From aspiration to opportunity
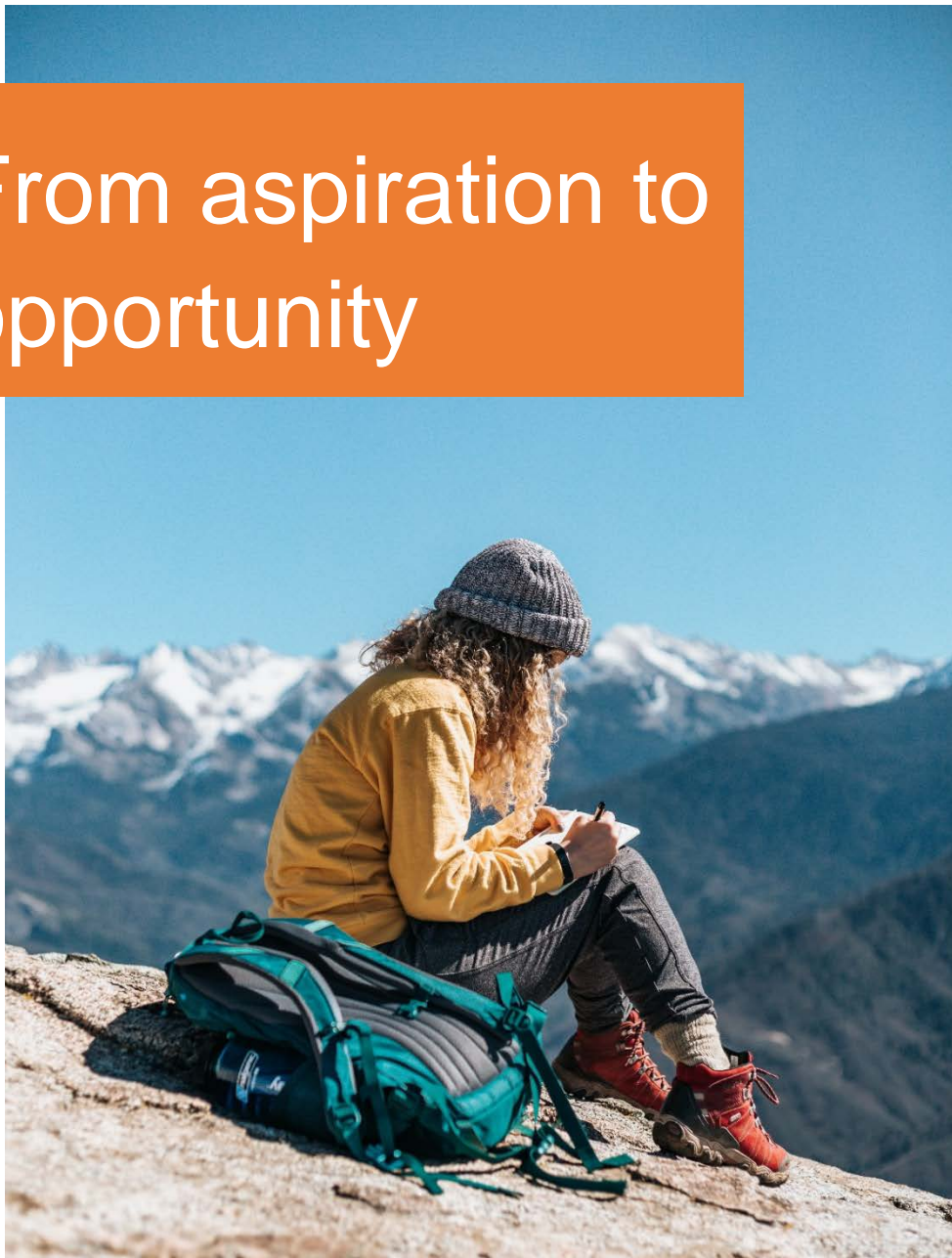
Developing Independence
in out-of-home care

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Contents

Acknowledgements

Acronyms

CIRC   Children in Residential Care

CSO   Community service organisation

DHHS   Department of Health and Human Services

DHS   Department of Human Services

DI   Developing Independence

LAC   Looking After Children

LLN   Language literacy and numeracy

OOHC   Out-of-home care

RTO   Registered training organisation

Summary

Out-of-home care (OOHC) is a temporary, medium-term or long-term living arrangement for children and young people up to the age of 18 for whom the state has determined that it is not in their best interest to live at home, usually due to the risk of abuse and neglect (DHHS 2016). Guided by the *Children, Youth and Families Act 2005* and 'best interests' principles, OOHC aims to ensure children's safety, wellbeing and development (DHS 2012a). This report focuses on one of the primary goals of OOHC for young people over the age of 15: preparation for independence after care (DHHS 2016).

Independence through education and planning

Access to quality education and employment is critical to ensuring the independence of any young person, but particularly so for young people in OOHC. These young people receive much less support than their peers in the general population who typically remain in their family home into their early twenties and continue to receive social, practical, emotional and often financial support (Mendes et al. 2014).

The right of young people in care to be provided with the best possible education is enshrined in the Charter for Children in Out-of-Home Care and informed by guidelines within *The Out-of-Home Care Education Commitment (the Partnering Agreement).* However, the reality is that they are less likely than their peers to attend school or achieve an academic qualification while in care, which contributes to poor future educational engagement and higher rates of unemployment, homelessness and welfare dependence (DHHS 2016; Victorian Auditor-General 2014).

Research on the educational pathways of young people in OOHC consistently finds that unstable housing and limited support, guidance and expectations from adults contribute significantly to low educational attainment (Cheung et al. 2012; Harvey 2015; Jackson & Cameron 2012). A focus on trauma, crisis, and risk management in OOHC limits aspirational future planning (Hart et al. 2017). Mandated transition planning is often conducted with an eye towards compliance and without the young person's input (McDowall 2013). This raises the question: how can we better support young people in care to prepare for their future?

A structured approach to developing independence

The Certificate I in Developing Independence (DI) addresses gaps in OOHC by offering both an approach and a structure for engaging young people in education and future planning based on their aspirations. It was developed for 15 to 25 year olds who are service-connected and do not have the personal, family or community networks to support their capabilities.

DI promotes the expansion of young people's capabilities as a primary goal (Sen 1999, 2002; Nussbaum 2011). Capabilities are expanded when individuals gain access to opportunities in line with their interests and are able to make the most of these. DI's goals therefore operate at two levels: first by sourcing or creating opportunities for young people to explore their interests and second by supporting young people in developing the intentions, skills and resources to access and sustain them.

Opportunities are activities in the local community, personalised for each student, that help build the skills, knowledge and networks to achieve their goals in life. 'Mainstream' opportunities connect young people with community networks and resources outside the immediate service system that can sustain their aspirations as they move towards independent lives. In practice, these could be as diverse as excursions, tasters, short courses, memberships, tours, meetings or recreational activities.

Specifically, DI offers:

- an Advantaged Thinking (AT) practice approach (Falconer 2009) that aims to shift attention away from young people's deficits towards their capabilities

- a formalised structure for ongoing planning and a soft re-entry to education in the form of an accredited[1] foundation-level certificate

- connections to mainstream opportunities across six life domains[2] for young people to explore their goals and aspirations, develop a personal vision and build capacities to access and sustain future opportunities

- co-delivery by a qualified educator and youth development worker so as to benefit from their complementary expertise.

The DI in OOHC pilot

In 2015, the Victorian Department of Health and Human Services (DHHS) and the Victorian Department of Education and Training (DET) co-funded the Brotherhood of St Laurence (BSL) in partnership with Anglicare and Berry Street to deliver DI to young people in residential care in northern Melbourne. The goal of the DI in OOHC pilot was to better support young people in engaging with education and planning for their futures. The BSL registered training organisation (RTO) served as the education provider in co-delivery. Residential care staff at Anglicare and Berry Street served as the youth development workers. The pilot was managed by BSL and overseen by a steering committee comprising BSL, government and partner agency representatives.

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[1] Accredited by the Victorian Registration and Qualifications Authority, DI comprises 180 nominal hours and is ideally delivered over a six-month period, in one or two sessions a week, flexibly tailored to student needs, goals and aspirations. It can be completed concurrently with other accredited courses and as part of a service's existing living skills or education program.
[2] The six life domains are education, employment, health and wellbeing, social connections, housing and living skills, and civic participation.

The DI in OOHC pilot was designed to be refined over several stages. These stages and their evaluation would enable the adaptation of DI to the residential care context. An evaluation of Stage 1 found that care practices primarily oriented towards trauma, crisis, and risk management meant that DI co-delivery was a low priority for OOHC staff and contributed to relationships between OOHC staff and young people that could not support DI work (Hart et al. 2017). These two issues produced lower than expected DI enrolments and completions.

In response to Stage 1 recommendations, a number of adaptations to DI delivery were made in Stage 2. The most important of these was the introduction of a non-accredited Pre-DI preparatory program to develop student DI readiness and relationships to increase enrolments. In total, 32 young people engaged in DI activities in Stage 2, compared with 15 in Stage 1. Nine of those students completed the DI certificate in Stage 2, compared to one completion in Stage 1.

Evaluating Stage 2 of the DI in OOHC pilot

The evaluation of the DI in OOHC pilot follows an adaptive evaluation approach (Hart unpub.) developed by BSL to derive learnings that support service development and sustainable systems change in innovative, complex initiatives. Unlike traditional evaluations that monitor adherence to program logics and outcomes frameworks from a distance, this approach uncovers program value through close collaboration with services to adapt and test practices in response to challenges on the ground.

Drawing from several evaluation and social research approaches, including realist evaluation, the primary concern of this adaptive evaluation approach is not simply whether a program works, but 'what works in which circumstances and for whom?' (Pawson & Tilley 1997). The goal of the evaluation was therefore to identify the key program mechanisms and conditions supporting DI pilot goals at three levels:

- encouraging young people's engagement in DI and mainstream opportunities
- expanding young people's capabilities
- orienting OOHC staff practice towards aspirational future thinking.

The evaluation employed a mixed methods design, drawing from DI case notes about 34 students, coursework from 20 students, participant observation of 21 DI meetings and program activities, and semistructured qualitative interviews with 17 OOHC staff, 4 BSL DI staff and 3 students who completed DI.

Identified program mechanisms and associated outcomes

The DI program mechanisms (Column 3) that led to outcomes linked to pilot goals of student engagement, student outcomes and shift in OOHC practice are shown in Table 1.1. Each row describes a problem to be addressed, the associated program activity and mechanism, and the outcomes produced when that mechanism was activated.

Table 1.1   DI pilot goals, program mechanisms and related outcomes in Stage 2

Pilot goal	Problem identified	Program activity and mechanism	Outcome
Increase student participation in DI (See Chapter 3)	The paperwork and testing required to enrol in the accredited DI certificate deterred potential students and misrepresented the DI experience.	A non-accredited Pre-DI preparatory program enabled students to build relationships with DI staff and an understanding of DI based on aspiration mapping, opportunities and reflections.	With the introduction of Pre-DI in Stage 2, young people were more likely to enrol in DI, progress in the course after enrolment and graduate, compared with Stage 1.
Increase student engagement in DI activities (See Chapter 4)	Inconsistent and transitory relationships with adults and OOHC practices oriented towards risk management and compliance lower young people's trust in services' capacity to support and enable them.	DI's Advantaged Thinking approach enabled relationships exhibiting three key characteristics: an authentic interest in young people; positive, non-judgemental interactions; and reliable follow-through.	Young people felt comfortable expressing themselves, challenged themselves to take up new opportunities, and overcame doubts about their abilities. Students requested to participate in DI activities and recommended DI to their friends.
Engage students in goal-setting and planning (See Chapter 5)	Young people in OOHC face high stakes in their transition from care and can feel overwhelmed by all they have to accomplish. This can have a paralysing effect on future planning.	DI enabled young people to identify goals according to their interests and aspirations across six life domains. This directed attention to what excited them about their futures, rather than what worried them, motivating action.	Young people set goals, made plans and took action to accomplish things they had previously avoided or put off, such as acquiring identity documents, learning to cook and attending school. As they did this, their confidence in their ability to manage their lives increased.

Pilot goal	Problem identified	Program activity and mechanism	Outcome
Expand student capabilities (See Chapter 5)	Young people in OOHC are less likely to have the personal, family or community networks to build capabilities.	DI sourced novel, mainstream opportunities in line with student goals. In all, 26 out of 32 students accessed a total of 80 novel DI opportunities, which enabled them to develop and contribute their knowledge and skills in communities of shared interest. This helped them realise that their aspirations were attainable and that their knowledge and skills had social value.	At least 17 students sustained engagement with opportunities beyond the initial connection. Carers, other support workers and DI staff noted an increase in student confidence, openness, social skills and purpose as their abilities and aspirations were continually affirmed and nurtured.
Orient OOHC practice towards aspirational future thinking (See Chapter 6)	Practices in OOHC are often crisis-focused and compliance-driven. Carers do not have a structured, aspirational, youth-friendly approach available to them to engage young people in ongoing planning.	Simple, youth-friendly tools, especially the DI Aspiration Map and a care team meeting planning tool, directed OOHC staff attention to student aspirations, while regular DI opportunities and meetings ensured student interests led to action and reflection.	Although BSL DI staff did most of the program delivery, even limited co-delivery produced some positive shifts in OOHC staff culture and practice indicative of DI's potential. These included increases in staff appreciation of student aspirations and accomplishments, attention to student goals in care team proceedings and actions, and staff support of student interests within care settings.

Challenges and recommendations

While many young people have derived benefits from DI in OOHC, challenges to program implementation, student engagement and capability expansion remain. Our evaluation suggests that future adaptations should consider the recommendations in Table 1.2 for improving DI's impact.

Table 1.2   DI challenges and related recommendations

Challenge	Recommendation
Co-delivery not yet achieved DI in Stage 2 was largely delivered by BSL DI staff, rather than co-delivered with OOHC unit staff as intended. While many OOHC unit staff saw benefits in DI, they required more training in the practice approach and formal integration of DI into their existing work processes. In contrast, education workers funded through the Children in Residential Care (CIRC) program found that DI aligned with their existing way of working and role. This motivated their take-up of DI as a means of improving their practice, even though they had no formal role in co-delivery. (See Chapter 6)	**Resource partner agencies to increase ownership and investment in DI** 1. Partner agencies should establish a formal structure for DI co-delivery, monitoring and review. Within this structure, OOHC unit staff might benefit from support from CIRC-funded education workers in co-delivery. 2. Partner agencies should be resourced to invest in ongoing staff training and practice sharing. 3. To support DI's goal of fostering mainstream connections, a mainstream education provider, such as a TAFE or Learn Local RTO, should replace the BSL RTO as the educational partner in co-delivery.
More support needed from OOHC system to access and sustain capability-expanding opportunities DI requires systems that allow reliable, timely access to mainstream opportunities. Young people's capability expansion through DI was limited when access to opportunities was constrained by OOHC processes. The challenges faced indicate that capability expansion through DI in OOHC is best supported by (1) flexible funding and other OOHC support for accessing and sustaining mainstream opportunities and (2) functional care teams to approve opportunities and coordinate young people's care needs. (See Chapter 5)	**Resource flexible funding and other supports sustaining community connections** 4. To be able to invest in timely meaningful opportunities supporting young people's aspirations, partner agencies require access to a quick and efficient process for securing permissions and flexible funding. 5. To ensure that student access to opportunities is supported in the next stage of the pilot, partner agencies should allocate the duties of an opportunity broker to an internal staff member involved in the delivery of DI.

Challenge	Recommendation
Placement instability disrupted student engagement	**Ensure DI staff can follow students**
Student placement instability in the OOHC system presented a significant obstacle to student engagement in DI, especially when it resulted in a loss of contact with the student and their carers. OOHC staff supportive of DI helped to maintain contact between students and DI staff during periods of student disengagement. However, when students moved to other agencies or carers where DI was unknown, disengagement usually followed unless the young person had already established a strong relationship with DI staff. (See Chapter 4)	6. Future co-delivery structures should ensure that a relationship with at least one DI worker can be maintained across placements and invest in maintaining that relationship.

1 Developing Independence in out-of-home care

The purpose and structure of out-of-home care

Out-of-home care (OOHC) is a temporary, medium or long-term living arrangement for children and young people for whom the state has determined that it is not in their best interest to live at home, usually due to the risk of abuse and neglect (DHHS 2016). As the name suggests, children and young people in OOHC are housed outside the family home in foster care, kinship care or residential care settings.

Residential care is a type of OOHC where young people typically between the ages of 12 and 17 years are housed in a domestic facility with 24-hour staffing by carers. Four bed, mixed gender units are the norm. Young people are placed in these settings when there are no available options for kinship care or foster care or when these alternatives are deemed unsuitable. Community service organisations (CSOs) work in partnership with DHHS to manage most residential care placements in Victoria and may contract case management responsibility (DHHS 2016).

Guided by the *Child Wellbeing and Safety Act 2005* and 'Best interests' principles, OOHC services are required to place a child or young person's best interests at the centre of decision-making and action by protecting and promoting their safety, rights, wellbeing and development (DHS 2012a). The Looking After Children (LAC) framework operationalises this in an outcomes-focused approach that documents care responsibilities supporting children's development across seven domains[3] (DHS 2012c). The focus of this report is on one of the LAC framework's primary goals for young people over the age of 15: preparation for independence after care (DHHS 2016).

Independence through education

Access to quality education and employment is critical to ensuring the independence of any young person, but particularly so for young people in OOHC. These young people receive much less support than their peers in the general population, who typically remain in their family home into their early twenties and continue to receive social, practical, emotional and often financial support (Mendes et al. 2014).

The right of children in care to be provided with the best possible education is enshrined in the Charter for Children in Out-of-Home Care and informed by guidelines within *The Out-of-Home Care Education Commitment (the Partnering Agreement).* However, the reality is that young people in OOHC are less likely than their peers to attend school or

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[3] Health, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills

achieve an academic qualification while in care, which contributes to poor future educational engagement, higher rates of unemployment, homelessness and welfare dependence (DHHS 2016; Victorian Auditor-General 2014).

Research on the educational pathways of young people in OOHC consistently finds that unstable housing and limited support, guidance and expectations from adults contribute significantly to low educational attainment (Cheung et al. 2012; Evans et al. 2016; Ferguson & Wolkow 2012; Harvey 2015; Jackson & Cameron 2012; Mendis 2012). A recent report comparing the education outcomes and pathways of care leavers in five European Union countries concluded:

> Social workers and professionals tend to focus on the risks and problems in the lives of children and young people in out-of-home care. It is important to recognise the positive features, strengths and competences of these young people and their at times astonishing capacity for resilience. An essential factor to translate this into educational success is access to support and encouragement from at least one significant adult, not necessarily a direct carer, who can give them good advice, focus on the opportunities open to them and help them develop a perception of themselves as competent learners (Jackson & Cameron 2012, p. 96).

Prioritising future planning in OOHC

OOHC staff are mandated to engage young people from 15 years of age in planning for their futures. The 15+ Care and Transition plan, based on care plan goals under the seven LAC domains, identifies young people's needs and strategies for their preparation for adulthood and leaving care. Competencies specified by LAC include social skills, budgeting and managing money, managing family and other relationships, living with people and resolving conflict, understanding the rights and responsibilities of an adult, cooking, housekeeping and self-care (DHS 2012b). Reviewed and updated every few months, the plan is intended for use with each young person as a structure to ensure staff meet their statutory obligations for ongoing care and planning and is regularly audited.

Guided by the Best interests and LAC frameworks, CSO staff are responsible for the routine management, action and review of care plans. To do so, CSOs establish and coordinate care teams, which typically include the young person's case manager (who could be a Child Protection practitioner or a CSO staff member), key residential care staff, including the supervisor of the unit where the young person resides, and parents (if deemed appropriate). Care teams may also include other adults involved in the care of the young person, such as education workers, extended kin or an Aboriginal Elder.

LAC and care plans provide a framework for involving young people in future planning. However, in practice, these requirements compete with others more immediately oriented towards young people's safety and wellbeing, crisis and risk management, and day to day care (Hart et al. 2017). Furthermore, standard care worker training provided through the Certificate IV in Child, Youth and Family Intervention, which includes

developmental theory, trauma-informed practice and crisis management, does not provide a practice approach for engaging young people in aspirational future planning. As a result, planning is often conducted with an eye towards compliance and without the young person's input (Mendes et al. 2011; McDowall 2013). A 2013 CREATE Report Card found that fewer than half of young people in care from 15 to 17 years of age knew whether a care plan had been developed for them.

Current compliance frameworks, planning tools and practices in OOHC do not provide an effective structure and approach for engaging young people in the ongoing, aspirational future exploration and planning identified as critical to their educational success and independence after care. This raises the question: how can we better support young people in care to prepare for the transition to independence?

A structured approach to developing independence

The Certificate I in Developing Independence (DI) addresses gaps in OOHC by offering both an approach and a structure for involving young people in aspirational future planning and mainstream engagement. DI was developed for 15–25 year olds who are service-connected and do not have the personal, family or community networks to support their capabilities.

DI promotes the expansion of young people's capabilities as a primary goal (Sen 1999, 2002; Nussbaum 2011). Capabilities are expanded when individuals gain access to opportunities in line with their interests and are able to make the most of these. DI's goals therefore operate at two levels: first by sourcing or creating opportunities for young people to explore their interests and second by supporting young people in developing the intentions, skills and resources to access and sustain them.

Opportunities are activities in the local community, personalised for each student, that help build the skills, knowledge and networks to achieve their goals in life. 'Mainstream' opportunities connect young people with broader community networks and resources outside the immediate service system and sustain their aspirations as they move towards independent lives. In practice, these could be as diverse as excursions, tasters, short courses, memberships, tours, meetings or recreational activities with local organisations.

Specifically, DI offers:

- an Advantaged Thinking (AT) practice approach (Falconer 2009) that aims to shift attention away from young people's deficits towards their capabilities

- a formalised structure for ongoing planning and a soft re-entry to education in the form of an accredited[4] foundation-level certificate

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[4] Accredited by the Victorian Registration and Qualifications Authority, DI comprises 180 nominal hours and is ideally delivered over a six-month period, in one or two sessions a week, flexibly

- connections to mainstream opportunities across six life domains[5] for young people to explore their goals and aspirations, develop a personal vision and build capacities to access and sustain future opportunities

- co-delivery by a qualified educator and youth worker so as to benefit from their complementary expertise.

Co-delivery is fundamental to the DI model. DI provides a formal, supportive and accredited structure for educators, carers and young people to collaborate in the development of young people's core life management skills, personal vision and plans for the future. Educators and youth workers collaborate on mapping young people's goals, setting priorities around those goals, and sourcing opportunities for young people to explore them. Educators are typically responsible for enrolling students, interviewing and recognising students on skills derived from informal learning experiences, guiding education and career planning, and ensuring student work meets the standards of the course. Carers are primarily responsible for guiding students through 12 skill-building coaching sessions reflecting on DI opportunities and student experiences to build capacities in key independent living skills and develop plans around their continued application.

Adaptations of DI have been delivered in homelessness services, transition to work programs, leaving care services, therapeutic residential care and community centres serving young people on youth justice orders. In each setting, DI seeks to support the transitions of service-connected youth by building their access to mainstream opportunities aligned with their goals and their capacity to take them up.

Piloting DI in out-of-home care

In 2015, the Victorian Department of Health and Human Services (DHHS) and the Victorian Department of Education and Training (DET) co-funded the Brotherhood of St Laurence (BSL) in partnership with Anglicare and Berry Street to deliver the DI to young people in out-of-home care settings in northern Melbourne. The goal was to better prepare and support young people in residential care to engage with education and plan for their futures. The DI in OOHC pilot is managed by the Brotherhood of St Laurence and overseen by a steering committee comprising BSL, government and partner agency representatives.

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tailored to student needs, goals and aspirations. It can be completed concurrently with other accredited courses and as part of a service's existing living skills or education program.
[5] The six life domains are education, employment, health and wellbeing, social connections, housing and living skills, and civic participation.

In the pilot, responsibilities were split between BSL and partner agencies. BSL was responsible for project management, training all staff in DI and staffing the roles of the DI trainer and a relationships coordinator. The DI trainer filled the role of the educator in co-delivery through BSL's RTO and was responsible for course assessments and ensuring students who completed the course met requirements for graduation. The relationships coordinator was to source mainstream opportunities for students in DI and facilitate student recruitment. Residential care staff at Anglicare and Berry Street were to occupy the youth development worker co-delivery role primarily responsible for delivering skill-building sessions and reflections and supporting students in accessing opportunities aligned with their goals.

The DI in OOHC pilot was designed to be refined over several stages. These stages and their evaluation would enable the adaptation of DI to the residential care context. Table 1.1 summarises the pilot goals and timeline of each stage so far.

Table 1.1   Pilot goals and timeline by stage

Stage	Goal	Timeline
Stage 1	Identify viable strategies to support pilot implementation, student enrolment and completion	July 2015 – July 2016 (extended to December 2016 by BSL)
Stage 2	Test strategies identified in Stage 1 and refine course materials	January 2017 – December 2017 (extended to June 2018 by BSL)

An evaluation of Stage 1 found that care practices primarily oriented towards trauma, crisis, and risk management meant that DI co-delivery was a low priority for OOHC staff and contributed to relationships between OOHC staff and young people that could not support DI work (Hart et al. 2017). As a result, initial staff enthusiasm did not translate into student referrals and engagement. While 15 young people in OOHC engaged in goal-setting and opportunities, only one student completed and an additional five formally enrolled in the course.

In response to recommendations from the Stage 1 evaluation, stakeholder feedback and experiences implementing the course, BSL made a number of adaptations in Stage 2 to better engage young people and embed practice. These included trialling delivery of ongoing staff training in unit meetings, mapping DI skill-building sessions and life domains to mandated planning tasks under LAC, and formally introducing a Pre-DI engagement phase to build student relationships and understanding of DI prior to enrolment (Coddou & Cull 2018, Hart 2017). A detailed account of adaptations made in Stage 2 is in the Appendix. The adaptation logic from Stage 1 to Stage 2 is summarised in Figure 1.2 (Hart 2017).

Figure 1.2   Adaptation logic from Stage 1 to Stage 2

Assumptions of Stage 1
- Young people in OOHC can be guided into education if DI makes links between education pathways and their future aspirations
- Advantaged Thinking (AT) improves prospects by activating young people's potential

Barriers to implementation
- Relationships with care workers are insufficient for the task of delivering DI
- Care practices are oriented to trauma, crisis and risk management
- Young people are reluctant to engage in mainstream activities

Things we did in Stage 1
- Trained staff
- Provided opportunities in line with students' aspirations
- Formally recruited a few students
- Advocated for change in care practices

Stage 2 strategies to overcome barriers
- Pre-DI to define aspirations
- 'Mapping' mandated planning tools to DI
- In-situ training and Practice Guide
- A post-DI 'Deal'

Theories about these barriers
- System doesn't resource the development of positive relationships. Trauma informed practice overlooks this
- Care practices are present-oriented, not geared towards future plans
- Peer norms among young people are hostile to mainstream activities

Indicators of progress
- Young people and workers have more trusting and respectful relationships
- AT is embedded within care practices
- Young people are able to identify a vision and goals for their future
- Young people enrol in and complete accredited DI course and post-DI 'Deal' and offer
- Young people have fewer crises and daily priorities align with future goals
- Young people can make the most of external opportunities
- Young people are supportive of one another's external engagements

Stage 2 goals at unit and system levels
- Residential care units have a positive, respectful and collaborative culture
- Risk and crisis management command less attention

Stage 2 goals at individual level
- Young people have increased connections with civic and economic actors
- Young people have improved connections with mainstream education, employment, housing and health providers
- Young people have the skills to make the most of their opportunities
- Young people have aspirations and goals for an independent future

2 Evaluating Stage 2 of DI in out-of-home care

The evaluation follows an adaptive evaluation approach (Hart unpub.) developed by BSL to derive learnings that support service development and sustainable systems change in innovative, complex initiatives. Unlike traditional evaluations that monitor adherence to program logics and outcomes frameworks from a distance, this approach uncovers program value through close collaboration with services to adapt and test practices in response to challenges on the ground.

Drawing from several evaluation and social research approaches, including realist evaluation, the primary concern of this adaptive evaluation approach is not simply whether a program works, but 'what works in which circumstances and for whom?' (Pawson & Tilley 1997). The evaluation therefore seeks to identify the key program mechanisms that produce desired outcomes, and the influence of context.

Research questions

Consistent with the realist evaluation approach, the evaluation of Stage 2 investigated three main research questions derived from pilot goals:

- How and under what conditions do young people engage with DI, including the mainstream and service opportunities offered?

- How and under what conditions does DI support student capability expansion?

- How and under what conditions does DI integrate into residential care settings and influence staff culture and practice?

A mixed methods design

The evaluation employed a mixed methods design, drawing from DI case notes about 34[6] students, coursework from 20 students, participant observation of 21 DI meetings and program activities, and semistructured qualitative interviews with 17 OOHC staff, 4 BSL DI staff and 3 students who completed DI. All participant names have been replaced by pseudonyms in this report.

Analysing DI implementation and shift in OOHC practice

To understand the mechanisms and conditions supporting program implementation and a shift in OOHC practice, the evaluator primarily drew on perspectives from BSL DI staff and OOHC staff gathered from interviews and observation of meetings and training. These were supplemented with documentation on OOHC program requirements and frameworks at the state and CSO level. Interviews and field notes were transcribed and analysed thematically in NVIVO.

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[6] While 32 students completed DI program activities, the database also includes records of two students who DI staff tried to meet, but were only able to meet with their carers over a number of occasions.

To understand how delivery barriers and opportunities might vary depending on positioning in the OOHC system, the evaluator sampled interviews with out-of-home care staff to attain perspectives from a diversity of staff roles. Accordingly, OOHC interviewees included staff from various levels of management (program managers, unit coordinators, and frontline unit staff or carers), supporting roles (case managers, education workers), and programs (residential care and independent living programs) across agencies. BSL DI staff and partner agency OOHC staff facilitated introductions to potential interviewees.

Hour-long interviews with OOHC staff were conducted in person or over the phone. They included questions on staff roles and responsibilities and how DI fits into those, how DI compares with current forms of planning, DI training and support, conditions supporting or limiting student and staff engagement in DI, activities completed with students, knowledge of student goals and aspirations, any changes staff had seen in students, and how implementation could improve.

Triangulating data to understand student engagement and outcomes

To analyse student engagement and capability expansion, the evaluator triangulated data from multiple sources: the DI student case note database, student coursework, and interviews with BSL DI staff, OOHC carers and students. Based on these data, the evaluator produced descriptive statistics, event case studies and a pathways analysis of all students who passed through the DI program.

The DI case note database documented BSL DI staff interactions with all referred students and their workers, student status changes and their reasons, course activities completed and all opportunities organised for students. With data from all students engaged in Pre-DI and DI, it provided systematic evidence on overarching engagement trends and DI opportunities.

The main method of analysis of student capability expansion was the event case study. First, the criteria for capability expansion were defined. Capabilities are expanded through DI when a student's expressed aspiration leads to an event where the student (1) connects with a novel social or material environment (in an opportunity), (2) demonstrates new capacities to interact with it, and (3) possesses the intentions, skills and resources necessary to sustain the connection. Second, by triangulating case notes and coursework with accounts of BSL DI staff and carers, the evaluator identified sequences of events meeting the criteria for capability expansion. These sequences explicitly linked DI program mechanisms to student outcomes identified by carers and BSL DI staff. Third, to better understand the conditions influencing capability expansion, the evaluator then compared these cases with cases where capability expansion was constrained, again triangulating interview accounts with case notes.

To gauge the potential for capability expansion across the entire cohort of students who passed through the program in Stage 2, the evaluator assessed the prevalence and character of DI opportunities young people took up. In doing so, the evaluator noted the

opportunity's novelty, life domain, mainstream or service connection, how it was linked to the student's goals, and whether and how students sustained their engagement in each opportunity. It is important to note that some opportunities, such as a short course or a work taster, were not intended as long-term connections, but acted as a foundation for further exploration.

The evaluator also conducted half-hour interviews with three students who eventually completed DI. The primary goal of these interviews was to determine what students most valued about the program, what they thought they had gained from their participation, and where the program could improve. BSL DI staff referred the students and made themselves available to attend interviews if requested by students.[7] For only three students, the sample was reasonably varied. Two were male, and one female; two were aged 16 and one aged 17.One student quickly enrolled and consistently engaged in DI, while the other two experienced longer Pre-DI engagement and periods of disengagement before committing to DI enrolment and regular meetings. One student completed DI in residential care and the other two transitioned to independent living placements.

Student interviews covered their experiences in Pre-DI and DI, their initial impressions of DI and why they engaged, other programs or activities they had participated in before DI, how DI compared with other programs or ways of working they had experienced, whether and how their goals and sense of future possibilities had changed, which parts of the program they valued the most, any aspects they found challenging or did not find useful, whether they would recommend DI to other young people and why, and how they would explain it to other young people.

Limitations

While the design of this evaluation anticipated difficulty in obtaining student interviews based on prior research with this cohort (Gilbert & Barber 2002; Hart et al. 2017), only three of the 32 young people who engaged in DI activities were successfully interviewed. The low number of student interviews limits insight into students' subjective experiences of the course. Two factors limited student participation. First, students who disengaged from the program usually experienced placement instability and were largely uncontactable by DI staff, so arranging an interview with them was not possible. Second, while many students were willing to give the evaluator consent to review their coursework and detailed case notes, they were not interested in being interviewed. The evaluator was mindful of putting undue pressure on young people and respectful of their right to decline. Two students initially agreed to an interview, but did not feel able to participate at the appointed time. These appointments were rescheduled several times without success. Future research should attempt student interviews early in their

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[7] One interview was arranged through out-of-home care staff in the unit, one was conducted in person with a DI staff member present, and one was conducted over the phone with a DI staff member present.

program progress, before some are lost to disengagement, and should continue to investigate ways of increasing young people's comfort and interest in these interviews.

About this report

This report presents findings from the evaluation of Stage 2 of the DI in out-of-home care pilot. The evaluation identified changes that supported increased student participation in DI from Stage 1 to Stage 2, and three ways in which DI supports young people in out-of-home care to plan for the future:

- by building committed relationships between staff and young people based on Advantaged Thinking

- by sourcing mainstream opportunities aligned with young people's goals

- by shifting carer attention to young people's aspirations.

These key program activities and their associated mechanisms answer research questions asking 'how' DI works to support student engagement, student capability expansion and a shift in OOHC staff practice (discussed in Sections 3 to 6). Each section also describes the conditions influencing key activities in Stage 2, including ongoing challenges to their achievement. The report concludes with recommendations for policy and practice derived from the analysis.

3 FINDINGS: Pre-DI increased student engagement in DI

The introduction of a Pre-DI engagement phase supported increased DI course enrolment and progress by acting as a 'soft entry' to DI. Pre-DI enabled students to develop relationships with DI staff and build an understanding of DI based on a simplified sequence of aspiration mapping, opportunities and reflection.

OOHC student participation increased in Stage 2

OOHC student participation in DI increased from Stage 1 to Stage 2 of the pilot. Table 3.1 displays the number of OOHC students involved in DI in each pilot stage by their highest level of engagement. Seven students who continued from Stage 1 to Stage 2 are duplicated in the table as noted. Increased student participation in Stage 2 was seen in terms of the number of completions (8 in Stage 2 compared with 1 in Stage 1) and number of formal enrolments (15 in Stage 2 compared with 6 in Stage 1). Course progress also increased in Stage 2, with three additional enrolled students close to completing, compared with sporadic progress after enrolment in Stage 1. Including Pre-DI, 32 young people engaged in DI activities in Stage 2, compared with 15 in Stage 1.

Table 3.1   Number of OOHC students involved in DI in each pilot stage by highest engagement level[a]

Highest level of engagement	Stage 1	Stage 2
Completed certificate	1	8[b]
Enrolled in certificate, has not completed	5	7[c]
Participated Pre-DI activities, did not enrol	9	17[d]
Total	**15**	**32[e]**

[a] Students who continued from Stage 1 to Stage 2 are duplicated in the numbers across stages where noted.
[b] One student enrolled in Stage 1 and completed at the end of Stage 2.
[c] One student enrolled in Stage 1 and continued to Stage 2 without completing.
[d] Five Pre-DI students continued from Stage 1.
[e] A total of seven students continued from Stage 1 to Stage 2.

Pre-DI created space to develop the relationships and understanding necessary to enrol students in Stage 2

The evaluation of Stage 1 of the pilot found that young people often disengaged from DI because they found the enrolment process both challenging and uninteresting. This included a DI readiness form that enquired about their experiences and interests across the six offer areas, RTO enrolment forms, identity checks and a language, literacy, and numeracy test (LLN). The LLN in particular deterred potential students and misrepresented the DI course experience. Since enrolment was usually attempted soon after meeting a young person, most potential recruits had not developed a relationship with OOHC or BSL DI staff that could support them over the initial hurdle of enrolment.

In Stage 2, BSL established a non-accredited Pre-DI preparatory program where young people could develop an understanding of DI by exploring their aspirations and opportunities in line with their interests. At the same time, they developed relationships with DI and OOHC staff based on positive, youth-led engagement. The rationale behind the Pre-DI program was that early positive experiences and stronger relationships would help potential students make an informed decision on whether to commit to the certificate.

The Pre-DI program was structured around activities that built on the young person's aspirations. In Stage 2, Pre-DI began with meetings where DI staff got to know a referred young person and their interests. At some point in this initial stage, DI staff worked with young people to complete an Aspiration Map, a one-page mind map tool that asks students to identify aspiration(s) across six life domains. This aims to help young people understand aspirations as wider than long-term career goals and recognise the connections between different life domains.

Inspired by the Aspiration Map, BSL DI staff and the young person identified a related mainstream activity to pursue. To encourage OOHC investment in young people's self-directed aspirations, BSL DI staff used brokerage to cover activities that did not typically fit within various OOHC funding guidelines or would take considerable time to gain approval. This was done in consultation with OOHC staff, who coordinated transportation to the activity. In the days or weeks following the activity, students completed a Guided Reflection documenting their learnings and potential links to new opportunities related to their aspirations. Where possible, OOHC staff were encouraged to attend the activity and the reflection session to strengthen their understanding of DI practice and develop a relationship with the student that would facilitate student-led discussions of aspirations and goals.

Students were encouraged by DI staff to pursue multiple opportunities to develop their readiness for the DI certificate. If students decided that they were ready to commit to the certificate, they began the enrolment process. During the Stage 2 pilot, the Pre-DI program also became an avenue for interested young people under 15 years of age to participate before they could formally enrol.

Pre-DI enabled a soft entry to DI for students to develop relationships with DI staff and experience DI through a simplified sequence of aspiration mapping, opportunities and reflection. This helped both young people and OOHC staff understand and engage with the program as more than a course.

While peer influence had had a negative impact on DI engagement in Stage 1, it became a largely positive influence in Stage 2. Supportive environments for DI developed in at least four residential units, where multiple students engaged in Pre-DI activities that later translated into DI enrolment for some.

About half the students who formally enrolled in DI during Stage 2 required significant Pre-DI engagement periods of four to six months. The other half enrolled within one to two months of starting Pre-DI.

4 FINDINGS: Building relationships that support DI engagement

Working with young people from an Advantaged Thinking approach developed authentic, positive and reliable relationships that supported student engagement.

Relationship-building is fundamental to engaging young people in future planning

Young people in out-of-home care often have a history of disappointing relationships with the adults in their life, including adults in services. Those who end up in residential care are likely to have experienced multiple placements with a revolving door of carers and workers, which in combination with the bureaucratic processes ruling their lives contributes to an expectation of unreliability. A report from the Victorian Auditor-General (2014) found that 65% of young people in residential care had experienced five or more placements and a third had experienced ten or more.

One young person interviewed for the DI evaluation said, 'You meet all different resi workers every day' and 'that's not a stable environment'. She talked about the importance of having one consistent person to rely on for support and how difficult it was when she moved placements and workers with whom she had close relationships 'left out of nowhere'. Without trusting relationships, young people may be reluctant to share their aspirations or try new things, for fear of failing or being judged harshly by their peers, carers or workers.

The Stage 2 evaluation found that building committed relationships that recognise and value the abilities of young people is critical to engaging them in meaningful goal-setting and reflection. Once such a relationship is formed, young people are more likely to return the commitment, communicate how they really feel and challenge themselves to venture outside their comfort zone.

DI promotes authentic, positive and reliable relationships

In the DI program, Advantaged Thinking provides the approach and Pre-DI provides the staged structure for building the authentic, positive and reliable relationships critical to student engagement in aspirational planning. An Advantaged Thinking approach encourages staff to focus on young people's strengths and talents rather than their deficits and to advocate for opportunities for young people to nurture those talents and interests. Pre-DI provides space to develop these relationships prior to enrolment, by exploring young people's interests through opportunities. The evaluation identified three key relational mechanisms that supported young people in reflecting on their

futures and taking up opportunities through DI: an authentic interest in young people; positive, non-judgemental interactions; and reliable follow-through.

Showing authentic interest in young people instead of compliance to job roles

Authentic relationships stand opposite relationships based on compliance with job roles. Literature on service-connected youth indicates that young people prefer staff who treat them with authentic caring and reciprocity that goes beyond job requirements and distant client relationships (McDowall 2013). This was echoed by young people and staff in this pilot. One unit staff member spoke about how a young person he worked with closely, Dylan, had a lot of other workers that 'just come and go, and it's more like a pay check'. He said when Dylan was around these workers, 'he's kind of still alone … He most definitely wouldn't listen to them, and is just really negative about them'. On the other hand, there was 'never anything bad about the DI program with [Dylan] though. A lot of the times, he'll only mention things if it's negative, but anything he ever does say about the DI program is always positive'.

If young people perceive lack of authenticity on the part of the worker, they are less receptive to the service offered. Compliance regimes surrounding transition planning in OOHC and the way that planning was typically delivered in residential care gave the impression of a bureaucratic tick and flick exercise. Young people in care took note of this and responded in kind. A former residential care staff member said:

> I feel like the energy coming from staff was just like, oh God, we've got to do [the LAC]. So [the young people's] response would be: they wouldn't want to do it either. **Because they knew they were just ticking off boxes for [the staff]. It had no actual benefit to them.** Whereas the DI has a completely different energy. We're sitting there saying 'We're just here, all about you'.
>
> **Susan, BSL DI staff**

A unit staff member echoed this distinction between the way LAC planning and DI were practised in OOHC:

> **[Young people] don't feel as though [LAC] impacts them in any way**, whereas with the DI, because they're involved in it and because it's a constant thing … they feel as though … at least that information is being utilised whereas LAC, we review it once every six months and it'll just get put back in its folder and stowed away.
>
> **Chloe, unit staff**

The flexible, youth-directed nature of DI and the recognition in Pre-DI of the importance of developing relationships supported BSL DI staff in prioritising the time to get to know young people in an informal atmosphere before jumping into DI work. For example, when DI staff arrived for a DI appointment, they might initially join the young person in

an activity they were already engaged in, whether that was chatting with friends or staff or playing a card game, a video game or basketball. As opposed to meeting them in an office, DI staff would come to their homes or take them out for coffee or a walk in the park or local shopping mall. When working on the DI Learning Plan with students, they enlisted others to join the discussion where possible, be it another DI staff member, OOHC staff or the young person's friends, so someone could always engage directly with the young person. The informal quality of these interactions made them feel more authentic and helped young people say what was on their mind, so the session was less like an interview and more like a conversation.

One young person enrolled in DI suggested that to engage young people in Learning Plan reflections, staff should 'just be honest and open with the young person. You don't need to treat them as if they're a young person; more as a friend'. He contrasted his relationship with Kyle, a DI trainer, with his relationship with other workers:

> Take youth justice for example. You have a YJ meeting, you've got to go out with them and then meet with them at their office. [Kyle, the DI trainer] comes to my house and catches up with me there … **You make it more than a client working relationship. You become like friends. It's not as formal as having a YJ.** Like when you're at a YJ you're going to be like 'How are you fellas? How you going?' Being nice and stuff. But when I see Kyle I'm like 'Whaaaaaazzup?' … **It helps me say what I'm actually feeling or thinking.**
>
> **Owen, 16 years**
> Completed DI while in an independent living placement

DI staff could apply what they learned about young people in these unstructured conversations to deliver DI in a truly youth-directed way. DI staff would select DI skill-building sessions from the Learning Plan and tailor reflections to what young people were currently thinking about. For example, Kyle spoke about how a discussion with one young person about a recent interaction with the police led to them working on a 'knowing your legal rights' skill-building session. In another example, a conversation about a new pregnancy fed into the 'dealing with change' and 'healthy relationships' skill-building sessions. Kyle said that DI staff might use something they noticed in an opportunity with a young person as a conversation starter for a skill-building session, but then if the young person wanted to talk about something else more important to them, they would follow the conversation there.

The authentic, youth-directed qualities of these DI relationships prompted some young people to initiate DI work themselves after chatting with DI staff at appointments. This stood in contrast to the difficulty that OOHC staff often reported in motivating young people to work on LAC planning. In contrast to planning based on external compliance, DI provided students with the supportive structure to take planning into their own hands.

Positive, non-judgemental interactions instead of drawing attention to deficits

A second important feature of relationships supporting DI engagement is that they are overwhelmingly positive and non-judgemental. Advantaged Thinking encourages staff to focus on young people's abilities, not their deficits; and this includes reserving judgement about their intentions, aspirations and capabilities. Taking a positive, non-judgemental approach supports young people's engagement in two primary ways: by giving them confidence to express themselves and by helping them overcome any sense of inadequacy or failure.

First, nurturing young people's aspirations and interests, no matter how (un)realistic they may seem, helps them overcome anxiety over trying new things and develops confidence in their abilities. Encouraging a student's passion can provide an entry point to exploring broader goals and skills, as illustrated in the following case study.

> One young person had dreams of becoming a race car driver. Instead of immediately directing his attention to more readily attainable careers in the automotive industry, DI staff took his aspiration seriously as a starting point. DI staff enabled him to pursue this interest through go-karting and a tour of a car museum, where he shared his knowledge of race cars with the tour guide and his workers.
>
> DI staff then capitalised upon his interest to discuss the importance of driver fitness, which encouraged the young person to set and pursue health and fitness goals of his own.

Many OOHC staff members pointed to the overwhelming positivity of DI staff in helping students to overcome self-doubt in taking up a new opportunity, whether that was rock-climbing, recording music or playing basketball. As Filip, one unit staff member noted when talking about his student overcoming initial hesitation, 'It's hard to be negative when someone's so positive'. The following case study demonstrates the impact of positive encouragement on young people's engagement.

> One student had a passion for music and independently tried to expand his recording knowledge using YouTube videos. Recognising his interest, DI staff sourced an opportunity for this student to record tracks with a well-known music producer.
>
> After his first session, he kept asking the DI staff member to tell him what he had done wrong in the session and which parts of his track were the worst parts. Resisting this invitation to focus on the gaps or limitations, the DI trainer persisted in telling the student that he thought the track was really good and that the young person had done a great job.

> Furthermore, he encouraged and enabled the student to continue working with the producer, so he could learn techniques to improve his recording. This consistent encouragement supported the student in continued attendance until he had gained the confidence to pursue his aspiration of a career in the recording industry.

Once this positive relationship developed, students felt safer taking risks to meet challenges and grow. Kayla, a young person enrolled in DI, wrote the evaluation team a letter explaining that DI staff created a positive and safe environment for her to pursue a number of fulfilling opportunities related to her goals, which included connecting with her cultural heritage and improving her health and wellbeing through a diet change and anxiety management. She explained:

> I have learned new things and **I would love to continue learning and developing skills** along the way, **as Susan [DI staff member] and I have a good friendship. She is calm and creates a good, happy, safe environment, which encourages not only myself, but many other young teens** in the community and my house.
>
> **Kayla, 18 years**
> Enrolled in DI while in residential care

Second, DI staff support young people's engagement by demonstrating acceptance and understanding in the face of any setbacks or challenging behaviour. If young people lost interest in an opportunity, then DI staff tried to find out what the young person had learned from it and what they were interested in next. The focus was not on what the young person failed to do, but what they did well. For example, one young person had regularly attended martial arts classes sourced through DI, but then lost interest. A unit staff member suggested it was because he did not fit into his uniform or because he could not stick with things. In contrast, DI staff focused on the young person's accomplishment of having dedicated himself to a dojo for the first time and listened to how his interests had developed through that experience. This conversation then helped DI staff find him a community where he could learn sword-play, which he enthusiastically joined. He became a regular participant.

Positive, non-judgemental approaches also helped students overcome other common setbacks, typically missed or cancelled appointments or jealousy over DI staff attention to other students. Appointment cancellations and no-shows were a common feature of initial engagement attempts for a significant number of DI referrals. As a trainer, Kyle emphasised the importance of simply rescheduling appointments instead of expressing frustration or disappointment to the young person, because as Kyle put it, 'They're my own issues'. DI workers recognised that young people in out-of-home care may be dealing with a lot at once, including multiple workers. They tried not to interpret student inconsistency as a lack of respect. They understood that until a relationship was formed with a student, DI could get lost in the mix of other workers and obligations.

However, DI staff also put some parameters around cancellations. If a student repeatedly cancelled, DI staff would meet with the student to discuss why the student had cancelled and ask if there were any ways they could support the student in reengaging. If they could not contact the student to have this conversation, they would put the young person 'on hold', attempting to check in with them regularly if possible, but waiting for the student to initiate re-engagement when they were ready.

As young people developed trusting relationships with DI staff, some became anxious about being less important to DI staff than other students and reacted with anger. DI staff responded in a calm, understanding manner. Trying to understand why young people react in a certain way and reinforcing commitment to them helps navigate rocky moments and build stronger relationships. Grace, a student who completed DI, talked about how Kyle's positive, non-judgemental approach helped her open up, even through difficult moments:

> I've been pretty much working out all my goals that I wanted to complete with [Kyle, the DI trainer] and he's helped me out a lot to do it. Like, finding out that I was pregnant and all that, even though he's not a pregnancy worker, he still helped me out a lot. Like, through everything. **And even if I have my up and down days and I yell at him, he won't be angry at me and he'll still be like, 'It's alright mate. I'm here for you', and all that. And he just makes it feel positive** … He's the only worker that I see out of all my workers. I don't like none of my other workers. Kyle's the only one that I will meet up with besides my YJ worker … **I just really connect to him because we can sit there and talk and I know that he won't judge me**. **Even though the other workers mightn't, but I don't know them as much as I know Kyle.**
>
> **Grace, 16 years**
> Completed DI while in an independent living placement

Positive, non-judgemental interactions supported young people in reflecting on the opportunities available to them and overcoming difficult emotions related to their new engagement.

Follow-through that is quick and reliable instead of laborious and inconsistent

Finally, in its focus on investing in young people's interests through opportunities to explore them, the Advantaged Thinking approach enabled staff to demonstrate reliability to students. When DI staff follow through on something young people have shared, such as listening to a band they like, helping fix a problem or sourcing an opportunity related to an interest, they show young people that talking to them leads to action.

DI and OOHC staff interviewed spoke about the difficulty in securing funding in OOHC for student activities, either because those activities did not fit the criteria or because

the authorisation took so long that opportunities were missed or students lost interest. Some OOHC staff acknowledged that without DI brokerage and coordination, some activities simply would not have happened.

Laura, a DI trainer, explained that young people will not talk about their goals and interests if they think nothing will come of it other than a reminder of the bureaucratic constraints. She gave the example of a student asking to be part of a basketball team and being told by OOHC staff that funding needed to be sourced for the shoes and uniform and approval needed to be sought from the care team or case manager, who may be difficult to contact. Young people may make repeated requests only to find that the resources do not come through in time for them to participate. Chloe, a unit staff person, described what she saw as a benefit of DI in contrast to existing processes in OOHC:

> **It's going to be about [the young people] and what they want to do. [The DI staff] listen to them** and I think so far, at least so far in my experience, what the kids have brought up and what they've wanted has happened. **It's not like they have to continuously ask or things get missed or put aside. Whatever they ask, generally it happens straightaway or the next week.** It's been great. It's been really positive for them.
>
> **Chloe, unit staff**

DI staff demonstrated reliability by quickly and efficiently investing in opportunities related to young people's goals and aspirations. They were able to draw on flexible funding and community connections that OOHC staff felt they could not access easily.

Conditions influencing the impact of relationship-building

> Placement instability was the biggest challenge to DI relationship-building and engagement, especially when DI staff could not maintain contact with students. OOHC staff supportive of DI could bridge contact through periods of disengagement, as long as the staff supporting the student remained the same.

By far the most disruptive factor inhibiting the influence of relationship-building on engagement was placement instability. Placement change most commonly led to disengagement when young people left partner agencies, resulting in lost contact. Though any placement change could be disruptive, if DI staff could maintain either direct contact with the student or indirect contact through their workers or carers, then student engagement could be developed or sustained. Laura described how placement

change affected DI staff ability to reconnect with young people they had put 'on hold' due to disengagement:

> **The ones where they've gone on hold and we haven't had a conversation with them, that's usually where it ends**. For example, Bec: we've withdrawn her from the program, we haven't had any contact with her. It hasn't been a decision that has been made with her, **it's been about a care team that I couldn't contact and couldn't contact the carer, couldn't contact her, no-one would get back to me, and we withdrew her because there's just no participation from anyone.** And who knows what Bec wants to do or doesn't want to do because we haven't asked her.
>
> **Laura, BSL DI staff**

Table 4.1 displays the final engagement status of three broad categories of students involved in DI in Stage 2: (1) students who remained in stable placements in partner agency units, (2) students who achieved planned moves to independent living programs or private rentals, and (3) students with the placement change and disruption most likely to produce a loss of contact (ageing out of care, family reunification, kinship or foster placement change, placement change to another agency where DI is not offered, multiple placement changes or other placement disruption).

Table 4.1   Stage 2 student placement stability by final engagement status

Stage 2 Placement stability	Completed or still engaged	Disengaged
Most likely to maintain contact:	9	6
Stable in a partner agency unit	5	2
Moved to an independent living program or private rental	4	4
Most likely to disrupt contact:	2	15
Aged out of care, family reunification, kinship or foster placement change	2	5
Placement change to another agency		2
Multiple placement changes		3
Placement disruption (secure welfare, youth justice detention, absconding, etc.)		5
Total	**11**	**21**

Note: Subheadings sum to shaded headings. Students in stable placements may have moved to another unit within a partner agency while engaged in DI, but were stable in both.

The table shows that students with significant placement change or disruption were more likely to disengage. Of 17 students who experienced these types of placement instability, only 2 remained engaged. Apart from cases of lost contact, there was also a question of whether to dedicate resources to following students outside partner agencies when they had not yet formally enrolled in the DI certificate. On two occasions, when young people returned to residential care from kinship placements in regional Victoria, they requested to participate in DI again. Unfortunately, the uncertainty of pilot extension made staff reluctant to take on new students who may not have time to finish the program.

The two exceptions to placement change breakdown show that when contact is maintained, engagement can continue. One student who completed moved to a foster placement near where BSL DI staff had regularly met with her. The foster carer supported DI staff in maintaining contact and appointments with the young person. Another engaged student who aged out of care had a very strong relationship with a BSL DI staff member, which sustained intermittent engagement through disruption.

Young people who moved into independent living programs or private rentals showed mixed trajectories largely linked to their perception of the benefit of completing a Certificate I in Developing Independence. Those who did engage in DI tended to have fewer mainstream connections and sporadic educational engagement, and therefore stood to benefit more from the relationships, resources and certificate they expected to gain from completing DI. Three young people who disengaged felt the certificate would not be useful because they were already completing more advanced certificates and were well-connected in their communities. Another well-connected young woman who had a stable independent living placement also had doubts about the usefulness of the certificate. However, after a number of interactions with DI staff, she realised she could strategically use DI to fill gaps in her resources and networks, so she enrolled.

Young people with placements disrupted by frequent absconding, youth justice detention or time in secure welfare were difficult for DI staff to meet to develop relationships. Likewise, the two young people in stable placements who eventually disengaged often cancelled initial meetings and were put on hold. However, patience in developing a relationship and interest in the program through Pre-DI engagement could overcome initial disruption or disinterest, as long as DI staff can maintain contact with the young person. This was most likely to occur when OOHC staff supported contact between DI staff and students through periods of disengagement, as demonstrated in the following case study.

> Olivia, a Lead Tenant case manager, was very supportive of the DI program and wanted the young people in her care involved. Owen, a young person in her care, for months was difficult to contact directly, spent time in remand and

missed appointments, but Olivia helped maintain the connection between him and DI staff.

She explained how after months of this, DI staff wanted to put the Owen on hold, but she said, 'No, stay with him'. Eventually, DI staff were able to speak with Owen about his commitment.

Olivia said, 'Very soon after that, [Owen] started attending meetings and initiating contact, and he's a young person that doesn't stay home often, but he would purposely come home the night before, knowing he had a meeting with [DI staff] in the morning'.

This case study demonstrates that continued interaction with young people using an Advantaged Thinking approach has the potential to develop student readiness, even in the face of disruption. Three young people who for months were difficult to contact due to placement disruption eventually enrolled in DI and consistently engaged.

5 FINDINGS: Expanding capabilities through goal-setting and opportunities

DI enabled young people to identify goals according to their aspirations across six life domains. This directed attention to what excited them about their futures, rather than what worried them, motivating planning and action. Access to opportunities in line with those goals supported reflection and capability expansion. In all, 26 out of 32 students accessed a total of 80 novel opportunities sourced by BSL DI staff, and at least 17 showed sustained engagement in those opportunities beyond the initial meeting.

A primary goal of DI is supporting capability expansion among service-connected youth. Capability is defined as the substantial freedom to pursue goals and interests meaningful to a person, or put another way, 'what people are actually able to do and be' (Sen 1999, 2002; Nussbaum 2003, 2011). Capabilities are expanded when individuals gain access to opportunities in line with their interests and can make the most of these. DI therefore aims to expand capability at two levels: first, by sourcing or creating opportunities for young people to explore their interests, and second, by supporting young people in developing the intentions, skills and resources to access and sustain them.

Capability expansion was defined in the analysis as occurring when a student's expressed aspiration led to an event where the student: (1) connected with a novel social or material environment (in an opportunity), (2) demonstrated new capacities to interact with it, and (3) possessed the intentions, skills and resources necessary to sustain the connection.

DI contributed to student capability expansion in two key ways. First, goal-setting and planning around aspirations supported students' sense of control and confidence in their ability to manage their lives. Second, access to opportunities in line with their goals allowed them to explore and reflect on their interests, gain skills they could share with others, and become open to new possibilities.

DI facilitates goal-setting and planning by orienting students towards their aspirations

Young people in out-of-home care face very high stakes in their transition from care (Victorian Auditor-General 2014). On top of navigating crises, they must organise many aspects of their lives and support themselves in ways that their peers often do not. It is therefore critical that they have tools and support that can ground them and enable them to plan for their futures.

The challenges young people believed they would face after care could have a paralysing effect on future planning. All three young people interviewed reported feeling overwhelmed by all they had to accomplish and unsure of where to start. This was echoed by OOHC staff characterisations of young people nearing 18 as increasingly anxious about their transition, but at the same time immobilised from taking action to prepare themselves. To this point, Jennifer, a unit coordinator, said:

> I think they've still got so many other things going on for them that—I've always noticed that as soon as our kids turn 17, head goes in the sand, and, 'I'm not going anywhere' … So they've got all these other things in their heads right now about transitioning to independence. It's very scary.
>
> **Jennifer, unit coordinator**

DI's approach to planning allowed students to prioritise goals according to their interests and aspirations across six life domains. This directed attention to what excited students about their futures, rather than what worried them. The result was that young people were motivated to take up goal-setting and planning, which clarified next steps. They also took action to accomplish things they had previously avoided or put off, such as acquiring identity documents, learning to cook and enrolling in or regularly attending school. As students mapped their goals and accomplished steps in their plans, their confidence in their ability to manage their lives increased.

For the students interviewed and some discussed by carers, DI provided a grounding tool that helped them sort out their priorities and next steps.

> Kayla, a young person enrolled in DI, experienced a number of devastating events while enrolled in DI. Both of her parents passed away and she suffered further personal losses of life. She also aged out of care.
>
> She told Susan, a DI staff member working with her, that one day she was feeling lost and overwhelmed. In distress, she pulled out her Learning Plan and used the Aspiration Map (aka 'My Vision' map) to start writing out her priorities and goals in each life domain. This calmed her and helped clarify what she needed to do.
>
> Susan said that through these cycles of crisis, Kayla always returned to DI tools 'to help ground her in the present and assist her in planning for her future. She has also accessed her Address Book[8] several times to make direct contact with relevant people when she was requiring support'.

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[8] The DI Address Book is a tool for students to collect the contact information of connections introduced to them as part of the course.

The simple act of putting ideas on paper and building a plan from them had an activating impact for some students who had held particular aspirations for some time. For example, another student who completed DI had so many goals that her first Aspiration Map had barely any blank space left. She said that DI provided a way to put ideas into action: 'Instead of just sitting there and trying to make your own goals, it just helps you. It's like a planner thing that you can just go through.' Based on her goals, she applied for an independent living program and enrolled in a hair and beauty course. She had a dream of owning her own salon one day. DI staff accompanied her on a number of work tasters to meet people who had realised that dream.

Likewise, Dylan, a 17-year-old who completed DI, felt that previously carers would often tell him that he needed to do something to prepare for independence, like obtain his driver's licence, but this overwhelmed him because he did not know how. By comparison, in DI, 'You didn't have to do everything by yourself, you had someone there to guide you through it' [Dylan]. Larger goals are broken down into smaller steps along a pathway that is then followed and reflected on. Through DI, he gained his learner's permit and completed a number of driving lessons. He had long-term goals of buying a car and living in a private rental upon transitioning from care. Through the DI 'plan to acquire personal belongings' skill-building session, he and DI staff worked out that if he saved $100 a fortnight, he would save $5000 by the time he left care. Together, they went to the bank, opened a savings account and set up his plan.

Leaning how to set goals and plan to reach them increased young people's confidence in their ability to manage their lives. This gave them a more positive outlook on the future. This was the case with Owen, a student who completed DI after struggling to attend secondary school. He explained the impact of DI:

> **I reckon it's helped me feel more positive about my future** … Just because it helped me get all my ducks in a row so I don't feel as stressed and [can] deal with this weight on my shoulders. Just a bit more easygoing because I've organised it all … I reckon it's helped me get back to school because **before I was just a bit frantic and a bit focusing on the day to day, and I just felt like everything was coming at me at once.** So I wasn't really putting as much effort as I should have been into school. **[DI] helped me plan out all my stuff so I'm not being real frantic and rushing around and missing out on school.**
>
> **Owen, 16 years**
> Completed DI while in an independent living placement

Since completing DI, Owen advanced a year in school and won an essay-writing competition on homelessness. As a result of the competition, a magazine offered him a chance to write a paid article in their next edition. DI's aspirational goal-setting and planning gave students the clarity, skills and confidence to follow their own path.

Sharon was another student who gained the confidence to follow her own path through the aspirational reflection and planning in DI, as the following case study demonstrates.

> Sharon was residing at an independent living program house where she needed to engage in education or training as a requirement of her residence. When she came into the program, she was enrolled in full-time science studies. However, her key worker, Zoe, noted that this choice might have been influenced by her former carers. Over time, Zoe noticed that Sharon's attendance began to suffer as her stress and anxiety increased.
>
> Through DI, Sharon worked with the DI trainer, Laura, to reflect on and map her aspirations and goals. Through this process, she decided to pursue work in hospitality and enrolled in a 20-week short Certificate II course in Kitchen Operations with on-the-job training and mentoring. She also completed a half-day Responsible Service of Alcohol course to improve her employability.
>
> Zoe noticed that Sharon really benefited from the change because she was 'doing things that she actually enjoys and feeling like she's getting these employability skills and really developing her self-confidence'. Zoe continued, 'I think that's been a really cool shift in the past five months. Like, she came in pretty shy and anxious, and she's now living in the back in one of the units, and her confidence has gone up'.
>
> In addition to this confidence, Zoe believed Sharon also developed planning skills. She said, 'I think it's really developed her skills too in having the idea, but then actually proactively looking at courses and seeking things out, and having conversations—making phone calls and just little things like that, and that's been a really cool process as well'.

As these examples show, DI's Advantaged Thinking practice approach inspired young people to act on their aspirations and taught them how to set manageable goals and plans to achieve these goals. In the next section, we show that when this combined with sustainable opportunities to develop their interests, students' capabilities expanded.

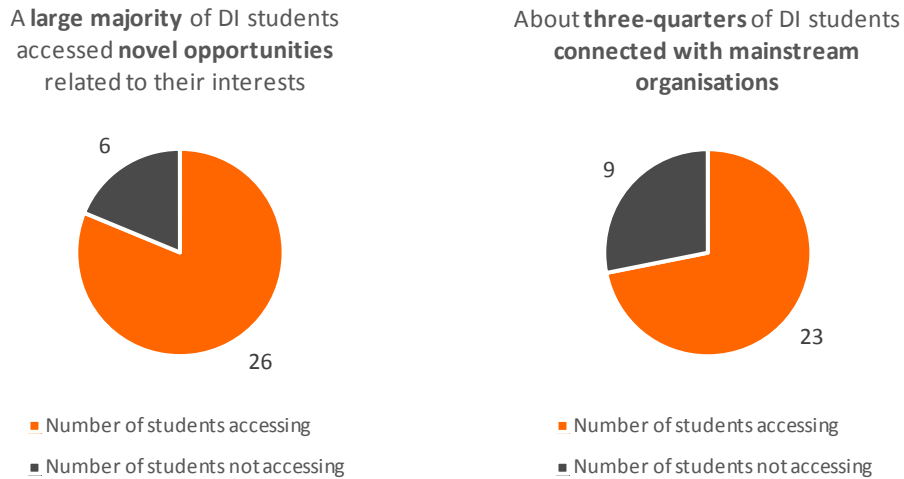## DI brings opportunities in line student goals to build capabilities

Opportunities aligned with student goals supported capability expansion by providing a practical, sustainable way for students to explore and reflect on their interests, form new connections, develop skills they could share with others, and become open to new possibilities.

Most students who participated in Pre-DI or DI activities accessed novel opportunities supporting their interests and aspirations (Figure 5.1).[9] In all, 26 out of 32 students accessed 80 novel opportunities sourced by BSL DI staff. Furthermore, 23 of those students made connections with mainstream organisations related to their interests,

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[9] Some students disengaged before accessing an opportunity. Others were supported in accessing activities they had previously engaged in, such as horseback riding, go-karting, or a basketball team.

including TAFEs and RTOs, local businesses, gyms, social communities and arts programs. An additional three students made connections with services, such as youth foyers and other housing services.

Figure 5.1   Proportion and number of Pre-DI and DI students accessing novel opportunities and connecting with mainstream organisations

A **large majority** of DI students accessed **novel opportunities** related to their interests

About **three-quarters** of DI students **connected with mainstream organisations**

- Number of students accessing
- Number of students not accessing

Furthermore, most students took up more than one opportunity (see Figure 5.2). While some students cancelled scheduled opportunities, this was not common.

Figure 5.2   Number of students by number of opportunities taken up
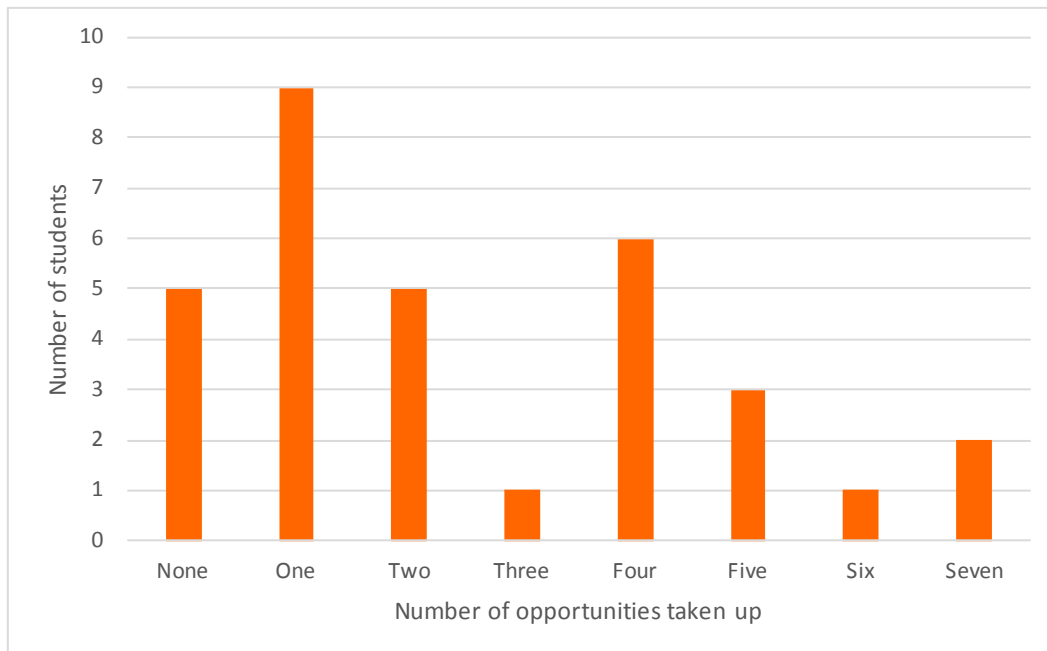
Note: Data includes young people who only engaged in Pre-DI.

Opportunities were sourced based on goals prioritised by students. In terms of the types of opportunities explored, 16 students accessed opportunities to explore their education

and career pathways, 15 engaged in opportunities related to their health and wellbeing, and 12 took up opportunities to explore future housing and establish living skills.

Sustained engagement in opportunities supported capability expansion

The most fruitful opportunities for students were sustained connections or sequences in which they could realise, develop and contribute their skills in communities of shared interest. When this happened, carers, other support workers and BSL DI staff noted an increase in the students' confidence, openness and purpose as their abilities and aspirations were continually affirmed and nurtured.

At least 17 young people 'sustained' engagement in the opportunities sourced for them. We defined sustained engagement as occurring when a student either 1) continued to participate in an organisational connection sourced by DI staff beyond an initial meeting, or 2) developed or used the skills acquired in that opportunity in other contexts, or 3) in the case of opportunities intended as one-time tasters, continued to explore their interest in other similar opportunities.

Sustained connections allowed students to build a routine and potential community around their goals and skill-development, as the following case study illustrates.

> Tim, a young person who had not shown much interest in physical activity or social engagement, started attending martial arts classes through DI because they were consistent with his interest in stylised fighting developed through playing video games. Everyone at the dojo was supportive of his practice.
>
> Eventually, he tired of this and wanted to try sword-play, so the martial arts trainers suggested he attend a weekly Live Action Role Playing (LARP) event where people wage simulated battles as a part of a larger 'war'. Not only did he enjoy the event, but he also found a community of people who shared many similar interests.
>
> He now attends regularly and enjoys socialising with others there. It also sparked an interest in prop and set design, which he explored through research on related courses with DI staff.

Tim's key worker in the unit, Ben, explained the change he had seen in him through DI:

> Tim is really, really engaged for the first time ever. I've been meaning to write to [Laura, the DI trainer] actually because **it's the first time in four and a half years I've seen him engaged socially continually—he lives for [LARP] now.** The people there are accepting of [him]. He just really loves it and it's the first time ever. **Anything that involves some type of physical activity he is trying to avoid except LARP, so it's been really, really so good for him. That gives us a base now to be able to use that strength to build on other areas**.
>
> **Ben, unit staff**

Sustained opportunities to develop aspirations could strengthen a student's purpose in following a path, but could also produce benefits in other areas of their life, such as their sense of belonging and engagement in school. For example, the student who participated in a series of music recording sessions with a well-known producer not only gained knowledge and skills of interest to him, but also developed his confidence in sharing this with others. As a result, he decided to pursue his aspiration of working in the music recording industry, the confidence and openness he gained also brought other benefits. His carers noted his school attendance increased and he was happier and more engaged because he could share his music with students there. Similarly, another DI student pursued goals and opportunities in photography as part of his DI course. Some of his photographs were framed and displayed at his school, which affirmed his talent and increased his sense of belonging there.

Another student who experienced the positive, compounding effects of DI opportunities was Jack, who enrolled in DI in Stage 1. His key worker, Amanda, talked about how accomplishing goals through DI increased his interest in attending school.

> Jack was 15 years old and had not attended school for two years. He had a homeschool arrangement but did not engage with that either. Amanda said, 'I could see that every day was the same for him. Wake up. Do some weed. Eat. Hang out in his room. Get cigarettes and go to bed. That was his routine every day. And to see that he was interested in doing something else made us excited. So if he's like, "I want to do the DI", then of course I'm going to do anything I can to make that possible'.
>
> When setting his goals for DI, for the first time Jack expressed an aspiration of starting his own car wash business. He was too young for Centrelink income support and wanted to support himself without relying on the OOHC allowance provided to him.
>
> Through DI planning and with support from DI staff and his carers, he made a business plan, went shopping for supplies and made posters to advertise. Carers and DI staff brought their cars for him to wash, and he started to develop a client base in the community.
>
> Eventually, he enrolled in a brick-laying course at a TAFE. Amanda said she thought DI helped him get back into education because '[DI] gave him a bit of a confidence boost in that he thought "Actually I can do something. I don't have to go to school in the traditional setting. I can do something more hands-on. And I'm good at something". I think, yeah, doing the car wash business. And he was getting business here, which was good for him'.

The practical experience of planning and achieving a goal and the affirmation from staff through the DI program gave Jack the confidence to pursue further education to support his future.

Sequences of related opportunities also clarified and affirmed young people's direction. For example, one student had an interest in cars and racing, which DI supported through a series of exploratory opportunities. These included go-karting, a tour of a car dealership to learn about the types of jobs available there, and a tour of Kangan Institute's Automotive Centre of Excellence and associated car museum, where the student was able to share his knowledge of cars with the tour guide and staff that accompanied him. After this exploration, the young person applied to a school that allowed him to combine a senior secondary certificate with an automotive Certificate II. He completed a trial and enrolled.

Lexi presents another example of how DI supported student aspirations in a series of developing opportunities.

> Lexi was keen on personal fitness. For several months, she had expressed interest in joining a gym. The DI staff supported Lexi in arranging a tour at a local gym and meeting the staff. DI brokerage then paid a three-month membership at the gym, where gym staff would prepare a training program for her.
>
> After about a month of attending the gym, Lexi expressed interest in personal training sessions. She wanted to undertake a Certificate IV in personal training at an RTO and thought the personal training sessions would give her insight into the career. DI brokerage covered four personal training sessions, which Lexi completed and enjoyed. After this, DI staff arranged for Lexi to complete a work placement at a local gym for a Certificate III in Fitness she had been studying prior to DI engagement.

Sometimes students sustained their engagement by continuing to develop their skills after a one-time opportunity, sharing them with others and building their confidence. In several cases, students used skills they learned in opportunities, like how to fix a bike or how to apply make-up, to build connections with others around them. In one case, a few girls in a residential unit completed a one-day MECCA make-up course that included some free products. After this, the staff often saw them applying make-up on each other and later sharing this skill with a new girl who entered the unit. One of the girls explored other careers in the beauty industry by acting as a model for beauty students.

In another case of skill transfer leading to broader social affirmation and belonging, a young person learned how to fix his bike in a CERES Bike Shed workshop, so he could ride it to achieve his health and wellbeing goals. He later fixed all of the broken loan bikes at his school and showed other students how to do it. The school then put him in charge of maintaining the bikes. Thus when DI staff invested in opportunities that developed young people's skills and interests, young people responded by sharing them with others, magnifying the social impacts of DI engagement.

Conditions influencing the impact of DI on capability expansion

Young people in out-of-home care require the support of OOHC resources and care coordination to access and sustain opportunities. Otherwise, DI's potential impact on capability expansion is limited.

Young people's capability expansion through DI was limited when their access to opportunities was constrained by OOHC processes. The challenges faced indicate that capability expansion through DI is best supported by (1) flexible funding and other OOHC support for efficiently sourcing and sustaining opportunities and (2) effective care teams to approve DI opportunities and coordinate young people's care needs outside of DI.

Opportunities provided through DI must be supported and sustained by OOHC resources

Students require some supports in accessing and sustaining opportunities, typically flexible funding or transportation. When OOHC staff were able to source funds and transport supporting student goals, student engagement and positive development continued. When they were unable to do so, students' progress was constrained. In some cases, this led to the student feeling disempowered and less engaged. Dylan's case shows that students in OOHC may require support from the OOHC system to sustain capability-expanding opportunities.

> Dylan, a student who completed DI, had been placed on some restrictions and did not participate in community activities aside from casual basketball play with unit staff and school lessons he completed online or with his teachers.
>
> As a result of DI discussions about developing a healthy lifestyle, he decided to try rock-climbing. Through DI, he received a ten-day pass for rock-climbing at a local gym. At his first visit, staff coached and encouraged him to overcome his anxieties and climb higher, which he did. His key worker, Filip, said that Dylan was dealing with a lot of stress and uncertainty in his life and often focused on the negative. However, at rock-climbing and for the rest of the day following, Filip said Dylan was very happy and spoke freely and openly with unit staff.
>
> Dylan attended five more times with OOHC staff. However, after the ten-day pass expired, he did not return. Even though he enjoyed it, he was trying to save his own money towards a post-care private rental and prioritised that over a rock-climbing membership.
>
> Out-of-home care funding was not acquired to continue his engagement, even though staff saw how beneficial it was. While DI staff tried to source other opportunities for him, such as joining his old basketball team, participating in free yoga classes, or getting a gym membership, he did not engage as he did in

> rock-climbing. While he took up other DI opportunities working on his living skills, the opportunity to support his health and wellbeing was missed.

To promote capability expansion, the OOHC system must invest in sustaining community opportunities supporting young people's goals. As discussed in the report section on demonstrating follow-through in DI relationships, OOHC staff felt constrained in their ability to provide timely, consistent access to opportunities. OOHC staff seemed more comfortable applying for traditional uses of OOHC funds, like laptops for schoolwork or furniture to improve a young person's personal space. They were less willing or able to source funding for items that did not easily fit into these categories or required greater justification, like supplies to set up a car wash business. In these cases, opportunities relied on DI brokerage and community networks.

Dysfunctional care teams limit the impact of DI on capabilities expansion

Care teams provide the authorising environment, resources and support for young people's care coordination in OOHC. The support of these care teams is required to ensure students can engage meaningfully with DI planning and opportunities and expand their capabilities.

Within the statutory care environment of OOHC, DI staff were sometimes delayed or limited in providing young people opportunities when case managers were difficult to contact for authorisation. This was more likely to occur when partner agencies did not contract case management responsibilities for a young person (case contracting), and case management fell to Child Protection. Laura explained the difficulty of getting support from Child Protection case managers:

> **When [students] were case contracted to one of the organisations and the case manager understood what we were doing, that made a really big difference to our progress with young people, as opposed to someone from Child Protection who hadn't had any training around what we were doing.** So we were kind of just this lost thing for a while until we built a relationship with those people. **I think they are really burdened with their case load in terms of the numbers of people they have to deal with**, so sending an email to say, 'Hey, we want to take so and so to do this activity, **can you give us permission?'—that is just not high on the priority list.**
>
> **Laura, BSL DI staff**

Katie, a team leader, agreed that OOHC staff also sometimes had difficulty reaching Child Protection case managers:

> **I think [DI staff's] difficulty with DHHS is that they've got such high numbers on their case load, it's impossible for them to do the job.** The best social worker in the world couldn't do it. So I think that's where that difficulty comes from: you're trying to get in and trying to get to care teams and trying to get everybody on the same page, and **we have that same struggle, trying to get a**

> **care team, trying to get communication from the Child Protection worker about little things, like are they allowed to have access or can they do this, and when you don't have a care team, it's really difficult.**
>
> **Katie, team leader**

Difficulty contacting case managers could delay permission for young people to attend opportunities, which increased the likelihood that the young person would get discouraged and give up on the idea.

In addition to approving opportunities sourced through DI, care teams supported DI by serving their primary role in coordinating young people's care across various agencies, programs and workers. Young people in OOHC require greater support in managing their transition than DI alone can provide. When they lack it, there is a risk of blocked opportunities and cycles of crisis disempowering young people working on their goals.

For example, in at least two cases, an uncontactable or minimal care team was unable to meet a young person's care needs and this negatively impacted DI work. In one case, neither the young person nor DI staff could contact the student's case manager or care team. As a result, they did not have any information on what would happen to the student when she turned 18 and no avenue to advocate for her. The student's anxiety and helplessness over the lack of information from her workers made it difficult for her to work with DI staff her in exploring backup housing options.

In a second case, a student was transitioning to a foster care placement and had much less support in coordinating her workers and appointments than other students in residential care. While she explored multiple housing options, including a youth foyer and a Lead Tenant program, as part of her goal to access independent living, she was not successful in accessing them due to concerns about her age and living skills. DI staff could have continued to work with her to build her readiness, but they often felt they had to step in to the care coordination and crisis management typically done by care workers. This limited their time for DI reflections. Although this student did complete DI and was proud of her achievement, she required ongoing support and the immediate impact on her capabilities appeared minimal.

This young cohort of 15–18 year olds is still largely dependent on the OOHC system for supporting their interests. Without investment in efficient, timely processes in OOHC for sourcing, approving and resourcing aspirational opportunities, student capabilities will be limited.

6 FINDINGS: Orienting OOHC staff attention to student aspirations

Simple, youth-friendly tools, informed by the Advantaged Thinking approach, structure staff attention to student aspirations, while regular DI opportunities and meetings ensure student interests lead to action and reflection.

DI delivery in Stage 2 of the pilot was still done predominantly by BSL DI staff, rather than through the proposed co-delivery model. However, even limited involvement of OOHC staff produced some positive shifts indicative of DI's potential, including increases in staff knowledge and appreciation of student aspirations and accomplishments, attention to student goals in care team proceedings and actions, and staff support of young people's interests.

DI tools direct OOHC staff attention to student aspirations

Most out-of-home care staff interviewed said that DI tools, especially the Aspiration Map and the Deciding My Goals care team tool, were more 'user-friendly' for young people and staff than pre-existing planning tools in OOHC. The Aspiration Map is a one-page tool that allows students to list aspirations and interests across six life domains. BSL DI staff shared completed Aspiration Maps with young people's workers in OOHC. Several OOHC staff said the maps gave them significant insight into student interests—some of which 'came out of nowhere', as one staff person with a strong relationship to a student commented. OOHC staff gained new openings for discussing common interests with young people or brainstorming activities that would support them.

The Deciding My Goals care team tool developed by DI staff in Stage 2 also maps student goals across the six DI life domains, but in addition provides space for care team action items. This provided a simple structure for keeping student goals and responsibility for supporting them on the care team's agenda. It gave young people a straightforward means of influencing the care team meeting agenda and advocating for their plans. In a few cases, this empowered young people to attend their care team meetings and discuss their requests with staff. For example, one young person used the tool to plan her requests for leaving care, linking them to her goals. She then attended her care team meeting where she was able to advocate for her needs. A representative from Child Protection was grateful to have the young person's input so clearly stated and agreed to support all of her requests.

DI's focus on student goals and aspirations also created space within the care team meeting to celebrate the young person's accomplishments. Laura explained:

> [The care team meeting] was a really good time to be able to share what we were doing, and it's been this really funny transition where **now, in the education session of the meeting, they'll throw to us and say, 'Can you give us something positive?' Like the whole meeting's been about all these other really extreme crises and now finally let's have something that's nice to talk about or to celebrate**.
>
> **Laura, BSL DI staff**

The Deciding My Goals care team tool combined with positive DI staff feedback in care teams helped direct OOHC staff attention to young people's goals and accomplishments and shift perspectives on young people's capabilities.

DI's Advantaged Thinking approach and opportunity structure

Many out-of-home care staff explained that they found it difficult to motivate students to learn living skills. In contrast, when young people set their own goals in DI, they were more likely to act on them. For example, staff in one unit had been trying to teach a young person to cook after having always prepared her meals. She had shown little interest until she set it as a goal to pursue through DI. After that, she began to appear in the unit kitchen when staff were cooking, observing and learning from them. Eventually, she proposed her own recipes and started cooking with staff support and on her own. Other students set up bank accounts as part of their DI plans to acquire personal belongings important to them. Some applied for passports to support their DI goal of travelling overseas to visit family. OOHC staff reasoned that DI's approach helped young people take ownership of their development and see a purpose in accomplishing LAC tasks.

The structure of DI also provided a framework for ongoing goal development and planning. While OOHC staff felt that they filled out LAC documents occasionally and then put them away, DI provided a living structure that continuously directed their attention towards working on young people's goals. Ahmed, a unit coordinator who had worked with a number of young people on DI across units, explained the difference:

> **With the LAC, you just fill out the document and then you try and work towards it, but there's no actual structure around it.** It's like all right, and then you review it in two months' time to see where you're at with it. But in the two months, there's no actual work being done. [**Whereas] with the DI program, you find out what their goals are and stuff like that, but then [the DI staff] come out and actually put this stuff into practice as well as us, so there's work always being done.** So you do find out a bit more about them and you also find out that what they said two months ago, or even a month or two weeks ago, has changed. Their goals have completely changed to what they really want now, or they tick off a few of their goals, so you're constantly updating their goals.
>
> **Ahmed, unit coordinator**

Young people's engagement in DI had the positive compounding effect of lifting staff expectations of young people and their capabilities. While OOHC staff continued to refer to young people's deficits, they increasingly recognised that young people were capable of more. Staff admired young people's skills learned through DI opportunities and noted an increase in confidence and openness to trying new things. Most of all, staff were impressed by students' commitment to the DI program, as they noted that many young people had not engaged so well with any structured activity.

As OOHC saw positive changes in young people through DI work, they took actions to support young people's goals. For example, one unit purchased vanity mirrors to support the girls in their unit develop make-up skills through DI. Another unit made sure a young person was supported in regularly attending events of a Live Action Role Playing community he found through DI. A case manager asked a young person if he'd like to create an art room in his new home to support his interest in photography.

These examples suggest that, when fully implemented, DI's structure and tools, supported by Advantaged Thinking, can create space in out-of-home care for youth-directed planning. This is important not just for young people's experiences while in care, but also in their preparation to sustain independent livelihoods after care.

Conditions influencing DI's impact on OOHC practice

To have a substantive impact on OOHC practice, DI requires agencies to integrate DI and Advantaged Thinking into existing work processes and provide opportunities to staff for ongoing training and practice sharing.

Key challenges facing DI's impact on out-of-home care practice stem from insufficient ownership and integration of DI and its supporting practice approach, Advantaged Thinking, into existing work structures at partner agencies. Two primary factors combined to limit DI impact. First, there was no mandated structure for co-delivery that was monitored and reviewed by management. This meant that other required tasks took priority over DI work and some OOHC workers felt reluctant to take on the individual risk implied by working without that authorisation structure. Second, there was insufficient investment in practical staff training and practice review, which meant that staff did not feel confident delivering a new DI approach to transition planning.

In contrast, education workers funded through the Children in Residential Care (CIRC) program found that DI aligned with their existing way of working and their role, which motivated their take-up of DI as a means of improving their practice. While there was no formal role allocated to these education workers in the pilot, their enthusiasm for the

program and ease in adopting it led to an informal role in program promotion and delivery.

These contrasting experiences demonstrate that without investment in restructured work processes and training, DI cannot reach its full potential in driving OOHC staff practice.

DI delivery was not prioritised by carers because it was not formally integrated into existing work processes

The first factor limiting staff engagement in co-delivery was the lack of an authorised structure for co-delivery at either of the two partner agencies. The responsibility for promoting DI co-delivery fell to BSL DI staff, who did not have the authority to direct OOHC staff work. While there was support in principle at both management and unit levels for DI delivery, OOHC staff and management ultimately prioritised the work they were mandated to complete, including meeting compliance obligations, documentation and daily care.

In Stage 2, many OOHC staff members felt their existing work made it difficult for them to deliver DI. They described how limited staffing, shiftwork, copious paperwork, and coordinating student transport and care did not allow them to consistently structure in time for doing DI with students, let alone planning for DI. BSL DI staff reported that concerns over using the unit car or leaving the house inadequately staffed were commonly cited barriers to OOHC staff participation in student opportunities. A unit coordinator explained why her staff felt like they couldn't find the right time to sit down with young people to work on DI reflections in the Learning Plan:

> **They only have a certain amount of hours that they're here, that they have to have their case notes up and done, besides their LAC, beside hospital appointments, taking kids on activities, picking kids up from school, cooking dinners.** Then you need the van because, if you've got a full house, you've got four kids—and if you haven't got a reason why you haven't picked up a kid that's called for a pick-up, you're in trouble. Then you start to panic. **The last thing on your mind is to do goal-setting.**
>
> **Molly, unit coordinator**

More intentional effort is therefore needed to integrate DI into their existing work. Without direction from management, OOHC staff will continue to defer responsibility to external providers (in this case, the BSL DI staff). As one unit staff person noted:

> I feel like when people from outside entities come in … we let them do their work and then leave. I think we need to get better at being involved ourselves. **Maybe that needs to come from our management** where they talk with the Brotherhood about how they structure it properly to get [staff] buy-in.
>
> **Ben, unit staff**

The lack of an authorised co-delivery structure also meant that challenging young people to take positive risks entailed a degree of individualised risk to the OOHC worker if something went wrong. A BSL DI staff member with experience in OOHC noted that 'workers hold so much risk in this space', contributing to a way of working that is built around 'getting authorisation and covering your own risk'. The staff member added that to avoid an incident in which staff will hold the full responsibility, many staff just try to get through their shift without 'triggering' the young person. As a result, most DI delivery still fell to BSL DI staff.

Carers did not receive the ongoing, practical training they needed to feel confident delivering DI

The second factor limiting co-delivery was the insufficient investment in practical training and review for staff, who were not confident in their ability to deliver the certificate. DI presents OOHC staff with an entirely different way of working with young people: one that focuses on their abilities instead of their trauma and deficits and promotes youth-directed development instead of a more statutory approach. To learn and integrate this new approach, staff require ongoing training, practice sharing and review.

While OOHC staff are formally trained in managing risk, crisis and challenging behaviours from young people, they receive little formal training in aspirational or coaching-based approaches. While some staff did appear comfortable working in an aspirational way, others expressed awkwardness in directly speaking with young people about their goals and aspirations. If a young person's interests came up naturally in their interactions, they might encourage them in various ways, but they did not know how to introduce the subject. They also worried that if they did this in an awkward way, it would trigger an emotional outburst from the young person. One unit coordinator spoke about how the staff are trained to help young people manage heightened emotions, but don't have a trained approach to talk about their goals:

> If [staff] don't understand it, they're not going to do it. I could sit there and go, 'So okay, I know you've got some anger issues. How are we going to sort out this? What's your goals for this?' You know, we don't work like that here. If the young person has got anger issues, it's what can we do to help? **We have our own strategies on how we deal with a young person that's heightened, because that's what we've been trained to do.** So we have other ways of dealing with that sort of stuff. **It can be very hard, at times, to sit down and talk with a young person […] about what they're interested in, what would they like to do when they get older.**
>
> **Molly, unit coordinator**

DI's approach also differed from existing OOHC practice in that it promoted an integrated, youth-directed program around transition planning, as opposed to a more statutory approach oriented towards addressing specific needs in isolation. Many OOHC

staff spoke about transition planning as ticking required tasks off a checklist. They needed to ensure young people had a learners permit, identification, a bank account, the proper medical check-ups and so on. Transition planning tools in OOHC are often oriented in this way to ensure OOHC staff are clear on what needs to be accomplished before young people leave care. This may be easier for staff to undertake in the context of shiftwork because it requires less high-level planning.

In contrast, DI required staff to think broadly and creatively about how to build integrated transition plans off of young people's interests and goals. Instead of allowing the checklist to drive practice, they needed achieve the items on the checklist by investing in young people's goals and interests. One unit coordinator explained the difference in planning in OOHC and DI that may have intimidated staff:

> I suppose for us, **we know that a kid may need driving lessons. We think of it in one aspect, but DI thinks of it as, 'How does a kid doing driving lessons develop skills other than driving?'** So my framework I suppose is making sure that these young people can survive within the community. Most go back to their parents and nothing's actually changed when they go back**. So for me it's like, 'Yep, you're 16, so we need to get you your learner's permit.' Where they're more delivering a course, so they're more creative on how they can tick things off.**
>
> **Jennifer, unit coordinator**

To address this gap in practice, BSL DI staff attempted to provide ongoing training and support through regular unit meetings, which are the only time that all permanent staff in the unit are together. However, without a mandate or staff buy-in, BSL staff were often shut out of unit meetings or given insufficient time to engage with staff as intended. As a result, many staff did not receive the practical, ongoing training they needed to understand the practice.

Ben, a unit staff member, explained he did not know much about DI, due to his exposure to only cursory information sessions, and wanted to learn more. In particular, he felt there was a need for ongoing training and practice sharing in unit meetings:

> [Laura, the DI trainer, is] fantastic at being able to find programs and things like that for our young people to be a part of and certainly uses a strengths-based practice to be able to find them. **I've worked with [Tim, a student] for nearly five years, so I have a very, very strong relationship with him, but I'd never thought about LARP.** I never even talked to him about that and I know insights to that boy that nobody has**. Laura got that out of him and has him going there every week within six months. That's amazing work. … I'd love to understand how she got to that point** because that's how we all get better … **but because we're not working with these [DI] guys every day, they do some amazing work like that and we know that it's happening, but we don't know how and why. That's the key to good work practice is being able to share best practice.**
>
> **Ben, unit staff**

Without a community of practice or ongoing review, workers were left to figure out how to deliver DI on their own. When faced with other competing priorities, they were less likely to take the individual initiative, extra time and effort necessary to do this.

DI aligned with the job responsibilities and practice of CIRC-funded education workers, easing adoption

The Children in Residential Care (CIRC) program allocates funding to CSOs to deliver specialist educational programs to children and young people in residential care (DHS 2013). Development of literacy and numeracy skills is the priority. Program delivery methods vary by CSO and individual needs, but may include brokerage, education case management, direct teaching and support for young people attending school. All young people in residential care are eligible for the program, but those in most need have priority when demand for services is high. CIRC-funded education workers serve across residential care units with OOHC providers.

Due to their relatively narrow focus on education, compared with the OOHC unit staff focus on general life skills and transition planning, CIRC-funded education workers were not initially considered potential DI co-delivery partners at the CSOs. However, they were early advocates of DI in their organisations and increasingly took on an informal delivery role. An education worker at one agency helped DI staff gain buy-in with management and students by connecting DI staff with the right people and accompanying them to initial DI meetings with students. As new education workers learned about DI, they immediately saw its value for engaging young people in education and promoted its use.

In contrast to OOHC unit staff, CIRC-funded education workers took up DI quickly because the way of working was familiar to them and aligned with their responsibilities. In their own work, they often had to be creative about engaging young people in skill-building and education planning through structured activities and reflections. Several education workers took up DI co-delivery with no formal training by reviewing the Learning Plan and asking DI staff for ad hoc support. In one case, this occurred with an education worker outside the partnering agencies when a young person transferred to her care. She explained why she was able to deliver DI without formal training:

> My role as an education support worker was more so a lot of tutoring kids, so doing things around maths, like literacy, numeracy and things like that, so coming into teaching ... independent living, was different to what I was used to. **But the similarities of it was that you're still planning a goal and an intention to work towards in it, whereas obviously with the DI, the outcome's more practical.**
>
> **Raegan, education worker**

Although DI provided a familiar way of working, it also offered education workers new ways of engaging young people who had been disengaged from school for some time

and might not 'see a positive pathway back to education' [Paul]. DI's goal-setting across life domains offered a broader approach to education re-engagement than typical strategies focused on education goals. Furthermore, since completing the DI certificate carried credits for the Vocational Education and Training component of the Victorian Certificate of Applied Learning, it offered real incentives when transitioning back to school. Paul explained how working on DI improved his practice as an education worker:

> I think because the material in the **DI is more on this holistic picture of what the young person wants in several areas of their life, whereas the other tools which I would look at in terms of plans and aspirations for the young person focus more specifically on education.** Having that more holistic picture on hand is different and very useful. Sometimes it can be **exploring other interests and connections, which maybe I hadn't considered exploring with them,** and it gives me a bit of an 'in' to say, 'This is something which you've identified as being an interest for you, let's go and visit that again, and see how that works for you'.
>
> **Paul, CIRC-funded education worker**

Aside from building engagement, DI also offered avenues to building literacy and numeracy based on young people's goals and interests. Paul explained that DI made him think about 'what the purpose of other engagement activities is ... and how that can benefit the young person in ways beyond building trust and rapport'. He gave an example of working with a young person in remand to learn about his legal rights and write letters advocating for himself. Before working on DI, Paul might have referred this to the case manager. Instead, it became a useful new way for him to develop the young person's writing skills and engagement

In summary, the contrasting experiences of OOHC unit staff and CIRC-funded education workers demonstrate that when introducing a new practice approach, more work needs to be done by management to formally integrate delivery and training into existing work processes and frame it as a means of improving practice in core job responsibilities.

7 Conclusion and recommendations

The evaluation of Stage 2 of the DI in OOHC pilot found evidence of:

- the benefit of a structure and approach based on Advantaged Thinking for engaging young people in out-of-home care in planning around their futures

- improved student engagement in DI compared with Stage 1

- student engagement in goal-setting, planning and mainstream opportunities, and student capability expansion linked to DI program mechanisms

- some shifts in OOHC staff attention towards DI student aspirations and goals, indicative of DI's potential to shape practice.

However, real challenges remain. Insufficient agency ownership of DI through an authorised structure for co-delivery, integration of DI practice into existing work processes, and investment in ongoing training and review hampers co-delivery. Inefficient processes in OOHC for sourcing authorisation, flexible funding and other supports to ensure student access to mainstream opportunities constrain student capability expansion. Loss of contact due to placement instability continues to impede sustained student engagement.

Given the evidence of pilot progress towards key goals, and of ongoing challenges to these goals, future adaptations should consider the following recommendations for improving DI's impact:

1. Partner agencies should establish a structure for DI co-delivery, monitoring and review.

Learnings from this pilot indicate that DI needs to be led and formally organised internally by each partner agency, so it is not considered an 'external' program. With appropriate additional resourcing, management should mandate staff to consistently conduct DI work. The following points should be considered by organisations in structuring DI:

1.1. One staff person should be designated as responsible for each student's progress, with set times each week for DI meetings. Given the alignment between the practices and goals of DI and the job responsibilities of CIRC-funded education workers, partner agencies might consider appointing education workers to support residential care workers in DI co-delivery.

1.2. Student progress on DI should be tracked and reviewed, possibly in unit meetings or through worker supervision. This provides accountability and eases DI planning.

1.3. Management should regularly review the agreed co-delivery structure and address any issues obstructing DI work. These issues could include insufficient staff resourcing or difficulty obtaining authorisation or funding for DI opportunities.

2. Partner agencies should be resourced to invest in ongoing staff training and practice sharing.

DI presents OOHC staff with an entirely different way of working with young people: one that focuses on their abilities instead of their trauma and deficits and promotes youth-directed development rather than an approach shaped by statutory compliance. While many staff saw value in the DI program, they did not feel confident of their ability to implement it. Successful implementation requires practical, ongoing training. The following points might help to address this:

2.1. A standing item at the beginning of regular unit staff meetings could ensure ongoing DI training and practice sharing is prioritised, while remaining low-cost.

2.2. Participation in DI communities of practice could offer staff access to professional development, guided practice reflection, and opportunities to share practice learnings outside of their unit and return to work inspired with fresh ideas.

2.3. Participating in skill-building sessions with students alongside someone comfortable with the Learning Plan will increase staff confidence with the tools.

3. The external partner in co-delivery should be a mainstream education provider such as a TAFE or Learn Local RTO

One of the main purposes of DI is to build mainstream networks and pathways to ongoing education. In the establishment phase, delivery of the DI certificate through BSL's RTO has enabled intensive support. However, to move the pilot towards a more sustainable model, it is recommended that a TAFE or Learn Local RTO should replace BSL as the education partner.

3.1. Having a TAFE or Learn Local RTO as the education partner in DI co-delivery could provide young people with a 'soft' entry point to further education and training. It also allows education providers to understand first-hand the environment and needs of this cohort. Finally, it progresses the pilot's aims to move away from linking young people to service-based connections towards mainstream connections.

3.2. BSL should continue to provide training in the co-delivery of the DI certificate and the Advantaged Thinking practice approach to both the TAFE or RTO provider and the partner agencies, as well as ongoing support and advice to maintain fidelity and continuity.

4. To enable timely opportunities supporting young people's aspirations, partner agencies require an efficient process for securing permissions and flexible funding.

The criteria and process for authorising and securing funding for student opportunities should support flexible and timely investment in young people's community connections. Without this, students' potential capability expansion will be limited.

5. To support student access to opportunities the next iteration of the pilot, partner agencies should allocate the role of an opportunity broker to an internal staff member involved in DI.

This person should be tasked to source community connections supporting young people's aspirations, possibly through pro-bono or reduced cost arrangements. The role should also support staff delivering DI in identifying and following up funding sources and authorisations in OOHC to support young people's external opportunities.

6. Future co-delivery structures should ensure that a relationship with at least one DI worker can be maintained across placements and invest in that relationship.

Committed relationships are fundamental to DI engagement. A complete change in workers could present serious setbacks to young people's DI progress. Placement change is best managed if at least one DI worker can follow each student across placements.

> 6.1. Partnering with a TAFE or Learn Local RTO would enable some continuity across placement changes. However, student movement to other OOHC agencies would require the educator to take on more work. The long-term vision would be for DI to be embedded in all out-of-home care providers in Victoria, so that students could continue their DI work with co-delivery wherever they were placed.

> 6.2. Future iterations of DI in should investigate resourcing an out-of-home care youth development worker who could maintain relationships with students across placements. This role would provide a more sustainable co-delivery partner to the educator.

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