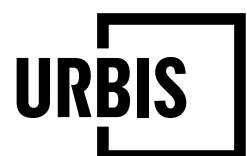




Evaluation of the Living Learning Partnership Addressing Disadvantage

Formative report

Prepared for
The Department of Treasury and Finance
March 2022



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

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

Urbis staff responsible for this report were:

Director	Julian Thomas, Poppy Wise
Associate Director	Christina Bagot
Research Analyst	Madeleine Ridgeway
Report Design	Carmen Fung, Jack Kealy
Project Code	P0033292
Report Number	Final

All information supplied to Urbis in order to conduct a research project has been treated in the strictest confidence. It shall only be used in this context and shall not be made available to third parties without client authorisation. Confidential information have been stored securely and data provided by respondents, as well as their identity, have been treated in the strictest confidence and all assurance given to respondents have been and shall be fulfilled.

© Urbis 2022

ABN 50 105 256 228

All Rights Reserved. No material may be reproduced without prior permission.

You must read the important disclaimer appearing within the body of this proposal.

Contents

Acronyms	1	Tables	
Executive summary	2	Table 1	Living Learning campuses and unique features 16
1.0 Introduction	4	Figures	
1.1 Evaluation context	4	Figure 1	Participant outcomes 5
1.2 The Living Learning Program	5	Figure 2	Living Learning participant journey 6
2.0 Methodology	9	Figure 3	Living Learning Program team structure 8
2.1 Evaluation overview	9	Figure 4	Key dates in staff recruitment timeline 15
2.2 Key evaluation questions	9	Figure 5	Profile of Living Learning participants 24
2.3 Data collection and analysis	10	Figure 6	Distribution of Living Learning cohort students 25
2.4 Limitations	10	Figure 7	Living Learning and HHA attendance (%) by term, 2021 26
2.5 Evaluation next steps and stages	10	Figure 8	Living Learning Student Outcomes Survey areas of positive improvement in 2021 28
3.0 Program design	11	Figure 9	Living Learning Student Outcomes Survey areas of decline 2021 28
4.0 Program implementation	13	Figure 10	Living Learning participants and HHA-only student responses: Student Satisfaction Survey 2021 29
4.1 Program establishment	14		
4.2 Impacts of Covid-19, program adaptations and implementation challenges	17		
4.3 Governance arrangements	21		
5.0 Emerging outcomes for Living Learning young people	23		
Disclaimer	30		



Acronyms

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

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

Executive summary

Background

Urbis has been commissioned by the Victorian Department of Treasury and Finance (DTF), working closely with the Department of Families, Fairness and Housing (DFFH), to undertake an independent evaluation of the Living Learning Partnership Addressing Disadvantage (PAD). This is the report for formative evaluation, which focuses primarily on insights from the first year of the program's implementation. Specifically, the formative evaluation provides insights into program establishment and implementation, along with opportunities to support the remaining implementation and management of the program.

Living Learning Program and PAD

The Living Learning Program has been designed to deliver services that address barriers to personal and educational achievement. The program targets school leavers aged 15-21 who are experiencing mental health complexities and who are persistently not engaged in employment, education, or training. Living Learning is an integrative program delivered by Melbourne City Mission (MCM) and their independent school Hester Hornbrook Academy (HHA), providing three years of wraparound support for young people in three cohorts of 48 participants, 144 students in total. The first, second and third cohorts will commence in January 2021, 2022 and 2023 respectively, and the program will operate from 2021 to 2025. The intended outcomes of the program are that young people experience improvements in their educational attainment, mental and physical health, relationships within community and family, and self-efficacy to be on a positive pathway of their choice.

Living Learning has been developed through the Victorian Government's Partnerships Addressing Disadvantage (PADs) initiative. PADs are outcomes-based contracts that emphasise the partnerships that are needed to tackle complex problems, combining service delivery insights with resources from the public and private sectors to deliver innovative solutions. Investors receive a return on their investment based on the level of outcomes achieved, which for the Living Learning Program is the percentage reduction in Victorian Emergency Department presentations for Living Learning participants over two and four years.

Formative evaluation methodology

The evaluation has adopted a mixed-methods approach, analysing available quantitative program data and qualitative insights from semi-structured interviews. This report was informed by analysis of both primary and secondary data sources, specifically including: 19 key informant interviews focused on initial program establishment and early operation, including representatives from MCM, the Living Learning Program, HHA, DTF, DFFH and funders; a desktop review; and the analysis of program data for Living Learning Cohort 1 participants.

Key findings

Living Learning Program design

The program's design has been informed by MCM's long history and experience delivering programs to vulnerable young people and draws upon elements from the HHA service model, the Key Worker model from MCM's Cradle to Kinder, and Check In program. The program model evidences strong alignment with best practice approaches for administering wraparound programs to vulnerable young people. While there is a strong evidence base for individual aspects of the program design, a review of available literature found no intervention directly comparable to the Living Learning Program with all elements included. Living Learning integrates into a single program – and into a school setting – best practice elements of assertive outreach, wraparound support and adventure learning.

Establishment

Despite a challenging and disruptive year of the pandemic, the core elements of the Living Learning model and supporting administrative processes were established within the program's first 12-months. The nine-month postponement in program commencement due to COVID-19 was in part advantageous and allowed additional time to prepare for commencement, refine planning and processes, and to establish the new HHA Sunshine campus. The program operates effectively across three sites with Living Learning staff working adaptively across the campuses. The program received 76 referrals and confirmed the 48 students of Cohort 1 in July 2021. While improvements have been made to the enrolment process to integrate into HHA systems, refinements are required to identify the referral source.

COVID-19 impacts, program adaptations and implementation challenges

Over the first year of operation, the program has been implemented largely as intended, with some refinements to data collection methods, student education plans, and the enrolment form. Heightened demand for psychologists during the pandemic caused a four-month delay in recruiting a program psychologist. In line with Victorian Government health directives, the program pivoted to online delivery while offsite and adventure activities were put on hold during periods of lockdown. During periods of remote learning, Living Learning staff focused on maintaining student engagement and mental health through assertive outreach and engagement activities. Student attendance rates declined throughout the year and a loss of momentum and motivation was widely reported. The impact of COVID-19 on Living Learning students is yet to be fully examined and will be explored in the next phase of the evaluation.

The program has been delivered within budget and has overcome a range of challenges in its first year of implementation. However, program staff continue to navigate limited space on campuses, high demand for student transport services, and resourcing pressures in the classroom due to higher than expected student attendance rates. Further work may also be required to smoothly embed the Living Learning Program within the existing HHA school setting.

Governance arrangements

The Living Learning governance structures appear to be working well, providing effective forums for strategic and operational information sharing and decision making. The structure and format of these forums is comparable with Social Impact Bonds (SIBs) in Victoria and other jurisdictions. Work is currently underway to develop Terms of Reference to improve the clarity and expectations of the Operational Working Group (OWG) and its relationship to the Joint Working Group (JWG).

Stakeholders at HHA and Living Learning staff identified some inconsistencies and misalignment in the policy settings and operational procedures that apply to HHA as a school versus those relevant to Living Learning staff. Improved clarity regarding the policy and operational parameters of the Living Learning Program will be important to prioritise ahead of the commencement of Cohort 2.

Student profile and emerging outcomes

The Cohort 1 student profile is largely as expected, with multiple mental health diagnoses and a range of other complexities including interaction with the justice system and unstable housing. Throughout the year, Living Learning students had higher rates of attendance compared to the broader HHA student cohort, which may be attributable to the flexible outreach support provided to Living Learning young people throughout periods of remote learning. Across all student groups, attendance rates declined in Terms 3 and 4. Staff reported that students displayed lower engagement, momentum and stamina after the four-month lockdown was lifted. Despite the challenges of lockdown and remote learning, there was no attrition among the 48 Cohort 1 participants in 2021.

In general, Living Learning young people reported more positive attitudes and perceptions of school than the broader HHA student population. This may be attributable to the flexible engagement and outreach support provided to Living Learning young people throughout the year and remote learning. Living Learning staff have observed some positive and encouraging outcomes for students, including more proactive help-seeking behaviour, increased confidence and independence, and budding friendships and support networks among some students.

1.0 Introduction

1.1 Evaluation context

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

- have a clearly defined client group
- deliver measurably positive outcomes to individuals
- demonstrate a financial return to government from the investment above the return government would have received through continuation of its core business
- deliver an intervention that is innovative, but with evidence of efficacy
- share risk with those organisations better able to mitigate that risk.¹

In 2018, DTF sought proposals to finance projects that improved education and engagement outcomes for: vulnerable children aged 5-14 (Years 1-10 at school); and disengaged youth aged 15-24 (youth who have left school early, are not engaged in training or in the labour force, and who are located within a geographic area associated with social and economic disadvantage).² Through this process, the Living Learning Program (operated by MCM and its subsidiary school the Hester Hornbrook Academy (HHA)) was selected to participate in the PAD initiative.

An evaluation of Living Learning is vital to the program's continuous improvement. This evaluation, beyond the data sources used to inform outcome payments, will support the achievement of positive outcomes for program participants, MCM and the wider service system. The evaluation must ascertain the process and outcomes findings for the program to date.

1 DTF (2021). *Principles of Partnerships Addressing Disadvantage*. Retrieved from <https://www.dtf.vic.gov.au/partnerships-addressing-disadvantage/principles-partnerships-addressing-disadvantage>

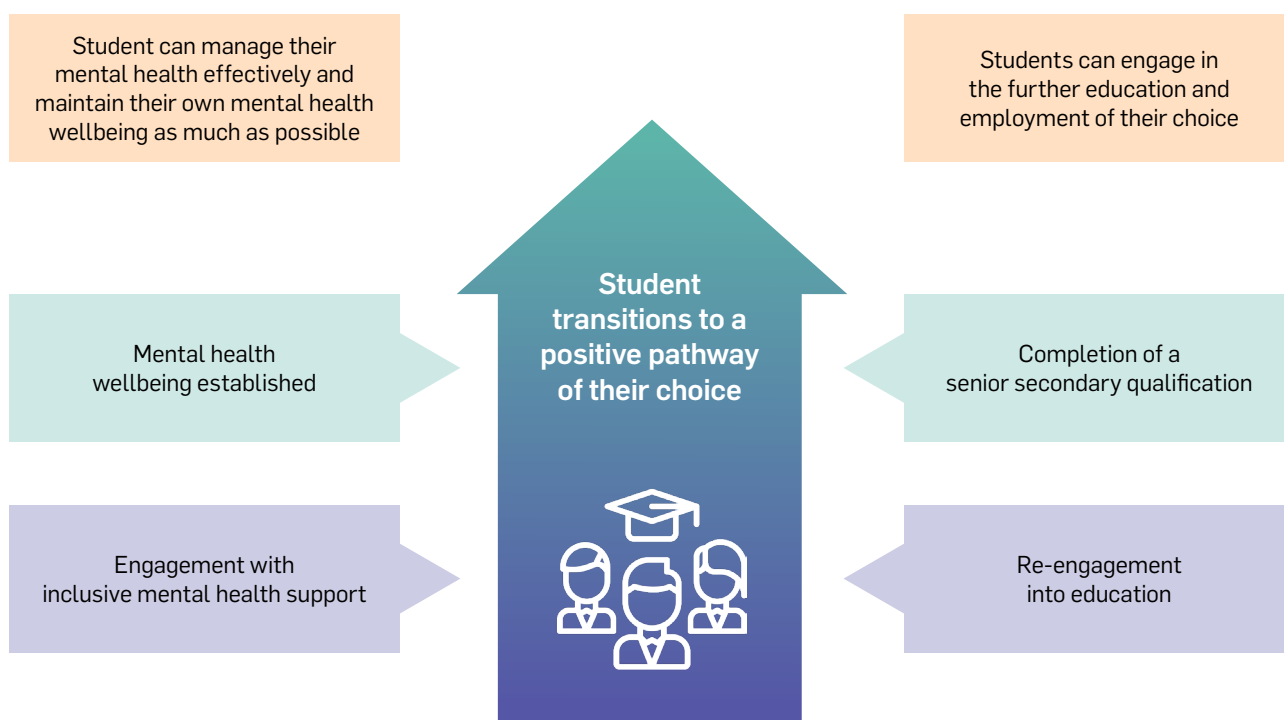
2 DTF (2018). *RFP – Partnerships Addressing Disadvantage*. Retrieved from <https://www.tenders.vic.gov.au/tender/view?id=97081>

1.2 The Living Learning Program

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

The intended outcomes of the program are outlined below:

Figure 1 Participant outcomes



Source: MCM Living Learning Prospectus (2020)

Living Learning is an integrative program delivered by MCM providing three years of wraparound support for young people experiencing mental health challenges and who have disengaged from mainstream schooling. In addition to the HHA model of student-centred applied learning, Living Learning offers on-site mental health services and a high-touch support model for students to progress towards their goals. Living Learning builds upon the MCM evidence base regarding what works for disengaged youth to deliver a flexible and highly supportive program model. In addition to a teacher, the program places a dedicated Youth Worker and, if necessary, an Education Support Officer in every classroom, ensuring students are consistently supported through building strong, positive relationships.

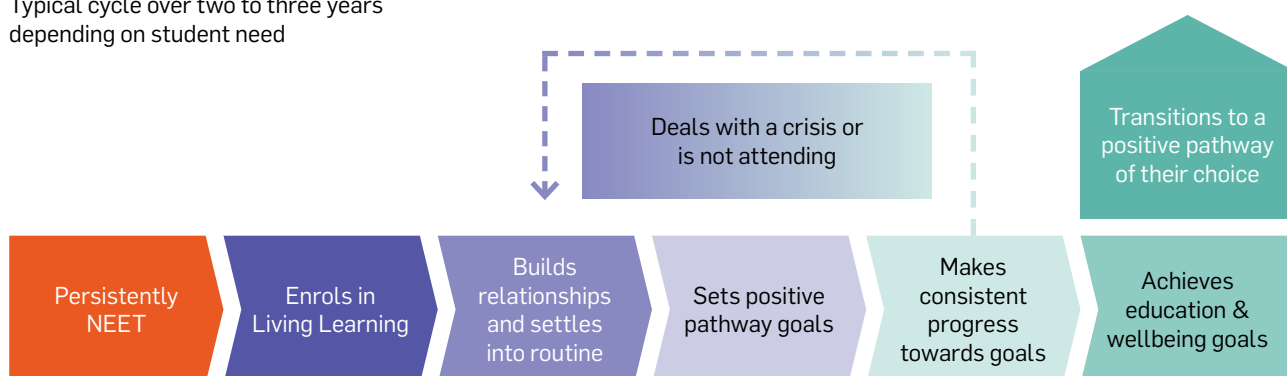
The Living Learning Program will provide three years of support to three cohorts of 48 participants, 144 students in total. The first, second and third cohorts will commence in January 2021, 2022, and 2023 respectively, and the program will operate from 2021 to 2025.

The student journey from persistently NEET to a positive pathway of their choice is overleaf and includes details of the eligibility criteria and potential referral sources.

Introduction continued

Figure 2 Living Learning participant journey

Typical cycle over two to three years depending on student need



Eligibility criteria:

- have left school without completing Year 12 or equivalent
- be aged between 15-21 years old at the time of commencing Living Learning
- meet the following definition of persistently not in education, employment, or training:
 - not engaged in education, employment, or training for three consecutive months at time of intake, including any periods spent in youth detention or prison (even if they receive education or training while in detention)
 - a person is considered 'not engaged' if they have attended education, employment or training for ten days or less in the preceding three months
- have a mental health condition diagnosed or imputed by a doctor or mental health professional
- there is space for the student who lives within the intake zone of the relevant HHA classroom
- provide informed consent to participate in Living Learning

Potential referral sources:

- mental health service providers
- schools and education providers
- youth services (including education re-engagement programs)
- youth justice (including Parkville College)
- homelessness services
- other MCM programs
- self-referral by an individual, or referral by their friends or family members

Source: MCM Living Learning Prospectus (2020)

The Living Learning Program is comprised of three activity streams: engagement, mental health, and education. A summary of these activity streams is provided overleaf.

Engagement supports

A defining characteristic of HHA is the presence of Youth Workers in every classroom. Young people enrolled in the Living Learning Program benefit from having not only a HHA Class Youth Worker, but also a Living Learning Key Worker. Living Learning Key Workers engage directly with Living Learning students in a way that extends well beyond the classroom and school. Activities undertaken by Living Learning Key Workers include:

- organising other supports (brokerage) that may benefit the young person, such as access to Centrelink and transport to appointments
- overseeing the development of a young person's relationship with three supportive adults
- facilitating a young person's engagement in adventure learning activities offered by the Living Learning Program (e.g., WILD, OceanMind).

Adventure learning activities are intended to expose young people to nature and new experiences while encouraging them to: build relationships and positive memories with peers and staff; try new things and push outside their comfort zone; and further develop their confidence, grit, and resilience.

The ability to engage in assertive outreach is a defining feature of the Living Learning Key Worker's role and enables Living Learning Key Workers to undertake tasks such as driving a student from their home to school, driving a student to medical appointments, and accompanying a student, in a supportive capacity, in meetings and appointments external to HHA.

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

Mental health and wellbeing supports

Shortly after a young person enrolls at HHA, an Initial Mental Health Assessment is conducted by a Living Learning Mental Health Clinician to determine if the student meets Living Learning eligibility criteria and to gain an understanding of their mental health needs. The program facilitates access to counsellors, psychologists and psychiatric services. A Program Psychologist is intended to work on campus providing regular support to approximately 15 Living Learning young people, along with secondary consultation to Living Learning and HHA staff relating to the mental health of all Living Learning students.

Education supports

HHA Classroom Educators are responsible for delivering education and training courses to Living Learning participants. The Living Learning Program's specialist Education Team works alongside Classroom Educators to provide more intensive and personalised support to Living Learning participants to help them overcome educational barriers in their learning. Support may be provided directly to the Living Learning student (e.g., one-on-one sessions, or additional classroom support) or to Living Learning or HHA staff (e.g., planning, engagement, or professional development support).

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

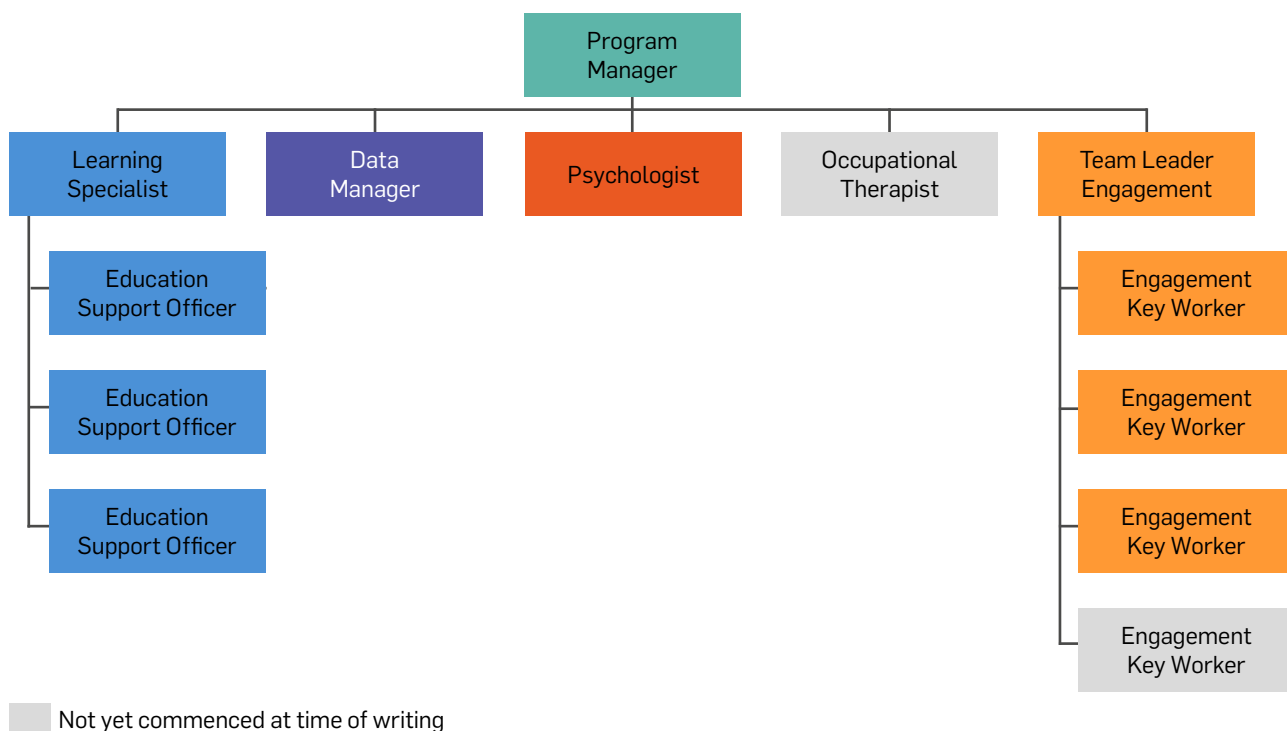
IEPs are developed at Welcome Back meetings, which are constructive, goal-setting discussions held with a young person at the end of every school holiday period. An IEP is a live document, to be refined and updated as required. Young people are encouraged to bring a key support person to these meetings, which may include a family member, friend, or key worker.

Introduction continued

HHA offers Victorian Certificate of Applied Learning (VCAL) at Foundation, Intermediate and Senior levels, along with Vocational Education and Training in Schools (VETiS) courses. The HEAT (Hospitality Employment and Training) program is offered at the Sunshine and Prahran campuses, which are both equipped with industrial kitchens. The Engage Youth class is offered across all three campuses.

The program is delivered by eleven staff, led by the Program Manager and supported by the Learning Specialist and Engagement Team leaders and support staff.

Figure 3 Living Learning Program team structure



2.0 Methodology

2.1 Evaluation overview

The evaluation scope includes the Living Learning Program – the model of intervention designed and implemented by MCM. The achievement of payable outcomes is not in the scope of this evaluation.

2.2 Key evaluation questions

The formative evaluation is guided by four KEQs and accompanying sub-questions, which are presented below.

F1: To what extent does the design of the Living Learning program model reflect contemporary or emerging evidence for good policy and practice?

- To what extent are these features evident in the program model?
- What are the features of good practice programs?

F2: To what extent has the Living Learning Program model been implemented as planned?

- Has the program been delivered on time, on budget and as designed? Why/why not?
- What external factors have impacted implementation, and in what ways?
- What adaptations have been made, and on what basis?
- How has the COVID-19 pandemic impacted program design assumptions and implementation?
- What adaptations have been made in response to COVID-19?
- Are the governance structures for the program operating effectively?
- What supports and services are being provided to which participants?
- To what extent is the profile of program participants as expected?
- What are the emerging outcomes for Living Learning participants?

Methodology continued

2.3 Data collection and analysis

Data collection activities to inform the formative evaluation were undertaken in November and December 2021 and included the evaluation team visiting the Sunshine and City HHA campuses to view the design features and facilities available at these campuses. The Sunshine campus was prioritised, as the majority of Living Learning young people attend this campus. During the site visits, a tour of the space was conducted with Living Learning and HHA staff.

Urbis conducted nine interviews (n=9) in relation to the design and implementation of the Living Learning Program. Interviews were conducted both in-person (at the Sunshine and City campuses) and online (via Microsoft Teams). In-person interviews were audio recorded and the evaluation team made notes of the interview, and online interviews were video recorded and transcribed via the Microsoft Teams platform. Consent to record was sought and confirmed by all interviewees.

Interviews were generally 60 minutes long and three separate interviews were conducted with the Living Learning Program Manager. A core discussion guide was developed in line with the KEQs. Given the diversity of roles and tenure among stakeholders, semi-structured interviews were determined to be the most suitable method to enable coverage of the core discussion guides, while allowing flexibility to explore relevant and emergent themes. These semi-structured interviews explored lines of inquiry relevant to each stakeholder's role and included staff and stakeholders from:

- Living Learning Program (n=5), including the Program Manager, Education Team Leader, Engagement Team Leader, Psychologist and Data Analyst
- HHA (n=3)
- MCM (n=1).

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

Urbis also undertook a review of existing documentation provided by program stakeholders. The document review was undertaken to validate and triangulate qualitative data collected through interviews. A document register was established to track and manage what sources had been shared with Urbis. Documentation provided to Urbis by stakeholders fit broadly into four categories:

- program design
- program implementation
- operational governance
- Living Learning Program data.

2.4 Limitations

The following limitations apply to the formative evaluation:

- young people were not consulted in this stage of the evaluation, meaning that preliminary findings toward emerging outcomes for program participants have been informed by observations of HHA and Living Learning staff
- limited consultation was conducted with HHA staff (n=3), meaning the views expressed in this report are indicative only.

2.5 Evaluation next steps and stages

Key activities and timelines towards the three stages of the evaluation are set out below:

- Formative evaluation – Finalise the report (March 2022).
- Interim evaluation – Finalise ethics (March-April 2022), conduct fieldwork with Living Learning participants (July-August), and finalise Interim Report (December 2022).
- Summative evaluation – Conduct fieldwork with Living Learning participants (2023, 2024, 2025), conduct the economic analysis (February 2026) and finalise Summative Report (July 2026).

3.0 Program design

This section examines KEQ F1. It explores the extent to which the Living Learning Program model reflects contemporary and emerging evidence for good policy and practice.



Key messages

- The program’s design has been informed by MCM’s experience delivering programs to this cohort and aligns with contemporary best-practice approaches.
- The program’s design drew from existing MCM programs: Frontyard (Check-In), Key Worker model from Cradle to Kinder, and HHA.
- International and Australian literature shows that wraparound support has positive outcomes on attendance and improved wellbeing, enjoyment of school, and social functioning. The program design aligns with the 10 principles of wraparound support. Our review found no directly comparable program to Living Learning with all core elements included.
- The integration of a range of elements into a single program and into a school setting (including adventure learning, assertive outreach, wraparound support) is novel. The program model evidences strong alignment between the program and best practice approaches for administering wraparound programs to vulnerable young people.

Program design continued

Organisational experience administering successful programs to the target cohort informed the program's design

Program design was informed by three existing programs being administered by MCM. The Living Learning Program draws on insights gained and capacity built through MCM's management of:

- HHA – Since 2012, MCM's subsidiary school has provided alternative flexible education and learning options to young people who have struggled to engage in mainstream education. The experiences and lessons learnt through the operation of HHA built the conceptual foundation of the Living Learning Program. The focus on young people having supportive relationships with at least three adults was derived from HHA operations and constitutes a core part of the Living Learning model. HHA is the host setting of the Living Learning Program.
- Frontyard's Check-In program – An integrated service model that addresses the physical, emotional, and social needs of young people (aged 12-24) who are disengaged, at risk of, or experiencing homelessness in Melbourne's CBD. The Living Learning Program incorporates elements of the program's step-up and step-down model of care, where individual needs inform the level of care and support provided.
- Cradle to Kinder – An intensive ante and postnatal support service to provide longer term, intensive family and early parenting support for a group of vulnerable young mothers and their children that supports new parents with a dedicated Key Worker. The key element that Living Learning has adopted from Cradle to Kinder is its three year case management model. The Living Learning Program also provides facilities and support for young parents, including young parents' rooms at the Sunshine and Prahran campuses.

The Living Learning Program adopts successful elements of each of these programs and has integrated these elements in a school setting. While Living Learning draws on an existing evidence base, as an integrated program, it is novel in its design and is a demonstratable example of a PAD funding innovation rather than expanding an evidence-based program.

We identified a cohort within [HHA] that needed more help. Mental health complexity was identified as the common thread. HHA was working well for most students, but there was still a small group of students requiring more support. The innovation was bringing this all together in a school setting. (MCM stakeholder)

The Living Learning model is supported by evidence, and aligns with best practice principles

The Living Learning model is supported by research and evaluation. It is based on best practice principles for administering wraparound mental health and education support to the target cohort. This evidence base for delivering wraparound mental health and specialist education support to young people experiencing mental ill-health has found that wraparound mental health and specialist education support in Australian schools for young people experiencing mental ill-health can lead to:

- increased school attendance and enjoyment of the school environment
- improved psychological wellbeing and reduced emotional stress
- a significant decrease in the severity and occurrence of student conduct problems and hyperactivity
- improved social functioning and a reduction in the occurrence of peer problems.


A review of relevant literature found strong alignment between best practice principles and the Living Learning Program's team-based and holistic approach towards addressing the needs of young people whose ability to successfully engage in education is inhibited by compounding factors.

The National Wraparound Initiative's (NWI)³ principles for 'wraparound support' have become an internationally accepted standard for high-quality wraparound program design and implementation.⁴ Their applicability in Australian contexts is confirmed in their usage by the Gonski Institute for Education in the assessment of a NSW-based program comparable to Living Learning. A review of relevant literature and Living Learning Program documentation, along with interviews with Living Learning Program staff, revealed strong alignment between the program and the NWI's principles.

3 The NWI was established in the United States in 2003. Central to the NWI's conceptualisation of 'wraparound' as a universally applicable concept are the Ten Guiding Principles of Wraparound, which specifies (among others) that a successful service should be individualised and strengths-, team- and outcome-based.

4 Urbis, Literature review on education and mental health interventions for young people, February 2022.

4.0 Program implementation



This section examines KEQ F2. It examines the extent to which the Living Learning Program has been implemented as planned, including the impact of COVID-19, adaptations to the program, and governance arrangements to support program delivery.



Key messages

- The Living Learning Program commenced concurrently across all three HHA campuses at the start of the 2021 school year. The gradual stream of student enrolment (until July 2021) meant students were able to receive services immediately at the HHA campus closest to or most accessible to them.
- Due to COVID-19 restrictions, program commencement was delayed by nine months, however this meant there was more time to finalise program planning and for construction of the Sunshine campus to be completed.
- Despite COVID-19 disruptions, the program has been implemented largely as intended, with some refinements made to internal processes, data collection mechanisms, and education plans.
- Recruitment and staffing of the Living Learning Program has been successful and aligned with program requirements. Living Learning staff operate in a highly collaborative way and the small delay in recruiting a dedicated psychologist is considered to have had minimal impact on students.
- There is anecdotal evidence that participants attending the Sunshine campus are responding well to its purposeful design.
- Program processes for referral, enrolment and monitoring are well established. The program is tracking within budget and has generally been implemented in line with original design.

Program implementation continued

4.1 Program establishment

Program commencement, referral and enrolment processes are established and generally working well

Service delivery to Cohort 1 Living Learning participants commenced concurrently across all three HHA campuses in January 2021, after a nine-month postponement due to COVID-19. Living Learning students started receiving services as soon as their enrolment was finalised. The enrolment of students into Cohort 1 of the program occurred gradually throughout the first semester of 2021, with 76 students referred and 48 enrolled in the program.⁵ Staff confirmed that the referral and intake process was managed relatively well, in line with the Operational Manual. Staff reported any minor issues had been resolved as the process became more streamlined.

A shortcoming of the current enrolment process is that referral sources are not clearly documented. According to program estimates, approximately half of the referrals came directly from parents, and the other half from services (e.g., DFFH). Recruitment efforts have included generic mailouts to Victorian secondary school principals (facilitated by HHA) and direct marketing to relevant services, such as LOOKOUT centres and Navigator program coordinators.

A consequence of delaying the commencement of Cohort 1 until 2021 has been that the referral period now sits across the Christmas school holiday period, which sees a significant decrease in activity at schools. This has caused a slight lull in referrals. However, as at 1 February 2022, the program had received 50 referrals for Cohort 2 indicating it does not pose a significant threat to the program's success.

Despite some COVID-19 disruptions, the Living Learning Program team have been successfully recruited

Living Learning staff were recruited over a 14-month period, with a notable pause on recruitment in 2020 in line with COVID-19 disruptions and the program commencement delay. While the Program Manager and Learning Specialist were recruited in January 2020, the Program Manager was redeployed to MCM and the Learning Specialist to HHA throughout most of 2020. In September 2020, program planning and recruitment activity recommenced (as outlined in Figure 4 overleaf). The Initial Engagement Review (October 2021) found that recruitment and staffing of the Living Learning Program had been successful and aligned with program requirements.

The program faced some challenges and delays in recruiting a suitable psychologist, due to high demand for psychologists as the pandemic continued (as will be discussed further in Section 4.2). The Program Psychologist commenced in April 2021, several months after program commencement. Despite difficulties faced in recruiting a suitable psychologist, program staff were able to utilise existing HHA and Living Learning staff and supports to ensure that participants were not left without mental health support. In addition, according to Living Learning staff, over half of program participants have psychological support provided offsite that is independent from their enrolment in the program.

As at December 2021, the Program Psychologist was supporting up to 14 Living Learning students and intensively seeing five students with twice weekly sessions. Support provided through the Living Learning Program is more flexible than what an external psychologist may typically offer, with students able to attend sessions extending beyond one hour. The Program Psychologist also provided secondary consults for HHA Youth Workers, Living Learning Key Workers, and HHA Classroom Educators. In early 2022, the Program's Psychologist resigned, and recruitment to fill the role commenced.

⁵ The enrolment period for Cohort 1 was open from November 2020 to July 2021 and includes a six month replacement period where students on the waiting list could be offered places in the program, provided there was room to accommodate them. In this period, three students dropped out of the program and those spots were taken up by other young people.

Figure 4 Key dates in staff recruitment timeline



Source: Urbis interviews with program staff (2021)

The three campuses provide a range of supports and an informal environment

The Living Learning Program is delivered at all three hub-style HHA campuses: Sunshine (Western metro), Prahran (South-Eastern metro) and City (Melbourne CBD). All three sites have been designed with the intention of creating safe and inclusive spaces for young people experiencing complex barriers to participating in education. HHA staff confirmed that each campus aims to achieve a small school community atmosphere without overwhelming students who may have struggled in – or have trauma associated with – mainstream educational settings.

The Sunshine campus is spread across a large ground floor and is located in the suburb's main commercial and services district. It is a short walk from the campus to Sunshine Centrelink, Medicare, IPC Health, Orygen and Department of Justice offices. This site was designed and built in line with trauma-informed principles. The majority of Living Learning students attend this campus, which caters to over 180 HHA students in total. Construction of the Sunshine campus commenced in 2020 and was finalised in time for the start of the 2021 school year.

The City campus is currently spread across the 7th and 8th floor of a CBD office building. Although not purpose-built, the space has been well adapted to meet the needs of HHA staff and students. The foyer, lift entry, and skyline views of Melbourne's CBD assist in giving the campus an office-like feel, which is unlike a typical mainstream secondary school.

The Prahran campus is located on the ground floor of a building shared by MCM and Melbourne Polytechnic in the centre of the Chapel Street shopping district. The Prahran Medicare and Centrelink offices are located 350 metres away from the campus. The presence of a tertiary college onsite makes the Prahran campus feel like a more mature environment than a typical mainstream secondary school.

Program implementation continued

Table 1 below presents the key features of each campus and the number of enrolled students.

Table 1 Living Learning campuses and unique features

HHA Campus	Unique Features	Number of students
Sunshine	<ul style="list-style-type: none"> ▪ Purpose-built site; trauma informed design ▪ Basketball court and indoor courtyard ▪ Young parents' classroom and industrial kitchen for VET ▪ Accessible via train and bus 	~200 students (34 Living Learning participants)
City	<ul style="list-style-type: none"> ▪ Site adapted to fit purpose ▪ Visual arts room and library ▪ Accessible via train, tram and bus 	~90 students (10 Living Learning participants)
Prahran	<ul style="list-style-type: none"> ▪ Purposefully retrofitted site ▪ Young parents' classroom, music room and industrial kitchen for VET ▪ Accessible via train and tram 	~60 students (4 Living Learning participants)

Despite challenges posed by COVID-19, the Engagement Team has provided a range of supports and activities that allow young people to pursue therapeutic pathways appropriate to their needs

The Engagement Team provide transport support and assertive outreach services, facilitate adventure learning activities and encourage Living Learning young people to be physically active. These supports and services are described below.

- Transport to school and appointments – The provision of transport to help young people get to school and to a range of appointments has proven to be a large component of Living Learning Engagement staff's role. Recognising that it is unsustainable to provide individual transport to students indefinitely, the Engagement Team's focus in 2021 was on building capacity (transport education) and confidence in a young person's ability to get to school and appointments independently. By helping young people navigate and adopt sustainable habits, it is expected there will be a decreased need for assertive outreach among Cohort 1 participants. Program staff reported that an additional benefit of providing transport to young people has been the time journeys allow for informal, one-on-one conversations with young people. These journeys have been an important setting in which young people have strengthened their relationship with, and trust in, Living Learning staff.
- Home visits and assertive outreach – The Living Learning Program allows for home visits with young people, provided staff follow screening and safety protocols. Although it is uncommon for Engagement Team staff to enter a young person's home, there were some circumstances in 2021 (i.e., when a young person was particularly anxious) that necessitated Engagement Team members conducting a home visit.
- Adventure learning activities – Adventure learning activities are organised by the Living Learning Engagement Team and are an integral and distinguishing component of the Living Learning Program. In 2021, adventure learning activities were delayed, and it was not until Term 4, 2021 that OceanMind and WILD activities were able to commence.
- CORE health and fitness program – Living Learning young people have access to CORE, a trauma-informed and value-based health and fitness program that allows young people to develop goals and work on their fitness. In 2021, the CORE program facilitator developed a training program in consultation with the young person, who was able to elect to work with the program facilitator one-on-one, in pairs, or as a group, and may attend sessions 1-2 times per week. The uptake of CORE has been strong among Living Learning students.
- Other supports – Animal assist and art therapy programs have also been rolled out to Living Learning students throughout the course of 2021, both of which have been well received by young people. The Living Learning Program used their own brokerage to fund a number of additional external services, such as psychology, occupational therapy and speech pathology.

Data collection processes are in place to monitor student wellbeing and program outcomes

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

- class attendance
- psychological wellbeing measures⁶
- educational attainment and goals through the BKSBS assessment and the IEP
- daily RIPPLE check-in and Strengths and Difficulties Questionnaire (SDQ)
- experience of school (HHA Student Survey and the Living Learning Student Outcomes Survey).

Supported by the program's dedicated data analyst, staff utilise these datasets in conjunction with enrolment and demographic data, case notes, and staff observations to provide tailored support to young people. Living Learning Education Team staff explained the program has ambitions to be more evidence driven, and is increasingly using real time data to inform their approaches.

4.2 Impacts of Covid-19, program adaptations and implementation challenges

In response to COVID-19 disruptions, the program commencement and referral period was postponed by nine months resulting in a change to the referral timelines

The nine-month program postponement has permanently changed the start date for all subsequent Living Learning participant cohorts. As Cohorts 2 and 3 will now commence in Term 1 rather than Term 2 of each year, the program's three-month referral period now sits across the December school holidays. This presents some challenges, as it is harder to receive information necessary to the enrolment process (e.g., confirmation of eligibility) from a potential participant's previous school during this period.

The seven months it took to secure the Program Psychologist was attributed to a shortage in recruitment options caused by increased demand for mental health care providers during the pandemic. During this protracted recruitment period, contingency plans were developed by Living Learning staff which accommodated for the situation in which recruitment did not result in the appointment of an appropriate psychologist. It was recognised by program stakeholders that HHA already employed a vocational psychologist who was onsite and that most students had their own mental health supports in place. Other recruitment options were explored and expanding the scope of the role was considered. However, by April 2021 (three months after Cohort 1 had officially commenced) the Program Psychologist was able to commence activities as had been intended in the original program design.

As mentioned, the Program Psychologist resigned in early 2022, and the recruitment process to fill the role commenced immediately. Given the significant effort required to fill the role initially and the ongoing shortage of mental health supports spurred by the pandemic, the timing required to find a suitable candidate is unknown. Contingencies being considered by the program include funds being directed into funding external mental health care providers for Living Learning participants. If this option were pursued, Living Learning staff would act in a mental health brokerage position, assisting young people in accessing public or affordable mental health services.

An unforeseen benefit for of the program's commencement having been delayed until 2021 was that there was more time for MCM and HHA to design and construct the purpose-built Sunshine campus, where the majority of these Living Learning participants attend school.

⁶ Psychological wellbeing measures used included K10 (measure of psychological distress), Depression Anxiety Stress Scales 21 (DASS 21), Revised Child Anxiety and Depression Scale (RCADS), and Mental Health Outcomes.

Program implementation continued

COVID-19 lockdowns and remote learning significantly disrupted the program's face-to-face design and planned adventure activities

Program delivery pivoted online when lockdowns throughout 2021 necessitated remote learning. As the Living Learning Program is intended to be a face-to-face program, this represented a significant deviation from the program's design. During this time, young people were not able to regularly attend the secure and safe environment HHA campuses provide.

While the program was delivered remotely, the core focus for Living Learning staff was providing students with engagement, connection, and resilience-building tools. This was important given the already high rates of disengagement and mental health diagnoses in Cohort 1 participants. Staff described the loss of momentum and engagement as the main impact of remote learning, which has been slow to recover. COVID-19 lockdowns also disrupted the delivery of offsite adventure activities. For around six months, adventure learning activities such as OceanMind and WILD were put on hold, in alignment with Department of Education and Training (DET) directives. Adventure activities were able to recommence in Term 4.

Throughout lockdowns, one campus was open to provide access for HHA students deemed vulnerable (as per DET rules), which was accessed by some Living Learning students. Living Learning staff confirmed that the Engagement Team largely continued their outreach work, engaging with Living Learning students over the phone or meeting in outdoor settings which has important wellbeing benefits for Living Learning students. This feature of the Living Learning Program is not present in the HHA service delivery offering.

The separation of the Living Learning Program from HHA actually benefited Living Learning during this time. DET rules were quite strict, and Living Learning was not obliged to follow these for outreach. (Living Learning staff)

The ongoing engagement which occurred with Living Learning participants may have contributed to the higher attendance rates seen in Term 3 and 4 compared to the general HHA student population (as will be discussed in Section 5). As at December 2021, some HHA students were yet to re-engage in school after lockdowns acted as catalysts for wavering attendance. Graduation and VCAL achievement also decreased across HHA during this period, while mental health issues increased.

The program has been implemented largely as intended with refinements made to internal processes, data collection mechanisms and education plans

The program has generally implemented in line with its original design and is tracking within budget. In a key program adjustment, enrolment processes have been streamlined to expedite confirmation of a young person's eligibility and reduce administrative burden. At the program's outset, there were two discrete processes for enrolling young person in HHA and in the Living Learning Program. Staff recognised the unnecessary burden that two processes for enrolment was having on young people and their support networks. In early 2021, Living Learning enrolment was integrated into HHA's existing process. Ambiguity associated with verifying that a young person met the program's eligibility criteria also posed a significant administrative burden for Living Learning and HHA staff.⁷ This process has now been simplified and requires a young person's last school to confirm the young person has attended less than ten days of school in the past 90 days, rather than providing records of actual attendance. This has assisted in addressing delays to confirmation of enrolment in the program and allows for the quicker onboarding of Living Learning participants.

Having two different processes for enrolment didn't make sense, so we wanted to make enrolment processes one in the same. Living Learning now picks up students through HHA enrolment. This keeps administrative work on the staff side, and from a student or parent perspective it's one simple process. We want a simple, straightforward and unobtrusive user experience. (Living Learning staff)

⁷ Eligibility criteria for the program is attendance of ten days or less in the past three month period of education, employment or training.



The Living Learning Program has adopted more effective tools to enhance staff's understanding of a young person's mental health and individual circumstances on any given day. Adopted in Term 3, the RIPPLE tool replaces the Ready to Learn (R2L) assessment. The R2L assessment was conducted by asking young people at the start of their school day to indicate, in front of their peers, how receptive they felt they could be to learning that day. Recognising the limitations of R2L, the Education Team adopted RIPPLE, a brief online check-in survey distributed to young people before the start of each school day. RIPPLE asks a series of seven questions, giving the young person the opportunity to convey privately to program staff whether they are hungry, tired, sad, or struggling with friendships. This data is accessible to a young person's classroom team in real time and used to determine the extent to which a young person is 'ready to learn', allowing staff to base their lesson plans on data. The classroom team can also take immediate action to address tangible barriers to learning, such as facilitating breakfast or other immediate needs.

Over the course of 2021, the program's Education Team decided to combine the Individual Learning Plan and Individual Education Plan into one succinct and actionable working document. This decision was made on the basis that the development of two separate documents was placing considerable pressure on HHA and Living Learning educators, meaning neither document was being completed adequately, nor were they particularly meaningful or truly 'owned' by Living Learning participants. A single, streamlined IEP is now developed and then reviewed at a young person's Welcome Back meeting – a constructive goal-setting discussion held with a young person at the end of each school holiday period. The document is intended to be a student-facing, working document that scales down to key ideas to assist a student in directing their learning and identifying their goals. Young people are encouraged to bring a key support person to these meetings, which may include a family member, friend or Key Worker. Staff report that Welcome Back meetings have been well attended by Living Learning students, a success which program staff have attributed to the agency students have in identifying goals which are truly meaningful to them.

Program implementation continued

The program has faced some implementation challenges including managing limited space on campuses, accommodating higher than expected class attendance and embedding the program in an existing school setting.

The following areas were identified by Living Learning and HHA staff as ongoing challenges to the implementation of the program and operation of HHA:

- Higher attendance of Living Learning students is putting pressure on classroom sizes and teaching capacity – While acknowledging that higher attendance by Living Learning students is a positive and intended outcome of the program, in the short term this has caused some resourcing challenges and adjustments for HHA teaching staff. A key aspect of the HHA and Living Learning model is the ability to provide tailored support enabled by small classroom sizes. Stakeholders from MCM reflected there is sufficient ability within the MCM governance structure to escalate and address this operational risk.
- Managing limited space on campuses with competing needs for rooms and private spaces – across all campuses, HHA and Living Learning staff reported that student numbers are reaching capacity for the space available. While the Sunshine campus was only finalised in late 2020, the site is already considered by many staff to be too small and lacking in private and dedicated spaces to be used by Living Learning staff. While the ongoing juggle for rooms and space is a common challenge in school settings, some Living Learning staff consider this a hindrance to effective program implementation.

There's been a struggle to fit Living Learning activities into the space that's available at the school. Sometimes Living Learning Programs need to be compromised in order to fit in what's happening. And sometimes we have to compromise HHA programs in order to make room for Living Learning. So I'd definitely say there's a space shortage, which makes things difficult. (HHA staff)

- Managing demand and resources for transporting students to campus and appointments – As discussed earlier, in the first year of the program, there was strong uptake of transport services provided by the Living Learning Engagement Team. Staff reported spending a significant proportion of their time transporting students to or from school or essential appointments. While this service is highly valued and contributing to positive attendance rates among students, the longer-term sustainability of this service is being re-assessed by Living Learning and HHA. Plans are currently in place to invest in an HHA bus to assist in meeting the demand.
- Living Learning has had a mixed impact on HHA staff and students – HHA staff were supportive of the program and confirmed that Living Learning has been beneficial for HHA students by providing additional resources in the classroom and some access to adventures activities.⁸ At the same time, HHA staff acknowledged that the program has put some pressure on classroom size and managing rooms and resources, particularly in cases where Living Learning activities occur at times which are out of sync with the school calendar. Some stakeholders reported many Living Learning staff are new to working in a school setting, meaning they are unfamiliar with the wide range of risk-based policies governing schools.

The Living Learning Program provides lots of really engaging activities for not only the students that are within the Living Learning Program, but also for students that are outside it as well. So one example of that would be the CORE program that they run two days a week here at Sunshine. (HHA staff)

⁸ Facilities and activities are prioritised for Living Learning young people.

4.3 Governance arrangements

The Joint Working Group is an appropriate and effective forum

The Living Learning PAD Joint Working Group (JWG) was established in 2019 to provide advice and guidance on the implementation of the Implementation Agreement (IA). The JWG's four distinct roles are to:

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

The JWG membership comprises MCM Chief Executive Officer (co-chair), the Responsible Deputy Secretary of DFFH (co-chair), the Government (DFFH) Contract Manager, senior representatives from DTF and DFFH, MCM's Chief Financial Officer, the Living Learning Program manager and the HHA Principal. The group met quarterly throughout 2020-2021. Stakeholders reported that the governance structure is working well and reflected that all members of the group remain committed to the successful delivery of the PAD and the program.

An internal review in late 2021 found the structure and format of Living Learning PAD JWG meetings is comparable with that of other PADs and SIBs across Australian jurisdictions and that the JWG membership is of an appropriate level of escalation required for issues of the Living Learning Program.⁹ The JWG acknowledged the internal review's finding that there is potential to strengthen the clarity in the roles and responsibilities of key stakeholders in the JWG, and that this could be partially attributed to differences between "actual and practical responsibilities."¹⁰ In response to this finding, work is currently underway to define roles more clearly through the development of Terms of Reference (TOR) for the Operational Working Group, and updating the TOR for the Evaluation Steering Committee and JWG.

Governance stakeholders confirmed that the JWG has effectively and collegially navigated matters which had potential to jeopardise the success of the Living Learning PAD. Foremost of these was the decision to delay the Term 2, 2020 commencement of the program. At the first official meeting of the JWG on 31 March 2020, MCM strongly recommended to the JWG that commencement be delayed until 2021. This recommendation was made on the basis that COVID-19 was threatening the ability of the program to operate as intended, by providing face-to-face flexible support for program participants and, as a result, there was a high risk that this would jeopardise the achievement of the payable outcome measure targets.

The JWG subsequently sought Ministerial approval for a delay in commencement. In April 2020, MCM and the Minister for Youth jointly agreed to delay the commencement until Term 1, 2021. The JWG agreed that the Department of Premier and Cabinet, DTF and MCM would work together to develop a set of criteria that would allow the program to commence once met.¹¹ Parameters to inform decision making about a revised start date and conditions for restart were subsequently documented and agreed to, which included key issues alongside indicators of readiness to commence. Documentation of these decisions is well recorded and evidences a clear and actionable risk management strategy.

⁹ The Initial Review was jointly conducted by DFFH and MCM in Sept – November 2021.

¹⁰ Living Learning Initial Engagement Review - Endorsed by JWG 2021 10 13, p.7.

¹¹ In January 2021, the Office for Youth moved from the Department of Premier and Cabinet to DFFH. The Joint Working Group Terms of Reference were revised accordingly.

Program implementation continued

The Operational Working Group is functioning as intended to work through operational issues

The Living Learning PAD Operational Working Group (OWG) was established in early 2020 to offer a forum for: reporting on day-to-day matters; information sharing; resolving operational issues not requiring escalations to the JWG; and routinely reviewing the Operations Manual to establish whether any amendments are necessary.

Membership of the OWG is determined by the Contract Officers and includes representatives from MCM, DFFH and DTF representatives. Since its establishment in 2020, OWG meetings have reduced in frequency from fortnightly to six-weekly. Occasionally, incidental meetings are held to resolve issues which have arisen and to organise specific items. OWG members described incidental meetings as an informal space in which members could “talk things through”. One member noted that the OWG facilitates respectful discussion, and that it is important that parties approach the forum as “equal partners”.

The internal review (led by DFFH) found that the “formalisation of processes as part of the OWG would be beneficial”, however some OWG members indicated that the less formal structure of the OWG and its meetings aided in the facilitation of useful discussion. In response to this finding, as noted above, work is currently underway to define roles more clearly through the development of Terms of Reference for the OWG.

The OWG has been a positive space that has allowed stakeholders to sort things out as a team. Although there have been a few instances of difficulty (such as needing to clarify things which hadn't been considered) OWG members have gotten through everything in a civil manner.
(Living Learning staff)

MCM and HHA governance mechanisms have been established

The MCM Governance Committee is an internal governance mechanism for the Living Learning PAD that sits within MCM's organisational governance structure. Membership of the MCM Governance Committee includes the Living Learning PAD Program Manager, the MCM CEO and General Manager of Corporate Services and the HHA Principal. In these meetings, the Program Manager gives six-weekly progress updates of operational matters and presenting available program data. Given the need for close and effective working relationships between the program and HHA, some stakeholders believe there would be benefit in the Assistant Principal of Wellbeing and Inclusion being included in governance of Living Learning PAD.

There are some areas of misalignment in the policies and operational governance of the Living Learning Program within the HHA school setting operations

The Living Learning Program operates in a unique environment as a funded program delivered by MCM largely within the existing HHA school. HHA is governed as a school in line with state government policies, however these operational and staff policies do not apply to Living Learning staff employed to deliver the Living Learning Program. Stakeholders reported that MCM policies are divisional, and the Living Learning PAD is a separate entity which does not fit within any of MCM's divisions. As a result, there have been a small number of incidents in which HHA and Living Learning staff were operating under different risk-based approaches in their engagement with students.

While overall, staff described the program in positive terms, staff from both HHA and Living Learning reported some inconsistencies and misunderstanding about how HHA and the Living Learning Program resources can be used. In particular, HHA staff expressed a desire to access the Living Learning psychologist to support HHA students through challenging times.

So there's been a big learning curve in terms of the Living Learning staff, acclimatising to the school setting and the school policies and procedures, and likewise us getting used to what the [Living Learning Program] restrictions are. *(HHA staff)*

There are risk appetite differences between Living Learning and HHA. We need policies to create clarity around what Living Learning staff can do and how this applies to HHA. *(Living Learning staff)*

5.0 Emerging outcomes for Living Learning young people

This section presents available data on the Living Learning student cohort and emerging outcomes from the first year of program delivery.



Key messages

- The Cohort 1 student profile is largely as expected, with multiple mental health diagnoses and a range of other complexities including interaction with the justice system represented.
- Despite the challenges of lockdown and remote learning, there was no attrition among the 48 participants of Cohort 1 in 2021.
- Throughout the year, Living Learning students had higher rates of attendance compared to the broader HHA student cohort, although attendance rates declined for all students as the year progressed.
- Program data on changes in literacy and numeracy is limited due to lower attendance in Term 4, however available data shows some improvement for a small proportion of participants.
- In general, Living Learning young people reported more positive attitudes and perceptions of school than the boarder HHA student population.
- Living Learning staff have observed some positive outcomes for students including more proactive help-seeking behaviour, increased confidence and independence, and budding friendships and support networks among some students.

Emerging outcomes for Living Learning young people continued

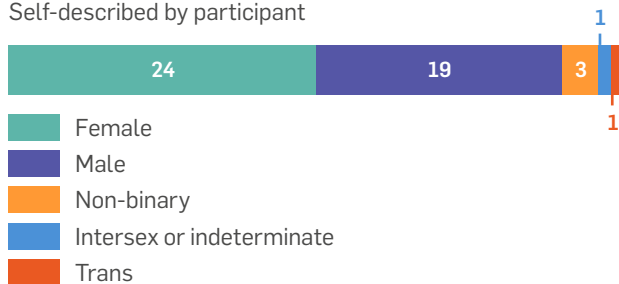
The Cohort 1 student profile is largely as expected with multiple mental health diagnoses

Nearly two thirds (65%) of Living Learning young people were aged between 16-18 years at the time of enrolment in the program. As shown in Figure 5 overleaf, anxiety and depression are prevalent in this cohort, with approximately two thirds of young people having this diagnosis (69% and 65% respectively). Among Cohort 1, 90 per cent of participants were born in Australia and six per cent of participants identified as Aboriginal, compared to one per cent of the general population from the intake area. Half of the participants identify as female (50%), 40 per cent as male and the remaining ten per cent identify as non-binary, trans or intersex. Among Cohort 1, six per cent of participants are parents.

Figure 5 Profile of Living Learning participants

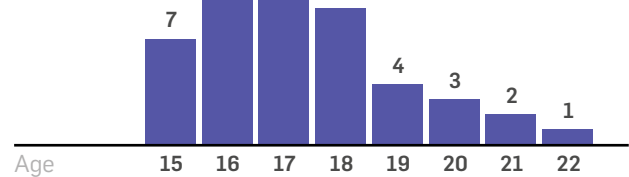
Gender

Self-described by participant

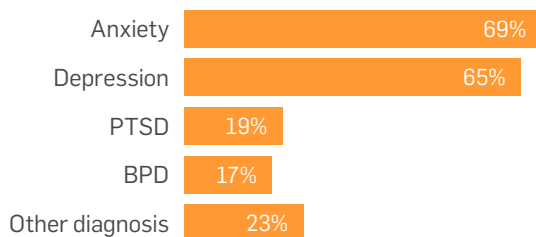


Age

Number of participants



Mental health diagnosis



Living situation



17%

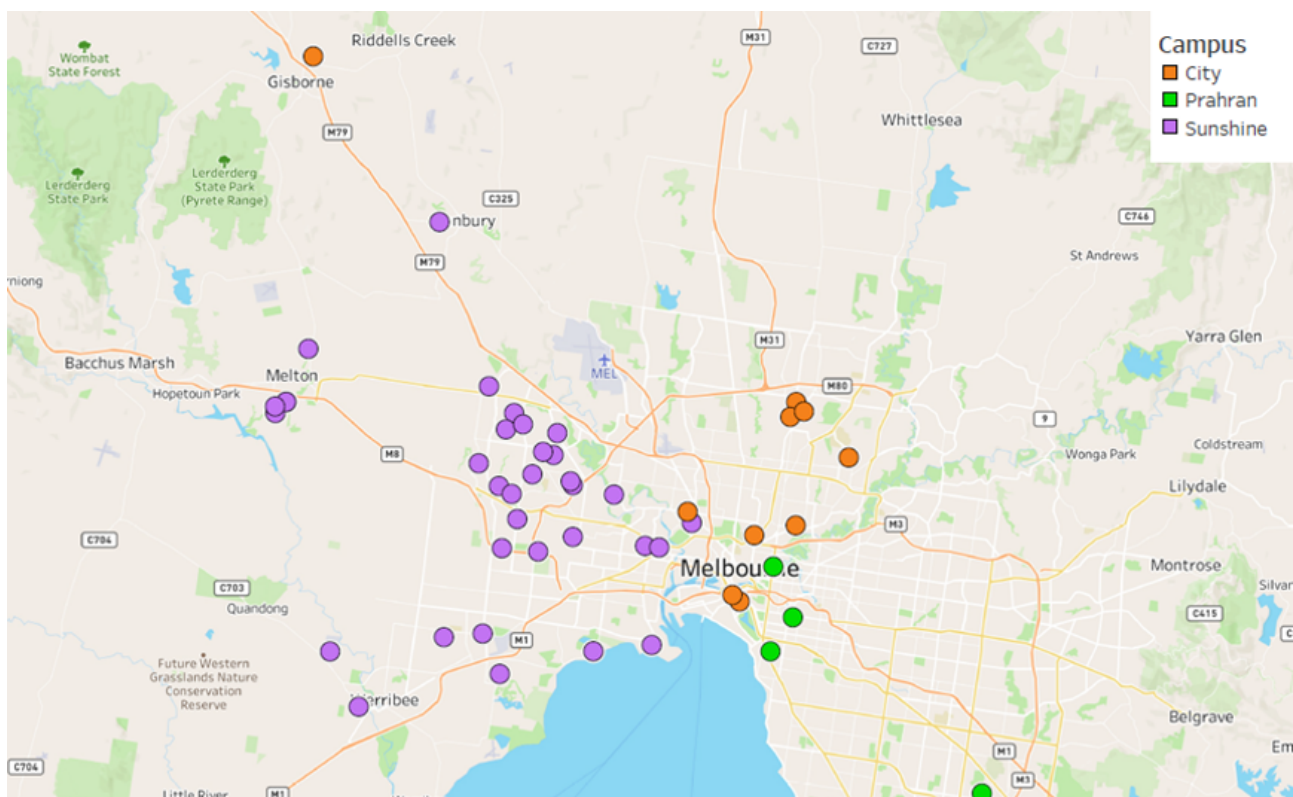
of participants living in out of home care or crisis accommodation

n=48

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

The majority of Cohort 1 live at home with family members (65%), 13 per cent live independently, while 17 per cent are living in out-of-home care (OOHC) or crisis accommodation. The distance students live from an HHA campus varies widely. Data collected by MCM shows that 94 per cent of program participants live in the western metropolitan local government areas of Brimbank, Hobsons Bay, Melton and Wyndham, as shown in Figure 6 below.

Figure 6 Distribution of Living Learning cohort students



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

A significant proportion of Cohort 1 have complex needs

Program data highlights many Living Learning participants have complex needs. For example, a large majority of Cohort 1 participants were assessed as having an 'extensive' NCCD level of adjustment, necessitating substantial adjustments to accommodate their disability and/or high support needs.¹² Further, four fifths of Cohort 1 participants (80%) had attended zero days of school in the three months prior to enrolment, while one fifth (19%) had not attended school in over two years. More than one quarter (27%) of Cohort 1 participants had some involvement with the criminal justice system.¹³

The high incidence of mental illness, intensive support needs, housing instability, engagement with the justice system, and school non-attendance is indicative of a cohort facing varied and complex barriers to successfully re-engaging in education.

¹² The collection of data for the Nationally Consistent Collection of Data on School Students with Disability (NCCD) is based on the professional judgement of teachers and school teams about the adjustments provided for students as part of day-to-day practice. Adjustments are actions taken to enable a student with disability to access and participate in education on the same basis as other students.

¹³ These were with either current court orders or pending charges.

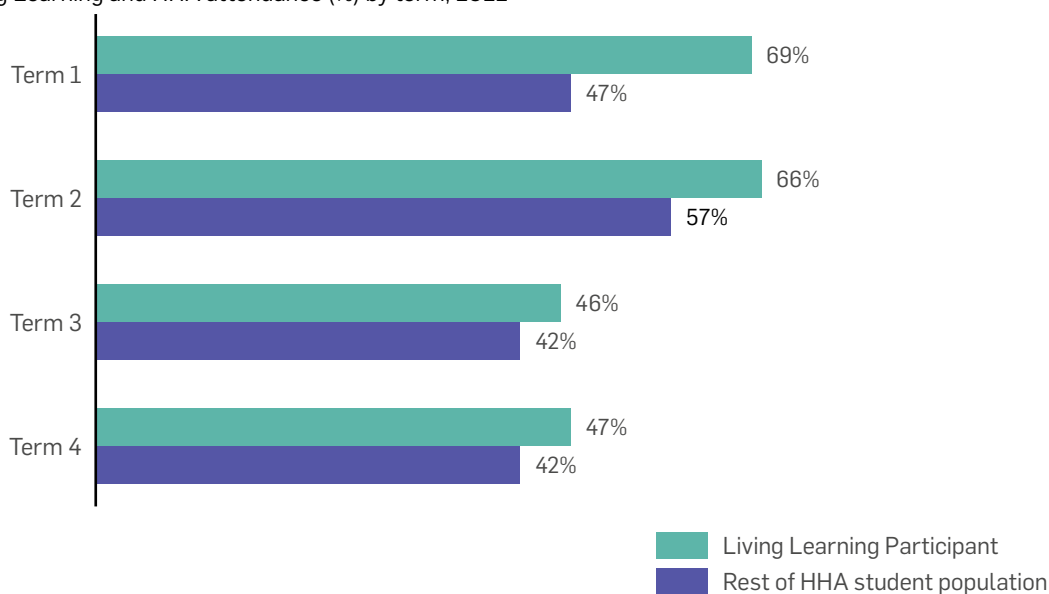
Emerging outcomes for Living Learning young people continued

Living Learning participants maintained a consistently higher level of attendance in 2021 compared to HHA students

While a small number of young people enrolled and then dropped out during the replacement period since Cohort 1 was confirmed in July 2021, there has been no attrition.¹⁴

As shown in Figure 7 below, attendance of students across all HHA campuses showed a downward trend from Term 2 to Term 4, which is likely attributable to the COVID-19 pandemic, associated lockdowns and remote learning. However, compared to the rest of HHA's student population, Living Learning participants maintained a higher level of attendance throughout 2021, though there was a declining trend in Term 3 and 4. Among Living Learning participants, attendance at the Sunshine campus was higher, compared to the city and Prahran campuses, over Term 1 and 2. This may be attributable to the larger number of students and greater social connections at the Sunshine campus, in addition to trauma-informed design and layout of the campus.

Figure 7 Living Learning and HHA attendance (%) by term, 2021



Base n=47 (Living Learning participants) n=69 (HHA student population)

Source: MCM attendance data, January 2022

Note: The number of days onsite varies across classes. Attendance figures are adjusted and benchmarked against all expected attendance days for each class

¹⁴ The replacement period is a six-month period from the commencement date of each Cohort where eligible students can join the LL program if the cohort is less than 48. If the current cohort is full, any eligible referrals can enrol in HHA and join an active waitlist for the Living Learning Program. If a space becomes available through attrition/drop out, then the next student in line can take the opening and become a part of the Living Learning cohort.

Living Learning staff reflected that a range of factors related to COVID-19 and lockdowns contributed to a decline in attendance throughout the year. As described in Section 1.2, face-to-face engagement is a core part of the Living Learning model, and, not surprisingly, the inability to provide outreach support and engagement had a significant impact on young people feeling connected to the program and to school. Long periods of remote learning meant young people faced challenges in building or maintaining relationships with their peers and classmates. Some young people reportedly experienced challenges accessing a safe and appropriate space to learn online, while others felt uncomfortable and awkward being in an online forum.

While onsite learning was available in Term 4, the return to school proved a difficult transition for many students. Long lockdowns resulted in many young people losing their regular daily routines, so the return to school was a challenge. Staff reflected that the increased travel time and adjustment in sleeping hours were particularly challenging for students. It was noted that students showed significantly less stamina and a lack of motivation in Term 4 with summer holidays approaching. Staff also reported some young people (and their families) experienced significant fears around their health when it was time to return to school.

Literacy and numeracy results show some improvements over the first year of the program

Changes in the literacy and numeracy skills of Living Learning participants is being measured using the Basic Key Skills Builder (BKSB) assessment, which is conducted online twice a year. At HHA, the aim is to bring students up to level 3 BKSB¹⁵ by the end of their time at HHA and/or in the Living Learning Program. Results from BKSB assessments for students who completed it in both Term 1 and Term 4 of 2021 show that:

- 27 per cent of Living Learning participants who completed both numeracy assessments (n=15) have increased their BKSB level
- 17 per cent of Living Learning participants who completed both English assessments (n=12) have increased their BKSB level.

It is important to note a large range for improvement within one BKSB level, meaning many more students may have increased their skills, yet retained the same BKSB level. Staff reported that COVID-19 had a significant impact on the program's ability to accurately track literacy and numeracy throughout the year. For the second BKSB assessment in Term 4, data was collected for 15 of the 48 students. This was attributed to lower student attendance and engagement. In 2022, the first BKSB assessment is scheduled for Term 1, week 5 and aims to address this lack of data.

While Living Learning participants were engaged in remote learning, the focus for program staff was primarily on engagement and the important task of keeping young people connected to HHA during the lockdown period. While overall, Living Learning staff are pleased with how the program provided literacy and numeracy support in 2021, staff reflected the tutorial program did not have the intended impact. Low attendance and limited engagement in the tutorial program were identified as the main reasons for the lack of success. Staff reflected that a combination of factors contributed to low attendance including a lack of wellbeing support in the classroom, the pressure of introducing students to multiple staff members (tutorials not run by their regular class teams), the significant disruption of multiple lockdowns, and a lack of routine.

There is early evidence that Living Learning students feel supported by staff and the school environment to access mental and physical health supports

Results from the Student Outcomes Survey conducted in Term 2 and Term 4 of 2021 show some emerging positive outcomes. The program has delivered consistent results in its first year of operating including:

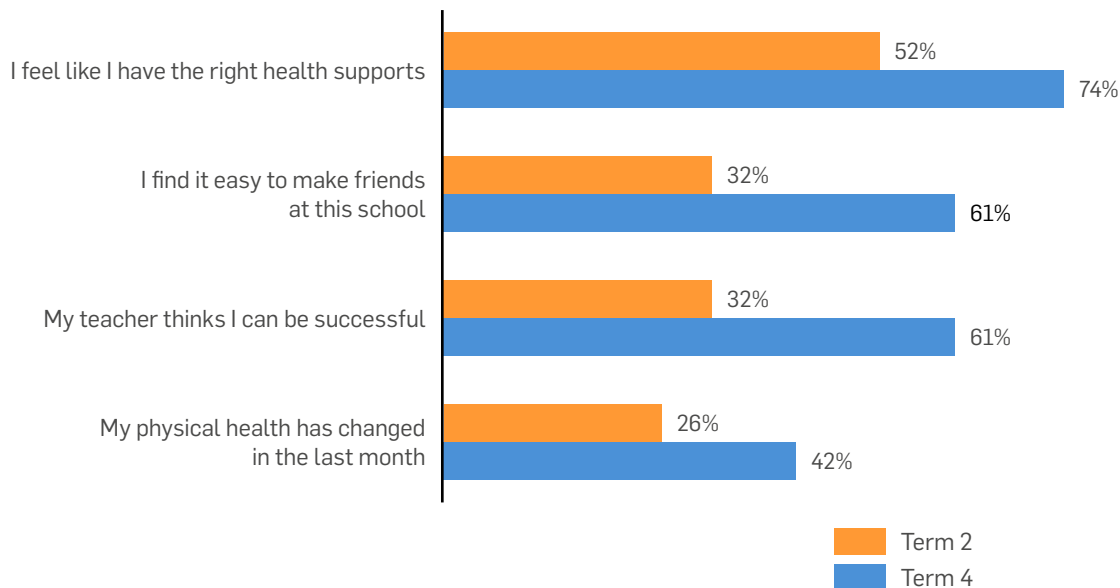
- almost all Living Learning participants (100% in Term 2, 97% in Term 4) reported they believed Living Learning staff were 'on their side' (n=31)
- more than four in five (87% in Term 2 and 4) of Living Learning participants reported they were satisfied with the mental health support provided at school (n=31).

As shown in Figure 8 in the following, results from the Student Outcomes Survey indicate significant improvements from Term 2 to Term 4 in terms of students' physical health, ability to make friends, staff confidants, and access to appropriate supports.

¹⁵ Level 3 BKSB is deemed to be a 'functional' level of literacy and numeracy.

Emerging outcomes for Living Learning young people continued

Figure 8 Living Learning Student Outcomes Survey areas of positive improvement in 2021



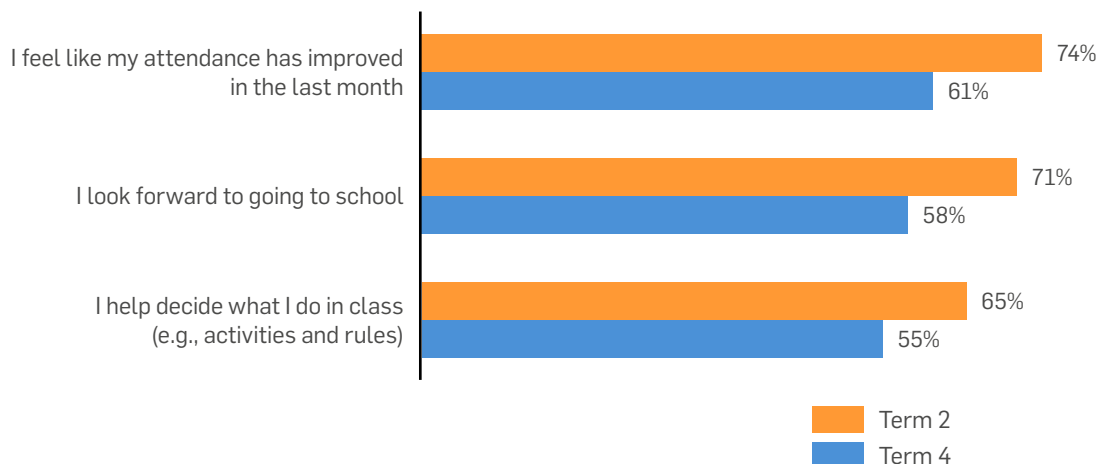
Base n=31

Source: Living Learning Student Outcomes Survey, provided by Living Learning Data Analyst (2022)

Note: Data is presented for the same students in Terms 2 and 4

There were a number of student outcome areas that trended downward from Term 2 to Term 4. As shown in Figure 9 below, a comparison of Term 2 and Term 4 responses showed a decline in school attendance in Terms 3 and 4, consistent with program attendance data. There was also a decline in enthusiasm for attending school and in class agency. As discussed above, Living Learning staff reported COVID-19 lockdowns and the disruption to face-to-face engagement had a significant impact on participant experience.

Figure 9 Living Learning Student Outcomes Survey areas of decline 2021



Base n=31

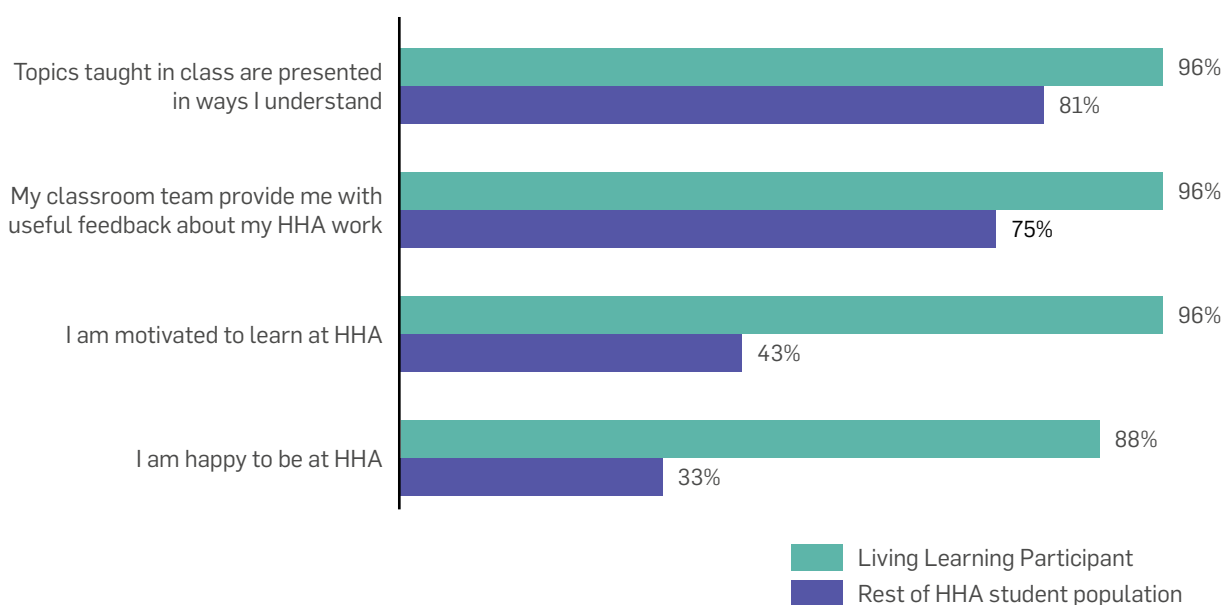
Source: Living Learning Student Outcomes Survey, provided by Living Learning Data Analyst (2022)

Note: Data is presented for the same students in Terms 2 and 4

Living Learning participants are generally more positive about their school experience than their HHA-only peers

The responses by Living Learning participants in the end of year HHA Student Satisfaction Survey 2021 indicate a more positive experience among Cohort 1 participants, compared to HHA-only students. For example, as shown in Figure 10 below, Living Learning participants were more likely to report they understood the topics in class and felt their teacher provided useful feedback, compared to other HHA students. Living Learning participants also reported significantly higher levels of motivation and happiness in school.

Figure 10 Living Learning participants and HHA-only student responses: Student Satisfaction Survey 2021



Base n=24 (Living Learning participants) n=69 (HHA student population)

Source: HHA Student Satisfaction Survey 2021, provided by Living Learning Data Analyst (2022)

Living Learning staff reported that despite a very challenging year of lockdowns and remote learning, many program participants showed great resilience. Among some participants, they noted positive behaviour changes such as:

- more proactive help-seeking behaviour
- increased confidence and independence
- development of friendships and support networks among Living Learning participants.

Staff provided positive examples of participants taking more initiative in their lives, saving money to buy furniture and move in with newly made friends from the program.

[Living Learning participants] make new friends here. They feel that they're like-minded people here, and they feel safe. They don't feel judged, they feel they can be themselves. They feel safe enough to come and speak to me about what they need. (Living Learning staff)

Disclaimer

This report is dated 18 March 2022 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Pty Ltd (**Urbis**) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of Department of Treasury and Finance (**Instructing Party**) for the purpose of Formative Report (**Purpose**) and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events, the likelihood and effects of which are not capable of precise assessment.

All surveys, forecasts, projections and recommendations contained in or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report, and upon which Urbis relied. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

In preparing this report, Urbis may rely on or refer to documents in a language other than English, which Urbis may arrange to be translated. Urbis is not responsible for the accuracy or completeness of such translations and disclaims any liability for any statement or opinion made in this report being inaccurate or incomplete arising from such translations.

Whilst Urbis has made all reasonable inquiries it believes necessary in preparing this report, it is not responsible for determining the completeness or accuracy of information provided to it. Urbis (including its officers and personnel) is not liable for any errors or omissions, including in information provided by the Instructing Party or another person or upon which Urbis relies, provided that such errors or omissions are not made by Urbis recklessly or in bad faith.

This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

