

BRIGHTER FUTURES

— OUTER EAST —

Evaluation of the Brighter Futures Transformation Pilot

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The Brotherhood of St Laurence was commissioned to undertake this evaluation by the Brighter Futures Transformation Pilot partnership

The study was undertaken by Tracey Pahor who was a Senior Research Officer in the Youth Opportunities team in the Brotherhood's Research and Policy Centre until April 2020.

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EXECUTIVE SUMMARY

Overview

The Brighter Futures Transformation Pilot (BFTP), funded for two years from July 2018 to June 2020, aimed to improve outcomes for young people with an experience of out-of-home care. The pilot responded to a need, identified through earlier work of the Area Partnership, for changing how the leaving care system worked with young people.

Adopting a 'try-test-learn' approach, the Brighter Futures pilot aimed to demonstrate the value of community connection for young people, through the implementation of a community connection service offer. The service offer was conceived of as an opportunity to prosecute an agenda for shifting risk averse and deficit practice approaches within the leaving care system of the Eastern Region of Melbourne.

A system change ambition

The pilot was designed to prosecute a long-term system change agenda in response to the problem of young people with an experience of out of home care (OOHC) lacking agency in determining the community connections enabled through existing leaving care practices. This agenda aimed to establish collaboration between and beyond agencies that leads to sustained improvements in service work with young people with an out-of-home-care experience so that their aspirations are fostered, and they are connected with community in line with their goals and aspirations. Key to progressing this system change ambition were the pilot's efforts to enact prioritisation of the aspirations of young people in the organisational practice of leaving care service providers. To trial this practice change effort, the pilot designed and implemented a service offer which aimed to align community connection practices with the aspirations and goals of young people.

Evaluation approach

The evaluation of the Brighter Futures Transformation Pilot was undertaken by researchers from the Research and Policy Centre at the Brotherhood of St Laurence (BSL). The evaluation approach was based in the BSL's Adaptive ARC (Ambition, Reality, Change) approach to evaluation of complex and emerging practices. Several different types of data were brought together and analysed with attention to how and under what conditions the pilot facilitated the service offer, affected a change in practice within organisations working with young people and realised the longer-term system change ambition.



Key findings

Successful implementation of a community connection service offer

Throughout the two years of the pilot, the community connection service offer was successfully enabled through the pilot's evolving governance structures. Learnings from the first year of the pilot led to a series of adaptations in year two of the pilot that increased the scope and number of referrals of young people for connection. These adaptations also enhanced collaboration between the Community Connectors and Practice Champions in ways that increased the focus on the voice and agency of young people within the process of securing the community connections.

Changing approaches for practitioners working with young people leaving care

The pilot affected a change in the way individual practitioners were working with young people leaving care. The evaluation found that this practice change was achieved through an investment in educating practitioners and enabling their use of the Advantaged Thinking approach to practice. Progress in the practice change effort was slow within the first year of the pilot, where limited changes in practice at the individual practitioner level were observed. Towards the end of the two-year pilot there was some evidence that adaptations made in year 2 to strengthen direct contact between the pilot's Community Connectors and the management level of the Partner Organisations was beginning to enable organisational level practice change. Sustained practice change at an organisation level and within all Partner Organisations was not achieved within the duration of the pilot.

Sustained practice change needed to realise system change ambition

The system change ambition pursued through the Brighter Futures Transformation Pilot was not realised within the duration of the two-year pilot. The evaluation found that the practice change effort required further investment to achieve sustained practice change beyond individual practitioners. While adaptations made by the governance groups, drawing on learnings from year one of the pilot were starting to have practice change impacts at the organisational level towards the end of the pilot, there was evidence of entrenched system level approaches remaining as barriers to sustained organisational practice change. A realisation of the long-term system change agenda requires further investment at the Partner Organisation level, to enable the sustained organisational practice change.

INTRODUCTION

Too many young people who have been in out-of-home care do not successfully navigate the transitions to an independent young adulthood (Johnson et al 2009). The reviews of evidence across multiple Australian inquiries into child protection repeatedly conclude that the poor education, employment and housing outcomes for young people leaving out-of-home care should not continue (Mendes and McCurdy 2019). Children and young people who have experienced out-of-home care have reported that their relationships and connection with community are interrupted when they are physically relocated, often without warning (Commission for Children and Young People 2019). Such interruptions mean that ties to people and a community that usually function to support young people in their education and employment pathways are not fostered (Mendes and Snow 2016).

Community connection can provide young people with education and employment support that continues past their statutory involvement with care services. However, we are yet to routinely see young people who have experienced out-of-home care connected to community as part of their engagement with services. When the Outer East Child and Youth Area Partnership (the 'Area Partnership') initiated 'Leaving Care Case Conferences' in 2015–2016—bringing together professionals to leverage community resources to support the goals of young people who were transitioning from care—representatives of local services, programs and community groups turned up in strong numbers. Yet the services' focus on risk and deficit was shown to limit the opportunities for young people to participate in the activities and networks. The members of the Area Partnership observed through this process that providing opportunities does nothing to address the interrupted ties to community if the focus on risk and deficit means young people never access them.

Recent Australian inquiries into child protection all agree on the case for change at multiple levels (Mendes and McCurdy 2019). Yet there is no such agreement on how to go about achieving such change, particularly as it relates to services for young people leaving care. Offering a different approach to practitioners in the out-of-home care sector has been shown to be of little use if they believe the system mandates a focus on minimising risk and addressing deficits (e.g. Hart, Borlagdan and Mallett 2017).

In this context, the evaluation of the two-year Brighter Futures Transformation Pilot furthers our understanding of what it takes to change the way practitioners working with young people approach community connections. The pilot aimed to achieve better outcomes for young people who have experienced out-of-home care by connecting them with community members or groups that are aligned with the young person's aspirations and goals. It aimed to bring about these opportunities by working with service organisations to enable investment in the aspirations of young people. The pilot was implemented in the Outer East region of Melbourne, having been developed as part of the preceding Area Partnership. The second year of the Brighter Futures Transformation Pilot was concurrent with the local roll-out of state-wide leaving care reforms, known as Better Futures.

The evaluation of the pilot, presented in this report, seeks to understand:

1. The conditions that support young people who have experienced out-of-home care to connect with community to foster their aspirations
2. How the design and implementation of the Brighter Futures Transformation pilot enables these conditions.

THE BRIGHTER FUTURES TRANSFORMATION PILOT

The Brighter Futures Transformation Pilot (BFTP) commenced in July 2018 and was funded to run for two years to the end of June 2020. The pilot was implemented within three municipalities of Melbourne's outer eastern suburbs: Knox, Maroondah and Yarra Ranges. The Area Partnership, out of which the pilot grew, was a collective impact initiative that brought together diverse representatives from state and local government departments, as well as community service organisations and volunteers, to improve outcomes for young people with an experience of out-of-home care.

Pre-July 2018: Development of Brighter Futures

Child and Youth Area Partnerships were established by the Victorian Government in eight areas, including Outer Eastern Melbourne. Starting in 2014, the work of the Outer East Child and Youth Area Partnership included the development of resources for co-designed, family violence prevention work and work on out-of-home care (OOHC) and the support provided to young people leaving care. This partnership placed an emphasis on improving OOHC and leaving care supports in the region, setting the context that would evolve in to the pilot being evaluated here.

Within the Area Partnership, a Youth Advisory Group was set up, which focused on the OOHC and leaving care space in which Brighter Futures was later established. In 2017 the group was transformed in to the Youth Ambassador Group, as part of a shift from advocacy to youth leadership (CYAP Evaluation Outer East Case Study 2019). The Area Partnership was successful in securing two years of funding (July 2018–June 2020) for the Brighter Futures pilot from philanthropic sources through The Out of Home Care Funders Group.

The Area Partnership had previously sought to connect young people with community assets through Leaving Care Case Conferences. The Area Partnership observed that prevailing attitude of defining young people by deficit and the constraining mindset around risk curtailed the attempts to open up community connections for individual young people. A key challenge was the need to position young people as agents actively informing and driving the connections made with community members.



July 2018: Brighter Futures pilot begins

The key objective of the Brighter Futures Transformation Pilot was to transform the system and community context in which young people with an experience of Out of Home Care (OOHC) transition to adulthood. The two-year pilot aimed to achieve these improved outcomes for young people by connecting them with community members or groups that are aligned with their aspirations and goals.

Building on the experiences of the Leaving Care Case Conferences, the Area Partnership undertook a co-design process resulting in a model for community connection that would bring not just any people into the lives of these young people, but unpaid people who were there because they wanted to be and because they had something to contribute that the young people felt was meaningful. In the metaphor used to communicate this prototype model, the young person was to be driving a bus with the right to admit entry to whoever was able to add value to their journey for as long as that was the case. This pilot had a dual emphasis on transformation for young people through community connection and on transforming the system and practices. One of the assumptions underpinning this system and practice change agenda was that enabling the agency and voice of young people to drive the nature of community connections made would result in young people making more meaningful connections with community.

Pilot structure and funding arrangements

The network of philanthropic funders provided support over two years for the following components:

- two [full-time-equivalent] Community Connector positions, based in and managed by the auspice organisation for the pilot (Anchor), focused on operating the community connection service offer
- the participation of Youth Ambassadors and the facilitation of the Youth Ambassadors Group by CREATE for 'youth leadership'
- training in the Advantaged Thinking practice approach, delivered by the Brotherhood of St Laurence within a Community of Practice and targeting participating practitioners within Partner Organisations.

A Coordinator for the pilot was funded by the Department of Education and Training. This role was a continuation of the Principal Advisor position in the Department, established for Area Partnership.

Core to the pilot was the (unfunded) participation of organisations that provided services to young people who had an experience of out-of-home care. These organisations were enlisted as 'Partner Organisations'. The role of Partner Organisations was to identify practitioners to participate in as 'Practice Champions'. These Practice Champions, who were selected based on their existing work and case load of young people leaving care, undertook the Advantaged Thinking training and participated in the Community of Practice. Within the service offer component of the pilot, Practice Champions referred and supported young people in community connection. An intended outcome of the pilot was that Practice Champions would bring the Advantaged Thinking practice into their work and their Partner Organisation.

The funded components described above were not discrete areas of work, and not hierarchically

arranged. Involving multiple partners and players, collaboration was essential to the design and implementation of the pilot model. The participation of Partner Organisations was essential as without it the Community Connectors would not receive referrals of young people for connection and there would not be practitioners making up the Community of Practice. Coordination and The Youth Ambassadors Group were included in these components, but there was no hierarchical relationship to ensure other components and core roles follow the guidance of youth leadership or the coordinated approach. In the absence of formal, hierarchical accountability lines that flow from organisation level and program level funding, the Area Partnership aimed to augment, and came to rely on, the intrinsic motivation of organisations and practitioners to improve outcomes for young people.



Implementation of the pilot

The pilot was not implemented by the key stakeholders as a static model, but rather as a developing body of work to achieve practice and system level transformations. Consequently, learning and ongoing adaptation were central to the pilot implementation. The model in the successful funding application was framed around providing community connection to have a positive impact on young people with an experience of out-of-home care. The initial intention was that this would be achieved through not only connecting young people but achieving sector and community impacts through improved practice and building awareness of the system and practice change agendas. The interconnected service offer, practice improvement and system change work was to be informed by the Youth Ambassadors Group and collaborative governance from the Area Partnership.

A 'try-test-learn' approach was adopted to enable experiences to provide the information to inform learnings, with reflection activities and discussions in and outside of formal meetings generally organised by a coordinator. The ongoing learning dimension supported decision making regarding the operation of direct connection work and shaped the efforts and activities progressing the systems change agenda. In meetings and presentations, what pilot representatives said needed to be learnt varied, not only in response to emergent conditions but also different understandings of aims. There was interest from key actors in the pilot in demonstrating the value of community connection for young people, and thus advocating such connection more. The question of interest for this evaluation, was what is required for community connection to be achieved, both in terms of the service offer and for the system change agenda.

EVALUATION APPROACH

The evaluation of the Brighter Futures Transformation Pilot (BFTP) was based in the BSL's Adaptive ARC (Ambition, Reality, Change) approach to evaluation of complex and emerging practices. Several different types of data were brought together and analysed with attention to how and under what conditions the pilot facilitated Practice Champions, Community Connectors and the collaborative governance for enabling community connections aligned with the goals of young people with an out-of-home care experience. The evaluation also aimed to determine the progress towards the systems level changes needed to enable the community connections.

The evaluation was framed around the mechanisms (how) and relevant conditions for producing the community connections outcomes, drawing on the Realist Evaluation approach set out by Pawson and Tilley (1997). The pathways framework Latham (2014) developed for evaluating systems change and the value-creation framework for evaluating social learning initiatives devised by Wenger, Trayner and de Laat (2011), provided linear framings useful for case studies and working with varied data sources to explore impact. Collaboration was understood to be valuable if it supports those changes to structures that enable people in the system to improve the pathways towards those outcomes. It was expected that change could be seen in processes or pathways, even before it results in outputs of community connection.

Data collection and analysis

To learn how and under what conditions the pilot aims were able to be realised, data was collected that documented the evolving model and changing participation, activities and impacts in or from implementation.

Monitoring of pilot activities and outputs

Data on what was done was collected by the representatives of the pilot's governing groups and supplemented by the researcher's data collection. Data provided by the pilot included records of the participation of community members and young people, notes from reflection activities and meeting minutes. Monitoring data for the participation of community members and young people was collated monthly by a Community Connector, with support from the researcher. Reflection activities were conducted by various people, including consultants, the Coordinator, the BSL Community of Practice facilitators and the researcher.

Participation by organisations and professionals was monitored by the pilot through lists of Practice Champions and attendance at meetings and other events, and these were available for the researcher. Information on key pilot decisions and activities was collected through the reports provided and decisions made at pilot meetings – including the PCG, the Leaving Care Working Group (for team leaders and managers in Partner Organisations), the Steering Group and the Executive Group – with meeting minutes supplemented with the researcher's notes from attending many of those meetings from August 2019 to March 2020.

The researcher facilitated collaborative learning activities at the Leaving Care Working Group and the Executive Group meetings in March 2020. The purpose of these activities was to identify any impact decisions and activities of the pilot had realised for the practice and system change agenda.

Interviews with key stakeholders

To collect reflections on the significance of the pilot implementation and adaptations over time, the researcher conducted semi-structured interviews with people involved in delivering or supporting delivery of the pilot. The interviews were carried out at two stages:

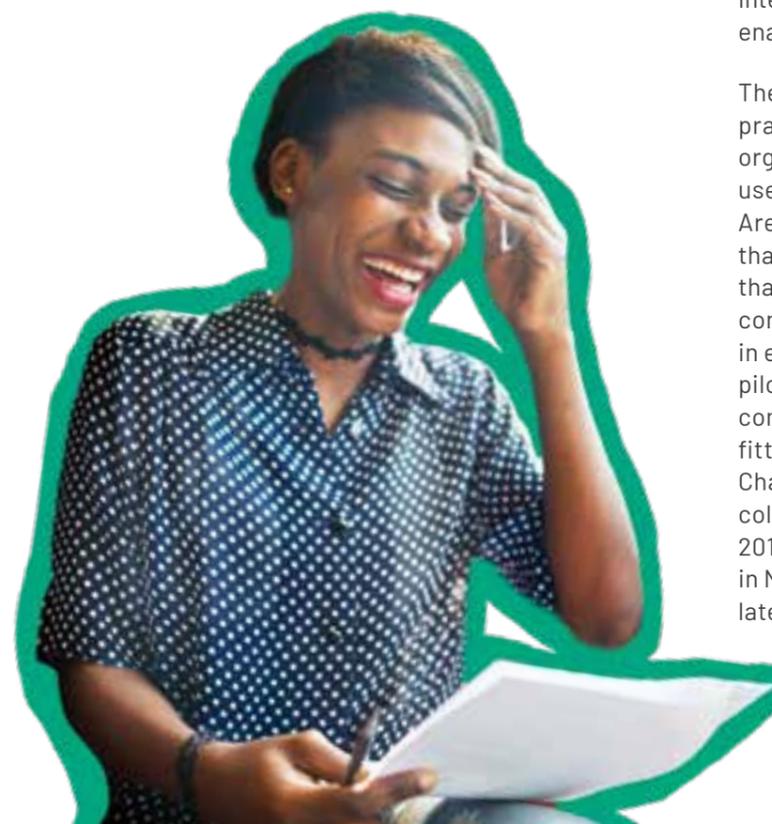
- **Phase 1 interviews:** Nine interviews with Practice Champions were conducted in August 2019. These early interviews were to provide baseline data and to examine the steps of the service pathway the BFTP aimed to deliver for young people transitioning from care. The interviews were also used to identify how the service pathway was fitting into the different institutional contexts and service pathways models of the dif Partner Organisations.
- **Phase 2 interviews:** Twenty interviews with stakeholders were conducted between February and March 2020 to collect reflections on the impact of pilot activities and adaptations. Some of these were follow-up interviews with Practice Champions interviewed in the first phase to explore change.

Data analysis

These different sources of data, were collated and analysed to identify enablers and barriers for the implementation of the pilot and realisation of pilot aims.

The monitoring spreadsheets were designed using input from the Community Connectors, the Monitoring and Evaluation group (established to provide oversight of the evaluation) and analysis of pilot materials and early interviews in August 2019. Once created, these spreadsheets were provided to the researcher monthly. The counts were used in regular verbal reports provided by the Community Connection team at pilot meetings (e.g. the fortnightly Pilot Control Group); and their reports also included commentary on the nature and quality of these connections. The researcher attended many of these meetings from mid-August 2019 to March 2020, and so made field notes on the Community Connector reflections on connections. This information was supplemented by case studies documented as the pilot pathways for young person in the researcher's early interviews with Practice Champions (the practitioners working with young people), and later interviews with diverse stakeholders to elicit the enablers and barriers to community connection.

The pilot was implemented as a system and practice change pilot using a collaborative, cross-organisational approach. This approach was used to build on five years of the place-based Area Partnership (outlined above). This meant that it was important to have the information that would indicate change. Support for the community connection pathway could be different in every Partner Organisation supporting the pilot. Therefore, information about pathways for community connection in the pilot, and how this fitted with the business-as-usual role of Practice Champions in the Partner Organisations, was collected in early interviews that started in August 2019, workshopped with the Community of Practice in November 2019 and reviewed for change in the later interviews conducted February to April 2020.



Theory of change

This evaluation is informed by the theory of change shown in Figure 1. The theory of change illustrates the intended impact of the pilot's service offer and practice mechanisms on the ambition for long-term systemic change.

FIGURE 1. THEORY OF CHANGE FOR THE BRIGHTER FUTURES PILOT

Long-term systemic outcome	Collaboration between and beyond agencies leads to systemic improvements in service work with young people with an out-of-home-care experience so that their aspirations are fostered, and they are connected with community in line with their goals and aspirations.	
Progressive systemic outcomes	Partner Organisations prioritise fostering connections with community for young people in line with their goals and aspirations	
Service level outcomes	Young people connect with community in line with their aspirations and feel greater self-worth by being connected with and part of their community	
Practice mechanisms	Practice Champions support young people to explore their aspirations and connect with community	Community Connectors support the identification of community members or organisations and their connection with young people
Stakeholders	Practice Champions	Community Connectors
Inputs/Activities	Advantaged Thinking training	Identifying and establishing community connections
Problem	Community connections available to young people with an experience of Out of Home Care (OOHC) are misaligned with their aspirations and the young people lack agency in determining the nature of those connections.	

FINDINGS

This section begins by presenting the overall system change mission, the component elements and the activities of the system change effort, followed by a description of the practice change activities. The next subsection focuses on the implementation of the service offer, the design of the pilot and roles of the two key service offer actors—the Community Connectors and the Practice Champions. The findings section concludes with a summary of key learnings and the implications for a revised Theory of Change.

The findings presented below synthesise the data collected through the evaluation in line with two key objectives. These are to identify:

1. the conditions that support young people who have experienced out-of-home care connecting with community to foster their aspirations; and
2. the factors that enable these conditions through the design and implementation of the Brighter Futures Transformation pilot.

A system change mission

The earlier Area Partnership work identified the need not only for the community connection service offer, but also the investment in practice change to impact how the system works. Various data gathered from the stakeholder meetings throughout the pilot, and consolidated by the phase 2 interviews, revealed a common theme that suggested those working in the leaving care system needed to orientate themselves outward, beyond the service sector, and to be driven by the interests and aspirations of the young people in their service catchment and caseloads. These views on the need for system-level changes were reinforced by accounts of earlier efforts by the Area Partnership to connect young people to community. Failures of earlier attempts made available through the collaborative effort were attributed to the deficit perspectives and practices within the existing leaving care system. The dominant deficit views within the leaving care sector were characterised as a system failure, translated and reinforced by some individuals through practice approaches within organisations working with young people leaving care.

Key component group: Steering Group

The Steering Group of the BFTP was a legacy component of the Area Partnership. With 35 different people attending the six meetings held May 2018 to November 2019, the group comprised a range of stakeholders within the local leaving care ecosystem. This included representatives from organisations funded by DHHS to deliver services, members holding coordination roles within the pilot, community members with experience in the leaving care sector as carers and young people who had experience of out-of-home care. The Steering Group also included representatives from DHHS, the Department of Education and Training, the Department of Justice and Regulation, community health services, a community legal service, local councils, Victoria Police and community members. Some Steering Group members came from organisations also engaged in the pilot as Practice Organisations. Due to the increasingly operational focus of the Pilot's work, the Steering Group founded an Executive Group to oversee the pilot. The Steering Group continued meeting, receiving updates on and discussing activities of the BFTP throughout, and ceased at the end of 2019.

Throughout the pilot there were examples of the Steering Group engaging in work aimed at the systems change mission. This included members of the Steering Group supporting the community connection pathways. Some organisations that were members of the Steering Group but not engaged as Partner Organisations still actively supported the community connection service offer (e.g. local government). The main mechanism for this was facilitating access to community connections and potential opportunities for young people. Some Steering Group members had also included their organisation in systems change effort over the years of the Area Partnership. This included making changes in their own organisations to increase access to opportunities for young people who have had an experience of out-of-home care. Evidence gathered throughout the evaluation indicates, however, that the formal role of the Steering Group in enabling the service offer and practice change agenda of the pilot was limited beyond creating an authorising environment.



Key component group: Youth Ambassadors Group

The *Youth Ambassadors Group* was the formal group that enabled youth voice, later reframed as youth leadership, for the pilot. Like the Steering Group, this group pre-dated the pilot, with an earlier iteration convened to provide a youth voice platform for the Area Partnership. Evidence from the evaluation indicates that the previous commitment to include this youth voice shaped the pilot objectives and design, with young people playing a central role in the codesign that led to the service delivery offer.

CREATE facilitated the Youth Ambassadors Group as a funded key component for the pilot. Members were young people aged 18 to 24 years who had an experience of out-of-home care. The intention framed in the pilot design was that the Youth Ambassadors Group would meet regularly and contribute to the pilot by providing youth leadership. The specific shape of this leadership was left open. Members of the group were paid for their participation in the initial plans, as acknowledgment of their expertise and work. Funded facilitation hours for the CREATE staff member supporting the Youth Ambassadors Group began at one day a week and were increased during the pilot, in recognition that a single day a week was insufficient time to complete the required activities.

Data gathered through the stakeholder meetings, and consolidated by the phase 2 interviews, indicated that the Youth Ambassadors Group enabled young people to contribute ideas, direction and accountability to the pilot. In illustrating the importance of the Youth Ambassadors Group in keeping everyone accountable, an impression frequently shared by stakeholders was that having young people as part of the process was a reality check that getting something done means more than securing the funding for it.

The Youth Ambassadors Group was represented on both the Steering Group and the Executive Group, which enabled a role for the group in contributing to the systems change effort. The Youth Ambassadors were more frequently engaged in discussions and activities aimed at progressing the system change effort, than in discussions or efforts oriented to the service offer and practice change. This included feedback on pilot communications activities, presenting about Brighter Futures at different events and meeting with members of parliament to promote the pilot, and participating in a promotional video as a part of the pilot.

The role of the Youth Ambassadors Group in the implementation of the service offer appears to have been constrained by their lack of membership on the Pilot Control Group. In lieu of direct youth membership, the CREATE staff member facilitating the Youth Ambassador Group was part of the Pilot Control Group, which had fortnightly hour-long phone meetings that guided the pilot implementation. The Youth Ambassadors Group did however provide input and support for the practice change agenda. Providing advice on practice, the Youth Ambassadors Group developed resources that they presented at some of the Advantaged Thinking training sessions and Community of Practice meetings. The development of these resources and presentations was supported by the CREATE staff member. These activities, while evidence of a role for youth voice within the practice change component of the pilot, were ad hoc and stand-alone activities and therefore not characterised as co-implementation.

Some Youth Ambassadors received Positive Psychology training, which was used to inform a skills session run by a Youth Ambassador at a Community of Practice. However, Youth Ambassadors did not receive training in Advantaged Thinking until a targeted session was run in one of their meetings in the pilot's second year. Those who attended the training and Community of Practice sessions delivered by Youth Ambassadors frequently remarked on these as a highlight, and BSL Service Development staff members felt the approach of the Youth Ambassadors sat well with Advantaged Thinking practice.

Key people in the pilot, and Youth Ambassadors themselves, hoped that the Youth Ambassadors would be able to elicit insights from those young people who were participating in the community connection service offer of the pilot. Key people in the pilot thought that young people would be more likely to speak with another young person. Some Youth Ambassadors expressed that it was difficult doing their role without access to information about the progress and participation within the service offer. However, there was no mechanism in the pilot design through which Youth Ambassadors would encounter young people participating in the pilot. At the end of the first year, the Youth Ambassadors Group sent out a request for information from young people being supported by Practice Champions, offering a voucher as incentive to participate. This was sent to the Practice Champions and young people could reply to a written survey or get in touch for an interview or less formal conversation with a Youth Ambassador. Two written responses were received from young people. However, this funding for vouchers was not approved in advance, so there was a long delay, with the vouchers eventually being provided by Anchor. Another survey was being tried by the Youth Ambassadors at the time of writing [later in the second year of the pilot].

Some key people in the pilot suggested having the Youth Ambassadors more embedded in the Partner Organisations. It was thought this would enable access to information about how young people were participating in the community connection service offer. The embedding of Youth Ambassadors would also allow the Partner Organisations to benefit from their expertise. Including Youth Ambassadors in practice support sessions run with Partner Organisations was trialled in the second year of the pilot [after data collection ceased].

From a total of ten Youth Ambassadors, four stayed active throughout the pilot. Some who stepped out of the group did return later, helping with numbers. However, recruitment of Youth Ambassadors was more difficult than expected and recruitment fell to the CREATE facilitator with support from other key people in the pilot. Youth Ambassadors were drawn from the pool of young people who were engaged with Outer East leaving care services. It was hoped recruitment could be conducted through Partner Organisations, with promoting the Youth Ambassadors Group sometimes added to the agenda of meetings held at Partner Organisations or being a separate piece of work to be carried out by the facilitator of the Youth Ambassadors Group.

Intersections between the Brighter Futures system change effort and Better Futures leaving care reforms

As part of its systems change effort, the Brighter Futures pilot was able to inform the implementation of the Better Futures¹ leaving care reforms implemented in the region during the pilot. This system-influencing work was enabled by the participation of DHHS and the pilot's Partner Organisations within the Steering Committee. The collaborative work that preceded the pilot and the collaborative approach used within the pilot implementation meant that Brighter Futures and Better Futures intersected as part of a systems change effort beyond the scope of the pilot.

1. Better Futures Reform is an initiative of the Victorian Department of Health and Human Services. It aims to engage earlier with care leavers, support them to have an active voice in their transition planning, and provide individualised supports both in-care and post-care across life areas including housing, health and wellbeing, education, employment, and community and cultural connections. providers.dhhs.vic.gov.au/better-futures

The role of the service offer and practice change efforts as mechanisms for enabling system level change

Within the pilot design the community connection service offer and the efforts to disrupt perceived deficit practice approaches, were positioned as key mechanisms for progressing the long-term agenda system change agenda.

In the pilot, some of the systems change effort was an inward-facing investment to enable the pilot. This was generally when those involved in the collaborative governance and the Youth Ambassadors provided resources to support the community connection service offer or the adoption of the practice approach. Those involved in the collaborative governance provided:

- Access to networks that the Community Connectors could tap for the service offer. The relationships formed from people coming together meant that the professional and even personal networks were made available for finding connections for young people.
- Access to expertise and data that could inform implementation. The Youth Ambassadors provided resources to support the practice and were able to give advice based on their expertise, although this only occurred a few times. the Area Partnership was able to provide data about the total number of young people in the target cohort.
- An authorising environment for making systems change. The scope of participation also helped increase the positive perception of the pilot among leaders in Partner Organisations.

We can also see the systems change ambition facing outwards, drawing on the practice approach and activity conducted as part of the community connection service offer. This was generally sharing stories from the community connection service offer, whether these were brief case studies of young people being connected or examples of challenges in mobilising the work. These examples could be used to inform the sector, such as the Better Futures leaving care reforms, or to secure support from those outside such as members of parliament. However, for these to be consistent with the pilot aims, they needed to reflect its practice approach.

The practice change agenda

The practice change part of the pilot had the intention of building within the Partnership Organisations practice capacities that prioritise investment in and fostering of the aspirations of young people. The practice improvement objective was driven by prior experiences of the Area Partnership (outlined previously) through which they had observed dominant approaches in leaving care services that defined the young people receiving services by their disadvantage. The partnership recognised that existing sector responses focused on managing risks to the young people or the services, rather than investing in fostering the talents of each young people.

Advantaged Thinking training for Practice Champions and other key actors

As outlined in the pilot description above, a funded component of the pilot was Advantaged Thinking training for leaving care case workers, as part of their pathway to becoming Practice Champions within the pilot. Advantaged Thinking practice, developed by BSL from earlier approaches of Colin Falconer, places investment in what is meaningful to the young person at the centre of practice (Coddou, Borlagdan & Mallett 2019). It is informed by the Capability Approaches proposed in the work on Amartya Sen. The '7 tests of Advantaged Thinking' require practitioners to invest in young people from the starting point of their unique and valuable interests and talents (Falconer 2012 unpub). While the Advantaged Thinking training delivered to case workers in the pilot presented tools for them to use with young people for exploring and fostering their aspirations, the nature of Advantaged Thinking practice is that it must be tailored to each young person and cannot be enacted through a simple one-off activity.

Advantaged Thinking practice was included in the pilot to see investments that foster the talents of young people and look outward from the service sector to community connection, rather than defining young people by deficit and taking a systems focused approach to managing risk. As one of the pilot's funded components, it was to be provided through:

- BSL Advantaged Thinking training for Practice Champions, Community Connectors and any interested Partner Organisation team leaders or managers;
- reflective practice sessions every two months for Practice Champions; and
- the formation of a Community of Practice that met around three times a year with Practice Champions, Community Connectors, interested Partner Organisation team leaders or managers, the staff leading funded components of the pilot and interested Youth Ambassadors.

Practitioner and practice organisation change

Within the pilot, the practice change effort was an area that could enable, but also required, a coordinated approach far beyond the aforementioned training and support. The practice change effort cut across the various roles and activities of the pilot. It was through adoption of the Advantaged Thinking practice that the work of different roles and funded components in the pilot was intended to come together.

While evidence of the practice change impact within the Partner Organisations remains limited, reflections by Practice Champions through the two phases of interviews are useful in understanding shifting mindsets and adoption of Advantaged Thinking at the individual practitioner level.

For example, a Practice Champion reflected on their own process of working with aspirations and agency of young people:

This young person does have some really complex needs and that sort of thing. But who are we to say that [they] can't get to where [they] want to be, and that's kind of the take I took on it, but that was quite difficult because a lot of people were like, 'Well, what're [we] going to do with this issue?' (Brighter Futures Transformation Pilot Practice Champion)

One of the frequent indicators of the adoption of an Advantaged Thinking approach was the deployment of certain language and terminology, as described below:

We've started to change a lot the language and the way that we're speaking about young people in trainings and stuff like that, just going away from the language of high risk and vulnerability ... It humanises the young people more. It breaks some barriers I think between classifying them in a group that they're out on their own. It's a big part to do with that community integration. Actually making them part of the community and

recognising that they are part of the community rather than a subgroup. I think that that's really important. It starts with language. I personally just find that language is really important. The way that we use it defines the way that we see things. (Brighter Futures Transformation Pilot Practice Champion)

Practice Champions also described a shift in their approach to conversations with young people for understanding aspirations:

Before I would kind of look at 'Ok, you want to do child care, I'll have a look at some courses and give you some pamphlets on it and we can have a look into that.' Now it's 'Why do you want to do child care?' and digging more around it and then unpacking that a lot more, and sometimes seeing that it's not really anything relevant, it's just what they think is doable, or what is easy, or it's a short course, or whatever it may be, or they just want to fulfil their Centrelink obligations or something like that. Whereas now I'm kind of learning to explore and delve a little bit deeper and actually let them know that we can kind of follow in any avenue that you actually want to do, and you're passionate about. It's probably just given me a bit more insight into being more curious around that sort of stuff. (Brighter Futures Transformation Pilot Practice Champion)

The organisational context that the Practice Champions were working in was significant, and could have either an enabling or a disabling effect. Practice Champions were supposed to bring the Advantaged Thinking practice not only to their work with young people, but also into their teams and organisations. Some Practice Champions saw the practice as consistent with what their program needed to do and what the leaders in their organisation wanted to see.



Other Practice Champions who saw it as ideal practice, but something that needed to be additional to their work. Their ability to effect change was impacted by how the organisation went about supporting young people and whether the practitioners perceived they were authorised to take the Advantaged Thinking approach. This was not determined by whether the program was working with young people on a voluntary or statutory basis, or even whether it was a program that responded to a particular crisis (e.g. a homelessness response program) or not. There were Practice Champions holding contradictory views on in each setting.

The following quote is illustrative of some emerging adoption of Advantaged Thinking practices beyond the individual Practice Champion, within their Partner Organisation:

There was one care team meeting that I went to and they were all talking (about) the way that they usually do things that they need to fix or problems that they need to solve. I started talking about possibilities that we could link with this young person in with ... the mood was dull in a way and then when I said those sorts of things people started to get a little bit more excited and interested in the care team so the mood changed. They started thinking about things that the young person could start working towards but I just don't think that talking about opportunities was something that's been raised in many care teams. I don't think people are talking about that. (Brighter Futures Transformation Pilot Practice Champion)

Changing attitude within the Partnership Organisations was described and observed as 'a matter of getting the buy-in of leaders'. Key stakeholders frequently characterised the organisational change work as requiring persistence and sustained effort. Illustrative of this is the story of a Partner Organisation that was not very active in the first year of the pilot that in year two began reviewing their practice model using a capabilities approach. It was anticipated that the review would embed a way of working that fosters the aspirations of young people.

In another example, a change of leadership within a Partner Organisation saw somebody who valued the practice approach put forward by the pilot step into a senior role. They were impressed by the opportunities it seemed to present for young people in the service, and for the service they could offer. The collaborative systems change effort, pursued through the pilot's governance groups and the practice change efforts with the Partner Organisations, created the authorising environment for this manager to take the practice approach seriously.

These reflections from Practice Champions are indicative of progress within the practice change agenda of the pilot, and point to the enabling role of Advantaged Thinking for the community connection work. This enabling role of the practice change agenda within the pilot was most evident in the implementation of the service offer, which is discussed in the following section.

A community connection service offer

The community connection service offer brought in the resources of community members and community groups, and a way young people could be connected to them. The service offer was piloted with an adaptive approach and as a mechanism for realising the long-term system level change ambition.

Intake criteria for young people

The criteria for young people to be eligible for the community connection focused work for Brighter Futures in the first year of the pilot (July 2018 – June 2019) stipulated:

- Young people between the ages of 15 and 23
- Young people who have had an experience of OOHC
- Young people receiving case management support in the Outer East, with a case manager who is a Brighter Futures Practice Champion or who is willing to be engaged as a Practice Champion at the time of referral (and does not have another active referral to BFTP)
- Young people residing in the Outer East

Practice Champion views on referral objectives

The most common reasons young people were invited to participate in Brighter Futures were presented at the Community of Practice, and Practice Champions present were invited to respond, based on their case work experience. Respondents at the Community of Practice most frequently said, that it was 'young people with strong engagement who are easy to contact' or 'young people who have a clear interest' who were invited to participate in Brighter Futures. This was followed by 'when there aren't other things to address first'. These three reasons describe situations in which the young person would be most likely to be able to be engaged quickly in working towards a community connection. Such an approach is consistent with the pilot's stated focus on first engaging young people who are seen as ready to work towards a community connection, in order to test the pilot's model.

TABLE 1. PRACTICE CHAMPIONS' REASONS FOR REFERRAL OF YOUNG PEOPLE, PHASE 1 COMMUNITY OF PRACTICE, 2019

Criteria for referring young people	Yes	No	Blank
1. Young people with strong engagement who are easy to contact	11	1	2
2. When there aren't other things to address first	9	0	5
3. Young people who have a clear interest	11	1	2
4. Young people without a clear interest	5	1	8
5. A young person without many sector supports	4	1	9
6. A young person whose sector supports are about to end (e.g. 'ageing out')	4	3	7
7. Any young person on my case load	7	0	7
8. A young person not on my case load	3	3	8

Note: There could be more than one reason for referring a young person

Pathways to community connection

The primary model used in the pilot was for the Practice Champion to refer and be the main contact for young people working towards community connection as part of the pilot. This meant that the Practice Champion role took on something of a gate-keeper function. Community Connectors worked closely with Practice Champions and encouraged Practice Champion engagement in the pilot. However, Community Connectors also sometimes worked independently of Practice Champions, providing a direct program intervention to young people.

In the process of identifying connections, Community Connectors drew on the relationships formed through the collaborative systems change effort and on network -capital within the key component groups that pre-dated the pilot (e.g. local councils on the Steering Group).

Community Connectors ended up taking primary responsibility for delivering the community connection service offer. To establish community connections, they received referrals from Practice Champions of young people for and identified the community members [or community groups] for connection. Identifying community members for connection did entail work, but it was seeing the pathways unfold for young people that posed more challenges.

Connections between community members and young people were more likely to be one-off or short term. However, one-off connections still resulted in the community member providing information valuable for the young person.

Identifying community connections

The different types of community members identified for connection can be loosely grouped into following categories:

- 1. Individuals:** an individual (or organisation) interested in being connected to a young person;
- 2. Networkers:** a contact person for a network that already exists ('natural connectors');
- 3. Facilitating institutions:** an organisation that already has an engagement program (e.g. Belgravia Leisure); and
- 4. Strategic institutions:** an institution with network generating and sustaining functions (e.g. local councils).

These community members and community groups were identified by Community Connectors through incidental and intentional introductions that made use of a range of existing network opportunities and relationships held by Community Connectors and members of the Steering Committee. Key sources included:

- personal and professional relationships of Community Connectors;
- place-based and sector networks or events;
- Steering Group members; and
- pilot activities and events (e.g. a breakfast at a business park, an evening presentation for community members, an information night for carers of young people in out-of-home care and other interested people).

The majority (22 of 30) of planned connections for young people were with a community member (or organisation representative) identified by Community Connectors in response to the interests of a young person referred to Brighter Futures. The remaining connections were made with community members who had already been listed or identified through the Area Partnership.

The role of Community Connectors and Practice Champions

Community Connectors were the key mechanism in delivering the community connection service offer. However, their efforts to generate community connections were not possible in isolation and required collaboration with the Practice Champions. In most cases, the Community Connectors relied on Practice Champions to generate referrals and to obtain information regarding the needs, interests and aspirations of the young people referred. Community Connectors encouraged Practice Champions to refer young people and to provide the necessary information by coaching the Practice Champions, following up with emails and phone calls, and keeping in touch with them through planned meetings or hot-desking at workplaces.

Perspectives shared by Practice Champions in both phases of interviews revealed a general level of endorsement of the pilot's model of referral and the authorising of Practice Champions to engage in discussions with young people that valued their agency and aspirations. The young people that the Practice Champions identified as suitable for the pilot and the value of referring the young person to the Community Connectors were related to the Practice Champions' description of their role. Importantly, the Practice Champions' role cannot simply be explained by a list of objective factors.

From the perspective of the Community Connector, the Practice Champion role was characterised as that of a gate keeper. Without the cooperation of the Practice Champion, the Community Connector had no young people to connect with the community members. The Practice Champion would also play a key role in the initial connection meeting being arranged with and attended by the young person. After the meeting, Community Connectors needed to know from the young person how they found the session to inform their follow-up of community members, and this information needed to be filtered through the Practice Champion.

The role of the Practice Champion as the primary point of contact with the young person was based on an assumption that a supportive relationship would already exist between the Practice Champion and the young person that could be leveraged until a direct relationship was established between the young person and the community member. Feedback across the pilot suggests that the strength and nature of the relationship between young people and Practice Champions varied. When a young person was no longer being supported by a program that the Practice Champion was from or a Practice Champion was unable to support young people in attending initial connection meetings, it was also expected that the Practice Champion would be able to use the existing care team in their Partner Organisation to organise for this to be taken up by another worker already supporting the young person.

Evidence gathered through meeting documentation and the second phase of interviews indicates that as the model of service offer evolved, Community Connectors undertook more direct contact with young people seeking community connection. Consistent throughout the pilot was a view from Community Connectors, and those involved in the governance of the pilot, that Community Connectors were to provide connections with the community, rather than services. As the following quote from Practice Champions illustrate, this was central to the Community Connector role:

It would have taken me ages, and I have not got that time, unfortunately. So, I find their role very useful in that they're building those relationships and making those connections for us, and giving us those resources, which we just don't have time to seek ourselves. (Brighter Futures Transformation Pilot Practice Champion)

Disruptions to pathways

Community Connectors and Practice Champions were the two key roles responsible for enabling the community connections for young people. Where lines of communication and shared intentions were operating well, pathways to community connection unfolded as intended in the pilot model. However, despite high levels of agreement, in the implementation of the service offer, pathways to community connection were frequently interrupted.

There were several causes for these disruptions. The most common causes of these interruptions were changes in situations for the young people and changing work roles or situations of Practice Champions. When young people appeared to practitioners to be in situations of crisis connected with housing, mental health or substance use, Practice Champions often saw it as inappropriate to refer the young person to the pilot; and any other work towards community connection would go on hold. When Practice Champions were given other tasks to do or had leave, generally the community connection focused work was not handed over to another worker.

Another reported source of interruption to the community connection work was the differing interpretations, of appropriate follow-up practices for young people seeking community connections, with Community Connectors and Practice Champions adopting different framings of the same (disrupted) connection. One illustrative example involves a Community Connector perceiving the disruption as stemming from a failure of the Practice Champion to follow up, while the Practice Champion reported the disruption as stemming from a lack of contact between the community member and young person.

As the pilot progressed, and some of the complex dynamics related to the intersecting work of Community Connectors and Practice Champions proved disruptive to securing community connections for young people, the Community Connectors began to meet and worked directly with some young people. Data gathered as part of this evaluation indicates that sometimes this interaction

between the Community Connector and the young person focused directly on the needs of the community member and making sure that the young person would be a good fit. At other times the direct work between the Community Connector and young person arose because the Community Connector and/or the Practice Champion thought it would be supportive for the young person, particularly if the Practice Champion was not able to follow through on activities related to making the connection.

What the direct engagement with Community Connectors meant to young people in the pilot can be gauged indirectly. Although no specific reflections from young people involved in Brighter Futures were collected on this, the data collected includes case studies of young people who did engage with the Community Connectors and the reflections from Practice Champions and Community Connectors. One young person who had met a Community Connector requested a change in their care team and a new practitioner was assigned in the Practice Champion role. The Community Connector stepping into this space meant the work could continue with a familiar face. According to one Practice Champion, a young person being referred to Brighter Futures was not comfortable with a worker they had not met being the person talking about them to identify a community member to connect with. On the other hand, there were also reports of the Community Connector meeting the young person being perceived by the Practice Champion as a barrier for the young person. The model presented by the Brotherhood of St Laurence in the training session (discussed in in the following section) framed this as a decision to be made by the young person.

In summary, the implementation of the service offer revealed a degree of flexibility regarding the process for securing the community connection and a level of subjective judgement from both the Community Connectors and Practice Champions, in pursuing a pathway to connection that they saw as most appropriate for and most aligned with the aspirations of the young person.

Young people referred, and connections made

By the end of March 2020, 30 young people were referred to the Brighter Future Transformation pilot, of whom 27 were eligible to participate (Table 2). The 27 eligible young people were referred by 23 Practice Champions, including three who referred more than one eligible young person to the pilot (Table 3).

TABLE 2. REFERRALS (CONSENT FORMS RECEIVED FOR YOUNG PEOPLE AS PART OF REFERRAL TO BRIGHTER FUTURES)

Young people referred	To Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Total
Eligible referral	21	2	4	27
Ineligible referral	2	1	0	3
All referrals	23	3	4	30

TABLE 3. REFERRERS (HOW MANY PRACTICE CHAMPIONS REFERRED ELIGIBLE YOUNG PEOPLE)

Referral loads for Practice Champions	Practice Champions
Made more than one referral	3
Made only one referral	20
Made referrals	23

For 19 of the eligible young people, a total of 27 community connections were planned with 26 community members or community groups (Table 4). Of the 27 planned connection meetings, 21 were documented as proceeding (Table 5).

TABLE 4. INITIAL CONNECTION MEETINGS PLANNED

Connection meetings planned	To Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Total
With different young people	14	3	4	19
With different community members	16	4	6	26
All connections planned	17	4	6	27

TABLE 5. INITIAL CONNECTION MEETINGS THAT WENT AHEAD

Connection meetings went ahead	To Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Total
Went ahead	12	2	6	20
Did not go ahead	5	2	0	7
All connections planned	17	4	6	27

In the planning stages for the pilot, it was anticipated that providing the service offer to facilitate community connection would produce a wave of referrals that might exceed the capacity of Community Connectors to respond to in a timely and coordinated manner. Instead, what emerged within the first year was a need to generate sufficient referrals.

Adaptations made to the service offer during the pilot

In the second year, the governance groups discussed the need to increase the number of young people who were participating in the service offer component of the pilot. In response to this identified need, steps were taken to widen eligibility for young people and to increase the number of Practice Champions. The Community Connectors and pilot coordinator undertook to communicate directly with Partner Organisations to increase referrals into the pilot.

Discussion at the Community of Practice at the end of year 1 of the pilot was used to gauge Partner Organisation and Practice Champion views on the reasons for referral of young people for connection. Inviting 'young people with strong engagement who are easy to contact' came up frequently as a good idea, but so did the ideas around 'a young person without many sector supports' and 'a young person whose sector supports are about to end (e.g. 'ageing out')'. These latter two were most frequently identified as a good idea by respondents who had not already had an experience, or held the expectation, of inviting such a young person to participate in Brighter Futures. Each of these ideas regarding which young people to invite to Brighter Futures was consistent with working towards the community, and not just the sector, providing support for young people with an out-of-home care experience.



Drawing on the feedback from Practice Champions within the Community of Practice, a series of modifications to address the lack of flow-through of young people were made. When the change was introduced, it was explained that referral numbers had been intentionally kept low in the first year to manage the Community Connectors' workload. To build the number of young people referred, the existing intake criteria for the second year of the pilot (July 2019-June 2020) were expanded to include:

- young people receiving case management support *outside* the Outer East if they are seeking a connection to an Outer East community, group or activity.
- young people whose their case manager is utilising Advantaged Thinking tools and has attended an Advantaged Thinking activity delivered by BSL (e.g. CoP Event, Reflective Practice Session, Induction/Refresher Training).

Drawing on learnings from the early phase of the pilot, a series of adaptations were made to the processes underpinning the service offer, to both strengthen the process of achieving connections and to prosecute the practice change agenda. Table 6 below outlines these changes and observed impacts within the latter phase of the pilot.

Service offer connection experiences feeding back into the systems change effort

The Community Connectors regularly reported connections activity as case studies to the Steering Group, as a way for people involved in the broader system change effort to understand the pilot. The sharing of connection narratives was described as facilitating evidence-driven support for the service offer and supporting the identification of further points of connection. Case stories were also deployed in the system change effort to illustrate and validate this way of supporting young people.

TABLE 6: SUMMARY OF ADAPTATIONS MADE IN RESPONSE TO LEARNINGS WITHIN EARLY PHASE OF THE PILOT

Problem identified through initial pilot phase	Responding adaptation	Observed or reported impact of adaptation
Identified direct barriers to entry of young people to the service offer	The limit of each Practice Champion only referring one young person was removed.	Increased referrals of young people within the latter phase of the pilot
Practice Champions identified as acting in a 'gate-keeper' function	Community Connectors helped Practice Champions to do the work needed before referral, including: <ul style="list-style-type: none"> • Community Connectors participating in or guiding Practice Champions to have conversations about aspirations with young people. • Community Connectors supporting Practice Champions in completing the referral form. 	Some additional progress in shifting practice approaches within Partner Organisations. Community Connectors began sometimes working directly with young people.
Some perceived reticence to practice change identified within Practice Champions	The Community Connectors increased their profile with Practice Champions and their teams in the Partner Organisation, including through: <ul style="list-style-type: none"> • a regular newsletter • presenting at team meetings in the Partner Organisations • 'hot-desking' - working from the office - at Partner Organisations. 	Strengthened collaborative efforts between Community Connectors and Practice Champions. Increased awareness and understanding of the practice change objectives.
Identified limited buy-in from Partner Organisations and difficulty in applying Advantaged Thinking within their work/team/organisation	Convening meetings within Partner Organisations to promote and educate about the pilot, including addressing challenges of misalignment between Advantaged Thinking and existing practice principles and approaches.	Increased participation from the Partner Organisation leading to an increasing awareness of the pilot and raised profile of the service offer within Partner Organisations. Attendance at Advantaged Thinking training by Practice Champions.
Identified delays in referrals and/or communications from Practice Champions to Community Connectors	Pilot Coordinator drove increased direct contact with Partner Organisation team leaders and managers.	More efficient lines of communication from team leaders within Partner Organisations to Community Connectors. Team leaders within Partner Organisations able to exert pressure on the Practice Champion.
Stagnated progress in changing practice within Partner Organisations	Community Connectors facilitated Community of Practice workshops	Increased focus within Partner Organisations on sustaining practice change efforts.

Enabling conditions and sustainability

Drawing together the evidence of activities and implications from across the pilot's three domains (system change, practice change and service offer), the following sections present a series of enabling conditions and implications for sustainability of the pilot's work into the future.

Enabling conditions

There were different versions of the same case studies offered by Practice Champions and Community Connectors, which is to be expected, and different assessments on the adequacy of practice and where the pathway to community connection for young people should be flexible. These differing accounts revealed contrasting views on the degree of flexibility within the service offer model. As shown in Figure 2 below, circumstances in which Community Connectors and Practice Champions were working at cross purposes constrained the identification of suitable community connections, regardless of Practice Champions' deployment of Advantaged Thinking in their work with the young person.

Observed particularly early in the pilot, there was a dynamic of Community Connectors approving the work of Practice Champions. In the position of accepting referrals, Community Connectors could decide if the work between the young person and the Practice Champion that was supposed to use Advantaged Thinking practice to identify the young person's aspirations and work towards the goals would render the community connection meaningful to the young person. As the Community Connectors had worked with multiple Practice Champions, they were able to use these earlier experiences along with the training they had received in Advantaged Thinking to provide guidance. Taking this to the step of having Community Connectors assess the performance of Practice Champions in Advantaged Thinking practice was explored in the first year of the pilot, with the proposed system of the Community Connectors assigning a number to the performance of the Practice Champions and using this to track change. This was not adopted. However, much of the reflection on the enablers and barriers fell to the Community Connectors. This was a design issue to the extent that there was not the monitoring and reflection activity enabled for Community Connectors during year one of the pilot.

as the pilot progressed into the second year, it emerged that Partner Organisations had an influence over whether Advantaged Thinking practice was used, and there were limits to the Practice Champions being able to bring about the change by themselves. The Pilot Control group identified a need for engagement of Partner Organisations at the team leader and management level. While this need had been discussed throughout the pilot, it received increased focus in the second year. The original pilot design had provided limited resources for supporting Partner Organisations at a leadership level, as in it, Practice Champions were the focus of funded Advantaged Thinking practice support.



FIGURE 2. ENABLING CONDITIONS FOR THE BRIGHTER FUTURES SERVICE OFFER



Practice Champions' working context beyond their organisation could also impact on their ability to use Advantaged Thinking practice, with care teams—the groups of professionals coming together to deliver services to a young person—holding great significance. Care teams were frequently mentioned by practitioners. While the Advantaged Thinking practice could bring something different and welcome to care teams, there could be disagreement within the care team if the priorities were not shared. For example, one Practice Champion received emails from another care team member focusing on a young person's deficits as the reasons that young person could not pursue a career goal they had identified. This was not the universal experience; in some care teams, Practice Champions experienced being part of a broader Advantaged Thinking practice change agenda, with the introduction of the Better Future leaving care reforms also using Advantaged Thinking. Some Practice Champions experienced being in care teams where some of the other practitioners had also received Advantaged Thinking training, whether through the pilot or the Better Futures leaving care reforms. This was helpful as there would be a shared approach. The examples may seem modest; but instances such as a young person's dissatisfaction with their housing arrangements being taken seriously rather than glossed over illustrate the reorientation from a system-focused assessment of risk to the prioritisation of what the young person finds meaningful. Evidence of this type of centring of youth voice was limited however and a sustained shift in this type of practice is needed to enable the broader system change ambition.

A lack of understanding and familiarity with Advantaged Thinking practice was a barrier to its use by practitioners when engaging young people. This was anticipated, with the inclusion in the pilot design of regular reflective practice sessions, in addition to the initial training and the Community of Practice meetings. Initially practice support was provided through the sessions of reflective practice—practitioners working together to explore how and why cases of service delivery unfolded in the way they had and actions they could take moving forward—facilitated by a BSL staff member.

Some case studies from reflective practice sessions were presented at meetings of the Community of Practice. However, there were cases whose framing did not sit with the ideal put forward by Advantaged Thinking practice. Examples included describing young people with a list of their issues, framing their friends as problems and dismissing the interests they brought up as inappropriate or not relevant to community connection. In addition, some examples of the work being interrupted because of changes in circumstances for the young person or the Practice Champion showed that the investment in exploring aspirations and connecting to community was seen as an add-on, rather than foundational to, the work. The lack of experience in using Advantaged Thinking practice meant that the peer support of the Practice Champions or the advice given by the Community Connectors could only be expected to go so far. The response proposed by BSL was to move away from a reflective practice model to practice support where BSL staff would provide more guidance about using Advantaged Thinking practice. However, these sessions were not implemented. Instead, providing more guidance to Partner Organisations was pursued.

A finding of the evaluation is that investing in the understanding and changes to enable Advantaged Thinking practice that fostered the ambitions of young people and looked outwards towards community connection needs to happen at the Partner Organisation level, to enable the type of sustained change needed to realise the system change ambition.

Intersections between the Brighter Futures practice change effort and Better Futures leaving care reforms

During the two years of the pilot, the system was changing. While some changes were at least in part an impact of Brighter Futures, others were opportunities for key people in the pilot to provide input. In particular, the roll-out of the Better Futures state-wide leaving care reforms—in which existing leaving care funding was repurposed—reached the Outer East in the second year of the pilot. Similarities extended beyond the name and target cohort, as the practice model central to Better Futures was also used in the Brighter Futures Transformation pilot. As a result the challenge of differentiation as to maintain buy-in was counterbalanced by opportunities for direct influence and being part of the same system change effort.

The operation of Better Futures within the pilot period and in the pilot's geographic catchment was described as enabling of the pilot's connection work due to the expanded cohort of practitioners in Partner Organisation who were familiar with Advantaged Thinking practice. Practice Champions reported during the interviews that they had observed the voice of young people being taken seriously in the care teams, which they attributed to Better Futures.

Those practitioners who were seeing their programs and roles change as part of Better Futures were often already Practice Champions for Brighter Futures, and their organisations were Brighter Futures Partner Organisations, so they already had been becoming familiar with Advantaged Thinking. Encouraged by the Coordinator, organisations that were supportive of Brighter Futures and had already been making changes to enable Advantaged Thinking practice as part of the Better Futures pilot shared examples of this with Partner Organisations at the Team Leaders and Managers meeting (Leaving Care Working Group). As more practitioners used Advantaged Thinking within their practice, this encouraged more members of their care teams to learn about and adopt Advantaged Thinking approaches. Greater practitioner knowledge of Advantaged Thinking and demonstrated endorsement for an Advantaged Thinking way of working increased in the second year of pilot was frequently described within interviews as enabling and consolidating practice change.

That the same practice approach was introduced for Brighter Futures as was being adopted for the Better Futures reform was not a coincidence. Rather it was helped by the Area Partnership work that had led to the Brighter Futures pilot design. The collaborative systems change effort already underway when the pilot was being designed meant that DHHS was able to provide information to contribute to the selection of Advantaged Thinking.



The collaborative relationships that existed as part of the systems change effort also helped with the community connection and youth leadership commitments of Brighter Futures being shared with Better Futures. Brighter Futures had some influence over the Better Futures investment in community connection. Primarily through the Coordinator, Brighter Futures participated in Better Futures implementation meetings and consultations, contributing to a decision by DHHS to increase establishment funding for the Better Futures community connector positions. Brighter Futures was also described by DHHS staff as demonstrating the importance of youth leadership to those making decisions about Better Futures roll-out and in DHHS more generally. This was able to happen because the Coordinator was aware of the progress of Better Futures through hearing updates and already knew the key people in DHHS to invite to meetings and consultation events. Once Better Futures was rolled out, the sharing of learnings about community connection also happened on organisational and practitioner levels. There were meetings between Brighter Futures and the organisation that was awarded the contract for the Better Futures community connector position, and the Better Futures community connector joined the Brighter Futures Community of Practice. The fact that the organisation with the Better Futures community connection position was already a Brighter Futures Partner Organisation made it easier to organise these meetings.

Sustainability of the collaborative effort beyond the funded pilot

Later in the second year, forward planning for the sustainability of the Brighter Futures agenda narrowed down what should be implemented and why. Key stakeholders agreed that there needed to be a community connector function to support connections, youth leadership required a dedicated youth voice function, the practice approach needed to be embedded in organisations providing services in the area, and coordination was required to keep the collaborative effort going.

There were differing opinions among stakeholders, or even held by the same stakeholder at different times, as to what the risks and opportunities were in the system. While the legacy and reputation of Brighter Futures was sometimes raised as a concern, nearly always it was fidelity to meaningful connections for young people that was taken to be most important.



Key learnings

Enabling sustained referrals of young people

In the planning stages for the pilot, it was anticipated that providing the service offer to facilitate community connection would be responding to a wave of referrals that might exceed the capacity of the Community Connectors to respond to in a timely and coordinated manner. Instead, what emerged within the first year of the pilot was a need to generate sufficient referrals. Enabling a practice environment within the Partner Organisations that drove sustained referrals was not achieved and the enabling of referrals was work that needed further development and promotion, in line with the broader system change agenda.

Community connections remained peripheral to the practice approach of partner organisations

A consistent observation throughout the pilot, despite some evidence of shifting mindsets in the approach to work with young people leaving care, was that the community connection work was not embedded as a core priority for Practice Champions and their work with young people, nor did it become central to the practice approach of Partner Organisations. Illustrative of this were the cases when young people were in situations that appeared to Practice Champions as those of crisis connected with housing, mental health or substance use, that led to Practice Champions making judgements that a community connection was neither appropriate nor beneficial to the young person.

Implications for the theory of change

As outlined in the expanded theory of change below, evidence from the evaluation of the Brighter Futures Transformation Pilot points to a set of five key enabling conditions, related to the nested levels of outcomes.

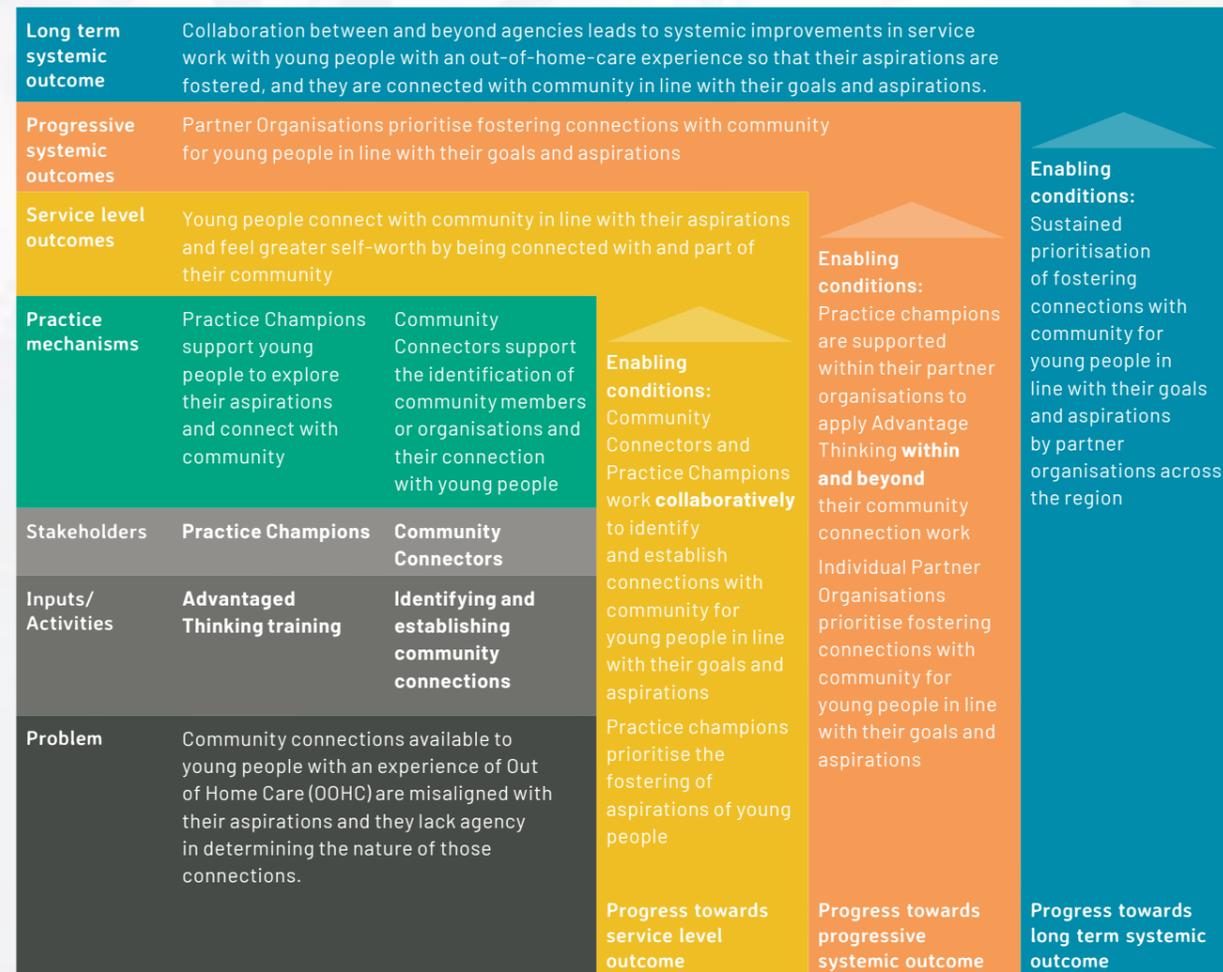
Firstly, the service level outcome that sees young people connect with community in line with their aspirations was enabled by Community Connectors and Practice Champions working collaboratively to identify both the aspirations of the young person seeking connection and suitable community connections. The community connection work was also enabled by Practice Champions prioritising the fostering of aspirations. These enabling conditions were not consistently realised and where there was a lack of collaboration between Community Connectors and Practice Champions, or where Practice Champions de-prioritised the aspirations of the young person, the service offer outcomes were not realised.

Secondly, the progressive systemic outcome aimed to see Partner Organisations across the geographic region of the pilot prioritising the fostering of connections within community for the young people they worked with. Conditions enabling this outcome included Practice Champions being supported in their application of the Advantaged Thinking approach and individual Partner Organisations prioritising the fostering of connections with community for young people in line with their aspirations and goals. While there was some evidence of shifting mindsets within some Partner Organisations, there were limitations to the pilot's model in achieving this progressive systemic outcome.

Finally, the long-term systemic outcome for the Brighter Futures Transformation Pilot, grown out of the earlier work of the Area Partnership, aimed to see systemic improvements in service work with young people with an out-of-home care experience. Evidence from this evaluation points to the central enabling condition for achieving this systemic outcome being sustained prioritisation within a collective network of Partner Organisations for the fostering of connections with community aligned with the aspirations of young people. Within the two-year timeline of the Brighter Futures pilot, progress was made towards fostering prioritisation within some Partner Organisations, however there was further enabling work to be undertaken to achieve the long-term system change outcome.

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FIGURE 3. THEORY OF CHANGE WITH ENABLING CONDITIONS



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