EARLY INTERVENTION PRACTICES IN YOUTH HOMELESSNESS PREVENTION

A study of early intervention work in the Community of Schools and Services Model - The Geelong Project

Early Intervention Practices in Youth Homelessness Prevention: A Study of Early Intervention Workers in the Community of Schools and Services Model.

Acknowledgments

Authors:

Dr Tim Corney, Victoria University

Narelle Benedict, Victoria University

Brett Woods, Victoria University

Rachael Horsford, Victoria University

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Acronyms

BCYF – Barwon Child Youth and Family services

COSS model – Community of Schools and Services model

EIRW – Early Intervention Response Worker

TGP – The Geelong Project

Introduction

This applied and translational research project sought to identify the practices of Early Intervention Response Workers (EIRWs) undertaking early intervention work with vulnerable young people identified as being at risk, including risk of homelessness, within The Geelong Project (TGP). TGP is the pilot prototype program of the Community of Schools and Services (COSS) model of early intervention. The lead agency in TGP is Barwon Child, Youth and Family Services (BCYF), located in the City of Geelong. (Note the term '*Early Intervention Response Worker*' is specifically used by BCYF staff to describe themselves, this is despite many of the staff having the title of 'Youth and Family Worker' in their formal job description.)

The project sought to answer the overarching question: '*What are the practices undertaken by early intervention workers with young people at risk, within the COSS model?*'

There is limited current literature (Barker et al., 2012; Dunst, 2000) specifically documenting what early intervention workers do in practice (i.e., the day-to-day, face-to-face work with young people facing risks such as homelessness) and to what theoretical or methodological body of practice knowledge this work pertains. As such, drawing on accounts from EIRWs, this project sought to discover and document, in detail, what EIRWs do in their day-to-day interactions with young people at risk.

The project sought to answer a series of related sub-questions:

- What are the face-to-face practices of EIRWs regularly undertaken with at risk young people?
- What early intervention work practices are undertaken with significant others such as family or related community members?
- What community and/or school supports are enabled or provided that assist the EIRWs' practices?
- What are the EIRWs' views of the differing nature of their co-workers' practices?
- To what theoretical body of knowledge do the differing practices of EIRWs pertain?

It is important to note that this research project was not an evaluation of TGP, rather a project exploring and documenting what EIRWs say that they do with young people at risk within the TGP COSS model.

Project Activity Description

This project aimed to (1) identify & understand; (2) document; (3) validate; and (4) make known the primary prevention and early intervention practices of EIRWs and the theoretical methodologies and/or practice frameworks used by EIRWs within TGP/COSS model, supported by BCYF.

The project took a primarily qualitative methodological approach to the research with TGP/BCYF staff. A demographic questionnaire and a series of semi-structured interviews and focus groups were undertaken with TGP/BCYF staff and the findings from the project were

fed back to key participants and stakeholders via feedback presentation sessions. Data collection and feedback validation processes included the following:

◆ Informal contextual interviews with TGP/BCYF/COSS key stakeholders

◆ Semi-structured interviews with 2 senior staff

◆ Demographic questionnaire with 22 EIRWs

◆ 3 x focus groups with 22 EIRWs

◆ 2 x feedback presentations to key stakeholders

◆ 1 x feedback session with senior staff

◆ 1 x feedback session with EIRWs

Table 1 – Project activities

Contextual research	• Literature review	• 1 x contextual focus group with senior BCYF staff	• 3 x semi-structured interviews with stakeholders
Data collection	• 2 x EIW TGP staff focus groups	• Participant demographics survey	• Post-session focus group survey
Analysis	• Thematic analysis of transcripts	• Literature review	• Development of preliminary findings & recommendations
Validation & knowledge translation	• Validation and knowledge translation presentations to: 1 x BCYF TGP senior staff; 1 x TGP advisory executive group; 1 x TGP operations group; and 1 x EIRW focus group participants		
Final report	• Finalisation of findings & recommendations	• Development and distribution of final report (incl. typology of early intervention work)	

COSS model

The 'Community of Schools and Services' (COSS) model of early intervention is designed to identify vulnerable and at-risk young people in secondary school, particularly those at risk of homelessness, and to deliver appropriate supports. It is a place based, collective-impact model (Kania & Kramer, 2011) that aims to support at-risk young people and their families by drawing on community resources (MacKenzie, 2018). Collective-impact models are designed to address the complexity of social problems (such as youth homelessness), by focusing on a collaborative form of service delivery with measurable outcomes (Kania & Kramer, 2011; Gill et al., 2017; Smart, 2017; MacKenzie & Hand, 2019a). The COSS model is an exemplar of collective impact, incorporating both youth-centred and family-centred approaches into an overarching practice framework to fully support the needs of both students and their family systems (MacKenzie & Meesen, 2019).

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There are four key foundations of the COSS model: (1) community collaboration (school staff and early intervention workers jointly make decisions and referring students to appropriate community resources); (2) early identification (through population screening); (3) a flexible practice framework; and (4) longitudinal outcomes measurement (MacKenzie, 2018). The COSS model uses targeted prevention strategies - as opposed to more general prevention methods - such as data measurement and indicators to identify at-risk students. These prevention strategies aim to create specific supports and interventions before the young person enters into crisis (MacKenzie, 2018).

The community focus of the COSS model means that it is place-based, where the development of a Community Collective (which consists of the school, community services, students and their families) is the broad aim. Therefore, implementing the COSS model involves reforming the current youth service system of a community to increase collaboration and efficiency (MacKenzie, 2018). Implementation of the COSS model requires a commitment to reform by community-based service providers and educators. This model cannot merely be inserted as a discrete program; rather, it requires dedicated, holistic community development because it changes the way that support is provided across services (MacKenzie, 2018). As establishing a community of schools and services is the first foundational step in the COSS model, it requires dedicated community building to form an ongoing collective of services that cooperate in the way that support is provided and services are delivered. One of the innovative parts of this model is that it is centred on collaboration between community-based workers (working with young people and families) and school-based education staff to effectively implement early intervention strategies to successfully respond to the often-complex needs of students.

The COSS model uses population screening to determine risk of homelessness by surveying for a range of indicators (MacKenzie, 2018, p. 9; MacKenzie & Hand, 2020). TGP uses the Australian Index of Adolescent Development survey (AIAD) to inform the screening (MacKenzie, 2018, p. 11). The screening process seeks to identify students that are both at risk of homelessness and at risk of leaving school, as these two problems are seen to be inter-related. There are two stages to this process; the first involves the AIAD 'at risk of homelessness' and 'disengagement from school' survey that is run by the schools, and that identify students who are at risk (MacKenzie, 2018). Additionally, schools are encouraged to follow up those young people who were absent on the day that the AIAD survey was implemented (as at-risk students may well be in this group), and to provide a 'school identified list' that further highlights young people who school staff have identified as potentially being at risk (e.g., through known family issues) (MacKenzie, 2018, p. 12). The second stage involves structured interviews with identified students to assess their risk levels, ascertain what level of support is needed and to provide appropriate referrals. The results of these interviews are passed onto school welfare staff who, alongside early intervention workers, seek consent from the student and their guardian(s) to participate in the program. Service plans are individualised based on student needs and risk factors, and can involve the young person, their siblings and wider family, the school and service providers committing to - and working together – to implement the support plans, which may include ongoing case management. Finally, the COSS model measures longitudinal outcomes by looking at the whole community of vulnerable people and noting the changes and achievements over time (MacKenzie, 2018; Hand & MacKenzie, 2019; Mackenzie &Hand, 2020).

Figure 1 – 'The COSS model.' Figure taken from MacKenzie & Hand (2019b, p. 1.

The Geelong Project

The Geelong Project (TGP) began as a research pilot of the COSS model in schools in the City of Geelong, Victoria, led by David Mackenzie and Mike Kelly first trialled in 2012. The aim of the COSS Model program architecture trialled in Geelong at that time, was to reform the local welfare service delivery ecosystem to incorporate secondary schools and to build new structures for collective decision-making and joint work between school welfare staff and those community-based workers external to the school (MacKenzie et al., 2012; MacKenzie & Theilking, 2013). The establishment and on-going delivery of TGP has been made possible by the important contributions of many individuals from local schools and youth service agencies including Time for Youth, the forerunner of BCYF.

The TGP model is built around a youth-focused, family-centred method that works to help at-risk young people stay in the family home (where appropriate), remain engaged in education and become more connected to support services and their communities. The TGP COSS model was designed to increase collaboration between schools and youth services in order to focus on prevention and early intervention and to reduce the reliance on crisis-based responses in the context of youth homelessness (MacKenzie & Hand, 2019b).

Following its successful trial and implementation in Geelong, the COSS model is now being rolled out in other placed-based contexts in regional centres in Victoria and in other Australian states. The original TGP trial established the TGP Executive leadership group and also an operational group of welfare/wellbeing staff from schools and the BCYF team as the basis of the projects' administration and oversight. The TGP operations are auspiced by the Geelong-based welfare agency Barwon Child, Youth and Family Services (BCYF) and involves a range of other community-based services and schools in the Geelong area. The project was originally supported by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs and the Victorian Government Department of Health and Human Services and is currently funded by the Victorian Government Department of Education and Training. TGP identified young people's disengagement from education as a key risk factor for negative outcomes, including homelessness, and has used the COSS model to reshape the community support structures provided for young people at risk in Geelong (MacKenzie & Theilking, 2013).

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TGP is based on four project principles: (1) community collaboration; (2) early identification; (3) tracking, screening and referral; and (4) making a difference (Mackenzie et al., 2012). The first principle of community collaboration is achieved through TGP's 'Community Collective'. The Community Collective consists of a range of community stakeholders who collaborate to develop and implement an early intervention framework specific to the Geelong area and it is here that the link to the COSS model is apparent (MacKenzie et al., 2012). The second principle of early identification uses the AIAD survey to identify students at risk of homeless before they enter crisis (MacKenzie et al., 2012). The third principle, which represents a system of consistent screening and tracking of at-risk young people with records of both contact at school and with the service system is provided by Up-Stream Australia as a backbone support program (Hand & MacKenzie, 2019). The final foundation is the implementation of the model into the pilot schools and monitoring the impact of this form of service delivery (MacKenzie et al., 2012). The following diagram represents the TGP model during its early stage of development.
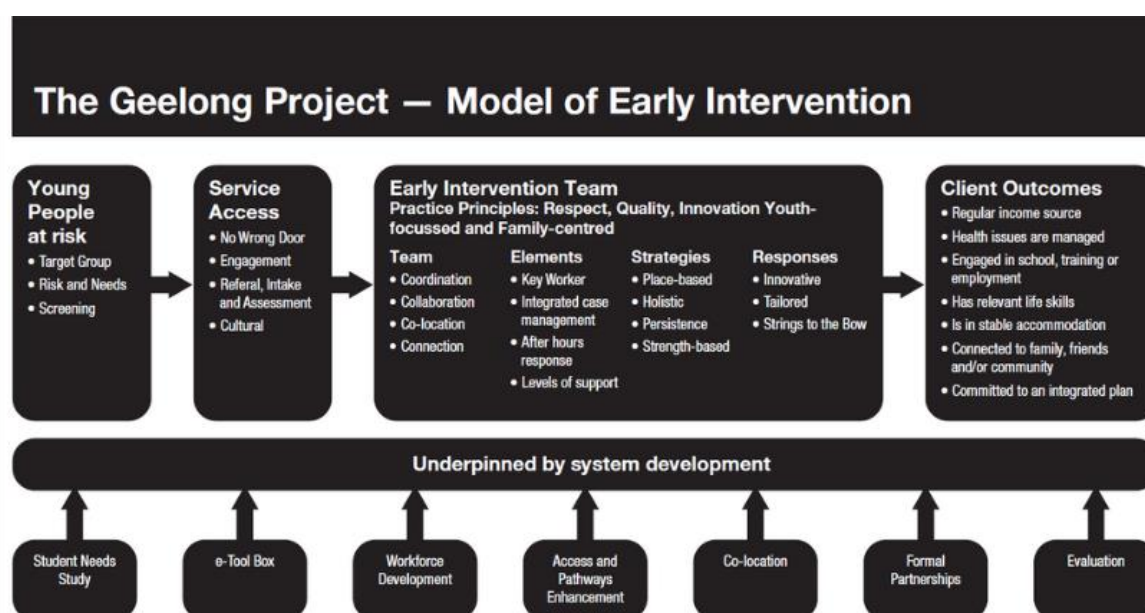
Figure 2 – 'The Geelong Project – model of early invention.' Figure taken from MacKenzie et al. (2012, p. 54).

Case Management in TGP COSS Model

The case management practice framework developed within TGP starts with the notion of 'triage' and is synonymous with early intervention. The concept is that following the AIAD risk assessment and a more specific individualised interview assessment, young people would be directed to differential responses. These differentiated responses are categorised as 'tiers' – Tier 1, is defined as 'Interrupted Connections'. Tier 2, defined as 'Unstable Connections'. Tier 3, as Chronically 'Disconnected'. These tiers have various level of response, intervention and referral based on the young persons determined level of risk.

The diagram below illustrates the case management framework, distinguishing the three tiers and the levels of response:
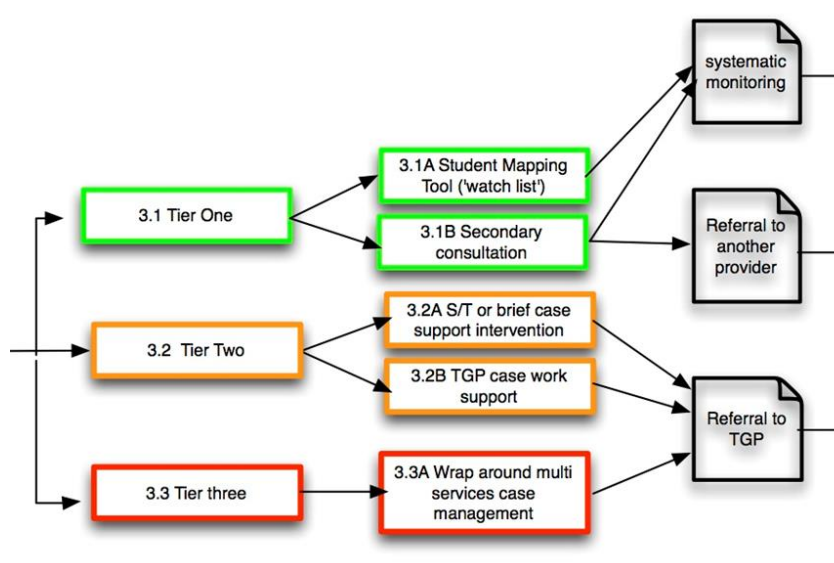
Figure 3 – Screening Assessment / Streaming in the 'End-to-End Flowchart of The Geelong Project Model'.' Figure taken from MacKenzie & Thielking (2013, p. 30).

The casework undertaken within TGP is about maximising the connection of young people with their family, extended family and friendship network. This is on the basis of resolving family issues that cause conflict. It has been established that conflict within families is a dominant risk factor that contributes to the early onset of homelessness (HREOC Report, 1989; National Youth Commission, 2008). When case work is required, it is a youth-focused and family-centred case management approach for those who need major support involving the young person, their family, schools, and agencies working together from the same care plan.

This research project focused on understanding and illuminating the practices of the early intervention workforce with young people at risk within TGP only. As such, an interrogation of the intake/assessment screening data and survey instruments; or an evaluation of the case management approach or long-term outcomes of the COSS model, or the architecture of TGP project in particular, is beyond the scope of this project.

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Literature Review

Youth homelessness

Youth homelessness and associated risks is a growing social and public health issue in Australia (Australian Institute of Health & Welfare [AIHW], 2021) and can be defined as young people aged 12-24 living unaccompanied and without the presence or immediate prospect of stable accommodation (National Youth Coalition for Housing [NYCH], 1985; Coffey, 2009; Chamberlain & MacKenzie, 1992; National Alliance to End Homelessness [NAEH], 2009; Mackenzie & Chamberlain, 2008; AIHW, 2021). As this age bracket is broad, both younger adolescents and young adults are affected, and as such the pathways into youth homelessness and the appropriate interventions can vary considerably (MacKenzie, 2018). In addition to having different pathways into homelessness than adults, young people generally have different experiences when they become homeless. Young people living on the streets are exposed to dangers and stressors on a daily basis, and often have not developed the necessary coping, emotional or problem-solving strategies and skills needed to deal with these situations (Legislative Council, 2021). The lack of these skills can make it hard for at-risk young people to cycle out of homelessness, especially when compounded with the associated lack of opportunities for education and income (Legislative Council, 2021).
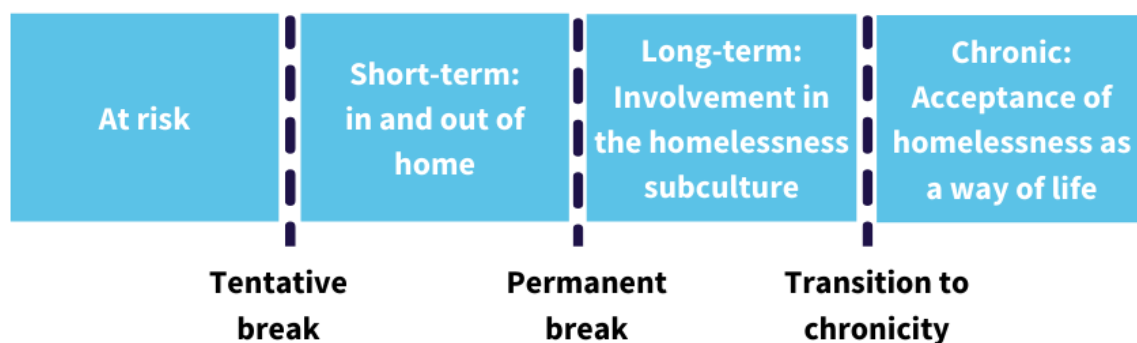
Figure 4 – Youth homelessness career. Based on the work of Chamberlain & MacKenzie (1998, p. 71).

The term 'youth homelessness career' is often cited as a way to view the process of transitions between various stages of youth homelessness prior to young people identifying as homeless (National Youth Commission, 2008, p. 77; Chamberlain & MacKenzie, 2004, p. ii). This end point of the homeless career is also known as being 'chronically homeless', and is associated with particular behaviours and self-identity (such as, crime, violence, addiction) that come with having to survive in this situation (National Youth Commission, 2008; Chamberlain & MacKenzie, 2004). Viewing youth homelessness through this lens also strengthens arguments for primary and early intervention, as interventions can be tailored and applied at different stages of the homeless career (Chowdry et al., 2018; National Youth Commission, 2008). What most research into youth homelessness agrees on is that there are multiple stages, beginning with those 'at risk' or moving in and out of homelessness (often for short periods of time), who may eventually transition into a permanent break with their home and/or families/carers. This can be described as a process of becoming homeless and for some young people this may end in a situation recognised as homelessness. However, for others

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there is also a process of recovery and of transitioning out of being homeless. (Chamberlain & MacKenzie, 2004).

A key issue surrounding youth homelessness is that it is often invisible or hidden (NYCH, 1985; Chamberlain & MacKenzie, 1992, 2012; Gaetz, 2014; Thielking et al., 2015). Homeless young people typically fall into the 'secondary homeless' category, which includes people who may have no usual address and frequently move between temporary, unstable accommodation (Headspace, 2011, p. 2). This can involve living in shelters, abandoned buildings, supported accommodation, on the streets or couch surfing (Fildes et al., 2018). Experiences such as couch surfing (which can include moving between friend's houses, staying temporarily with relatives or staying with a sexual partner) are part of the process of detaching from family and therefore can take place intermittently and before a permanent break from home. Because young people in informal accommodation may be able to provide an address and may have a place to sleep, or even return home for periods of time, they can be harder to identify as homeless or 'at risk' (Cooper & Brooker, 2020; Fildes et al., 2018; Gaetz et al., 2018; MacKenzie et al., 2016; Thielking et al., 2015; Yfoundations, 2015; Homelessness Australia, 2012; Headspace, 2011; Slesnick et al., 2009).

Pathways to youth homelessness are often complex and related to a range of causal factors that may intersect (Barker et al., 2012). Many of the current programs put in place to deal with youth homelessness are crisis orientated, and therefore many of the supports are available only once a young person is experiencing homelessness (MacKenzie, 2018). However, there are many young people who cannot be classified as homeless and therefore cannot access support, but are 'at risk' of becoming homeless.

Risk factors that are known to be common pathways to homelessness can be used to identify young people that may be at high-risk of youth homelessness (Legislative Council, 2021). At the same time, there are also known protective factors that, when built up around young people and their families, can help to prevent and reduce the incidences of youth homelessness (Crane & Brannock, 1996; MacKenzie et al., 2020). It is in addressing these risk factors and promoting the protective factors that the TGP seeks to locate their prevention and early intervention work.

Risk factors

Family conflict is consistently cited as one of the primary risk factors for youth homelessness and includes neglect, violence and abuse (physical, sexual or drug related) experienced at home (Pergamit et al., 2016; Legislative Council, 2021; Barker et al., 2012; MacKenzie et al., 2020; Cooper & Brooker, 2020; MacKenzie et al., 2016; Noble-Car & Trew, 2018; Office for Youth, 2011; Homelessness Australia, 2016; AIHW, 2021). Another common risk factor is disengagement from education or problems at school; high numbers of young people experiencing homelessness are not in the education system (Legislative Council, 2021; Chamberlain & MacKenzie, 2004, Noble-Car & Trew, 2018). Further risk factors include: mental health issues, housing crisis, youth unemployment and exposure to the youth justice system (Wang et al., 2019). These risk factors are often compounded by a lack of trust towards services and feeling misunderstood, leading to young people not utilising supports when they

are available (Noble-Car & Trew, 2018; Barker et al., 2012). Some groups of young people are over-represented in the youth homeless population and are therefore at a higher risk of experiencing these risk factors (Barker et al., 2012; Legislative Council, 2021; Homelessness Australia, 2016). This includes those who are Aboriginal and Torres Strait Islander; living in poverty; newly arrived in Australia or refugees; have been in state protection and care; young women; and those in remote locations (Legislative Council, 2021; Homelessness Australia, 2016; Chamberlain & MacKenzie, 2004).

Table 2 – Identifiable risk factors to school disengagement

	FAMILY/ COMMUNITY	SCHOOL	INDIVIDUAL
Risk factors (general)	Low parent education, poor parent-child relationships, poor parent-school relationships, stigma around accessing support and parent mental health.	Low sense of connection with school, confidentiality from school staff, mental illness, trauma, risk-taking behaviour, bullying, peer pressure, mental health literacy, LGBTIQ+, body dysmorphia and disability.	Poor student-teacher relationships, disengaged or non-attentive teachers and staff, low awareness of early signs or risk factors of disengagement, counter-intuitive consequences for disengaged students and limited staff resources and capacity (lack of experience & training and funding constraints).
Risk factors (specific to multicultural youth and families)	Family cultural expectations, intergenerational cultural dissonance (ICD), lack of understanding of Australian school system and role in young people's school engagement, mistrust of services & government systems, language/literacy barriers, low mental health literacy, transport, intergenerational poverty, family violence, trauma and access to interpreters.	Low levels of help-seeking behaviour (academic & mental health/wellbeing) due to cultural stigma, prior disengagement in schools in country of origin, interruptions to schooling, racism and lack of cultural identity.	Poor engagement / communication with parents with language background other than English (LBOTE), low levels of cultural safe and appropriate environments, racism, and low school cohesion / intercultural cohesion.

Table 2 – Table reproduced from Langmaid & Lowsby (2021, pp. 10-11).

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Protective factors

Protective factors are closely linked to risk factors, as they reduce risk factors and their harmful impacts (Hunter, 2012). Broadly, protective factors decrease the probability of homelessness and mediate the effects of risk factors known to be linked to pathways into homelessness (Heerde et al., 2020). Enhancing and building up protective factors is therefore a key goal of early intervention work and has been shown to be an effective way to prevent youth homelessness and reduce the likelihood of its reoccurrence (MacKenzie et al., 2020). Crucially, this involves building up protective factors around young people, families and their communities, rather than responding to individual cases of young people at risk (Crane & Brannock, 1996; MacKenzie et al., 2020). Examples of protective factors in youth homelessness include strong family, social and community relationships (Legislative Council, 2021; Pergamit et al., 2016). Hunter (2012) additionally stresses the importance of building up individual protective factors, including self-reliance, to increase resilience and, therefore, support young people experiencing homelessness to respond to adversity.

Young people benefit from living in protective environments with healthy family dynamics, stable education and supportive communities (Kurtz et al., 2000). Browne (2014) proposes several internal protective factors needed by young people for positive development including: resilience; social connections; an understanding of positive adolescent development; emotional, social, and cognitive competence; and the knowledge of having trusted support when in need. Possessing these protective factors increases the likelihood of positive development and outcomes for young people as they transition through to early adulthood. These protective factors allow most adolescents to transition to adulthood with relative success (Browne, 2014; Kurtz et al., 2000). Conversely, at-risk and homeless young people must navigate unstable and dangerous environments without the same levels of protective factors. Additionally, at-risk young people face obstacles, such as being exposed to dangerous living environments that threaten their long-term development and wellbeing (Kurtz et al., 2000). As well as general protective factors needed for healthy adolescent development, specific protective factors have been identified that act as a protective barrier against youth homelessness. Kelly (2020) found that the main protective factors against youth homelessness included having a positive connection to a trusted adult (and thus receiving more social support), attaining a high school certificate, being enrolled in school and having either a full-time or part-time job. Having these specific protective factors help young people to develop attributes such as self-reliance, a sense of optimism about the future and resilience (Kelly, 2020).

Early Intervention and Protective factors

MacKenzie et al. (2020) argue that because the typical risk factors and pathways to youth homelessness are known, the issue is preventable and can be addressed by early intervention. As the school is the dominant setting of early intervention work in TGP COSS model and school disengagement is a risk factor for youth homelessness, it is important to consider identifiable risk factors to school disengagement. The following table is drawn from a recent report from Langmaid & Lowsby (2021, pp. 10-11). While their project primarily focused on understanding educational disengagement for young people from a particular at-risk cohort (refugee and migrant backgrounds), the findings provide a rich and current evidence base regarding risk and protective factors for school disengagement relevant to this study and the prevention and early intervention work of TGP's EIRWs.

Table 3 – Identifiable protective factors

	FAMILY/ COMMUNITY	SCHOOL	INDIVIDUAL
Protective factors (general)	Role models from community, larger families (more points of connection with family, siblings, and parents), families that prioritise education (e.g., offer tutoring, home to help with homework), families that understand and prioritise mental health and strong structural authority within families.	Strong and understanding relationships between school staff, wellbeing staff, principals, and students (at least one point of connection), staff mentors for students (that aren't involved in the discipline), strong communication/ 'partnerships' between parents and schools, youth workers based in schools and extra-curricular activities (e.g., sport, after-school clubs).	High student aspiration and self-efficacy, confidence, belief in self, sense of agency, student connectedness to school and strong peer connections.
Protective factors (specific to multicultural youth and families)	Family connections to support agencies (financial, social or health support).	Culturally safe environments that celebrate diversity, schools that are responsive to parent communication needs and level of understanding and offering Multicultural Educational Aides.	Connections to culture and community, having peers of same religion, something to bond over, same values and access to English Language school.

Table 3 – Table reproduced from Langmaid & Lowsby (2021, p. 18).

Early intervention

The concept of 'early intervention', and the broader associated body of knowledge, has mostly been developed in the field of public health. The concept of early intervention is not new within specialised peer-reviewed publications (such as the *Journal of Early Intervention* which has been publishing on the topic for close to half a century). It is important to place the concept of early intervention within the broader continuum of prevention and intervention, and distinguish between primary prevention, secondary and tertiary interventions and continuing care. These terms are often used interchangeably, and while the application of these concepts may overlap, they refer to differing practices and theoretical frameworks. Simeonsson (1991, p. 127), writing from a health perspective, identifies Caplan and Grunebaum (1967) as recognising that the treating of established cases *only*, would not reduce the incidence of ill-health in the population and as such, they proposed levels of prevention and intervention - primary, secondary and tertiary.

Within the literature on housing and homelessness, the terms prevention and early intervention have been used widely, and for some time. Those such as Carter (1993), MacKenzie and Chamberlain (1995) and Crane and Brannock (1996) were early adopters of these terms. Initially, they had complementary but differing views that have subsequently changed and evolved over time. For example, Carter (1993) used the preventative health intervention spectrum model of primary, secondary and tertiary responses developed by Caplan and Grunebaum (1967), while MacKenzie and Chamberlain (1995, p. 23) adapted and redefined the terms:

> Preventive strategies focus on young people who may be "at risk", but who are not actually homeless. Early intervention refers to measures to help young people as soon as possible after they become homeless … [and] before young people have made the transition to chronic homelessness (MacKenzie & Chamberlain 1995, p. 23).

Chamberlain and MacKenzie (1998), in their landmark report on youth homelessness early intervention and prevention, again defined these concepts, reaffirming their 1995 (p. 23) definition of early intervention (cited above), but adding a further explanatory note describing a spectrum of 'prevention strategies' based on 'risk levels' and categories of young people.

> Prevention strategies include: Individual support for young people who are perceptibly at risk; school strategies directed towards all young people and strategies focusing on groups with higher risk levels (Chamberlain & MacKenzie, 1998, p. 115).

These early attempts at identification and prevention strategies undertaken by the sector have now evolved into complex programs and models, with recent writers such as Gaetz et al. (2018) having summarised the literature and created sophisticated typologies of youth homelessness prevention that include early intervention among others. This is an example of the evolving nature of the terminology and its relationship to practice. However, the development of the 'intervention' and 'prevention' terminology and its use in the setting of homelessness abatement is not often contextualised to the wider public health literature and health promotion context from which it has been drawn.

The image in Figure 5 below is based on the spectrum of mental health interventions (Australian Government Department of Health & Ageing [AGDHA], 2007) and informed by the early public health work of Caplan and Grunebaum (1967). It shows the wide continuum of

possible public health interventions and locates prevention and early intervention on that spectrum. The Life Framework (AGDHA, 2007) spectrum, itself based on early iterations, such as the Australian National Mental Health Strategy (Raphael, 2000), has subsequently been adopted and adapted by many community service and public health organisations and governments internationally to describe a continuum of health intervention work. While still used, there are critiques of the health intervention spectrum model, its linear nature and the "gaps between the model's segments" particularly in relation to the provision of community-based safety nets needed to bridge the gaps "in transition between stages of professional care and support" (AGDHA, 2008, p. 26). The critiques of the 'intervention spectrum' are explored further in the discussion of findings, however the concept of a spectrum of interventions is important for this research project as the terms 'prevention' and 'early intervention' are often cited by research participants, and sometimes used synonymously, within TGP.
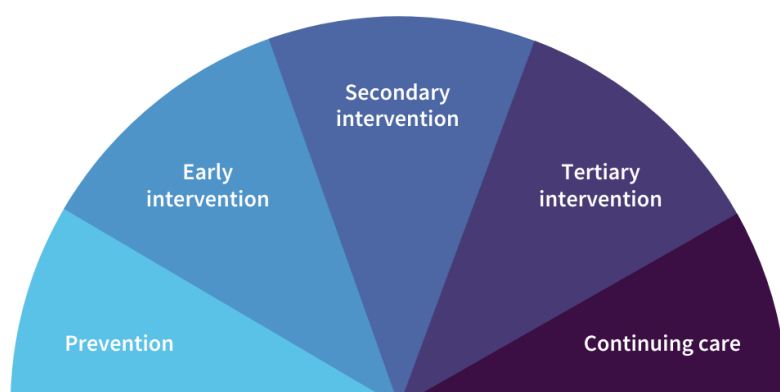
Figure 5 – Homelessness prevention spectrum. Image adapted from 'LIFE Framework continuum of suicide prevention' ' (AGDHA, 2007) and informed by Caplan and Grunebaum (1967).

'Prevention' involves taking action to stop something from occurring, with primary prevention strategies focussed on building protective factors and supports (Crane & Brannock, 1996, p. 14; Chamberlain & MacKenzie, 2004, p. 21). As such, 'primary prevention' of youth homelessness works to promote protective factors, reduce risk factors and prevent new cases from occurring. This involves universal and generalised whole-of-community wide interventions (Canadian Observatory on Homelessness, 2021; MacKenzie, 2018). In terms of youth homelessness, community-wide primary prevention seeks to address risk factors through interventions such as broad-based educational programs and information campaigns (Canadian Observatory on Homelessness, 2021; MacKenzie, 2018). Primary prevention strategies generally do not focus on individual cases of youth homelessness, but instead aim to build up protective and situational factors in communities before homelessness occurs (Crane & Brannock, 1996). What might be described as 'secondary prevention' is an intervention focussed on individuals and families at risk or in the early stages of homelessness and tries to prevent homelessness from becoming chronic and entrenched in families and individuals, and thus attempts to reduce the total number of cases (Legislative Council, 2021; MacKenzie, 2018; Crane & Brannock, 1996).

Dunst's (1985, p. 179) foundational work in this area defines 'early intervention' as the "provision of support to families… and children from members of informal and formal social

support networks that impact both directly and indirectly upon parent, family, and child functioning." As early intervention tries to reach young people at the community-wide level who are at risk of homelessness - as well as those individuals who are recently homeless – conceptually, early intervention utilises parts of both primary and secondary prevention practices (MacKenzie, 2018). However, the focus of early intervention is less on prevention strategies, which focus on structural and causal factors that give rise to homelessness, and more focused on situational and individual factors and an emphasis on the stages of homelessness and the transition between the stages. Chamberlain & MacKenzie (2003, p. 18) describe these as the "at risk'' and ''short-term" stages and the transition between these stages.

As outlined above, the concept of prevention and early intervention has its roots in the public health and community welfare sectors, where strategies attempt to address problems before they eventuate (Homelessness Australia, 2012). Generally, it is accepted that such interventions must consider not only the personal support systems of an individual, but also that of their community and other close relationships (DeCandia & Guarino, 2020). Across all the implementations of primary and secondary prevention and early intervention, a key pillar of this approach is that of trying to reduce risks and prevent trauma from occurring, based on the assumption that prevention is less damaging and leads to better outcomes for an individual than trying to address harm and trauma after it occurs (Hunter & Price-Roberts, 2014; MacKenzie, 2018). Thus, in terms of youth homelessness, the earlier prevention and intervention strategies are put into place, the greater likelihood that risk and the incidences of youth homelessness will be reduced in the lives of young people, and, as a result, expose them to less trauma and the reduced likelihood of homelessness reoccurring later in life (Barker et al., 2012; Gaetz et al., 2018).

Early intervention and the mobilisation of formal and informal social support settings

Dunst (1985; 2000) undertook definitional work on the practice of early intervention. Dunst proposed a 'social systems approach' to early intervention with families, children and young people at risk, defining early intervention as the "provision of support to families… and children from members of informal and formal social support networks that impact both directly and indirectly upon parent, family, and child functioning" (Dunst 1985, p. 179; 2000, p. 95).

Dunst (2000, p. 95) went on to provide examples of 'social support' as knowledge and skills and resources and opportunities along with "sources of information, guidance, advice" needed by families and young people as necessary for "positively influencing child, parent, and family functioning". The most innovative feature of Dunst's (2000, p. 95) definition is the contention that early intervention responses to families and young people at risk should go beyond professional support to include the "mobilisation of supports from informal network members rather than relying solely or primarily on formal supports from professionals and professional help-giving agencies".

Chamberlain and MacKenzie (1996, p. 16), like Dunst (1985), advocate for the early identification, and intervention, of young people at risk. Based on their research on youth

homelessness in the 1990s, Chamberlain and MacKenzie (1996, p. 16) suggest that "early intervention and prevention are more effective than waiting until there has been a major family breakdown". Chamberlain and MacKenzie (2006, p. 198) further define early intervention work, providing case study examples and detailing the possible frameworks that could be used for early intervention practice. They conceptualise homelessness as a 'process' and, as such, suggest that early intervention work "involves different forms of practice" depending on the context and issues faced by the young person at risk of homelessness (Chamberlain & MacKenzie, 2006, p. 198). Critically, they define early intervention as occurring at the 'in-and-out' stage before family breakdown occurs and/or before loss of accommodation. Chamberlain and MacKenzie (2006, p. 198) acknowledge that homelessness for young people may be preceded by domestic violence, so while early intervention may involve family reconciliation, it may also involve supporting young people to leave the family home and to "move to alternative, secure accommodation".

Chamberlain and MacKenzie (1996; 2008, p. 38) identify the school as an important site of early intervention work with individual young people at risk and their research highlights the importance of the availability and embeddedness of early intervention support services in schools. Crane (2009, p. 15) concurs and makes the case that young people's level of risk is often defined by their "relationship to the key institutions of family, school, work and statutory control". Crane (2009, p. 15) suggests, however, that early intervention can also play a role in moderating the institutional risk factors for young people, concluding that effective early intervention must do more than provide an individualised service and should engage "service systems and community-based support in processes that enlarge their awareness and capacity to include young people at risk of homelessness". He sums up by stating that the role of early intervention is also preventative beyond individualised service provision and can be used to combat structural inequalities and institutional barriers to contribute to the wider goal of social inclusion. These definitions of early intervention from the literature, and the inclusion of both formal and informal social supports as crucial to successful early intervention, informed this research.

Method

This project aimed to build on and develop previous work undertaken in relation to early intervention work with young people at risk. The work of Barker et al. (2012) in relation to identifying what EIRWs do and to what bodies of theoretical knowledge early intervention work practices might pertain was particularly instructive to this project. Barker et al. (2012) explores these questions in order to inform typologies of practice and ways of describing early intervention work to others – this project continues and builds on this foundational work. The project aimed to add to the body of knowledge and evidence base, meeting gaps in the literature and making findings available to a wider audience.

This applied and translational (Denzin & Lincoln, 2011; Krueger & Casey, 2014) research project can be described as a form of action-research (Cohen et al., 2018; Hobson & Townsend, 2010). Action-research is a term for a variety of methodologies that involve a research cycle based on planning, acting on plans, reflecting on the actions, and modifying,

renewing or continuing the planning towards further action (Denzin & Lincoln, 2011; Cohen et al., 2018). As an action-research activity aiming to progress a whole-of-setting approach (VicHealth, 2016, p. 15), the project worked iteratively with project participants in the development, design and delivery of the project and in feeding back data analysis, emergent themes, and the validating and reporting of findings.

The project took a qualitative methodological approach to the collection of data, using both one-on-one semi-structured interviews and larger focus group interviews with participants (1 x contextual focus group with senior staff; 3 x semi-structured interviews with stakeholders and 2 x EIRW participant focus groups). Additionally, the project employed a demographic questionnaire of participants in the contextual research phase of the project and a post-session feedback survey. The findings from the project were fed back to key participants and stakeholders, via knowledge translation presentations and feedback sessions (1 x BCYF TGP senior staff; 1 x TGP advisory executive group; 1 x TGP operations group; and 1 x focus group EIRW participants).

Sample size and recruitment of participants

Qualitative research draws on small samples of human experience that can be examined in depth (Miles & Huberman, 1994; 2014). Vasileiou et al. (2018) suggest that the choice of sample size in qualitative research is an area of debate without consensus. While there have been principles developed to assist researchers to justify sample sizes, Vasileiou et al. (2018) refer to the principle of 'saturation', suggesting that sample size be based on sufficiency to adequately capture the phenomenon under investigation. However, they conclude that qualitative research sample sizes are most frequently determined based on pragmatic considerations and are informed by prior research, methodology and discipline specific research norms.

This study adopted a 'purposeful' sampling strategy (Creswell, 1998, pp. 118–20) for recruiting participants who have knowledge of the particular issues under investigation, were willing to share with the investigators the degree of detail and depth required to enrich the study (Gray, 2003, p. 101) and were available for interviews. The project's purposeful recruitment process was conducted on the basis of 'convenience' insofar as it maximised opportunities for identifying suitable participants within the short timeline of the project (Wright & Sim, 2002).

According to Carpenter & Suto (2008), purposive sampling in qualitative research is a deliberate and resolved sourcing of data; these processes and decisions are based on the rich information contained within the site, setting or individual participant. Patton (2002, p. 230) describes various strategies for undertaking purposeful sampling prefaced on the concept of obtaining "information-rich cases". Patton (2002, p. 230) defines these cases as those "from which one can learn a great deal about issues" and are of "central importance to the purpose of the inquiry". Suri (2011, p. 66) states that to undertake purposeful sampling successfully, "key informants in the field" are crucial in identifying information-rich cases. Key informants have also been described as 'gatekeepers' and have been used in purposeful research to provide information and to gain access to potential research participants (Kawulich, 2011).

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The limitation inherent in the qualitative nature of the study is its containment to the BCYF TGP staff sample at the time of data collection (2019 – 2021), and, as such, precludes claims to generalisability beyond the BCYF TGP cohort. In light of this containment, this report describes the workers as 'Early Intervention Response Workers' (EIRWs), rather than 'Early Intervention Workers' more generally, as this is the way participants doing early intervention work in the BYCF TGP context described themselves in the interviews and focus groups.

Ethics and recruitment

The project was located within the site and setting of the Barwon Child, Youth and Family Services (BCYF) organisation's Geelong Project (TGP). Participants in the study were drawn from the staff of the BCYF. The BCYF management team were key stakeholders with influence within the TGP sites and settings. As such, these key stakeholders participated in the research project as both research informants and as gatekeepers, enabling the recruitment of BCYF staff as information-rich participant cohorts from the TGP sites. Relevant BCYF staff working at TGP were invited to participate in the research via an email that included participant information and a plain language statement explaining the intention of the research project and included information regarding participant consent. This information was provided as part of the recruitment process, consistent with Victoria University (VU) research ethics and informed consent to participate guidelines. Prior to the commencement of in person, face-to-face interviews and/or focus groups, the participants were provided with a hard copy of the consent form to sign, the research was explained (including how data will be used), and participants had an opportunity to discuss the research and to ask questions, consistent with VU research ethics processes and informed consent guidelines. Participant consent was voluntary, and participants were informed that they were free to withdraw from the project at any point in the proceedings. Data was collected, recorded and stored by VU in accordance with the University's research ethics consent and data storage criteria.

Contextual research

An initial literature review was undertaken to inform the project methodology and design and to enable the development of a demographic questionnaire and interview and focus group questions. This was conducted in consultation with project stakeholders - in particular, senior BCYF TGP staff - consistent with action-research methodologies. Undertaking contextual research enabled key stakeholders to participate in the design of the project and to reflect on their understandings of early intervention work, the relationship to TGP and with the COSS model providing a contextual backdrop to the demographic questionnaire and interviews with BCYF TGP staff that followed.

Focus groups and interviews

Interviews with groups of participants are useful for exploring the inter-subjectivity of participant perceptions and shared experiences (Fern, 2001) and can add depth to qualitative interview analysis allowing participants to dialogue on the given topic or question and to share their point of view (Morgan & Krueger, 1993; Kruger & Casey, 2014).

In this project, three focus groups were conducted with BCYF TGP staff, over the age of 18, who were working with young people at risk within the context of the COSS model. Focus groups consisted of 22 participants in total, purposefully recruited through BCYF (Creswell,

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1998; Patton, 2015). Focus groups were initially conducted face-to-face on the premises of BCYF in Geelong (one was later conducted via Zoom during owing to COVID-19 restrictions), and were facilitated by a member of the research team. Consent to participate was provided by participants consistent with VU's ethics procedures. EIRW participants were asked a series of questions on the topic of early intervention work practices (see Appendix A for the demographic questionnaire and indicative interview schedule) and participant responses generated data both individually and through dialogue and interaction between participants and the interviewer. Participant responses were recorded in both audio and note form. A second research team member was present in the focus group, observing and taking notes. Dominant themes were noted as they emerged and were fed back in situ to participants for further comment, confirmation and validation, consistent with an iterative approach to analysis (Srivastava & Hopwood, 2009). Three levels of data collection and analysis were identified - individual, group and interactive - enabling depth and reliability (Adcock & Collier, 2001).

Thematic analysis

Miles and Huberman (1994, pp. 10-11) state that thematic analysis of qualitative data is based on, "data reduction, data display, and conclusion drawing or verification". A dualistic thematic analysis (Guest et al., 2012) of the data was conducted using both deductive and inductive approaches (Thompson, 2006) that enabled the capture of key themes that aligned with the project objectives as well those naturally occurring. The use of complimentary dualistic techniques (Fereday & Muir-Cochrane, 2006) allowed for both looked for and naturally emerging themes to evolve from the data analysis process.

The audio recordings of focus group interviews were transcribed verbatim, and the data thematically analysed, identifying patterns, frequency of responses and common concerns in the cohort (Guest et al., 2012). Themes were crosschecked with field notes, and discussions about emerging themes were held by the research team. The final selection of themes was based on frequency and relevance to the aims of the study (Guest et al., 2012). Themes were fed back to participants iteratively for authentication and validation, comment, confirmation and review (Srivastava & Hopwood, 2009). Relevant validation comments are included in the discussion of the findings below.

In this report, the identified themes and sub-themes are displayed graphically (see the following figures in each section) in order to depict relationships and enhance the conceptualisation of key factors. Direct verbatim quotes related to the themes are also presented in corresponding graphics for ease of interpretation.

Demographic Survey Results

Demographic characteristics of the EIRW participants

Of the 22 focus group participants 17 completed an anonymous demographic questionnaire (see Appendix A for demographic questionnaire). The data is presented below in figures 6 - 13. The demographics are useful to understand the organisational and worker context at BCYF. The following figures depict the diverse professional backgrounds, qualifications and experiences amongst the TGP team at BCYF. This diversity provides the context for the complexity of the work that the participants described, the tensions in adopting different practice frameworks reported by participants in the interviews and validated in the feedback sessions. While the differences between staff backgrounds, qualifications and levels of experience contribute to some of the challenges EIRWs experience, this diversity was also celebrated by senior staff and EIRWs who reflected on the ways they were able to learn from their colleagues.
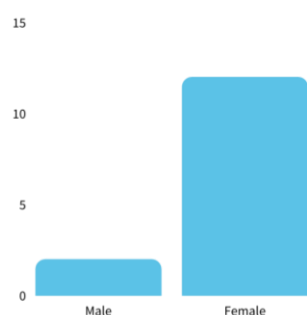
Figure 6 – Gender breakdown of focus group participants.
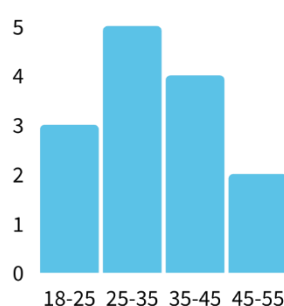
Figure 7 – Age of focus group participants.
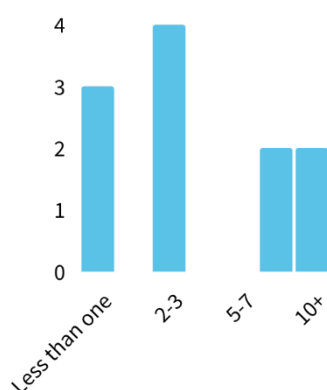
Figure 8 – Number of years in workforce of focus group participants.
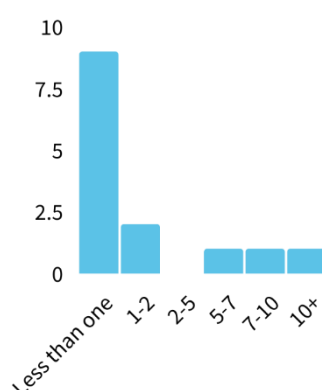
Figure 9 – Number of years focus group participants have worked at BCYF.
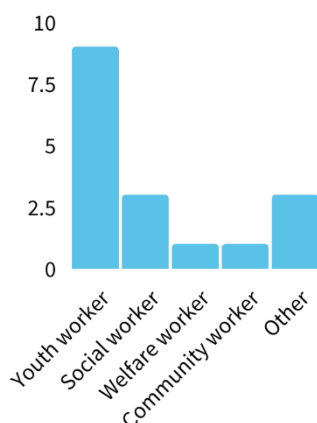
Figure 10 – Focus group participants' self-description of their occupation/profession.
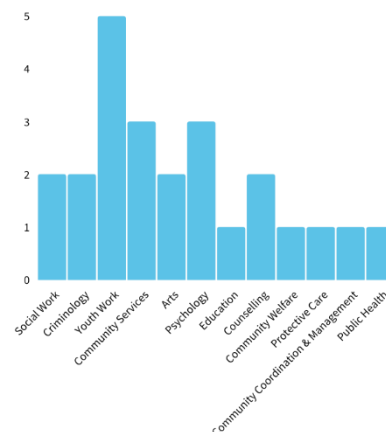
Figure 11 – Qualification area held by focus group participants (some participants held more than one qualification).
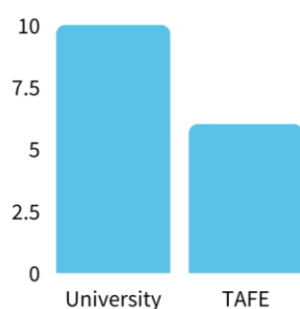
Figure 12 – Institutions where focus group participants had obtained their qualifications.
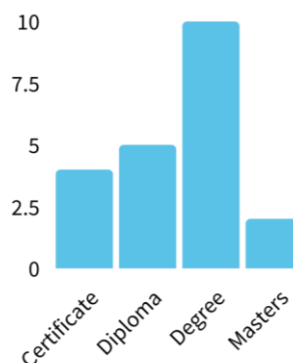
Figure 13 – Qualification level held by focus group participants (some participants held more than one qualification).

The majority of participants identified as female, were tertiary trained at degree level and most were either youth and community or social work trained. However, there were a number of staff with other/additional qualifications sitting outside these disciplines. While a number of staff were experienced and with longevity in the human services sector, a majority of staff had less than 5 years' experience and were under 35 years of age, representing a relatively inexperienced workforce.

The above data confirms the conclusions of Healy and Lonne (2010). In their nationwide study of the Australian human services sector, they found the levels and types of formal educational qualification and training (along with workplace experience) among specialist staff in the human services sector to be highly diverse. This arguably reflects the pace of growth in the human services sector and the limitations in the sustainability of an appropriately qualified workforce. However, Healy and Lonne (2010) found little evidence of integration of this diversity into preparation of staff in workforce planning particularly in the community services

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sector. As remarked by Healy and Lonne (2010), this stands in stark contrast to the health services sector where meeting particular workforce challenges has been met with the provision of specific and highly specialised education and training. While this may be a concern for programs such as TGP, it may also be construed as beneficial in that the diversity of staff qualifications may provide a wide and holistic approach to the needs of young people at risk through the diversity of practice responses and theoretical frameworks found within the participant cohort.

Building on Healy and Lonne's (2010) work, Papadopoulos and Egan's (2021) recent survey of social work graduates confirms little has changed in the past decade. Of particular interest is the language in which graduates in their longitudinal study used to describe their practice, with Papadopoulos and Egan (2021, p. 354) concluding that the language workers use "signals something about their location in the field". This finding is echoed in the self-descriptions of the occupations and professions at TGP. For example, the majority of workers described their profession as '*youth worker*' (10 of 17 participants), despite only 5 of 17 participants having formal youth work qualifications (see figures 10 & 11 above), reflecting their 'location in the field' (working with young people) rather than their qualifications or experiences. The majority of participants identified that their job title at TGP was as an 'Early Intervention Response Worker', further cementing the workers' identities as being shaped by their professional "function" (Papadopoulos & Egan, 2021, p. 357), rather than their professional qualification and experience. The complexities of the professional identities evidenced in the demographics provides the context for the tensions in practice frameworks and methodologies, evident in the interviews (see below pp. 60-61). As a result of the 'functional' identity shaping of these roles, this project has developed a Typology of Early Intervention Work (see Table 4), which has been validated by participants and TGP senior staff.

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Project Findings

The results of interview data analysis are presented as the project findings and are outlined below, supported by the inclusion of relevant extracts of verbatim quotes.

In summary, the project found:

◆ The early intervention work that EIRWs do is different and varied across the different settings of the TGP COSS model (see pp. 27-35);

◆ EIRWs adopt four overarching modes of practice in their work (1. mediator/coach; 2. advocate; 3. significant other/trusted adult; and 4. bridge builder) (see pp. 36-41);

◆ EIRWs adopt a variety of frameworks of practice; informed by the contextual setting, complex nature of early intervention work and informed by the diverse qualifications and experience of EIRWs in the TGP (see pp. 41-51);

◆ A typology of early intervention work practices is proposed (see pp. 51-53);

◆ There were gaps and silences in the data, these are described in the findings as 'missing themes' (i.e. what participants *didn't* say about their work) including youth alcohol and other drug issues (AOD), youth transitions, informal community supports and youth voice/youth participation (see pp. 54-60);

◆ Participants report a core tension between 'youth-centred' and 'family-centred' approaches to practice that are brought together in TGP's 'youth-focused family work' framework (see pp. 60-62);

◆ Early intervention work is complex and the homelessness prevention spectrum is non-linear with porous boundaries between prevention, early intervention, secondary/tertiary interventions and ongoing care (see pp. 62-64); and

◆ Participants report additional training needs, to build capacity and confidence in working with families and in managing competing priorities (see pp. 65-66).

Finding: early intervention work spans different settings

The COSS model is a place-based model (see discussion above p. 9). In light of this model and the literature's emphasis on the risk and protective factors across different contexts (Dunst, 2000; MacKenzie et al., 2020; Legislative Council, 2021), the research asked participants about their early intervention work across the COSS settings of school, family/community and services providers. Following the thematic analysis of participant interview data, the 'young person' as primary client was included as a distinct setting to reflect the significant focus reported by participants of working directly with the young person.

In relation to the four settings identified (1. young person; 2. school; 3. family/community; and 4. service providers), the research conducted a thematic analysis of what the participants reported that they did when working in each of the four settings. The themes and sub-themes across each setting are presented graphically below and are supported by verbatim participant responses from the interview data.

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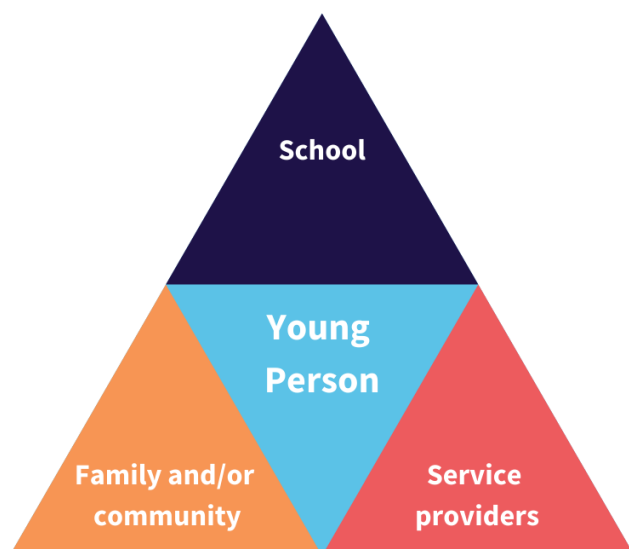
Figure 14 – Settings for TGP early intervention work

Setting one: EIRWs' roles with the young person

Figure 15 – Themes relating to EIRWs' roles in the setting of the young person.

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Themes

Early intervention response workers' roles relating to the setting of the young person
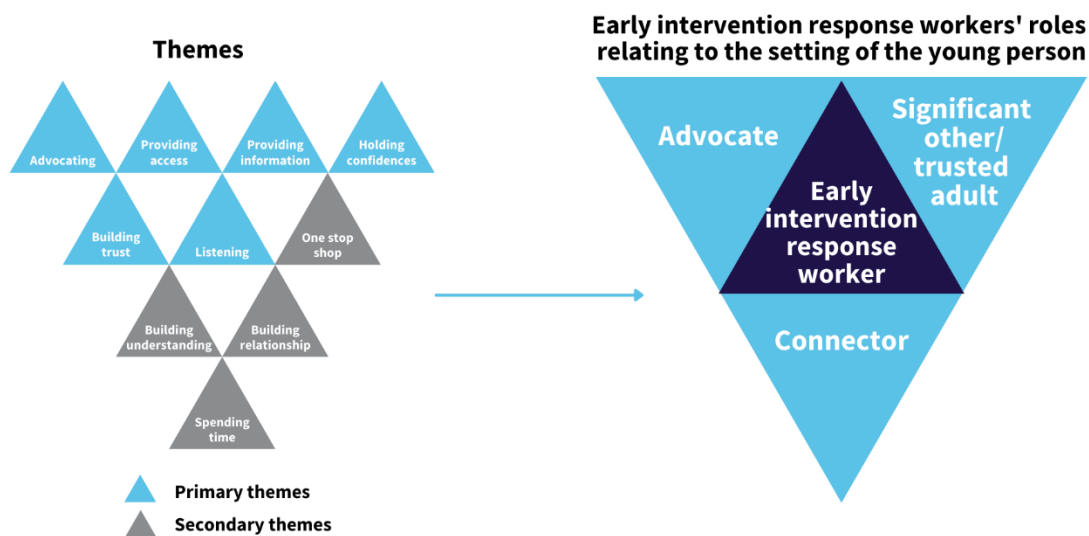
Figure 16 – Themes categorised into common roles relating to EIRWs' roles in the setting of the young person.

ADVOCATE

◆ *'I think another word that's really important is advocate. I think that really what sums up what we do for the young person.'*

◆ *'...the 'advocate' thing was so important for me, because a lot of the time young people don't have that person. They probably come from a broken home or family conflict, family violence... They don't have somebody that's going to stand in their corner and actually stand up for them, fight for them, do the things that they need to get done. And sometimes that's all they need. Just that extra person to come to school and be like, "the [BCYF worker] is going to be here today. If I need something, [they're] going to be able to help me. And if [they] can't help me, [they're] going to point me in the direction of someone that can".'*

SIGNIFICANT OTHER / TRUSTED ADULT

◆ *'What I'm finding with a lot of my clients is that once we work with them and develop a relationship with them, then they'll divulge more information as the weeks go on. And then we'll really get to the root of the issues.'*

◆ *'If you're a consistent sort of person, they know you and you catch up with them every week or every fortnight, they develop that trust.'*

◆ *'It's being that extra person to listen and provide that emotional support and be there.'*

◆ *'...making sure that their confidentiality and privacy is paramount.'*

◆ *'I generally just sit there with the young person in that space and really work on that relationship early on.'*

CONNECTOR

- *'We're information providers. We provide information on rights and where people stand and how they can make change in their lives...'*

- *'I love what [colleague] said about [the role] being holistic, because it kind of feels like a bit of a one stop shop for anything that the young person might need.'*

- *'If I've got a young person that I've been working with and I felt that they were really at risk of becoming homeless, all the background work prior to that event would have been around ensuring that the young person knows how to access resources. Whether it's calling the 1800 – the Victorian Homelessness number. So, in Geelong we call it the youth entry point. It's just the Open Doors. It's the central entry point for our region. And that's also co-located with us at BCYF.'*

Setting two: EIRWs' roles with the school

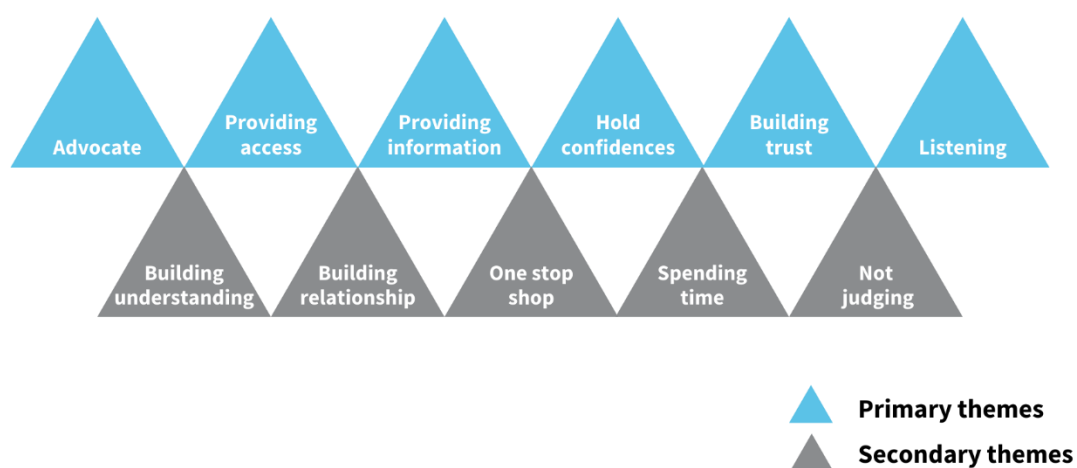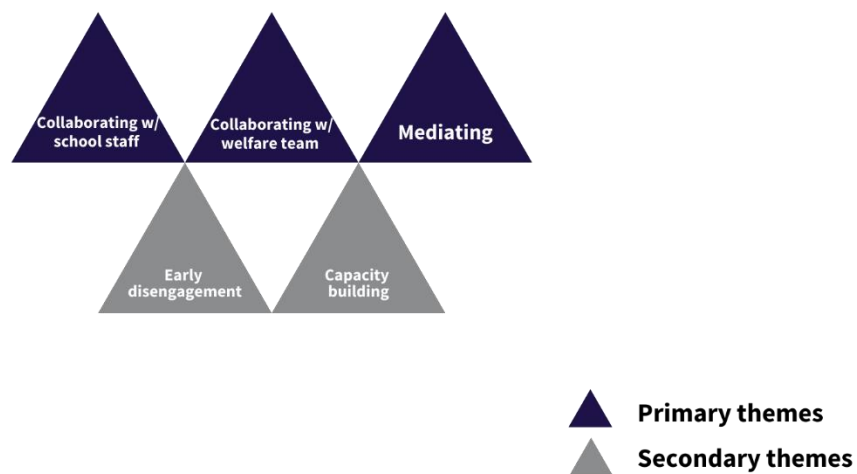*Figure 17 – Themes relating to EIRWs' roles in the setting of the school.*
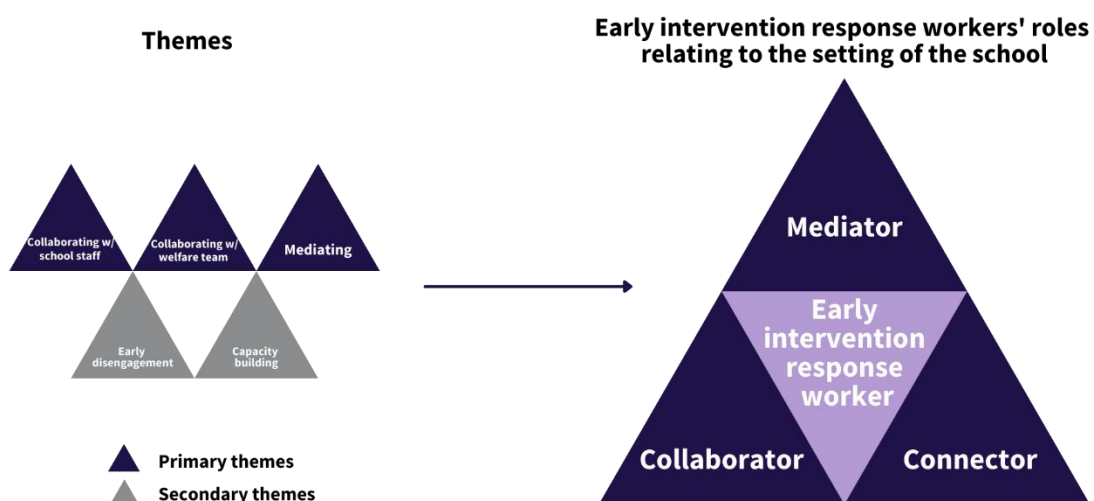
Figure 18 – Themes categorised into common roles relating to EIRWs' roles in the setting of the school.

MEDIATOR

◆ *'I think the challenge with the resilience stuff is the complexity of our role in terms of the relationships that we have with the schools and their response to young people who are facing challenges and navigating that space is a bit challenging because …[the school's] response can be deficit focused and so that's why it's so great that we can be on board and have that strengths base in our capacity building and manage the schools requirements and what they have to do in response to a young person and then we can be there to build capacity as well.'*

◆ *'...having that trauma-informed lens allows me to advocate for a young person at school ...where they're being exposed to a disciplinary response. I guess it is about building that capacity within the school and building some supports around the young person in the school to advocate for a bit more from [the school]...'*

COLLABORATOR

◆ *'We wanted [staff] that had had at least some [background in schools]. That was a real key [for recruitment] because we learned that you can't have someone going to a school that's rigid, you have to have somebody that's able to be good at partnerships.'*

◆ *'Buy-in from wellbeing [staff at the school] is really essential. Because [BCYF] aren't doing a full assessment and don't know the full picture, where it works the best is [where] you have full collaboration [with the school].'*

◆ *'I think how you describe this role is as a collaboration support with student wellbeing.'*

◆ *'In terms of [the school] supporting a young person to have a plan at school, getting the wellbeing team onboard, who then follow the school processes and understanding process is better to then communicate to the teachers on how to respond or create a plan for the young person.'*

CONNECTOR

◆ *'I describe the role as facilitating and arranging meetings with the young person's important people in their life. Including school and house leaders, wellbeing, and their families to talk through some really challenging things that are going on in their life and what they need support with.'*

◆ *'[For] Tier one [students] I go back to the schools and say, 'Okay, this is your tier ones. Who do you think would be appropriate for group work? Who do you think would be appropriate for working one on one for case management? Who do you think would be appropriate to work with the mental health early intervention worker if mental health is a primary issue?' So, we do that jointly with wellbeing [staff at the school] and then go from there.'*

Setting three: EIRWs' roles with the young person's family and/or community

Participants reflected that 'family' can have a broad meaning for the young people they work with. To reflect the diverse and subjective understandings of 'family' and 'community' that young people identify with, this report adopts an inclusive definition of 'family and/or community' for this setting (Powell, 2014).

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- *'I think it's important for a young person to feel connected to their community and their family and that community and family is different for everyone. How I define my family and my community, I don't expect it to be the same as any young person that I ever work with and no person that I ever meet.'*

- *'To always bring it back to that family - whatever that family is for that young person, whether it's friends [who] act like family, [or] just people in their community supporting them to strengthen that, to help them remain connected to their community.'*
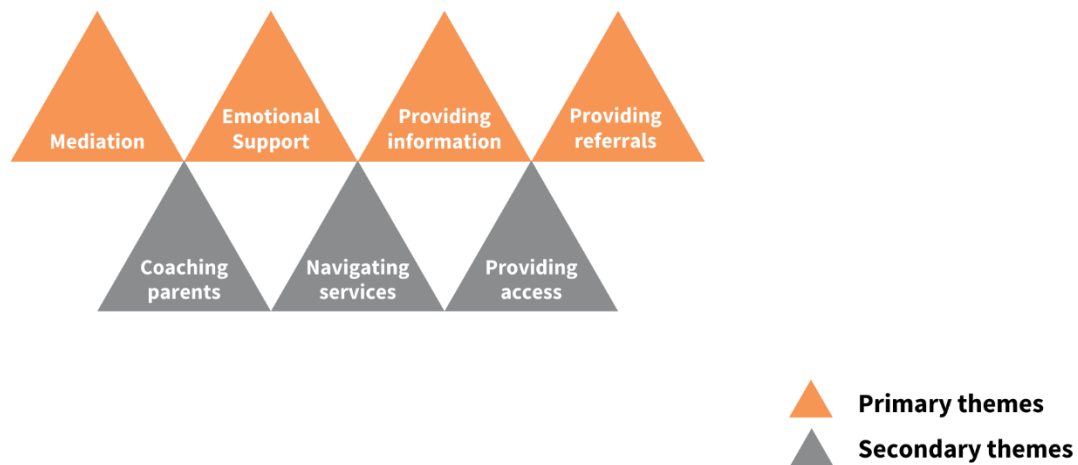
Figure 19 – Themes relating to EIRWs' roles in the setting of the young person's family and/or community.
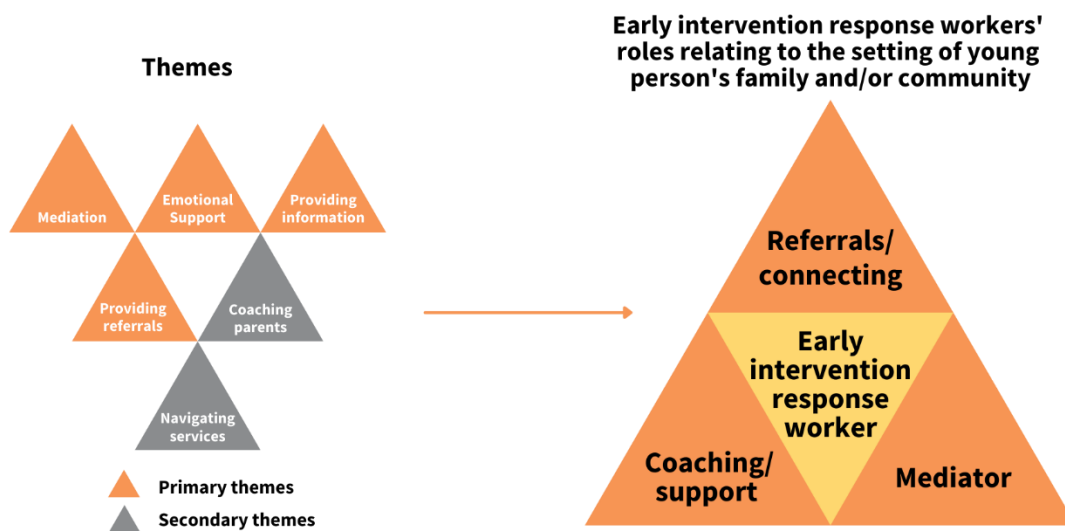
Figure 20 – Themes categorised into common roles relating to EIRWs' roles in the setting of the young person's family and/or community.

MEDIATOR

◆ *'A lot of my work at the moment is family mediation concerned, so I kind of find myself supporting young people resolving a lot of conflict that might be going on in the home.'*

◆ *'If the young person can say things directly [to their family] and they feel like it's safe to do it because they've got a support person in the room, but then you've also got to try and get a support person for the parents and there's a real balance in that, which doesn't always work. I've had it go wrong as well…'*

◆ *'Family conflict has been a huge theme [in the data]. We've seen that that's an issue on the ground and in our role.'*

COACHING/SUPPORT

◆ *'When you're working with the family… I think a lot of what we do is providing emotional support and just holding a space when it's sometimes hard for a family to kind of navigate whatever it is that they're faced with. Just being an extra set of ears and being there with a family and a young person through a challenge.'*

◆ *'…kind of emotion coaching parents a lot. It might not be in that formal kind of meeting setting, but just regular contact with parents and just supporting them as well to best support their young person.'*

◆ *'Support for family is the first part [of my role].'*

REFFERAL/CONNECTING

◆ *'...the work I did was with [the] mum, linked mum [into programs], supporting the mum to understand and link her in with our family services worker and for her to understand how she interprets the young person's school refusal and what that means for her in building supports with the school. And then the young person has now returned to school and is engaged regularly, but I didn't actually work with the young person that much. I worked mainly to try and leave the mum with supports.'*

◆ *'I describe the role as facilitating and arranging meetings with the young person's important people in their life. Including school and house leaders, wellbeing, and their families to talk through some really challenging things that are going on in their life and what they need support with.'*

Setting four: EIRWS' roles with internal & external service providers

The researchers identified that when participants discussed the work they do with 'service providers', this included work with internal BCYF staff outside the early intervention team. These internal service providers included the Family Support Worker and Mental Health Support Worker at BCYF. Examples of external service providers included Headspace, Orygen, Orange Door and DHHS.

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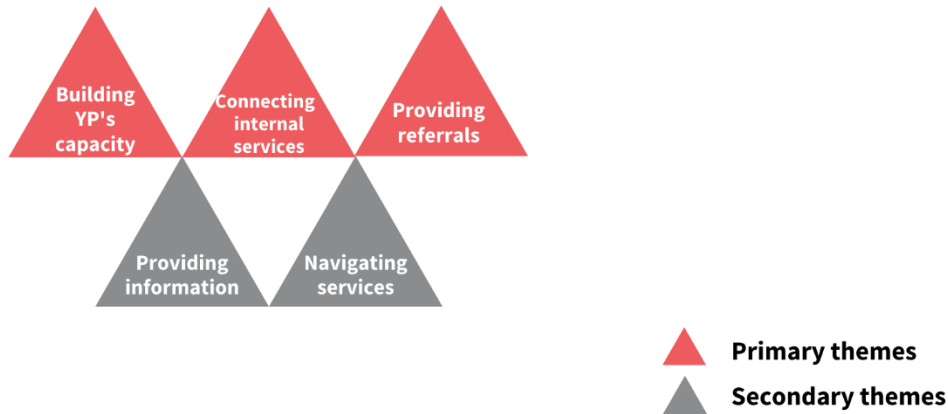
Figure 21 – Themes relating to EIRWs' roles in the setting of internal & external service providers.
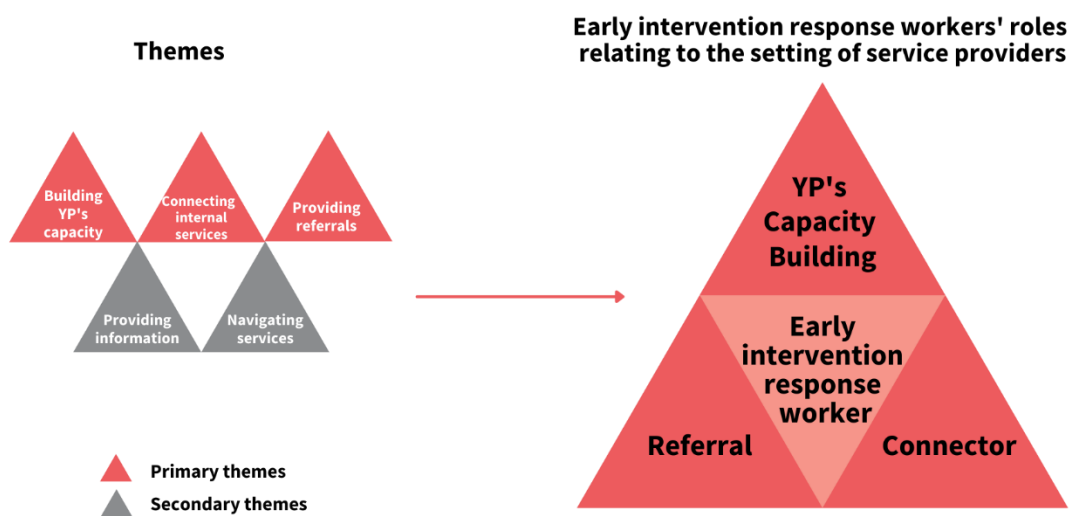
Figure 22 – Themes categorised into common roles relating to EIRWs' roles in the setting of internal & external service providers.

YOUNG PERSON'S CAPACITY BUILDING

◆ *'...going to see a psychologist or something. If [the young person is] not ready, 'That's okay. Let me know when you are ready.' And they're like, "Oh okay." So, it's not like, "No. Sorry, we're going. You need mental health support. Let's go get mental health support".'*

◆ *'Discuss what it's like to go see a counsellor or to go into Headspace and, if appropriate, be the person who works alongside and to link them in.'*

◆ *'[The young person] might not be ready for that formal counselling. Or often being put on a waitlist for several months. I think it's really important when young people say they're ready to talk, that we listen, and we respond. And respond is the really key word in this.'*

REFERRALS

◆ *'Being that gap between other mental health services' waiting periods. So, [the mental health worker] looks at linking the young person, doing some one-on-one sessions… Working through the Orygen modules. Potentially looking at medium to long-term services that could be provided.'*

◆ *'[Referrals to AOD etc.]…that's where I think that one-stop shop comes in because what we can't do ourselves, we are the linkage between the person who can and that specialist service.'*

◆ *'We do a lot of secondary consults as well with other key stakeholders like Orange Door, that kind of stuff, just for our workers to be skilled up and get the resources that we can to do some of that work so we're not just referring all the time to someone else.'*

CONNECTOR

◆ *'Our early intervention response workers will build up that relationship with the family and the young person first and then test the grounds with the parents about, "Okay, look, how do you feel if you're struggling with parenting or feel like you're at wit's end, how do you feel about me introducing [to our Family Support Worker]?" Because then they're able to vouch for [the worker], which helps with that family engagement. And then I get [the Family Support Worker] to come in and [they'll] be able to start doing some of that work.'*

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Finding: EIRWs' modes of practice
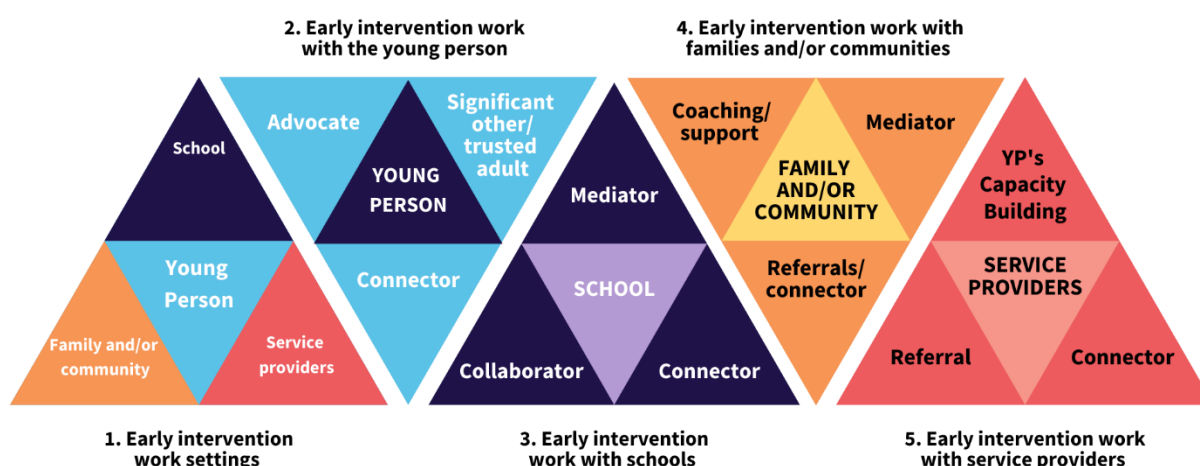
Figure 23 – Summary of settings and EIRWs' roles across the different settings for early intervention work.

Four EIRWs' modes of early intervention work across all settings:

While the early intervention work that participants described varied across the different settings, there were four consistent core themes or 'modes' identified. There were also a number of sub-themes or modes and these have been combined into each of the four dominant modes.

The four modes are:

- ◆ Mediator
- ◆ Advocate
- ◆ Significant other
- ◆ Bridge builder
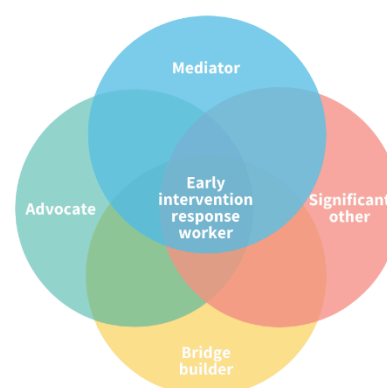
Figure 24 – Four EIRW modes of early intervention work.

Mode one: Mediator (coach/capacity builder)

The research identified that the role of 'mediator' was a predominant mode of practice for participants across all settings, with EIRWs mediating with the young person themselves and between the young person and the school, family and/or community and service providers. The interviews explored the complexities around the mediator role with family mediation recognised as a discrete practice framework. The mediation role undertaken by the EIRWs consisted of building strong relationships, focused on common goals for the young person, and building the capacity and providing resources to enable the family and/or community, the school and service providers to better support the young person and their unique needs. This mode is underpinned by family-centred, clinical and therapeutic practice frameworks.

A sub-mode was identified, in concert with mediator, as the role of 'coach'. The coaching role is well documented in the literature, as discussed below. In a youth-focused organisation, the 'coaching' role is often connected to capacity building elements for both the young person and for those supporting the young person and this mode of practice is particularly relevant to the TGP COSS context.

The coaching role often undertaken by youth workers involves stretching a young person's current capacities by setting and achieving personal goals (Leach et al., 2011). Youth workers use informal coaching skills to facilitate and develop confidence and abilities in young people, and assist in their emotional, social and personal development (Leach et al., 2011). The techniques often used in coaching young people include motivational interviewing, providing optimism, goal setting, setting a focus to the future and celebrating achievement. These techniques all help to improve family, social and community connections (Hagel & Turton, 2016). Focusing on the problems of young people typically shifts the attention of support away from the person and onto the support method itself; by focusing on the strengths of the young person through coaching, young people can create their own support solutions with the help of a youth worker (Hagel & Turton, 2016). This method of capacity building can build the confidence of young people in accessing service themselves and seeking help when needed (Liddy, 2009) and ultimately aims to build protective factors. Youth workers can also engage parents in coaching, building the capacity and confidence of family members in navigating welfare services themselves rather than relying on workers (Liddy, 2009). Hagel and Turton (2016) suggest that the value of coaching comes from its ability to encourage young people to self-coach and learn how to do this for the rest of their lives. This includes the ability to make informed decisions, have positive coping skills and be able to self-reflect, all of which increases resilience and builds protective factors.

Validation from participants

Participants strongly affirmed the phrase 'mediator' as one regularly used by them to describe their roles and day-to-day early intervention work. Many participants used the phrase interchangeably with the term 'coach' to describe the capacity building nature of the EIRWs' role and early intervention work more broadly.

The finding that an overarching mode of early intervention work is as 'mediator' was affirmed when presented to BCYF staff for their validation and feedback.

Mode two: Advocate

The research identified that the role of 'advocate' was a dominant mode of practice for EIRWs across all settings. In the interviews, participants often described themselves as advocates for the young people they work with. The advocate mode of practice sees the EIRWs navigating different settings to champion the rights and needs of each individual young person. This mode is underpinned by the human rights of young people and is framed by youth-centred and

rights-based practice frameworks (Corney, 2021).

In social services, advocacy is a way of ensuring that the voices of marginalised people and groups can be heard through being represented by a professional individual with power and/ or access (Dalrymple, 2004). Youth workers, operating from a strengths-based approach, usually try to involve young people in solving issues and in advocating for themselves, especially in youth-centred practice models. However, in some situations, with the young person's invitation and approval, it is appropriate for the youth worker to act as a spokesperson for the young person to other parties such as other young people, teachers, other staff, community or family members (Larson & Walker, 2010). By witnessing this process, young people can be empowered to speak up for their own rights and needs in the future (Dalrymple, 2004). Youth workers can also be advocates for young people in family breakdown situations; this can be complex when other family members have also experienced trauma (Liddy, 2009). Oliver (2013) points to advocacy as an important aspect of human service work, as workers become the advocate and 'go-between' to link services and clients - particularly where they are vulnerable and where significant power imbalances exist. Advocacy, as a mode of practice, is underpinned by a number of practice frameworks (Corney, 2015) the EIRWs reported adopting and is discussed in more detail, in the context of these frameworks, below.

Validation from participants

Participants strongly affirmed the phrase 'advocacy' as one regularly used by them to describe their role and day-to-day work. Many EIRWs used the phrase interchangeably with the term 'rights-based practice' to describe the empowering of young people in their role and early intervention work more broadly. The finding that an overarching mode of early intervention work is as an 'advocate' was affirmed when presented to BCYF staff for their validation and feedback

Mode three: Significant other (trusted adult)

In the interviews, participants described the ways in which they built strong, trusted relationships with young people; acting as a 'significant other' in the lives of the young people they worked with. Participants emphasised the importance of listening, demonstrating empathy and maintaining the confidences of young people as central to building a relationship of trust. This work of spending time with the young person was expressed as essential in undertaking effective early intervention work and, importantly, it allowed EIRWs to identify potential risks that could not be identified through the intake process or survey and screening process alone.

This mode of 'significant other' is built on the EIRWs spending significant amounts of time just listening to young people, understanding their experiences and situation in the context of a trusting professional relationship. As one participant said, *'This…leads to being able to build trust and [the young person] being honest with you about what's going on. So that you can*

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develop that relationship, so that you can then find out what the cause is and then send them on to appropriate services and to appropriate supports.' Important to this study was the EIRWs reflecting that this part of their role was the least understood by those outside their teams and the hardest aspect to measure and demonstrate the impact of. One participant reflected, *'Relationship building… we undervalue that.'* This is a significant and goes to the heart of early intervention work and the difficulties in evaluating early intervention services and the dangers inherent in narrow outcome measures.

There is an established literature on the importance of the reliable and trusted adult, as a significant other in the lives of young people. This is often the role played by youth workers in the early intervention, youth-centred practice and adolescent development literature.

A key part of early intervention practice is nurturing protective factors in at-risk young people to promote positive development (Sieving et al., 2017). Caring non-parental adults can be positive role models and developmental resources for at-risk young people and can assist them in navigating the challenges of adolescence and the transition to adulthood (Rhodes & Roffman, 2003). Sieving et al. (2017) highlight the importance of the relationship between young people and a trusted adult in promoting a sense of connectedness to a wider community, which can act as a protective factor and lead to positive social, academic and health benefits. Connectedness can be further conceptualised as "perceived caring, quality of and satisfaction with relationships and a sense of belonging" (Sieving et al., 2017, p. 276), and can result from positive relationships with parents, youth workers, teachers, and other caring adults. Community-based youth workers in particular, possess a knowledge of young people's needs and interests, connecting them to, for example, local youth organisations and sporting groups. As a trusted adult, workers can build an understanding of complex family dynamics, and can work as a role model, demonstrating and modelling positive behaviour and qualities (Rhodes & Roffman, 2003). Relationship longevity with at-risk young people is an important factor in creating effective and sustained positive relationships, as many at-risk young people have experienced negative relationships with trusted adults in their life. The failure of another relationship with a trusted adult could damage any gains made by the young person and negatively impact their wellbeing (Rhodes & Roffman, 2003). Community-based settings are an ideal place for these trusted relationships between young people and youth workers to form, as informal contact often comes about through various activities provided by schools and local community services (Rhodes & Roffman, 2003).

Being able to initiate and facilitate conversation and dialogue with young people is a key part of youth work (Flowers, 1998). This involves processes of listening and suggesting by the youth worker, often including some kind of 'trigger' to initiate conversation, which can consist of questions, comments, activities, music or other things of interest to the young person (Flowers, 1998). This process of dialogue points to the persuasive nature of youth work that relies on subtle and slow relationship building rather than using coercive or legal powers. Flowers (1998) also discusses that in the process of connecting with young people and becoming a trusted adult, youth workers must engage in informal and creative ways of working

that promote solidarity and friendship and these ways of working may appear to non-professionals as unstructured programs or services.

Validation from interview participants

Participants strongly affirmed the phrase 'trusted adult' as one regularly used by them to describe their role and day-to-day work. Many participants used this phrase interchangeably with the phrase 'building a relationship', to describe the trust and rapport building required in the EIRWs' role and early intervention work more broadly.

The finding that an overarching mode of early intervention work is as an 'advocate' was affirmed when presented to BCYF staff for their validation and feedback

Mode four: Bridge Builder

The final mode of practice that was evident in the way EIRWs described their work, is that of the 'bridge builder'; that is, they described their role as a link between the young person and others, such as key supports and services in the school or the wider community.

- ◆ *'I'm a link that's in the middle, which is very similar to a bridge … I think 'bridge' sums it up perfectly.'*
- ◆ *'. …we're kind of in the middle with the young person a lot of the time, providing all those links to whatever it is they need'.*

This bridge building mode reflects the 'connecting', 'referring' and 'information providing' elements of the EIRW's role. Beyond mere referrals, participants described their role in 'connecting' young people to relevant supports and services as one of '*empowering*', '*capacity building*' and supported engagement for the young person. Participants described '*bridge building*' as requiring flexibility and creativity. Bridge building is as an evidence-based mode of practice, operating from a community development framework. Kahrik (2020) suggests that the school based youth worker is a 'bridge builder' or as Pedastsaar (2007) puts it, is an initiator of cooperation, someone who actively brings different parties together (students, parents, teachers and service providers) to the benefit of all.

In human service work with at-risk young people, Higgins et al. (2020) propose that bridge builders operate at the intersection of two needs: establishing communication and solving urgent problems. Thus, bridge builders are able to identify at-risk young people, establish communication, and connect them to resources to address their immediate concerns, which can be seen as building a bridge between at-risk young people and an array of community and personal resources (Higgins et al., 2020). Bridge builders benefit from being established in the community, having the tools to create rapport with at-risk young people and extensive knowledge about available community resources (Higgins et al., 2020). Beyond individual bridge building, early intervention workers may also act as organisational bridge builders, going beyond simply facilitating communication between disparate parties, leading to the building of productive working relationships between community agencies and resources -

resulting in collaborative action to support young people at risk (Miller, 2009).

Within the prevention of youth homelessness, individual bridge building is a way for early intervention workers to help young people build connections with an array of personal and community resources (Crane, 2009; Miller, 2009). These connections can be important in either a functional sense by providing practical support (e.g. with schools, community services or family), or in a more relational way where building a connection gives the young person a sense of belonging (Crane, 2009). With the young person as the primary client, early intervention work can bridge both real and conceptual divides (Oliver, 2013; Crane, 2009). Early intervention workers must navigate a range of cultural and situational contexts while acting as a bridge builder, which is made possible through their investment into community-based relationships, as well as their ability to be flexible in their approach, depending on context (Crane, 2009). Thus, early intervention workers can act as a bridge between young people and their families, schools and communities (Koyama & Ghosh, 2018). Bridge building can also be used to solve conflict between young people and various institutional or personal contacts, including schools and teachers, family and peers, because vulnerable young people can lack the resources, skills or agency needed to solve personal or institutional problems (Higgins et al., 2020).

Validation from interview participants

In the process of feeding back and validating research themes and findings to research participants, the metaphor of 'bridge building' was reiterated by EIRWs. Participants strongly affirmed the phrase 'bridge building' as one regularly used by them to describe their role and day-to-day work. Many participants used the phrase interchangeably with the term 'linking' to describe the joined up and connecting nature of the EIRW's role and early intervention work more broadly. This concept of bridge building as a mode of early intervention practice, as described by the EIRWs, is closely aligned in the human services literature to the theory and practice of both the 'boundary spanner' (Miller, 2009; Williams, 2013) and the 'reticulist' (Lloyd & Illsley, 1999) and the importance of boundary challenging and cross-boundary collaboration in human and public service sector work (Buick et al., 2019). These proposed re-conceptualisations of early intervention work are further elaborated on in the recommendations section below (see pp. 66-69).

The finding that an overarching mode of early intervention work is as a 'bridge builder' was affirmed when presented to BCYF staff for their validation and feedback.

Finding: frameworks of practice

Human service disciplines and professional occupations are informed by particular theoretical bodies of knowledge and these may contain a number of differing but mutually beneficial frameworks of practice (Dunst, 2000; Gambrill, 2006; Popple, 2015; Brandell, 2021). These frameworks and practices may be applied by professionals according to the context, setting and needs of clients and other stakeholders.

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As such, participants were asked to describe the theoretical frameworks that underpin the practices that they adopt in their roles at TGP. The responses were diverse and were informed by the individual staff members' own vocational qualifications, training and experience (see figures 6-13 above for demographics of participants). The diversity of backgrounds and training in the early intervention team provided a diverse suite of frameworks. This allowed team members to share their knowledge with one another, support each other in responding to different issues and to be flexible and adaptable across different settings. The interviews with participants also revealed that these diverse frameworks of practice reflect the heterogeneous nature of the work EIRWs are asked to do and the complexity of the problems to which they are required to respond. EIRWs communicated that additional training and professional development was necessary to adequately respond to the complexity of the work and some EIRWs expressed a lack of confidence in undertaking certain tasks and also an apparent inconsistency and tensions found in operating from different methodological frameworks, such as youth-focused or family-focussed.

There was a consistent identification of 'youth-focused family work' as the core framework that TGP operated out of. However, this was presented as a flexible, malleable concept where individuals were able to focus more on the 'youth-centred' as opposed to the 'family-centred' components or vice versa of this framework, as it resonated with their professional experience and/or qualification and training backgrounds. EIRWs were committed to this 'youth-focused family work' framework and identified that it made TGP unique, however there were clear tensions in the melding of two differing frameworks with different theoretical underpinnings and potential for competing foci. See the discussion on tensions, below on pages 60-62.

Each of the frameworks identified by participants are embedded in an established practice framework literature and evidence base, summarised below.
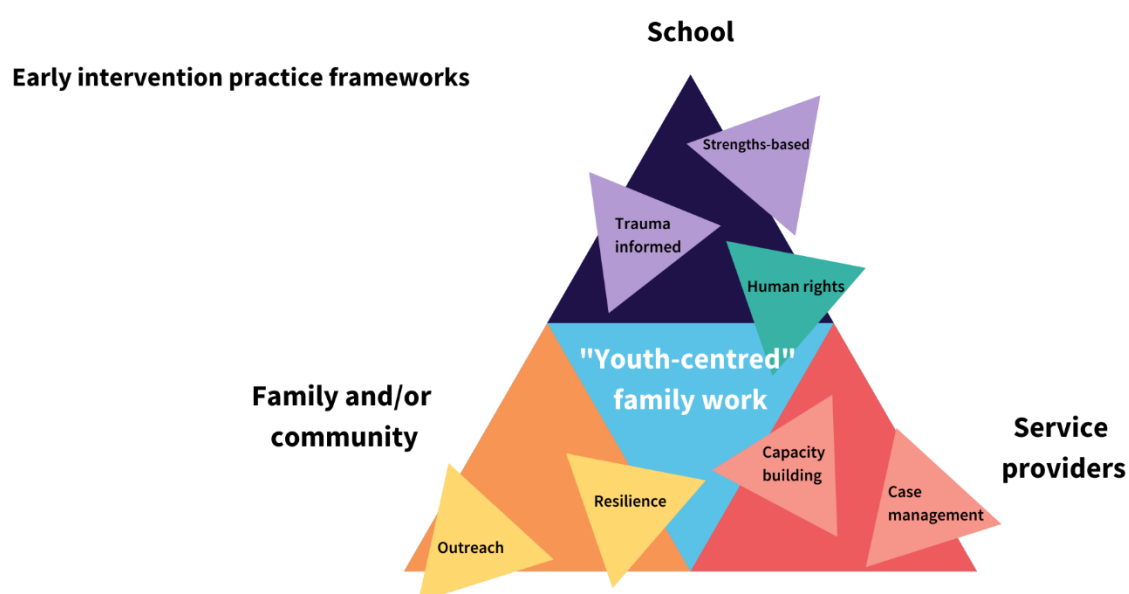
Figure 25 – EIRWs' frameworks of practice across all settings.

Trauma-informed practice

Experiences of childhood trauma are a known risk factor for youth homelessness. Many at-risk young people experience complex trauma, which can be defined as trauma that is interpersonally generated, severe and sustained, and often leads to a range of issues that continue into adulthood (Wall et al., 2016). Young people are better equipped to deal with their trauma when they have access to education, support, stable housing and income (Hagel, 2018). However, crisis-based models of dealing with youth homelessness can result in further trauma to young people. Exposure to the subcultures of homelessness and the welfare system can lead to a range of negative outcomes and make it more likely for the young person to re-enter the cycle of homelessness later in life.

Trauma-informed practice is based on an understanding of how complex trauma affects people's lives and their subsequent needs in the human service system (Wall et al., 2016). This model aims to prevent further harm by recognising that some usual practices may be triggering for those who are suffering from trauma (Wall et al., 2016). The primary focus of trauma-informed practice is not the underlying trauma of the client, instead it is focused on developing the capacity of the client to deal with their trauma and be able to improve their daily functioning (Knight, 2015). Being able to recognise the symptoms of complex trauma in young people and their families when they present to early intervention workers is a key principle of this practice (Hagel, 2018).

Illustrative verbatim quotes from interview participants

Participants described working from a trauma-informed practice framework in their own work with young people and when working with families who have themselves experience trauma. EIRWs also reflected on working in the school setting to support the school to adopt a trauma-informed lens for some young people. EIRWs with qualifications in Social Work were more likely to adopt trauma-informed frameworks in their practice, based on their training.

- *'Probably the biggest [frameworks] for me, that were drilled into me being in social work, definitely trauma-informed. That's the biggest one for me.'*

- *'I think that trauma-informed [practice] is obviously huge because a lot of the young people we work with have experienced some form of trauma. A lot of people have experienced trauma [or are] experiencing trauma.'*

- *'I use [trauma-informed practice] to advocate for young people who might be approached, dealt with or viewed from a different lens that isn't trauma-informed. Having that trauma informed lens allows me the capacity to advocate for a young person at school or maybe at home, but more recently at school where they're being exposed to a disciplinary response. It is about building capacity within the school and building some supports around the young person in the school to advocate for a bit more from [the school], … and help [the school] explore what else could be going on and what else could be motivating that behaviour and then how maybe there could be different responses to that behaviour…'*

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Family-centred practice

Family-centred practice is a strength-based framework that aims to provide families with respectful and empowering support (Madsen, 2009). Through family interventions, this model aims to help young people return or stay in the family home and resolve issues of family breakdown (Carson, 2009). The assumption behind family-centred practice is that the needs of the young person cannot be fully and effectively met without attending to the needs of the whole family (National Child Welfare Resource Centre, 2008). Madsen (2009, p. 104) suggests that this approach shifts the role of early intervention workers from being "experts repairing dysfunction" to a role where workers collaborate with families to plan and enact change with the help of community services. By recognising families as the experts in their situations and including them in making decisions and setting goals in ways that take into consideration cultural preferences and family dynamics, this practice framework makes it more likely that the family will engage in services (Lietz, 2011; Children's Bureau, 2016). As family breakdown is one of the key drivers of youth homelessness, this approach looks to family reconciliation practices to repair the relationship and thus prevent at-risk young people with complex family situations leaving home.

Methods of family-centred practice can consist of family inclusion during the process of young people accessing services, and specific funded interventions that aim to support young people in reconnecting with their families, including family mediation, therapy, counselling and group work (Carson, 2009). Workers include all members of the family (if possible) in identifying and making changes to issues that are having a negative effect on family relationships (Robinson et al., 2011). Building strong relationships with the entire family can take time and can include multiple engagement strategies, such as attending events in the community, meeting where the family feels comfortable, and being flexible with working hours (Liddy, 2009). Family-based models are particularly important when working with refugee and newly arrived young people because strong connections to family can act as a protective factor in the difficulties of settlement and recovering from trauma (Liddy, 2009). Ensuring that families understand that the focus of early intervention practice is not centred on breaking up families - but instead strengthening family ties - is important. The role of the early intervention worker in facilitating this process can help to engage the family and build trust (Liddy, 2009). However, family reconciliation is not always possible, or appropriate, especially in situations of abuse and should always be undertaken in consultation with the young person (Cooper & Brooker, 2020; Legislative Council, 2021, p. 148).

Illustrative verbatim quotes from interview participants

- ◆ *'Unless there's a really good reason not to, the work is around family centred practice. That's how you prevent homelessness - to build those relationships up.'*

- ◆ *'I think just the part about this role that really separates it from other programs is that family focus that we do have.'*

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◆ '…this is delicate work and time-consuming work, but I've been fortunate because I've [previously] worked in a youth team where there was actually a family therapist involved. The family therapist really communicated that if you assess that this young person – [is at risk] whatever's happening - is environmentally because of the family. It's really important that the message gets delivered to the young person that you're not to take ownership of this.'

◆ '…with the Geelong Project, we are really clear that if [the young person is] under the age of 16, we need to have parental consent for them to participate. If the parents pull that consent out, then we can't work with them. So, I think that's a really key part of this project is that we do have that family relationship where we can keep that consent. And if they're over the age of 16, then we work with the young person to gain consent as much as possible to work with that family.'

Participants also disclosed challenges with operating from a family-centred approach, particularly those that were trained as Youth Workers. These challenges related to tensions with workers' commitments to youth-centred practice, building strong relationships with young people and EIRWs' self-identified limitations in experience and age differentials or low confidence working with families.

◆ 'We were really purposeful with some of the earlier work …with that family sort of centred approach. And there [are] youth workers that find that stuff challenging I think.'

◆ '…a couple of the newer team that were a bit younger, going, 'I'm a bit nervous about doing that parenting stuff. I feel like why would they take me seriously? I'm 28.'

◆ 'I think there's a couple of [EIRWs] that are really confident in [working with families]. And we want to do some more training and discussion around it, but I think it's probably an area that we need to keep an eye on. It can easily just turn into just standard youth work.'

Youth-centred practice

Youth-centred practice is a framework that takes the young person's views and ideas into consideration as much as possible when working with them or assisting them to navigate their journey in the welfare system (National Child Welfare Resource Centre, 2008). It places the young person's wellbeing at the centre of this practice as the primary concern, and thus continually needs the young person's input and opinions as their circumstances change (National Child Welfare Resource Centre, 2008). In the context of youth-centred practice in youth homelessness, Keevers and Rambaldini-Gooding (2020) similarly stress that workers need to take into consideration those practices young people consider having the most positive effect on their wellbeing and their ability to improve their risk factors. By recognising young people's abilities to identify and create their own goals and work towards them, youth-centred practice empowers young people and gives them a sense of agency and control (Keevers & Rambaldini-Gooding, 2020). Similarly, Chan et al. (2003) argue that for young people to engage in developing their own sense of wellbeing, workers must recognise and

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use the capacity of young people as active agents in their own development. Youth-centred practice in youth homelessness work is informed by an in-depth understanding of the developmental stages of young people (Lazzari, 2008).

A reoccurring limitation of the youth-centred approach is a disparity between youth workers' practice and the practices of other human service professionals who work with young people. Bruce et al. (2009) found that youth workers believed that a youth-centred approach is the model of best practice and would empower young people's self-reliance in problem solving and in decision-making. However, few youth workers felt that they could successfully implement a youth-centred approach, due to other non-youth workers and adults not following the same approach and, instead, holding onto more traditional power-based approaches (including young people's relationships with teachers, coaches and parents) (Bruce et al., 2009). Flowers (1998) likewise found the actual practice of the youth-centred approach, which is often based on informal methods, can be hard to standardise. Therefore, in order for youth-centred approaches to be implemented effectively, there needs to be training in youth-centred practice frameworks at all levels of youth-sector education and service (Bruce et al., 2009).

Similar to youth-centred practice, the key principle of rights-based practice is that young people are recognised as rights holders and, as such, should be the key actors in all stages of decision-making in regard to their welfare, rather than passive participants (Victorian Equal Opportunity & Equal Rights Community, 2008). Within the youth homelessness service sector, Wearing (2011) argues that rights-based practices must incorporate inclusive objectives to help combat the material and symbolic exclusion faced by at-risk and homeless young people. Youth programs that are designed with inclusivity can produce self-respect and self-reliance in young people and help them to realise their full potential (Wearing, 2011).

Illustrative verbatim quotes from interview participants

◆ *'I have a really youth-focused approach to my work.'*

◆ *'You've got to be careful not to put the young person offside by saying, "Well, you're just taking mum's side". It's about balancing and showing them both that you're there for all of them, mainly for the young person'.*

Participants disclosed the general challenges of using competing practice frameworks and the specific challenges experienced around maintaining confidentiality, getting parental consent and attempting to build strong family relationships:

◆ *'I think the biggest [framework] within this role is definitely …youth-centred, but youth-centred family practice. I think more so in this role than any other role that I've worked in before. Then also a lot of the stuff about mediation and family focused, that kind of 'systems' work.'*

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Asset building

Developmental assets in adolescents include a set of relationships, skills and experiences that build protective factors and reduce behaviours linked to risk factors and strengthen the wellbeing and positive development of young people (Marines et al., 2005). Assets can be both external (provided by community, family and other individuals) and internal (personal qualities, values and characteristics of the individual) (Edwards et al., 2007). These assets can be built and strengthened through community-based sources such as formally provided by early intervention workers or informally through relationships between young people and non-parental adults and positive social systems (with families, schools, community organisations, peers) (Marines et al., 2005). The more developmental assets a young person possesses, the more positive and healthier their development will be. Thus, rather than identifying risk factors that will negatively impact youth development, an asset-building approach identifies protective factors that will enhance and positively impact development and can be used to build interventions that will improve a range of educational and social outcomes for young people (Edwards et al., 2007).

Resilience, strengths-based and holistic practices

A strength-based approach to early intervention work focuses on the strengths and competencies of the individual, family and community, and works by building capacity for self-reliance and autonomy (Krabbenborg et al., 2013; Hunter, 2012). The main assumption of this approach is that all individuals possess strengths and goals, and that all environments contain resources and opportunities to be utilised (Krabbenborg et al., 2013). By assisting young people to identify and explore these strengths and goals, they are able to be a part of their own development process and build confidence in their ability to overcome disadvantage (Krabbenborg et al., 2013). Additionally, focusing on strengths, rather than deficits, can help to redefine the way the community views at-risk young people and the way young people view themselves and encourage a more positive self-belief (Seymour, 2017).

Barker et al. (2012) states that a fundamental part of a strength-based approach is recognising the importance of choice and control for at-risk young people, specifically the voluntary nature of programs. Allowing young people to decide on what programs to engage with, acknowledging their capacity and independence, means that early intervention workers can build more effective interventions that incorporate the abilities of the young person (Barker et al., 2012). This builds trust and a positive relationship between the worker and the young person, which is an essential part of effective early intervention practice, and empowers young people to take more control of their lives (Barker et al., 2012).

A strength-based approach will also view the risk factors and associated behaviours as only a part of the young person's social and cultural context (Sanders & Munford, 2014). The interaction between individual characteristics and the risks and environments at-risk young people are exposed to will result in different outcomes for each young person, and so the

intervention itself must be similarly built around the young person's strengths, characteristics and abilities (Sanders & Munford, 2014). Ways for early intervention workers to implement this holistic practice include being respectful and mindful of cultural identity and family values and dynamics, as well as encouraging the active involvement of young people in service delivery (Sanders & Munford, 2014; Hunter, 2012; see discussion on youth voice/participation below, pp. 59-60).

An effective strength-based approach will promote resilience in young people by building up protective factors (Hunter, 2012). Resilient young people are able to use internal and external resources to deal with their circumstances and experience positive development (Sanders & Munford, 2014). Hunter (2012, p. 2) defines resilience in young people as "adaptive or competent functioning despite exposure of high levels of risk or adversity". Levels of resilience change throughout a young person's development and are impacted by individual characteristics, levels and nature of risk, and exposure to supportive environments (Reed-Victor & Stronge, 2002; Hunter, 2012). The greater number of risks a young person is exposed to, the less likely they are to display resilience (Hunter, 2012). Sanders and Munford (2014) found that young people who had a positive experience with service delivery (where they had positive relationships with staff and were involved in decision making) had higher levels of resilience when compared to young people who had a negative service experience. A strength-based and resilient approach focuses on capacity building in young people, so that they are able to be resilient when faced with adversity and disadvantage (Hunter, 2012). Reed-Victor and Stronge (2002) also identified the need to strengthen natural support systems within family and the community, and to fill gaps in these support systems with services and resources in order to build protective factors and resilience in vulnerable young people.

Evidence-based practice

Early intervention work in the TGP COSS model is informed by the use of intake assessment surveys (as discussed above at p. 11). In the interviews EIRWs were supportive of an evidenced-based approach to their work and the importance of the surveying for risk among the cohort. However, they also reflected on the limitations and disconnects with their day-to-day practice.

Evidence-based practice requires planned and measured interventions (Deed, 2007). In settings such as schools, strategies are implemented based on data and knowledge of risk factors and linked behaviours, and programs are designed to mediate or reduce these risks and behaviours (Deed, 2007). Evidence-based models also allow the youth sector to demonstrate that they are delivering the outcomes they are funded to deliver (Seymour et al., 2017). This focus on evidence-based models is linked to a focus on strength-based models that view young people as actors and participants in service delivery (Seymour et al., 2017). Current research in the field has similarly shifted to involve the voice and perspective of young people to attempt to increase youth participation in future evidence-based models (Seymour et al., 2017). Therefore, evidenced-based models can assist the sector to be self-reflective

and accountable to young people (Seymour et al., 2017).

Mitchell (2011) contends that although there are increased benefits from implementing evidence-based practices in youth services, many service delivery models are not compatible with the changing characteristics of vulnerable young people, and are not equipped to deal with young people that present with a combination of complex problems and behaviours. Further, because young people in real-world settings are often dealing with more complicated issues than those used in empirical research trials (Mitchell, 2011), there is a knowledge gap about how effective interventions can be tailored to the needs of vulnerable young people.

Mitchell (2011) suggests that as much early intervention knowledge is practice-based and acquired through practical experience, it is therefore slow to be documented in empirical studies. Settipani et al. (2019) found that standardised assessment measures were not always adopted by practitioners, who preferred to identify and come up with a treatment plan based on the severity of individual cases as they presented rather than follow an abstracted, staged model. Mitchell (2011) similarly identified that practitioners often needed more flexibility than some evidence-based models allow. This is consistent with the responses of EIRWs in the TGP COSS model; while supportive of the regular surveying of young people in schools and the ability of the survey data to identify early those young people at risk, EIRWs also reflected that their day-to-day practices quickly moved to pragmatic responses to need. This was based on individual client circumstances, once identified through the survey data.

Group work

Thompson et al. (2006) propose that group work can be a form of social support and is useful in normalising and validating the experiences of young people. Social support is a known motivating factor for change among young people, and so a positive group experience where this support is generated is essential (Cho et al., 2005). Group work aims to engage young people in collective problem solving as a way of building group cohesion and support alongside individual self-esteem and confidence, and can come in the form of self-help groups, recreational groups, educational groups and therapeutic groups as well as being found in wider group contexts such as sporting and recreational groups (Barker et al., 2012; Crane & Brannock, 1996). Group work can be effectively implemented within existing community-based resources, as group leaders can be drawn from staff who already have a connection with the young people (Thompson et al., 2006). Holding group work in this context increases their availability to at-risk young people, and strategies such as using an open-group format (where young people's participation is voluntary, based on their needs) can also be effective in engaging young people (Thompson et al., 2006). A successful group facilitator will create a positive peer culture among group members by modelling caring and respectful relationships as they interact with individual members and the group as a whole (Cho et al., 2005). This positive environment leads to the development and practice of life skills as well as the internalisation of group and individual goals and concepts (Eggert, 1996). In the interviews, participants reflected on the positive possibility for group work models with young people at risk of homelessness.

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Human rights

Rights-based practice with young people is based on the Universal Declaration of Human Rights [UDHR] (United Nations, 1948) and the Convention on the Rights of the Child [CRoC] (United Nations, 1989) that declare that every individual is entitled to equal rights and dignity, and that in the context of early intervention, workers strive for the protection of these rights and freedoms without distinction - both with the individuals and groups of young people they may work with. Article 25 of the UDHR is particularly relevant for early intervention with young people at risk of homelessness, as it declares the right for everyone to have a standard of living that includes "food, clothing, housing and medical care and necessary social services" (United Nations, 1948). In addition, the CRoC affords children further rights because of their vulnerable position, including "the right to protection from exploitation and abuse, the right to be cared for and have a home, and the right to have a say in decisions which affect them" (Australian Human Rights Commission [AHRC], 2021, [2]).

The AHRC (2021, [4]) outlines the four guiding principles of the CRoC:

1. Respect for the best interests of the child as a primary consideration;
2. The right to survival and development;
3. The right of all children to express their views freely on all matters affecting them; and
4. The right of all children to enjoy all the rights of the CRoC without discrimination of any kind.

Mapp et al. (2019) propose that adopting a human-rights approach in human services empowers the service user by viewing them as active partners who are the recipient of their entitled rights, rather than passive recipients of services or charity. In this context, it also views homelessness as a structural and societal failure, rather than as a personal or moral failure, and looks beyond the physical needs of homeless people to include their social and emotional needs (Canada Without Poverty [CWP], 2016). In the context of early intervention work, with at-risk young people, homelessness is a denial of a range of human rights, including the right to adequate housing, standard of living, education, personal security and more (CWP, 2016). A human-rights framework recognises that these violations of human rights increase the risk of negative outcomes for young people and therefore focuses on assisting young people as human beings who are entitled to support when their rights are violated or at risk of not being met (Gruskin et al., 2001; CWP, 2016). Early intervention and support to connecting young people experiencing or at risk of homelessness to services (such as housing, education, health care) is therefore a form of a human-rights approach, as these services exist to ensure these rights are met (Calma, 2008).

A human-rights approach also highlights the right of vulnerable young people to be involved in all stages of decision making that affects them, including implementation and monitoring progress (CWP, 2016). As rights holders, young people can voice their concerns and participate in finding effective solutions to their issues; this can increase their agency and sense of empowerment (CWP, 2016). In a rights-based approach, early intervention workers assume the role of advocate to make sure that the voices of young people are heard (Calma, 2008). Another way that workers practice human rights is through the application of community

development principles and capacity building, so that young people and their supportive communities are enabled and empowered to solve their own problems and needs (Calma, 2008). This is consistent with the responses of EIRWs when describing their work and the strong conceptualisation of their role as advocates for young people.

Casework

Participants expressed their struggle with limited case time in proportion to the complexity of cases. They suggested that this can lead to a focus on the most immediate or visible problem that the young person is presenting with and this experience is confirmed in the literature (Schmied & Walsh, 2007). Increased workloads can lead to staff not having adequate time to fulfil program requirements, which in turn can negatively affect the ability to provide high-quality services (Brooker, 2018). Another challenge of casework is knowing when to facilitate a young person's control of decision-making and when to intervene to provide support, assist and/or set limits (Schmied & Walsh, 2007). Lack of available services and long waiting lists is also a challenge to service efficiency because workers must spend considerable amounts of time to secure resources for young people in need (Schmied & Walsh, 2007). Dealing with young people themselves can be challenging, as much of the success of early intervention is dependent on cooperation and participation from the young person, which is not always easy to achieve (Schmied & Walsh, 2007). This is consistent with the responses from EIRWs.

Finding: Typology of early intervention work

Despite the diverse qualifications and experiences of the EIRWs, there are characteristics and generic skills that allow EIRWs to successfully operate across differing modes and settings. The typology below endeavours to reflect the different modes of practice, varied settings and diverse frameworks that exist in the work of EIRWs at TGP. The typology seeks to capture the professional skills, characteristics and attributes that participants identified in interviews and incorporates the early intervention work skill sets and capabilities from the literature. While there appears to be an opportunity for professional development and in-service training of EIRWs within the TGP to build skills and knowledge, these characteristics and attributes reflect those essential for broader early intervention work generally.

Skill sets and capabilities

• Mentoring (formal and informal) • Role models (model positive behaviours) • Understanding of family dynamics (able to work with young people and parents) • Ability to create a safe, collaborative space for young people to feel in control • Belief in potential of young people	• Relationship/rapport building • Problem-solving abilities • Able to think outside the box	• Being authentic, accountable, able to admit mistakes • Down-to-earth • Able to adapt appearance and language in different environments • A good listener • Flexible, creative, open-minded in their solutions • Accountable/ honest • Non-judgemental and have empathy
Rhodes & Roffman (2003)	*Caplan et al. (2020)*	*Schmied & Walsh (2010)*

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Table 4 – Typology of Early Intervention Work

	Attributes & characteristics	Interpersonal skills	Interorganisation skills	Ways of working	Methodology & theoretical frame
Mediator	• Open-minded & non-judgmental • Express empathy	• Conflict resolution • Listening skills	• Conflict resolution	• Coaching • Mediating • Reflective practice	Family-centred practice, clinical, therapeutic, family is the primary focus
Advocate	• Commitment to professional development • Self-confidence & self-awareness	• Strong communication skills	• Collaborative • Capacity building & asset building	• Commitment to potential of young people • Commitment to youth rights	Youth-centred practice, human rights, young person is the primary focus
Significant other	• Express empathy • Being authentic, relatable and down-to-earth	• Build trust • Listening skills • Model positive behaviours	• Build rapport • Accountable & honest	• Mentoring (informal & formal) • Maintain confidentiality • Reflective practice	Adolescent devpt., non-formal education, YP is primary in the context of family
Bridge builder	• Innovative & ability to think outside the box • Capacity to be agile & flexible	• Collaborative • Cross boundaries & silos	• Networking • Capacity building & asset building	• Problem-solving • Adapt approach in different environments	Community development, reticulist, boundary spanner

The proposed typology and skill-sets of early intervention work was shared with participants for their validation and feedback. The illustrative verbatim quotes provided are indicative of participant responses.

'This really encapsulates the work we do.'

'Building rapport and trust [is] really important.'

One participant proposed '*knowledge of education systems and processes*' as essential for early intervention work. This included understanding how VCE/VCAL works to enable the EIRWs to advocate for young people in that space. As a result, the research has included recent findings from the literature regarding risk and protective factors for school disengagement (see Tables 2 & 3 above).

Finding: gaps and missing themes

Analysis of the interview data identified gaps and themes that were missing from participant interview responses. As part of feedback and validation of data analysis with participants, the ideas or concepts evident in the literature as relevant to the TGP COSS model but not mentioned as part of the work of EIRWs (i.e. gaps and 'missing themes'), were identified and raised with participants for clarification and validation. In these feedback and theme validation sessions, participants responded by engaging with the theme, confirming, elaborating and revising the theme (Miles & Huberman, 1994). Below, a summary survey of the relevant literature for each of these missing themes, as it relates to early intervention/prevention of youth homelessness, is discussed and followed by indicative verbatim quotes from the validation sessions where these missing themes were presented to participants for their comment and reflection.

The four missing themes:

- ◆ Alcohol and other Drugs (AoD)
- ◆ Youth Transitions
- ◆ Informal Community Supports
- ◆ Youth Voice and Participation

Alcohol and other Drugs (AoD)

The impact of alcohol and other drug (AoD) use, in the context of youth homelessness and as a familial risk factor, is well documented. There is debate in the literature, however, about whether AoD use by young people, as opposed to their family members or supportive community, is a cause or an outcome of youth homelessness. Most studies agree that there

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are higher levels of substance use among young people experiencing homelessness compared to non-homeless young people (Mallet et al., 2005), that substance use is a known risk factor and pathway into youth homelessness, and is linked to poor mental health and wellbeing among young people experiencing homelessness (VicHealth, 2019). Early intervention practices targeting AoD misuse aim to build up resilience and reduce risk factors for vulnerable young people (Tully, 2007).

Mallet et al. (2005) found that there were few occasions where there was a simple link between substance abuse and youth homelessness, rather drug and alcohol use combined with factors of family substance use and family conflict that often formed pathways to youth homelessness. Drug and alcohol issues are complex in the context of youth homelessness, and can appear at different stages on a young person's pathway to homelessness. Substance use can be a factor that leads to family breakdown or can be a result of family breakdown and conflict, or family substance abuse itself can force young people out of the home (Mallet et al., 2005). Young people experiencing homelessness were more likely to report substance abuse as a risk factor leading to homelessness than as an outcome of becoming homeless (Mallet et al., 2005). However, becoming homeless can be a trigger for an escalation of substance use, which can act as a barrier to prevent young people experiencing homelessness from accessing services (Wincup et al., 2003).

The literature suggests that youth homelessness services need to have interventions that appropriately address substance use issues within the context of other interlinking issues faced by at-risk young people (Wincup et al., 2003; Mallet et al., 2005). Crane et al. (2012) similarly advocate for a broad approach when treating young people with AoD issues, to fully identify the often-complex factors and pathways that lead to substance use in vulnerable young people. However, substance use may not always be problematic or an immediate risk factor when dealing with another, more urgent issue (Crane et al., 2012). In these cases, early intervention programs can be used to effectively help young people who may be at risk of developing problematic AoD use (Crane et al., 2012). This speaks to the importance of early intervention AoD support programs for young people who are known to be at risk. Early interventions for young people at risk of problematic AoD should include programs that promote participation in positive development through social inclusion and facilitating a feeling of connectedness, as well as addressing any behaviours that are negatively affecting the young person's health and development so that crisis points can be avoided (Crane et al., 2012). Because unhealthy family relationships are known to be a key factor in AoD use among young people, family-based early intervention AoD programs can be used to reduce family risk factors and build up protective factors for AoD use (Tully, 2007). EIRWs identified AoD issues as an important risk factor but specific examples of frameworks or practices to address these issues were lacking in the interview transcripts.

Validation from participants

The absence of discussion about AoD work and associated issues in early intervention work with young people at risk of homelessness by the participants is an identified gap or missing

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theme. As the literature clearly identifies the importance of integrating AoD work into youth homelessness prevention, the gap was raised with EIRWs and BCYF staff for validation and discussion in the feedback session. Participants confirmed that this was an identified gap in service provision and as a result of the VU research and feedback, the gap had been identified and addressed through the appointment of a new EIRW with a background working in an AOD service (who would act as a '*resource*' for other staff members and meet the needs of young people and families as required) and through developing strong ties with internal service providers, such as the BCYF Youth AOD team.

Transitions

Cuervo and Wyn (2011, p. 21) identified that the so called 'normative' and 'linear' transitions of a previous generation where "young people progress through a series of 'stages' towards a secure adulthood, from dependence to independence and from school to work cannot be taken for granted". They suggest that in a post-industrial society, these traditional youth transitions have now been replaced by complex non-linear trajectories that involve "unpredictable links between education and work" (Cuervo & Wyn, 2011, p. 21). As such, transitions are now seen as short-term changes that can have either positive or negative influences on development pathways in young people (Tyler & Schmitz, 2013). Quilgars (2010) highlights three normative youth transitions in what can be described as the traditional journey from childhood to adulthood: (1) the education to work transition; (2) the transition from living with parents to living independently; and (3) the domestic transition from family to forming new relationships and families. Typically, these traditional transitions are supervised and supported by trusted adults both within family and the community (Gaetz & Scott, 2012). Youth homelessness can be viewed as an inability to successfully navigate these traditional transitions.

In contrast to traditional, linear and singular transitions, vulnerable young people can experience high numbers of transitions in a short period of time, which creates an unstable environment for development and may expose young people to additional risk factors (Tyler & Schmitz, 2013). Sohn and Gaetz (2020) contend that this instability at a young age causes social and emotional issues as well as social exclusion. Young people who experience multiple and various transitions, and whose home is unstable or are forced to leave home early, may not acquire the necessary skills for living independently in the community (Piat et al., 2015). Another key transition that is consistently posed as a risk is young people exiting from state care, as they are more likely to experience risk factors, such as housing instability, as they find themselves without sustained and reliable support to help them facilitate the move to independent living (Kelly, 2020). These young people therefore may lose the protective factor of their support network without having the chance to develop the skills needed to succeed in adulthood (Rosenberg & Kim, 2018). These disrupted transitions can accumulate and place young people further into disadvantage, which can have negative effects on their future development and life prospects (Tyler & Schmitz, 2013).

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Moreover, as explained by Wyn and White (1997) youth as a transitional category is often misconceptualised as a stage of life that is 'lacking' adulthood, rather youth transitions should be conceptualised as a process, where "different dimensions of young people's lives are shaped and negotiated in relation to social institutions such as families, labour market, schools and the state" (Cuervo & Wyn, 2011, p. 21). This multi-dimensional approach to youth transitions reveals the outmoded and simplistic idea that one-dimensional transitions are the norm and that those that don't travel a narrow linear pathway are "at-risk and, therefore need remedial attention" (Cuervo & Wyn, 2011, p. 21). This multidimensional conceptualisation of youth transitions is important to the work of early intervention and is an underpinning assumption of this research.

Validation from participants

As described above, there is a strong evidence base for the need for early intervention work in youth homelessness prevention to focus on risk points within the multidimensional nature of a young person's transitions. The absence of transitions and associated key risk points from the EIRWs' discussions of their roles is a finding of the research. The literature identifies the importance of early intervention work intentionally focusing on these transition points as locations of risk and vulnerability and were raised as such with EIRWs and BCYF staff for validation and discussion in the feedback session. Participants confirmed that transition points are '*recognised as a risk*', and affirmed that this is a current gap in their work ('*transitions is an area we need to focus on*'). EIRWs reflected on opportunities to consider regarding how they could address these transition points into the future. These opportunities included the potential for expanding early intervention into primary schools to support successful transitions for young people from primary to secondary schooling and those leaving secondary schooling.

Informal community supports

Young people experiencing homelessness need support in resolving conflict, dealing with obstacles, and in achieving some form of individual and self-defined success. However, Kurtz et al. (2000) suggest that vulnerable young people are often reluctant to seek help from formal services, and instead are more likely to trust and ask for help from informal sources such as friends, family and community networks. In many cases, young people will only seek formal support when they have reached a crisis point and rely mostly on informal networks consisting of street-based peers, unstable family relationships and limited community support options, or they go into 'survival mode' and rely mostly on themselves as a coping strategy (Heselwood et al., 2019; Bender et al., 2018). Bender et al. (2018) point to a lack of trust in professional services stemming from past negative experiences as a key reason why vulnerable young people are hesitant to seek help from these formal sources, as well as a fear of judgment and dismissal by professionals.

As such, informal community resources and supports can generate social capital that facilitates social inclusion and increased community belonging for vulnerable young people (Duff et al., 2011). These informal peer and social support networks provide social, financial and emotional resources that young people are unable or unwilling to get from more formal

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sources (Duff et al., 2011). Rogers (2011) suggests that informal mentoring provided by community figures, such as sports coaches, can provide young people with positive role models that encourage stable relationships. It can be hard to define and measure the support provided by informal mentors, as flexibility and willingness to undertake multiple roles is a pivotal feature of informal mentoring (Rogers, 2011). Young people may also afford these informal community figures more respect than offered to more formal caregiving services and staff, as the relationship is based on emotional and social encouragement rather than practical support (Rogers, 2011).

Duff et al. (2013) identified sports teams, community groups, churches and cultural groups as being possible informal supports and resources for vulnerable young people. These community supports can provide material items as well as positive social relationships that encourage self-confidence, engagement within the community and a sense of belonging (Duff et al., 2013). Places such as youth drop-in centres, cafés and bookstores also provide environments where young people can observe social interactions without being pressured to engage and build up their confidence to eventually participate (Duff et al., 2013).

In relation to the theme of informal community support, it was confirmed by participants as both a contextual setting for the delivery of TGP through the COSS model and as a particular mechanism for provision of support for at-risk young people. This is confirmed in the literature by MacKenzie (2018, p. 3), who states that the community focus of the COSS model means that, "it is a place-based model, where the development of the entire community (which consists of the school, community services, students and their families) is the broad aim". However, participants in the study reported a distinct lack of an overt focus on connecting young people to informal community supports, such as those found in sporting clubs or community youth groups (e.g. scouts/guides, football or netball clubs etc.). In feedback sessions this was acknowledged by participants as a gap in their current work.

While the theoretical literature underpinning the TGP COSS model incorporates both youth-centred and family-centred approaches into overarching frameworks in order to support the needs of both at-risk students and their families (MacKenzie & Meesen, 2019), the role of informal community supports, provided through local council youth services or volunteer community youth programs (such as recreation and sporting organisations), is missing. Dunst's (1985, p. 179; 2000) 'social systems approach' to early intervention with at-risk young people and their families, clearly identifies the distinction between formal and informal community support networks. Dunst (2000, p. 95) goes further to outline the importance of going beyond professional welfare services to include the, "mobilisation of supports from informal network members rather than relying solely or primarily on formal supports from professionals and professional help-giving agencies". The recognition of Dunst's (1985; 2000) distinction between formal and informal community supports and the adaption of the COSS model to include referral and connection of at-risk young people to informal community support networks, is a recommendation of the study.

Validation from participants

The absence of informal community supports from the EIRWs' discussions of their roles, and the strength of the literature identifying the important role informal community supports play as protective factors, was raised with EIRWs and BCYF staff for validation and discussion in the feedback session. Participants confirmed that this continues to be a gap and identified that the location of most of the EIRWs in schools sees the school as the primary setting and focus for most of their work. Participants further reflected that while the COSS model promoted early intervention work across schools, services and community, the reality of their work at present was focused on schools. Participants identified opportunities for embedding informal community supports into the future. For example, by building referrals and engagement with sporting clubs and youth organisations.

- *'The community layer is missing.'*
- *'[Community supports] are so impactful for young people… [especially at the] pointy end for disengagement as they're not in school.'*
- [Community supports are] important – part of the COSS model that's missing.'
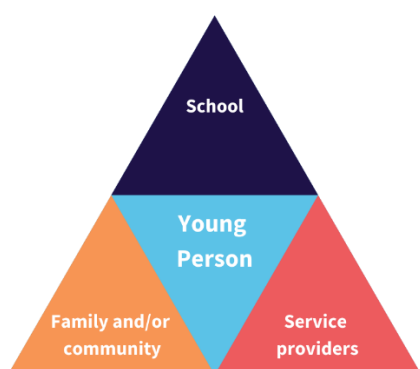
Figure 26 – Theoretical settings for TGP early intervention work, based on COSS model.

Figure 27 – Relative focus of settings for TGP early intervention work, in practice.

Youth voice/participation

Curry et al. (2020) found that there is a need for intervention programs designed for young people to be less paternalistic and more participatory and inclusive of young people's voices. Services delivered to young people that are based around control and restrictions are often not successful, as harsh limits and consequences give young people the sense that they are being set up to fail (Gaetz & Scott, 2012) and are less likely to be successful. Thus, programs and services co-designed with young people, where they are given a say in program delivery and also given some responsibility to ensure that program goals are met and evaluated, are more likely to succeed (Gaetz & Scott, 2012). Youth participation can also be a powerful tool in building self-esteem, agency and resilience in vulnerable young people (Oliver et al., 2006). Increasing agency and resilience can lead to better intervention outcomes, as young people build confidence and capacity despite their risk factors and environment (Oliver et al., 2006).

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When young people are engaged in meaningful decision-making that involves control and genuine participation, it can enhance their sense of belonging, connectedness and value, resulting in positive impacts on mental health and wellbeing (Oliver et al., 2006). Caplan et al. (2020) contend that for young people to be successful active participants in co-designing their programs, there needs to be a high level of trust between them and the early intervention worker. This requires early intervention workers to invest time in relationship building in order for a young person to share their specific needs and goals, and to design meaningful and achievable programs (Caplan et al., 2020). Giving early intervention workers this autonomy to work creatively with young people allows the focus of the work to stay on the needs of the young person, within their personal, family and community dynamics (Caplan et al., 2020). While both participants and BCYF staff expressed an awareness of this issue, as yet no strategy or organised initiative has been taken to develop this component of the work.

Validation from participants

The absence of youth voice and youth participation frameworks from the EIRWs' discussions of their roles in the interviews was identified by the research. The literature also identifies the importance of youth participation in work with vulnerable and at-risk young people. This was raised with EIRWs and BCYF staff for validation and discussion in the feedback session. Participants confirmed that this is a current gap. Participants posited approaches to embed youth voice and participation models in their program design and delivery and identified opportunities to learn from partner organisations in this regard.

- ◆ *'There is scope for broadening and including youth voice and participation.'*
- ◆ *'We talk about it all the time but haven't found a way to do it well.'*

Finding: tensions inherent in 'youth-focused family work'

As discussed above (see frameworks discussion on pp. 45-46), participants identified a tension inherent in the 'youth-focused family work' framework at TGP. Participants communicated that this tension requires intentional reflection to navigate the different practice priorities, practice frameworks and professional values underpinning both 'youth-centred' and 'family-centred' approaches.

Data from participants

Participants described the challenges of operating from a 'youth-focused family work' practice framework, for themselves as practitioners and for the settings in which they work. They reflected upon their diverse professional experiences, and levels and types of occupational qualification and educational backgrounds, as shaping the tensions inherent in aspects of this framework:

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◆ *'I've worked in family services before and that's always sort of been led by the mother as the primary client, so that would be the focus of the service. But for this it's like the young person's still the main focus of the work but you're also kind of bringing in all that [sic] other branches of the family… because people need connection.'*

◆ *'The social workers don't [struggle with working with families] so much.'*

◆ *'I would say it's 'youth-centred family work', which is different and is a bit of a challenge for the schools because they have more of a parent-centred family approach. So that grates a little bit sometimes as a bit of a challenge for them. So that's what we're there for really, is to advocate for the young people in that process and maybe come at it from both sides.'*

Further, this tension highlighted the complexity of the early intervention work EIRWs do.

◆ *'Obviously, I'm here for the young person and so I'm hearing what the young person's telling me …trusting them in what they're telling me, but actually that's not the truth. And then you call the parent, and they say, 'No, they do this all the time. They say this or they get this,' and then you're just that person in between both going like, 'It's a young person.' 'Oh, your parent has told me this. Can you explain what the situation is?' And then they're saying, 'No, they're lying again.' It's really back, forth, back, forth, back, forth, back forth.'*

◆ *'With the family focus, some young people are totally on board with having their family included in support. But others have not been so forthcoming…'*
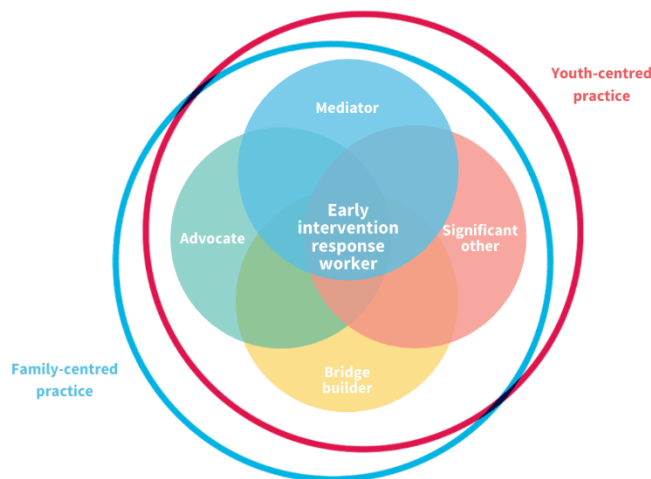
Figure 28 – EIRW and overarching modes of practice inside 'youth-focused family work' practices.

The above diagram expresses the tensions and challenges communicated by the EIRWs through the interviews, in relation to the often-competing frameworks of youth-centred practice and family-centred practice. These tensions are also reflected in the literature, where family and youth-centred practices are often placed in opposition to each other as contrasting models. While youth-centred practice is strengths-based and seeks to strengthen young people's ability to operate independently, family-centred practice attempts to repair and

support family connections wherever possible in order to keep young people in the family home (Robinson & Prior, 2006). Carson (2009) suggests that within the existing culture of youth work, greater value is often placed on youth-centred practice. Within this culture, family-centred work is often placed in opposition to youth work, even though it can be argued from a rights-based perspective that young people have the right to be given the option and access to family-based interventions as well as youth-centred programs (Carson, 2009). Robinson et al. (2011) also argue that families are often cast adversely in opposition to youth-centred practice and often overlooked for involvement in youth focussed interventions.

Another key tension in the interview with EIRWs was the issue of young people's safety and wellbeing in family-based practice. Coyne et al. (2016) argue that the needs of the young person may not be fully met through a family-based approach due to a power imbalance between the adults (family members and service professionals) and the young person. This can take the focus away from the young person and fail to recognise that the young person may have needs that are independent of the family (Coyne et al., 2016). This may be particularly acute in the context of crisis intervention when young people are deemed at high risk of homelessness or other immediate issues.

The tensions expressed by participants, if unresolved, may ultimately end up being detrimental to the wellbeing of the young person. As EIRWs may only be involved in a young person's life for a relatively short period of time, longer-lasting relationships should be prioritised and supported (Robinson et al., 2011).

Finding: non-linear, complex nature of early intervention work

In the interviews, participants described the work they do as both prevention and intervention. Despite the spectrum of prevention and intervention with youth at-risk often being presented in the literature as a linear process and in a discernibly segmented manner (see figure 5 above), the data revealed that workers are often operating in a non-linear manner across multiple spaces and settings and meeting differing needs of stakeholders at any given time. In this sense, early intervention work is complex and nuanced; responses to a young person's needs are fluid and non-linear; and there are porous boundaries between prevention, early intervention, secondary, tertiary and/or crisis interventions and continuing care. This is particularly so for young people who may move from low to high-risk categories in relation to homelessness or other acute issues such as mental health. In this regard, EIRWs are operating in close alignment with the stages of 'crisis intervention' proposed by Roberts and Ottens (2005). The seven stages of crisis intervention (summarised in figure 29 below), mirror closely the day-to-day work described by EIRWs who participated in this study and is representative of the fluid nature of risk and the relationship of level of risk to early intervention practice responses and the often-competing demands of various stakeholders at any given time.

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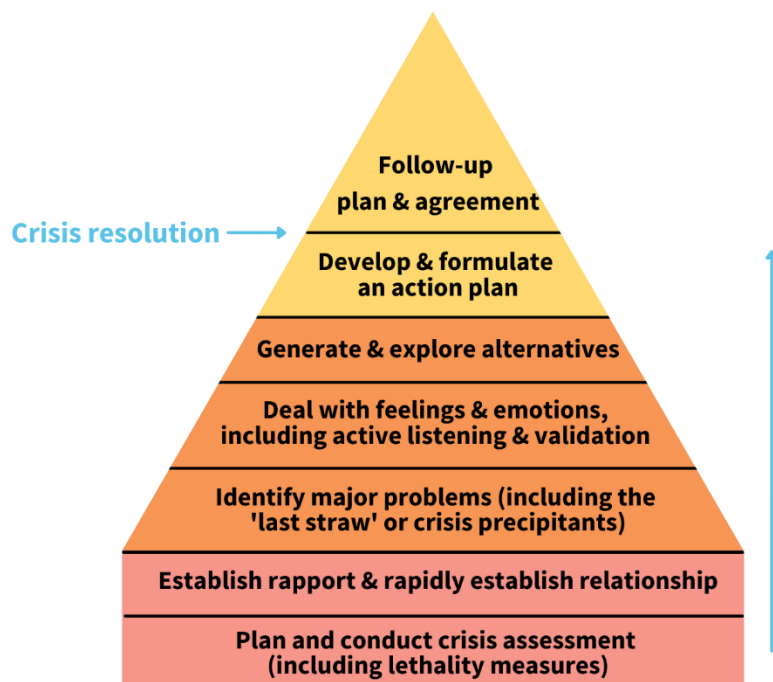
Figure 29 – 'Seven-stage model of crisis intervention' (Roberts & Ottens, 2005).

Although early intervention is often defined in the youth at-risk literature as secondary prevention (Colizzi et al., 2020), EIRWs detail their work as crossing each of the prevention stages originally proposed by Caplan & Grunebaum (1967) and as represented in the earlier 'homelessness prevention spectrum' diagram (see Figure 5 Image adapted from 'LIFE Framework continuum of suicide prevention' (AGDHA, 2007)).This is due to the complex nature of the risk factors that EIRWs are presented with (Mabels, 2018; Gaetz et al., 2018). Early intervention work, therefore, must provide a young person with the right intervention at the right stage of their trajectory, which can only be identified through flexible approaches to early intervention work (Mables, 2018).

Likewise, MacKenzie et al. (2020) propose that youth homeless service provision should be thought of as an organic 'community ecosystem' that is dynamic and evolving rather than a static closed system. In this way, early intervention work crosses over boundaries and interacts with a range of stakeholders and institutions, such as government departments and services, schools and educational institutions, welfare and support services and other social and non-government community programs (MacKenzie et al., 2020). As such, this ecosystem must continually develop and change based on the needs of the community and individual cases and so too must the work of early intervention workers in order to implement the most effective interventions for young people (MacKenzie et al., 2020). The diagram below illustrates this adaptive work reconfiguring the static and linear model of staged interventions as proposed in earlier iterations of the spectrum (see figure 5) to show the porous, non-linear and peripatetic nature of intervention work based on a continuum of possible responses as described by the participants and illustrated below (see Figure 30).
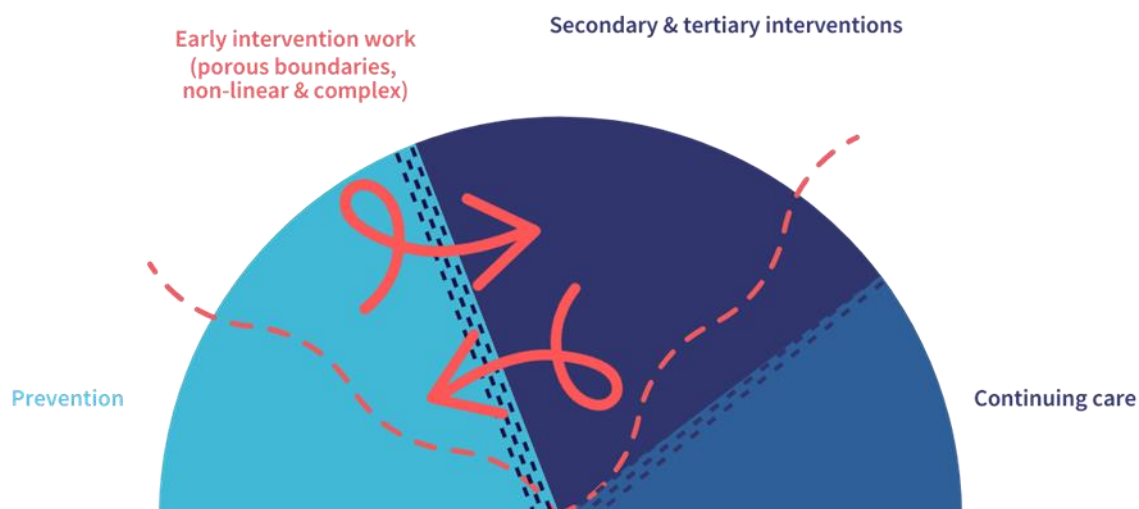
Figure 30 – 'Homelessness prevention spectrum of interventions' adapted from 'LIFE Framework continuum of suicide prevention' (AGDHA, 2007) with alterations made to reflect the data from the interviews as to the nature of prevention and early intervention work in the TGP COSS Model.

Therefore, early intervention strategies must also intersect with other sectors because of the way youth homelessness and associated risks intersect with other health and wellbeing issues, including but not limited to such things as mental health, family violence and the justice system (Legislative Council, 2021). Because early intervention work deals with these non-linear and complex factors, the work itself must reflect a non-linear engagement by incorporating a range of approaches and practices that can be adapted to individual situations (Cameron, 2016). Guralnick (2011) similarly argues that early intervention work cannot be described as a linear process with a sequence of elements or staged practices, because it relies on the experience of the expert workers involved and the specific dynamics of individual cases. Despite extensive knowledge on how to identify protective and risk factors in vulnerable individuals, Guralnick (2011) argues that accurately identifying the goals and underlying trajectories of specific young people and their families is only possible through learnt experience based on every-day, creative early intervention practice responses over a period of time.

Validation from participants

The finding that early intervention work is not a static and segmentable practice with hard boundaries to the work, but is rather conceptualised by workers as a diverse series of possible practices along a spectrum of interventions was affirmed by EIRWs and BCYF staff and validated in feedback sessions. Participants confirmed the finding of the porous nature of these intervention practice boundaries and reflected that the articulation of the non-linear, complex nature of early intervention work was '*really helpful*' and aligned with their articulation of the work as '*fluid*'.

◆ *'This [feedback] definitely aligns with the 3 tiers of responses [we use] and the 'step-up, step-down' model.'*

◆ *'The nature of every case is fluid.'*

Finding: EIRWs' professional development

As an outworking of the tensions inherent in the 'youth-focused family framework' and the nuanced complexity of early intervention work outlined above, participants expressed a desire for additional training to build their capacity and confidence. This was particularly so in regard to working with families and workers expressing the limitations of their skills and knowledge in this area.

- ◆ *'We've all got really great engagement skills. We've all got really good understanding of why [working with families] is really important, but we just need some few extra tools in the kit and a bit more understanding our limitations.'*

- ◆ *'I think that us being more equipped to be able to talk to families and have family involved, I think that would be really valuable…'*

Interestingly, for some early-career youth workers who had no training in family-centred practice and little experience this part of the work was something they felt unprepared for and understandably were nervous and lacked confidence when required to do so.

- ◆ *'[Working with families] terrifies me still to this day. I've been doing this job since [month] and still if I have to contact a parent about something, I feel so nervous. I feel like I'm good at what I do until I have to contact a parent or engage the family, and then I freak out. It's because I've never done any work like that before …it's hard.'*

- ◆ *'...the thing that gets put off a little bit, is the contacting of the parents because it's a combination between, I don't feel overly confident to do it, and everything else feels so much more important. But then it's like I do need to bring myself back and be like, 'Well, actually, the parent probably is just as important as everything else, but I – yeah, that is something that is a big, big struggle for me, personally.'*

Even highly experienced youth workers with 10 years working in the sector found the engagement with parents and family a difficult part of the role. They expressed this in terms of the tensions they encountered - particularly when caught between respecting and challenging the parenting of at-risk young people.

- ◆ *'…it's subtly challenging some of the parenting stuff - after having a bit of rapport in a relationship with them - but I've also respected their [the family's] authority. But then being able to shift it a little bit and empower the young person; it's a real balancing act. I've been in this sector for 10 years. At the start, I wouldn't have been able to do that kind of stuff without extra training.'*

- ◆ *'I can have contact with the parent; that's fine, but when it comes down to what I actually have to say and do, I'm like, 'I struggle to navigate this space.''*

Participants further reflected on the competing priorities they experienced in their work with families and young people. Participants identified that they found it challenging to balance casework responsibilities and the time it takes to build relationship with young people, schools and families.

- ◆ *[working with families] 'It's very time-consuming.'*

- ◆ *'…doing this job well is very time-consuming.'*

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◆ *'We don't want to always prioritise [working with families] because we don't necessarily have the time because the caseloads can be quite high and it's intensive work really.'*

A finding of the study is that while early intervention work with parents and family members is a necessary and important part of the EIRW's role, workers identify competing interests within the service delivery model of TGP and between the primary intervention foci of young person and family. The participants identified the inherent tensions and difficulties of this work as an area where they required further training. As such, EIRWs would benefit from in-service training and external professional development in family-centred work both theory and practice skills.

Recommendations:

An overarching recommendation of the study is the further exploration of potential benefits to EIRWs in describing and articulating their role as that of boundary spanner. The study recommends the further researching of applicability of boundary spanning concept to the TGP COSS model. There is a developed literature on human service professionals who are working across the boundaries of traditional or established settings and in multi-disciplinary teams who are required to negotiate the often-competing interests of multiple stakeholders, when endeavouring to meet the needs of their primary client. The study finds the literature on boundary spanning, particularly in relation to the profession of social work (Oliver, 2013; Williams, 2011), to be germane to the EIRW role as practiced within the TGP COSS model.

In reflecting on the broad and holistic nature of their work, EIRWs described themselves variously, using terms familiar to the concepts of reticulism and boundary spanning (Peel, 2013). The following descriptive images were used by EIRWs as analogous of their work such as, the 'bridge' and the 'umbrella' to articulate an overarching conception of their role.

◆ *'I think that's why … bridge comes into play because you... sit beside them through whatever it is that they're going through and help them get to the other side. You hold the umbrella up and make sure they get to the other side.'*

◆ *'I like bridge as well, but I guess whenever I have to describe our role, I always use the word link. I feel like that's what I am as well, I'm a link that's in the middle, which is very similar to bridge. But I definitely would agree with that, I think ['bridge'] sums it up perfectly. …we're kind of in the middle with the young person a lot of the time, providing all those links to kind of whatever it is they need.'*

◆ *'The bridge building and link metaphors are very accurate.'*

◆ *'I always saw myself as a bridge.'*

EIRWs frequently defined their role using the image of a 'link' in a chain or as a 'link' that connects to something else.

◆ *'I feel like it's important to be the link between the school and the community and to really get into people's lives.'*

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- *'We can't do everything. I feel like we're the person in the middle for something like AOD, we can't do a lot of AOD support. We can do harm minimisation... but if it comes down to the[m] need[ing] an AOD worker, we're the linkage there. We can't actually address that AOD to a certain extent, but we are the person that will make sure that they get linked in with who they need to get linked in with.'*

- *'I see my role as being a bit of a link between a few different things: the young people and their families, the young people and their school, the school and BCYF, and young people and other services…'*

In light of the dynamic roles of EIRWs across the different settings, and the use of bridging and linking imagery to describe their work, this report suggests that EIRWs and the TGP explore the language, theory and practice of boundary spanning and reticulism to describe and inform the overarching modes and models of early intervention work. Boundary spanning is an evidence-based mode of practice, with applications found in the community development (Wallace et al., 2018), education (Bradshaw, 1999) and social work literature (Oliver, 2013). The literature surveyed below describes boundary spanning and reticulism as a dynamic, complex, creative and solution focused way of working that incorporates the modes of practices (mediator/coach, advocate, significant other/trusted adult and bridge builder) and many of the characteristics and attributes described in the Typology of Early Intervention Work (see Table 4).
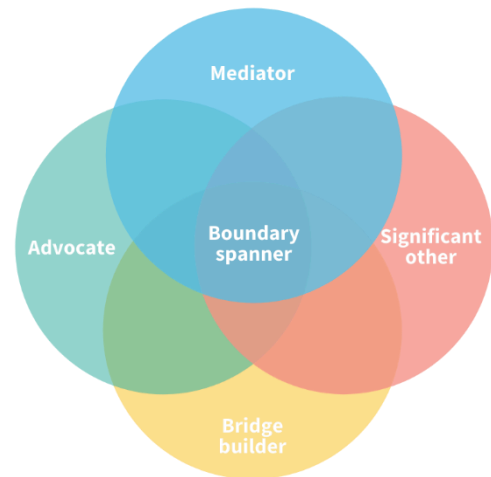
Figure 31 – 'Boundary spanner' as the overarching mode of early intervention work.

Early intervention work as 'boundary spanning'

Figure 32 – 'Boundary spanner' and 'reticulist' literature word cloud.

Boundary work

Gieryn (1983) coined the term 'boundary work' to refer to the work that human service workers do in negotiating and bridging the boundaries between public policy, public service management and service delivery and those that benefit from these policies and services i.e. the public or service user. Needham et al. (2017) note that this work is highly demanding and emotionally laborious.

Quick and Feldman (2014) identify three boundary work practices that render boundaries porous, overcome barriers, increase connections, enable flexibility and build resilience:

1. Translating differences (i.e. using different language to express multidirectional understandings in order to create new shared understandings and junctures that diminish boundaries);
2. Aligning differences (i.e. recognise differences but enhance connections); and
3. Decentring differences (i.e. minimising meaningful distinctions between parties.)

The three boundary work practices described above by Quick and Feldman (2014) aptly describe the work of EIRWs in the TGP COSS model.

Boundary spanning

The role of a boundary spanner is to facilitate participation between individuals and organisations that may have diverse agendas and interests through dialogue and negotiating shared goals (Oliver, 2013; Miller, 2009). Often boundary spanners come from generalist positions and may have many roles in addition to boundary spanning (Miller, 2009). Boundary spanners work in the areas where organisational and social boundaries overlap, and work by creating formal and informal contacts across organisational boundaries (Bradshaw, 1999; Wallace et al., 2018).

Within the sphere of youth homelessness, especially homelessness support within the education system, specific actors such as teachers or school welfare staff may be very effective within their own systems of practice (Miller, 2009). However, these actors can struggle to engage with other systems outside their own, not from a lack of desire to collaborate, but because they do not have knowledge of these systems or the time to understand them (Miller, 2009). In this situation, community-based boundary spanners can lead cooperation between these actors, because they understand and can operate both within the community and between the community and other services such as schools and education systems (Wallace et al., 2018). In the context of youth homelessness prevention, early intervention workers act as bridge builders or boundary spanners as they are able to provide supports that link at-risk young people and their families with formal services, and programs and to informal community networks (Rhodes & Roffman, 2003).

In this sense, EIRWs are uniquely placed to be boundary spanners because they lie at the intersection between the individual, family, school and community systems. Their methods lend themselves to this role, as they rely on building trust and strong relationships to do their jobs, which are essential qualities of boundary spanners who must cultivate a network of

trusted contacts (Oliver, 2013). As such, Oliver (2013) identified the inter-professional practice skills and activities of boundary spanning, as characterised by networking, collaborating, bridge building, advocating, connecting, referring, preventing and intervening. This strongly aligns with the work of the EIRWs in the TGP COSS model and the findings of this research.

Validation from participants

The recommendation that EIRWs in the TGP COSS model consider exploring the adoption of boundary spanning and the practices of reticulism as beneficial to the overarching mode of early intervention work was shared with EIRWs and BCYF staff for validation and discussion in the feedback session.

◆ *'This is really helpful!*

◆ *'I always found it hard to describe what [we] do. – it is very complicated work – we wear 38 different hats all at once.'*

◆ *'I always saw myself as a bridge.'*

◆ *'[It is] hard to sum up what we do because it is so flexible.'*

Overall feedback and validation of the project

Participants completed anonymous post-session feedback surveys. 100% of participants identified that the opportunity to describe and reflect on their work through the interviews and focus group process had been very useful. Participants reflected that they appreciated the time to participate in the research and to discuss and dialogue with fellow EIRWs and staff about the specifics of their day-to-day work and roles. 100% responded that they had *'learnt something about themselves and others through the process'.*

Participants identified the following ways that the research had been useful:

◆ *'Hearing others…*

◆ *Having external interest in what we do.'*

◆ *'Helped me reflect on practice.'*

◆ *'Hearing how other workers reflect on their practice.'*

◆ *'Hearing everyone's experience in their day-to-day*

◆ *'Validating the complex work we do.'*

◆ *'Great to see other's perspectives'.*

◆ *'Great process.'*

The findings and recommendations in this report were fed back to EIRWs, senior BCYF staff and TGP executive for their validation and feedback. Much of the feedback has been included above in discussions of the findings and recommendations. However, there were additional reflections shared on the impact of the project overall:

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◆ *'The report summarises what we do really well.'*

◆ *'It is good to see the work presented in these words – it is really helpful!'*

◆ *'Our work is crisis driven – this [report] helps us to reflect on our work. The charts and diagrams are brilliant!'*

◆ *'Really good to see it [our work] presented in this way.'*

◆ *'Really like the diagrams… [the report] does reflect the work we do.'*

◆ *'It is hard to measure the work we do – having the words to explain it is great!'*

◆ *'It is often hard to see the value of early intervention work – this [report] helps us to spread the message of our work.'*

◆ *'It is hard to know the purpose of our work – especially when you are new to it. But seeing its purpose presented in these words is really helpful.'*

◆ *'It's nice to see the work we do articulated and presented.'*

◆ *'[This report shares] the importance and complexity of the work we do.'*

◆ *'Presenting what we do is really useful... [it shows] how complex this work is.'*

◆ *'[The report] reflects the conversations we had [in the focus groups].'*

◆ *'This [report] will be helpful to articulate and support our ongoing work and measure outcomes.'*

◆ *'Sometimes from [the] school's perspective it's hard to see the value of early intervention work compared to crisis work. We need to spread the message of what early intervention work is.'*

◆ *'It is hard to know [our] purpose because outcomes aren't tangible. Feel like it's small. Hopefully we can now see what we've achieved. This [report] will help.'*

◆ *'Getting a visual from those charts is helpful.'*

Conclusion

From the post-session feedback surveys and feedback provided in the validation sessions with participants and stakeholders, it is evident that the project met its aims of (1) identifying & understanding, (2) documenting, (3) validating, and (4) making known the primary prevention and early intervention practices of EIRWs and the theoretical methodologies and/or practice frameworks used by EIRWs within the TGP COSS model supported by BCYF. Further, the process itself proved useful in giving TGP a language and evidence base to express the complex, dynamic work they do. This newfound language will be useful in enabling early intervention workers to reflect on their work, communicate their work to partners – such as schools and service providers - and to communicate the importance of their work to funding bodies and governments. Further, the process itself allowed participants to engage in reflective practice, learn from their peers, feel validated in the important work they are doing, and gave voice to the complexities of early intervention work.

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Appendix

Q1 How do you identify in terms of gender?

○ Male

○ Female

○ Non-binary or gender diverse

○ Transgender

○ Agender

○ Prefer not to say

○ Other (please specify): _____

Q2 How old are you?

○ Under 18 years old

○ 18-25 years old

○ 25-35 years old

○ 35-45 years old

○ 45-55 years old

○ 55-65 years old

Q3 Number of years in the workforce?

○ Less than 1

○ 1-2

○ 2-3

○ 3-4

○ 4-5

○ 5-7

○ 7-19

○ 10+

○ 15+

○ 20+ years

Q4 Number of years at BCYF?

○ Less than 1

○ 1-2

○ 2-3

○ 3-4

○ 4-5

○ 5-7

○ 7-19

○ 10+

○ 15+

○ 20+ years

Q5 How do you formally describe your occupation/profession? e.g. are you a:

☐ Youth worker

☐ Social worker

☐ Family worker

☐ Welfare worker

☐ Community worker

☐ Drug and Alcohol worker

☐ Counsellor

☐ Psychologist

☐ Other (please specify)

_____

Q6 What is your formal education/qualification?

_____

Q7 TAFE/university

☐ University

☐ TAFE

☐ Other _____

Q8 Level of qualification

☐ Certificate

☐ Diploma

☐ Degree

☐ Masters

Q9 What is your formal job title in your formal BCYF job description?

_____

INDICATIVE INTERVIEW SCHEDULE

1) How would you describe your role in The Geelong Project?

2) What do you do on a day-to-day basis with young people?

3) Can you specify what effective early intervention/prevention practices and/or approaches you are currently using with at-risk young people?

4) Can you specify what effective early intervention/prevention practices and/or approaches you are currently using with young people's families?

5) Can you specify what effective early intervention/prevention practices and/or approaches you are currently using in schools?

6) What services and other professionals do you work with regularly outside of the BCYF team?

7) Can you name and describe a theoretical framework or model that your interventions and practices may be informed by?

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