

***Reconnect***

**Departmental review**

**Phase 2 evaluation: Departmental review
of the *Reconnect* program**

**February 2013**

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# Executive Summary

This Departmental review has been instrumental in identifying what is and is not working within the current Reconnect program and also acknowledging the positive contribution this program is making to improve the lives of some of the most vulnerable people across Australia.

Numerous achievements of the program have been highlighted, not only regarding the performance of service providers, but also in determining the positive impacts of the program at a strategic level pertaining to the contributions made to the national objectives within the White Paper: The Road Home.

However, a key role of the review was to present the opportunity for all stakeholders, responsible for the delivery of Reconnect, to influence the future directions of the program and make suggestions for improvement where possible.

This component has revealed many important issues to be addressed by future actions within the administration of Reconnect most of which can be divided into the following groups:

* **The changing needs of the client group**

Respondents observed that they were increasingly seeing new cohorts and trends of clients being referred for support. Clients considered to be ‘higher needs’ who would not normally be suitable for early intervention support, as well as those outside of the target age range and new specialist cohorts are being increasingly represented with the Reconnect client demographic as a whole. This engenders expanding roles and responsibilities for service providers within up-skilling to match these needs increasing collaborative work with specialists.

* **Resourcing and capability needs of service providers**

It is evident that service providers are passionate about the Reconnect program and have the skills and will to enable it to succeed. However, many identified the difficulties engendered within the recent program environment. Short term funding, high levels of staff turnover and consequential loss of skills and experience have impacted some services’ abilities to deliver and administer the programs as effectively as possible.

Some key findings are identified below.

**Key findings:**

* The majority of Reconnect service providers are attaining positive impacts for clients as well as meeting or exceeding key performance indicators.
* Consequently, these services are recommended for further funding.
* There are a small few exceptions to this - these services are recommended for refunding for an initial period of 12 months to permit performance management interventions.
* Reconnect is contributing to national objectives within homelessness as outlined within the White Paper: *The Road Home*.
* Service providers are expressing a need to work with clients out of the current target age range of 12 to 18 years (or 12 to 21 for newly arrived youth).
* The needs of the client group appear to be evolving with new and increasing proportions of specialist demographics presenting new challenges to all service providers.
* A need to simplify the program reporting procedures have been identified and certain reports will no longer be mandatory in order to reduce certain administration requirements for providers.
* It is recommended that more detailed investigation be carried out to establish the most appropriate methods to improve the program including, but not limited to:
	+ Improving capabilities and use of data systems;
	+ Identifying strategies for optimum use of specialist services; and
	+ Reviewing the geographical distribution of services.

# Conclusions and Recommendations

The conclusions and recommendations in this section have been made based on the evidence contained within this report. They are based on criteria regarding their considered appropriateness for the Reconnect program (i.e. aligning with the core principles and values that formed the original intent of the program).

This Departmental review has therefore focussed on optimal utilisation of current resources and the following recommendations have been made in consultation with representatives from all areas of Reconnect to identify opportunities for improvement.

**Recommendation 1: Program Funding Cycles and Agreements**

1. Funding agreements are to be rewritten to outline greater accountability as well as provide more instruction on the expectations placed on services. This is particularly relevant for specialist services.

**Departmental Action: The Department will give effect to this recommendation. To ensure effective program management, funding agreements will be reviewed and improved in order to ensure accountability and expectations from service providers.**

**Recommendations 2 and 3: Age range of clients**

1. Younger and older siblings of clients are to be integrated into group work.
2. The introduction of a 5 per cent flexibility clause. This will permit 5 per cent of the total client group per service provider to receive support regardless of age. This is solely to be employed for cases where the client is otherwise deemed appropriate for Reconnect support and will not require specific permission from contract managers.

**Departmental Action: Recommendation 2 has a financial impact. It will need to be considered by the Government. The Department will look at options in respect of recommendation 3, while providers do have flexibility under current arrangements, the Department will formalise a flexibility framework.**

**Recommendations 4 and 5: Specialist Services**

1. Further investigation into the possibility of establishing a Mental Health Reconnect service and a GLBTI Reconnect service which will have a responsibility to support all Reconnect services within the state or territory (or possible nationally) for this specialist client demographic.

**Departmental Action: This recommendation has a financial impact. It will need to be considered by the Government.**

1. For remote Indigenous services, further investigation is required into the most appropriate methods to expand the employment of local Indigenous community members within the Reconnect program.

**Departmental Action: Further investigation will be undertaken into the current practices of employing local Indigenous community members. This will provide opportunities to refine local models and opportunities to expand these. Service providers will be asked to make their best endeavours in this regard through any new funding arrangements.**

**Recommendation 6: Training**

1. A national training exercise to re-fresh or coach all levels of staff involved in the delivery of the Reconnect program is required to ensure that there is a consistent level of skills, expertise and understanding.

**Departmental Action: The Department is currently developing a training package to ensure consistent proficiency in use of the Reconnect Online Data System (RODS) both within FaHCSIA and for all service providers.**

**This will be delivered in a train-the-trainer model to State and Territory Officers (STO), who will then train service providers. STOs will provide training support to service providers as part of their duties as Contract Managers.**

**Recommendation 7: Program Simplification**

1. It is recommended that certain reporting requirements including Community Capacity Building (CCB) reports and Participatory Action Research (PAR) reports are removed as program requirements.

**Departmental Action: The Department will review the data collection procedures to streamline reporting in a way which will enhance data validity and quality and reduce red tape.**

**Recommendation 8: Mapping**

1. With the release of the Australian Bureau of Statistics (ABS) Census data for 2011, it is recommended that this data is used to inform a mapping exercise. Within this it is proposed that the current geographic locations of services can be mapped against areas with high incidence of socio-economic need. This will inform decision regarding possible expansion of the program and subsequent optimum locations.

**Departmental Action: The Department will action this recommendation.**

# Introduction

## Background

Across Australia, young people are increasingly being represented within the greater homelessness data. The 2011 Census[[1]](#footnote-1) demonstrated that of the 105,237 people regarded as homeless; approximately 42 per cent were under the age of 25, and those aged between 12 and 24 comprised 25 per cent of this group.

According to the Australian Bureau of Statistics, Australian Social Trends Series: Life After Homelessness*[[2]](#footnote-2)*, people who reported experiencing homelessness in the last 10 years were generally younger than those who had never been homeless. Not only do many young people first experience homelessness before the age of 18, these young people are also more likely to face persistent homelessness[[3]](#footnote-3).

Significantly, evidence indicates that the earlier we intervene, the more able we are to reduce homelessness and its related social, emotional and health problems[[4]](#footnote-4).

This evidence also suggests that many newly homeless young people quickly return home, particularly if they maintain connections with positive peers, stay in school, and remain connected to their family. This indicates a clear need for early intervention programs which promote social inclusion and maintain or re-establish connection between young people and their families and educational institutions.

The needs of young people who are experiencing homelessness or at risk of homelessness are multiple and complex. Often support is required to access accommodation, money, food, health care, education and training, or to rebuild relationships. Addressing one of these issues in isolation from the other interconnected needs is unlikely to be as effective as a holistic intervention that addresses the overlapping multiple needs.

Reconnect, as a flexible, community based early intervention program for young people aged 12 to 18 years (12 to 21 for newly arrived young people) and their families, has a vital role in providing support to young people who are experiencing, or at risk of, homelessness.

The program promotes family reconciliation through managing conflict and improving family communication. Reconnect can: stabilise young people’s living situations; improve the ability of young people and parents to better manage conflict and communication; improve young people’s engagement with and attitude towards school; and increase engagement with training and employment.

The program currently comprises 101 Reconnect services in metropolitan, regional, rural and remote locations across Australia. This includes 71 ‘standard’ and 30 ‘specialist’ services that work with a diverse range of vulnerable client groups such as Indigenous young people, newly arrived youth, young people with mental health issues, Gay Lesbian Bisexual Transgender and Intersex youth, young incarcerated women or young people with mothers who are incarcerated, young South East Asian people, youth with substance abuse issues, and youth leaving detention.

## Purpose

In April 2012 the Australian Government committed to extend funding for the Reconnect program until June 2013. This one year funding allocation was provided to permit sufficient time to complete an overall evaluation of the program that commenced in 2011.

This report summarises the results from phase two of the evaluation, which took the form of a Departmental review.

**Phase one** was undertaken by the Australian Catholic University’s Institute of Child Protection Studies and focussed on identifying the following: the current state of evidence about what interventions are most effective in working with young people who are homeless or at risk of homelessness; the most successful interventions for young people who are homeless or at risk of homelessness; and the range of interventions and strategies that are currently applied by Reconnect services.[[5]](#footnote-5) [[6]](#footnote-6)

**Phase two** of the evaluation investigated future directions for the Reconnect program. There was a particular focus on identifying gaps in service provision and reviewing appropriateness of service operation, as well as examining alignment with wider strategic goals as set out in the White Paper objectives of The Road Home[[7]](#footnote-7).

The principle objectives of this Departmental review are to:

* Assess current performance of the Reconnect program, at service level, in relation to the agreed outcomes as outlined in Reconnect Funding Agreements;
* Assess appropriateness of current operation in relation to set criteria;
* Assess interim outcomes nationally within the Reconnect program that are contributing to the wider strategic objectives for homelessness; and

Recommendations have been included at the end of this report as suggestions for improvements and potential future directions of the Reconnect program.

# Methodology

A mixed methods design was utilised in order to undertake the Departmental review with both qualitative and quantitative data gathered and analysed. Existing data from the Reconnect Online Database System (RODS) informed the majority of the quantitative data as discussed below. Other data collection exercises including consultations, online survey and working groups were also used to gather quantitative data in order to gain insight into the current operation and performance of the Reconnect program. The review focussed on both service level and national level data.

Additional outcomes specifically relating to the strategic objectives of the 2008 White Paper: The Road Home were identified and examined in order to evidence the contribution of the Reconnect program to these wider strategic objectives.

## Analysis of Quantitative Data

Service performance in relation to funding agreement outcomes

Data captured in the Reconnect Online Data System (RODS) were analysed to examine how well services met the specified targets outlined within their funding agreements. This process examined whether services fully or partially met prescribed targets.

There are five key performance areas that each service is required to meet as part of their funding agreements with FaHCSIA. Data must be recorded within RODS in accordance with eight key performance indicators, collectively known as PAC TRAC or Performance Analysis Criteria Tracking. Further detail on the calculations that underlie the PAC TRAC can be found in **Annex A**.

1. **Average cost per case**

INDICATOR 1: Average cost per case is based on a calculation of the amount of funding each service received for the financial year divided by the number of clients per financial year. Services are assessed in accordance with proximity to the prescribed figures below.

* $4,120 for services in \*Highly Accessible areas
* $4,635 for services in \*Accessible and \*Moderately Accessible areas
* $6,180 for services in \*Remote and \*Very Remote areas

 (\* Based on ARIA categories)

1. **Contact with most clients within 24 hours**

INDICATOR 2: For all services, there is a target for contact to be attempted with at least **90 per cent** of young people/ families within one working day of referral.

1. **Targeting priority groups**

Standard Reconnect services should have a cultural profile that reflects young people of the local area.

INDICATOR 3: For specialist services, **80 per cent** of the client group should reflect the target group of the relevant Specialist service. This specifically refers to clients who are culturally and linguistically diverse (CALD), newly arrived youth (NAYS), Indigenous youth, and young people with disabilities.

1. **Achievement of project goals**

This outcome is measured in relation to four outcome areas.

INDICATOR 4: Formal needs assessment and goal setting is provided to at least **90 per cent** of young people.

INDICATOR 5: **70 per cent** of cases with family functioning and engagement goals are partially or fully met at the end of support.

INDICATOR 6: Demonstrate positive benefits for **70 per cent** of young people, including:

* reported achievement of case goals;
* reported improvement of young person’s overall situation at the end of support;
* assessment of improved circumstances for supported person assessment; and
* clients provide feedback of their improved situation.

INDICATOR 7: At least **70 per cent** of young people have improved accommodation at the end of support.

1. **Completion of agreed service development**

Each service is required to provide reports to FaHCSIA national office such as Participatory Action Research reports and Financial Acquittal reports. This indicator is specifically related to the services’ ability to provide evidence that they have successfully met two of these criteria.

INDICATOR 8: Undertake two community capacity building projects and obtain feedback from at least five stakeholders.

## PAC TRAC Analysis

The analysis of the PAC TRAC data was undertaken utilising a traffic light performance analysis system calculated in the following way.

* + **GREEN** when the service has met all or the majority of the PAC TRAC indicators (i.e. 5 out of 5 or 4 out of 5). These services will be considered to have ‘MET’ the performance requirements of the funding agreement.
	+ **AMBER** when the service has partly met the PAC TRAC indicators (i.e. 3 out of 5). These services will be considered to have ‘PARTIALLY MET’ the performance requirements of the funding agreement.
	+ **RED** when the service has met little or none of the PAC TRAC indicators (i.e. 2 out of 5, 1 out of 5, or 0 out of 5). These services will be considered to have ‘NOT MET’ the performance requirements of the funding agreement.

Services identified as ‘red’ or ‘amber’ were prioritised in discussions with the relevant State and Territory Offices (STOs) in order to understand and account for any mitigating factors or justifications of why the service may not be fully meeting performance requirements. Refer to diagram 1 for the service level review process.

**Diagram 1: RODS Service level review process**

**RODS data automatically populates annually reported PAC TRAC data**

**RODS provides FaHCSIA National Office with services performance against the PAC TRAC indicators**

**FaHCSIA national office analyses each service as to whether performance is GREEN, AMBER, or RED**

**Services that have met 4 or 5 of the PAC TRAC indicators are assessed as GREEN**

**Services that have met 3 of the PAC TRAC indicators are assessed as AMBER**

**Services which have met 2, 1, or 0 of the PAC TRAC indicators are assesses as RED**

**No further action required**

**STOs are recommended to review the Annual Reports for the ‘Red’ services first then the ‘Amber’ services**

**Comparisons are made with previous financial year’s Annual Report and Reviews to identify consistency of performance**

**Consultations with STOs investigated mitigating factors into underperformance**

For analysis of PAC TRAC data and findings from the consultation with State and Territory Offices (STOs) please see page 17 and pages 25 to 37.

## Assessment of Reconnect program objectives in relation to National Strategic Objectives

The 2008 White Paper The Road Home, outlines eight key objectives to be achieved within homelessness by 2013.

1. The number of people engaged in employment and/or education/training after presenting at specialist homelessness services is increased by 50 per cent.
2. The number of people exiting care and custodial settings into homelessness is reduced by 25 per cent.
3. The number of families who maintain or secure, safe, and sustainable housing following domestic or family violence is increased by 20 per cent.
4. The number of people exiting from social housing and private rental to homelessness is reduced by 25 per cent.
5. The number of young people who are homeless or at risk of homelessness with improved housing stability and engaged with family, school and work is increased by 25 per cent.
6. The number of children who are homeless or at risk of homelessness provided with additional support and engaged in education is increased by 50 per cent.
7. The number of families who are homeless or at risk of homelessness who receive financial advice, counselling and/or case management is increased by 25 per cent.
8. The number of people who are homeless or at risk of homelessness who receive legal services is increased by 25 per cent.

RODS collects data on several indicators that can contribute to achieving these outcomes. Relevant indicators have been analysed based on the high level strategic indicators to which they contribute.

Diagram 2 depicts a logic model demonstrating what data collected by Reconnect Online Data System (RODS) relate to which strategic objectives and can therefore support the achievement of interim outcomes for the Australian Government’s Homelessness agenda.

**Diagram 2: National Strategic Outcomes vs. Reconnect Data**

**5. The number of families who maintain or secure safe and sustainable housing following domestic or family violence is increased by 20 per cent**

**6. The number of people who are homeless or at risk of homelessness who receive legal services is increased by 25 per cent**

**1. The number of people engaged in employment and/or education/training after presenting at specialist homelessness services is increased by 50 per cent**

**3. The number of young people who are homeless or at risk of homelessness with improved housing stability and engaged with family, school and work is increased by 25 per cent**

**2. The number of children who are homeless or at risk of homelessness provided with additional support and engaged in education is increased by 50 per cent**

**8. The number of people exiting from social housing and private rental to homelessness is reduced by 25 per cent**

**4. The number of families who are homeless or at risk of homelessness who receive financial advice; counselling and/or case management is increased by 25 per cent**

**7. The number of people exiting care and custodial settings into homelessness is reduced by 25 per cent**

**National Strategic Outcomes**

**Reconnect Data**

**1. Number of clients with improved engagement with school including:**

Improved school attendance; building relationship with peers; building relationship with teachers; improved school performance.

**2. Number of clients with improved engagement with work/ training including:**

Assisting with enrolment in training; improved job readiness; obtain employment.

**3. Number of clients with substantial or moderate overall improvement in their situation at the end of Reconnect program support.**

**4. Number of clients who worked with financial management services during their support period.**

**5. Number of clients who received following types of support:**

Individual/ support and counselling;

and/ or advocacy/information.

**8. Number of clients who worked with legal services during their support period.**

**9. Referral sources for clients; other service worked with including:**

Centrelink; Child protection agency; Crisis referral service; Juvenile justice agency; Medical service; Mental health service; Other government department; Other non-government organisation; Police / legal unit; School / other educational facility; Youth refuge / youth housing

**6. Number of clients with improved family functioning and engagement including:**

Resolving / managing family conflict and family violence; improving family communication; building contact between family members; improving sense of family connection; effecting change in parental acceptance of young person’s independence; and participating in parenting programs.

**7. Number of clients who worked with other services during their support period including:**

Family / violence services; housing / tenancy advocacy services; and community / family support services.

**Data not collected to support this outcome**

## Analysis of Qualitative Data

Specific focus was placed on consultative methods in order to achieve an inclusive process that would most accurately reflect the views and opinions of the majority of key stakeholders within the Reconnect program. Semi-structured surveys and working groups informed the majority of the qualitative data.

Diagram 3 depicts the procedure used to conduct the qualitative analysis. Three key areas formed the core focus of this Departmental review with regards to the appropriateness of current service delivery parameters and potential future directions for the Reconnect program. Three key methodological techniques have been utilised to better understand these areas of service delivery and all qualitative methods focussed on gaining insight regarding the following lines of enquiry.

**Diagram 3: Procedure to conduct qualitative analysis**

Age range

Specialist services

Geographical Delivery Areas

**Survey of Service Providers**

**Consultations with STOs**

**Working Groups**

**Methods**

**Service Delivery Parameters**

**Lines of enquiry**

* + **How well the current parameters are working**
	+ **Appropriateness of altering parameters**
	+ **Existing pressures to alter parameters**
	+ **Consequences of altering parameters**
1. **Survey of Service Providers**

Using the free online survey tool, ‘Kwik Surveys’, a semi-structured questionnaire was designed which would allow service providers to directly access and complete the survey online. The survey gathered high level insight into front-line staff’s opinions and perspectives on service delivery, particularly in terms of the aforementioned delivery parameters. Two weeks were provided in order to allow sufficient time for the majority of service providers to complete the online survey.

A total of 117 responses were received. There are approximately 500 service provider case workers delivering the Reconnect program across Australia, therefore, the response rate is estimated to be approximately 23 per cent.

A full version of the online questionnaire can be seen in **Annex B**.

1. **Qualitative analysis of consultations with State and Territory Offices (STOs)**

Consultation sessions were also organised with representatives of each State and Territory office who are the contract managers for the Reconnect program. In addition to considering the delivery parameters (as discussed above) these consultations were also instrumental in understanding the following.

* + Perspectives on simplifying the program including reviewing the use and need for Community Capacity Building reports; Participatory Action Research reports; the Non-engagement Client database; and client and stakeholder feedback reports.
	+ Perspectives on service performance. The preliminary PAC TRAC analysis data was used as a basis to discuss service performances. In particular, discussions focussed on potential mitigating factors or caveats which could explain potential underperformance, where present.

A full version of the consultation schedule can be seen in **Annex C**.

1. **Working groups**

In addition to the in depth consultations with Reconnect contract managers, a ‘working group’ consisting of staff from FaHCSIA National Office, State and Territory Officers and service providers was established to permit further in-depth discussion of the previously identified themes and of the general results of the survey findings.

These working groups took place over four separate one-hour sessions via teleconference.

For the consultations with STOs and working groups, a total of 81 people (approximately 31 contract managers and 50 service providers) took part. A full list of those consulted can be found in **Annex D**.

# Quantitative analysis findings

## Client demographics and outcomes

Analysis of the Reconnect Online Data System (RODS) data has provided the following key summary statistical information for the previous financial year (2011‑12).

* A total of 5,818 clients were supported by the Reconnect program during 2011-12 (based on case commencements as at 21st September 2012).
* 60.55 per cent of clients had reportedly previously left home.
* At the start of support 91.85 per cent of these clients reported as homeless or at risk of homelessness. By the end of support this figure was reduced to only 19.96 per cent of clients presenting as homeless or at risk of homelessness. An overall reduction in risk of 71.89 per cent.
* More than half of all cases are for less than three months, which aligns with the program’s intent of early intervention and supporting low risk clients.

**Table 1: Client demographics and outcomes by State and Territory**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Profiles** | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | **National** |
| Aboriginal and Torres Strait Islander | 35.65% | 28.49% | 65.25% | 24.08% | 7.88% | 2.67% | 3.53% | 11.27% | **19.70%** |
| Clients reported with disabilities | 16.55% | 19.46% | 3.70% | 12.78% | 23.30% | 4.68% | 15.61% | 10.64% | **14.56%** |
| Age (12-13 years) | 19.30% | 19.94% | 18.53% | 11.93% | 13.20% | 10.71% | 13.08% | 16.23% | **15.76%** |
| Age (14-16 years) | 31.58% | 57.29% | 48.65% | 60.00% | 56.06% | 67.86% | 61.14% | 65.11% | **58.58%** |
| Age (17-18 years) | 26.32% | 18.19% | 29.34% | 24.34% | 21.65% | 20.24% | 20.35% | 14.16% | **20.38%** |
| Previously left home | 42.98% | 54.90% | 50.19% | 62.52% | 53.91% | 50.01% | 71.71% | 67.88% | **60.55%** |
| **Goal Achievements** |  |  |  |  |  |  |  |  |  |
| Improved Engagement with community | 88.52% | 92.15% | 91.67% | 95.96% | 86.86% | 97.73% | 96.20% | 95.14% | **94.69%** |
| Improved Engagement with school | 89.71% | 83.80% | 76.63% | 86.77% | 86.07% | 84.48% | 88.25% | 85.67% | **87.07%** |
| Improved Engagement with work / training | 75.00% | 80.18% | 63.11% | 88.89% | 86.13% | 87.50% | 87.29% | 81.22% | **64.76%** |
| Enhanced individual capacity | 97.18% | 91.22% | 92.70% | 94.34% | 93.17% | 96.70% | 94.99% | 94.45% | **94.37%** |
| Improved Family functioning & engagement | 95.31% | 88.41% | 84.12% | 91.68% | 92.07% | 85.62% | 91.72% | 93.73% | **87.07%** |
| Improved and stabilised circumstances | 94.50% | 93.36% | 86.48% | 94.20% | 94.12% | 90.63% | 94.94% | 96.35% | **94.95%** |

## Analysis of service provider performance

For the purposes of this review, key performance indicators were assessed.

Analysis of the Performance Assessment Criteria Tracking (PAC TRAC) was conducted for each of the eight indicators. This established that variances existed for each indicator with some KPIs being better attained than others.

|  |  |
| --- | --- |
| **Services** | **PAC TRAC Indicators** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Fully Met** | 50.5% | 60.4% | 58.3% | 31.7% | 94.1% | 66.3% | 63.4% | 28.7% |
| **Mostly Met** | 5.9% | 12.9% | 0.0% | 14.9% | 1.0% | 15.8% | 3.0% | 0.0% |
| **Fully or mostly met** | 56.4% | 73.3% | 58.3% | 46.5% | 95.0% | 82.2% | 66.3% | 28.7% |
| **Unmet** | 43.6% | 26.7% | 41.7% | 53.5% | 5.0% | 17.8% | 33.7% | 71.3% |

The most successful indicator was for goals being partially or fully met with 95 per cent of services fully or mostly meeting this indicator. The majority of services (82.2 per cent) successfully met the indicator to demonstrate positive benefits for young people.

The poorest PAC-TRAC performance indicator was PAC TRAC 8: ‘the completion of agreed services development’. This indicator recorded services providing reports for Community Capacity Building (CCB) projects and obtaining feedback from at least five stakeholders. A significant contributor to the underperformance against this metric was that some providers did not enter data against this indicator on the RODS system. In part this appears to be a systems training issue (as the providers had the data when the Department contacted them). The consistent underperformance within this indicator led to further discussions with STO Contract Managers and service providers. **FaHCSIA National Office are working with service providers and contract managers to improve reporting processes for this criteria.** Please see ‘Qualitative Analysis’ section for further information. The systems training issues have been picked up in recommendations.

As a result of the PAC TRAC analysis, 22 of the 101 services were identified as being ‘at risk’ through non-compliance with key performance indicators. However, this analysis only formed half of the overall risk assessment with the other half derived from in-depth conversations with contract managers where mitigating factors including under-resourcing, high staff turn-over and over-subscription of clients were taken into account along with other emergent issues.

**FaHCSIA National Office is responsible for the final risk assessment of each service utilising both information sources. It was concluded that a small number of services were of a higher risk and consequently would require closer performance management by both National Office and the relevant STO contract managers.**

## Reconnect’s contribution to National Homelessness Strategic Objectives

### Objectives 1 and 2: Employment, education and training objectives

**National Strategic Objective 1:**

**The number of people engaged in employment and/or education/training after presenting at specialist homelessness services is increased by 50 per cent**

**National Strategic Objective 2:**

**The number of children who are homeless or at risk of homelessness provided with additional support and engaged in education is increased by 50 per cent**

**Reconnect Indicators**

**1. Number of clients with improved engagement with school including:**

Improved school attendance; building relationships with peers; building relationships with teachers; improved school performance.

**2. Number of clients with improved engagement with work/ training including:**

Affecting enrolment in training; improved job readiness; obtaining employment.

Data collected on the Reconnect Online Data System (RODS) demonstrate that the Reconnect program is significantly contributing to the national strategic objectives as outlined within the 2008 White Paper: *The Road Home*.

Table 2 demonstrates the substantial impact that Reconnect is having on the lives of clients. In financial year 2011-12, between 70 per cent and 92 per cent of clients were able to demonstrate positive outcomes in education, employment or training.

Furthermore, the majority of indicators within these fields have increased from the previous financial years, demonstrating the ability of the Reconnect program to continuously improve and to positively impact the lives of young people.

These figures demonstrate that Reconnect is contributing to two key national strategic objectives within homelessness. The program is instrumental in instigating engagement between vulnerable young people and education, employment and training, and improving social inclusion. This can therefore be seen to be reducing the overall risk of homelessness for young people.

 **Table 2: Improved engagement in education, employment and training**

|  |  |
| --- | --- |
| **Reconnect Indicators** |  **% of clients with improvement** |
| **2010-11** | **2011-12** |
| **Engagement with school**  |
| Build relationships with peers | **90.05 %** | **92.06 %** |
| Build relationships with teachers | **87.01 %** | **90.31 %** |
| Improve school attendance | **77.57 %** | **83.08 %** |
| Improve school performance | **84.38 %** | **88.08 %** |
| **Engagement with work/training**  |
|  Affect enrolment in training | **85.69 %** | **83.88 %** |
|  Improve job readiness | **89.74 %** | **91.34 %** |
|  Improvement in maintaining employment | **85.81 %** | **85.25 %** |
|  Obtain employment | **65.88 %** | **72.61 %** |

### Objective 3: Stability in housing

**National Strategic Objective 3:**

**The number of young people who are homeless or at risk of homelessness with improved housing stability and engaged with family, school and work is increased by 25 per cent**

**Reconnect Indicator**

**3. Number of clients with substantial or moderate overall improvement in their situation at the end Reconnect program support.**

The Reconnect program aims to improve clients’ social inclusion through improving engagement with families, education, employment and/or training (where appropriate) in order to stabilise accommodation status and reduce the risk of homelessness.

Within this we can see that the Reconnect program has consistently demonstrated an ability to have a positive impact on clients’ lives with 87.9 per cent of clients demonstrating an overall improvement in their situation at the end of support in 2010-11. In 2011-12 data showed that this overall improvement rose to 89.7 per cent which could be contributed to the programs dedication to continuous improvement.

### Objective 4: Engagement with financial management services, counselling and case management

**National Strategic Objective 4:**

**The number of families who are homeless or at risk of homelessness who receive financial advice, counselling and/or case management is increased by 25 per cent**

**Reconnect Indicators**

**4. Number of clients who worked with financial management services during their support period.**

**5. Number of clients who received following types of support:**

- Individual/ support and counselling

- Advocacy/ information

The Reconnect program significantly contributes to the strategic aim of increasing client access to related support areas such as financial advice, counselling, and case management.

Reconnect program employs a case management approach with all clients. As of 30 June 2012, Reconnect has provided case management support to the 67,130 clients it has supported since it came into existence (5,721 clients in 2011-12).

As part of the Reconnect service, workers often make referrals to additional support services. In 2010-11 and 2011-12 a significant proportion of clients also worked with additional services relevant to financial advice and counselling as part of their Reconnect support.

Table 3 shows there has been a notable increase in the proportion of clients receiving these services through Reconnect support from 2010-11 to 2011-12.

**Table 3: Proportion of Reconnect clients receiving support from other services**

| **Other service received** |  **% Clients receiving support** |
| --- | --- |
| **2010-11** | **2011-12** |
| Financial Management Services | **2.34%** | **2.53%** |
| Mediation/ Counselling Services | **6.57%** | **7.37%** |
| School Welfare/ Counselling Services | **47.20%** | **48.59%** |
| Housing/ Tenancy Advocacy | **12.84%** | **14.86%** |

### Objective 5: Family functioning after domestic violence

**National Strategic Objective 5:**

**The number of families who maintain or secure safe and sustainable housing following domestic or family violence is increased by 20 per cent**

**Reconnect Indicators**

**6. Number of clients with improved family functioning and engagement including:**

Resolve / manage family conflict and family violence; improve family communication; build contact between family members; improve sense of family connection; effect change in parental acceptance of young person’s independence; and participate in parenting programs.

**7. Number of clients who worked with other services during their support period including:**

Family / violence services; housing / tenancy advocacy services; and community / family support services.

For Reconnect clients and their families who are experiencing, or are at risk of homelessness, there can often be related issues of domestic or family violence. Table 4 demonstrates that the vast majority of Reconnect clients have achieved goals related to improving family functioning and engagement, and furthermore, the proportion of clients successfully achieving these goals has increased from financial year 2010-11 to 2011-12.

**Table 4: Reconnect clients achieving family functioning and engagement goals**

|  |  |
| --- | --- |
| **Reconnect - family functioning and engagement goals** |  **% Clients achieving goals** |
| **2010-11** | **2011-12** |
|  Build contact between family members | **90.79%** | **94.33%** |
|  Effect parental acceptance of young person’s independence | **93.83%** | **94.28%** |
|  Improve family communication | **90.66%** | **93.60%** |
|  Improve sense of family connection | **91.23%** | **94.06%** |
|  Participate in parenting programs | **79.68%** | **83.67%** |
|  Resolve / manage family conflict | **86.92%** | **89.63%** |
|  Resolve / manage family violence | **85.71%** | **89.08%** |

Table 5 further demonstrates the Reconnect program’s ability to help clients and families who are or have been victims of domestic and family violence by supporting many of them to access the services outlined below. Again, there is a notable increase in the proportion of clients accessing these services, potentially as a result of Reconnect support.

**Table 5: Reconnect clients who worked with other services**

| **Other service received** |  **% Clients receiving support** |
| --- | --- |
| **2010-11** | **2011-12** |
| Family violence services | **2.82 %** | **3.16 %** |
| Housing/ Tenancy Advocacy | **12.84 %** | **14.86 %** |
| Community / family support services | **15.36 %** | **17.32 %** |

### Objective 6: Receiving legal services

**National Strategic Objective 6:**

**The number of people who are homeless or at risk of homelessness who receive legal services is increased by 25 per cent**

**Reconnect Indicators**

**8. Number of clients who worked with legal services during their support period.**

In 2011-12, Reconnect supported 382 clients (6.81 per cent) working with legal services during their support period.

This is particularly relevant in light of recent research[[8]](#footnote-8) from the Law and Justice Foundation who examined recent legal need in Australia in their report: Legal Australia-Wide Survey. This report established that there are some people who are particularly vulnerable to legal problems with 65% of legal problems reported experienced by only 9 per cent of survey respondents.

Those living in disadvantaged housing were cited amongst the most vulnerable groups for experiencing legal needs along with people with disabilities, single parents and Indigenous people.

Furthermore, 12 per cent of all legal problems reported related legal housing issues. Therefore, the need to those who are experiencing or at risk of homelessness with legal advice is critical to helping prevent homelessness or the escalation of homelessness.

The significance of the role of Reconnect within assisting clients to gain access to legal support is evident through the fact that almost half of respondents reportedly attempted to handle legal issues without appropriate advice or took no action due to stress, cost, or not knowing what to do.

###  Objective 7: No exits into homelessness

The Road Home White Paper discussed the ‘no exits into homelessness’ policy which encompasses a need to strengthen post-release services to reduce the risk of homelessness. Within this, young people leaving the juvenile justice system would be prioritised to receive support, along with those leaving hospitals and other health care facilities (in particular, mental health and drug and alcohol services).

**National Strategic Objective 7:**

**The number of people exiting care and custodial settings into homelessness is reduced by 25 per cent**

**Reconnect Indicators**

**9. Referral sources for clients; other service worked with including:**

Centrelink; Child protection agency; Crisis referral service; Juvenile justice agency; Medical service; Mental health service; Other government department; Other non-government organisation; Police / legal unit; School / other educational facility; Youth refuge / youth housing

Many Reconnect client referrals come from other organisations (government and non-government). Table 5 provides a breakdown of the origin of Reconnect referrals over two financial years 2010-11 and 2011-12. In both years, approximately one‑quarter of referrals came from educational facilities, closely followed by referrals from family, friends and caregivers at approximately 21 per cent.

Other Non-Government Organisations (NGOs) formed approximately nine per cent of referrals in both financial years with Juvenile Justice Agencies and Police/ Legal units providing approximately two per cent, respectively.

This demonstrates that greater communication and co-ordination between agencies is helping to increase effective and appropriate referrals between agencies as well as from other parties. This is not only ensuring that the most vulnerable young people are receiving the support they require but also that they do not ‘fall between the gaps’ for services.

The most significant increase from a referral source is from ‘within your organisation’ while the most significant decrease in referral source is from Centrelink (The Department of Human Services – DHS). Internal working relationships would appear to be strengthening and referrals from NGOs have increased which may suggest that most Reconnect service providers are maintaining positive and constructive relationships with local and community organisations.

Referrals from police/ legal units and crisis referral services have also seen increases (although these are minimal) which is consistent with feedback from service providers regarding the higher-tariffed clientele they feel they are increasingly working with. This is discussed further in the summary of consultation analysis.

**Table 6: Referral sources**

| **Referral agent** | **2010-11** | **2011-12** | **Increase/ Decrease** | **Amount** |
| --- | --- | --- | --- | --- |
|  % of referrals |  % of referrals |
| School / other educational facility | 24.87% | 24.66% | Decrease | -0.21% |
| Family, friends, caregiver | 21.39% | 21.36% | Decrease | -0.03% |
| Self | 16.36% | 16.90% | Increase | +0.54% |
| Other NGOs | 8.51% | 9.17% | Increase | +0.66% |
| Centrelink (DHS) | 7.21% | 6.07% | Decrease | -1.14% |
| Child protection agency | 4.73% | 4.17% | Decrease | -0.56% |
| Within your organisation | 4.67% | 6.19% | Increase | +1.52% |
| Mental health service | 2.74% | 2.23% | Decrease | -0.51% |
| Other government Department | 2.41% | 1.78% | Decrease | -0.63% |
| Juvenile justice agency | 2.04% | 1.82% | Decrease | -0.22% |
| Police / legal unit | 1.91% | 2.12% | Increase | +0.21% |
| Youth refuge / youth housing | 1.80% | 2.18% | Increase | +0.38% |
| Medical service | 0.91% | 0.84% | Decrease | -0.07% |
| Crisis referral service | 0.45% | 0.52% | Increase | +0.07% |

# Summary of consultation analysis

The findings contained within this section are based on analysis of the online survey along with analysis of the telephone consultations with STOs contract managers and the working group teleconferences with National Office Staff, STO contract managers and service providers. The results of these three consultative methods have been combined within this section to provide a summary of the analysis.

Thematic analysis from these discussions identified several issues not only within the key lines of enquiry but additionally revealing other emerging issues. Findings have been grouped under two themes: emerging key issues and other issues.

## Emerging Key Issues

### Target age

The need, ability and consequences of modifying the current target age range were investigated in this section. This currently sits at 12 to 18 years for standard services and 12 to 21 years for Newly Arrived Youth Specialists (NAYS).

Initial findings from the online survey identified that most service providers (57 per cent) felt that the age range should be changed, see Figure 1, below. Within this, most expressed a preference for the current age parameters to incorporate both older and younger age groups.

Service providers suggested what the most appropriate age ranges for clients should be within both standard services and NAYS services. On average, respondents preferred the age ranges to be modified so that clients aged between 10 and 21 could be targeted within all types of Reconnect service (standard, specialist and NAYS).

At both ends of the age spectrum, service providers noted a gap in available services. It was felt that if age ranges were to be increased, Reconnect services would help to fill these gaps along with creating several other benefits, as summarised below.

* + 1. **Age of becoming ‘at risk’ is decreasing**

Many of those involved in Reconnect focussed on the benefits expanding the age range would bring, particularly in preventing the escalation of the risk of homelessness. The majority of responses indicated that being able to work with clients of younger ages would facilitate better early intervention work and potentially improve outcomes for clients and their families, for example, by better accommodating younger siblings of clients in the program.

Many respondents had observed young people experiencing difficulties and becoming at risk of homelessness at younger ages. Therefore, modification of age criteria would increase the support opportunities available to young people. It was suggested that at the point at which Reconnect becomes involved, many young people are already considered to be ‘in crisis’ and increasing the age range could help with earlier identification of clients.

This is particularly relevant in certain high-need and vulnerable groups including young Indigenous people and young people with mental health difficulties. Workers observed an increasing need to work with Indigenous young people at younger ages.

A further advantage of expanding the age ranges is that this would also enable specialist services to align with the targeted age ranges of other national programs.

* + 1. **Support during key ‘life transition’ phases**

The current minimum age of entry was thought to reflect a point when the young person is at key developmental and social milestones, such as reaching puberty and either preparing to move to high school or, in the cases of Western Australia and Queensland, beginning high school (these states have moved to a younger high school entrance age of 11).

Many expressed a preference to be able to begin intervention work prior to these life course milestones in order to address existing or developing issues, and to aid a smoother transition as well as ensuring a continuity of service for all clients through these phases.

Similarly, facilitating smooth and effective transitions was a key rationale behind expanding the age range to incorporate older ages. Again, it was felt that at age 18 many key life transitions are occurring, such as preparing to live independently for the first time, attempting to gain employment, or possibly becoming parents. It was felt that Reconnect could be instrumental in helping clients to stabilise living arrangements at these times in their lives.

Furthermore, a need for transitional support out of Reconnect was also identified. Clients are often ‘ageing out’ of the program before they can be reached by service providers, including clients with mild intellectual disabilities and clients from refugee backgrounds (who are not necessarily from newly arrived youth). Many older clients go from having relatively intense wrap around support to having none, and it was felt that having improved transitions out of care would also help reduce the risk of relapse and, consequently, reduce the pressure on other adult services. Some providers noted that older clients are often hesitant to work with adult services which can result in these clients falling through the gaps. Increasing the age would prevent this, while also incurring additional benefits in ensuring continuity of case workers and services for the client. This would remove the need for the client to continuously build new relationships and trust and retell stories. This enables services to manage transitions and provide a more holistic service.

* + 1. **Key challenges identified**

Several STOs felt the need to reiterate that Reconnect is an early intervention program for at-risk youth and is not an all-encompassing program for children, teenagers and young adults. It is important to take account of this intended purpose while examining possible future directions.

Furthermore, several STOs and service providers expressed concern about extending the lower age range because of the often complex developmental/behavioural issues of children. Working with children who are 10 years or younger would require additional resources and training of service provider staff, and greater integration of parents and families into the casework.

Finally, general consensus indicated that if the age range were to be extended this can only be done with the provision of additional funding to compensate for the required additional resources and training.

#### Recommendations

Two main strategies to address the above issues were identified by STOs and service providers.

1. Enable services to assist younger and older siblings of clients by integrating them into group work.
2. For standard services, keep the core client age range of 12 to 18 years, but introduce a percentage flexibility clause into funding agreements (possibly 5 per cent), to allow service providers to work with a number of clients above or below the target age range as required. This would reduce the need for service providers to request approval by STOs each time they wanted to work with a client outside of the target age range.

### Specialist Services

Many standard Reconnect services identified that specialist client groups are emerging within their general demographic. The online survey helped to identify that the majority of services (75 per cent) were experiencing an increase in clients with mental health difficulties or alcohol and substance abuse issues. Furthermore, young people from CALD backgrounds and Indigenous young people were also being increasingly represented within standard services’ overall clientele. Other emergent client groups observed by both standard and specialist services included young offenders, young parents, and young people who were subject to, or perpetrators of, domestic violence.

Given this, several possibilities were further explored through consultations with STOs and within the working group discussions to establish the appropriateness and potential to incorporate altering the Reconnect approach to supporting specialist clientele groups.

#### Benefits and Challenges in altering specialist services

Initial working group discussions focussed on whether an option to simplify the Reconnect program existed through merging specialist and standard services. However, when asked for feedback about this option there was overall support amongst participants for keeping separate specialist and standard services. One of the main concerns expressed in relation to this merge was that specialist clients, such as Indigenous clients or newly arrived youth, may not access the service if it were mainstreamed. The specific cultural nature of these services was felt to be pivotal to encouraging these client groups to seek and access support.

A further option examined the appropriateness and practicalities of expanding specialist services in order to provide access and opportunities for support that would not previously have been available. Many respondents had observed gaps in service for several of the specialist client groups. Therefore, making specialist services more available would enable Reconnect services to better meet the specific needs of individual clients without detracting from other service provision or disadvantaging other clients.

The survey investigated whether standard services believed that there were specialist client groups that they could potentially work with in addition to the clients they currently served.

Table 7 highlights that many service providers felt able to incorporate other client groups with those that they usually serve. Standard services did appear to be more comfortable with this concept than specialist providers as higher proportions of the standard service providers asked indicated that they would feel able to incorporate various new client groups into their service delivery.

The specific clientele remit of specialist services could explain the uncertainty in incorporating additional specialist groups.

Mental health difficulties were observed by both specialist and standard services (50 per cent and 84 per cent respectively) as an appropriate client group that could potentially be incorporated. The majority of standard services also felt that young people with alcohol and substance abuse issues, CALD young people, and Indigenous young people could be encompassed within current service.

**Table 7: Potential client groups that could additionally be served**

|  | **Specialist services** | **Standard Services** |
| --- | --- | --- |
| **Potential client groups** |  **%** |  **%** |
| Mental health difficulties | 50 % | 84 % |
| Alcohol & substance abuse issues | 27 % | 74 % |
| Culturally and Linguistically Diverse (CALD) | 13 % | 47 % |
| Indigenous | 13 % | 54 % |
| Newly Arrived Young People (NAYP) | 13 % | 38 % |
| None | 20 % | 6 % |

#### Benefits and challenges of altering specialist services

STOs and service providers identified a need to equip standard service providers with the skills to assist ‘specialist’ client groups, such as Indigenous and NAYS clients, through additional training. This would help all services to continuously improve in the area of cultural appropriateness and reduce stigma.

The issue of standard services to be trained to support Indigenous clients was felt to be significant given the ‘Closing the Gap’ agenda. This agenda has specifically been developed in areas such as education, housing and health with a clear focus on overcoming Indigenous disadvantage. This suggests that there should be a shared goal and focus from all social inclusion programs to work towards better integration of Indigenous peoples. Within this, it was considered important that all services employ staff reflecting the client demographic they represent, for example, Indigenous and culturally and linguistically diverse caseworkers.

This claim is strengthened by the fact that some service providers stated that certain specialist client groups, e.g. Indigenous clients, may not seek assistance at standard services without there being an Indigenous caseworker available.

For NAYS clients, standard services may need cultural awareness training and training on how to work with interpreters. Also, many NAYS clients have complex cases where many may have endured traumatic experiences on top of the existing cultural and linguistic barriers. Given these complexities, many young people will require additional support and it may take a longer time to build trust in caseworkers. Consequently NAYS clients (and other specialist clients with complex needs – an increasing population throughout Reconnect) may be longer in duration. Standard services may need to be trained on how to manage these clients sensitively and furthermore alterations may be required with regard to number of client caseworkers can take on.

Some STOs feel that the existing two gay, lesbian, bisexual, transgender and intersex (GLBTI) services and two mental health services may be more effective in advisory and training roles for standard services, rather than focusing primarily on casework. However, others believe these specialist services can do both. GLBTI young people and young people affected by mental health issues are represented throughout the Australian population and are increasingly accessing standard service providers.

Furthermore, while the need to assist young people affected by mental health issues is growing, State governments in several jurisdictions are reducing spending on mental health services, which could potentially impact on Reconnect services. The majority of respondents expressed concerns about the training and qualification requirements incumbent within specialist service delivery which is, for the most part, not present in the current workforce.

Many standard service providers do not have adequate training or resources to fully address the needs of specialist clients. There is a need to increase working relationships with more specialist and culturally relevant workers such as Indigenous mentors. Support from the GLBTI and mental health specialist services was identified as potentially being helpful in addressing these issues. The need to match skills and experience (for example, by matching culturally and linguistically diverse staff with culturally and linguistically diverse clients) was also consistently raised by all those consulted, to ensure work was culturally appropriate.

It was also noted that specialist services are unevenly distributed between states and territories. If additional funding was available for Reconnect, some STOs and service providers would like there to be at least one Indigenous, mental health, NAYS and GLBTI specialist service in every state and territory. Concerns were consistently raised about the resources that such expansions would require. Other STOs and service providers, however, suggested they would prefer additional funding to be used for existing services.

It was felt that the increase in demand for services resulting from expansion would be difficult to meet. It was expressed that specialist cases can be more complex, resulting in longer duration and higher intensity of contact than standard cases. For staff members delivering this type of service it was felt that the case load would need to be reduced in order to provide adequate support and bring about effective change.

The need to source external expertise and contract specialists such as qualified mental health workers also highlighted working in partnership and increased networking opportunities as key areas to be address. For example, in addition to training, STOs and service providers suggested there should be increased networking opportunities between standard and specialist services through good practice forums, network meetings, and online technologies. Good practice forums are felt to be important and valued opportunities for knowledge sharing between service providers. Smaller regional network meetings, funded by FaHCSIA but run by service providers, are also seen by service providers as potentially useful and less costly.

**Recommendations**

STOs and service providers identified the following strategies for addressing these issues:

1. Facilitate capacity building of standard service providers to better assist specialist client groups, through training, good practice forums or network meetings.
2. Re-evaluate the purpose and role of specialist service providers, including whether there is a need to increase the number of specialist services.
3. Continue to fund and maintain networking opportunities such as Reconnect Good Practice Forums, and online technologies.

### Geographic locations

#### Changing locations of client groups

Overall STOs and service providers are satisfied that Reconnect services are in appropriate geographical locations. However, several issues within geographic boundaries for Reconnect are emerging.

The online survey identified that it is common for Reconnect services to receive referral requests from individuals and services from outside of their delivery area. STOs and service providers stated that over the past few years some client groups, particularly newly arrived youth, are emerging in new locations meaning that many of the specialist providers established specifically to work with those particular clients are no longer in the optimum locations or that there are several areas where needs are not being met.

Future mapping work may help identify if the needs of these clients are still being met by service providers.

#### Regional and remote locations

It was reported that service providers in some regional and remote locations have only a few, or no, specialised services to refer clients to. Other locations such as Cairns, Wagga Wagga, Moree, Cloncurry, Tennant Creek, Katherine, and West Arnhem do not have any Reconnect services, although STOs have identified these as high-needs areas.

Mapping work is being conducted to help establish and identify high-needs areas and the appropriateness of expanding to other areas or developing new services in these areas. If expansion is approved, a decision would be required on whether additional funding would be granted to establish and staff these new locations or if the existing allocation of funding would need to be further divided between a higher number of services. However, it should be noted that several services felt that they were already running at capacity, therefore, expansion would only be resolved by increasing staff and providing more funding to resource the delivery of the Reconnect program.

While many services report challenges, such as difficulties in staff recruitment and retention within resourcing, this is particularly relevant for service providers working in regional and remote locations. This is exacerbated by issues such as a lack of affordable housing and high cost of living for workers.

Caseworkers in regional and remote locations must also travel long distances to reach clients (often several hours per day), or visit remote communities for extended periods (to build community trust). It is relatively expensive and time-intensive to reach these locations. Some STOs and service providers feel that caseworkers are not adequately funded or compensated to perform these duties, which may also contribute to the staffing issues described above.

#### Coverage areas in metropolitan locations

STOs and service providers stated that some specialist service providers in metropolitan areas had continually high workloads because of their population coverage areas. Specialist service providers felt that these were often too large for the number of staff members they had.

#### Recommendations

The following strategies to address these issues were identified by STOs and service providers.

1. Evaluate the coverage areas and locations of service providers to determine whether they are reaching their target client groups, and to ensure that the coverage areas are manageable.
2. Assess whether there is scope to expand the Reconnect program into new, high‑needs areas in terms of larger areas of immigration, and higher socio-economic needs.
3. Determine whether there could be additional support provided to caseworkers working in regional and remote locations.
4. Explore the possibility of expanding employment of local Indigenous community members as Reconnect workers to provide the service in remote and regional areas.
5. Explore alternative cost-effective options for assisting clients in remote areas, such as the re-establishment of a national Reconnect phone helpline, expanding the program into the social media space, reaching clients via video‑conferencing, and having Indigenous employees work in remote areas.

# Other Issues

### Data and RODS

Throughout the consultation period issues with data and RODS were recurrently reported. Emergent themes within these areas are highlighted below:

#### Issues with data entry and capture

Data entry into RODS was identified as a key issue for service providers. The discussions with STOs and service providers highlighted the following:

* High staff turnover in both STOs and service providers has resulted in a lack of adequate training on how to use RODS for new staff;
* Misinterpretation of the definitions for performance assessment criteria tracking (PAC TRAC) indicators by service provider staff; and
* Service provider staff working at full capacity with clients, meaning that data entry is sometimes not completed on a regular basis.

#### Client and stakeholder feedback forms

Service providers are required to submit client and stakeholder feedback forms to FaHCSIA National Office as a mechanism for monitoring and evaluating the effectiveness of individual service providers. However, both STOs and service providers expressed the following concerns with these forms:

* It is often difficult for service provider staff to obtain client feedback using the feedback forms, particularly given the clientele demographic (i.e. vulnerable and at risk teenagers) as this is done once this case has been closed;
* The questions asked in the feedback forms are felt to inadequately capture detailed and specific feedback from clients or stakeholders, making it less useful than it could be; and
* There is some doubling-up between stakeholder feedback and community capacity building (CCB) reporting, making both reports somewhat redundant.

#### Effectiveness of other PAC TRAC indicators

STOs and service providers stated that the current indicators in RODS do not accurately capture the work of service providers with clients. ‘Cost per case’ (PAC TRAC indicator) was seen as a poor indicator because it obscured the complexities involved in casework. Service provider staff sometimes work with complex-needs families and as such may work with fewer clients at a higher cost. Service providers feel that this casework is not accounted for in the ‘cost per case’ indicator.

Other issues that STOs and service providers feel are not being captured in RODS include external funding sources for service providers from other organisations, duration and complexity of casework, group work, and time spent trying to refer clients to other services. The added challenges for service providers working in regional and remote locations, such as a lack of affordable housing (discussed more comprehensively later in the report in ‘Geographical Locations and Coverage Area’), which may impact on a service provider’s PAC TRAC indicator performance, are also not accommodated in RODS.

#### Recommendations

The following strategies to address the issues discussed above were identified by STOs and service providers.

1. Introductory training for new staff and refresher training for existing staff on RODS.
2. Additional training provided to STOs by National Office (possibly via videoconference) in order to better support service providers and ensure consistent understanding of data entry/capture requirements.
3. Develop a handbook with clear definitions about how to interpret PAC TRAC indicators. This may also involve future evaluation of the validity of the current PAC TRAC indicators.
4. Re-examine client and stakeholder feedback forms, to ensure the feedback captured is useful. It would be more effective if this feedback is collected during the case rather than after the case closes. Alternative mechanisms for obtaining this feedback could include service providers providing more in‑depth case studies, or ‘snap‑shot’ feedback on a per month basis.
5. Have formal quarterly reporting to ensure data is entered into RODS in a timely manner. This will help to formalise existing procedural guidelines.
6. More fully capturing and accommodating the duration of casework, complexity of casework, time spent trying to get clients referred to other services, group work and other variables on RODS.
7. Increase STOs’ access to service provider PAC TRAC indicator reports. This would allow them to be able to better monitor the performance of individual service providers.
8. Review the effectiveness of indicators, specifically consulting with STOs and service providers, to ensure that data captured is effectively reflecting support provided (for example, potentially move to capturing hours of support delivered as opposed to cost per case).

### Program simplification

Capturing data and reporting on Community Capacity Building (CCB), Participatory Action Research (PAR), and Non‑Engagement Clients (NEC) were three aspects of Reconnect that STOs and service providers identified as requiring attention in order to streamline the program.

#### Community Capacity Building (CCB) and Participatory Action Research (PAR)

CCB projects are aimed at bringing about broader change within a community. They often involve identifying needs or gaps and establishing new services or working to change the way current services respond to address client needs.

PAR is a key component of Reconnect. Effective and responsive early intervention services are required to have a reflective, culturally appropriate and improvement‑oriented approach. PAR aims to be responsive to participants and stakeholders by finding appropriate ways to include them, so the questions, strategies and interpretations of the process are not solely influenced by the service provider.

CCB and PAR are mandatory requirements for service providers, as outlined in their funding agreements. However, the willingness of service providers to undertake these varied significantly. Many STOs and service providers reported that they (the service providers) enjoyed and valued CCB and PAR, undertaking more than the required number of projects. These service providers find CCB and PAR to be useful tools for evaluating their own performance, as well as for promoting their organisation to other services and the wider community.

Other service providers, however, do not as readily undertake CCB or PAR because of insufficient staffing, or a misunderstanding of what they entail. Some STOs stated that because service providers are already at full capacity, CCB and PAR have often taken a ‘backseat’ to casework with clients. It was also reported that some service providers do not understand the difference between or requirements of CCB and PAR.

Through this review and previous work[[9]](#footnote-9), it has been identified that there is a need to revisit the PAR templates that exist on RODS. Also, some service providers and STOs feel that the PAR template in RODs needs to be re-evaluated to make it easier to use.

STOs and service providers also identified a need to evaluate the role of CCB and PAR in Reconnect. Currently, although service providers are required to submit reports on their CCB and PAR projects, this information rarely contributes to the program monitoring indicators and analysis conducted by National Office, with the exception of the report referenced on the previous page.

To reduce the reporting requirements, some STOs and service providers raised the possibility of CCB and PAR becoming best practice instead of mandatory. Case studies could be shared between service providers through good practice forums, similar networking opportunities, or online such as through a clearing house. National Office is examining the best options to do this.

#### Non-engagement clients (NEC)

In recognition of the additional work Reconnect providers conduct with clients who are not eligible Reconnect clients, who chose not to engage with services, or when services do not have capacity to assist, FaHCSIA has created the category of ‘Non-Engagement Client’ and the means to record all work conducted with these ‘clients’.

This category of clients is not utilised by many service providers in the program. A majority of STOs and several service providers suggested that NEC’s are not an essential part of Reconnect. However, a minority of service providers stated that this category is important for recording requests from outside their delivery areas, allowing providers to meet the changing needs of their communities.

#### Recommendations

STOs and service providers identified the following strategies for addressing these issues.

1. Re-train service providers on what CCB and PAR entail. This could involve sharing of best practice examples and case studies by other service providers at good practice forums or online.
2. Evaluate the purpose of CCB and PAR, and decide whether they should continue to be mandatory or best practice only. Determine how the reports can be better utilised by National Office and STOs.
3. Review the PAR template to ensure it is user-friendly and effective in capturing the work of service providers.
4. Evaluate and decide whether NEC’s should remain part of Reconnect.



# Annex A: PAC TRAC Calculations

# Annex B: Online survey

## Introduction

Thank you for taking part in this survey. We are looking to gain insight into what changes, if any, are required within the Reconnect program and service provision.

Your responses will help provide a better picture of how to improve the Reconnect program in the future.

### CLIENT AGE

**In this section we would like to get your opinions on the current age parameters for Reconnect clients.**

\* In your opinion, should the current Reconnect client age range (12-18 years for standard service and 12-21 years for NAYS) be modified?

* No - the current age ranges are meeting needs
* Yes - the age range needs to incorporate younger ages only
* Yes - the age range needs to incorporate older ages only
* Yes - the age range needs to incorporate both older and younger

\* If yes, in your opinion, what would be the appropriate age range for the Reconnect program?

Standard Reconnect Service – Minimum age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standard Reconnect Service – Maximum age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAYS Service - Minimum age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAYS Service - Maximum age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Why do you feel these age ranges are more suitable? (i.e. what from your experience has influenced this).

\* Please describe what you feel the **key benefits** would be if the current age range was modified (please include examples of possible benefits to clients, to workers, and to the service overall).

\* Please describe what you feel the **key challenges** would be if these age ranges were modified (please include examples of challenges in terms of service provision, staff training, caseloads etc.)

### GEOGRAPHICAL COVERAGE

**In this section we would like to investigate your opinions on the current parameters for geographical coverage areas**

\* Is your Reconnect service:

* Remote
* Regional
* Metro

\* Do you feel the current geographical areas within which you deliver the Reconnect service should be changed?

* Yes
* No

\* If you feel the geographical areas should be changed, please select which of the following are relevant to this perception (select as many as you feel are relevant)

* Many referrals are being received from outside your service area (i.e. geographic area to small)
* There are many local services close by which are duplicating what Reconnect is doing
* Current area is too large and restricts service delivery
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please describe how you feel the geographical coverage areas should be altered and what benefits this may bring (please include examples of benefits to clients, service providers or others).

\* Please describe what you feel the key challenges would be (if any) should these delivery areas be modified (please include examples of challenges in terms of service provision, staff training, caseloads etc.)

### SPECIALIST SERVICES

**In this section we would like to investigate specialist need within client groups and how Reconnect can better respond to this.**

\* Are you currently funded to deliver a specialist Reconnect service?

* Yes
* No

\* If you do currently deliver a specialist Reconnect service, which type of client group do you mainly work with?

* Young people with mental health difficulties
* Young people with alcohol and substance abuse issues
* Young people of culturally and linguistically diverse (CALD) backgrounds
* Indigenous young people
* Newly Arrived young people
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Do you feel that there are any other client groups which are not adequately supported in your community? Please select all which apply

* Young people with mental health difficulties
* Young people with alcohol and substance abuse issues
* Young people of culturally and linguistically diverse (CALD) backgrounds
* Indigenous young people
* Newly Arrived young people
* None
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If yes, do you feel that your Reconnect service could potentially support these other client groups?

* Yes
* No
* Not Applicable

\* Please describe what you feel the **key benefits** of supporting other client groups would be (please include examples of possible benefits to clients, to workers, and to the service overall).

\* Please describe what you feel the **key challenges** of supporting other client groups would be (please include examples of challenges in terms of service provision, staff training, caseloads etc.)

\* If you are not funded to deliver a specialist service, are any of the following categories emergent in your client group? (Please select all that apply)

* Young people with mental health difficulties
* Young people with alcohol and substance abuse issues
* Young people of culturally and linguistically diverse (CALD) backgrounds
* Indigenous young people
* Newly Arrived young people
* None
* Other (please specify)

\* Do you feel that your Reconnect service could potentially support any of these client groups? (please select all that apply)

* Young people with mental health difficulties
* Young people with alcohol and substance abuse issues
* Young people of culturally and linguistically diverse (CALD) backgrounds
* Indigenous young people
* Newly Arrived young people
* None (if none please explain why you feel this)
* Other (please specify)

\* Please describe what you feel the **key benefits** of this would be (please include examples of possible benefits to clients, to workers, and to the service overall).

\* Please describe what you feel the **key challenges** of this would be (please include examples of challenges in terms of service provision, staff training, caseloads etc.)

THANK YOU

If you feel that anything important has not been included within this survey please utilise the space below to add any other comments. Alternatively, you can alert your Contract Managers. As part of the review process, in-depth consultations with Contract Managers will take place where your comments and the results of this survey will be discussed in more detail. Once again, thank you for taking the time to complete this survey. You're responses are greatly appreciated and will form an important part of the Reconnect Departmental Review.

# Annex C: Consultation Schedule

 **Agenda Item 1 – Opening and Welcome**

| **Time**  | **Topic** |
| --- | --- |
| **5 Minutes** | * Thank you for participating in today’s consultation
* [Confirm attendance list]
* [Describe the consultation’s purpose, including the structure of today’s discussion]
* Are there any questions at this point?
 |

**Agenda Item 2 – Delivery Parameters**

| **Time** | **Topic** |
| --- | --- |
| **10 Minutes** | **Assessing the Need for Specialist Services (Mental health, GLBTI, NAYS, Indigenous)**1. *Overview of Services*:
	1. What is your opinion about the role of specialist services within your State/ Territory?
	2. Do you feel it would be appropriate to merge specialist services into standard services?
	3. What do you think would be required to merge the specialist services into existing services (e.g. resources, staff training)?
2. *Mental Health and GLBTI Specialist Services (If STO has these):*
	1. Do you think the current function/scope of these services is effective?
	2. If not, what would you recommend as an alternative? (e.g. no case loads, but focus solely on sector support and development; mainstream into existing services)
3. *NAYS and Indigenous Specialist Services (If STO has these):*
	1. Do you think the current function/scope of these services is effective?
	2. If not, what would you recommend as an alternative? (e.g. mainstream these services into existing services)
 |
| **5 Minutes** | **Program Restructure (Simplification)**1. *Community Capacity Building/Action Research*:
2. How beneficial are Community Capacity projects for the Program?
3. *Action Research Projects:*
	1. How beneficial are Action Research projects are for the Program?
4. *Non-engagement Clients (NEC)*:
	1. How effective is the NCE category of work/reporting is for the Program?
 |
| **10 Minutes** | **Program Restructure (Age Ranges)**1. Do you believe that the current age range (12-18 years) for the Program is appropriate? If so, why? If not, why not?
2. Are there any circumstances (e.g. NAYS, CALD or Indigenous clients) where you believe extending the age range would be appropriate?
3. What sort of resources or additional requirements of service providers would be needed if the age range is expanded?
 |
| **10 Minutes** | **Program Restructure (Geographical Factors/Location of Services)**1. How effective is the current distribution of Reconnect services?
2. What would you suggest as strategies for improving the geographical distribution of the Program?
3. Do you think the cost per case benchmarks requirement is appropriate for remote locations or communities?
 |
| **5 Minutes** | **Client and Stakeholder Feedback**1. How well do you think the current client and stakeholder feedback processes are working?
2. Do you have any suggestions for more effective alternatives for collecting client and/or stakeholder feedback?
 |

**Agenda Item 3 – Perspectives on Service Performance**

**For information – PAC TRAC Key Performance Indicators and Targets**

1. **Cost Per Case – Target = 100 per cent**
2. **Contact attempted with client within 1 day of referral = 90 per cent**
3. **Profile reflect demographic profile of area = 80 per cent**
4. **Needs assessment and goal setting with clients = 90 per cent**
5. **Client goals fully or partially met = 70 per cent**
6. **Positive benefits demonstrated by clients = 70 per cent**
7. **Client has improved accommodation at end of support = 70 per cent**
8. **Evidence of collaborative working = 100 per cent**

| **Time** | **Topic** |
| --- | --- |
| **30 Minutes**  | * State number of KPIs met
* Overall comments about the performance of this service provider?
* For KPI’s not met:
	+ Are there any mitigating factors/caveats that may have influenced the performance of this service provider within this/ these KPI(s)?
	+ Are there any issues to do with **resources** (staff, logistics, or a lack of training) that could have contributed to the provider’s underperformance?
	+ Do you feel these factors can be resolved and, if so, what would you recommend as a strategy for addressing this factor?
* Do you think there are any issues with the **data entry** requirements of service provider that could contribute to underperformance?
	+ What do you think makes it difficult for the service provider to input the data correctly?
	+ What, if anything, do you recommend as a strategy to improve data entry?
* Are there any other factors affecting overall service performance that should be taken into consideration? Is there any other relevant information we need to be aware of?
* What are your opinions about the Key Performance Indicators used, are they all useful/ realistic/ clearly defined?
 |

**Agenda Item 4 – Other Comments and Close Meeting**

| **Time** | **Topic** |
| --- | --- |
| **10 Minutes** | * Before we close are there any other comments you wish to make?
* Thank you for participating in today’s consultation.
* *Next steps*: over the next few weeks we will be conducting consultations with other jurisdictions. We will then write up a report which we will return to you to confirm. When finalised, these consultations will form part of the final Review report and will be distributed across all Contract Managers and Reconnect Services and will be used to form Recommendations regarding the future direction of the Reconnect program.
 |

# Annex D: Consultations undertaken as part of Departmental Review

| **Consultation Type** | **Date of Consultation** | **Participants** |
| --- | --- | --- |
| **Online survey** | Survey link open to responses for two weeks(between 22 June 2012 and 6 July 2012) | Sent to all survey providers117 service providers participated anonymously. |
| **Individual State and Territory telephone consultations** | 8 August 2012 | WA (4 Contract Managers) |
| 9 August 2012 | VIC (3 Contract Managers) |
| 9 August 2012 | QLD (6 Contract Managers) |
| 10 August 2012 | ACT/ NSW (5 Contract Managers) |
| 14 August 2012 | SA (4 Contract Managers) |
| 15 August 2012 | TAS (4 Contract Managers) |
| 21 August 2012 | NT (5 Contract Managers) |
| **Working group teleconferences** | 6 August 2012 | State and Territory Officers (STOs) - 31 |
| NSW | Renee Friend, Program Coordinator |
| Kim Davison, Executive Director, Gugan Gulwan Youth Aboriginal Corporation  |
| John Drew, General Manager, Uniting Care Burnside  |
| Joe Schumacher, Service Coordinator, EACH  |
| Donna Calkin, Team Manager Port Macquarie, Salvation Army  |
| NT | Michelle Parker, Anglicare |
| TAS | Geraldine Crisp, Relationships Australia |
| SA | Chris Chalubek – Manager of Reconnect Mental Health Service  |
| Cheryl Hillier, Uniting Communities |
| QLD | Tania Lawrie, Community Living |
| Anette Hawkless, Mission Australia |
| Tina Bunge, RYS |
| Leigh Henaway, QYS |
| VIC | Christopher Monie, Berry Street  |
| Leanne Jelly, Parkerville Children & Youth Care  |
| Lisa Brown, Mercy Community Services  |
| 17 August 2012 | NSW | Jodi Burnstein, General Manager, Barnardos Mudgee |
| Narelle Clay, Southern Youth and Family Services |
| NT | Michelle Parker, Anglicare  |
| TAS | Paul Mallet, Anglicare |
| SA | Trevor Cresswell, Port Adelaide Enfield |
| Ed Thomas, Anglican Community Care |
| QLD | Leigh Budd, Townsville Deputy ICC Manager |
| Wendy Lang, QYS |
| Louise McElrea, Anglicare |
| VIC | Bernadette Marantelli Centre for Multicultural Youth  |
| Richard Lough EACH  |
| Christopher Monie, Berry Street |
| WA | Leanne Jelly, Parkerville Children & Youth Care  |
| Lisa Brown, Mercy Community Services  |
| Kris Robertson, Agencies for South West Accommodation |
| Stan Shaw, Albany Youth Support |
| Rob Ware Burdekin |
| Neale Clemenston, Mission Peel |
| 20 August 2012 | NSW | Robert Boardman, Oasis |
| Jodi Burnstein, General Manager, Barnardos Mudgee  |
| Rhonda Gleeson, CEO, Mackillop Rural Community Services  |
| Kris Gersbach, Service Manager, Mission Australia  |
| Rebecca Reynolds, Managing Director, Twenty Ten  |
| NT | Chris Cookson, Gap Youth Centre |
| TAS | Emily Churches, Colony 47  |
| SA | Brian Martin – Manager of the Port Pirie/Port Augusta Reconnect  |
| Ed Thomas, Anglican Community Care |
| QLD | Helen Brafield, IFYS |
| Allan Cooper, LCC QLD |
| Colleen Tribe, RYS |
| Louise McElrea, Anglicare |
| WA | Lisa Brown, Mercy Community Services |
| Sam Mesiti, Outcare |
| Shauna McDonald, AseTTS |

# Annex E: References

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