



Key findings from the evaluation of the Homeless Youth Assistance Program (HYAP)

Snapshot

- The evaluation of the Homeless Youth Assistance Program (HYAP) found two distinct groups presenting to HYAP – children who were known to child protection services (56%) and children who had no prior involvement in the child protection system before accessing HYAP (44%).
- HYAP was found to be of some benefit to children who are in the early stages of risk and had no prior involvement in the child protection system. The program had little or no impact on the children who were known to child protection services.
- While the majority of children who presented to HYAP with an identified housing need had their housing needs met through HYAP, vulnerable children with a child protection history continued to experience housing instability and difficulties reconnecting with family and friends after accessing HYAP.
- Younger children and children with a child protection or out-of-home care history showed no improvement or worsened over time across a number of outcome domains.
- Almost a third (30%) of young people went on to access Specialist Homelessness Services after they turned 16, mostly due to housing, family relationship, or family breakdown reasons.
- In response to the HYAP evaluation findings and the NSW Ombudsman's 2018 'More than Shelter' report, the program is being redesigned to better meet the needs of the target group. The redesign will see improved service integration across the homelessness and child protection systems to drive better outcomes for vulnerable children and young people. HYAP services will transition to a new model over the next three years.

Introduction

Unaccompanied children experiencing homelessness are particularly vulnerable. Early experiences of homelessness put children at greater risk of experiencing untreated mental health issues, substance use, contact with the criminal justice system¹ and chronic homelessness and housing instability that extends into their adult years.²

The Department of Communities and Justice (DCJ) is attempting to address this need by funding non-government service providers to provide the Homeless Youth Assistance Program (HYAP) to children aged over 12 and under 16 years who are homeless or at risk of homelessness (see Box 1).

In 2017, DCJ commissioned the Centre for Evidence and Implementation (CEI) and its partners, the Behavioural Insights Team (BIT) and the University of Melbourne (now Monash University, Department of Social Work) to complete an implementation, outcome and economic evaluation of HYAP.

The aim of this evaluation was to investigate whether unaccompanied children and young people transitioned out of homelessness after accessing HYAP services.

This Evidence to Action Note provides an overview of the key findings and recommendations from this evaluation. It also outlines how these findings can inform work to deliver an improved response to homelessness service delivery to children with a child protection history.

More information can be found in the full report [Evaluation of the Homeless Youth Assistance Program](#).

Box 1: What is the Homeless Youth Assistance Program (HYAP)?

HYAP was funded to address a gap in the delivery of homelessness services to unaccompanied children under 16 years. HYAP services are provided by seventeen non-government service providers across nineteen catchment areas in NSW to children aged 12 to 15 years old who present either alone or as part of a group (without a parent, carer or guardian) to homelessness services. The program aims to provide integrated support and accommodation options to either reunify unaccompanied children with their families and broader support networks or enable children to transition to longer-term supported accommodation.

Service providers deliver services that:

- ensure the safety and wellbeing of children
- are client-centred, strengths based and trauma-informed
- provide wraparound support.



What did the evaluation find?

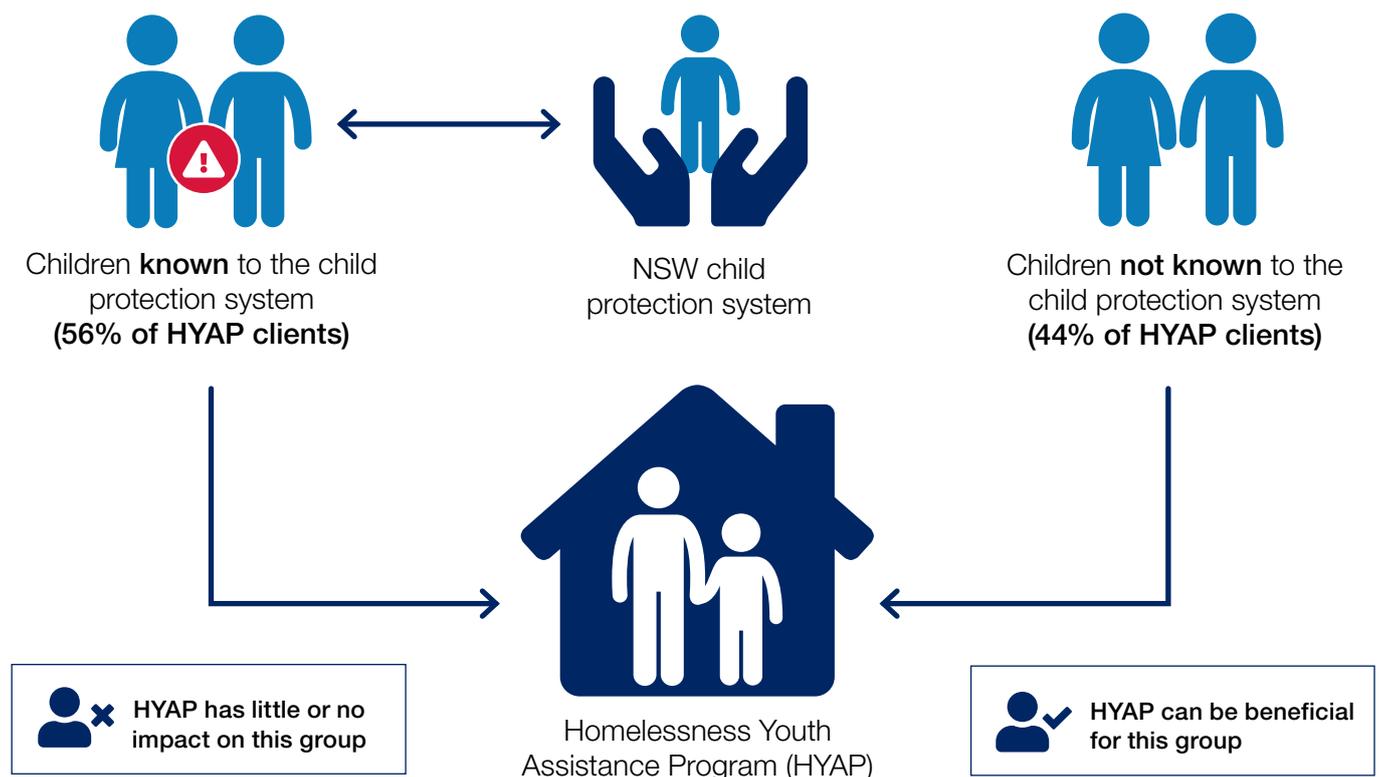
Overall, the evaluation found two distinct groups presenting to HYAP – children who were known to child protection services (56%) and children who had no prior involvement in the child protection system before accessing HYAP (44%) (Figure 1).

While the program could be beneficial for vulnerable children who are in the early stages of risk, it had little or no impact for the large group of highly vulnerable children accessing HYAP services who had a child protection history. Children in the latter group continued to be the subject of ROSH reports after commencing HYAP, had more difficulties reconnecting with family and friends and were more likely to return to HYAP. This was reinforced by a range of service system challenges.

To deliver better outcomes for the target cohort of children, the evaluation recommended that HYAP be redesigned to improve integration of HYAP and homelessness service responses with the child protection system.

Key takeaways from the evaluation are summarised on the next page.

Figure 1: Client groups presenting to HYAP



Source: Evaluation of the Homeless Youth Assistance Program: Key findings, YFoundations HYAP Evaluation Webinar, 24 November 2020.

Key takeaways from the HYAP Evaluation



HYAP had little impact for the large group of highly vulnerable children accessing HYAP services who had a child protection history. Children who were known to child protection services (56% of HYAP clients), some who were the subject of multiple risk of significant harm (ROSH) reports and continued to be the subject of ROSH reports after commencing HYAP, had more difficulties reconnecting with family and friends and were more likely to return to HYAP.



The program can be beneficial for vulnerable children who are in the early stages of risk. Children who had no prior involvement in the child protection system before accessing HYAP (44% of HYAP clients) achieved better outcomes compared to children with a child protection history. They were more likely to reconnect with family and friends, less likely to return to HYAP and more likely to say they had achieved their case management outcome goals.



A large proportion of children who presented at HYAP with complex needs, including a child protection history, were not able to have these needs met by the HYAP service model and local referral infrastructure. Variations in the type and availability of local services for children drove the design and local implementation of HYAP. Limited availability of appropriate services to meet children's needs, including challenges accessing support from child protection services, was a key systematic barrier to the delivery of HYAP.



HYAP is not fit for purpose for the most vulnerable children and outcomes could be improved for both groups. For many children presenting for services and their families, the time for early intervention had long passed and a more intensive response was needed.



To deliver better outcomes, redesign of HYAP is needed. This will enable DCJ and service providers to:

- better meet the needs of the actual cohort who are presenting for services
- improve service integration across the homelessness and child protection system
- integrate evidence-informed practice into the services provided by HYAP.

The following sections provide a more detailed overview of the key findings from the evaluation, including who accessed the program, the services they received, barriers to service delivery and participant feedback and outcomes.

HYAP services were accessed by very vulnerable children

During the period between July 2016 and June 2019, 4,186 children and young people received services from a HYAP provider. Of the total number who received HYAP services, 2,707 children (65%) met the eligibility criteria. The most common reasons for presenting at HYAP were relationship/family breakdown followed by domestic and family violence and financial difficulties.

For those 2,707 children who were eligible to receive HYAP services:

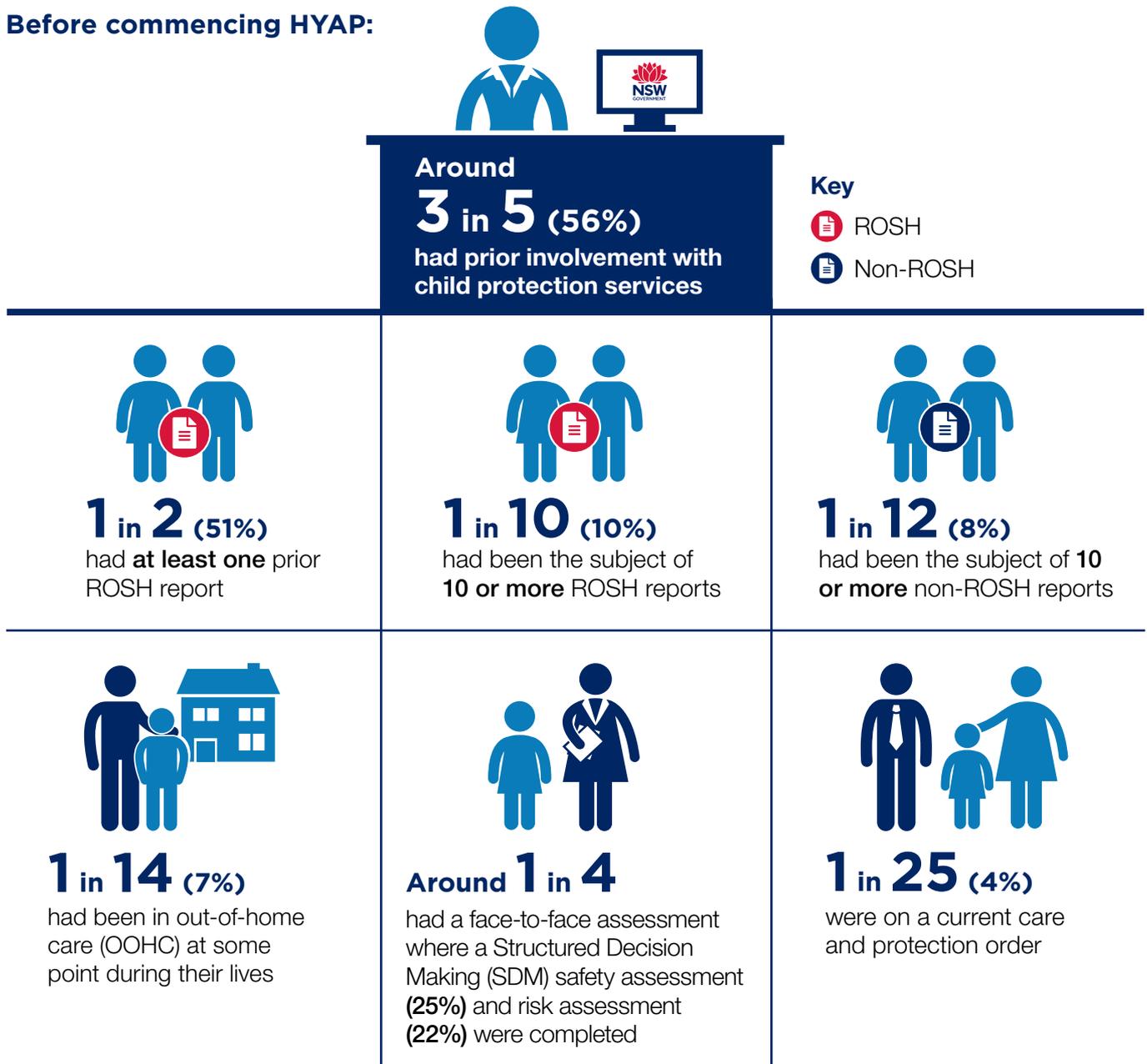
- Almost 60% were females and 29% were Aboriginal, highlighting that **females and Aboriginal children were overrepresented** in presentations to HYAP.
- **Older children (aged 15-16 years) were more likely to present**, however, the number of younger children (aged 12-13 and 13-14 years) presenting to HYAP increased over time.
- A large proportion of **children were not in safe, secure accommodation when they first presented to HYAP services**. In the month prior to presentation, 16% of children self-reported being in short term accommodation and almost 14% were sleeping rough. When children commenced HYAP, 23% were in short-term accommodation and 10% were sleeping rough.
- Many of these **children had extensive prior and subsequent involvement with child protection services** (see Figure 2). Around half (51%) had at least one ROSH report before commencing HYAP, with 10% being the subject of 10 or more reports, and 7% having had an OOHC placement. For children who had at least one face-to-face assessment that included both a safety and risk assessment prior to HYAP (22%), 75% of family risk assessments were rated as high or very high in their most recent risk assessment, suggesting they were extremely likely to return to the attention of child protection.
- A large proportion of **children who were known to child protection services experienced issues or risks relating to a parent or primary carer** such as psychological, cognitive or mental health issues for at least one carer (39%) or one child in the family (27%), family violence (37%), carer substance abuse (35%), carer with a child protection history of their own (21%) and housing instability or homelessness for the family (12%).



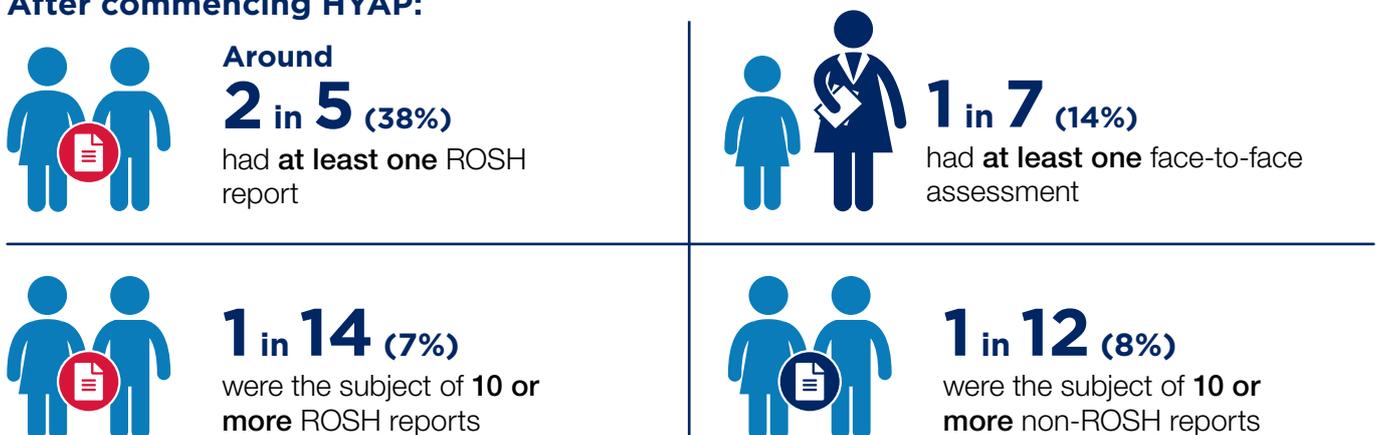
These patterns of contact with the child protection system suggest that involvement from child protection services was likely to continue despite provision of support and services through HYAP.

Figure 2: Involvement of HYAP clients with child protection services

Before commencing HYAP:



After commencing HYAP:

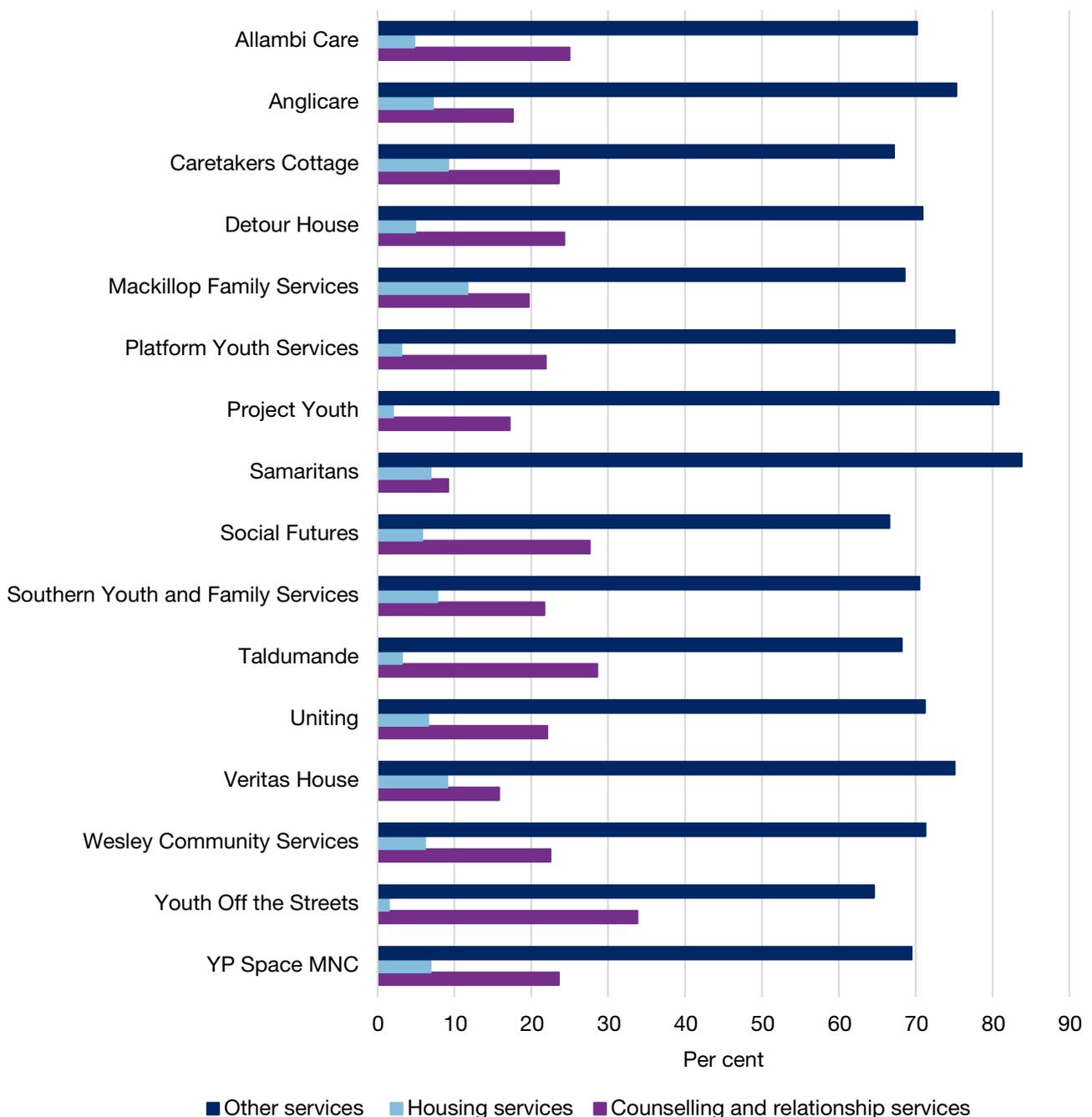


Source: Evaluation of the Homeless Youth Assistance Program report

There was large variation in the services provided to children across locations and service providers

The range of services provided to children varied by service provider. The types and duration of services provided were guided by the individual service provider and the services available locally rather than the services that may have best met the needs of the children accessing HYAP. For all service providers, the analysis shows that the provision of counselling, mental health and relationship services and housing services was surpassed by the provision of other services, which mostly involved advice/information and other basic assistance (Figure 3).

Figure 3: Types of services provided or referred to by each service provider following a young person’s first presentation at HYAP



Source: Evaluation of the Homeless Youth Assistance Program report, p.50

HYAP service providers operated a ‘no wrong door’ policy

More than one-third of children and young people (35%; n=1479) who accessed HYAP did not meet the eligibility criteria of the program, either because they were outside the age range or not part of a group who were all under 16. Of these 1,479 children and young people, 87% received more than one day of support suggesting they received more than the basic ‘no wrong door’ levels of support from HYAP on their first visit. Young people older than 16 years of age were significantly more likely to be referred elsewhere after one day or less (14%) compared to those who were less than 12 years old (7%). The evaluation report suggests that HYAP providers are proactively adapting their practice, procedures and even service approach to — as best they can — meet the needs of children and young people who present at their service, irrespective of eligibility.

Barriers and facilitators impacted service delivery

The findings from focus groups with service providers and DCJ staff highlighted a number of issues relating to the successful delivery of HYAP. Variations in the type and availability of local services for children across NSW influenced both the design and implementation of HYAP. This means that a large proportion of vulnerable children with a child protection history were not able to have their needs met by the HYAP service model and local referral infrastructure. Table 1 provides an overview of the program and system level barriers and facilitators that impacted service delivery.

Table 1: System and program level barriers and facilitators identified by service providers

	Program level	System level
Barriers 	<ul style="list-style-type: none"> • State-wide inconsistencies related to the process used to design the service model • A poor fit between the population and the model • Limits in the length of time accommodation can, or should, be provided • Consent and legal barriers • Absence of transitional support • Funding issues 	<ul style="list-style-type: none"> • Referral pathways channel complex or inappropriate clients to HYAP services • Clients are presenting with child protection concerns, which is not the focus of HYAP • Few, if any, early intervention services have been available for this cohort • Few services are available to meet the current needs of the cohort • Children in this cohort are ineligible for many potentially beneficial services • There are insufficient safe accommodation options • There are few appropriate ‘post-HYAP’ options
Facilitators 	<ul style="list-style-type: none"> • Fit between the client and service • Flexible approach to service delivery • Setting achievable goals for clients • Supportive organisational setting 	<ul style="list-style-type: none"> • Having an operational district protocol with DCJ • Localised links with DCJ and other services

Source: Evaluation of the Homeless Youth Assistance Program report, p. 60-70

Children were generally positive about the support they received

Between January and March 2020, the Evaluation Team interviewed a small sample (n=23) of children aged over 15 years who were currently or previously engaged with HYAP services. The children were asked a series of questions relating to six domains – accommodation, social networks, skills, goals, services and crisis. The majority of children rated their experiences as very good or good for each of the six domains. However, children felt that the way in which information was communicated between support workers and clients could be improved in the future by having more effective communication. Because of the small sample size, these findings should be treated cautiously.

“

[the service provider] connected me with my sister, and they tried to help me make more friends at the refuge, so I have more people with me.

(Young Person)

”

Some vulnerable children continued to experience housing instability

The vast majority (82%) of children with an identified need to maintain accommodation were provided assistance (79%) or were referred elsewhere (3%). Of the children with a short-term or emergency accommodation need, 51% were provided with accommodation services and 21% were referred for that service.

The largest unmet need for housing services was for children who required long term housing. Around 1 in 10 (12%) children with longer term and medium term housing needs were not provided with this assistance. The analysis found that the measure of unmet need was likely undercounted.

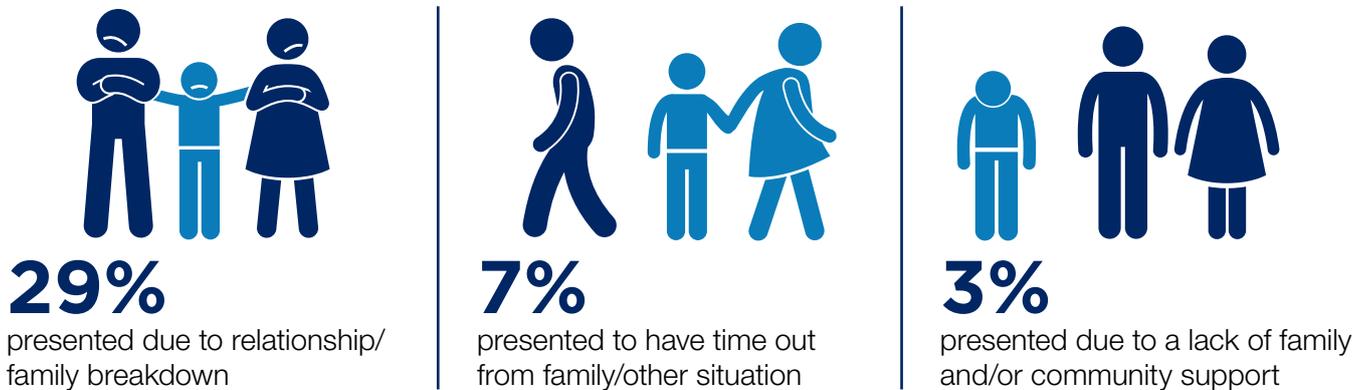
A large proportion of children (38%) had at least one subsequent ROSH report after commencing HYAP. Children who received or were referred to short term housing were slightly more likely to be the subject of a subsequent ROSH report indicating that housing instability can increase child protection concerns.

Most children (82%) who had an identified housing need did not return to HYAP once they left. The reasons for this are unclear and were beyond the scope of this evaluation. This may be due to children's needs being met the first time they accessed HYAP or some children may have continued to experience housing instability but chose not to return to HYAP. Of the 18% of children who did return to HYAP, they only returned for the same problem about 7% of the time. The main presenting reasons for return were transition from other custodial relationship (29%), housing crisis (16%) and housing affordability stress (15%). Children with a child protection history were more likely to return to HYAP.



Vulnerable children continued to have issues reconnecting with family and friends after HYAP

Children presenting at HYAP due to family relationship issues represented 39% of all main reasons. These fell into three main categories:



Source: Evaluation of the Homeless Youth Assistance Program report, p. 93

Of the children presenting at HYAP due to family relationship issues, only a small number returned to HYAP after leaving. If they did return, they only came back for the same main reason about 23% of the time. However, the most frequent reason for the same return was relationship/family breakdown (44%).

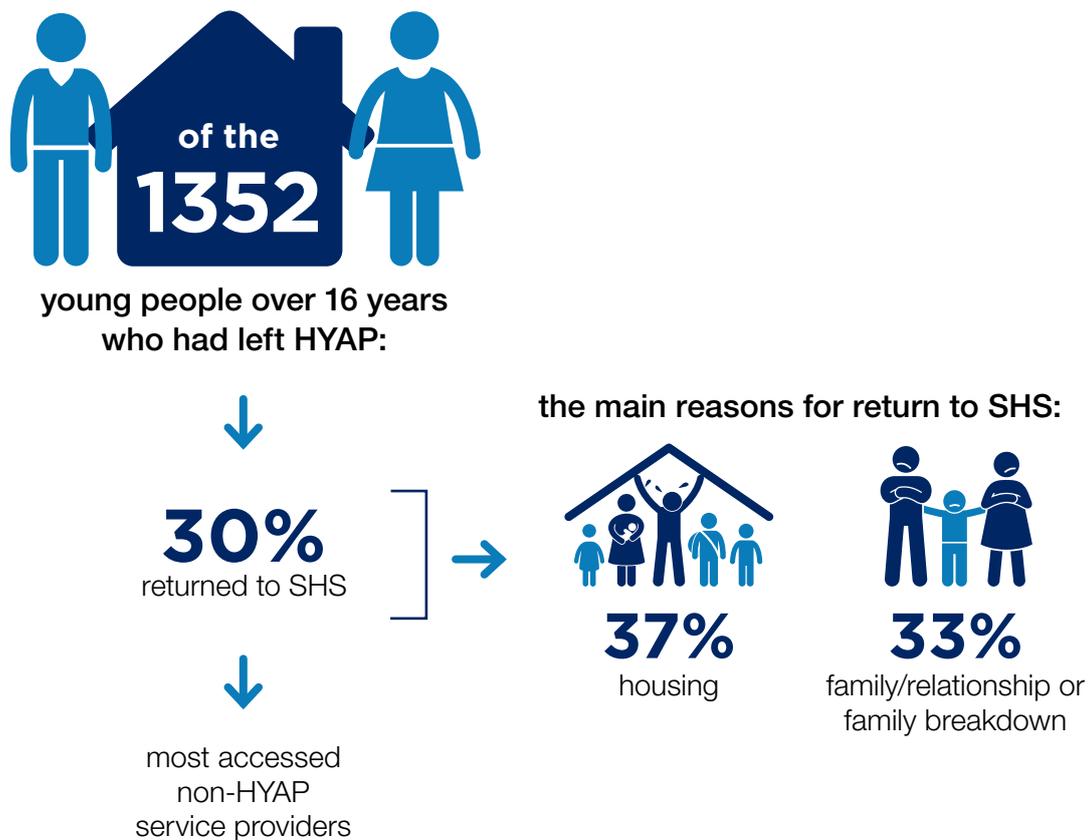
While the provision of, or referral to, counselling and relationship services was a major proportion of the services provided (83%), many children continued to be the subject of ROSH reports after HYAP began. The biggest predictor of a young person continuing to be the subject of ROSH reports after HYAP was having a prior history of ROSH and non-ROSH reports. The evaluation suggests this is indicative that these children’s needs were too complex and longstanding for the counselling and relationship services available through HYAP to have much impact on the quality of their family connections, or on other child protection concerns that were affecting them.

Almost a third of young people over 16 years returned to Specialist Homelessness Services (SHS)

The evaluation team analysed data from the group of young people who had turned 16 years of age before 30 June 2019 and had exited HYAP. The purpose of this analysis was to explore whether young people accessed Specialist Homelessness Services (SHS) after exiting HYAP from either a HYAP or non-HYAP provider.

Of the 1352 young people over 16 years, around a third (30%) returned to SHS with most (87%) of these young people accessing non-HYAP service providers. The most common reasons for return were housing (37%) and family/relationship or family breakdown (33%) (Figure 4).

Figure 4: Proportion of young people over 16 years returning to SHS and the most common reasons for return



Source: Evaluation of the Homeless Youth Assistance Program report, p. 96

Younger children, children with an OOHC history and children with a prior ROSH history showed no improvement or worsened over time across a number of outcome domains

The Evaluation Team used the HYAP Client Outcomes Tool (HYAP-COT) to understand what works and why (Box 2). The evaluators developed two testing models to account for those who received at least one assessment (n=666) and those who had at least a baseline and a partially completed assessment near the end of service (n=298).

Minor improvements were observed across some outcome domains, although these results were not statistically significant. These improvements were generally moderated by client characteristics with some children either showing no improvement or getting worse over time. Where the results were significant:

- Children aged less than 14 years of age had negative changes for the outcome domains of family connections, accommodation and risk-taking behaviours.

Box 2: What is the HYAP Client Outcomes Tool (HYAP-COT)?

The HYAP Client Outcomes Tool (HYAP-COT) assesses outcomes across seven outcome domains:

- family connections
- accommodation
- education and training
- physical health
- mental health and emotional wellbeing
- risk-taking behaviours
- age appropriate living skills.

- Children with a prior OOHC experience had a negative change for family connections and no change for the accommodation outcome domain.
- Children with a prior ROSH history had no change for the outcome domains of physical health and age-appropriate living skills.

Younger children and children with an OOHC history did not see improvements in family connection or accommodation, two key areas for HYAP that are associated with future child protection outcomes.

There was a high variation in the cost per entry

The evaluation found there was a high variation in cost estimates due to the variation in HYAP service models used. Estimates of the cost per entry range from \$1,215 to \$34,169. The report recommends that any further cost analysis should take into account the specific services provided by each HYAP service provider.

Across HYAP providers, staff costs make up the majority of the total annual cost of service delivery. How staff spent their time varies considerably across HYAP service providers. Based on survey responses from eight service providers, at an aggregate level, HYAP staff spent the most time on case management (ranging from 0% to 60%), followed by assessment (ranging from 0% to 21%), accommodation activities (ranging from 0% to 20%) and supervision (ranging from 0% to 30%). Staff spent less time on accommodation activities than was expected by the evaluators.

What are the limitations of the evaluation?

The report identifies a number of limitations that should be taken into account when considering the findings:

- The evaluators had no comparison group of children who did not receive HYAP services due to the age of the Client Information Management System (CIMS) database and its use for this population.
- Due to limitations with the data, there were difficulties in following up services provided to members of the same family.
- The CIMS database had missing data for the HYAP Client Outcomes Tool, which meant that these analyses were based on only 11% of the sample (n = 298) and the interviews with children had very low numbers (n=23). This means that these findings may not be representative of the experiences of all children who accessed HYAP.

Where to from here?

The HYAP evaluation report makes six recommendations, with four of these relating to adjustments to the HYAP program including:

- redesigning HYAP to meet the needs of the target cohort
- integrating evidence-informed practice into the services provided by HYAP
- developing minimum standards and service requirements for HYAP
- supporting high-quality implementation of district HYAP protocols.

The final two recommendations relate to broader system changes including improving service integration across the homelessness and child protection systems and improving the quality of homelessness data.

Key initiatives currently underway or planned

In response to the evaluation, the following work has been undertaken or is underway:

- **Reconfiguring HYAP** to better meet the needs of the target population and to better integrate services with the child protection system. This work is expected to be completed by July 2024.
- **Establishing a DCJ Escalation Pathway** for HYAP/SHS to pursue better outcomes for clients with child protection concerns.
- Providing unaccompanied children and young people support through the **newly established Family Connect and Support (FCS) service**. FCS can divert more children and young people not meeting the statutory threshold of risk of significant harm (ROSH) from the homelessness sector and supports restoration supported by case management, family group conferencing and preservation programs.
- **Improving access to family preservation programs** that support vulnerable children and their families. The NSW Government is improving family preservation programs over the next three years. The Family Preservation Improvement program will bring existing programs together into a single program structure to better meet the needs of vulnerable families who need different timing, intensity and frequency of services as their circumstances change. There will be less restrictive program eligibility with all programs delivering services to children and young people 0-17 years.
- **Reviewing the Unaccompanied Children aged 12-15 years accessing Specialist Homelessness Services policy** to clarify the roles and responsibilities of DCJ and funded services and provide oversight for children staying in homelessness accommodation for longer periods.
- **Establishing an internal DCJ Youth Homelessness Joint Working Group** to deliver a more integrated response for shared clients who have complex interactions between multiple service systems (e.g. homelessness, child protection and youth justice).
- **Improved communication around best practice for child protection caseworkers** when responding to unaccompanied children who present to HYAP and have a child protection history.
- **Improving data collection and monitoring** of trends for children who are in OOHC and present to HYAP when a child protection report is made (CP Helpline and eReport).



About the Evaluation of the Homeless Youth Assistance Program (HYAP)

The evaluation of HYAP was informed by an approach that was:

- guided by Implementation Science
- used an implementation-outcome hybrid design to assess client outcomes and implementation indicators
- used mixed methods to incorporate feedback from service providers and DCJ
- incorporated client voice
- placed ethical research principles at the forefront.

The evaluation sought to answer the following questions:

- What are the client profiles targeted by provider agencies?
- What is the level of client satisfaction with the HYAP services received?
- Are HYAP services being implemented as planned?
- What are the barriers and facilitators to the delivery of HYAP services?
- Are clients living in safe, secure accommodation?
- Have clients reconnected with family members and/or friends?
- Have clients achieved their case management goals associated with seven key outcome domains (i.e. social and community, home, education and skills, health, empowerment, economic, and safety)?
- What is the unit cost of providing a unit of HYAP services to children and young people?
- What are the elements that determine the makeup of the unit cost?

The evaluation used a number of sources to gather data and information including linking the Client Information Management Systems (CIMS) (homelessness data) and ChildStory (child protection and out-of-home care data); focus groups and interviews; and a costing survey.



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Endnotes

- ¹ Wang, JZ, Mott, S, Magwood, O, Mathew, C, McLellan, A, Kpade, V, Gaba, P, Kozloff, N, Pottie, K, & Andermann, A 2019, 'The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review', *BMC Public Health*, vol. 19, no. 1, pp.1528.
- ² Chamberlain, C & Johnson, G 2013, 'Pathways into adult homelessness', *Journal of Sociology*, vol. 49, no. 1, pp.60-77.