

# Foyer Central Evaluation

Uniting NSW.ACT

Baseline Report

4 July 2022

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## Foyer Central Evaluation - Baseline Year 1 Report

Dear Victoria,

In accordance with our Engagement Agreement dated 2 March 2021 ("Agreement"), Ernst & Young ("we" or "EY") has been engaged by Uniting NSW.ACT ("you", "Uniting" or the "Client") to undertake an evaluation of Foyer Central (the "Project").

The enclosed report (the "Report") sets out the outcomes of our Baseline Year 1 Report. You should read the Report in its entirety. A reference to the report includes any part of the Report.

Ernst & Young was engaged on the instructions of Uniting NSW.ACT to Evaluate the Year 1 Foyer Central Implementation, in accordance with the dated 2 March 2021.

The results of Ernst & Young's work, including the assumptions and qualifications made in preparing the report, are set out in Ernst & Young's report dated 12 May 2022 ("Report"). The Report should be read in its entirety including the cover letter, the applicable scope of the work and any limitations. A reference to the Report includes any part of the Report. No further work has been undertaken by Ernst & Young since the date of the Report to update it.

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Our work formally commenced on 2 March 2021 and was completed on 12 May 2022. No further work has been undertaken by EY since the date of the Report to update it, and EY has no responsibility to update the Report to take account of events or circumstances arising after that date. Therefore, our Report does not take account of events or circumstances arising after 12 May 2022 and we have no responsibility to update the Report for such events or circumstances.

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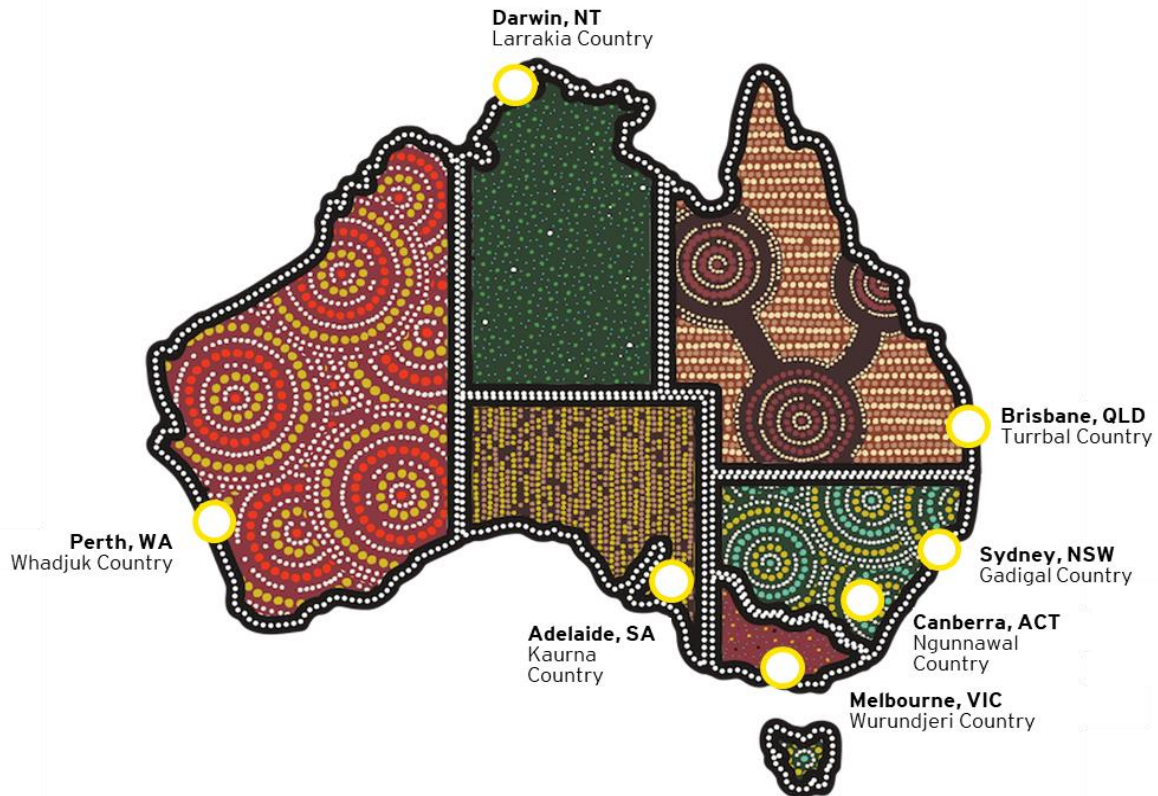
Thank you for the opportunity to work on this project for you. Should you wish to discuss any aspect of this Report, please do not hesitate to contact myself contact myself on +61 422 009 718 or Dr. Melissa Kaltner on +61 4 7835 0789.

Yours sincerely,



**Mark Galvin**  
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## Acknowledgment of Country



EY acknowledges Aboriginal and Torres Strait Islander people as the first peoples of Australia and Traditional Custodians of this land its waters. We pay our respects to Elders, knowledge holders and leaders both past and present.

We respectfully acknowledge Traditional Owners whose country EY's offices are located including Turrbal, Gadigal, Ngunuawal, Wurundjeri, Karuna, Whajuk, and Larrakia Nations.

We respect Traditional Owners' relationship, connection and association to "country" and that it is an integral part of their identity and cultural expression.

We understand and respect that Country is sacred, and we will work diligently and culturally responsively in partnership to build a strong future for the People and Country.

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## Glossary of Acronyms

The table below presents a list of acronyms used throughout this report:

Acronym	Meaning
ACT	Australian Capital Territory
ACWA	Association of Children's Welfare Agencies
AOD	Alcohol and other drugs
BSL	Brotherhood of St Laurence
CALD	Culturally and linguistically diverse
CNC	Complex Needs Consultation
D&I	Diversity and inclusion
DCJ	Department of Communities and Justice
GSD	Gender and sexual diversity
JWG	Joint Working Group
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex & Asexual. Umbrella term to refer to the community as a whole.
NGO	Non-government organisation
NSW	New South Wales
OOHC	Out-of-home care
OSII	Office of Social Impact Investment
SDP	Service delivery partner
SGCH	St George Community Housing
SIB	Social Impact Bond
SVA	Social Ventures Australia
WDO	Work Development Order
YDC	Youth Development Coach

# 1. Executive summary

## 1.1 Background

Foyer Central is currently delivered through a consortium between Uniting, St George Community Housing (SGCH) and Social Ventures Australia (SVA). Uniting entered into an outcomes-based contract with the NSW Government to deliver the Foyer Central program over a 10-year period. Through the Foyer Central Social Impact Bond (SIB) established by Social Ventures Australia (SVA), private investors provided \$7 million of upfront capital to fund the delivery of the Foyer Central Program. Within New South Wales (NSW), Foyer Central applies an 'Advantaged Thinking' model to support young people who are exiting out-of-home care (OOHC) and who are at risk of homelessness, or experiencing homelessness, to achieve greater economic independence. It supports Focus 2.2 of the NSW Homelessness Strategy<sup>1</sup> – to provide targeted housing options to prevent homelessness or chronic homelessness for high-risk groups.

EY has been engaged to undertake an iterative evaluation to assess the efficacy of the service between 2021-2026 through a combination of process evaluation, outcomes evaluation and economic analysis. An evaluation framework was developed through a co-design approach to outline the objectives of the three components, as well as the data collection, analysis and reporting required to answer various evaluation questions across the evaluation timeline. For further information, please refer to section 3.2 Co-design of the Foyer Central Evaluation Framework<sup>2</sup>.

## 1.1 Evaluation objectives

The objective of the first iteration is to explore the implementation and preliminary outcomes of Foyer Central in its first year, and to support decisions for continuous refinement of the program. The findings and recommendations have been documented in this baseline report<sup>3</sup>.

Following this iteration, EY will document findings and recommendations from subsequent annual rounds of process and outcomes evaluation in interim reports in Year 2, 3 and 4. These interim reports will also include deeper insights related to impact outcomes for young people as well as the initiation of a cost-benefit analysis.

A final evaluation report will be developed in Year 5, documenting the consolidated process, impact and cost-benefit analysis findings and recommendations for the program. The current report represents the findings for the first year of the program's implementation, primarily focused on implementation evaluation questions as presented herein.

## 1.2 Evaluation methodology

The first evaluation iteration was guided by a set of overarching evaluation questions to explore the implementation of the Foyer Central program, aligned with the Foyer Central Evaluation Framework. These process evaluation questions are as follows:

- ▶ To what extent is Foyer Central being implemented as intended?
- ▶ How has the Foyer Central model changed over time during implementation and why?

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<sup>1</sup> New South Wales Government. (2018). *NSW Homelessness Strategy: 2018-2023*. [https://www.facs.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0007/590515/NSW-Homelessness-Strategy-2018-2023.pdf](https://www.facs.nsw.gov.au/__data/assets/pdf_file/0007/590515/NSW-Homelessness-Strategy-2018-2023.pdf)

<sup>2</sup> Appendix A presents the co-designed Program Logic upon which the current evaluation is based. This was based on an earlier version of the program logic which was refined via collaborative design with a range of key program stakeholders, including service stakeholders and young people.

<sup>3</sup> Appendix B presents the timeline for evaluation rounds.

- ▶ What is working well or not working well? For whom and why?
- ▶ What are the key improvements to be made to enhance implementation of the Foyer Central model?
- ▶ What elements of the model can be identified as contributing to young people’s capacity to achieve sustainable outcomes?

The preliminary outcomes experienced by the young people at Foyer Central, as a result of their involvement in the program since program inception, were also explored from the perspective of key program stakeholders. However, it should be noted that no direct engagement with young people at Foyer Central was undertaken during this round of analysis.

The evaluation drew upon both quantitative and qualitative evidence through application of a mixed-methods approach. Data was sourced from the following groups:

- ▶ Qualitative data collected through consultations with Foyer Central staff, referrers and delivery partners as well as other key stakeholders involved in the Foyer Central SIB partnership
- ▶ Quantitative data collected from Foyer Central administrative databases and internal documentation

### 1.3 Key limitations

During the current evaluation iteration, a number of factors impacted on the quantitative and qualitative analysis. Limitations included:

- ▶ Engagement with stakeholders was restricted to professional stakeholder groups for this evaluation iteration, focusing on program implementation as aligned with the Evaluation Framework. Young people were not engaged as part of this first data collection round to allow enough time for the program to reach capacity and for impact outcomes to be fully experienced by participants, and to account for the vulnerability of the Foyer cohort in the midst of the COVID-19 pandemic. Ethical approvals are being sought for engagement with young people in the subsequent data collection rounds.
- ▶ Impact of COVID-19 and lockdown on Foyer Central evaluation data collection and data availability, including the conduct of stakeholder consultations
- ▶ Reliance on administrative data only and quantitative data provided by Uniting. EY had no direct access to data systems for the purposes of conducting analysis
- ▶ Consideration of preliminary outcomes limited by available quantitative and qualitative evidence at time of evaluation

### 1.4 Key findings

The key findings are as follows:

Evaluation question	Key findings
<b>Process evaluation</b>	
<b>To what extent is Foyer Central being</b>	▶ To a large extent, the Foyer Central model has been implemented and delivered as intended, providing



Evaluation question	Key findings
implemented as intended?	<p>accommodation and onsite support to young people who have experienced OOHC</p> <ul style="list-style-type: none"> <li>▶ Between January 2021 and January 2022, 142 young people were either referred to Foyer Central or submitted an expression of interest, 44 were enrolled and accommodated at Foyer Central, 3 had exited, and there was capacity remaining for 12 more young people</li> <li>▶ It was originally intended that Foyer Central would be at full capacity of 53 young people by the end of 2021, however, referral and intake numbers have been lower than anticipated due to challenges associated with the COVID-19 pandemic</li> <li>▶ Enrolments of young people have consisted of a broad mix of low, medium, high and extreme risk ratings, as anticipated</li> <li>▶ The majority of young people enrolled in Foyer Central are from the Sydney metropolitan area, particularly the inner city where emergency and temporary accommodation is located</li> <li>▶ Foyer Central has achieved a 50/50 gender split with 53% identifying as female, 44% as male and 3% as non-binary</li> <li>▶ 9% of young people at Foyer Central are from a culturally and linguistically diverse (CALD) background</li> <li>▶ 34% of young people at Foyer Central are Aboriginal and/or Torres Strait Islander</li> <li>▶ Young people aged 18-19 (63%) are disproportionately represented at Foyer Central, while only 37% of young people at Foyer Central are aged 20-22</li> </ul> <p>▶ The variations to Foyer Central's intended implementation were as follows:</p> <ul style="list-style-type: none"> <li>▶ <b>Referrals:</b> Misinterpretations of information on Foyer Central, such as information on the website, were reported to have caused some inappropriate referrals, while many self-referrals did not convert to enrolments due to young people self-selecting to opt out during the referral process</li> <li>▶ <b>Service delivery:</b> Programs were unable to be delivered as planned as a result of lockdowns associated with the NSW Government's response to the COVID-19 pandemic</li> </ul>

Evaluation question	Key findings
	<ul style="list-style-type: none"> <li>▶ <b>Technology:</b> Stakeholders interacting with Carelink<sup>4</sup> noted challenges in using the software which limited transfer of knowledge between staff</li> </ul>
<p>How has the Foyer Central model changed over time during implementation and why?</p>	<ul style="list-style-type: none"> <li>▶ In response to the higher needs of young people enrolled at Foyer Central, a new 12-week induction procedure was introduced to provide a coordinated transition into Foyer Central, involving a range of tools and structured coaching sessions which could be tailored to the young person</li> <li>▶ Foyer Central established a Complex Needs Consultation (CNC) panel, facilitated by an external clinical psychologist, to not only support the intake process but also discuss strategies in response to young people with complex support needs as well as cohort-wide issues around alcohol and other drugs (AOD) misuse, collective trauma and mental health</li> <li>▶ In response to the decline in young people’s mental health during lockdown and increasing workload for Foyer Central staff, Foyer Central engaged auxiliary supports such as mental health service delivery partners (SDPs) and external AOD services</li> <li>▶ As a result of COVID-19 Public Health Orders, the provision of mental health supports as well as other Foyer Central services shifted from face-to-face interaction to virtual delivery</li> </ul>
<p>What is working well or not working well? For whom and why?</p>	<ul style="list-style-type: none"> <li>▶ Throughout evaluation consultations, stakeholders noted and commended Foyer Central’s flexibility – especially in response to COVID-19 – when undertaking intake management and service delivery</li> <li>▶ Stakeholders emphasised that Foyer Central’s delivery has continued to be focused on a strong commitment to diversity and inclusion (D&amp;I), a safe environment and a sense of community</li> <li>▶ The evaluation evidence suggests that Foyer Central has an effective governance structure and strong collaboration between partners and stakeholders is evident. There are opportunities for ongoing refinement in response to changing personnel and emerging issues</li> <li>▶ The Advantaged Thinking approach is considered by stakeholders to have supported Foyer Central staff to deliver a strengths-based, person-centred model tailored to the individual goals of each young person</li> <li>▶ Young people with complex support needs have been noted by stakeholders as requiring more trauma-informed care, with the potential for Foyer Central staff to receive more training opportunities in this area highlighted by stakeholders</li> </ul>

<sup>4</sup> Carelink is the client management system used at Foyer Central.

Evaluation question	Key findings
	<ul style="list-style-type: none"> <li>▶ Stakeholders reported that limitations with regards to engagement with Aboriginal and Torres Strait Islander stakeholders has led to difficulties in communicating the purpose of Foyer Central. This has highlighted opportunities to improve the program’s reach to Aboriginal and Torres Strait Islander young people and further tailor the model for Aboriginal and Torres Strait Islander cohorts</li> <li>▶ Some stakeholders reported resourcing shortages and role ambiguity, particularly around the role of the Youth Development Coach (YDC)</li> <li>▶ Complexities around supporting young people who have lived experience of trauma, as well as varying levels of Foyer Central staff training in trauma-informed care, was suggested to have led to challenges coordinating trauma supports</li> </ul>
<p><b>What are the key improvements to be made to enhance implementation of the Foyer Central model?</b></p>	<ul style="list-style-type: none"> <li>▶ The following opportunities for practice refinement have been identified: <ul style="list-style-type: none"> <li>▶ <b>Expand program reach:</b> Undertaking targeted recruitment activities in response to diversity in target cohort (e.g. geography, cultural background) and further leveraging Uniting’s existing networks could support the expansion of program reach</li> <li>▶ <b>Improve Aboriginal and Torres Strait Islander engagement:</b> Foyer Central could consider undertaking consultation with Aboriginal and Torres Strait Islander stakeholders on an ongoing basis and developing a targeted promotional campaign to attract and enrol more Aboriginal and Torres Strait Islander young people</li> <li>▶ <b>Increase investment in staff:</b> Foyer Central could consider allocating further resources into staff onboarding and providing supported opportunities for staff to upskill</li> <li>▶ <b>Improve role clarity:</b> There are opportunities to review and further clarify role expectations for YDCs and SDPs and task allocation within Foyer Central</li> <li>▶ <b>Enhance trauma-informed practice:</b> Making strategic and practice adjustments to the program and Foyer Central building could support the program to improve accessibility and care for those with lived experience of trauma and OOHC</li> <li>▶ <b>Measure success:</b> There are ongoing opportunities to consolidate existing data sources, expand data storage and reporting functionality of Carelink, and refine the</li> </ul> </li> </ul>

Evaluation question	Key findings
	Foyer Central Power BI <sup>5</sup> Dashboard to visualise additional key statistics
<p>What elements of the model can be identified as contributing to young people's capacity to achieve sustainable outcomes?</p>	<ul style="list-style-type: none"> <li>▶ Stakeholders have identified the following elements as contributing to Foyer Central's capacity to achieve sustainable outcomes:               <ul style="list-style-type: none"> <li>▶ Strong leadership and staff culture</li> <li>▶ Appropriate mix of young people at Foyer Central</li> <li>▶ Flexible approach to provision of support</li> <li>▶ Clear governance and avenues for collaboration</li> <li>▶ Effective use of data</li> </ul> </li> </ul>
<b>Preliminary outcomes</b>	
<ul style="list-style-type: none"> <li>▶ There have been lower than anticipated levels of program engagement (currently measured by rostered hours which record attendance of coaching and group activities), which are likely attributable to the impacts of COVID-19 and may limit the achievement of outcomes. It is expected that young people engage in 2 hours of coaching per week, with varying rostered hours depending on their individual life goals.<sup>6</sup> Since commencement:           <ul style="list-style-type: none"> <li>▶ On average, young people completed 2.3 rostered hours per week</li> <li>▶ 61% of the 41 young people participating in accommodation coaching reached a minimum of 20 rostered hours</li> <li>▶ 34% of the 35 young people participating in education coaching reached a minimum of 20 rostered hours</li> <li>▶ 'Community Connections' groups had the most attendees, with 36 young people in total and 47% with at least 10 rostered hours</li> <li>▶ TAFE-related groups engaged a total of 22 young people with 68% having at least 10 rostered hours</li> </ul> </li> <li>▶ 11 young people at Foyer Central are in rental arrears, and SGCH is working with these young people to sustain their tenancy</li> <li>▶ Key areas of improvement include continued coordination and delivery of programs, activities and supports to young people, including through external services which have been effective; further training opportunities for staff to respond to the complex needs of young people; and further refinement of trauma-informed practices</li> </ul>	

<sup>5</sup> Power BI is the data visualisation system used to extract visual reports from Carelink

<sup>6</sup> The Foyer Central Deal sets out a requirement that young people participate in a minimum of 20 hours of workshops and activities in the Education, Health and Wellbeing and Social Connections domains, and 40 hours of workshops and activities in the Employment and Housing and Living Skills domains.

## 1.5 Report structure

The following sections of this report detail the Foyer Central evaluation activities and findings, including:

- ▶ A general background to the Foyer Central initiative alongside a broad description of the program and evaluation objectives
- ▶ Evaluation methodology including the co-design, data collection and data analysis processes
- ▶ Key process evaluation findings aligned to the evaluation questions, including recommendations to support continuous improvement of Foyer Central, as well as preliminary exploration of outcomes

## 2. Background

### 2.1 Introduction

Reducing homelessness is a key priority for the NSW Government. As part of the 2018/19 Budget, \$61 million of funding was dedicated to implementing the NSW Homelessness Strategy 2018-2023 over four years, with young people identified as a key cohort within the strategy.

A range of vulnerabilities drive the risk of experiencing homelessness. Young people leaving out-of-home care (OOHC) are disproportionately at risk of experiencing not only homelessness, but also trauma, mental health challenges, alcohol and other drugs (AOD) misuse, unemployment and poverty.<sup>7</sup> Nationally, approximately 35% of OOHC leavers were homeless within 12 months of exiting care.<sup>8</sup> In NSW, 64% of care leavers had received assistance from a specialist homelessness services agency at some point since 2011-12.<sup>9</sup>

#### 2.1.1 The history of Youth Foyers

Foyer Central is based on a model and philosophy centred on creating a positive environment in which young people can build skills and confidence for independent living. The Foyer model originated in France after World War II, as a form of temporary housing for workers migrating to the cities. Since then, the model has evolved into a youth housing program which responds directly to high levels of youth unemployment and homelessness. The Foyer model is particularly well-established in the UK, where there are over 135 Foyer programs in operation<sup>10</sup>. The Foyer model is based on the key principle that young people need a variety of supports in order to make a successful transition to adulthood. Foyers aim to achieve three fundamental goals:

- ▶ Reduce the number of young people cycling through the housing and homelessness system.
- ▶ Increase the number of young people completing education qualifications.
- ▶ Increase the number of young people productively employed.

In Australia, Foyers first emerged in the early 2000s. There are now 14 Foyer programs, located in all states/territories apart from Tasmania and the Northern Territory. Australian Foyers have generally been established on an ad hoc basis by non-government organisations (NGOs), with limited government support. Most Foyers in Australia are relatively small, with a combined offering of approximately 300 places (in comparison, Foyers in the UK currently offer approximately 10,000 beds to young people in need).

#### 2.1.2 Foyer Central

Foyer Central is an innovative program which helps young people who have experienced OOHC in NSW transition to independence safely and successfully. The program is being delivered through a consortium between Uniting NSW.ACT, St George Community Housing (SGCH), and Social Ventures Australia (SVA), with support and investment from the Department of Communities and Justice (DCJ) and the Office of Social Impact Investment, NSW Treasury (OSII).

The program is targeted at young people aged 18-22 who are currently, or at risk of being, homeless. Each young person who enrolls at Foyer Central is provided with their own studio apartment, where they can live independently for an average period of 18 months (with a maximum

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<sup>7</sup> Mackenzie, D., Flatau, P., Steen, A. & Thielking, M. (2016). *The Cost of Youth Homelessness in Australia*. (ARC Linkage research project). Swinburne University Institute for Research.

<sup>8</sup> McDowall, J. J. (2009). *CREATE Report Card 2009 - Transitioning from care: Tracking progress*. Sydney CREATE Foundation.

<sup>9</sup> Australia Institute of Health and Welfare. (2019). *Specialist Homelessness Services annual report 2018-19*. NSW, AIHW. <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/client-groups-of-interest/clients-leaving-care>.

<sup>10</sup> The Foyer Foundation. (2022). *How Foyers Work*. <https://foyer.org.au/foyers-in-australia/>

tenure of 2 years). The purpose-built complex of 53 studio apartments is located in Chippendale, directly opposite Victoria Park, and the building is owned and managed by SGCH.

To be eligible for Foyer Central, a young person must:<sup>11</sup>

- ▶ Be 18-22 years old, with priority accorded to those aged 18-20 years
- ▶ Have been in statutory OOH and exited OOH between the ages of 14-18 years
- ▶ Not be a parent or guardian of a child that is residing with them
- ▶ Be homeless or at risk of homelessness
- ▶ Have not previously been enrolled in the program and assessed to have satisfied the final outcome measures, following expiry of their measurement period
- ▶ Not meet any exclusion criteria
- ▶ Be Foyer-Ready as determined by Uniting in accordance with a set criteria and process

Young people living at Foyer Central receive coaching and support to help them find work, or to engage with education and training, and also have access to a wide range of supports, such as coaching, mentoring and therapeutic support in health, wellbeing, life skills and social connections. Foyer Central is unique because it is the first Foyer in Australia to be funded by a social impact investment bond and to focus solely on care leavers. It is anticipated that approximately 272 young people will be supported by the Foyer Central program over the 9-year term of the bond.

### 2.1.3 The Foyer Central Social Impact Bond

Uniting entered into an outcomes-based contract with the NSW Government to deliver the Foyer Central program over a 9-year period. Through the Foyer Central Social Impact Bond (SIB) managed by SVA, private investors provided \$7 million of upfront capital to fund the delivery of the program.

Outcome payments from the NSW Government to Uniting NSW.ACT and investor returns are linked to the performance of the Foyer Central program, as measured by the number of “successful outcomes” achieved by program participants. A “successful outcome” means that a participant achieves nine months of independent housing, sustained income and/or educational engagement (“positive indicators”) during the 12 months following their exit from the program.

### 2.1.4 The Foyer Central Practice Model

Advantaged Thinking, a concept developed by Colin Falconer from the UK Foyer Federation, is a fundamental component of the contemporary Foyer model. This is a strengths-based approach that recognises the vital contribution that young people make to healthy and happy communities. It focuses on identifying and nurturing their skills, capabilities and passions. Advantaged Thinking reverses the deficit-model which is typical of many other service delivery models which focus on a “problem” that needs to be “fixed”. Instead, the Advantaged Thinking model focuses on helping young people set goals for the future and harness the opportunities that are available to them. In NSW, Uniting partners with the Brotherhood of St Laurence (BSL) in the delivery of the Advantaged Thinking model.

At Foyer Central, young people in the program are provided with individual, tailored support from a dedicated Youth Development Coach (YDC). These coaches use Advantaged Thinking to assist young people access opportunities for their personal development, health and wellbeing, education and employment. Young people at Foyer meet with their YDCs regularly throughout the week (with each session recorded as a rostered coaching hour), but they can also access coaching support at any time of the day if needed.

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<sup>11</sup> Foyer Central Operations Manual (31 March 2021).

Another significant element of the Foyer Central program is “The Deal”, an agreement which young people sign when they enrol in the program. “The Deal” requires young people to commit to a particular number of hours or activities across the 5 key life domains of the program: education, employment, housing and living skills, health and wellbeing, and social connections. In return, the Foyer Central team promise to provide young people with the support they need to fulfil these commitments.

## **2.2 Evaluation objectives**

The overall objectives of the Foyer Central evaluation are as follows:

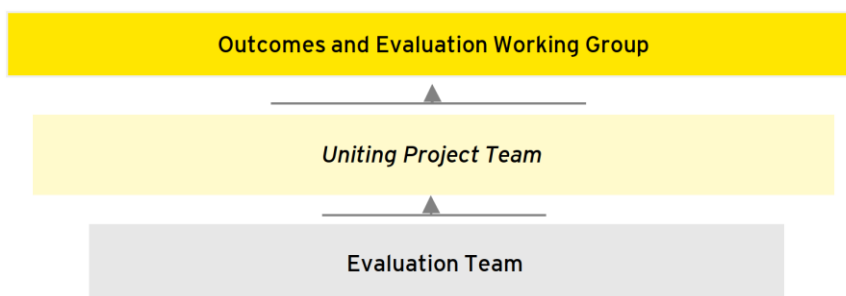
- ▶ Assess the Foyer Central model and practice approach and its implementation, to inform ongoing practice development
- ▶ Assess the effectiveness of Foyer Central in improving intended outcomes for its key beneficiaries
- ▶ Assess the cost-benefit of Foyer Central

This baseline report examined implementation and preliminary outcomes of the program in its first year. The analysis and findings contained in this report should be considered with reference to the key limitations contained in Section 3.5.



### 3. Evaluation methodology

#### 3.1 Evaluation governance



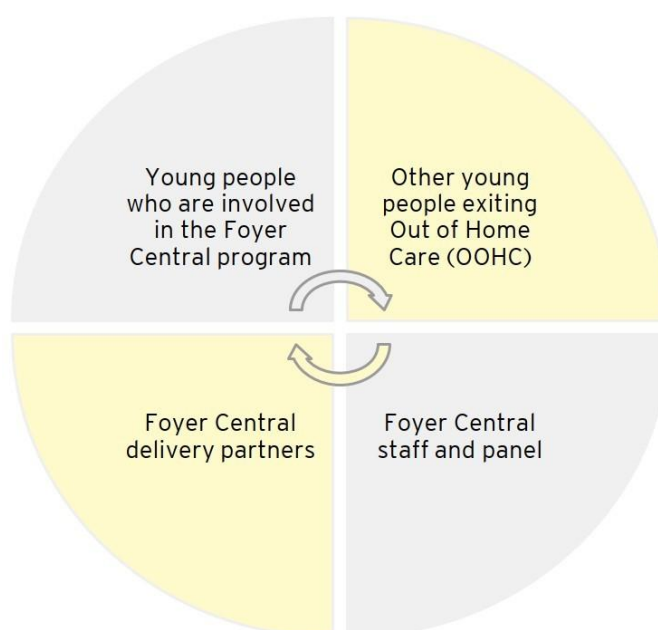
As outlined in the diagram above, a clear governance structure – in line with best practice<sup>12</sup> – guided the evaluation. In particular, the Outcomes and Evaluation Working Group oversaw the evaluation activities and progress of the evaluation team, provided insights into key approaches and reviewed materials and deliverables. This group includes a range of key stakeholders such as NSW Treasury, Social Ventures Australia, Department of Communities and Justice and Uniting. For more information on evaluation governance and the Working Group,<sup>13</sup> please refer to the Foyer Central Evaluation Framework.

#### 3.2 Co-design of the Foyer Central Evaluation Framework

The Foyer Central consortium, consisting of Uniting NSW.ACT, SGCH and SVA, collaborated with DCJ, OSII and the evaluation team to develop the Foyer Central Evaluation Framework which arose from co-design and consultation.

The co-design process focused on working in partnership with various stakeholders, including young people at Foyer Central and Aboriginal and Torres Strait Islander stakeholders where possible, to ensure that diverse and inclusive perspectives were reflected in evaluation planning and activities. The key groups consulted with are outlined in the diagram opposite.

Stakeholders engaged during co-design consultations



This process aimed to refine:

- ▶ Evaluation questions, informed through Foyer Central's pre-existing strategic documents
- ▶ Outcome, process and economic indicators necessary to address the evaluation questions
- ▶ Mapping of data and information requirements to address these indicators and comparison groups
- ▶ Data collection methods and evaluation tools
- ▶ Analysis plans for process, outcome and economic evaluation components

<sup>12</sup> NSW Government Program Evaluation Guidelines (January 2016).

<sup>13</sup> Members of the Working Group include representatives from DCJ, OSII, SVA, SGCH, and Uniting NSW.ACT.

The outcomes of this process were captured in the Foyer Central Program Logic (refer to Appendix A) and Evaluation Framework. Ongoing co-design and refinement of the Evaluation Framework will be undertaken at the beginning of each evaluation iteration.

### 3.3 Core evaluation questions

The evaluation was guided by a set of overarching evaluation questions, developed as part of the Foyer Central Evaluation Framework, as described below.

Indicator Type	Questions
Process	<ul style="list-style-type: none"> <li>▶ To what extent is Foyer Central being implemented as intended?</li> <li>▶ How has the Foyer Central model changed over time during implementation and why?</li> <li>▶ What is working well or not working well? For whom and why?</li> <li>▶ What are the key improvements to be made to enhance implementation of the Foyer Central model?</li> <li>▶ What elements of the model can be identified as contributing to young people's capacity to achieve sustainable outcomes?</li> </ul>

In addition to addressing the process evaluation questions, the evaluation also explored the preliminary outcomes that were achieved by young people at Foyer Central, noting that for this report, the experiences of young people were conveyed indirectly via stakeholder consultations which did not include the young people themselves (refer to key limitations in this section). Consultation with young people will be a feature of future evaluation iterations, subject to ethics approval.

Each of these questions was explored through a mixed-methods approach and a range of underlying indicators, as described in subsequent sections of this report.

### 3.4 Approach for the first evaluation iteration

The first iteration of the Foyer Central evaluation methodology encompasses the following key activities, which are described in more detail in the next sections of this report:

- ▶ Evaluation of processes, to understand the implementation of Foyer Central in the first year
- ▶ Evaluation of preliminary outcomes, to understand the benefits attributed to the Foyer Central program in the first year from the perspective of service delivery stakeholders

The evaluation utilises a mixed-methods approach in which qualitative and quantitative data is triangulated to provide analysis of the implementation and preliminary outcomes of the Foyer Central program.

As this is the first year of a multi-year evaluation, this iteration has focused largely on evaluating Foyer Central's processes and implementation, and providing recommendations on process improvements and data to be captured to enable effective ongoing outcomes evaluation.

Refer to Appendix B and the Foyer Central Evaluation Framework for further details on future iterations of the evaluation.

Analysis was undertaken for data collected from the following sources:

- ▶ Qualitative data collected through primary research involving consultations with staff, referrers, delivery partners and other key Foyer Central stakeholders
- ▶ Quantitative data collected through secondary research using Foyer Central administrative databases and internal documentation

### **3.4.1 Primary research involving consultations with key Foyer Central stakeholders**

Focus groups and interviews were undertaken with Foyer Central staff, service delivery partners (SDPs) and key referrers to obtain an in-depth understanding of the processes and preliminary outcomes observed in the delivery of the program in its first year.

In particular, these sessions explored the adherence to implementation planning and the Foyer Central practice model, barriers and enablers to implementation, early indications of outcomes achieved by young people at Foyer Central, and recommendations for improvement of the program.

Consultation with stakeholders was undertaken predominantly through one-on-one interviews and a number of small focus groups. The evaluation team consulted with:

- ▶ 11 Foyer Central and Uniting staff members, including the Foyer Central Manager, Foyer Central Coordinators, YDCs and other operational and practice staff
- ▶ 10 individuals representing delivery partners
- ▶ 8 individuals representing the SIB partners
- ▶ 6 referrers, including from DCJ, Uniting and external service providers

All focus groups and interviews were conducted via video conference due to COVID-19 and associated restrictions. A full listing of stakeholder consultations is provided in Appendix C.

### **3.4.2 Secondary research involving administrative data and document review**

The evaluation analysed quantitative and qualitative data collected by Foyer Central during the course of delivering the program. This included administrative data relating to referrals, intake, demographics, program activity and exits.

In addition, the evaluation examined internal documentation, including planning and practice documentation and service delivery tools. This data was analysed by the evaluation team to understand the implementation and processes of Foyer Central, as well as to provide a preliminary indication of potential outcomes achieved by the young people at Foyer Central.

### **3.4.3 Ethics**

Consistent with the implementation focus of the first evaluation iteration, a preliminary exploration of Foyer Central outcomes was obtained from the perspective of service delivery stakeholders and through examination of program activity data.

Consultation with young people at Foyer Central and data linkage to external government databases were not undertaken due to previously described limitations.

All evaluation data collection and analysis was undertaken consistent with the Australian Evaluation Society's ethical guidelines.

The evaluation team is currently seeking ethical approval consistent with the National Health and Medical Research Council (NHMRC) guidelines from the NSW Aboriginal Health and Medical Research Ethics Committee (AHMRC) in preparation for the second evaluation iteration to enable ethically approved engagement with relevant young people.

### 3.5 Limitations

The current evaluation iteration was constrained by a range of factors, which are described below:

- ▶ **Engagement with stakeholders was limited to professional stakeholder groups:** as ethical approval is currently being sought for subsequent evaluation iterations to engage with young people, stakeholder consultations were limited to professional stakeholder groups involved in the administration, day-to-day operation and management of Foyer Central.
- ▶ **Impact of COVID-19 on Foyer Central evaluation data collection:** as a result of an outbreak of COVID-19 in the period prior, and during, planned consultation activities, there were challenges in accessing stakeholders for participation in focus groups. This was largely mitigated by the evaluation team's use of video conferencing in place of face-to-face consultation and undertaking smaller focus groups and one-on-one interviews. The lower than anticipated young person intake numbers resulted in a smaller sample of administrative data available for analysis in this first evaluation iteration, with less time between intake and evaluation which limited the ability to explore early program outcomes.
- ▶ **Reliance on administrative data only and quantitative data provided by Uniting:** administrative data analysis was undertaken on data provided by Uniting. EY did not have direct access to extracted data nor Uniting's Carelink data system, with the former restricted due to service consenting procedure discrepancies which were being addressed at the time of evaluation data analysis.

As such, EY's analysis was based on data that was provided by Uniting at the time of the review. This data predominantly consisted of a range of indicators reported on the Foyer Central Power BI dashboard (program monitoring dashboard), which is linked to Carelink data. Further breakdown of data was unavailable to the evaluators at the time.

EY has relied on this quantitative data as being true and accurate and has not sought to undertake a formal verification of its accuracy. It should be noted, however, that Uniting identified data discrepancies in the Power BI dashboard provided during the evaluation, which has supported recommendations on future data collection and reporting activities in Section 4.4.

- ▶ **Consideration of preliminary outcomes limited by available evidence:** examination of preliminary outcomes was limited by the availability of quantitative data extracts from the administrative data system, and access to young people at Foyer Central at the time of the evaluation was deemed inappropriate given the phase of implementation.

A larger than anticipated qualitative data collection approach was implemented to mediate this limitation. Analysis was undertaken using high level Power BI data screenshots available on program engagement data, and observations by a large range of professional stakeholder groups on the progress and experiences of young people at Foyer Central.

It is anticipated that consultation with young people, access to extracted administrative program data which enables more comprehensive quantitative data analysis, as well as further exploration of Foyer Central outcomes will be undertaken in future evaluation iterations.

## 4. Process evaluation

The table below summarises the key findings for the process analysis of the implementation of Foyer Central:

Evaluation question	Key findings
<b>Process evaluation</b>	
<p>To what extent is Foyer Central being implemented as intended?</p>	<ul style="list-style-type: none"> <li>▶ To a large extent, the Foyer Central model has been implemented and delivered as intended, providing accommodation and onsite support to young people who have experienced OOHC               <ul style="list-style-type: none"> <li>▶ Between January 2021 and January 2022, 142 young people were either referred to Foyer Central or submitted an expression of interest, 44 were enrolled and accommodated at Foyer Central, 3 had exited, and there was capacity remaining for 12 more young people</li> <li>▶ It was originally intended that Foyer Central would be at full capacity of 53 young people by the end of 2021, however, referral and intake numbers have been lower than anticipated due to challenges associated with the COVID-19 pandemic</li> <li>▶ Enrolments of young people have consisted of a broad mix of low, medium, high and extreme risk ratings, as anticipated</li> <li>▶ The majority of young people enrolled in Foyer Central are from the Sydney metropolitan area, particularly the inner city where emergency and temporary accommodation is located</li> <li>▶ Foyer Central has achieved a 50/50 gender split with 53% identifying as female, 44% as male and 3% as non-binary</li> <li>▶ 9% of young people at Foyer Central are from a culturally and linguistically diverse (CALD) background</li> <li>▶ 34% of young people at Foyer Central are Aboriginal and/or Torres Strait Islander</li> <li>▶ Young people aged 18-19 (63%) are disproportionately represented at Foyer Central, while only 37% of young people at Foyer Central are aged 20-22</li> </ul> </li> <li>▶ The variations to Foyer Central's intended implementation were as follows:               <ul style="list-style-type: none"> <li>▶ <b>Referrals:</b> Misinterpretations of information on Foyer Central, such as information on the website, were</li> </ul> </li> </ul>

Evaluation question	Key findings
	<p>reported to have caused some inappropriate referrals, while many self-referrals did not convert to enrolments due to young people self-selecting to opt out during the referral process</p> <ul style="list-style-type: none"> <li>▶ <b>Service delivery:</b> Programs were unable to be delivered as planned as a result of lockdowns associated with the NSW Government’s response to the COVID-19 pandemic</li> <li>▶ <b>Technology:</b> Stakeholders interacting with Carelink noted challenges in using the software which limited transfer of knowledge between staff</li> </ul>
<p>How has the Foyer Central model changed over time during implementation and why?</p>	<ul style="list-style-type: none"> <li>▶ In response to the higher needs of young people enrolled at Foyer Central, a new 12-week induction procedure was introduced to provide a coordinated transition into Foyer Central, involving a range of tools and structured coaching sessions which could be tailored to the young person</li> <li>▶ Foyer Central established a Complex Needs Consultation (CNC) panel, facilitated by an external clinical psychologist, to not only support the intake process but also discuss strategies in response to young people with complex support needs as well as cohort-wide issues around alcohol and other drugs (AOD) misuse, collective trauma and mental health</li> <li>▶ In response to the decline in young people’s mental health during lockdown and increasing workload for Foyer Central staff, Foyer Central engaged auxiliary supports such as mental health service delivery partners (SDPs) and external AOD services</li> <li>▶ As a result of COVID-19 Public Health Orders, the provision of mental health supports as well as other Foyer Central services shifted from face-to-face interaction to virtual delivery</li> </ul>
<p>What is working well or not working well? For whom and why?</p>	<ul style="list-style-type: none"> <li>▶ Throughout evaluation consultations, stakeholders noted and commended Foyer Central’s flexibility – especially in response to COVID-19 – when undertaking intake management and service delivery</li> <li>▶ Stakeholders emphasised that Foyer Central’s delivery has continued to be focused on a strong commitment to diversity and inclusion (D&amp;I), a safe environment and a sense of community</li> <li>▶ The evaluation evidence suggests that Foyer Central has an effective governance structure and strong collaboration between partners and stakeholders is evident. There are opportunities for ongoing refinement in response to changing personnel and emerging issues</li> <li>▶ The Advantaged Thinking approach is considered by stakeholders to have supported Foyer Central staff to deliver a</li> </ul>

Evaluation question	Key findings
	<p>strengths-based, person-centred model tailored to the individual goals of each young person</p> <ul style="list-style-type: none"> <li>▶ Young people with complex support needs have been noted by stakeholders as requiring more trauma-informed care, with the potential for Foyer Central staff to receive more training opportunities in this area highlighted by stakeholders</li> <li>▶ Stakeholders reported that limitations with regards to engagement with Aboriginal and Torres Strait Islander stakeholders has led to difficulties in communicating the purpose of Foyer Central. This has highlighted opportunities to improve the program's reach to Aboriginal and Torres Strait Islander young people and further tailor the model for Aboriginal and Torres Strait Islander cohorts</li> <li>▶ Some stakeholders reported resourcing shortages and role ambiguity, particularly around the role of the Youth Development Coach (YDC)</li> <li>▶ Complexities around supporting young people who have lived experience of trauma, as well as varying levels of Foyer Central staff training in trauma-informed care, was suggested to have led to challenges coordinating trauma supports</li> </ul>
<p><b>What are the key improvements to be made to enhance implementation of the Foyer Central model?</b></p>	<ul style="list-style-type: none"> <li>▶ The following opportunities for practice refinement have been identified: <ul style="list-style-type: none"> <li>▶ <b>Expand program reach:</b> Undertaking targeted recruitment activities in response to diversity in target cohort (e.g. geography, cultural background) and further leveraging Uniting's existing networks could support the expansion of program reach</li> <li>▶ <b>Improve Aboriginal and Torres Strait Islander engagement:</b> Foyer Central could consider undertaking consultation with Aboriginal and Torres Strait Islander stakeholders on an ongoing basis and developing a targeted promotional campaign to attract and enrol more Aboriginal and Torres Strait Islander young people</li> <li>▶ <b>Increase investment in staff:</b> Foyer Central could consider allocating further resources into staff onboarding and providing supported opportunities for staff to upskill</li> <li>▶ <b>Improve role clarity:</b> There are opportunities to review and further clarify role expectations for YDCs and SDPs and task allocation within Foyer Central</li> <li>▶ <b>Enhance trauma-informed practice:</b> Making strategic and practice adjustments to the program and Foyer Central building could support the program to improve</li> </ul> </li> </ul>

Evaluation question	Key findings
	<p>accessibility and care for those with lived experience of trauma and OOHC</p> <ul style="list-style-type: none"> <li>▶ <b>Measure success:</b> There are ongoing opportunities to consolidate existing data sources, expand data storage and reporting functionality of Carelink, and refine the Foyer Central Power BI Dashboard to visualise additional key statistics</li> </ul>
<p><b>What elements of the model can be identified as contributing to young people's capacity to achieve sustainable outcomes?</b></p>	<ul style="list-style-type: none"> <li>▶ Stakeholders have identified the following elements as contributing to Foyer Central's capacity to achieve sustainable outcomes: <ul style="list-style-type: none"> <li>▶ Strong leadership and staff culture</li> <li>▶ Appropriate mix of young people at Foyer Central</li> <li>▶ Flexible approach to provision of support</li> <li>▶ Clear governance and avenues for collaboration</li> <li>▶ Effective use of data</li> </ul> </li> </ul>

The following section of this chapter explores the key findings in regard to the process evaluation questions.

## 4.1 To what extent is Foyer Central being implemented as intended?

A review of key documents and data, alongside stakeholder consultations, revealed that Foyer Central has been implemented as intended to a large extent across many facets, with some areas of challenge and adaptation. The current section explores the implementation of the following components of Foyer Central:

- ▶ Program reach
- ▶ Leadership and governance
- ▶ Marketing
- ▶ Finance
- ▶ People and culture
- ▶ Processes and technology
- ▶ Service delivery
- ▶ Facilities
- ▶ Training of Foyer Central staff

### Program reach:

As at 4 February 2022 there have been 142 young people either referred to Foyer Central or who submitted an expression of interest (hereafter included in 'referrals'), 44 who have enrolled, 3 who



exited after enrolling and 98 who exited during the referral process.<sup>14</sup> It was originally intended that Foyer Central would be at full capacity of 53 young people by the end of 2021. However, referral and intake numbers have been lower than anticipated due to challenges associated with the COVID-19 pandemic. The program is now seeking to reach capacity by the end of March 2022.

Figure 1 shows the breakdown of referrals by referral source. Foyer Central leadership noted that the proportions between each referral source were as intended, with referrals by NGO OOHC providers (26%) or self-referral (22%) being the two key sources. It should be noted that the 22% of young people at Foyer Central who have referred themselves may reflect the confusion among young people on the purpose of Foyer Central, as these individuals have not been referred by an organisation that is familiar with Foyer Central.

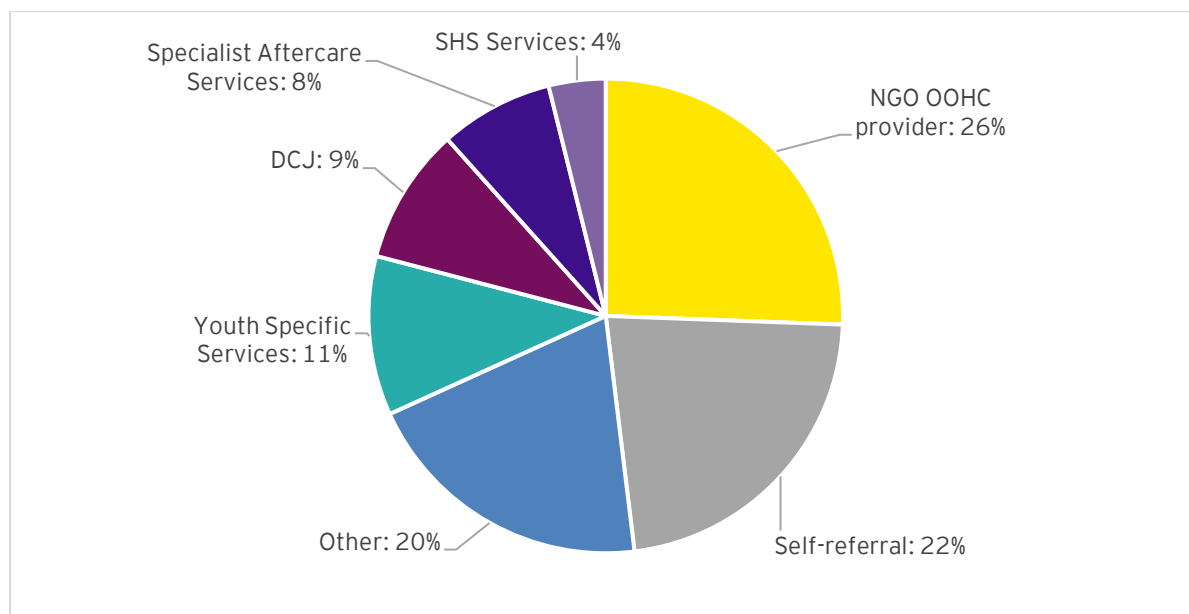


Figure 1: Proportion of young people referred to Foyer Central by source.

Figure 2 reflects the number and proportion of young people who progress through to each stage of the referral process.<sup>15</sup> Approximately a third of referred young people progress to Stage 2 (which includes the education interview, an accommodation interview and a group activity), the majority of whom progress to Stage 3 (which may include a post-interview review and reassessment by Foyer Central's CNC panel) and go on to enrol at Foyer Central.

A large proportion of referrals that did not progress to Stage 2 were self-referrals from young people who were either unable to meet the eligibility criteria (for example, not understanding that they needed to have been in OOHC) or who would self-select out (that is, retract their expression of interest or application) during the referral process. Stakeholders suggested that young people self-select out for a number of reasons, predominantly because they may have in fact been seeking out emergency housing, as well as due to finding alternative housing or relocating out of Sydney prior to enrolment.

<sup>14</sup> Total figures have been extracted directly from Carelink, as at 4 February 2022. However, it should be noted that the breakdown of figures and graphs throughout the report have been extracted from the Foyer Central Power BI dashboard as at 4 February 2022, and include a number of discrepancies which are being resolved by Uniting.

<sup>15</sup> Note: the number of young people who progressed to enrolment presented in this chart is inconsistent with the total number of enrolments (44). It is recommended that Uniting undertake validation of this data to ensure accurate reporting.

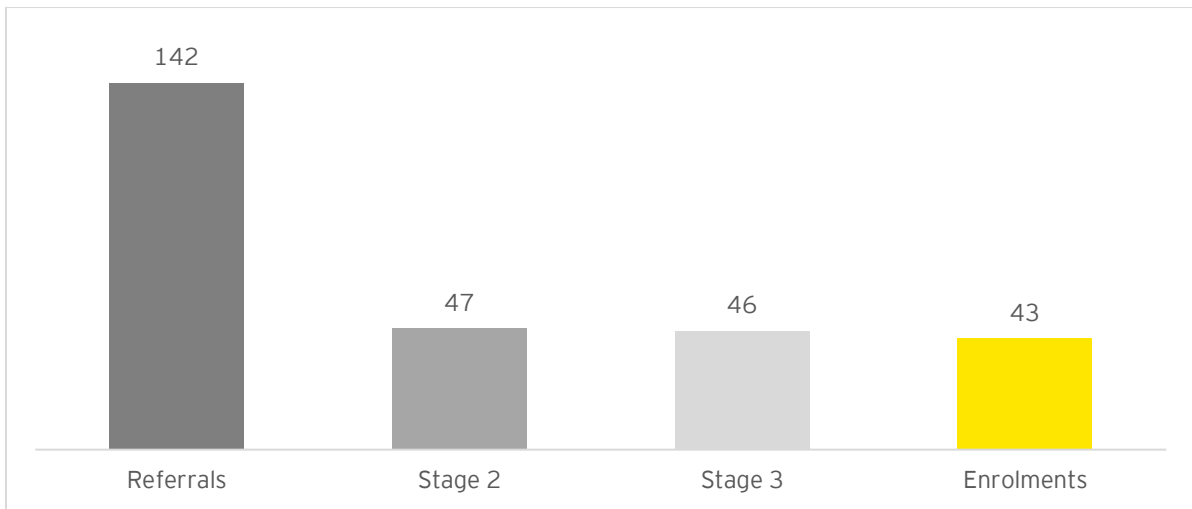


Figure 2: Number of young people at each stage of the intake process.

The referral to decision process takes 46 days on average. This includes the following steps:

- 1) Completion of the Foyer Ready Form by young person, which is submitted to Foyer Central
- 2) Accommodation interview conducted by Foyer Central staff
- 3) Education interview conducted by Foyer Central staff
- 4) Group assessment conducted by Foyer Central staff
- 5) Completion of Comprehensive Readiness Form which tallies the results from steps 2-4
- 6) Completion of the Final Assessment Form by the Foyer Central Assessment Panel which records a decision of whether a young person can enrol or not
- 7) Decision officially entered into Carelink

The expected referral to decision duration is 4 weeks. It was noted by Uniting that a number of the above steps were partly delayed as a result of COVID-19, in particular scheduling for the interviews and group assessments.

There is an additional period of time between the decision and the enrolment date. It was noted that that it is common for young people to be accepted into the program and delay their entry date due to personal circumstances (for example, they may be awaiting the end of an existing lease), or be referred and enrolled prior to turning 18, also delaying their entry date. Uniting is currently investigating methods to capture referral data to better reflect varying referral to enrolment experiences.

Activity trends are shown in Figure 3 where the number of referrals and enrolments for each month from January 2021 to January 2022 are plotted over time. The large fluctuations were not anticipated, with Foyer Central falling short of its enrolment forecasts (figure depicts monthly enrolment forecasts derived from quarterly forecasts).

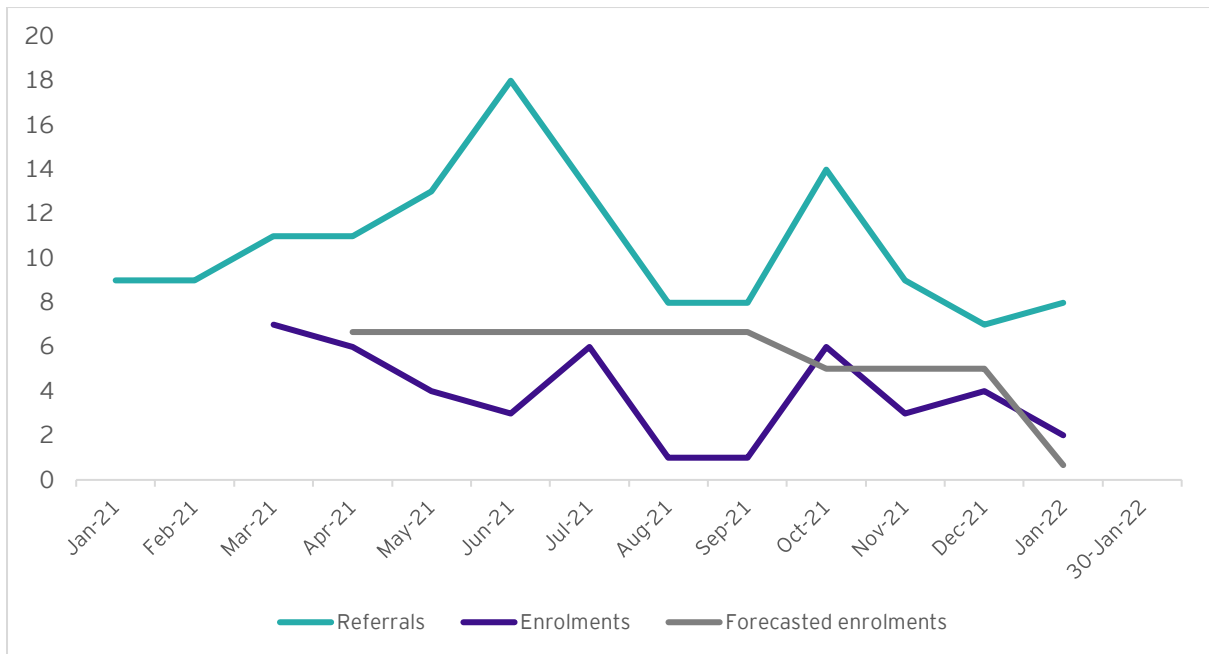


Figure 3: Number of referrals and enrolments against enrolment forecasts by month from January 2021 to January 2022.

There appears to be a peak in referrals in June 2021 and October 2021 and a noticeable trough in September 2021 and December 2021. The peaks align with the end of COVID-19 lockdowns in NSW where there were surges in referrals, and there were comparatively low September quarter enrolments and low enrolments in January 2022, which coincide with the COVID-19 Delta and Omicron waves respectively, as well as a number of referral source organisations being closed between mid-December and January 2022.

Lockdowns curtailed movement in Sydney and potentially reduced young people's interest in applying to Foyer Central, as well as the ability for service providers to reach young people during this time.

Additionally, many emergency and transitional housing services extended stays for people, thus reducing the necessity for young people to investigate alternative accommodation during this time. It was noted by some stakeholders that slower enrolments may have provided more capacity to the Foyer Central team to respond to challenges from the first year of program implementation and those resulting from COVID-19, as discussed further in this report.

As part of the referral process, Foyer Central requires the provision of the young person's accommodation status prior to potential program enrolment. This is presented in Figure 4. Some 33% of young people at Foyer Central had no stated accommodation status prior to Foyer Central entered in Carelink. However, it is understood that this information is not always received from young people in their online expression of interest form (field is left blank).

Approximately, a third of young people at Foyer Central come from crisis, transitional or couch-surfing situations, which is in line with what was initially anticipated.

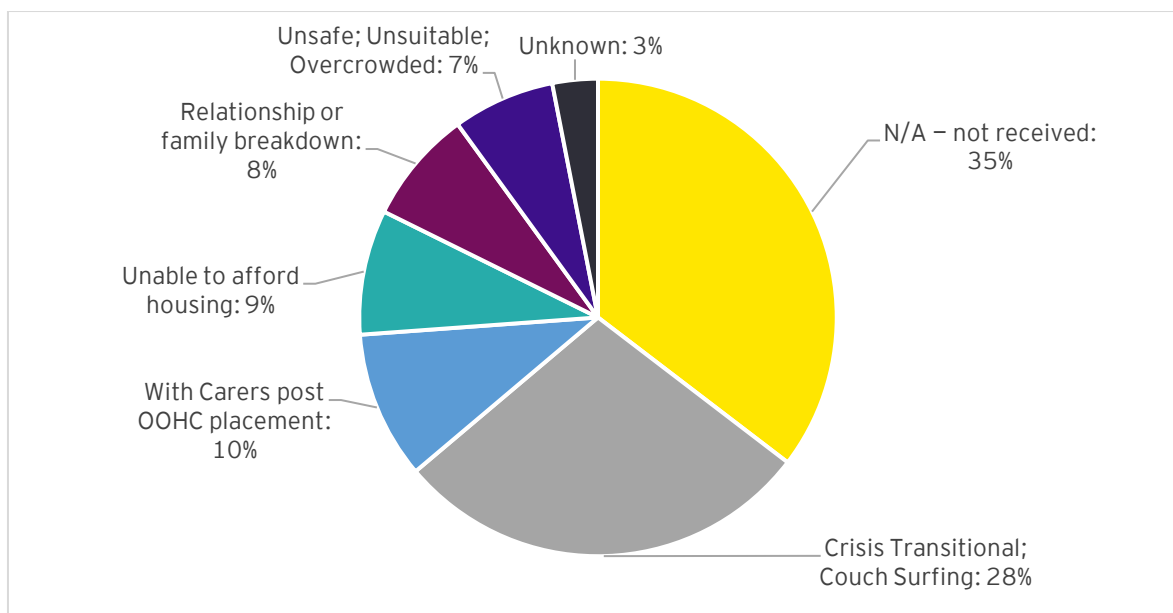


Figure 4: Proportion of young people referred to Foyer Central by accommodation status prior to potential enrolment in Foyer Central.

Prior to enrolment, Foyer Central staff complete an Individual Client Risk Assessment and Management Plan and assign each young person an overall risk rating using a likelihood-severity risk matrix. Foyer Central leadership intends for Foyer Central's enrolled young people to be broadly a mix of low, medium and high-risk cohorts. Foyer Central's enrolled population reflects this, as demonstrated by Figure 5.

Many stakeholders noted that Foyer Central is targeted at highly motivated young people who have been in OOHC and are homeless or at risk of homelessness, and who would benefit from the supports and opportunities provided by the program. A number of stakeholders highlighted that the current intake of young people at Foyer Central has presented with a higher level of complex needs than anticipated. This includes young people who are demonstrating more significant trauma and vulnerability during their time at Foyer Central compared to how they presented during the referral process.

It was suggested by Foyer Central leadership that this may be because the level of complex trauma experienced by the general OOHC population is under-reported and generally misunderstood. Additionally, it was observed by a range of stakeholders that COVID-19 and lockdowns had negatively impacted on the mental health of young people, as explored further in Section 5. It was also suggested by Foyer Central staff that the Advantaged Thinking framework of service delivery, which is strengths-based and focuses on goal-setting, may have constrained the provision of appropriate supports following the subsequent manifestation of mental health issues experienced by young people following enrolment.

It was noted by some stakeholders that the slower than anticipated enrolments at Foyer Central during the first few months of the program may have had the unintended and beneficial consequence of providing capacity for staff to deliver enhanced support and care for young people enrolling in the program, who had more complex needs than initially anticipated.

Many stakeholders emphasised that as a result of the needs of this cohort, further refinements to the program will be required to manage and support the young people. This is explored in more detail in the following sections, in particular Section 4.4.

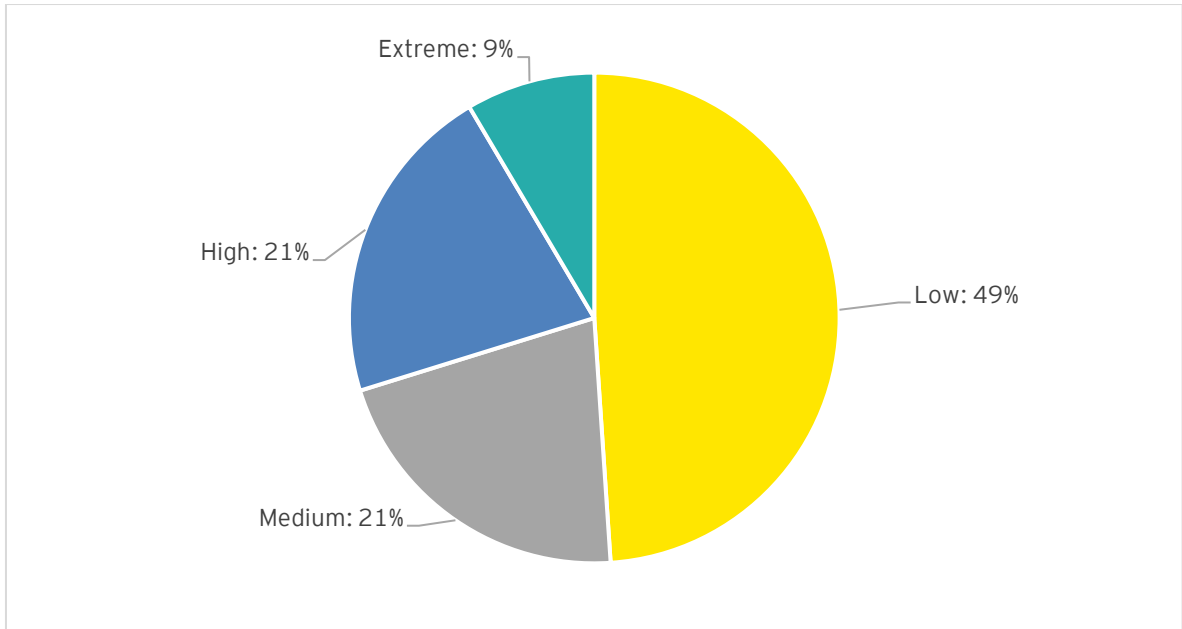


Figure 5: Proportion of young people enrolled at Foyer Central by overall risk rating.

Figure 6 represents the reasons for unsuccessful referrals of young people during the intake process. The majority of unsuccessful referrals were due to young people no longer meeting the criteria (46%) or withdrawing their application (42%). It should be noted that many of these can still be regarded as positive results for young people where the reason for exit was as a result of their securing alternative appropriate accommodation.

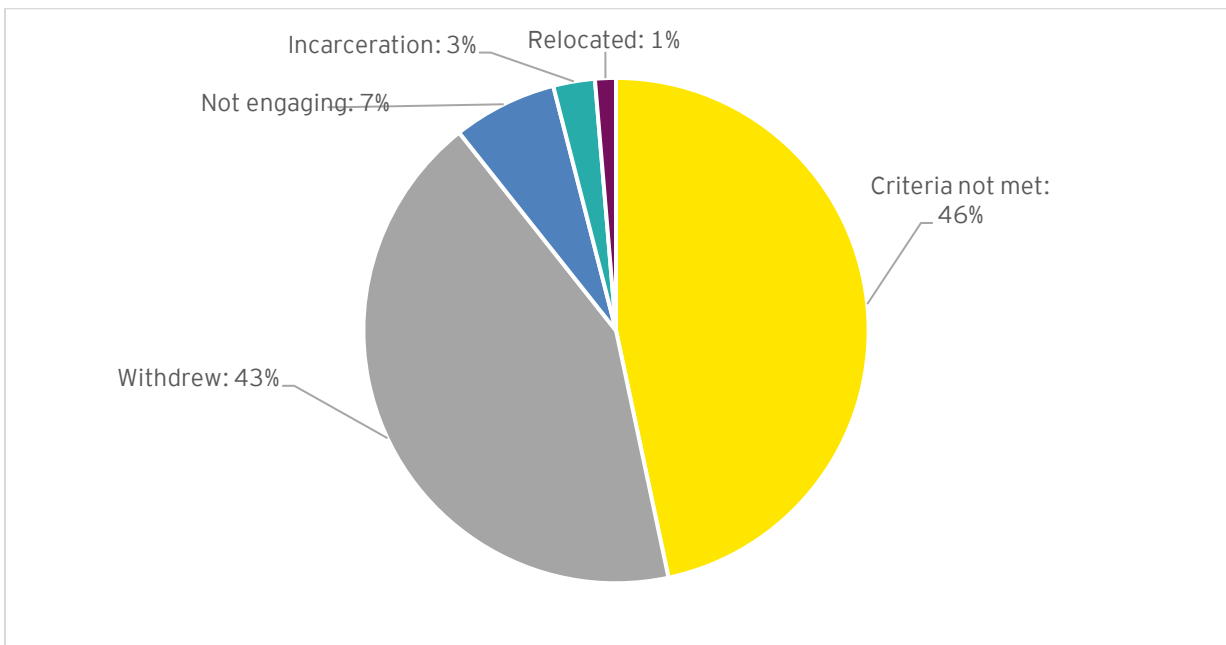


Figure 6: Proportion of unsuccessful referrals of young people to Foyer Central by reasons.

Figure 7 represents the number of young people referred and enrolled by age. As shown, 27 of the 44 young people at Foyer Central are 18 or 19 years old (61%) while only 17 (39%) are aged 20+ years. When considering all young people referred to Foyer Central, 107 of the 142 referred to date have been under 20 years old (76%), while only 34 (24%) of referrals are aged 20+ years. During consultations, a number of stakeholders commented that the current cohort at Foyer

Central is both younger than expected and has more complex support needs. A stakeholder involved in the referral process suggested that it was often easier to refer young people who were closer to 18, as service providers and caseworkers were engaged with the young person to plan arrangements for their transition from the OOHC system.

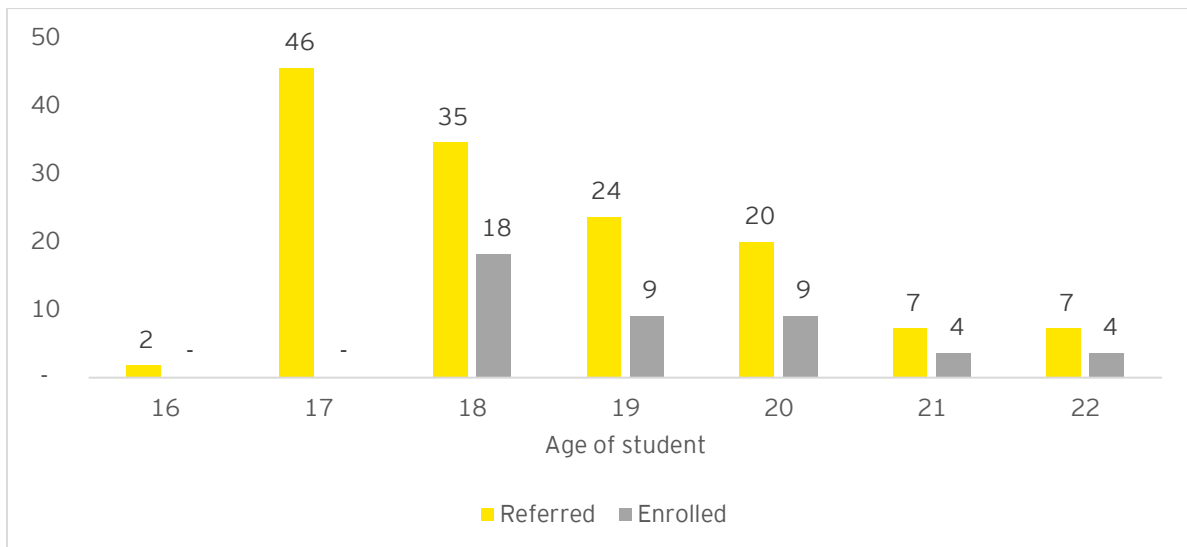


Figure 7: Age distribution of young people referred to and enrolled at Foyer Central.

Figure 8 shows the gender identity for young people referred to and enrolled at Foyer Central. Foyer Central achieved a broadly 50/50 gender split, with 53% identifying as female, and 44% identifying as male. A further 3% identified as non-binary.

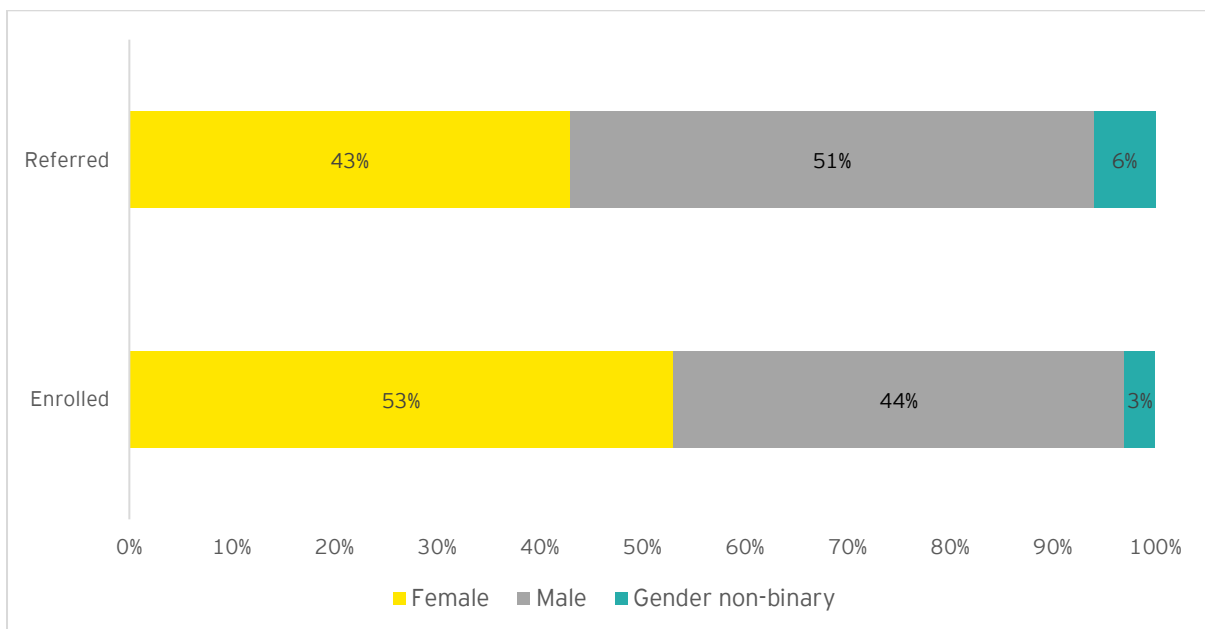


Figure 8: Proportion of young people referred to and enrolled at Foyer Central by gender identity.

As shown in Figure 9, 34% of currently enrolled young people identify as Aboriginal and/or Torres Strait Islander. In addition to these young people, 9% of all enrolled young people are of CALD background, as seen in Figure 10.

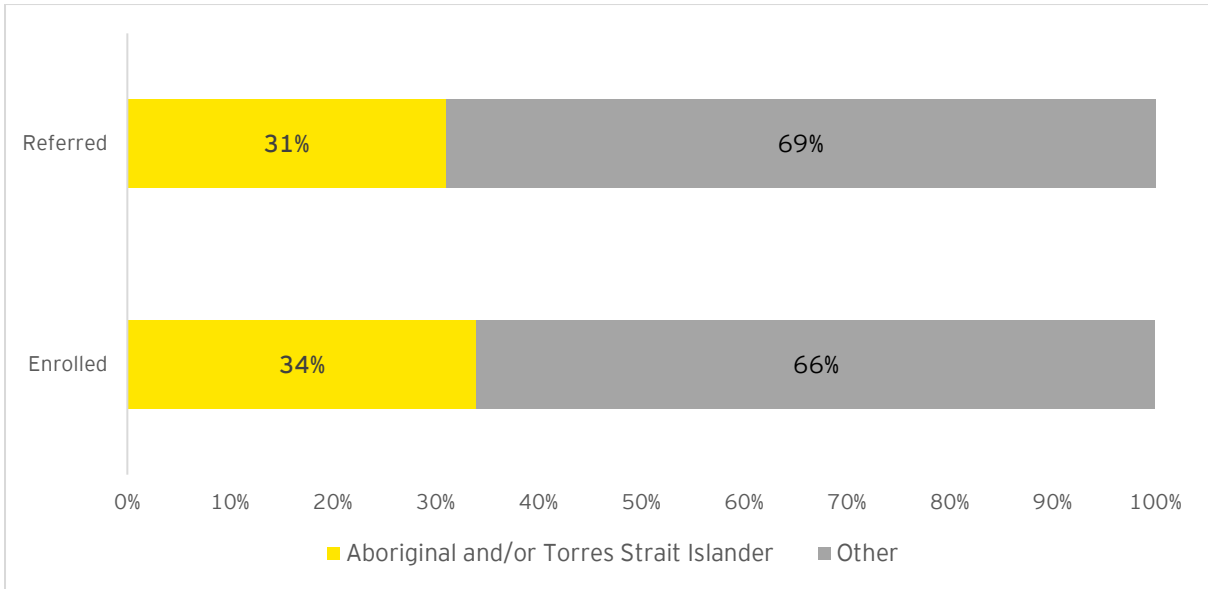


Figure 9: Proportion of young people referred to and enrolled at Foyer Central identifying as Aboriginal and/or Torres Strait Islander.

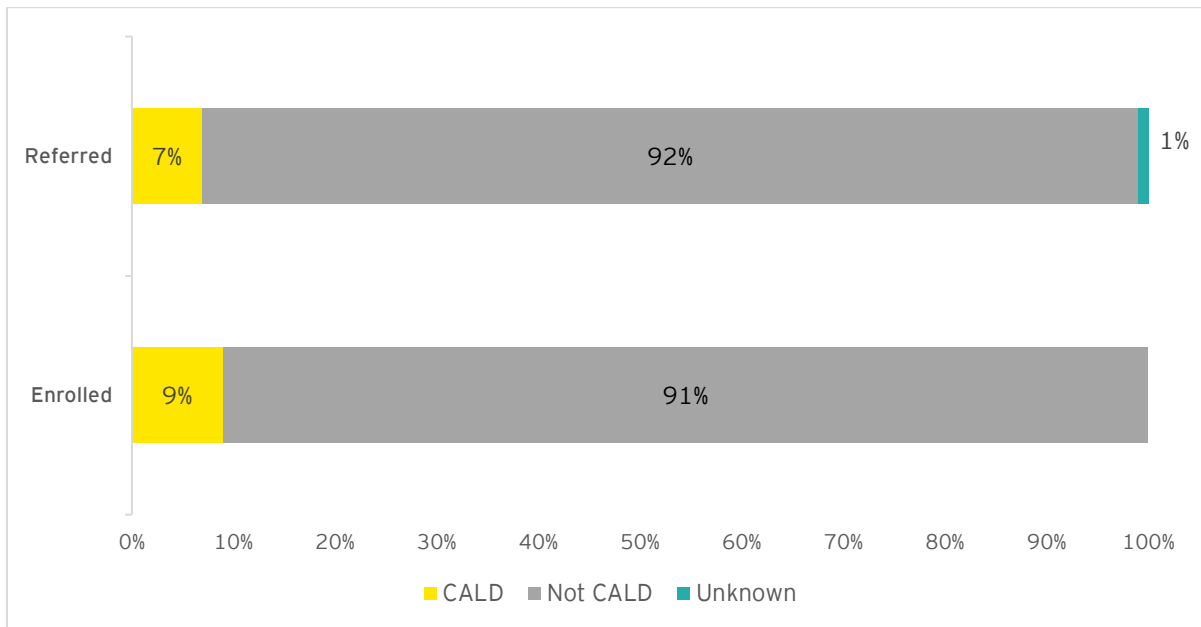


Figure 10: Proportion of young people referred to and enrolled at Foyer Central from a CALD background.

The majority of Foyer Central’s participating young people appear to have resided in the Sydney metropolitan region prior to Foyer Central, particularly from the inner-city suburbs. Stakeholders suggested several possible reasons for the low representation of young people previously residing in non-metropolitan areas, including reduced awareness of the program, barriers in the referral process (e.g. travel time required to visit Foyer Central) and young people demonstrating a preference to stay in their own communities.

Additionally, it should be noted that the data reflects the last known address of the young person, which may be biased by the likelihood that young people experiencing homelessness are likely to relocate to city areas, where more accommodation options are present. Nevertheless, this could

present an opportunity for Foyer Central to consider ways of expanding its geographical reach into regional, rural and remote areas.

*"Referrals are currently coming from the same kind of areas...we want to get to more regions outside of the city for those young people leaving OOHC and who don't have too many opportunities" - SIB partner*

*"It would be nice if the Foyer referral process was more accommodating for... diverse backgrounds. Sometimes, you get a person... with an intellectual disability and from outside the Inner West referred to Foyer, and I think that some challenges get in the way of enrolment." - Referrer*

### Marketing:

Foyer Central has undertaken a number of activities to date to promote the program across the state. These include:

- ▶ A presentation to DCJ describing the goal of Foyer Central, key services provided, partnerships, eligibility criteria, 5 Domains of Advantaged Thinking and what has happened since opening in March
- ▶ A brochure directed to referrers and young people looking to self-refer describing the purpose and appeal of Foyer Central, eligibility criteria and how to apply
- ▶ A presentation prior to the completion of Foyer Central to DCJ, OOHC providers, transitional accommodation providers and youth service providers describing the Foyer Central partnership, SIB, Joint Working Group (JWG) structure, purpose and history of Foyer Central Foundation, eligibility criteria, facilities, floor plan and purpose of outcomes measurement
- ▶ General promotion via various sector forums and peak bodies (e.g. the Association of Children's Welfare Agencies (ACWA))
- ▶ Social media marketing targeting young people
- ▶ The Foyer Central Open Day and distribution of a flyer advertising the event
- ▶ The December 2021 quarterly newsletter showing the various cultural celebrations at Foyer Central, young person quotes and learning achievements

Foyer Central now engages a suite of referrers during the intake process and has received 142 referrals as of 4 February 2022. It should also be noted that some stakeholders commented on the limitations of Foyer Central's marketing. These comments related to the opportunities for further improvements in the reach of Foyer Central and reflected the limited information relating to:

- ▶ The purpose and description of Foyer Central: some external stakeholders – particularly referrers and SDPs – have been misinterpreting information on the Foyer Central website and have unclear expectations when referring or supporting a young person at Foyer. This has impacted the decision to refer certain young people to the program. For example, some agencies are referring young people who may be more crisis-driven and need transitional housing support rather than a wrap-around service. However, most stakeholders acknowledge that the quality of referrals has improved over time with an increasing number of young people being referred who better match the eligibility criteria. This in part reflects the ongoing efforts of raising awareness of Foyer Central and communicating its purpose.
- ▶ Research underpinning the Foyer Central model: The Foyer Central Model is informed by current research. One aspect of this is based on modelling commissioned by the NSW Government, which shows that OOHC leavers often rely heavily on government services when



they become adults.<sup>16</sup> Foyer Central therefore strives to assist young people in the program to live independently, so that they have less need to access government services such as income and accommodation support. Interviews with stakeholders suggested that many were unaware that this research was available to them on the OSII website, representing an opportunity lost for those interested in the evidence behind the Foyer Central model and the baseline data behind the outcomes contract.

### **Processes and technology:**

Commentary from stakeholders on Foyer Central's processes and technology focused primarily on the Carelink software. The Carelink software was designed to support the administration and storage of data on young people at Foyer Central. However, stakeholders interacting with the Carelink software reported some difficulty in accessing and adding notes on individuals. This has limited the ability of Foyer Central staff to share data and transfer knowledge.

The majority of intake processes and outreach mechanisms, including the Open Day, continued as intended throughout the COVID-19 pandemic, albeit more intermittently. Stakeholders reported that although some delays occurred, the referral pathways were able to be routed remotely in the main and no material process and technology related disruptions were reported.

### **Service delivery:**

Due to COVID-19 and lockdowns, programs were not able to be delivered as planned. External programs were cancelled, while internal programs were required to be undertaken in a COVID-safe manner. This resulted in internal programs being scaled back (for example programs designed for 20 young people were run despite being heavily underutilised on occasion) or delivered less frequently.

Due to changes in service delivery, stakeholders suggested a number of young people were either unable to, or became uninterested in, engaging in programs beyond the first session, particularly education and employment-related programs, despite in some cases having lived at Foyer Central for some time.

### **Facilities:**

It was intended for the Foyer Central building to include high quality kitchenettes, en-suites and sleeping areas in young people's rooms, as well as clean and functional communal living areas. Some stakeholders however have commented that repairs have been required for certain components of the facility, such as to the kitchen and laundry, which were not anticipated so early on in the program.

### **Training of Foyer Central staff:**

Staff have extensive training opportunities, both in-person and through online modules. The Foyer Central Staff Induction Schedule details the following:

- ▶ **Week 1:** Induction and orientation, Carelink training, intake and assessment process, onboarding modules
- ▶ **Week 2:** Facilities, tenancy, LGBTQIA+ (Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex & Asexual) training, Aboriginal Cultural Capabilities, Quasar reporting of incidents<sup>17</sup>, family planning

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<sup>16</sup> Taylor Fry. (2018). *Analysis of future service usage for Out-of-Home-Care leavers*. (Commissioned by the NSW Office of Social Impact Investment).

<sup>17</sup> Quasar is the complaint, incident and feedback system used by Uniting at Foyer Central. It is used to document all communication and engagement with the young person while they are enrolled at Foyer Central. For example, if a young person contracts COVID-19 it is documented in Quasar. Similarly, if a young person provides staff with any feedback about the Foyer Central program it is formally documented in Quasar.

- ▶ **Week 3:** BSL Advantaged Thinking Training, context, coaching practices, “Breaking the cycle: Supporting education, training and employment”, The Foyer Central Model and pathway through the program

Online modules include but are not limited to:

- ▶ Aboriginal Cultural Capability
- ▶ Aboriginal Service Delivery Principles
- ▶ LGBTQIA+ training
- ▶ Child wellbeing

Foyer Central staff are provided with comprehensive training on the Foyer Central model and purpose, Diversity and Inclusion (D&I), as well as intake, exit and referral processes. However, staff have noted the limited training on mental health, the focus on induction training rather than ongoing resources and training, and the limited time Foyer Central staff have available to undertake optional training.<sup>18</sup>

It was also suggested by Foyer Central leadership that there is opportunity to introduce external expertise in training on key topics such as suicide prevention and trauma-informed safety planning, as expertise in some areas is not available internally.

As additional information regarding ongoing training offerings, schedules, completion status and training type (e.g. mandatory or self-assigned) was unavailable at the time of this evaluation iteration, further assessment of training needs will be undertaken in future iterations.

#### **Leadership and governance:**

Foyer Central is governed by its JWG, responsible for the oversight and monitoring of Foyer Central. It acts as a discussion forum for any issues relating to the effective integration of DCJ's, Uniting's and SGCH's roles and responsibilities and makes recommendations based on these discussions on operational issues, assessment of outcomes and payments, referrals, enrolments and eligibility decisions, dispute resolution and media and communications. It comprises representatives from NSW Treasury (OSII), DCJ, Uniting, SGCH, and SVA.

The JWG governance structure has been described as a being a tried and tested approach to governance, which a general consensus of stakeholders suggested had been implemented effectively to date.



In addition to the JWG, Uniting and DCJ undertake monthly contract management meetings.

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<sup>18</sup> Foyer staff have access to a range of optional training courses. They can access training courses provided by DCJ, with a particular focus on trauma-informed care for young people. Staff can also access Suicide Awareness training through Wesley Mission, training about legal issues faced by young people provided by Shopfront Youth Legal Service, as well as training from NSW Legal Aid about Work Development Orders. In addition to these external training opportunities, Uniting also offers optional training to Foyer Staff through its internal online learning portal, such as Youth First Aid and Mental Health First Aid.

## 4.2 How has the Foyer model changed over time during implementation and why?

There have been a number of adjustments to the model since commencement of Foyer Central in February 2021. The following section explores some of the key changes experienced by the program.

### Intake and assessment:

As more young people entered Foyer Central and in response to the higher needs presented, a new 12-week induction procedure was designed and implemented to provide a more coordinated transition for both young people and YDCs in this process. This induction procedure involves a range of tools and structured coaching sessions and conversations which are key to supporting young people as they join the program.

A flexible approach has been applied in delivering this 12-week program through tailoring to the needs and circumstances of individuals, their level of confidence and goal achievement, as well as the key focus areas for their time at Foyer Central. This includes extending the length of the program to give young people more time to engage with the content, or adapting the approach to be more facilitated or more relaxed and conversational.

Additionally, a CNC process was established to focus specifically on issues with which young people were presenting, such as trauma, AOD misuse and mental health concerns. The CNC is facilitated by an external clinical service provider and attended by the young person's YDC, members of the Foyer Central Leadership team, the Practice Lead<sup>19</sup> and other clinical specialists working with the young person.

The CNC occurs monthly and is a forum to discuss practical and informed strategies to respond to the immediate risk of actions by a young person which may harm themselves, other young people or staff. It has been observed that as a result of the implementation of the CNC and other trauma-informed adjustments to the intake process, there has been improvement in the process of onboarding and supporting recent entrants to Foyer Central.

*"I welcome Foyer's willingness to integrate housing and therapeutic schema healthcare... The CNC Panel has facilitated discussion around the contentious issues that can occur around trauma and mental illness." - Referrer*

*"My background is in teaching, not mental health. I need students I know I can manage. We have some different partners referring to us with really complex mental health issues. This needs to be addressed somewhere else so that we can do our job well." - Service delivery provider*

### Service delivery:

A number of services and supports were outsourced to external providers for the following reasons:

1. The increasing complex mental health support needs and AOD misuse among young people at Foyer Central exacerbated by the COVID-19 lockdowns
2. The resultant increase in workload for YDCs

<sup>19</sup> The Practice Lead role is responsible for leading program design in the youth transitions space, developing and implementing new/revised practice models and driving change initiatives to best meet the needs of young people transitioning from care to independence.

3. Service providers (i.e. those not providing mental health support) feeling unable to adequately fulfill their services while young people are having mental health episodes

The key supports engaged were mental health services from Quovus, nutrition and dietetics services from OzHarvest and AOD counselling services from St Vincent's Health Australia.

Some service providers were required to make changes to the delivery of their services with COVID-19 shifting face-to-face interaction to virtual interaction. These stakeholders suggested that this limited engagement among young people and the support they were provided.

Due to reduced levels of engagement, some services shifted to an independent working model with check-ins on an as-needs basis rather than regular sessions. Furthermore, components of Foyer Central's independent living skills and psychotherapy group work shifted from in-person delivery to remote delivery during COVID-19 lockdowns. A number of stakeholders noted that some young people appeared to prefer online teaching.

*"When the place opened, it was during COVID. It was really hard to manage every process and system. We need to be able to explain to them their documents face-to-face. This builds relationship and rapport with the person. Trust is so important." - Service delivery provider*

*"It's been really hard being online. There were issues with engagement. Some participants go off the grid. Ghosting is very prevalent. Learning from that experience, we've created a model that allows them to work independently, so that when they meet with a teacher, they have more to give." - Service delivery provider*

## 4.3 What is working well or not working well? For whom and why?

### 4.3.1 What worked well

The stakeholder consultation process revealed a number of key strengths and successes of Foyer Central as follows:

#### **Flexible & person-centred model:**

Stakeholders have praised Foyer Central for its commitment to a flexible, person-centred model. The program applies a strengths-based approach in providing young people with tailored coaching and individualised services based on their needs, strengths and goals. Stakeholders described this as assisting Foyer Central to broaden young people's sense of pride, resilience and independence.

*"Coaches have been pivotal to the learning and support that these young people needed. Many people refer to their coaches as making such a difference to these young people." - Service delivery provider*

*"Young people feel like their space is respected and they have independence, but at the same time, they know people are there if they need them." - Referrer*

Many stakeholders also highlighted the high level of trust and rapport between the young people, the YDCs, service delivery providers and other Foyer Central staff. This is achieved through the

time and effort dedicated by staff to developing relationships with the young people and demonstrate their reliability and approachability.

It was noted that the staggered intake approach was a key facilitator in that it allowed Foyer Central staff to better respond to the different needs of the young people as they joined the program. It was also noted that the level of trust and rapport attained by the YDCs has impacted on their ability to motivate the young people and their participation in programs and activities at Foyer Central.

As discussed in the previous section, a number of adjustments were implemented in response to changing circumstances, including virtual delivery of workshops and consultations, engagement of external services and use of smaller groups during activities.

This flexibility was also extended to the referral process, which some stakeholders expressed was accommodating and tailored appropriately to support young people to engage with Foyer Central's people and facilities. For example, video tours of the building were made available where young people were unable to travel or safely visit Foyer Central, while face-to-face meetings were scheduled where permitted and effective for the young person.

*"We've been able to pivot...we've been able to identify and then implement something really quickly." - Foyer Central leadership*

The adaptability of Foyer Central's approach to resourcing was also highlighted by a number of Foyer Central staff. Staff had access to flexible working arrangements through shifts and a range of self-directed training opportunities. Stakeholders have noted not only the onsite staff's openness to feedback and agile adaptation, but also the open communication between YDCs and leadership in identifying and implementing additional staff supports and strategies to support young people. Consultations also noted a willingness from staff members to step up in their roles and support each other where needed.

Moreover, SDPs have praised Foyer Central's responsiveness in communication and collaboration with a range of different stakeholders in the delivery of supports to young people. Similarly, a number of stakeholders have noted that forums, such as the CNC panel, have demonstrated the ability to convene at short notice, expediting and facilitating young people to navigate the bureaucracies of intake.

*"Foyer has a lot of trust in its service delivery partners. The openness allows us to tailor certain things to the young people which resonates on a much deeper level... There's nothing generic about the Foyer students and there's nothing generic about our approach." - Service delivery provider*

### **People and culture:**

A number of stakeholders expressed views that there existed a strong sense of community at Foyer Central and that young people were participating in community activities facilitated by the YDCs, despite the challenges with engagement during the COVID-19 lockdown.

Many stakeholders praised the Foyer Central building itself, describing it as modern, centrally-located and having good communal facilities, providing young people with a strong sense of pride in

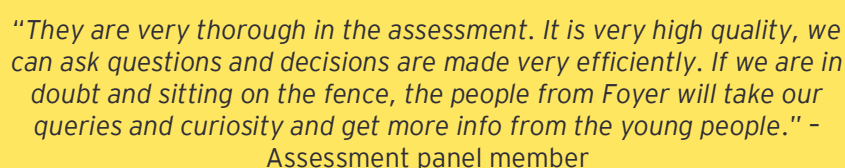
their accommodation and a positive environment to build relationships. Some stakeholders reported that there were opportunities for better use of private space and Foyer Central has proactively taken steps to address this, for example by changing the clear glass in a meeting room to frosted glass, which allows young people a more private and safe space to access supports.

Stakeholders consistently commented on the emphasis on D&I within Foyer Central and the value in staggered entry dates and month-on-month trial periods for young people enrolling in Foyer Central in maintaining accountability and a positive culture. The person-centred environment has welcomed and supported a diverse range of people, including staff who are LGBTQIA+ and who identify as Aboriginal and/or Torres Strait Islander. The engagement of onsite staff with preparations for Mardi Gras and the January 26 public holiday, for example, has demonstrated a commitment to D&I that bolstered the wellbeing of LGBTQIA+ and Aboriginal and Torres Strait Islander young people respectively.

Some stakeholders have also praised Foyer Central's respect of pronouns and gender and sexual diversity (GSD), which reportedly has had positive outcomes for LGBTQIA+ young people.

Additionally, some stakeholders reported that several Aboriginal and Torres Strait Islander young people were beginning to, through the facilitation of Aboriginal and Torres Strait Islander YDCs, reconnect to their cultural identity.

The commitment to cultural sensitivity and inclusivity has also been reflected not only in the employment of Aboriginal and Torres Strait Islander staff and YDCs, but also in the engagement of Aboriginal and Torres Strait Islander stakeholders on the assessment panel for Aboriginal and Torres Strait Islander young people who are referred to Foyer Central, which stakeholders have consistently commended. Although engaging with external Aboriginal and Torres Strait Islander stakeholders has had more mixed results, Foyer Central's Aboriginal and Torres Strait Islander staff and their presence were suggested to have bolstered the participation of Aboriginal and Torres Strait Islander young people in Foyer Central's communal activities.



*"They are very thorough in the assessment. It is very high quality, we can ask questions and decisions are made very efficiently. If we are in doubt and sitting on the fence, the people from Foyer will take our queries and curiosity and get more info from the young people." -*  
Assessment panel member

Foyer Central also offers two accessible studios units for young people with disability. At the time of the evaluation, these studios remained available with opportunity for future enrolment of young people with accessibility needs.

### **Effective governance:**

Stakeholders have characterised the JWG governance structure as both effective and transparent. In addition to the Foyer Central consortium, inclusion of government agencies on the JWG has enabled more open conversation about the delivery of Foyer Central and provided valuable oversight to JWG stakeholders with limited operational visibility. For example, Uniting raised the issue and outlined the impact of COVID-19 on service delivery, and the JWG openly discussed potential ways to address concerns.

However, it was noted that further refinements to the governance arrangements as the delivery of Foyer Central continues will be beneficial, with consideration, for example, of changing personnel and roles and responsibilities, as well as evolving areas of focus and in response to emerging issues. In particular, it was indicated by some stakeholders that further relationship building would ensure that new personnel, who may not have an understanding of the design and planning process of

Foyer Central prior to its implementation, are able to work effectively with other key stakeholders to ensure that the purpose of Foyer Central in providing wrap-around supports to young people is reflected in all aspects of the program.

Furthermore, Foyer Central's effective co-investment model and collaboration to date with the Commonwealth and the NSW Government in data linkage has set a strong precedent for unlocking further capital (whether at Foyer Central or other similar projects), gathering better data and enabling effective ongoing evaluation in the future, particularly as a large proportion of Foyer Central's outcomes will be measured with Commonwealth data.

*"Considering the number of stakeholders we have delivering the service and doing the evaluation and implementing a brand new thing, we have maintained good communication and have a good governance structure." - SIB partner*

Additionally, some stakeholders reaffirmed that the practice wisdom and research and evaluation expertise from Uniting and their deep relationships with the BSL had furnished Foyer Central with strategic oversight and subject-matter expertise of the social services sector.

A number of stakeholders also commented on the expertise and relevance of those on the CNC panel, particularly the inclusion of case workers familiar with each young person being referred. Similarly, consultations have reiterated the success of Foyer Central's leadership team in steering the program through its engagement with the education and employment sectors, acclimating to COVID-era uncertainty and continuing to support its young people in gaining valuable independent living, education and employment skills.

*"The Uniting team has done a great job understanding the Foyer model and doing research on Foyer models across the world. They've had deep relationships with the BSL and had a lot of continuity with that group. They've been able to bring their research and evaluation expertise." - SIB partner*

#### 4.3.2 What could be strengthened

The stakeholder consultation process revealed a number of areas of Foyer Central which can be further strengthened. These are explored in the following.

##### **Engagement with Aboriginal and Torres Strait Islander stakeholders:**

A number of stakeholders suggested that there were opportunities to more effectively engage with Aboriginal and Torres Strait Islander stakeholders, with early consideration and efforts to engage with Aboriginal and Torres Strait Islander stakeholders perceived as limited and uncoordinated.

While there was some early engagement with peak forums and organisations in local Aboriginal and Torres Strait Islander communities, Aboriginal stakeholders consulted suggested that this had limited success in communicating the purpose of Foyer Central, facilitating the reach of the program, and empowering stakeholders to contribute to tailoring the model for Aboriginal and Torres Strait Islander cohorts. As a result, later attempts to facilitate stakeholder engagement, for

example through invitations to the Open Day, were also perceived as unsuccessful by some stakeholders, who noted attendees' lack of prior awareness of the program.

Some program stakeholders suggested that ongoing efforts have also been impacted by COVID-19 as Aboriginal and Torres Strait Islander stakeholders and frontline staff have become time poor and unavailable to engage with Foyer Central. Aboriginal stakeholders consulted noted that while the current Foyer Central model includes considerations for Aboriginal and Torres Strait Islander cultural inclusion and engagement, there remain opportunities to further engage Aboriginal and Torres Strait Islander expertise to incorporate these considerations and tailor processes on a practical level, for example to reflect in the referral and screening processes and supports provided at Foyer Central.

*"The actual Foyer standards have highlighted points of diversity and considerations for Aboriginal cultural inclusion and engagement, however what does that look like or feel like when offered to an Aboriginal young person?" - Aboriginal stakeholder*

### Role clarity:

Some stakeholders commented on a perceived lack of clarity in the division of duties that YDCs should perform. For example, SDPs (aside from those who have been brought in to support young people in mental health therapy) had reportedly not known whether they should be managing mental health episodes, or whether that responsibility fell upon the YDCs.

Other external stakeholders, such as referrers, also noted that they did not understand and could not definitively describe the responsibilities of a YDC. Additionally, internal stakeholders suggested a varied understanding of this role, with some believing it to be analogous to a youth worker or a peer worker, while others compared the role to a case manager. This was despite ongoing investment in role clarity in the form of available training and conversations with leadership regarding the role of the YDC.

A number of stakeholders have also reported observing different levels of supports provided by the YDCs, and that the boundaries seemed unclear and ambiguous at times. While some YDCs would act as a mentor or support worker who would encourage the young people to self-regulate and to self-advocate, others would operate more similarly to a social worker in triaging care and organising referrals for young people to external services such as AOD withdrawal management and rehabilitation services. While stakeholders did note that this may be a reflection of the tailoring of supports to young people, further clarity as to the boundaries of care were also recommended.

Additionally, some stakeholders have reported that the ambiguity around the task allocations within Foyer Central have contributed to some staff exhaustion. The uncertainty around the role and responsibilities of Foyer Central staff, particularly YDCs, has caused some additional occupational stress, despite the otherwise positive feedback around Foyer Central's amiable and flexible organisational culture.

*"Roles and responsibilities are not very clear - there are certain expectations from Uniting on things that we think we shouldn't get involved in. It's really grey and hard to pinpoint in black and white what it is and is not something for us to get involved in." - Service delivery provider*

*"Some people hear the word 'coaching' and link it with an actual occupation...we need more training on this." - Foyer Central leadership*

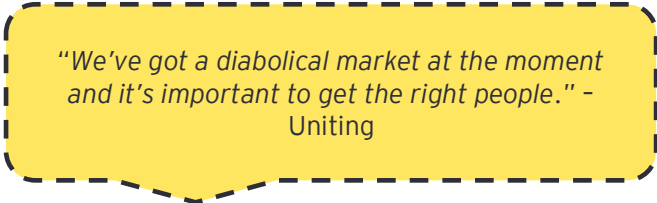


### Resourcing and recruitment:

Numerous service stakeholders indicated that resourcing has emerged as a challenge for Foyer Central staff even though intake had been slower than anticipated. Due to variable successes in recruitment, particularly in the current COVID-19 climate, staffing shortages during peak periods of intake had placed further strain on onsite staff to assume further roles and responsibilities.

A number of stakeholders have commented that non-YDC staff have had to, at varying points, assume the responsibilities of a YDC temporarily. Moreover, unpredictability in onsite staff availability (e.g. due to sick leave, COVID-19, staff turnover, etc.) have reportedly compounded resourcing issues, which were perceived to have affected progress and momentum for young people.

Some stakeholders highlighted challenges around staff attraction and retention, particularly for Foyer Central staff who require high levels of training to support young people with complex support needs. These issues were aligned to current service gaps and sector-wide shortages of accessible mental healthcare highlighted by stakeholders. In response, Foyer Central has engaged a range of external service providers to deliver ongoing care for the young people, as discussed in previous sections of this report. Some stakeholders highlighted a perception that resourcing constraints was exacerbating the possibility of staff burnout that arose from the stressful nature of their work.



*"We've got a diabolical market at the moment and it's important to get the right people." -  
Uniting*

Furthermore, Foyer Central staff expressed a view that resourcing shortages and heavy workloads contributed to staff experiencing challenges in engaging with ongoing training despite the valuable content available.

Some stakeholders have also reported that ensuring continuity of care could represent an area for improvement. As young people are at different stages in their Foyer Central journey, a key component of the YDC's role is to prioritise different matters specific to those in their care (e.g. educational progression, referrals to AOD services, etc.). However, staff have reported that because many YDCs could not access coaching notes left by their colleagues, young people may need to repeat what they have already communicated to their previous coach whenever another YDC has had to step into the role.

This was also a concern in the event of a YDC leaving Foyer Central, and a number of stakeholders noted that although refinement of the handover process has occurred, many YDCs were siloed and unfamiliar with the particulars of young people under another YDC's care. As a result, maintaining consistency in quality of care for all young people, even with CNC & SDP consultation, has reportedly been less effective during periods of staff turnover.

### Trauma-informed care:

A key challenge reported by service stakeholders for young people's success at Foyer Central arose from trauma experiences. Because young people had similar trauma experiences in relation to care entry, stakeholders stated that secondary and collective trauma among the cohort were pertinent issues faced in service provision.

Many stakeholders have characterised Foyer Central as person-centred but not necessarily trauma-informed, noting that the Advantaged Thinking model upon which Foyer Central is based was perceived as being somewhat inconsistent with the provision of appropriate support to the Foyer

Central cohort. According to many stakeholders, there was a perception that in service planning there had been an underestimation of the impact of trauma on the cohort, with retrospective questions on the ability of the Advantaged Thinking model to drive the trauma-informed care required by this Foyer cohort that have necessitated service refinement since implementation. This reflected broader stakeholder perceptions around the potential misalignment in the fit of the model to the target cohort, and the range of efforts that have been undertaken to address this perceived gap.

Although practice refinements have been undertaken to improve Foyer Central's engagement with young people's mental health challenges, some stakeholders suggested that service gaps for young people with higher support needs due to trauma have remained.

*"Complexities surrounding trauma bring its own challenges... We could use more onsite training to support the kids with disabilities, the kids with mental illness. It would be very good to flesh out how their disability is preventing them from accessing other things." - Service delivery provider*

As emphasised by stakeholders, the focus at Foyer Central is on providing skills to the young person to navigate crisis situations rather than solving the problems for them. Stakeholders generally agreed that although individualised care and goal-setting were important, acknowledgment of trauma as a collective concern, and therefore necessitating collective action, should be prioritised. It was suggested this should include enhancing overall risk assessment and safety planning activities.

It has also been highlighted by stakeholders that due to the complexities around supporting young people who have lived experience with trauma, coordinating trauma supports has been more difficult than expected. In part, this was suggested to be attributable to the varying levels of training in trauma-informed care of Foyer staff.

Service stakeholders suggested that in their view, some YDCs were either unfamiliar with various aspects of trauma-informed care - such as the biopsychosocial model and the acknowledgement of traumagenic impacts - or unable to assist young people with critical mental health and complex support needs. Consequently, these stakeholders observed that young people with psychosocial disabilities and/or significant trauma histories may have been more likely to receive variable outcomes of care.

SDPs have also aired concern on the challenge of handling mental health episodes during sessions and related medication impacting on the engagement of young people in coaching sessions. Therefore, in the view of stakeholders, having both healthy boundaries and crisis intervention skills to assist young people experiencing a decline in their mental health would be important, and could necessitate further trauma-informed training for Foyer Central staff.

Other opportunities identified by stakeholders to improve trauma-informed approaches at Foyer Central included refining the design and use of certain intake assessment tools and ensuring better use of private space onsite.

*"This cohort is possibly the most challenging for any foyer in Australia and we're using the Advantaged Thinking model to underpin practice...we've completely underestimated the impact of trauma and much stronger trauma-informed practice." - Uniting*

## 4.4 What are the key improvements to be made to enhance implementation of the Foyer Central model?

The evaluation identified a number of areas where there were opportunities to improve the implementation of Foyer Central. These are explored in the following.

### Expand program reach:

A number of opportunities for expanding the reach of the program, where appropriate, were noted by stakeholders. The following considerations may support further enrolments for Foyer to reach capacity, as well as support the program to ensure availability is filled as young people exit over time:

- ▶ Increasing in-person networking and promotional activities, for example attending case worker meetings to share information about the program
- ▶ Further leveraging the reach of Uniting's various youth-related services and supports to increase awareness and encourage referrals
- ▶ Implementing a targeted promotional campaign for Aboriginal and Torres Strait Islander young people in collaboration with Aboriginal and Torres Strait Islander peak bodies and organisations, such as the Aboriginal Housing Organisation and Aboriginal Medical Services. This includes tailoring the language and imagery of promotional materials to ensure that they are inclusive for Aboriginal and Torres Strait Islander audiences
- ▶ Advocating for and supporting the referral of young people (including young people with disabilities) from regional and remote NSW to improve Foyer Central's geographic reach beyond inner-city metropolitan Sydney
- ▶ Consolidating Uniting's existing work in defining the referral process and clarifying and sharing this process with key stakeholders once finalised

*"I had to Google to find out about Foyer, because it's not super well-known... and the website was a bit vague, with information that isn't clear. They could definitely make the referral process easier to understand and navigate." - Referrer*

### Increase investment in staff:

A number of stakeholders recommended further targeted recruitment for YDCs and other Foyer Central staff to ensure that people with the appropriate skills and capabilities, cultural fit and alignment with the purpose and aims of Foyer Central are hired.

Stakeholders noted that different YDCs are at different levels of trauma-informed training and have varying levels of qualification on mental health training. As a result, some stakeholders proposed that having mandatory qualifications in mental health and trauma training would support this aim, due to the prevalence of trauma among the young people. These stakeholders have expressed that the level of credentialing for a youth worker often differs to that for a case manager or social worker, and that young people would benefit from more consistency in training and experience levels around trauma-informed care.

Foyer Central staff expressed that they may benefit from an onboarding handbook with information on trauma, safety planning and risk assessment. Despite staff access to both optional training from Uniting and internal documents around the Foyer Central program more broadly, staff have

reported a scarcity not only in time available to undertake optional upskilling but also of trauma-specific resources and protocols. There is an opportunity to leverage existing resources provided to Foyer Central by SDPs to develop a training manual with further detail on mental health and trauma-informed care.

Supporting staff to upskill and train in trauma-informed care may also require support from the leadership team. Although Uniting currently offers suicide prevention training for YDCs, evaluation consultations suggested that some Foyer Central staff have been unable to find time to do this training unless they take leave.

Internal stakeholders suggested that Foyer Central staff have had limited opportunities to convene and undertake mental health and suicide prevention training as a group, despite the open option for staff to undertake a Mental Health First Aid course at the beginning of 2022. Prioritising and facilitating mental health training, therefore, had emerged as a significant recommendation from consultations.

*"The CNC process... provided onsite staff with psychotherapy resources such as 'Flipping the Lid', 'The Wheel of Trust', and 'The Window of Tolerance' which Foyer could use to develop their trauma-informed practices... I think we could offer more trauma-specific and trauma-informed resources in general." - Service delivery provider*

#### **Improve role clarity:**

A number of stakeholders have reported a perception that some staff members may be leaving themselves at risk of overworking and that there are unequal workloads arising from unequal task allocation which they attributed in part to be due to role ambiguity. It was suggested by some stakeholders that Foyer Central could prioritise reviewing, expanding upon, and communicating role expectations for the YDCs, including through providing specific examples and scenarios. Continued clarification of role boundaries and task allocations for Foyer Central staff may, according to stakeholders, have a protective effect against staff burnout.

Additionally, tailoring Foyer Central's current communication of role expectations to SDPs and external stakeholders will enhance collaboration and cooperation between YDCs and future onsite subcontractors. Furthermore, clarifying role boundaries and task allocations within Foyer Central would help to prevent potential miscommunications and expectation misalignment from both SDPs and young people at Foyer Central.

*"You have to wear a lot of hats and a lot of different roles when you work in this sector and work jobs like these, and it does get exhausting after a while." - Foyer staff*

*"Different people are doing different jobs here. I would say that what each person is doing here does seem to be a bit unclear and inconsistent, which has caused some stress." - Foyer staff*

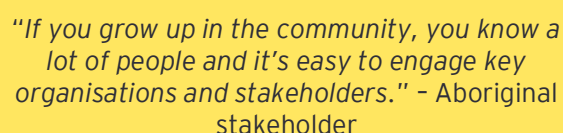
#### **Improve engagement and support of Aboriginal and Torres Strait Islander young people:**

With consideration of the over-representation of Aboriginal and Torres Strait Islander young people in Foyer Central's target cohort experiencing OOHC, it is of crucial importance to prioritise further

engagement with Aboriginal and Torres Strait Islander stakeholders to increase awareness of the program amongst communities and to ensure that the program is culturally appropriate for these young people.

There is a need to engage Aboriginal and Torres Strait Islander expertise in the design evolution process of Foyer Central to further tailor the model, with Aboriginal stakeholders suggesting a step-by-step walkthrough of each aspect of the program to achieve this.

It was also proposed by some stakeholders that a local Aboriginal and/or Torres Strait Islander worker could be recruited to support the program on an ongoing basis, for example through facilitating an inclusive venue and practices, providing support to Aboriginal and Torres Strait Islander staff and ensuring structured governance and engagement with Aboriginal and Torres Strait Islander stakeholders.



*"If you grow up in the community, you know a lot of people and it's easy to engage key organisations and stakeholders." - Aboriginal stakeholder*

With regards to supporting Aboriginal and Torres Strait Islander young people within the program, it was suggested by some stakeholders that Foyer Central could do more to connect these young people to Aboriginal and/or Torres Strait Islander culture. It was suggested that, where appropriate, the young person's existing Aboriginal and/or Torres Strait Islander network – such as their Elders, community members and support groups – could be leveraged to provide ongoing support to the young person during their time at Foyer Central and in their transition back to country if they choose to do so. This will enable more visibility over the young person, support them to maintain their cultural identity and allow for more holistic care to be provided to minimise deterioration in outcomes following their exit from Foyer Central.

Some stakeholders also suggested collecting data on the people, place, country and mob connections to further articulate the community which Aboriginal and Torres Strait Islander young people at Foyer Central come from.

Additionally, to further support Aboriginal and Torres Strait Islander young people during their time at Foyer Central, stakeholders suggested that Uniting could develop a directory of Aboriginal services in the area to improve awareness of services available in the community and enable ready access.

### **Supporting young people to exit Foyer Central:**

A number of stakeholders have commented that as Foyer Central enters its second year of implementation, it is important that there is sufficient practice support to manage young people through the process of exiting Foyer Central and moving onto the next phase of their journey. This includes identifying and documenting key roles and responsibilities, risks and strategies for risk mitigation as well as approaches to manage the conversation with the young person. Some stakeholders have also noted that recruiting for a dedicated staff member to manage exits could also be undertaken to support this aim.

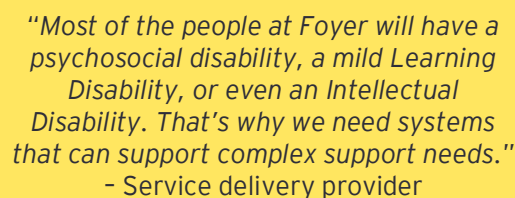
There could also be further considerations regarding working with external agencies to maximise opportunities for young people to engage in ongoing education, training and employment, and to manage their expectations post-Foyer Central. Some stakeholders commented on the difficulty of managing some young people's high expectations when entering training programs, the job market and the housing market for the first time. Staff could continue to work with young people in setting realistic goals and expectations to support ongoing outcomes after they exit Foyer Central.

### Enhance trauma-informed practice:

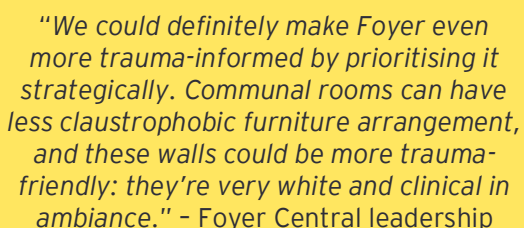
A number of stakeholders suggested that improved strategy design and implementation, incorporating trauma-informed practice adjustments and tactics, may relieve pressure on YDCs and bolster Foyer Central outcomes for young people with complex support needs and disabilities. For example, stakeholders have reported that they have had to operationalise “*dual-diagnostic processes*” with “*multi-elemental interventions*” for young people with psychosocial disabilities and/or complex support needs. However, these supports were difficult to implement ad hoc, without commitment within strategic plans to multi-elemental, trauma-informed care.

Strategies could also incorporate considerations and actions to refine the program as a whole, including the building itself, and how to better accommodate those with lived experience of trauma and OOHC. For instance, stakeholders suggested that trauma-informed practice could be better operationalised in not only the building’s interior design but also an optimisation of its overall accessibility, ambiance and use of private space.

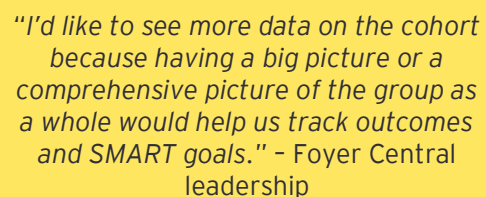
A number of stakeholders have also expressed that better use of data on the young people could facilitate better ongoing outcomes. In particular, some stakeholders suggested that YDCs and Coordinators could be provided with a broader range of information and data on the young person, such as referral data and linked data from external sources (e.g. data on employment, education and health). This would enable YDCs to provide informed and holistic supports tailored to the young person as soon as they join Foyer Central, as well as over time, and enable them to track each young person’s goals more efficiently.



*“Most of the people at Foyer will have a psychosocial disability, a mild Learning Disability, or even an Intellectual Disability. That’s why we need systems that can support complex support needs.”*  
- Service delivery provider



*“We could definitely make Foyer even more trauma-informed by prioritising it strategically. Communal rooms can have less claustrophobic furniture arrangement, and these walls could be more trauma-friendly: they’re very white and clinical in ambiance.”* - Foyer Central leadership



*“I’d like to see more data on the cohort because having a big picture or a comprehensive picture of the group as a whole would help us track outcomes and SMART goals.”* - Foyer Central leadership

### Measure success:

For both the purposes of maximising the achievement of positive outcomes for young people at Foyer Central and enabling ongoing refinement of program delivery, Uniting could consider consolidating its data measurement and reporting systems and gathering additional datapoints recommended by stakeholders.

First, the comprehensive baseline outcomes data compiled from the Intake Readiness Form could be recorded in Carelink, then aggregated and made available in an accessible format for evaluation purposes, as well as for use by YDCs and Coordinators. The Intake Readiness Form can fill gaps in baseline outcomes data relating to education and training, employment, involvement in communities, living skills, accommodation, mental health, physical health and AOD use.

Second, to consolidate reporting systems, Carelink could be updated to store information on all key outcomes attained, for example, education achievements, employment status and accommodation status. While this software was initially designed to assist Uniting with reporting to DCJ and storing valuable information on young people at Foyer Central, for the purposes of ongoing evaluation and process improvement over the next 4+ years, Uniting could consider adding the following fields to Carelink:

- ▶ Data on young people currently being captured elsewhere that could be stored in Carelink:
  - ▶ Tenant payment status, routine inspection results, and reason if tenancy is terminated, following liaison with SGCH to arrange for data capture
- ▶ Data on young people that does not currently appear to be captured that could be stored in Carelink:
  - ▶ Records of access to health services while in Foyer Central (disaggregated from rostered hours under the “Life and Wellbeing” domain)
  - ▶ Records of Work Development Orders (WDOs) received by young people and work undertaken by Foyer Central staff to support young people to clear their fines under WDOs
  - ▶ Self-reported people, country or mob connections for Aboriginal young people, where appropriate

To further enable ongoing evaluation, Uniting may collect the following data (if not currently collected). Data should be, aggregated, extracted and visualised in Uniting’s Power BI program monitoring dashboard:

- ▶ Total number of referrals broken down into actual referrals and expressions of interest
- ▶ Referral to decision time broken into Cohort 1 and Cohort 2 referrals<sup>20</sup>
- ▶ Total number of young people referred, ineligible or unsuccessful in referrals, enrolled, exited - per month by demographic (Aboriginal and/or Torres Strait Islander status, CALD status, gender, age, previous address postcode, and accommodation status prior to Foyer Central)
- ▶ Number of current residents by quarter since entry by demographic (Aboriginal and/or Torres Strait Islander status and gender)
- ▶ Mean length of time in Foyer Central by demographic (Aboriginal and/or Torres Strait Islander status, CALD status, gender, age, previous address postcode, and accommodation status prior to Foyer Central)
- ▶ Distribution of time in Foyer Central prior to exit by demographic (Aboriginal and/or Torres Strait Islander status and gender)
- ▶ Number of young people undertaking education prior to and during Foyer Central (broken down by not commenced; commenced TAFE course; commenced university courses; completed TAFE course, completed university course or similar)
- ▶ Number of young people in employment prior to Foyer Central and during Foyer Central (broken down by previously employed but no longer; currently employed; seeking employment; not seeking or similar)

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<sup>20</sup> Cohort 1 will comprise young people ageing out of care (i.e. those in OOHC approaching their 18th birthday). They will generally be referred by DCJ or an NGO OOHC agency through the DCJ Program Manager. Where a young person who is under 18 self-refers to Uniting, Uniting will refer that person to his/her DCJ or NGO OOHC case manager to go through the DCJ Program Manager referral process.

Cohort 2 will comprise Young People aged 18-22 years who have already exited OOHC between the ages of 14 -18 years. They can be Referred by DCJ or other OOHC, housing, homelessness, youth or other support agencies, or can self-refer directly.

- ▶ Target young people demographic and planned population demographic insights (extracted from operational meeting minutes and tagged to each demographic dial in the Power BI dashboard)
- ▶ Target or expected levels of attendance and engagement in coaching sessions and groups
- ▶ Data on the ongoing training of Foyer Central employees beyond onboarding and induction (e.g. training cost per employee, training topics aligned with the key domains and their status (mandatory or self-assigned), training experience satisfaction)

Additionally, a number of discrepancies in the Foyer Central Power BI dashboard were identified that could be corrected prior to future evaluation iterations. Actions to improve the validity of evaluation data that Uniting could consider include:

- ▶ Validating the aggregate statistics on Aboriginal and/or Torres Strait Islander status
- ▶ Removing anomalies, such as those found in the location data
- ▶ Ensuring enrolled young people are not being double-counted in age group visualisations that show “All”, “Referrals” and “Enrolled”
- ▶ Implementing ongoing data validation checks, particularly on referral, ineligible/unsuccessful referral, exit and engagement statistics

Beyond the individual data points that Uniting could collect and visualise, some stakeholders have identified opportunities for improving the overall understanding among the leadership team and YDCs of Foyer Central’s performance drivers and outcomes framework.

These stakeholders proposed using data linkage and increased data and information sharing between the intake team, Foyer Central Coordinators, and external government stakeholders, in real-time to track the progress of young people before, during and after Foyer Central. This may also expedite a young person’s progress during both intake and warm referrals, which can otherwise experience delays during surge periods, and support exit-planning for young people once they are enrolled.

Further data collection on staff performance may also contribute to improving role clarity and purpose. A number of external stakeholders providing support to young people reported inconsistencies in the level of care that some young people have reportedly received from YDCs and that this may be attributed to varying training levels among YDCs. Therefore, consultations have suggested that further measurements of staff performance - including through 360 degree feedback and continuous discovery - may help leadership to identify gaps and shortfalls in mental health training levels.

Additionally, it was suggested by some stakeholders that Foyer Central could collect further data on LGBTQIA+ identity, then refine its current dashboard reporting to include this demographic detail. Currently, the dashboard only reports gender diversity. This would improve measurement of outcomes for LGBTQIA+ young people, which can in turn inform D&I policy decisions that improve GSD outcomes.



*"Running Foyer during COVID was like playing with one hand behind your back... We need more information. Data linkage would be helpful, particularly to track how the young person is doing... and to relieve the unknown pressure on the Coaches." - Foyer staff*

*"All the LGBTQ engagement here has been encouraging, with... youth workers doing LGBTQ work. We have visible LGBTQ staff. Let's continue building on that and learning more about young LGBTQ people... to engage young LGBTQ people." - Foyer staff*

*"You have to offer multiple ways of raising complaints, of providing feedback... and multiple people to approach. There are person-centred options such as anonymous feedback paths and matching people well with staff... to prevent ruptures in therapeutic alliances." - Service delivery provider*

#### **4.5 What elements of the model can be identified as contributing to young people's capacity to achieve sustainable outcomes?**

Consultation with stakeholders revealed a number of elements of the Foyer Central model which are key to ensuring sustainable delivery and impact of the program going forward. As explored in the earlier sections of this report, several elements have been successfully implemented, while opportunities for improvement remain for other elements.

The key elements identified in this evaluation iteration were:

- ▶ **Strong leadership and staff culture** - recruiting leaders and staff who are committed to delivering Foyer Central to provide holistic support to vulnerable young people, who are resilient in the face of challenges and who can inspire a culture of continuous improvement
- ▶ **Appropriate mix of young people at Foyer Central** - facilitating intake of young people who are motivated to engage with the program and contribute to the Foyer Central community, and who would benefit from having access to the supports provided
- ▶ **Flexible approach to provision of support** - implementing a service model which combines a flexible balance of Advantaged Thinking, strengths-based approaches as well as more intensive, trauma-informed care to meet the needs of the cohorts entering Foyer Central
- ▶ **Clear governance and avenues for collaboration** - establishing governance arrangements which enable ongoing communication and collaboration between SDPs, and which remain flexible over time
- ▶ **Effective use of data** - establishing tailored data systems and tools to collect ongoing intake, service delivery and outcomes data, and leveraging this data to monitor and refine the program

## 5. Preliminary outcomes

The table below summarises the preliminary outcomes of Foyer Central, as identified through available data and information:

Key findings
<ul style="list-style-type: none"><li>▶ There have been lower than anticipated levels of program engagement (currently measured by rostered hours which record attendance of coaching and group activities), which are likely attributable to the impacts of COVID-19 and may limit the achievement of outcomes. It is expected that young people engage in 2 hours of coaching per week, with varying rostered hours depending on their individual life goals. Since commencement:<ul style="list-style-type: none"><li>▶ On average, young people completed 2.3 rostered hours per week 61% of the 41 young people participating in accommodation coaching reached a minimum of 20 rostered hours</li><li>▶ 34% of the 35 young people participating in education coaching reached a minimum of 20 rostered hours</li><li>▶ 'Community Connections' groups had the most attendees, with 36 young people in total and 47% with at least 10 rostered hours</li><li>▶ TAFE-related groups engaged a total of 22 young people with 68% having at least 10 rostered hours</li></ul></li><li>▶ 11 young people at Foyer Central are in rental arrears, and SGCH is working with these young people to sustain their tenancy</li><li>▶ Key areas of improvement include continued coordination and delivery of programs, activities and supports to young people, including through external services which have been effective; further training opportunities for staff to respond to the complex needs of young people; and further refinement of trauma-informed practices</li></ul>

The following section of this chapter explores the key preliminary outcomes findings.

### 5.1 What outcomes did the Foyer Central achieve for its key beneficiaries?

The preliminary outcomes achieved by Foyer Central were explored through a review of high level activity data and stakeholder consultations.

It was described anecdotally by Foyer Central staff that a majority of young people had been achieving their goals since joining the program, such as finishing their TAFE courses and gaining employment. However, it was noted that the achievement of positive outcomes among young people at Foyer Central has been materially impacted by COVID-19 and other unforeseen changes. Factors limiting the achievement of positive outcomes include lower enrolments due to lockdowns in 2021; limited employment opportunities; isolation from family, friends and external services; an increase in mental health issues, complexity and need for mental health therapeutic services; and increased AOD misuse among young people at Foyer Central.

It was observed that these factors led to young people experiencing reduced access and engagement with activities and programs at Foyer Central. In particular, there has been lower than forecasted engagement in the life skills course likely due to the shift from face-to-face learning to

virtual classrooms. These factors may lead to young people at Foyer Central delaying their exit, thereby delaying the intake of future cohorts and reducing the total Foyer Central intended graduate population over time.

It is expected that young people engage in 2 hours of coaching per week. On average, young people completed 2.3 rostered hours of coaching per week. It should be noted that while rostered hours record attendance, they may not necessarily equate to participation or engagement.

A total of 41 young people at Foyer Central have demonstrated engagement in accommodation coaching, with 61% having at least 20 rostered hours and 44% having at least 30 rostered hours since enrolment at Foyer Central. A total of 35 young people have demonstrated engagement in education coaching, with 34% having at least 20 rostered hours and 29% having at least 30 rostered hours since enrolment.

A further breakdown of the level of engagement in targeted coaching sessions is presented in Figure 11. It should be noted that these figures represent point-in-time coaching hours from the commencement of Foyer Central and a staggered intake of young people at Foyer Central. A further breakdown to demonstrate the trend of engagement was unavailable for this evaluation iteration.

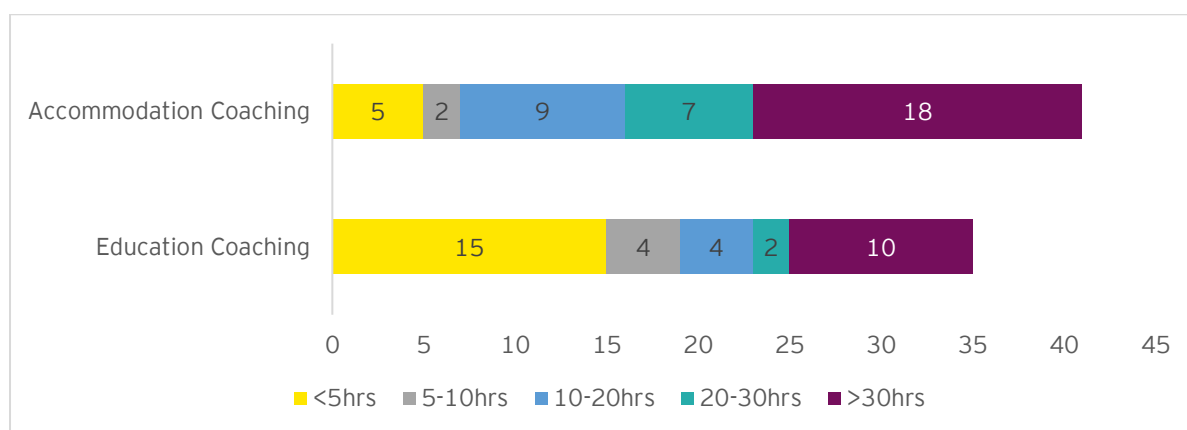


Figure 11: Number of young people by total rostered hours in accommodation and education coaching.

Young people also demonstrated engagement in a range of groups relating to the key outcome domains for Foyer Central, as illustrated by Figure 12. As part of their enrolment, young people are required to commit to a minimum number of rostered hours per domain,<sup>21</sup> however, it is expected that young people will have varying rostered hours within these domains depending on their individual life goals.

Groups relating to 'Community Connections' had the most attendees rostered with 36 young people in total. Of those who took part in this group, 47% (n=17) had completed at least 10 rostered hours since their enrolment at Foyer Central. TAFE Life Skills groups engaged a total of 22 young people, with 68% (n=15) having at least 10 rostered hours since entering the program. 'Health and Wellbeing' related groups had 19 attendees, with 11% (n=2) having at least 10 rostered hours since entering the program. The remaining groups had lower numbers of attendees and rostered hours, with the majority of young people participating in each group completing fewer than 5 rostered hours. Again, these figures represent point-in-time rostered group hours from the commencement of Foyer Central and a staggered intake of young people at Foyer Central.

<sup>21</sup> The Foyer Central Deal sets out a requirement that young people participate in a minimum of 20 hours of workshops and activities in the Education, Health and Wellbeing and Social Connections domains, and 40 hours of workshops and activities in the Employment and Housing and Living Skills domains.

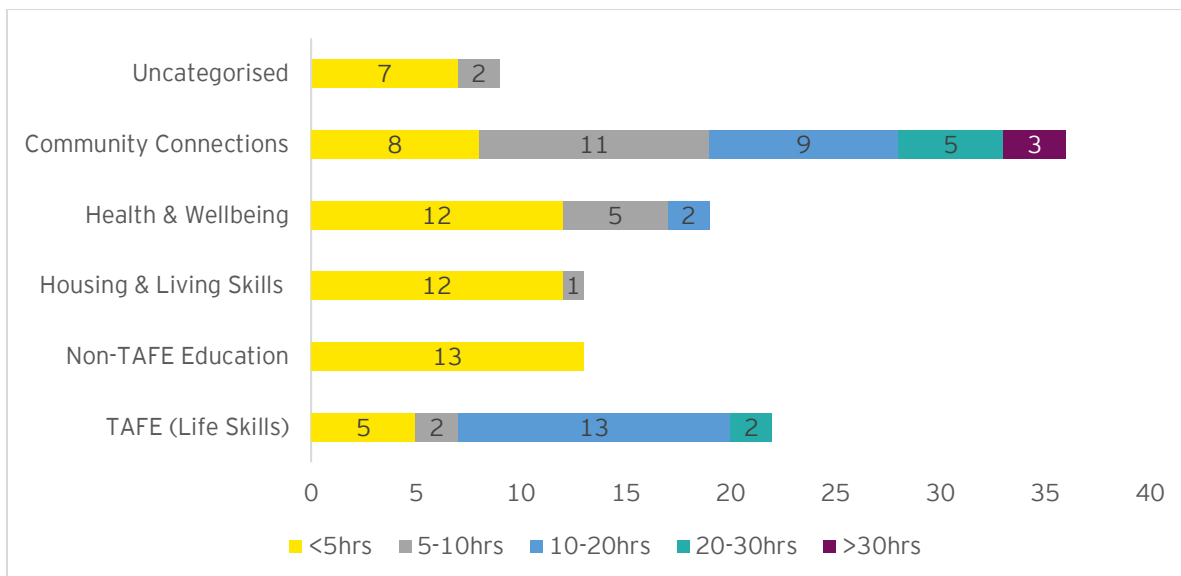


Figure 12: Number of young people by total rostered hours in each key groupwork outcome domain.

It was, however, highlighted by stakeholders that while young people have experienced a range of mental health challenges since the COVID-19 lockdown, they observed that health and wellbeing outcomes have been improving as external services, such as mental health and AOD services, have been engaged to provide additional supports.

Since commencement, 11 young people at Foyer Central have been in rental arrears, ranging in amounts from \$200 to \$1,500. Stakeholders expressed that there were a number of contributing factors. Firstly, there have been five different Tenancy Managers at Foyer Central since commencement, which led to varying processes in tenancy management.

Secondly, standard SGCH tenancy management practices were limited by COVID-19 lockdowns, for example SGCH Tenancy Managers did not undertake routine home visits (property inspections) from June 2021 to March 2022 due to safety concerns for SGCH team members and Foyer Central young people as the units have limited space for social distancing once two people are inside. This reduced the amount of regular contact between the SGCH Tenancy Manager and young people during the lockdown period, as well as opportunities to discuss elements that might not be going well in each young person's tenancy, such as paying rent on time.

Stakeholders did, however, note that rental arrears can be common for transitional housing and similar cohorts. In response to this and the above challenges, there is currently a new process in place to work with young people who are in rental arrears to sustain their tenancy, involving the Tenancy Manager meeting with the young person onsite to negotiate a payment plan with them as soon as one week after the young person misses a rental payment.

*“Young people don’t engage in repayment agreements because they know that it won’t affect them now. They take it less seriously now and it’s preventing them from experiencing consequences in real life.” - Service delivery provider*

A number of stakeholders also indicated that the age of the young person can impact on the level of support that they require at Foyer Central and their achievement of outcomes, with older young people at Foyer Central demonstrating a higher level of independence and self-motivation. This,

alongside the overall assessment of outcomes, will be explored in more detail in the next evaluation iteration as further data becomes available.

A number of key areas of improvement identified by stakeholders to maximise the impact of Foyer Central were:

- ▶ Continued coordination and delivery of both internal and external programs, activities and supports provided to the young people at Foyer Central
- ▶ Further training opportunities for staff who may currently feel unprepared to respond to the level of trauma and complex needs that the young people at Foyer Central are presenting, with considerations of the accessibility and timing of training options as well as the balance of workload and training during working hours
- ▶ Further development of approaches to encourage young people with complex needs to engage with programs and supports, including improving the use of private space at the Foyer Central facility and further tailoring practical guidance in the Foyer Central practice manual and other documentation to support staff and service providers to respond to the needs of young people

## 6. Summary

Foyer Central commenced operations in February 2021, with the first participants enrolling in March of that year. The program has received 142 referrals and expressions of interests and has 41 enrolments of young people as of January 2022. At the time of report writing, the program was aiming to fill its capacity of 53 young people by the end of March 2022.

The current cohort reflects a broad mix of young people, predominantly previously residing in the Sydney metropolitan region. Stakeholders have expressed hopes to see the enrolment of more young people from non-metropolitan areas, young people in the upper range of the eligible age bracket, and young people who identify as Aboriginal and/or Torres Strait Islander. A key evaluation finding has been the enrolment of a greater than anticipated number of young people with significantly complex needs and vulnerabilities. As a result, a number of stakeholders have suggested further targeting less crisis-driven young people who would also benefit from the supports at Foyer Central.

Overall, implementation of Foyer Central has been impacted by COVID-19 and the higher needs and challenges experienced by the young people enrolled at Foyer Central, exacerbated by the period of lockdown and isolation. In response to this, a number of changes to the model were implemented, including establishing new procedures and forums to enable structured, informed and holistic supports to be provided to young people; engagement of external service providers to provide mental health and AOD services; and adjusting the delivery mode of programs and activities.

Despite the challenges experienced by Foyer Central during its implementation, stakeholders observed that much is working well. Stakeholders highlighted the flexible and person-centred model that applies a strengths-based approach tailored to the needs of each young person at Foyer Central and is responsive to change. They commended the culture of open communication and trust between staff members, as well as with young people, and the strong sense of community and inclusion reflected in many aspects of the program. Stakeholders also described the effectiveness of current governance and collaboration between partners and stakeholders.

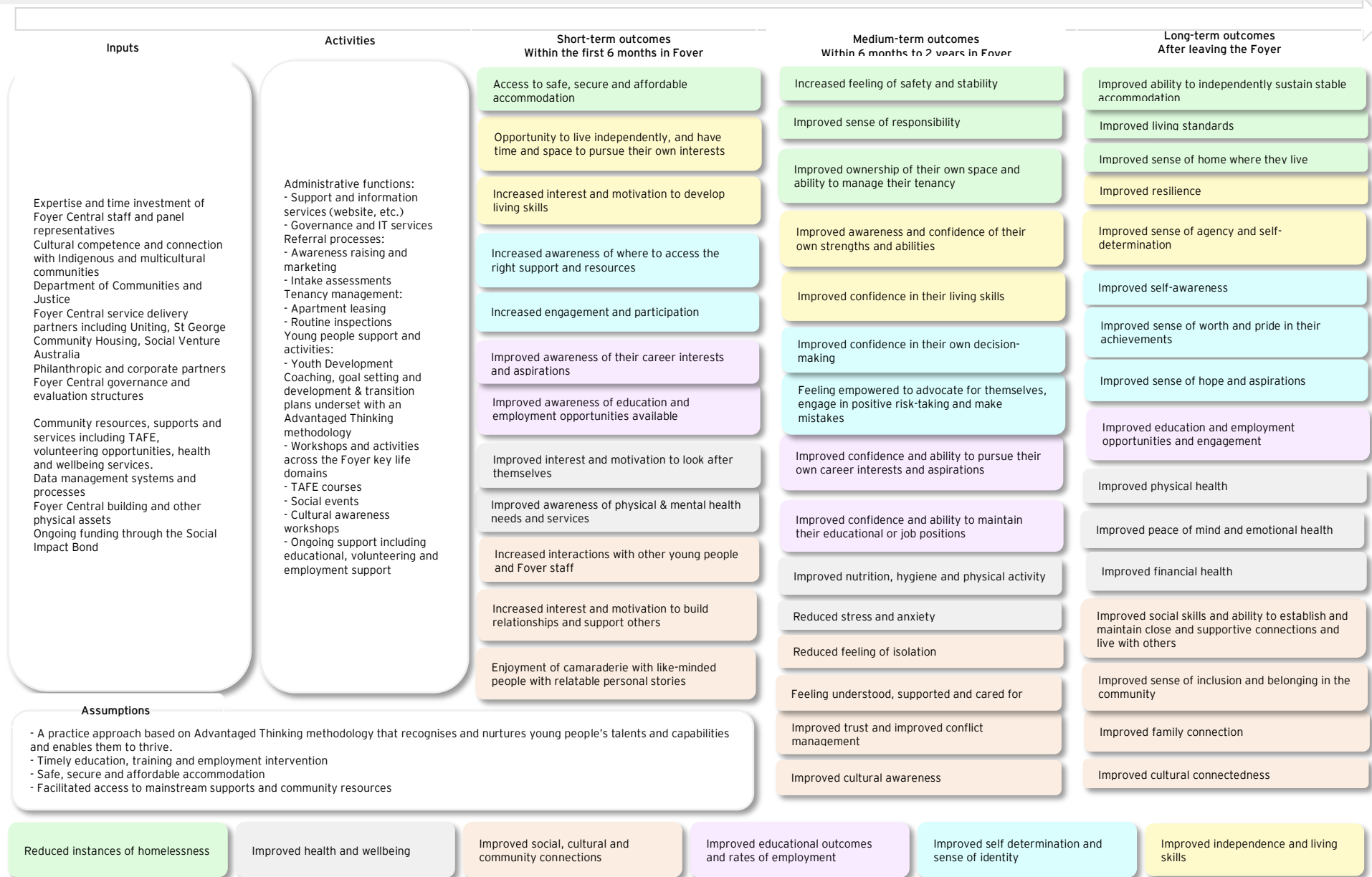
The evaluation also identified a number of areas which could be further strengthened to improve implementation and outcomes going forward. These include improving engagement and collaboration with Aboriginal and Torres Strait Islander stakeholders, improving YDC role clarity, managing resourcing shortages and training needs, further tailoring the program to be more trauma-informed and improving the use of data. Suggestions to address these areas for improvement have been outlined in this report.

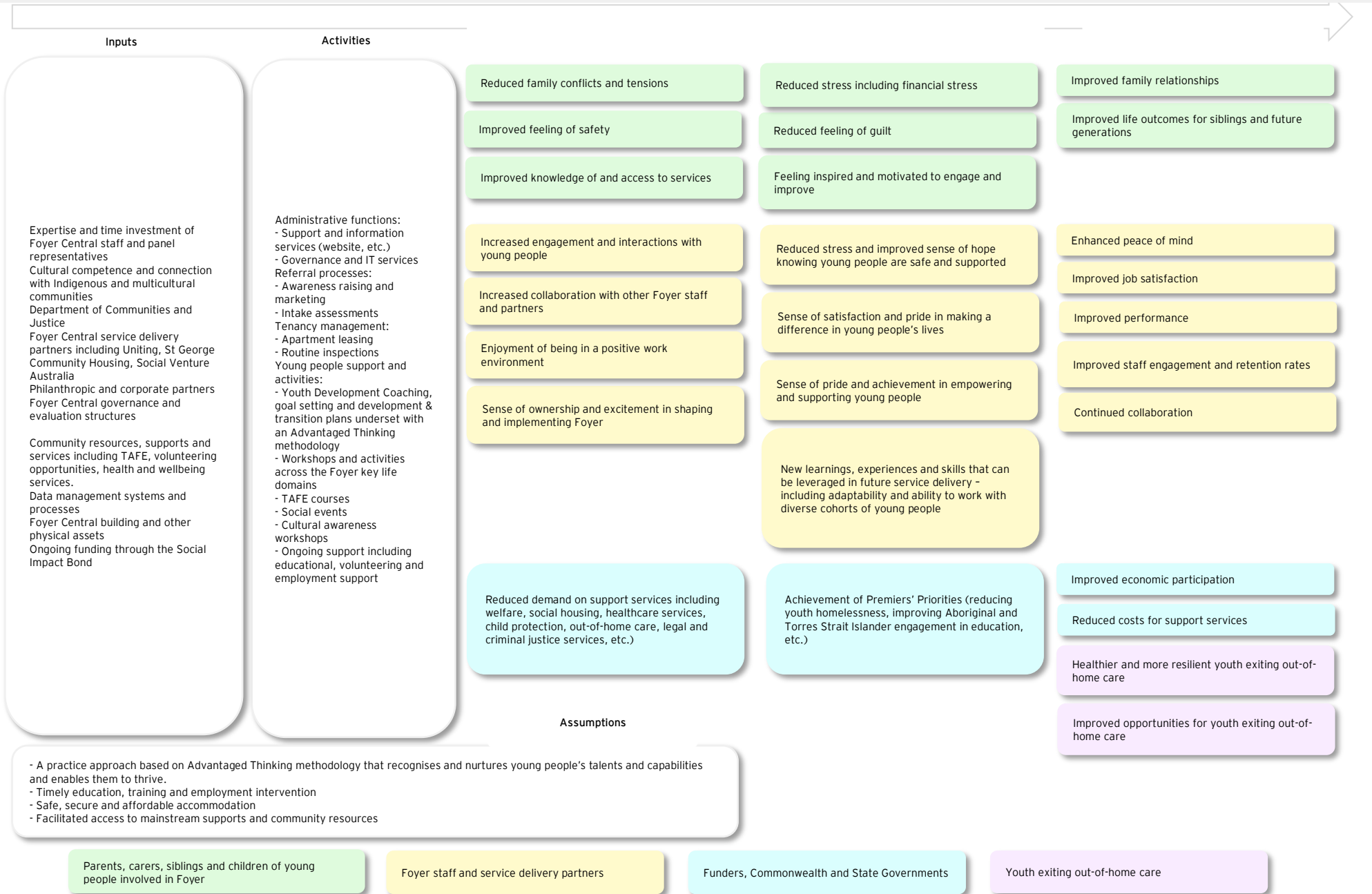
The impact of both the successes and challenges experienced by Foyer Central have been reflected in the preliminary outcomes explored in this evaluation. Data on rostered hours was analysed, which has reflected modest-low levels of engagement across all groups and coaching sessions. Stakeholders have, however, noted that they have observed improved outcomes following engagement of external mental health and AOD services.

It should be noted that young people were not consulted as part of this evaluation iteration and that outcomes data was limited. Exploration of young people's perspectives and their outcomes will be a focus point of exploration in the next round of evaluation.

# Appendix A Foyer Central Program Logic (Source: Foyer Central Evaluation Framework)

## Foyer Central revised Program Logic – Young people involved in Foyer Central







## Foyer Central revised Program Logic – External factors influencing the Foyer impact

The main external factors identified that may influence the impact magnitude of the Foyer Central program on key beneficiaries are outlined below.

### Enablers

- Partnership between organisations that share a common vision
- Philanthropic and corporate partners that enable Foyer life and also life past Foyer for young people e.g. housing/pathways/jobs
- Support from NSW Government, including funding through a Social Impact Bond and prioritisation of this space
- Connections with and support from community organisations and services
- Compatibility between staff and participants
- Compatibility between Foyer Central students
- Centrally located Foyer Central building that facilitates access to education and employment opportunities and connections to diverse, motivated community
- A practice approach based on Advantaged Thinking methodology that recognises and nurtures young peoples' talents and capabilities and enables them to thrive
- Availability of multiple and integrated solutions in one service package
- Positive media coverage and promotion of Foyer Central
- Ongoing evaluation to assess Foyer Central outcomes and support continuous improvement of program
- Working with the young people's carers and immediate ecosystem to ensure long-lasting positive outcomes after the young people leave Foyer

### Barriers

- Dependence on external investment to support ongoing service delivery
- Lack of readily available information about service and referral pathways
- Limited capacity at Foyer Central building
- Higher financial burden on young people compared to other support programs
- Poor coordination between a multitude of services to meet the complex needs of the young people and lack of service continuity
- Inappropriate referrals of young people to Foyer Central (e.g. just to get accommodation)
- Lack of willingness of Foyer Central students to maintain engagement in the Foyer Central program
- Attrition in the Youth Development Coach workforce as well as issues with the Youth Development Coaches not applying Advantaged Thinking methodology with young people
- Young people experiencing over-reliance on Foyer Central and reduced reliance on natural supports
- Incompatibility between Foyer Central students and/or with Foyer staff
- Diversity of Foyer Central students requiring provision of tailored supports
- Young people experiencing lack of trust towards support services and Foyer Central staff due to previous experiences

## Appendix B Evaluation reporting timeline

The reporting timeline and focus areas for the Foyer Central evaluation is outlined in the table below.

Year	Description of work products
1	<p>Baseline report:</p> <ul style="list-style-type: none"> <li>▶ Process evaluation: Results of the first iteration and recommendations for process improvements</li> <li>▶ Preliminary outcomes: Year 1 preliminary outcomes data review and recommendations on data sources and collection for year 2</li> </ul>
2	<p>Interim report 1:</p> <ul style="list-style-type: none"> <li>▶ Process evaluation: Consolidated findings from second iteration and recommendations for ongoing implementation improvements</li> <li>▶ Outcome evaluation: Consolidated findings to date and recommendations for ongoing impact improvement and a more in-depth exploration of the outcomes achieved by Foyer Central</li> </ul>
3	<p>Interim report 2:</p> <ul style="list-style-type: none"> <li>▶ Process evaluation: Consolidated findings from third iteration and recommendations for ongoing implementation improvements</li> <li>▶ Outcome evaluation: Consolidated findings to date and recommendations for ongoing impact improvement</li> <li>▶ Cost-benefit analysis: Preliminary results and recommendations on data to be captured in the following year</li> <li>▶ Report will feed into the broader evaluation of the NSW Homelessness Strategy</li> </ul>
4	<p>Interim report 3:</p> <ul style="list-style-type: none"> <li>▶ Process evaluation: Consolidated findings from fourth iteration and recommendations for ongoing implementation improvements</li> <li>▶ Outcome evaluation: Consolidated findings to date and recommendations for ongoing impact improvement</li> <li>▶ Cost-benefit analysis: Preliminary results and recommendations on data to be captured in the following year</li> </ul>
5	<p>Final report:</p> <ul style="list-style-type: none"> <li>▶ Process evaluation: Final results and recommendations for future operational fidelity</li> <li>▶ Outcome evaluation: Final results across all 5 years, recommendations and actionable insights</li> <li>▶ Cost-benefit analysis: Final results, cost-benefit ratio and recommendations for ongoing cost-benefit analyses</li> </ul>

## Appendix C Key consultations

The table below lists the stakeholders consulted and the consultation dates (all in 2022). For confidentiality, the names of individuals consulted have been withheld.

<b>Foyer Central staff</b>	<b>Session date</b>
Foyer Central Coordinators	Friday 14 <sup>th</sup> January, Monday 31 <sup>st</sup> January and Thursday 3 <sup>rd</sup> February
Foyer Central Youth Development Coaches	Friday 14 <sup>th</sup> January, Monday 31 <sup>st</sup> January and Thursday 3 <sup>rd</sup> February
Uniting stakeholders	Tuesday 8 <sup>th</sup> February, Thursday 10 <sup>th</sup> February, Friday 11 <sup>th</sup> February and Monday 14 <sup>th</sup> February
<b>Foyer Central delivery partners</b>	<b>Session date</b>
TAFE	Wednesday 19 <sup>th</sup> January
Talent Rise	
QUOVUS	Thursday 20 <sup>th</sup> January and Thursday 27 <sup>th</sup> January
SGCH	Tuesday 25 <sup>th</sup> January and Tuesday 15 <sup>th</sup> February
St Vincent's Health Australia	Tuesday 25 <sup>th</sup> January
OzHarvest	
<b>SIB partners</b>	<b>Session date</b>
DCJ	Thursday 20 <sup>th</sup> January and Friday 28 <sup>th</sup> January
Treasury - Office of Social Impact Investment (OSII)	Thursday 20 <sup>th</sup> January
SVA	Thursday 20 <sup>th</sup> January and Tuesday 15 <sup>th</sup> February
<b>Key referrers</b>	<b>Session date</b>
Uniting	Wednesday 19 <sup>th</sup> January
Marist 180	
Family Spirit	Tuesday 25 <sup>th</sup> January
Veritas House	Tuesday 25 <sup>th</sup> January
DCJ	Tuesday 22 <sup>nd</sup> February