difficult to reach unless they make contact with an agency.

There are several transitions where the opportunity for intervention is possible.

Transition (A1 ⇒ A2) and **Transition (A1 ⇒ A3)** – A student leaves home but stays at school. If the school quickly becomes aware of this event, then early intervention is possible. An independent living situation is unlikely without some help.

Transition (A1 ⇒ B1) – A student leaves school early but homelessness does not present as an immediate issue or approaching crisis. In these cases, liaison may take place between the school and the alternative program to manage the transition.

Transition (A1 ⇒ B2) and **Transition (A2 ⇒ B2)** – In neither case is homelessness necessarily the presenting issue, but leaving school early is.

The key transition points are 'leaving home' and/or 'leaving school early'. Early school leaving is itself a risk factor for homelessness because even though homelessness may not have been a precursor or a factor in early leaving school, this group is more likely to become homeless at some later point in time. A reanalysis of five-years of local youth homelessness data will shed more light on probabilities of risk. In practical terms, alternative school programs are important because they tend to pick up young people who have reached the point where they do not want to attend school, but while in contact with an alternative education program, early intervention support can be delivered. These programs themselves do not have sufficient staff to provide intensive support to a young person or their family. From the standpoint of the Geelong Project model, the goal is to secure the collection of information routinely at these key transitions. When students leave school early, whether or not this has anything to do with homelessness at that point, they will be logged as an at-risk young person with information that allows contact to be made with them and their family. They are no longer the school's responsibility but they are at-risk and should not be ignored or allowed to become invisible.

3   THE GEELONG PROJECT MODEL

The Geelong Project is a good example of how theory and research can link with experience and innovative practice to create a new way of undertaking service provision. The Project has self-described itself in terms of four foundations – (1) community collaboration or 'a community of schools and youth services' model, (2) proactive early identification through universal screening for risk in schools and other education programs, (3) tracking, screening and referral using a cross-sectoral IT platform, and (4) the service delivery practice framework and youth-focused family centred case work support.

Figure 2: The Geelong Project Foundations
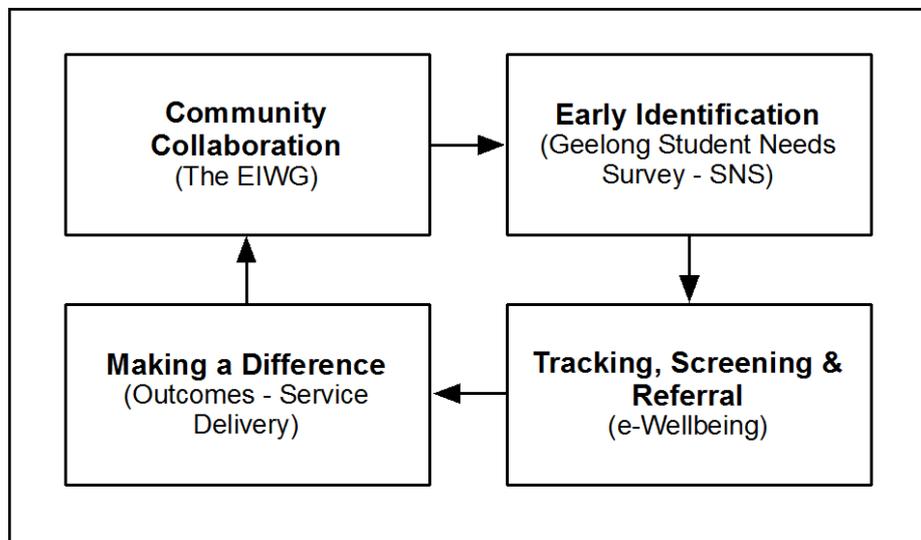
3.1   The Early Intervention Working Party

The Early Intervention Working Group, which began meeting in 2010, was an important foundation for the development of the Geelong Project in 2012. It was the crucible in which the tradition of networking amongst youth services in Geelong was further developed into a more cohesive collaboration with a strong 'early intervention' focus. The lead agency for this initiative was Time for Youth, which had over a number of years been reconceptualising its service provision in terms of early intervention. The agency, in partnership with McKillop Youth & Family Services, is responsible for the Reconnect service in Geelong and had facilitated the colocation of workers from other agencies in the same office as the T4Y early intervention team.

3.2 Early identification

A second foundation of the Geelong Project is early identification. Currently, young people at risk of homelessness are identified on the basis that someone in a school or the community notices indications that suggest they might well be at risk of becoming homeless. Often referral comes at the point of incipient homelessness. Currently this kind of screening is not a standardised practice and can be inconsistent as well as not early enough. In 2011, the Swinburne research team undertook a Geelong Student Needs survey of all students in state secondary schools using a validated at-risk of homelessness, a disengagement from school indicator and a measure of resilience. The survey gathers information directly from students in State secondary schools, alternative education settings and the Geelong Catholic schools and combined with other information about students at risk provides a population-wide screening of risk in the Geelong community (see CCC for more discussion of screening). Individualised screening has provided earlier referrals for many young people who had not yet come to the attention of schools to the point where a referral would be likely to be made to a program such as Reconnect.

3.3 A Person-Centred Outcomes-Focused IT Platform: the e-Wellbeing Toolkit

The development of e-Wellbeing is an attempt to embody the new forms of early intervention practice in an Information Technology platform that collects relevant data on the support provided to at-risk young people while they are at school but also if they happen to leave school. The e-Wellbeing IT Platform is person-centred unlike most data collection systems in the human services that are program-centred. The shift to Service Connect in DHS is looking in the same direction but no tools have yet been announced or deployed. Both school staff and the Geelong Project workers will use e-Wellbeing for different tasks. The platform also makes it possible to share information more easily but that must strictly conform to privacy considerations. The other dimension of e-Wellbeing is the focus on outcomes based on staying with at-risk young people until they achieve the required social and educational outcomes. This does not mean that young people will be case managed for the duration but it does mean that, as a local system, there is the capacity to contact young people and their families or to be contacted by them at any point. Longitudinal follow-up and the capacity to do that is the key to working systemically.

The third foundation is the e-Wellbeing toolbox. For early intervention to be more proactive and effective as well as efficient, school support staff and community early intervention workers need to be working closely together on a regular basis. The complexity of the collaborative effort requires an information system that serves the purposes of 'early intervention' and is person-focused rather than system-focused. By that is meant that e-Wellbeing is designed to support a young person in school or beyond until they have achieved certain social and education outcomes. The proposed e-Wellbeing IT tools are being designed to bring together the salient information routinely accessible to both parties. Currently, there are a range of program requirements and IT case management systems or data entry systems are program specific and locked into the accountabilities required by the various programs and departments. The e-Wellbeing prototype, which is under-development, will eventually embody the following features: an early intervention case management module, a student welfare module for the school support staff, a re-engineered Student mapping Toll to support active monitoring of students at-risk, electronic referrals to the Geelong Project and a module for mapping young people's contact with schools and the service system.

Users of e-Wellbeing will only have access to records of students and young people they have registered as a contact or who have been referred to them for assistance or part of a case management arrangement. However, all users will have access to aggregated information about the overall picture of vulnerable young people in contact with agencies and school support throughout Geelong.

3.4   Youth-focused Family-Centred Case Management

The case-work done in The Geelong Project conforms with best practice standards for case management as practiced in the human services, but is framed under a youth-focused family-centred approach to case work. The young person is the primary client but in many cases family members will be involved in a range of interventions. This is because behind the presenting issue(s) often lie more complex problems within families and these need to be addressed. The heavy lifting in early intervention is done by the Early Intervention Team at Time for Youth.

The team's work extends the youth-focused family-centred practice that has been developed over many years by Time for Youth across several cognate early intervention and diversion programs. The team, headed by a coordinator, consists of six EFT early intervention workers. The coordinator is located at Time for Youth while

Barwon Youth and Time for Youth each employ three of the workers in the team, reflecting the investment that the two key youth homelessness agencies have in the practical goals of The Geelong Project. The pre-existing reorganisation of early intervention across several service areas has been an advantage. At Time for Youth, there are several workers such as an at-risk of homelessness youth health worker from Headspace Barwon, a Reconnect worker and family reconciliation workers, while located at Barwon Youth are drug and alcohol and Youth Connection workers.

3.5 Target Group

DHS Funded targeted service delivery frequently is defined in part by an age range. For youth services this is obvious. The Geelong project service delivery was defined after some negotiations in terms of an age range from 14 – 18 years, although in reality the program works with secondary school students of any age and young people in the secondary school age range. The second dimension of the target group was geographical.

Figure 3: Framework for the Geelong Project Model

Definition of early Intervention	Early intervention refers to the provision of support at the earliest possible stage of homelessness, for example, when the first warning signs of potential or actual homelessness become apparent (DEECD Report *Supporting children, young people and their families affected by homelessness*, October 2009) I.e., young people of secondary school age, 15-18 years but not exclusively, who have been identified through screening and/or referral and who are at high risk of entering the homeless and related service systems	Key Barwon Service Systems	Homelessness Education Employment and training Youth justice system Youth and family services Health especially mental health Disability Diversity services Indigenous services Income security – Centrelink Local Government youth development
Principles	Family and school focused Community-based Integrated service provision Social inclusion		
Evidence, data Bases & Strategic Targeting	Census data Opening Doors (Youth Entry Point) data Student Needs Survey Screening	Key Barwon Networks	Homelessness Health including A&OD School-focused youth work Local Government G21 Child First Alliance Local Learning & Employment Network Batforce youth services network Family Violence Action Alliance
Access Points & Pathways	Local secondary schools Opening Doors Geelong Police Child First		
Service Provision	Tool Box – screening, referral, tracking Care Planning Place-based focus Coordinated and Collaborative Service provision	Key Organisations & Programs	Time for Youth – Reconnect, Integrated Family Services, Finding Solutions, Youth Support Service, Youth & family Mediation, City Limits Youth Refuge Barwon Youth – Youth Connections, Alcohol & Other Drugs, Indigenous Project, Disability Project. Headspace Barwon – youth mental health services. Bethany – Child First Diversitat – SWEET Employment & Training MacKillop – Reconnect Geelong secondary schools City of Greater Geelong – youth development unit Take Two Wathaurong – Indigenous community
Workforce development	Inter-professional – education and community sectors Promotion and community education about the model Training on 'early intervention', 'assertive outreach', place-based service provision and youth-focused family-centred case work.		
Evaluation	Client outcomes Impact on homelessness Cost-Benefit for the individual, the family and the whole community		

3.6   A community of schools and youth services approach

The structure of the collaboration between the schools and the early intervention partners is described as a 'community of schools and youth services' model. What this means exactly in terms of the linkages between the agencies and the schools is an important issue. The *Senior Partners Group* is the central leadership team that decides on policy and major decisions about the project's implementation. It is not a legally constituted consortium or a separate incorporated body. The core partners are Time for Youth, the community agency that employs the early intervention workers and is the lead agency for the legal accountability under the funding agreement with DHS. Barwon Youth is the largest homelessness agency in Geelong that supports and accommodates homeless young people and is a key partner. Barwon Youth is responsible for the youth entry point in Geelong and has several specialist services in addition to homelessness. The two agencies work closely together and have signed a formal Heads of Agreement. The Swinburne University research team has played an important role in the architectural design of the Geelong Project model and provides core data and evaluation support within the development of the model. Swinburne brought funding for the SNS from FAHCSIA prior to the launch of the project as an R&D model for early intervention service delivery and has invested significant Higher Education Participation and Program (HEPPP) funds in inter-professional development and a cost analysis of early intervention in Geelong. The Geelong region LLEN, also a core partner, leads on transition issues in the region is responsible for the development of the inter-professional development program. The wider partnerships group meets in the form of *The Geelong Project Steering Committee* and there are a series of inter-agency agreements or MOUs between Time for Youth and the schools as well as the other agencies. The model has moved beyond a loose network of agencies and schools to build more formal structures and process that with local system reform can become a sustainable infrastructure of youth support.

3.7   Brokerage

Brokerage funding has been used to good effect in both Reconnect and the Home Advice programs and it is a feature of The Geelong Project model as well. Brokerage funds were a feature of the HOME Advice early intervention program for families. It is also a feature of the Victorian School Focus Youth Service (SFYS) and the Victorian Family Mediation and Reconciliation Program (FRMP). The brokerage fund is

available for additional educational and other support beyond what can be provided by the team, but also, as a way of accelerating what is needed so that the whole early intervention effort can be as timely as possible. Worker's can access these funds easily and for a wide range of purposes. Generally, these calls involve an exercise of their professional judgement at the time and bureaucratic administration is minimised. Brokerage could underwrite coaching to help turn around a failing pattern in school, counselling, mentoring and so on. Flexibility is important but having brokerage funds available makes it possible to purchase necessities or additional support. One worker commented that being able to quickly get rid of stressful financial issues, often not involving large sums of money facilitates getting onto the 'real work of reducing conflicts and providing support so that a young person can stay at home and at school'.

3.8 End-to end Flowchart of The Geelong Project Model

Figure 4 is a flowchart that sets out an end-to-end representation of the Geelong Project model. Population screening to identify young people at risk means that identification can be proactive not reactive. However, if anywhere in the service system or at any time the Project can receive a non-SNS direct referral. This is the kind of referral that might be forwarded to Reconnect for intervention, dependent on if and when the situation comes to the attention of school staff.

The screening process is managed by the Project but schools are asked to work out a practical plan for how they will quickly implement the survey across the school. The most efficient way is to do either the whole school in one period or different year level cohorts when all students have a class such as English.

The results from the SNS provide a valuable picture of risk for the school population and reporting that picture back to schools serves to raise awareness and assist school welfare staff. Stage 2 of screening involves a brief face-to face interview with the student identified by the SNS and/or by the school. Geelong project workers have an opportunity to engage with the young person and introduce The Geelong Project while at the same time, making an assessment whether the at-risk information is current.

What follows are conversations between the Early Intervention Team and school staff about referrals. A referral happens when a young person is judged to be at indicated risk of homelessness (7-10 SNS score) and/or identified by school staff as

having issues that could lead to homelessness. The proactive screening process in an important sense constructs referrals with the school, rather than a school making its own determinations about when a referral should be made. Some schools have experienced staff who actively work with agencies such as Reconnect and make timely referrals - others much less so. Also, in highly disadvantaged schools with more vulnerable students staff are usually more active on issues such as homelessness and there will be more cases of homelessness and students at-risk. In other schools homelessness is rare.

A referral to case work may be a provide support at several levels from wrap-around multiagency case management to case support which is close to brief counselling. Over time, a person may need several episodes of support but all at-risk young people will be actively monitored even when they do not require case support. This is a longitudinal commitment and in this sense no one is 'off the radar' or invisible.

Figure 4: End-to-End Flowchart of The Geelong Project Model

Draft TGP Process Map - Version V 22 February 2013
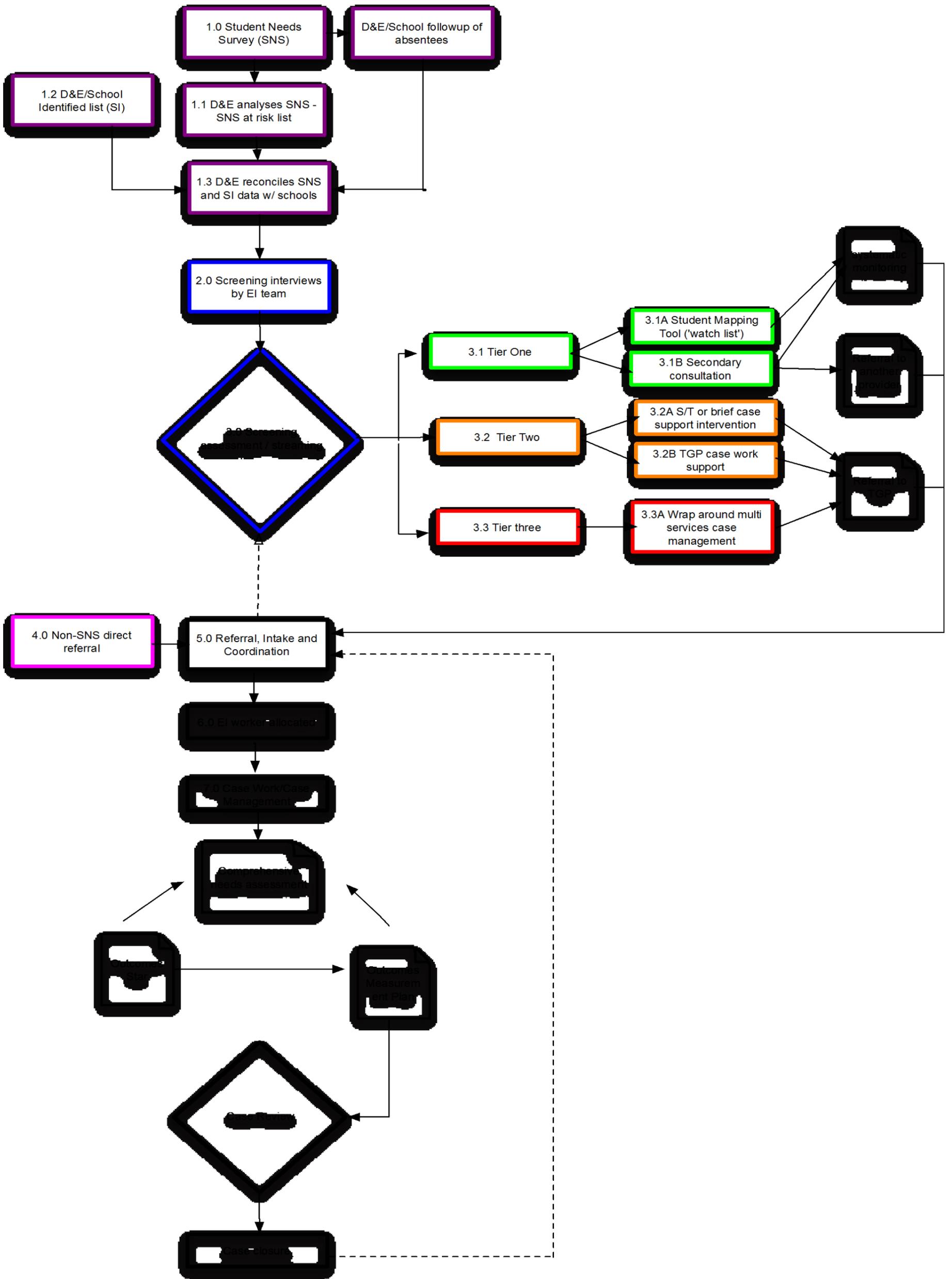
4 A 'COMMUNITY OF SCHOOLS AND YOUTH SERVICES'

The interest in developing partnerships between schools and community services in Australia is part of a trend evident in other countries such as the United States. The trend is based on a growing realisation amongst policy-makers and practitioners that no one program or institution is able to address all of the issues faced by adolescents. In the discussions about 'partnerships', 'collaboration' and 'integrated services' and the various permutations and combinations it is often not clear exactly what is going on and whether there is evidence of improved outcomes as a result. Collaboration is not an end in itself; it is a means to other ends. Lawson (2005) makes the point that that collaboration is at the end of a developmental continuum and moving along that continuum involves building complexity.

4.1 Collaboration

A notable feature of The Geelong project was the notion of a 'community of schools and youth services' or operational collaboration between the Geelong youth agencies and local schools. The term 'collaboration' is widely used but exactly what the term refers to is often not clear. What has become clearer though is that in terms of supporting young people, the efforts of different professionals and agencies are required. Schools are the mainstream institution where young people spend some years even those who leave school early. When family issues escalate into crisis and young people leave home early (i.e., experience homelessness) other professionals, agencies and program response come into play to provide support and accommodation or to work with families to resolve issues. Concepts such 'inter-professional collaboration', 'interagency collaboration' or 'service integration' are being used, but if this movement is to grow and lead to systemic reform, then there needs to be some agreement about the various models through which collaboration and coordination take place. Clairborne and Lawson (2005) have developed a useful conceptual framework for describing the process whereby collaborative relationships and approaches are developed (see Page 41).

Collaboration lies on the continuum of possible forms of collective action and it develops where two or more stakeholders decide to work together for a common purpose in response to a difficult and complex problem.

Lawson (2004) suggests that for collaboration to be authentic it should meet the following criteria.

- Develop equitable relations amid differences in their power and authority
- Negotiate their differences and resolve their conflicts
- Reinforce awareness that they fundamentally depend on each other
- Identify shared interests, responsibilities, and action-oriented theories
- Promote norms of reciprocity and trust
- Reconfigure and realign rules, roles, boundaries, governance systems, and jurisdictions
- Develop shared language
- Promote a collective identity
- Share resources
- Take into account salient features of the local context
- Pursue opportunities to develop joint accountability for results

All considered, reaching the highest level of collaboration between different organisations entails pervasive institutional change. If deep collaboration also involves integrating services then this will change the relations amongst people, their professional boundaries and professional practice, and the organisation of services, in the community.

> Collaboration and its frequent companion concept, integrated services, entail genuine changes in roles, rules, responsibilities and accountabilities, boundaries and jurisdictions, language systems (discourses), power relations, and both socialisation and attribution mechanisms.

Looking at collaboration from a systemic and institutional perspective, collaboration is not simple agenda but a more profound reform of services and institutions across sector boundaries and may ultimately require some new legal structure and certainly new processes for working together.

Collaboration can take place at several levels. On the ground inter-professional collaboration is where two or more professionals from different fields cooperate to achieve outcomes for people they work with. In the health system this might involve social workers, nurses, doctors and other health professionals forming an inter-disciplinary team that jointly undertakes an assessment, develops and agreed definition of the issues and then acts on a jointly agreed treatment plan. However, the team may all be employed by the same organisation.

These collaborating professionals may also be employed in different organisations.

Inter-organisational or inter-agency collaboration occurs when two or more independent organisations with different missions and activities come together to work together towards a common goal and in doing so develop formal agreements.

Inter-professional collaboration can take place without any kind of sophisticated inter-agency agreements. However, a stronger position is where agencies decide to collaborate and create the conditions for that to happen and forge a series of agreements to document the scope and limits of the collaboration being developed. Inter-professional collaboration can then be facilitated and developed to a high level.

In Figure 5, Claiborne and Lawson (2005) map the generic continuum for following how collaboration can be developed as inter-professional, inter-organisational and community collaboration. The underpinning premise is the participants will all be investing time and resources into the developing project or entity that is being created as a way of achieving the common purpose.

It may seem that the process is linear and a continuum of stages of complexity does have this order to it, but in real-world development different things may be happening together and particular examples may be strong on some criteria but weaker on others.

The process of developing collaboration is political as all interactions inevitably are but the nature of the politics in a community is critical. Is there unity around a youth-centred approach and the outcomes being sought? What if there are losers as well as winners. In the Geelong Project, the participating schools are clear winners because a significant additional effort to support students is being developed. But while several schools are eager to explore reform in how they deliver student support, most have yet to think about the implications of reform.

The value of the framework is that it goes a long way to making explicit what is happen as collaboration develops and what the components and stages of developing collaboration look like. The criteria or benchmarks of collaboration (see Table 3) are articulated, as are its outcomes.

Figure 5 Framework for Planning and Evaluating Collaboration

Communicating
Autonomous entities develop ways to share information

Connecting
Developing interpersonal, inter professional and inter organisational bridging mechanisms

Cooperating
Builds on new connections and ways of communicating;
Seeking counsel, opinions, advice;
From voluntary, mutually beneficial exchanges to reciprocity;
Exchanges promote trust.

Coordinating & Consulting

Builds on cooperationSeeking;
Division of labor;
Joint deliberations;
Deliberate efforts to work together;
Shared requirements - shared intake and assessment protocols, shared language and standardised forms.

Co-locating
Moving some service providers from their agencies to one place

Community Building
Builds on coordination;
Collective identity develops;
Diverse stakeholders organise collective action.

Contracting
Legal and social agreements;
Contracts outline specific priorities, activities, responsibilities and accountabilities;
Binding & bonded agreements
Shared rules and procedures

Conflict Resolution and Power negotiations

Intermediary people provide linkages and serve as cultural brokers and boundary riders;
Intermediary organisation provides governance;
Collaborative leadership mediates;
Norms of reciprocity and trust develop to minimise risks and maintain autonomy;
Institutional power is negotiated;
Stakeholders agree on rules, roles, responsibilities and accountabilities

Benchmarks of Collaborative Practice

1. The 'right mix' of legitimate stakeholders;
2. Diversity of stakeholders;
3. Shared vision and goals;
4. Continuous negotiation to resolve conflicts and deal with inherent propensities to compete and 'go it alone';
5. Clarity and unit of purpose amongst stakeholders (shared vision, one voice);
6. Production and use of shared data (used for learning, decision-making, performance evaluation and continuous improvement;
7. Organisational systems are coordinated and possibly integrated;
8. Stakeholders build on constituencies and special talents and capabilities.

Outcomes of Collaborative

1. Stakeholders mission statements reflect shared vision;
2. New organisational structure;
3. Innovations in processes and products occur;
4. Stakeholders share responsibility and risks, transaction costs and accountability;
5. Intervention logic in place (goals, objectives and outcome indicators;
6. Institutionalising activities are underway;
7. Leadership is representative in which one voice acts for the collective as instruments of goal attainment and control is shared;
8. Organisational learning, continuous quality improvement, collaboration and capacity building occur.

4.2 The Early Intervention Working Group

The wellsprings for the development of The Geelong Project model had local origins as well as important input from research on early intervention. However, concepts have to come alive in local community settings. The Early Intervention Working Group (EIWG) was established by Time for Youth CEO Mike Kelly and it worked through 2010. The Terms of Reference for the EIWG were:

> Develop an agreed definition of early intervention within the context of Youth Homelessness;

> Map and define the roles and responsibilities of those services that are critical to an effective early intervention approach;

> Develop a framework and regional model for early intervention including targeting, strategies, referral pathways and related protocols required to put in place an effective early intervention system;

> Provide a progress report to the Creating Connections Steering Group by May 2010;

> Formalise connections and representation on the Better Youth Services Project as part of the vulnerable youth framework; and

> Make recommendations in relation to service development including resource requirements and reconfiguration.

Initially, the Early Intervention Working Group was assembled under the Creating Connections reform agenda, but in Geelong, as the circle of interest widened, the vision became more open and more radical in its thinking about local system reform.

During 2010, seminars were held every two months, a newsletter was circulated, and altogether 50 representatives from various Geelong agencies and services participated in the work of the Group. Seven seminars were held: On definitions and the research underpinning early intervention, Key elements of an early intervention framework; The role of Centrelink in early intervention; Family casework best practice in early intervention; the key elements of an effective early intervention services model; The Swinburne research project to identify at risk students; and Rural Issues. Swinburne Researchers who were involved in the Better Youth Services Pilot Program process in Geelong during 2010 were invited to join towards the end of 2010. This cemented a partnership between the service sector in a locality with strong aspirations around improving early intervention responses for young people and researchers with a long involvement in homelessness and early intervention research.

The Early Intervention Working Group exemplified an action learning approach to developing an early intervention framework for Geelong. Based on the research, consultations and Early Intervention Working Group forums ten areas for further work were proposed. This was described as an 'engineering exercise' for building a model and demonstrating how reform might be possible.

It was recognised that there was no local data and information system that could express what has been happening in the systems of support for homeless young people, nor even a complete system for homelessness services. Reconnect is a federal Government program with its own online system. There were no systems in place for capturing data on welfare support in schools and the Homelessness data collection system (SHIP) was only partially useful when working with at-risk young people. It was not possible to have timely information on where young people were coming from - what schools, localities, in what numbers and in what circumstances – Relevant information is being collected at a number of sites including Opening Doors, Child FIRST and Reconnect but is not sufficiently developed and integrated in such a way to provide up to date information that informs us as to what is happening within the youth homelessness system.

In Victoria, the entry points (Opening Doors) into the homeless service system were rationalised into either a single entry point or a small number rather than each agency being approached by potential clients. In Geelong, the Opening Doors entry point (located at Barwon Youth) jointly staffed by Barwon Youth and Time for Youth, was considered to be working well as a source of information, referral and assistance for young people seeking housing and related assistance. However, a view developed that it probably had a limited role as a locus for early intervention. This was in part because once young people have set their minds on finding housing and have been granted an 'unable to live at home allowance', the opportunity for early intervention had often passed. Young people who were identified as requiring alternative interventions were being referred appropriately to other services, mainly Time for Youth's youth and family services, however, the crucial insight was that if young people could be engaged when they first began 'couch surfing' then interventions and outcomes could be more effective.

In parallel with the work of the EIWG, Geelong was the site for one of the Better Youth Services Pilot Projects. This Victorian initiative was focused on how vulnerable young people could be better identified and supported. The Geelong Better Youth

Services Project Report (November 2010) identified the development of 'multiple entry points' with appropriate 'branding' as a key project for further development.

Table 1: Early Intervention Working Party Development Agendas

Topic	Early Intervention Working Party Agendas
Information Technology	review the data that is required for an early intervention data system, assess what we are already collecting and require, and devise a means of collecting and analysing and sharing this data as the basis of managing, monitoring and evaluating an early intervention system.
Entry Points	identification, through the research, of the common pathways that young are taking in entering homelessness, and ensuring a means of outreach, engagement, assessment and timely response at all key points of initial contact.
Screening & Assessment	to identify and design how multiple key entry points can effectively operate and be linked as screening and assessment points for early intervention which would include Old Post Office, Child FIRST, Opening Doors, TRIAGE, Reconnect and Centrelink, focusing on early intervention youth homelessness.
Centrelink	facilitating knowledge and developing more streamlined access between Centrelink and those services particularly relevant to early intervention work with young people at risk of homelessness. Also examining with Centrelink other strategies and local policy changes that will promote more effective interventions
Family Intervention	*determining what enhanced interventions with young people and families would make the difference in reducing homelessness in Barwon;* to examine locally what family interventions are working and designing family interventions that will fill the gap in relation to what is required.
School Interventions	to link the proposed research, which will more clearly identify those young people at high risk of becoming homeless, with a coordinated and targeted response from agencies operating school intervention and alternative school programs.
Specialist Services Connections	the development of early intervention model is the development of multi service or wrap around assessment teams particularly focused on young people with complex issues most at risk of entering the homelessness system.
Community Connections	to design mechanisms that will directly and actively engage mainstream agencies in the process of screening, assessing and responding to the needs of young people at high risk of homelessness.
Rural Interventions	ensuring that an early intervention model has the capacity to respond to the needs of young people (with their families) wherever they may live within the Barwon region
Early Intervention Physical and Virtual HUB	the design and formulation of such a network with a focus on early intervention regarding youth homelessness.

The question of how to manage entry into the homelessness service system was becoming a broader question of how to manage the way at-risk young people access assistance regardless of their presenting issue.

Table 2 shows the range of agendas created by the Early Intervention Working Party. The agenda was shaped by the slow but steady aspiration to build a local early intervention system and reflections on practical experience combined with theoretical and research input from the Swinburne University team.

The idea of improving the identification of young people at risk of homelessness earlier was one of the major concerns discussed at the EIWG, but how could that be done? In Geelong, the Opening Doors entry point was generally picking up young people at the cusp of entering the homelessness service system and then referring them to Time for Youth. Through the early intervention forums it was found that there needs to be a greater capacity to screen and provide timely assessments at the point young people are first identified as requiring early intervention. In addition many young people on the cusp of and entering the system for the first time are presenting with a range of risks and needs.

Multi-disciplinary care team approaches are beginning to be trialled for young people who are at high risk of being homeless and who present with a range of complex issues. Clockwork/headspace has located an Early Intervention Clinical Worker with the Time for Youth, Youth and Family Options Team to assist with mental health assessments. Clockwork/headspace GPs, Nurses, Counsellors, Mental Health Workers and Drug and Alcohol workers are readily accessible through this program to take part in assessments and care planning.

The HEADS common assessment tool is being used by youth services agencies to assess general wellbeing in conjunction with specialist mental health, family intervention, risk assessment tools where issues are identified. Overtime this development may be incorporated within the wider Better Youth Services Initiative focusing on wider 'no wrong door' approaches for vulnerable youth.

The importance of engaging families and the young person's family network in reducing risk of homelessness has been identified and highlighted through the Early Intervention Work Group forums and our review of the research into early intervention.

Time for Youth provides a team of social workers and youth workers, who work with young people in an early intervention and diversion capacity in partnership and collaboration with the Child FIRST alliance of child and family service agencies. The team is dedicated to keeping young people at home, at school and in the community and out of the homelessness, protective and youth justice systems. The Youth and Family Options Team workers employ a range of strategies in working with young people and families.

A detailed analysis of the Time for Youth data showed that family conflict was the predominant reason why young people are being referred and asking what enhanced or other intervention will assist with family reconciliation. Family Violence was known a major factor leading to young people leaving home. This violence can take many forms where the young person can be both the victim and the perpetrator. 'Unpacking' of family conflict data showed that 'adolescent violence in the home' was a contributor leading to many young people being excluded from home at an early age. (See Council Homeless Persons funded Best Practice Report Time for Youth.)

The Early Intervention Working Group has recognised that an effective model will need to include more robust programs that can more effectively assist families to manage adolescent behaviours, which can lead to exclusion and homelessness.

Research on youth homelessness has highlighted the importance of school as the major source of referral and locus of intervention for effective early intervention. There are several agencies including Barwon Youth, Diversitat, MacKillop, City of Greater Geelong, BATForce School Focused Youth Work and Time for Youth all providing various programs that support and intervene with students at risk from ages 10-25.

It was also understood that some cases required several agencies to cooperate closely and over a period of time. In order to facilitate this level of cooperation as part of the Creating Connections process, stronger links were forged between youth homelessness services and mental health and drug and alcohol services. For example a dual diagnosis worker has been located with Barwon Youth to assist with homeless and disadvantaged young people who have mental health and substance abuse concerns. An agreement between Time for Youth and the GP Association has been signed and, following a joint interview process, an appointment has been made and a Clinical Worker has commenced working with the Time for Youth, Youth & Family Option Team to assist with assessment and referral. Agreement was reached

with Clockwork-Headspace and other key providers to trial the care team assessment starting early February 2011.

Broadening the links and connections between agencies has quite a deep history in Geelong. A range of relevant youth services are provided within the Geelong Old Post Office. These services include: youth health, youth nutrition, youth mental health and drug & alcohol services, personal support and counselling, recreation and leisure activities, youth housing support, family and adolescent support, youth participation, education, employment and training, school focused projects and cultural activities

The recently endorsed Memorandum of Understanding (MOU) between agencies within the Old Post Office and proposals for a common assessment and care planning attests to the progress that has been made through Creating Connections and Better Youth Services initiatives aimed at more effective linkage of homelessness services to mainstream youth and community services.

4.3 Assessment of TGP Collaboration

A key concept of The Geelong Project Model is formalised community collaboration between schools (mainstream) and youth agencies resourced to undertake early intervention and in particular work with families, and other more specialised services that are able to address specific issues or work with families. Table 3 presents a preliminary qualitative assessment of the Geelong Projects 'community of schools and service' model of collaboration against the eight benchmarks suggested by Clairborne and Lawson (2004). Considerable progress has been made particularly amongst the core partners. The wider partnership group is still strongly engaged. The schools have been linked strongly into the project through agreements although more could be done to engage with key staff within day-to-day project activities. The inter-professional development program is an ambitious venture over the next one to two years to build a high level of shared theoretical and practical understanding and to forge inter-professional teams. That work has begun. The University remains engaged for the long-term.

Table 2: Benchmark Assessment of The Geelong Project Model

Benchmarks	State of project
Right mix of stakeholders	The Geelong secondary schools, Time for youth and Barwon Youth together with Swinburne University are the core partnerships but other specialist agencies such as Centrelink are connected and involved. For early intervention to be effective the mainstream institution must be linked collaboratively with community sector agencies. The LLEN is a Victorian program that leads the transition agenda work. The EIWG brought together all the youth stakeholders around the project of better early intervention
Diverse stakeholders can identify, explain and build on commonalities and shared destinies	Achieving this is an iterative process over time and it is forged through open communications and sharing information that would otherwise might be considered commercial in confidence. The Early Intervention Working Group served to develop a higher level of 'commonalities and shared destinies' that would be the case in most communities.
Shared vision/ goals	The shared vision matured over some two years and benefited from the involvement of university researchers. The opportunity to develop a full pilot as an IAP crystallised thinking and research that was well developed.
Conflict resolution process, norms, linkage agents	Conflict resolution is dealt with through the senior Partners Group which represents the core partners. All major issues and policies need the approval of the SPG.
New governance system	The governance system for the project is a hybrid of collaborative partnership authority and decision-making (i.e., SPG) with a lead agency model of accountability to DHS and DEECD.
New information management and decision-making systems	The e-Wellbeing IT Platform is being designed as a person-centred and outcomes-focused information system that serves the needs of youth support
Organisational systems are coordinated maybe integrated	New forms of proactive constructed referrals are a mainstay of the model and joint decision-making and new levels of cooperation are being developed. The legal framework for the current level of collaboration is captured in MOUs.
Development based on constituencies and unique skills and resources	The bringing Swinburne University team into the Geelong process at an early stage and then the recruitment of the Geelong LLEN into the core partnership are both examples of strengthening the project inclusiveness and capacity in line with specific expertise and additional resources

5   POPULATION SCREENING FOR RISK

In this chapter we outline The Geelong Project approach to screening. The step to a more proactive universal screening for risk is one of the foundational innovations of The Geelong Project model. Every secondary student in the participating schools is asked to complete the Student Needs Survey and this information direct from young people is combined with local school knowledge about student at risk.

5.1   What is Population Screening?

There has been a growing advocacy for early identification and prevention most often in the special education and health fields (Albers et.al., 2007). In Australian Education, screening for academic skills of literacy and numeracy has been implemented nationally (www.nap.edu.au) and the Australian Early Development Index is done every three years to monitor children's development. This is a form of population screening.

One issue with 'early intervention' is that for some 'early' means early in childhood and the focus in screening school aged children in primary schools. For others, 'early intervention' is about intervening prior to the onset of a problem. For many issues, this means a focus on adolescents.

In the United States, there have been efforts to screen for depression and externalised behavioural problems. Universal interventions are applied to the whole population regardless of whether a young person is at risk or has a condition. Universal screening of whole populations is a first step towards a targeted intervention for those young people who are at-risk or who have a particular condition. Young people who are designated as not at-risk do not receive an intervention or additional support.

For children, screening has tended to rely on observational instruments completed by teachers and other professionals or parents rather than self-reporting from the children themselves. Screening adolescents

In a review of the research on the 'efficacy and effectiveness of universal, school-based interventions' to prevent and ameliorate the development of depressive symptoms, Spence and Shortt concluded that the evidence for effective universal measures to reduce depressive symptoms was relatively weak. But, they noted that the universal interventions were brief and different interventions may be effective.

They also noted that family factors were generally excluded from the scope of the interventions even though it had been well-established that parental psychopathology, marital discord, parent-child relationship[s and low parental support were risk factors (Spence & Reinecke, 2003). They suggested that it 'might be better focused on targeted rather than universal interventions for the prevention of depression in young people'.

Reynolds (1986) went down the alternative pathway of using school settings for screening and identifying children and adolescents who showed clinically relevant levels of depression. What was tested was a three-stage approach designed to avoid identifying children and adolescents as clinically depressed when their depression was a transient episode. Also, Reynold's approach was a multi-method assessment approach to increase the validity of the identification process. The first stage was a school-wide evaluation of students using self-report measures of depression, then a reassessment of all students who scored above a predetermined cut-off score (Stage 2), and finally an individual clinical interview for those who scored above the cut-off score in the second stage assessment (Stage 3). His conclusion was that the evidence supported 'the clinical efficacy of the school-based screening procedure for the identification of adolescents at risk (of depression)'. In Stage 1 about 18-20 per cent of the students scored in the clinical range, but after Stage 2, this reduced to 12-15 per cent of students and about 60-80 per cent are further validated following the clinical interview in Stage 3. The Stage 3 clinical interview by a qualified psychologist is time consuming because in a school of 1000 students that amounts to 120-150 interviews. Reynolds suggested that Stage 3 could be dispenses with and be replaced by referrals for diagnosis and treatment.

Universal screening as a methodology for early identification does involve some additional costs, specialist data analysis and reporting. Could the same result be achieved through teacher identification and referral? Eklund et. al. (2009) researched this issue by comparing the effectiveness of a teacher-rated, universal screening instrument to typical teacher-referrals for identifying youth at-risk for emotional and behavioural problems. They found that of the 24 students identified as at-risk by the universal screening measure; only about half (11 students) had been identified by means of traditional teacher referrals. Emotional and behavioural problems were better identified by the use of the Behavioural and Emotional Screening System (BESS) instrument. The students were of primary age and the screening data was created by teachers using the BESS checklist. Eklund (2009) concluded that the 'results provide initial evidence that universal screening may identify students not

previously detected or identified earlier than typically demonstrated by current teacher referral practices'. Shandling and Nowell (2013) used the same BESS instrument on a large sample of 2706 primary school students to assess for emotional and behavioural problems. They comment that some of the differences between studies in this area could be due to variance in the distribution of risk in the student populations. Teacher ratings of students' emotional and behavioural difficulties appeared to fit a population-based model well. Parent ratings of students' difficulties (n = 1468) did not fit the model but indicated students having fewer difficulties. This was comparable with a study of 472 students by Kamphaus (2010). Overall, They argued that their findings lent further support to the use of population-based models of identified risk as part of 'early intervention' service delivery for students in schools. There is significant empirical support for the relationship between behavioural disorders and later poor academic achievement and social adjustment.

5.2 Sensitivity, Specificity and Practicality

The use of screening was developed first of all in the health field to identify diseases or certain health conditions as early as possible. When a test is done, it might show that a person has a disease or condition or that they do not. A positive result indicates the presence of the disease or condition while a negative result indicates that a person is disease free or does not have the condition being tested for. But no test is 100 per cent accurate or infallible. Two concepts used to assess he efficacy of any test is 'sensitivity' and 'specificity'.

Sensitivity is the probability of a test finding that a person has a disease when in fact they do have the disease. Specificity is the probability of a test that finds someone does not have a disease or condition when in fact they do not have it. Ideally screening tests should have both 'high sensitivity' and 'high specificity'. However it is possible for tests to be very sensitive but not very specific. This would result in a lot of false positives where people who do not have a disease or condition are told on the basis of the test that they it. False negatives occur when tests report a negative result for a person who has a disease or condition. A false negative is a problem if the screening is for cancer. False positives for a serious condition lead to anxiety but also additional costs of further tests that are unnecessary.

The conceptual tools developed in the health sector can be translated across to the application of screening for 'risk of homelessness'.

Figure 6: Screening Sensitivity and Specificity matrix

		Screening Test (SNS)	
		Positive (+)	Negative (-)
Homeless	At-risk (+)	a	b
	Not at-risk (-)	c	d

The above Figure displays the possibilities from screening:

a – true positive

b – false negative

c – false positive

d – true negative

Screening for risk of homelessness does not involve life or death as in the case of some diseases. However, if the screening generated a large number of false positives of young people identified as at risk who were not, then this would overwhelm the capacity of the project to complete the screening process and find the young people who needed support. At this stage, there is not numerical data for calculating the specificity and sensitivity of the screening process but will be available following the enhanced SNS later in 2013.

5.3 The Geelong Project Screening Process

The Geelong Project is a universal multi-stage screening process for risk of homelessness and risk of early school leaving. The conjointness of these two issues suggests that it important to work with both at the same time.

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

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

Stage 1:

Step 1: Students with at-risk scores of 7-10 on the at-risk of homelessness scale are identified for Stage 2. Since names were not collected on the surveys under the first ethics agreement with DEECD, at-risk students or students who may be at-risk need were identified using DOB, Age, Gender and class at the time of the survey (SNS identified list).

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

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

Step 4: In each school some students were absent on the day the survey was done. It is amongst this group that at-risk students are more likely. The early intervention teams work with school colleagues to obtain completed surveys from absent students.

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

Step 6: An initial list is drawn up by combining the survey instruments identification with other local school knowledge. Given that the survey was done late last year, for some, the situation might have improved or conversely some other students at lower risk last year may be more at risk this year.

Stage 2:

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

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

In terms of screening for risk of homelessness, there are some important issues when going down the path of universal screening. The first is that universal screening and the explicit exposure of risk almost necessarily presupposes that there will be capacity to provide an early intervention response. To engage in universal screening but to not do so in the context of a service response would be an exercise of pure research without application and perhaps questionable on ethical grounds. A second issue is that universal screening, which discriminates different levels of need, implies a multi-tiered and flexible triage of responses. A third issue is the distinction between screening and a diagnostic assessment. Lastly, there are always questions about the accuracy of screening instruments and its practicality and cost.

Screening for risk is practical and when done on scale and with computerised tools will be relatively inexpensive, however, community-wide application or systemic application is to be preferred to ad hoc school-by-school use. The comparison by Eklund (2009) of teacher referrals compared to what was revealed by the use of a self-report BESS instrument for behaviour found that about half of the young people with issues were not identified and referred by teachers.

In the Geelong Project, the 2011 pilot Student Needs Survey identified 149 at-risk students, but teachers and student support staff identified only 45 of these students. They were asked to identify at-risk students independently, without any knowledge of the SNS results. This is about 30 per cent efficacy. Several student support staff that had assisted with the follow-up of the SNS came back and said that students identified through self-report were indeed experiencing some serious home issues. The school had no knowledge of these problems up to that point. This may be largely explained from the finding about risk of homelessness and school disengagement. Students at risk of homelessness are not necessarily playing up or failing at school. Students tend to come to the attention of the school if (a) absenteeism from school increases, (b) they begin to misbehave at school, or (c) school work starts to seriously deteriorate. This is the major limitation inherent in school referrals.

6 THE GEELONG STUDENT NEEDS SURVEY

The Student Needs Survey (SNS) was the way that information was obtained from students directly about their school, their family situation and themselves. The SNS is a population survey designed to be done by every students in a school from Year 7 to Year 12. The survey can be done in about 20-30 minutes. The language on the survey is appropriate for the average Year 7 student. A self-report instrument does require a certain level of English literacy. However, rather than a different survey, students with special needs or students from a culturally and linguistically diverse background were assisted by a teacher. In these situations, the SNS was administered by a teacher or a Time for Youth worker, who read out the questions in a way understandable to the students, and similar to how much of the discourse in the class takes normally takes place.

The development of the survey goes back to work begun in the late 1990s when Mackenzie and Chamberlain assessed risk of homelessness in 63 secondary schools with 41,000 students in nine communities across five states and territories. (MacKenzie & Chamberlain 1995) The at-risk of homelessness indicator was used in the Catalano sample survey in Victoria in 2000 and 2001. It was used again in 2008 by a group of schools and agencies in Eltham with support from Swinburne University (Halacas 2009).

This Survey is designed as a population screening and identification tool, that when combined with other information at the school level, enables a pro-active response to young people who are on the verge of becoming homeless. The Survey contains an 'at-risk of homelessness' indicator, a 'risk of disengagement from school' indicator, a resilience scale and several questions about mental health/psychological issues and drug and alcohol behaviours. The two main indicators were about 'risk of homelessness' and 'risk of disengagement from school'

The Student Needs Survey at-risk of homelessness indicator identifies students who are 'at-risk of becoming homeless'. The availability of this data means that the Project's Early Intervention Team has information from students that will enable limited resources to be targeted effectively to maximise the effectiveness of reducing youth homelessness.

The at-risk of homelessness indicator on the Student Needs Survey is the 'at-risk of homelessness' scale consisting of five simple questions

Figure 7: At-risk of Homelessness Indicator

Dimension	Question - item	Scoring
Attitude	Q23: I feel happy at home	SA/A – 0; U – 1; SD/D - 2
Disposition	Q21: I would like to move out of home soon	SA/A – 2; U – 1; SD/D - 0
Behaviour	Q13: Have you moved out of home for any period in the past 12 months?	No – 0; Yes - 2
Relationships	Q18: I get into lots of conflict with my parents	SA/A – 2; U – 1; SD/D - 0
Environment	Q14: Do you feel safe at home?	Yes, definitely safe – 0 Sometimes not safe – 2 Often not safe - 2

The scale scores from zero to 10. A score of 9-10 means that a student is having lots of conflict with their parents, feels unhappy at home, wants to leave, does not feel safe in their own home and maybe has already has left home for a period in the past 12 months.

No risk – 0
Low Risk – from 1 to 6
Moderate Risk – 7 or 8
High Risk – 9 or 10.

A student who is happy at home, not in lots of conflict with parents, feels perfectly safe at home, does not want to leave and has never run away from home, has none of the characteristics of a young person is at-risk of homeless or entering an early phase of incipient or intermittent homelessness. For the purposes of screening, students at-risk were defined as those scoring 7 or above on the at-risk of homelessness scale. The range for low-risk' (0-6) allows for normal adolescent conflict with parents or where an adolescent may think about wanting to leave home as their aspirations for independence slowly mature. However, a student who scores 9 or 10 is 'having a lot of conflict with his or her parent(s)', feels very 'unhappy at home', 'does not feel safe'. 'wants to leave home' and 'has left home for a period in the past. This can be regarded as an indication of serious issues in the family home. However, depending on the period between completing the survey and when the project next has direct contact with the young person, the home situation might have settled down or alternatively escalated into a crisis requiring an immediate response.

A young person, who scores 7 or 8 on the at-risk scale, referred to as 'moderate risk' or a case where risk is indicated is also revealing evidence of some issues related to homelessness. In terms of Stage 2 of the screening process, all students who scored 7-10 were scheduled for follow-up. Setting this threshold allows for a degree of error in student answers, where they might under-estimate their response to a particular question. For screening purposes, the scale has to be relatively brief rather than instruments with a much larger number of items.

The first pilot of the SNS in Geelong took place in November 2011. This was not an ideal time of the year to do a whole school survey, however, the pragmatics of the real-world developmental process demanded that the initial data collection not be postponed into 2012. The pilot survey did not ask for student names, but from the data on date of birth, gender, year level and school class, at-risk students could be identified with the help of school staff. Rather than an anonymous survey, *Department of Education and Early Childhood Development (DEECD) approved identifiability*.

6.1 Validation of the At-Risk of Homelessness indicator

In 2005-6, and quite independently of the authors of the at-risk of homelessness scale, Cate Bearsley and her colleagues at Monash University subjected the at-risk of homelessness indicator to a validation test. Their method consisted of comparing the psychosocial profile of adolescents reporting 'elevated risk factors for homelessness' with a sample of homeless adolescents. If the risk profiles were similar, then this would support the claim that the Mackenzie and Chamberlain indicator was a valid instrument.

Data from school students both at-risk and not at-risk were obtained from the Adolescent Health and Wellbeing Survey (see Bond et.al. 2000 and 2005). This survey selected a stratified two-stage cluster sample from a sampling frame of 535 secondary schools in Victoria. Schools were randomly selected with a probability proportional to the number of Year 7, 9 and 11 students in the school. In the second stage, a random sample was taken of one class from each year level. For the purpose of the secondary data analysis, only Years 9 and 11 were included – a sample of 766 students reporting risk factors for homelessness and 4,844 students not at risk. For comparison, a non-probability purposive sample was obtained from thirty metropolitan and four regional agencies in Victoria. In total, this was a useful sample of 137 homeless young people.

Bearsley-Smith (2008) concluded that the at-risk of homelessness indicator was a 'valuable screening tool' and advocated its use, while at the same time pointing out the need for further longitudinal research on the propensity for risk to change over time and in order to assess outcomes.

> Chamberlain and MacKenzie's measure detects a significant subpopulation of adolescent students who are suffering significant emotional and family distress. These adolescents show several risks equivalent to homeless youths and exceed homeless youths in depressive symptomatology. They are likely to be at risk for a broad range of problem outcomes. These adolescents and their problems, found in every school, need to be identified and assisted as early and effectively as possible.

> Chamberlain and MacKenzie's five-item measure appears a valuable screening tool for further research in relation to adolescent risk of homelessness, depression and family difficulties. It detects a significant minority of unhappy secondary students with family and personal risks equivalent in some areas with homeless youths. Further investigation and development of this tool appears valuable to advance the cause of research and prevention in the area of adolescent homelessness.

The data from the Adolescent Health and Wellbeing Survey was collected for a large representative sample of Victorian secondary school students and covered a range of risk factors for adolescents across many domains. Bearsley and her colleagues noted that the results from the 1997 research on risk were consistent across different geographical locations and that this supported the generalisability of the indicator.

6.2 Results from the Student Needs Survey

The Student needs Survey was piloted in November 2011. The response rate was about 55 per cent and there was variation from school to school. The low response rate can be explained by the time of year, which unavoidably was late in Term Four, and therefore not the best time to conduct such a survey. The pilot survey consisted of the following set of indicators:

1. At risk of homelessness indicator – 5 items
2. Disengagement with school indicator – 5 items
3. Wagnild Resilience scale – 14 items
4. Drug & Alcohol use – have you ever experimented with marijuana or other drugs?
5. Contact with the Criminal Justice system – Have you ever been in trouble with the police (ranging from being questioned, to an arrest or having to go to court over some matter)?

6. Psychological/ Mental health issues – Have you ever seen a doctor or psychologist about a psychological or psychiatric problem (ranging from minor anxiety, to depression or more serious issues?

Indicators for 'homelessness' and 'early school leaving' relate to the two key institutional contexts – family and school - where young people are connected and obtain support. However, on the SNS instrument a broader set of indicators on other issues is justified, because at the early stages on a risk pathway, it is often not at all clear whether a young person's situation will develop into homelessness (early home leaving), early school leaving school or become problematic drug and alcohol use. The potential may exist for all or any of these issues to develop. In response to the Victorian Department of Human Services funding, the key indicator is the 'at-risk of homelessness' indicator.

Many cases have several factors in play. In practice, early intervention most often deals with whatever issues are emerging without necessarily describing the case in terms of a single category. Understanding the complexity of so many cases which have not become what would be referred to as a high need case leads to a more generic, multi-issue perspective. For young people at-risk of homelessness or recently homeless, housing is not the predominant issue. But there are many circumstances of family discord and dysfunction that can eventually escalate into a homelessness crisis.

Table 3: Student At-Risk Profile by Year Level. Geelong 2011

	Year 7 (N=795)	Year 8 (N=1007)	Year 9 (N=1015)	Year 10 (N= 900)	Year 11 (N= 601)	Total (N=4318)
No risk (0 - 4)	92.1	88.5	87.9	88.3	88.2	89
Low risk (5-6)	4.8	7.5	7.2	5.4	6.2	6.3
Risk indicated (7-8)	3.0	2.5	3.4	5.1	3.8	3.5
High risk (9-10)	0.1	1.5	1.5	1.1	1.8	1.2
	100	100	100	100	100	100

Overall, the pilot Student Needs Survey found that there were 1.2 per cent of students who score in the high-risk range (52 students) and a further 3.5 per cent where risk was indicated (score 7-8). This is similar to the result from the first 1997

survey of risk in nine communities in five states. That sample was 40,988 and the students at 'high-risk' were about 1 per cent and the group scoring 7-8 were about 4 per cent of the school population.

The risk of homelessness is derived from a young person's assessment of their family situation – whether there is lots of conflict, their feelings about home, whether they feel like leaving, whether they have ever runaway from home for a period and feelings about safety at home which is an indirect way of asking a question about possible violence or sexual abuse that might be happening in the family home. These issues appear during adolescence and from Year 7 onwards. The fact that a young person is at-risk does not determine that they are necessarily approaching a crisis and about to leave home. That may happen at any time depending on what is going on at home but these kinds of problems may simmer along an extended gestation period. Expectations about how risk relates to the onset of homelessness need to be moderated by an understanding about how adolescence is experienced in contemporary Australia. The aspiration to become an independent adult incubates slowly, and early home leaving is more problematic than in earlier decades because of structural changes in the economy. When young people do leave home, it is common for them to return to the family home on at least several occasions – when they lose a job or something happens to a relationship.

Table 4: Student At-Risk profile by Gender, Geelong 2011

	Males (N= 2448) Row %	Females (N=1947) Row %	All
No risk (0 - 4)	56.7	43.3	100
Low risk (5-6)	48.9	51.1	100
Risk indicated (7-8)	45.5	54.5	100
High risk (9-10)	44.2	55.8	100
All Students	55.7	44.3	100

 Overall, there are more male students in Geelong state secondary schools than females, but in the three groups with scores 5-6, 7-8 and 9-10, there were more female students, about 55 per cent in the two higher risk groups. In 1997, there were

also more female students at risk but about 60 per cent compared to 40 per cent for males. That difference may have narrowed over a period of sixteen years.

Table 5: Student At-risk profile by Identity, Geelong 2011 (%)

	Anglo-Aus (N= 3382)	**Indigenous-Aus** (N=90)	**Other-Aus** (N=707)
No risk (0 - 4)	52.2	35.6	49.2
Low risk (5-6)	43.6	44.4	46.3
Risk indicated (7-8)	3.4	8.9	3.1
High risk (9-10)	0.8	11.1	1.4
	100	100	100

Although, the indigenous community in and around Geelong is relatively small, Indigenous students are five times more like to report circumstances that place them at-risk of homelessness. About 10 per cent of the at-risk students are Indigenous. However, there is little difference between young people from English speaking backgrounds and young people from non-English speaking backgrounds

In Table 6, the proportion of students where risk of homelessness is indicated who smoke regularly, who have experimented with marijuana, who have been in trouble with the police, and who have sought help for psychological or mental health issues are compared with students who are not at-risk of homelessness.

Table 6: At-risk of Homelessness by Other Risk Factors

	Not at risk %	**At-risk** %
Proportion who smoke regularly (Q40)	5.7	32
Proportion who have ever experimented with marijuana or other drugs (Q38)	13	39
Proportion who have ever had trouble with the Police (Q39)	14	45
Proportion who have seen a doctor or a psychologist/ psychiatrist about psychological issues (Q41)	21	59

In every case, the differences are significant – several times greater. One in five young people with no serious family issues that indicate a possible risk of homelessness have sought help for psychological issues but for the at-risk group they are three times more likely to have sought help (59%). However, of all students who have sought help for psychological issues (982) only 122 or 10-15 per cent are at-risk of homelessness.

About one in seven students not at-risk (14%) have had some direct contact with police, but nearly half (45%) of the at-risk group have been in trouble with police, or three times more likely. Similarly, about one in seven of young people not at-risk (13% have experimented with marijuana or other drugs compared to more than one third of the at-risk group (39%), again about three times more likely.

Disengagement from school and early school leaving is a major issue in Education. In Victoria, some 17,000 students leave school before completing Year 12. Some move into TAFE but a significant proportion do not succeed, and even those who gain employment are generally in casualised sectors of the labour market, such as hospitality. In Victoria, as in some other states, there is a follow-up survey of school leavers – the OnTrack Survey – but, although its response rate is high, the most disadvantaged school leavers are the one's least likely to reply.

Table 7: School Disengagement by Risk of Homelessness, Geelong, 2011

	Not at risk	**Risk Indicated**	**High-risk**
	(N = 2585)	*(N = 143)*	*(N = 47)*
School is OK	93	66	51
Medium level of disengagement from school	5	25	30
High level of disengagement from school	2	9	19
	100	100	100

The finding in Table 7 above is important. For students at high risk of homelessness (score 9-10), about half (51%) are doing satisfactorily at school or at least regards themselves as engaged with their Education. Their level of achievement in their school subjects is not captured in the school disengagement measure. For student where risk is indicated (score 7-8) two thirds (66%) were engaged with their school and their education. In contract, most students who are not at-risk of homelessness

are engaged at school. Only seven per cent of these students express disengagement with school. The significance of this finding is that it accords with the common anecdotal comment from teachers that for students with difficult home lives, school is often the most positive part of their life – 'school is the best thing they have going for them' or 'school is where they feel good'.

Also, this finding goes some way to explain why students with emerging homelessness issues may not come to the attention of schools until their issues have reached crisis point. Many of the at-risk students are doing satisfactorily and not behaving in ways that would bring them to the attention of the school.

In the mid-1990s, Mackenzie and Chamberlain reported from fieldwork that in schools with homeless students, dropping out of school seemed to happen fairly rapidly. In 1989, Burdekin reported that becoming homeless and leaving school frequently happened 'simultaneously'. Over the past fifteen years or so, school welfare support has improved in Australia schools, especially in Victoria. Whereas, in the mid-1990s it was relatively rare to find secondary schools linked to community agencies, this is now common.

Strength-based approaches to youth development are based on mobilising a person's resilience. There are a number of resilience scales. Table 8 compares the resilience profile for the two at-risk groups compared with other students.

Table 8: Resilience by Risk of homelessness

RESILIENCE	Not at risk (N = 3674) %	Risk Indicated (N = 144) %	High-risk (N = 48) %
Very Low (14-56)	5	31	42
Low (57-64)	10	30	21
Somewhat low (65-73)	30	19	23
Moderately Low (74-81)	30	10	8
Moderately High (82-90)	17	7	4
High (91-98)	7	2	2
	100	100	100

The scale selected for trial in this research was developed by Dr Gail Wagnild, and it was selected for three reasons: (a) there was an appropriately short version of the

instrument, (b) it had been applied to samples of adolescents, and (c) the user documentation was well developed. Also, the instrument, which comes in two versions, a 25-item scale and a shorter 14-item scale, had been subjected to appropriate testing. For screening purposes, the instruments have to be relatively brief. They are not diagnostic tools.

Resilience is a measure of the positive resources within a person. Resilient individuals are more confident; they are better able to mobilise their own strengths and abilities than less resilient individuals; they are less susceptible to pressure and cope better with adversity. By contrast, individuals with low resilience are more adversely affected and more likely to suffer psychological distress following a crisis. A study of risk cannot be usefully undertaken without studying resilience also. Young people may be in stressful and unsatisfactory situations but still find the capacity to survive and prosper. For students at-risk of homelessness (both high-risk and cases where risk is indicated) about two thirds are in the lowest two categories of the resilience scale – 63 per cent for the high-risk group and 61 per cent for the risk indicated group. By contrast only 15 per cent of other students with no evident risk or low risk have low resilience.

6.3 A note on limitations

The Geelong Project was a pilot project and therefore required an immense level of time to set up good processes and to engage the community during the initial stages of its implementation. Because of the very nature of the Project (i.e., a community of schools and agencies' approach) it was considered important to have everyone 'on board'. The original sampling frame included all state secondary schools, all Catholic schools and alternative education programs, such as Diversitat, Create and Youth Connections, operated by project partner Barwon Youth. There was pressure to include three schools outside the City of Greater Geelong but they were not included in the original 2011 sampling frame.

One limitation of the pilot Student Needs Survey was that not all schools in Geelong were able to participate in 2011. This was largely due to the problem of implementing the data collection so late in the year. Only a small number of Year 12 completed the survey due to impending exams. Schools were advised to not worry about including Year 12 students. One secondary school out of the eight was difficult to engage although there was no expressed refusal. The culture of welfare support there was that issues such as homelessness were dealt with 'in-house' and not with external

services. This school did not participate in the pilot data collection but undertook to do so in the next round. Another school, one of the most disadvantaged only managed a low response rate in November 2011. Feedback from informed sources suggested that multiple stressors applied in this school that had recently amalgamated and was learning to manage multiple campuses. This school has since been actively involved in The Geelong Project service delivery and some additional data was collected and processed.

Due to time constraints and the logistical limitations, the Catholic schools (four schools with a population of 4607) and the three main alternative education settings, were told that they would be included in next data collection. Also, a special education school was excluded from the first phase because the SNS was deemed in need of modification in its design and methodology

The funding from the Department of Human Services for service delivery came through in July 2012 and was for a designated catchment consisting of 'North Geelong' and 'Bellarine', the most disadvantaged areas in the City of Greater Geelong. The implementation of screening did not begin until the second half of 2012. This was not ideal because there was a period of many months between the collection of pilot data on risk and the implementation of the screening process, but this was not a serious problem for testing out whether the screening process could be done in schools. By early 2013, school staff and the early intervention workers reported that screening was working and feedback suggested that the process was exposing students at-risk that schools had not yet registered.

The pilot SNS in 2011 was processed manually. The enhanced SNS, being implemented in 2013, is a scannable survey with a turnaround time of between four to six weeks with scope for further efficiencies. Ultimately, the SNS will be able to be completed online as part of e-Wellbeing. How often is something yet to be determined but it is likely to become part of the transition from Year 6 to 7, again in Year 9 and either at the end of Year 10 or beginning of Year 11 as students begin senior school. The intention is to work out how this collection of data can be embedded in to school practices if The Geelong Project model is to be implemented more broadly. The overall intention is prevention. This can only be achieved through the effective identification of the first signs of youth homelessness.

7 THE PRACTICE FRAMEWORK

7.1 Introduction

The practice framework developed within The Geelong Project started out with the notion of 'triage' borrowed from the health sector. This was the idea that following a risk assessment and a more specific individualised needs assessment, young people would be directed to differential responses. The Practice Framework was developed in an attempt to operationalise 'need' with more nuances than is commonly the case in the social services sector or the homelessness services system.

The final decision-making in Stage 2 of the screening process is a judgement about the appropriate practice response for young people where risk is indicated.

Figure 8: The Geelong Project Practice Framework, Levels of support
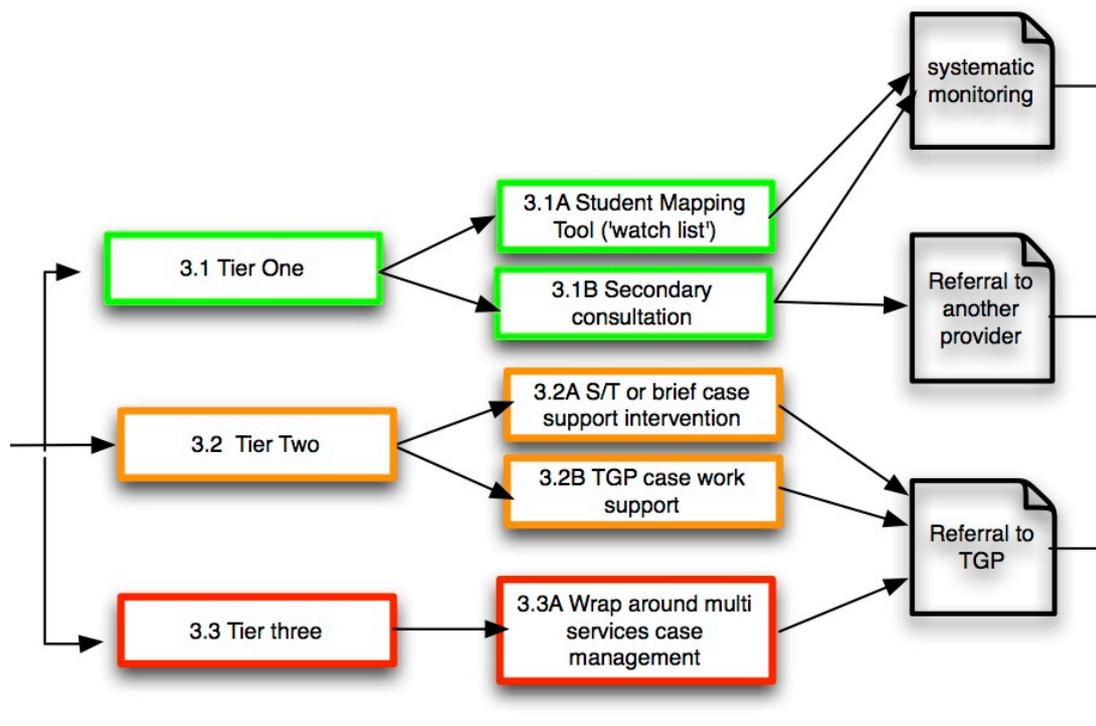
The Geelong Project Practice Framework distinguishes three tiers that categorise the levels of response. Table 13 sets out the layers in the Practice Frame and maps them across the three levels of support promoted under the DHS Services Connect reforms.

Table 9: Geelong Project Practice Options & DHS Categories of Support

DHS Category	TGP Categories	Descriptor	Recommendation/ Response
Managed Support – high levels of support	**Tier 3.3A** Wrap-around case management	Cases where a young person approaches crisis and/or has some high and complex needs and requires a range of supports coordinated by TGP key worker	Referral to TGP early intervention team
Guided Support – moderate levels of support	**Tier 3.2B:** Casework support	Where risk of homelessness and family issues are the main focus perhaps along with disengagement from education.	Referral to TGP early intervention team
	Tier3.2A: Brief Counselling/ case support	Case work equivalent of brief counselling in cases with moderate risk and few issues; Limited in time and where the issues can be readily resolved before the client is place on the Student Mapping Tool for active monitoring	Referral to TGP early intervention team
Self-directed Support – low levels of support	Support contact	Cases where support is provided on request or through direct or indirect contact but not formal casework. Mainly school staff have contact with the young people but only occasional and on a demand for assistance basis.	Mainly undertaken by school welfare staff
	Tier 3.1B: Secondary consultation	Cases where TGP provides advice and/or some support to school or other agency to support the young person who is not within the scope of TGP.	Referral to another service
	Tier 3.1A: Active Monitoring (Student Mapping Tool)	Cases where there is risk of homelessness indicated but the young person appears relatively stable at home and school. The 'watch list' is similar to the Student mapping Tool developed to monitor vulnerable students but not too widely used. School monitors attendance and other information. This keeps up awareness of potentially vulnerable young people so that early warnings of escalating risk can be readily noted.	Active monitoring but no support done by school staff

The practice framework attempts to match an assessment of need to a more nuanced needs-based response. Every young person identified as potentially at-risk is screened and a judgement made as to the most appropriate response. In some cases, this will be active monitoring by school welfare staff using a software tool called the Student Mapping Tool.

Active monitoring (Tier 3.1A)

Cases where there is risk of homelessness indicated but the young person appears relatively stable at home and school. The 'watch list' is similar to the Student mapping Tool developed to monitor vulnerable students but not too widely used. School monitors attendance and other information. This keeps up awareness of potentially vulnerable young people so that early warnings of escalating risk can be readily noted.

Secondary Consultation (Tier 3.1B)

These are cases where TGP provides advice and/or some support to a school or another agency to support the young person who issue is not within the scope of TGP.

7.2 Youth-focused and family-Centred Case management

All the casework undertaken within The Geelong Project is about maximising the connection of young people with their family, extended family and friends. This is on the basis of resolving the family issues that are the cause of misunderstanding, conflict and negativity. It has been well established that conflict within families and in the home is the dominant risk factor or class of risk factors that contribute to the onset of homelessness (HREOC Report, 1989; National Youth Commission, 2008). Family factors also lie behind the notion of disadvantage and why students from low income backgrounds are more likely to leave school early and less likely to proceed to further education. Robinson, Power and Allan (2010) reviewed interventions to deal with adolescent issues and concluded that while the research into the effectiveness of family based intervention is relatively underdeveloped, there is mounting evidence to support the effectiveness of family interventions in relation to adolescent mental health issues, (Diamond and Josephson, 2005), adolescent drug and alcohol abuse, (Carr 2009) and in relation to the reduction of delinquency (Woofenden, Williams and Peat 2001). In a small number of cases where sexual

abuse or continuing family violence are issues, young people may not be able to safely remain in the same household.

Research and practice has highlighted the importance of engaging families and family networks in reducing risk and providing support. The Reconnect Evaluation 2003 reported that interventions focused on reducing conflict in the home produce significant positive outcomes for young people thus reducing the risk of homelessness. A great strength of the Reconnect program was the pioneering practice development on how early intervention should be conducted (Crane, 2000 & 2009; Evans & Shaver, 2001). Working with both the young person and family enables more informed assessment of needs and is the basis for more effective youth and social work practice to prevent or quickly ameliorate youth homelessness. Successful early intervention involves addressing and mitigating family conflict.

Family casework, where family is the focus, often fails to engage the elusive adolescent, and youth work has often focused on engaging with young people as individuals but avoided involvement with the family (Robinson & Prior, 2006). In a number of its early intervention programs, Time for Youth had developed a strong commitment to 'youth-focused and family-centred' strategies that had proven highly effective in resolving family issues in helping young people within the home. The youth-focused and family-centred approach begins by engaging with the young person, building trust, but then quickly moves to engage with the family in a care planning and development process, and a range of other cognate approaches such as boundary setting, mediation, and skill development.

Typically, outreach and engagement strategies must be pursued with a young person, their family and the school to facilitate the participation of all three in a care plan. The EI team does this by actively engaging young people where they are at, using venues such as school, a young person's home, or cafes and other semi-public spaces to encourage young people to be open about their concerns and aspirations. Similarly, workers engage parents, usually at their home, to ascertain what they want for their son or daughter and to appreciate whatever complexity there is in the family situation that needs addressing. By bringing parties together it is then possible for families to move beyond existing conflicts and work on changing patterns of behaviour and relationships to a more positive and constructive level.

It is common to find that young people and their parent(s) have stopped listening to each other and repeatedly act out dysfunctional behaviours. Early intervention typically involves exploring the needs and wants of young people, helping them to

reflect on what these are and then assisting them to put their views to their families in a responsible and articulate way. On the other side, parents often need help and support to actively listen to their adolescent children, as well as put their point of view in a non-authoritarian way. Ultimately, all parties need to come to a consensus about family rules, expectations and responsibilities and so diminish the need for anger, resistance and aggression.

It is common to find that family conflict has escalated into degrees of violent behaviour (Paterson 2001, Sells 2001). The research is showing there is a disturbing level of adolescent and family violence in the home involving a significant proportion of young people at risk of homelessness.

Adolescent violence in the home, which can easily precipitate a young person being excluded from the family and which is often associated with behaviour problems at school, is a concern that is regularly addressed by The Geelong Project Early Intervention Team. Violence in which the adolescent is the perpetrator rather than the victim of family violence is not uncommon (Gallagher, 2004; Garbarino, 1999). The 'Youth Focused and Family Centered' approach may involve assisting the young person to develop anger management techniques through individual or group counselling. This is often combined with assisting parents to develop skills in de-escalating conflict and setting effective limits through both individual and group programs.

Wrap around case management (Tier 3.3A)

In terms of the Geelong Project, these are cases where a young person is in a crisis or approaching a crisis and/or has some high and complex needs and requires a range of supports beyond what can be provided by a TGP EI worker. The term 'wrap around' is one term but other terms are used for what amounts to a similar approach to case management – 'integrated care', 'a care team approach' or 'collaborative services model'. In another sense, all the casework involves more than one source of support because of the close collaboration with school welfare and wellbeing staff, although, the school staff are not co-case workers. A practice principle for well-coordinated and efficient case management is having a key worker and in this early intervention domain, it is The Geelong Project workers who take on this responsibility. In other cases, where a young person is homeless and entering the Specialist Homelessness Service system then the homelessness agency which is mostly Barwon Youth in Geelong would provide a key worker.

TGP case management (Tier 3.2B)

Where risk of homelessness and family issues are the main focus perhaps along with disengagement from education. The Geelong Project early Intervention caseworker can support this student and their family without the need for other services. Such cases may be time consuming depending on the individual and their situation.

Brief casework support (Tier 3.2A)

Case work equivalent of brief counseling in cases with moderate risk and few issues; Limited in time and where a few issues can be readily resolved before the client is put on the Watch list. This level of case support follows the same case management process but focuses on specific issues for which solutions can be envisaged and acted upon by adolescents. It draws heavily on the Solutions-Focused Brief Therapy (SFBT) approach or Brief Counselling that has become more widely used in schools since the 1990s (Berg & Shilts, 2005; Franklin, Biever, Morre, Clemons & Scamardo, 2001).

Considerable experience has been gained applying this approach to students at-risk of leaving school early. Though students may have other deeper issues underneath their current leaving school trajectory, Solutions-Focused Brief Counselling can usefully address an issue such as how they are going at school to help students reprioritise what needs to be changed and how they might along with others. Solution building is a key premise for SFBT and Brief Counselling. Proponents of SFBT emphasise that solution building can be contrasted with problem solving. Problem solving tends to focus on the resolution of presenting problems by understanding the problem and then working through a range of solutions to a choice of the best option. By contrast, solution building is about focusing directly on thinking about options and choices that change the situation.

7.3 SOME PRACTICE ISSUES

Age Range: Although the DHS contract specified an age range, this was renegotiated to 14-18 years. In reality, the Geelong Project needs to be able to work any students in secondary schools but prioritising the highest risk levels and older teenagers who are more likely to leave home. Effective early intervention requires a response when risk is evident.

High Risk: There was some debate about the definition of high risk. A student can be at high risk but not in a homelessness crisis. The gestation period from reaching a point where risk is indicated and experiencing a homelessness crisis can be drawn out. On the other hand, events can escalate quickly. On the Student Needs Survey (SNS) high risk is indicated by scores of 9-10,

A score of 9-10 on the SNS is where risk of homelessness is well and truly evident and in many cases they will either be approaching a crisis point or in crisis. These cases have high priority and ideally, the response should be as short a period of time after the SNS as possible. In the homelessness sector, with the exception of Reconnect, crisis is a dominant way the system responds. Earlier intervention involves a range of practices that are not the norm in the homelessness sector.

Moderate Risk: in many cases scoring 7-8 or even lower, there is emerging risk of homelessness but some time away from a crisis at which a permanent break from family happens and homelessness begins. The detachment from family is a process that has been described as an 'in and out' pattern, as young people runaway or stay away from home because they don't want to be there due to conflict, violence or spoiled relationships. Typically, this kind of behavior is acted out by adolescents experiencing periods of tension and disagreement with their parent(s). There may be only a small risk of this escalating to homelessness; usually this kind of 'normal' discord is sorted out without outside intervention. Due to the margin of error of measurement on a five-item scale, students scoring 7 or 8 or students where risk is indicated were also included in the screening process. In Stage 2 of the screening process, cases where circumstances have improved or where a student's answers have underestimated or overestimated their risk status can be picked up and dealt with appropriately. Many of these cases should receive support to resolve some issues but this work can be of short duration.

Screening: Population screening is a key innovation in The Geelong Project. There were questions about whether screening was a practicably possible. In early discussions several workers expressed anxieties about the possibility of large number of at risk students and that the project would be swamped with referrals. Existing knowledge about risk profiles predicted that this would not be the case. There was also a discussion about 'informed consent'. In most DHS case management, there is a standard requirement for informed consent so that a person knows what they are agreeing to and they make a free, informed and rational decision to be supported. Many of the students are under the age of 18 years. A

distinction was drawn between informed consent for a brief screening interview and informed consent for entry into case support. In the former instance, the conversation is like many conversations that welfare teachers would have with students on a daily basis. The norms of the welfare roles in schools differ from the more formalised standards that apply in the community sector. Professional cultures differ in important respects and professional workers become acculturated in the practices of their profession. So how can hybrid collaborative and integrated systems of practice be developed? The controversies about informed consent that arose in September-November 2012 were arguments about what was the right thing (?) to do and the debate devolved on the changed collaborative practices needed for early intervention and entrenched case management practices. The casework in Geelong project does not deviate from the best practice standards accepted within the community sector and upheld by DHS, however, a broader range of practices are needed in the repertoire of early intervention workers. Another way of thinking about this issue is to think in terms of a new hybrid and collaborative professional culture. This kind of change needs to be worked though and managed well. Inter-Professional Education (IPE) or inter-professional development has become an important process for working through the change process to equip the workforce with new understandings and skills to participate in genuinely collaborative systems.

Referrals to TGP: All young people identified as at risk (7-10) on the Student Needs Survey and any young people referred to TGP get a positive response – variations on 'yes'. Initially, there was tendency to draw the line between acceptance and non-acceptance into case management. There were a few cases referred by schools that were initially not accepted as client of The Geelong Project. One issue was that the project in its present form has been funded to respond to homelessness and not every issue that can arise. Only responding to one issue is somewhat problematic because at an early stage it is not clear what will emerge as the dominant issue. The nature of homelessness risk was clarified for the schools so that inappropriate referrals were minimized. However, within The Geelong Project, the principle was established that all young people receive a response and in some cases active monitoring is the appropriate response. A corollary of this is that the language used should not be about acceptance or rejection of referrals, but appropriate responses based on clear and cogent reasoning.

Flexibility (Triage): This seems an obvious point but many human service programs preclude flexibility. The Geelong Project as a demonstration project has room for flexibility if we are able to be flexible in practice. Flexibility needs to be practiced at

intake so that we can respond quickly despite existing casework. But even more importantly, flexibility (the term triage which is common in the health sector was used in the response to the DHS tender) to change the level of support following regular case reviews will make the most efficient use of human resources.

The Victorian Department of Human Services has advanced the notion of 'step up, step down' to describe deliberate shifts between different levels of case support. The new system called Services Connect is being designed to provide different levels of support, 'with the flexibility to alter the level of support as people's circumstances change   (which)   will mean people get the support they need and resources will be targeted more effectively'. The model constructs three levels of support: Managed Support for people who need high levels of support; Guided Support for people who need a moderate level of support that requires some coordination of services and occasional assistance; and Self Support for people who need less assistance to access support to address their needs.

Managed Support involves more than one service but builds the support around a key worker. The key is simplifying what can be a complex of services from the standpoint of the individual(s) involved. In providing Guided Support, it has been recognised that often, shorter periods of targeted support can be sufficient to bring significant change in people's lives. The third level of Self-directed Support is access to resources and information that allow people to largely help themselves with minimal input from professional workers. Over time, an individual may require different levels of support as different needs arise and circumstances change. The potential of the reformed system is both greater efficiency and greater effectiveness. The tiers of the Geelong Model have anticipated this forthcoming reform and there is a close congruency between the three DHS levels and the Geelong Project practice framework. Table 10 describes the Geelong Project practice tiers but also

Inter-professional Development: This refers to the needs for the development of new skills and understandings that enable community workers and school support staff to function in the new collaborative environment. Early intervention in which schools play a major role but where youth workers and social workers are involved raises questions about how collaboration might work in practice. Integrated practice implies new ways of working together rather than simply a referral being made from one to the other. The student support delivered within schools by school-employed staff may involve casework like practices, but it is seldom formalised as case management in the way that casework is done in the human services. However, in

some schools, welfare staff employed by the school will be professionally trained in social work or a welfare discipline.

In Victorian secondary schools, most Student Welfare Coordinators have been teachers who have taken on extra duties; some may have further study in a welfare-related field, but generally they rely on learning from experience. In addition there are specialist school support staff to whom referrals can be made, who are available to provide support for the special needs of referred students. Collaboration is where stakeholders engage in collective action around a common vision; develop shared interests and inter-accountabilities by working together to deal with complex and challenging problems. Teachers, social workers, psychologists and health professionals have all undergone professional socialisation in specialised fields and acquired perspectives and ways of seeing the world that are shaped by certain concepts and practices. They have formed professional identities as teachers or social workers and the differences between these professional cultures cannot be under-estimated. Inter-professional learning or Inter-professional Education (IPE) are programs designed and implemented to overcome the power and influence of specialised professional training to enable teamwork to flourish and new forms of collaboration and integration to develop.

The need for inter-professional education has been recognised (WHO, 2010), particular in the health sector, national and international associations (see International Association for Inter-professional Education and Collaborative Practice) have been formed and several journals concentrate on this emerging field of interdisciplinary activity (e.g. Journal of Inter-professional Care). A plan for inter-professional education and training has been developed for the Geelong Project with funds sourced through Swinburne University.

The Practice Framework makes explicit that different needs lead to different responses. It is not a one size fits all approach, not does it impose restrictive parameters. Many cases require short periods of solution-focuses support while other cases are more complex and require much more support. The idea of flexibility is operationalised, and if a young person requires a different level of support at some other time, then that is what they should be able to access
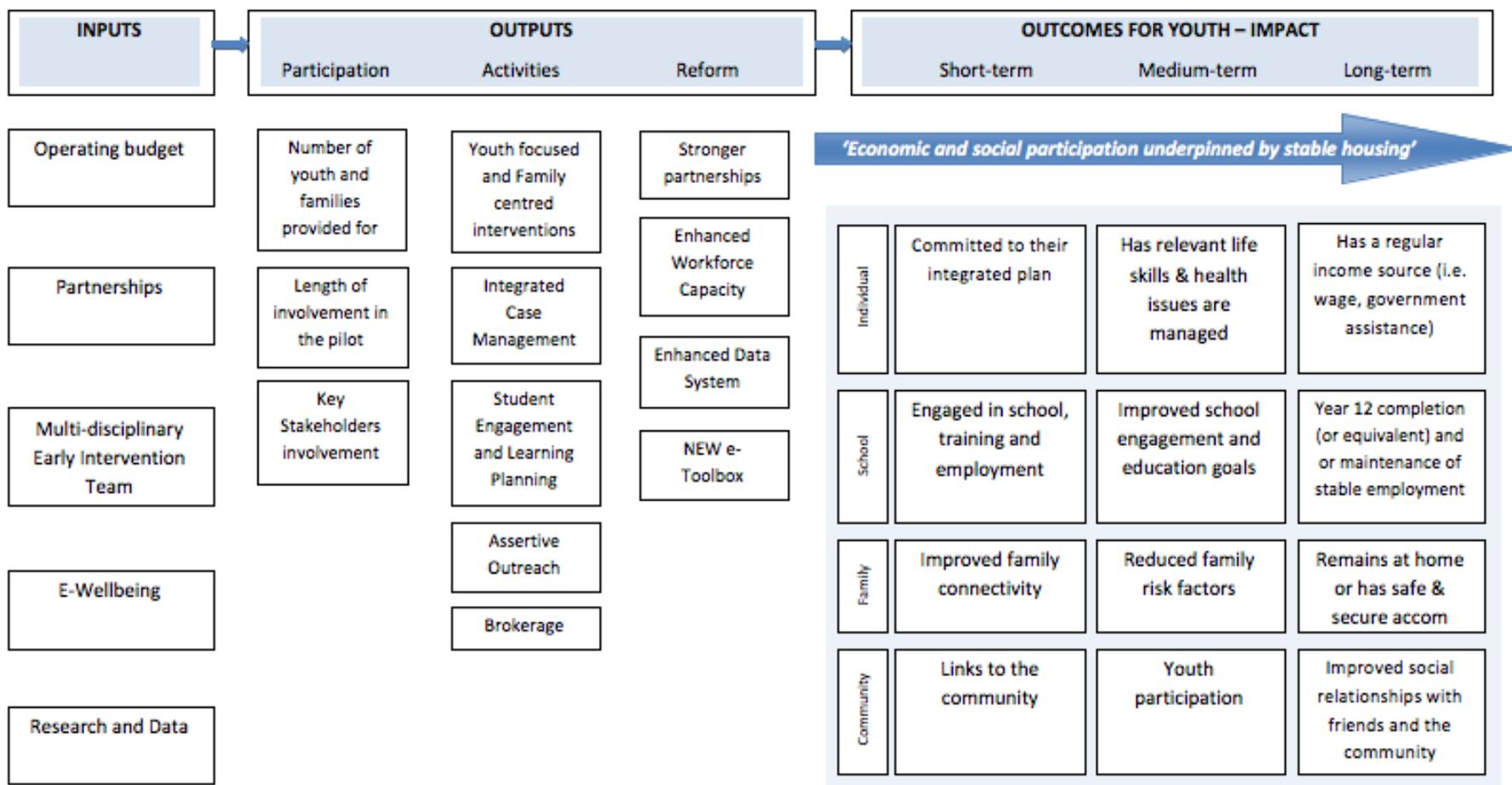
8   MEASURING OUTCOMES

8.1   Introduction

At 30 June 2013, The Geelong Project has not yet reached its 12-month milestone point. One of the major innovations was to embed data collection and evaluative measure of outcomes within the body of the project proper. The Swinburne team was not brought in after the fact to pick up research and evaluation tasks, but was involved early on in the architectural design of the model, in the response to the Department of Human Services tender which funded the delivery of the model from late 2012 for a 15-month pilot period, and from that point onwards in the week to week operational decision-making. In this way, the role of the researchers could be described as 'embedded' with the project. The other sense in which research is relevant to the model is that data collection and the use of data and evidence is intended to be part of a regular and routine cycle of information in real-time that drives the development of the model.

There has been a public rhetoric in the human services about outcomes and shifting to a service system that is outcomes-focused and in which funding is tied to the achievement of program outcomes. However, for that to be realised there must some clarity about what outcomes are sought and then a clear logic in the program for achieving the program outcomes.

8.2   The program logic

The description of a program's logic is a way of expressing how the program is designed to work to achieve its various desired outcomes. The logic is about what goes into the program, what is done in the program and what the outcomes of the program. The basic building blocks of a program's logic are the inputs or resources, the outputs – who does what and what is done, and the outcomes or the changes that are intended to result from the program (W.K. Kellogg, 2004). The logic is an if-then causal logic and a temporal order that is a chain linking inputs to outcomes. Program logic diagrams differ in the extent to which they detail the program. The program logic in Figure 3 summarises the inputs, outputs and outcomes for The Geelong Project model of early intervention. This logic diagram should be read alongside the end-to-end flowchart of the model's activities.

Figure 9: The Geelong Project Early Intervention Program Logic.

INPUTS	OUTPUTS			OUTCOMES FOR YOUTH – IMPACT		
	Participation	Activities	Reform	Short-term	Medium-term	Long-term

'Economic and social participation underpinned by stable housing'

INPUTS	Participation	Activities	Reform		Short-term	Medium-term	Long-term
Operating budget	Number of youth and families provided for	Youth focused and Family centred interventions	Stronger partnerships	**Individual**	Committed to their integrated plan	Has relevant life skills & health issues are managed	Has a regular income source (i.e. wage, government assistance)
Partnerships	Length of involvement in the pilot	Integrated Case Management	Enhanced Workforce Capacity	**School**	Engaged in school, training and employment	Improved school engagement and education goals	Year 12 completion (or equivalent) and or maintenance of stable employment
Multi-disciplinary Early Intervention Team	Key Stakeholders involvement	Student Engagement and Learning Planning	Enhanced Data System NEW e-Toolbox	**Family**	Improved family connectivity	Reduced family risk factors	Remains at home or has safe & secure accom
E-Wellbeing		Assertive Outreach Brokerage		**Community**	Links to the community	Youth participation	Improved social relationships with friends and the community
Research and Data							

The components of the Program Logic are as follows:

Inputs, sometimes referred to as resources, are the financial resources (operating budget), the human resources such as the stakeholders involved in the project partnership (partnerships) and the team of workers delivering services (multidisciplinary early intervention team), the informational resources such as the research and data inputs (research and data) and finally the means of managing the projects information needs (e-Wellbeing).

Outputs are the direct products of the programs development and activity. These include the number of young people and family served by the program, the involvement of various stakeholders in the project and length of involvement of clients in the pilot. These outputs have been categorised under participation. Other outputs relate to the programs activities such as: the youth focused family centred interventions, the integrated care management, the school engagement of students, the assertive outreach done and brokerage expended. A third category of outputs relate to system reforms or changes in the ways of working in schools and in the agencies as a result of The Geelong Project model of early intervention (system).

Outcomes are specific changes in the attitudes, behaviours, knowledge and skills, relationships and functioning at home and at school. The model does involve individualised identification of risk and need. For young people at high risk of homelessness, who been identified through screening or referred by a school or agency for early intervention support, casework support can be offered. As explained in the Practice Framework, this is youth-focused but family-centred. In many cases, the casework will involve members of the young person's family.

At the individual level, working with a young person should show some changes in their attitudes and behaviours, less stress, perhaps a heightened self-esteem and a sense that they are gaining control over their life and their issues leading to a more optimistic outlook.

At school level, young people experiencing family issues are more likely to act out and misbehave and be dealt with as a behavioural problem; they may start to miss school because what is happening outside of school is so upsetting; they may withdraw and lose concentration and their school work begins to deteriorate.

At the family level, where family conflict or dysfunction is a major driver for a young person leaving home early and experiencing homelessness, early intervention

involves reducing the family risk factors, undertaking mediation between the young person and their parent(s). Schools and school welfare staff are only able to work with families in a limited way.

Finally, at the community level, the objective of early intervention is to ensure that a young person does not prematurely disengage from their community of origin, from their friends and activities. When young people become homeless and enter the homeless service system, they tend to become transient and move to other locations to obtain accommodation and support.

As useful as Program Logic Models are, there a several caveats. One is that they are a linear representation, perhaps too linear for complex developmental projects. Also, they should be used but not applied too rigidly to inhibit further innovation. These caveats do not detract from the applicability of being clear on what is happening and the outcomes as a result. Program Logics of innovation projects such The Geelong Project can and should be updated.

8.3 Measuring Outcomes

Within the first year, the project has been established and most of the young people identified as at risk through the SNS have been screened. There was a group, however who reported risk of homelessness in the SNS but who remained yet to be screened (due to time constraints), An 'experiment-like' comparative is therefore possible. It does not meet the standard of random assignment or random selection, however there was no obvious bias for the students and young people who entered the program and for those identified but who were not screened. The delay between the initial pilot identification in November 2011 and screening that was able to commence late in 2012 was a factor that affected all schools. The bias was more likely to be that cases where schools made a referral were cases where the problems were more evident. Also, the more disadvantaged schools were somewhat readier to assist in the follow-up of the SNS scores, so again, this would tend to be a bias toward the more high risk cases. When an assessment was done of all those who could be identified in November 2011, the results showed, that the group who scored 7-10 on the at risk of homelessness indicator, but were not able to be screened, were more likely to leave school early in that first 12 months. To what extent these school leavers also experienced homelessness has not been quantifiable at this time, but there is anecdotal evidence that some former students had left the family home for periods of time.

Table 11 sets out a comparison between those young people identified as at-risk who have been screened and supported under case management compared with those identified but not supported. There are a number of reasons why they were not supported. A few did not accept help. Some left too soon. The data is incomplete at this point, but all young people identified as at-risk remain at school and in most case at home.

Table 10: Outcomes Comparison, Supported and Unsupported At-risk youth

	School	**Home or alternative safe & secure accommodation**
At-risk and supported (N = 65)	65 (100%) attending school.	59 (91%) at home 6 (9%) were in safe & secure accommodation
At-risk and not supported (N = 75)	14 (19%) have left school. 61 (81%) school status pending	75 - Results pending

The evaluation of outcomes in The Geelong Project was never designed on a quasi-experimental design with control and treatment groups. For that design to be implemented, a random assignment of referrals into the program or not would be the discipline that would be required at the entry point. While this evaluation design is standard in medical research it seldom been attempted in the social sciences, and certainly not in the provision of welfare services in Australia.

For the Geelong Project, a longitudinal 'simple interrupted time series' design whereby the data on risk, early school leaving will be monitored as well as the young people entering the youth homelessness entry point and into the Specialist Homelessness Services system available to homeless young people in Geelong. The design for measuring outcomes needs to be constructed realistically to capture the process as it works out in reality. Currently, the project is working towards a three-year longitudinal collection of data. Ultimately, there may be comparison with data from other clusters or communities where The Geelong Project model has not been implemented.

In the next section, some cases are presented in detail. They include cases that were only identified by means of the Student Needs Survey. They also include cases that were referred to the Project by the schools.

8.4 Case Studies

The students identified as at-risk of homelessness were often not students who had become a focus for welfare staff at the school. The following case studies are from the 65 young people currently (June 2013) being supported.

One such case was a young woman in Year 12 ('A'). Relations between A and her mother had completely broken down. She had moved out to live with her boyfriend and his mother. School was a major stress. In this case whether she dropped out of Year 12 but without becoming homeless or whether both homelessness and early school leaving occurred was imminent. The EI worker dealt with family and school issues at the same time. A CEEP application was made which enabled the student to obtain a computer and Internet access. She was supported to attend a naturopath and remedial massage therapist to obtain some immediate relief of her stress. However, importantly, the EI worker engaged with the student's mother and both the student and her mother have begun to communicate positive and their relationship is improving.

In another case, a female student ('B') lived with her mother and older sister. She was identified via the SNS and had a strong intention to leave home. She was unhappy with her family situation. B's mother is a single parent and really struggles coping. The two girls are close and often find themselves parenting their mother due to her 'limited capacity to parent' her children. The student and the TGP worker developed a good relationship and welcomed the intervention into her family situation. Notes on the case state:

> Has been able to support the student and their mother to communicate in a more open and positive manner. Have been able to support Mother to implement age appropriate boundaries that provide both the girls with the stability and structure that they identified as needing. Both girls have reengaged with school, and now feel that they are not parenting their mother. Have been assisted to get their Learners permits so that they have some form of mobility and independence.

The issue was not the student, so much as the dysfunctional relationship between mother and daughter. The family work brought both together on a new basis. However, it was a change in the mother's behavior that relieved and stabilised the situation. By paying for driving lessons, brokerage funds were used to give the girls the means for greater mobility, but it was also a positive reward-like gesture as well.

The case of 'C' was identified by the SNS and had not come to the notice of the school, despite a series of major family issues. There was family conflict, mental health issues and a failure to set appropriate boundaries. C has a disability and both

parents were displaying insensitivity by ridiculing C and abusing her. The Geelong Project supported C to obtain an interim IVO against her mother. At a further court hearing, the IVO was extended. The TGP worker held discussions with the mother about her responsibilities and behavior, explaining that her daughter wanted a good relationship. In this case the support provided by the Project was separated between two workers, one continuing to support C while the other worked with the mother to address her poor and inappropriate parenting. In the course of this work it was discovered that a younger brother had had contact with local police. A referral to the Time for Youth Support Service (an already existing diversion program) was arranged. The family issues have matured to a dysfunctional point and would have blown up at some stage.

The Student Needs Survey identified all the above cases. They had not come to the attention of the school to the point where welfare staff would have moved to make a referral to Reconnect or The Geelong Project.

In other examples of casework, a student ('D') had come to the attention of the school. D had been caught shoplifting and he was acting out both at home and at school. The relationship between parent and young person had deteriorated greatly. Once the caseworker engaged successfully with the student, a range of early intervention strategies were used – 'assertive outreach, mindfulness training and cognitive behavioural approaches'. By the end of December 2012, school attendance was strong; the student received an award at school and had been accepted into a Certificate II in Hairdressing course. There was also a marked improvement in his attitude and behavior at home – participation not withdrawal from family life, such as doing a share of chores and communication between parent and son had improved. In this case a major effort was invested in counseling and supporting the student.

Another case of a school referral was a male student ('E') whose attendance had been falling away and who appeared to not be well supported at home. Following the referral, the first step was building a good trustful relationship with the student, who then disclosed what had been happening at home. His mother's partner, who lives in had been violent towards the boy and his mother. There were substance abuse issues fueling the violent outbursts. Conflicts between the student and his sister were not the root problem even though there had been some altercations between the two. It was explained to the student that his sister was suffering trauma from the violent conflict and experiencing attachment issues that resulted in behavior similar to his own acting out. The EI worker has been available to support the student when police

have come to the house in response to domestic violence. Support has involved a referral to Headspace to deal with sleeplessness, advocacy with Child Protection in relation to both his younger sister and mother. A safety plan has been devised for when family conflict and violence escalates. The student has an option now to stay with extended family members for respite.

The case of 'E' is an exemplar of youth-focused family-centred casework. The Geelong Project has helped the young person to better understand domestic violence and the associated trauma and attachment issues. Respite has been set up and he can access the Café Meals program to obtain good nutritious meals. He has a part-time job and school attendance has been stablised.

As well as cases where the referral has been the result of identification of risk through screening, The Geelong Project takes referrals of at-risk young people from schools, alternative settings or from other agencies. These are cases that might have come to the attention of Reconnect. In Geelong, The Geelong Project has been established as the site for early intervention referrals.

A young person, 'F' was referred to TGP in late 2012. He had not completed the SNS in November 2011. However, it had come to the attention of the school that he was having almost daily conflict with both parents and his siblings, that was feeling very unhappy at home and occasionally leaving to stay elsewhere. In this case, to improve the relationships, the worker worked with both F and his parents. After trust was established, it became possible to rebuild trust between F and his mother and in turn this led to setting up some age appropriate guidelines for safe non-risk taking independence outside of the family home. An important basis for these changes was counseling with F to create a new insight into and awareness of own behavior. Self-understanding was the beginning of learning to understand and appreciate others behaviours as being different from personal ideologies. F has become more positive about the prospects for change in his own thinking and that of others and enabled him have new conversations and interactions between himself and other members of the family. F no longer expresses a desire to remove himself from the family (homelessness ideation).

Anther case of a young person not identified by the SNS in November 2011 was 'G', a young female from a refugee background. This was a referral from another agency. A screening interview was done and it was quickly established that G needed support. On the same day, The Geelong Project received an urgent phone call about not only G but her sister and cousin as well. This was a crisis since the girls were

facing actual homelessness within 48 hours. It was Thursday afternoon late and nothing was done they would be homeless by Monday morning. A Headspace worker had phoned TGP and said that she had all three girls in her office and that their Aunty (with whom they lived) had said that they could no longer live with her. An emergency meeting was called at Time for Youth to secure emergency accommodation for the three girls and to provide them with some material aide. Headspace, The Geelong Project, and student support staff from two secondary colleges attended an emergency meeting at Time for Youth, while other project Staff worked behind the scenes to secure both short-term and long-term accommodation that was appropriate and sustainable. At 5pm, late on Friday afternoon, all three were placed in safe and secure supported accommodation over the weekend. All three were supported to attend medical appointments in Melbourne so that they are not further ostracised by their local community. They were supported to maintain contact with their other siblings who lived nearby but who they are unable to live with due to the intra-familial conflict. Given the nature of the conflict they have needed some psychological counseling to help them cope with traumatic breakdown in their family support. All three girls are continuing their education at their schools.

This is an example of readiness, rapid response and the utility of close connections between agencies without which the result for G and her sister and cousin would not have been possible. In one sense, the girls have been accommodated in a youth homelessness service and therefore by definition are homeless, however, there was no alternative accommodation. They attend school and a range of other needs were quickly attended to. There is an extended family in Geelong and they may be able to return to live with another relative, but a process needs to happen for reconciliation to be successful.

8.5 Measuring Outcomes

To date, there have been 65 young people referred to casework. In every case, there were family issues, often quite complex and difficult issues. Many of these students had not come to the attention of schools at the time of the Student Needs Survey.

While it is not yet possible to report on outcomes longitudinally or in terms of stocks and flows of homeless youth in Geelong, the 65 young people who have entered the program as clients and who have received casework support all remain at school and none are homeless. Some 95 per cent are still living with their families. The cases

that have been discussed previously are typical of the range of client situations that the Early Intervention workers are dealing with.

9 THE DYNAMICS OF YOUTH HOMELESSNESS

Despite the technical difficulties of measurement, for a social problem such as 'youth homelessness', it remains important to estimate the size of a population in need and to understand its dynamics. An objective of the Geelong Project research was to investigate how the incidence of homelessness could be established. One of the difficult issues when attempting to enumerate youth homelessness is that detachment from family relations and the family situation is a process during which a young person may stay away from home for a day or a few days at a time, but then return. This kind of behaviour may occur over an extended time period from months to years. Being able to identify young people at the earliest stage of homelessness is necessary for early intervention to be successful. From the perspective of having an indicator of homelessness, it presents some problems of measurement and aspects of this problem are discussed in this chapter.

9.1 The extent of youth homelessness

In order to understand the extent of youth homelessness from 2009 to 2011, a review was undertaken by the Australian Bureau of Statistics on the methodology of Counting The Homeless. While broadly adopting the established Counting The Homeless methodology, various changes were made to the counting rules. Previously, youth homelessness in 2006 was estimated to be 21,000, but the ABS rejected the method used in Counting The Homeless to enumerate or estimate the number of young people who are couch-surfing, the size of the enumerated population of homeless youth 12-18 years was reduced to 5424. The problem is that when a young person is somewhere other than their home on census night they are either not recorded correctly as a visitor or recorded as a visitor with a usual address elsewhere. The previous method of estimation used in Counting The Homeless as based on enumerating homeless students by means of a school census and then assuming that the ratio of students to non-students in SAAP was the same as in the homeless population generally.

> The ABS homeless estimates derived from the Census are likely to underestimate the extent of youth homelessness but there are no data available to determine even approximately the magnitude of the under-estimation. Homeless youth will be underestimated within the group: 'Persons staying temporarily with other households'.

> ABS has not been able to establish any reliable way, with existing data sources, of estimating homelessness among youth staying with other households and for whom a usual address is reported in the Census. Service providers and researchers have

indicated that the estimates of homeless youth derived from Census data do not concord with their knowledge about youth homelessness but there is no information to know the extent of any divergence.

The ABS revised definition of homelessness and new figures based on the 2011 Census constructs youth homelessness a much smaller sub-population on the night, but with the caveat that this group was under-estimated (ABS, 2011). These questions remain open until further work is done by the ABS and/or further research on the extent of youth homelessness.

Despite an unsuccessful quality study, the problem of enumerating homeless youth is more than just a technical issue. The under-count may be large, but at this stage, the ABS has not proposed a solution to the problem of the youth undercount. Percentages are reported on the homeless profile that treat the number of homeless youth as the equal to the numbers for other groups where under-counting is not such a problem. Policies are shaped by interpretations of statistics.

However, other data is available from statistics on service usage and this data reflects expressed demand. According to the 2011-12 Specialist Homelessness Services Data Collection, which collects annual data on homelessness service users, 56,628 were children (0-17 years) who presented with others usually a parent, and 42,600 youth and young adults (aged 15-24) who presented to services alone. These figures include both children and young people who were homeless when they first approached SHS as well those who were at-risk but not actually homeless when making first contact.

Of the young people entering homelessness services as clients in their own right in 2011-12, some 9040 were secondary school students and a further 4783 doing some form of employment training. Agencies do seem to keep the school students attached to their schools while they are being supported. However, getting students who have left school early, to return to school is much more difficult, if a young person is transient and while there are so many life issues to address.

9.2 Estimate of the Need for Early Intervention

The initial calculation of the extent of need was based on the best available data at the time. There were about 5000 secondary students enrolled in schools within the proposed Project catchment area in 2011. Using empirical data from studies of risk by Mackenzie & Chamberlain in the late 1990s, the Catalano survey in Victoria in 2000, and more recently in Nillimbik and Banyule in 2008, it was assumed that about

3-4 per cent of students across a community would be at sufficiently high risk to require intervention of some kind – from intensive support to less intensive but regular support. On this basis, about 186 students of these 5000 mainstream students were likely to be at high risk of homeless. The last National Census of Homeless School Students (NCHSS) in 2006 found about 50 homeless students in all the Geelong schools. Given that the Geelong North and Bellarine catchments comprise 59 per cent of the total secondary student population for the region, it was assumed that there could be about 30 homeless students at any one time. Lastly, there were 479 students in alternative school programs within the catchment, based on data provided by DEECD. These 479 students, within the age group 15-18 years of age, were disengaged from mainstream schools and attended accredited programs at Barwon Youth, CREATE, MacKillop Family Services, Diversitat and The Gordon. Approximately 24 students, or 5 per cent of the 479 students in alternative programs, (within the 15-18 year age group) were likely to be at the earlier end of the homelessness intervention continuum. The estimated cohort of students at-risk was 240 individuals.

In planning for service delivery the final figure was downsized to 210 young people. Based on experience of the Youth Support Service (early intervention youth justice), a worker to client ratio of 35 clients per worker per year has proven to be manageable and successful with the case managers. Extrapolating from this, with 6 EFT case workers, the EI Team would have the capacity to work with up to 210 young people over the year - a caseload of 10 young people per worker at any time and 35 clients per EI Worker per year.

The extent of homelessness could increase or decrease and the Geelong data collection was an opportunity to examine the pilot data from this perspective. The original estimate of need stood up well in the light of the 2011 data and it will be checked again when the results of the Enhanced SNS are available later in 2013.

9.3   Incidence of Youth Homelessness

One of the objectives of the FAHCSIA research was to measure the incidence and prevalence of youth homelessness in Geelong. Two types of population parameters are used to measure the frequency of the occurrence of certain behaviours or outcomes:

(a) Prevalence is defined as the total number of cases of an outcome in a population group in terms of a specified time interval. Point prevalence is the number of cases at a point in time. Period prevalence is the number of cases over a defined period, e.g. a year.

(b) Incidence is defined as the number of new cases of an outcome in population group within a specified time interval. In terms of youth homelessness, that would be the number of cases of young people who become homeless on a night, over a week, a month or a year.

Both prevalence and incidence estimates provide important information about a population of interest, which in this research, is the population of young people who are at-risk of becoming homeless and those who are experiencing homelessness. The specific issue or question of interest will dictate which is the more important population estimate to use for the purpose. An incidence study would estimate the probability of leaving home or becoming homeless during a specific time period and would allow investigators to determine whether the probability of being at-risk or becoming homeless varies across different sub-groups or in relation to possible etiologic (i.e., causal) factors (Dorn, 1951)

Obtaining population estimates of homelessness is difficult. Most of the data is data on service usage. The expressed demand on services is measurable because it is when people seek help. Measuring the incidence of homelessness, whether defined narrowly as in the United States or more broadly as in Australia, is very difficult because it is a social phenomenon broader than the section of the homeless population seeking assistance at any point in time.

The point prevalence figure for homelessness in Australia was first estimated by Chamberlain and Mackenzie (1999, 2001 and 2006). Their estimate of 105,000 (2006) was based on the use of census data to estimate that section of the homeless population that is not in contact with services and have not sought assistance – the 'invisible homeless'. Several studies in the United States have attempted to produce estimates based on a random sample survey of the US population. Link survey 1507 residents in 20 of the largest Standard Metropolitan Statistical Areas in the United States and after appropriate weighting, inferences were made of lifetime literal homelessness of 7.4 per 100, a five-year prevalence of 3.1 per 100 and lifetime prevalence of homelessness (including doubling up) of 14 per 100 or over five years a prevalence of 4.6 per 100. These estimates are national and come with large errors of measurement. No similar research has been attempted in Australia.

The revised statistical definition of homelessness adopted by the Australia Bureau of Statistics does substantially alter the profile of the homeless population and admittedly under-estimates the extent of youth homelessness.

The Student Needs Survey provides data on one section of the homelessness population. Students were asked where they resided the night before they completed the survey. Table 11 shows the profile of student answers to this question. Several categories such as 'a caravan', 'supported accommodation', 'staying with friends or relatives (i.e. possible couch-surfing) and 'no fixed address' are potentially situations of homelessness.

Table 11: Residential setting last night, 2011 Student Needs Survey pilot

	Frequency	Assessment
Private owned or rented house/flat	4902	Housed
Public/Social housing house/ flat	169	Housed
A caravan	45	Marginal housing
Supported accommodation	7	Homeless
Staying temporarily with friends or relatives	63	16 couch-surfing 47 just visiting
Boarding with another family	14	Independent
No fixed address	7	Homeless
Some other setting	32	Not known but assumed to not be homeless
Total Sample	5239	

N.B. In 97 cases there was no information. The response rate in November 2011 was 52 per cent.

These situations provide data for an estimate of the point prevalence of the homeless population in schools.

It is not clear whether the 45 students who reported that they were staying in a caravan on the previous night should be classified as 'homeless' or whether that situation should be classified as marginal housing. There is not sufficient information to make the judgement call that any of these young people are homeless. The more conservative position is to not assume they are necessarily homeless. They have not been counted. Students were asked if they were staying with friends or relatives on the previous night. Sixty-three reported that they had been away from home.

However, three-quarters (47 individuals) also said that they were 'just visiting, everything normal and OK'. Sixteen said that they 'really did not want to be at home with my parents(s) and family'. The dichotomy in the two closed-ended categories invites students to indicate an away from home overnight visit that is problematic and without any issues. Alternatively, they can choose to indicate they have been having some problems at home and did not want to be there. That admission is taken to indicate couch-surfing. Given that couch-surfing, as a detachment from family relations and home, is usually a gradual process, there is considerable variation from the beginnings to frequent couch-surfing in a situation of deteriorating family relations. The assumption of 16 couch-surfers is reasonable on the available evidence. Only further interviews of the students visiting other households could clarify this interpretation any further. Altogether, there were at least 30 homeless students in Geelong on a night in November 2011. Given that the response rate in 2011 was about 50 per cent, the estimated number of homeless students in Geelong secondary schools would be closer to 50-60. This will be checked against the data from the enhanced Student Needs Survey that will be available later in 2013.

The population of homeless youth in Geelong (aged 12-18 years) consists of some young people who have left home but still attend school (i.e., homeless school students), but also, young people in the same age range who no longer attend secondary school. They may have left school because of homelessness or left school early and subsequently at some point left home and become homelessness. The SNS also provides some new data on couch-surfing. Students were asked about staying with friends and relatives on the night before doing the SNS, over the past three months and over the past 12 months.

Table 12: Couch-surfing Prevalence

	Staying with friends or relatives	**'Couch-surfing'**
On the night	63	16
Over the past 3 months	885	230
Over the past 12 months	1096	253

N.B. These raw figures have not been corrected for a 52 per cent response rate.

The sixteen students that were couch-surfing on the night before the SNS also reported other times they had done the same thing over the past three months and past year. However, the results do not indicate whether a student has been couch-

surfing on multiple occasions or only once. The above figures are individual young people and there is no double counting. The ratio of the 'on the night' to 'over three months' is 1:14. This suggests that couch-surfing is relatively common, and that a lot of young people engage in this behaviour, but for relatively short periods of time. The ratio of 'over three months' to 'over 12 months' is 0.9 which suggests that the young people engaging in this detachment from home behaviour probably do it many times over a year, but the number of new cases (i.e., incidence) over nine months was only 23. While this is not a complete picture it suggests a large 'stock' of young people who have been couch-surfing at various times, but a small flow of new cases. The importance of identifying couch surfing is that when young people begin to stay away from their home for short periods due to family conflict, this is a sign of increased risk or the incipient beginning of homelessness.

9.4 Building Real-Time Community Indicators of Homelessness and Early School Leaving

As part of the Geelong Project demonstration, the collection of data from students as part of the Early Intervention Framework and service delivery does provide a possible answer to the problem of indicators of whether early intervention is effective. The proportion of likely couch-surfers amongst the students who were visiting other households the night before they did the Student needs Survey can be used to do some calculations to estimate the size of the homeless youth population. A definition of couch-surfing is difficult because there is such wide variation on young people's staying away from home behavior. It is relatively easy to establish that a young person is with another household but on what basis is this 'couch-surfing' and not just somewhat errant teenage behavior. In the previous section it was explained how this was discriminated. The intention to really not want to be with one's family or family members has ben used to distinguish couch-surfing behavior. On this basis one quarter of the visitors were couch-surfing.

The methodology used in the Student Needs Survey and the longitudinal data collection being undertaken by The Geelong Project does demonstrate how reliable data on risk and homelessness can be collected at the community level and more frequently than the Census of Population and Housing every five years.

10 DISCUSSION & CONCLUSIONS

Given that The Geelong Project began as a funded research project under FaHCSIA's Homelessness Research Partnership program, the first point of reference is the original set of research questions. A second point of reference for this report is the real-world pilot project that was launched in 2012, based on an innovative new community model for early intervention.

The first research questions were: 'What is the extent and distribution of students at high risk of becoming homeless in Geelong?' And 'What are the characteristics of at-risk students?'. The pilot Student Needs Survey in November 2011 of 5236 students (52% response rate) found 1.2 per cent at high risk (scores of 9-10) and another 3.5 per cent where risk was indicated (scores of 7-8). This finding was consistent with previous results for the indicator in the late 1990s, in 2008, in Nilimbik-Banyule and in 2003 when Bearsley did her comparative validation analysis.

The student at-risk profile was distributed fairly evenly from Year 7 to Year 11. This is because the family issues that are the pre-cursors of actual homelessness are present years before a situation reaches crisis and a young person leaves home. This means that there are opportunities for intervention during the transition from primary to secondary school and throughout secondary school. This supports the view that early intervention should work earlier than near the homelessness crisis point, and that also means a more proactive approach.

Female students are somewhat more at-risk than male students (55% female: 45% male) and Indigenous students more at-risk (about five times) than other students. About 10 per cent of the at-risk students were Indigenous. Students at-risk of homelessness were more likely to also be smoking, using marijuana, have had contact with the police or sought help for psychological issues (about three times more likely). Students were less able to cope with stress and adversity than other students and this showed up in measures of lower resilience.

An important finding is that students at-risk of homelessness were not necessarily disengaged from school and education. For the highest risk group, half (51%) were positively engaged at school, as were two-thirds (66%) of the risk indicated group. By contrast, more than 90 per cent of other students were positively engaged.

The data on risk of homelessness can be used to estimate the need for early intervention. The at-risk group in Geelong was 4.7 per cent of the total school population. This is consistent with early data on the at-risk of homelessness indicator.

There are 909,531 secondary students in state schools and 320,517 students in Catholic – a total of 1,212,048 students (Review of Funding for Schools 2009). For the purpose of calculating an early intervention response to homelessness the 261,136 students in Independent secondary school can be exempted because only a tiny number of students in fee-paying private schools are at-risk of homelessness or ever experience homelessness. Applying the at-risk of homelessness indicator profile Australia-wide, about one per cent or 12,000 students would score 9-10 (high risk) and a further 48,000 would score 7-8 (risk indicated). The capacity of Reconnect is about 5500-6000 clients per year and that has not changed since 2003. Previous arguments about expanding early intervention suggested a doubling or trebling of reconnect on the basis of risk data (Chamberlain & Mackenzie 2006). On this more recent risk data, the argument for a three-fold expansion still holds, but from the experience of The Geelong Project model, a more robust and systemic place-based model should be considered, that would be able to screen some 60,000 at-risk young people and support them and their families through the new form of collaborative practice. Reconnect provides an already existing workforce with the requisite early intervention practice experience for building a more systemic response.

The Geelong Project model involves several innovations: population screening, a flexible nuanced practice framework, a cross-sectoral 'community of schools and youth services' place-based organisation of services and support, a rigorous measurement of outcomes, and a person-centred and outcomes-focused IT platform rather than a program specific data collection and youth-focused and family-centred practice.

Population screening was the most challenging concept. Would it be practical do population screening? Could at-risk young people be identified using a Student Needs Survey? Would the process that involves identification be able to satisfy the legal requirements of privacy? The SNS identification worked. One basis for this assessment was that Stage 2 screening, in nearly all cases, verified what the survey scores indicated. But also, school staff remarked that the SNS and screening process had found many students with serious issues that had not come to the attention of the school. In the pilot, 'identifiability' of at-risk students was agreed with DEECD, but in the enhanced SNS being done in the second half of 2013, students have been asked to provide their names, although this is optional. The SNS and the screening process were delivered across the whole school, so it was not something seen to be obviously targeted to a particular group.

The practice framework with tiers or levels of response and the notion of 'stepping up and stepping down' was developed prior to the public release of Services Connect in Victoria and the envisaged three levels of support - self-management, guided support and intensive support. The Geelong framework is more nuanced, detailed and designed for early intervention with at-risk young people. The philosophical approach to case management has been described as youth-focused and family-centred. Working with at-risk young people nearly always involves some work with family members. The nature of that work depends on the issues to be resolved. Generally, school-based student support staff are not able to undertake this kind of family work. Professional expertise is required, and in many cases, formal case management. In Geelong, a number of the schools involved in the pilot have embraced the model, welcomed the collaboration with external community sector workers, and foreshadowed rethinking how they operate internally to align more closely with what is now possible as part of The Geelong Project model.

The 'community of schools and youth services' concept of a collaborative inter-linked service system overcomes many of the barriers associated with the siloed organisation of programs and service sectors. The more integrated and collaborative effort of schools and youth agencies for the purpose of early intervention is an important reform. The structures and processes that have been established through a form of 'community development' have been cemented together by means of interagency agreements. No new legal entities have been created and nature of the collaboration remains an open question of interest with the possibility of further development. The multiplicity of relations and the scale of a whole of community approach brings a new level of complexity beyond a referral based early intervention service such as Reconnect. The development of the e-Wellbeing IT Platform is innovative and may be the first cross-sectoral software of its kind. A prototype is expected to be operational in the second half of 2013.

A second question was: 'What is the incidence of homelessness for young people in Geelong?' The complete answer to this question will only be possible once the follow-up of young people has been done over some three years. The statistics on homelessness are difficult to derive and somewhat contested, particularly the extent of youth homelessness. However, this project has derived some new data on the extent of couch-surfing, that is widely reported to be a common practice, but young people who engage in couch surfing while still mostly at home may sleep away from home for short periods of one to three days only. The prevalence of homeless school students on one night was found to be about 50-60 in Geelong. The SNS found 30

homeless students amongst a population of 5239. The survey was done in a cluster of schools that varied in the number of at-risk and homeless students.

The number of homeless youth not in school but in the same age group cannot be determined at this stage. How some new light was shed on the extent of 'couch-surfing in Geelong schools. About one quarter of the students who were visited another household on the night before they completed the SNS said that they 'really did not want to be at home with my parent(s) and family' rather than the alternative option that they were 'just visiting, everything normal and OK'. If there were 16 young people couch-surfing on the night, there were a total of 230 doing this at some point in the past three months but 256 who disclosed that they had done this in the past 12 months. This suggests that there seems to be a large pool of young people (230 who have engaged in that behaviour but absenting oneself from home is usually a short period of one to three day, so the on the figure is relatively small (16). If only 26 individuals have done this between three and 12 months, this suggests that the number of young people starting to engage in this behaviour (i.e., incidence) is a small number.

What happens for young people highly at-risk or recently homeless who receive early intervention support? How effective is early intervention? Originally, this was going to involve following up young people at risk who became homeless subsequently and received support and early intervention from Reconnect in Geelong. That plan was superseded once the opportunity to roll out The Geelong Project model was presented. What is being tested now is a new model for a more proactive whole of community approach to early intervention. It is a model designed on the basis of research, an appreciative critique of Reconnect and the input from practitioners seeking to build a more cooperative system for achieving more effective early intervention. The measurement of outcomes for the students supported through the Geelong Project is still at an early stage, since many of the clients have only been involved for 3-6 months. However, the 82 young people referred to The Geelong Project (54 family members are being supported as well) remain engaged at school and living at home or in a few cases safe and secure alternative accommodation.

The longitudinal follow-up was conceived to provide new data and answers for the following questions: 'What happens for young people who become homeless? and For how long do they experience homelessness? What are the outcomes from support and accommodation provided by the Geelong youth service system?' definitive answers to these questions are not yet available but will come on line as

the data collection and follow-up moves into its second and third year. An efficient system depends on setting up a system (i.e., e-Wellbeing) that provides for longitudinal follow-up as well as support the work of the workers and schools.

The other component of this task has involved extracting data from a five-year database of all young people who have registered at the Geelong Youth Entry Point. This is information on some 5000 individuals and that data will be analysed to work out when young people might have left school and whether they were homeless before or after they had left school.

The question: 'In what ways does the Victorian education system work with other service providers to assist young people who are homeless or at-risk of becoming homeless?' was addressed in the published report, *Review of Victorian Education Initiatives relating to Youth Homelessness* (2011)*,* and the FaHCSIA Evidence Note, both available on the Homelessness Clearinghouse website. Victoria has been making pioneering efforts since the mid-1990s to improve the State's response to vulnerable youth. Welfare positions in both secondary and primary schools have been significantly expended. In 1997, the Government launched the School Focused Youth Service comprising some 41 workers tasked with facilitating partnerships between schools and youth agencies by forming cooperative networks and doing joint projects. That program continues with a refocusing on addressing the needs of vulnerable youth more concretely. The Better Youth Services Pilot Program sought to improve how communities respond to disadvantage and risk. Since 2011, under the Liberal Government, the work has continued as the Youth Partnership program that seeks to foster community level partnerships to improve the support for vulnerable youth and achieve improved educational and social outcomes for this group. In this context, The Geelong Project is a pilot of a highly systematic and systemic approach for identifying risk of homelessness, linked to an early intervention workforce to reduce risk and prevent homelessness.

The question: 'What would comprise an adequate approach to early intervention in a community and what changes to policies and programs would improve early intervention?' has become the question of how effective The Geelong Project model might be. The Geelong Project is a model for building a collaborative structure and processes of identification and response for at-risk young people. It is proactive not only reactive. It constructs referrals jointly with school staff and works regularly in schools. The model brings together the objective of reducing homelessness with the objective of retaining young people in Education. An important premise of The

Geelong Project is that school retention is not only an education problem, but that it is also an issue shaped by family factors that have hitherto been neglected as outside of the scope of what can be changed. The early intervention being trialled in Geelong does not accept that limitation. The Geelong Project is proposed as a model for what can be done beyond the Reconnect program. Significant resources are already available if they were used somewhat differently.

The landmark White Paper, *The Road Home*, explicitly signalled a new policy setting that framed 'homelessness' as not a residual policy issue but a national priority that needed the engagement of mainstream agencies. An evaluation of the extent to which the engagement of the mainstream on homelessness has been successful has yet to be done. Below is what the White Paper proposed:

> A repeated theme of submissions to the Green Paper was the need to improve the response of mainstream services to people who are homeless. This will in many cases prevent people becoming homeless – by catching them early. It will also reduce demand for specialist homelessness services by helping those mainstream services work more effectively with people – who despite the best efforts – do become homeless and require assistance from specialist homelessness services. Mainstream services – as critical 'first to know' agencies – include: state and territory housing authorities; Centrelink; universal employment services; schools and other education and training services; health services, including hospitals, mental health and drug and alcohol services; legal, policing, correctional and juvenile justice systems; family and children's services, including child protection services and immigration programs; aged care services.
>
> To substantially reduce homelessness and achieve the high level outcomes agreed to by all governments under the National Affordable Housing Agreement these services must all work better together. Mainstream services must also significantly improve their connections with specialist homelessness services to prevent people falling into homelessness (p. 36).

In the case of young people, the mainstream agency is the school system. The need to upgrade school welfare support has been widely accepted, and schools have been engaged in reform to become broader social support and educational institutions (the term full-service school has been used although co-location of services on school sites has not been common in the Australian context).

The case for improving welfare support in all schools and on the basis of youth homelessness data has been strongly advocated, but implementing universal prevention in schools has run into a range of troublesome issues. For this reason, there is a good case for framing the funding for universal prevention including indicative prevention or early intervention as a cross-sectoral project involving several departments, particularly Education and Community Services.

The key policy question is not between whether to mainstream or alternatively resource homelessness services, but how to construct functional co-operation at the transition between one and the other. Also, drawing on the experience with youth homelessness, the development of 'prevention' needs to be approached counter-intuitively, working backwards from crisis intervention to early intervention and targeted prevention, not the other way around. Systems of support and intervention in the secondary school and during adolescence, once established, could be extended back into the primary school.

The community sector positioning of early intervention family oriented casework seems appropriate, on the grounds of building capacity, where capacity can best be developed rather than focusing on building social work capacity within Education and therefore limiting its scope to young people attending school. However, a strong welfare support capacity in schools is crucial for both early intervention and prevention. The critical success factor seems to be a working cooperation between the mainstream, (i.e., schools), and the early intervention services located in the community sector.

There has been some public debate about expanding Reconnect-type early intervention services in line with real need, as measured by the number of young people at-risk of homelessness. There is little doubt that expanding early intervention for young people is likely to yield an outcomes dividend and contribute to reducing the incidence of youth homelessness. However, the capacity for early intervention has not been developed substantially since 2007.

With the advent of The Geelong Project, the relationship between the mainstream and community services becomes a territory for innovation and reform[1]. A good deal of practice and research evidence suggests that the more effective way to deal with incipient homelessness and prevention aimed at young people with indicated risk of homelessness is when early intervention is done through service delivery collaborations. Early intervention works best when indications of homelessness are dealt with when they first appear. For the majority of young people this is whilst they are still at school. The metaphor of a 'hospital' or 'health service' is useful but not because homelessness ought to be thought of as a health problem. It is useful because the local service system under construction through The Geelong Project

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[1] For young people at risk the mainstream are schools and the education sector whereas community services do not only include homelessness agencies, but other community agencies such the LLENs or specialist youth services

shares some important system features with hospital or health services environments. Hospitals are information and evidence-rich environments, and decisions are made about interventions on the basis of real-time data. The data systems are primarily about serving health outcomes, and then secondarily about accountability. The notion of 'triage' is about flexibility and working efficiently to ensure that resources get to those who need them the most. The medical services provided are about doing whatever is required to achieve health to the extent this is actually possible.

The Geelong Project model is a live demonstration of how new local systems of support can be put in place and how mainstream agencies (in this case schools) can work closely in partnership with a range of youth agencies. Reconnect, the primary Australian early intervention program for young people at-risk of homelessness or recently homeless is a reference point, via an 'appreciative critique' for development of The Geelong Project. The TGP model is strongly grounded in theory and practice, and early results have been positive. If The Geelong Project model lives up to its promise, then it will have demonstrated how early intervention, through new forms of collaborative and integrated practice, can be more effective in reducing youth homelessness and other adverse outcomes, than reserving intervention until the onset of a homelessness crisis. Questions are also raised about the conjointness of 'early school leaving' and 'youth homelessness' and whether a new place-based early intervention platform needs to be more generic or multi-issued rather than a single-issue program response.

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APPENDICES

1. The e-Wellbeing IT Platform
2. Student Plain Language Statement
3. Parents Plain Language Statement
4. Geelong Student Needs Survey

Appendix 1 – The e-Wellbeing IT Platform

The complex interactions required under a cross-sectoral collaboration amongst schools and youth agencies require an information platform that reflects a person-centred and outcomes-focused support system for vulnerable young people. The issue was discussed by the Early Intervention Working Group and developed by the Swinburne Research Team into an innovative concept. was the idea of an IT Platform that reflected the work in schools but also the support beyond the school.

E-Wellbeing can be represented as modules with separate purposes, functionality and permitted access (Figure 1). The Data & Evaluation (D&E) team have access to all data. School staff only access to their students. Case workers only have access to the students they are supporting. However the Time for Youth Early Intervention team coordinator has overall access to all cases.

Figure 10: The Functional Structure of the e-Wellbeing IT Platform
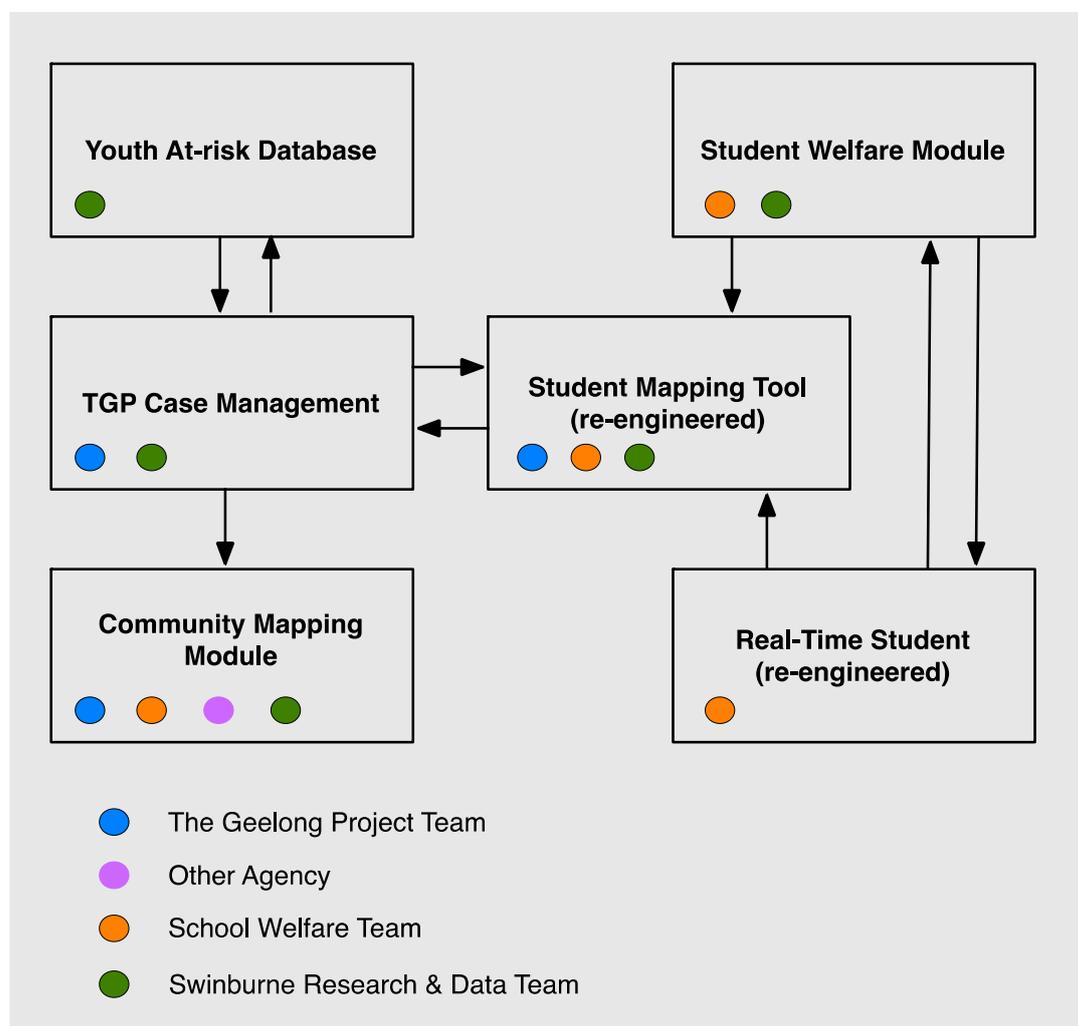
The youth at-risk database is compiled from the Student Needs Survey data and any youth who are referred to The Geelong Project who may or may have completed the SNS previously. The Research team are the custodians who have exclusive access to this data, however, the schools and The Geelong Project access sub-sets of this data on a need to know basis.

Figure 2 is another way of expressing the relationship between the different functional modules envisaged for e-Wellbeing.

Figure 11: E-Wellbeing Activities and Modules
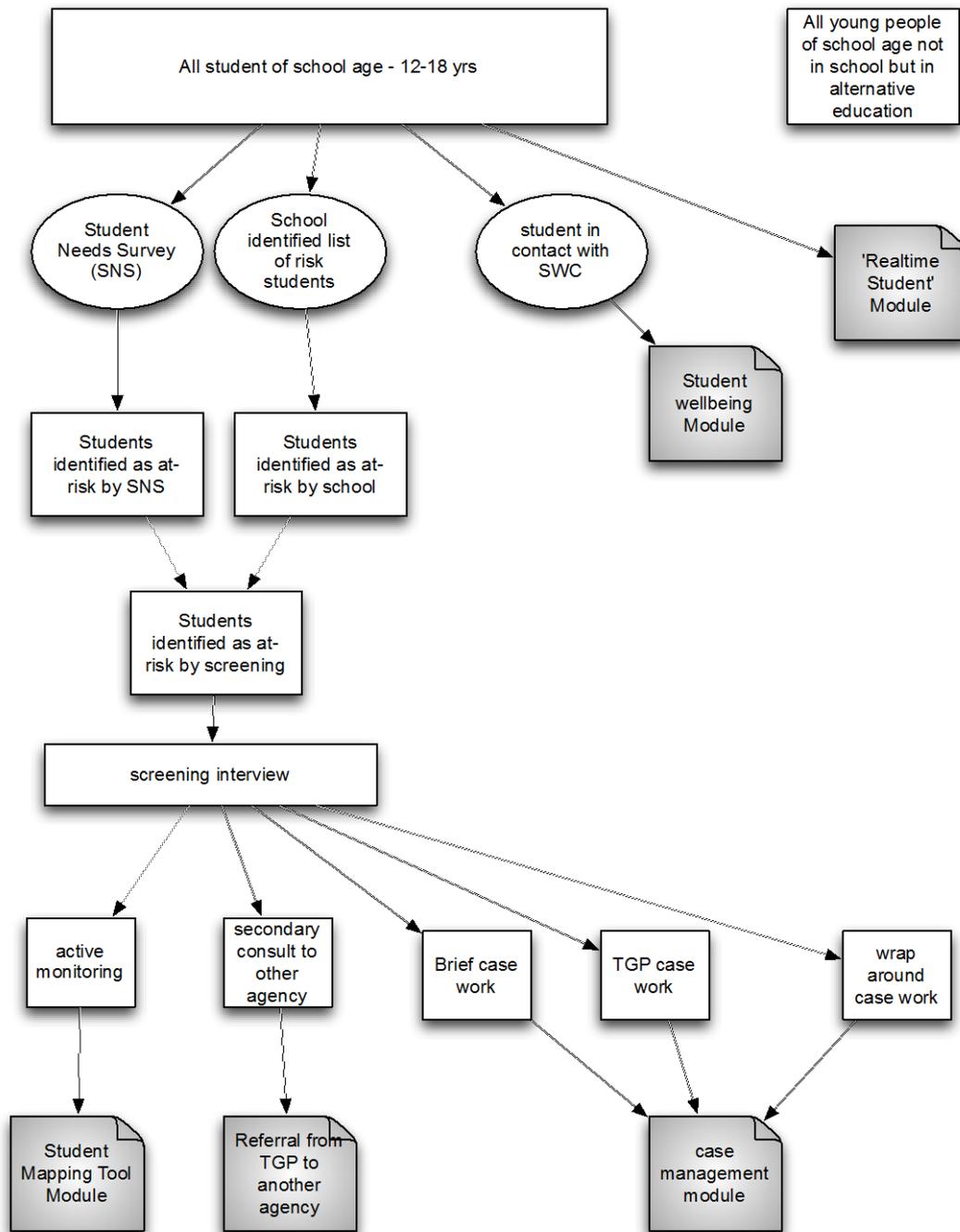
Student Welfare Module:

This is a relatively simple database for school staff to log their contact with students and record their student support activity. This is like an early warning system. Better records will improve capacity of the welfare team to work out trends and to raise issues within the school community with reference to an evidence base. Some of the students who come to their attention might be posted on the Student mapping Tool for active monitoring. Other case may reach a point where a referral is made to The Geelong Project. Several of the Geelong schools are pressing to trial this module.

Currently, schools have resources to provide student support. A key position has been the Student Welfare Coordinator. In many schools, these student support positions have been renamed under 'wellbeing' to move away from the negative connotations associated with welfare. It is common to find school have organised student support teams or wellbeing teams to better coordinate the in-school effort to support at-risk students.

Student support in schools varies according to the capability of the responsible person. Most often an SWC will be a teacher who takes on a welfare role as a special duty. SWCs may be very experienced and some have done additional courses of study or professional development to be able to deal with the issues that arise. Some schools have employed youth workers or social workers as part of their student support teams. In general, there is no information system for recording contacts between student support staff and students.

Student Mapping Tool (re-engineered):

An important but neglected innovation within the Education system is the Student Mapping Tool (SMT) designed to identify and monitor at-risk students – ie, students at-risk of disengaging from school and leaving school early. The Student Mapping Tool is a pre-programmed Microsoft Excel spreadsheet that presents a selection of school data from the CASES21 student database, used by all Victorian Government schools. The spreadsheet displays CASES21 data that relates to student disengagement and early school leaving and allows other information about programs and initiatives with a school to be logged on the spreadsheet. The SMT is highlights some factors that relate to increased risk of student disengagement and early leaving, and maps programs and initiatives being used within a school against individual students. The SMT was promoted as a useful tool 'to assess and plan for whole-school needs, and to monitor individual student progress, evaluate the efficacy of the interventions being used, and assist(s) schools in reporting and student management'.

The idea for the Student Mapping Tool was a good one – to monitor at-risk students systematically and monitor what is being done to reduce their level of risk. In 2010, the Ultranet was launched as a system-wide on-line information network for Victorian schools that would eventually incorporate all the information needs of schools, but, its future is in some doubt. The secretary of the Department Richard Bolt admitted that 'It's a fact, and a well-known fact I think, that the level of take-up of the Ultranet has been nothing like what was intended' and Victorian Auditor-General found that 'the Ultranet was poorly planned and implemented. Six years after its announcement, it is yet to achieve expected benefits for students, parents and schools. It is significantly late, more than 80 per cent over its first announced budget, has very low uptake, and does not have originally intended functionality'. [References in Wikipedia] Other criticisms are that it is building old technology when new innovative Web 2.0 technologies could be more readily harnessed and adapted.

The Student Mapping Tool remains available but suffers from several difficulties. Extracting data from Cases21 is not automatic and requires a fairly high degree of technical expertise. The Tool itself is an Excel spread-sheet, which requires familiarity with using Excel, and being a spread-sheet, it is located on one computer with access limited. One Principal observed that if the SMT were to be redesigned it could be used for a wider monitoring of risk. On the positive side, care was taken to consider the ethical/ privacy issues involved with the use of the Student Mapping Tool. The Department's advice about the key questions that needed to be addressed to safeguard privacy but also to operationalise new systems for handling and sharing data with due regard for privacy.

> At all levels of engagement, you must consider the privacy issues associated with the information contained in the Tool:
>
> - Who needs to see the spreadsheet and who just needs to receive whole-school statistics?
>
> - Who needs to use the spreadsheet but doesn't need to see individual student names?
>
> - Who needs to see information about all students, and who only needs information on a certain group of students (e.g. Year level, Koorie, refugee etc)?
>
> - Under what circumstances can you share what information in the Tool with another organisation?
>
> Your use of the Tool should always comply with the [Privacy Guide to the Student Mapping Tool (Word - 1.5Mb)](#)
>
> Care needs to be taken that the Tool is not used to publicly label, stereotype or reduce the school's expectations of a particular student or group of students.

Independently, The Geelong Project, as a component of its Practice Framework, proposed the notion of 'active monitoring' of students, where risk was indicated, but students did not require casework support. Active monitoring requires regular updated information that can reviewed, and if there are signs that a young person's situation is worsening, then a referral to The Geelong Project for more intensive support can be quickly enacted. Watchfulness, in the form of 'active monitoring' is designed to ensure that referrals for assistance are earlier than otherwise might be case. It is the same basic concept as the original Student Mapping Tool that was about students at-risk of dropping out of school.

However, from a technical point of view, a web-accessible database is much better for capturing information over time. Apart from additional functionality, if the interface is well-designed, it will be much easier to use than the Excel version of the Student Mapping Tool.

Student Info Dashboard/ Real Time Student (re-engineered):

Real Time was an innovative software project led by the Geelong regional Local Learning & Employment Network. Real Time Student, which was trialled in six Geelong schools, provides a web-based intranet 'dashboard' pulling together relevant real-time Education data from a range of disparate school databases. The objective was stated:

> Real Time Student is a comprehensive web based system that pulls together data relevant to student learning and performance from a range of sources and makes it readily available in user-friendly formats.

The underpinning concept was that data on students could be better used by teachers to improve teaching. The Real Time Student project was launched in six secondary schools in Geelong in 2010. The trial schools were all participants in the Geelong Region LLEN's *Expanded Pathways, Improved Transitions (EPIT)* Project in which they began to examine ways of influencing and supporting students to make a positive transition from school to desirable education. Training or employment destinations. An important advance was the development of higher-level skills in using data for whole school planning.

Data included in the Real Time Student dashboard are sourced from NAPLAN results, live attendance records, student identification information, student enrolment subjects and academic reports as well as family contact information from the schools administration system. There has been an eMIPS component developed (an electronic version of the Managed Individual Pathways which is way of providing more individualised career and transition support to students in Victorian schools. Teachers can access Real Time Student to bring up all the relevant information on one of their students. At the time Real Time Student was launched, the existing data collection and management systems in schools were under-developed and student data was not live nor accessible (http:// www.youtube.com/watch?v=LqDI8-rM9vU). Real Time Student was designed to talk to other databases and once proof of concept had been demonstrated in schools, it was envisaged that real Time Student would be integrated in the Victorian Ultranet. There is uncertainty about what IT resources will be encouraged across the Victorian education system and the Ultranet in its present form looks like being retired.

Case Management Module:

The current homelessness data collection (SHIP – Specialist Homelessness Information Platform) has been designed for a system that supports and accommodates homeless clients. By contrast, early intervention is mainly focused on young people at-risk who have not yet become homeless. Early intervention is about defusing and resolving the dynamics that are leading towards a homeless crisis.

Figure 3 presents a diagram of the component functionality of the Case management module within e-Wellbeing.

Figure 12: E-Wellbeing Case Management Module
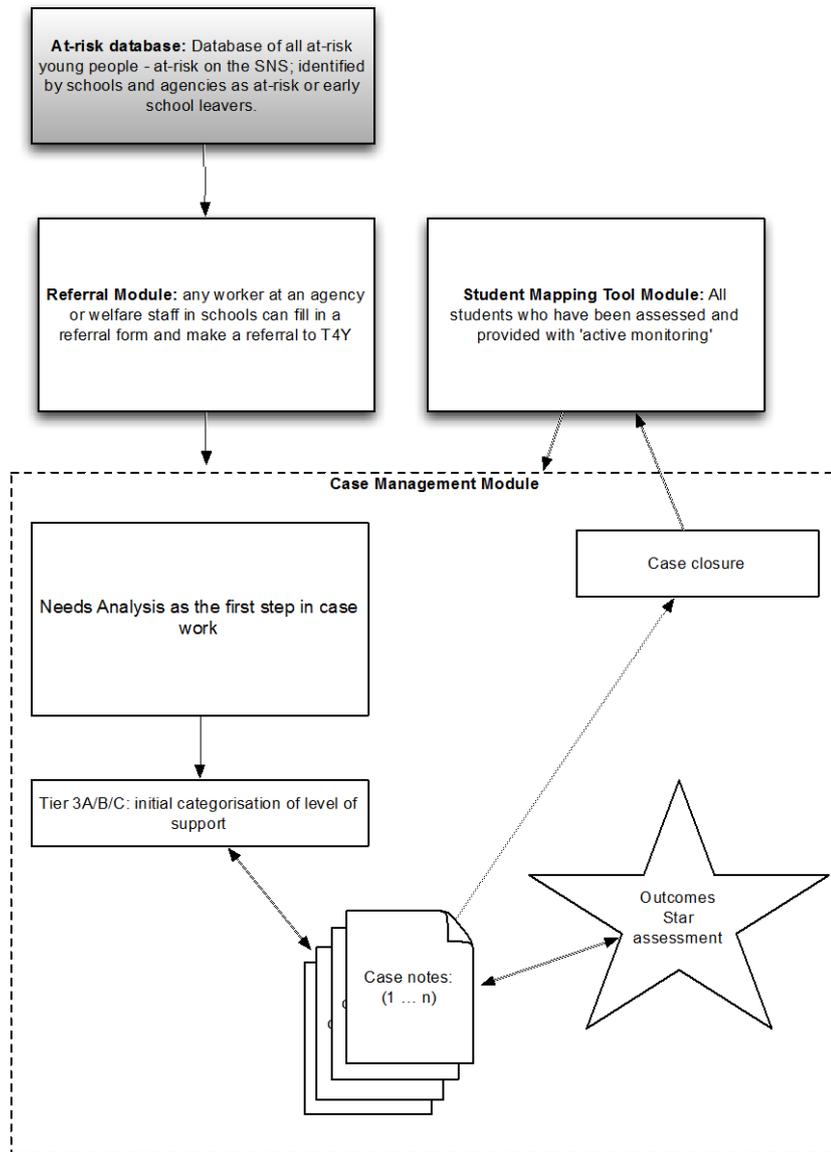
Case management is widely used in the human services and health fields. The status of 'client' is established following a referral on the basis that (a) the person referred is eligible for the program's services, and (b) they give their informed consent to receive support from the program. Case management as such is not common in schools except where specialist staff are operating. However, skilled welfare staff often undertake student support work without the formalities that apply to case work in the community sector.

Caseworkers normally require professional qualifications in social work, youth work, welfare or in a health field. A key principle is individualised service delivery based on a comprehensive assessment of need to develop a plan for addressing the client's needs/ issues. In general, a case plan is developed in collaboration with the client in order to empower the client to work on their issues and so they feel they 'own' the case management process.

Care has been taken to ensure that informed consent is managed appropriately. There is the student's informed consent but for young people under the age of 18

years, a parent needs to be asked for consent and that is a routine practice. However, if for some reason obtaining parental consent is not possible or appropriate then the School Principal can provide consent for a young person on an 'in loco parentis' basis.

The needs analysis is the first step in the case management process and regardless of the level of case support determined to be appropriate and necessary. The duration of support is not limited parameter, it is based on the needs of the client.

The use of the Outcomes Star to assess progress along several dimensions is consistent with the adoption of the Outcomes Star by DHS. However, none of the existing Stars have been designed with an 'early intervention' focus. The Homelessness Star is relevant for homeless clients of Specialist Homelessness Services in Australia. An Early Intervention Star has been earmarked for development as part of the case management module. This will be a joint project of Triangle Consulting (the intellectual property right owners of the STAR model), Swinburne University and The Geelong project agencies.

Community Mapping Module:

This module, which exists as a proof of concept prototype, has been designed to be populated by a minimum identifying data on clients of various agencies, at-risk students and early school leavers. Confidential information about what services a young person might be receiving and any detail about the support being provided is not relevant. The sole purpose of the module is to provide a near to real-time update on contact young people have with the Geelong youth service system.

Figure 13: E-Wellbeing Community Services mapping Module
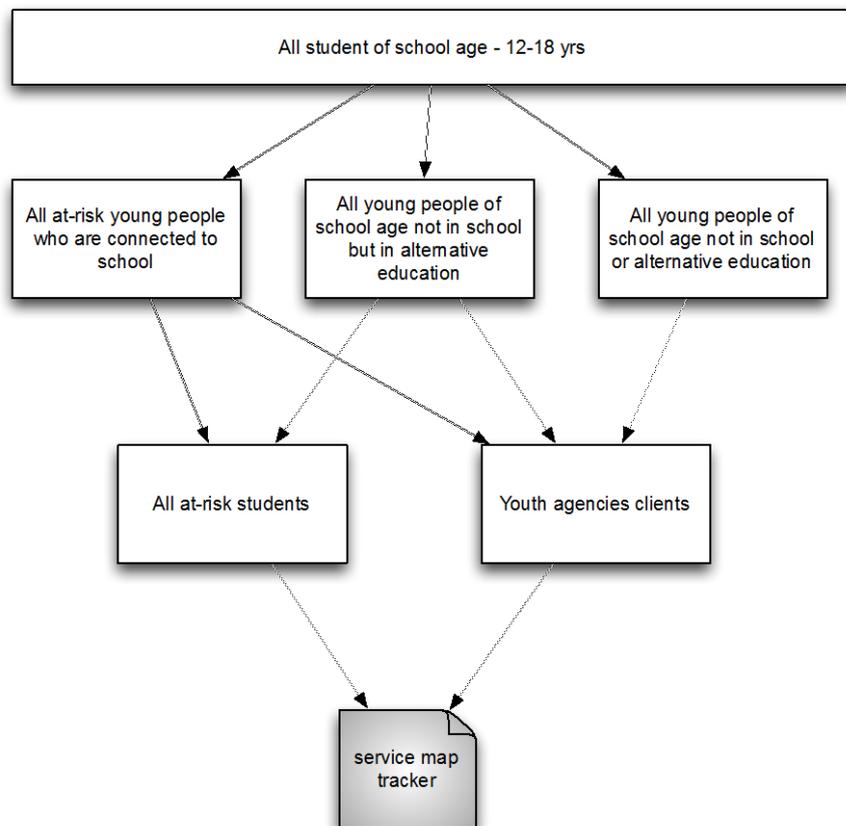
To do this requires an agreement between agencies to share a minimum client data set – name, DOB, gender and dates of contact. In Victoria, all students have a Victorian Student Number (VSN) devised so that student information can be more rigorously managed as students change schools or move in and out of the education system. At present its use is limited to schools and adjunct education providers, however, a strong case can be made for a wider use. A proposal has been prepared for submission to the Minister of Education to authorise the use of the Victorian Student Number (VSN) by a wider set of agencies on a trial basis in Geelong. A proof of concept software module has been developed pending the interagency agreements on pooling the minimum dataset to produce the map/ picture of young people's contact with services and schools.

Privacy and Confidentiality:

When data is shared or when data about a person is used, consideration needs to be given to how privacy is safeguarded and how confidentiality is managed. Ultimately privacy is governed under legislation such as the Information Privacy Act 2000(Vic), the Health records Act 2001(Vic), the Commonwealth Privacy Act (1988) and the Charter of Human Rights and Responsibilities Act (2006).. On the other hand, while confidentiality must work within privacy laws, the operational rules of confidentiality and how confidentiality is managed handled is something that can be agreed between caseworkers and their clients and between the agencies concerned.

The following Information Privacy Principles (IPPs) are the operational rules defined under the Information Privacy Act. With limited exemptions, all Victorian government agencies, statutory bodies and local councils are required to comply with these principles.

IPP 1 – Collection: Collect only personal information that is necessary for performance of functions. Advise individuals that they can gain access to personal information.

IPP 2 - Use and disclosure: Use and disclose personal information only for the primary purpose for which it was collected or a secondary purpose the person would reasonably expect. Use for secondary purposes should have the consent of the person.

IPP 3 - Data quality: Make sure personal information is accurate, complete and up to date.

IPP 4 - Data security: Take reasonable steps to protect personal information from misuse, loss, unauthorised access, modification or disclosure.

IPP 5 – Openness: Document clearly expressed policies on management of personal information and provide the policies to anyone who asks.

IPP 6 - Access and correction: Individuals have a right to seek access to their personal information and make corrections. Access and correction will be handled mostly under the Victorian Freedom of Information Act.

IPP 7 - Unique identifiers: A unique identifier is usually a number assigned to an individual in order to identify the person for the purposes of an organisation's operations. Tax File Numbers and Driver's Licence Numbers are examples. Unique identifiers can facilitate data matching. Data matching can diminish privacy. IPP 7 limits the adoption and sharing of unique identifiers.

IPP 8 – Anonymity: Give individuals the option of not identifying themselves when entering transactions with organisations, if that would be lawful and feasible.

The Youth Partnerships program contracted Bainbridge Associates Pty Ltd to undertake a Privacy Impact Assessment (PIA) between September and December 2011. A workshop on 8 December 2011 allowed Youth Partnership stakeholders to comment and discuss the proposed recommendations (Youth Partnerships Privacy Guidance, 2012). The Geelong Project has worked through the privacy issues in detail because of the more integrated practice involved with early intervention workers and school staff doing more together and jointly. In addition, the development of the e-Wellbeing IT Platform to support and enable new forms of cross-sectoral practice deals with all these same privacy issues. In general, the various privacy laws are not necessarily difficult barriers to information sharing and new forms of collaborative practice, but care must be taken to develop practices that respect individual's right s of privacy.

Summary of progress:

The e-Wellbeing IT Platform is pioneering the use of cross-sectoral data systems to support person-centred support that is not simply the responsibility of one sector, and support that begin under one system but seamlessly continue under another. Stage 1 of e-Wellbeing is a proof of concept in practice exercise comprising a web-based case management system and a linked re-engineered Student Mapping Tool for active monitoring of risk in schools. The different modules are being designed to be connected and care has been taken to build in the necessary informed consent to make that possible. However, some of the agreements required have yet to be finalised and the wider use of the VSN has yet to be approved. A further Stage 2 will be required to take these components and assemble a fully operational platform that can be used by a much larger number of schools or systemically.

Geelong Student Needs Survey

PLAIN LANGUAGE STATEMENT

Dear Student,

Your school Is a partner in ***The Geelong Project***, which focuses on young people in school who may be experiencing a range of difficulties that put them in a vulnerable state and at risk of becoming homeless and/or leaving school early. The project is funded by the Department of Human Services, the Department of Education and Early Childhood Development and Swinburne University/ FAHCSIA. The Geelong Project brings together Geelong secondary schools and youth agencies to provide better support to young people who might need it. The project has the approval of Department of Education and Early Childhood Development to collect information to improve the support available in Geelong.

The project is working to achieve practical improvements in how schools and agencies work together, as well as influence future policies and programs at state and national levels.

Swinburne University is a partner in the Geelong Project and the role of the Swinburne research team is producing data on student needs as well as measuring the project's outcomes. To obtain useful data on student and young people's needs, the Geelong Project is using an independently validated Student Needs Survey that only takes about 30-minutes to complete. The survey seeks your views about your life at home and at school and will ask questions such as:

1. Have you moved out of home for any period in the past 12 months?
2. Have you ever been in trouble with the police (ranging from being questioned, to an arrest or having to go to court over some matter)?

or ask a rating from strongly agree to strongly disagree to statements such as:

1. If I was able to get a full-time job, I would leave school now
2. I can get through difficult times because I have experienced difficulty before

Also, the survey asks for the identifying information such as your name (optional), gender, date of birth and the class attended at school. We hope that you will be happy to provide us with your name with the guarantee that your specific answers to questions will be treated confidentially. Some groups of questions will be added up to produce scores on student's needs that can be fed back to your school. This gives the school a profile of the needs of its student body, including those identified as possibly 'at-risk', so that services available to these students can be discussed. However, to longitudinally follow up on at-risk students, we may need to cross-reference with information about some students or access enrolment information to further assist and support them against harm or adverse outcomes. All student answers will be held in strictest confidence and will be known only to the researchers. In 2013, the Student Needs Survey will be done by most schools in Term 2.

All information provided to the researchers will be stored securely at Swinburne University in a locked cabinet and destroyed five years after the end of the study. None of your student's identifiable information or any information specific to your school will be published or used in any reports or provided to another school.

You are a vital participant in the Student Needs Survey. For the purposes of The Geelong Project, it is important that a whole of community picture is obtained, but, participation is entirely voluntary, and we now seek your agreement to participate in this survey.

For more information about the Student Needs Survey, contact Associate Professor David Mackenzie on 0412104873/ 92145462 or Dr Monica Thielking on 0415501256/ 9214 4402.

If you would like to find out more about The Geelong Project please feel free to contact Time for Youth on 5246 75000 or visit the Old Post Office Building on Ryrie Street. The Geelong Project website can be found at www.thegeelongproject.com.au.

This project has been approved by or on behalf of Swinburne's Human Research Ethics Committee (SUHREC) in line with the *National Statement on Ethical Conduct in Human Research***.**
If you have any concerns or complaints about the conduct of this project, you can contact:
Research Ethics Officer, Swinburne Research (H68),
Swinburne University of Technology, P O Box 218, HAWTHORN VIC 3122.
Tel (03) 9214 5218 or +61 3 9214 5218 or resethics@swin.edu.au

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Yours Sincerely,

Associate Professor David Mackenzie (Swinburne)

STUDENT INFORMED CONSENT

I have read and understood the Student Plain Language Statement and accept that:

1. I can ask questions about this research project and have them answered to my satisfaction.
2. My parents may not have returned the consent form and that this had been clearly explained as an indication of their consent.
3. I may withdraw from the study at any time without prejudice.

I ……………………………………………………………………………………………………….. (Your full name):

- Agree to participate in the survey. **Yes** ❏ **No** ❏
- Agree to participate in the longitudinal study. **Yes** ❏ **No** ❏

I understand that data provided by me will contribute to the findings of this study and that these findings may be published in academic journals or presented at educational conferences on the condition that no identifying information is used.

Your Signature: ....

Appendix 3 – Parents Plain Language Statement

Geelong Student Needs Survey (Parents PLS and consent)

During this month all Geelong state secondary schools will be participating in a Student Needs Survey. The survey has the support of all schools and agencies in Geelong and ethics approval from the Department of Education and Early Childhood Development as well as Swinburne University. The survey is being done as part of The Geelong Project, a whole of community approach to providing early intervention to students and their families where there is an indication that they might benefit from additional support. All Year 7-12 students will be survey on the day. The short survey, asks some questions about home, school and themselves. Three examples of questions from the survey are:

1. I feel happy at home. (strongly agree to strong disagree)
2. I feel I can handle many things at the one time. (strongly agree to strong disagree)
3. Have you ever see a doctor or psychologist about a psychological or psychiatric problem (ranging from minor anxiety to depression or more serious issues. (yes/no)

No-one at the school will see students answers to particular questions and names will not be filled in on the survey form. Students will receive several scores for risk and resilience. Only in cases where it is indicated that students are highly at-risk, will surveys be matched with names and their scores (not their answers to individual questions) and those scores shared with school welfare staff so that additional appropriate support can be offered. Whether students and/or their families take up that offer is entirely up to them. All information will be treated in the strictest confidence.

If you would like to read all the questions on the survey, you may do so by asking to see a copy at the school. Your child is a vital participant in this research, and we seek your consent for your son or daughter's participation in this survey. Participation is voluntary, but because the Student Needs Survey is a population survey returns are needed from as many students as possible.

a) Please return the attached form to actively consent or not consent to your child/ren undertaking the survey.

b) Non-returned forms will be taken as consent for your child to participate.

c) All students will be given the opportunity to agree to participate at the time of the survey.

Excerpt from Informed consent:

I have read and understood the Parent Information Sheet and Consent Form and I am satisfied that:

1. I can ask questions about this research project and have them answered to my satisfaction and read the whole survey at the school if I so wish.

2. My child understands what the survey is about, why it is being done, that the survey will take about 20-30 minutes, that it will be done in school hours and that he/she may withdraw from the study at any time without prejudice to himself/herself.

3. Students will be given the opportunity to agree to participate or not participate just prior to the study.

Please indicate below whether you consent or not to your child participating in the survey, remembering that if you do not return this consent form it will be assumed that you consent for your child to participate in the study

I agree/do not agree that my child   ..   (given name and surname of child) may participate in the survey,

I understand that data provided by my child will contribute to the findings of this study. I agree that the findings may be published in academic journals or presented at educational conferences on condition that neither his/her name nor any other identifying information is used.

Name of Parent:

Signature: ..

Signature of Child:

Date   /   /2013

All concerns or questions should be directed to the Student Welfare Coordinator at XXX secondary school.

XXXXXXX YYYYYYYY

Student Welfare Coordinator

ZZZZZZZZ Secondary School

Appendix 4 – Geelong Student Needs Survey

Geelong Student Needs Survey

Name of School: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Post-code where you currently live: ☐☐☐☐

Suburb where you currently live: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth: D D M M Y Y Y Y
☐☐ ☐☐ ☐☐☐☐

This survey asks some questions about you and your life at home, at school and outside of school. The purpose of the survey is to find out better ways of helping students in need. The specific information you provide to various questions will only be known to the researchers and no-one else. Your answers will be strictly confidential. A few questions might seem a bit personal, but please answer honestly.

1. Year level ☐☐

2. Gender ○ Male ○ Female

3. Age ☐☐ years

4. Cultural Identity
   ○ Anglo-Australian
   ○ Indigenous Australian
   ○ Australian from another ethnic background
   _____ (please specify)

5. Do you receive Youth Allowance?
   Tick one only

   ○ No   ○ Yes, at standard at home rate
         ○ Yes, at away from home rate
         ○ Yes, at independent rate
         ○ Yes, at 'unreasonable to live at home' rate

6. Which adult(s) do you live with **most** of the time? **Tick one only**
   ○ Both parents together
   ○ One parent only
   ○ One parent and a step-parent
   ○ One parent and a de-facto partner

   Neither parent but with:
   ○ Foster parents   ○ Siblings
   ○ Relatives   ○ Friend(s)
   ○ Non-related person(s)
   ○ Live alone

7. Which residential setting best describes where you were staying last night?
   ○ Private owned or rented house/flat
   ○ Public/Social Housing house/flat
   ○ In a caravan
   ○ Supported Accommodation (e.g. youth refuge etc)
   ○ Staying temporarily with friends/ relatives
   ○ Boarding with another family
   ○ No fixed address
   ○ Some other setting
   _____ (Please specify)

8. If you were staying temporarily with friends/ relatives was this:

   ○ Just visiting, everything normal and OK;
   OR
   ○ Really did not want to be at home with my parent(s) and family.

9. Over the past 3 months, at any time, have you ever stayed with friends/ relatives when you really did not want to be at home with your parent(s) and family.
   ○ Yes
   ○ No

10. Over the past 12 months, at any time, have you stayed with friends/relatives when you really did not want to be at home with your parent(s) and family.
    ○ Yes
    ○ No

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11. Have you <u>ever</u>, at any time, stayed with friends/relatives when you really did not want to be at home with your parent(s) and family.

○ Yes

○ No

13. Have you moved out of home for any period in the past 12 months?

○ Yes

○ No

If YES,
How many times have you moved out from your family? ☐

12. Do you work part-time or casually?

○ Yes

○ No

14. Do you feel safe at home?

○ YES, definitely safe

○ Sometimes not safe

○ Often not safe

The following questions ask you to agree or disagree with statements about home and school over the past six months.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
15. I enjoy going to school each day	○	○	○	○	○
16. I get into a lot of trouble at school	○	○	○	○	○
17. I get on well with most of my teachers	○	○	○	○	○
18. I get into a lot of conflicts with my parents	○	○	○	○	○
19. If I was able to get a full-time job, I would leave school now	○	○	○	○	○
20. My best friends go to this school	○	○	○	○	○
21. I would like to move out of home soon	○	○	○	○	○
>> If you have already moved out of home tick this box	☐				
22. I regularly 'wag' school (ie. miss school without permission)	○	○	○	○	○
23. I feel happy at home	○	○	○	○	○

The following statements are about you. Indicate what you think is the best answer to describe yourself – from Strongly Disagree, Disagree, Unsure, Agree and Strongly Agree.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
24. I usually manage one way or another	○	○	○	○	○
25. I feel proud that I have accomplished things in life	○	○	○	○	○
26. I usually take things in my stride	○	○	○	○	○
27. I am friends with myself	○	○	○	○	○
28. I feel I can handle many things at the one time	○	○	○	○	○
29. I am determined	○	○	○	○	○
30. I can get through difficult times because I have experienced difficulty before	○	○	○	○	○
31. I have self-discipline	○	○	○	○	○
32. I keep interested in things	○	○	○	○	○
33. I can usually find something to laugh about	○	○	○	○	○
34. My belief in myself gets me through hard times	○	○	○	○	○
35. In an emergency, I am someone people can generally rely on	○	○	○	○	○
36. My life has meaning	○	○	○	○	○
37. When I am in a difficult situation I can usually find my way out of it	○	○	○	○	○

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38. Have you ever experimented with marijuana or other drugs?

    ○ Yes

    ○ No

39. Have you ever been in trouble with the police (ranging from being questioned, to an arrest or having to go to court over some matter)?

    ○ Yes

    ○ No

40. Do you regularly smoke cigarettes?

    ○ Yes

    ○ No

41. Have you ever seen a doctor or psychologist/psychiatrist about a psychological or psychiatric problem (ranging from minor anxiety, to depression or more serious issues)

    ○ Yes

    ○ No

The next two questions ask about your eating habits.

42. In the past month, have you ever eaten less than you thought you should eat because there was not enough money to buy food?

    ○ Never

    ○ Once or more a week

    ○ Once every two weeks

    ○ Once a month

    ○ Once every few months

43. In a normal day how many serves of the following foods would you eat?

    Tick one circle only

    (a) Bread (2 slices = 1 serve) or a bowl of cereal, pasta or rice

    ○ 0   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5+

    (b) Fruit (eg. 1 apple or 2 apricots) fresh or tinned

    ○ 0   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5+

    (c) Vegetables (1/2 cup of cooked vegetables or 1 cup salad) – fresh or frozen

    ○ 0   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5+

    (d) Meat, chicken, fish, eggs or tofu

    ○ 0   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5+

    (e) Milk cheese or yogurt

    ○ 0   ○ 1   ○ 2   ○ 3   ○ 4   ○ 5+

— End of survey - Thank-you for your participation. —

Do you have any other comments about the information that you provided in this survey?

Do you have any ideas on how your school could improve support services for students?

The Geelong Project – research funded under the FaHCSIA National Homelessness Research Partnerships

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UNIVERSITY OF
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Australian Government

**Department of Families,
Housing, Community Services
and Indigenous Affairs**

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