

Evaluation Plan

Neami Macarthur Youth Mental Health & Housing Project

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Many thanks to everyone who
contributed

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ABBREVIATIONS AND GLOSSARY

APQ6	Activity and Participation Questionnaire
FACS	Family & Community Services
HREC	Human Research Ethics Committee
NSW	New South Wales
MYP	Macarthur Youth Mental Health & Housing Project
PWI	Personal Wellbeing Index
Steering Committee	Staff of Neami, SPRC, Department of Family & Community Services
SHS	Specialist Homelessness Services
SPRC	Social Policy Research Centre
UNSW	University of New South Wales
YP	Young people, Young person

EXECUTIVE SUMMARY

Neami and the NSW Department of Family & Community Services (FACS) has commissioned an evaluation of the outcomes and cost effectiveness of the Neami Macarthur Youth Mental Health & Housing Project (MYP) in Campbelltown, New South Wales to inform future service development. The project is designed to support young people aged 16-18 years in the Metro South West region of Sydney who are experiencing both homelessness and mental illness. Staff in the project provide case management and outreach support to young people, as well as consultation and advice to youth homelessness services. The project will be conducted to June 2013, the evaluation to July 2013. The evaluators are Neami and the Social Policy Research Centre (SPRC), University of New South Wales (UNSW). This Evaluation Plan is an overview of MYP, the evaluation questions and methodology which will be used to undertake the evaluation.

Evaluation questions

The evaluation uses a longitudinal, mixed methods design to address four objectives and related research questions:

- To investigate and measure the impact of services provided through the MYP and identify housing outcomes for young people accessing the service.
- To examine what works well and doesn't work as well in delivering the MYP
- To determine how successful project staff have been in building the capacity of youth homelessness services to respond to the needs of young people experiencing mental illness
- To measure whether this type of service delivery approach is cost-effective.

Research Design

The research will explore whether the MYP aims have been met. A formative evaluation design will be adopted, whereby the findings of the initial wave of data collection are used to modify the MYP to better meet its objectives. The final evaluation report will draw summative conclusions about the MYP to potentially inform future policy development.

Timeframe

This is a longitudinal evaluation over 9 months. The evaluation will be conducted in four phases – evaluation plan; baseline analysis; longitudinal analysis; and final analysis. The final evaluation report will be delivered to NSW Department of Family & Community Services in July 2013.

1. INTRODUCTION

Neami and the NSW Department of Family & Community Services (FACS) has commissioned an evaluation of the outcomes and cost effectiveness of the Neami Macarthur Youth Mental Health & Housing Project (MYP) in Campbelltown, New South Wales to inform future service development. The project is designed to support young people aged 16-18 years in the Metro South West region of Sydney who are experiencing both homelessness and mental illness. Staff in the project provide case management and outreach support to young people, as well as consultation and advice to youth homelessness services. The project will be conducted to June 2013, the evaluation to July 2013. The evaluators are Neami and the Social Policy Research Centre (SPRC), University of New South Wales (UNSW).

This plan explains the evaluation methodology and management. It includes:

- Background information;
- An overview of roles and responsibilities of program partners;
- Conceptual approach to the evaluation and key questions;
- Evaluation framework and data collection methods;
- Data analysis process;
- Ethical considerations; and
- Project management, including reporting and timeframes.

1.1 BACKGROUND TO THE MYP

The effects of mental illness can be especially profound for young people, and impact on a range of domains within their lives. Primary issues associated with mental illness for young people include homelessness and/or housing in unstable or unsuitable accommodation (Hamilton, King, & Ritter, 2004); problematic substance use (Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005); low academic achievement, unemployment and family breakdown (Flatau, Conroy, Clear, & Burns, 2010).

Youth homelessness has existed in Australia for many years, but has only become an area of policy focus since the landmark report 'Our Homeless Children', the findings of a national inquiry conducted by Bruce Burdekin in 1989. Methodological issues associated with enumerating homeless and transient people have hindered efforts to accurately capture the prevalence of homelessness among youths in Australia. Within New South Wales, approximately 4987 young people between the ages of 12 and 18 years were recorded as homeless in 2006, with approximately 1500 or 30% of these young people located in the Sydney metropolitan area (Chamberlain & MacKenzie, 2008).

It has been suggested that rates of youth homelessness have doubled since the Burdekin report, thus highlighting the importance of further research and intervention in this area (Simon, 2009:11).

While the nature of the relationship between unstable housing and mental illness is unclear, a link has been made between prolonged homelessness and persistent and severe states of mental ill health (Homelessness Australia, 2012). This is particularly concerning given recent estimates that 50–80 per cent of homeless youth have experienced mental illness (Kamieniecki, 2001:335), and are significantly less likely than non-homeless youth with a mental illness to access treatment (Dixon, Funston, Ryan & Wilhelm, 2011). Homeless youth most often suffer from substance abuse, mood and anxiety disorders (in particular, post-traumatic stress disorder) (Mildred 2002; Kamieniecki 2001). A significant number of homeless young people experience psychotic disorders and many others have a personality disorder (Parker, Limbers and McKeon 2002).

Homeless youths present with complex needs which traditional services often cannot and/or may not be willing to address (Cauce, Morgan, Wagner, Moore, Sy, Wurzbacher, Weeden, Tomlin & Blanchard, 1994). As such, these youths often cannot access traditional services due to challenging behaviours; the gap between adolescent and adult services; issues with substance abuse; mental illness that is either too acute for some services, or not acute enough for others; and a lack of interagency cooperation (Ensign & Gittelsohn, 1998). Further complicating this are anxieties among homeless youth about the safety and quality of services available (Darbyshire, Muir-Cochrane, Fereday, Jureidini, & Drummond, 2006), and past negative experiences of engaging with services in terms of striking a balance between independence and assistance (de Winter & Noom, 2003), particularly among those who have been involuntarily detained in psychiatric inpatient wards (Keys, Mallett, Edwards, & Rosenthal, 2004). Given these difficulties, service providers have been required to adopt innovative models to attempt to control the level of untreated mental illness within this population.

Young people experiencing the dual issues of homelessness and mental illness have in many cases been excluded from receiving Specialist Homelessness Services (SHS). This is due to a number of factors including:

1. Their needs may be considered to be too high or complex for current youth homelessness services;
2. The services are not designed around the needs of young people with a mental illness and therefore these young people may be exited or leave programs without their needs for secure housing & effective support having been met;
3. There are few links between homelessness and mental health services;
4. Youth homelessness staff do not feel confident about their ability to respond to the needs of young people with mental illness.

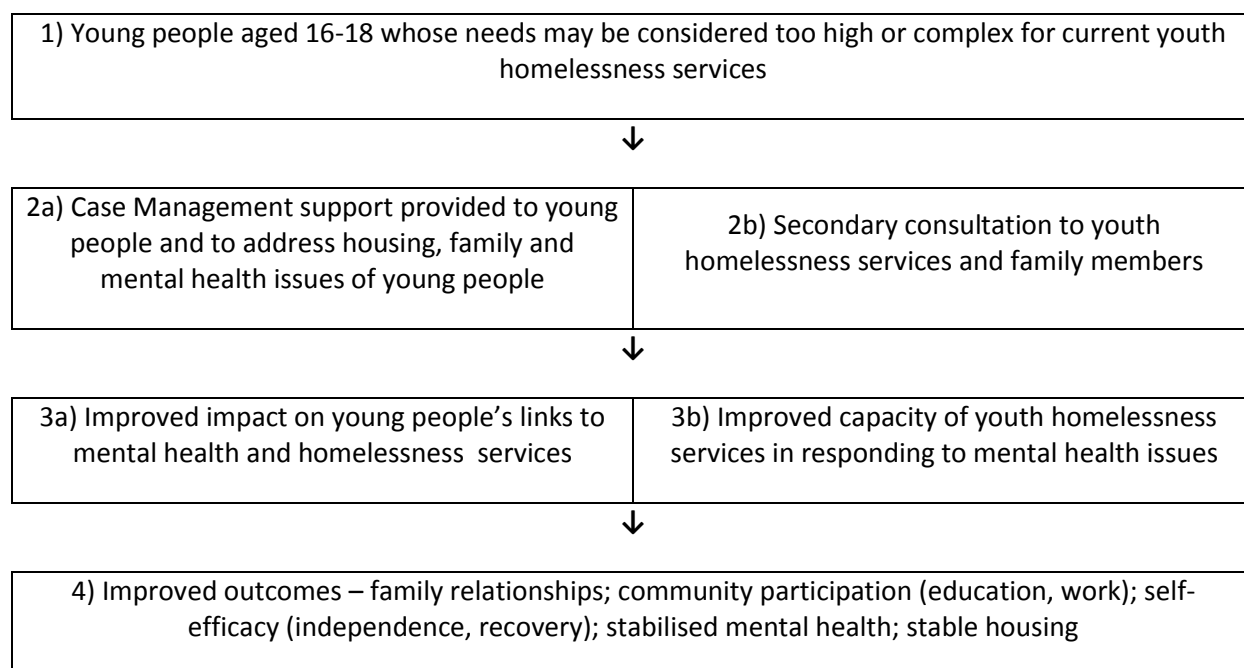
To reduce the risk of young people experiencing dual issues of homelessness and mental illness becoming seriously unwell and having extended periods of homelessness, the Macarthur Youth Mental Health and Housing Project, a joint initiative of Neami and the NSW Department of Family and Community Services commenced in December 2010.

1.2 AIMS OF THE MYP

The key objective of the MYP is to facilitate better housing outcomes, including access to Specialist Homelessness Services (SHS) for young people with a mental illness. The MYP aims to achieve better wellbeing and housing outcomes for young people aged 16-18 years through:

- Personalised, consumer-centred assistance through outreach support work so that they may develop their independent living skills, improve management of mental and physical health, improve access to community activities, improve educational and vocational outcomes.;
- Direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing and appropriate treatment and support
- Secondary consultation provided to youth homelessness services in relation to responding to young people with mental health issues.

Support provided to young people is on-going even if they move out of the initial referral area. The flexibility of the MYP in remaining engaged with young people despite their geographic location is a key feature of the support provided by staff.

Figure 1.1: Macarthur Youth Project Program Logic**1)**

- Individuals whose needs are too high or complex for youth homelessness services; or those who are at risk of homelessness or eligible for homelessness services but due to their compromised mental health are not accepted by these services. In the majority of cases the complexity is the result of behavioural issues.
- Young people must be within the referral area to become engaged in the project. Staff will remain engaged with young people even if they then move out of the referral catchment zone.
- Support is provided to young people aged 16-18 inclusive.

2)

- In the context of the Macarthur Youth Project case management support is defined as holistic support that is continuous and attempts to address an individual's whole of life circumstances.
- Secondary consultation to youth homelessness services involves regular correspondence via case conferences, emails and telephone calls to demonstrate good practice and provide recommendations of strategies staff should consider in their work with young people.
- Secondary consultation to family members involves providing them with relevant information about Neami services that may be of use to them. Staff may also refer them to relevant services or provide assistance in how they can successfully navigate the service system themselves.

3)

- Improved impact on young person's links to services involves adequate transition planning and ensuring sustainable referral pathways have been established.
- Greater confidence of service providers in assisting young people with mental health issues

4)

- Stable housing may not necessarily mean securing a tenancy, but could be maintaining current living situation.
- A key component of stabilised mental health is that a young person is linked in with a clinical mental health service or knows exactly where to get appropriate support if needed.

1.3 MYP STAKEHOLDERS

Stakeholders include the young people who use the service, their families and significant others; Neami Limited which jointly manages the program; Department of FACS which funds and jointly manages the program; Specialist Homelessness Services, drug and alcohol services and youth mental health services.

2. EVALUATION FRAMEWORK

2.1 EVALUATION FRAMEWORK

A longitudinal, mixed method evaluation design will measure longitudinal outcomes for young people, their family members (where this is possible); the program process (working relationships between Neami and government and non-government service providers); and costs.

The methodological approach has been developed to fit the key attributes of the Macarthur Youth Mental Health & Housing Project (MYP); the evaluation objectives and the conceptual framework outlined below to consider inputs, processes, outputs and outcomes. It is designed within the evaluation constraints such as available and prospective sources of information, budget, timeframe and respondent burden.

FORMATIVE EVALUATION

One of the key aims of the evaluation is to assess the impact of the MYP in providing successful housing outcomes for young people and to identify if the project can be modified to better meet its objectives. To address this aim, the evaluation will analyse the experiences and outcomes of the MYP for young people and will provide an understanding of the extent to which the project has met its three core objectives to:

1. Support young people exiting the project to stable accommodation settings;
2. Enhance the personal wellbeing and social connectedness of young people involved in the program;
3. Building the capacity of youth homelessness services to respond to the needs of young people experiencing mental illness.

The evaluation will also analyse working relationships and processes between Neami, Department of Family & Community Services and a number government and non-government service providers. The data will provide insight into how effective the coordinated service delivery approach has been in meeting the project's key objectives. The information will include outcomes and process evaluation data. In addition, the final evaluation report will draw summative conclusions about the MYP to potentially inform future policy development and service models.

ECONOMIC EVALUATION

In the economic analysis the costs of the delivering the project will be compared to the outcomes. The aim of this approach is to understand the extent to which costs to outcomes represent value for money over a longer term. This will help to understand how effectively and efficiently the project has achieved its objectives. The economic analysis will also inform future decisions about the project or similar support models for young people.

2.2 EVALUATION FRAMEWORK AND RESEARCH QUESTIONS

This study uses a longitudinal, mixed methods design to address the evaluation questions. Table 2.2 summarises how the data sources fulfil the research objectives and research questions in the three parts of the evaluation – outcomes, process and costs. In summary the data sources include:

- Document review – policy documents and literature;
- Program data – program specifications, contracts and financial data; quantitative service provider reporting (e.g. services provided, demographics, assessment and outcome measures, follow up or exit data);
- Qualitative data collection by the evaluation team and MYP support workers – semi-structured interviews, focus groups.

Table 2.2: Evaluation framework matched to research questions and data sources

Objectives	Evaluation questions	Evaluation methods		
		Program data	APQ-6 & PWI	Qualitative interview/ focus group
Outcomes - To investigate and measure the impact of services provided through the MYP and identify outcomes for young people accessing these services and their social networks.				
Young people	What is the profile of young people who access the MYP?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	What is the experience of young people who access the MYP? (eg. youth-friendliness of outreach support and residential environment; access to appropriate housing, clinical and non-clinical services and support)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	What evidence is there that young people who access the MYP benefit from this model of support?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	What outcomes are experienced by young people involved in the MYP, in relation to housing? What are the perceived changes to the engagement in stable housing of young people who access the MYPI?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	What outcomes are experienced by young people involved in the MYP, in relation to social/community interaction and integration? (eg. social contact with family and friends; engagement in work, study, and volunteering etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	What outcomes are experienced by young people involved in the MYP, in relation to mental health self-efficacy? (eg. young people develop personal skills and understanding to build and maintain independence and emotional wellbeing, and pathways to recovery)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	What outcomes are experienced by young people involved in the MYP, in relation to general wellbeing and quality of life? (eg. young people are assisted to maintain an identity beyond illness, hope for the future, and undertake valued social roles within their local community)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Members	How do young people's family members experience MYP?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	What benefits do they derive from this approach to support?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Objectives	Evaluation questions	Evaluation methods	
		Program data	Qualitative interview/ focus group
<p>Process - To examine what works well and doesn't work as well in delivering the MYP; and understand issues that impact service delivery across different geographical areas.</p> <p>To determine how successful project staff have been in building the capacity of youth homelessness services to respond to the needs of young people experiencing mental illness.</p>			
Service model	How effective is the MYP service delivery model? (eg. what other services are required to complement MYP and better meet the needs of the target group?)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	What impact has MYP made on the capacity of SHS to respond to mental health needs of young people? How could the service model be improved and strengthened?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	What are the factors that enhance working relationships and a collaborative approach between Neami, SHS, youth services and mental health clinical and non-clinical services? <ul style="list-style-type: none"> • Are there any factors which limit the effectiveness of the MYP partnership model? • How can the MYP partnership model be improved and strengthened? • How effective is the governance of the MYP model? 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Cost evaluation - To measure whether this type of service delivery approach is cost-effective.</p>			
	What are the costs and benefits of providing MYP services? Are these benefits different across different geographical areas or for young people?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	At a systems level, does the provision of MYP services result in a cost-saving across the youth and mental health systems and can this be quantified?	<input checked="" type="checkbox"/>	

2.3 PHASES OF THE EVALUATION

The evaluation will be **conducted in four phases** – project plan; baseline analysis; longitudinal analysis; and final analysis. The phases align with the project schedule and are outlined below. This section also describes in summary the research instruments, sampling framework and methods of analysis.

PHASE 1: PROJECT PLAN

The evaluation team from SPRC has worked with Neami to refine the evaluation objectives, evaluation questions and research methodology. To minimise respondent burden, the evaluation design supplements existing reporting requirements with minimal supplementary data collection by the service providers and evaluators.

PHASE 2: BASELINE ANALYSIS

A literature review has been conducted to collect and analyse evidence on other national and international interventions on working with young people experiencing dual issues of homelessness and mental illness. This review informed the development of the current evaluation methodology. Quantitative and qualitative instruments to be used in the evaluation were piloted before their use. The first wave of data collection, transfer and analysis will be conducted during this phase. The phase will conclude with a draft of the baseline report presented to Neami management for review and comment.

PHASE 3: LONGITUDINAL PROCESS ANALYSIS

The repeated waves of qualitative, narrative and quantitative data collection and data analysis will occur during this phase, as well as financial data analysis. A progress report and verbal presentation of initial findings will be provided to the Steering Committee and Neami management for comment and finalisation.

PHASE 4: FINAL ANALYSIS

The research team from Neami will analyse the qualitative and quantitative data and draft a final report. Feedback from Neami managers and the Steering Committee will be used to revise the draft final report. A final report will be produced, along with a brief summary of findings that is written in a language suitable for wider distribution to stakeholders, such as participating young people and service providers. A verbal presentation of key research findings will also be delivered to relevant stakeholders.

3. METHODOLOGY

This section outlines the findings from the brief literature and document review to design the evaluation. The aim of this review was to identify relevant empirical studies that have evaluated the impact of interventions with homeless youth with a mental illness. The review provided the rationale behind the aspects of the research design and the methods chosen to answer the research questions.

3.1 RESEARCH RATIONALE

Overall, the available literature specifically focused on homeless youth with a mental illness was scant, and of varying quality. The vast majority of articles comprised studies of prevalence and incidence of mental illness among homeless youth (Craig & Hodson, 1998; Dadds, Braddock, Cuers, Elliot & Kelly, 1993; Fuller, Krupinski, Krupinska, Pawsey & Sant, 1994; Hwang et al., 2005; Human Rights and Equal Opportunity Commission, 1989; MacKenzie & Chamberlain, 1992; Reilly, Herrman, Clarke, Neil & McNamara, 1994; Schweitzer & Hier, 1993; Slegers, Spijker, van Limbeck, & van Engeland, 1998). The literature itself has acknowledged that research around interventions with homeless youth with a mental illness is still a relatively new field of enquiry (Altena, Brilleslijper-Kater & Wolf, 2010).

Due to the limited amount of relevant studies conducted on young people experiencing dual issues of homelessness and mental illness, it was difficult to identify best practice methods of evaluating the MYP. Despite this, a number of methodological ideas, including using key workers with an existing relationship with the young people to conduct the assessments and interviews have been adopted for use in the current evaluation. The implications for the MYP evaluation methods are detailed below.

3.2 METHODS AND SAMPLES

QUANTITATIVE PROGRAM DATA

The evaluation will analyse cost data provided by Neami. In addition, it will analyse information collected by Neami as part of their program management about young people's needs, goals and outcomes.

Young people

The evaluation will draw on quantitative data collected by Neami as part of its usual client record-keeping and service reporting processes. This information is stored in an electronic database, Carelink+, and includes demographic data collected at intake, assessment and service planning information, case notes, and closure of each young person. This information will allow the evaluation to answer some of the key questions.

Part of the routine outcome data collection entails the completion of two questionnaires:

Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)

The CANSAS is a 22 item measure which assesses met vs. unmet need across a range of life domains. This measure can be administered by either the consumer or support worker, and aims to facilitate further conversation and support around identified unmet needs. The following domains are assessed:

- Accommodation
- Food
- Looking after the home
- Self-care
- Daytime activities
- Physical health
- Psychotic symptoms
- Information on condition and treatment
- Psychological distress
- Safety to self
- Safety to others
- Alcohol
- Drugs
- Company
- Intimate relationships
- Sexual Expression
- Child care
- Basic education
- Telephone
- Transport
- Money
- Benefits

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

The ASSIST is an 8 item questionnaire designed to be administered by a support worker in order to screen for the use of the following substances:

- Tobacco products
- Alcohol
- Cannabis
- Cocaine
- Amphetamine-type stimulants (ATS)
- Sedatives and sleeping pills (benzodiazepines)
- Hallucinogens
- Inhalants
- Opioids
- ‘Other’ drugs, e.g. caffeine

The ASSIST obtains information about lifetime use of substances and use of substances and associated problems over the last 3 months. It can identify a range of problems associated with substance use including acute intoxication, regular use, dependence or ‘high risk’ use and injecting behaviour. Information collected via the CANSAS and ASSIST is done so on a 6 monthly basis. Collating this data over multiple time points will enable comparisons to be

made between level of substance use and unmet needs, and the impact of service use in relation to these items.

In addition, evaluation participants will complete the Personal Wellbeing Index (PWI), the Activity and Participation Questionnaire (APQ-6).

The measurements will provide sufficient longitudinal evidence to answer the key evaluation questions for the youth cohort, including (demographics, service use and assessment of mental health at intake and outcomes derived; follow up support or exit data; see above for a detailed overview).

Managing possible gaps in quantitative program data

The Personal Wellbeing Index (PWI) has been adopted for use in the evaluation as it contains specific questions on personal wellbeing as well as information on seven life domains that can be used as indicators for assessing resilience, e.g. health, material comfort, work engagement and community participation, which are the core objectives of the pilot program. In addition, the PWI is a validated instrument which uses reliable Australian scales which are short and therefore relatively quick to administer.

Another gap in the program data is the shortage of direct evidence about young people's social/community interaction and integration. To address this gap, the Activity and Participation Questionnaire (APQ-6) will be administered to all young people engaged in the program in the first and second wave of data collection.

Data collection process

Measuring change relies on the program data capturing measurements in at least two points of time, usually on entry and end of contact with MYP. All young people engaged in the MYP at November 2012 will be asked to participate in the evaluation, and all young people previously engaged with the MYP will be contacted and invited to participate. All new entries to the project during the evaluation timeline will be asked to participate. Upon exit from the project or if they are still engaged when the evaluation begins the second wave of data collection all young people who previously gave consent will be asked to complete the PWI and APQ-6 again.

Follow-up surveys with young people after they have exited the pilot will not be pursued as any subsequent changes in wellbeing or resilience will not be clearly attributable to the MYP.

QUALITATIVE DATA COLLECTION AND SAMPLING

Semi-structured interviews will be conducted with the young people in MYP, family, the MYP service providers and stakeholders and the Department of Family and Community Services. In line with the evaluation objectives and research questions, the qualitative interviews will determine:

- the experience of young people who access the MYP, and in what ways they have benefited from the model of support;
- young people's outcomes, particularly in relation to emotional wellbeing, quality of life, referral to other clinical and non-clinical services, social and community interaction and participation, and mental health self-efficacy;
- the experience of the young people's family members with MYP, and in what ways they have benefited from this model of support;
- the effectiveness of the service model to meet the needs of its target group (e.g. are further services or responses required to complement MYP; what factors support good working relationships between MYP providers and other relevant community partners/services);
- the effectiveness of capacity building consultations undertaken with specialist homelessness services;
- the cost effectiveness of providing MYP services and whether this is a viable service delivery model .

The study sample includes ten young people (2 of whom have already exited the service), 2 family members, 4 Neami staff, service provider staff from 11 different stakeholder agencies and a staff member from the Department of Family and Community Services.

Table 3.2: Samples by method

	November 2012	Total 2012-13
<i>Program data – repeat measures, continuous data, 6 month transfer</i>		
Young people – profile, outputs and outcomes	10	
Financial and administrative data	10	
<i>Interviews – 2 x longitudinal repeat collection</i>		
Young people	10	25
Family, friends or other significant people)	2	4
Workers and managers from the Neami	4	8
Other service providers	15	30
Total wave I and II interviews		67

Interviews with young people, their family members and support workers will focus on outcomes and process. Interviews with managers and stakeholders from partnering agencies and government will focus on policy, program and partnership management process evaluation. Repeat face to face interviews will be conducted in November 2012 and again in April 2013. Face to face interviews also facilitate opportunities for the researchers to observe the program, which will contribute to the qualitative data.

Recruitment of young people and ethical considerations

To avoid selection bias and maximise the longitudinal research opportunities, all young people engaged in the project and their family members will be asked to participate in longitudinal interviews. Neami staff conducting interviews with young people and their family will be provided with instructions from the evaluators on how to make an initial approach with the young person to explain the consequences of participating in the evaluation and to gain voluntary permission for them to take part in an interview. Young people will be given a voucher to reimburse expenses and time for participating. All young people and family member interviews will be conducted face to face in a location preferred by the respondent.

Other ethical considerations include asking the young person where and when they want to conduct the interview, if they want a trusted person to accompany them, option not to record the interview, strengths based questions, flexible interview format (priority questions, storytelling) and disclosure protocol (see below) and referral for support about information disclosed during the interview.

Longitudinal research with key informants

In addition to the young person and family member samples, interviews with Neami staff, stakeholder staff (from multiple services) and the Department of Family and Community Services will be undertaken. The service provider and Department interviews will be conducted face to face or via telephone at the convenience of the respondents.

The worker and management data will be supplemented with incidental observational and discussion data from any evaluator participation in meetings and visits to the service provider facilities.

Cost effectiveness

To determine whether the program provides value for money and positive outcomes for young people and whether it is a viable service delivery program, the evaluators will analyse financial data provided by Neami to examine the costs of the project (including management, establishment and administration and young person service costs).

Program costs will be compared to the outcomes. The aim is to compare the goals of the program with its achievements, deciding whether the program is economical in terms of tangible benefits produced by money spent. This will help to understand how effectively and efficiently the project has achieved its objectives. This component of the evaluation relies on outcome data as well as cost and expenditure data being available. Where available, the data will be compared to alternative costs if the young person was supported within the existing service system.

4. ANALYSIS

Data from all methods will be analysed and triangulated to answer the research questions. Quantitative data will be analysed using a statistical software program, such as SPSS. Priority will be given to analysing the data to inform policy decisions and program improvement. As applied social policy researchers, the evaluation team is familiar with adapting the data collection, analysis and outputs to respond to policy changes during the evaluation period.

Qualitative data analysis will be used to critically interpret the full quantitative dataset. This will be important for understanding the partnership, policy and model questions to improve the program delivery and inform future model enhancements. It will also be important for analysing variation in experience according to the young person's characteristics, such as Indigenous status, cultural diversity and comparison to similar service models.

Validation methods will be three-fold, first through adopting and comparing to data from validated instruments; second, triangulating from the multiple data sources; and third, encouraging critical input from the evaluation participants. An advantage of engaging with the Evaluation Steering Group and communicating draft and interim findings to evaluation participants is that the validity of the results can be challenged with the experiential information from program participants. Equally it provides an opportunity for program managers to refer participants to the program documentation and principles of the program in the event of conflicting interpretations of evaluation findings.

To maximise the benefits of formative evaluation, public summaries of the interim results will be made available so that a further data source can be phone and email data from other people involved in the program.

5. PROJECT MANAGEMENT

5.1 DELIVERABLES

A timeline of deliverables is below. The content of these deliverables will be as specified in the tender brief and finalised in the Phase 1 design.

Table 5.1: Deliverables and timeframe

Item	Deliverable	Date due
1	Written Project Plan	October 2012
2	First written Progress Report and presentation	February 2013
3	Draft Final Report	June 2013
4	Final Report, Summary of Findings and presentation	July 2013

The evaluation will take a formative evaluation approach, where the progressive results of the evaluation are fed back into the pilot to improve quality management of the project.

All deliverables will be presented in draft to receive comment, amended and a final version agreed. Drafts will be discussed with the Steering Committee, before approved public versions and summaries are made available to the young people and other interested people. Public summaries will enhance the quality of the research relationships, elicit feedback as another source of evaluation data and to contribute to the formative evaluation approach.

With the agreement and permission of FACS, the progressive results will be submitted for national and international publication during the evaluation to contribute to the evidence base on the MYP.

5.2 EVALUATION TIMEFRAME

The process to fulfil the deliverables will be managed with following the timetable of activities. The timeframe can be adapted in each Phase to accommodate any additional requirements.

Table 5.2: Evaluation Activities and Timeframe

Deliverable	Activity	
Phase 1		2012
1 Project plan	Sign contract	Oct
	Meet with Reference Group and providers to refine design	Oct
	Submit Project Plan	Oct
	Arrange ethics approval UNSW	Nov
Phase 2		
2 Baseline Analysis	Instrument developing and piloting	Nov
	Baseline qualitative data collection	Nov
	Baseline qualitative data collection	Nov
	Analyse qualitative and quantitative baseline data	Dec-Jan
	Progress report 1 and presentation	Feb
		2013
Phase 3		
Longitudinal analysis	Wave 2 quantitative data collection	Apr
	Wave 2 qualitative data collection	Apr
	Analyse financial data for cost analysis	Apr
Phase 4		
Final Analysis	Analyse qualitative and quantitative data	May
	Draft final report	June
	Final report and presentation	July

5.3 EVALUATION TEAM

The Evaluation Team is described in Table 5.3.

Table 5.3: Evaluation Team

Responsibility	Researchers
Chief Investigators	Karen Fisher, Christiane Purcal
Data collection and analysis	Merrilee Cox, Lisa Thompson, Adam Zimmermann

The evaluation team has expert knowledge and experience in empirical research, project management and conducting complex evaluations using conceptual frameworks, longitudinal mixed methods and cost analysis. The team is a group of evaluators, researchers and experts with expertise in disability studies, intellectual disability, social policy, human service delivery and program evaluation. The evaluation team is led by the SPRC, in collaboration with Neami Limited.

5.4 PROGRAM MANAGEMENT

SPRC has detailed project management strategies for evaluation research, including risk management, succession planning, quality assurance and communication. The Chief Investigator, Karen Fisher and the evaluation team members are highly experienced in evaluation management and their collaborative work has successfully delivered research and evaluation projects since 2002.

The SPRC project management procedures meet contractual obligations and project outcomes, including project cost estimates. The project costing process aims to ensure realistic estimates of expenditure and best value for money. The evaluators have the experience and capacity to manage the timeframe expected in this project, to ensure completion on time and within budget, and to produce the required outputs in quality, reporting and budgetary terms. The evaluators have the technical skills and experience to complete the project. The contract is a fixed cost project, with the risk borne by the SPRC.

Evaluation Steering Committee

The role of the Evaluation Steering Committee (Neami, Department of Family & Community Services, SPRC, and an organisation that provides support to YP) is to provide advice to the research team during all stages of the research process including feedback on interim and final reports.

5.5 RISK MANAGEMENT

Potential risks that may impact on the management of the evaluation and collection of data are summarised in Table 5.4, drawing on the evaluation expertise of the evaluators in other research and evaluation projects.

Table 5.4: Preliminary Risk Management Strategy

Risk	Likelihood	Severity	Solution
Poor quality quantitative and administrative data	High	High	Close consultation with Neami, service providers and governance groups in Phase 1 to identify and manage data quality problems.
Failure of service provider to recruit case study sample and complete quantitative data	Medium	High	Work actively with Neami to maximise participatory methodology and commitment to the project Recompense participants Trained researchers will facilitate participation Interview a range of stakeholders to ensure involvement of young people and social network
Data gaps to address the evaluation objectives	Medium	Low	Triangulate data sources to adjust the outcomes, process and cost analysis. During Phase 1 work with Neami to maximise triangulated data sources.
Attrition between waves	Low	High	Protocols for follow up between waves and multiple points of communication. Phase 1 will ensure lessons from previous Australian and international evaluations are followed. Replacement sampling will occur if attrition is unavoidable
Poor quality data collection (inter-rater reliability)	Low	High	Use of standardised instruments which have been used in similar studies. Training for service providers and researchers and good QA systems
Psychological distress or other harm caused to young people and social network	Low	High	Stringently designed recruitment and interview procedures. Trained interviewers. Follow up and referral where necessary
Research compromised due to lack of capacity	Low	High	SPRC have a wide range of skills which could be drawn on if needed to enhance capacity of team
Research does not adhere to budget	Low	High	Budget is based on previous experience of several projects, all of which have reported on time and within budget
Research design does not meet the policy needs of Qld Alliance for Mental Health and government	Low	High	Design, detailed objectives and dissemination strategy has been developed in collaboration with Neami.
Evaluation team fails to work effectively	Low	Low	Build on history of collaboration and protocols for accountability and communication
Evaluation team member unavailable	Low	Low	Succession plan within the SPRC for continuity

5.6 ETHICS

Ethics approval for this evaluation has been sought from The University of New South Wales Human Research Ethics Committee (HREC), which is registered with the National Health and Medical Research Council (NHMRC). The University of New South Wales is committed to the highest standard of integrity in research. All human research activities are governed by the principles outlined in The National Statement on Ethical Conduct in Research Involving Humans. The University's Code of Conduct for the Responsible Practice of Research sets out the obligations by which all University researchers must abide, including confidentiality, freedom to withdraw, privacy and voluntary participation. The SPRC and UNSW HREC have agreed processes for prompt ethics approval because we conduct many government commissioned disability evaluations within restricted timeframes.

Prior to participation in the research, all participants will be provided with clear, accessible information about participating in the research, voluntary consent to participate (with continuous opportunities to withdraw from the research), respect for individuals' rights and dignity, reimbursement for participation expenses and confidentiality. Participants will also be informed that they can decide at any time to withdraw from the study by revoking their consent. Informed consent will be obtained from young people and their family members to participate in interviews and access named administrative data collected by the service providers. Permission to interview young people's family will also be requested from the young people prior to doing so.

An easy English version of the information statements and consent forms has been developed. A disclosure protocol for developing an ethical research environment and responding to participant risk will be designed before fieldwork begins. If young people agree, responses will be recorded for accuracy and transcription. All identifiable data will be de-identified in any publications resulting from this evaluation. Data from this research will be kept in secure storage at the SPRC, viewed only by the evaluation team for the purpose of the evaluation and destroyed after seven years.

The research team have extensive experience in conducting research with young people. Researchers responsible for carrying out the fieldwork component of the study have undertaken research with young people, people with mental illness, families, service providers and officials.

5.7 COMMUNICATION PLAN

Details of the framework for engaging and working collaboratively with young people, their family members, service providers and other relevant stakeholders in the evaluation are outlined throughout the section above and summarised below. The capacity of the evaluators to undertake this evaluation research sensitively is evidenced in Section 3.

Table 5.5: Communication Strategy

Communication to	Form	Frequency
Project manager, governance groups, service providers	Written reports, meetings, phone, email, presentations and ad hoc participation in pilot management meetings	Start and finish of each Phase and as required
Young people and local community	With permission of Neami, written summaries of plan and progress inviting input distributed through Neami.	Start and finish of each Phase and as required, after approval
Other interested persons or organisations	Written permission of Neami, written summaries of plan and progress inviting input on SPRC website and elsewhere as agreed.	After each Phase after approval

Critical stages of engagement and collaboration will involve confirming the research methods and tools with Neami in the initial stage of the project. Meetings will be scheduled between the Chief Investigator and the Neami Research Coordinator to discuss an overview of the project, the context, as well as meetings with the Neami researchers and project staff to ensure a common understanding of the requirements of the project, coordinate the project design and discuss the draft methodology. Throughout the evaluation, Neami and the SPRC will liaise regularly to design a methodology and analysis that addresses the requirements of the project.

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