Integrating Evaluation with Organisational Learning: 
Developing Principles for the Vocational Rehabilitation of 
Young People with Mental Health Conditions

Ranjit Bhagwandas
BSc (Melb), BSW (Melb), Grad Dip MD (Melb).

Submitted in (partial) fulfilment of the requirements for the degree of 
Master of Assessment and Evaluation in the Faculty of Education at 
The University of Melbourne

2010
ABSTRACT

The purpose of this thesis was to determine principles and components for effective program development for Young People with Mental Health Conditions, and to locate this in an appropriate evaluation framework. These principles were derived through the application and evaluation of 18-month youth project.

Evaluation was carried out internally by employees, which is a distinguishing feature of this research. The thesis analysed and described the youth project utilising Owen’s (2006) evaluation framework. It illustrates how evaluation was incorporated into each stage of the planning and implementation of the project. Additionally, the approach to evaluation incorporated capacity-building and organisational learning as integral elements.

This study demonstrates how Meta principles and components were derived from the implementation and evaluation of four pilot programs undertaken across Australia. The research led to the identification of ten principles and components that are recommended for guiding the development of vocational rehabilitation programs for this target group. The principles comprised:

- Develop partnerships with local agencies;
- Develop proactive strategies to reach young people;
- Normalise experience of mental health challenges;
- Persevere with the program when clients are ambivalent;
- Build on participants’ strengths rather than being primarily deficit focused;
- Improve coping skills and address psychosocial aspects;
- Overcome social isolation and its impact on mental health;
- Don’t underestimate learning from peers and social networking;
- Address the life stage trajectory; and
- Promote employment as an integral component of an effective mental health strategy.

More broadly, this thesis aims to contribute to and influence the on-going expansion of knowledge to inform the development and internal, self-evaluation of service delivery for Young People with Mental Health Conditions.
Declaration

This thesis contains no material that has been accepted for any other degree in any university. Furthermore, to the best of my knowledge and belief, this thesis contains no material previously published or written by any other person, except where due reference is given in the text.

Signature:
Acknowledgements

Firstly, I would like to acknowledge Pat Macleod (my then manager) who was the inspiration behind the project, and thank her for her vision and support during the project. I would also like to thank the staff on the frontline of this project. They worked innovatively and passionately in difficult circumstances and translated this vision into practice.

Next, I wish to thank my supervisor Rosalind Hurworth for her literary and academic guidance during the writing of this thesis. I am grateful to a number of other people who have supported and encouraged me throughout the process, particularly Don Vogt, Jerry Winston and my partner Janice.

Finally, this thesis would not have come about if not for the willingness and courage of the young people themselves in addressing difficult challenges in their lives. It is my hope that this thesis is one contribution towards developing more effective services for this group of young Australians.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>2</td>
</tr>
<tr>
<td>DECLARATION</td>
<td>3</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>4</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>8</td>
</tr>
<tr>
<td>CHAPTER 1</td>
<td>10</td>
</tr>
<tr>
<td>INTRODUCTION AND BACKGROUND</td>
<td>10</td>
</tr>
<tr>
<td>1.1 Introduction</td>
<td>10</td>
</tr>
<tr>
<td>1.2 Thesis Details</td>
<td>12</td>
</tr>
<tr>
<td>Origin of the Thesis</td>
<td>12</td>
</tr>
<tr>
<td>Purpose of Thesis</td>
<td>13</td>
</tr>
<tr>
<td>Type of Social Research</td>
<td>13</td>
</tr>
<tr>
<td>Objectives of the Thesis</td>
<td>13</td>
</tr>
<tr>
<td>Research Questions</td>
<td>14</td>
</tr>
<tr>
<td>Significance of the Thesis</td>
<td>14</td>
</tr>
<tr>
<td>Conceptual Frameworks</td>
<td>14</td>
</tr>
<tr>
<td>Assumptions Regarding ‘Best Practice’</td>
<td>15</td>
</tr>
<tr>
<td>1.3 Description of The Organisation &amp; Youth Project</td>
<td>16</td>
</tr>
<tr>
<td>Purpose of the Youth Project</td>
<td>16</td>
</tr>
<tr>
<td>Objectives of the Youth Project</td>
<td>16</td>
</tr>
<tr>
<td>Structure of the Youth Project</td>
<td>17</td>
</tr>
<tr>
<td>Significance of the Youth Project</td>
<td>17</td>
</tr>
<tr>
<td>Steering Group and Reference Group</td>
<td>17</td>
</tr>
<tr>
<td>1.4 Rationale for the Youth Project</td>
<td>18</td>
</tr>
<tr>
<td>The Organisation’s Rationale for the Project</td>
<td>18</td>
</tr>
<tr>
<td>1.5 Conceptualising the Project within an Evaluation Framework</td>
<td>19</td>
</tr>
<tr>
<td>Other Possible Evaluation Frameworks Considered for This Thesis</td>
<td>20</td>
</tr>
<tr>
<td>1.6 More on Owen's Conceptual Framework</td>
<td>22</td>
</tr>
<tr>
<td>CHAPTER 2</td>
<td>25</td>
</tr>
<tr>
<td>PROACTIVE EVALUATION WITHIN THE PROJECT</td>
<td>25</td>
</tr>
<tr>
<td>2.1 Literature Synthesis</td>
<td>25</td>
</tr>
<tr>
<td>2.1.1 Search Rationale</td>
<td>25</td>
</tr>
</tbody>
</table>
### 2.2 Findings from the Literature Review

2.2.1 Defining Needs and the Prevalence of Problems

2.2.2 “Best Practice’ Model for Working with YPMHC

### CHAPTER 3

### CLARIFICATION OF THE PROGRAM AND EVALUATION

#### 3.1 The Use of Program Logic

Further Explanation of Program Logic

3.1.1 Rationale for Using Program Logic

#### 3.2 Clarifying the Program

3.2.1 Program Logic for Program Planning

3.2.2 Translating Key Components into Program Strategies

3.2.3 Advice from Recognised Experts

#### 3.3 Evaluation Planning

3.3.1 Program Logic for Evaluation Planning

3.3.2 Data Collection Methods

### CHAPTER 4

### INTERACTIVE AND MONITORING EVALUATION

#### 4.1 Interactive Evaluation

4.1.1 Youth Project Targets

4.1.2 Initial Findings from the Interactive Evaluation Questions

#### 4.2 Monitoring Evaluation

#### 4.3 Interviews with Eight Program Staff Across Sites

### CHAPTER 5

### EVALUATION OF SHORT TERM RESULTS

#### 5.1 Overall Short-Term Findings

5.1.1 Summary and Discussion of Overall Program Statistics

5.1.2 Program Results Achieved by January 2006

#### 5.2 Findings From Interviews with Staff

5.2.1 Data Collection Process

5.2.2 Approach to Summarising Staff Feedback

#### 5.3 Summary of Staff Feedback Related to the Four Stages of the Service Model

5.3.1 Pre-Referral Stage

5.3.2 Referral Stage
5.3.3 Program Commencement Stage  71  
5.3.4 Program Implementation Stage  72  

5.4 Summary of Staff Feedback Regarding Impact on Themselves  74  

5.5 Perceptions of Referrers  76  

5.6 Data Collection with Clients  78  
  5.6.1 Client Questionnaires  78  
  5.6.2 Data Collection Challenges  79  
  5.6.3 Response Rate to the Questionnaires  80  
  5.6.4 Client Group Interviews  80  
  5.7 Limitations of the Findings  81  

CHAPTER 6  83  

DISCUSSION AND CONCLUSIONS  83  

6.1 Benefits and Limitations of Using the Owen Framework  83  
  6.1.1 Application of Owen’s Framework  84  
  6.1.2 Significance of Using the Owen Framework  86  

6.2 Conclusions Related to the Guiding Principles  87  
  6.2.1 Discussion About the Extent of Increase in the Reach and Engagement in Vocational Rehabilitation  87  
  6.2.2 Conclusions Regarding the Planned Strategies and Related Components  89  
  6.2.3 Recommended Principles and Components for VRS with YPMHC  95  
Recommended Principles and Related Program Components and Strategies for Effective VRS Program Development for YPMHC  96  

7. FINAL CONCLUSIONS  100  

REFERENCES  101
List of Tables

Table 1: Differential Program Evaluation ........................................ 19
Table 2: Types of Evaluation Form and Description ......................... 23
Table 3: Stages of Youth Project as Forms of Evaluation .................. 24
Table 4: Program Logic for Program Planning .................................. 43
Table 5: Summary of Components and Strategies by Stage of Program .... 45
Table 6: Program Logic for Evaluation Planning ............................... 50
Table 7: Interactive Evaluation Questions and Sources of Data .......... 54
Table 8: Program Commencement Target by Pilot Site ..................... 55
Table 9: Referrals and Program Commencements for First Six Months ... 55
Table 10: Summary of Program Statistics at May 2005 ..................... 58
Table 11: Summary of Referrals & Program Commencements at August 2005 61
Table 12: Numbers of Referral Sources by Pilot Site ....................... 62
Table 13: Referrals, Program Commencements and Positive Outcomes to Jan 06 63
Table 14: Breakdown of the Positive Outcomes ............................... 64
Table 15: Summary of Program Statistics ...................................... 64
Table 16: Stages of Youth Project and Corresponding Evaluation Form .... 84
Table 17: Conclusions Regarding the Program Components and Strategies ... 90

List of Figures

Figure 1: Sequence of the Outcomes for the Project ....................... 42
# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YPMHC</td>
<td>Young People with Mental Health Conditions</td>
</tr>
<tr>
<td>VRS</td>
<td>Vocational Rehabilitation Service</td>
</tr>
<tr>
<td>VR</td>
<td>Vocational Rehabilitation</td>
</tr>
<tr>
<td>YP</td>
<td>Youth Project</td>
</tr>
<tr>
<td>The Organisation</td>
<td>The sponsoring Organisation</td>
</tr>
</tbody>
</table>
CHAPTER 1
Introduction and Background

1.1 Introduction

This thesis is based on an 18-month project that involved the development, implementation and evaluation of a Vocational Rehabilitation Program for Young People with Mental Health Issues (YPMHC). It aims to discover the meta principles and components required for developing effective vocational rehabilitation programs for this group.

Initially, a model of service delivery for reaching and engaging this target group was developed, consistent with principles recommended in the literature. This study aims to demonstrate how these principles were confirmed through the implementation and evaluation of this service model at four pilot programs undertaken at sites across Australia. (i.e. South Australia, Victoria, New South Wales and Western Australia.)

In addition, Owen’s (2006) evaluative framework is utilised to conceptualise and describe the project. The argument demonstrates how evaluation was incorporated into each stage of planning and implementation of the Vocational Rehabilitation Service (VRS) for YPMHC. While this thesis focuses on supporting program development for YPMHC, it also exemplifies an Internal Self-Evaluation approach. The latter combines the contributions of members of the service delivery team, the internal evaluation consultant and an external evaluation mentor whose services were paid for through the project budget. This process allowed flexibility where the evaluator was simultaneously a consultant to project staff and management. In turn, such an approach enabled a close working relationship to be maintained with stakeholders during all stages of the project. Furthermore, this evaluation involved facilitating opportunities for capacity building of

---

1 For the purposes of this thesis the author will refer Young People with Mental Health Conditions by the acronym YPMHC.

2 For the purposes of this thesis the author will refer to Vocational Rehabilitation Services by the acronym VRS.
staff and promoted opportunities for management to improve aspects of the project as well as the operation of the organisation. These developments emerged as a result of staff and management’s participation and reflection in the evaluation process.

**Funding Context of Mental Health Services**

During the latter stages of writing this thesis, the then Australian Government made a policy announcement that related to the establishment of services for young people with mental health issues. The statement announced an injection of $104 million over the next five years to expand mental health programs for young people. This funding is a small part of a wider ‘Comprehensive Health and Hospital’ reform package announced by the Government which includes an ‘investment of $7.3 billion over five years’. (Commonwealth Budget Overview, 2010; p.24).

McGorry (cited in Metherell, 2010) has criticised these initiatives. He considered the level of funding to be an inadequate response for addressing the significant challenges faced by YPMHC in maximising their participation in the workforce and within society generally. These policy initiatives, therefore, seem to provide a first step in recognising that the mental health issues experienced by young people can have serious social, psychological and economic impacts. Thus, McGorry advocates for a: “rethinking of the Governments’ priorities and investing an extra $650 million a year in expansion of services and for more suicide prevention measures” (Metherell, 2010; p.8).

Related to the above, this thesis is designed to form a timely contribution to the knowledge that needs to underpin the successful delivery of Vocational Rehabilitation Services aiming to reach and engage this target group.
1.2 Thesis Details

Origin of the Thesis

The origin of this thesis derived from my role as the project manager of an 18-month Youth Project undertaken between August 2004 and February 2006 by a nationally based Australian vocational rehabilitation service. This was a pilot project undertaken in four States across Australia. (i.e. South Australia, Victoria, N.S.W. and Western Australia). Progress reports and findings of the evaluation from this Youth Project were presented at three professional conferences in 2005, 2006 and 2007. The interest generated from these conferences led to undertaking this Master’s thesis as a means of examining the lessons learned from my role in the Youth Project in more depth.

Throughout the thesis, this 18-month project is referred to as the ‘YP’ as it was developed, implemented and evaluated within this rehabilitation service, which henceforward is referred to as ‘The Organisation’.

In addition, after completion of the actual project, I undertook further reading in evaluation that aimed to identify a useful conceptual framework that could assist in structuring the understandings and learnings from the project. After examining a range of frameworks, the Owen (2006) evaluation framework appeared to match closely key features of the YP. Consequently the thesis is an analysis and description of the project within this particular framework.

Therefore, this study addresses research questions about the specific Project and also includes my reflections about the application of a dynamic evaluative framework.

Moreover, according to the literature, there are challenges in providing VRS for any youth who require such services. For example, youth in general, are unlikely to approach

---

3 For the purposes of this thesis the author will refer to the Youth Project by the acronym YP.
4 Australian Case Management Conference, Melbourne 2006.
a mainstream provider whose services are intended for adults primarily. For youth who experience one or more mental health concerns, there are additional challenges for providers in reaching and engaging them.

**Purpose of Thesis**

The purpose of the thesis is to contribute to, and influence, the on-going development of knowledge by professionals working with YPMHC.

**Type of Social Research**

The thesis was undertaken as a Combined Explorative –Descriptive Study defined by Tripodi et al. (1969) as:

> Those exploratory studies which seek to describe a particular phenomenon thoroughly. The purpose of these studies is to develop ideas and theoretical generalisations. Descriptions are both quantitative and qualitative in form, and the accumulation of detailed information by such means as participant observation may be found. (p.25)

**Objectives of the Thesis**

The thesis has three objectives. These are to:

- Demonstrate the advantage of incorporating evaluation into each and every stage of planning and implementation of a human service, in particular the VRS for YPMHC.
- Identify meta principles and components that are critical for a high quality service delivery model of a Vocational Rehabilitation Service (VRS) for YPMHC;
- Identify program strategies (based on these principles and components) that proved to be important in reaching and engaging YPMHC in VRS.
Research Questions

In the context of meeting the objectives presented above, the thesis explores the following research questions:

1. What are key benefits and limitations associated with using the Owen’s evaluation framework (2006) to conceptualise the evaluation of this Youth Project?

2. What are the meta principles and components that provide a basis for planning and implementing an effective Vocational Rehabilitation Services for Young People with Mental Health Conditions, and in particular:
   • to what extent did the program principles and components implemented in the Youth Project reach and engage YPMHC in vocational rehabilitation?
   • what principles and components underpin effective VRS for YPMHC?

Significance of the Thesis

This thesis has two aims:

a) to increase awareness of the importance of early interventions services that are designed explicitly to meet the needs of YPMHC. For instance, McGorry (2008) argues that: “the potential benefits and cost effectiveness of early intervention in mental disorders arguably exceed those for medical diseases, which typically emerge later in life.” (p.1)

b) contribute to meeting the largely unmet need for research-based reports that identify principles and components for planning and implementing early intervention vocational rehabilitation programs for YPMHC.

Conceptual Frameworks

While carrying out this research, Owen’s conceptual framework (2006) was used to describe the YP that was developed and implemented within The Organisation.
In addition, the Tripodi et al.’s (1979) framework was considered, to contrast Owen’s framework, as well as to highlight the benefits and limitations of each of these frameworks. These frameworks were chosen because:

- John Owen has proposed a framework that identifies five Forms of Evaluation which can contribute to the development, implementation and assessment of a service, project or program (Owen 2006).
- Tripodi et al. have proposed a framework, *Differential Social Program Evaluation*, for the evaluation of any human service based on (three aspects of the service, from program initiation, initial client contact or access through implementation. Tripodi et al. (1979)

**Assumptions Regarding ‘Best Practice’**

Finally for this introduction, it is understood that ‘Best Practice’ is determined by the context, which is different from technical situations where there are closed systems and defined parameters. Therefore, it is assumed throughout this thesis that the expression “Best Practice” refers to the application of established principles, taking account the context within which the human service is provided.
1.3 Description of The Organisation & Youth Project

The Organisation provides VRS for clients who might present with a range of disabilities that include mental, physical, intellectual and sensory disabilities. The Organisation’s target group is Australians with a disability that fall within the defined working age range of 14 to 65 years old.

Services provided are all individually-based rehabilitation programs with an employment focus. These programs are based on addressing the identified needs for each individual in areas such as, adjustment to disability, literacy, numeracy, social skills and work behaviours. For the purposes of this thesis I will refer to these individual programs as a ‘client program’.

The specific YP referred to in this thesis, was designed to increase the access and participation of YPMHC in vocational rehabilitation. The project involved the development, implementation and evaluation of a service delivery model for YPMHC.

Purpose of the the Youth Project

The purpose of the YP was to develop improved referral pathways and increase participation of young people with mental health conditions in vocational rehabilitation.

Objectives of the Youth Project

The objectives of the YP were to:

- Develop and trial a service delivery model for reaching, engaging and working with young people with mental health conditions consistent with those recommended in the literature.
- Incorporate 50 program commencements as a result of the project, within the existing program delivery targets.

Personal Interest

My interest in this YPMHC topic developed as a result of my direct exposure to the needs of this group. Needs that became evident during: the years of my professional practice
experience as a Social Worker with disadvantaged youth and families in the western suburbs of Melbourne; my time as a Lecturer in Youth Affairs; and during my experience as an evaluator. In addition, my direct practice experience as a rehabilitation consultant working with people with disability has contributed further to my interest in this topic.

My role in this YP included facilitating the following components:
- Development of a service delivery model
- Facilitation of the implementation of the model; and
- Evaluation of the implementation process and the short-term results of the model.

**Structure of the Youth Project**

Four stages of the YP were identified as part of the initial YP brief. These comprised:

1. Research, consultation and planning for the project that formed the basis for development of the service delivery model.
2. Piloting of the model initially at one site incorporating an interim evaluation.
3. Piloting the service model at three additional sites and tracking the progress of the implementation.
4. Tracking and evaluation of the short-term results of the program.

**Significance of the Youth Project**

The YP provided an opportunity to trial a new approach in relation to delivering services to the target group. This project was designed as a way to minimise the interruption to developing a vocational identity in young people with mental health conditions.

It is envisaged that these approaches, if effective, may in the longer term demonstrate the social and economic benefits of such focused early interventions.

**Steering Group and Reference Group**

A Steering Committee was established to oversee the YP. Members comprised: five staff within The Organisation, three Senior Managers, and Regional Managers from two of the four pilot sites. The role of the Steering Group was primarily one of decision-making
about the YP. This group met once a month which provided a forum where key decisions regarding the project were made.

A separate Reference Group was also established consisting of three direct service delivery staff with a recognised expertise in the area of mental health or youth issues. The role of this reference group was to provide advice and input in relation to the development and implementation of the service model.

Part of the rationale for establishing a Steering Committee and the Reference Group was to promote opportunities for:

- Building the capacity of staff; and
- Enabling management and staff to learn from and make improvements to the YP and The Organisation as a result of participating in the project and evaluation process.

### 1.4 Rationale for the Youth Project

**The Organisation’s Rationale for the Project**

The motivation for the YP was based on a concern within the ‘The Organisation’ that the number of clients under 21 years of age who had a mental health condition and who used the service was recognised to be disproportionately low. This finding was in stark contrast to the evidence gained from an analysis of The Organisation’s usage statistics that demonstrated that people with mental health conditions within the age group 25 to 45 years constituted one of the largest disability groups to use the service. Therefore, it was hypothesised that the low representation by YPMHC was not a reflection of low need but rather an indication of factors associated with reaching and engaging this group.

The YP was based on the assumption that a service delivery model specifically tailored for YPMHC would have greater success in increasing the access and participation of this target group.

---

5 A prior pilot project undertaken within The Organisation (O’Brien, 2004) involved preparing young people for engaging in rehabilitation. The results from this project provided a basis and impetus for developing a model specifically designed to reach and engage YPMHC in vocational rehabilitation.
1.5 Conceptualising the Project within an Evaluation Framework

There are a wide variety of frameworks available to guide the development and evaluation of human service programs. Most frameworks utilise program planning theory to plan and evaluate such programs. However, in some instances an evaluation framework is incorporated into all stages of project planning. For instance, Tripodi et. al. (1969) developed ‘Differential Program Evaluation’ that combines both aspects of program planning and evaluation theory. The following table outlines the main elements of these authors’ model:

<table>
<thead>
<tr>
<th>Stage of the Program</th>
<th>Questions about Effort</th>
<th>Questions about Effectiveness</th>
<th>Questions about Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Initiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Contact/Access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tripodi et al. (1979)

As evident from the table above, Tripodi et. al.’s Differential Program Evaluation framework uses the stages of program development (i.e. Program initiation, client contact, etc) as a basis for identifying evaluation questions. For example a question relevant to the effort involved at the client contact/access stage could be; ‘How many hours of staff time are spent in promoting the program to external services?’

In reference to the Tripodi et al. framework, Conyne (2010) reinforces the link between program development and evaluation and concludes that; “Differential Program Evaluation indicates that social programs are evaluated by asking different questions timed to evolving program development stages.” (p.86)

However, Tripodi and colleagues’ framework neither provides for the distinction between monitoring and evaluation nor does it include the preliminary design stage, which is a major focus for this thesis. Consequently, other frameworks were considered.
Other Possible Evaluation Frameworks Considered for This Thesis

There are a number of other evaluation frameworks and models that have been developed to conceptualise and guide program evaluation design and implementation specifically. For example, Alkin & Christie (2004) use the metaphor of an Evaluation ‘Theory Tree’ to categorise these models. Within this approach, there are three main branches, which they refer to as ‘the primary branches of the family tree’ (p.12). The branches are conceptualised as Methods, Valuing and Use. Each branch reflects different influences in the development of the field of evaluation and each one emphasises differing priorities about the most essential component of the evaluator’s work. For instance, in the Methods branch, evaluation is guided by research methods, while in the Values branch the focus is related to valuing or making judgements and in the Use branch a primary concern is to “conduct evaluations that were designed to assist program stakeholders” (p.44).

I will discuss the key characteristics of the Use branch, as I believe it reflects the priorities and components of the YP most closely. Alkin & Christie (2004) describe the Use branch as being:

> Concerned with designing evaluations that are intended to inform decision making, but it is not their only function to ensure that evaluation results have a direct impact on program decision-making and organizational change” (p.44).

Within this chapter, Alkin & Christie (2004) identify Daniel Stufflebeam as one of the leaders of the Use evaluation branch. Stufflebeam (1983) developed the CIPP model that covered four types of evaluation: context, input, process and product. Context evaluation involving the identification of needs and program, design generally takes place prior to the implementation of a program. Stufflebeam (1983) delineates his approach through his emphasis on the need for evaluators to view evaluation as a process rather than a product. This approach maintains that evaluations should sustain close links with key stakeholders and should also ensure a regular flow of information on progress to assist decision-making.

Another recognized advocate of the Use branch of evaluation is Michael Patton. Patton developed the Utilisation Focused Evaluation (UFE) model (1978). As the title suggests, UFE places the utilisation of evaluation findings as a key element of the model. Underpinning this model, are his research findings that identify the ‘personal factor’ as a
primary factor that contributes to the utilisation of evaluation (Patton et al. 1977). This approach emphasizes the importance of the participation of stakeholders in all stages of the evaluation, in increasing the relevance and use of the evaluation findings. As such, Patton’s approach also highlights evaluation as a process rather than as a product.

Later, the approach of Hallie Preskill expands the emphasis placed on evaluation as a process, with a focus on organizational learning and development. [Alkin & Christie (2004)] Preskill and Torres (2000) argue that the focus of the evaluative process includes; “learning at the individual, team, and organization levels and that such learning can be advanced through an evaluative process that is collaborative, dialogic, and action oriented”. These authors discuss factors that can aid such learning, one of which is the spanning of boundaries between evaluator and program staff to create a; ‘seamless blend of program work, research, evaluation, and organizational learning” (Alkin & Christie, 2004; p.52).

Additionally, Alkin & Christie (2004) go on to describe Owen’s approach as promoting evaluation as a process with a focus on evaluation utilisation, and identify Owen’s work as primarily within the domain of organisational development and change.

Owen stresses the importance of evaluation utilisation during all stages of the evaluation process and advocates for a spanning of boundaries between the roles of the evaluator and that of a consultant. In support of this notion, Owen and Lambert (1998) point out that:

"Often the organizational development consultant will be brought in to accomplish a range of tasks including diagnosing organizational culture, working with the staff to identify change initiatives and undertaking the training needs analysis. Clearly, these tasks fall within the domain and skillset traditionally associated with the practice of evaluators. (p.138)

Implicit in this approach is the need for evaluators to be flexible and adaptable to the needs of stakeholders. Owen and Lambert’s (1998) argument is that:

"The evaluator has the opportunity to build a strong sense of trust and a high level of rapport with those within the organization, and to develop a shared..."
understanding of the meaning and the implications of the assembled information.
(p.139).

Furthermore, Owen’s most recent book about Forms and Approaches to Evaluation (2006) implies a definition of evaluation that potentially spans all stages of program development and implementation. Based on the characteristics of the Owen Framework identified above, I concluded that they also appeared to match closely the major elements of the YP. The matching elements of the YP that led me to make this conclusion included:

- Emphasising evaluation as a process rather than as a product;
- Working closely with stakeholders during all the phases of the project;
- Integrating evaluation into all project;
- Focusing on the utilisation of the findings;
- Allowing the flexibility of having the same person as the evaluator while simultaneously being consultant to staff and management;
- Facilitating opportunities for capacity building of staff; and
- Promoting opportunities wherein management and staff can learn from, and make improvements to, the YP and the Organisation as a result of participation and reflection in the evaluation process.

I, therefore, decided to base my research on Owen’s forms of evaluation.

1.6 More on Owen’s Conceptual Framework

The Owen (2006) framework will be described and applied to this thesis. Five categories or Forms of Evaluation suggested in this framework were utilised to conceptualise the various stages of the YP.

These five Forms of Evaluation are:

- Proactive Form
- Clarificative Form
- Interactive Form
- Monitoring Form
- Impact Form

(Owen, 2006, pp. 54-55).
In particular, I explore the extent to which the Owen framework is useful for describing planning for, and implementation of, the YP. This framework implies a definition of evaluation that includes the early stages (such as planning and clarifying the program), as well as the implementation and monitoring of the program. These stages form a continuum from definition of need to achieving program outcomes and impacts (see Table 2 below). For example, Owens with Rogers (1999) refer to the concept of the Program Evaluation Continuum where; “evaluation should and can contribute to decision-making at every key point linked to pre-program, during implementation and post completion.” (p.55)

Therefore, the thesis will consider how well the four stages of the YP correspond to different Forms of Evaluation activity along an evaluation continuum. It is important to note however, that the stages of the project may utilise more than one evaluation form. For example, note that some tasks of Stage 1 were considered to fall within the Proactive form of evaluation while others were considered to be within the Clarificative form.

The following table describes the main purpose of each of these “Forms of Evaluation” as identified by Owen.

### Table 2: Types of Evaluation Form and Description

<table>
<thead>
<tr>
<th>Evaluation Form</th>
<th>Description (Based on Owen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proactive</td>
<td>Takes place before a program is designed – provides input on how to develop a program</td>
</tr>
<tr>
<td>Clarificative</td>
<td>Clarifies the internal structure and functioning of a program or policy</td>
</tr>
<tr>
<td>Interactive</td>
<td>Provides information about delivery or implementation of a program</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Checks on program progress when well established</td>
</tr>
<tr>
<td>Impact</td>
<td>Assesses the impact of a program, including all levels of program output and impact.</td>
</tr>
</tbody>
</table>

Source: Owen (2006)
Table 3 presents the YP stages and the corresponding Owen’s evaluation form(s):

**Table 3: Stages of Youth Project as Forms of Evaluation**

<table>
<thead>
<tr>
<th>Stage of Youth Project</th>
<th>Form of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong> - Research, consultation and planning, including development of a VRS model based on literature &amp; consultation</td>
<td>Proactive</td>
</tr>
<tr>
<td></td>
<td>Clarificative</td>
</tr>
<tr>
<td><strong>Stage 2</strong> – Piloting of the model at one site</td>
<td>Clarificative</td>
</tr>
<tr>
<td></td>
<td>Interactive</td>
</tr>
<tr>
<td><strong>Stage 3</strong> - The piloting the VRS model at three further three sites.</td>
<td>Interactive</td>
</tr>
<tr>
<td></td>
<td>Monitoring</td>
</tr>
<tr>
<td><strong>Stage 4</strong> – Tracking, evaluation and reporting of the model’s short-term results.</td>
<td>Monitoring</td>
</tr>
<tr>
<td></td>
<td>Impact</td>
</tr>
</tbody>
</table>

Having chosen to utilise Owen’s framework for the analysing of the YP, I intend to reflect on the benefits and limitations of this approach.

The following chapters (2-5) examinies the application of these forms to the YP with a view to:

a) critiquing Owen’s framework  

b) identifying meta principles and components for effective Vocational Rehabilitation Services with YPMHC.
Chapter 2
Proactive Evaluation Within the Project

This Chapter will discuss the first stage of the YP: (Table 3) The Research, Consultation and Planning Stage.

This phase of the YP primarily involved reviewing the literature to identify what is known about developing a service model for YPMHC. This approach to the evaluation is concerned with; “synthesizing what is known in the existing research and related literature about an identical issue or problem.” (Owen, 2006, p.170). This stage usually takes place before a program is designed and can provide input on how to develop a program (Table 2).

2.1 Literature Synthesis

The literature synthesis was carried out to inform the development of an appropriate service model. It needed to examine:

- additional evidence to support the significance for the YP; and
- recommended principles and guidelines for working with YPMHC.

2.1.1 Search Rationale

There was a consensus within the Reference group that there were few references that dealt specifically with the topic of YPMHC in vocational rehabilitation. Therefore it was decided that the terms covered by the literature search should be as broad as possible. This meant that different descriptors associated with young people such as ‘adolescence’, ‘youth’, ‘young adult’, ‘young people’ and ‘teenage’ needed to be combined with the following: ‘mental health’, ‘mental illness’ and ‘psychiatric’. The term ‘vocational rehabilitation’ was combined with all of the above terms.

It was decided to utilise a number of databases and search engines available to The Organisation including:
The Reference Group also decided that the literature search should be an ongoing process that continued during the course of the project in order to incorporate the most current literature input into the project. For example, an ongoing alert of relevant literature continued through Swetswise for a period 18 months, during the project.

2.2 Findings from the Literature Review

The initial focus of the literature review was concerned with defining needs and the prevalence of the associated problems experienced by YPMHC. The findings from this review are discussed below.

2.2.1 Defining Needs and the Prevalence of Problems

The literature search identified research by Berry and Butterworth (2004) to be the most relevant piece for the YP. The factors which impressed the Reference Group were that this research applied specifically to YPMHC in vocational rehabilitation within an Australian context.

Findings from the literature review highlighted the prevalence, and impact of, mental health conditions experienced within the general population (especially on young people). For example, Butterworth (2003) concluded that mental illness is a major barrier to participation for people receiving Centrelink benefits. Furthermore, in 2004 Berry &

---

6 These findings cover a combination of results reported within an initial literature review that I conducted during the YP in 2004, as well as from additional work carried out for this thesis.
Butterworth found that: “mental health is the greatest cause of impairment, functional limitation and role restriction in Australia”. Meanwhile more recently, with reference to the specific needs of the under 21 age group, Waghorn, Chant & King (2007), found that; “serious mental illness is recognised as a leading lifelong disease burden for young Australians”. Similarly, a study conducted in regard to YPMHC by the Department of Health and Ageing (2004) concluded that:

```
Mental health conditions are at their most prevalent during adolescence and young adulthood, and account for 55% of the disease burden among those aged 15–24 years. The co-occurrence of two or more mental health conditions is common, affecting about one in six of those aged 18–24 years who have a mental disorder; almost one in 20 of this age group (p.5).
```

More recently, McGorry (2008) argued that; “the potential benefits and cost effectiveness of early intervention in mental disorders arguably exceed those for medical diseases, which typically emerge later in life” (p.1).

Additionally, the literature strongly supports the conclusion that YPMHC may not access additional support to maximise their life chances and assist their integration into the community. Furthermore, the evidence seems to reinforce the finding that this group is a significant target for VRS, and supports the need for a specialised model to work with YPMHC. For instance, the Public Health Information Development Unit (2003) found that youth unemployment levels are significantly higher than for the general population with people aged 20-24 years experiencing the highest level of any group. It can also be argued, plausibly, that if unemployment has a deleterious impact on young people generally, then the impact on young people who also experience a mental health condition will be even more serious.

Furthermore, Sawyer et al, (2000) found that only 29% of children and adolescents with a mental health disorder had been in contact with a health or educational service in a 12 month period. These authors reported that “Only 3% of the children and adolescents with a mental disorder had attended a mental health clinic, while only 2% had attended a hospital-based department of psychiatry.” (p.29). Not only does this finding suggest that a significant number of young people with mental health conditions remain undiagnosed but also remain without support of service in the community.
As a result, YPMHC are at risk of 'falling between the cracks' of school-based supports and the mental health system, and thereby may experience delayed referral for vocational rehabilitation with a consequential lost opportunity for early intervention.

Therefore, addressing mental health problems, particularly through the adoption of early intervention and prevention strategies offers an opportunity to minimise impairment and maximise active participation.

2.2.2 “Best Practice” Model for Working with YPMHC

Consistent with the objectives of the YP (as listed on page 16), the primary focus of the literature review was to ascertain the ‘best practice’ thinking about the service delivery model for working with YPMHC. Therefore, the literature review findings are now to be summarised for the current thesis under the following headings:

1. Challenges in working with YMPHC (e.g. Reaching and engaging with YPMHC, reluctance to approach adults, unemployment, and health issues).

2. Elements of ‘Best Practice’ Service Models (e.g. Building participants’ strengths, overcoming social isolation, importance of peer and social networking.)

3. Principles of a practice model recommended in the literature. (e.g. Addresses fluctuating motivation, adoption of an outreach approach, lack of vocational identity and work behaviours, and utilisation of peer support and group work.)

The following section reports the key issues identified within each of these three categories.

1. Challenges in working with YMPHC

The literature reveals a number of issues when working with YPMHC. These include:

---

7 See Assumptions on page 15 regarding the use of the expression ‘Best Practice’.
1(a) Problems when Contacting YMPHC

Austen (2004) identifies a major challenge in working with young people with mental health conditions. These include that they do not usually seek help and only turn to professionals for support around 1% of the time.

1(b) Difficulties in Engaging YPMHC

Engaging young people with a disability appears to be a major challenge in working with this group. (Falloon et al. 1996; Zanis et al. 2001).

These authors identified the following factors that can hamper efforts to establish a working relationship with YPMHC:

- unstable accommodation;
- erratic income;
- lack of support networks;
- competing psychosocial problems;
- low motivation to change; and
- substance abuse.

1(c) Barriers to Program Participation of YMPHC

The Department of Health and Ageing (2004) identified barriers to young people accessing informal social supports. Barriers included organisational, personal and community issues including poor understanding of their own mental health conditions and a reluctance to approach adults.

1(d) Negative Impacts of Unemployment on YPMHC

There appears to be a causal relationship between unemployment and poor mental health (Schaufeli & Utrecht, 1997). Furthermore, Harris & Morrow (2001) conclude that unemployment has a negative impact on health generally. Murphy & Athanasou (1999) go on to suggest that the promotion of employment among Centrelink beneficiaries is an important component of an effective mental health strategy. A range of other authors also report that paid employment enhances social integration, promotes self-esteem and contributes to economic security (Caspar & Fishbein 2002; Evans & Repper 2000).
Boardman et al. (2003) go further and point out that despite these established and potential benefits of paid employment, people with disabilities, including severe mental illness, have difficulty accessing and retaining paid employment in the open market place. In fact Waghorn, Chant and King (2007) report that a person’s beliefs about their ability to perform specific behaviours or tasks related to obtaining and maintaining employment is a strong predictor of progress in vocational rehabilitation for people with mental illness. Therefore, the promotion of employment among young people is an important component of an effective mental health strategy.

2. Guiding Principles of a Best Practice Service Model

In reviewing the literature to determine the guiding principles of a best practice service model for YPMHC, the following were suggested and recommended to be guidelines for working with YPMHC:

1. Normalise experience of mental health challenges (Berry & Butterworth 2004)
2. Build on participants’ strengths rather than being primarily deficit focused in order to enable young people to focus their efforts and resources on a particular task (Nurmi, Salmela-Aro & Koivisto, 2002).
3. Overcome social isolation and its impact on mental health issues (Berry & Butterworth, 2004).
4. Improve coping skills and address psychosocial aspects (Bassett & Lloyd, 2001)
5. Address the life stage trajectory (Arnett 2000; Lloyd & Bassett; 1997).
6. Develop partnerships with local agencies as an integral part of the service model. This involves developing a collaborative, multi-agency approach (Dawson et al. 1997; Lloyd & Bassett, 1997; Sanderson, Walton & Campbell, 1999).
8. Persevere with the program when clients are ambivalent and make mental health problems amenable to interventions. (Bond et al., 2001, McNamara, Forbess & Nemec, 2001)
10. Promote employment among young people, as this is an integral component of an effective mental health strategy. (Bond et.al. 2001; Murphy & Athanasou, 1999; Evans & Repper 2000; Caspar & Fishbein, 2002).

3. Recommended Components of a Best Practice Service Model

Nine key components based on the Guiding Principles, inform a ‘Best Practice’ Model that was recommended in the literature. These were to:

1. Address Barriers to Participation (Anthony, 1994; Berry and Butterworth, 2004).
2. Facilitate Opportunities for YPMHC to appreciate their existing strengths in order to focus their efforts and resources on a particular task. (Nurmi, Salmela-Aro & Koivisto, 2002).
3. Normalise the Program (Lloyd & Bassett, 1997; Berry and Butterworth, 2004).
5. Address the Life Stage Trajectory (Arnett, 2000; Mannock, Levesque and Prochaska, 2002; Nurmi, Salmela-Aro & Koivisto, 2002).
6. Address Fluctuating Motivation (Bond et al., 2001; Cohen, Forbess & Farkas, 2000; Prochaska, Norcross & DiClemente, 1994).

In the next part of the thesis, I go on to describe the evidence supporting the inclusion of these nine components in a ‘Best Practice’ model:

1. Addressing Barriers to Participation

Previous mention has been made of The Department of Health and Ageing (2004) report (p.27). Berry and Butterworth (2004) seem to complement the findings of this report, in
their recommendations that seek to address these barriers. The latter authors recommend that:

*Participation in mental health programs could be increased by making interventions less stigmatising, increasing their perceived relevance and marketing them not as mental health initiatives, but as ways to improve employment outcomes and address the barriers that limit working.* (p.6)

Additionally, Anthony (1994) explains that the lack of relevant service options may be the main barrier to entry into employment, rather than the characteristics of the individual. Anthony concludes that;”* there is a need to reconsider predictor (of readiness to be included in a program) and include people previously labelled ‘not ready’”* (p.99).

This implies that a best practice service model needs to be flexible enough to include YPMHC who may otherwise have been assessed as “not ready” to engage in a program. For instance, the conventional criteria for program readiness may have excluded YPMHC who are homeless, because the latter may have been difficult to contact or have appeared not to have committed themselves to a day program.

Furthermore, Berry & Butterworth (2004) conclude that:

*Addressing mental health problems, particularly through the adoption of early intervention and prevention strategies, offers an opportunity to minimise impairment and maximise active participation.*

This seems to suggest that the benefits of early intervention not only maximise participation but also can reduce the severity of the impact of the mental health condition. For example, if a program can engage a 16 year old YPMHC, the degree of impairment from that condition can be less than if they were not engaged until their twenties.

2. Normalising the Program (e.g. an Employment Focussed Program)

As we have seen, Berry and Butterworth (2004) identify the benefits of normalising programs and suggest that they be marketed not as mental health initiatives but as ways to improve employment outcomes.

Similarly, Lloyd & Bassett (1997; p.84) drew attention to the concerns of YPMHC about the; *“stigma associated with accessing a disability-related service.”* The latter authors
recommended that agencies also need to be sensitive to clients’ need for independence and young people’s concerns about the stigma associated with accessing a disability-related service.

3. Needing an Outreach Approach

The research outlined below supports the premise that services should consider proactive strategies when reaching out to YPMHC.

Accessing this group through established services presents significant challenges. For example, Austen (2004) identifies a major challenge when working with young people with mental health conditions in that they do not usually seek help and only turn to professionals for support rarely. This is compounded further by the dissatisfaction of young people with the formal mental health system. Such a finding is confirmed within the research carried out by Austen (2004) and mirrors similar findings from the Canadian Youth Mental Health and Illness Survey (Davidson & Manion 1996).

Therefore, Bond et al. (2001) strongly advocate an outreach approach that involves reaching and engaging YPMHC in their own environment. They recommend that:

The assertive outreach approach does not rely on clients taking the initiative to attend appointments with vocational rehabilitation workers but rather provides the vocational rehabilitation in the client’s own environment (p.150).

4. Addressing the Life Stage Trajectory

The literature seems to support the importance of matching interventions to the life stage of the client. Therefore, programs aimed at engaging young people need to address the life stage trajectory and the developmental stage of the individual. For instance, Arnett (2000) argued that:

At this critical phase, youth are faced with a high number of developmental transitions, such as selecting a partner, fitting in with a social group and moving from school to work (p.477).

Mannock, Levesque and Prochaska (2002) argue as well that; “if action-oriented interventions were offered to all workers who are disabled, the majority who are not prepared to seek employment would be mis-served” (p.21).
Arnett (2000) also concludes that young people manage their life trajectory transitions best by setting their own personal goals. Furthermore, Nurmi, Salmela-Aro & Koivisto (2002) write that:

*If a person fails to deal with a certain transition, they are likely to disengage from their previous goals, and their belief in their ability to achieve may weaken. This can result in goal-related negative emotions, which may present as lack of motivation* (p.250).

It seems then, that the interventions of YPMHC programs are likely to be more effective if they are based on the actual developmental phases and needs of those young people.

### 5. Addressing Fluctuating Motivation

A number of authors appear to conceptualise that fluctuating levels of motivation is an expected attribute of the recovery process.

Bond et al. (2001) found that a significant challenge to the successful operation of mental health programs for YMPHC is that these young people demonstrate fluctuating motivation when participating in such programs. These researchers, therefore, go on to recommend an assertive outreach approach to address this challenge in a most effective way by realising that practitioners:

1. Must not rely on clients taking the initiative to attend appointments, but rather provide a service in the client’s own environment.
2. Need to persevere with the program when clients are ambivalent and seek to resume contact quickly even when clients decline services.

Bond et al., (2001) justify this assertive approach and raise an important point whereby:

*This approach recognises that ambivalent and fluctuating motivation and periods of negativity are characteristics of the illness rather than an expression of the underlying wishes or intentions of the client. Perseverance with engagement is acceptable to clients and makes a difference to client outcomes* (p.150).

Prochaska, Norcross & DiClemente (1994) also refer to this issue of fluctuating motivation. They state that for people who are recovering from a mental health condition, the change process is not linear, but spiral, with several relapses to earlier stages before
individuals can attain permanent behaviour change. Furthermore, Cohen, Forbess & Farkas (2000) argue that helping YMPHC to develop their readiness to participate in a program involves creating learning experiences that are achievable and so are more likely to develop the young person’s commitment to participate in rehabilitation services.

6. Facilitating Opportunities for YPMHC to Appreciate their Existing Strengths.

Blyth (1999) observed; “There is increasing call to use strength rather than deficit-based approaches in working with young people.”

In relation to this call Blyth (1999) found that:

Such approaches switch from the single deficit of concern to the multiple strengths, or assets, that are needed for youth to succeed.

He concludes that: “there is much to recommend the variety of the strength- or asset-based approaches that are being used increasingly in youth development efforts.” (p.2)

Therefore Blyth’s findings seem to support the importance of building a strength-based approach in working with YPMHC.

7. Utilise Peer Support and Group Work

The literature suggests that peer support and interventions based on a group-work approach (rather than individually based interventions) can play a critical part in assisting recovery and preventing relapse. For instance, McNamara, Forbess & Nemec (2001) explain that:

Given normative adolescent development, it is not surprising that the majority identify their friends as those to whom they would most likely turn to, to talk about mental health issues.

Austen (2004) also reports that people with mental health conditions state that peer support is invaluable and helps alleviate their feelings of ‘aloneness’ and to deal with issues of stigma and discrimination. Austen therefore concludes that:

The opportunity therefore exists to enlist peers as key partners in promoting health and well-being and to help reach out to those who may be most at risk. (p.17).

Not surprisingly then, Lloyd & Bassett (1997) described how the Queensland-based occupational therapy service, Young Occupations Unlimited, (which is an early
intervention program for young people with psychosis), recognised that a group approach was effective. They explain how young people taking an active role in early intervention can dramatically assist recovery and prevent relapse. A couple of years later, Parlato, Lloyd & Bassett (1999) found that if at all possible, the setting of the group should not be in a medical setting.

Furthermore, Nurmi, Salmela-Aro, and Koivisto (2002) discovered that the more young adults emphasized the importance of work-related goals, the more likely they were to find work that was commensurate with their education and the less likely they were to be unemployed.

In conclusion, it seems that the importance of peer support and a group approach when working with YPMHC cannot be underestimated and such an approach needs to be an integral component of any Best Practice model.

8. Promote Employment and Address Vocational Identity, Work Behaviours and Skills

It is relevant to note that studies into the employment needs of the general adult population who experience mental health conditions, identified that including an employment component in a Service model was a critical factor for achieving better outcomes. For example, Bond et. al. (2001) concluded that:

> While a strong work history does predict better outcomes, even those with poor work histories had better employment outcomes when they received supported employment services compared with traditional vocational services. (p.156)

Then, by definition, YPMHC demonstrate a greater need to develop a vocational identity and also to develop work skills. Therefore, it seems that an employment component within a service model is even more justified when working with this group.

Moreover, in relation to work behaviours Lougheed (1999) found that:

> Research into employability and job retention indicates that the primary reason people cannot get a job or keep a job, is not due to lack of work skills, but rather due to lack of work behaviours. (p.27)
On a different track, Willoughby et al. (2000) evaluated the effectiveness of a prevocational program for youth with mental health conditions in Canada that also included a work experience component. The goals of this program included helping the participants to enhance their social and communication skills, to learn to accept responsibility for behaviour and to learn specific work skills. Willoughby et al.’s research revealed that in reference to the work experience component:

*Although the program had no measurable effect on self-esteem, it may help the adolescents’ perception of job competency and self-efficacy to become more realistic.* (p.235)

In addition, Bassett, Lloyd & Bassett (2001) advocate that programs for vocational development need to address psychosocial aspects.

9. **Incorporate a Collaborative Multi-Agency Approach**

McGorry (2008) emphasises the importance of multi disciplinary care in the provision of mental health care for young people. He argues that:

*Developing youth friendly services for enhanced access to quality multidisciplinary care is probably the single most cost effective measure in mental health care reform.* (p.695)

As has been noted earlier in this thesis, both Falloon et al. (1996) and Zanis et al. (2001) identified factors that hamper efforts by professionals when attempting to establish a working relationship with YPMHC - for example factors such as young people experiencing unstable accommodation, substance abuse etc.

Given that YPMHC has this range of needs and challenges, it can be argued that a service model for this target group needs to facilitate opportunities for participants to access and receive assistance from services that specialise in each of these areas: for example, housing, legal and drug and alcohol services. While it may be beneficial for all of these services to be grouped in one agency, in reality this seems to be a rare occurrence.

Consequently, it seems that the most effective strategy to address this range of YPMHC needs would be to adopt a collaborative multi-agency approach. Related to this point, Dawson et al. (1997) found that such an approach:
Promotes complementarity and mutual reinforcement of goals and actions, enabling a smooth transition between stages of a client’s program and a holistic approach to overcoming barriers. (p.378)

In addition, Sanderson, Walton & Campbell (1999) concluded that an effective collaborative partnership would need to operate at a strategic and operational level.

Having used proactive approaches to establish and identify some major principles to underpin the pilot program, the next chapter deals with the early stage clarification of the program and evaluation of the YP.
Chapter 3
Clarification of the Program and Evaluation

This chapter continues discussion of the first stage of the YP, (Table 3) and focuses on the Planning phase. In particular, this stage of the project involved clarifying the structure and components of the service delivery program and the evaluation plan. This form of evaluation is called Clarificative evaluation (p.23), which according to Owen (2006) involves “clarifying the internal structure and functioning of a program or policy”. Often this stage also requires the creation of a program theory/program logic.

3.1 The Use of Program Logic

Within the Clarificative form, Program Logic is a useful tool that describes how a program works. It sets out the concepts behind the program, and demonstrates how the connections between program inputs, components and activities link together to produce outputs and outcomes.

Therefore, using the Program Logic approach as a tool for clarifying the intentions of the program and for developing an evaluation plan appeared appropriate. There were a number of factors that influenced this decision and these are discussed shortly. Before this, however, the concept of Program will be expanded upon. Its relevance to the YP will also be explained.

Further Explanation of Program Logic

There is different terminology used in the literature when referring to Program Logic within evaluation. For instance, Rogers and McDonald (1999) point out that:

It is sometimes referred to as “theory-based evaluation”, ‘theory-driven evaluation”, “the program logic approach”, and “outcomes hierarchies” – with different nuances attached to each label by different camps. (p.2)
They conclude that program theory (or program logic) is:

*Not a description of the sequence of activities that is undertaken to produce the intended effect – such as booking a venue, advertising a program, and registering participants. It refers to the mechanisms, or processes, by which the outcome is achieved.* (p.1)

### 3.1.1 Rationale for Using Program Logic

As a first step in creating a logic diagram (Table 4), an important part of the project involved clarifying the structure and processes of the service delivery program. Program Logic is a useful tool for achieving this. This notion is supported in the writings of Weiss (1997) who said that in constructing a program theory or logic model; “we try to identify the means and the steps by which the program is intended to work.” This view is also reinforced by Owen (2006) who identifies logic/theory development as one of the key approaches of the Clarificative form of evaluation.

Another important component at this stage was the clarification of the evaluation design and plan because Program Logic is also a useful tool for devising questions related to different intended outcomes. This is supported by Funnell’s (1997) viewpoint that a program logic matrix uses various stages of the program model as a basis for asking a series of evaluative questions for each intended outcome. Hurworth (2008) describes Funnell as perhaps, contributing the most influential work in relation to program logic and program theory because Funnell; “moved the field on from pure description of the program to providing information that can be used for monitoring purposes.” Such comments reinforce the usefulness of Program Logic for clarifying evaluation planning as well.

Furthermore, a key element at this stage was a commitment to incorporate a participatory approach as part of the program planning and evaluation planning stages of the YP. This commitment to involve staff was endorsed by the Steering Group and considered to be an important factor in influencing the success of the implementation of the service model as well as for any future implementation of the recommendations within The Organisation. Program Logic can be utilised to encourage such a participatory approach within this stage of the evaluation, as staff can contribute to the creation of a diagram. This notion is
supported by the Kellogg Foundation, which has promoted the use of logic models as a tool to build capacity and to increase the practitioner’s voice in program planning and evaluation. (Kellogg, W.G, 2000).

Finally, another important factor that influenced the decision to use a Program Logic approach in this project was that a workshop on this topic was to be led by Sue Funnell (a leading Australian proponent of program logic). This event coincided with the commencement of this stage, and it seemed too good an opportunity to miss. The Steering Group supported the proposition that the service delivery staff and I, as the project manager, should attend. Consequently, this activity became the starting point for the program and evaluation planning.

Indeed, Program Logic proved to be a most useful way to establish a participatory process with a group of key stakeholders in the project. It was also valuable for training service delivery staff to use logic models and for them to understand and commit to the evaluation. Rogers and McDonald (1999) summarise the benefits of Program Logic for participant-based program planning and management. In their conclusion they state that:

Program theory evaluation is an attractive technique which encourages participation by staff, can be used for incremental building of organisational capacity to evaluate, and has spin-off benefits in program planning and management (p.1).

As indicated above, Funnell’s (1997) way of displaying a logic involves drawing up a program logic matrix that uses the program model as a basis for asking a series of evaluative questions for each intended outcome. More specifically, Funnell (2000) advocates the insertion of program outcomes with relevant success criteria, performance information and sources of information (Figure 1). As part of this process, a hierarchy of outcomes for the YP was identified for each of the stages of: the program planning; implementation; and the outcome stage.

The following diagram shows the sequence of the hierarchy of outcomes for the YP:
3.2 Clarifying the Program

3.2.1 Program Logic for Program Planning

As part of clarifying the program, a program logic matrix was developed for each of the identified activities and outcomes. This matrix was achieved through a series of workshops attended by service delivery staff and me. The staff were presented with a template with the key findings from the literature review (Ch 2) regarding the guiding principles and the components of a best practice service model. The workshop itself involved me facilitating staff to identify relevant strategies that could operationalise these principles and components.

For each of the outcome areas, the following were identified and documented:

1. The underlying program assumptions;
2. Program strategies; and
3. The potential evaluation questions.

Table 4 presents a summary of the program logic matrix produced for the clarification and planning of the program.
### Table 4: Program Logic for Program Planning

<table>
<thead>
<tr>
<th>Process Outputs/Outcomes</th>
<th>Program Components /Assumptions</th>
<th>Program Strategies</th>
<th>Possible Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A service model for YPMHC is developed based on existing evidence in the literature and on advice of experts.</td>
<td>The evidence in the literature and the feedback from ‘experts’ can provide a basis for developing a successful service model.</td>
<td>• Establish and review wide range of the relevant literature and identify key principles for service model. • Identify experts within the area and discuss key elements of successful programming.</td>
<td>What characterises the service model as innovative? - Location/context of interview - Factors that influenced pathways - Information provided for the client.</td>
</tr>
<tr>
<td>Referral/Access to Potential clients - Increased referral rate of target group for service (target of 50 referrals nationally.)</td>
<td>That the pathways to YPMHC are created via establishing close links within the community i.e. youth worker, schools counsellors, mental health workers etc. Young people are more likely to meet where they feel comfortable.</td>
<td>• Redefining appropriate referrals, accepting clients and linking with services • Collaboration with clinicians and youth workers. • Meet clients where they feel comfortable • Build on relationships already existing between clients and their youth workers/school counsellors • Referrals both to and from agencies • Linking with social/literacy groups • Liaison with network of services to meet clients’ need • Joint/collaborative programs</td>
<td>How does the service model demonstrate innovation in: - Reaching clients who would not have been reached before (Referral stage)</td>
</tr>
<tr>
<td>Beginning a program: - Greater proportion of YPMHC will commence program after initial assessment.</td>
<td>Outreach approach will reach YPMHC. Collaborating with mental health and community. Services will create pathways to YPMHC. Lack of motivation is result of mental health condition – persistence will address fluctuating motivation.</td>
<td>• Understand clients’ needs, not be strict with clients missing appointments • Explore alternative places to meet, follow up clients through youth worker.</td>
<td>How does the service model demonstrate innovation in: - In accepting clients on to program who would not have been accepted before (Acceptance stage) - Numbers commencing, % of commence/referral, types of referrals.</td>
</tr>
<tr>
<td>Program Implementation</td>
<td>Strength-based approach will be more successful in achieving program objectives. Vocational program reduces stigma about accessing disability related service. Addressing life stage trajectory of the client Peer Support and Group Work.</td>
<td>• Understand range of developmental transitions and issues impacting on clients. • Set realistic goals and celebrate their achievement • Link clients with similar needs (work experience with a buddy) • Refer to existing social groups via youth agencies • Referral to other programs for social support • Create opportunities for brief group training on work expectations, or group work training placements</td>
<td>What was the client’s experience and perception of the program?</td>
</tr>
<tr>
<td>Outcome of Program - With clients</td>
<td>Creating opportunities for clients to develop a vocational identity and work behaviours and skills</td>
<td>• Work visits in groups debriefing/support in groups following work visits/training • Career planning (individual, groups) • Work values/work expectations training via youth agencies • Guest speakers around work expectations • Group and peer support • Work training and debrief as a group following work training placement • Closer monitoring of work training placements, more intensive support e.g. attending with the client on the first day, more frequent visits.</td>
<td>How well were program objectives met (increased motivation/self esteem, mental health, work capacity)? Did the pilot approach increase the access and participation of clients in the target group? Which clients commenced/completed program? What were the outcomes and costs of the pilot?</td>
</tr>
<tr>
<td>Outcome of YP (Partnerships with services)</td>
<td>That other agencies will work in partnership. The collaborative approach with other agencies will lead to ongoing benefits.</td>
<td></td>
<td>What is the perceived value of Partnership? Knowledge/perception of The Organisation by prospective referrals.</td>
</tr>
<tr>
<td>Outcome of YP (within the Organisation)</td>
<td></td>
<td>• Establish and work closely with Steering and Reference groups • Provide regular progress report (Initial Innovation &amp; analysis of referral pathways) • Final report</td>
<td>In what ways, under what conditions, can learning gained here be used elsewhere the organization? What cannot be generalized?</td>
</tr>
<tr>
<td>Intermediate Outcomes</td>
<td>Dissemination of knowledge from pilot - through conferences and seminars.</td>
<td></td>
<td>How has the life circumstances of the clients and family improved?</td>
</tr>
<tr>
<td>Ultimate Outcomes</td>
<td></td>
<td></td>
<td>What are the benefits to community?</td>
</tr>
</tbody>
</table>
3.2.2 Translating Key Components into Program Strategies

As described in the objectives of the YP (p.16), the service model was designed to be consistent with the key principles and components identified in the literature. The next stage in the development of the service model involved translating these key principles and components into specific strategies and tasks that would guide staff in implementing the program. The process of this integration into staff regular work practice is now described.

As a way to achieve this, I chose to incorporate the principles, components and strategies within the standard stages of The Organisation’s existing service delivery model. Existing client programs within The Organisation were organised in four distinct sequential stages. These were:

1. Pre-Referral networking
2. Receiving Referrals
3. Conducting Assessments and Acceptance on to a client program
4. The Program Implementation Stage

Because the Steering Committee agreed that a service model, designed for YPMHC, would follow the above stages logically, they supported my recommendation that the program strategies be categorised within these stages. The approach to effecting this, was designed to make it easier for staff to identify the stage within the client program in which these components and strategies would be most relevant.

Summary of Links between Components and Strategies

The following table summarises how the project components and strategies were applied to the four stages of the service delivery model identified above:
<table>
<thead>
<tr>
<th>Stage of Program</th>
<th>Component</th>
<th>Strategies Identified by Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-Referral Stage</td>
<td>1. Adopt an Outreach Approach</td>
<td>Access young people via other services, workers or outreach activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Find out where young people are accessing services and link with those services.</td>
</tr>
<tr>
<td></td>
<td>1.2 Incorporate a Collaborative</td>
<td>Build on relationships already existing between clients and their youth workers/school counsellors</td>
</tr>
<tr>
<td></td>
<td>Multi-Agency Approach</td>
<td>Identify, network and develop collaborative partnerships with local agencies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explore alternative places to meet and follow up clients through youth worker.</td>
</tr>
<tr>
<td></td>
<td>1.3 Normalise the program.</td>
<td>Meet young people in their own environment.</td>
</tr>
<tr>
<td>2. Assessment and Acceptance on to Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Address Fluctuating Motivation.</td>
<td>Understand clients’ needs and not be strict with clients missing appointments.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Redefine appropriate referrals; accept clients on to program and link with other services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with other services to address the range of presenting issues and reduce the chance of non-acceptance of clients.</td>
</tr>
</tbody>
</table>
Establish a system for referrals from and to these services.

Establish relationships with other youth workers or other services in order to work with clients who would otherwise be deemed as ‘unstable’ or inappropriate.

### 3. Program Implementation Stage

<table>
<thead>
<tr>
<th>Component</th>
<th>Strategies Identified by Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Address barriers to participation.</td>
<td>Collaborate with specialist mental health services and the range of health and community services accessed by young people to help ensure smooth transitions for clients moving from one service context to another and to provide options during and beyond the life of the program.</td>
</tr>
<tr>
<td>2. Normalise the Program</td>
<td>Present the program as a vocational program not as a program focused on mental illness.</td>
</tr>
<tr>
<td>3. Address fluctuating motivation</td>
<td>Understand clients’ needs, and do not be strict with clients missing appointments. Liaise with other workers involved in order to maintain clients involvement in program.</td>
</tr>
<tr>
<td>4. Facilitate opportunities for YPMHC to appreciate their existing strengths.</td>
<td>Set realistic goals and celebrate achievements. Set manageable challenges to enable clients to concentrate their efforts and resources on a particular task. Develop strategies with clients to support their coping skills and to address psychosocial steps as part of reaching clients’ goals.</td>
</tr>
</tbody>
</table>
5. Address the life stage trajectory of the client

Set realistic goals and celebrate achievements by taking into account the range of developmental transitions and issues impacting on clients.
Refer and collaborate with other relevant services as needed.

6. Utilise Peer Support and Group Work
- i.e. create opportunities for learning from peers and increase social networking to help address the impact of social isolation.

Create opportunities for brief group training on work expectations, or group work training placements.
Link clients with similar needs (work experience with a buddy)
Refer to existing social and literacy groups via youth agencies
Consider running joint/collaborative programs with other youth specialist agencies

7. Address Vocational Identity, Work Behaviours and Skills
(To promote employment as an important and integral component of an effective mental health strategy).

Include career planning within programs through both individual and groups forums.
Involves guest speakers to discuss work expectations.
Reinforce work values and work expectations through individual and group training opportunities via youth agencies.
Monitor work-training placements closely and offer more intensive support e.g. attending with the client on the first day and visiting more frequently.
Create opportunities for work training and debrief about these experiences both individually and in groups.
3.2.3 Advice from Recognised Experts

As part of a commitment to inform the development of the service model, several Australians considered to be experts in the YPMHC field, were consulted throughout the YP. For the remainder of this thesis I will refer to these experts as ‘Content Mentors’. These Content Mentors included the Head Psychiatrist at the Adolescent Unit of a major children's hospital, the Manager of a Child and Adolescent Mental Health Service and a Psychologist from a Community Health Centre.

These Content Mentors provided valuable input during the stage of developing the service model as well as during the implementation stage of the program. They met program staff and me on a regular basis and became an integral source of advice and support for staff.
3.3 Evaluation Planning

The next stage involved clarifying the evaluation planning process. As part of this, key evaluation questions, area of focus, the source of data and method of data collection were identified for each of the outcome areas identified as part of the outcome hierarchy.

Carrying out the evaluation ran parallel to the planning and implementation of the YP. In doing so, it formed an integral part of the development of the program and also promoted ongoing development by providing feedback about progress, encouraging reflection on outcomes and providing a basis for considering future actions.

In fact, an evaluation mentor was appointed to the YP who provided advice and guidance in the planning and evaluation phases. This enhanced the robustness of the evaluation design and implementation, and promoted learning within the organisation about the evaluation and implementation model. A number of potential evaluation mentors were interviewed and CIRCLE (Collaborative Institute for Research Learning and Evaluation at RMIT University) was selected as the preferred organisation to become evaluation advisers, based on the combination of their evaluation expertise and their prior experience of working with similar organisations.

3.3.1 Program Logic for Evaluation Planning

As mentioned earlier, a program logic matrix was developed through workshops with service delivery staff, that sought to inform the evaluation planning process. The evaluation design and data collection plan were developed in conjunction with a number of stakeholders including the Steering and Reference groups, service delivery staff and the evaluation mentor.

The following steps for evaluation planning were undertaken:

- Development of a hierarchy of outcomes for the pilot,
- Consultation with stakeholders and evaluation mentors;
- Development of key evaluation questions
- Identification of data sources related to these questions
- Development of a data collection plan; and
- Development of the instruments for data collection.

Table 6 presents the program logic matrix produced for the planning of the evaluation.
Table 6: Program Logic for Evaluation Planning

<table>
<thead>
<tr>
<th>Process Outputs/Outcomes</th>
<th>Evaluation questions</th>
<th>Area of Focus</th>
<th>Data Collection Method</th>
<th>Data source</th>
<th>Number in Sample</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop service model for Youth and Mental Health</strong></td>
<td>How does the service model demonstrate innovation in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Reaching clients who would not have been reached before (Referral stage)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Accepting clients who would not have been accepted before (Acceptance stage)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What was different, what worked/what didn’t?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Overcoming social isolation, - Developing interventions matched to client life stage/trajecory (Program stage).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What characterises the service model as innovative?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pathway specific</td>
<td>Staff interviews</td>
<td>Project staff</td>
<td>2</td>
<td>Post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Location/context of interview</td>
<td></td>
<td></td>
<td></td>
<td>- Post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Factors that influenced pathways</td>
<td></td>
<td></td>
<td></td>
<td>- Acceptance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Information provided for client</td>
<td></td>
<td></td>
<td></td>
<td>- Post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Numbers commencing; % of commencements/referral; types of referrals.</td>
<td>IT system reports</td>
<td>IT System</td>
<td>20</td>
<td>- Pre</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial interview form</td>
<td>Client questionnaire at initial assessment</td>
<td></td>
<td>program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&amp; analysis of (Initial Innovation Progress report</td>
<td>Program staff</td>
<td>20</td>
<td>at</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>)</td>
<td></td>
<td></td>
<td>Program stage</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Acceptance</strong></td>
<td>How does the service model demonstrate innovation in accepting clients who would not have been accepted before?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What are the benefits to the clients and family perception of the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- How are decisions made about appropriateness for program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documenting the Innovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Referrals – see above</td>
<td>Staff interviews</td>
<td>Project Staff</td>
<td>2</td>
<td>3 months</td>
<td>after start</td>
</tr>
<tr>
<td></td>
<td>- No’s referred</td>
<td></td>
<td></td>
<td></td>
<td>- &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Type of referrals</td>
<td>Referral forms</td>
<td>Referrer forms</td>
<td>6</td>
<td>11 months</td>
<td>after start</td>
</tr>
<tr>
<td></td>
<td><strong>Program Implementation</strong></td>
<td>What has been the client’s experience and perception of the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Initial contact - Client perception of The Organisation, how contact was made?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Suggestions for improvement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documenting the Innovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Acceptance rates</td>
<td>Staff interviews</td>
<td>Project Staff</td>
<td>2</td>
<td>&amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Numbers commencing; % of commencements/referral; types of referrals.</td>
<td>IT system report</td>
<td>IT System</td>
<td>40</td>
<td>6 months</td>
<td>&amp;</td>
</tr>
<tr>
<td></td>
<td>- What worked/what didn’t?</td>
<td></td>
<td></td>
<td></td>
<td>- 12 months</td>
<td>after start</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome of YP (With clients)</strong></td>
<td>How well were program objectives met (increased motivation/self esteem, mental health, work capacity)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the pilot approach increase the access and participation of clients in the target group?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Which client’s commenced/completed program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What were the outcomes and costs of the pilot?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Change in personal/social objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Readiness for change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Referral and acceptance rate compared with previous year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Numbers completing Crosstab with referrer, disability type, age, etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- referrals, program commencements?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Program completions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Employment/other outcomes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Survey tool: clients self-administered</td>
<td>Participants</td>
<td>Project staff</td>
<td>50</td>
<td>Pre/post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Staff initial assessment</td>
<td></td>
<td></td>
<td></td>
<td>- program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Mental Health Inventory</td>
<td></td>
<td></td>
<td></td>
<td>- (6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Analyse data from IT system</td>
<td></td>
<td></td>
<td></td>
<td>and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- IT system and Initial Interview forms</td>
<td></td>
<td></td>
<td></td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Analyse data from IT system</td>
<td></td>
<td></td>
<td></td>
<td>- Pre/Post-</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>program</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Short-term Outcome of YP (Partnerships with services)</strong></td>
<td>Perceived value of Partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge perception of The Organisation - prospective referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Benefits of partnership</td>
<td>Interviews</td>
<td>Referral agencies Staff</td>
<td>3</td>
<td>Post-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- How partnerships worked</td>
<td></td>
<td></td>
<td></td>
<td>- program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Collaborative action</td>
<td></td>
<td></td>
<td></td>
<td>- (Post-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Future potential/impact.</td>
<td></td>
<td></td>
<td></td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Outcome of YP (within The Organisation)</strong></td>
<td>In what ways, under what conditions, can learning gained here be used elsewhere in the Organisation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What cannot be generalized?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- reduced drug use, crime,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- reduced frequency of relapse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- improved family and community functioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- evidence of The Organisation building and disseminating knowledge about new or innovative forms of service for YMPBC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- reduced unemployment/reduced welfare costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- increased in income tax received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- reduced tax claim by unemployed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- changes in employers’ attitudes about employing people with a ‘disability’.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Within Direct Influence of YP

Outside Direct Influence of YP

Intermediate Outcomes

How have life circumstances of the clients and family improved?
Dissemination of Knowledge from pilot

Ultimate Outcomes

What are the benefits to the community?
3.3.2 Data Collection Methods

As noted in the table above, specific data collection methods were utilised to obtain material that would answer the range of identified evaluation questions. A number of data collection tools were employed that involved both quantitative and qualitative approaches. These incorporated numerical data available via the Organisation’s client database, semi-structured interviews and a number of questionnaires. Data collection tools to assess client outcomes were specifically designed for the project.

Data Collection Tools Used to Assess Client Outcomes

To assess changes in client’s self-esteem, mental health functioning, and readiness for change, three types of data collection tools were developed, with the intention that all clients would complete these. Specifically they comprised:

1. **A client self-administered pre and post program questionnaire** developed for the pilot and focussing on client perception of changes in personal and social objectives.

2. **A Mental Health Inventory (MHI):**
   The five-factor MHI was chosen as it included asset and deficit-based questions and was considered short enough to be appropriate for use with young people. This instrument was specifically designed for assessing the mental health of non-clinical and clinical samples (Veit & Ware 1983). The MHI is relatively short and has a five-factor formulation of mental health responses (anxiety, depression, loss of behavioural/emotional control, emotional ties, general positive affect). Extensive reliability and validity information is available for the MHI (for example, Cassileth et al. 1984; Rosenthal et al. 1991; Veit & Ware 1983; Ware, Davies-Avery & Brook 1980; Ware et al. 1984).

3. A questionnaire to assess clients’ **Readiness for Change** was specifically developed for the pilot. This was introduced to coincide with the start of the pilot in February 2005. This questionnaire was based on the work of the Centre for Psychiatric Rehabilitation at Boston University.

   This tool needed to be developed as an extensive search of the literature and discussion with the evaluation mentor and other key experts failed to identify an appropriate, established tool. (For example, the University of Rhode Island Change
Assessment Tool revealed significant problems during a prior pilot run within The Organisation.) Thus it was decided that it would not be suitable for use with this target group.

4. Additional feedback was obtained from clients through group interviews. An external consultant experienced in running focus groups with young people facilitated these sessions.

**Other Data Collection Methods Utilised**

Other ways of acquiring information included:

1. **Interviews with Program Staff**

Each of the four groups of project staff were interviewed in August 2005. (Program Staff in first pilot had also been interviewed in March 2004.)

2. **Referrer Questionnaire**

To gain feedback from referrers, a questionnaire was designed and sent out to individuals within organisations that had made a referral to the South Australian pilot.

3. **Organisation’s Client Database**

The Organisation maintained a comprehensive database pertaining to client characteristics that included; client age, address, date of birth, types of disability, referral source, commencement and closure dates, details of the individual client program and program outcomes. I utilised this database to monitor progress and outcomes of the program.
Chapter 4
Interactive and Monitoring Evaluation

4.1 Interactive Evaluation

This Chapter will now discuss the second stage of the YP (Table 3) - *Piloting of the model at one site and incorporating an interim evaluation.*

This stage of the YP involved the initial implementation of the service delivery model at one pilot site over a six-month period in South Australia. An interim evaluation tracked the progress of the model’s implementation during this first six months. The purpose of this interim evaluation was to gain information about the delivery and implementation of the service delivery model; as a way forward to refining and improving the model and to ascertain whether or not the initial trends warranted rolling out the model at other sites.

Owen (2006) refers to evaluation with the above purposes as Interactive Evaluation. He concludes that evaluators working within this form of evaluation provide information that is orientated towards improving the program and so there is a strong formative flavour. Owen identifies that this type of evaluation supports programs that are evolving and changing. Therefore, the Interactive Evaluation form seemed applicable to this second stage of the YP.

As a result of discussions within the Steering Committee, the following questions about reach and future directions for the model were posed as part this evaluation phase:

1. How many YPMHC were reached and how many had engaged with the program? (Reach)
2. To what extent had the delivery been working and how could it be improved? (Future direction)

With regards to the first question, the Steering Committee agreed with a recommendation that the following two measures be used as indicators of the model’s reach during its initial implementation:
• The number of referrals of YPMHC to the service; and
• The number of YPMHC who had commenced a program.

The Steering Committee also agreed that another important source of information about the model’s progress could be derived from the perceptions of the service delivery staff. In particular it was thought that the staff’s views about what seemed to be working well and what needed improving could provide extremely useful information.

Table 7 identifies the relevant sources of data relevant to the above evaluation questions.

**Table 7: Interactive Evaluation Question and Sources of Data**

<table>
<thead>
<tr>
<th>Interactive Evaluation Question</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many YPMHC were reached and how many had engaged with the program?</td>
<td>o The number of referrals of YPMHC to the service.</td>
</tr>
<tr>
<td></td>
<td>o The number of YPMHC who had commenced a program.</td>
</tr>
<tr>
<td>2. To what extent was the service delivery model working and how could it be improved?</td>
<td>o Perceptions of program staff about how the program was operating and how it could be improved.</td>
</tr>
</tbody>
</table>

Hence this data was used to provide information for the assessment of the initial stage of the service delivery model and to ascertain whether or not the initial trends warranted application of the model to other sites.

**4.1.1 Youth Project Targets**

It has already been established (p.55), that the YP was based on having an overall national target group of 50 YPMHC who would commence a program. This target was divided across the four state based pilot sites. The targets allocated for each of the state-based programs is listed below in Table 8 below:
### Table 8: Program Commencement Target by Pilot Site

<table>
<thead>
<tr>
<th>Pilot Location</th>
<th>Period</th>
<th>Program Commencement Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot 1: South Australia</td>
<td>October 04 to Sept 05</td>
<td>20</td>
</tr>
<tr>
<td>Pilot 2: Victoria</td>
<td>April to Sept 05</td>
<td>10</td>
</tr>
<tr>
<td>Pilot 3: NSW</td>
<td>April to Sept 05</td>
<td>10</td>
</tr>
<tr>
<td>Pilot 4: Western Australia</td>
<td>April to Sept 05</td>
<td>10</td>
</tr>
</tbody>
</table>

| Total                   | October 04 to Sept 05 | 50                          |

### 4.1.2 Initial Findings from the Interactive Evaluation Questions

1. How many YPMHC were reached and how many had engaged with the program?

As previously noted the data collected at this stage of the evaluation was designed to provide information about how the service delivery model could be improved and whether or not the establishment of further pilots was warranted.

The numbers of YPMHC who were referred and commenced an individualised rehabilitation program within the first six months of implementation of the model are detailed in Table 9 below:

### Table 9: Referrals and Program Commencements for First Six Months

<table>
<thead>
<tr>
<th>Pilot Site</th>
<th>Period (6 months)</th>
<th>Referrals</th>
<th>Still in Assessment</th>
<th>Commenced Program</th>
<th>No Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Australia</td>
<td>Oct 04 to March 05</td>
<td>25</td>
<td>2</td>
<td>16</td>
<td>7</td>
</tr>
</tbody>
</table>

It is evident from Table 9, that 25 YPMHC were referred to the program during its first six months of operation and 16 of them commenced a program. As listed in Table 8 above, the target for the South Australian pilot for the first 12 months was 20. This meant that this pilot had achieved 80% of its target in the first six months of implementation.
While it might be argued that the target set for this pilot was too low, it is worth noting that only three YPMHC had commenced a program at this site in the 12 months prior to starting this pilot. Therefore, the actual target of 20 commencements represented a significant increase from the previous year and the Steering Committee considered it to be a realistic target. Consequently, the achievement of 80% of the target in the first six months exceeded the expectations of the Steering Committee and The Organisation significantly. On this basis, the Steering Committee decided to roll out the model at three further sites. The introduction of the model at three further pilot sites commenced in April 2005. These pilots were based in Victoria (Melbourne), Western Australia (Perth) and NSW (Sydney).

2. To what extent was the model working and how could it be improved?

Staff’s views about what seemed to be working well and what needed improving were sought as part of the data collected during this stage of the project.

The first pilot began in October 2004 in an outer suburb of Adelaide, South Australia. Subsequently, interviews were conducted with each of the two staff members at the South Australian pilot five months after the implementation of the first pilot in February 2005. The interview schedule comprised a number of open-ended questions that focussed on perceptions about ‘best practice’ elements that could be transferred to other sites. Questions also sought feedback regarding any aspects of the program that could be improved. The interviews were taped and transcribed and summarised under themes and categories associated with best practice and improvement.

Specific findings from these interviews are not detailed in this section of the thesis. Rather, the data from these interviews was integrated with the data from the interviews conducted with staff from each of the four pilot sites. The findings from all of the interviews conducted (with the eight staff from the four pilots) are summarised and reported in Chapter 5.
4.2 Monitoring Evaluation

The next part of this Chapter discusses the third stage of the YP (Table 3) - *Piloting the service model at three additional sites and tracking the progress of the implementation.*

This stage of the YP involved the implementation of the service delivery model at three additional sites located in different states across Australia. It comprised a dual process of implementation of the model and a concurrent process of monitoring progress.

The orientation of this point was to gain information about the delivery and implementation of the service delivery model in order to improve it. A number of measures were monitored during this stage. These included replicating the two measures identified in Chapter 3. The latter comprised: the number of referrals of YPMHC to the service and the number of young people who had commenced a program.

A number of other quantitative and qualitative measures of progress were also monitored during this stage. The quantitative measures included the number of YPMHC not completing a program, the cost of individual programs, and a comparison of these indicators across the different sites. Another qualitative source of information about the model’s progress was derived from the perceptions of the service delivery staff. In particular, the staff’s view about what seemed to be working well and what needed improving was sought.

Owen (2006) refers to evaluation requiring the above actions as ‘Monitoring Evaluation.’ He concludes that during this form of evaluation: "staff are aware of specified goals and intentions, have identified program targets and implementation is taking place”. Owen argues that this form of evaluation supports programs that are established and may be delivered at a number of sites. Therefore this evaluation form seemed particularly relevant to this third stage of the YP.

The following table provides a summary of the program statistics that were monitored during each of the pilot sites until the end of May 2005.
Table 10: Summary of Program Statistics at May 2005

<table>
<thead>
<tr>
<th>Pilot Site</th>
<th>Number of Referrals</th>
<th>Numbers Still Being Assessed (Pre-program)</th>
<th>Numbers That Commenced a Program</th>
<th>Numbers not commencing</th>
<th>Found work or RTS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Australia (Oct 04 –May 05)</td>
<td>37</td>
<td>4</td>
<td>23</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Victoria (Apr –May 05)</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Western Australia (Apr–May 05)</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NSW (Apr–May 05)</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>12</td>
<td>33</td>
<td>10 (18%)</td>
<td>3</td>
</tr>
</tbody>
</table>

* RTS = Return to Study

As shown in Table 10, in May 2005 the pilot in South Australia had been operating for nine months while the other three pilots had been in operating for two months. Not surprising, during this period, the South Australian pilot had received 37 referrals of which 23 had commenced a program. The number of referrals and commencement for each of the other three pilots of shorter duration varied with Victoria (10 referrals, 4 commencements), Western Australia (3 referrals, 3 commencements) and NSW (5 referrals, 3 commencements).

4.3 Interviews with Eight Program Staff Across Sites

Interviews were conducted with the staff groups at each of the four pilot sites (2 staff at each site) in June 2005 to obtain opinions about the Program’s progress. Therefore, the interview schedule comprised a range of open-ended questions that focussed on perceptions about what was working well and what could be improved. Another purpose of these interviews was to monitor the progress of the implementation across sites and to find ways about how to improve the implementation to make it more efficient and effective. An additional reason was to ascertain what was working well and
identify what staff had learnt during the implementation and to transfer this learning across sites.

The interviews were taped and transcribed and summarised under the categories of ‘what was working well’, ‘what needed improving’ and ‘learnings’. Specific findings from these interviews are reported in the next chapter.
Chapter 5
Evaluation of Short Term Results

This chapter goes on to discuss the fourth stage of the YP – Tracking and evaluation of the short-term results of the program (Table 3).

As discussed in the introduction, the YP was funded for an 18-month period, and was scheduled to finish early 2006. Given that three of the four pilots began in April 2005, they had only been operating for a period of nine months when this 18-month funding period came to an end in early 2006. Therefore, one feature of this stage of the evaluation is that, by necessity the evaluation of this pilot program was only able to focus on initial short-term results.

This situation is not considered problematic because as discussed in the Objectives of the YP on page 16, one of the primary objectives of the YP has been to develop improved referral pathways and increase the participation of YPMHC in vocational rehabilitation. Therefore, the YP focused on the establishment and short-term results of this new initiative rather than on the evaluation of its medium or longer-term outcomes and impacts.

5.1 Overall Short-Term Findings

5.1.1 Summary and Discussion of Overall Program Statistics

As noted earlier, the YP was scheduled to finish in early 2006. Given this, the Steering Committee decided that numbers of referrals to the pilot programs should be counted until the end of August 2005. On the other hand, the outcome statistics were to be reported up to the end of January 2006. The rationale for the Steering Committee’s decision was that sufficient time (beyond the referral date) was needed to allow a realistic assessment of the results achieved. The pilots continued to accept referrals after this cut-off date, but for the sake of the evaluation, statistics associated with those referrals were not included.

It is also worth mentioning that because the South Australian pilot commenced six months before the other three pilots, the South Australian implementation period was six
months longer than for the other three pilots.

Table 11 summarises the referrals and program commencements for each of the pilot sites:

**Table 11: Summary of Referrals & Program Commencements at August 2005**

<table>
<thead>
<tr>
<th>Pilot Site (State)</th>
<th>Referrals</th>
<th>Did not commence Program</th>
<th>Program Commencements</th>
<th>Did not complete Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Australia (Oct 04 – May 05)</td>
<td>43</td>
<td>14</td>
<td>29</td>
<td>11</td>
</tr>
<tr>
<td>Victoria (Apr–May 05)</td>
<td>21</td>
<td>10</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Western Australia (Apr–May 05)</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>NSW (Apr–May 05)</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>24</td>
<td>66</td>
<td>19</td>
</tr>
</tbody>
</table>

1. Referrals

By the end of August 2005 the four pilots collectively had received 90 referrals and of these, 66 commenced a program. The remaining 24 of these referrals did not proceed on to a program.

The number of referrals of YPMHC in the sub-group aged between 14 and 19 years was 63, compared with 12 referrals received by the pilot sites for this age group for the entire previous financial year. The remaining 27 referrals were YPMHC aged between 20 and 23 years.

Particular note should be made that after the cut-off date for counting referrals for the pilot, a further 80 referrals of this client group were received by the pilot sites (i.e. between August 2005 to January 2006).

Based on these findings, it appears that the outreach and the collaborative networking approach was successful in reaching YPHMC, and resulted not only in a significant increase in referrals, but also in establishing a basis for on-going referrals.
The main reasons identified for young people who did not proceed on to a program were that some moved away from the local area or withdrew from any contact with the project, while others deferred their involvement on the advice of their treating medical practitioner.

2. Referral Sources

To gain insight into the referral pathways of YPMHC into the pilot programs, the source of each referral was monitored during the implementation of the model.

The following table summarises the total number of referral organisations for each of the pilot sites:

<table>
<thead>
<tr>
<th>Pilot Site (State)</th>
<th>Total Referral Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Australia</td>
<td>17 (NB Program going longer)</td>
</tr>
<tr>
<td>Victoria</td>
<td>9</td>
</tr>
<tr>
<td>Western Australia</td>
<td>5</td>
</tr>
<tr>
<td>NSW</td>
<td>10</td>
</tr>
</tbody>
</table>

The South Australian pilot received referrals from 17 different agencies; Victorian pilot from nine; the Western Australian pilot from five; and the NSW pilot from ten. The referral sources were primarily from Youth support services (such as housing and drop-in centres), Schools, Community Health Centres and Community Mental Health services.

The large number of referral sources for each of the pilot appears to demonstrate that the Outreach and the collaborative networking approaches had resulted in a broad base of links with other services. As just discussed, there were a total of 80 referrals in the five months after the cut-off date. This statistic appears to demonstrate that a strong foundation for on-going referrals had been established.

Both the aforementioned findings seem to substantiate the importance of one particular key guiding principle of the project - the need for an Outreach approach and an incorporation of a Collaborative Multi-Agency Approach.
3. Numbers of Program Commencements

By August 2005, 66 YPMHC had commenced a rehabilitation program within one of the pilots. In all cases these were individually-based rehabilitation programs that fostered an employment focus. These programs were based on addressing the identified needs for each individual. Examples of these needs included literacy, numeracy, social skills and work behaviours.

Collectively, the pilot sites exceeded the target of 50 commencements. Based on this finding it appears that the YP had succeeded.

5.1.2 Program Results Achieved by January 2006

It was clear earlier that referrals to the pilot programs were counted until the end of August 2005 while the outcome statistics were assessed up to the end of January 2006. The following table lists the numbers of referrals, program commencements and positive outcomes for the YP by January 2006:

<table>
<thead>
<tr>
<th>Pilot Site</th>
<th>Referrals</th>
<th>Program Commencements</th>
<th>Withdrew before completing Program</th>
<th>Positive Outcomes – Employment or Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>90</td>
<td>66</td>
<td>19</td>
<td>21</td>
</tr>
</tbody>
</table>

Those not Completing Program

Sixteen months after the start of the first pilot, 19 of the 66 cases that had commenced a program withdrew prior to completion. The main reasons for these non-completions of program were that eight clients withdrew or moved from the local area while another ten clients reported that they were searching for employment themselves and, therefore, no longer sought support from the YP.

The above explanations seem to reinforce the findings of the literature review particularly in relation to the transient nature of YPMHC (p.29).
Employment or Study Outcomes

At the time of assessing the outcomes in January 2006, 21 (of the 66 YPMHC that had commenced a program) were in employment or study. A specific breakdown of these outcomes are presented in Table 14.

Table 14: Breakdown of the Positive Program Outcomes

<table>
<thead>
<tr>
<th>In Employment for more than three months</th>
<th>In Employment for less than three months</th>
<th>Return to Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>12</td>
<td>1</td>
</tr>
</tbody>
</table>

Note that:

- Of the eight YPMHC that had been working for more that three months, one was in volunteer work.
- Eight of these participants had been in employment for more than three months.
- The other 12 participants had been in employment for less than three months.

So in total, twenty participants gained employment by January 2006 - that is approximately 30% of the YPMHC who had commenced a program, gained employment in the open market. While this appears a very encouraging early result, further monitoring of the number of clients sustaining employment for at least three months is required to draw more conclusive inferences from these results.

Table 15: Summary of Program Statistics at Jan 2006

<table>
<thead>
<tr>
<th>Pilot Site</th>
<th>Referrals</th>
<th>Program Starts</th>
<th>Program not Provided</th>
<th>Closed Cases</th>
<th>Currently Employed (&lt;3 mths)</th>
<th>Outcomes – Employment or Study (&gt;3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>90</td>
<td>66</td>
<td>24</td>
<td>28</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>
Program Costs Comparisons

The average cost of non-completed program in the pilot was similar to the average costs for mainstream clients. Similarily, the average costs for employment outcomes in the pilot are very similar to those for mainstream clients. However, given that the outcome numbers for the pilot at this stage are low, more accurate cost comparisons can only be achieved when all the participants have completed their programs.

5.2 Findings From Interviews with Staff

5.2.1 Data Collection Process

Project staff from each site were interviewed at the end of August 2004 as a way of documenting the range of interventions that had been implemented in order to achieve the principles and strategies enunciated in the research part of the project. The interviews focussed on the progress, issues, barriers and innovations of the implementation up to that time. Each interview was transcribed and the transcript was analysed thematically according to key interview questions.

5.2.2 Approach to Summarising Staff Feedback

As we have seen eight staff across sites were interviewed. The interventions and process, issues, barriers and innovations described by staff were summarised according to the stage of the program and reflect the Outcome Hierarchy as described in Chapter 3 on page 42. These stages of the program are:

1. Pre-referral;
2. Referral;
3. Program commencement;
4. Program implementation.

The key elements of the service model are examined within this chapter. These elements are supported by reference to relevant quotes from the interviews. This approach to the

---

* This thesis is limited to making general statements about a cost analysis due to confidentiality agreements with The Organisation.

8 As already indicated, the South Australian pilot, being the first pilot, had commenced six months earlier than in the other States. Therefore, the South Australian staff were interviewed in March 2004 and then again in August 2004.
reporting of the findings from the staff interviews was based on the rationale that a
documentation of the key learnings at each stage of the program would meet the needs of
practitioners i.e. those identified as the primary target audience for this information. 
Another reason for keeping such lists was based on the belief that this approach would
make findings derived from these interviews more accessible to the staff in any future
development of similar services.

5.3 Summary of Staff Feedback Related to the Four Stages of
the Service Model

Staff had been presented with a summary of the key findings from the literature regarding
the guiding principles and the components of a ‘best-practice’ service model. Staff then
identified relevant strategies that could operationalise these principles and components.
Consequently, the following sections are based on staff perceptions of their experience in
implementing the actual strategies that they had identified, based on the findings of the
literature review. Therefore, the following part of the thesis presents staff feedback
regarding the translation of the espoused theory into practice.

Perceptions of staff were summarized according to the four stages already outlined: pre-
referral; referral; program commencement; and program implementation.

5.3.1 Pre-Referral Stage

1.1 Building Collaborative Relationships

Staff emphasised that the effectiveness of their work during the pre-referral stage was
enhanced by having created collaborative relationships with external agencies, such as
community mental health services, community youth services and schools. As a staff
member explained:

*I would say the networking and relationship and partnership building have
probably been the most critical things for this pilot. Instead of just advertising
ourselves differently, we actually went out there and met these organisations and
sought their advice.* (Project Staff).
1.2 Networking for Referrals as a Marketing Strategy

The ‘networking’ approach adopted by staff was different from the usual activity of ‘marketing for referrals’. It involved building collaborative working and trusting relationships with key workers in other youth agencies. The importance of this key feature is illustrated in the following comment:

_I actually don’t know of any service that does the style of the marketing we’ve been doing. It’s about people understanding that relationships take time and whilst we’re talking about referral pathways, you need to develop a positive relationship with a sense of trust, so young people feel that when they do call you there’s a responsiveness there._ (Project Staff).

In fact, staff targeted existing youth service networks to promote the new initiatives rather than introducing themselves and promoting the new project to individual workers on a one-to-one basis. As well, it was still found that individual follow-up of some potential referrers was necessary. The staff found that this strategy led to a more economical and effective use of their time. For example, program staff commented that:

_Targeting big meetings, big forums, that’s a brilliant first step and then target those at the meeting who are worthy of individual follow-up. I think starting off by targeting individual agencies isn’t the most effective first step._ (Project Staff).

Furthermore, in most cases referrers had to be contacted more than once before they began to make referrals.

1.3 Managing Time Demands in Initial Stages of Implementation

Staff identified a number of factors that impacted on their ability to devote adequate time to meet the demands of the pilot during this stage. These comprised:

- Barriers related to balancing the demands of the pilot with other work demands.
- Intensive demands on staff time from networking with other services, placing pressures on management of workload.
- The absence of ‘quick’ referrals following the first round of networking, which placed pressure on project staff. At some pilot sites, managers perceived that there was a slow rate of referrals. As a result this led to some local management
anxiety in relation to the longer-term viability of the pilot. Potentially this could result in ‘vulnerability’ of the pilot. Nevertheless, support and encouragement from local management (in the form of recognition of time demands involved in the establishment of a new program), helped to overcome these barriers.

- In addition, as a way of dealing with the workload issues, one pilot focussed primarily on YPMHC aged 20 to 25 years, because they already had some established links with referrers of this age group.

As a project worker reflected:

*Most important was the flexibility that we’ve been given in our workloads from our region and our manager to have the opportunity to explore these things. I think we have needed time to build up these links and to learn, or make the changes that were needed. It would not have worked if you were trying to do this on top of your existing work.* (Project Staff).

### 5.3.2 Referral Stage

#### 2.1 Initiating Referrals

The following strategies were also found to be effective in establishing referral pathways for this project. For example:

- Staff found that in order to gain access to this client group, new ways of accessing the target group had to be established. In doing so, new referral pathways were established.
- In some cases establishing such pathways involved pre-screening discussions with community youth agencies. These built upon pre-existing relationships between YPMHC and their youth workers/school counsellors.

However, in some instances there were associated issues that slowed the referral process. These included: some YPMHC being difficult to contact; missing appointments; or these young people experiencing other issues impacting on their life, such as a court case or an accommodation problem.
2.2 Engaging YPMHC

Engaging clients in the program was found to be an ongoing challenge by staff. This is because the majority of clients did not have regular structured activity in their routine and were often linked into services with a drop-in or semi-structured model.

It was easier though, when the clients were involved in some regular structured activity such as attending school, training or even a regular psychiatric session. When this occurred YPMHC seemed more likely to attend appointments at The Organisation office.

Therefore, it emerged that a key challenge associated with engaging clients involved marrying the structured approach of The Organisation with the need to adjust to the relatively unstructured daily lives of the client.

For example, a staff member commented that:

> What we are doing here is fitting the program structure and process into what we are doing and not letting the Organizations’ normal program approach dictate how we move forward. The way we are working with clients would destroy the whole process of the pilot if we were to let the existing program process and structure dictate how we proceed (Project Staff).

Thus, contact and engagement required greater flexibility by the project staff, for example in organising the location and content of the first few interviews with young people. Contact and engagement also relied on pre-existing relationships with youth workers who continued to provide a link with ongoing support for the clients.

As a staff member elaborated:

> But that’s where this approach is obviously very different from how we would usually get our clients. But to build up rapport with this particular client group we needed to adapt to the way this youth organisation operates. But it’s just how do we do it most efficiently, that is, still be flexible in our approach and practice and still make sure that we’re achieving the things that we want to achieve (Project Staff).
2.3 Strategies Adopted to Engage Clients:

The interviews also enabled the acquisition of feedback from staff about the specific range of innovative strategies and interventions they had implemented to engage this client group. Activities included:

- Conducting initial meetings with a youth worker present - either at schools, youth agencies or at a community venue (such as a café), where the clients already felt comfortable.

- Focussing the initial meeting with clients on the provision of general information about the program, as a way of building trust and rapport with YPMHC, rather than on conducting a formal assessment involving more personal history taking and gathering of information about the functioning of the client.

- Adopting an action orientation as early as possible that is based initially on the client’s interest and enthusiasm.

- Setting achievable goals and actively acknowledging any evidence of the client having made small gains.

- Minimising and explaining the purpose and function of any paperwork that otherwise can seem irrelevant and distracting to the client.

- Obtaining background information from the referrer to reduce the need to seek this information from the client.

- Recognising that there can be significant issues preventing clients from attending appointments. These issues include the client: being in unstable accommodation; lacking support networks; not having access to a phone; lacking sufficient money; and missing structure in their daily life such as going to bed and getting up at regular times.

- Building and maintaining close working relationships with youth/mental health workers and involving the latter in the:
  - Initial and ongoing contact with the client;
  - Assessment process;
  - Initial stages of the program; and
  - Supporting clients with their psychosocial issues.
• Utilising youth workers, with whom the clients had a pre-existing relationship, to arrange appointments with clients who missed previous appointments. This strategy was found to be more effective than when the program workers attempted to contact the client directly.

• Using SMS messaging to contact clients and also to remind them of appointments. This was found to be more effective rather than the use of letters or landline telephones.

• Having realistic expectations of the client readiness to utilise the program; for instance, anticipating that young people will ‘test the waters’ and that it will take a while to build up a relationship.

5.3.3 Program Commencement Stage

3.1 Strategies Implemented to Overcome Barriers to Commencement

Staff found that the following strategies were necessary to facilitate the induction of clients into the program. For instance it was found useful to:

• Focus on behavioural and functional concerns rather than on discussing the diagnosis of a psychiatric condition.

• Work with a youth worker in order to engage clients that would otherwise be deemed ‘unstable’. This increases the likelihood of clients’ commencing a program.

• Adopt a flexible approach in determining eligibility rather than classifying clients as ‘unmotivated’ if they fail to turn up for one or two appointments. For example, one client’s only contact was a mobile phone, which was not working, because they could not afford to pay the bill. In this case contact was made through a youth worker. Another client appeared to be disinterested but it was later discovered that they were in fact preoccupied by a pending court case.

These findings seem well summarised by the following staff observation:

_The good thing that we’ve got now is, that we know that even if the clients are not 100% stable, their youth worker is supporting them through that and that their instability doesn’t necessarily mean that they can’t engage in the_
process with us. It might mean that it gets put on hold for a little bit when the housing crisis flares up, but we know that there’s someone who can walk them through that bit and then bring them back to us as soon as it’s sorted out - because I think for these clients, if we wait for them to be stable, we’re never going to see them, or we’re not going to see them for a long time (Project Staff).

5.3.4 Program Implementation Stage

1. Managing Fluctuating Motivation

Staff found that particular strategies were effective for managing the fluctuating motivation of participants. These included:

- Promoting an action-orientated focus, which emphasised the gradual achievement of small goals. Similarly, goal achievement was found to be more effective when it was based on the client’s interests and enthusiasm.

- Establishing working partnerships with other community agencies. These were also found to be an integral part of this stage. Youth/community workers had greater access to clients and supported them and sometimes persuaded/coached a client to return into their program.

- Referring clients to other available services where necessary and linking clients with groups within the community to reduce social isolation, increase peer learning and develop social skills. For example, a few clients were referred to a youth-specific literacy program, another was referred to an alternative school program, while yet another was referred to a drug support group. In each case, the client continued engagement in the Program while receiving these services.

- Supporting a client through times when they would usually be perceived to be unmotivated.

As a staff member revealed:

*I think the biggest learning for me was about motivation or perceived lack of motivation. It is when clients with mental health issues will often present as having very poor motivation - that’s not necessarily saying that they have bad motivation, it’s probably more about the symptoms and what they’re going*
through and all the complexities of their current life. So we need to continue to hang around and be supportive of clients (Project Staff).

2. Realistic Expectations of Success

Staff views about their expectations concerning participant achievement are incorporated in the following points:

- It was motivating for participants if staff held realistic expectations of what constituted success for each individual client. For instance, one 17-year-old female client presented with a challenging background and history. In her case significant success meant completing a three-day work-training placement. The staff had facilitated this outcome by maintaining daily contact with her during that period in order to provide the additional support required to complete the training.
- The various programs tailored to the individual client were derived from a flexible needs-based approach. For instance, with some clients returning to study this enabled them to develop skills and behaviours that would also prepare them for future employment. In relation to such clients reaching a vocational goal in some cases involved many steps including study.
- Even small gains that move the client towards return to study or durable employment need to be acknowledged.

As one staff member pointed out:

For some of our clients even turning up for one day of work training is highly successful, and we need to encourage them and support them. We let them know that they’re successful, because, from their background and their past they’ve never done anything like that before, so just attending one day of work experience means massive success and then you need to build it up from there. (Project Staff).

3. Group Programs

Many clients had never worked before and only operated within minimal social networks, (which could provide a role model of adults in the workforce). Therefore, these young people often lacked knowledge about work and employers’ expectations.

A group program was developed and run in partnership with a youth agency, to address: the lack of knowledge of work behaviors and expectations of employers; associated self-esteem and drug and alcohol issues particularly in relation to mental health; and the lack
of opportunities to develop a vocational identity and build realistic work choices. The group program also aimed to reduce social isolation and to provide opportunities for peer learning.

In addition, the use of an appropriate role model (i.e. a successful young person with whom YPMHC could identify) was utilised to inform and motivate clients. Both the YPMHC and the staff identified this strategy as a valuable and effective group activity. Through their involvement in the group program, some clients were referred other support services as required. In each case the client was able to continue engaging with the program while receiving these services.

4. Value of Collaborative Relationships

Collaborative relationships were important to the YP. For example:

- Collaboration with individual workers within these services played a vital role during all phases of the YPMHC’s involvement in the pilot.
- Collaboration was crucial for: creating pathways to referral; the engagement of the YPMHC in the pilot; and in provision of joint programs for the YPMHC. These programs included the provision of social support and stability to enable YPMHC to remain engaged in the pilot program.
- Relationships also played an important part in the provision of joint programs for clients.

5.4 Summary of Staff Feedback Regarding Impact on Themselves

1. Increasing Confidence and Skills

Staff reported the following perceptions about how the program increased their own confidence and skills. It was noted that the program led to:

- Increased confidence and skills in implementing the ‘collaborative networking’ approach as a means of creating pathways to referrals.
- High levels of satisfaction in their work with this target group.
- An expanding interest in the target population through involvement in the YP. In meeting the challenge of developing an innovative model, service staff appeared to move beyond the bounds of regular thinking and practice.
Reflecting the findings above, one person expressed their emotion about this kind of work:

*It is hard work, but you feel like it’s worthwhile and you feel like if you can support a client to go back to school and stay at school. That’s going to mean a lot for their future. Also it’s just seeing a kid on their very, first day of work experience ever - that’s their first time of ever going in a workplace and then catching up with them afterwards and saying; “Hey, you did it! It’s a big privilege.”* (Project Staff)

- A significant improvement in staff knowledge and skills when working with these clients. This was attributed to collaborating with other youth services and also to involvement with the content mentors.
- Increased reinforcement of the notion that learning through experience could be most influential.
- Successful integration of research evidence into practice.

### 2. Managing Time Demand

Staff perceptions of time demands meant that:

- The initial stage of networking with other services involved intensive demands on staff time and placed pressures on management of workload.
- Difficulties arose in relation to devoting the time required for the project while trying to balance other work demands at the same time.
- While two pilots experienced initial difficulty in meeting the time demands of the pilot due to pressures of their other work they were subsequently able to overcome these issues.
- The other two pilots were able to balance the competing demands of their pilot work with their other work.
- The workload pressures experienced by staff made it difficult for them to integrate reflective learning into their practice.

### 3. Relationships with Content Mentors

Staff reported a number of positive outcomes that resulted from their involvement with the content mentors. For example:
• The expert advice and guidance related to research and practice issues provided by Content Mentors was found to have been valuable in guiding practice with clients.

• This advice became an integral source of learning for staff and reflected a commitment from staff to integrate this expertise into practice development.

The following quote supports the last two points:

_We both found working with the content mentors very, very useful. Many new learnings emerged that we weren’t accustomed to and we started to hear similar messages that we heard from the content mentor, reflected in a conference that I attended. Professor Gary Bond also reflected this different perspective on how we work with people with mental health issues_ (Project Staff).

• The Content Mentors demonstrated their commitment to this service by not charging the program for their services.

• At one pilot site no formal contracts were formed with a Contract Mentor but close associations were maintained with key youth mental health services.

5.5 Perceptions of Referrers

As part of seeking feedback from referrers, a questionnaire was sent out to individuals within organisations who had made a referral to the South Australian pilot. Eight questionnaires were sent out and everyone responded.

1. Findings from Referrer Feedback Survey

Although responses were only small in number, there were some interesting trends. For instance:

• Seven of the eight referrers had liaised directly with project staff after making a referral and most wanted to work more closely with The Organisation in the future.

• Six of the eight referrers had never referred to The Organisation prior to the pilot.

• Seven (out of eight responses) reported that feedback received from clients about their experience in the pilot ranged from positive to very positive.

---

9 Recognised expert in the field of vocational rehabilitation with people with mental health conditions.
• One of the respondents reported that client feedback had been neutral.

• All of the referrers reported that they had changed their understanding of The Organisation since their involvement in the Pilot.

These findings were reflected in the following comments made by referrers in the questionnaire. e.g.:

"I now believe that The Organisation is youth specific in its service provision”

"I didn’t realise that they were appropriate for so many of our clients”

Other responses pointed to a growing belief that The Organisation had become more youth focussed whereby:

"There is better knowledge of and understanding and flexibility and ability to work with young people.”

"Our clients have specific needs and The Organisation do their best to meet these needs”

Importantly, all of the referrers said they would refer to The Organisation again. Indeed, one referrer claimed that the services offered by the Organisation has now become integrated within their mode of operation with the result that:

"The Organisation, (particularly project staff), have become an important part of our rehabilitation planning for young substance abuse clients I work with”

There were no negative comments made by the respondents.

Overall, feedback from referrers suggests that there was:

• An increased understanding and valuing of the work of The Organisation.
• A commitment to continue to refer YPMHC to the service.
• A desire to continue work in close partnership with The Organisation.
• A high level of satisfaction with the service and staff.
5.6 Data Collection with Clients

The evaluative activities described below were undertaken to assess the outcomes for clients. These activities included administering client questionnaires and conducting group interviews. However, the data used to substantiate the conclusions drawn and the program principles developed, was derived from the literature review, program statistics, staff interviews and referrer feedback. The client questionnaires and group interviews were not used for this purpose.

This thesis does not report findings from any data collection with clients. Client consent was sought to use information gained from client questionnaires for the purpose of program monitoring and improvement. This consent did not extend to using this information for research purposes. Advice sought from experts (including the evaluation mentors) confirmed that ethics approval was not required if the information was to be used for program monitoring and improvement.

The purpose of discussing the client questionnaires is not to report the findings from this data collection, but rather to demonstrate the difficulties in working with this group and to highlight the range of complex challenges associated with data collection. As previously mentioned, the timelines set for the duration of the YP meant that the analysis of these questionnaires was beyond the scope of this project. The following also seeks to demonstrate that the research was conducted in a systematic manner.

5.6.1 Client Questionnaires

The Organisation, through the Steering Committee, communicated an expectation that the assessment of client outcomes should include measures of change made by individuals. The Committee expressed a desire that, when possible, these measures include pre and post program questionnaires in order to enable a more robust approach related to capturing and communicating the impacts of the program on clients.

Three main areas of client change were highlighted for follow up. These were:

- Personal and social changes;
- Changes in mental health functioning; and
Changes in ‘Readiness for change.’

As discussed earlier (p.51), after extensive research and consultation, the following three tools were developed. These were:

1. A client self-administered questionnaire to measure perceived changes in personal and social objectives.
2. An adapted Mental Health Inventory (MHI) designed for assessing the mental status of clients.
3. A survey to assess clients’ Readiness for Change developed specifically for this pilot. This questionnaire was based on the work undertaken by the Centre for Psychiatric Rehabilitation at Boston University.

These instruments were administered to clients at the pre and post-program stage. The pre stage involved clients filling out a questionnaire during the early stage of their contact with the program. The post stage was completed at the time of a client’s program closure.

As part of the development of these questionnaires, advice and feedback was obtained from: some young people directly; youth advocates; and staff working with young people. The purpose of this advice was to improve these tools in order to make them short, simple and user-friendly.

5.6.2 Data Collection Challenges

Significant challenges were faced in administering these questionnaires with this client group. For instance, many clients (47%) refused to sign the consent form regarding the use of the instruments for program improvement purposes. This was despite efforts made by staff, both to make the document easy to read and understand, as well as to explain their implications.

Program staff reported that a common reason for YPMHC not signing this consent form was a feeling of unease when providing information to a ‘government-funded’ service. One possible explanation for this attitude was that approximately 23% of these clients were under the Guardianship of the Minister\(^\text{10}\). This indicates that a significant proportion of them had a long prior history of involvement with government services.

\(^{10}\) Also known as ‘Wards of the State’ elsewhere.
5.6.3 Response Rate to the Questionnaires

Pre-Program Stage

Of the 66 clients who commenced a program, 12 clients completed all three questionnaires at the pre-program stage. This gives a response rate of about 18%.

A number of factors impacted on the low the response rate such as:

- As indicated earlier, many clients refused to sign the consent form related to the use of these questionnaires for research purposes;
- Some clients moved out of the local area or could not be contacted;
- Despite offers of assistance from staff, some clients resisted completing the questionnaires. In some cases this appeared to be linked to the client’s low literacy levels;
- In a number of cases the questionnaires were not administered. This occurred when staff perceived a risk that the extra paperwork expected could jeopardise the on-going engagement of the YPMHC.

Post-Program Stage

As described before (Table 15), at the time of reporting the results in January 2006, nine participants had completed their program. Of these nine clients, five completed pre and post versions of all three questionnaires.

It was anticipated that the analysis of these questionnaires and the subsequent reporting would be carried out when larger numbers of questionnaires had been completed. Unfortunately, the YP timelines meant that any comprehensive analysis of a number of questionnaires were beyond scope of this project.

5.6.4 Client Group Interviews

Feedback was also obtained from clients through group interviews at two of the pilot sites. Facilitators of these group interviews indicated that discussion during these sessions was difficult due to the low level of clients’ concentration, as well as the disruptive behaviour of some individuals. Then, another group of participants had severe difficulties due to short-term memory loss (apparently due to inhalant use) while others appeared to have difficulties in remembering details about their involvement in the Program. Other clients also found recall difficult and were unable to sequence events.
Despite these challenges, trends emerging from the findings were used to inform and improve the program. Some of these trends have been reported in 4.3 - for example, both the YPMHC and the staff found the strategy of using an appropriate role model to be really valuable.

5.6.5 Limitations and Challenges Associated with Data Collection

The Need For New Instruments

In researching and exploring tools for data collection, I discovered that there were very few pre-designed questionnaires that were appropriate for use with YPMHC. In relation to most of the off-the-shelf tools available, the Steering Committee shared my opinion that many of these tools were unsuitable for use with this target group. This was mainly because the instruments were too long, complex and often focussed on asking ‘deficit-based’ questions. This went against one of the core principles on which the program was based, namely, building on participants’ strengths rather than being deficit focussed.

Addressing this problem required the development of data collection tools that were appropriate for these young people. To achieve this, I had to design new instruments or refine existing ones by taking into consideration the specific attributes of the target group.

It is worth noting that difficulties hampering data collection with YPMHC applied to both quantitative and qualitative methods of data collection. For example, some of the challenges faced in the use of questionnaires have already been outlined. Additionally, the difficulties experienced in using group interviews (as mentioned above) highlight some of the challenges faced when collecting data from this target group. These challenges reflect and emphasise the inherent difficulties associated in data collection with this target group.

5.7 Limitations of the Findings

The research that underpins this thesis is based on the planning, implementation and early evaluation of a specific YP. As Kazi (2003) argue that realist evaluation; “addresses the questions of what actually works, for whom and in what contexts” (p.158). Therefore, one cautionary note regarding any findings in this thesis is that they primarily relate to what
worked for YPMHC in a VRS across a number of locations in Australia and cannot be
generalised until they have been assessed during the implementation of many other
human service programs. In other words, the “Principles and Components” that are
identified as a result of this research – while anticipated to apply more widely – will need
to be the subject of additional application before they can be generalised.

Additionally, while there may be differences by gender or type of mental health
conditions in terms of client outcomes, the research was not extensive enough to provide
evidence for any such differences. However, as there were experienced vocational
rehabilitation case managers involved throughout the implementation of the YP, it is
assumed that, had such differences emerged they would have been identified during the
internal self-evaluation. This consideration suggests that further research can be
undertaken into whether the proposed practice model can be refined to take account of the
short and long-term client outcomes for YPMHC.
Chapter 6
Discussion and Conclusions

The discussion drawn from the findings are now summarised and related to the two research questions examined for this thesis. These sought to:

a) find an appropriate evaluation framework to conceptualise the stages of the Youth Project; and

b) identify the meta principles and components that provide a basis for planning and implementing an effective Vocational Rehabilitation Services for Young People with Mental Health Conditions.

I will begin by outlining conclusions related to applying Owen’s evaluation framework.

6.1 Benefits and Limitations of Using the Owen Framework

For this thesis, Owen’s (2006) five Forms of Evaluation were utilised to conceptualise each of the stages of the YP as forms of evaluation.

Owen’s framework was important because it enabled me to perceive the four stages of the project as forming a continuum of evaluation activity. My intention was to explore the applicability and usefulness of Owen’s framework in the conceptual development of a service model for YPMHC. I had hoped the insights gained would help in the development of similar projects elsewhere.

Table 16 lists the stages of the YP and links them to Owen’s corresponding form of evaluation:
Table 16: Stages of the Youth Project & Corresponding Forms of Evaluation

<table>
<thead>
<tr>
<th>Owen’s Evaluation Form</th>
<th>Stage of Youth Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stage 1 Research, consultation &amp; planning.</td>
</tr>
<tr>
<td>Proactive</td>
<td>Yes</td>
</tr>
<tr>
<td>Clarificative</td>
<td>Yes</td>
</tr>
<tr>
<td>Interactive</td>
<td>Yes</td>
</tr>
<tr>
<td>Monitoring</td>
<td></td>
</tr>
<tr>
<td>Impact</td>
<td></td>
</tr>
</tbody>
</table>

6.1.1 Application of Owen’s Framework

The application of this framework demonstrates that each stage of the YP can be seen to include one or more Forms of evaluation (Table 16). Thus, the four stages of the YP corresponded to a continuum of evaluation activities that focus initially on the need for the project and continue through to the assessment of project results and early outcomes.

However, given that the focus of the evaluation was limited to assessing the short-term results of the YP, there was minimal project activity that corresponded with Owen’s Impact Evaluation.

Additionally, as evident in Table 16, it was found that each of the stages of the YP encompassed more than one evaluation form. Thus, during the continuum of evaluation it is possible that a number of different Forms of Evaluation may be operational at any stage during a project. This implies a dynamic interconnectedness between the different Forms of Evaluation as they occur throughout the life of the project.
**Distinction between Forms of Evaluation and Stages of Project Planning**

Given that two or more evaluation forms occur within the same stage of a project, the Owen framework (2006) does not distinguish between the activities associated with each level of project planning, implementation, monitoring and assessment. This is not surprising, as Owen’s framework was intended to identify the different uses of evaluation, which might occur within the same stage of project activity. However, a benefit of using the Owen framework is that it encourages the review and assessment at each stage of project planning and implementation, by identifying the evaluation activities that occur throughout the life of the project. Nevertheless, the Evaluation Forms do not necessarily predict or stipulate how, and when, project tasks are undertaken or completed. Hence, the Evaluation Forms are particularly useful when a well-developed planning framework already exists.

By contrast, Tripodi et al. (1979) provide a framework for evaluation that matches the stages of project development and implementation more closely; i.e. the Tripodi et al framework, which they refer to as ‘Differential Social Program Evaluation’, differentiates the focus of evaluation according to the stage of program development and implementation. However, as previously mentioned, the Tripodi et al framework does not provide for the distinction between monitoring and evaluation that is provided by Owen’s framework nor does it include the preliminary design stage which is a major focus of this thesis. Therefore, it is the Owen framework that has been used throughout the thesis.

**Reflections from Applying the Owen Framework**

The application of Owen’s conceptual framework in the thesis demonstrates a matching between the stages of the YP and the purpose of each of the Owen Forms of Evaluation. This congruence is evident in the similarities between (a) the purpose and key approaches of each of the Forms of Evaluation and (b) the purpose and activities of each of the stages of the YP. For example, Stage 1 of the project involved a research, consultation and planning focus. These foci aligned with the purpose of the Proactive Form of evaluation, which is ‘designed to provide input on how to develop a program’ (Table 3).
I found Owen’s framework to be particularly relevant because it allows the incorporation of various evaluation processes into each of the stages of the project. In particular, this view of evaluation formed an integral component of each stage of the YP and so, enhanced my understanding and appreciation of the issues involved in each successive stage.

For example, applying Owen’s framework retrospectively, I could see more clearly how the components of the interview schedule I developed for the staff elaborated on the underlying principles identified in the preceding Proactive Evaluation stage. Nevertheless, with the benefit of hindsight I could have explained these sorts of examples of connectivity to the Youth Project’s Steering Committee. This may have assisted their appreciation of the linkages across different stages. I also believe that the monitoring discussions within the Committee may have reached a more refined level of understanding by incorporating this more integrated conception of evaluation.

Upon further reflection, if the staff had been exposed to the application of Owen’s framework, they might have developed a broader understanding that evaluation can be a practical tool in guiding their professional interventions from design to eventual impact. Personally, this framework helped me to understand the connectivity between each stage of the YP better and to ground my post-project analysis in a theoretically robust format.

6.1.2 Significance of Using the Owen Framework

The Owen framework expands the common description of evaluation as a post implementation activity within both a typical project management or action research cycle, to it being understood as an integral aspect of each stage in a project. For example, this expanded concept of evaluation contrasts with Piper’s (2010) model of project management where evaluation is conceived solely as a final stage of the project cycle. This study of this YP also demonstrates the efficacy of Owen’s evaluative framework by incorporating evaluation theory and practice within each stage of the project management cycle. Owen’s framework does not replace a project planning framework. Rather it is most useful when operating in conjunction with such a planning approach by providing a basis for the evaluator to influence all stages of a project or program.
Most importantly, as previously mentioned, Owen’s theory falls “within the domain of organisational development and change” (Alkin & Christie, 2004). In fact, incorporating evaluation into each stage of the YP enabled the evaluation to be utilised to promote opportunities to build the knowledge and skills of staff in working with YPMHC, as well as in planning and implementing evaluation. Additionally, this approach to incorporating evaluation in each stage also promoted opportunities for management and staff to learn from, and to make improvements to, the YP and the Organisation, as a result of their participation in, and reflection on, the evaluation process.

6.2 Conclusions Related to the Guiding Principles

This section is to address conclusions related to the other primary research question i.e.:

What are meta principles and components that provide a basis for planning and implementing an effective Vocational Rehabilitation Service for Young People with Mental Health Conditions?

In particular this thesis was to address:

- the extent to which the program principles and components implemented in the Youth Project reached and engaged YPMHC in vocational rehabilitation successfully.
- principles and components that underpin effective VRS programs for YPMHC.

Each of these will now be examined in turn.

6.2.1 Discussion About the Extent of Increase in the Reach and Engagement in Vocational Rehabilitation

The extent of increase in the reach and engagement of YPMHC in the YP provides important evidence of the effectiveness of the recommended principles and components. Therefore, before defining principles, it is useful to discuss the extent to which the program principles and components implemented in the YP were successful in reaching and engaging YPMHC in vocational rehabilitation.
By the end of August 2005 the four pilots collectively had received 90 referrals and of those 90 referrals, 66 (or approximately 2/3) went on to commence a program. Most importantly, the pilot sites exceeded the target of 50 commencements.

Tracking the number of referrals beyond the cut-off date for the project confirmed that the rate of referrals had continued to grow and that the project had established a strong base for continued referrals. For example, 80 referrals were received by the YP in the three months after the project had officially ended (p.61).

A large number of referral sources for each of the pilots were also established. This also appears to demonstrate that the outreach and collaborative networking approaches had established a broad base of links with other services.

In addition, the findings supported the principle that the outreach and the collaborative networking approach, adopted as part of the implementation phase, were successful and resulted in a significant increase of referrals.

**Participants Who Withdrew Prior to Completion**

Even so, a number of YPMHC (nearly 29%) of those who had commenced a program withdrew prior to completion of the program.

However, over half of these young people (53%) reported that they were looking for employment and no longer required support from the project. Even so, it is possible to speculate that for some of these clients their withdrawal may reflect fundamental difficulties in engaging with any type of support program. If this assumption is true, then it is worth hypothesizing that a proportion of YPMHC may find it too confronting to engage in any support program at any given time.

In order to test these assumptions it would be useful to follow-up the outcomes achieved by those who withdrew from the project. This would enable evaluators to test whether their withdrawal may have, in fact, reflected these young people’s fundamental difficulties in engaging with a support program - or if indeed they had managed to achieve their goals without further program support.

Another common reason (42%) for non-completion, reported by staff, was that many of the YPMHC had a transient lifestyle. This observation may in turn reflect the difficulties that some YPMHC have in accessing and maintaining contact with support programs.
Employment Outcomes

In regard to the initial trends in employment outcomes, twenty participants had gained employment in the open market by January 2006 (that is, approximately 30% of the YPMHC who had commenced a program). This appears a strong result given the various challenges faced when working with this target group.

However, it is too early to gauge the sustainability of these intital employment outcome trends. This is because, although the YP introduced a new approach to vocational rehabilitation for YPMHC, there were no benchmarks established by which to enable a comparative assesment of these outcomes.

6.2.2 Conclusions Regarding the Planned Strategies and Related Components

In order to provide a background for my conclusions, I will reiterate below the major milestones reached during this research:

1. Findings from the literature review (p.31) identified a number of guiding principles that could inform a best practice service model for YPMHC.
2. From these guiding principles, nine recommended components of ‘best practice’ were identified.
3. Each of these components was translated into program strategies (Table 5).
4. These program strategies were implemented at four separate pilot sites and an evaluation was conducted after approximately 12 months.

The following conclusions relate to identifying the Principles and Components for effective of service delivery. These have been derived from the evaluation findings. These findings were obtained by analysing both a range of qualitative (such as staff, client and referrer feedback) as well as quantitative data. In order to summarise this range of information, I developed the following table that links the conclusions drawn from the findings to each of the components and the related planned strategies (Table 17).
### Table 17: Conclusions Regarding the Program Components and Strategies According to the Stage of the Program

#### 1. Referral Stage

**Component: Adopt an Outreach Approach**

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify, network and develop collaborative partnerships with local agencies.</td>
<td>Reaching YPMHC via already established relationships and networks (such as through youth workers) was found to be effective.</td>
</tr>
<tr>
<td>Establish relationships with other youth workers or other services as a means to reach YPMHC.</td>
<td>Establishing collaborative partnerships was identified as a key factor in establishing a referral base for the YP.</td>
</tr>
</tbody>
</table>

**Component: Incorporate a Collaborative Multi-Agency Approach**

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with other services to address the range of presenting issues and reduce the chance of non-acceptance of clients.</td>
<td>Collaboration with youth/mental health workers within these services played a vital role during all phases of the YPMHC’s involvement in the pilot.</td>
</tr>
<tr>
<td>Establish relationships with other youth workers or other services to work with clients who would otherwise be deemed unstable or inappropriate.</td>
<td>All phases included the: pathway to referral; the engagement of the YPMHC in the pilot; and the ongoing engagement of YPMHC in their rehabilitation program.</td>
</tr>
<tr>
<td>Establish a system for referrals from, and to, these services.</td>
<td></td>
</tr>
<tr>
<td>Refer to existing social and literacy groups via youth agencies</td>
<td></td>
</tr>
<tr>
<td>Consider running joint/collaborative programs with other youth specialist agencies</td>
<td></td>
</tr>
<tr>
<td>Identify, network and develop collaborative partnerships with local agencies.</td>
<td></td>
</tr>
</tbody>
</table>

**Component: Normalise the Program**

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet young people in their own environment.</td>
<td>This strategy proved to be valuable particularly in the early stages of engaging with YPMHC.</td>
</tr>
</tbody>
</table>
2. Assessment and Program Commencement Stage

**Component: Addresses Fluctuating Motivation**

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand clients’ needs and do not be strict with clients missing appointments.</td>
<td>Supporting a client through times when they appeared not to be motivated was a core feature of the model.</td>
</tr>
<tr>
<td>Work with other services to address the range of presenting issues thereby reducing the chance of non-acceptance of clients.</td>
<td>These strategies were identified to be most effective in managing the fluctuating motivation of participants.</td>
</tr>
<tr>
<td>Establish relationships with other youth workers or other services to work with clients who would otherwise be deemed ‘unstable’ or inappropriate.</td>
<td>These strategies were effective during the referral stage and the commencement phase as well as during participation in the Program.</td>
</tr>
<tr>
<td>Establish a system for referrals from, and to, these services.</td>
<td>A number of other strategies were identified to be effective in overcoming barriers to commencement (pages 70 - 71).</td>
</tr>
<tr>
<td>Redefine appropriate referrals, accepting clients on to program and linking with other services</td>
<td>These two strategies were also found to be useful in managing the fluctuating motivation of participants.</td>
</tr>
<tr>
<td>Liaise with other workers involved in order to maintain a client’s involvement in program.</td>
<td>These strategies were effective during the referral and commencement as well as during participation in the program.</td>
</tr>
</tbody>
</table>

3. Program Implementation Stage

**Component: Address barriers to participation**

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with specialist mental health services and the range of health and community services accessed by young people.</td>
<td>The collaboration also helped to ensure smooth transitions for clients moving from one service context to another and provided options during, and beyond, the life of the program.</td>
</tr>
<tr>
<td>Component: Normalise the Program</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Program Strategies</strong></td>
<td><strong>Conclusions Based on Findings</strong></td>
</tr>
<tr>
<td>Present the program as a vocational program rather than as a program focussed on mental illness.</td>
<td>This strategy was important in normalising the program and also enabled a goal-based approach that focussed on developing the strengths of participants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component: Address fluctuating motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Strategies</strong></td>
</tr>
<tr>
<td>Liaise with other workers involved in order to maintain a client’s involvement in program.</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component: Facilitate opportunities for YPMHC to appreciate their existing strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Strategies</strong></td>
</tr>
<tr>
<td>➢ Set realistic goals and celebrate young people’s achievements. ➢ Set manageable challenges to enable clients to concentrate their efforts and resources on a particular task.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component: Address life stage trajectory of the client</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Strategies</strong></td>
</tr>
<tr>
<td>➢ Set realistic goals that take into account the developmental transitions and issues impacting on clients and celebrate their achievements. ➢ Refer and collaborate with other relevant services as needed.</td>
</tr>
</tbody>
</table>
### Component: Utilise Peer Support and Group Work

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Create opportunities for brief group training on work expectations, or group work training placements.</td>
<td>➢ Group programs were useful to enable clients to forge links with other clients and other services.</td>
</tr>
<tr>
<td>➢ Consider running joint/collaborative programs with other youth specialist agencies</td>
<td>➢ Using an appropriate role model (i.e. a successful young person with whom YPMHC could identify) was recognized as a valuable and effective group activity.</td>
</tr>
<tr>
<td>➢ Link clients with similar needs (i.e. work experience with a buddy)</td>
<td>➢ Referring a client to other social services enabled them to continue their engagement in the program.</td>
</tr>
<tr>
<td>➢ Refer to existing social and literacy groups via youth agencies.</td>
<td></td>
</tr>
</tbody>
</table>

### Component: Address Vocational Identity, Work Behaviours and Skills

<table>
<thead>
<tr>
<th>Program Strategies</th>
<th>Conclusions Based on Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include career planning within programs through both individual and groups forums.</td>
<td>Career planning took place with individual clients and in the group program.</td>
</tr>
<tr>
<td>Include guest speakers to talk about work expectations.</td>
<td>As mentioned above, this was most effective when a successful young person with whom YPMHC could identify, was used as a guest speaker.</td>
</tr>
<tr>
<td>Reinforce work values and work expectations through individual and group training opportunities via youth agencies.</td>
<td>Ditto</td>
</tr>
<tr>
<td>Closely monitor work-training placements and offer more intensive support e.g. attending with the client on the first day and more frequent visits.</td>
<td>Regular contact with clients was important as even small gains made towards goals need to be acknowledged. In some cases staff maintained daily contact with clients during work training in order to provide the additional support required to complete the training.</td>
</tr>
<tr>
<td>Create opportunities for work training and debrief about these experiences, both individually and in groups.</td>
<td>Work training was useful for providing an opportunity to develop social and work skills by setting realistic and achievable goals within a supportive environment.</td>
</tr>
</tbody>
</table>
Strategies and Benefits that were Especially Significant

It was evident that some particular strategies identified by staff proved to be especially significant for achieving positive program results. The findings highlighted that the outreach and the collaborative networking approach adopted as part of the implementation, was successful and contributed positively during all stages of the program. In fact, the results emphasised the fundamental importance of two closely related key guiding principles of the YP – i.e. the need for outreach and the incorporation of a collaborative multi-agency approach in order to achieve the program goals. Furthermore, the benefits of the ‘collaborative networking’ process appeared to extend beyond the generation of referrals and included:

- positive perceptions by referrers of The Organisation and its approach to working with YPMHC;
- a strong commitment by referrers to support this work;
- the Organisation working jointly with other agencies to meet the variety of needs of clients;
- enabling clients (who otherwise would be deemed ‘not ready’) to participate;
- referrers committed to a partnership approach to working with The Organisation and with clients;
- the establishment of an ongoing referral base that goes well beyond the pilot; and
- the establishment of a network of services that could work together to service future clients.

Overall the findings also demonstrate congruence between the espoused theory, which guided a best practice model for YPMHC, and the practice outcomes.
6.2.3 Recommended Principles and Components for VRS with YPMHC

The literature review conducted for this thesis revealed a number of guiding principles that helped to inform a best practice service model for YPMHC. The guiding principles identified were based on a synthesis of contributions from various authors. In fact, it became evident that there was no one piece of literature that presented a comprehensive list of the principles discovered in the review. Additionally, it became clear to me that there was a dearth of information that translated these principles into a model for practice.

Therefore, this thesis has attempted to contribute to discovering what is required to develop and deliver services to this target group. Thus, a key purpose has been to determine principles and components for effective program development for YPMHC through the application, and evaluation, of these principles within practice.

The findings support (p.88) the conclusion that the program principles and components implemented in the YP were successful in meeting the aim of reaching and engaging YPMHC in vocational rehabilitation. Additionally, it has been confirmed that all of the Planned Strategies, which were based on the identified Principles and Components of the service model, were implemented in the program. (Table 17). Also all of these strategies, as well as the related program components, were found to be important for an effective Vocational Rehabilitation with Young People with Mental Health Conditions.

Therefore, based on these conclusions, and the success of the YP in meeting its targets, I recommend the following ten major Principles, and their related Program Components and Program Strategies\textsuperscript{11} that can be considered integral for effective program development for VRS with YPMHC:

\textsuperscript{11} Other strategies are listed in section 5.3.
**Recommended Principles and Related Program Components and Strategies for Effective VRS Program Development for YPMHC**

**Principle 1: Develop partnerships with local agencies**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Related Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate a Collaborative Multi-Agency Approach</td>
<td>Identify, network and develop collaborative partnerships with local agencies.</td>
</tr>
<tr>
<td></td>
<td>Establish relationships with other youth workers or other services to work with clients who would otherwise be deemed ‘unstable' or inappropriate.</td>
</tr>
<tr>
<td></td>
<td>Work with other services to address the range of presenting issues and to reduce the chance of non-acceptance of clients.</td>
</tr>
<tr>
<td></td>
<td>Establish a system for referrals from, and to, these services.</td>
</tr>
<tr>
<td></td>
<td>Refer to existing social and literacy groups via youth agencies</td>
</tr>
<tr>
<td></td>
<td>Consider running joint/collaborative programs with other youth specialist agencies</td>
</tr>
</tbody>
</table>

**Principle 2: Develop proactive strategies to reach young people**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Related Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt an Outreach Approach</td>
<td>Access young people via other services, workers or outreach activities.</td>
</tr>
<tr>
<td></td>
<td>Explore alternative places to meet and follow up clients through the youth worker.</td>
</tr>
<tr>
<td></td>
<td>Build on relationships already existing between clients and their youth workers/school counsellors.</td>
</tr>
<tr>
<td></td>
<td>Find out where young people are accessing services and link with those services.</td>
</tr>
</tbody>
</table>

**Principle 3: Normalise experience of mental health challenges**

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Related Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normalise the Program for example, providing an Employment Focussed Program</td>
<td>Present the program as a vocational program not as a program focussed on mental illness.</td>
</tr>
<tr>
<td></td>
<td>Meet young people in their own environment.</td>
</tr>
<tr>
<td></td>
<td>Access young people via other services, workers or outreach activities.</td>
</tr>
</tbody>
</table>
### Principle 4: Persevere with the program when clients are ambivalent

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Related Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Fluctuating Motivation.</td>
<td>Understand clients’ needs; so do not be strict with clients missing appointments.</td>
</tr>
<tr>
<td></td>
<td>Work with other services to address the range of presenting issues to reduce the chance of non-acceptance of clients.</td>
</tr>
<tr>
<td></td>
<td>Establish relationships with other youth workers or other services to work with clients who would otherwise be deemed unstable or inappropriate.</td>
</tr>
<tr>
<td></td>
<td>Establish a system for referrals from, and to, these services.</td>
</tr>
<tr>
<td></td>
<td>Redefine appropriate referrals by accepting clients on to program and linking with other services.</td>
</tr>
</tbody>
</table>

### Principle 5: Build on participants’ strengths rather than being primarily deficit focused (to enable young people to focus their efforts)

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate opportunities for YPMHC to appreciate their own existing strengths</td>
<td>Set realistic goals and celebrate their achievement.</td>
</tr>
<tr>
<td></td>
<td>Set manageable challenges to enable clients to concentrate their efforts and resources on a particular task.</td>
</tr>
<tr>
<td></td>
<td>Develop strategies with clients to support their coping skills and to address psychosocial steps as part of reaching clients’ goals.</td>
</tr>
</tbody>
</table>

### Principle 6: Improve coping skills and addressing psychosocial aspects

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address barriers to participation.</td>
<td>Collaborate with specialist mental health services and the range of health and community services accessed by young people.</td>
</tr>
<tr>
<td></td>
<td>Establish a system for referrals from, and to, these services.</td>
</tr>
<tr>
<td></td>
<td>Refer to existing social and literacy groups via youth agencies</td>
</tr>
</tbody>
</table>

### Principle 7: Overcome social isolation and its impact on mental health

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create opportunities for learning from peers and increase social networking.</td>
<td>Create opportunities for brief group training on work expectations, or group work training placements.</td>
</tr>
<tr>
<td></td>
<td>Link clients with similar needs (i.e. work experience with a buddy)</td>
</tr>
</tbody>
</table>
### Principle 8: Don’t underestimate learning from peers and social networking.

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilise Peer Support and Group Work</td>
<td>Consider running joint/collaborative programs with other youth specialist agencies. When possible debrief about experiences in groups. Refer to existing social and literacy groups via youth agencies.</td>
</tr>
</tbody>
</table>

### Principle 9: Address the life stage trajectory

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address life stage trajectory of the client</td>
<td>Set realistic goals that take into account the developmental transitions and issues impacting on clients. Celebrate any achievements. Refer and collaborate with other relevant services as needed. Link clients with similar needs (i.e. work experience with a buddy).</td>
</tr>
</tbody>
</table>

### Principle 10: Promote employment as an integral component of an effective mental health strategy.

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addresses Vocational Identity, Work Behaviours and Skills (to encourage recovery rather than consider these solely as post-recovery activities).</td>
<td>Include career planning within programs through both individual and groups forums. Include guest speakers to talk about work expectations. Reinforce work values and work expectations through individual and group training opportunities via youth agencies. Monitor work-training placements closely and offer more intensive support e.g. attending with the client on the first day and making more frequent visits. Create opportunities for work training and debrief about these experiences, both individually and in groups.</td>
</tr>
</tbody>
</table>
Suggestions for Further Research

Further research that studies the implementation of vocational rehabilitation services based on the principles and components identified in this thesis may identify additional features of service delivery that are relevant to special subgroups or locations. For example, subgroups of YPMHC could include:
• the age groups broken down into the categories 15 to 19 years and 20 to 25 years old;
• particular mental health diagnosis, for example those with mood disorders, and schizophrenia and other psychotic disorders;

Research could also be undertaken into medium to long-term outcomes and impacts on the lives of YPMHC who have been through such a program. For example, this research could:
• track the different outcomes according to gender;
• identify any factors (for example the individual having a established relationship with a youth or mental health worker), that predict the likelihood of a YPMHC’s success from the program;
• discern the need to change or improve some aspects of the proposed practice model.

In addition, it is anticipated that the meta principles and components that are identified in this thesis may be of use to those providing services for youth with different needs. This seems worthy of further research that could concentrate on:
• the applicability of the recommended principles to programs for youth who do not experience mental health conditions - for example, young people with learning disabilities or who are early school leavers.

Finally, in regard to approaches to evaluation, research could explore the value of internal self-evaluations, particularly in relation to its potential to enhance staff capacity to contribute to organisational development.
7. Final Conclusions

This study has aimed to ascertain what is required to develop and deliver vocational rehabilitation services to Young People with Mental Health Conditions and to locate this in an appropriate evaluation framework. To assist with this, relevant literature was reviewed as a means to identify published principles and components that underscore program development for YPMHC. After analysis, this thesis has demonstrated how Meta (overarching) principles and components were derived from the implementation and evaluation of these principles and components, through four pilot programs undertaken across Australia.

Evaluation carried out internally by employees, was a major distinguishing feature of this research. Consequently, this approach to evaluation involved the integral elements of capacity-building and organisational development. The thesis also analysed and described a youth project utilising Owen’s (2006) framework. This illustrated how evaluation was incorporated into each stage of the planning and implementation of the project. In fact, incorporating evaluation in such a way enabled the promotion of opportunities to build knowledge and skills for staff when working with YPMHC and when planning and implementing evaluations. Additionally, as a result of their participation in, and reflection on, the evaluation process, management and staff made improvements to, the project as well as in the operation of the organisation.

Evaluation findings from the pilot program supported the conclusion that the program principles and components implemented in a youth project were successful in meeting the aim of reaching and engaging YPMHC in vocational rehabilitation. Additionally, the pilot program confirmed that all of these program components and strategies were found to be important and considered integral for effective mental health programs for young people.

The research led to the identification of ten principles and components that are recommended for the development of vocational rehabilitation programs for this target group.
References


Berry, H. and Butterworth, P. (2004), 'Overcoming mental health barriers to social and economic participation', Centre for Mental Health Research, Australian National University.


Harris, E and Morrow, M (2001), 'Unemployment is a health hazard: the health costs of unemployment', *Economic and Labour Relations Review*, vol. 12, no. 1, pp. 18-31.


Metherell, M, (2010). 'Mental Health may get funds', The Age, Melbourne, Australia. 8 July 2010.


Prochaska, JO, DiClemente, CC and Norcross, JC. (1992), 'In search of how people change: applications to the addictive behaviours', *American Psychologist*, vol. 47, no.9, pp.1102-1114.


Health of Young People in Australia: The Child and Adolescent Component of the National Survey of Mental Health and Well-Being, AGPS, Canberra.


