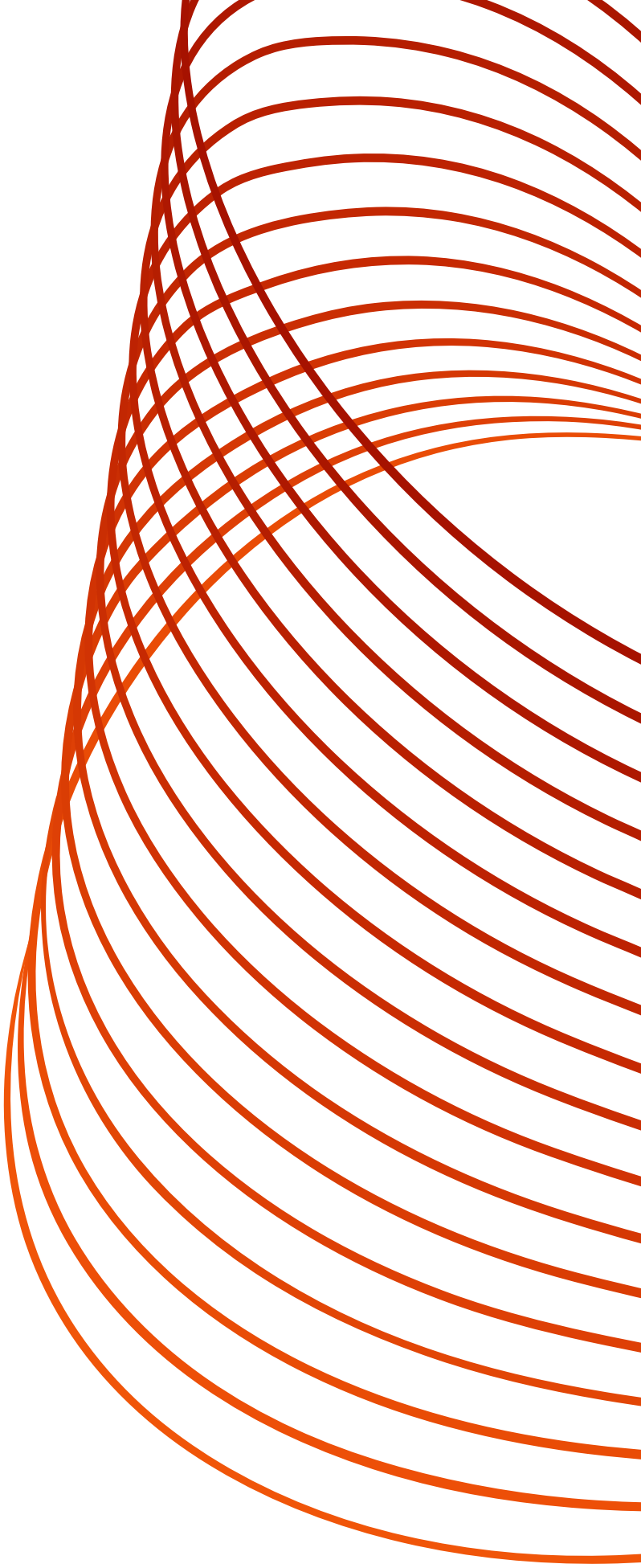
VERSO

Arcadia Therapeutic Youth Support Services Evaluation

Final Report (publication version)

December 2017

The Salvation Army gratefully acknowledges the generous support of the Tasmanian Community Fund



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1 Introduction

1.1 Original Vision and Scope

In 2015, The Salvation Army (TSA) Arcadia Therapeutic Transitions Project successfully applied to the Tasmanian Community Fund, and received funding for a three year period. The application included a comprehensive Project Plan which has informed implementation and operation of the Arcadia project.

The rationale for the project was grounded in contemporary research, TSA practice knowledge and identified community need. The project's initial intent was to support young people transitioning from out of home care to independence:

> *Current research indicates that youth moving from out of home care into the community are at greater risk of homelessness, drug and alcohol abuse, unemployment, mental health issues, criminal activity, social isolation, depression and loneliness. In a majority of cases these young people are provided with minimal support and are faced with having to "make it on their own" as they are 18 – but perhaps only developmentally due to trauma and neglect only functioning at 10. These young people are often discriminated against due to their age and lack of income and social resources. The current structure of the housing market provides further constraints for these young people as they struggle to find affordable accommodation. They are left extremely vulnerable due to long public housing waiting lists, high private rental costs and poor quality of accommodation.*[1]

At the time, TSA held the contract to provide therapeutic youth residential care for young people in the out of home care system in Southern Tasmania, and Arcadia was intended to provide a supported and streamlined transition for those who "aged out" of the out of home care system at age 18 years.

> *The Salvation Army has identified a significant gap for youth particularly with regard to support offered to young people leaving our Therapeutic Youth Residential Care Services and other out of home care services in Tasmania. Young people transitioning from out of home care face social and economic marginalisation and are one of the most vulnerable and disadvantaged groups in community. When they transfer from our care their formal support networks provided by the state care system are suddenly taken away, including ongoing social, financial and emotional support which is normally provided by families.*[2]

The proposed Education and Skills Hub was envisaged to provide the following positive outcomes for young people leaving care:

- Increased community engagement
- Improved developmental outcomes for young people
- Improved wellbeing and safety
- Improved engagement with education/vocational programs
- Reduced offending and/or reoffending
- Reduced youth homelessness
- Improving literacy and numeracy
- Improved mental health

[1] ARCADIA - Therapeutic Transitions Project Plan (2014), p 2

[2] ARCADIA - Therapeutic Transitions Project Plan (2014), p 2

- Ability to modify and manage challenging behaviour so that young people can successfully transition into a less restrictive placement setting, independent living or family reunification[3]

1.1.1 Target Group

The target group was defined as young people, male and female aged 16-20, who:

- would usually be on a Care and Protection Order and transitioning from home based or residential care to living in the community
- had been assessed as requiring ongoing support and as having capacity to live independently after a period of support
- were unable to access post-care and mainstream services
- had insufficient support from carers to facilitate a smooth transition into independence
- had suddenly exited from care without adequate post-care support

To be considered for Arcadia, the young person would also:

- be willing to have regular contact with caseworkers and other support workers as agreed in the independent living plan
- be willing to fully participate in the daily activities as agreed in the independent living place such as education, work courses, counselling.

1.1.2 Staffing

Two staff roles were identified in the project plan:

- Therapeutic Transitional Worker (0.7 FTE) able to engage with target group in a trauma informed and developmentally sensitive manner, whilst paving the way for a therapeutic transition; engaging with interagency network, and delivering successful planning
- Community Collaborative Consultant (0.4 FTE) able to engage with the target group and capable of executing creative programs to meet the individual needs of program participants

In order to achieve project goals, the two staff roles would actively work towards the following "keys to success":

- Establish a strong network of support with existing education and employment agencies, as well as housing and accommodation services
- Establish a clear referral system with existing service providers working with the target group for therapeutic transition case management services
- Establish an effective trauma informed training program to support NGOs, foster carers and families working with the target group
- Establish an effective Independent Living Program – monitoring/reporting system – outcome measures – that can be shared with other existing services
- Launch a services of sustainable projects (see REDO project) that would enable continued educational, mental health/wellbeing and skill development
- Launch website/Facebook page – with links to information and resources – and educational forum[4]

[3] ARCADIA - Therapeutic Transitions Project Plan (2014), p 2

1.1.3 Expected Outcomes

A series of expected outcomes were identified in the project plan[5], under three headings:

Table 1: Original Expected Outcomes

For Young People	For the Community	For Service Providers
• Improved health and wellbeing – increased self-reliance and independence • Improved mental health outcomes – addressing drug and alcohol use • Access to secure housing and avoiding homelessness • Improved numeracy and literacy skills – improved engagement with educational activities • Improved independent living skills – managing finances, daily living • Sense of safety and support • Strong network of social supports and community relationships	• Diverting from the youth justice system – reduce crime involvement • Reduced community violence, including bullying • Reduced youth homelessness • Positive social and economic participation by young people	• Trauma informed – therapeutic transitioning between services into the community safely • Developmentally sensitive planning for young people across services • Intensive support for young people within other services • Trauma training for other services' staffing groups • Interagency collaboration and support networking • Improved referral processes and pathways into existing programs

1.2 Arcadia Redefined

The original project plan, funded by the Tasmanian Community Fund, was primarily predicated on complementing TSA's therapeutic youth residential care program, leveraging program relationships, infrastructure and some staffing resources (including the Therapeutic Specialist who would facilitate integrated therapeutic input and support).

In November 2014, the Tasmanian Department of Health and Human Services (DHHS) opened a Request for Proposal process to re-commission three components of the out of home care system: sibling group care, residential care types and therapeutic services.[6] TSA prepared a proposal, however, was unsuccessful in retaining the contract to provide residential care beyond June 2015.

This necessitated a redefinition of Arcadia, which had secured funding from the Tasmanian Community Fund in January 2015 - just months before the outcome of the re-commissioning process was announced.

1.2.1 Revised Scope

Arcadia's revised scope was focused on "change in, and transformation of, the young people", with proactive broader sector support and training being the most significant reduction from the original vision. It has been noted, however, that the leaner Arcadia has required "building collaborations and co-partnerships, which has become a strength".

[4] ARCADIA - Therapeutic Transitions Project Plan (2014), p 3

[5] ARCADIA - Therapeutic Transitions Project Plan (2014), p 4

[6] http://www.dhhs.tas.gov.au/children/out_of_home_care_reform_in_tasmania/whats_new (accessed 7/2/17)

1.2.2 Broadened Target Group

The target group was broadened to include vulnerable young people (aged 16-25 years) who had experienced trauma, even if not on a Care and Protection Order, including young people disengaged from education, and culturally and linguistically diverse young people with a trauma history needing support (including refugees). Similar to the original target group, this cohort were identified as typically lacking the personal capacity to engage with mainstream services, therefore perpetuating their "at risk" state.

1.2.3 Adjusted Staffing

Under the redefined program, the two staff roles were maintained, although at reduced hours. The Therapeutic Transitional Worker was engaged for 30 hours per week (4x 7.5 hour days) and the Community Collaborative Consultant for 15 hours per week (2x 7.5 hour days).

Both project staff engage extensively with other agencies and organisations in order to make connections to support Arcadia participants, and thereby build partnerships and referral relationships. This is, however, oriented towards and in response to participant-specific needs - rather than the proactive approach that had been initially intended.

The program does not have access to the expert Therapeutic Specialist support (previously embedded within the therapeutic youth residential care program), so while work with Arcadia participants is trauma informed, this capacity is due to the specific experience of project staff rather than ongoing input and development. This has particular implications for expected outcomes as noted below.

1.2.4 Revised Expected Outcomes

The following subset of the original project outcomes can be realistically aligned to the revised scope and resourcing:

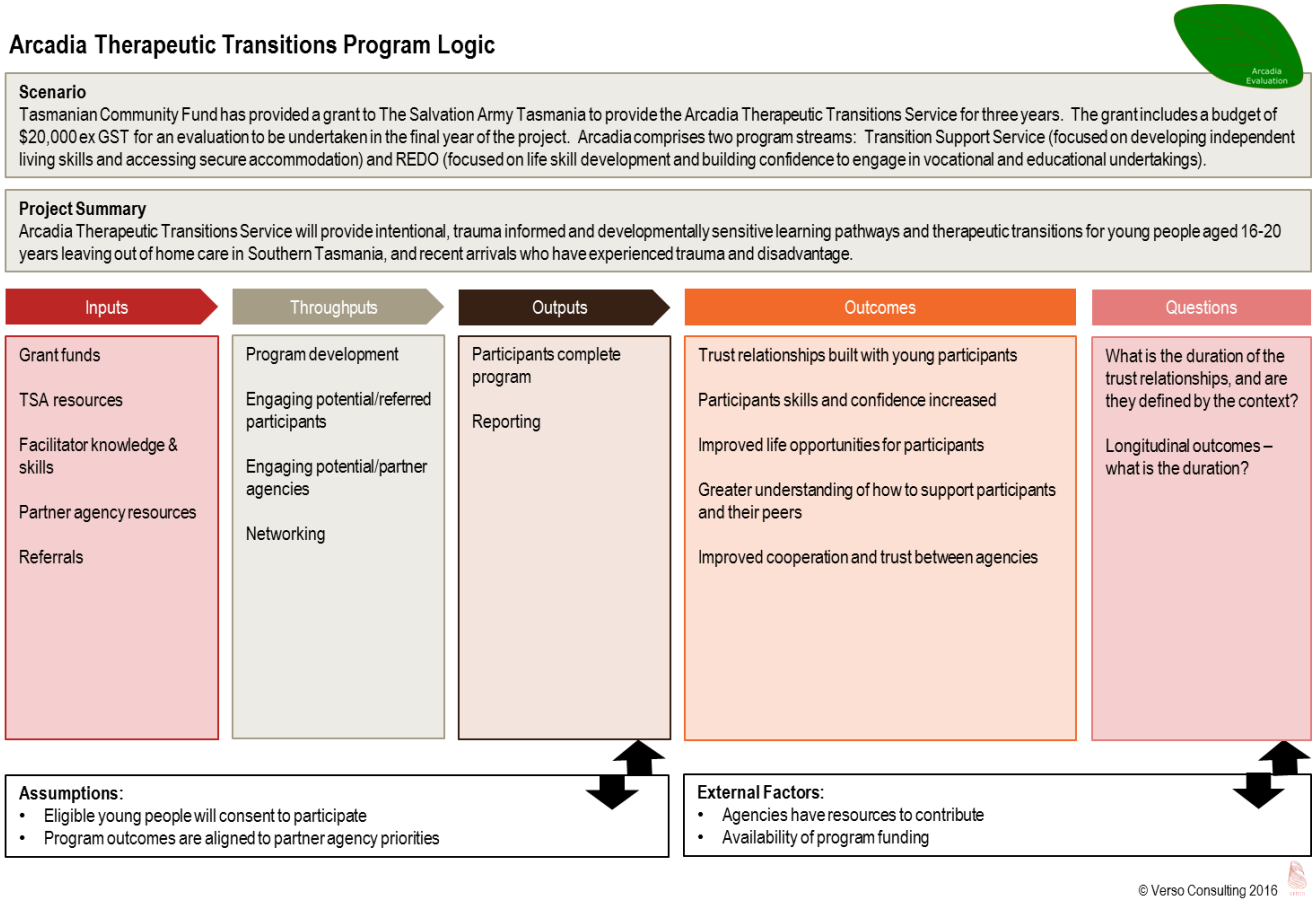
Table 2: Revised Expected Outcomes

For Young People	For the Community	For Service Providers
• Improved health and wellbeing – increased self-reliance and independence • Access to secure housing and avoiding homelessness • Improved numeracy and literacy skills – improved engagement with educational activities • Improved independent living skills – managing finances, daily living • Sense of safety and support • Strong network of social supports and community relationships	• Reduced youth homelessness • Positive social and economic participation by young people	• Trauma informed – therapeutic transitioning between services into the community safely • Developmentally sensitive planning for young people across services • Intensive support for young people within other services • Interagency collaboration and support networking • Improved referral processes and pathways into existing programs

1.2.5 Program Logic

The following program logic has been developed to reflect the Arcadia project as a whole.

Figure 1: Arcadia Therapeutic Transitions Program Logic



1.3 Project Streams

There are two distinct project streams within Arcadia:

- Transition Support Service
- Reliable Entrepreneurial Development Opportunities (REDO)

While the target group definition is consistent across the two streams, in practice there has been negligible overlap of participants.

1.3.1 Transition Support Service

The Transition Support Service aims to better prepare and support young people to transition from home and out of home care to independent living. Young people are encouraged and supported to build positive relationships with people who are important to them, as well as identifying, establishing and maintaining networks and support systems to assist them in their transition toward independent living, including engaging in community activities, employment, education, health and wellbeing.

In practice, the Transition Support Service has a primary focus on assisting young people to access secure accommodation, and to develop life skills to support independent living, in line with the revised expected outcomes (Table 2).

Demographic, qualitative and quantitative data has been provided for participants of this project stream, allowing a baseline to be established as to their profile, symptom severity and observed outcomes.

1.3.2 Reliable Entrepreneurial Development Opportunities (REDO)

The REDO project's intentions are:

- To introduce young people to learning new skills, assisting them to prepare for possible future education and employment
- To teach the basic steps that will help them to prepare to seek jobs
- To create an environment where young people are able to develop their capacity to engage in collaborative teamwork
- To assist them to design and produce a product which benefits the Hobart community
- To encourage work discipline, through requiring participants to attend 85% of program sessions

The original vision for REDO was to achieve this through a "sustainable weekly project offering young people independent living skills with the capacity to design simple constructive projects from resourced materials, and enabling participants to produce marketable products preparing them with the basic skills and knowledge required to create sustainable outcomes." Project elements encompass:

- developing a budget
- sourcing materials and tools
- making the product
- selling the product.[7]

This stream has been greatly impacted by the project redefinition as the Community Collaborative Consultant is currently engaged for 15 hours per week.

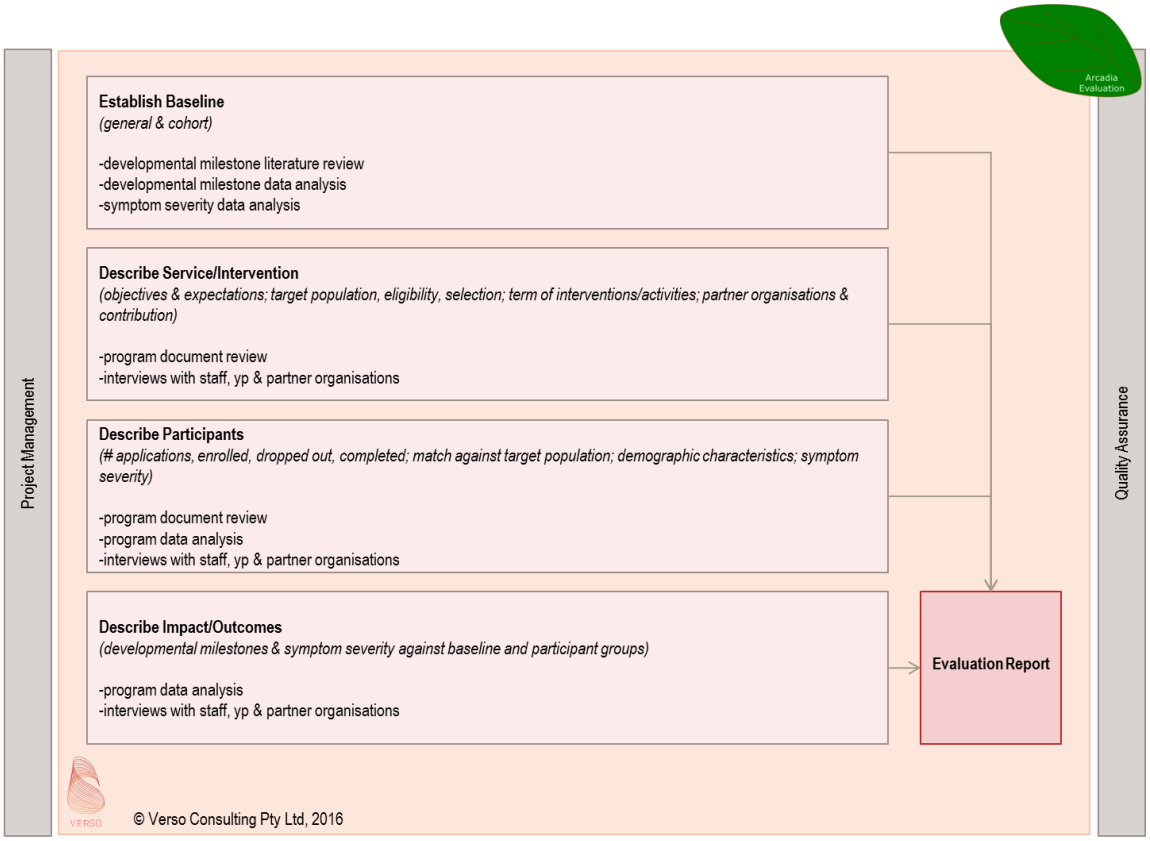
Narrative reporting and product samples have been provided to the evaluators, however, demographic and quantitative data has not been collected systematically. Sample single point in time data sets have been collected confirming complexity of this group, however analysis relating to REDO will largely be narrative, relying on qualitative information only.

[7] ARCADIA - Therapeutic Transitions Project Plan (2014), p 5

1.4 Methodology

The following Evaluation Framework (Figure 2) has informed the methodology employed in the Arcadia Evaluation. As the project has progressed, the methodology has been refined as outlined below.

Figure 2: Proposed Evaluation Framework



1.4.1 Evaluation Framework

Activity	Original Intent and Scope	Revised Intent and Scope
Establish Baseline	In order to understand the issues being addressed by Arcadia, a baseline of likely outcomes for both the general population, and the target cohort (young people exiting out of home care) will be documented. This baseline will be informed by: • developmental milestone literature review • developmental milestone data analysis • symptom severity data analysis	As the target cohort was revised (see 1.2.2), the likely outcomes for a broader cohort of disadvantaged young people was researched and documented. The sources and process otherwise remain unchanged.
Describe Service/ Intervention	It is considered essential to articulate the objectives and expectations; target population, eligibility, selection; term of interventions/ activities; partner organisations and their contribution for each Arcadia service stream.	The very distinct operation of the two program streams and the information available for each (and the timing of availability) quickly became apparent. Therefore it was agreed that the two streams

	This will be achieved through: • program document review • interviews with staff, young people and partner organisations	would be effectively treated as separate program evaluations. As considerable information regarding partner organisations and the perspective/testimonials of participants was available through each program stream's documents and reports, the decision was made not to undertake a consultation process. Program staff (Therapeutic Transitional Worker and Community Collaborative Consultant) and the Children & Families Stream Manager provided ongoing input through the course of the project.
Describe Participants	Characteristics of young people engaging with Arcadia will be documented, including the number of: referrals/applications; enrolled; dropped out; completed the program. How actual participants match the target population (including demographic characteristics and symptom severity). This information will be sourced from: • program document review • program data analysis • interviews with staff, young people and partner organisations	The very distinct operation of the two program streams and the information available for each (and the timing of availability) quickly became apparent once the evaluation commenced. Greater levels of information were available in relation to the TSS stream. As noted above, considerable information regarding the perspectives of partner organisations and participants is available through each program stream's documents and reports; therefore the decision was made not to undertake a consultation process.
Describe Impact/ Outcomes	Outcomes for participants and the impact of their engagement with Arcadia will be assessed against program objectives, outcomes for the general population and likely outcomes for the target population. Information to inform this assessment will include: • program data analysis • interviews with staff, young people and partner organisations	As the target cohort was revised (see 1.2.2), the likely outcomes for disadvantaged young people, more broadly, rather than the original target group, will be referenced. As noted above, considerable information regarding the perspectives of partner organisations and participants is available through each program stream documents and reports; therefore the decision was made not to undertake a consultation process.
Evaluation Report	The Evaluation Report will incorporate findings and conclusions based on the project activities, as well as providing the basis for completing the final activity report for presentation to the Tasmanian Community Fund.	The original framework did not reference an Interim Report, however this activity was added following early discussions between TSA and Verso. The Interim Report outlines data collected and analysed to date and initial findings; as well as identifying any potential issues that may affect evaluation outcomes.

1.5 Interim Report

The Interim Report, prepared in February 2017, focused on data collected and analysed to date (eg demographics, baseline data) and initial findings; as well as identifying any potential issues that may affect evaluation outcomes.

1.5.1 Literature Overview

In addition, a literature overview was undertaken to identify developmental milestones for young people in the target age range (16-25 years) as well as expected outcomes for both the general population aged 16-25 years and the target cohort of care leavers and otherwise disadvantaged young people aged 16-25 years.

While the literature overview has been provided in full as Appendix 1, the following summary is provided for ease of reference.

The literature overview found that most young people with a relatively stable home/family life, with supportive family and friends, who attain a level of education that enables them to participate in employment/further education, are likely to have developed the core resources[8] or adaptive processes[9] to facilitate a successful transition from adolescence through emerging adulthood to young adulthood. Markers of a successful transition may be described as, "gaining financial independence, beginning to make autonomous decisions, achieving a level of self-awareness, and taking on a range of responsibilities",[10] and be reflected in engaging in higher education and/or employment, lack of involvement in juvenile/criminal justice system, good/well-managed mental health, economic self-sufficiency, stable housing, and the ability to form and maintain supportive and constructive relationships.

As observed in the 2011 AIHW Young Australians report, "There is a demonstrated relationship between the health and wellbeing of young people and the environment in which they grow up. Young people who are raised in supportive, nurturing environments are more likely to have better social, educational, behavioural and health outcomes. The reverse is also true: young people who have been abused or neglected often have poor outcomes in the short-term and long-term."[11]

Literature references to outcomes/experiences of specific sub-cohorts who have participated in the two Arcadia Project streams were examined:

- Teenage mothers
- Indigenous
- Poor mental health
- Care leavers
- Homeless
- Abused/neglected in childhood or adolescence
- Juvenile/criminal justice involvement
- Socioeconomically disadvantaged
- CALD/refugee background

While a robust set of indicators is not available to directly correlate to the Arcadia target group, the Interim Report literature review informs our understanding of the importance of the emerging adulthood phase in setting the trajectory for subsequent adult life outcomes.

1.5.2 Service Stream Analysis

The Interim Report examined the following aspects of the two service streams:

- Service description (including REDO program development, program delivery)
- Participants: demographic profile and symptom severity
- Interim findings: strengths, challenges and participant outcomes

Summaries of these examinations are provided in the Final Report; however the reader is referred to the Interim Report for the full discussion.

[8] Lueken LJ and Gress JL, 2011. Early adversity and resilience in emerging adulthood. In Reich JW, Zautra AJ & Hall JS (eds) Handbook of Adult Resilience (pp 238-257), New York: Guildford Press, p 243

[9] Lueken LJ and Gress JL, 2011. Early adversity and resilience in emerging adulthood. In Reich JW, Zautra AJ & Hall JS (eds) Handbook of Adult Resilience (pp 238-257), New York: Guildford Press, p 248

[10] Office of Multicultural Interests, 2009. Not drowning, waving: Culturally and linguistically diverse young people at risk in Western Australia. Western Australia State Government, p 5

[11] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 103

2 Transition Support Service

2.1 Service Description

The Participant Engagement Flowchart (Figure 3) outlines three clear progression phases:

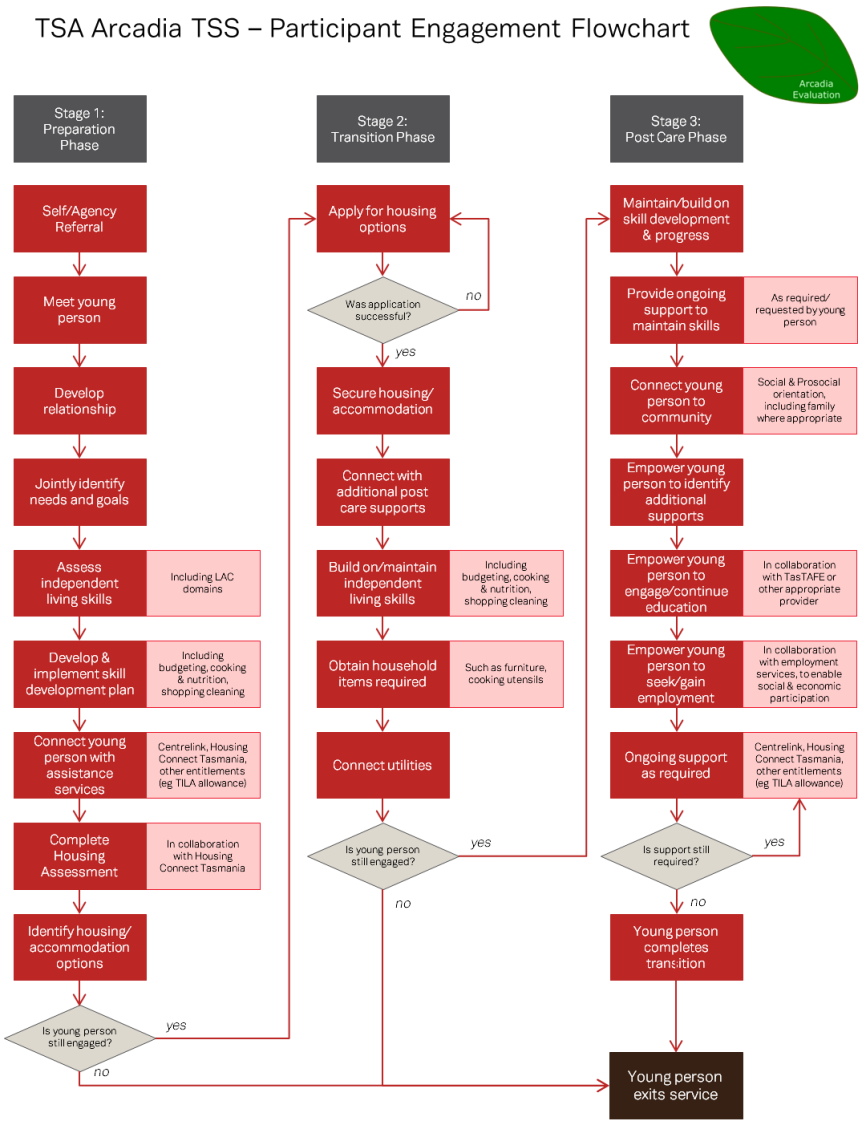
- Preparation Phase
- Transition Phase
- Post Care Phase[12]

It should be noted that a participant may disengage from the service at any point, however, there are formal "check in" points at the conclusion of each phase.

This assists with maintaining buy-in and commitment and ensuring that the participant is informed about what will be expected of them through the next phase.

It is a stated program requirement that, "young people must be willing to engage with the Transition Support Worker as agreed in their Transition to an Independent Living Plan."[13]

Figure 3: TSS Participant Engagement Flowchart



[12] This may more accurately be "Independent Living Phase" as not all participants are leaving care in the sense of out of home care.

[13] Arcadia Youth Transitional Support brochure

Launch Youth Feedback

After your visit to the residents' meeting…the Launch clients' response was seen in the outcomes of two youth having gained additional support to further assist them with securing more independent accommodation; including obtaining some household items.

We recognise that without the support from your services, there were foreseeable obstacles faced by our clients that may have caused their transition to independent living arrangements to become more complex.[14]

2.2 Participants

The detailed discussion regarding the demographic profile of TSS participants, including consideration relating to referral source, living arrangements, relationships and children, cultural diversity, out of home care experience and other observations is provided as Appendix 2.

It should be noted that the following Strengths and Difficulties Questionnaire and Life Skills Likert Scale discussion relates to the 40 TSS participants described in the demographic profile. Updated figures as at November 2017 indicate TSS has worked with 83 referred clients,[15] a greater figure than that reported in the February 2017 Interim Report.

2.2.1 Strengths and Difficulties Questionnaire

In order to understand the therapeutic effect of the Transition Support Service, the Transition Support Worker prepared a Strengths and Difficulties Questionnaire (SDQ)[16,17] based on his assessment of each young person at referral/entry to the program and two subsequent time points.[18]

It should be noted that the Transition Support Worker, in his previous role with TSA's therapeutic youth residential care program, had gained experience in completing SDQ assessments under the guidance of the Therapeutic Specialists and as part of the residential care team.

[14] Correspondence from Bridget Tape, Launch Youth (undated)

[15] Email correspondence from Gene Leja received 27/11/17

[16] See http://www.sdqinfo.org/a0.html for developer authorised background information regarding the SDQ tool (accessed 13/2/17)

[17] See http://www.cebc4cw.org/assessment-tool/strengths-and-difficulties-questionnaire/ for an independent assessment of the SDQ tool (accessed 13/2/17)

[18] Insufficient information was available to complete entry SDQs for 4 participants

Categorising SDQ Scores

In order to assist in interpreting symptom severity, a categorisation table has been developed[19] drawing on a broad community sample of UK respondents. The 4-band categorisation schedule is confirmed for use with the SDQ version used in this evaluation.

Table 3: SDQ Categorisation Table

Score	Close to average	Slightly raised/ lowered	High/Low	Very high/ very low
Total Difficulties	0-13	14-16	17-19	20-40
Emotional Problems	0-3	4	5-6	7-10
Conduct Problems	0-2	3	4-5	6-10
Hyperactivity	0-5	6-7	8	9-10
Peer Problems	0-2	3	4	5-10
Prosocial	8-10	7	6	0-5
Impact	0	1	2	3-10

Three Time Points

SDQ scales were prepared for 40 participants. As shown below, Table 4 summarises the data collected across the participants, as well as providing normative data for Australian young people aged 14-17 years (best available match).

Table 4: TSS Summary of SDQ Scores

Scale	Normative Mean[20]		TSS Mean Score TP1			TSS Mean Score TP2			TSS Mean Score TP3		
	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total
Conduct Problems	1.4	0.8	4.4	2.3	3.5	3.8	1.3	2.6	2.8	0.7	1.8
Hyperactivity	3.1	2.0	6.7	4.9	5.9	5.9	3.4	4.8	5.1	1.9	3.6
Externalising Score	4.5	2.8	11.2	7.2	9.4	9.7	4.7	7.3	7.8	2.7	5.4
Emotional Problems	1.3	1.4	4.4	4.2	4.3	3.3	2.5	2.8	2.2	1.7	1.9
Peer Problems	2.1	1.6	3.3	4.0	3.6	2.0	2.1	2.0	1.5	1.4	1.4
Internalising Score	3.4	3.0	7.7	8.2	7.9	5.3	4.6	4.9	3.7	3.1	3.4
Total Difficulties	**7.8**	**6.0**	**18.9**	**15.4**	**17.3**	**14.9**	**9.3**	**12.2**	**11.5**	**5.8**	**8.8**
Prosocial Score	6.8	7.9	6.2	6.2	6.2	6.8	6.9	6.9	7.3	7.6	7.5

TSS: male n=21; female n=19

Comparison of the TSS group by gender against the Australian normative data confirms the complexity of program participants; time series analysis suggests significant reduction in symptom severity across the participant group as a whole.

[19] http://www.sdqinfo.com/py/sdqinfo/c0.py (accessed 13/11/17)

[20] Normative mean score for Australian children aged 14-17 years (best match to participant group) based on Teacher Report. Reported in Mellor D (2005) Normative data for the Strengths and Difficulties Questionnaire in Australia, Australian Psychologist, 40, 215-222, at www.sdqinfo.org/norms/AusNorm.html (accessed 7/2/17)

This data suggests among male program participants, symptom severity (total difficulties) has reduced from 18.9 (average at entry) to 11.5 (average at time point 3, around 18 months post entry). This represents a reduction of 7.4 points on the total difficulties scale. The prosocial score increased by 1.1 to 7.3 during program participation, slightly higher than the normative male prosocial score of 6.8.

Among female participants, symptom severity (total difficulties) has reduced from 15.4 (average at entry) to 5.8 (average at time point 3, around 18 months post entry), which is slightly lower than the normative score for females. This change represents a reduction of 9.6 points. The female participant average prosocial score increased by 1.4 to 7.6 during program participation, slightly lower than the normative female prosocial score of 7.9.

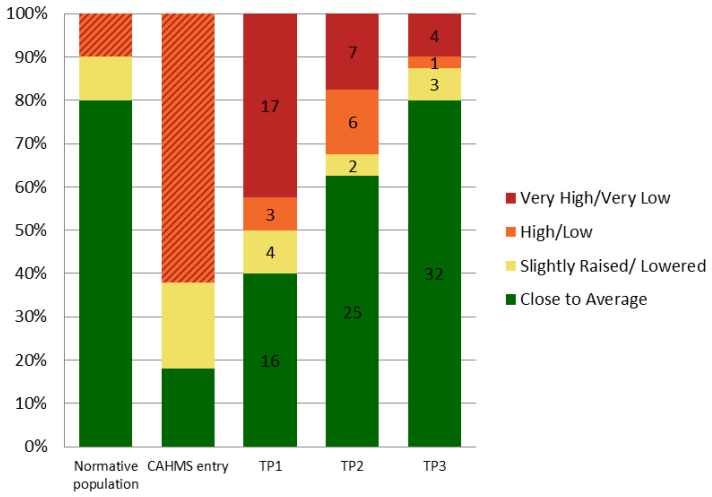
Total Difficulties Scores

Comparison of mean TSS total difficulties scores at entry against the Child and Adolescent Mental Health Service (CAMHS) indicates lesser symptom severity among the TSS cohort overall (Figure 4).

Time series analysis indicates declining symptom severity for the TSS cohort: at TP1 the total difficulties scores of 17 young people were in the "very high" category; at TP2 the scores of seven young people were in this category; at TP3 the scores of four young people were rated "very high".

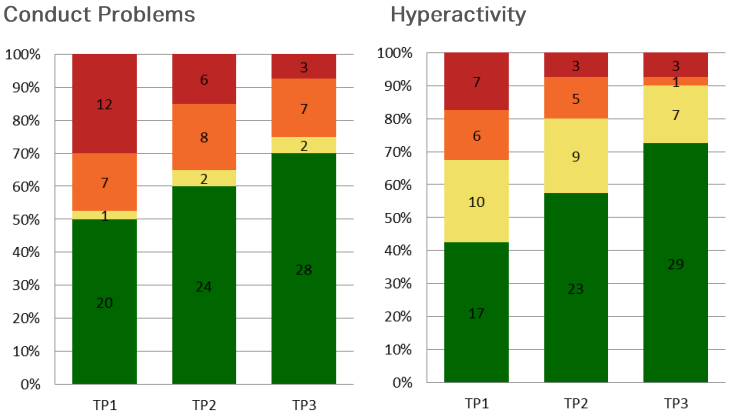
Importantly an increase in the number of young people whose total difficulties scores were in the "close to average" category was observed, reaching a similar proportion to the benchmark normative population distribution.

Figure 4: SDQ Total Difficulties Score Categorisation[21]



The following section examines each of the SDQ sub-scales to review change over time for TSS participants.

Figure 5: TSS SDQ Externalising Sub-Scale Score Categorisation



Similarly, **conduct problems** sub-scale data reflects declining symptom severity for the TSS cohort: at TP1 the conduct problems scores of 12 young people were in the "very high" category; at TP2 the scores of six young people were in this category; at TP3 the scores of three young people were rated "very high". The proportion of young people whose scores were in the "high" and "very high" bands reduced from 47.5% at TP1 to 25% at TP3.

Also consistent with the total difficulties data, an increase in the number of young people whose conduct problems scores were in the "close to average" category was observed – 20 young people at TP1, 24 young

[21] Note that Normative Population and CAMHS Entry distribution is based on the former 3-band categorisation: the 4-band categorisation provides finer grain categorisation by splitting the previous "abnormal" into "high/low" and "very high/very low". The hatch pattern is used in this chart to allow reasonable alignment with the new corresponding "high/low" and "very high/very low" bands.

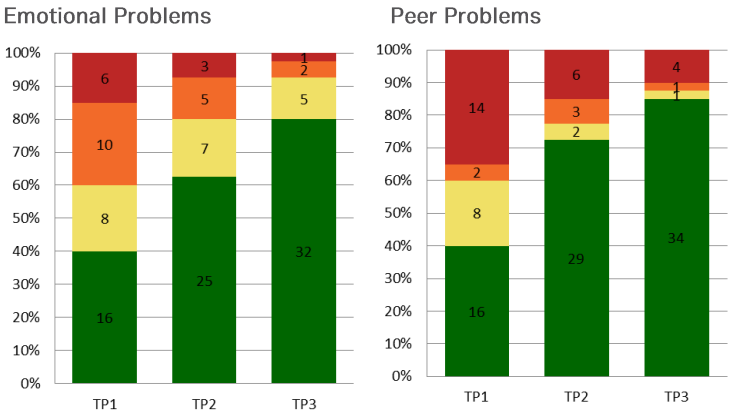
people at TP2 and 28 at TP3.

The **hyperactivity** sub-scale data reports declining symptom severity for the TSS cohort: at TP1 the hyperactivity scores of seven young people were in the "very high" category; at TP2 the scores of three young people were in this category; at TP3 the scores of the same three young people were rated "very high". The proportion of young people whose scores were in the "high" and "very high" bands reduced from 32.5% at TP1 to 10% at TP3.

An increase in the number of young people whose hyperactivity scores were in the "close to average" category is also apparent – 17 young people at TP1, 23 young people at TP2 and 29 at TP3.

The conduct problems and hyperactivity sub-scales may together be considered to capture **externalising problems**. Based on this structure, the proportion of young people whose scores were in the "high/very high" bands reduced from 47.5% at TP1 to 17.5% at TP3; while the corresponding ratios for the "slightly raised" and "close to average" categorisations increased from 52.5% at TP1 to 82.5% at TP3.

Figure 6: TSS SDQ Internalising Sub-Scale Score Categorisation



Categorisation of **emotional problems** sub-scale data also suggests declining symptom severity for the TSS cohort: at TP1 the emotional problems scores of six young people were in the "very high" category; at TP2 the scores of three young people were in this category; at TP3 the scores of a single young person was rated "very high". The proportion of young people whose scores were in the "high" and "very high" bands reduced from 40% at TP1 to 12.5% at TP3.

Mirroring the total difficulties data, an increase in the number of young people whose emotional problems scores were in the "close to average" category was observed – 16 young people at TP1, 25 young people at TP2 and 32 at TP3.

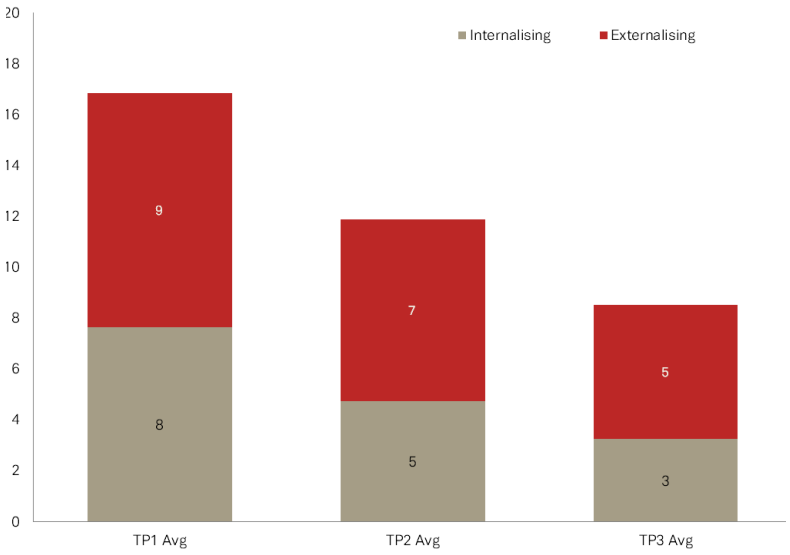
Consistent with each of the other sub-scales, **peer problems** data indicates declining symptom severity for the TSS cohort: at TP1 the peer problems scores of 14 young people were in the "very high" category; at TP2 the scores of six young people were in this category; at TP3 the scores of four young people were rated "very high". The proportion of young people whose scores were in the "high" and "very high" bands reduced from 40% at TP1 to 12.5% at TP3.

An increase in the number of young people whose peer problems scores were in the "close to average" category is also apparent – 16 young people at TP1, 29 young people at TP2 and 34 at TP3.

The emotional problems and peer problems sub-scales may together be considered to capture **internalised problems**. Based on this structure, the proportion of young people whose scores were in the "high" and "very high" bands reduced from 42.5% at TP1 to 12.5% at TP3; while the corresponding ratios for the "slightly raised" and "close to average" categorisations increased from 57.5% at TP1 to 87.5% at TP3.

A consolidated examination of average internalising and externalising scores further illustrates reducing symptom severity across the three time points.

Figure 7: TSS Combined Internalising & Externalising Scores



Change over Time

Based on total difficulties scores, positive change (reduction in symptom severity) was observed for all but two TSS participants. No change was observed for the two exceptions: the total difficulties score for each of these participants (29 for one individual, 25 for the other) was in the "very high" category at every time point.

The greatest margin change was from a total difficulties score of 35 at TP1 to a score of 11 at TP3 (24 point change).

Table 5 aggregates change over time for individuals.

Table 5: Symptom Severity Change over Time

Scale/ sub-scale	Reduction Observed	Greatest Margin of Reduction	Increase Observed	Greatest Margin of Increase	No Change
Total Difficulties	38 participants 95% participants	24 points v high ⇨ close to avg	0 participants	-	2 participants scores: 25, 29
Emotional Problems	38 participants 95% participants	6 points (x2) v high ⇨ slightly raised v high ⇨ close to avg	1 participant	1 point remained within close to avg band	2 participants scores: 4, 8
Conduct Problems	27 participants 67.5% participants	6 points (x2) v high ⇨ close to avg (x2)	0 participants	-	13 participants scores: 0, 2, 5, 6, 7
Hyperactivity	32 participants 80% participants	6 points v high ⇨ close to avg	0 participants	-	8 participants scores: 3, 6, 7, 8, 9, 10
Peer Problems	32 participants 80% participants	8 points v high ⇨ close to avg	0 participants	-	8 participants scores: 0, 1, 2, 5, 8
Prosocial	26 participants 65% participants	4 points (x3) v low ⇨ slightly low v low ⇨ close to avg (x2)	0 participants	-	14 participants scores: 1, 5, 6, 7, 8, 9, 10

SDQ Summary

Preparation of SDQ scales at three time points over 18 months by an experienced observer indicates that TSS participants (a cohort of young people with a range of complex needs) have reduced symptom severity, and suggests improved psychosocial outcomes.

It should be noted that this analysis cannot conclusively ascertain the extent of the program effect, however it is known that stable housing is a foundational component enabling other pro-social and pro-active decision making.

2.2.2 Life Skills Likert Scales

In the context framed by the Arcadia project plan and the literature overview undertaken as part of this evaluation, a series of custom Likert scales were developed. The domains addressed in the Life Skills Likert Scales are outlined in Table 6.

Table 6: Life Skills Likert Scale Domains

Domain	Prompt: The young person...	Orientation
Sense of self	...generally has a positive sense of self	Internal
Engage with adults	...is generally able to engage with adults	External
Prosocial activities	...participates in prosocial /community activities	External
Not engaged in risk taking behaviours	...participates in risk taking behaviours/illegal activities	External
Insight into skills and capacity	...has insight into their personal skills and capacity	Internal
Motivated to developed	...is motivated to develop their personal skills and capacity	Internal
Insight into issues	...has insight into the issues in their life	Internal
Confidence to make decisions	...has confidence to make decisions/take action regarding issues in their life	Internal
Plan for the future	...is able to plan for their future	Internal
Seek support	...will seek support in life areas where they need assistance	External

Each domain has been nominated as internal or external orientation to reflect a domain that either shapes the way the young person sees themselves and their place in the world around them (internal) or how they interact with the world around them (external).

Likert scales at two time points were completed for each TSS participant: a retrospective November/December 2016 entry and a contemporary July/August 2017 entry. Analysis of the scales indicates positive change for the cohort as a whole, in each domain.

Figure 8: Arcadia Evaluation Likert Scale Summary Results

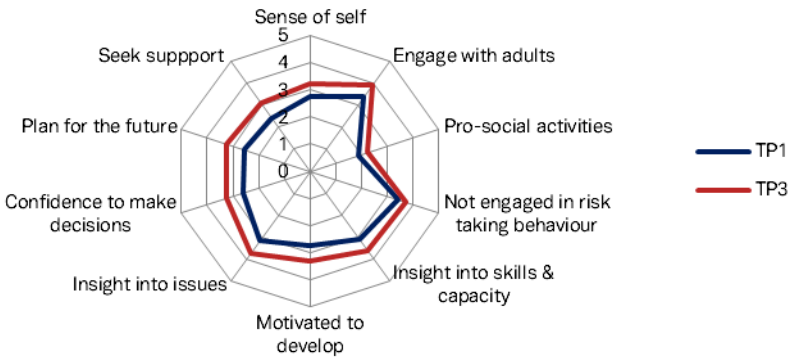


Table 7 aggregates change over time for individuals as reflected in the Life Skills Likert Scales

Table 7: Life Skills Likert Scale Change over Time

Domain	Increase Observed	Greatest Margin of Increase	Reduction Observed	Greatest Margin of Reduction	No Change
Sense of self	18 participants 45%	2 points (x1)	0 participants	-	22 participants 55%
Engage with adults	21 participants 52.5%	1 points (x27)	0 participants	-	19 participants 47.5%
Prosocial activities	16 participants 40%	1 points (x16)	1 participant	1 point (x1)	23 participants 57.5%
Not engaged in risk taking behaviours	14 participants 35%	2 points (x1)	2 participants	1 point (x2)	24 participants 60%
Insight into skills and capacity	21 participants 52.5%	1 point (x21)	1 participant	1 point (x1)	18 participants 45%
Motivated to developed	24 participants 60%	1 point (x24)	1 participant	1 point (x1)	15 participants 37.5%
Insight into issues	23 participants 57.5%	1 point (x23)	0 participants	-	17 participants 42.5%
Confidence to make decisions	24 participants 60%	2 points (x1)	0 participants	-	16 participants 40%
Plan for the future	28 participants 70%	1 point (x28)	0 participants	-	12 participants 30%
Seek support	30 participants 75%	1 point (x30)	2 participants	1 point (x2)	8 participants 20%

The greatest individual score increases observed were:

- 10 points (x2)
- 9 points (x2)
- 8 points (x4)

The greatest individual score reductions were -2 points (x1) and -1 points (x1).

One individual score remained unchanged (each domain and total score).

Domains for which the greatest total change (all participants) was observed were:

Table 8: Life Skills Likert Scale Greatest Change Observed

Domain	Change Observed	Average Score at 1st Observation	Average Score at 2nd Observation
Plan for the future	+28 points	2.6	3.3
Seek support	+28 points	2.4	3.1
Confidence to make decisions	+25 points	2.6	3.3

Least total change was observed for the following domains:

Table 9: Life Skills Likert Scale Least Change Observed

Domain	Change Observed	Average Score at 1st Observation	Average Score at 2nd Observation
Not engaged in risk taking behaviours	+13 points	3.4	3.8
Prosocial activities	+15 points	1.9	2.3
Sense of self	+19 points	2.8	3.3

Life Skills Likert Scales Summary

These scales suggest broad positive change for TSS participants over the period November/December 2016 to July/August 2017 across the measured domains. For some participants, this change was considerable and across multiple domains, while the total scores for two participants were lower, suggesting reduced overall capacity in the areas considered.

It should be noted that this analysis cannot conclusively ascertain the extent of the program effect, however it is known that stable housing is a foundational component enabling other pro-social and pro-active decision making.

2.3 TSS Program Findings

The following commentary on evaluation findings builds on interim findings reported in February 2017.

2.3.1 Strengths

Appetite for Cross-Sector Collaboration

A review of TSS processes and activities suggests there is considerable local capacity and appetite for cross-sector collaborations to improve outcomes for vulnerable young people. The breadth of organisations centrally or peripherally involved in referring to, supporting or promoting TSS is extensive:

- Anglicare Bilton Lodge
- Anglicare Trinity Hill
- Anglicare Youth Care
- Catholic Care Therapeutic Residential Services Tasmania
- Christine Walker Counselling
- Child, Youth & Family Services - South (Child Protection)
- Claire House
- Colony 47
- Common Ground
- Community Corrections – South
- Elizabeth College
- Glenorchy Youth Advisory Network
- Goodwood Neighbourhood House
- Hobart City Mission Housing
- Hobart City Mission Small Steps
- Hobart Uniting Church No Bucks
- Housing Connect
- Huon Community Health Services
- Life Without Barriers Back on Track
- Ogilvie High School
- Pathways Tasmania Launch Youth
- Rock Property
- Rosny College
- Save the Children Australia
- Tasmania Police Early Intervention Unit
- The Create Foundation
- Whitelion
- Youth Justice – South
- Other Salvation Army programs

Additional organisations reported in the 30 Month Report to TCF (September 2017) as collaborating to achieve outcomes for TSS participants were:

- Claremont College
- Cosgrove High School
- CU at Home Nurses (Tas Health)
- Glenorchy City Council Youth Task Force
- Learning Services South (Dept Education)
- Pulse Youth Health Service (Tas Health)

The breadth of organisations working alongside TSS suggests a collective impact whole-of-system response (spanning housing, health, education, justice/corrections, mental health, advocacy) is being developed – although it is recognised that this is a small participant group (83 at November 2017) which may be easier to accommodate on a case by case basis than wholesale redefinition of MOUs/other agreements.

Critical Key Worker Role

It was observed in the Interim Report that "while the introduction of Housing Connect provides a framework for provider coordination and streamlined access to emergency and long term accommodation, it is Verso's observation that the Transition Support Worker role has provided the coordination function that may otherwise be lacking (not resourced) for young people transitioning to living independently who do not have other support or advisory networks."

The Transition Support Worker role has continued as the axis around which TSS moves, as the worker engages and builds relationships with young people participating in the program. This is consistent with attachment theory: as trust is established and the worker has proven to be reliable, young people are able to develop a more positive picture of themselves, their place in the world, and how they interact with others.

Attachment Theory

Attachment theories in childhood development vary in detail (e.g. Bowlby; Rutter) however, they all fundamentally support the premise of stability in the young person's environment... The founder of attachment theory John Bowlby, described 'attachment' as an in-built human drive toward forming and maintaining attachments with others (Bowlby, 1969; Bowlby, 1973; Bowlby, 1980; Bowlby, 1988).

A key concept in attachment theory is the internal working model. Fundamentally, a person's internal working model generates and carries a mental representation of the self, other people and the world in general (Fairchild-Kienlen, 2001). Within these representations of self are "expectations and beliefs about one's own and other people's behaviour; the lovability, worthiness and acceptability of the self; and the emotional availability and interests of others, and their ability to provide protection" (Howe et al, 1999).[22]

The value and contribution of the Transition Support Worker cannot be underestimated in considering TSS strengths.

2.3.2 Challenges

Limited Housing Options

An ongoing challenge for at risk young people in southern Tasmania is the limited supply of available housing - although it is recognised that they are not alone in this, with limited resources being stretched beyond capacity. The main providers of transitional and longer term community housing are detailed in the Interim Report.

As well as taking referrals from transitional and longer term community housing services and assisting with placements into others, TSS has supported some young people to access private rental, although for many private rental is beyond their financial means. For example the median private weekly rental in Hobart for a 2 bedroom flat

[22] Verso Consulting (2010), Evaluation of the Therapeutic Residential Care Pilot Programs: Research Paper 3 Literature Review, p 16 (unpublished)

or unit in 2016 was $280[23] ($560 per fortnight) while the current maximum Youth Allowance payment for "Single, no children, younger than 18 years [and 18 years or older], and need to live away from parent's home to study, train or look for work" is $437.50 per fortnight, and the maximum for "Single, with children" is $573.30.[24]

> **Families struggling in Tasmania's tight rental market**
> Real estate industry leaders and social welfare groups say Hobart is fast becoming Australia's least affordable capital city to live in and the situation needs to be urgently addressed…
>
> A survey conducted on the first weekend in April by Anglicare, showed there were 1363 properties advertised for rent across Tasmania, including rooms in share houses. Only 29 per cent of the properties advertised were within the financial reach of a single parent with one child on Newstart allowance and only six were affordable for a single to rent on Newstart. 'The lack of affordable places to live is affecting people right up the income scale,' Meg Webb [Anglicare Tasmania] said. 'Housing is a basic necessity that has flow-on effects in terms of employment, education and successful family units.' The number of properties available to rent in the state's south has fallen by 60 per cent since 2012 and by 14 per cent in the past 12 months alone…
>
> Pattie Chugg [Shelter Tasmania] said the Rental Affordability Index showed Hobart was the second least affordable city to rent in – after Sydney – when Tasmania's lower household incomes were taken into account.[25]

Other government payments may be available, such as Transition to Independent Living Allowance (TILA) for young people with previous out of home care experience which is a one off $1,500 allowance,[26] but these figures suggest a scenario of ongoing housing stress. It is worth noting that housing stress is more prevalent in Hobart that the rest of the state, particularly for renters in the Hobart LGA"[27] (see Interim Report for further information on housing stress).

The state's Affordable Housing Strategy 2015-2025[28] is reported to have "helped 352 new households access safe and affordable housing. These included: 194 households assisted into affordable home ownership; 46 households assisted into supported accommodation; and 33 households helped to access new social housing"[29] with some initiatives potentially targeted to the TSS cohort including Youth at Risk Response Centre in Moonah and Youth Castles. It is not known if any TSS participants are among the figures reported against the Affordable Housing Strategy achievements.

Capacity Caps Potential Reach

Analysis of the TSS stream suggests that reach of the program could be amplified through targeted use of volunteer mentoring programs, such as that offered by Whitelion in Victoria (see box below). This approach could leverage the strong relationship aspect of TSS, while enabling the skilled and experienced Transition Support Worker to undertake assessments, negotiate/advocate with service providers/government agencies, and train/match/supervise volunteer mentors to directly assist young people with transport to appointments, filling out forms and other non-specialist supports.

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[23] Steering Committee for the Review of Government Service Provision, Report on Government Services 2017, at http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/housing-and-homelessness/rogs-2017-volumeg.pdf, Table GA.11 (accessed 14/2/17)

[24] https://www.humanservices.gov.au/customer/enablers/payment-rates-youth-allowance (accessed 14/2/17)

[25] Extract from Families struggling in Tasmania's tight rental market, The Mercury, 4/10/17, at http://www.themercury.com.au/realestate/families-struggling-in-tasmanias-tight-rental-market/news-story/4d574bcb61cc7896a64684ead2049598 (accessed 21/11/17)

[26] https://www.dss.gov.au/our-responsibilities/families-and-children/benefits-payments/transition-to-independent-living-allowance-tila (accessed 14/2/17)

[27] Hobart City Council (undated). City of Hobart Housing and Homelessness Strategy 2016-2019, p 7

[28] http://www.dhhs.tas.gov.au/housing/tasmanian_affordable_housing_strategy (accessed 21/11/17)

[29] Extract from Families struggling in Tasmania's tight rental market, The Mercury, 4/10/17, at http://www.themercury.com.au/realestate/families-struggling-in-tasmanias-tight-rental-market/news-story/4d574bcb61cc7896a64684ead2049598 (accessed 21/11/17)

In the context of a therapeutic (or at least trauma informed) service model, it is important that the volunteer mentor understand the importance of committing to building a relationship with the young person, and that the Transition Support Worker continues to maintain regular contact with the young person as well.

Whitelion Leaving Care Mentoring
The Whitelion Leaving Care Mentoring Program works with young people from 16 years of age and aims to match the young person with a mentor from the community before they become independent. This program operates in the Northern, Western and Eastern Metropolitan regions, Bendigo, Barwon and Gippsland regions in Victoria.[30]

Mental and Emotional Health

At program entry, the SDQ scores of 50% of TSS participants were in the "high/very high" bands, indicating high probability of a psychiatric disorder[31] (SDQ is not a diagnostic tool). At timepoint 3, SDQ scores of 12.5% of participants indicated symptom severity within the "high/very high" bands. While change over time analysis suggests reduced symptom severity for many participants, the high prevalence of potential disorder indicates a potentially ongoing vulnerability among this population.

Access to support that can assist these young people to understand how mental health issues and past experiences and trauma may continue to affect them, and assistance to develop skills and tools to mitigate the ongoing effects is critical to good mental and emotional health.

2.3.3 Participant Outcomes

In addition to the more concrete "secured employment", "obtained driver licence" type outcome (see Figure 9), it is reported that young people accessing TSS have experienced a broad range of benefits:

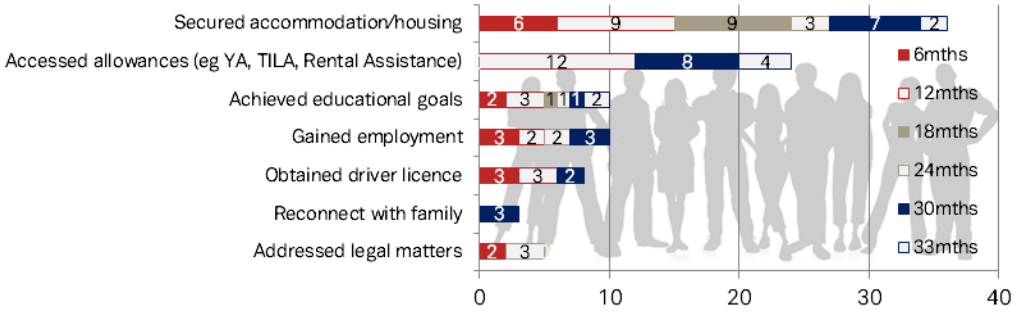
- Developing core life skills such as managing money and meeting financial commitments, meal preparation
- Developing social skills and supportive relationships
- Accessed legal services and advocacy
- Learnt about and engaged with relevant specialist and/or mainstream support services
- Learnt when it is appropriate to disclose care leaver status when accessing services

Concrete outcomes achieved by young people engaging with TSS (May 2015-May 2016 & June 2016-April 2017) are shown in Figure 9. It is clear that securing accommodation is a continuing focus area for TSS.

[30] http://www.whitelion.asn.au/vic-mentoring, accessed 14/2/17

[31] Goodman, R & Renfrew, D & Mullick, Mohammad, 2000. Predicting type of psychiatric disorder from Strengths and Difficulties Questionnaire (SDQ) scores in child mental health clinics in London and Dhaka. European child & adolescent psychiatry. 9. 129-34.

Figure 9: TSS Participant Outcomes



The Participant Engagement Flowchart (Figure 3) outlines three clear progression phases; the following table indicates the numbers/proportion of young people who have achieved the various outcomes outlined for each phase:

Table 10: Outcomes per TSS Participant Engagement Phase

Phase	Milestone	# Participants/Achieved
1: Preparation	Referral	83 referrals 83 commenced (100%) 24 exited without completing Phase 1 (28.9%)
	Assess independent living skills / Develop independence skill development plan / Develop independence skill goals	17[32] formal assessment 17 83
	Connect young person with assistance services	24
	Complete Housing Assessment / Identify housing/accommodation options	64 64
2: Transition	Apply for housing options / Young person secured housing/accommodation	55 36 (65.5%)
	Build on/maintain independent living skills	36 (43.4%)
	Connect with additional supports	36 (43.4%)
3: Post Care	Provide ongoing support to maintain skills	36 (43.4%)
	Connect young person to community	36 (43.4%)
	Empower young person to engage in education / Young person completes education goals	13 10 (76.9%)
	Empower young person to seek employment / Young person obtains employment	12 10 (83.3%)
	Ongoing support as required	36 (43.4%)
Exit	Young person completes transition to independent living	36 (43.4%)

[32] Care leavers only

2.4 TSS Outcomes

The Transition Support Service aims to better prepare and support young people to transition from home and out of home care to independent living. Young people are encouraged and supported to build positive relationships with people who are important to them, as well as identifying, establishing and maintaining networks and support systems to assist them in their transition toward independent living, including engaging in community activities, employment, education, health and wellbeing.

The following assessment of the effectiveness of TSS against the revised expected outcomes (Table 2) utilising a traffic light rating where:

- = significant progress observed/reported
- = some progress observed/reported
- = negligible progress observed/reported
- = insufficient evidence/data to assess progress against this outcome

2.4.1 Outcomes for Young People

Improved health and wellbeing – increased self-reliance and independence

SDQ and Arcadia Evaluation Likert scale scores indicate that progress has been made in relation to this outcome for a significant proportion of TSS participants:

- SDQ – total difficulties scores decreased for 38 participants (95%)
- SDQ – average SDQ total difficulties score reduced from 17.3 (TP1) to 8.8 (TP3)
- Life Skills Likert Scales – positive change was recorded for 38 participants (95%)
- Life Skills Likert Scales – positive change observed for all domains measured

Access to secure housing and avoiding homelessness

The limited availability of affordable housing in southern Tasmania is an external factor which cannot be controlled by TSS/wider Salvation Army. This has been a significant area of focus for TSS, however, and the following achievements have been observed:

- 36 TSS participants have secured housing, and thereby avoided homelessness
- a further 19 have been supported to apply for housing
- 28 participants continue to work toward securing accommodation and housing, with TSS providing assistance to access additional support mechanisms and networks

Improved numeracy and literacy skills – improved engagement with educational activities

Numeracy and literacy skill development was not captured by evaluation activities; however 10 participants were successful in completing their education goals. Work toward education goals are in progress for a further three participants.

Improved independent living skills – managing finances, daily living

TSS has a focus on supporting participants to develop independent living skills. While this is a work in progress for all participants, data demonstrates that the majority have been successful in their endeavours to improve this skill set.

- 36 have developed daily living skills (including independent living skills)
- 8 have obtained drivers licences
- 5 have addressed outstanding legal matters and have no pending charges, and have not committed further offences
- Life Skills Likert Scales – 21 participants (52.5%) were observed to have positive change in relation to insight into their own skills and capacity
- Life Skills Likert Scales – 24 participants (60%) were observed to have positive change in relation to motivation to develop their skills and capacity

Sense of safety and support

The World Health Organisation defines wellbeing as "the state in which an individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her own community". Wellbeing involves having positive self-image and esteem.[33]

Based on this definition, SDQ and Life Skills Likert Scale scores indicate that progress has been made in relation to this outcome for a significant proportion of TSS participants:

- SDQ – emotional problems scores decreased for 38 participants (95%)
- SDQ – peer problems scores decreased for 32 participants (80%)
- SDQ – average emotional problems reduced from 4.3 (TP1) to 1.9 (TP3)
- SDQ – average peer problems reduced from 3.6 (TP1) to 1.4 (TP3)
- Life Skills Likert Scales – 18 participants (45%) were observed to have positive change in relation to generally having a positive sense of self
- Life Skills Likert Scales – 23 participants (57.5%) were observed to have positive change in relation to having insight into the issues in their lives
- Life Skills Likert Scales – 24 participants (60%) were observed to have positive change in relation having confidence to make decisions/take action regarding issues in their lives
- Life Skills Likert Scales – 28 participants (60%) were observed to have positive change in relation to being able to plan for their future
- Life Skills Likert Scales – 30 participants (75%) were observed to have positive change in relation to seeking support in life areas where they need assistance

Strong network of social supports and community relationships

Direct measurement of social supports and community relationships was not captured by evaluation activities; however some indicators do provide some insight into this outcome area:

[33] https://schools.au.reachout.com/articles/wellbeing-and-resilience, (accessed 27/11/17)

- 3 participants have reconnected with family
- SDQ – prosocial scores increased for 26 participants (65%)
- SDQ – average prosocial scores increased from 6.2 (TP1) to 7.5 (TP3)
- Life Skills Likert Scales – 21 participants (52.5%) were observed to have positive change in generally being able to engage with adults
- Life Skills Likert Scales – 16 participants (40%) were observed to have positive change in relation to participating in prosocial activities
- Life Skills Likert Scales – 14 participants (35%) were observed to have positive change in relation to participation in risk taking activities

2.4.2 Outcomes for the Community

Reduced youth homelessness

The limited availability of affordable housing in southern Tasmania is an external factor which cannot be controlled by TSS/wider Salvation Army. This has been a significant area of focus for TSS, however, and the following achievements have been observed for individuals, which therefore reflects progress in this community-level outcome:

- 36 TSS participants have secured housing, and thereby avoided homelessness
- a further 19 have been supported to apply for housing
- 28 participants continue to work toward securing accommodation and housing, with TSS providing assistance to access additional support mechanisms and networks

Positive social and economic participation by young people

Social and economic participation by young people adds value to their community – particularly when observed in tandem with reduced anti-social activities. Indicators that provide insight into this community-level outcome area:

- 5 have addressed outstanding legal matters and have no pending charges, and have not committed further offences
- 10 have obtained employment
- SDQ – prosocial scores increased for 26 participants (65%)
- SDQ – average prosocial scores increased from 6.2 (TP1) to 7.5 (TP3)
- Life Skills Likert Scales – 16 participants (40%) were observed to have positive change in relation to participating in prosocial activities
- Life Skills Likert Scales – 14 participants (35%) were observed to have positive change in relation to participation in risk taking activities
- Life Skills Likert Scales – 30 participants (75%) were observed to have positive change in relation to seeking support in life areas where they need assistance

2.4.3 Outcomes for Service Providers

- **Trauma informed – therapeutic transitioning between services into the community safely**

Evidence relating to this outcome area was not captured by evaluation activities.

- **Developmentally sensitive planning for young people across services**

Evidence relating to this outcome area was not captured by evaluation activities.

- **Intensive support for young people within other services**

Evidence relating to this outcome area was not captured by evaluation activities.

- **Interagency collaboration and support networking**

The broad range of agencies actively engaged with TSS and the nature of the correspondence/testimonials enables a clear picture of interagency collaboration and networking to emerge. This is seen to be a strength of the TSS program stream.

- **Improved referral processes and pathways into existing programs**

Consistent with the assessment relating to interagency collaboration and networking, evidence suggests that referral processes and pathways have improved.

3 REDO

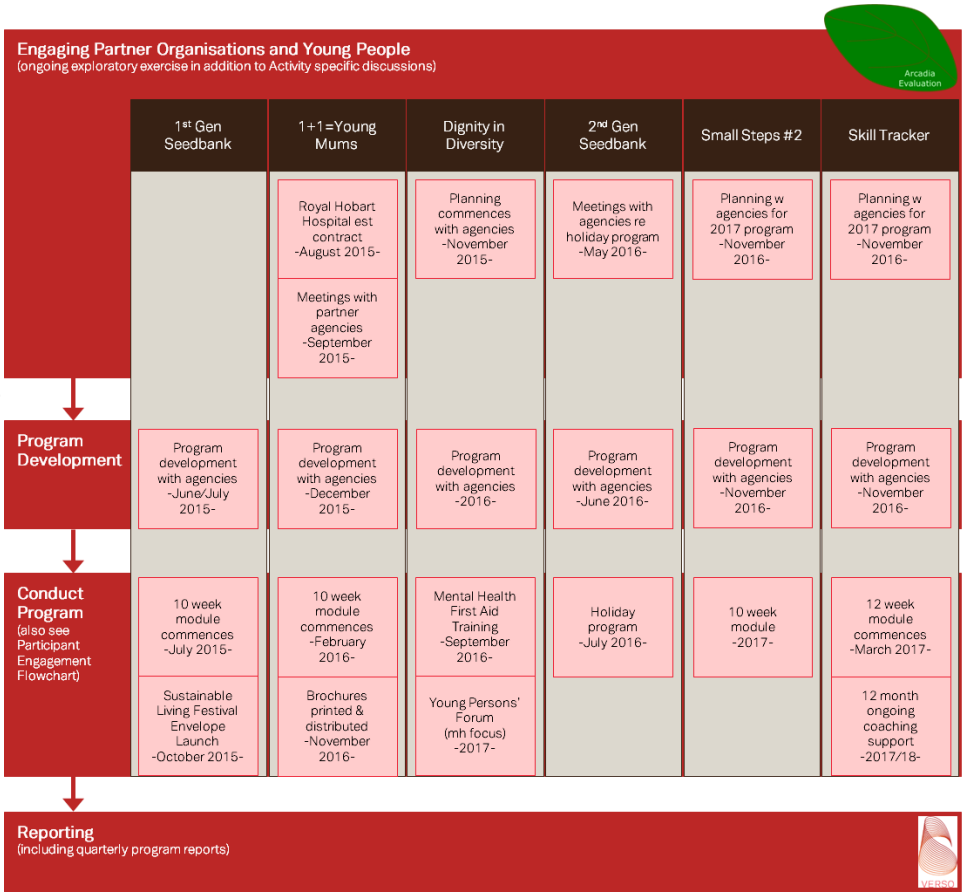
3.1 Service Description

3.1.1 Program Development

A particular characteristic of REDO is that each project necessitates custom design and development. Hence it is important to articulate the Activity Development and Realisation Sequence required for each project. As outlined in Figure 10, the four overarching phases are:

- Engaging partner organisations and young people
- Program development
- Conduct program
- Reporting

Figure 10: REDO Activity Development & Realisation Sequence



Hobart City Mission Small Steps Feedback

It has been a pleasure working with Maggy Agrey on the REDO project – 1+1=Young Mums. Maggy and I began the process with a number of consultative meetings in order to agree the right direction to go in with the young mums at Small Steps. This was a very useful process, utilising Maggy's experience and knowledge with previous projects and my experience working with young mums. Eventually we were able to pitch an idea to the young mums at Small Steps and engage and excite them enough to commit to the project for the 10 weeks. Along the way there were things that Maggy and I had discussed that could be a part of the program however, as the project unfolded and progressed, it was decided some elements would not be included.

I have been privileged to witness the young mums who have engaged in the program and watch their excitement, passion and pride grow over the 10 weeks.

...In relation to the course content, we had discussed in the consultation phase, the inclusion of an interview with the prospective participant at the start of the program, I think in future programs this could be included in some format.[34]

Theoretical Frameworks

REDO program models are developed utilising the Asset Based Community Development (ABCD) principles of community engagement[35]:

- The *Asset based* principles encourage multiple agencies, networks and diverse community members to participate in the project's outcomes
- The project *Builds* on developing young people's confidence, trust and their self-capacity to broaden their skills within a social capital framework
- Facilitators *Collaborate* with young people and the extended support groups to understand the learning gaps, needs and aspirations of everyone involved
- All those involved co-creatively *Develop* the projects, to ensure that young people gain new life and learning skills and generate positive outcomes

These Community Development principles are premised on the basis that young people are able to positively shape their future through connected efforts by sharing responsibility between individuals, organisations, businesses and funding bodies.

A complementary theoretical model especially evident in projects undertaken in 2017[36] is Open Space, the principles of which are:

- *Whoever comes is the right people*, which reminds people in the small groups that getting something done is not a matter of having 100,000 people and the chairman of the board. The fundamental requirement is people who care to do something. And by showing up, that essential care is demonstrated.
- *Whatever happens is the only thing that could have*, keeps people focused on the here and now, and eliminates all of the could-have-beens, should-have-beens or might-have-beens. What is, is the only thing there is at the moment.
- *Whenever it starts is the right time* alerts people to the fact that inspired performance and genuine creativity rarely, if ever, pay attention to the clock. They happen (or not) when they happen.

[34] Correspondence from Caroline Verth, Hobart City Mission Small Steps (dated 15/11/16)

[35] What is Asset Based Community Development (ABCD), at http://www.abcdinstitute.org/docs/What%20isAssetBasedCommunityDevelopment(1).pdf (accessed 9/2/17)

[36] Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard, November 2017, p 5

- *When it's over it's over*. In a word, don't waste time. Do what you have to do, and when its done, move on to something more useful.[37]

These principles are underpinned by the "one law" of Open Space, the so called "Law of Two Feet."

> **Law of Two Feet**
> If at any time you find yourself in any situation where you are neither learning nor contributing – use your two feet and move to some place more to your liking. Such a place might be another group, or even outside into the sunshine. No matter what, don't sit there feeling miserable…
>
> One of the most profound impacts of the law is to make it exquisitely clear precisely who is responsible for the quality of a participant's learning. If any situation is not learning rich, it is incumbent upon the individual participant to make it so… Responsibility resides with the individual.[38]

Range of Projects

As illustrated in Figure 10, a broad range of projects have been developed as part of Arcadia REDO:

- Seedbank (First and Second Generation)
- 1+1=Young Mums
- Dignity in Diversity
- Small Steps
- Skill Tracker
- Momentum

The effect of this approach has been significant investment of time and other resources into "fresh" project development. There is uncertain potential for particular projects to be repeated given the innate co-design focus, and the effort to tailor projects to the interests of participants - although a school holiday variation of the original Seedbank project has been conducted.

Considering the limited REDO staff resourcing (Community Collaborative Consultant engaged 15 hours per week) this volume of program development (quite separate to program delivery) is considerable and demands a high level of creativity and energy.

[37] Opening Space for Emerging Order at http://www.openspaceworld.com/brief_history.htm (accessed 22/11/17)

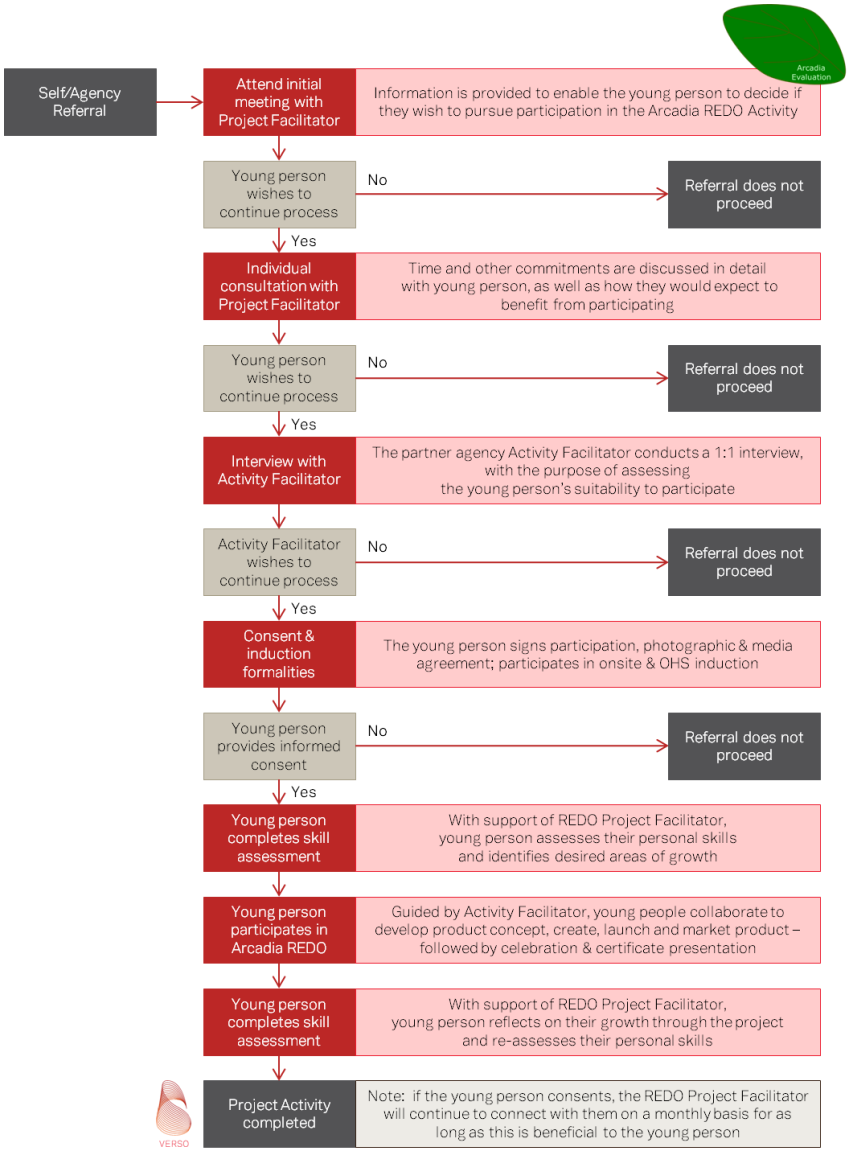
[38] Opening Space for Emerging Order at http://www.openspaceworld.com/brief_history.htm (accessed 22/11/17)

3.1.2 Program Delivery

A high level of ongoing consultation with both participants and partner agencies (Activity Facilitators) is consistent across REDO projects.

While this approach has transpired to support engagement of many participants, the "opt out" avenue is actively presented at multiple points through the course of each project. There is therefore increased opportunity for participants to disengage from the project, potentially jeopardising the experience and outcomes for other participants given the strong emphasis on team building and group work.

Figure 11: REDO Participant Engagement Flowchart



3.2 Participants

3.2.1 Demographic Profile

The full participant demographic profile from the Interim Report is provided as Appendix 3 – the following summary is provided for ease of reference.

The young people who have participated in the REDO stream have experienced traumatic and adverse life circumstances. Participants include young people involved in Youth Justice programs and drug and alcohol rehabilitation assessments. Others are:

- disconnected from their families
- single teenage parents
- newly arrived refugees or asylum seekers
- living in or leaving supported accommodation or residential care
- have recently been homeless
- experiencing or escaping family violence

Each participant attending the program identified that their traumatic experiences have impacted on their lives, and recognised the difficulties they face transitioning to become self-sufficient and independent.

More broadly, the network of agencies partnering with Arcadia REDO recognise the following barriers experienced by REDO participants:

- complex mental health and wellbeing needs (diagnosed & undiagnosed)
    - high levels of anxiety
    - long term depression and associated issues with medication and side effects
    - ongoing suicide ideation and/or self harm
    - sexual/gender identity issues
- inability to meet employment requirements/expectations due to complex issues/circumstances
- long term homelessness/unsuitable/unstable living arrangements linked to local affordable housing issues[39]

A comprehensive narrative report (The Salvation Army Arcadia REDO Project Report – "REDO Project Report") was prepared in December 2016 outlining REDO activities to date. This report informed the REDO participant demographic profile provided in the Interim Report. Further demographic information was not available for inclusion in this Final Report.

3.2.2 Strengths and Difficulties Questionnaire

The Community Collaborative Consultant provided sample SDQs relating to REDO participants. We note that the limited number of completed SDQs was due to her concern not to compromise building rapport with participants, which was already challenging in the context of limited contact/short term duration projects.

[39] Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard, November 2017, p 8

Single Point in Time

SDQ scales were prepared for 11 REDO participants. As shown below, Table 4 summarises the data collected, as well as providing normative data for Australian young people aged 14-17 years (best available match).

Table 11: TSS Summary of SDQ Scores

Scale	Normative Mean[40]		REDO Mean Score		
	Male	Female	Male	Female	Total
Conduct Problems	1.4	0.8	3.7	2.0	2.5
Hyperactivity	3.1	2.0	5.0	5.5	5.4
Externalising Score	4.5	2.8	8.7	7.5	7.8
Emotional Problems	1.3	1.4	6.3	6.1	6.2
Peer Problems	2.1	1.6	3.7	3.1	3.3
Internalising Score	3.4	3.0	10.0	9.3	9.5
Total Difficulties	**7.8**	**6.0**	**18.7**	**16.8**	**17.3**
Prosocial Score	6.8	7.9	6.3	8.3	7.7

REDO: male n=3; female n=8

Comparison of the REDO group by gender against the Australian normative data suggests the complexity of program participants: the mean total difficulties score for male REDO participants was 10.9 points above normative mean; likewise the mean total difficulties score for female REDO participants was 10.8 points higher. This comment, however, must be considered in the context of the very small sample.

Without time series analysis, however, it is not possible to observe change in symptom severity over the term of program participation. Should Arcadia REDO continue in some form post the funding period, it is suggested that SDQ (or similar) observations be made at regular time points in order to provide robust qualitative evidence of change over time/outcomes achieved by participants. Given the short duration of some REDO projects, it could be that SDQ (or similar) form a part of entry/exit processes. It is the evaluators' view that lack of such data for REDO is a significant deficit in truly understanding the program effect and participant outcomes.

The following discussion utilises normative population, Child and Adolescent Mental Health (CAMHS) entry scores and TSS entry scores for comparison of total difficulties, and TSS entry scores for sub-scale comparison.

[40] Normative mean score for Australian children aged 14-17 years (best match to participant group) based on Teacher Report. Reported in Mellor D (2005) Normative data for the Strengths and Difficulties Questionnaire in Australia, Australian Psychologist, 40, 215-222, at www.sdqinfo.org/norms/AusNorm.html (accessed 7/2/17)

Total Difficulties Scores

Symptom severity categorisation of the total difficulties data, as shown in Figure 12, reveals similar profiles across the REDO and TSS participant groups.

While the REDO and TSS profiles indicate lesser symptom severity than CAHMS entry, they are however significantly more complex than the normative population.

The following analysis by sub-scale, however, reveals very different profiles sitting below the broadly similar total difficulties scores.

Figure 12: SDQ Total Difficulties Score Categorisation[41]

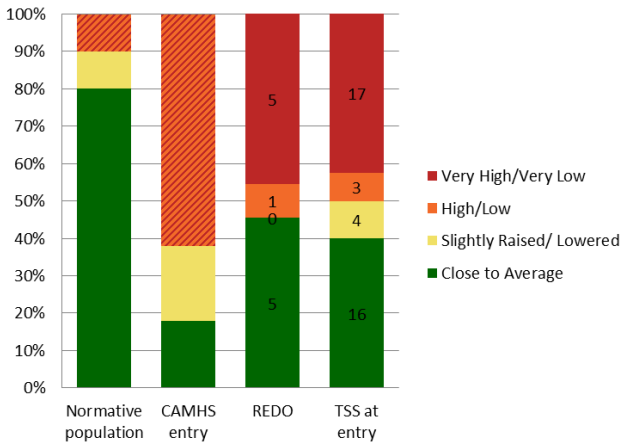
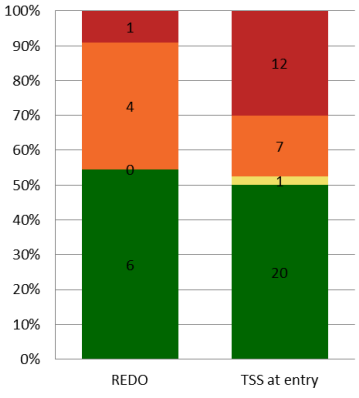
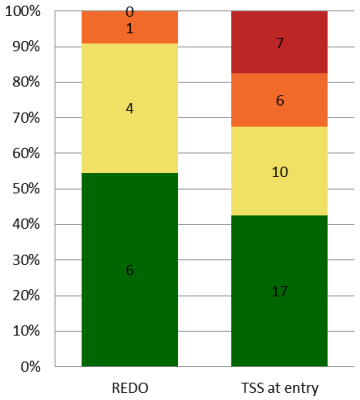


Figure 13: REDO:TSS SDQ Externalising Sub-Scale Score Categorisation

Conduct Problems



Hyperactivity



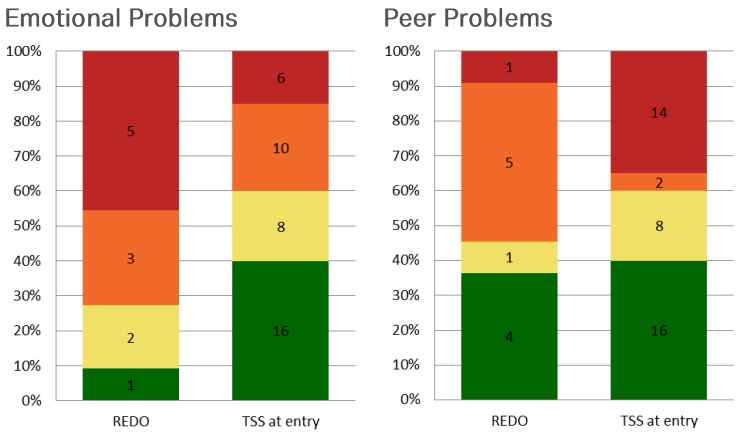
Conduct problems sub-scale data reflects similar profiles across the REDO and TSS cohorts. Conduct problems scores of 6 (54.5%) REDO cohort were within the "close to average" range, while the scores of 20 TSS young people (50%) were in this range. This is a negligible difference between the two groups.

The **hyperactivity** sub-scale data indicates lesser symptom severity among the REDO cohort as compared to the TSS group.

These two sub-scales may together be considered to capture **externalising problems**. Based on this structure, the proportion of REDO participants whose scores were in the "high/very high" was 18% as compared to 48% of TSS participants at entry, suggesting the REDO cohort may initially appear to be less complex than the TSS participants as their problems are less externalised.

[41] Note that Normative Population and CAMHS Entry distribution is based on the former 3-band categorisation: the 4-band categorisation provides finer grain categorisation by splitting the previous "abnormal" into "high/low" and "very high/very low". The hatch pattern is used in this chart to allow reasonable alignment with the new corresponding "high/low" and "very high/very low" bands.

Figure 14: REDO:TSS SDQ Internalising Sub-Scale Score Categorisation



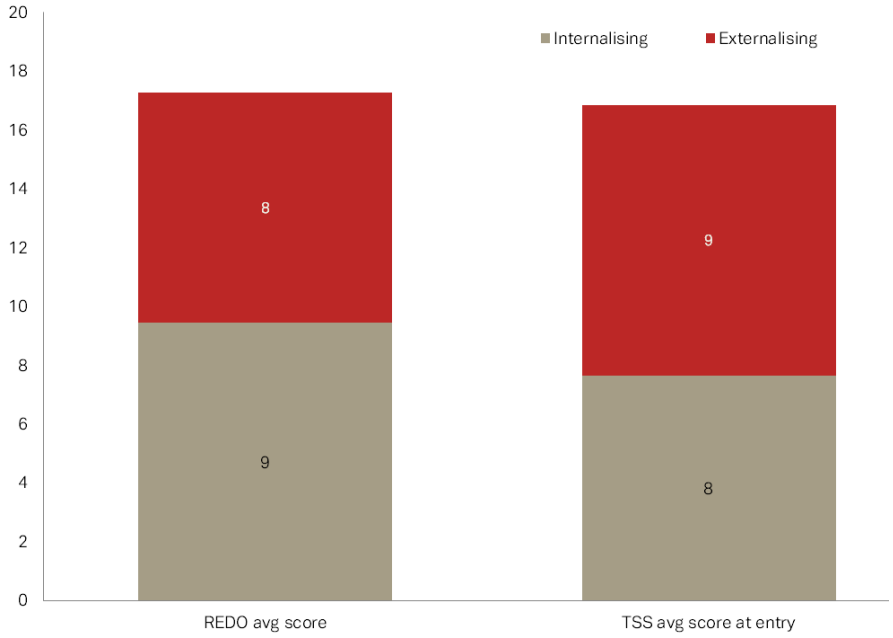
The **emotional problems** sub-scale data indicates significantly higher symptom severity among REDO participants: emotional problems scores of 8 REDO participants (72.7%) were in the "high/very high" range, while scores of 16 TSS young people (40%) were in this range. This suggests a higher presentation of complex emotional problems among the REDO cohort as compared to the TSS participants.

The **peer problems** sub-scale data indicates a higher proportion of REDO participants' scores in the "high/very high" range (54.5%) as compared 40% of TSS participants' scores, however TSS participants with peer problems were observed to experience greater symptom severity as compared to the REDO group.

These two sub-scales may together be considered to capture **internalising problems**. Based on this structure, the proportion of REDO participants whose scores were in the "high/very high" was 63.6% as compared to 42.5% of TSS participants at entry.

A consolidated examination of average internalising and externalising scores summarises comparable overarching symptom severity across the two Arcadia streams.

Figure 15: REDO:TSS Combined Internalising & Externalising Scores



Change over Time

As the REDO sample SDQs were single point in time, it is not possible to examine change over time on the basis of SDQ scores. Qualitative feedback from participants,[42] however, provides some insight into their self-reflection regarding involvement with the program:

- improved physical and mental wellbeing
- increased social inclusion
- improved attitudes toward learning
- increased validation of, and connection to cultural heritage and community
- improved social skills and cognition
- reduction in anxiety (while attending the program – safe place)
- sense of accomplishment through acknowledgement of achievements
- life affirming support in relation to mental health issues and physical ailments

Participants observed that:

- affirmation regarding their accomplishments made a positive difference to their sense of self
- assisted access to mental health supports was beneficial
- alignment of services to a youth support pathway was beneficial
- participation assisted in gaining self-respect

Importantly, participants were able to provide feedback on negative aspects/impacts of the program:

- some experienced a sense of decline after completion of the project
- attending other youth services that didn't meet expectations regarding personal support/attention was disappointing/disillusioning

These statements are reflective of the Community Collaborative Consultant's observations regarding REDO participants, both during formal program engagement and through post-program support contact.

3.3 REDO Program Findings

The following commentary on evaluation findings builds on interim findings reported in February 2017.

3.3.1 Strengths

Participants are Enthusiastic and Engaged

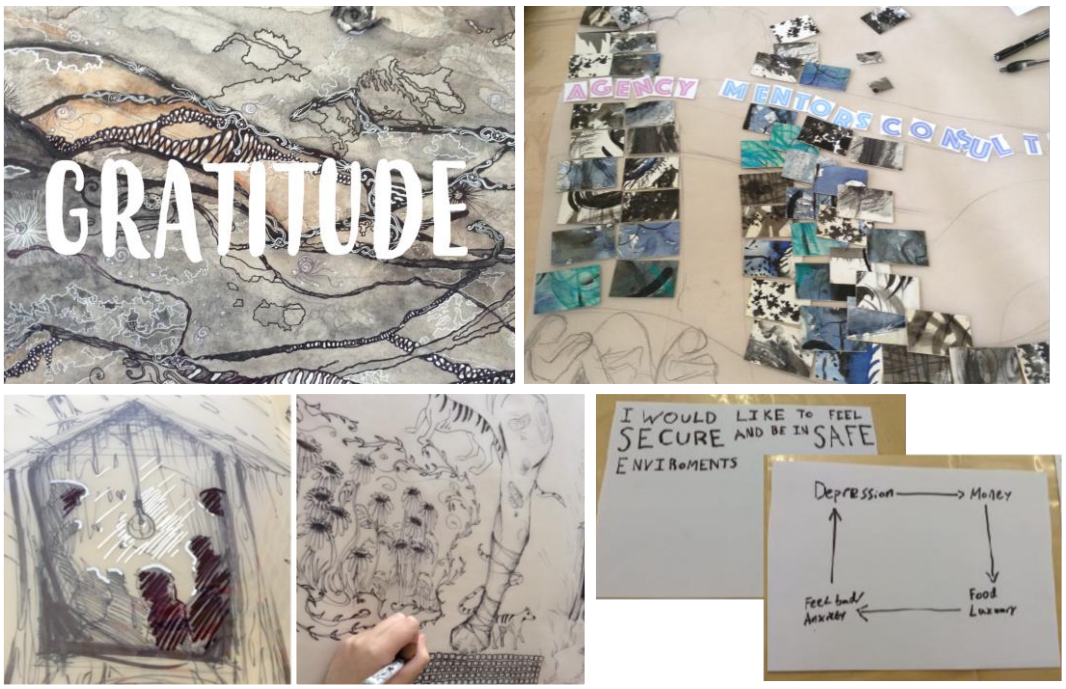
REDO Project Reports consistently convey that the majority of young people who commit to participating in a REDO project are likely to sustain that commitment throughout the duration of the project. Those exiting early tended to have well-justified reasons for doing so (see Interim Report for detail).

This level of enthusiasm indicates that participants see REDO as being of value and worth giving their time to. Sample participant feedback/comments in relation to REDO are provided in the Interim Report.

[42] Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard, November 2017, p 15

Participant engagement included discussion regarding the "big issues" in their lives and wider society as well as the creative elements of the various projects.

Figure 16: REDO major art pieces and significant conversations



Commitment to Co-design

Co-design and collaboration are inherent in Arcadia REDO, from project conception through planning, recruitment, implementation and celebration. This is critical in relation to fostering cross-sector collaboration (see below) and also sustaining engagement and building skills/confidence of participants.

"Collaboration has its own good things; people get together and create together. They don't answer to power struggles and divides. I need people to see these principles of behaviour" – REDO participant

As previously noted (page 28), the time and resource intensive nature of co-design activities undertaken in this manner appears to be unsustainable in the current program resourcing model. Exploration of more sustainable approaches to this work is recommended.

Empowering the Voice of Participants

A review of the forums to which REDO participants have contributed in various ways demonstrates that the program has been effective in enabling the voice of vulnerable young people to be heard:

- Urban Farming and REDO showcase Seed Bank designs at Sustainable Living Tasmania Festival
- Anti Poverty Week presentation at Parliament House
- Momentum art work displayed at Parliament House and commercial offices
- Conversations for Change presentation at Parliament House

Figure 17: Seedling packaging designed by REDO participants

Appetite for Cross-Sector Collaboration

A review of REDO processes and activities indicates considerable local capacity and appetite for cross-sector collaborations to improve outcomes for vulnerable young people. The breadth of organisations centrally or peripherally involved in referring to, supporting or promoting REDO is extensive:

- Alexis Clarke (Graphic Designer)
- All Round Health & Community Care
- Annie Kenney Young Women's Refuge
- Catholic Care Tasmania
- Centrelink
- Clare House - CAMHS
- Deb Wace (Art Facilitator)
- Dept of Youth Justice
- Dr Susan Stack (UTAS)
- Esther House
- Family Planning
- Glenorchy City Council
- Headspace
- Hobart City Council
- Hobart City Mission/Small Steps
- LifeLine
- Little Miss Dot
- Mara House – Colony 47
- Migrant Resource Centre
- Project 47 – Colony 47
- Pulse Youth Health South
- Red Cross
- Residential Care providers
- Royal Hobart Hospital
- Tasmania Volunteers
- TasTAFE
- The Link youth agency
- Trinity Hill Apartments - Anglicare
- Uniting Care
- University of Tasmania
- Urban Farming
- Whitelion
- Yang
- Youth Homeless Shelters
- Other Salvation Army programs

During REDO's First Generation Seedbank project some participants were initially expected to fully complete their New Start Mutual Obligation Requirements by Centrelink. It became apparent that the time commitment to REDO compromised their ability to fully meet Centrelink's requirements. The Community Collaborative Consultant advocated for the participants, succeeding in having REDO recognised as an acceptable form of training or study – as reported in the REDO February-November 2017 Report "Arcadia REDO is an approved Centrelink activity."

While not specifically collaboration, this demonstrates that REDO gained legitimacy as a job preparation/job readiness pathway.

Networking with other services (for example, health services or counselling) and opportunities (for example, jobs or more relevant educational programs) improves the uptake of other services required to improve health and wellbeing outcomes, or behavioural change.[43]

3.3.2 Challenges

Poor Literacy is a Barrier

As noted in the REDO 2016 Project Report, "It was alarming to discover the low levels of literacy and numeracy skills. This required revision of the [First Generation Seedbank] goals and approach of the program. It also required considerable sensitivity, as the newly arrived refugees possessed numeracy and literacy skills at a greater level than their Tasmanian [born] counterparts."[44]

It was, however, also observed that, "The new arrivals who participated in the program were highly adaptive and many wish to obtain tertiary qualifications. The reality is that many will not be able to do so due to their literacy

[43] Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard, November 2017, p 7

[44] The Salvation Army Arcadia REDO Project Report, December 2016, p 6

levels. Creating projects such as Arcadia REDO provides opportunity for young people to recognise other possible options and future pathways to employment."[45]

International research has found that, "Literacy influences individual capability in all spheres of life. In times of economic instability, low literacy makes individuals and communities more vulnerable to inequality, increasing the risk of social exclusion and undermining social mobility... [affecting] employment and economic outcomes, health levels and health inequalities, and exacerbates factors associated with criminal offending."[46]

Kofi Annan, former Secretary-General of the United Nations, famously stated that, "Literacy is a bridge from misery to hope... Literacy is the means through which every man, woman and child can realise his or her full potential", while Irina Bokova, current Director-General of UNESCO, likewise declared, "Literacy is the door to knowledge, essential to individual self-esteem and empowerment."

Adult Functional Literacy

Being literate means more than just being able to write, read or count numbers. Literacy generally refers to the ability to connect the things you hear and speak about with written and read text, and to think critically about them. While some people may have basic spelling abilities, it doesn't necessarily mean they can comprehend what the word means and how it would be used. Numeracy likewise goes beyond being able to recognise a number; it's about being able to practically apply maths and problem solving to everyday life...

According to the latest figures from the Australian Bureau of Statistics and the OECD, many adult Australians struggle with the literacy and numeracy skills required in daily life...

Overall, this means that 1 in 3 Australians have literacy skills low enough to make them vulnerable to unemployment and social exclusion. This can entrench cycles of disadvantage, and not only exclude these people from the workplace generally, but from emerging economy jobs that require a high level of literacy; particularly digital literacy.

Jobs that once were less reliant on a literate workforce now need workers to be able to fill out occupational health and safety forms, use computers and have knowledge of industry terminology. In September 2010, it was estimated up to 2.7 million people over 15 years-old were unemployed, or underemployed, because they lacked the required literacy skills.

International research has shown that this lack of involvement has a bigger financial flow-on effect to national economies, with a rise in literacy skills of just 1 per cent associated with a 1.5 per cent increase in GDP, and an eventual 2.5 per cent increase in labour productivity.[47]

Mental and Emotional Health

Consistent with young people engaged with the TSS stream, many REDO participants reported (or were observed) to be living with significant mental and/or emotional health issues. As documented in the REDO 2016 Project Report:

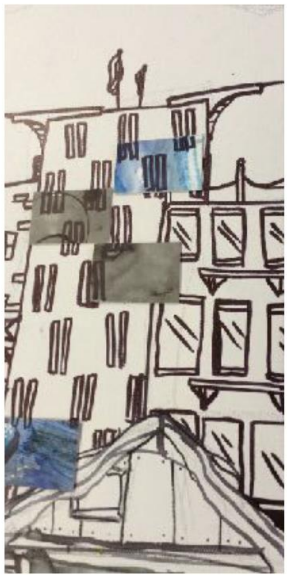
- [Their] isolation increases their inability to cope with their current situation. They therefore sometimes struggle with alcohol and drug dependency and continue to find comfort in casual sexual encounters
- [They] spoke of their shame at their family circumstances and also the shame that they felt was projected on to them by others in the local community

[45] The Salvation Army Arcadia REDO Project Report, December 2016, p 28

[46] Morrisroe J (2014). Literacy Changes Lives: A new perspective on health, employment and crime. London: National Literacy Trust, p 5 at http://www.literacytrust.org.uk/assets/0002/3684/Literacy_changes_lives_2014.pdf (accessed 13/2/17)

[47] King M (2016). The Hidden Costs of Low Literacy in Australia, Insight, p 1 at http://www.sbs.com.au/news/insight/explainer/hidden-costs-low-literacy-australia (accessed 13/2/17)

Figure 18: REDO major art work Momentum



- Some of the young people's stress levels rose during their attendance. They required further support to enable them to continue... Causes of stress were personal relationships and family discord
- Some participants experience low to high levels of mental health issues or are impacted during the program by such issues within their extended families
- They said [seeking housing and accommodation] was an ongoing concern and kept them in a constant state of anxiety
- Three participants shared... that they had low to high level mental health issues, including suicidal ideation and suicide attempts, self-harming, depression and fears about their future

There is a self-identified need among the target cohort to "learn how to deal with [depression, suicidal ideation, feelings of isolation, discrimination, bullying and victimisation], to support themselves and others."[48] The particular young people who have engaged with REDO projects appear to have recognised that these issues are impacting their lives, and will continue to do so unless they are able to develop the skills and/or resources to better navigate the challenges presented. It may be that the young people "able" to engage are already demonstrating a degree of healing/growth which suggests they are predisposed to succeed in this, with targeted support.

3.3.3 Participant Outcomes

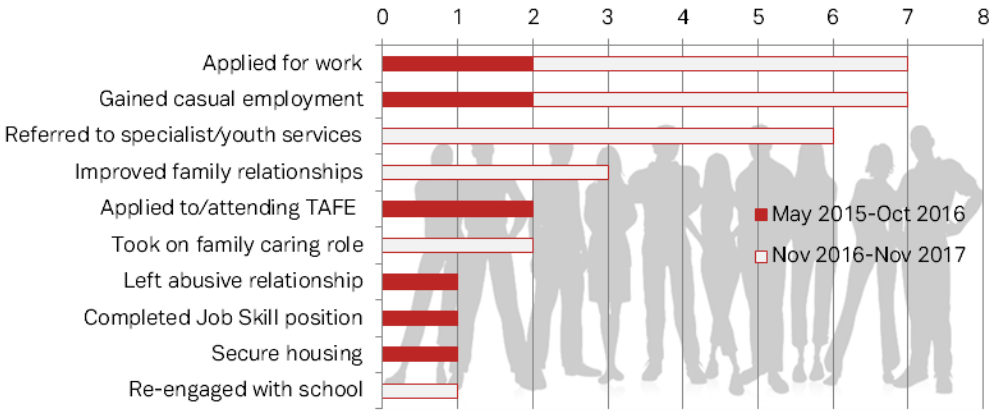
Identified outcomes for participants included broad qualities such as:

- Increased awareness of the impact of mental health issues on young people
- Opportunity to learn about Australian culture
- Participants recognising their talents
- Participants developing new positive self-conceptions and self confidence

For some participants, however, these intangible outcomes have facilitated/empowered them to take steps that they would not have felt confident or competent to do previously, as shown in Figure 19. These participants credit REDO with providing them with the knowledge, skills and confidence to do something new.

[48] The Salvation Army Arcadia REDO Project Report, December 2016, p 28

Figure 19: REDO Participant Outcomes



3.4 REDO Outcomes

Complementing the revised Arcadia expected outcomes, REDO project's intentions are:

- To introduce young people to learning new skills, assisting them to prepare for possible future education and employment
- To teach the basic steps that will help them to prepare to seek jobs
- To create an environment where young people are able to develop their capacity to engage in collaborative teamwork
- To assist them to design and produce a product which benefits the Hobart community
- To encourage work discipline, through requiring participants to attend 85% of program sessions

The Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard states:

> *Many of the beneficial outcomes of young people participating in Arcadia REDO are indirect, and therefore not measurable.*[49]

Despite this, the following analysis considers the Arcadia REDO achievements in terms of the expected program outcomes.

The following assessment of effectiveness of REDO against the revised expected outcomes (Table 2) utilises a traffic light rating where:

■ = significant progress observed/reported

■ = some progress observed/reported

■ = negligible progress observed/reported

■ = insufficient evidence/data to assess progress against this outcome

[49] Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard, November 2017, p 7

Supporting statements are from the Arcadia REDO Therapeutic Youth Support Program Report: Voices to be Heard (Nov 2017) unless otherwise stated.

3.4.1 Outcomes for Young People

Improved health and wellbeing – increased self-reliance and independence

Anecdotal evidence suggests that this outcome has been observed for a significant number of REDO participants.

- Some of the young people felt healthier by attending the project (p 7)
- Young people learn how to make nutritional and delicious meals for less than $4 in the microwave at Arcadia Redo (p 13)
- Arcadia partners with Community Health mobile service to receive services on site. Young people may receive swifter support from health agencies (p 13)
- I feel a sense of being mentored and supported, for the first time since being unemployed (p 15)

Access to secure housing and avoiding homelessness

Accessing secure housing has been a specifically noted outcome for one REDO participant.

- Young people are supported to access Housing Connect and Supported accommodations (p13)
- Young people housed in short term accommodation (p13)
- Young people return to their family home (p 13)
- Some chose to continue couch surfing as their preference (p 13)
- One young person hosted in short term accommodation (p 13)

Improved numeracy and literacy skills – improved engagement with educational activities

Low literacy levels have been observed as a factor affecting the design of REDO projects. While projects have been modified to accommodate this, addressing this has not been a project focus. Two participants were reported to have applied to/attended TAFE, and one reengaged with school (Figure 19).

Improved independent living skills – managing finances, daily living

REDO provided training to Skill Tracker participants in relation to basic food preparation using a microwave.

- Young people learn how to make nutritional and delicious meals for less than $4 in the microwave at Arcadia Redo (p 13)

Sense of safety and support

The World Health Organisation defines wellbeing as "the state in which an individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her own community". Wellbeing involves having positive self-image and esteem.[50]

Based on this definition, Arcadia REDO has been a factor in improving the wellbeing of participants:

- 2 young people who'd been isolated were referred to other youth programs and remain committed (p 15)
- 2 young people were referred to specialised services for mental health issues(p 15)

[50] https://schools.au.reachout.com/articles/wellbeing-and-resilience, (accessed 27/11/17)

Strong network of social supports and community relationships

Arcadia REDO has supported participants to develop their social and community relationships:

- 3 participants improved family relationships (Figure 19)
- 2 young people became support carers for their Elders (p 15)
- I feel validated by sharing my culture and community (p 15)
- My relationship with my grandmother has improved since I have come here (p 15)

3.4.2 Outcomes for the Community

Reduced youth homelessness

The limited availability of affordable housing in southern Tasmania is an external factor which cannot be controlled by REDO/wider Salvation Army. As noted above, some participants have gained improvements in their accommodation stability, which therefore reflects some progress in this community-level outcome.

Positive social and economic participation by young people

Social and economic participation by young people adds value to their community, and fostering this has been the primary focus of Arcadia REDO:

- 3 young people found casual or full time work during the project (p 15)
- I feel more confident about getting a job (p 15)
- It's been really good to be challenged and remain committed (p 15)

3.4.3 Outcomes for Service Providers

Trauma informed – therapeutic transitioning between services into the community safely

While strong collaboration is a clear feature of Arcadia REDO, evidence is not available as to whether this outcome has been achieved.

Developmentally sensitive planning for young people across services

Evidence relating to this outcome area was not captured by evaluation activities.

Intensive support for young people within other services

Evidence relating to this outcome area was not captured by evaluation activities.

Interagency collaboration and support networking

The broad range of agencies actively engaged with REDO and the nature of the correspondence/testimonials enables a clear picture of interagency collaboration and networking to emerge. This is seen to be a strength of the REDO program stream.

Improved referral processes and pathways into existing programs

Consistent with the assessment relating to interagency collaboration and networking, evidence suggests that referral processes and pathways have improved.

4 Bibliography

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Appendix 1: Literature Overview

Originally reported in Arcadia Therapeutic Youth Support Services Evaluation Interim Report, February 2017

The purpose of this literature overview is to identify developmental milestones for young people in the target age range (16-25 years) as well as expected outcomes for both the general population aged 16-25 years and the target cohort of care leavers and otherwise disadvantaged young people aged 16-25 years.

Developmental Milestones

For over 6 decades, developmental theory has been strongly influenced by Erikson's theory of psycho-social development. Among other refinements of Erikson's original theory of eight stages of development, Arnett posited in 2000 that the additional stage of "emerging adulthood" as "a framework for recognising that the transition to adulthood was now long enough that it constituted not merely a transition but a separate period of life course."[51] While gaining traction in academic and practitioner circles, this stage has not been universally accepted. It does, however, provide a useful framework for considering developmental milestones applicable to the Arcadia Therapeutic Transitions Project (Arcadia Project) target cohort.

Developmental markers relevant to emerging adults can be summarised as:

- Self-focus
- Instability
- Feeling In-between
- Identity explorations
- Possibilities

As a transitional stage between adolescence and young adulthood, emerging adulthood is characterised by staggered or graduated growth in these areas. PhD candidate Hannah Trible authored the neat phrase, "One might think of an emerging adult taking a long 'siiip' (acronym as per the developmental markers above) of life before making final commitments",[52] to characterise the emerging adulthood period. The outworking of this stage is influenced by external factors (e.g. home environment, societal norms) and internal factors (e.g. self-esteem, educational attainment). These factors are clearly affected by preceding development stages, and in turn impact on following stages. "Research has shown that positive youth development is associated with favourable family environment factors, such as close family relationships, strong parenting skills, good communication and positive adult behaviours."[53]

[51] Arnett JJ, 2007. Emerging Adulthood: What is it, and what is it good for? Child Development Perspectives, Vol 1 No 2: p 69

[52] Trible H, 2015. Emerging adulthood: Defining the life stage and its developmental tasks. James Madison University Commons, Spring 2015, p 11

[53] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 9

As the individual shifts into young adulthood (late twenties according to Arnett[54]), a successful transition would be characterised by, "better educational outcomes, making a successful transition to full-time work, developing healthy adult lifestyles, experiencing fewer challenges forming families and parenting their own children, and being more actively engaged citizens."[55]

Expected Outcomes for the General Population

Literature relating to expected outcomes for the general population traversing emerging adulthood presents a graduated scale of potential trajectories:

> *Research has shown that positive youth development is associated with favourable family environment factors, such as close family relationships, strong parenting skills, good communication and positive adult behaviours.*[56]
>
> *Numerous studies show that for most, wellbeing improves during the course of emerging adulthood...*[57]
>
> *It is true that identity issues are prominent in emerging adulthood and that sorting through them and finding satisfying alternatives in love and work can generate anxiety. It is also true that entry into the labour market is often stressful and frustrating...*[58]
>
> *It is normal for young people to experience some degree of emotional distress as they develop and mature, learning to successfully navigate the complexities of life... While most young Australians are physically and emotionally healthy, one in four young people will have a mental disorder. The majority will experience a mild or moderate level of impairment, while an estimated 17 per cent will experience a severe level of impairment.*[59]
>
> *Even as wellbeing rises for most emerging adults, some experience serious mental health problems such as major depression and substance use disorder. A possible interpretation is that the variance in mental health functioning becomes broader in the course of emerging adulthood.*[60]
>
> *Many young people who disengage from education, training and employment also lack skills such as critical thinking, problem solving, social skills, persistence, creativity, and self-control... Young people who are not engaged in employment, education or training often lack the literacy and numeracy skills required to enable them to make successful transitions.*[61]

This snapshot therefore suggests that most young people with a relatively stable home/family life, with supportive family and friends, who attain a level of education that enables them to participate in employment/further education, are likely to have developed the core resources[62] or adaptive processes[63] to facilitate a successful transition from adolescence through emerging adulthood to young adulthood.

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[54] Arnett JJ, 2007. Emerging Adulthood: What is it, and what is it good for? Child Development Perspectives, Vol 1 No 2, p 70

[55] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 1

[56] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 9

[57] Arnett JJ, 2007. Emerging Adulthood: What is it, and what is it good for? Child Development Perspectives, Vol 1 No 2: p 70

[58] Arnett JJ, 2007. Emerging Adulthood: What is it, and what is it good for? Child Development Perspectives, Vol 1 No 2: p 70

[59] Department of Health and Human Services, 2015. Mental health and wellbeing of young people aged 12 to 25: 10 year mental health plan technical paper. Victorian State Government, p 1

[60] Arnett JJ, 2007. Emerging Adulthood: What is it, and what is it good for? Child Development Perspectives, Vol 1 No 2: p 70

[61] Bailey V et al, 2016. Mission Australia's 2016 Youth Survey Report, Mission Australia, p 7

[62] Lueken LJ and Gress JL, 2011. Early adversity and resilience in emerging adulthood. In Reich JW, Zautra AJ & Hall JS (eds) Handbook of Adult Resilience (pp 238-257), New York: Guildford Press, p 243

Markers of a successful transition may be described as, "gaining financial independence, beginning to make autonomous decisions, achieving a level of self-awareness, and taking on a range of responsibilities",[64] and be reflected in engaging in higher education and/or employment, lack of involvement in juvenile/criminal justice system, good/well-managed mental health, economic self-sufficiency, stable housing, and the ability to form and maintain supportive and constructive relationships.

Expected Outcomes for the Target Cohort

As observed in the 2011 AIHW Young Australians report, "There is a demonstrated relationship between the health and wellbeing of young people and the environment in which they grow up. Young people who are raised in supportive, nurturing environments are more likely to have better social, educational, behavioural and health outcomes. The reverse is also true: young people who have been abused or neglected often have poor outcomes in the short-term and long-term."[65]

The following table cross references specific sub-cohorts who have participated in the two Arcadia Project streams with observations or data gleaned from the literature:

Table 12: Observations and Expected Outcomes for Target Cohort

Sub-Cohort	Observations from literature
Abused/ neglected in childhood or adolescence	Young abuse and neglect victims may experience reduced social skills, poor school performance, impaired language ability, a higher likelihood of criminal offending, and mental health issues such as eating disorders, substance abuse and depression. The adverse effects of abuse and neglect can last a lifetime. Adult survivors of childhood abuse and neglect tend to experience higher levels of alcohol and substance abuse, homelessness, chronic physical ill health, and mental health problems such as depression, self-harm and post-traumatic stress. They are also more likely to experience abuse and violence in adulthood and abuse or neglect their own children.[66] Adverse childhood experiences have been most consistently linked to the development of psychiatric disorders in adulthood, including major depression, suicidal behaviour, anxiety disorders, substance use and abuse and disorders involving aggression. Consistent findings that link childhood adversity to poor mental health outcomes have been demonstrated in late adolescents/young adults (aged 18-22)...[67]
Teenage mothers	Parenthood during the teenage years can often mean interrupted schooling, a high risk of lone parenthood, greater dependence on government assistance, increased problems in engaging with the labour market and poverty. These negative consequences can affect the health, educational and economic futures of the children born to teenage parents. Children born to teenage mothers develop more behavioural problems and are more likely to be born into, and continue to live in, social and economic disadvantage. They are also more likely to become a teenage parent themselves.[68]

[63] Lueken LJ and Gress JL, 2011. Early adversity and resilience in emerging adulthood. In Reich JW, Zautra AJ & Hall JS (eds) Handbook of Adult Resilience (pp 238-257), New York: Guildford Press, p 248

[64] Office of Multicultural Interests, 2009. Not drowning, waving: Culturally and linguistically diverse young people at risk in Western Australia. Western Australia State Government, p 5

[65] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 103

[66] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 117

[67] Lueken LJ and Gress JL, 2011. Early adversity and resilience in emerging adulthood. In Reich JW, Zautra AJ & Hall JS (eds) Handbook of Adult Resilience (pp 238-257), New York: Guildford Press, p 240

[68] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 82

Sub-Cohort	Observations from literature
CALD/refugee background	The period between 12 and 25 years of age is significant in any young person's development, irrespective of their cultural background, incorporating a progression towards full adult life, greater independence and an increase in responsibility level. However, for CALD young people, and particularly for those with a refugee background or who are newly arrived in Australia, the impact of these changes is even more significant. Issues of particular relevance for CALD young people include breakdown of the family unity as a result of war and conflict; displacement from home country and culture, and inter-generational conflict arising from refugee expectations and life in a country with often markedly different values.[69] CALD young people are not only vulnerable to the considerable risk factors that impact on youth in general, but may also be susceptible to a number of others particular to their demographic, such as marginalisation, the social effects of visible difference, racism and stereotyping. As a result, some of these young people may be perceived as being 'at risk' – that is, exposed to factors that may increase the likelihood of engaging in 'problem' (antisocial) behaviours. These include drug and alcohol abuse, group violence, school delinquency, and other antisocial and potentially detrimental activity. Issues such as these may have both a short and long-term impact on the wellbeing of the community in general as well as the individual.[70] Adolescence, the period in which youth begins, involves dramatic physiological intellectual and emotional growth and change, involving a search for a compromise between self-image and the social roles and behaviour accepted in society. This is referred to as the formation of identity, a process which may be more difficult for young CALD migrants as a result of the dual social world they inhabit and the competing cultural goals and expectations which they may be faced.[71]
Indigenous	Indigenous young people are far more likely to be disadvantaged across a broad range of health, community and socioeconomic indicators compared with non-Indigenous young people. They are: • twice as likely to die from all causes (6 times as likely from assault and 4 times from suicide) • 10 and 6 times as likely to have notifications for sexually transmissible infections and hepatitis • 6 times as likely to be teenage mothers • 6–7 times as likely to be in the child protection system • 15 times as likely to be in juvenile justice supervision or in prison • twice as likely to be unemployed or on income support • 3 times as likely to live in overcrowded housing • 2–3 times as likely to be daily smokers.[72]
Poor mental health	A range of factors may contribute to mental disorders in children and young people, including developmental factors such as prenatal brain damage or neural causes, genetic factors, low intelligence, physical and intellectual disability, poor social skills and low self-esteem... Other factors that can contribute to mental health disorders include the stress associated with poverty and social disadvantage, homelessness, recent immigration or refugee status, and racism and discrimination. Parents and family are also important influences on young people's mental health.[73]
Juvenile/criminal justice involvement	On average, 55 young people per annum left Ashley Detention Centre over the period 2012-2013 to 2014-2015.[74]

[69] Office of Multicultural Interests, 2009. Not drowning, waving: Culturally and linguistically diverse young people at risk in Western Australia. Western Australia State Government, p 5

[70] Office of Multicultural Interests, 2009. Not drowning, waving: Culturally and linguistically diverse young people at risk in Western Australia. Western Australia State Government, p 5

[71] Office of Multicultural Interests, 2009. Not drowning, waving: Culturally and linguistically diverse young people at risk in Western Australia. Western Australia State Government, p 8

[72] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p vii

[73] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 24

[74] Hobart City Council (undated). City of Hobart Housing and Homelessness Strategy 2016-2019, p 7

Sub-Cohort	Observations from literature
Care leavers	On average, 74 young people per annum left child protection services [over the period 2012-2013 to 2014-2015].[75] The transition from adolescence to adulthood – emerging adulthood – is now recognised as a significant stage in the life cycle in developmental, emotional and social terms. Young people leaving out of home care face this transition to adulthood without family support and with significant extra barriers such as poor mental health, intellectual and physical disabilities, and developmental delays. They are further disadvantaged through structural impediments and economic and social policy factors, such as a lack of affordable or appropriate housing and high unemployment.[76] A considerable body of research from small scale qualitative studies and international reports indicates that young people who exit care experience significant social and economic marginalisation, including a range of poor educational and health outcomes: • homelessness and/or housing instability • significantly higher rates of mental illness compared to the general population • unemployment/underemployment • substance abuse issues • involvement in the youth criminal justice system • early parenthood • low educational attainment[77] Very few young people transitioning from care are developmentally ready to live independently at 18 years of age, and most of their non-care peers can expect to receive support well beyond this age. The reduction in support may result in the young person becoming homeless or involved in offending or long term reliance on income security payments.[78] They generally bring to the transition very limited human capital upon which to build economic security. They often suffer from mental health problems that can negatively affect outcome domains, and they often do not receive treatment for these problems once they leave care. They often become involved in crime and with the justice and corrections systems after ageing out of foster care. Their employment history is poor and few escape poverty during the transition. Many experience homelessness and housing instability after leaving care.[79]
Socioeconomically disadvantaged	Socioeconomically disadvantaged Australians generally experience poorer levels of health than other Australians. The reasons for this are complex but are the result of a range of factors such as having lower educational attainment, higher rates of unemployment, lower incomes, more overcrowded housing, and a higher rate of unhealthy factors such as smoking and alcohol misuse, poor nutrition, lower levels of physical activity and higher rates of overweight and obesity.[80]

[75] Hobart City Council (undated). City of Hobart Housing and Homelessness Strategy 2016-2019, p 7

[76] Campo M and Commerford J, 2016. Supporting young people leaving out of home care, Child Family Community Australia, Paper No 41, p 2

[77] Campo M and Commerford J, 2016. Supporting young people leaving out of home care, Child Family Community Australia, Paper No 41, p 6

[78] Mendes P. Young people transitioning from out of home care. Address to DHHS Partnership Project, June 2016, p 4

[79] Courtney ME, 2009. The difficult transition to adulthood for foster youth in the US: implications for the state as corporate parent. Social Policy Report Vol XXIII, No 1, p 8

[80] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 44

Sub-Cohort	Observations from literature
Homeless	Homeless young people have high levels of mental health problems, including anxiety, depression, behavioural disorders, self-harm, and alcohol and drug misuse. During periods of homelessness, young people are at increased risk of poor nutrition, gastrointestinal and respiratory conditions, sexually transmissible diseases, physical and sexual assault, and social isolation. Furthermore, the instability and insecurity of temporary housing makes it difficult to access education, employment, health care and social services. Homelessness can also become part of an intergenerational cycle. Young people who experience homelessness are more likely to be homeless in adulthood, and have an increased risk of long-term poverty, unemployment, poor health, and other forms of disadvantage and social exclusion.[81] One of the toughest challenges facing care leavers is securing safe, secure and affordable accommodation which is a crucial component in the transition from care to independent living, and is also closely linked to positive outcomes in health, social connections, education and employment. Numerous reports and studies have found a high correlation between state care and later housing instability, transience and homelessness. While variation in the extent of homelessness reported among care leavers stems from different methodological approaches and different ways of defining homelessness, the overall picture suggests that, compared to their non-care peers, care leavers are at much greater risk of homelessness.[82] Young people are over-represented among the homeless population: a quarter (25%) of homeless Tasmanians are aged between 12 and 24.[83]

While a robust set of indicators is not available, the above narrative observations inform our understanding of the importance of the emerging adulthood phase in setting the trajectory for subsequent adult life outcomes.

[81] Australian Institute of Health & Welfare, 2011. Young Australians: their health and wellbeing 2011. Cat No PHE 140 Canberra: AIHW, p 117

[82] Johnson G and Mendes P, 2014. Taking control and 'moving on': how young people turn around problematic transitions from out of home care. Social Work and Society Vol 12, No 1, p 2

[83] Hobart City Council (undated). City of Hobart Housing and Homelessness Strategy 2016-2019, p 7

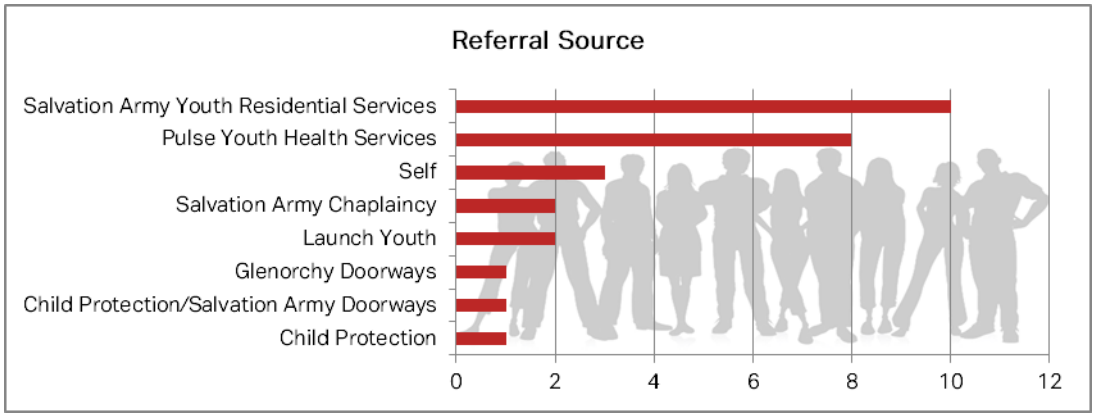
Appendix 2: TSS Participant Demographic Profile

Originally reported in Arcadia Therapeutic Youth Support Services Evaluation Interim Report, February 2017

Referral Source

From commencement to December 2016, the Transition Support Service received 44 referrals (20 male, 19 female, 5 for whom gender not advised to evaluators) from eight sources:

Figure 20: TSS Referral Source



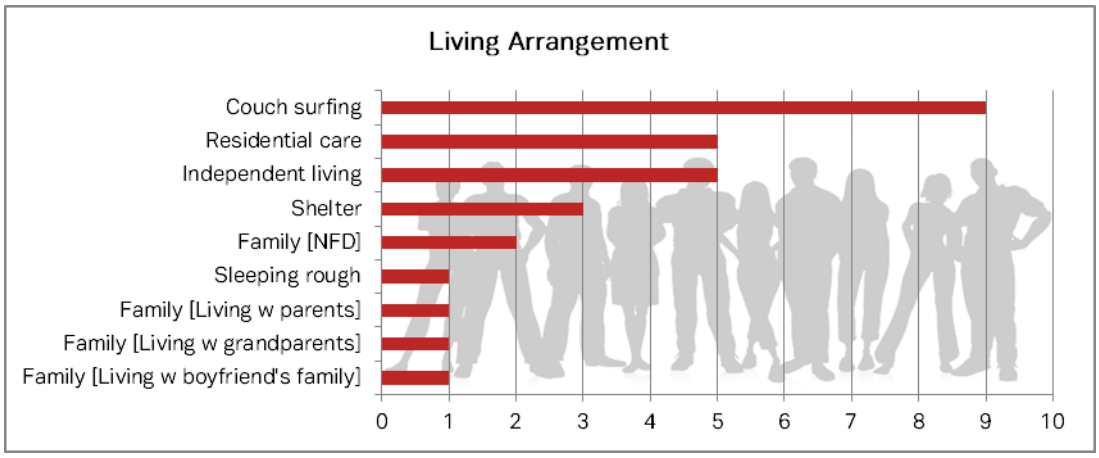
It is understood that the 10 referrals via Salvation Army Youth Residential Services are by virtue of the relationships built with these young people while TSA provided therapeutic youth residential care. It should be noted that the incumbent Transition Support Worker was formerly part of the therapeutic youth residential care team, and therefore had established relationships with some of the young people from that service.

Living Arrangements

The living arrangements the young people were leaving/exiting were varied, although the data indicates that an estimated 30% were experiencing some form of homelessness (couch surfing, shelter, sleeping rough - see Table 13). It may be that others, while "living with family" were, in effect, couch surfing. In Tasmania "young people are over-represented among the homeless population: a quarter (25%) of homeless Tasmanians are aged between 12 and 24."[84]

[84] Hobart City Council (undated). City of Hobart Housing and Homelessness Strategy 2016-2019, p 7

Figure 21: TSS Living Arrangement



Given that one of the key vulnerabilities Arcadia seeks to respond to is youth homelessness, this suggests that the project has achieved a level of success in engaging with young people experiencing homelessness.

Table 13: Cultural Definitions of Homelessness

Minimum Community Standard	Equivalent to a small rented flat with a bedroom, living room, kitchen and bathroom.
Marginally housed	People in housing situations close to the minimum standard.
Tertiary homelessness	People living in single rooms in private boarding houses without their own bathroom, kitchen or security of tenure.
Secondary homelessness	People moving between various forms of temporary shelter including friends and relatives, emergency accommodation, youth refuges, hostels and boarding houses.
Primary homelessness	People without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, under bridges, in parks etc).
Culturally recognised exceptions	Where it is inappropriate to apply the minimum standard, e.g. seminaries, gaols, student halls of residence.[85]

[85] Chamberlain and MacKenzie 2008, cited in ABS Review of Counting the Homeless Methodology, August 2011, Position Paper

Importance of Stable Housing

Australian and international research identifies a strong association between housing, health status, living standards and wellbeing. A lack of adequate and affordable housing contributes to housing stress and homelessness, and is detrimental to people's physical and mental health. Homelessness affects life expectancy, with homeless people estimated to live 15–20 years less than the mainstream population.

The provision of housing assistance and homelessness services can improve people's education, health and employment outcomes, community cohesion and reduce crime. There is evidence to suggest that effective housing assistance programs reduce the burden on health and justice services, leading to reduced expenditure for hospital, ambulance, police and court services.

Pathways through the homelessness, child protection and youth justice sectors have been explored in an analysis of linked client data across the three sectors. The analysis suggests that children and young people who are involved with one of the three areas have an increased risk of being involved in the other two areas. This type of analysis assists government and non-government agencies to provide more targeted prevention and support services.[86]

Pulse Youth Health South Feedback

"We have referred several young people to Arcadia and overall found the service to be very timely and efficient in its response to clients. The service has demonstrated that it is youth friendly and very flexible and understands the needs of young people. They have also provided regular updates about the assistance provided and any interventions and at all times have maintained confidentiality and demonstrated very sound professional practice.

The service has assisted our clients with budgeting, access to affordable accommodation, and support during the process of applying for housing, support with relocation and furnishing as well as transport and help in accessing further support services.

We have examples of where Arcadia has assisted young people to find private accommodation and in doing so assisted the young person to make the often difficult transition to independent living. In one case a young person has had significant improvements to both her physical and mental health that were not possible while she was experiencing homelessness."[87]

Relationships and Children

Of those referred, 61% were single, with the balance (39%) being coupled. 21.5% were responsible for children:

Figure 22: TSS Responsible for Children

[86] Steering Committee for the Review of Government Service Provision, Report on Government Services 2017, at http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/housing-and-homelessness/rogs-2017-volumeg.pdf, pp G.11-G.12 (accessed 14/2/17)

[87] Correspondence from Celina Sargent, Pulse Youth Health South (dated 5/9/2016)

Participant Feedback

"The [Arcadia Youth Transitions Services] has helped me by providing support. Gene has helped me in so many ways. I'm only 18 and am a single mother of a newborn baby. I don't overly have much family support and as I don't have my licence yet I find it really hard to do things. I had a lot of troubles getting a housing house. So Gene and I looked online at real estate rentals. He took me to an open [house] and helped me get all I needed for my application, he drove me to where I needed to go to do that – Centrelink, Colony 47, the real estate agent….He also helps me manage my money financially, makes sure I'm up to date with my Aurora bills and takes me to do food shopping. He has also taken me to my doctor's appointments."[88]

Cultural Diversity

None of the young people referred to the Transition Support Service identified as being of a culturally or linguistically diverse (CALD) background; one identified as indigenous.

Out of Home Care Experience

Seventeen of the young people referred had spent time in out of home care (not necessarily in the TSA therapeutic youth residential care program).

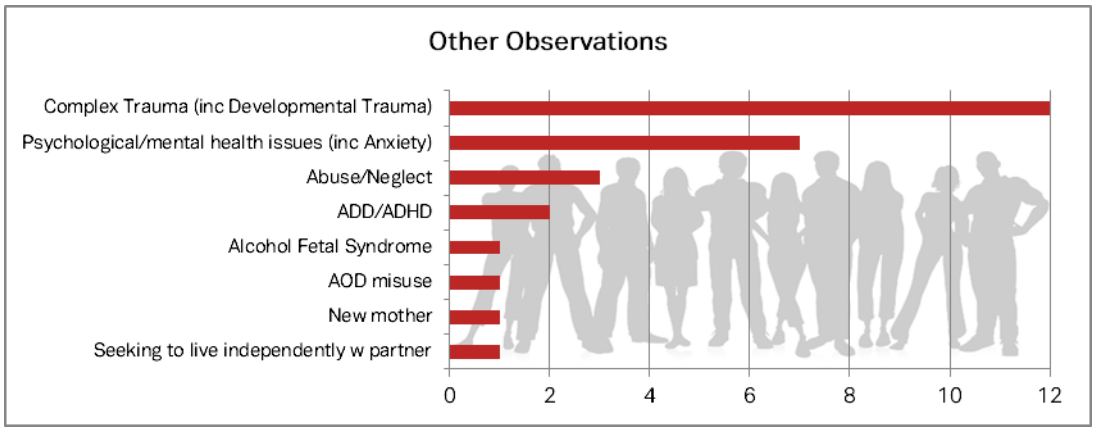
Figure 23: TSS OOHC Experience

Other Observations

In collating the demographic data reported in this section, the Transition Support Worker was asked to note any other observations of significance. Comments provided suggest that participants in the Transition Support Service are living with an array of complexities which contribute to (or cause) their vulnerability.

It should be noted that comments were not provided for every participant, and that multiple observations were recorded for some participants.

Figure 24: TSS Other Observations



[88] Correspondence from participant (undated)

Appendix 3: REDO Participant Demographic Profile

Originally reported in Arcadia Therapeutic Youth Support Services Evaluation Interim Report, February 2017

The young people who have participated in the REDO stream have experienced traumatic and adverse life circumstances. Participants include young people involved in Youth Justice programs and drug and alcohol rehabilitation assessments. Others are:

- disconnected from their families
- single teenage parents
- newly arrived refugees or asylum seekers
- living in or leaving supported accommodation or residential care
- have recently been homeless

Each participant attending the program has identified that their traumatic experiences have impacted on their lives, and recognises the difficulties they face transitioning to become self-sufficient and independent.

A comprehensive narrative report[89] was prepared in December 2016 outlining REDO activities to date. The following demographic profile draws on that report and it is acknowledged that there are some gaps. It is expected that a more complete data set relating to REDO participants will be made available during 2017 for inclusion in the Final Evaluation Report.

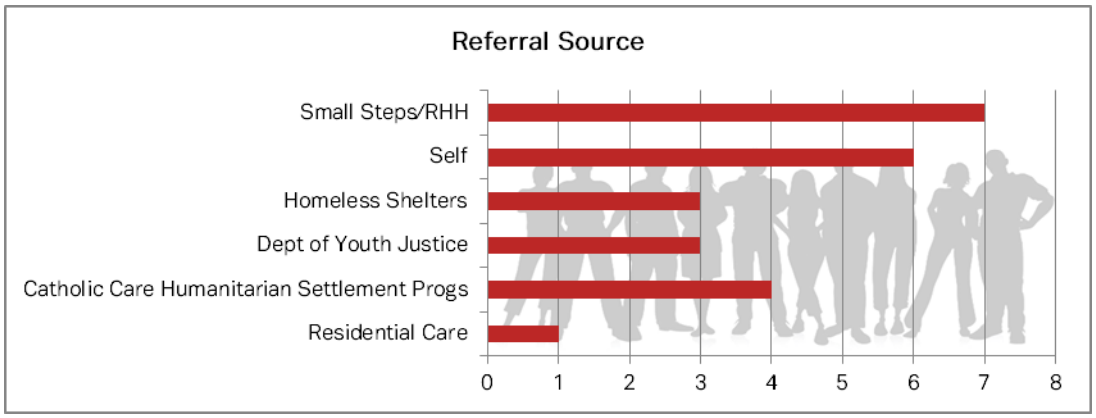
Referral Source

The referral source for 24 of the 33 REDO participants to December 2016 is known and reflected in Figure 25. The predominance of Small Steps/Royal Hobart Hospital referrals reflects the origins of 1+1=Young Mums project in discussion with these organisations, with the project being targeted to their cohort.

The six self-referrals include five "word of mouth" referrals from participants in the First Generation Seedbank project.

[89] The Salvation Army Arcadia REDO Project Report – "REDO Project Report"

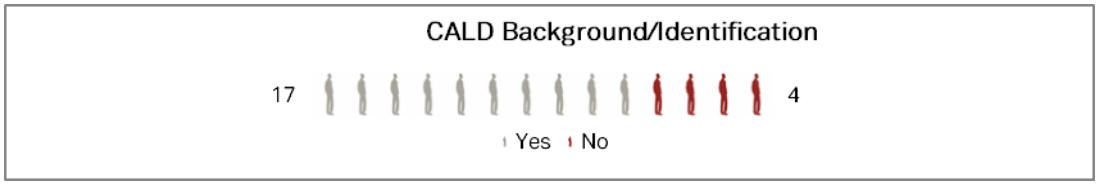
Figure 25: REDO Referral Source



CALD Background/Identification

In contrast to TSS, a significant number of REDO participants have a CALD background, with refugees strongly represented. This perhaps reflects the advocacy of two participants in the First Generation Seedbank among their peers and via the Migrant Resource Centre.

Figure 26: REDO CALD Background/Identification



Catholic Care Tasmania Feedback

"We think this program's objectives and outcomes are brilliant. Many young new emerging refugees are so [confounded] by their arrival experience. Being able to support them in a safe nurturing environment of learning, in community engagement, meets all the criteria for a healthy and positive transition."[90]

[90] Correspondence from Catholic Care Tasmania, cited in REDO Project Report, December 2016

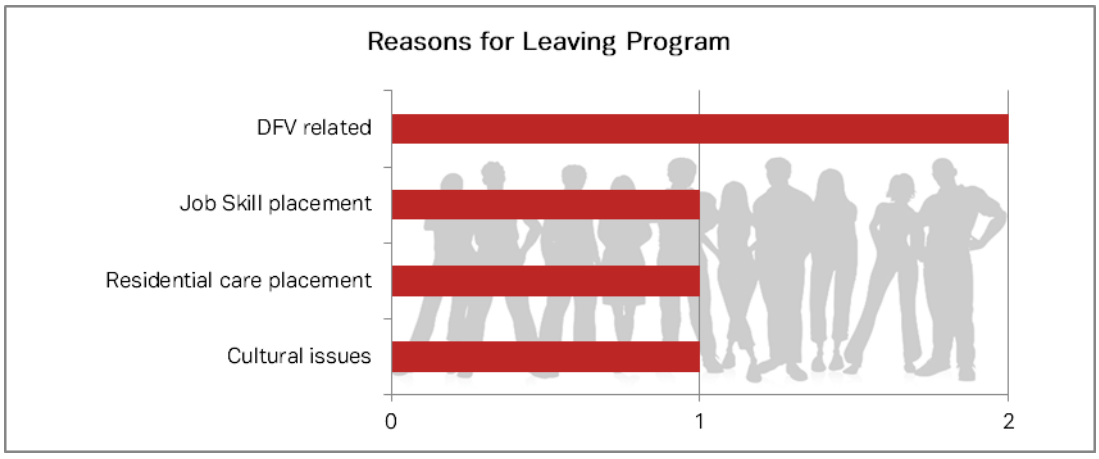
Catholic Care Tasmania Feedback

"As newly arrived residents it can often be difficult to make friends in a new community, find meaningful ways to engage in activities, find work and find positive outlets for the expression of a variety of difficult emotions (related to their current situation or past). The outcomes for these four young people have been fantastic. Their skills (personal and artistic) were identified…and subsequently nurtured. Maggie assisted them in completing a resume and made them "job-ready". Using the letter of referral gained through participating in the REDO project, three of these clients gained casual employment. I have personally seen the confidence rise in these four young people who will no doubt provide positive peer support to their friends and family long into their settlement in Australia."[91]

Reasons for Leaving Project

Expectations in relation to project attendance and participation are clearly stated to participants upfront, and the REDO Project Report provided some commentary on the reasons that five particular participants did not complete projects after making a commitment to do so.

Figure 27: REDO Reasons for Leaving Program



In the case of the Job Skill and Residential care placements, there were seen to be positive events for these young people, despite the fact it meant they made the decision to discontinue with their respective REDO projects. One of young women experiencing family violence took the opportunity to relocate away from her abusive partner – also considered a positive step for her; one young woman decided that she needed to prioritise finding more appropriate accommodation for herself and her child.

One young woman's parents asked that she leave the program due to cultural concerns.

[91] Correspondence from Conrad Gilbey, Catholic Care Tasmania (dated 14/11/16)

Participant Feedback

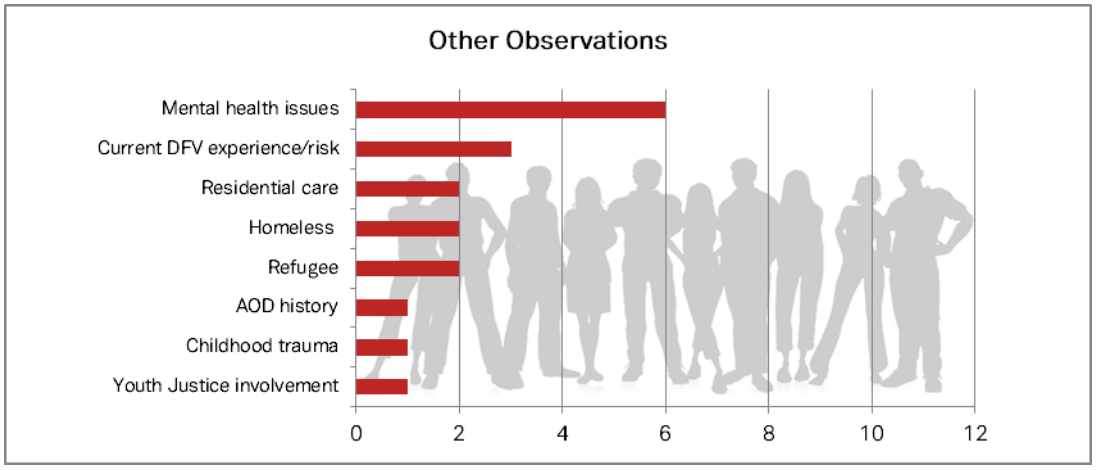
"I have been in an unhealthy relationship for five years. Attending my first interview encouraged me to engage in new areas of learning and gave me the strength to leave the relationship. Attending REDO helped me to see I am very capable in doing new things. So appreciated this opportunity."[92]

Other Observations

Throughout the REDO Project Report, the Community Collaborative Consultant made a number of observations regarding participants. Comments provided indicate that REDO participants are living with an array of complexities which contribute to (or cause) their vulnerability.

It should be noted that comments were not provided for every participant, and that multiple observations were recorded for some participants.

Figure 28: REDO Other Observations



Development of the Dignity in Diversity Mental Health First Aid Training project was informed by the clear need for mental health support among REDO participants across the range of projects:

> *During the programs held this year, many young people shared that in their short lives they had experienced mild to high states of depression, suicidal ideation, feelings of isolation, discrimination, bullying and victimisation. They wished these issues to become better known and expressed an interest in learning how to deal with these feelings, to support themselves and others.*[93]

[92] Correspondence from participant, cited in REDO Project Report, December 2016

[93] The Salvation Army Arcadia REDO Project Report, December 2016, p 28