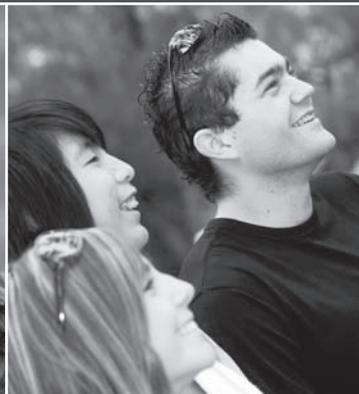**Australian Government**

Department of Families, Community Services and Indigenous Affairs

Reconnect: working with young people who are homeless or at risk of homelessness

Improving the lives of Australians

Australian Government

Department of Families, Community Services and Indigenous Affairs

Reconnect:
working with young people who are homeless or at risk of homelessness

Improving the lives of Australians

Contents

List of Tables

Glossary and Acronyms

AOD	Alcohol and Other Drugs
CBT	Cognitive Behavioural Therapy
CALD	Culturally and Linguistically Diverse
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
MST	Multi Systematic Therapy
RCT	Randomised Control Trial
RODS	Reconnect Online Data System
SFBT	Solutions Focused Brief Therapy

1. Executive Summary

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Institute of Child Protection Studies (ICPS) to identify effective responses to, and interventions for, working with young people who are homeless or at risk of homelessness. The evaluation assesses the appropriateness and effectiveness of interventions and strategies for the specific demographics targeted by Reconnect. This report examines the extent to which Reconnect services implement interventions and strategies that directly help them to achieve their intended objectives.

Key evaluation questions

The project was guided by the key evaluation questions outlined by FaHCSIA:

1. Which early intervention strategies are most effective for young people who are homeless or at risk of homelessness? (See separate document *Literature Review: effective interventions for working with young people who are homeless or at risk of homelessness*).

2. Which of these identified strategies are practically applied by Reconnect service providers?

3. Which, if any, of these strategies are more or less effective for specific demographics targeted by the Reconnect Program?

This report draws on data collected from surveys sent to every Reconnect service across Australia, interviews with fifteen selected Reconnect services, interviews with each FaHCSIA State and Territory Office and RODS data provided by FaHCSIA. An extensive literature review was conducted assessing the existing evidence for effective interventions and approaches for working with young people who are homeless or at risk of homelessness (see separate document *Literature Review: effective interventions for working with young people who are homeless or at risk of homelessness*). This report draws on the findings of that literature review to address questions 2 and 3.

The interventions that can be implemented in any Reconnect service need to be considered within the context and environment of the particular community in which it is located. Nonetheless, a close reading of the available evidence identifies a range of practices and interventions which are effective for the young people and families targeted by Reconnect.

Principles of practice

The available evidence outlines a range of principles that support effective practice with young people who are homeless or at risk of homelessness. These principles emerged in the quantitative and qualitative evidence and pervade the research that investigates the needs of young people. The principles of practice provide an evidence and theory informed unifying framework from which to make decisions about appropriate techniques and strategies. These principles do not work in isolation from each other – they are interdependent and mutually supportive.

The principles are listed here as they appeared in the data collected from Reconnect services:

- relationship oriented (rapport and trust);
- client centred (choice and agency);
- flexible;
- holistic;
- strengths based; and
- solutions oriented.

The data collected suggests that these principles are embedded in the practices of Reconnect services across Australia. However, it is clear that these principles are necessary but not sufficient – they do not constitute evidence-informed practice on their own. Rather, these principles are a necessary precondition of effective interventions.

Evidence informed interventions

A broad range of promising methods or approaches are identified for Reconnect and their clients. The following interventions are supported by evidence (see Literature Review for details) as effective responses to homeless youth that are particularly relevant to Reconnect:

Family focused interventions

The strongest evidence informed interventions pertinent to the specific target group of Reconnect are family focused interventions. As a program, Reconnect has an emphasis on young people and their families. This focus on families is part of what makes Reconnect unique within the youth homelessness sector.

One-on-one therapeutic interventions

The therapeutic interventions identified in this report would be suitable in a range of contexts given the profile of Reconnect clients.

Practical support and stability of accommodation

The provision of practical support such as money, food, accommodation and health care is essential to addressing the needs of Reconnect service users, as well as their social and emotional needs.

Outreach

Outreach provides an effective way to engage with service resistant young people and has a positive impact on the lives of socially excluded young people.

Group work

A broad range of literature supports the use of group work in the Reconnect context.

Case Management

There is evidence to suggest that case management is effective with young people who are homeless or at risk of homelessness when delivered under certain conditions.

Collaboration

It has been recognised that collaborative practice between young people, schools, youth work services, families and other relevant parties, provides better, more sustainable outcomes in complex situations.

Conclusion

Based on the literature review and the findings of the data collected, we found that Reconnect services draw on a range of evidence-informed interventions and approaches to their work with young people and their families. In some Reconnect services there was a strong match between the available evidence from the literature review and the interventions and strategies they practically applied. However, the data collected suggests that other Reconnect services do not employ a wide range of evidence-informed practices.

It is important to note that just because particular practices are not supported by evidence it does not necessarily mean that they do not work. Furthermore, practices that are not yet supported by evidence may later prove to be effective – this is how new practices are created. Many Reconnect services have adapted and responded to the emerging needs of their clients in creative and inventive ways, resulting in contextually driven, emergent, responsive and, in effect, cutting edge interventions and strategies.

Reconnect services provide interventions that can build the foundation for evidence based around early intervention in different Australian contexts. There are still significant gaps in the evidence about specific groups who experience homelessness in Australia, most glaringly regarding Indigenous people, and newly arrived young people.
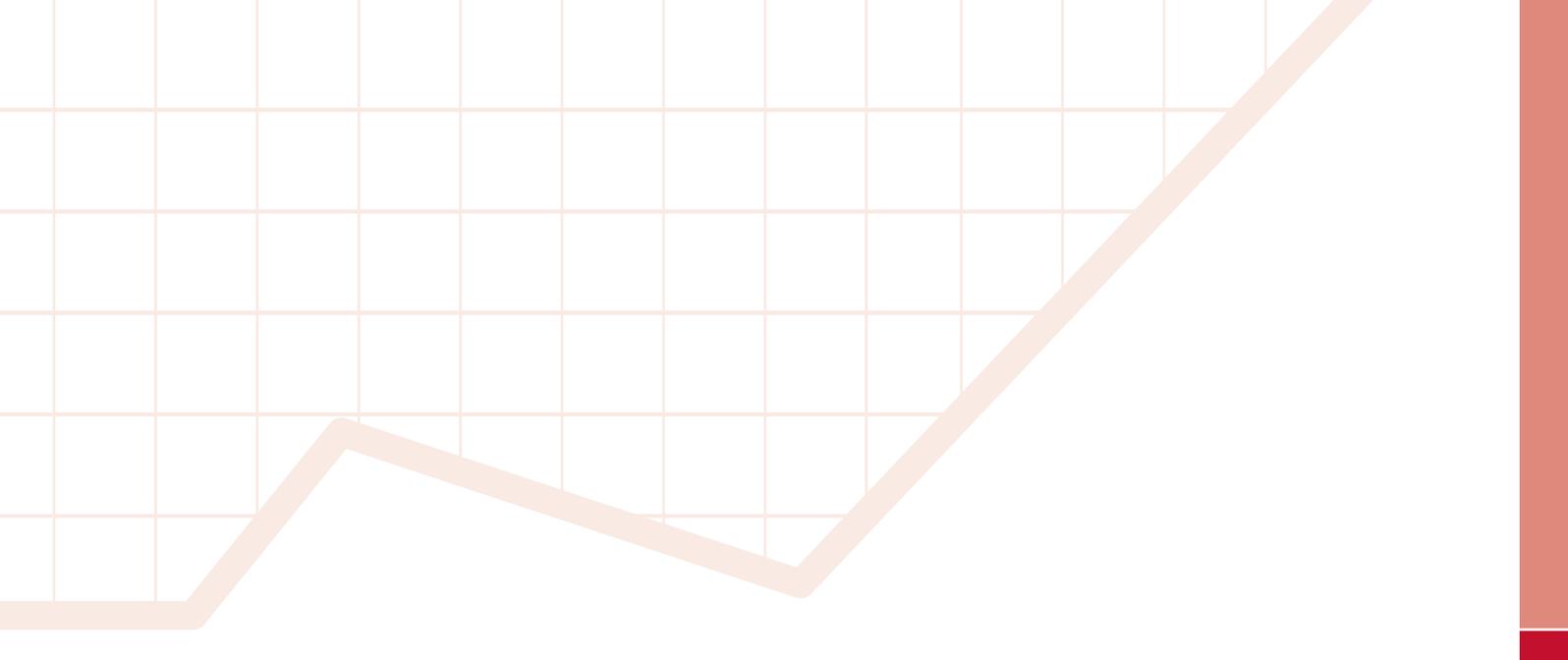
2. Introduction

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Institute of Child Protection Studies (ICPS) to determine effective responses to, and interventions for, working with young people who are homeless or at risk of homelessness. The evaluation assesses the appropriateness and effectiveness of interventions and strategies for the specific demographics targeted by Reconnect. This report examines the extent to which Reconnect services implement interventions and strategies that directly help them to achieve their intended objectives.

Key evaluation questions

The project was guided by the key evaluation questions outlined by FaHCSIA:

1. Which early intervention strategies are most effective for young people who are homeless or at risk of homelessness? (See Literature Review).

2. Which of these identified strategies are practically applied by Reconnect service providers?

3. Which, if any, of these strategies are more or less effective for specific demographics targeted by the Reconnect Program?

This report draws on the findings of the literature review to address questions 2 and 3. This report identifies the range of interventions and strategies that are applied by Reconnect services and situates these within the existing evidence base.

The findings of the literature review (*Literature Review: effective interventions for working with young people who are homeless or at risk of homelessness*) are summarised and integrated into this report where appropriate. For further details about the interventions and principles of practice, please refer to the literature review. However, both this report and the literature review can be read as stand-alone documents.

Policy and program context

Since the mid 1990s, social policy has seen an increased focus on early intervention. In 1996, the Commonwealth Government set up a taskforce to oversee the creation of early intervention pilot projects. The Reconnect program was one of the projects established. It is an innovative program which, recognising the critical importance of developing new evidence in context (of the community and target group), has always been underpinned by Participatory Action Research. Early intervention programs such as Reconnect are pivotal in reducing youth homelessness.

In 2008, the Australian Government published its White Paper on homelessness, *The Road Home: A National Approach to Reducing Homelessness,* setting the foundation and policy agenda to address the issue of homelessness in Australia. The White Paper was a significant attempt to understand homelessness in all its complexity and to develop a whole-of-system response. It articulates three strategies for responding to homelessness: Turning off the Tap; Improving and Expanding Services; and Breaking the Cycle. In the White Paper, Reconnect is specifically mentioned as an effective program for reducing youth homelessness which will continue to play an important role as an early intervention program. Reconnect also provides an example for other early intervention programs by demonstrating how it works with critical 'first to know' agencies such as schools, health services and Centrelink.

Reconnect

Reconnect was established in 1998 as a community-based early intervention program for young people who are homeless or at risk of homelessness. Reconnect uses family-focused early intervention strategies to help young people to stabilise and improve their housing, achieve family reconciliation and improve their level of engagement with work, education, training and community.

FaHCSIA funds Reconnect services to deliver services to young people aged 12–18 years (newly arrived young people 12–21 years) who are homeless or at risk of homelessness, and their families. Some Reconnect services focus on working with specific population groups, for example, Indigenous young people (Aboriginal or Torres Strait Islander people), young people experiencing mental health issues, and newly arrived young people.

Youth homelessness

Youth homelessness continues to be a problem in modern Australian society and is emblematic of social inequality and injustice in an otherwise affluent society. Research indicates that youth homelessness is related to a range of risk factors and harms that interact with each other in complex ways. Though the risks and pathways into homelessness are varied and multifaceted, research consistently highlights several, often overlapping, causal factors: family breakdown (including neglect, conflict and abuse), mental health issues, unemployment, poverty, alcohol and other drug issues, and crime (Barker, 2010; Homelessness Taskforce, 2008; National Youth Commission, 2008).

Particular population groups are over-represented in the homeless population and are at an increased risk of homelessness; these include young people who have been in state care and protection and young people of Aboriginal and Torres Strait Islander descent (National Youth Commission, 2008). There is increasing evidence that new arrivals to Australia and refugee young people are also at increased risk of homelessness (Association for Services to Torture and Trauma Survivors et al., 2008; Couch, 2011).

Young people who become homeless are exposed to a range of conditions that put them at high risk of developing a host of negative health, social and economic outcomes (National Youth Commission, 2008). Homeless youth have increased susceptibility to substance abuse and dependence (Baer et al., 2003), mental health issues (Slesnick & Prestopnik, 2005a), medical problems (Hudson et al., 2010; Kelly & Caputo, 2007), violence and victimisation (Baron, 2003, 2009). Homeless youth are consistently linked to disengagement with traditional social institutions and forms of support, such as family, school and other prosocial forms of social capital, such as community and peer groups (Heinze, Jozefowicz, & Toro, 2010). The burden of harms linked to youth homelessness can cause significant cost to individuals, families and the community.

The younger someone is when they first become homeless, the more likely they are to remain homeless for a longer period of time. A large proportion of people who go on to become chronically homeless had their initial experience of homelessness before the age of 18 years.

Early intervention

The earlier we intervene, the more likely we are to reduce homelessness and the social, emotional and health problems linked to it. Effective early intervention—which addresses risk factors and builds protective factors (such as community connections and healthy family relationships)—leads to long-term benefits for young people, families and communities (Sanson et al., 2002). There are also moral grounds for early interventions that provide support to young people before a crisis or prior to their situation becoming chronic. Many of the harms associated with homelessness can be prevented or reduced by intervening early, as they can have their origins in childhood and adolescence. Early intervention is a key strategy for promoting the wellbeing of children, families and communities.

In the context of homelessness, early intervention is based on the notion that there is a process whereby the length of exposure to homelessness increases young people's susceptibility to a range of associated negative outcomes (Johnson & Chamberlain, 2008; Mayock, Corr, & O'Sullivan, 2011). Identifying the factors, processes and experiences that prevent and enable successful early intervention is required if services are to respond effectively. One of the key challenges is to determine when and how to intervene effectively. The endeavour to intervene early to minimise and prevent the harms associated with homelessness needs to be informed by evidence and guided by rigorous and systematic data collection, analysis and evaluation.

Families and youth homelessness

While there is no single trajectory into homelessness, the literature suggests that the breakdown of family support is a central factor that contributes to youth homelessness (Forsyth, 2007; Homelessness Taskforce, 2008:8; National Youth Commission, 2008:85-102). Furthermore, there are numerous 'exit routes' from homelessness. One of the avenues for early intervention is through building and fostering connections and support between the young person and their family. Working with families and young people is an important way to maintain stability and other forms of support (social capital), community engagement and participation.

Even where family disruption and conflict have led to homelessness, the connection to family is still often an important factor in the lives of homeless young people (Barker, 2012; Mayock, et al., 2011). Research indicates that having contact with family members and a competent formal support service are two factors that facilitate progress out of homelessness (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Mallett, Rosenthal, Keys, & Averill, 2009; Milburn et al., 2009). Where possible, it is nearly always positive for young people to remain connected to families.

3. Approach

FaHCSIA provided guidance for the evaluation which identified the broad key evaluation questions, initial parameters of the evaluation design, including the evaluation approach, and data collection methods. The data collection methods elicit both quantitative and qualitative data and draw on data provided by FaHCSIA.

Literature review

The literature review is guided by the key evaluation question: "Which early intervention strategies are most effective for young people who are homeless or at risk of homelessness?" This initial question was changed to: "What are effective intervention strategies for working with homeless young people?" This broader question allowed us to include a wider range of interventions and it also meets the needs of the Reconnect program.

The *primary objective* of the literature review is to identify and present the most effective intervention strategies for young people who are homeless or at risk of homelessness. The *secondary objective* of the literature review is to identify effective strategies for working with population groups that have a relevance to, or crossover with, homeless young people. The review considers international and national research and evaluations.

The literature review is presented separately from this report but can be referred to for a more detailed exposition of the available evidence.

Data collection methods

The data collection focused on addressing two of the key evaluation questions:

(1) Which of the identified early intervention strategies are practically applied by Reconnect service providers?

(2) Which, if any, of these strategies are more or less effective for the specific demographics targeted by the Reconnect Program?

Research phases

Phase One: Review of program data

Data from the Reconnect Online Data System (RODS) were analysed to provide an overview of the Reconnect program, including data on clients and their case(s), information about individual young people and other people supported by the program, and strategies and activities run by different programs (for example, group work, community capacity building and participatory action research). These data were used to inform the online survey and qualitative interview phases.

Phase Two: Qualitative interviews with FaHCSIA state and territory managers

Telephone interviews were conducted with program managers within FaHCSIA's State and Territory Office network. The interviews provided a project-wide view of the approaches and models of service delivery and informed the selection of the sample of Reconnect services to participate in qualitative interviews (Phase Four).

Phase Three: Online survey

This phase provided all Reconnect services with the opportunity to participate and provide data on the approaches and interventions they use. They were also asked to provide information on the models of delivery, achievements (including observations about changes for clients), arrangements for implementation, interagency collaboration and coordination, barriers and enablers, and strengths and weaknesses of the strategies they use to access and engage young people (see Appendix 1 for the online survey). Because of the descriptive nature of the survey, it included a range of open-ended questions, so that practitioners could provide detailed answers about their service.

The online survey was piloted to ensure that the questions would elicit useful data and that service providers would not find it too time consuming. With the help of State and Territory Offices, four Reconnect services were selected to pilot the survey and provide feedback. Their feedback was considered, and, where appropriate, changes were made to the survey.

The survey was then sent out to the Reconnect Services Providers email list provided by FaHCSIA. To encourage a meaningful response rate, service providers were sent reminder emails after the initial distribution of the survey.

Initially, 102 emails were sent out. A further five surveys were sent due to changes in staff and incorrect contact details. Eighty-three surveys were completed. This is an 81% return rate from the Reconnect Service Provider list initially provided.

Phase Four: Qualitative interviews with service providers

In the qualitative interviews, we asked similar questions to those in the online survey but sought more detailed information about how the interventions and strategies are used in practice (see Appendix 2 for the semi-structured interview schedule).

Telephone Interviews
We conducted 15 telephone interviews with participating sites to capture the range of contexts within which they operate. The interviews were conducted at a time suitable to the participants. With the informed consent of participants, extensive notes were taken during the interviews.

Sample Selection
FaHCSIA State and Territory Offices were asked to nominate four Reconnect services to create an initial list of possible sites for participation in the interviews. In consultation with FaHCSIA, this list was used to select 15 services. A cross-section of Reconnect sites was chosen to reflect a range of contextual differences (such as inner city, regional, rural) and target groups (such as newly arrived youth, young people experiencing mental health issues, Aboriginal and Torres Strait Islander people). At least one service was selected from each state and territory.

Data analysis

The survey and interview data was analysed using NVivo, a software package which supports qualitative analysis. Two levels of coding occurred: open coding and thematic analysis sensitised by results of the literature review.

The survey primarily used open-ended questions to encourage the participants to use their own words to describe their practice. These responses were coded to quantify the frequency of responses. While different services may have described their practice with different words, they were often unified under a code. For example, client centred practice was often referred to in these exact terms. However, on occasions, the response described a client centred approach without using this terminology; this was nonetheless coded as 'client centred.'

Ethics approval

The project was designed to safeguard the rights of all who were involved and was conducted with the approval of Australian Catholic University's Human Research Ethics Committee. The main focus was on an informed consent process, which covered all participants involved in the program.

4. Program Data

Program Data collected through RODS were provided by FaHCSIA to inform this project and establish an overview of the clients and the services provided. Where possible, the program data informed the development of the survey, to avoid duplication of questions and to identify gaps in the existing data. The figures below are based on case cessations for the 2010–11 financial year.

Client profile before support [1]

More than half of the Reconnect clients are female (56%) (see Table 1).

Table 1: Client Characteristics

Client Characteristics	Percentage
Male	44%
Female	56%
Aboriginal or Torres Strait Islander	19%
Culturally and Linguistically Diverse	29%
Newly Arrived Young Person	13%

Most Reconnect clients (58%) are aged 14–16 years (see Table 2). Similar proportions are aged 17–18 years (19%) and 12–13 years (17%). Consistent with their target client group, only a small percentage (4%) are aged 19 years or over.

Table 2: Age

Age	Number	Percentage
12–13 years	897	17%
14–16 years	3,124	58%
17–18 years	1,033	19%
19 + years	22	4%

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[1] The following data received as 'Reconnect Client Profile Report' has a larger number of clients reported than cases or clients reported in the earlier data. There is a total of 6,090 clients, with 5,330 consenting. The percentages reported below are based on the total number of consenting clients for whom there is information provided, with the exception of gender, for which there is information on all clients.

The most common primary source of income before contact with Reconnect was money from parents (40%) with around a quarter on Centrelink payments (25%) (see Table 3). Seventeen percent of clients indicated that they had no income. Some clients were awaiting Centrelink payments but had no current source of income (6%). Only a very small percentage of Reconnect clients were employed (6%).

Table 3: Source of income before support

Source of Income	Count	Percentage
No income	925	17%
No income (waiting on Centrelink payment)	302	6%
Centrelink payments	1,323	25%
Community Development Employment Program	3	1%
Money from parents	2,162	40%
Employment income	337	6%
No information	286	5%

Only 13% of Reconnect clients lived independently before becoming a client of Reconnect, with 84% not living independently (see Table 4). About one-third (31%) of Reconnect clients had not left the family home prior to support from Reconnect (see Table 5). Thirty-two percent of clients had left home 1–2 times, and 19% had left home 3–5 times prior to support from Reconnect.

Table 4: Clients living independently before support

Young Person Living Independently	Number	Percentage
Yes	715	13%
No	4,479	84%
No Information	144	3%
Total	5,338	100%

Table 5: Number of times client left home before support

Number of times previously left home	Number	Percentage
None	1,473	31%
1-2	1,509	32%
3-5	877	19%
6-10	294	6%
Over 10	545	12%

Jurisdictions with the highest representation of Indigenous clients were the Northern Territory (62%), the Australian Capital Territory (31%), New South Wales (28%) and Queensland (23%) (see Table 6). Approximately one in 10 clients identified as Indigenous in Western Australia (12%), South Australia (10%), and Tasmania (10%). Only 5% of clients in Victoria identified as Indigenous.

Table 6: Indigenous status of clients

State	No. of Indigenous clients[2]	Percentage of Total Reported Clients (Indigenous)
ACT	46	31%
NSW	448	28%
NT	88	62%
QLD	233	23%
SA	56	10%
TAS	10	10%
VIC	57	5%
WA	65	12%
Total	**No.**	**Percentage**
Indigenous	1,003	19%
Non Indigenous	4,226	81%
Total	**5,229**	**100%**

Of clients for whom there is information, 29% are from a culturally and linguistically diverse background, 19% identify as Aboriginal or Torres Strait Islander, and 13% are newly arrived young people. More than half of the clients in both territories, NT (57%) and ACT (55%), were from a CALD background (see Table 7).[3]

Table 7: Culturally and Linguistically Diverse Clients

State	No. of Culturally and Linguistically Diverse (CALD)	Percentage of Total Reported Clients
ACT	83	55%
NSW	361	23%
NT	82	57%
QLD	355	35%
SA	214	38%
TAS	10	8%
VIC	276	24%
WA	136	26%
Total[4]	**No.**	**Percentage**
CALD	**1,517**	**29%**
Non-CALD	3,748	71%
Total	5265	100%
Total	**5,312**	**100%**

The jurisdictions with the highest proportion of newly arrived youth clients were the ACT (42%), South Australia (26%) and Queensland (20%) (see Table 8). Both Tasmania and NSW had only 4% of their clients being newly arrived youth.

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[2] The proportion of clients for which there is information on Indigenous status is 86%.

[3] Note: There are no clear guidelines given to Reconnect workers to define what a 'CALD' background means.

[4] FaHCSIA State and Territory Offices and Reconnect services questioned the reliability and relevance of RODS data in the surveys and interviews.

Table 8: Newly Arrived People

State/Territory	No. of Newly Arrived Youth	Percentage of Total Reported Clients
ACT	62	42%
NSW	66	4%
NT	24	17%
QLD	204	20%
SA	145	26%
TAS	5	4%
VIC	119	10%
WA	86	16%
Total	**711**	**13%**
	No.	Percentage
Newly Arrived	711	13%
Not Newly Arrived	4,601	87%
Total	**5,312**	**100%**

Support provided by Reconnect

The most common length of support period was 0–3 months (52% of cases) (see Table 9). The remaining breakdown was 4–6 months (23%), 7–12 months (17%) and over 12 months (8%).

Table 9: Length of suupport

Length of support	Number	Percentage
0–3 months	3,167	52%
4–6 months	1,433	23%
7–12 months	1,063	17%
Over 12 months	469	8%
Total	**6,132**	**100%**

The most common services working with young people during the support period (see Table 10) were school counselling services (22%) and Centrelink (13%). Other services working with young people during the support period included community family support services (7%), general health services (7%), mental health services (6%), job network/employment services (6%), housing/tenancy advocacy (6%), juvenile justice (4%), legal services (3%), mediation/counselling services (3%), financial management (1%) and family violence services (1%). There were 5% of clients for whom no other services were reported to be working with them during the support period.

Table 10: Other services who worked with clients during support period

Question	Response	Total	Percentage
What other services worked with the young person during the support period?	None	711	5%
	Youth/recreational services	1,398	10%
	School welfare/counselling services	2,902	22%
	Job network/employment services	758	6%
	Juvenile justice	470	4%
	Financial management services	144	1%
	Housing/tenancy advocacy services	784	6%
	Legal services	442	3%
	General health services	971	7%
	Mediation/counselling services	403	3%
	Mental health services	864	6%
	Community/family support services	946	7%
	Family violence services	174	1%
	Centrelink	1,723	13%
	Other	696	6%
	Total	**13,386**	**100%**

The most common form of support provided (see Table 11) was individual support/counselling (21%) and formal needs assessment/goal setting (21%). This was followed by advocacy/information/referral (18%), practical assistance (13%) and skill development (11%). Mediation (7%), family counselling (5%), and group work (4%) were also provided.

Table 11: Type of support provided to the client

| Question	Response	Total	Percentage
What type of support was provided to the young person?	Formal needs assessment/goal setting	4,301	21%
	Individual support/counselling	4,418	21%
	Mediation	1,435	7%
	Advocacy/information/referral	3,806	18%
	Skills development	2,252	11%
	Practical assistance	2,827	13%
	Family counselling	1,167	5%
	Group work	748	4%
	Total	**20,954**	**100%**

Discussion

The conclusions that can be drawn from the RODS data are limited [5]. However, they do provide some interesting considerations that can contribute to the profile of the Reconnect program.

Only 13% of Reconnect clients were living independently prior to being supported by Reconnect. Financial support from parents was the most common source of income before support from Reconnect. When first starting their involvement with Reconnect, it was the first time that 31% of the young people had left home. These data suggest a client profile that is not chronically homeless and would be receptive to interventions and strategies more commonly referred to as early intervention. The continuing or recent link to their families provides important insights into the interventions and strategies that may be possible with this group of young people.

Most of the available evidence regarding effective interventions and strategies for working with homeless youth primarily describes work with street-involved young people. These young people are often referred to as the chronically homeless. However, Reconnect is designed as an early intervention service, and it does primarily work with young people who are at risk of homelessness or newly homeless. Generally, they are not yet embedded in the lifestyle, practices and risk factors associated with young people who have been homeless for longer periods of time. The profile of Reconnect clients is pertinent in considering the interventions and strategies that are relevant to its work. For example, the available evidence suggests that homeless young people will not respond well to brief interventions due to their complex needs. However, the RODS data suggests that the most common support period for Reconnect clients was a short support period of 0–3 months (52% of cases) followed by 4–6 months (23%). Yet in the light of the profile of their clients, and their endeavour to prevent, or intervene early in the experience of, homelessness, these shorter periods of support may well be adequate and appropriate.

Despite the profile of the clients and the explicit aim of Reconnect to use family-focused interventions, the RODS data suggests that the support provided to Reconnect clients is primarily focused on the individual. Mediation and family counselling were provided relatively infrequently, according to this data (8% and 6% of cases respectively). However, as discussed below, family involvement was a more prominent feature in the survey responses.

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[5] FaHCSIA State and Territory Offices and Reconnect services questioned the reliability and relevance of RODS data in the surveys and interviews.
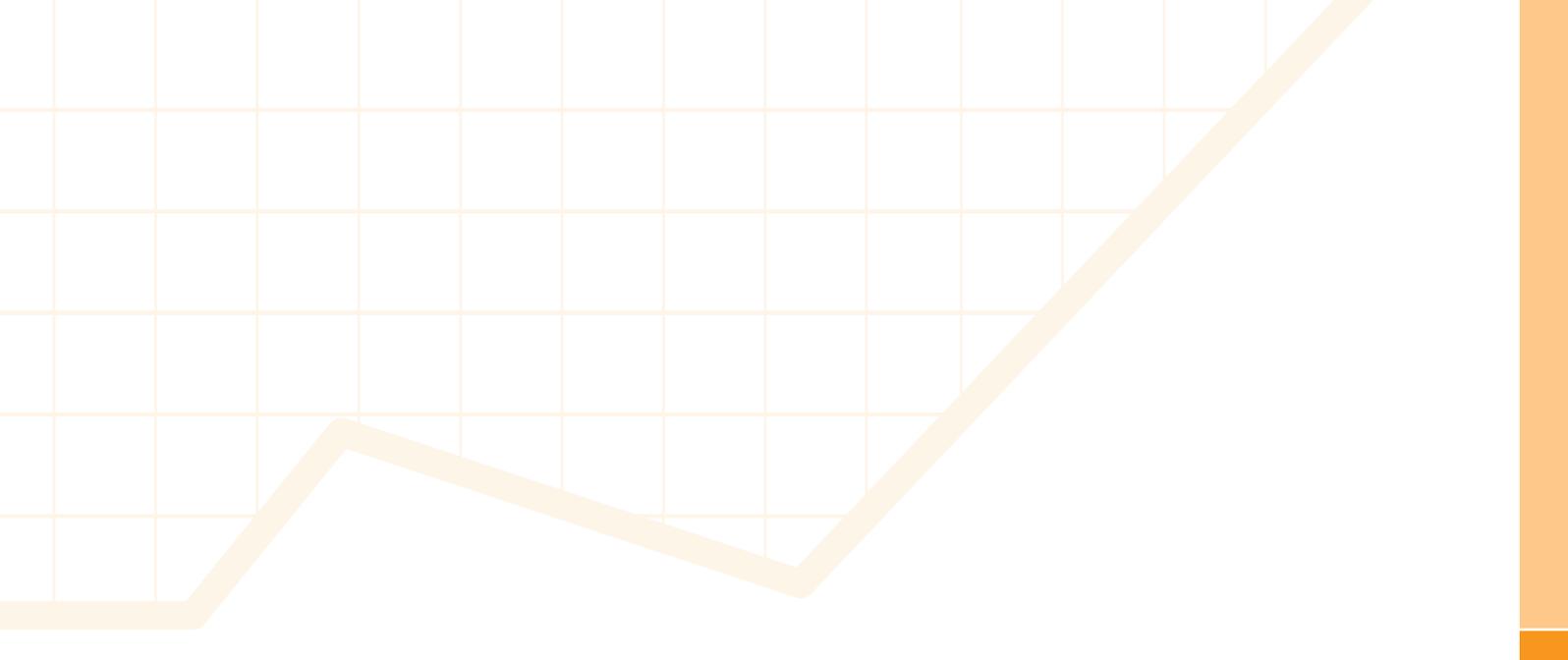
5. Interventions and Approaches to Practice Applied by Reconnect

This report presents an overview of the range of interventions and approaches used by Reconnect services around Australia. This discussion is linked to the available evidence regarding these practices. Reconnect services use a range of interventions, strategies and approaches to work with their clients. Each service uses a different array and combination of approaches to working with young people and their families. Of the interventions identified, several services suggest that they use a wide range of interventions, while others only list one or two. While the surveys provided an indication of what Reconnect services do with their clients, the interviews provided more information about how these interventions/approaches are used in practice.

The following section is divided into two parts: 'how Reconnect services work' and 'what they do'. The practices used by Reconnect services are listed in order of the frequency with which they appeared in the survey and their centrality to the findings from the interviews with service providers.[6]

'How do you work' and 'what do you do'?

The following section is structured by dividing the Reconnect practice into two categories: 'what they do' (interventions and strategies for working with young people and their families) and 'how they do it' (the principles and approaches that underpin the practice of working with clients). The 'what' refers to a range of approaches or interventions that can be used to work with young people. The 'how' refers to the aspects of service delivery that allow these interventions to work. This includes the principles, ways of working or ingredients of practices that guide service delivery. This conceptual distinction is not always clear in practice—the 'how' and 'what' overlap. Moreover, it is essential to acknowledge that one without the other is less effective. For example, implementing a therapeutic intervention for homeless young people will only work if consideration is given to the fact that many of these young people lack trust and have previously had negative experiences with services. Consequently, a service needs to be strengths-based and client centred and offer informal or 'low-threshold' supports that cater to these conditions. Conversely, if a service is not informed by, or is unclear about, what they will do with their clients, they may be a missing an opportunity for positive change.

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[6] The number and percent of survey responses that address the intervention/approach provides some sense of how many Reconnect services use each intervention/approach. However, this only provides an indication of the frequency with which these practices are used and is reliant on self reporting. Open ended survey responses are always constrained by the responses provided, which is affected by the length of time the participant had to fill in the survey, how much detail they provided, their interpretation of the questions, and how articulate the respondent is. Nonetheless, the frequency of codes in the survey does provide a general impression of how commonly particular approaches are used across Reconnect.

What:

- Family-based interventions
    - Mediation
    - Family inclusive practice
    - Family counselling
- One-on-one therapeutic approaches
    - Narrative therapy
    - CBT
    - SFBT
    - Counselling
    - Other
- Practical support
    - Brokerage
    - Housing and accommodation
    - Transport
    - Health
- Collaboration, referral and advocacy
    - Case management
- Group work
- Practical support
    - Housing and accommodation
- Outreach

How:

- Relationships, rapport and trust
- Client centred
- Flexibility
- Holistic
- Strengths-based
- Solution focused

Language and terminology

Throughout this report, we have, where possible, referred to the terminology that was used in the surveys and interviews—the language used by Reconnect services. The services articulated similar practices with different language. The coding process used in the analysis of the data goes some way to unifying similar concepts under categories. For example, 'family inclusive practice' included references to 'family focused', 'family involvement', 'holistic' and 'systems approach.'

'What': interventions and strategies for addressing youth homelessness

Reconnect services around Australia draw on a range of models of intervention and strategies for addressing youth homelessness. This section outlines the practical strategies and interventions that are employed by Reconnect services and provides a brief précis of the literature regarding these interventions/approaches. Before outlining the range of interventions and strategies, it is important to address the process of assessment; how do services decide what to do with their clients?

Assessment

The assessment process varies across Reconnect services. Some services articulate a formal assessment process linked to the suite of services they offer, while others refer to a more informal approach.

Appropriateness of referral is often determined at initial contact. This can lead to the beginning of an assessment process. If the potential client is not considered appropriate or may be better served by another service, they are referred to another service. However, some providers, particularly (though not limited to) more remote Reconnects with fewer services to refer to, explicitly noted that they will meet, and offer help to, anyone who is referred.

Several services outlined a detailed and systematic approach to assessing the needs of their clients, for example:

> We complete a detailed intake which includes gathering personal information, family history, current circumstances and goals; we use this information to complete an action plan with the client which is reviewed on a regular basis.

> The Reconnect Program undertakes a comprehensive assessment of the full range of issues impacting on the young person's situation. The assessment focuses on biological, psychological, social, cultural/individual, family, peers and community. The Youth Assessment Tool (YAT) is used to gather information from the young person during an assessment. The YAT provides a comprehensive tool, which is flexible enough to be useful across a range of work environments and worker styles. This tool allows workers to collect information at varying levels of detail and intensity. It is designed to reflect the development of an assessment over time and at the young person's pace. It encourages the development of a relationship/connection with the young person by dealing with presenting issues in the first instance and further developing the assessment as new information is revealed.

> We have intake processes which utilise specific assessment forms which we developed for use with our cohort, which map the transit journey and the settlement process of our clients. We have developed expertise around working with this young group, developing a relationship which is supportive and subsequently has a strong focus on achieving the best outcomes for our clients. The relationship enables workers to develop a sound understanding of the specific support needs of our clients. This is further enhanced by a strong focus on professional development, regular supervision and access to external professional supervision.

Some services used a structured approach but aimed to come across to the client as informal, fitting into what can be termed a 'low-threshold' approach:

> Client needs are assessed using the information received from referral, particularly if it is an agency referral. A guided discussion is undertaken with the client to identify needs. This discussion is informal in process but has a structure underpinning the purpose. This type of engagement with the client has enhanced the rapport between case manager and client as it does not have a 'clinical' feel to it.

> Assessments are based on a framework that firstly identifies immediate risks and safety issues, then both client and worker identify important risk factors to address, and important protective factors requiring improvement. Both worker and client agree to goals and a case workplan/strategy.

However, others described an approach that was informal and unstructured:

> *We meet the young people and talk with them about their situation before assessing the information.*

Despite the range of responses about the assessment process, there are broad commonalities across the Reconnect services. Whether formal or informal, structured or unstructured, the assessment process involves matching the needs of the client(s) to goals and actions. This involves ascertaining how each client will fit into the existing range of services on offer by the Reconnect service and develop relationships with other relevant supports and services to address their needs.

The survey responses suggest that the services which had an explicit, structured and clear assessment process were also those services that articulated a clearer range of interventions and strategies. These services outlined a comprehensive link between the way they assess the needs of client(s) and what interventions this led to. This may be due to the capacity of the individuals who filled in the survey and the limited time to fill in their response. However, it may also be that services that have a more coherent range of interventions and strategies available to them require a more refined assessment profile.

Family interventions

The surveys and interviews highlight the fact that the most significant feature of Reconnect services practice is the involvement of the family. Codes relating to family were the most frequently occurring codes in the surveys, and this was also the standout feature of the interviews. The importance of the family being involved in the work of Reconnect services was expressed in different ways. Some services referred to family involvement broadly, and others specified a particular approach or model to working with families. While all survey responses included reference to the role of the family, 55 (66.2%) included one of the responses addressed below as a key aspect of the practice (mediation, family inclusive practice, family counselling).

It is important to note that the conceptualisation of 'the family' was very broad and included supporting relationships with the network of people considered family by the client. This was particularly pertinent in work with Indigenous clients, but also evident for non-Indigenous clients.

Mediation

There are differing perspectives and approaches to mediation, and there is no agreement as to its use as a 'formal technique.' Nonetheless, at a broad level, mediation is an approach to resolving disputes and conflicts through the involvement of a mediator, an independent third party, who assists people to develop solutions (Dore, 2011). The mediator is an impartial party that helps the relevant parties to work out what their issues are, explore their options and establish some agreement or plan.

Twenty-eight services (33.7%) explicitly referred to 'mediation' or 'family mediation' as a central component of their practice. One service explained how mediation fits into their practice in the following quote:

> *Family mediation therapy which involves relationship building, gathering background information, building collaborative relationships, negotiating, generating options and establishing an agreement.*

Some services used a formal mediation model in a structured format:

> *Mediation, an effective process of 2–3 sessions, includes young people and their families as a platform for them to listen to one another in a safe and controlled formal forum. This often leads to addressing and healing past hurts which then is conducive to effective and sustainable agreements being made by all parties. This model is transferrable to the home setting to address and defuse potential conflict and quite often role models more healthy ways for families to interact.*

Others stated that they use mediation in both formal and informal capacity:

> *Structured family mediation or family therapy, as well as recreational-based and informal family meetings.*

The interviews highlighted how 'mediation' can inform the practice of Reconnect in numerous ways. Predominantly, the interview participants mentioned how they used mediation strategies as part of their toolkit to address family conflict but did not use a formal model.

Below is an example taken from an interview with a Reconnect service that noted how their formal family mediation model had been very successful, and families often opted to participate in their structured mediation as a preference:

> A formal family mediation model was employed by this service, starting with two formal sessions. The first sessions involved providing 'ground rules' which facilitated 'letting people speak'. During this session, families often discussed particular events or incidents that they 'held onto' that started or represented the problems they were having. The second session would involve developing strategies that they could use to address these issues. Throughout these sessions, information was provided by the worker on the change role of the young person as a 'young adult' and how this changes the dynamics at home. These sessions aimed to build the capacity of the family and were often a pivotal turning point as the family realised that they all needed to make changes, not just the young person, and they could 'invest in change' with clear strategies for them to use in their lives.

There is limited evidence about the use of mediation in the context of young people and their families at risk of homelessness or homeless. However, there is some promising practice about the effectiveness of mediation (Cahn, Schweitzer, Jamieson, & Slevin, 2009; Dore, 2011; Pawson et al., 2007).

Family inclusive practice

Family inclusive practice is a term used in this report to capture a diverse range of practices that refer to involving families in their practice. Thus, this category includes practices that are not necessarily ascribed to a formal approach to involving families. Twenty-seven services (32.5%) mention the significance of 'family involvement' in their survey. Twelve services (14.4%) referred to their practice being 'family-focused'. Other services referred to the family as part of the broader systems of the ecological framework they work within. Twenty-six services (31.3%) supported a 'holistic' approach and emphasised the role of the family. While 'holistic' refers to more than just family involvement, the survey responses emphasised the role of family, for example:

> The success of providing family-focused support and achieving family reconciliation outcomes is highly reliant on working with the family in a holistic fashion. This means having consent of the young person and the parent to work on issues in unison and working in a transparent, honest and goal orientated case method if there are family issues that need addressing.

> Holistic approach: e.g. offering support to client families and those affected by young people's circumstances as well.

> Holistic - incorporates social, environmental and individual factors in recovery.

> Our approach is a holistic approach; we encourage all family members to participate in the program to achieve their desired goals.

> (H)olistic approach with all of the family.

> Young person is part of a family unit/bigger picture; when we provide intervention to young person we also provide (where possible) intervention to the family.

> Young people exist as a part of a family system and everyone needs to work together to achieve goals.

Six services (7.2%) referred to a 'systems' or 'family systems' approach. This approach was explained by one service:

> Family systems therapy which involves recognising that the family is a system that is made up of a set of related components that work together in a particular environment to perform whatever functions are required to achieve the maintenance of the system. This form of therapy acknowledges that families are self-regulating and held together by unspoken rules and values. It focuses on understanding the individual's family background to gain a clear understanding of the young person's issues and what perpetuates and maintains such problems through exploring the relationship issues between individuals in the family. This family therapy involves entering the rich and complex tapestry of the family world in order to develop an appreciation of the client's family system and its strengths.

Several interviews highlighted that there was not an all-or-nothing approach to family involvement. Two very similar examples were provided in two different interviews, where the young person was unable to return to the family home but was nonetheless able to create and maintain a positive and supportive relationship with their family. Both instances involved reconciliation with family that resulted in regular visits to the family home for meals. These are examples of flexible, family-focused approaches encouraging a range of relationships options.

The following is an excerpt from interview notes that provides an example of diverse ways families are included in Reconnect practice:

> One young person contacted the service after a brief period out of the family home, unable to return to the family home. The service assisted the young person to transition into independent living. At first, the young person was unwilling to contact the family. However, after settling into alternative accommodation with the support of Reconnect, the young person decided that they were ready to make contact with their parents. The Reconnect service facilitated this contact. This Reconnect worker used an informal family meeting to help the young person and their family to reframe. This process helped this family to improve their communication skills. The young person remained in stable independent accommodation and continued to attend weekly dinners with their family, developing a sustainable relationship with their family.

Family counselling

'Family counselling' was referred to by ten services (12%). This was often qualified by some respondents, noting a particular approach to family counselling, for example:

> Solution focused family therapy aims to assist individuals within a family system to find their own solutions and involves asking questions to find 'exceptions' to dominant problem-focused stories. Family solution focused narrative approaches are useful in establishing hope and clarifying goals for families and the worker to collaboratively work towards these together.

There is strong general evidence to support the view that family work/family therapy is an effective approach to working with young people to prevent negative outcomes. Furthermore, family-based approaches addressing youth homelessness are seen to be effective at reducing risky behaviours (Milburn et al., 2011). The evidence suggests that no particular family work/family therapy approach is necessarily better than any other, but the focus on working with the young person and their family, where possible, is well supported.

One-on-one therapeutic interventions

Twenty-three services (27.7%) explicitly noted therapeutic models that are included in their approach to practice. Most services that mentioned therapeutic approaches identified numerous therapeutic models.

Narrative therapy

Narrative therapy includes a range of approaches to therapy that explore how language is used to construct problems and interpretations of experiences and events (Etchison & Kleist, 2000). Experiences and understandings are framed in narrative structure or story to give a reference for understanding and provide a perspective to make experiences understandable. It is used with both families and individuals. Narrative therapy draws on a range of interventions from other therapeutic modalities (Besa, 1994).

Narrative therapy was the mostly commonly mentioned therapeutic intervention used by services completing the Reconnect surveys. Twelve of the Reconnect services that responded to the survey (14.5%) explicitly use narrative therapy in their practice.

One service noted:

> *Family solution focused narrative approaches are useful in establishing hope and clarifying goals for families and the worker to collaboratively work towards these together.*

Another service said:

> *We use narrative therapy techniques to help our clients to reframe their experiences so they can resolve their issues.*

Several responses in the interviews with services spoke about the way narrative therapy informed their practice with young people and their families, in combination with other therapeutic models. This is partly due to the need to adapt and respond to the context and needs of clients. When including broader use of aspects of a narrative therapeutic approach, 23 services (27.7%) referred to this approach. Notably, one service mentioned that narrative therapy is part of a suite of strength-based approaches they use:

> *These approaches aim to build resilience, empower the client and enhance the resources within the client. However, they are ideally used in conjunction with other approaches with a stronger evidence base, as research into these approaches is limited.*

The following is an example of how one interviewee described his use of narrative therapy in his practice:

> *When he meets the young person, he encourages them to tell their story. This is often done in the car whilst driving the client to an appointment or even going somewhere to get a coffee or something to eat. This worker asks the young person to think of a different perspective to tell this story from, either a different person involved or from a strengths base—focusing on the positives of the relationship or what is worth preserving and strengthening in them individually and in their relationship to their family or other people. He then encourages and suggests different ways to think about what has happened and provides information to inform the young person to see the issues differently. This process allows the worker to reflect back on the conversation to work with the client to develop goals and actions.*

The available research on narrative therapy used in the context of homeless young people is sparse (Etchison & Kleist, 2000). However, one study suggests that narrative therapy has a positive effect on reducing family conflict when used with families and young people (Besa, 1994).

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) approaches are skill-based treatment interventions that combine techniques from cognitive therapy and behavioural therapy (Andreassen, Armelius, Egelund, & Ogden, 2007). CBT is founded on the notion that cognition or, in other words, the way we think, is a determinant of behaviour and mood. CBT utilises behavioural and cognitive techniques to identify and change thinking patterns that are considered to be linked to problematic behaviour (Muñoz-Solomando, Kendall, & Whittington, 2008)

Ten services (12%) explicitly noted that CBT is part of their practice. One of these services described CBT in their response:

Cognitive Behavioural Therapy is a form of psychotherapy that recognises the significant role of thinking as the driver in people's feelings and behaviour. CBT seeks to identify the thinking that is causing negative or less desirable feelings/behaviours and replace these with thoughts that lead to more positive outcomes for the individual. This process involves a cognitive modification via a shift in thinking and perception. The Reconnect Program uses this approach in delivering support to young people

The following quote explains how CBT fits into their Reconnect services:

Cognitive Behavioural Therapy: e.g. functional analysis of the underlying needs being met; assessment of the patterns to identify opportunities for realistic, meaningful change; identification of unhelpful thinking patterns and development of more helpful alternatives; identification of behavioural interventions that assist emotional regulation and increase positive experiences.

Reconnect services that are drawing on CBT embed it within the context of their work rather than as a formal, structured therapy. This was addressed in one survey in the following way:

The most common approach for me is providing a non threatening environment and letting the young person talk and engage with them to draw more out and use a cognitive behavioural approach to work with them.

One of the interviewees explained that CBT informs every conversation he has with clients, as he uses it to engage critically with their behaviour.

In the interviews and surveys, it became apparent that the knowledge and skill acquired in CBT training are used throughout dealings with clients, though not necessarily in a formal and systematic way. These 'low-threshold' or informal uses of CBT would be harder to evaluate than traditional CBT.

Altena et al (2010) note that interventions which include CBT have seen promising results, and it therefore presents a potential for assisting homeless youth (Altena, Brilleslijper-Kater, & Wolf, 2010). Whilst other interventions that use CBT may be effective, there are no evaluations or evidence directly related to working with homeless young people available at the time of this review. However, there is enough general evidence of the effectiveness of CBT with groups of young people to suggest that it may be useful to many young people at risk of homelessness.

Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) is a strengths-based model that takes a cognitive behavioural approach to assist clients to conceptualise what could be different in their lives and what it would take to make this happen (Bender, Thompson, McManus, Lantry, & Flynn, 2007; Dembo, Gulledge, Robinson, & Winters, 2011; Franklin, Trepper, McCollum, & Gingerich, 2011; Gingerich & Eisengart, 2000; Trepper et al., 2008). SFBT views the clients as experts in their lives and endeavours to increase client autonomy (Selekman, 1997). SFBT takes a positive view on the skills of clients, minimising attention to past failings and problems, instead emphasising client's strengths (Trepper, et al., 2008). It focuses on working with clients' understanding of the world and is attentive to finding solutions rather than resolving problems (Gingerich & Eisengart, 2000).

Only 13 survey respondents (15.6%) included solution focused therapy as part of their approach to practice. Five of these services made it clear that they explicitly use SFBT.

At a broad level, SFBT has been seen to have small but positive treatment effects (Kim, 2008). The available evidence suggests that the results of SFBT are comparable to other social work practice models, especially given the 'real-world setting' as opposed to the clinical settings of other models (Kim, 2008). Although SFBT has not been evaluated as an intervention with homeless young people, numerous authors (De Rosa et al., 1999; de Winter & Noom, 2003; Kidd, 2003; Rew, 2002; Thompson, McManus, & Voss, 2006) support the use of this model for this population group, as it is strength-based and solution oriented (McManus & Thompson, 2008).

Thompson, McManus and Voss (2006) suggest that SFBT provides a means of developing rapport with homeless young people. Situated within the broader literature on effective interventions, it is best to have medium to long-term support for homeless young people that addresses the complex needs of this population group. However, establishing rapport and trust is central to creating these longer term relationships. If SFBT presents a short-term intervention that can hopefully lead to a more sustainable relationship, then this alone is worthwhile.

Counselling

Counselling refers to a broad range of approaches and processes where a professional helps someone to address issues in their life to improve their wellbeing and quality of life. Twenty-three services (27.7%) listed 'counselling' as a component of their approach to working with their clients. Four of these responses included reference to therapeutic models that inform their counselling. The remaining responses just referred to 'counselling.'

'Other' therapeutic models

Several other therapeutic models were mentioned in the surveys but in very low numbers. These included motivational interviewing and different forms of art therapy, music therapy and play therapy. Other services described their practice without reference to particular models. However, it was apparent that particular models of practice are informed by several pre-existing models that have been adapted to their unique service needs.

Collaboration, referral and advocacy

The term collaboration is commonly used to mean 'working together' to meet the diverse needs of clients. While it was expressed in different ways, working with other services to support their clients as well as possible is an important feature of Reconnect services.

Twenty-seven services' survey responses (35.5%) included collaboration as a key feature of their work.

Working collaboratively with other services to meet the needs of young people and their families.

Working collaboratively and developing positive relationships with other services plays an important role in our ability to advocate proactively for our clients. For example, having a positive relationship with school principals and school support staff can assist us to keep a young person, who is at risk of disengaging from the education system, in mainstream education. Working closely with Centrelink staff can help us to better advocate for young people who are having difficulties with Centrelink payments. Developing strong connections with accommodation services also assists us to have greater options for our young people who are experiencing homelessness.

We link our young people into broader opportunities for young people to express their views and raise issues in public policy processes, to work collaboratively with other stakeholders to work towards solutions.

Thirty-three services (39.7%) included referral and advocacy as part of their practice. For example:

Appropriate referral to known agencies to ensure high quality, suitable service.

We triage a client's needs, respond to those we are able to, for those we cannot we refer the client to other services and support them to engage in these.

Some of the advocacy work we do includes referring on to other suitable agencies e.g. counselling services, medical, Centrelink, schools and youth connections.

Nine services (10.8%) discussed the importance of improving the support networks of their clients. This often involved connecting young people to sporting and recreation groups.

Table 12 shows the frequency of contact by Reconnect services with a range of services and community support.

Reconnect has most contact with schools, followed by Centrelink and then youth groups/organisations/ programs. When asked to describe an effective partnership between their Reconnect service and another service or support, 65% of responses referred to schools.

Table 12: Frequency of contact with services related to your client

	No contact	Occasional contact	Regular contact	Responses
School/other educational facility	0	2	71	73
Youth group/organisation/program	0	14	59	73
Community health agency	1	35	37	73
General Practitioner (GP)	11	46	16	73
Mental health agency	1	27	43	71
Disability agency	14	53	5	72
Family support agency	4	31	38	73
Police	3	43	26	72
Church/other place of worship	30	41	2	73
Service organisations (e.g. Apex, Rotary, Lions)	36	35	2	73
Aboriginal and/or Torres Strait Islander organisation	5	39	29	73
CALD organisation	15	34	24	73
Arts organisation	26	43	4	73
Sport and recreational department	14	43	16	73
Business	25	43	5	73
Centrelink	0	7	66	73
Department of Housing	2	31	40	73
Youth justice	2	30	41	73
Child Protection	3	21	49	73
Other government organisation. Specify	6	14	20	40
Other non-government organisation. Specify	3	9	29	41
Other. Specify.	4	6	10	20

Schools were seen as an important source of referrals, particularly when looking at early intervention. The following quotes are representative of services' interactions with schools:

We have a good working relationship with local high schools which assist with the early intervention of families for the program we also run groups within the schools.

Timeout suspension centre. Partnership with schools. We provide a venue & youth worker for kids to come to when on suspension & school provides a tutor.

Reconnect also assisted and attended return to school interviews with the young person and the parent as a support, and advocacy was reported to be a contributory reason why the young person would return to school. This often led to negotiating alternative timetables for the young person to softly re-enter school and to ensure that the young person would receive the appropriate support and feedback to the parent on the progress of re-entry.

We receive a high proportion of our referrals from schools. Working with the school staff we have established a good understanding of the needs within their schools and are currently developing some group programs to run in 2012 for students assessed as being at risk.

The schools have been quite accepting of our service and the more success we have with their students and families the more support we receive back from the school. They tend to be the main organisations that we deal with on a regular basis.

School counsellors were seen as important partners with whom to collaborate:

School counsellors—Some are very understanding of our needs in a school (e.g. confidential space) and will go out of the way to support the workers that go to the school. This ensures that positive outcomes can occur for the client.

In different contexts, collaboration looked very different. One of the interview participants was co-located with a range of other services with which they worked, to provide a wide range of support to their clients. These services included a health centre, drop-in, legal outreach, employment and parenting support. This service articulated what can be referred to as a wraparound approach. However, several remote services found it necessary to support young people themselves because of a lack of other services to support their clients. Others had to develop MOUs with external agencies and services. The following is an excerpt from the interview notes with a service, regarding how they worked with another service to ensure continuity of care:

They had a situation with a young person who was living with her father and stepmother, and that became untenable. The mother couldn't have her because of her own substance problems. She was put into a youth accommodation service, and then she became a client of another youth homelessness service within the same organisation and kept the same worker as when she was a Reconnect client. Then she was moved onto another housing program, was stabilised, and now she is doing well enough for her to develop a relationship with her parents. Whilst she was in the youth accommodation service, she had the same worker as she had had before entering the youth accommodation service. This service works collaboratively with the workers in the different youth accommodation services to increase the chance of a good outcome for their client.

A common topic in the interviews was the time and energy that was needed to establish and maintain relationships with other organisations. Due to staff turnover in a range of services, it was considered important to make an effort to (re)establish relationships with key managers, workers, and counsellors. As with the rest of Reconnect's work, relationships between people were seen as imperative to collaborations working effectively.

Group work was linked to collaboration in a couple of different ways. Firstly, group work was often run in collaboration with another service, drawing on the shared expertise and skill of different organisations. Secondly, group work was often seen as a way to introduce a Reconnect service and provide support to another service. This was considered to improve the knowledge of Reconnect and facilitate more appropriate referrals.

It has been recognised that collaborative practice between young people, schools, youth work services, families and other relevant parties provides better, more sustainable outcomes for young people (Anderson-Butcher & Ashton, 2004). Kang et al. (2005) report that collaboration provides mutually supportive relationships, better responses to complex situations and improved impact and is more cost effective, due to a better use of resources. It is widely recognised that the needs of homeless young people are often complex and require a range of supports that cannot always be met by a single service or organisation.

Case management

Case management includes a range of approaches, practices and processes that endeavour to coordinate the collaboration among the often diverse and complex roles and responsibilities services have in addressing the needs of their clients. It involves a process of interaction within and between a network of services which ensures that clients receive the support from services that they need (Moore, 2004).

Twenty-five survey respondents (33.7%) explicitly noted that case management was part of their practice approach, with another five services (6%) referring to casework. Case management was linked to the importance of collaborating with other services to attend to the needs of Reconnect clients.

Several services mentioned a specific case management model utilised by their service, that was often linked to the organisation of which their service is a part. The following quote briefly describes one service's approach to case management:

> Interview the client and together with the client we identify their needs. Prioritise the client needs with a Case Plan where we list all the issues such as housing, family, health, education, employment, financial, legal and indicate who is responsible and in what order to assist the client. Then we discuss how they want to achieve their goals as well as how to get secure, safe and affordable accommodation. We introduce the clients to other services where necessary.

Case management was often conceptualised in survey responses and interviews as a means of articulating their clients' needs and goals and developing actions or ways forward. Some services use case management as a tool within a range of interventions and strategies. Other services talk of case management as a way of coordinating and organising the range of interventions that they offer.

Research is inconclusive about the utility and efficacy of case management with homeless youth (Altena, et al., 2010), although some research does suggest that it may be effective with homeless youth (Paradise et al., 2001; Robertson & Toro, 1999). Studies have found that more intensive interventions that combine individual therapy and case management were more effective (Slesnick, Prestopnik, Meyers, & Glassman, 2007). Access to housing was shown to be central to enabling case management relationships to lead to beneficial outcomes with people experiencing homelessness (Gronda, 2009).

Group work

Group work refers to a range of practices that involve engaging groups of people for the purpose of education, recreation, therapy, and socialising, for example. Thirty-one (37.3%) of the survey responses included 'group work' as part of their practice. Group work is conducted both with parents and with young people. The work with young people can address a range of issues, including anger management, sexual and gender identity, sexual harassment, self-esteem, assertiveness, social skills, domestic violence and recreation-based group work, and can present opportunities for peer support. The work with parents offers information about parenting strategies and developmental information relevant to young people.

Group work is often done in partnership with other services:

> The flexibility to provide group work enhances our capacity to meet the specific support needs of our clients.

Group work was noted as a good way to engage young people and families early. Also, there was a link between the group work and community development:

> Because [we] run a range of community development and group work opportunities, which are good experiences, this can increase young people's ability and confidence to access other programs and support services.

The group work also provided a way for some services to support large numbers of young people:

Several services explained how group work plays a very important role in working with Indigenous young people. It was suggested on several occasions that group work is an effective way to access Indigenous young people who might otherwise not engage with the service. This initial engagement could then lead on to other work with individuals and their families.

The role of group work for Reconnect is also to improve knowledge about the services within the community, to facilitate appropriate referrals. For example, doing group work in schools raises awareness of the extent and nature of the service for both young people and school staff.

Below is an excerpt from the interview notes that demonstrates the use of group work by one service:

> This service has an arts program used to engage young people through music, dance and movement. Both caseworkers are skilled musicians. Groups are conducted for existing clients and in schools. The school groups help the service build good relationships with schools, which assists with getting 'appropriate' referrals and also make young people aware of the service and the support it offers if needed. The service knows the group programs are effective from the feedback they receive from both the schools and participants and from the number of participants who then seek one-to-one contact with the service. They also conduct an 'adventure' program for boys in three schools. In one school, the group was made up of boys who were regularly suspended from school, but in the term following the group, not one of the participants was suspended, as they had all become more 'engaged' with school.

There is a broad literature supporting the use of group work in a range of settings and fields (McDermott, 2003). No research was found that specifically related to the effectiveness of group work with homeless young people. However, group work may well be a useful tool in supporting young people in the Reconnect context, where they work with more mainstream young people. Similarly, group work with parents has positive outcomes (Henricson & Roker, 2000).

Practical support

The provision of practical support was discussed by 29 services (34.9%) in their survey responses. This support included transport, accessing money, brokerage, health services, and housing and accommodation. At a broader level, practical support involved being seen to do something, taking action rather just talking to the clients. This was considered an important part of engaging with clients and attending to their needs. Providing practical support was also considered an important aspect of developing rapport and trust.

There were several references to a hierarchy of needs in working with young people in this program. Interviewees and survey responses referred to a need to establish a degree of material stability and safety before engaging with therapeutic interventions.

The following example from the interviews is indicative of the practical support provided by Reconnect services:

> The worker mentioned how they often get clients who are preoccupied with immediate logistics and urgent needs, such as getting an income and finding a place to stay. As a service that works with newly arrived young people, the worker noted how it could take a long time to develop the rapport and trust before being able to do any 'emotional work.' However, providing practical support not only established the foundations and security to address other issues, it also facilitated the development of the relationship and trust that allowed the worker to address the underlying issues that placed the young person at risk.

Homeless young people often have complex needs. The evidence suggests that it is important to address many of these needs, such as money, food, accommodation and health as well as to address the social and emotional needs, as they are often interconnected (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). Furthermore, as a means of engaging and creating a relationship/rapport with the client, practical support is a valuable component of working with homeless young people, given the significance of the relationship, rapport and trust to effective work with homeless youth.

Housing and accommodation

Stable and secure accommodation emerged as a significant issue in the survey. However, in answering the question, 'What are the common strategies or approaches you use to respond to the needs of your clients? What do you do with them?' there were only six references to assistance with finding accommodation or housing. This may be explained by several factors. Firstly, the Reconnect services are focused on strengthening relationships and links within the family and community which can provide alternative avenues for support, including accommodation. Reconnect services often strive, where appropriate and safe, for their clients to move back 'home'—or even intervene early to prevent instability that could lead to homelessness. Secondly, references to alternative accommodation for homeless young people were mostly relating to the dire shortage of supported and independent accommodation options for young people. Thirdly, numerous services mentioned how they actively discourage their clients from accessing refuges and try to find them alternatives that are more stable and less likely to add to the adversity and risk factors in their lives. One interviewee noted that Reconnect clients are not chronically homeless young people, and they aim to keep it that way, ultimately returning them back home or to a safe and stable alternative where needed.

A range of evidence regarding homelessness suggests that access to safe and stable accommodation is an important precondition to doing other interventions and support (Gronda, 2009; Phillips, Parsell, Seage, & Memmott, 2011). However, when returning 'home' is an appropriate alternative, research suggests that this is a better alternative and can prevent young people from becoming chronically homeless (Milburn, et al., 2011; Slesnick & Prestopnik, 2005b; Thompson, Pollio, & Bitner, 2000).

Outreach

Within the literature and in the community sector, outreach can include a diverse range of practices. However, for Reconnect services, outreach was referred to as a component of practice that improved access to the service, facilitated the continued engagement of clients and provided a tangible way to make the client focus and strengths-based approach evident in their actions/practice and as a means to provide practical support. In the context of Reconnect, outreach referred to workers meeting with potential and existing clients outside the office. This sometimes included going with the young person to health services, schools or Centrelink and often meeting on neutral territory, such as cafés or McDonalds. The seemingly innocuous act of being in the car and driving clients to appointments was often referred to in the survey and interviews as an important opportunity to talk with clients. They argued that this approach allows them to put into practice the informal application of the diverse range of therapeutic interventions they have in their toolkit.

For rural and remote services, outreach was an important part of providing support to young people and families who could not easily access support. For these services, the role of outreach was very significant. Some Reconnect workers drive very long distances to meet with clients in different areas, who would otherwise be unable to use Reconnect.

Forty-one services (49.3%) included reference to outreach in their survey response. Nineteen responses (22.8%) included outreach as one of the three most important aspects of their practice. Moreover, improved capacity for outreach was noted as one of the factors that could improve the practice of Reconnect.

The following quotes are representative of the responses regarding outreach:

We provide a mobile outreach program to limit the barriers of people accessing the service.

Time is spent with clients in a variety of ways. Appointments are often in the family home, school, whilst driving or in a public space such as a park or coffee shop. Workers try to ensure a comfortable, relaxed atmosphere, and we often find driving, doing artwork or going for a walk help clients with the difficult conversations that are necessary.

We meet with clients in settings that are comfortable for them, such as in their homes, at school, in cafés, in community centres etc. We also do activities with clients and often use phone contact including texting.

Actively responsive through provision of assertive and adaptive outreach support.

Research suggests that outreach in youth work has a positive impact on the lives of the socially excluded young people. Outreach offers one of the few ways to make and sustain contact and work effectively with hard-to-reach populations that may be disaffected and socially excluded. Though not specifically supported by evidence, outreach is a tangible way of demonstrating a client centred approach and developing rapport, aspects of practice that are supported by evidence, and is therefore a promising practice.

'How': Principles and approaches to practice

This section outlines 'how' Reconnect practitioners approach their practice and the principles that underpin what they do. In considering what constitutes 'what works' in youth work, the literature highlights particular principles that underpin best practice (see literature review for details). Reconnect services identified these principles in the interviews and surveys.

Reconnect has in place Best Practice Principles. The Reconnect Operational Guidelines state:

'In delivering *Reconnect*, service providers are required to comply with the following seven Good Practice Principles. These principles are integral in achieving outcomes for young people and families.

▸ Accessibility of Services

▸ Client Driven Service Delivery

▸ Holistic Approaches to Service Delivery

▸ Working Collaboratively

▸ Culturally and Contextually Appropriate Service Delivery

▸ Review and Evaluation

▸ Sustainability Engagement.

These principles and the strategies suggested in the appendices of the Operational Guidelines are referred to throughout the survey responses and interviews. Survey responses frequently made explicit reference to the Good Practice Principles of Reconnect. However, they often went on to discuss those that were most important to their practice.

All the principles addressed below are interconnected. The circular nature of these principles means that knowledge of one principle presupposes an understanding of the others. This interdependence is most apparent in the actual practice or implementation of these principles: the effective use of any one of these principles is dependent on the use of the others.

Relationships, rapport and trust

Nearly every aspect of the principles of practice and the interventions and strategies is underscored by the need for a constructive relationship between Reconnect workers and their client(s). The essential element of a 'relationship' is central to all practice with humans but is exaggerated for any population group for whom relationship breakdown and conflict are issues.

The following quotes are indicative of the references to the centrality of 'relationships' to the practice of Reconnect. Moreover, these quotes highlight how the process of developing and maintaining a working relationship with client(s) involves drawing on a range of approaches to practice:

> We work from a trustworthy approach and develop relationships and we look at what they need and begin to work together to look at these issues.

> The most common approach for me is providing a non threatening environment and letting the young person talk and engage with them to draw more out and using a cognitive behavioural approach to work with them.

> The common strategies and approach is to build a relationship with the client, by deep listening, valuing what is shared, being non judgmental, treating the client with respect and supporting clients to take ownership of issues if they are theirs, and finding solutions with support from their workers—strategies are explored, questioned and personal interactions are done with the Best Practice framework.

> We believe in the inherent benefits of young people being connected to others, in that young people (as people) don't exist in isolation, and with the acknowledgement that relationships can be positive and/ or exploitative. We are committed to facilitating positive relationships and connections in our work with young people and others.

> To build rapport and trust with clients we also use more informal techniques such as going to a local park and kicking a football around, going to the coffee shop, going somewhere for lunch, etc. It would appear that sometimes all a young person wants is to be listened to in a non-judgmental way, understood, to feel valued and to talk about anything that is on their mind at that particular point in time. I find that an informal setting can help the young person to feel more relaxed and therefore they are more open in their discussions. It also provides an environment whereby we as workers can create some value for the client and give them hope for their future.

Relationships with family and community more broadly are a key focus for Reconnect. As the name suggests, connecting and reconnecting to people and other forms of support are central to these programs. Early intervention in this context is about repairing or strengthening relationships with people who support young people. It is not only that their housing is contingent on these relationships, but even those young people who can no longer live with their family are still offered the chance to (re)engage with their family and have a relationship. But the relationship is central nonetheless. One interview participant suggested that relationships and support are almost synonymous, that strengthening relationships was the key element to early intervention, as seen in this excerpt from the interview notes:

> He [the worker] noted that for all people support is dependent on relationships; relationship with friends, family and services. He gave the example of a young woman who had a child of her own but was unable to support her. Her child was living with her parents. This young woman was unable to see her own child due to ongoing conflict with her own parents. At first this young woman was unable to engage with the Reconnect worker as she was too distressed. Nonetheless the worker provided her with some basic practical support. After some time, the young woman came to trust the worker and they developed a working relationship. Through this relationship with the Reconnect worker, the young woman regained contact with her parents, and it became possible for her to see her daughter again. It was like the one positive relationship with the Reconnect worker was an example and a means to create other working relationships and then receive support from both a service and then, hopefully, her family again.

Another interviewee argued that Reconnect is about relationships—relationships are their business; a relationship with their client(s) is a necessary condition of working with them; and strengthening the relationship between the young person, their family and other networks is their core focus. This interviewee went on to say that the Reconnect workers' relationship with the client(s) is a model or example of a respectful and positive relationship which facilitates other meaningful relationships.

Firstly and effectively engaging and then maintaining the young person's involvement in interventions was seen as critically important in providing the opportunity for positive outcomes. Developing a trusting relationship and rapport was seen by Reconnect services as an essential component of engaging and maintaining client involvement. One service noted that:

> The engagement process is the most important and it is about relationship. Even though the Program is Reconnect, their relationship is with the person, not the Program.

When asked about how they engage with young people, Reconnect services discussed how the essential first step was to develop trust and rapport. Engaging clients was linked to the other principles outlined in this section and the need to be seen to actually do something, to implement some kind of intervention (outlined in the 'what' section).

The following example from interview notes demonstrates how one service develops trust with initially hesitant young people, incorporating it into their family inclusive work:

> If a young person does not want to engage with this service, they talk to the parents in their home, bearing in mind that the young person is listening, even if we don't see them. They emphasise things like 'so you really want to work on your relationship with your young person' so that the young person gets to know you from afar, they know from what you are saying that you are not taking the parents' side. They are more likely to agree to talk to the Reconnect service.

Throughout the literature review, one of the consistent themes that emerged across the different methodological approaches, samples and sites was the importance of trust and rapport and the quality of relationships. In order for homeless young people to engage with services, they must establish rapport and trust in the relationship with the service provider and perceive that the services will lead to positive experiences (Kidd, 2003). The effectiveness of a wide range of supports is contingent on the quality of the relationship between service users and workers (Quilgars, 2000). Numerous studies indicate that homeless young people need to feel that they could trust the service provider, felt cared for, didn't feel judged, and felt that they would not be punished or excluded (Barry, Ensign, & Lippek, 2002; Darbyshire, Muir Cochrane, Fereday, Jureidini, & Drummond, 2006; Ensign & Gittelsohn, 1998; French, Reardon, & Smith, 2003; Karabanow & Rains, 1997; Kidd, 2003; Kryda & Compton, 2009; Thompson, McManus, Lantry, Windsor, & Flynn, 2006)

Client centred

Client centred refers to an approach to practice that prioritises the needs, perspective and experiences of the clients rather than making assumptions or imposing a set of practices upon a client. It also aims to involve the client in the decision-making process.

A client centred approach was noted by 40 services in the survey (48.1%). For some services, being client centred referred primarily to focusing on the young person's needs, for example:

> *We are young person focused and try to deal with what they want and look at ways in which they can achieve these.*

> *Best interests of the young person*

Other services explicitly included the young person's family within their conceptualisation of client centred:

> *Youth focused family centred work.*

> *Strength based, youth led but family focused service*

> *Strengths based and youth centred family inclusive approaches utilised.*

> *Client centred/driven in our work with young people and their families.*

However, no matter who was articulated as 'the client' by the survey participant, it is clear that Reconnect services are driven by the needs of their clients rather than imposing a set of practices upon them. This was articulated well by one survey response that is indicative of the approach taken by other participants:

> *We have very experienced staff who adapt to client needs on a case by case basis. We understand the importance of client self determination and the vital role this plays in our ongoing engagement of them.*

Being able to do outreach and meet clients on their terms and respond quickly to referrals was noted as a means of demonstrating the centrality and importance of the client:

> *Generally we have found that the combination of a quick response and the offer of an informal and/or convenient venue have resulted in engagement.*

An interviewee discussed how important it is not to judge or presume to know what the young person needs or wants. He gave the example of a young person who is using drugs in the home, which is causing conflict with their parents. For example, the worker noted that the drug taking is often not the problem for the young person, which is rather the other underlying issues, such as trouble at school or their parents' response. Listening and addressing the issues that were seen as important to the client not only provided a way to engage with the young person but also provided a way to address underlying issues.

It is important to respect the perceptions and experiences of young people and incorporate this into addressing the issues pertinent to their lives (Thompson, McManus, Lantry, et al., 2006). There is a need to acknowledge the individual needs amongst homeless young people and for services to cater to these (Slesnick, et al., 2009). Research investigating the efficacy of street based youth work highlighted the finding that, to engage socially excluded young people, this work must start 'where the young people are', must not be prescriptive and, initially at least, must deal with issues that are seen as important to the young person (Crimmens et al., 2004). Demonstrating that the worker is motivated by the best interests of the client and respecting individuality are potential ways to address clients' perceptions of mistrust (Kryda & Compton, 2009; Ng & McQuistion, 2004). A client centred approach works towards addressing these concerns.

Choice, agency and the voluntary participation of clients

A strengths-based and solution oriented approach to practice recognises the significance of choice and agency for young people, particularly homeless young people. The issues relating to choice and agency came out most strongly in the interviews, as interviewees unpacked what it meant to be strengths based and solution oriented in practice. Some of the survey responses also addressed this issue, as seen in the following quotes:

> *Choice and self determination are two principles that facilitate the client centred, strengths based, solutions focused approach that we employ.*

> *We like to acknowledge and encourage youth to develop a sense of control and empowerment through acknowledgement of their strengths. This is implemented through individual case management and group work.*

The importance of choice and agency is reflected in the client centred and strengths-based approaches that underscore the practice of Reconnect services. Furthermore, there were numerous references to the voluntary nature of Reconnect—that clients' participation in the program is voluntary. The following quote provides a representative example of how the voluntary nature of Reconnect is linked to empowerment, client centred and strengths-based approaches to practice:

> *The service is voluntary—clients can choose the intervention period and issues/goals that they wish to work on. This empowers young people to make choices in situations which previously they may have felt they could not, for example accessing service providers. [This] Reconnect recognises that choices made by clients may not always be in the best interest of the client; however, where choice does not impose any risk, workers encourage, coach and mentor clients' decision making and problem solving.*

Reconnect services overwhelmingly noted that the families and young people who are best served by Reconnect are those who choose to be involved and want to be involved. Ideally, both the young person and the family will be actively involved.

Recognition of the significance of choice (agency) and independence and a sense of control in the lives of homeless youth is an important part of constructing effective interventions (Barker, 2010; Kidd, 2003; Thompson, McManus, Lantry, et al., 2006). Evidence presented by Lipton et al. (2000) suggests that greater consumer choice and control as regards the level of engagement can have a positive impact on housing outcomes for 'service resistant' clients (Lipton, Siegel, Hannigan, Samuels, & Baker, 2000). Other research suggests that increasing the autonomy of clients by offering choices is an important aspect of working with homeless populations (Kryda & Compton, 2009; Ng & McQuistion, 2004). When choice is taken away from service users, and they are not empowered, this can restrict the trust that is needed, which is informed by the perceived needs of the service users (Phillips, et al., 2011). Client centred and strength-based approaches address these concerns.

Flexibility

There were many references to the importance of being flexible, adaptive and responsive to the needs of Reconnect clients. Forty services (48%) discussed the significance of flexibility to their work. Flexibility was mentioned 86 times by these 40 services. Furthermore, flexibility was one of the strongest themes that emerged in the interviews with Reconnect services.

Flexibility referred to the ability to adapt the response of the service to the needs and circumstances of the client. It is linked to the ability of Reconnect workers to engage with their clients and to be accessible, and it is an important part of being client focused. By genuinely listening to the clients (being client centred), the Reconnect services need to respond accordingly. Moreover, the needs of their clients can change over the period of their engagement with Reconnect.Flexibility was often linked to the ability to do outreach. Being able to meet them 'on their terms, on their turf' and outside the office was consistently mentioned as important in working with these young people.

Flexibility also referred to the wide range of responses and actions that can be taken by Reconnect workers. This is linked to the role of creativity in practice. Some workers use a range of creative ways to engage with young people, including a diverse array of recreational activities that not only facilitated community development and built rapport but also provided the clients with much-needed fun and a way to meet a prosocial peer group.

The need to be flexible and responsive to the needs of the young person is considered an essential part of practice, according to a range of descriptive, qualitative and quantitative research. It is very clear in the literature that there is no one way to work with homeless young people (Kryda & Compton, 2009; Ng & McQuistion, 2004). De Rosa et al (1999) found that services that were perceived as providing assistance tailored to their individual needs, were flexible, had rules that were less restrictive and did not require the disclosure of personal information, were more likely to be used by homeless youth (De Rosa, et al., 1999). Moreover, the role of choice and agency in working with homeless young people is well established in the literature. Flexibility in practice allows for workers to be seen to respond to the needs of the individual rather than being prescriptive. Flexibility is considered necessary to respond to the concerns of each family (Dembo, et al., 2011).

Informal & formal service provision

Numerous services have spoken in the interviews and the surveys about how they use a toolbox or range of interventions: where, when and how it is appropriate. These tools are used flexibly and adapted to the client's needs and the context of the client. This often entails a spectrum of responses to their clients, between formal and informal interventions/strategies. However, whether formal or informal, these interventions inform all aspects of their work. For example, mediation is a formal approach to addressing the issues that have arisen between two (or more) parties. This can involve sitting down in a room together and following rules and guidelines for talking and listening. However, the principles that underscore mediation are often used outside a more formal therapeutic counselling style or approach, sometimes whilst doing outreach. Similarly, motivational interviewing and ideas that underscore CBT inform ways workers communicate with their clients, help develop rapport and facilitate the creation of action plans according to the client's needs.

The Reconnect services emphasised the need to be informal and not to be seen to place too many demands on their client(s).

'Low-threshold interventions' are suggested by Baer et al. (2004) to improve engagement with homeless people; this refers to interventions that do not require consistent, regular attendance, adherence to strict rules and extensive disclosure by the young people (Baer, Peterson, & Wells, 2004). For example, Thompson et al. (Thompson, McManus, & Voss, 2006) suggest that low-threshold CBT interventions would be best suited to homeless young people, making CBT accessible and engaging to maximise involvement. Outreach is one way to create a low-threshold service that does not put too many demands on the young person, facilitating engagement and maintaining client involvement.

Holistic

Thirty-three services (39.7%) mentioned a holistic approach as central to their practice with their clients. Several services explained their understanding of a holistic approach:

> *Holistic—incorporates social, environmental and individual factors in recovery.*

> *Our practice is holistic—that is, it looks at all the life domains of each young person, ensuring that we don't just provide a band-aid solution in one area without looking at underlying causes.*

> *Holistic approach—in consideration that clients' problems are not isolated from other aspects of their lives.*

> *Clients are encouraged to tell their story and talk about their lives with family, friends/peers, education, work or training and also their inner thoughts and feelings. They can then name and set their Reconnect intervention goals. This holistic approach ensures case plans are useful and relevant to clients' needs.*

> *We work to deliver HOLISTIC SERVICES. We take an all-encompassing view of our clients' situations and support them to engage with family, education, employment and their community.*

A holistic approach considers the context and conditions that surround and affect people. This approach informs the collaboration with other services to attend to the needs of their client. An interviewee talked about how a holistic approach does not conceptualise the young person as the problem, but situates them within a broader system. Consequently, this often means that it is not just the young person that needs to change, but the conditions and circumstances also need to be adapted; this can involve families and schools adapting too. This re conceptualising of the issues was seen to empower the young person. In several interviews, there was reference to the ways a holistic approach helps to reframe the blaming that goes on within a family, addressing what was termed the 'fix my child' and 'stop my parent from…' approach that clients often bring to Reconnect.

A need for a holistic approach is supported by a wide range of descriptive studies of youth homelessness and more general knowledge regarding addressing risk and protective factors for young people and families. Evidence regarding wraparound (Cox, Baker, & Wong, 2010; Prakash, 2010; Wyles, 2007), case management (Gronda, 2009; Slesnick, et al., 2009) and collaboration (Anderson-Butcher & Ashton, 2004), and research articulating the complex needs of homeless young people (Barker, 2010; Homelessness Taskforce, 2008; Mallett, et al., 2009; National Youth Commission, 2008), suggests that effective responses need to address a range of needs. These young people often need access to accommodation, money, food, health services, education and training, employment and support in maintaining, building or rebuilding relationships, including with family. Addressing one of these areas in isolation to the other, interconnected needs is unlikely to be as effective as an intervention that addresses the overlapping multiple needs (Slesnick, et al., 2009). Fragmented or siloed service provision and lack of collaboration between services are barriers confronting these multiple needs. A holistic conceptualisation of the factors contributing to homelessness, together with an integrated service provision, is suggested as a means of providing more effective interventions.

Strengths-based

Thirty-seven services (44.5%) referred to 'strengths-based' as a key component of the work. 'Strengths-based' was described in several ways, for example:

> *The focus of this perspective is on the client's strengths during the intervention process, as every client is believed to have strengths. [We] aim to identify client strengths as well as create change by building on the client's existent strengths. A strength can be viewed as anything important and positive that the client is doing, can do, or wants to do.*

> *We used strength-based approaches—focusing on successes and creating new opportunities for re-definition of self.*

> *The service has a strength-based approach that focuses on strengthening and recognising skills of the client, and looks to further develop those skills into other areas of their lives.*

> *[Our] Reconnect also employs strengths-based case practice, as it is an effective way of building on a young person's successes.*

> *The strength-based practice is used to empower and encourage clients to set goals and work toward positive change in their lives.*

The importance of being strengths based was linked to nearly every aspect of Reconnect practice. Each intervention, strategy and stage of Reconnect's work was informed by the need to conceptualise the client as a knowing, capable and valuable person. The interviews were imbued with a strengths-based approach. One interviewee mentioned how, when selecting new employees, being strengths based was one of the most important considerations. This was seen as a necessary personality trait or attribute of anyone working in Reconnect.

Recommendations from research suggest that interventions should be strength-based, that the needs differ amongst individual homeless youth, and that services need to cater to the life context and the desires of the youth (Slesnick, et al., 2009). Best practice evidence indicates that this approach enhances the effectiveness of interventions at any level of intervention (Kurtz & Linnemann, 2006; Maton, Schellenbach, Leadbeater, & Solarz, 2004; Tebes et al., 2007). Both homeless young people and service providers report that brief, strength-based practices that are delivered within the environment and context of young people's lives can be an effective way of working with marginalised young people (Baer, et al., 2004; Bender, et al., 2007; Cauce et al., 2000; Rew, 2002). Research suggests that homeless young people responded better to client centred approaches that were strength based, flexible and forgiving and that encouraged them to strive towards positive goals despite any setbacks (Cauce et al., 1994; Cauce, et al., 2000).

Solution oriented/focused and empowerment

References to strengths-based were often used in combination with 'empowerment' and 'solution focused':

Early intervention with a strength-based approach aimed at empowering a young person and their family members to make decisions that are most appropriate to their needs.

Reconnect aims to empower young people and their parents/carers to improve the quality of their relationships and enable the young person to remain in the family home or return if reunification is appropriate.

Empowerment of young person — strengths-based approach.

We believe that young people and their families are experts in their own lives, in that they have their own knowledge, experience and resources to offer, and that they have the right to make decisions that impact on their lives, to have access to support, resources, information and connections to others, which enhance their capacity and skills.

Seventeen services (20.4%) noted that they were solution oriented or solution focused:

Solution focused family therapy aims to assist individuals within a family system to find their own solutions and involves asking questions to find 'exceptions' to dominant problem-focused stories. Family solution focused narrative approaches are useful in establishing hope and clarifying goals for families and the worker to collaboratively work towards together.

Eleven services discussed the importance of empowerment. The following quotes encapsulate what empowerment means to these services:

The empowerment approach holds the fundamental belief that each person and community can improve their situation. In the context of [this] program the clients are viewed as the experts of their own lives by the worker. Clients are provided with information about their situation and about the resources available to them, and they are encouraged to make decisions in order to bring about positive change in their lives. This is thought to help clients feel empowered and therefore assist clients to feel more in control of their own lives.

Empowerment is a process of enabling people to gain increased control over their own lives and learn through their experience. For [this service], empowerment begins by creating a climate that leads to young people gaining a sense that change is possible.

6. Summary Findings

This report examines the range of interventions and strategies that are used by Reconnect services and situates these practices within the existing evidence base for working with young people who are homeless or at risk of homelessness. This report draws on data collected from surveys sent to every Reconnect service across Australia, interviews with 15 Reconnect services and interviews with each FaHCSIA State and Territory Office, framed by RODS data provided by FaHCSIA. An extensive literature review was conducted, assessing the existing evidence for effective interventions and approaches for working with young people who are homeless or at risk of homelessness (see Literature Review for more details). Based on the literature review and the findings of the data collected, we found that Reconnect services draw on a range of interventions and approaches to their work with young people and their families. There was a strong match between the available evidence from the literature review and the interventions and strategies practically applied by Reconnect services.

Reconnect services are doing evidence-informed work, even though sometimes it is hard for them to articulate what they are doing. This is not an uncommon experience in the helping professions (Osmond & O'Connor, 2006); however, this project endeavoured to make explicit what was implicit in some of the responses, in order to make a contribution to the continuing development of the practice framework. On the surface, it remains unclear how many Reconnect services explicitly use evidence-informed practices. For example, the strongest and most relevant research for Reconnect is regarding family focused interventions. However, only 55 survey responses (66.2%) included reference to family involvement, mediation or family counselling. The RODS data suggests that only 8% do mediation, and 6% do family counselling. Thus, while these evidence-based interventions are used, they are not widely referred to in the survey responses. This is also true of one-on-one therapeutic approaches that are supported by evidence (27.7%) and even case management (with only 33.7% of survey responses referencing case management). So, while most of the evidence-based interventions identified in the literature review are used by Reconnect services, they do not appear as frequently as was expected in the surveys or in the RODS data.

Reconnect services need to draw on all the principles of practice to implement interventions and strategies effectively to address the needs of their clients. The principles of practice can inform every service and imbue all aspects of their work with young people and their families. However, one cannot be too prescriptive about the interventions and strategies to use. Rather, a broad range of promising methods or approaches are identified for Reconnect and their clients. Nonetheless, services, where possible, should implement the principles of practice *and* draw on a range of evidence-informed interventions and strategies.

Principles of practice

Young people who are homeless or at risk of homelessness include a diverse range of people. Different techniques and skills are appropriate for different issues and situations within these diverse groups. The principles of practice provide an evidence and theory-informed, unifying framework from which to make decisions about appropriate techniques and strategies.

These principles do not work in isolation from each other—they are interdependent and mutually supportive. To be strengths based (to focus on the strengths, competence and capabilities of clients) requires workers to be client centred (to listen to their concerns and validate, and be driven by, their experiences and perspective). This requires a flexible response (adapted to the needs of the client in their context and catered to their circumstances) that facilitates a solution oriented approach (focusing on creating solutions). This, in turn, requires a holistic approach (including a range of social domains rather than just the individual) which requires the worker to have a relationship with their client that creates and strengthens trust and rapport (see diagram below for visual representation).

The principles are listed here as they appeared in the data collected from Reconnect services:

- relationship oriented (rapport and trust)

- client centred (choice and agency)

- flexibility

- holistic [7]

- strengths based

- solutions oriented.

While the principles of practice that emerged from the literature review do not directly match the Reconnect Good Practice Principles nor those identified by the Reconnect services, there are significant crossovers. The differences between the principles in the literature review, Good Practice Principles and those appearing in the surveys and interviews are mostly semantic and represent different conceptual divisions.

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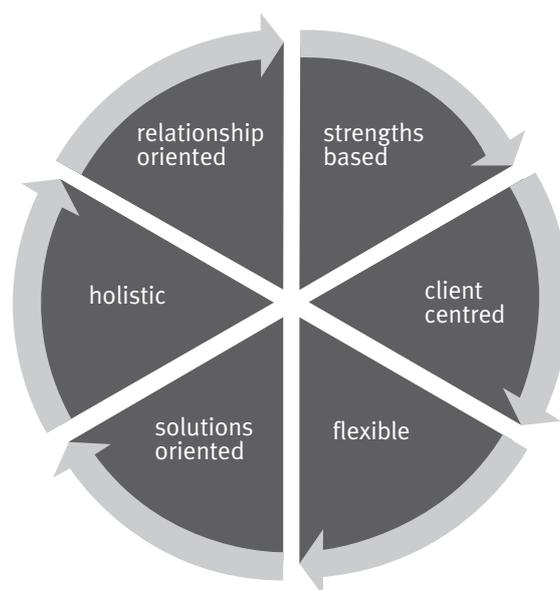
[7] Collaboration, like many of these principles, can also be considered as interventions and strategies. For the purposes of this report, collaboration is listed as an evidence-informed intervention, as it has considerable crossover with 'holistic' and can be considered a practical application of this principle.

The available evidence outlines a range of principles that underscore effective practice with young people who are homeless or at risk of homelessness. These principles emerged in the quantitative and qualitative evidence and pervade the research that investigates the needs of young people. However, it is clear that these principles are necessary but not sufficient—they do not constitute evidence-informed practice on their own. Rather, these principles are central to deciding which interventions, strategies or actions can be used with each individual client—a necessary precondition of effective interventions.

Evidence-informed interventions

The principles of practice for working with young people make it difficult to be prescriptive about interventions. The need to be client centred, strengths based, solution oriented and respect the choices and individuality of each young person and their family entails a necessary flexibility in responses that cater to these demands. Furthermore, evidence-informed practice is always affected by the capacity of the worker, both as an individual (qualifications and attributes) and at a structural level (how practice is restricted or enabled by external factors). The interventions that can be implemented in any Reconnect service need to be considered within the context and environment of each service. Nonetheless, a close reading of the available evidence, set against the context and aims of Reconnect, leads to a range of practices that can be suggested.

To draw on the toolkit metaphor: Reconnect services need to be able to point to and articulate a range of tools that are able to address particular issues. The specific tools that they choose must be relevant to the circumstances and the context of their clients and their particular service. Where they are unable to address one of the needs of their clients, they have to find another service or support to cater for that need.

What follows is a list of interventions or strategies that are supported by evidence (see Literature Review for details) as effective responses to homeless youth that are particularly relevant to Reconnect.

- Family-based practice
- Therapeutic approaches
- Practical support
  - Stability of accommodation
- Outreach
- Group work
- Case management
- Collaboration

Family-focused interventions

The strongest evidence-based interventions pertinent to the specific target group of Reconnect are family focused interventions. As a program, Reconnect has an emphasis on young people and their families. This focus on families is part of what makes Reconnect unique within the youth homelessness sector. There are a range of interventions and strategies that aim to reduce conflict and strengthen relationships within a family and are supported by evidence (family mediation, family counselling, MST, Narrative therapy). The RODS data, surveys and interviews suggest that these interventions are appropriate for Reconnect clients, because most of the young people have not moved into chronic homelessness.

One-on-one therapeutic interventions

Although there is no compelling evidence regarding therapeutic interventions that work with homeless young people, Reconnect clients are not chronically homeless, and the therapeutic interventions identified in the literature review would be suitable, given the profile of their clients. These therapeutic modalities can be used in a range of contexts and inform the practice of Reconnect services, in an informal or 'low-threshold' capacity or in a structured and formal way.

Practical support and stability of accommodation

The provision of practical support such as money, food, accommodation and health care is essential to addressing the needs of Reconnect service users, as well as their social and emotional needs. A range of evidence regarding homelessness suggests that access to safe and stable accommodation is an important precondition for other interventions and support. The urgency of their material needs must be addressed in order to be able to focus on the reasons that underlie their homelessness. Reconnect clients should not be pushed into independence where the option to stay supported by family (understood broadly) is possible. However, providing material support can ease the pressures at home and work to create a more sustainable and stable living situation.

Outreach

Research suggests that outreach in youth work has a positive impact on the lives of socially excluded young people. Outreach provides an effective way to engage with service-resistant young people and also demonstrates a client centred approach. Furthermore, outreach is an important part of providing practical support and developing a relationship. For Reconnect services to be accessible to their target populations, outreach is an important part of service provision. Furthermore, research suggests that outreach has a positive impact on the lives of socially excluded young people.

Group work

A broad range of literature supports the use of group work in different settings, both with young people and with adults. Although no research was found that specifically related to the effectiveness of group work with homeless young people, there is promising evidence to support group work in the Reconnect context.

Case management

There is evidence to suggest that case management may be effective with young people who are homeless or at risk of homelessness. Studies do suggest that case management is more effective when delivered under certain conditions, involving quality assessment and relationship skills and appropriately coordinated resources, including access to therapeutic interventions as indicated.

Collaboration

It has been recognised that collaborative practice between young people, schools, youth work services, families and other relevant parties provides better, more sustainable outcomes for young people. Collaboration can provide better responses to complex situations and a better use of resources.

Evidence, action research and emerging trends

It is important to note that the fact that particular practices are not supported by evidence does not necessarily mean that they do not work. Furthermore, practices that are not yet supported by evidence may later prove to be effective; this is how new practices are created. Many Reconnect services have adapted and responded to the emerging needs of their clients in creative and inventive ways, resulting in contextually driven, emergent, responsive and, in effect, cutting edge interventions and strategies.

Reconnect services provide interventions that can build the foundation for an evidence base around early intervention in different Australian contexts. There are significant gaps in the evidence about specific groups who experience homelessness in Australia, most glaringly regarding Indigenous people and newly arrived young people.

Indigenous, newly arrived and CALD young people

While this report has not focused on the data collected from services addressing the needs of Indigenous, newly arrived and CALD young people, it must be noted that these services identified significantly different needs for these populations. There is currently very little published literature about these groups and their needs in relation to homelessness.

The survey responses and interviews with Reconnect services that specifically targeted newly arrived and Indigenous young people discussed the unique needs of the client groups they worked with. These services had found ways of working and addressing issues that had emerged in each context, adapting and responding to the needs of their clients. For example, a recurring theme was the successful use of group work with Indigenous young people as a way to address resistance to engaging with a service and any reservations about one-on-one work. The existing practices used by Reconnect services addressing the specific needs of these population groups could provide the foundations for evaluating effective practice and developing an evidence base.

Promoting evidence-informed practice

One of the primary aims of this project was to identify and assess the level of evidence around what works with young people who are homeless or at risk of homelessness. It is a goal of governments that fund, and organisations that provide, services, that the interventions used are evidence based or, at the least, evidence informed. The question remains: how best to promote the use of evidence in practice. This is an emerging literature that argues for the use of a range of strategies. The remainder of the report provides suggestions about how this might best be done.

Organisational excellence model

This model is based on the way organisations not only respond to externally generated research but are also the site of local innovation, evaluation and practice development (Nutley, Walter, & Davies, 2009). This fits with the use of action research in Reconnect. There are several reasons why action research within Reconnect deserves renewed attention. There remains a lack of evidence regarding youth homelessness, particularly regarding effective early intervention. As the designers of Reconnect recognised, action research provides a means to examine what is working, and how, within the different Reconnect contexts. Action research can provide a way to assess the efficacy of existing practices and identify the emerging needs of clients in order to create new responses. Evidence-informed practice must always consider available evidence where possible, set against the context and the capacity of the clients and the service. Action research can provide an initial lens to examine what works within these contexts.

Interactive strategies

The literature indicates that a range of interactive strategies are critical to improving the use of research in organisations. Of particular relevance could be the implementation of specific professional development activities around evidence-informed interventions, for example, family focused interventions including family and other forms of mediation. Other interactive strategies include the development of formal partnerships between researchers and research users or simply the provision of increased opportunities for practitioners to discuss certain research findings in supervision.

Dissemination

The literature points to the need to provide tailored dissemination for practitioners. Apart from strategies about how research is presented (non-jargonistic, use of clear English, research findings are clearly summarised), what was of great significance to practitioners was that research findings had explicit practical application, offered solutions and could easily be implemented into practice (Huberman, 1990; Lewig, Arney, & Scott, 2006).

Further, there is the resource of the existing Clearinghouses (such as the Youth Clearinghouse and the Family Relationships Clearinghouse), which could play the role of knowledge brokers of evidence. 'Knowledge brokers' help facilitate the exchange, synthesis and application of information (McNeill, 2006). McNeill (2006) argues that part of this role is to discuss the nuances of application to practice with practitioners.

The answer to how best to promote and embed evidence-informed practice is likely to depend on the diverse organisational and contextual circumstances. Nutley et al. (2009) argue that different strategies are best suited to different circumstances and may depend on, for example: the qualifications and skill of practitioners (whether staff have professional qualifications, for instance); the different stages of program implementation (whether the program is new or fully implemented); and the level and nature of the existing evidence.
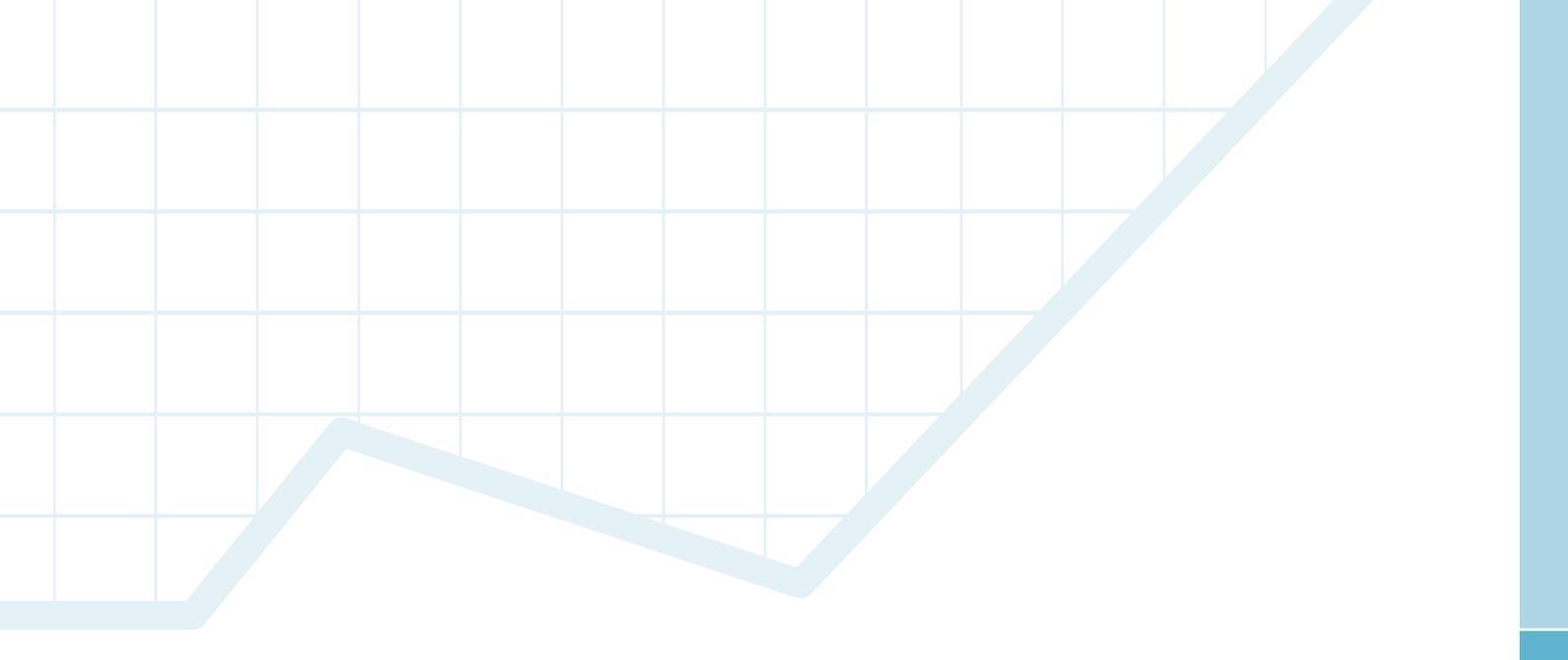
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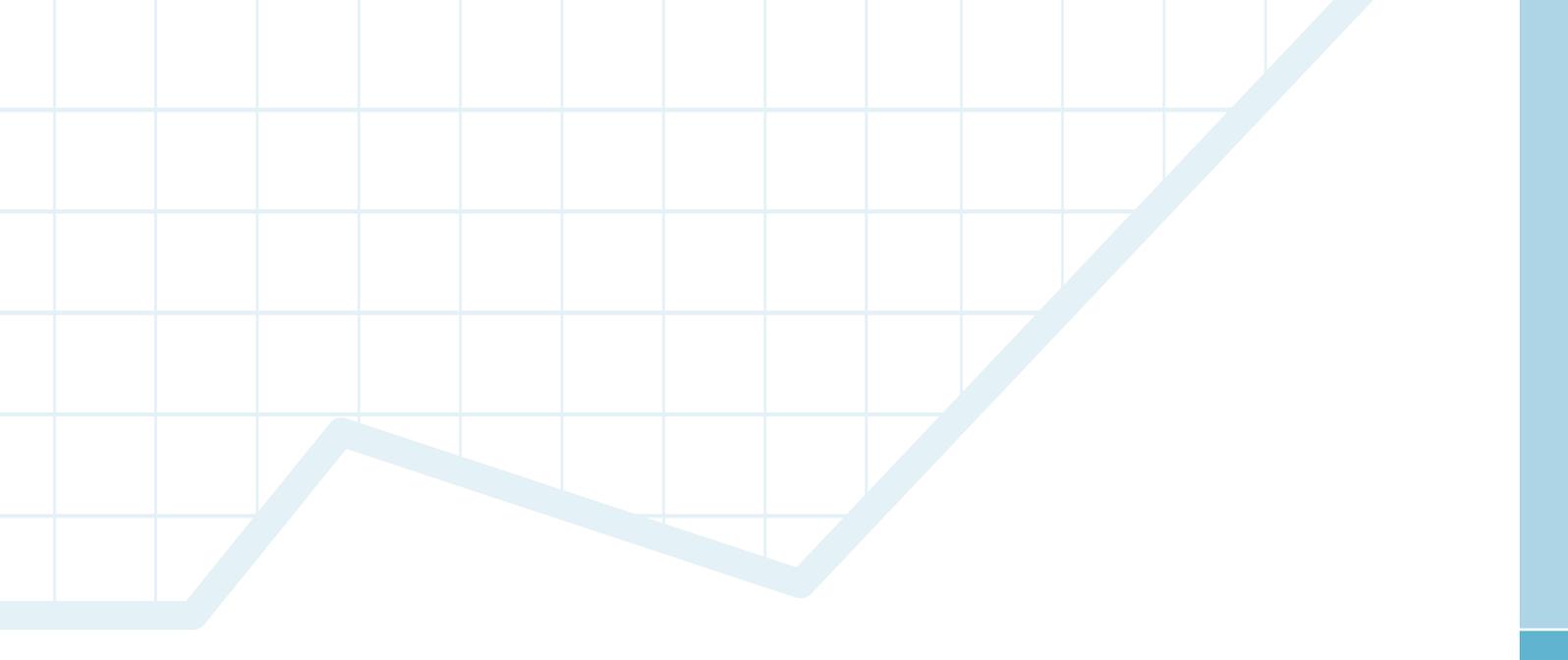
8. Appendix 1

Dear Participant,

The Institute of Child Protection Studies has been commissioned by FaHCSIA to determine the most effective early intervention strategies for young people who are homeless or at risk of homelessness. We are also concerned with if and how these early intervention strategies are practically applied by Reconnect service providers. The findings from the evaluation will inform the future direction of Reconnect.

This evaluation is not assessing the performance of Reconnect services. We are interested in how Reconnect services work with young people to support them toward positive outcomes. We want to ascertain what responses and interventions are used by Reconnect services and how these interventions align with available evidence regarding effective responses and interventions with these young people.

This study has been approved by the Human Research Ethics Committee at the Australian Catholic University.

We are asking agencies about: their approaches to delivering services; their target client groups; partnerships and referral pathways; strengths and challenges in providing services; and ideas for improving services. We would very much appreciate hearing about your service's approaches and ideas.

The research involves taking part in one online survey. The survey consists of 21 questions. This survey will take about 30 to 45 minutes to complete, depending on the length of your responses.

Participation in the research is voluntary and you can withdraw from the research at any time without giving a reason, including after the survey has begun.

If you cannot complete the survey in one attempt, you are able to re-access the survey by clicking on the link sent to you in the initial email. Your original responses will be displayed and you will be able to continue from where you left off.

Your responses will be aggregated and no personally identifying data will be used or be accessible to anyone outside the research team. The data will then be used by the researchers for data analysis, for writing the research report and preparing articles for academic journals.

If you have any questions regarding this research, these can be directed to;

Dr Justin Barker

Research Fellow Australian Catholic University Institute of Child Protection Studies Phone: 02 6209 1226 Email: justin.barker@acu.edu.au

Please ensure you have read and understood this information letter. If you agree to participate, completing and submitting the survey indicates your consent.

1. What is the name of your service?

2. What best describes your role?

Manager

Youth/case worker

Other………………………………..

3. In what town/suburb is your service delivered?

4. What is the profile or characteristics of your typical client?

5. What are the principles that underpin your approach to working with your clients?

6. What are you hoping to achieve in working with your clients?

7. How do young people become clients of your service? (e.g. referral source, outreach etc.)

In general

Specific target groups

8. How do you assess clients' needs?

9. How do you engage and maintain clients' involvement?

10. What are the common strategies or approaches you use to respond to the needs of your clients? What do you do with them?

11. How do you transition clients from your service?

12. What specific approaches are most effective for client engagement and good outcomes…

  ‣ For young people who live at home

  ‣ For young people who have left home but are still in contact with their family

  ‣ For young people who live out of home and are no longer in regular contact with their family

13. How do you know your work with clients is effective?

14. Please describe examples of effective partnerships / collaboration between your organisation and other Government and non-government services and/or the broader community.

15. Please indicate the frequency of contact you have with the following services related to your clients:

	No contact	Occasional contact	Regular contact
School / other educational facility	❑	❑	❑
Youth group / organisation / program	❑	❑	❑
Community health agency	❑	❑	❑
General Practitioner (GP)	❑	❑	❑
Mental health agency	❑	❑	❑
Disability agency	❑	❑	❑
Family support agency	❑	❑	❑
Police	❑	❑	❑
Church / other place of worship	❑	❑	❑
Service organisations (e.g. Apex, Rotary, Lions)	❑	❑	❑
Aboriginal and/or Torres Strait Islander organisation	❑	❑	❑
CALD organisation	❑	❑	❑
Arts organisation	❑	❑	❑
Sport and recreational department	❑	❑	❑
Business	❑	❑	❑
Centrelink	❑	❑	❑
Department of Housing	❑	❑	❑
Youth justice	❑	❑	❑
Child Protection	❑	❑	❑
Other government organisation. Specify	❑	❑	❑
Other non-government organisation. Specify	❑	❑	❑
Other. Specify.	❑	❑	❑

16. What, if any, are the barriers you face in working with other services/ the broader community?

17. What kind of young people and families are best served by Reconnect?

18. Which young people and families, if any, are not well served by Reconnect?

19. In your view, what are the three things that work best in your program?

20. In your view, what are the three most important things that could improve the effectiveness of your program?

21. Please provide any other comments you would like to make about the services you provide.
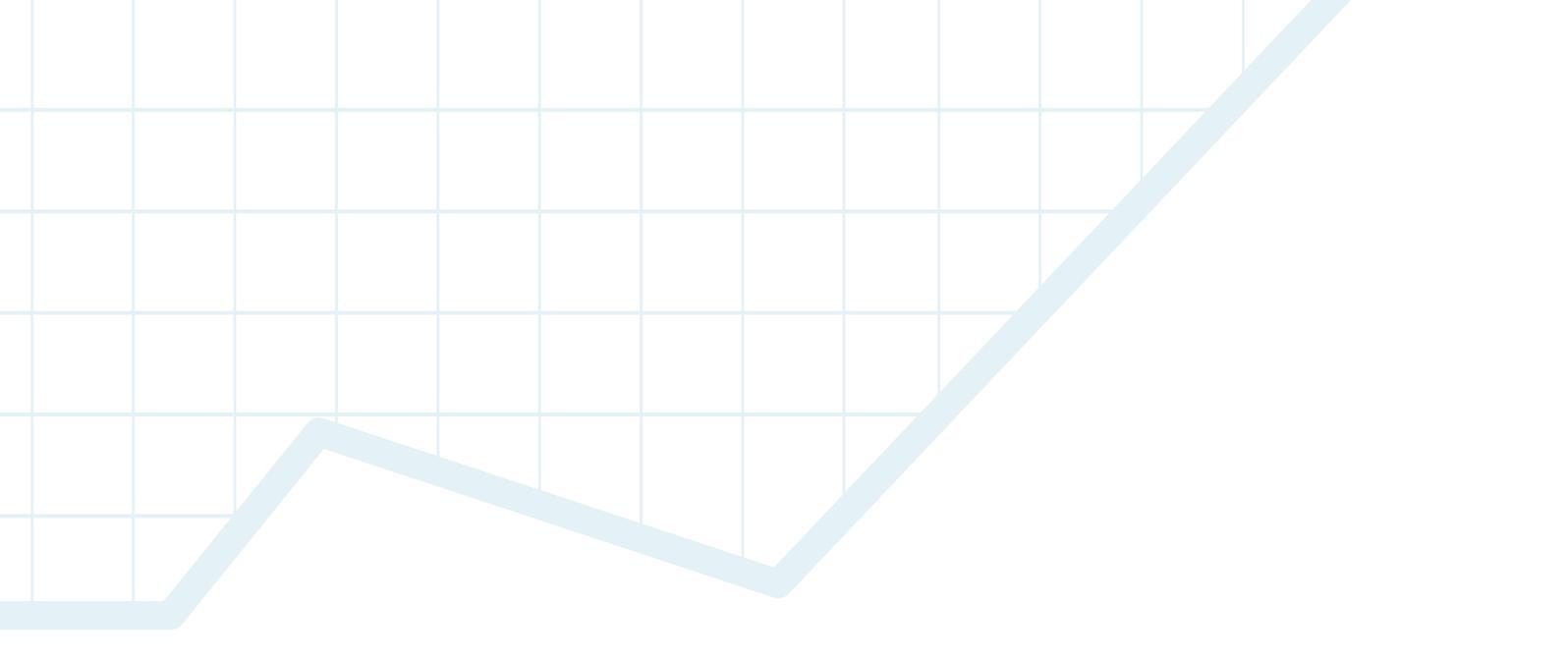
9. Appendix 2

Introduction:
We are interested in how Reconnect services work with homeless young people to support them toward positive outcomes. We are looking to the range of responses and interventions used by Reconnect services and how these interventions align with available evidence regarding effective responses and interventions with these young people.
The interviews are building on the information provided through the surveys – we just want a bit more detail and examples of your practice.

Ethics:
This Project has received ethics approval from the ACU HREC.
Participation is voluntary and you can withdraw at any time without giving a reason, including after the interview has begun.
Your name(s) will not be used but your service might be – this is, therefore, NOT confidential.
We will be writing up our findings during and after the interview.
The findings of the interview will be used in a report provided to FaHCSIA and possibly journal articles.
DO YOU CONSENT TO PARTICIPATE IN THE INTEVIEW?   ❑ Yes   ❑ No

Questions:
Can you give me a quick overview of your service?
What do you do? Who do you work with (clients)? How do you do it?
Can you tell me about something that your service does really well?
              Example(s) – what does this look like in practice?

How do you know that your service approach works?
              Example(s)

Can you tell about something that your service finds challenging?
              Example(s)

Tell me how you work with clients that have complex or high needs?
          Example(s)

How do you engage with young people and/or families who do not initially want your assistance?
What else is really important? What else do you think we need to know?