



Evaluation of the Living Learning Partnership Addressing Disadvantage

Interim report

Prepared for
The Department of Treasury and Finance
May 2023



Urbis acknowledges the important contribution that Aboriginal and Torres Strait Islander people make in creating a strong and vibrant Australian society.

We acknowledge, in each of our offices, the Traditional Owners on whose land we stand.

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Executive Summary

Background

Urbis has been commissioned by the Victorian Department of Treasury and Finance (DTF), working closely with the Department of Families, Fairness and Housing (DFFH), to undertake an independent evaluation of the Living Learning Partnership Addressing Disadvantage (PAD). This is the report for the Interim Evaluation, which assesses progress towards outcomes after the first two years of the Living Learning Program, provides recommendations for how the program can be improved and highlights early learnings to inform broader government policies.

Specifically, the Interim Evaluation will support the remaining implementation and management of the program by presenting findings related to continued implementation of the program, early evidence of outcomes, and recommendations to further improve program delivery.

The Living Learning Program And Partnerships Addressing Disadvantage

The Living Learning Program has been designed to deliver services addressing the barriers to personal and educational achievement for school leavers aged 15–24 who are experiencing mental health complexities and who are persistently not engaged in employment, education or training.

Living Learning is an integrative program delivered by Melbourne City Mission (MCM) and their independent school Hester Hornbrook Academy (HHA) that provides three years of wraparound support for young people in three cohorts of 48 participants – 144 students in total. The first, second and third cohorts commenced in January 2021, 2022 and 2023 respectively, and the program will operate from 2021 to 2025.

The intended outcomes of the program are that young people experience improvements in their educational achievements, mental and physical health, relationships within community and family, and self-efficacy to be on a positive pathway of their choice.

Living Learning has been developed through the Victorian Government's Partnerships Addressing Disadvantage (PADs) initiative. PADs are outcomes-based contracts that emphasise the partnerships that are needed to tackle complex problems, combining service delivery insights with resources from the public and private sectors to deliver innovative solutions. Investors receive a return on their investment based on the level of outcomes achieved, such as the percentage reduction in Victorian Emergency Department (ED) presentations for Living Learning participants over two and four years. As Victoria's first integrated education and mental health-focused PAD, the evaluation of the Living Learning PAD will inform future investment in the sector.

Methodology

The evaluation has adopted a mixed-methods approach, analysing available quantitative program and survey data, as well as qualitative insights from semi-structured interviews. Reflecting the dual scope of the evaluation, research was arranged into streams that inform the PAD model, and streams that inform program implementation and outcomes. Findings within this report have been informed by analysis of both primary and secondary data sources, including:

- semi-structured interviews with 22 current Living Learning participants
- a survey of 32 current Living Learning participants
- consultations with 10 Living Learning Program staff and six HHA staff members
- consultations with eight PAD model stakeholders from MCM, DFFH and DTF
- a review of program documents and program data collected for Cohort 1 and 2 program participants.

Key findings

Key finding	Description
Program implementation	<ul style="list-style-type: none"> ▪ The second year of program implementation has generally been delivered as intended with key features of program delivery consolidated. ▪ Weekly adventure activities were well run and attended, without any COVID-19 disruptions. ▪ Throughout 2022, a small but growing number of young people finished their studies at HHA but continued as program participants through offsite activities that are currently being trialled. As of December 2022, there were 16 ex-HHA participants involved in employment or further education activities including work, TAFE courses and TAFE bridging courses to gain entry to university. ▪ The second year of program delivery was generally considered to have improved communication and collaboration among Living Learning and HHA staff to resolve any discrepancy in policy and practice. ▪ Key risks to ongoing program delivery include the sustainability of the staffing and resourcing model in the peak year of program delivery, the tensions associated with delivering the program within a school environment, and the feasibility of interventions for the ex-HHA cohort.
Participant profile, attendance and experience	<ul style="list-style-type: none"> ▪ The demographic profiles of Cohort 1 and 2 show some key differences in complexity of mental health diagnoses, age, gender and living situation. ▪ Referral pathways into the program were diverse for both Cohort 1 and 2. A greater portion of Cohort 1 participants were referred to the program by government services (e.g., Navigator program or DFFH), while a greater portion of Cohort 2 participants were referred into the program by a family member or guardian. ▪ Key factors that motivated young people to join Living Learning have been the features of the program itself, including the mental health support, adventure learning activities and the flexibility of the education program. Some young people were attracted to the social elements of the program, while others were motivated by environmental factors, in particular gaining access to a safe and inclusive school environment. ▪ Attendance rates show mixed results with Cohort 1 participants dropping (on average) by 14 per cent in their second year of the program. For some students, attendance reduced by approximately 20 per cent and is attributed to individual circumstances including housing instability and gender transition while other students increasingly participated in employment and training programs. Average attendance among Cohort 2 is slightly higher than the broader HHA student population in their first year of the program. ▪ Young people are highly satisfied with their experiences in the program to date. Friendly and non-judgemental staff and the flexibility of the program to provide supports tailored to their individual needs were most valued by young people.

Executive Summary

continued

Key finding	Description
Outcomes and achievements	<ul style="list-style-type: none"> ▪ Consultations with Living Learning participants found strong evidence that Living Learning contributes to improved mental health among young people. Better mental health is an enabler of positive outcomes including improved confidence and self-efficacy, ability to advocate for themselves, form relationships and attend school. ▪ Participation in the program and regular contact with Key Workers has supported young people to form positive relationships with adults and their peers at school. Some young people have also been supported to repair relationships and reconnect with family members. ▪ Living Learning increases the capacity of young people to set and work towards their goals, resulting in increased confidence and self-efficacy. The emphasis on short-term goal setting has translated to longer-term education or career aspirations. Young people were also better equipped to navigate social scenarios and conflict as a result of program participation. ▪ The supportive and tailored classroom environment has assisted young people to think and feel more positively about education. Living Learning encourages young people to challenge assumptions they have about themselves and towards school and learning. ▪ Participation in Living Learning has improved the physical health of many participants. This has been largely driven by Key Workers who have assisted young people to build trust with healthcare providers and, where possible, access bulk billing specialists such as dentists. ▪ There is some evidence that Living Learning has contributed to improved housing outcomes by connecting young people to housing services. A lack of suitable housing options means there are limited avenues through which young people can access secure, long-term housing.
PAD governance and funding model	<ul style="list-style-type: none"> ▪ Mechanisms and forums for governing the PAD model are appropriate and working effectively. A collaborative partnership, aided by shared goals and co-chairing arrangements has contributed to building a trusting partnership with government agencies and MCM. ▪ The PAD model has generally had a positive influence on program management and delivery. In particular, the ambitious delivery timelines coupled with budget flexibility has fostered rapid program adjustment and innovation. ▪ The PAD has also influenced program design and to ensure that all participants have a three-year experience of the program. Living Learning is currently developing a new engagement model for those young people who have finished at HHA. Access to the administrative data of Emergency Department presentations made available through the PAD has prompted MCM to consider program adaptations that provide after-hours support to young people. ▪ With evidence of the intervention's effectiveness growing, key stakeholders have sought pathways to expand and replicate Living Learning in different settings. For future programs, greater involvement of school staff in Living Learning design and development may improve implementation of the program within a school environment. ▪ While implementation of Living Learning is enabled by specialist and committed staff, the program is still exploring a sustainable resourcing and staff model. The rapid program ramp up to the peak year (2023) followed by a ramp down creates unique resourcing and staffing challenges that require investment in change management strategies. ▪ The single payable outcome based on ED presentations has proven to be relatively volatile and, in a small cohort, vulnerable to outliers. To date, the risks associated with the outcome measures have been actively controlled or mitigated through the PAD governance mechanisms and high mission alignment among PAD stakeholders including government, investors and MCM.

1.0 Introduction



1.0 Introduction

This document presents the Interim Evaluation Report for the evaluation of the Living Learning PAD. Its primary audience is the Department of Treasury and Finance (DTF), the Department of Families, Fairness and Housing (DFFH) and Melbourne City Mission (MCM).

1.1 Evaluation context

The Victorian Government is currently investing in innovative and evidence-based programs through PAD initiatives. PADs fund programs that bring together the public, private and not-for-profit sectors to help reduce deep-seated disadvantage and improve outcomes for vulnerable people in Victoria. The guiding principles of PADs are that they:

- have a clearly defined client group
- deliver measurably positive outcomes to individuals
- demonstrate a financial return to government from the investment above the return government would have received through continuation of its core business
- deliver an intervention that is innovative, but with evidence of efficacy
- share risk with those organisations better able to mitigate that risk.

In 2018, DTF sought proposals to finance projects that improved education and engagement outcomes for: vulnerable children aged 5–14 (or school years 1–10); and disengaged youth aged 15–24 (youth who have left school early and are not engaged in training or in the labour force, located within a geographic area associated with social and economic disadvantage). The Living Learning Program, operated by MCM and its subsidiary school, the Hester Hornbrook Academy (HHA), was selected through this process to participate as a PAD initiative.

An evaluation of Living Learning is vital to the program's continuous improvement. This evaluation, beyond the data sources used to inform outcome payments, will support the achievement of positive outcomes for program participants, MCM and the wider service system, as well as provide insight into the cost effectiveness of the intervention.

The evaluation must ascertain the process and outcomes findings for the program to date, and assess whether the PAD model is fit-for-purpose for this kind of intervention. It must also support stakeholders to develop a full understanding of the benefits and challenges that come with this specific PAD model and explore where PADs sit in the broader landscape of government engaging private capital and the not-for-profit sector to resolve social problems.

There are currently five PADs underway in Victoria. It is crucial that existing PAD funding arrangements are monitored so the design and implementation of future PADs embody learnings from early PAD successes and failures. As Victoria's first integrated education and mental health-focused Social Impact Bond (SIB), the evaluation of the Living Learning PAD is crucial for informing future investment in the sector.

1.2 Methodology

Evaluation overview

The evaluation scope includes the:

- Living Learning PAD model – the structural design of the SIB approach
- Living Learning Program – the model of intervention designed and implemented by MCM.

The achievement of payable outcomes is not in the scope of this evaluation.

The primary audience for this evaluation is defined as those stakeholders who will make decisions based on the findings of the evaluation reports. The primary audience for the evaluation is therefore DTF, DFFH, ministers and MCM.

The evaluation of the Living Learning PAD is structured around four evaluation domains, each of which is given focus at different stages of the evaluation. Evaluation questions have been developed for each of these domains and are presented in Appendix C.

Table 1 Evaluation domains

Evaluation domains	Formative Evaluation Report (Feb 2022)	Interim Evaluation Report (May 2023)	Summative Evaluation Report (July 2026)
The formative evaluation domain is focused on the initial development and implementation of the both the program model and the financing and contracting approach (the PAD).	Yes	Yes	No
The outcomes evaluation domain is focused on outcomes for the students under the Living Learning PAD model, and on understanding how the program design influences these outcomes.	No	Yes	Yes
The economic evaluation domain will also examine the PAD funding model and its appropriateness as a tool for driving outcomes and value for money, and will calculate the net economic benefit generated by the program.	No	No	Yes
The strategic evaluation domain will focus on the broader implications emerging from the implementation of the Living Learning PAD, and its contribution to the broader evidence base.	No	Yes	Yes

Key evaluation questions

The key evaluation questions in scope for this Interim Evaluation Report are summarised below.

Table 2 Key evaluation questions

Question type	Evaluation question
Formative evaluation questions	F1: To what extent does the design of the Living Learning Program model reflect contemporary or emerging evidence for good policy and practice?
	F2: To what extent has the Living Learning Program model been implemented as planned?
Outcomes evaluation questions	O1: What outcomes are observed for program participants?
	O2: What outcomes or impacts are observed for other program stakeholders?
	O3: What contribution does the Living Learning Program make to the observed outcomes?
	O4: What external factors influence program outcomes and impact?
	O5: How has the PAD funding model influenced the outcomes?
	O6: How sustainable and scalable is the Living Learning Program with its current funding model?
Strategic evaluation questions	S1: In what ways does the Living Learning Program model contribute to the broader evidence base about effective responses for disengaged young people with mental illness within educational settings?
	S2: In what ways does the Living Learning PAD augment the range of available policy responses to strengthen social and economic participation for marginalised or disadvantaged young people?

1.0 Introduction continued

Data collection and analysis

This Living Learning Interim Evaluation Report builds upon the Formative Evaluation Report delivered in early 2022. This Interim Evaluation Report is focussed on the implementation of the program throughout 2022 (the program's second year of operation). Primary data collection activities were undertaken between October 2022 and February 2023, while secondary data was compiled throughout 2022 and early 2023 as it became available.

The evaluation methodology combines the collection of primary qualitative and quantitative data with the use of program data, an approach that ensures sufficient evidence to draw conclusions and make recommendations, while minimising burden on program participants and stakeholders. This Interim Evaluation Report draws on six data sources, as outlined in Table 3 overleaf.

Qualitative data from interviews was analysed against the key evaluation questions to determine the strength and veracity of findings. From this analysis, emergent themes and information gaps were identified, which informed additional data and information requests. Where possible, interview data was triangulated with other qualitative data (other stakeholder interviews) and with documentation and data. Relevant findings are discussed in the body of the report.

In total, 46 interviews were conducted both in person (at the HHA Sunshine, Prahran and City campuses) and online (via Microsoft Teams). In-person interviews were audio recorded and transcribed, and online interviews were video recorded and transcribed via the Microsoft Teams platform. Consent to record was sought and confirmed by all interviewees.

Table 3 Interim Evaluation Report data sources

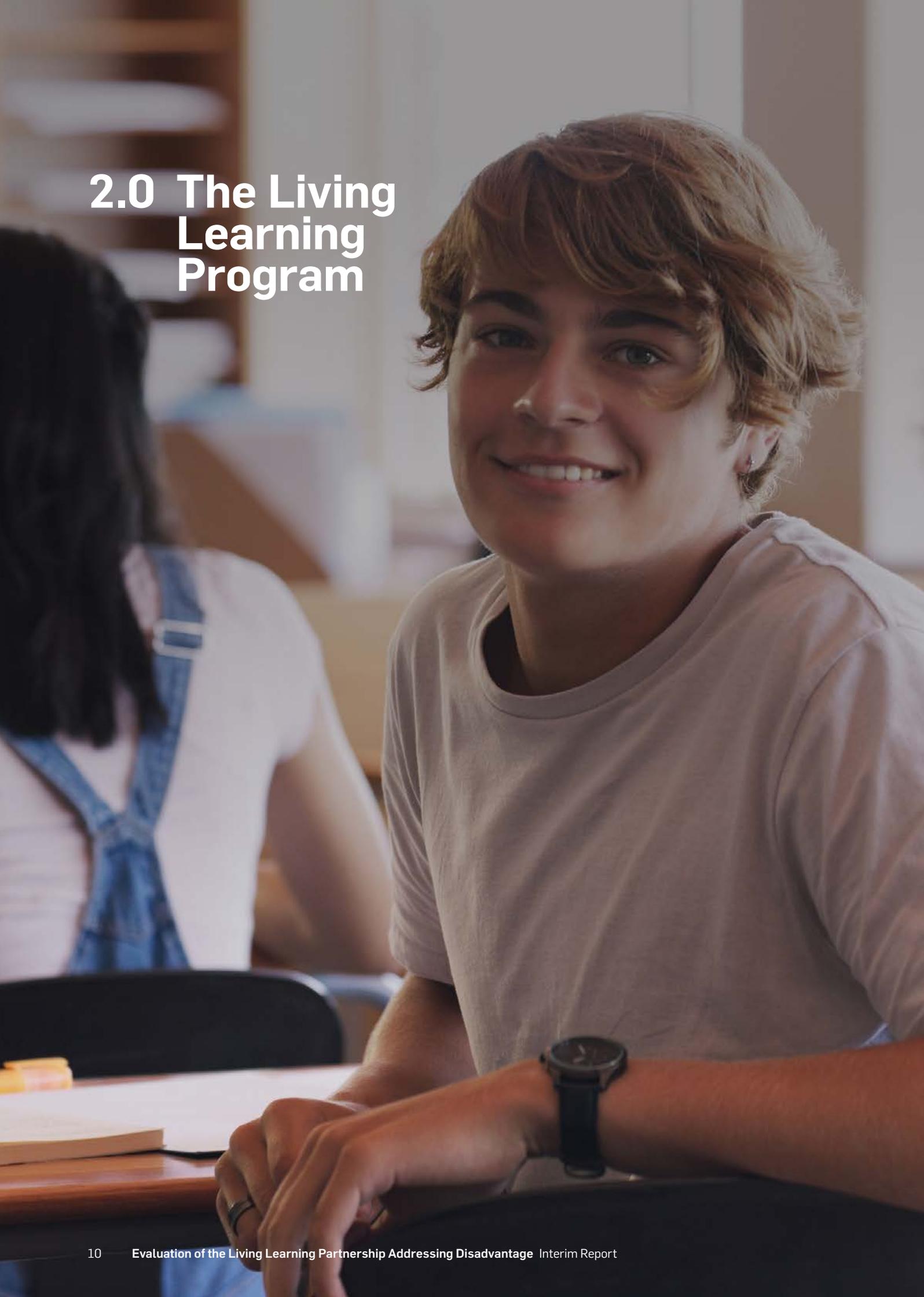
Data source	Details
Documentation and participant data	Relevant documentation and participant data collected by Living Learning and HHA was reviewed and analysed to gather insights toward the evaluation domains. The document review was undertaken to validate and triangulate qualitative data collected through interviews.
Living Learning participant interviews	Consultations were conducted in person with current Living Learning participants (n=22) across the three program sites. Consent of a parent or guardian was sought for young people under the age of 18 and not deemed a mature minor by HHA. Consultations focused on participants' motivations to join the program; their experiences in the program; the impact the program has had on their lives; and improvement opportunities. Interviews were audio recorded and transcribed, after which thematic analysis of interview data was undertaken using NVivo.
Living Learning participant survey	Urbis conducted a survey of current Living Learning participants (n=32). The survey had a 33% response rate across the program's three sites. Data was analysed and charted by question type. Open text comments were analysed thematically and presented according to the most material themes. Appendix B presents further detail on the methodology and results of the survey.
Living Learning staff interviews	Consultations were conducted online with Living Learning Program staff (n=10). Staff from the program's Engagement, Allied Health, and Education streams, along with support staff and the Program Manager, participated in interviews. Semi-structured interviews explored lines of inquiry relevant to each staff member's role.
Hester Hornbrook Academy staff interviews	Consultations were conducted online with HHA staff (n=6) in leadership roles across the school's three campuses. The focus of these consultations was the functioning of Living Learning in the HHA school environment; the impact of Living Learning on the wider school community; and learnings to date.
PAD stakeholder interviews	Consultations were conducted online with stakeholders from MCM (n=3), DFFH (n=3) and DTF (n=2). The focus of these consultations was on the PAD funding model; its impact on program delivery; the effectiveness of its governance mechanisms; and learnings to date.

Limitations

There are several limitations associated with the data collection and analysis:

- We cannot exclude the possibility that the Living Learning participants interviewed were individuals who were more engaged with the program or who have generally more positive experiences of the program.
- We achieved a 33 per cent survey response rate (31 out of 96 young people), which gives a margin of error of +/-14.6 per cent. A further 22 young people were consulted through interviews. As such, findings do not represent the views of all Living Learning participants. The triangulation of qualitative (interview) data with survey responses adds to the richness and depth of survey data.

2.0 The Living Learning Program



2.0 The Living Learning Program

This section provides an overview of the program aim and objectives and describes key aspects of the program including eligibility, referrals and intake process, and core supports provided in the school setting for engagement, mental health and education.

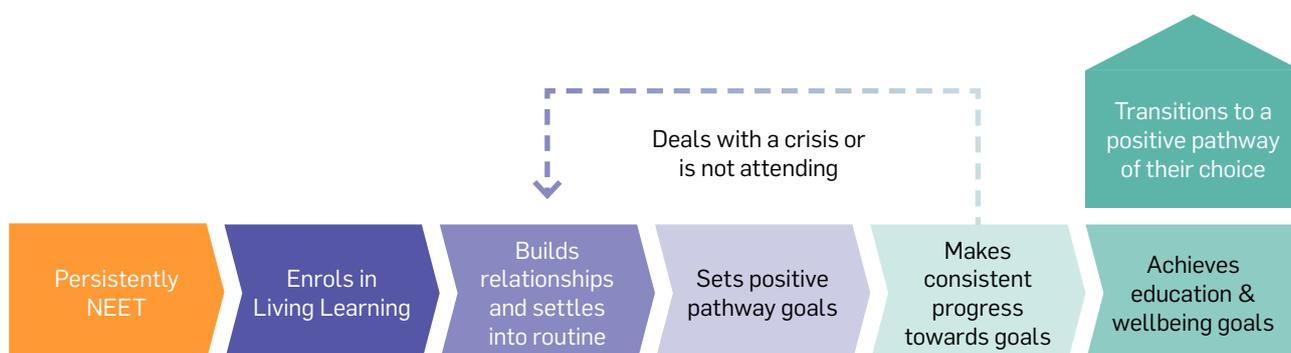
The Living Learning Program has been designed to deliver services that address the barriers to personal and educational achievement for school leavers aged 15–24 who are experiencing mental health complexities and who are persistently not engaged in employment, education or training (NEET). It is an integrative program delivered by MCM and their independent school HHA that provides three years of wraparound support for young people who experience mental health challenges and have disengaged from traditional schooling.

The objective of the Living Learning Program is to:

- support young people who are NEET, who have not completed secondary school and who are experiencing mental health conditions to re-engage with education and transition to a positive pathway of their choice
- support the young people participating to establish and maintain their own mental health wellbeing
- provide a rigorous and wide-ranging evidence base for what works with this cohort of students, to inform future improvements at HHA, and in the education and mental health sectors more broadly.

In addition to the HHA model of student-centred applied learning, Living Learning offers additional mental health services and a high-touch support model for students to progress towards their goals, building upon the MCM evidence base regarding what works for disengaged youth to deliver a flexible and highly supportive program model. The student journey is depicted in Figure 1.

Figure 1 Living Learning participant journey

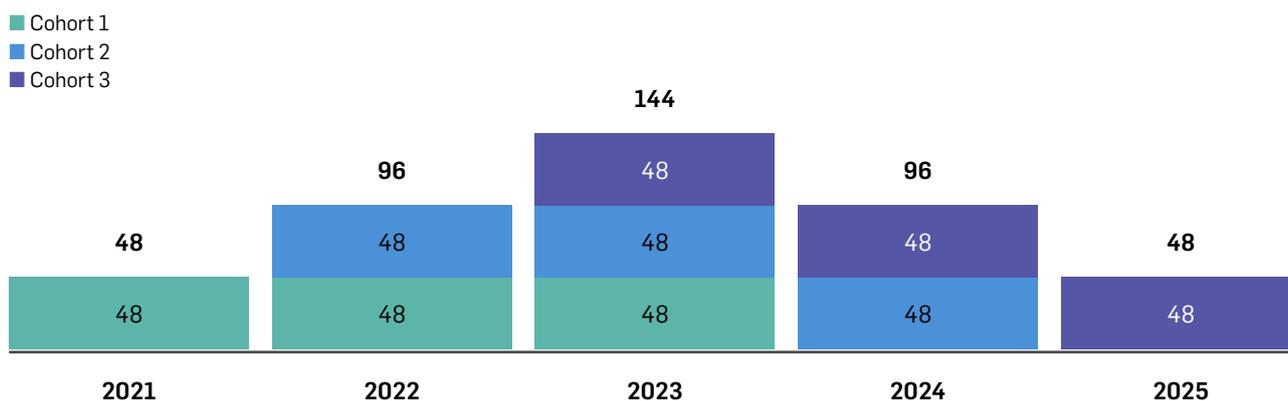


Source: MCM Living Learning Prospectus (2020)

The Living Learning Program provides three years of support to three cohorts of 48 participants, 144 students in total. Depicted in Figure 2, the first, second and third cohorts commenced in January 2021, 2022, and 2023 respectively, and the program will operate from 2021 to 2025. The peak year of participants is 2023.

2.0 The Living Learning Program continued

Figure 2 Living Learning student population over the program duration (per year and cohort)



2.1 Eligibility, referrals and intake

Eligibility

To be eligible to participate in Living Learning, a young person must be persistently disengaged from school, experience a mental health condition, and be aged between 15 and 21 on referral. Exceptions may be considered (on a case-by-case basis) if extraordinary factors prevent the young person from re-engaging in mainstream education or if the young person is unable to return to the school they are enrolled at as a direct result of their parenthood status. A young person may be excluded from the program if they are assessed as presenting a safety risk to themselves or others.

Living Learning is responsible for sourcing relevant evidence and recommending to the DFFH Government Contract Manager (GCM) whether a young person is eligible for the program. The GCM is responsible for approving referrals into the program.

Referrals

Referrals into Living Learning can be directly from a young person, their parent, guardian or caregiver, through government programs (such as the Navigator Program run by the Department of Education and Training) and from service providers (such as mental health and/or homelessness services).

Intake

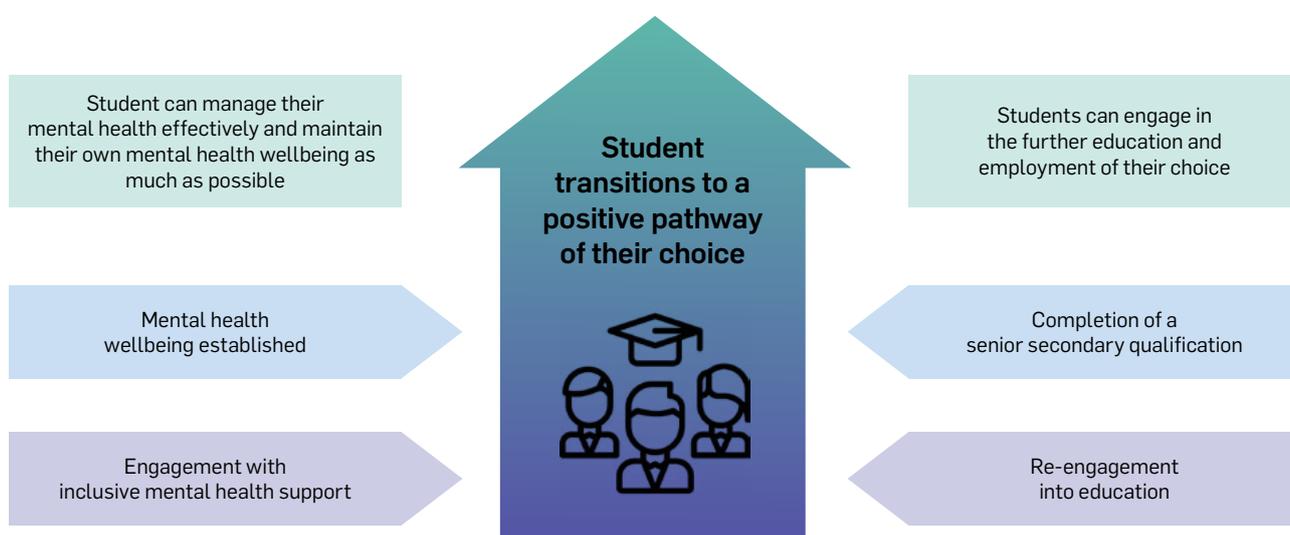
During the intake period, Living Learning staff must explain to Living Learning participants how their personal information will be collected, used and disclosed. A young person must provide informed consent to be enrolled in the program.

After a young person is assessed as being eligible to participate in Living Learning, it could be up to three months before the next cohort start date. During this time, a young person can enrol and commence classes at HHA.

2.2 Program delivery

The Living Learning Program is comprised of three activity streams: engagement, allied (mental) health and education, as depicted in the Program Logic (Appendix A) and described in more detail below. The intended outcomes of the program are outlined in Figure 3 below.

Figure 3 Participant outcomes



Source: MCM Living Learning Prospectus (2020)

Engagement

A core component of the Living Learning service offering is engagement activities providing tailored wraparound support to young people to overcome barriers to getting to (and staying engaged in) school. In 2022, there were five Key Workers supporting Cohort 1 and 2 participants. Key Workers support young people through provision of case coordination, helping them to develop supportive relationships with adults, supporting them to access relevant external services, and undertaking assertive outreach when required. The program design allows for a case load of up to 22 young people per Key Worker.

The Engagement team also assists in coordinating career planning and pathways support delivered by the HHA Careers Team. Engagement staff are also responsible for coordinating adventure learning activities, school holiday programming and Engage Youth, which are described in further detail below. Caseloads for Engagement supports are allocated using a client contact level system, presented in Table 4.

Table 4 Living Learning client contact level system

Level	Category	Key Worker support
1	High	2 hours of Key Worker resourcing each week
2	Medium-High	1 hour of Key Worker resourcing each week
3	Low-Medium	30 minutes of Key Worker resourcing each week

2.0 The Living Learning Program continued

Brokerage support

Key Workers have access to a pool of brokerage funding which can be used discretionarily to support young people to achieve the intended outcomes of the program. Brokerage funding can be used flexibly by Key Workers to motivate, engage and support young people in ways that are most relevant to their needs. Examples of items funded through brokerage support include technology such as laptops or phones, fidgets and anxiety relieving tools, emergency food vouchers,¹ clothing and shoes, and personal hygiene items. Brokerage can also be used to purchase external services where needed, such as Allied Health care. Some items and services financed through Living Learning brokerage require approval of the Program Manager or the MCM Executive (e.g., orthodontic and dental treatments in excess of \$10,000).

Adventure learning activities

Delivered weekly, trauma informed adventure learning activities are designed to provide new experiences to young people which push them outside of their comfort zones and challenge assumptions they may have about themselves. The intention of adventure learning activities is to develop the confidence, grit and resilience of young people and encourage positive relationships and memories.

Adventure learning activities are delivered in partnership with external provider EACH, who run the Wild program, and OceanMind, who run a surfing program. Wild is delivered over a semester to give young people the opportunity to participate in activities such as hiking, caving, abseiling and paddle boarding as a way of building their resilience, social skills and confidence. OceanMind is a seven-week program teaching young people how to surf and navigate the ocean. Through OceanMind, young people engage with positive adult role models and receive mentoring support. At the end of the program, young people have the chance to progress into peer leadership and mentoring roles for the next participant cohort.

School holiday programming

Living Learning runs social and therapeutic activities over the school holidays to give young people the opportunity to stay connected to a safe place and their school community, and to continue to develop relationships with peers. Some school holiday activities are specifically designed to support young people in accessing social and mental health supports.

Engage Youth

The assertive outreach undertaken by the Living Learning Engagement Team complements HHA's Engage Youth program, which provides outreach education, case management and small group-based workshops on campus two days per week. Engage Youth has been designed to support all HHA students who have more complex needs. Engage Youth is frequently used as a pathway to assist students transitioning into regular school attendance. While Engage Youth has a focus on the internal HHA school environment, assertive outreach by the Living Learning Engagement Team is more active in external settings, such as the home

Allied Health

Mental health supports within the Living Learning Program are delivered by the Allied Health team, comprised of two Psychologists and an Occupational Therapist. The second program Psychologist commenced in 2023, to support the growing cohort size.

The Allied Health team support young people whose learning and engagement is impacted by mental or occupational health challenges, working to address young people's immediate mental health needs and redirecting to external supports when appropriate. As clinical professionals, the Allied Health team can also provide secondary consults and advice to Living Learning Program staff and the wider HHA community.

Young people are referred to the Allied Health team by their Key Worker and/or their classroom team. To participate in Allied Health supports, it must be established that the young person's needs cannot be better met by an existing service provider, and the young person must consent to specific assessments and/or interventions. All interventions used by the Allied Health team are evidence-based and tailored to the specific needs of each student, and are listed in Table 5.

Table 5 Allied Health team interventions

Psychology	Occupational therapy
Psychoeducation	
Emotion regulation skills	Capacity building
Mindfulness-based stress regulation	Routine analysis
Communicating assertiveness and boundary setting	Adaptive interventions
Self-compassion and self-care	Self-care

Source: Living Learning Program Manual v7

While a dedicated Occupational Therapist was not included in the program's original design, this capacity was added when it was recognised some young people would benefit from strategies to build their day-to-day functioning and independence.

Education

Living Learning participants access a similar suite of education supports to those available to the broader HHA student population. At HHA, there is an average of 18.5 students per class. Each class has a Classroom Educator, an Education Support Officer (ESO) and a Youth Worker. Importantly, HHA doesn't use time-limiting language to define a student's learning, which means students are not described by their 'year level'. Additionally, HHA's education offering seeks to minimise potential stressors and anxieties relating to learning, which includes adjustments around formal assessment.

The Living Learning Education Team have been integrated into the HHA Teaching and Learning Team. HHA Classroom Educators deliver education and training courses to Living Learning participants. The Living Learning Education Team works alongside Classroom Educators to provide intensive and personalised support to Living Learning participants to help them overcome any educational barriers they face in their learning. For many Living Learning participants, the focus of the first year in the program is on engagement and organisational skills, while the second and third years are focussed on assisting young people to complete education outcomes.

A young person's disabilities and/or learning difficulties are identified upon intake into the program. The Living Learning Education Team can provide support directly to a young person (e.g., one-on-one sessions or additional classroom support) or to Living Learning or HHA staff (e.g. planning, engagement or professional development support).

The Prahran and Sunshine campuses offer a Young Parents' Classroom, specifically designed to facilitate the learning of parents or expecting parents. Additionally, the Prahran and Sunshine campuses, which are both equipped with industrial kitchens, offer the HEAT (Hospitality Employment and Training) program.

Curriculum

Until 2023, HHA has offered Victorian Certificate of Applied Learning (VCAL) at Foundation, Intermediate and Senior levels, along with Vocational Education and Training in Schools (VETiS) courses. From 2023, the Victorian Certificate of Education (VCE) Vocational Major (VM) and the Victorian Pathways Certificate (VPC) will be introduced, gradually replacing VCAL and VETiS.

The VCE VM is a vocational and applied learning program within the VCE, designed to be completed over a minimum of two years. The VPC is an inclusive Year 11 and 12 standards-based certificate designed to meet the needs of a students who are not able or ready to complete the VCE. The minimum two-year, full-time duration of the VCE VM (which does not have a midway exit point) may require Cohort 3 Living Learning participants seeking to complete a Year 12 equivalent certificate to be engaged in school for up to three to four years in order to complete the necessary coursework.

2.0 The Living Learning Program continued

As this transition occurs, there are bridging allowances to accommodate students midway through their VCAL certificates. Young people enrolled in Foundation VCAL in 2022 can complete Intermediate VCAL in 2023, and young people enrolled in Intermediate VCAL in 2022 can complete Intermediate VCAL in 2023. Beyond 2023, HHA will not offer pathways for completing the Intermediate Certificate.

Individual Education Plans

The Living Learning Education Team, in partnership with a young person's Key Worker, Class Youth Worker, Classroom Educator, Clinician and other relevant staff, is responsible for developing a Living Learning student's Individual Education Plan (IEP). The IEP is a student-facing document that ensures a young person is aware of how their education will progress in both the short and long term. Building on a young person's strengths, an IEP ensures a young person is learning within their own zone of proximal development,² and outlines the most appropriate ways for that student to learn.

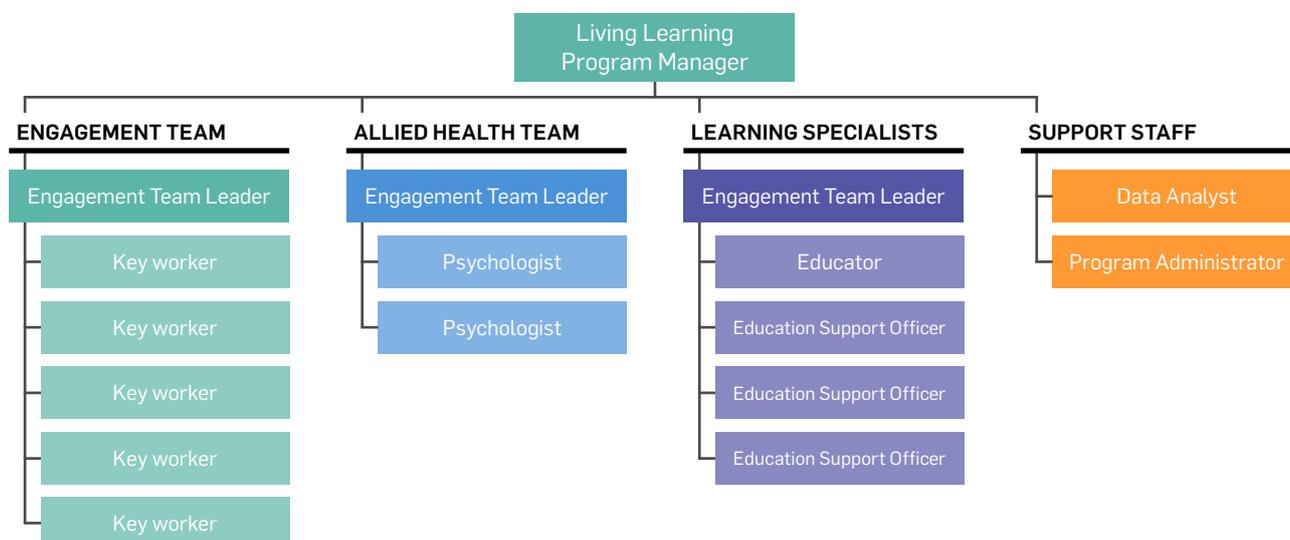
Additional offerings

HHA also offers a range of programs and supports to all students. The HHA Alumni program supports past HHA students as they transition to further education or employment. A dedicated Alumni worker works with the HHA Career Practitioner to support students in navigating a positive pathway of their choice. Alumni program support might include support to: enrol in further education and training; re-engage in a course; identify employment opportunities; plan for transition out of the school environment; and identify additional supports where required.

2.3 Location and resourcing

From 2021 to 2023, the Living Learning Program was delivered across three HHA campuses: City, Prahran and Sunshine. The Sunshine campus hosts the majority of Living Learning participants. In Term 1, 2023 a fourth HHA campus was opened in South Melbourne, which will also deliver the Living Learning Program. As at December 2022, the program was delivered by 17 staff, led by the Program Manager and supported by staff in tranches: Engagement, Education (Learning Specialists), and Allied Health, as well as support staff.

Figure 4 Living Learning team structure



Source: Living Learning Program Manual v7

3.0 Program Implementation



Key messages

- The second year of program implementation has generally been delivered as intended with key features of program delivery consolidated.
- Weekly adventure activities were well run and attended, without any COVID-19 disruptions.
- Throughout 2022, a small but growing number of young people finished their studies at HHA but continue as program participants through offsite activities that are currently being trialled. As of December 2022, there were 16 ex-HHA participants involved in employment or further education activities including work, TAFE courses and TAFE bridging courses to gain entry to university.
- The second year of program delivery was generally considered to have improved communication and collaboration among Living Learning and HHA staff to resolve any discrepancy in policy and practice.
- Key risks to ongoing program delivery include the sustainability of the staff and resourcing model in the peak year of program delivery, managing the relationship with HHA, and the feasibility of interventions for the ex-HHA cohort.

3.0 Program Implementation

Section 3 explores the extent to which the Living Learning Program model has been implemented as planned throughout the second year of operation, highlighting adaptations to program delivery.

3.1 Second year of program implementation

Generally the program has been delivered as intended with some adjustments

The second year of the Living Learning Program was generally delivered as intended on time and budget. The commencement of Cohort 2 doubled the number of young people in the program, and the increased number of participants was managed well with no major issues identified. Among Cohort 1, by the end of the second year in the program 11 young people have finished their schooling at HHA but are still in the Living Learning Program, while one young person exited the program and one young person was uncontactable.³ Fortunately, there were no major COVID-19 disruptions in 2022 and staff commented that it felt like the first real year of program implementation. Delivery activities undertaken in the Engagement, Allied Health and Education streams are described below.

Engagement and Allied Health stream

In 2022, engagement activities were largely delivered as planned, supported by two additional Key Workers to accommodate Cohort 2. In the absence of COVID-19 disruptions, adventure learning activities were regularly delivered twice a week and staff have reported that these sessions are well attended by young people. Approximately 40 per cent of Living Learning students attended either OceanMind or WILD in 2022.

Key adjustments made to the Engagement stream include:

- Changes to travel support – while Living Learning continued to provide Myki and taxi vouchers to young people for appointments on an as-needs basis, the Key Workers provided significantly less driving support to and from school. While staff noted that being in a car with a young person can be a great way to build rapport, these activities are time and resource intensive, and as a result, they were rationalised throughout 2022.
- Additional office Key Workers were able to access the new HHA campus in South Melbourne as an office space where they can undertake administrative tasks and conduct phone calls. Staff at HHA and Living Learning reported that this was a positive development as it took some pressure off the other campuses where Living Learning is delivered, and where meeting and office space is limited.
- An Occupational Therapist role was also introduced in 2022 and the vacant program psychologist role was filled. The Allied Health staff work in close collaboration with the Key Workers and reported that weekly meetings and frequent check-ins are productive ways to share information in the support of Living Learning young people.

Despite these changes and the recruitment of additional Key Workers, staff reported some challenges in managing workload, especially for Key Workers with high caseloads and those involved in managing adventure activities. Staff confirmed that a considerable amount of logistics is involved in organising events, including first aid, arranging transport and managing young people during the offsite activities.

Towards the end of 2022, Living Learning commenced recruitment for an administrative staff member to assist the Program Manager with administrative tasks and finance approvals. It is anticipated that the administrative support role will alleviate considerable pressure on existing staff and enable staff resources to be more effectively targeted. Since the commencement of the program in January 2021 there has been very little staff turnover. Only two staff members across the Engagement and Allied Health streams have left their roles, and two ESOs within the Education stream moved on to other roles. Program staff did not perceive the turnover of ESOs to pose a significant risk to the program.

In 2023, a further two Key Workers will commence to accommodate Cohort 3, along with a second program psychologist and a second Learning Specialist.

Education stream

In 2022, the Education stream was largely delivered as planned with adjustments made to staffing and resourcing. To align classroom support with best-practice principles,⁴ Living Learning has re-defined the role of Education Support Officers (ESOs) in the classroom. Generally, across educational settings, ESOs have been used in the classroom to sit next to and support students with high needs to undertake the allocated tasks.

However, under the revised approach, ESOs will support the broader classroom, allowing teachers to focus on individual students with higher needs. Such an approach is intended to ensure students with the highest needs receive the most specialised support from the teacher, enabling autonomy-supportive teaching. Initially introduced by the Living Learning Education Specialist, this approach has been adopted by HHA more broadly. From 2023, HHA will have an ESO in every classroom.

Implementation within HHA school setting

The Living Learning Program is being delivered at three HHA campuses and from 2023, and will also be delivered at the new HHA campus in South Melbourne. In 2022, Living Learning comprised approximately 30 per cent of the total HHA student population and over half of the students at the Sunshine campus.

Improved communication and collaboration

The Formative Evaluation identified some differences in expectations between HHA and Living Learning staff regarding how the program should operate within the HHA school environment. Both Living Learning and HHA staff acknowledged there have been 'teething issues' associated with implementing Living Learning within the school environment – stemming from differences of perspective and in ways of working – but these were being addressed and managed with increasing ease by all parties. HHA and Living Learning staff alike agreed that operational tensions had decreased significantly over the past 12 months, attributing this to increased understanding and respect between both staff groups.



[Living Learning and HHA] have learnt a lot about each other ... we have had to grow and create understanding ... now we're more aligned, [have] better communication and [generate] better outcomes for young people.

– HHA staff interview

Living Learning and HHA staff interviewed believed that, while some tensions had stemmed from Living Learning staff having non-school backgrounds, the perspectives and expertise these staff members contributed to case management within the school setting enabled better outcomes for young people. The majority of HHA staff interviewed believed the benefits of Living Learning for the HHA community made tackling these types of challenges worthwhile.



I see the positive of [Living Learning] excursions and camps, [these] students are attending well ... [they have increased] confidence, self-identity and informal measurements have increased because of camps and adventure activities.

– HHA staff interview

Living Learning staff expertise is having a positive influence on HHA operations

HHA staff interviewed believe the presence of Living Learning has had a positive impact on students at the school. The expertise and commitment of Living Learning's specialist staff was broadly perceived as a very valuable addition to the HHA community. In particular, staff highlighted Living Learning's contribution to strengthening HHA's focus on literacy and numeracy.

3.0 Program Implementation continued

HHA staff interviewed believed the Living Learning Education Specialist has played a pivotal role in transforming how education is delivered at HHA, driving a focus on data and assessment as a means of delivering targeted interventions to young people. The Living Learning Education Specialist has developed a new ESO Framework to guide how ESOs are deployed in all HHA classrooms. The flexibility Living Learning has to allocate resourcing and funding to areas it deems as being most effective has also had considerable benefits for the HHA school community. For example, Living Learning and HHA have co-funded an in-school legal advisor delivered by external provider, WEstjustice, which has been beneficial to all students.



Both Living Learning and HHA students have access to lawyers on tap. The [lawyer in school] program has been great. WEstjustice understands the cohort and embedding them in the school environment has been really important.

– Living Learning staff interview

Professional learning is delivered by HHA to Living Learning staff, and there has been some discussion as to whether attending the full suite of HHA professional learning sessions is an appropriate use of time for all Living Learning staff (i.e., those whose role does not pertain to education and learning). Living Learning staff commenced delivery of professional learning sessions to HHA staff in 2022. These sessions, delivered by the Allied Health team, were highly valued by the HHA staff interviewed for the evaluation and seen as having equipped HHA staff with skills and deeper understanding of their students' needs.

3.2 Program adaptations

New supports have been devised for the growing ex-HHA cohort

Throughout 2022, a growing number of Living Learning young people finished their studies at HHA but continue to be engaged through the Living Learning Program. These young people are termed 'ex-HHA' and are entitled to receive Living Learning support throughout the full three years of program duration. As of December 2022, there were 16 ex-HHA participants (16 per cent of the total Living Learning student population) who are involved in employment or further education activities:

- nine young people working (some both studying and working)
- seven young people attending a TAFE course
- three young people undertaking TAFE bridging course to gain entry to university.

Living Learning staff acknowledged that the emergence of ex-HHA participants was not anticipated at the program design phase and required the development of new supports specifically catering to this cohort outside of the HHA school environment. For students no longer attending HHA, Engagement and Allied Health supports are still delivered in person and online.

In 2022, Living Learning employed a Learning Specialist whose role is focussed on delivering education interventions to the growing ex-HHA participant cohort. As of January 2023, a three-tiered support scaffold was being developed to support ex-HHA young people to continue developing their literacy and numeracy skills post-HHA engagement (see Table 6). These supports are designed around the profiles and needs of the young people. Living Learning is seeking to leverage HHA's existing Alumni Group to support the delivery of education supports to the program's ex-HHA cohort.

While still in the early stages of design, these approaches will be trialled in 2023 and refined as required.

Table 6 Planned education support for ex-HHA cohort

	Profile	Planned support	Capacity
1	Young people who exit HHA prematurely with very low literacy and numeracy skills	Young people leaving HHA with literacy and/or numeracy capabilities at Grade 1 – 2 level. Ex-HHA focussed Educator will spend the first half of 2023 identifying the most appropriate programs for this cohort and establishing a network of support services providing tutorials and mentoring programs.	~8 students
2	Young people exiting HHA and enrolling in TAFE or further education	Young people enrolling in TAFE or further education who may require sporadic or informal support (e.g., to complete assignments or build time management skills). Will be supported by HHA Alumni Group.	Undefined
3	Young people who are disengaged from HHA and who intend on exiting school	Young people may receive intensive outreach support from the ex-HHA focussed Educator, followed by in-reach support on campus. Intention to prevent young people exiting HHA by identifying barriers to school participation and slowly introducing young people to school environment.	~2 students

Source: *Living Learning 2023*

Changes to case management roles were trialled

Towards the end of 2022, it was recognised by program staff that managing caseloads of 22 young people was very challenging and not sustainable for Key Workers. Engagement staff reported that the client contact level system (presented in Table 1) did not reflect the realities of support required by young people, or the time staff invest with them. Most Key Workers considered many of their clients to be 'medium-high' to 'high' in terms of needs, meaning they required higher levels of support which varied day to day.

In an effort to relieve pressure on the Engagement team and ensure support provided to young people was not compromised, some specialist staff members (including Allied Health and Education staff) were allocated up to five young people as the case management 'lead'. Under this model, all Living Learning young people had an allocated Living Learning staff member as their 'lead' case manager. Living Learning staff were allocated to young people based on their area of expertise and the expected needs of young people.

While this was intended to create a more sustainable resourcing model, there were challenges in clarifying roles and responsibilities among staff, particularly at the start of the school year with the commencement of Cohort 3. In early March 2023, this approach was discontinued and case management responsibility returned to Key Workers who manage 22 young people each. As a result of this trial, Living Learning are currently reviewing and streamlining internal processes for managing referrals that will help to streamline management of the program.

Staff have reflected that new processes are now required to manage the increased number of young people and staff in the program, given existing processes for case management were not sustainable. Staff commented that in the first year of implementation, when the number of staff and students was much smaller, they were able to function effectively with informal processes, but with the rapid growth of the program over the last two years these protocols are no longer efficient. Living Learning staff reflected that to better manage program growth phases (associated with the commencement of new student cohorts and staff), the Living Learning team needs to invest more time and effort in preparing change management processes to streamline internal workflow and expedite onboarding new staff.

3.0 Program Implementation continued

Data collection processes deepen understanding of participant needs and allow staff to deliver targeted interventions

Participant monitoring and data collection is critical in ensuring the targeted effectiveness of the Living Learning Program. A range of data points are collected by HHA and Living Learning Program staff and used to assess wellbeing, track a young person's progress, and identify opportunities for improvement in different areas. These include:

- class attendance
- psychological wellbeing measures⁵ including daily RIPPLE check-in and Strengths and Difficulties Questionnaire (SDQ)
- educational attainment and goals through the Basic Key Skills Builder (BKSB) assessment and the IEP
- experience of school (HHA Student Satisfaction Survey and the Living Learning Student Outcomes Survey).

Supported by the program's dedicated data analyst, staff utilise these datasets in conjunction with enrolment and demographic data, case notes and staff observations to provide tailored support to young people. Living Learning engagement staff have been using this data to identify students in greatest need and to deliver targeted interventions to them. Living Learning Education staff explained that the program has ambitions to be evidence-driven and increasingly use real-time data to inform their approaches. BKSB assessments are increasingly being used to inform interventions and act as an evidence base for transitioning toward a more explicit 'skill-based' curriculum across the school.

4.0 Participant profile, experience and attendance



Key messages

- The demographic profiles of Cohort 1 and 2 participants show some key differences in complexity of mental health diagnoses, age, gender and living situation.
- Referral pathways into the program were diverse for both Cohort 1 and 2. A greater portion of Cohort 1 participants were referred to the program by government services (e.g., Navigator program or DFFH), while a greater portion of Cohort 2 participants were referred into the program by a family member or guardian.
- Key factors that motivated young people to join Living Learning have been the features of the program itself, including the mental health support, adventure learning activities and the flexibility of the education program. Some young people were attracted to the social elements of the program, while others were motivated by environmental factors, in particular gaining access to a safe and inclusive environment.
- Attendance rates show mixed results with Cohort 1 participants dropping (on average) by 14 per cent in their second year of the program. For some students, attendance reduced by approximately 20 per cent and is attributed to individual circumstances including housing instability and gender transition, while other students increasingly participated in employment and training programs. Average attendance among Cohort 2 is slightly higher than the broader HHA student population in their first year of the program.
- Young people are highly satisfied with their experiences in the program to date. Friendly and non-judgemental staff and the flexibility of the program to provide supports tailored to their individual needs were most valued by young people.

4.0 Participant profile, experience and attendance

Section 4 provides an overview of Cohort 1 and 2 participants and referral pathways. It also presents trends in school attendance over both cohorts and participant satisfaction with the program.

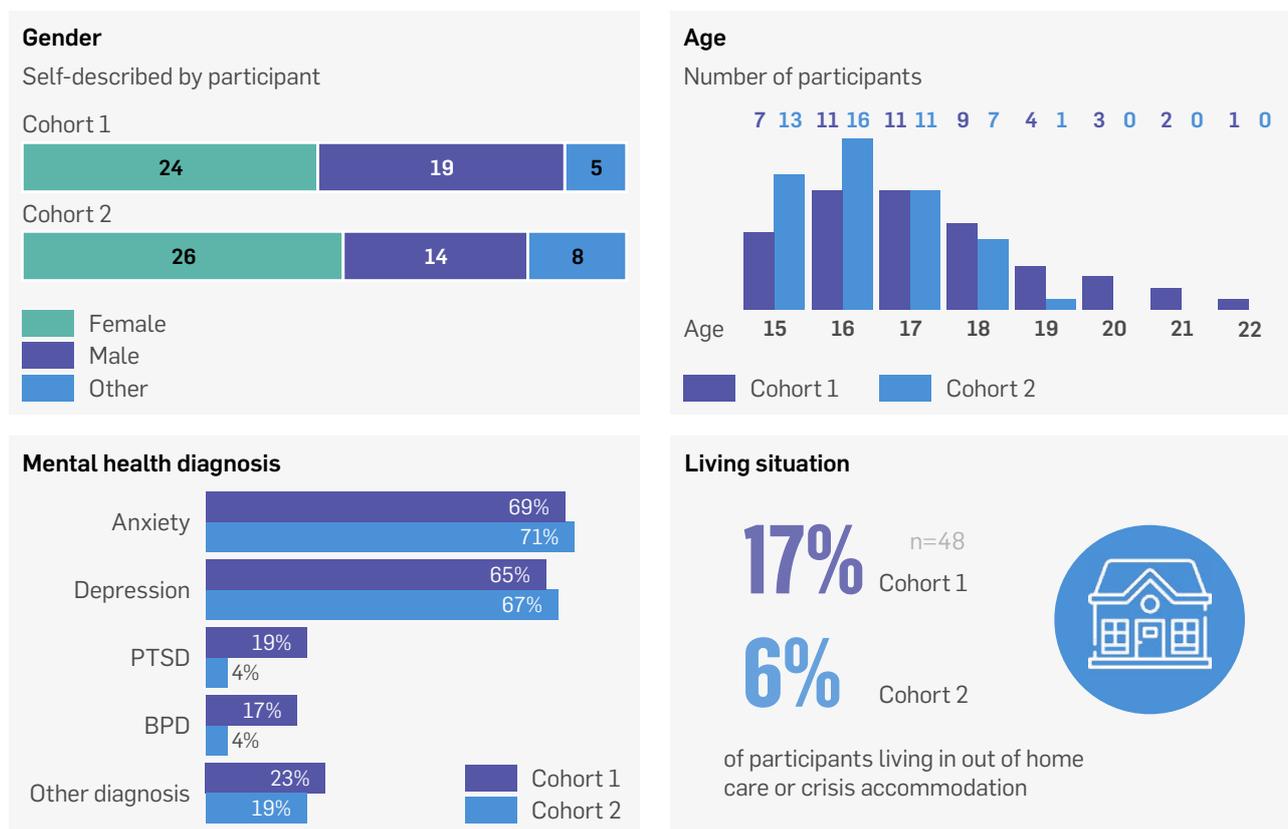
4.1 Participant profile of cohort 1 and 2

There are several notable differences in the demographic profile of the young people enrolled in the second year of Living Learning. Compared to Cohort 1, young people in Cohort 2 tended to:

- be slightly younger, with an average age of 16 years (compared to 17 years in Cohort 1)
- have fewer mental health complexities or multiple diagnoses compared to Cohort 1
- more often be living at home with family – there are significantly fewer participants living independently in Cohort 2 (4 per cent) compared to Cohort 1 (19 per cent), which may correlate with their age
- more culturally diverse – twice as many students born overseas (n=8) compared to Cohort 1 (n=4) and twice as many students who identify as Aboriginal or Torres Strait Islander (n=7) compared to Cohort 1
- have more female or trans/non-binary identifying students (75%) compared to Cohort 1 (65%).

This shift in participant profile may have been influenced by changes to dominant referral pathways into both HHA and Living Learning. A promotional campaign of HHA in 2021 is likely to have contributed to the increased referrals from parents rather than from services for Cohort 2. It is also likely that disengagement was exacerbated by COVID-19 lockdowns – which increased numbers of school-refusers across Australia – motivating more young people and their families to explore alternative school settings.

Figure 5 Participant profile of cohorts 1 and 2



Source: MCM Living Learning Report to Joint Working Group (2021)

4.2 Referral and enrolment

Program referrals came from varied pathways

The enrolment of Cohort 2 students occurred gradually throughout the first semester of 2022 with 77 students referred and 48 enrolled in the program. Program staff confirmed that referral and intake processes were well managed in 2022, in line with the Operations Manual. Several young people commenced at HHA between confirmation of their eligibility and the Cohort 2 intake date. This ensured participants were connected to, and able to start receiving, support as soon as their needs were recognised.

The Formative evaluation highlighted that not documenting referral sources was a shortcoming of the program's first year of operation. In 2022, referral sources were well documented, which illustrates how young people arrived in the program through a multitude of pathways as outlined in Table 7.

Table 7 Referral sources of Cohort 1 and 2 participants

Referral source	Cohort 1	Cohort 2
Family	10	22
Self	11	6
Social and community services (e.g., Anglicare, YSAS, Salvation Army)	9	5
Previous (mainstream) school	3	4
Flexible learning program / school (e.g. FLIP program)	2	5
Health service (e.g., Orygen, EACH, headspace)	3	3
Navigator program	5	0
DET or DFFH	4	1
Melbourne City Mission	1	2
Total	48	48

Source: Living Learning data (2023)

Aspects of the Living Learning model, as well as social and environmental factors, motivated young people to join Living Learning

Young people participating in Living Learning have been disengaged from education for a significant period of time. For this reason, it is important to explore the factors and circumstances that made previously disengaged young people believe Living Learning is a program worth engaging with. In interviews, young people described multiple unsuccessful attempts by their families, schools, Youth Workers and support services to re-engage them into school and school-based activities. Many young people interviewed had, at some point, resolved to not participate in secondary education. Time away from education before enrolling in Living Learning varied from a few months to several years.

4.0 Participant Profile etc. continued



It's absolutely no over-exaggeration to say I dropped out of every year of high school, and even when I was in high school, I was not going to classes ... it was really rough for me. In 2020, I had pretty much decided that I was just not going to go back.

– Young person interview

Young people interviewed were asked to share their motivations for joining Living Learning. Generally, responses fell into three categories: features of the model; social factors; and environmental factors.

Features of the model identified by young people as having influenced their decision to enter the program included the availability of mental health supports, financial brokerage, adventure learning activities, the flexibility of the model (including later start times, no uniform, capacity to accommodate young parents) and the education offering (the opportunity to complete VCAL).



The reason I agreed to [join Living Learning] was because I'm not financially stable at all; I can't afford to pay for psychiatrists ... when [the Key Worker] said [Living Learning] could cover all that, I was like, "Oh my god, this is what I need" ... it would also help me with coming to school, because I need [mental health support] there ...

– Young person interview

Social factors that influenced young people's decisions to enter the program included a desire to connect with peers and make friends, as well as pressure from family, caregivers or other adults in their life to re-engage in school. Some young people reported being 'sick' of virtual school environments and open to returning to the physical school environment, under the right circumstances, so they could be face to face with their peers again.



[I joined Living Learning to] get my [external] Youth Worker off my back, and also to [make] some progress in my school work.

– Young person interview

Environmental factors that influenced young people's decision to enter the program included the physical school environment and the perception that HHA is an environment where staff understand mental health and where less 'drama' occurs. Other young people reported having a lack of better or suitable alternatives, they were already at HHA and learnt from other staff and students about the benefits of Living Learning as a 'value add'. Several young people also described how their mental health was 'under control' at the time which they entered the program, meaning they were in a position in which they felt they could safely engage in a school environment. For these young people, having their mental health needs met was a critical precursor to re-engaging in education.



I started recovering a bit from my mental issues, things were starting to get a bit better and one of the psychologists I was going to mentioned [HHA] ...

– Young person interview

4.3 Attendance at school and experience

Attendance rates in 2022 show mixed results across the cohorts

Attending school is an important underlying aim of the Living Learning Program. As a place-based intervention, the physical space of each campus has been designed to promote safety and inclusiveness, particularly for young people who have low attendance and/or high levels of disengagement at other schools. All Living Learning educational classes are delivered in person and attendance on campus is a key to accessing the specialist support provided by staff, other on-site facilities and socialising with other students. Significant work is undertaken by Key Workers to reduce the mental and physical barriers to attending school.

Living Learning supports young people to get to school by paying for public transport fares and for rideshare, eliminating significant barriers to participation for some young people.

Each young person has a tailored schedule depending on which class they are in, other appointments with staff or on-site activities (such as adventure activities and fitness classes). Depending on which class the young person attends, they have classes on campus two or five days per week. For some young people, the simple act of getting to school is a huge achievement and a key enabler of accessing the supports provided on-site.



If I'm having a bad day I'd be like, "Oh, I really don't want to go," but then I'd be like "No. I'll just go to school" because I know once I get there, I'll feel a lot better.

– Young person interview



I struggle really badly with my mental health [but] I know when I do come to school ... I always have that support ... you don't just have your Youth Worker and your Key Worker, you've got all these other youth workers and teachers who are going to check in if they see you upset ... if your worker isn't there you're not left in the dark, you've always got help with coping mechanisms or friendship ... no matter what you're not alone ... that really stands out at this school.

– Young person interview

Attendance on campus is recorded for all HHA students including Living Learning young people. Attendance rates are calculated as a percentage of the total number of days of class activities for which an individual student attends school. In March 2022, MCM rolled out new software to capture attendance that accounts for the number of days per week that classes were offered to students.

Table 8 Attendance percentage for Living Learning and HHA students in 2021 and 2022

Year	Living Learning Cohort 1	Living Learning Cohort 2	Non-Living Learning students	AI HHA* students
2021	50.9% (n=47)	n/a	44.0% (n=301)	45.1% (n=348)
2022	36.7% (n=36#)	45.3% (n=48)	42.6% (n=415)	42.1% (n=499)
Change	-14.2%	n/a	-1.4%	-3.0%

Note: *All HHA' includes enrolments throughout the year, so not all necessarily enrolled at the one point in time.

Among Cohort 1, 11 young people left HHA in 2022 and as a result no attendance data is recorded after their departure.

Source: HHA and Living Learning data

4.0 Participant Profile etc. continued

As noted in the Formative Report, in 2021 Cohort 1 attended school at higher rates compared with the other HHA students, with average attendance 50.9 per cent compared to 44 per cent for non-Living Learning students. As shown in Table 8, in 2022, attendance rates among Cohort 1 participants in their second year of program participation generally decreased by approximately 14 per cent.

Among the 36 young people in Cohort 1 who remained at HHA throughout 2022, average attendance was 36.7 per cent, a 14.2 per cent decline on the previous year. For over half of Cohort 1 (58 per cent) average attendance decreased by more than 20 per cent between 2021 and 2022, while average attendance increased for four Cohort 1 participants.

Living Learning staff have identified three main drivers for the change in attendance rates in Cohort 1 including:

- Intensive support and transport was provided to students in 2021 during and after COVID-19 lockdowns to manage student engagement and support regular attendance.
- Some Cohort 1 students have experienced challenges due individual circumstance relating to gender transition, housing insecurity, transition out of out-of-home care, exiting youth detention and struggling with mental health. Attendance among some of these young people dropped by approximately 20 per cent in 2022.
- Among some young people in this cohort there is a sense of 'outgrowing' the school environment while simultaneously seeking out more opportunities to work or pursue higher studies including apprenticeships. During this transition period HHA will intentionally keep their enrolment open, and record attendance, to ensure the student has a 'fall back' option if the new activity falls through quickly. This is driving large reductions (40-50%) for four students in this period.

Attendance data across the four school terms shows a lower rate of attendance in Term 3 for both Living Learning cohorts and the broader HHA population. In 2022, attendance trends down from Term 1 to Term 3 and shows an increase in Term 4, as presented in Table 9.

Table 9 Attendance percentage by school terms for Living Learning and HHA students in 2021 and 2022

Year	Term	Living Learning Cohort 1	Living Learning Cohort 2	Non-Living Learning students	All HHA* students
2021	Term 1	52.6%	NA	41.6%	42.9%
	Term 2	55.9%	NA	44.0%	46.0%
	Term 3	45.8%	NA	41.0%	41.6%
	Term 4	50.6%	NA	48.7%	49.1%
2022	Term 1	40.6%	51.2%	44.2%	44.5%
	Term 2	33.7%	48.0%	41.9%	41.5%
	Term 3	30.8%	42.0%	39.7%	38.9%
	Term 4	35.2%	42.5%	45.3%	44.2%

Source: HHA and Living Learning data

Living Learning staff cautioned against using attendance as a direct or only proxy of engagement in the program and noted that there are many factors that impact upon attendance. Interviewees also pointed out that some students are more engaged in education when delivered through online classes.

Attendance trends for all Living Learning cohorts will be explored in future phases of evaluation research.

Young people are highly satisfied with their experiences in Living Learning

Overall, young people consulted for the evaluation reported very high levels of satisfaction with Living Learning. Almost all interview participants spoke positively of their experiences in the program, sentiments that were also reflected in participant survey responses. Key features of the program highlighted by young people included the unconditional positive regard from staff, which helped to build their confidence and self-worth, the flexibility of the program to provide tailored supports, and the program's brokerage funding. Some participants described feeling privileged to have had the opportunity to participate in Living Learning.

Young people were very positive when describing how they had experienced varied supports available through Living Learning. Nearly all participant survey respondents (n=26 of 30) indicated they were either 'very happy' (n=18) or 'happy' (n=8) with the support they had received from their Living Learning Key Worker, and only two respondents indicated they were dissatisfied (n=2) with the support they had received. Of the participant survey respondents who reported having accessed Living Learning Allied Health support (n=21), the overwhelming majority indicated they were 'very happy' (n=8) or 'happy' (n=8) with the support received from their Living Learning Psychologist or Occupational Therapist. No respondents reported being dissatisfied with this tranche of support, however three respondents indicated feeling ambivalent and two reported being unsure.

When asked to describe opportunities for program improvements, very few participant survey respondents indicated that improvements should be considered. Of those who did, four (n=4) mentioned interpersonal relationships with both staff and participants. Two young people described in interviews feeling dissatisfied with the boundaries established by Key Workers, while a further three young people asserted that they didn't connect with some program staff, however they acknowledged this was not necessarily the fault of the program. The remaining suggestions for improvement included offering more camps and activities, extending the program's duration and improving classroom facilities.

5.0 Outcomes and achievements for Living Learning young people



Key messages

- Living Learning contributes to improved mental health among young people. Better mental health is an enabler of positive outcomes including improved confidence and self-efficacy, ability to advocate for themselves, form relationships and attend school.
- Participation in the program and regular contact with Key Workers has supported young people to form positive relationships with adults and their peers at school. Some young people have also been supported to repair relationships and reconnect with family members.
- Living Learning increases the capacity of young people to set and work towards their goals, resulting in higher levels of confidence and self-efficacy. Young people are better equipped to navigate social scenarios and conflict.
- The supportive and tailored classroom environment has assisted young people to think and feel more positively about education. Living Learning encourages young people to challenge assumptions they have about themselves and towards school and learning.
- Participation in Living Learning has improved the physical health of many participants. This has been largely driven by Key Workers who have assisted young people to build trust with healthcare providers and where possible, access bulk billing specialists such as dentists.
- There is some evidence Living Learning has contributed to improved housing outcomes by connecting young people to housing services. A lack of suitable housing options means there are limited avenues through which young people can access secure, long-term housing.

5.0 Outcomes and achievements for Living Learning young people

This section presents outcomes observed for program participants in mental health, relationships, self-efficacy, health, education and housing. Findings have been drawn from consultations with young people (n=22), participant survey responses (n=32), consultations with Living Learning and HHA staff (n=16), and a review of secondary participant data collated by Living Learning and HHA.

As noted in the limitations section of this report, we cannot exclude the possibility that participants we spoke with were more engaged with or had generally more positive experiences of the program. Our findings represent consistent themes among young people who completed the survey and who were interviewed. When available, linked data will enable reporting on outcomes without limitation of participation bias.

5.1 Mental health

Living Learning improves young people's mental health and wellbeing

There is strong evidence that Living Learning contributes to improved mental health among participants, with many young people reporting positive changes as a result of program participation. Improved mental health is a particularly transformative outcome of the program, considering its potential to increase engagement and connectedness, social and economic participation, and productivity.⁶ For many young people interviewed, improved mental health was the most important and life changing aspect of the program. Participant survey respondents were asked whether participation in Living Learning had 'made [them] happier'. Two-thirds (n=19) of respondents 'agreed' (n=12) or 'strongly agreed' (n=7) with this statement. Reasons for improvement in mental health and wellbeing were further explored in interviews and survey responses and are described below.

Living Learning participants have significantly better access to mental health supports and to a community of skilled and dedicated professionals invested in their social and emotional wellbeing. Young people described how having designated clinical mental health staff at school made accessing support far easier, while also increasing their sense of safety by acting as a 'security blanket' if they were to experience crisis.

Young people discussed how a strong understanding and acceptance of mental health among non-clinical Living Learning and HHA staff aided in creating an environment in which they felt truly seen and supported. Young people also described how the skills and strategies they had developed helped them better manage their mental health and regulate their behaviours, which improved their resilience in varied environments and scenarios.



I definitely feel a lot better about myself, both physically and mentally ... that's probably the most important thing to me.

– Young person interview

The safety of the physical school environment was as important for some young people as the Allied Health supports available on campus. Several young people described how, by just being at school, their mental health and wellbeing was improved because they knew they would be cared for by one of the many HHA and Living Learning staff available.



Some days you just want to come, do your work, and get out of the school. [Other] days you want to come here, but you really want someone to just be there for you, to help you, get you food, calm you down, just reassure you that everything's fine. I think it's really helpful ... there's always someone there, other than the teacher, to look after you.

– Young person interview

5.0 Outcomes and Achievements etc. continued

Living Learning has also helped young people to identify and access appropriate external mental health supports, ranging from local headspace services to specialist psychological and psychiatric support. Living Learning provides funding for mental health services and assessments wherever necessary. Living Learning bridges a critical gap in mental health service provision by assisting participants in finding and accessing suitable supports.⁷ Without Living Learning, many young people would not have engaged with the external mental health services or secured the assessments and diagnoses necessary for accessing ongoing funding and support.



I [thought] I really should see a psychiatrist, but the money and all the organising ... I've never done that before, that's channels that I don't want to go through ... but I can just talk to the [people in Living Learning] who are there to help me with those things.

– Young person interview

There is strong evidence that Living Learning has increased young people's mental health literacy, improving how they perceive and manage their mental health. Over half (n=17) of participant survey respondents 'agreed' (n=12) or 'strongly agreed' (n=5) the program had positively impacted how they manage their mental health (n=29). In interviews, there were many instances in which young people described how they had increased their help-seeking behaviours and awareness of potential support networks. Several young people described feeling comfortable to approach Living Learning or HHA staff to let them know if they were experiencing poor mental health and were concerned about their wellbeing.



If I know I'm going downhill I can ask for help or say something is up ... it's nice knowing the options are always there.

– Young person interview



Before I came here [I] did not understand mental health.

– Young person interview

Young people also reflected on improvements to their mental health specifically within classroom settings, spaces which in the past had caused considerable distress. Nearly two-thirds (n=18) of participant survey respondents 'agreed' (n=10) or 'strongly agreed' (n=8) that the presence of more staff in the classroom reduced their anxiety while learning.

Living Learning has also alleviated anxiety associated with young people's experiences of financial insecurity. In interviews, young people regularly described feeling stressed about their own or their family's financial situation. Several young people reported the financial brokerage available to them through Living Learning had enabled them to purchase essentials such as food and electronics, which had greatly alleviated their anxiety.



I stress a lot about money, and what am I going to do ... if I can't pay for something. Having that reassurance of [financial support] releases my stress and makes me not overthink what's going to happen in a couple of months ...

– Young person interview

Additionally, several young people who identified as LGBTIQ+ described how their mental health had improved as a result of them feeling comfortable and supported to be their authentic self within the program. For several young people interviewed, Living Learning was the first environment in which they could affirm their gender identity. For these young people, having their sexuality and/or gender identity not only embraced but celebrated by both their peers and staff in the school community transformed their emotional wellbeing and immediately improved their mental health.



I was already being heavily bullied for just literally being mentally ill, for literally just struggling to come to school ... I was being bullied for being bullied so how would ... people have reacted about me coming out? I would have actually been bashed up.

– Young person interview

5.2 Relationships

Living Learning supports young people to form positive relationships with adults

There is robust evidence that Living Learning equips young people to form strong and positive relationships with adults in the school environment. This was evidenced in participant survey responses and in interviews with young people and Living Learning staff. Assisting young people to form strong and trusting bonds with at least three adults is a fundamental aspect of the Living Learning Program's relational approach. As such, establishing the extent to which young people felt genuinely connected to adults (whether these were Living Learning, HHA or other program affiliated staff) was a key area of exploration in research activities.

Most young people were effusive about the Living Learning and HHA staff they engaged with, and their role in creating a safe and supportive environment, describing how they considered certain staff genuine allies and trusted confidants. These staff were commonly Living Learning Engagement and Allied Health team members, and HHA Youth Workers and teachers. Young people reported sensing genuine care and concern from the Living Learning and HHA staff they interacted with, and that among these staff there was reverence for young people's needs and desires, particularly around privacy and boundaries.



[Living Learning staff] are very good with their privacy. They will keep things between you guys ... they notice when you're upset; they'll pull you aside and let you talk and just not say anything.

– Young person interview

Expectedly, young people ascribed a very high value to the relationship they have with their Living Learning Key Worker, and it was this relationship young people often chose to elaborate on in interviews. Asked to describe how important the relationship with their Key Worker is, more than three-quarters (n=25) of participant survey respondents indicated the relationship with their Living Learning Key Worker was 'very important' to them (n=25). Living Learning engagement staff characterised relationships they seek to form with young people as reciprocal and grounded on the notion that both parties can hold the other accountable.

Young people reported having formed positive and reciprocal relationships with adults who they saw as being 'authority' figures. For many young people interviewed, establishing genuine trust with an adult they viewed as being in a position of power or authority was not something they had experienced prior to program participation. Asked to characterise the relationship between themselves and the staff they interact with, one young person described feeling as though they had greater agency in decision making when engaging with professionals / staff through the program.



[Program staff] are the first people that I was ever able to fully trust in authority.

– Young person interview

5.0 Outcomes and Achievements etc. continued



At [mainstream] school, [staff] are in charge and you have to do what they say, but here ... they're like mates. It's not like [the] authority figure and then the student. It's like you're working together to get stuff done.

– Young person interview

The absence of a perceived 'hierarchy' between young people and Living Learning / HHA staff has facilitated the development of positive relationships between young people and adults. Young people cited evidence for a less 'authoritative' approach as demonstrated by the use of first or preferred names for both staff and students, and the absence of punitive discipline. Young people also described how staff members were often open about and willing to share their authentic, personal experiences, which were often relating to normalising discussion of mental health. Several young people reported feeling more comfortable with the adults around them when they were able to identify similarities between their own and the adult's experience.



Some of the teachers struggle from [mental disorders] too so when a teacher has the same thing as you it's sort of a comfort, so if you have chronic depression but the teacher's got depression, they can pull you aside and give you a pat and say are you okay ... they just know, it's a good thing.

– Young person interview

Young people also reported becoming more willing to open up to adults and ask them for help. The understanding shown by program staff was the second most influential element of Living Learning in helping young people go to school, with a vast majority (n=19 of 25) of participant survey respondents noting its importance.



Yeah, [my Key Worker] was a lot like a friend as well, so it's been really [good] to talk to her about anything.

– Young person interview

A small number (n=4) of participant survey respondents indicated that they had a better relationship with other Living Learning or HHA staff than they did with their Key Worker. Considering the changes made to the case management approach in 2023 (discussed in Section 3.2), the number of participants who feel they have a closer relationship to a member of staff who isn't their Key Worker will be an outcome to observe.

Living Learning supports young people to form positive relationships with their peers

Young people reported forming fulfilling friendships with peers at HHA. For some young people, this was a novel or rare experience for them in school settings. A shared understanding of each other's circumstances appears to enable closer and mutually respectful bonds while also reducing the occurrence of bullying, which many young people had experienced prior to HHA. The support around mental health at HHA, as well as its position as an inclusive and queer-friendly space, seemed to be major contributors to these improved relationships.

The contrast young people noted between their past and current relationships with their peers was stark. Some young people mentioned that they had never really had friends before HHA, and others noted that the friendships formed at HHA were more comfortable and less exclusive. Living Learning staff also reported the transformative impact of a young person making even one new friend, which made an observable difference to a young person's confidence and engagement with school.



I never used to have friends at my old school.

– Young person interview



Friends [at HHA are] so much better. I'm able to actually go out and enjoy my time with them and not be scared that they're going to do something bad to me. I feel very safe around them.

– Young person interview

The more casual and social nature of the Living Learning environment allowed young people to create stronger relationships. This was also observed by Living Learning and HHA staff, who noted that weekly adventure activities helped to foster new friendships between Living Learning young people.



A lot of the time classmates are just people who you know – they're just there as well, you're not doing anything fun and interesting, you're just kind of suffering in the same room. Whereas Living Learning you're going out and doing stuff ... it's a lot easier to make friends and talk to other people and feel a sense of camaraderie.

– Young person interview



I wasn't particularly social back in mainstream because there was so much work to do ... when I [came] here I got picked up by this group of people in my class ... and then that was my first time like going out and hanging out with friends.

– Young person interview

Some young people reported that the close ties they had with their peers fed into better mental health and more positive engagement in education.



Yeah I've heard from a few people – my friend ... she'd barely come in, and then became friends with me, and she was like, "You're here every day, you've made me want to come to school," and I know it's the case for a lot of other people as well.

– Young person interview

5.0 Outcomes and Achievements etc. continued



Knowing a lot more people and talking to a lot more people and having ongoing discussions with a lot more people so I'd say it's been good for my mental health compared to just only talking to two people and my teacher.

– Young person interview

Living Learning has assisted some young people to reconnect with family

There is limited but promising evidence that Living Learning assists young people to improve the relationships they have with their family members. While access to MCM's Family Reconciliation Mediation Program (FRMP) is an intended part of the program's design, no Living Learning young people have been supported by FRMP to date.⁸ FRMP brokerage is intended to support young people who are homeless or at risk of homelessness to stay or return home (if safe and appropriate), recover from trauma related to family conflict and breakdown, and/or connect/reconnect with family or other natural supports. To date, it has been Living Learning Program staff who have supported young people in managing relationships with family.

Several young people described reconnecting with family members with the support of Living Learning staff, who had assisted in instigating discussions around and mediating these processes. Sometimes, this meant reunifying with a parent and moving back into the family home. One young person who had lost contact with their parent described how Living Learning had assisted them in understanding the impact of their trauma and subsequently enabled them to repair a relationship with their parent that had been broken for more than two years.



The school helped me work through a lot of my trauma ... so that I can reconnect with my family. I'm really grateful for that ... I'm living with my [parent] again now ... it's a big change from what we were two years ago where we couldn't even speak to each other and look at each other's faces.

– Young person interview

Several other young people described how their improved mental health generally had led to improved relationships with family members, as they were able to explain and manage the symptoms and behaviours that previously may have triggered conflict with family.



My [parent], we didn't have the best relationship last year, ... but yeah, I've been a lot better mentally now, and my relationship with [them] is pretty sweet at the moment and my relationship with my older [sibling] has gotten a lot better.

– Young person interview

5.3 Self-efficacy

Living Learning increases the capacity of young people to set and work towards their goals

Living Learning empowers young people to set and work towards goals, both in the short and longer-term, increasing their self-efficacy. Self-efficacy is a person's belief in their capacity to exercise control over their own functioning and events affecting their lives. Beliefs in personal efficacy affect a person's life choices, level of motivation, quality of functioning, resilience to adversity and vulnerability to stress and depression.⁹ Research shows that two of the most effective ways for individuals to enhance their self-efficacy are by a) performing behaviours that are prerequisite to accomplishing their goals and b) becoming aware of their individual strengths through having incremental progress towards a specific goal recognised and celebrated.¹⁰ There is strong evidence that Living Learning enables these mechanisms of change on a continual basis.



I actually can do what I put my mind to ... I can finish high school. I can find a job I actually want.

– Living Learning student survey respondent

Examples of improved self-efficacy varied greatly between participants and were influenced by a young person's individual circumstances. However, many of the positive examples described by young people related to their increased ability to work towards the goals they set for themselves. Guidance provided by Living Learning staff has enabled young people to explore and express their interests and abilities, and the program's focus on setting real and achievable individualised goals has improved young people's willingness to engage with future planning. Young people described how their Living Learning Key Worker had assisted them by modelling certain behaviours, such as using calendars to keep on top of appointments.



[The Key Worker] helped me a lot, showed me how to take my time and just focus, pick it up from where I left it instead of keep ruining it ... I never used to use my calendar, and then she kept telling me over and over, because I kept forgetting stuff ... Now, all I do is use my calendar.

– Young person interview



When I first started here I was like “fricking hell, goals on Monday morning, I don't want to do this,” ... but now ... it's a part of it, a routine that helps me to know what I want to accomplish during the week and it also gives you a timeline ...

– Young person interview

For several young people, the emphasis on short-term goal setting has translated to longer-term education or career aspirations. Through achievement of discrete, short-term goals, young people have been able to build their confidence and future aspirations. These young people reported changes to how they plan ahead for their life, citing a range of goals for future study or work.



I didn't really have any goals after finishing school, last year. I didn't want to come back to school, I was kind [of] like, “I'm done with this,” but now I'm going to do TAFE next year and then that'll put me into a diploma ...

– Young person interview

Furthermore, the support given by Living Learning appears to have bolstered young people's self-confidence, which has also contributed to improved goal setting. Most young people (n=17) agreed that the program had helped them make better decisions and made them more confident (n=14). Additionally, some young people reported that the most important thing they had learnt through the program was increased self-confidence, which empowered them to raise their aspirations through new goals.



I'm working towards being a Youth Worker ... The school definitely opened my eyes up. I always wanted to help people for a long time. I did want to be a teacher but I always got told by my mainstream teachers, “You can't do it, you don't have the smarts, you don't have the grades for it,” so I kind of pushed that aside and was like I'll do something that I know I can achieve. But no, this school has really helped me to realise that I can do things even if I'm not getting an ATAR or finishing Year 12.

– Young person interview

5.0 Outcomes and Achievements etc. continued

However, capacity for goal setting is dependent on the young person and their mental health management. Some survey respondents indicated they were more comfortable focusing on short-term goals such as completing their schooling, with more than half of survey respondents reporting they were working towards VCAL (n=15). In interviews, some young people suggested their mental health was not yet stable enough to consider work or education beyond HHA.



[My main goal is] just to complete my education I guess, I don't know, I don't really have any long term plans.

– Young person interview

Living Learning supports young people to advocate for themselves

Young people participating in Living Learning appear better equipped to advocate for themselves in a variety of settings. The reasons behind this appear to be twofold. Firstly, young people have indicated that they have increased capacity to care for themselves and be cognisant of their own needs. Secondly, young people have become more confident in reaching out for help, including recognising when they need support. More than half of survey respondents (n=17) reported that Living Learning had changed the way they manage their mental health, and subsequently their self-worth as their ability to focus on their own needs and wellbeing increased. When asked what the most important thing they had learnt from the program was, several young people reported that it was having confidence in and the ability to speak up for their needs.



It taught me to put myself first because I always used to put my friends before anything ... Started focusing on myself a lot ... You just keep doing good things instead of pushing yourself down with other people.

– Young person interview



Just my own self-love, I guess ... I definitely feel a lot better about myself, both physically and mentally, so that's probably the most important thing to me, I guess.

– Young person interview

Young people have improved skills in navigating and resolving conflict

There is some evidence that participation in Living Learning helps young people to become more adept at navigating and resolving conflict. On the occasions where conflict or 'drama' arises at HHA, students can address it before it becomes a serious issue. Young people reported increased maturity and understanding among the cohort of the importance of keeping the school safe and stress-free as one of the reasons conflict could be resolved so quickly.



I think the students are like ... “You know what, I'm too old for this, or I'm too mature for this shit; I'm not doing this again.”

– Young person interview

The recognition of this need to maintain a safe environment was aided by staff. The trust young people build in the staff at HHA appeared to be important in preventing the festering and escalation of conflict, as young people noted that they now knew “people who can deal with that instead of them dealing with it” themselves. Furthermore, young people indicated they had improved skills and knowledge of how to tolerate or escalate to staff any behaviours which were frustrating or anti-social.

5.4 Physical health

Living Learning has significantly improved the physical health of some young people

Participation in Living Learning has also led to the rapid improvement in physical health for some participants who have had previously unaddressed health issues treated and resolved. Improvement in physical health has largely been facilitated the growing pool of bulk billing specialists Living Learning can draw upon, and the support provided by Key Workers to assist young people in building positive relationships with general practitioners, dieticians, speech pathologists, dentists and physical therapists. Key Workers explained how, in order to have certain health concerns assessed by a professional, young people had to trust the practitioner enough to be vulnerable in front of them, which sometimes took time and patience. Key Workers described how certain young people have become more open to acknowledging and addressing their health concerns the longer they have been participating in the program.

We heard from program staff that access to dental care has been a transformative element of the program for some young people who had been at risk of losing their teeth to decay and gum disease. Oral health is essential for overall health and wellbeing,¹¹ and by addressing their poor oral health and the pain, discomfort and embarrassment often associated with it, young peoples' quality of life – specifically their ability to eat, speak and socialise with confidence – has been improved.¹² In this sense, improved oral health is tied to improved mental health. The program has also been able to finance orthodontic treatment for a young person who had significant misalignment of their teeth resulting low self-confidence.



It took a lot of time and work and money for [young person] to get [their] gums fixed, but lifelong impacts of intervening now are extremely positive.

– Living Learning Program staff

5.5 Education

Living Learning changes young peoples' attitudes towards education

Participation in Living Learning leads to young people feeling more positive towards education and learning. The program assists young people to change their outlook and the expectations they have of education by challenging alienating experiences of mainstream education settings.

Survey respondents reported the Living Learning campus environment was a much more positive experience than mainstream school. Most young people noted shifts in their attitudes towards education after participating in the program (n=20), which increased their motivation to attend school. Increased help (n=13), flexibility (n=6) and autonomy over one's learning were perceived to be important differentiators between mainstream school and Living Learning. Survey respondents also reported that being able learn at their own speed was one of the biggest incentives to engaging in education (n=21).



You don't have to get all the stuff done at once, if you need to you can take breaks, I can sit there, I can mess around on my phone for a minute and I can just calm myself down.

– Young person interview

This was supported by friendly and non-judgemental staff and wraparound support in the classroom. Of the Living Learning participants who responded to the July 2022 HHA Student Satisfaction Survey, 92 per cent agreed their classroom team (comprised of HHA teachers and youth workers) were both caring and supportive.

5.0 Outcomes and Achievements etc. continued



Staff genuinely care about how you feel and what you're up to. Staff congratulate me and celebrate my achievements.

– Participant survey respondent



It's amazing because, say I'm having a bad day, the Youth Worker will usually pick up on it and be like, "do you want to talk?" ... but like at ... other schools you get forced to keep doing work otherwise you'll get detention.

– Young person interview

An attractive physical environment and a safer and more supportive cohort, backed by a zero-tolerance bullying policy, contributed to increased positivity towards education. Some young people described a transformation in their perception of education. Where previously they had considered education and the school environment to be the source of their stress, they now viewed school and the support available there as a solution to stress.



I used to dread going to school, I used to be so stressed about being behind on work ... when I come to school here it's just like if I don't finish my work I'll finish it tomorrow, like I don't need to rush ... it's nice because I look forward to coming to school now.

– Young person interview



Young people feel they learn more in HHA classroom environments

Young people described learning more in HHA classroom environments. There were two main factors: the individualised style of learning, and the more expansive curriculum. Most survey respondents agreed that the smaller number of people in their classroom worked well for them (n=24). This was further facilitated by having more staff in the classroom (n=20), which allowed young people to access help quicker and “get into the flow of doing work really well” as they did not need to wait long or be embarrassed to ask for assistance.



I can ask for help a lot easier and like I don't have to call out over everybody else. Also since the classrooms are a lot smaller, it's a lot easier ... if I'm having difficulties understanding something I can just ask someone for help.

– Young person interview



It's a lot easier to get shit done. It's more motivating, just because you don't have to sit there with your hand up for 10 minutes and then, “Oh, I'll just go on my phone,” or whatever. You just go “Can I have some help?” ... You'd be able to get into the flow of doing work really well.

– Young person interview

The more flexible and casual learning environment was also more accommodating towards young people who experienced trouble concentrating in mainstream school. One student commented that “Being around people ... I cannot focus. I have ADHD ... so it's not that easy” and mentioned that it was “a lot easier” to complete their work in HHA compared to in a mainstream school. Another mentioned that teachers at HHA were able to adapt to the student's needs, so that if “someone can only mentally stay in tune in class for about two hours they can have that two hours to stay in class and then go off and do their own thing.”

The other factor was the program's non-traditional approach to curriculum delivery. One participant described Living Learning as “you learn other things, not just how to read and write.” The Living Learning model involves more practical and social skills training in the classroom, which young people reported improved their self-efficacy and confidence in navigating the post-school world.



They teach us how to budget, they teach us taxes, they teach us like how to do mock interviews ... They teach you ... if you want to they can teach you how to cook, the practicality of things is pretty good.

– Young person interview

However, changes to the VCAL Year 12 certificate means it may take students 3–4 years to complete their certificate with attendance lower than 60 to 70 per cent. Whether young people will continue to attend HHA to complete their schooling without the support and adjustments provided by Living Learning should be explored by future evaluations.

5.0 Outcomes and Achievements etc. continued

Some young people have improved their literacy and numeracy skills

The focus of Living Learning's Education stream is equipping young people with the literacy and numeracy skills they need to be successful. Over the first two years of the program's implementation, it has become apparent that the functional literacy and numeracy skills of Living Learning participants is significantly lower than what had been originally anticipated. Many young people entering the program do not have the functional skills to navigate adult life without support. This means they may not be able to fill out an application or write a cover letter independently. Living Learning staff reported that, while many Living Learning participants were eager to transition from school to work, they required significant support to build foundational literacy and numeracy skills before they could be successful making this transition.

Since program commencement, the literacy and numeracy skills of Living Learning participants has been assessed using the Basic Key Skills Builder (BKSB). Consistent collection of BKSB data has been challenging, as formal assessments are not a typical feature of learning at HHA due to their potential to trigger a student's distress. The BKSB is conducted online twice each year to assess an individual's functional skills level and to identify areas for improvement. At HHA, the aim is to bring students up to level 3 BKSB (equivalent to Year 7–9) by the end of their time at the school.¹³ A level 3 BKSB means young people have a baseline level of literacy and numeracy enabling them to undertake day-to-day tasks without significant support. Living Learning staff noted that, while the literacy and numeracy BKSB are not the optimal tools for measuring and assessing skills within the HHA setting,¹⁴ the tool's wide use in tertiary education (TAFE) settings means it may be in participants best interests to continue collecting BKSB data.¹⁵



If [a young person is] leaving with a level 1 BKSB [they] don't have the literacy skills to fill out an application form.

– Living Learning staff interview

From 2021 to 2022, there has been consistent growth in BKSB data collection, increasingly demonstrating improved educational outcomes for program participants. Twenty-two Living Learning participants completed the English BKSB assessment more than once between Term 1, 2021 and Term 3, 2022. Among students who have had undertaken ongoing assessments half (50 per cent, n=11) of these participants improved by at least one BKSB level (which could equate to between 1 and 5 school year levels)¹⁶ and 14 per cent (n=3) decreased a BKSB level. Twenty-seven Living Learning participants completed the Maths BKSB assessment more than once between Term 1, 2021 and Term 3, 2022. Approximately one-quarter (22 per cent, n=6) improved by at least one BKSB level, and 19 per cent (n=5) decreased a BKSB level.

The number of participants who decreased a BKSB level between their first and second assessment can be explained by changes to how participant BKSB data has been collected. Program staff reported that it has taken time to ensure BKSB test conditions are consistent across the school, citing this has now been largely achieved through the development of a BKSB completion guidance document as well as training for staff. In 2021, participants had been allowed to use calculators and staff were 'assisting' more than they do now, meaning initial BKSB assessments throughout 2021 were likely to have inflated a participant's literacy and/or numeracy skills.

5.6 Housing

While the majority of Living Learning young people reside in relatively stable housing, a small number of young people have experienced acute phases of homelessness and couch surfing. There is some evidence that Living Learning has contributed to improved housing outcomes for these young people,¹⁷ and program staff described a range of significant challenges they face. In particular a lack of suitable housing options means there are limited avenues through which young people can access secure, long-term housing.

Young people navigating housing insecurity were referred to MCM services such as Detour, Frontyard Youth Services and Finding Solutions. Living Learning staff highlighted how even with expedited access to MCM's suite of youth homelessness services, significant barriers remain for young people trying to secure safe housing. They described the 'exclusionary' barriers Key Workers navigate when assisting young people to access housing, which include both the cost of private rentals and the restrictive criteria of some supportive housing programs, which do not accept individuals who misuse substances or who cannot self-manage prescribed medications.



It took weeks to get one young person into a refuge ... getting them into [housing program] required a huge amount of advocacy and work.

– Living Learning staff interview

Many young people in the program have experienced difficulties with their living situation including, but not limited to, incidents of family violence, high risk behaviours and substance misuse. In the absence of available independent housing options, Engagement staff actively work with young people to mitigate risks within their current housing situation. Several Key Workers have invested significant time working with young people's families to prevent the deterioration of relationships,¹⁸ even in situations where the ideal scenario would be for a young person to live independently.



Housing security is a massive gap [in service provision], access to housing is a massive gap ... outcomes for young people are limited by a systemic housing barrier.

– Living Learning staff interview

Living Learning staff highlighted that there is a significant lack of preventative housing interventions that address housing insecurity before living situations become critical. Staff described that often they feel disheartened that crisis accommodation may be the only option for young people in deteriorating living situations. They emphasised the fundamental importance of secure housing and reflected that without a safe home it is practically impossible to address other barriers young people face to participating in education or employment.



We have no choice but to wait for things to deteriorate [before a young person] can access crisis housing. We have to manage [young people's] expectations around that. Most [Living Learning] young people are at risk of homelessness, so preventative housing is a huge necessity.

– Living Learning staff interview

6.0 PAD governance and funding model



Key messages

- Mechanisms and forums for governing the PAD model are appropriate and working effectively. A collaborative partnership, aided by shared goals and co-chairing arrangements, has contributed to building a trusting partnership with government agencies and MCM.
- The PAD model has generally had a positive influence on program management and delivery. In particular, the ambitious delivery timelines coupled with budget flexibility has fostered rapid program adjustment and innovation.
- The PAD has also influenced program design. To ensure that all participants have a three-year experience of the program, Living Learning is currently developing a new engagement model for those young people who have finished at HHA. Access to administrative data of Emergency Department presentations made available through the PAD has prompted MCM to consider program adaptations that provide after-hours support to young people.
- With evidence of the intervention's effectiveness growing, key stakeholders have sought pathways to expand and replicate Living Learning in different settings. For future programs, greater involvement of school staff in Living Learning design and development may improve implementation of the program within a school environment.
- While implementation of Living Learning is enabled by specialist and committed staff, the program is still exploring a sustainable resourcing and staff model. The rapid program ramp up to the peak year (2023) followed by a ramp down creates unique resourcing and staffing challenges that require investment in change management strategies.
- The single payable outcome of ED presentations has proven to be relatively volatile and in a small cohort, vulnerable to outliers. To date, the risks associated with the outcome measures have been actively controlled or mitigated through the PAD governance mechanisms and high mission alignment among PAD stakeholders including government, investors and MCM.

6.0 PAD governance and funding model

This section examines the governance arrangements in place to support the Living Learning PAD model and the influence of the PAD model on program delivery. It also explores the sustainability and scalability of the program and its contribution to the broader evidence base about effective responses for disengaged young people with mental illness within educational settings.

6.1 Governance mechanisms are appropriate and effective

The Living Learning PAD Joint Working Group (JWG) was established in 2019 to provide advice and guidance on the implementation of the Implementation Agreement. The JWG meets on a quarterly basis and has four distinct roles:

- provide advice on matters regarding the implementation and performance of the Living Learning PAD
- advise and agree on material changes to program delivery and processes
- formally review the Living Learning Program and PAD arrangement on an annual basis, including consideration of the appropriateness of baselines and target success rates
- provide advice on matters of formal dispute resolution.

The JWG membership comprises the MCM Chief Executive Officer (co-chair), the Responsible Deputy Secretary of DFFH (co-chair), the Government (DFFH) Contract Manager (GCM), senior representatives from DTF and DFFH, MCM's Chief Financial Officer, the Living Learning Program Manager and the HHA Principal. Participants reported this as a productive and effective forum that formalises key decisions. Shared arrangements for chairing between MCM and DFFH were welcomed and contribute to fostering a genuine partnership between MCM and government. Despite some turnover in staff, particularly at DFFH, stakeholders confirmed there is a strong culture of working in partnership and a shared ownership of the PAD that results in a willingness to explore and resolve challenges.

Established in early 2020, the Operational Working Group (OWG) provides a forum for reporting on day-to-day matters; information sharing; resolving operational issues not requiring escalation to the JWG; and routinely reviewing the Operations Manual to establish whether any amendments are necessary. Membership of the OWG is determined by the Contract Officers and includes representatives from MCM, DFFH and DTF. The OWG is functioning as intended to work through operational issues. Stakeholders confirmed that it is a constructive meeting space underpinned by a positive, collaborative approach. The OWG reports to the JWG for formal sign-off of key decisions. The operations of the OWG are supported by ongoing collaboration and coordination between the GCM and Living Learning Program Manager through weekly catch ups.

6.2 Influence of the PAD funding model on program delivery and outcomes

The PAD funding mechanism has influenced a number of aspects of program management and delivery. Staff believe these features have largely benefited the program and resulted in better outcomes for young people.

The PAD model commits Living Learning staff to work with young people for a full three-year period and has necessitated the design of new delivery mechanisms for 'ex-HHA' young people who no longer attend HHA. While this development was largely unanticipated, staff have been required to design and resource a practical approach for these young people (as set out in Table 3), which will be largely delivered offsite, via phone or online as young people are no longer on campus. Leaving the school environment can be a vulnerable and challenging time for many young people as they acclimatise to new people and environments. In addition, Living Learning staff note that many of these young people have low levels of functional numeracy and literacy, and are very likely to benefit from additional support provided by the program. Staff will commence piloting these approaches in 2023.

Living Learning staff reflected that the time pressures associated with the PAD have fostered a dynamic and innovative delivery model. The defined five year 'lifetime' of the PAD, alongside the three-year window for influence on each cohort, require the Living Learning Program to rapidly adapt and adjust program delivery to achieve the desired outcomes for young people. Staff believe that the flexibility and discretion to explore and test new approaches will ultimately result in improved outcomes for young people and has created a very rewarding work environment for Living Learning staff.

6.0 PAD governance and funding model continued

Under the PAD model, MCM and the Living Learning team has discretion and autonomy to manage the budget according to program needs without seeking approvals from government. The flexibility of budget management has enabled fit-for-purpose program adjustments such as the rapid recruitment of additional Key Workers, an Occupational Therapist and administrative support staff. Program staff reported that the ability to make resourcing and budget decisions rapidly without government scrutiny is a marked difference of the PAD model which fosters trust and creates a genuine partnership, particularly for MCM as the implementing service provider. Stakeholders also suggested that these conditions attract and retain high quality staff who thrive in this dynamic working environment. Living Learning staff, particularly in the Engagement stream, highlighted the importance of having agency and flexibility in their roles to adjust their approach to meet the needs of young people. This was identified as a key enabler of program success and also a valued feature of their role. It should be noted that in the first two years of program implementation, there has been very low turnover among Living Learning staff.

Living Learning staff reported that access to linked administrative data of Emergency Department (ED) presentations associated with payment outcomes has provided a valuable data source to inform potential program modifications. Administrative data provides the actual time of day of ED presentations and showed a high prevalence of admissions after school hours, which has prompted Living Learning to consider the value of staff operating with extended hours. Additionally, linked data has confirmed that both cohorts significantly underreport their ED presentations to the Living Learning Program.¹⁹ While the reasons for underreporting are not clearly understood, this will be explored further in later stages of the evaluation.

Several challenges were also identified with the PAD-mandated timelines. As shown in Figure 2, the program is designed to ramp up over three years and then scale down as young people exit the program through annual cohort completion. The rapid ramp up and down creates unique resourcing and staffing challenges as new staff are recruited and brought onto the program. Living Learning staff reflected that there is very little time for this new program to make the necessary and inevitable adjustments. Staff noted that ideally, they would have six months of operation to test and streamline processes, before the official commencement. In the ramp down phase (from 2024 to 2026), program resourcing will need to be scaled down with staff leaving the program through staggered exit. Stakeholders anticipate that during this time, they will need to manage risks of staff disengagement and disruption to relationships with young people.

6.3 Strategic learnings

The Living Learning PAD has a single payable outcome measure based on the average number of ED presentations of young people during program duration compared to a baseline (the year prior to program participation). During the design phase of the Living Learning PAD other measures were also considered, such as school attendance. The choice of a single outcome measure for a relatively small cohort presents specific risks.

The first risk is the extent to which the measure is a valid proxy for the broader set of impacts that Living Learning is seeking to achieve – or, in economic terms, the value created. The risk associated with measure validity is that it drives inefficient program behaviour by incentivising effort toward a single outcome that is only weakly correlated with a broader set of value-driving outcomes. While some stakeholders have expressed scepticism about the measure chosen (presentations to ED) in the context of the intervention (educational setting), the evaluation intends to further test this through linked data analysis that will explore the correlation between ED presentation and other benefits or disbenefits observed for the cohort.

The second risk relates to the extent to which the measure is a reliable measure of program performance. In practice, the ED presentations measure has proven to be relatively volatile and in a small cohort, vulnerable to outliers. We heard that this risk was realised in 2022, with a single student recording an exceptionally high number of ED attendances relative to their cohort peers, which materially impacted the overall cohort result. To a significant extent, the data associated with this individual washed out positive performance across the remainder of the cohort and would have had a very material impact on assessed performance for the purposes of outcome payments.

We observe, however, that each of these risks is being actively controlled or mitigated through the PAD through a number of mechanisms. These include a high level of social mission alignment between stakeholders – i.e. commitment to social returns, not merely financial – which reduces the likelihood of 'outcome chasing' behaviour focused on ED presentations that

might maximise financial returns at the cost of broader social value created. We note that this is particularly the case with respect to the small set of investors who all have philanthropic missions; it is possible that a different pool of investors with different priorities or expectations of return maximisation could exert pressure on MCM to focus on maximising investment yields.

We also note that the flexibility exhibited by government in enabling adjustments to the way performance is calculated provides MCM and investors with a degree of confidence in the context of unanticipated events or impacts within the program that change the distribution of risk. This has been shown by the changes to attrition criteria and how outliers are dealt with in performance reporting. The willingness of government to 'come to the table' and renegotiate over key terms in these circumstances reduces the overall financial risk or exposure of MCM and their investors. These negotiations occurred within the parameters of the key PAD instruments (the IA and Operations Manual) – it is flexibility that has been designed, but was enlivened by the attitude taken by government. This in turn reduces the incentive to maximising financial return (e.g. through singular pursuit of reductions to ED presentations) as a financial risk management approach.

6.4 Sustainability and scalability

This evaluation contributes to the evidence base for targeted engagement and education interventions delivered in school settings. With evidence of the intervention's effectiveness growing, key stakeholders are considering pathways to potentially expand the program and implement it in other school settings.

In terms of replicability, staff noted that any future programs like Living Learning need to be designed by school staff and built out of any existing school setting. Interviewees noted that the design phase of Living Learning did not involve input from school staff. As noted in this report, there have been challenges in managing Living Learning within a school environment where there are differences in policies, risk assessment and management, and legal definitions of duty of care. While the tension between the program and school has improved over the second year of implementation, there still remain ongoing points of difference.

When considering sustainability and scalability, there is evidence to suggest that program implementation is enabled by the committed and passionate Living Learning staff, who have brought to bear specialist expertise in social work, mental health and education. The collective impact of these disciplines delivered concurrently in a school setting has significantly contributed to the positive and promising outcomes achieved to date. However, the sustainability of the staffing model, particularly for the case load and workload of Key Workers, remains an ongoing challenge for program delivery. Adaptations to the staffing model will provide important insights into the scalability of the program.

These insights do not preclude program replication or scaling but point to the lessons learned in terms of devising an implementation approach that is suited to the contexts and capabilities of each school setting. This means that the key concept of blending psychosocial and clinical supports into flexible learning settings, coupled with what has been learned about enablers of success, is likely to be replicable – but how exactly this gets done in new places requires flexibility and local innovation. This in turn points to a further possible conclusion which is that the delivery flexibility offered by payment-by-outcomes approaches is potentially well-suited to enabling the scaling up of programs like Living Learning after their initial 'trial' phase within a PAD model.

References

- 1 As of March 2023, the Living Learning Program was seeking to reduce the number of food vouchers it distributes. The increase in cost of living has seen a rise in the proportion of program participants who are struggling to afford food.
- 2 McLeod, S. A. (2012). What is the zone of proximal development? Retrieved <https://www.simplypsychology.org/Zone-of-Proximal-Development.html>.
- 3 In accordance with the Living Learning Operations Manual criteria and based on the amount of time these young people participated in the program, the exited young person has been removed from measurement, while the other exited young person is still in the measurement cohort.
- 4 Bennett, M., Ng-Knight, T., & Hayes, B. (2017). Autonomy-supportive teaching and its antecedents: differences between teachers and teaching assistants and the predictive role of perceived competence. *European Journal of Psychology of Education*, 32, 643-667;
- 5 K10 is a measure of psychological distress, Depression Anxiety Stress Scales 21 (DASS 21) and Revised Child Anxiety and Depression Scale (RCADS) Mental Health Outcomes.
- 6 Productivity Commission 2020, Mental Health, Report no. 95, Canberra.
- 7 This gap was described in Productivity Commission 2020, Mental Health, Report no. 95, Canberra, p.8.
- 8 This can be attributed to the shortage of mental health care professionals in the private mediation market amidst the COVID-19 pandemic. FRMP is dependent on recruiting professionals from the private mediation market.
- 9 Bandura, A. (1994). Self-efficacy. In V.S. Ramachandran (Ed.), *Encyclopaedia of human behaviour* (Vol. 4, pp. 71-81). New York: Academic Press.
- 10 Hepworth, D.H., et al. (2006). *Direct Social Work Practice: Theory and Skills*, Seventh Edition. Brooks/Cole, Cengage Learning.
- 11 Australian Institute of Health and Welfare (2022) Oral health and dental care in Australia, AIHW, Australian Government.
- 12 Ibid.
- 13 Level 3 BKSB is deemed to be a 'functional' level of literacy and numeracy.
- 14 Program staff believe BKSB levels are not sufficiently 'granular' (given how BKSB levels span several school years) and that BKSB does not reveal an individual's incremental improvement.
- 15 BKSB is used by more than 70 per cent of Australian TAFEs. See <https://www.bksb.com.au/about/>, retrieved 20 March 2023.
- 16 It is important to note that there is a large range within one BKSB level for improvement, so students may have increased their skills and yet retained the same BKSB level, i.e., level 3 BKSB correlates to a skill range equivalent to Year 7–9.
- 17 A small number of participant survey respondents (4 of 32) described how their Key Worker had provided them with housing support. This included support through homelessness, in finding a new house, and in moving in and out of homes.
- 18 As noted in Section 4.2, the Living Learning Program has not been able to utilise MCM's Family Reconciliation Mediation Program (FRMP) to date due to a shortage of mental health professionals.
- 19 Cohort 1 under reported by 60% and cohort 2 by 80% in the January to June 2022 period. This was determined through comparison of self-reported ED presentations since enrolling in Living Learning and actual ED presentations gleaned from government-supplied data.

Acronyms

TERM	DEFINITION
BKSB	Basic Key Skills Builder
BPD	Borderline Personality Disorder
CALD	Culturally and Linguistically Diverse
CBD	Central business district
CEO	Chief executive officer
DASS 21	Depression Anxiety Stress Scales 21
DET	Department of Education and Training
DFFH	Department of Families, Fairness and Housing
DHHS	Department of Health and Human Services
DPC	Department of Premier and Cabinet
DTF	Department of Treasury and Finance
FTE	Full time equivalent
HEAT	Hospitality Employment and Training
HHA	Hester Hornbrook Academy
IA	Implementation Agreement
IEP	Individual Education Plan
IER	Initial Engagement Review

TERM	DEFINITION
JWG	Joint Working Group
KEQ	Key evaluation question
MCM	Melbourne City Mission
NCCD	National Consistent Collection of Data
NEET	Not in employment, education or training
NWI	National Wraparound Initiative
OOHC	Out-of-home care
OWG	Operational Working Group
PAD	Partnership Addressing Disadvantage
PTSD	Post-Traumatic Stress Disorder
RFP	Request for proposal
SDQ	Strengths and Difficulties Questionnaire
SIB	Social impact bond
TOR	Terms of reference
VCAL	Victorian Certificate of Applied Learning
VET	Vocational Education and Training
VETiS	Vocational Education and Training in Schools

Disclaimer

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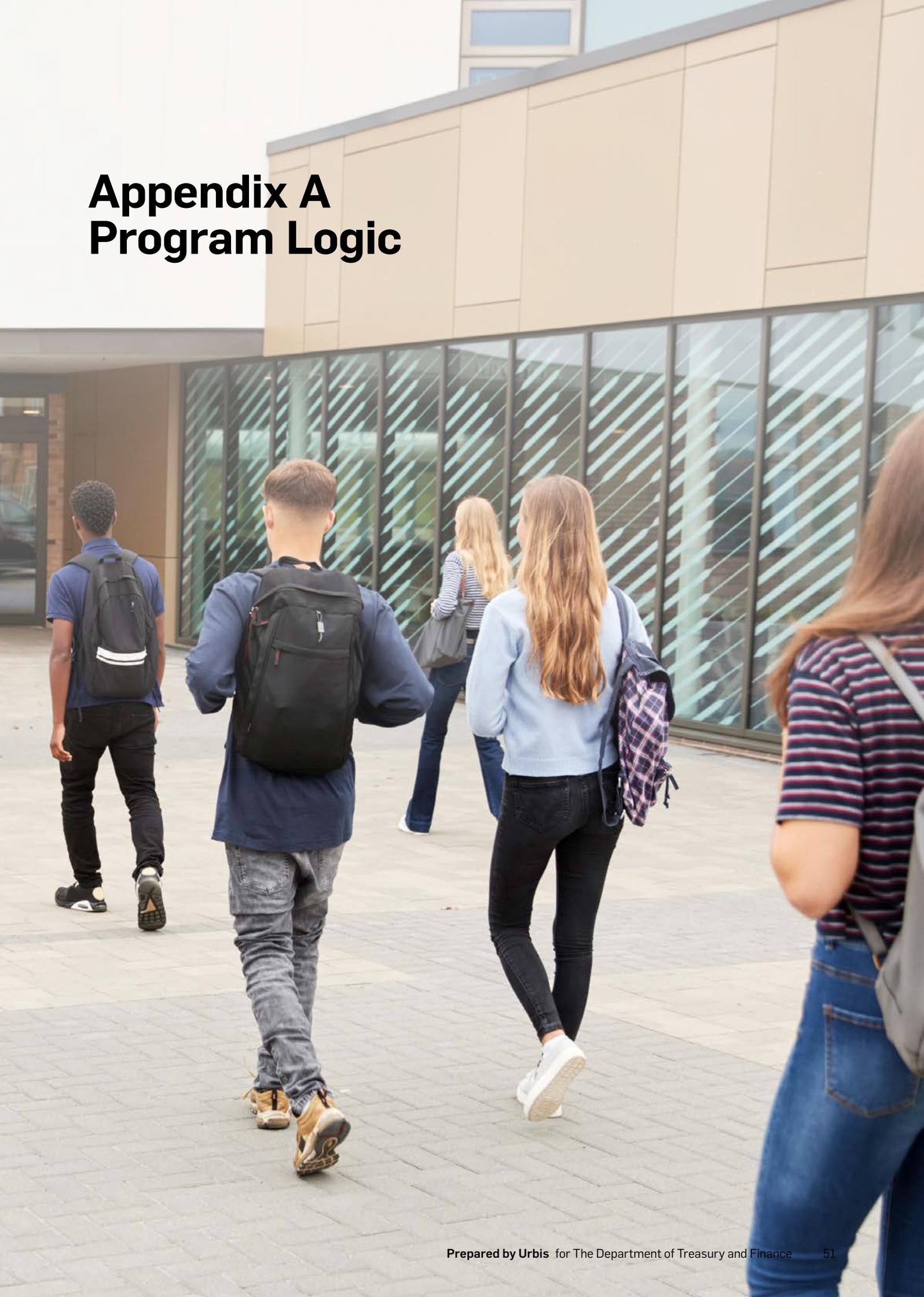
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Appendix A Program Logic





Program End Point Outcome Student is on a Positive Pathway of their choice

POST PROGRAM IMPACT

Personal

Student has the opportunity to engage in the further education and employment of their choice

Student can manage their mind health effectively and maintain their own mind health as much as possible

Social and Community

SDG 4.1
Ensure all girls and boys complete free, equitable and quality secondary education

SDG 8.6
Substantially reduce the proportion of youth not in employment, education or training

SDG 2.4
Promote mind health and wellbeing

Government Avoided Costs

Health

Justice

Housing and Homelessness services

Employment and Welfare (Federal)

--- Paid outcomes ---

Appendix B

Participant survey



Appendix B

Participant Survey

Living learning student survey – cohort 1 and 2, december 2022

Purpose

This Appendix summarises the results of the survey conducted by Urbis on the experiences of participants in the Living Learning Program. The purpose of the survey was to understand participant perspectives on the services provided by the Living Learning Program, and opportunities for program improvement.

Methodology

The survey was distributed to all Living Learning participants via email. The email contained a link to the survey, which was hosted on Checkbox. Living Learning Program staff were responsible for prompting young people to complete the survey.

There were 32 unique survey respondents, however the response rates decreased throughout the survey.

Limitations

Survey respondents self-selected to participate in this research meaning the sample is not representative of the broader population of Living Learning participants. The analysis and findings of this survey only represent the experience reported by survey respondents, and not Living Learning participants as a whole.

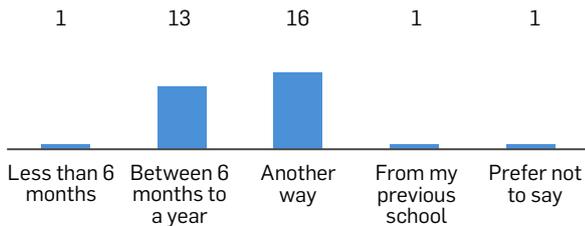
Thematic coding of qualitative responses was also undertaken to allow for analysis of these responses. This coding sought to reflect the meaning and intent of respondents. Urbis acknowledges that the codes and categories are subjective interpretations of respondent meaning and intent and are not definitive.

Demographics

Duration of participation

Respondents were asked about the length of time they had spent in the Living Learning program. Half of the respondents (n=16) had spent between one and two years in the program, followed by between six months to one year (n=13).

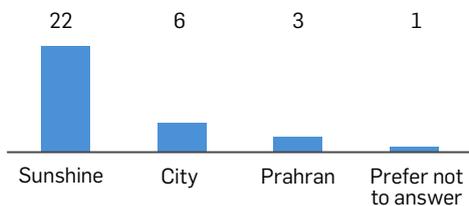
Figure 1 How long have you been in the Living Learning Program? (n=32)



Location of participation

Respondents were asked to identify the HHA campus which they usually attended. Over two-thirds of all respondents reported that they typically attended the campus in Sunshine (n=22), while significantly fewer respondents reported attending the campus in the City (n=6) or Prahran (n=3).

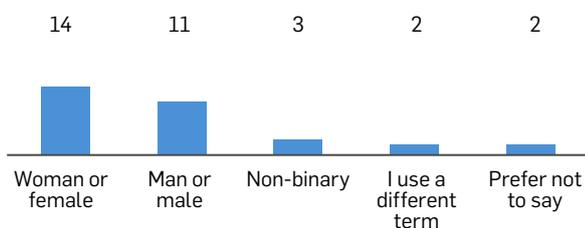
Figure 2 Which HHA campus do you usually attend? (n=32)



Gender

Respondents were asked to describe their gender. There were fairly similar numbers of female and male respondents (n=14 and n=11 respectively), 3 respondents identified as non-binary, and two respondents preferred not to say.

Figure 3 How do you describe your gender? (n=32)

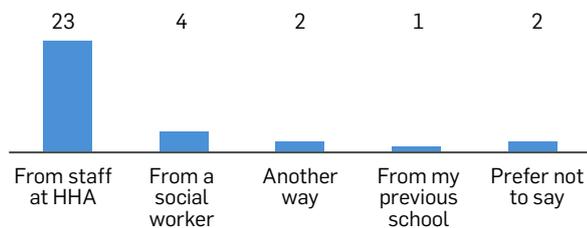


Appendix B continued

Introduction to program

The majority of respondents reported finding out about the Living Learning Program from staff at Hester Hornbrook Academy (n=23). Significantly fewer respondents found out about the program from a social worker (n=4). Among this sample, it was most uncommon to find out about the Living Learning Program from their previous school (n=1).

Figure 4 How did you find out about the Living Learning Program? (n=32)

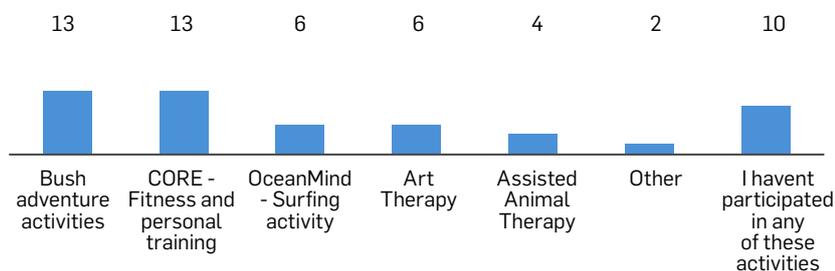


Main survey

Participation in engagement activities

Respondents were asked about the activities they had participated in. The activities with the highest level of participation (n=13) were bush adventure activities and CORE, but almost one-third of all respondents had not participated in any of the listed activities (n=10).

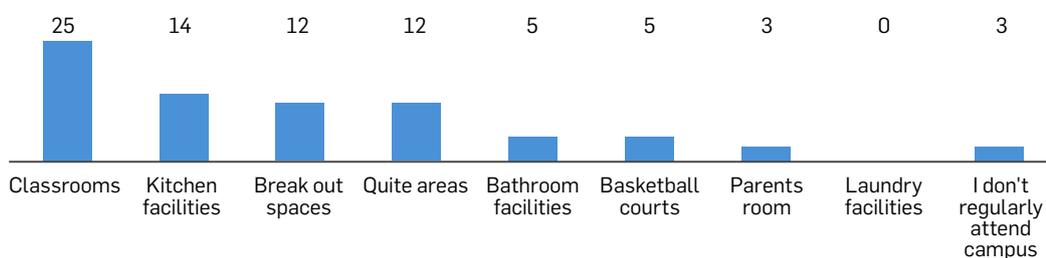
Figure 5 Which of the following activities have you participated in? (n=32)



Utilisation of campus facilities

Respondents were asked what spaces at HHA they used regularly. The overwhelming majority of respondents reported using classrooms regularly (n=25), but over a third of all respondents reported using kitchen facilities (n=14), break out spaces (n=12) and quiet areas (n=12) regularly as well.

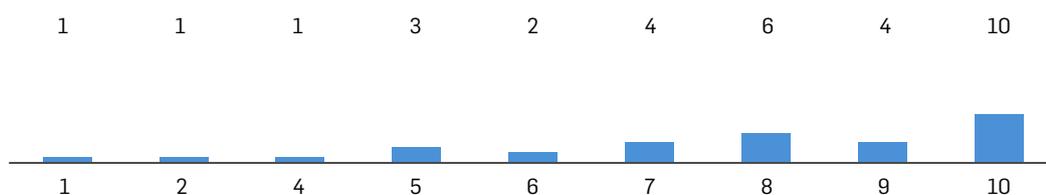
Figure 6 What spaces at HHA do you use regularly? (n=32)



Perceptions of safety and comfort on campus

Respondents were asked to select, from a scale of 1 to 10, how safe and welcome they felt at the HHA campus they attended. There was a positive right-skew in responses, indicating that most respondents felt high levels of safety and welcomeness on campus. Indeed, the mean was 7.69 out of 10 (SD = 2.42), though there was a fair amount of spread in the responses. Almost a third of all respondents selected 10 out of 10 in response to this question.

Figure 7 How safe and welcome do you feel at the HHA campus you attend? (n=32)



Comparing prior school experiences

Respondents were given the opportunity to provide an open text response to the prompt, "How is HHA different to other schools you have attended?" There were 28 open text responses provided. These responses were thematically analysed and are summarised below in descending order of occurrence.

n=13 respondents mentioned **having more help and/or support** at HHA



The teachers, youth workers as well as campus is a lot more supportive, inclusive, mentally and physically supportive.

– Living Learning student survey participant

n=9 respondents mentioned **respectful and/or positive relationships with staff** at HHA

Appendix B continued



**Staff genuinely care about how you feel and what you're up to.
Staff congratulate me and celebrate my achievements.**

– Living Learning student survey participant

n=7 respondents reported **feeling less stressed and/or having a more manageable workload** at HHA

n=7 respondents mentioned HHA being a **welcoming and/or safer environment**



I feel more safer with the staff and feel more comfortable around them.

– Living Learning student survey participant

n=6 respondents mentioned **flexibility at HHA** (e.g. being able to learn at own pace)

n=5 respondents mentioned HHA/LL **staff having a better understanding of their students' individual needs**



How different the staff have treated young people who have had mental health crises [and] how supportive the staff are of young people [who are] LGBTQ+, POC, neurodivergent.

– Living Learning student survey participant

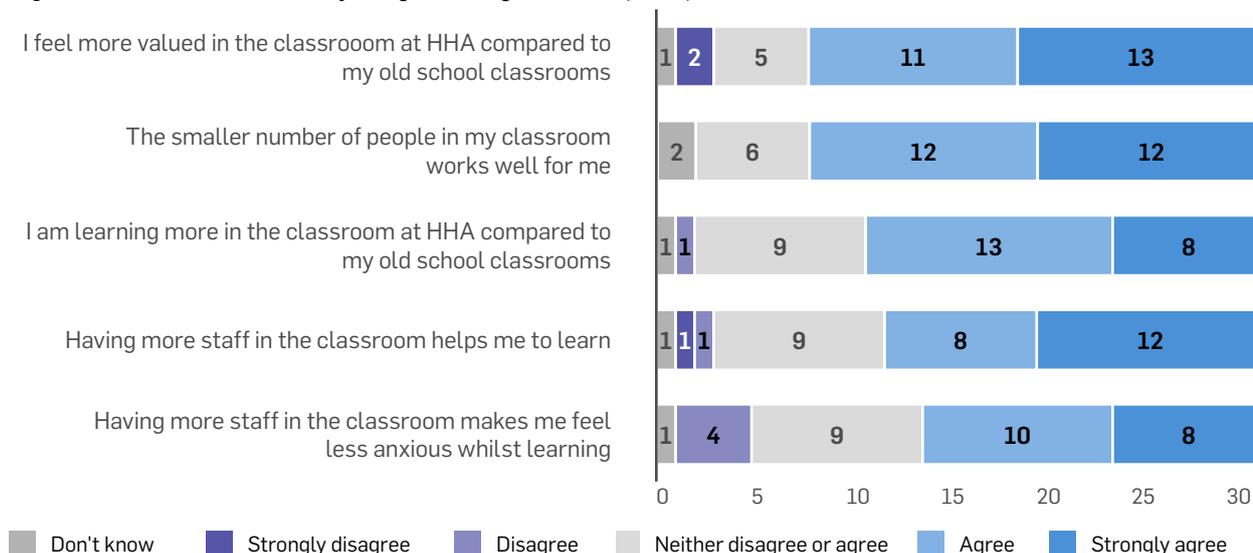
n=2 respondents mentioned **breadth of activities available** at HHA

n=2 respondents mentioned having **better relationships with their peers** at HHA

Comparing prior classroom experiences

Respondents were asked to indicate their level of agreement with several statements comparing the classrooms at HHA to the classrooms in their old school. Respondents reported the highest levels of agreement with "I feel valued in the classroom at HHA compared to my old school classrooms" and "The smaller number of people in my classroom works well for me," with three-quarters of all respondents selecting agree or strongly agree. They agreed the least with "Having more staff in the classroom makes me feel less anxious," with n=18 selecting "agree" or "strongly agree" and only n=4 disagree.

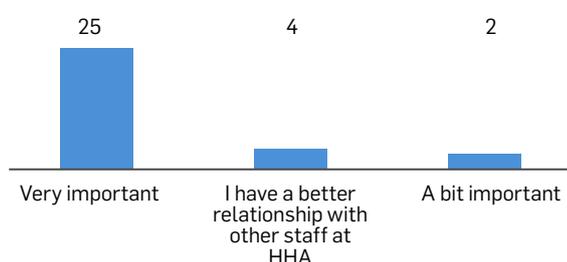
Figure 8 To what extent do you agree/disagree that... (n=32)



Importance of relationship with key worker

Respondents were asked how important the relationship they had with their Living Learning Key Worker was to them. More than three-quarters of the respondents indicated that it was very important to them (n=25), with less than one-tenth selecting that it was only a bit important (n=3).

Figure 9 How important to you is the relationship you have with your Living Learning Key Worker? (n=32)



Types of support provided by key worker

Respondents were given the opportunity to provide an open text response to the prompt, "What sorts of things has your Living Learning Key Worker been able to help you with? Please list everything you can remember." There were 27 open text responses provided. These responses were thematically analysed and are summarised below in descending order of occurrence.

n=18 respondents mentioned **financial support**. Most respondents reported financial support for essentials such as food vouchers (n=14), but n=5 also mentioned their Key Worker helped with supporting their wants (e.g., getting their nails done)



They've helped me with living funds so ex: Food Vouchers, Clothes Shopping and I even got a guitar so that was cool.

– Living Learning student survey participant

n=13 respondents reported receiving support with **managing appointments**, mostly of a medical nature



She ... helps me organise appointments with mental and physical health workers as well as housing workers.

– Living Learning student survey participant

n=11 respondents mentioned **emotional support**



She is always there for me when I need support and is always fun to chat with.

– Living Learning student survey participant

n=7 respondents mentioned support with **providing transport**, and n=4 reported support with **transport to school** specifically

n=4 respondents mentioned support with **housing**, including support through homelessness, finding a new house, and moving in and out of houses

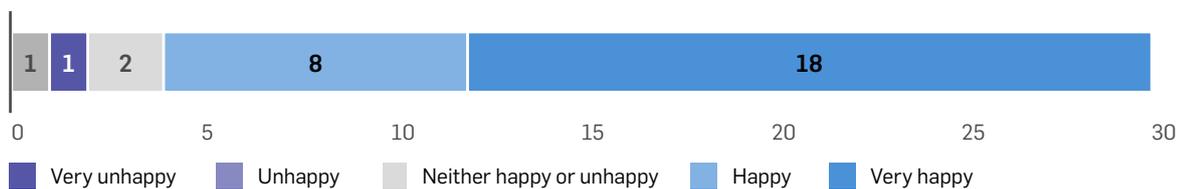
n=4 respondents did not specify a type of support, but stated that their Key Worker had **helped with everything**

Appendix B continued

Satisfaction with key worker support

Nearly all respondents (n=26 of 30) indicated that they were either very happy or happy with the support received from their Living Learning Key Worker. There were only n=2 respondents who reported they were unhappy or very unhappy with the support received.

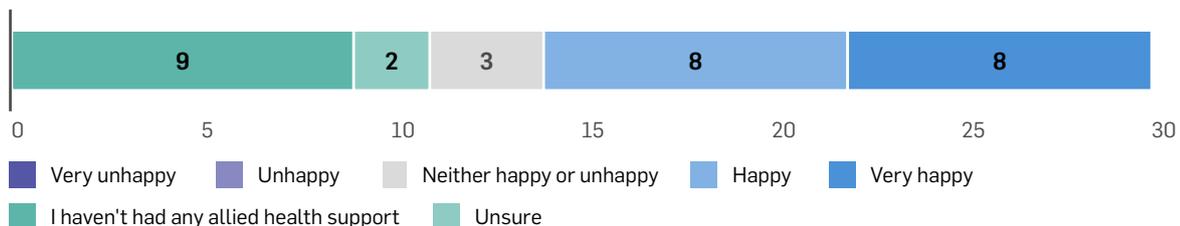
Figure 10 Happiness with support received from Living Learning Key Worker (n=30)



Satisfaction with allied health support

Of the respondents who had had Allied Health support, the overwhelming majority indicated that they were very happy or happy with the support received from their Living Learning Psychologist or Occupational Therapist (n=16 of 21). There were no respondents who were unhappy or very unhappy, with n=3 being ambivalent and n=2 being unsure.

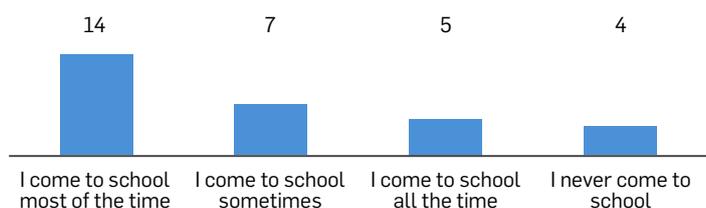
Figure 11 Happiness with support received from Living Learning Psychologist or Occupational Therapist (n=30)



Attendance at school

Nearly one-half of all respondents reported that they came to school most of time since starting in Living Learning (n=14), and nearly one-third reported that they came to school at least some of the time (n=7). The two extremes ("I come to school all the time" and "I never come to school") were less common, with n=5 and n=4 respectively.

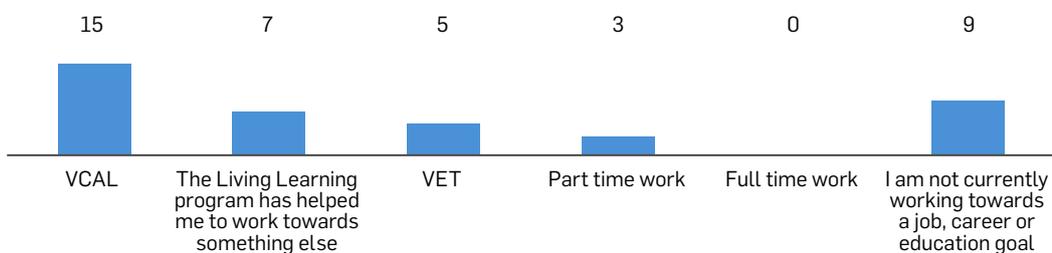
Figure 12 How often have you been coming to school since you started in Living Learning? (n=30)



Impact of program on education and career goals

Respondents were asked to reflect on whether Living Learning had helped them work towards any job, career or education goals. More than half of respondents reported that Living Learning had helped them work towards VCAL (n=15), which was a promising result. This was, however, followed by respondents who indicated that they were not currently working towards any job, career or education goal (n=9). No respondents reported that Living Learning had helped them work towards full-time work.

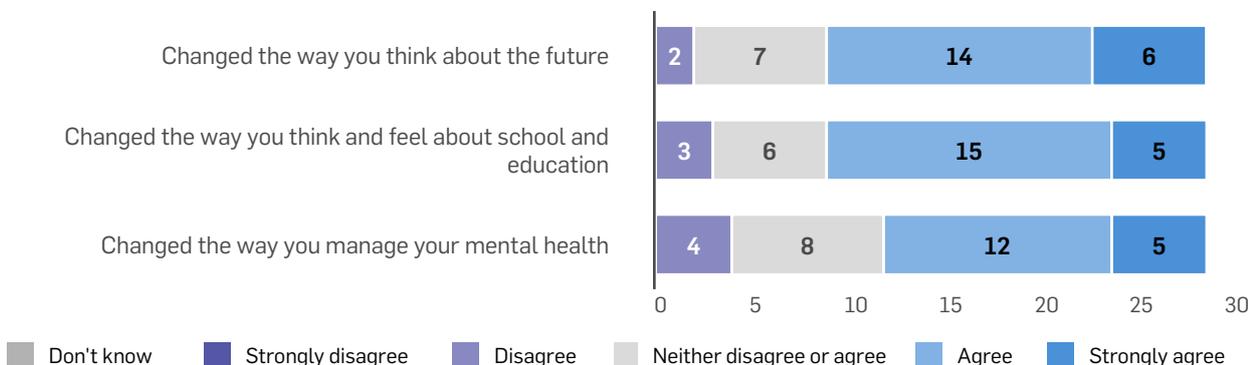
Figure 13 Has Living Learning helped you to work towards any job, career or education goals? (n=28)



Program impact on participant outlook

Respondents were asked about the impact of their experience in the Living Learning program on the way they thought about certain aspects in their life. Most respondents indicated that Living Learning had changed the way they thought about their future and their school and education (n=20 selecting agree or strongly agree), though there was a slightly higher number of respondents who disagreed with the latter (n=3 compared to n=2). Though comparatively less respondents reported any change to the way they managed their mental health, there were still more than one-half who agreed or strongly agreed that there had been some change (n=17).

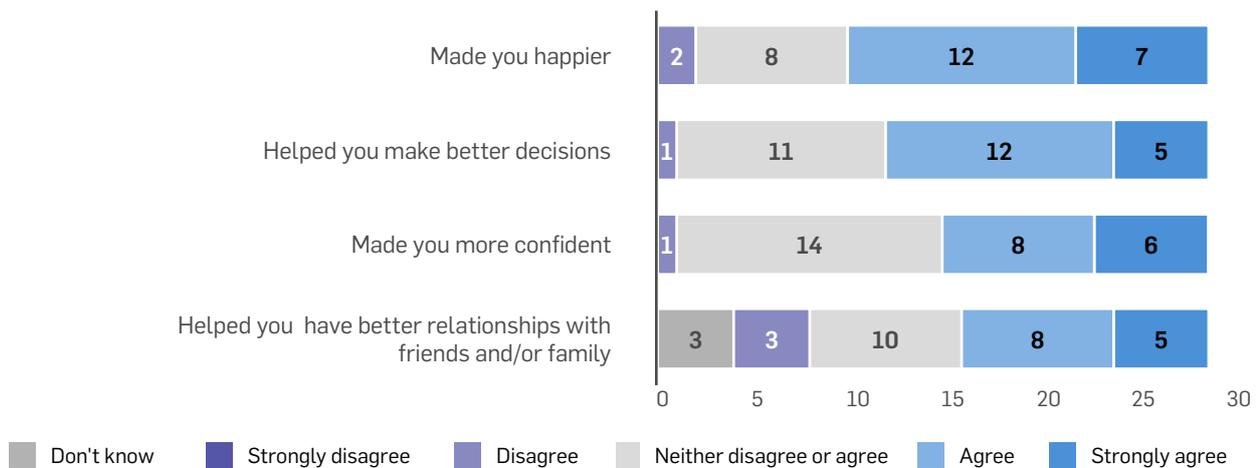
Figure 14 Experience in LL program... (n=29)



Appendix B continued

Program impact on participants

Figure 15 Experience in LL program... (n=29)



Most important thing learned through program

Respondents were given the opportunity to provide an open text response to the prompt, "What is the most important thing you have learned about yourself while participating in Living Learning?". There were 21 open text responses provided. These responses were thematically analysed and are summarised below in descending order of occurrence.

n=9 respondents mentioned **increased self-confidence** going through the program



That I actually can do what I put my mind to ... I can finish high school. I can find a job I actually want.

– Living Learning student survey participant



To have confidence in myself and speak up for my needs.

– Living Learning student survey participant

n=7 respondents mentioned **learning to reach out for help** and recognise that they had a **support network**



That it does not make me weak or dramatic (over-reacting about situations) to reach out for help.

– Living Learning student survey participant

n=3 respondents reported learning **self-care**, particularly caring for their own mental health

n=2 respondents mentioned learning to **set goals**

n=2 respondents were **unsure**

Changes to life since participation commenced

Respondents were given the opportunity to provide an open text response to the prompt, "How has your life changed since you started participating in Living Learning?". There were 20 open text responses provided. These responses were thematically analysed and are summarised below in descending order of occurrence.

n=9 respondents reported that **"it hasn't changed"**, and n=1 respondent reported that "it has changed but I'm slowly getting back to my old ways"

n=6 respondents reported **more support**



I have extra layers of support both inside and outside of school thanks to the LL program. I wouldn't have been able to get referrals or workers from certain programs without their help.

– Living Learning student survey participant

n=5 respondents reported that their life had become **easier or changed for the better** since participating in the program

n=3 respondents mentioned **better physical health**

n=3 respondents mentioned **better mental health**



I'm currently in the process of getting an Assistance Dog to help with my mental health.

– Living Learning student survey participant

n=3 respondents reported being supported to **live independently** after commencing in the program

n=3 respondents reported **being more confident**



I've asserted myself to a point where I could feel a bit confident around my surroundings.

– Living Learning student survey participant

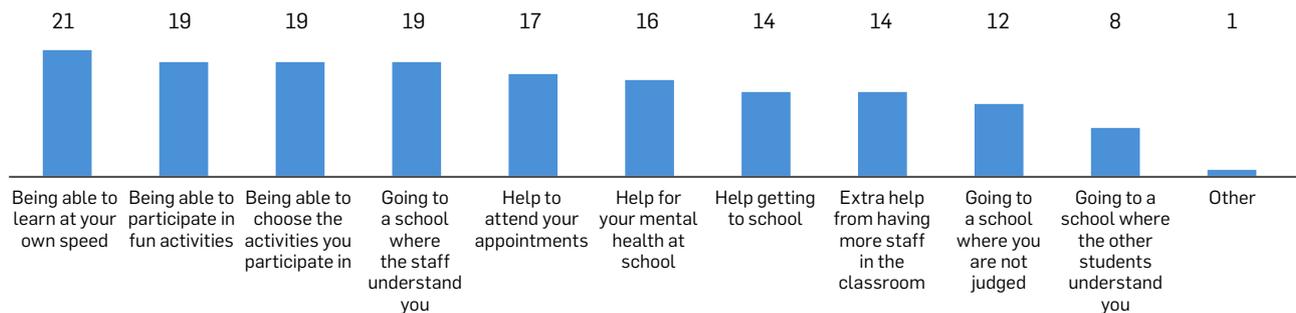
n=2 respondents reported having **food security**

Aspects of program increasing attendance

Respondents were asked about the parts of Living Learning that helped them come to school. Almost all respondents selected "Being able to learn at your own speed" (n=21), indicating that this was a highly influential factor. This was closely followed by "Being able to participate in fun activities", "Being able to choose the activities you participate in" and "Going to a school where the staff understand you" (n=19). It appeared that this element of agency in their own education was particularly impactful for their engagement in school. The least influential parts of Living Learning in helping respondents come to school seemed to be related to being judged at school, with only n=8 respondents selecting "Going to a school where the other students understand you" and n=12 selecting "Going to a school where you are not judged" as an option.

Appendix B continued

Figure 16 What parts of Living Learning are helping you to come to school? (n=25)



Improvement opportunities

Respondents were given the opportunity to provide an open text response to the prompt, "What parts of the Living Learning Program could be improved and why? Please provide some examples." There were 17 open text responses provided. These responses were thematically analysed and are summarised below in descending order of occurrence.

n=7 respondents mentioned **no improvements were needed**



I don't know how Living Learning can improve, I love what's happening now.

– Living Learning student survey participant

n=4 respondents mentioned **dissatisfaction with relationships**, with n=1 reporting feeling distant from staff members and n=2 reporting feeling **sidelined** by other students



The need to be better at getting back to everyone and not prioritising people over other students.

– Living Learning student survey participant

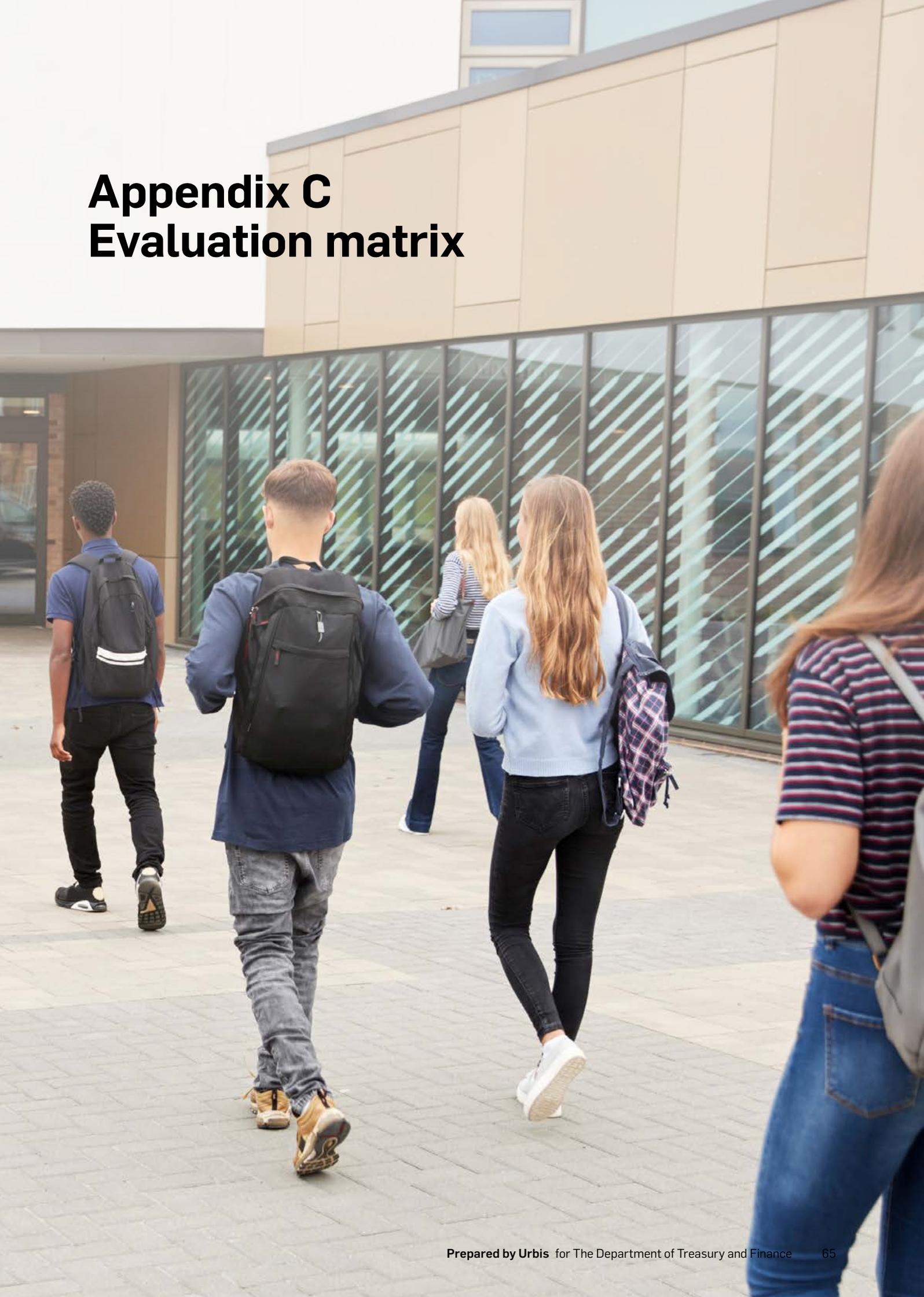
n=1 respondent mentioned **more camps**

n=1 respondent mentioned a **longer duration** for the program

n=1 respondent mentioned **better classrooms at HHA**

Appendix C

Evaluation matrix



Appendix C

Evaluation Matrix

KEQ	Sub-questions	Indicators
F1: To what extent does the design of the Living Learning Program model reflect contemporary or emerging evidence for good policy and practice?	<ul style="list-style-type: none"> What are the features of good practice programs? To what extent are these features evident in the program model? 	<ul style="list-style-type: none"> Presence in the program model of key design features supported by contemporary evidence.
F2: To what extent has the Living Learning Program model been implemented as planned?	<ul style="list-style-type: none"> Has the program been delivered on time, on budget and as designed? Why/why not? What external factors have impacted implementation, and in what ways? What adaptations have been made, and on what basis? 	<ul style="list-style-type: none"> Extent that implementation milestones have been met. Extent that implemented model aligns with designed approach. Extent to which program adaptations or variations are evidence-driven and purposeful.
	<ul style="list-style-type: none"> How has COVID pandemic impacted program design assumptions and implementation? What adaptations have been made in response to COVID Are the governance structures for the program operating effectively? 	<ul style="list-style-type: none"> Extent to which design assumptions have held up post COVID. Extent to which formal or informal adaptations to the program model are documented. Extent to which program stakeholders report governance is effective. Extent to which governance chain members report satisfaction with processes and structures.
	<ul style="list-style-type: none"> To what extent is the profile of program participants as expected? What supports and services are being provided to which participants? 	<ul style="list-style-type: none"> Extent that participant demographics align to expectations Profile and distribution of services provided across participant cohorts
F3: How has the PAD funding model enabled or hindered implementation?	<ul style="list-style-type: none"> How has the PAD funding model influenced the implementation process? What intended or unintended incentives are created by the PAD funding model? How have these incentives impacted stakeholder behaviour? 	<ul style="list-style-type: none"> Extent to which stakeholder behaviour during implementation was incentivised by the funding model Extent to which program design is influenced by the way it is funded Extent to which unintended behavioural incentives are evident in the model.
F4: What key lessons and opportunities for program improvement arise from the PAD negotiation and early implementation period?	<ul style="list-style-type: none"> What aspects of program design or implementation more or less successful than expected? Why? Where have adaptations along the way proven successes? What unintended outcomes arose and why? 	<ul style="list-style-type: none"> Stakeholders attribute unexpected results to specific contextual, design, or implementation factors.

Measures	Sources	Formative	Interim	Summative
<ul style="list-style-type: none"> Comparative analysis of program model with the literature review Stakeholder viewpoints on program alignment. 	<ul style="list-style-type: none"> Literature review Key informant interviews 	✓	✓	✓
<ul style="list-style-type: none"> Comparative analysis of implementation schedule and actual progress. Comparative analysis of fidelity of implemented model to design. Stakeholder viewpoints on program fidelity to design. Alignment of adaptations to the literature review or other evidence. 	<ul style="list-style-type: none"> Program documentation Site observation Key informant interviews 	✓	✓	✓
<ul style="list-style-type: none"> Comparative analysis of key design assumptions and empirical data. Stakeholder viewpoints on program's formal and informal adaptations. Stakeholder viewpoints on effectiveness of governance. Stakeholder viewpoints on effectiveness of governances. 	<ul style="list-style-type: none"> Comparative analysis of key design assumptions and empirical data. Stakeholder viewpoints on program's formal and informal adaptations. Stakeholder viewpoints on effectiveness of governance. Stakeholder viewpoints on effectiveness of governances. 	✓	✓	N/A
<ul style="list-style-type: none"> Participant demographics Program throughput data Service/support data 	<ul style="list-style-type: none"> Program data Site observation Key informant interviews 	✓	✓	✓
<ul style="list-style-type: none"> Stakeholder viewpoints on own behaviours and behaviours of others. Stakeholder viewpoints on relationship between program model and PAD funding model 	<ul style="list-style-type: none"> Program documentation Key informant interviews 	✓	N/A	N/A
<ul style="list-style-type: none"> Stakeholder viewpoints on factors influencing relative success/failure 	<ul style="list-style-type: none"> Program documentation Key informant interviews 	✓	N/A	N/A

Appendix C continued

KEQ	Sub-questions	Indicators
<p>O1: What outcomes are observed for program participants?</p> <p>Important note about outcome areas:</p> <p>1. Education, relationships, self-efficacy, health and mental health are core outcome areas embedded in the program logic and theory of impact.</p> <p>2. Justice and housing related outcomes are secondary outcomes that will be tracked by the evaluation, but are not formally an expected outcome or success measure for the program.</p>	<ul style="list-style-type: none"> What are the education outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed? 	<ul style="list-style-type: none"> Improved engagement with education Improved literacy and numeracy and learning skills Change is visible relative to controls
	<ul style="list-style-type: none"> What are the relationship outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed? 	<ul style="list-style-type: none"> Better relationship building skills Improved relationships with adults and peers Change is visible relative to controls
	<ul style="list-style-type: none"> What are the self-efficacy outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed 	<ul style="list-style-type: none"> More capacity to set and work toward personal goals Improved self-advocacy Change is visible relative to controls
	<ul style="list-style-type: none"> What are the physical health outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed? 	<ul style="list-style-type: none"> Ongoing health issues are identified and treated Improved physical self-care and nutrition Change is visible relative to controls
	<ul style="list-style-type: none"> What are the mental health outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed? 	<ul style="list-style-type: none"> Stabilisation of mental health Increased self-determination and self-management of mental health Change is visible relative to controls
	<ul style="list-style-type: none"> What are the justice outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed? 	<ul style="list-style-type: none"> Justice system contacts Justice system outcomes Change is visible relative to controls
	<ul style="list-style-type: none"> What are the housing and homelessness outcomes for participants? What differences are visible between cohorts? Are any unexpected outcomes observed? 	<ul style="list-style-type: none"> Housing status among participants Homelessness system contacts Change is visible relative to controls
	<ul style="list-style-type: none"> What other outcomes are observed for participants? 	<ul style="list-style-type: none"> Participant reported additional outcomes not otherwise identified.

Measures	Sources	Formative	Interim	Summative
<ul style="list-style-type: none"> % increase in attendance over time (individual and cohort) % Increase in BKSb results over time IEP planned outcomes achieved % increase in SDQ scoring Increase in motivation and engagement responses in Student Surveys Ready to Learn used as a live monitoring and change over time 	<ul style="list-style-type: none"> Government linked data Participant interviews HHA Attendance data Basic Knowledge Skills Builder (BKSb) Individual Education Plan (IEP) Strength, Difficulties Questionnaire (SDQ) Student Surveys (HHA and LL) Ready to Learn 	N/A	✓	✓
<ul style="list-style-type: none"> % increase in positive responses over time to key HHA surveys 	<ul style="list-style-type: none"> Participant interviews Case analysis LL Student Outcomes Tracker Survey HHA Student Survey WILD Survey 	N/A	✓	✓
<ul style="list-style-type: none"> # IEP planned outcomes achieved % increase in positive responses over time to key HHA surveys Ready to Learn used as a live monitoring and change over time 	<ul style="list-style-type: none"> Participant interviews Case analysis Individual Education Plan (IEP) Ready to Learn LL Student Outcomes Tracker 	N/A	✓	✓
<ul style="list-style-type: none"> % increase in positive responses over time (individual and cohort) Analysis of qualitative responses Case Note Qualitative Analysis Hospital Use Analysis 	<ul style="list-style-type: none"> Government linked data Participant interviews Case analysis LL Student Outcomes Tracker WILD Survey Case Note Review Hospital Use (Student Self Report) 	N/A	✓	✓
<ul style="list-style-type: none"> Baseline data used to inform resource allocation Treatment Progress (Quantitative) Treatment Progress (Qualitative) % increase in positive responses over time (individual and cohort) Analysis of qualitative responses Hospital Use Analysis 	<ul style="list-style-type: none"> Government linked data Participant interviews Case analysis Enrolment Data Collection (baseline data) Mental Health Assessment Tools (K10, DASS21, RCADS-25) Qualitative Interview (Mental Health Outcomes) LL Student Outcomes Tracker WILD Survey Hospital Use (Student Self Report) 	N/A	✓	✓
<ul style="list-style-type: none"> Days subject to corrections orders Number of police contacts 	<ul style="list-style-type: none"> Participant interviews Case analysis Government linked data 	N/A	✓	✓
<ul style="list-style-type: none"> Point in time housing status Changes in housing status Homelessness system contacts. 	<ul style="list-style-type: none"> Participant interviews Case analysis Government linked data 	N/A	✓	✓
<ul style="list-style-type: none"> Participant reported outcomes Stakeholder reported outcomes. 	<ul style="list-style-type: none"> Participant interviews Case analysis 	N/A	✓	✓

Appendix C continued

KEQ	Sub-questions	Indicators
O2: What outcomes or impacts are observed for other program stakeholders?	<ul style="list-style-type: none"> What impacts are observed for students who are not enrolled program participants? What impacts are observed for Living Learning workforce? What impacts are observed for adjacent services or supports? 	<ul style="list-style-type: none"> Changes or outcomes are observed that are influenced by Living Learning.
O3: What contribution does the Living Learning Program make to the observed outcomes?	<ul style="list-style-type: none"> What mechanisms of change are activated by the program? How are these mechanisms activated by program assets, activities or outputs? But for the program, what would outcomes likely have been for participants? 	<ul style="list-style-type: none"> Extent to which there is a significant difference in participant outcomes compared to controls. Extent to which participants attribute change to program elements. Extent to which program stakeholders attribute change to program elements. Extent to which case analyses show plausible mechanisms of change. Extent to which observed outcomes accord with program's evidence base.
O4: What external factors influence program outcomes and impact?	<ul style="list-style-type: none"> What other, non-program factors are driving observed outcomes? 	<ul style="list-style-type: none"> Extent to which stakeholders report external impacts on program. Extent to which participants attribute change to program elements. Extent to which case analyses show external drivers of change. Extent to which PESTLE* factors impact program environment.
	<ul style="list-style-type: none"> What impact has the COVID pandemic had on program outcomes? 	<ul style="list-style-type: none"> Extent to which COVID has driven broader trends in the target cohort. Extent to which COVID-driven factors appear influential in case narratives. Extent to which stakeholders report COVID-driven impacts on program outcomes.
O5: How has the PAD funding model influenced the outcomes?	<ul style="list-style-type: none"> How has the PAD funding model influenced the change mechanisms? How has the PAD funding model influenced who (and who doesn't) benefits from the program? What intended or unintended incentives are created by the PAD funding model? How have these incentives impacted stakeholder behaviour? 	<ul style="list-style-type: none"> Extent to which stakeholder behaviour is incentivised by the funding model Extent to which program recruitment and cohort profile is influenced by the way it is funded Extent to which unintended behavioural incentives are evident in the model.

*PESTLE is a mnemonic which in its expanded form denotes P for Political, E for Economic, S for Social, T for Technological, L for Legal, and E for Environmental.

Measures	Sources	Formative	Interim	Summative
<ul style="list-style-type: none"> ▪ Comparative analysis of intervention and counterfactual cohorts. ▪ Stakeholder viewpoints on program influence on non-participant stakeholders. 	<ul style="list-style-type: none"> ▪ Program data ▪ Key informant interviews ▪ Program documentation 	N/A	✓	✓
<ul style="list-style-type: none"> ▪ Comparative analysis of outcome data for intervention and counterfactual groups. ▪ Participant reported attribution of change at interview. ▪ Stakeholder reported and plausibly substantiated attribution of change at interview. ▪ Case analysis of program and external factors. ▪ Comparative analysis of program model with the literature review. 	<ul style="list-style-type: none"> ▪ Government linked data ▪ Program data ▪ Participant interviews ▪ Key informant interviews ▪ Case analysis ▪ Literature review 	N/A	✓	✓
<ul style="list-style-type: none"> ▪ Stakeholder reported and plausibly substantiated external factors impacting the program. ▪ Participant reported attribution of change at interview. ▪ Case analysis of program and external factors. ▪ PESTLE analysis of the program environment 	<ul style="list-style-type: none"> ▪ Key informant interviews ▪ Participant interviews ▪ Case analysis ▪ Literature review 	N/A	✓	✓
<ul style="list-style-type: none"> ▪ Analysis of relevant population trends attributable to COVID within the literature review. ▪ Case analysis of program and external factors attributable to COVID. ▪ Participant reported influence and impact of COVID. ▪ Stakeholder reported and plausibly substantiated COVID factors impacting program outcomes. 	<ul style="list-style-type: none"> ▪ Government linked data ▪ Key informant interviews ▪ Participant interviews ▪ Case analysis ▪ Literature review 	N/A	✓	✓
<ul style="list-style-type: none"> ▪ Stakeholder viewpoints on own behaviours and behaviours of others. ▪ Stakeholder viewpoints on relationship between program model and PAD funding model ▪ Program participant profile ▪ Documented parameters guiding program operations 	<ul style="list-style-type: none"> ▪ Program documentation ▪ Key informant interviews ▪ Program data ▪ Outcome data 	N/A	✓	✓

Appendix C continued

KEQ	Sub-questions	Indicators
O6: How sustainable and scalable is the Living Learning Program with its current funding model?	<ul style="list-style-type: none"> To what extent does program cashflow cover operating costs? To what extent is the financial model for the program viable at smaller or larger scales? Does the program generate financial returns acceptable to investors? To what extent is the operating model scalable? 	<ul style="list-style-type: none"> Extent to which program actual costs align to budgeted costs. Extent to which the program has a manageable cashflow model. Extent to which efficiencies are gained or lost at smaller and larger scales. What is the investor profile to which the model is attractive? Extent to which investor IRR expectations are met. Extent to which operating model is replicable and larger scales.
E1: To what extent does the Living Learning PAD achieve a net economic benefit for Victoria?	<ul style="list-style-type: none"> What is the total cost of the program to the State? What is the total value of quantifiable benefits attributable to the program? What are the non-quantifiable costs and benefits? 	<ul style="list-style-type: none"> Total of payments through the PAD model. Net present value of quantifiable benefits. Extent to which stakeholders ascribe value to non-quantifiable benefits.
E2: How does the PAD funding mechanism enable or hinder value for money delivery of the PAD program?	<ul style="list-style-type: none"> What is the focus and emphasis of the model, including the relative focus on efficiency and effectiveness of service processes and outcomes? What are the value drivers for the PAD funding model compared to other funding approaches? 	<ul style="list-style-type: none"> Extent to which the program is operationally efficient. Extent to which the program is effective (i.e. delivers beneficial outcomes). Extent to which stakeholders attribute efficiency and/or effectiveness to the funding model.
E3: To what extent is the PAD funding model an appropriate approach to financing social impact programs for vulnerable cohorts?	<ul style="list-style-type: none"> What is the relationship between the state and external stakeholders and how are risks and resources allocated – including external agencies – from private and non-profit sectors, and their relationship with public sector agencies? What are the governance and accountability mechanisms and the processes associated with delivery? 	<ul style="list-style-type: none"> Extent to which risk allocation is appropriate. Extent to which stakeholder incentives and drivers are appropriate. Extent to which the PAD funding model drives beneficial outcomes. Extent to which the PAD funding model creates detrimental outcomes. Extent to which program stakeholders report governance is effective at managing risk, accountability and program performance.
S1: In what ways does the Living Learning Program model contribute to the broader evidence base about effective responses for disengaged young people with mental illness in educational settings?	<ul style="list-style-type: none"> What are the most significant lessons emerging from the program model? What contextual factors have influenced the model's success? To what extent are key lessons transferrable to other contexts? 	<ul style="list-style-type: none"> N/A
S2: In what ways does the Living Learning PAD augment the range of available policy responses to strengthen social and economic participation for marginalised or disadvantaged young people?	<ul style="list-style-type: none"> What are the most significant lessons emerging from the deployment of the PAD funding model in this context? What contextual factors have influenced the model's success? To what extent are the key lessons transferrable to other contexts? 	<ul style="list-style-type: none"> N/A

Measures	Sources	Formative	Interim	Summative
<ul style="list-style-type: none"> ▪ Program operating cost and variance to budget ▪ Program revenues achieved and variance to budget ▪ Stakeholder viewpoints on manageability of cashflow. ▪ Stakeholder viewpoints on impacts on costs at smaller and larger scales. ▪ IRR performance compared to prospectus. ▪ Stakeholder viewpoints on scalability of operating model. 	<ul style="list-style-type: none"> ▪ Program financial data ▪ Stakeholder interviews ▪ Program documentation 	N/A	✓	✓
<ul style="list-style-type: none"> ▪ Modelled value of payable outcomes ▪ Modelled value of other quantifiable outcomes. ▪ Stakeholder viewpoints on non-quantifiable benefits. 	<ul style="list-style-type: none"> ▪ Program financial data ▪ Stakeholder interviews ▪ Literature review 	N/A	N/A	✓
<ul style="list-style-type: none"> ▪ Operational efficiency measures ▪ Outcome measures ▪ Stakeholder views on value drivers 	<ul style="list-style-type: none"> ▪ Program financial data ▪ Government linked data ▪ Program outcome data ▪ Benchmark unit costs (if available) ▪ Key informant interviews 	N/A	N/A	✓
<ul style="list-style-type: none"> ▪ Stakeholder viewpoints on risk allocation. ▪ Stakeholder viewpoints on incentives and drivers under the model. ▪ Stakeholder viewpoints on outcomes generated (beneficial or detrimental) ▪ Comparative analysis of contemporary practice/alternative models. ▪ Stakeholder viewpoints on effectiveness of governance. 	<ul style="list-style-type: none"> ▪ Program documentation ▪ Key informant interviews. ▪ Literature review 	N/A	N/A	✓
<ul style="list-style-type: none"> ▪ Stakeholder viewpoints on most significant lessons or model features. ▪ Stakeholder viewpoints on impact of contextual factors. ▪ Critical analysis of strategic context for the program 	<ul style="list-style-type: none"> ▪ Formative, outcome and economic evaluation. ▪ Key informant interviews ▪ Literature review 	N/A	✓	✓
<ul style="list-style-type: none"> ▪ Stakeholder viewpoints on most significant lessons or model features. ▪ Stakeholder viewpoints on impact of contextual factors. ▪ Critical analysis of strategic context for the program 	<ul style="list-style-type: none"> ▪ Formative, outcome and economic evaluation. ▪ Key informant interviews ▪ Literature review 	N/A	✓	✓

