'I HAVE A FUTURE NOW':

Evaluation of the Career Readiness for Young Parents Project

CENTRE *for* SOCIAL IMPACT

THE UNIVERSITY OF WESTERN AUSTRALIA

Acknowledgement of Country

In the spirit of reconciliation, CSI UWA acknowledges that their operations are situated on Noongar land, and that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs and knowledge. We acknowledge the Traditional Custodians of the country throughout Australia and their connections to land, sea and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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Bridging the Gap

Bridging the Gap (BTG) offers federal- and state-funded programs to deliver employment, career development, and training services. BTG has been working in partnership for over thirty years with local, community-based organisations across the Perth and Peel regions.

Centre for Social Impact

The Centre for Social Impact (CSI) is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of four of Australia's leading universities: UNSW Sydney, The University of Western Australia, Swinburne University of Technology and Flinders University. Our **research** develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate **education** develops social impact leaders; and we aim to **catalyse change** by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.
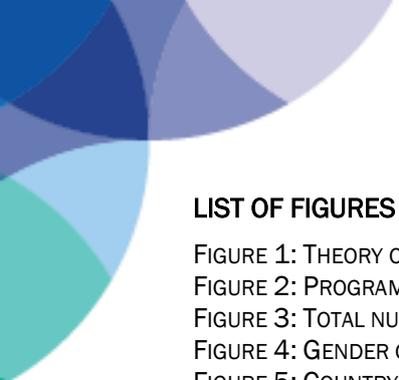
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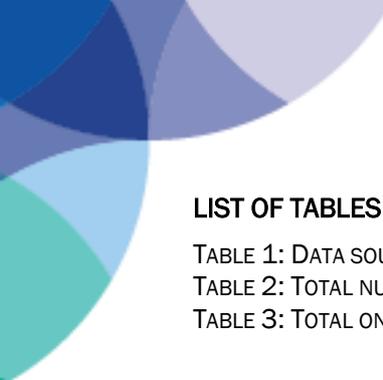
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GLOSSARY

Attendance A count of session attendance by a participant within a given period.

BTG Bridging the Gap

CSI Centre for Social Impact, The University of Western Australia

CRFYP Career Readiness for Young Parents

DEX Data Exchange, the repository for program performance reporting to DSS

DSS Department of Social Services

SCORE Standard Client Outcomes Reporting, reported on DEX and pertaining to the areas of life circumstances, goals, and program satisfaction

Session An instance of service delivery during the reporting period which had one or more participants in attendance.

EXECUTIVE SUMMARY

The Career Readiness for Young Parents (CRFYP) program is a Commonwealth-funded project under the Department of Social Services (DSS) Try, Test and Learn Fund. This fund supports new or innovative projects aimed at improving the employment prospects of people at risk of long-term welfare dependence.

Bridging the Gap (BTG) was responsible for running the overall program, with the goal of enhancing the employment outcomes of young parents from selected low socioeconomic neighbourhoods in Perth. Many of the participants experienced complex and often multiple non-vocational and vocational barriers pertaining to issues of health and mental health, gender, low levels of education, the cost of childcare, and the lack of capital.

Phase One ran from 15 February 2018 to 15 June 2020 in Mandurah and Rockingham, while Phase Two ran from 8 July 2020 to 31 March 2021 in Armadale and Mandurah. The University of Western Australia, through the Centre for Social Impact (CSI), was contracted by BTG to evaluate the program and assess its success in achieving its aims.

The CRFYP program was designed to be non-judgemental, holistic, and person-centred. The key interventions fell under two main groups: vocational and non-vocational. Most activities were devoted to the latter, particularly given the life circumstances of the cohort. The activities included:

- Face-to-face case management;
- Face-to-face peer support and activity sessions;
- Facilitation of certificates in accredited courses;
- Work immersion and experience;
- Financial assistance; and
- Referrals.

Key findings

The main data sources recording levels of satisfaction indicate that most participants experienced a high degree of satisfaction with the program. The multi-pronged approach, combining one-on-one sessions and advocacy with group activities, was highly beneficial to participants. However, it was ultimately the dedication and mentoring skills of the CRFYP facilitators that proved vital to the success of the program. They also helped guide the program through the difficulties posed by COVID-19.

Accordingly, the project improved life readiness for a number of participants by effectively addressing non-vocational barriers pertaining to personal circumstances such as health, housing, personal safety, food, and finances. Given the extent to which many participants experienced financial stress, most interventions involved advocacy and financial support for referrals and living costs such as bills.

In addition, the project effectively addressed barriers leading to education and employment. The program enabled participants to increase their career readiness by improving their opportunities to study and work. It supported a number of young parents to engage in preparatory work for job readiness; paid for licences, checks, and certificates; provided financial assistance for their educational fees and related costs; helped them gain work experience or direct employment; and through continued one-on-one mentoring kept them on target while they were studying or working.

Equally important was the extent to which the program created positive change in participants' aspirations, promoting confidence and a greater sense of clarity around vocational choices – at times profoundly so. The following testimony is indicative of how successful the personalised nature of the program was in creating that change:

"The CRFYP program has been good for me. I was feeling all alone, thinking no one can help me. I came to this program and immediately felt at ease with my CRFYP facilitator. Over the last 6 months we have worked together on my barriers and my self-esteem. My CRFYP facilitator motivated me to study to become a support worker and I now have a job. Without a program like this I really do not know where I would be."

By offering case management through an employment framework, the program has been unique among interventions offered in Perth.

1. INTRODUCTION

1.1. Background of the program

The Career Readiness for Young Parents (CRFYP) program is a Commonwealth-funded project under the Department of Social Services (DSS) Try, Test and Learn Fund. This fund supports new or innovative approaches to assist people at risk of long-term welfare dependence through projects aimed at improving readiness for, and participation in, study and employment.

Under the program, improved career readiness would be achieved by empowering young parents to address barriers to their employment and gain critical skills for future work. Addressing barriers to employment would help ensure young parents are more likely to achieve long-term employment and financial independence.

The program employed a high-touch case management model, which emphasised frequent personal connection and non-judgemental dialogue. The program paired young parents with a CRFYP facilitator who supported them through the processes of addressing non-vocational and vocational barriers, identifying a training course or career, searching for work, and preparing for employment. The program also provided access to free childcare and transport to program activities, along with financial support for study, referrals, and living expenses if necessary.

To be eligible a person needed to:

- be a young parent (up to 25) currently receiving income support;
- have first received Parenting Payment at 19 years of age or under; and
- be living in the catchment areas of Mandurah, Rockingham, and Armadale.

Participants could be either single parents or partnered.

Phase One ran from 15 February 2018 to 15 June 2020 in Mandurah and Rockingham, while Phase Two ran from 8 July 2020 to 31 March 2021 in Armadale and Mandurah. The program had a total of 98 participants, exceeding the original target of 60 participants.

Bridging the Gap (BTG) was responsible for running the overall program. The University of Western Australia, through the Centre for Social Impact (CSI UWA), was contracted by BTG to evaluate the program and assess its success in achieving the specified outcomes.

1.2. Report structure

This report begins by providing a context to the program, based on the background of youth unemployment in Australia and its intersection with factors such as long-term unemployment, early parenthood, gender, low socioeconomic status, low levels of education, the casualisation of the workforce and rise of the gig economy, economic shocks (including COVID-19), social determinants of health, and social inequality. It then turns to the theory of change and program logic, which both elucidate the activities, outputs, and desired outcomes of the program. The report continues by outlining the evaluation design, evaluation questions, data sources, and data limitations. This then leads to the process evaluation section, which provides information about participant demographics and discusses the nature of the program and its interventions. This section concludes by answering the process evaluation questions. The report then answers the impact evaluation questions to ascertain the program's effectiveness in reducing non-vocational and vocational barriers to employment and improving participants' mindset and aspirations. The report concludes by answering the overarching question as to the overall impact of the project.

2. CONTEXT

2.1. Young parents

Teenage mothers are more likely to live in either remote regions or urban areas of the lowest socioeconomic status (SES) (Australian Institute of Health and Welfare (AIHW), 2018). Mandurah, Armadale, and Kwinana have the highest rates of teenage pregnancy in the southern suburbs of the Perth metropolitan area (Australian Institute of Health and Welfare (AIHW), 2019).

Evidence indicates that young parents often experience complex and pre-existing challenges, such as intergenerational cycles of disadvantage, unsupportive families, insecure or unsafe housing, mental ill health and distress, domestic violence and unhealthy relationships, and systemic barriers such as discrimination and exclusion (Bakhtiar et al., 2020).

Teenage parents are particularly vulnerable to remaining long-term in the welfare system (Department of Social Services, 2016). Having a child young can disrupt education and increase the barriers to finding and keeping a job, potentially leading to long-term dependence on welfare and poorer life outcomes for caregivers and their children (Department of Social Services, 2016). Additionally, people relying on income support payments rather than a wage are around five times more likely to live in poverty (ACOSS & UNSW, 2020).

2.2. Young parents in the context of youth unemployment

2.2.1. Implications of youth unemployment

Unemployment, particularly long-term unemployment, is the most significant cause of poverty and disadvantage in Australia (Humphery et al., 2004). Unemployment places financial and emotional stresses on families, which can lead to family conflict and separations, social isolation and unhealthy coping behaviours, psychological distress and physical health problems, homelessness, and a range of disadvantages for children (Australian Institute of Health and Welfare (AIHW), 2020; Humphery et al., 2004). Finding a job becomes increasingly difficult the longer a person is unemployed, as they potentially lose skills and networks, face the stigma associated with being long-term unemployed, or become discouraged and leave the labour force (Cassidy et al., 2020).

2.2.2. Youth unemployment from the 1960s onwards and the push towards education

Long-term youth unemployment remains one of the key challenges facing young people (Brotherhood of Saint Laurence, 2019). Youth employment and wages in Australia have been steadily declining since the 1960s, attributable largely to the restructuring of the economy away from manufacturing and primary industries in the 1970s and the deregulation of the labour market in the 1990s which granted employers more flexibility and employees less bargaining power (Cuervo & Wyn, 2011). Over this period, the economy shifted towards a service sector and new industries, mainly based in metropolitan areas, for which knowledge and educational credentials became essential (Cuervo & Wyn, 2011). However, the substantial decline in young people employed in production industries was accompanied by only a modest growth in youth employment in service industries (Bowman et al., 2015). Part-time jobs were created at this time, but they were not jobs that would lead to careers or provide an adequate income (Cuervo & Wyn, 2011).

Youth unemployment came under the spotlight during the economic recession and downturn of the early 1990s, when it reached a peak of 20% in 1992 (Bowman et al., 2015). In response, the government adopted a human capital development approach whereby all Australians, particularly young people, were encouraged to be in some form of education, training, or employment (Cuervo & Wyn, 2011). This human capital development approach to addressing youth unemployment advocates

for increased education and training in order to increase the employability of young people. The rationale is solid, as completing Year 12 (or equivalent) improves social and economic outcomes for young people (Australian Institute of Health Welfare (AIHW), 2019). People with low levels of education are more likely to be unemployed, be unemployed for longer, and be at high risk of poverty due to the restricted employment opportunities available (Humphery et al., 2004). Education and training are therefore critical pathways into employment and social participation, and a means of escaping poverty (Humphery et al., 2004).

The full-time employment rate of young people (15-24 years of age) in Australia declined from 40% in 1995 to 29% in 2015 (Denny & Churchill, 2016). At the same time, the proportion of young people in full-time education rose from 32% in 1995 to 51% in 2015 (Bowman et al., 2015). In May 2020, most young Australians aged 15-24 years were doing at least some work or study, or a combination of both (88% or 2.8 million people) (Australian Bureau of Statistics (ABS), 2020). Around 63% or 2 million young people aged 15-24 years (including school students), were studying, with 1 million of them studying for a certificate III or above (Australian Bureau of Statistics (ABS), 2020). Of the school leavers who were not studying, 48% were not employed in May 2020, 34% were employed part-time, and 20% were employed full-time (Australian Bureau of Statistics (ABS), 2020). In October 2019, the unemployment rate for young people was three times the 3.9% unemployment rate for Australians aged 25 and over (Brotherhood of Saint Laurence, 2019). Also of concern is the growing proportion of young unemployed people who are long-term (>1 year) unemployed, from one in 10 in 2009 to 1 in 5 in 2019 (Brotherhood of Saint Laurence, 2019). It is important to note that those who would like to work but have been discouraged from working or are temporarily unable to work are not considered as participating in the labour force. Accordingly, official labour force statistics may underestimate the number of young people who want to work.

2.2.3. Barriers to education and employment: low SES background

While government policy encourages young people to engage in further study and training, students from low SES backgrounds face additional barriers to education and employment. Within Australia, academic achievement is highly correlated with SES background (Gale & Parker, 2013). Government schooling (excluding selective high schools) is a proxy for low SES, which is highly correlated with low student achievement, while non-government schooling (particularly high-fee independent schools) is a proxy for high SES, which is highly correlated with high achievement and pathways to university (Gale & Parker, 2013). VET (vocational education and training) degrees first appeared in the mid-to-late 1990s, and while their popularity has increased over time, especially for students from government schools, student enrolments remain small compared with universities (Gale & Parker, 2013). What's more, only 40-60% of VET students go on to attain the qualification for which they enrol (Brotherhood of Saint Laurence, 2019).

While much research has been undertaken in the past five decades, many questions remain as to how socioeconomic background influences educational attainment, with existing research suggesting a number of factors, ranging from the educational background of parents to the existence of books in the home to the influence of classmates (Thomson, 2018). Moreover, growing up in a low SES neighbourhood could affect work opportunities and income through the quality of schools in the area, the (lack of) peer support to do well in school, and the nature of the labour market (Hedman et al., 2015).

2.2.4. Barriers to education and employment: motherhood

Single and/or young mothers from low SES backgrounds are especially vulnerable in the labour market. A report commissioned by the DSS found that:

- Employment participation was lower for several groups, including younger mothers; those with a lower level of education, health problems, or a disability; and those who were Indigenous or had poor English language proficiency.

- Single mothers (especially if their youngest child is under five) and mothers with not-employed partners (i.e., partners who were not in the labour force) had lower levels of engagement in paid work when compared to mothers with employed partners;

- Rates of exit from employment are higher for those working in jobs with short work hours (fewer than 15 hours per week), lower-status occupations, and casual jobs than for those in permanent employment; and

- Mothers who had not been employed while pregnant with their first child had lower employment participation, a finding that was independent of variables such as educational attainment, relationship status, and age of mothers (Baxter, 2013).

Poverty is a potential issue for mothers. Families with a woman as the main earner are more likely to be in poverty than families with children with a man being the main earner (ACOSS & UNSW, 2020). In Australia, women head four out of five single-parent households (Bowman & Wickramasinghe, 2020), but we know that single-parent families are more likely to live in poverty than couple families (ACOSS & UNSW, 2020). Low-income, single mothers are often caught in the binds of poverty and insecurity, with few choices and opportunities (Bowman & Wickramasinghe, 2020).

2.3. Demand-side factors: the effect on young people

2.3.1. The competitive labour market

Demand-side factors affect the demand for young people's labour. These include the number of jobs available, the types of jobs available, expectations of the labour market regarding qualifications and experience, and whether employers would hire young people.

The Australian Unemployed Workers' Union compares job vacancy data released by the Australian Government Department of Employment with unemployment, underemployment, and hidden unemployment (those not in the labour force that want to and can work). The August 2020 analysis produced a ratio of 15.39 job seekers per available job, down from 20.69 in June 2020 (Australian Unemployed Workers' Union, 2020). One might believe that these figures are a result of COVID-19; however, the ratio was 15.57 job seekers per vacancy in December 2018 (Australian Unemployed Workers' Union, 2020).

In contrast, analysis of vacancies to job seekers by the ABS generally consider only those who are unemployed, and sometimes those who are unemployed or underemployed (omitting those who are not in the labour force but want to work). Nonetheless, these figures still reveal a very competitive job market; in January 2020, the number of unemployed people per job vacancy was 3, and when underemployed people are considered, that figure becomes 7.8 job seekers per job vacancy (Derwin, 2020).

While investment in human capital has its benefits, that investment was a direct outcome of a decrease in the number of jobs for young people, and it has resulted in an increasingly qualified youth workforce competing for fewer jobs (Stanwick et al., 2014). Additionally, the rise in credentialism from the 1970s onwards closed access to many jobs for those without higher education, at the same time that higher education became more expensive (McDowell & Christopherson, 2009).

Finally, the so-called feminisation of the labour market has entrenched class differences between women. The rise of well-paid opportunities in the knowledge economy for higher educated women has led to low-paid work for millions of low SES women whose services replaced the labour previously provided largely or exclusively by homemakers (McDowell & Christopherson, 2009). For these low-paid workers, employment is often precarious (McDowell & Christopherson, 2009).

2.3.2. The Global Financial Crisis and the weaker labour market

Young people have entered a job market impacted by both the economic downturn of the 2008 Global Financial Crisis and the end of the mining boom (de Fontenay et al., 2020). In late 2019, nearly one in five unemployed young people in Australia had been out of work for 52 weeks or more (Brotherhood of

Saint Laurence, 2019). In contrast, in October 2009, just under one in 10 young jobhunters were unemployed for 52 weeks or more (Brotherhood of Saint Laurence, 2019). In a weak labour market, young people are especially vulnerable.

Young people in a weak job market are likely to show the pervasive effects of "scarring." Scarring occurs when an adverse experience – which is associated with macroeconomic conditions – has negative long-term impacts on the labour market outcomes on workers (Borland, 2020). Most studies have found larger scarring effects for entrants with low levels of education than those with high levels of education – possibly four times larger for those who have not completed high school than for college graduates (Borland, 2020). Workers aged 20-34 experienced nearly zero growth in real wage rates from 2008 to 2018, and workers aged 15-24 experienced a large decline in full-time work and an increase in part-time work (de Fontenay et al., 2020).

Unemployment rates only tell us part of the story; young workers are now less likely to enter the occupation of their choice. That is, they are more likely to find jobs in less attractive and lower-paying brackets, and worryingly, poor initial outcomes are likely to have long-term effects on a worker's future labour market outcomes (de Fontenay et al., 2020).

2.3.3. COVID and the casualties of casualisation

A recent scarring experience has been COVID-19. In thinking about the labour market impacts of COVID-19, we must consider the impacts on young people who will be seeking to enter the labour market, and who face a considerably more difficult time gaining employment (Borland, 2020).

Yet employment is not in itself free of problems. The casualisation of the workforce and the emergence of the gig economy (short-term or freelance jobs in which workers are classified as independent contractors) disproportionately affect young people. In addition to providing some form of employment to young people (thereby reducing official youth unemployment rates), both trends offer benefits and opportunities for young people, such as flexibility while studying and the opportunity to refine employment interests and preferences through firsthand, paid experience (Bowman et al., 2015). However, these trends come with significant drawbacks and inequities, precarity, underemployment, poor conditions, and, for those in low-waged and low-skilled employment, few prospects of moving into better-paid work or of gaining the benefits of permanent or secure employment (McDowell & Christopherson, 2009). These unenviable conditions are brought into sharp relief and exacerbated by economic shocks, including that occasioned by a pandemic.

In Australia, COVID-19 disadvantaged young people and impacted on youth employment in a number of ways. COVID-19 created a decrease in the demand for labour at an unprecedented scale and speed; among the adult population, the total hours worked decreased by 9.5 percent in one month, from March to April (Borland, 2020). The youth labour market is characterised by higher levels of employment in consumer-facing roles—such as in retail, hospitality, events, fitness and entertainment industries—often concurrent with considerably higher rates of part-time employment and casual work (Atkins et al., 2020). These forms of work were negatively impacted by COVID-19, due to loss of hours or employment, and potential ineligibility for JobKeeper, the Federal Government's monetary scheme to enable longer-term employees maintain a formal connection with their (eligible) employer (Atkins et al., 2020). Moreover, young people comprise the demographic most likely to contract COVID-19, especially on the job, due to a combination of casual and/or consumer-facing employment and the lack of sick pay associated with casual and gig work (Kabátek, 2020). Young people who were long-term unemployed prior to COVID-19 face even more difficulties in obtaining employment, while those in employment face greater difficulties in achieving target level of hours (Atkins et al., 2020). Worryingly, young women are much more likely than men to report losing their job due to COVID-19 (Carson et al., 2020; Kabátek, 2020). The effects among young women are likely due to the greater representation in the industries directly impacted by COVID-19, and to their increased caring responsibilities during the pandemic, leading to a possible "she-cession" (Carson et al., 2020).

2.3.4. Are employers willing to employ young people?

The final demand-side factor examined here is the willingness of employers to hire younger workers. This factor is difficult to quantify as it refers strongly to broader societal attitudes and, often, generational tensions (Cennamo & Gardner, 2008). There is little systematic evidence as to how the attitudes of employers, who are still primarily Baby Boomers or older Generation Xers, are affecting young people's job prospects. However, since workplace attitudes have long been considered a major obstacle to employment success among older workers (Loretto & White, 2006), employer attitudes towards younger workers cannot be discounted as an important factor in tackling youth unemployment.

2.4. Supply-side factors: taking into account life circumstances

2.4.1. A closer look at human capital

Supply-side factors in the context of youth unemployment pertain to the characteristics of the overall youth labour force and the characteristics and context of the individual young person. The supply side and the demand side of youth unemployment inherently affect each other. An important supply-side factor in youth unemployment is the level of education among the youth labour market because education is associated with employability. However, as highlighted above, an increasingly educated youth labour force makes it more difficult for an individual applicant with the expected qualifications to distinguish themselves, and renders those without a degree uncompetitive, in many cases for jobs where a post-secondary degree has not historically been required.

An important and often forgotten aspect of the human capital development model is that education is only one component of human capital. Indeed, a focus solely on skills and qualifications can obscure the relevance of other forms of capital (such as access to social and occupational networks) and therefore paradoxically reinforce inequality (Bowman et al., 2019). One's upbringing, neighbourhood, household income during childhood, and countless other factors impact the opportunities, economic resources, and social networks to which one has access (Bottrell & Armstrong, 2007). These are important components of human capital that are, in turn, crucial to the attainment of meaningful and sustained employment (Bowman et al., 2019).

Unlike many of their peers from low SES backgrounds, young people from relatively privileged backgrounds are better supported by their families when times are difficult in the increasingly competitive labour market (Bowman et al., 2019). Thus, it is important to note that the distribution of human capital and opportunities for human capital development are not distributed evenly across geography or socioeconomic status; people born into low SES households and neighbourhoods have fewer opportunities to develop their human capital, and thus experience more difficult transitions from school to work (Bowman et al., 2019).

2.4.2. Life circumstances affect employment opportunities

An individual's context (i.e., life circumstances) includes factors that affect their employment. For example, an individual may have physical or mental health conditions or disabilities that require modifications in the workplace or limit the occupations in which they can work. A person's health is closely linked to social factors such as their living and working conditions. Family functioning and situation has a large influence on a person's health, with potential substantial disadvantage in families experiencing violence, abuse, interaction with the justice system or other significant challenges (Australian Institute of Health and Welfare (AIHW), 2020). Additionally, people with lower levels of education, who are unemployed, or who are living in households with low income tend to report poorer health (Australian Institute of Health and Welfare (AIHW), 2020). Higher income levels can result in less stress in meeting the demands of everyday life, and affords more choices in relation to food availability and quality, housing, physical activity, social participation, and health care – all of which

can lead to better health outcomes (Australian Institute of Health and Welfare (AIHW), 2020). Poor health can in turn compound the effects of poverty, for illness reduces a person's capacity to take up opportunities such as employment or training (Humphery et al., 2004).

In Australia, just 40% of people with a disability are employed compared to 80% of those without a disability (Gray, 2020). People diagnosed with mental illness often face significant personal and environmental barriers to employment (McDowell & Fossey, 2015). As a result, this population experiences an alarmingly high rate of unemployment, and is the largest and fastest growing group to receive Social Security Disability Insurance (McDowell & Fossey, 2015). Mental ill health (especially depression) is the most significant cause of disability in the world, and it is a major reason for permanent work leave, predominantly when associated with multimorbidity (Cabral et al., 2019). Indeed, multimorbidity has a negative impact on work, worsening absenteeism and presenteeism, enhancing the chances of temporary or permanent leave, and lowering employability (Cabral et al., 2019). Similarly, someone with caring or other responsibilities may require flexible working arrangements that limit their occupational options (Baxter, 2013).

In addition, people facing housing instability and other instability in their lives may be limited in their ability to work due to other survival needs surpassing their employment goals. Basic needs must be met before employment needs can be achieved. Housing is a basic need, yet it is usually the single greatest cost facing most households, particularly for low-income earners and those living in poverty (Humphery et al., 2004). Housing provides a stable base for people to find employment, undertake study and training, participate in family and community activities, and access local services (Humphery et al., 2004).

People experiencing trauma may be limited in their capacity to obtain employment. For women in particular, intimate partner violence (IPV) is a common public health problem that has serious consequences for a survivor's health and functioning, especially given that trauma symptoms, including PTSD, affect a person's ability to sustain employment (Gilroy et al., 2021). Moreover, poverty is generally considered an important risk factor for PTSD in survivors of IPV (Dutton, 2009). However, employment serves as a protective factor against the development of PTSD in survivors of IPV, especially if the survivor is working at or close to full-time hours (Gilroy et al., 2021).

2.5. Bringing together vocational and non-vocational barriers

To conclude, those born into socioeconomically disadvantaged circumstances, especially women, are significantly more likely to experience the abovementioned non-vocational barriers to employment (Aizer & Currie, 2014; Foster & Hagan, 2014; Hedman et al., 2015).

As we have seen, youth unemployment is a result of the interaction between demand-side factors -- the availability and type of jobs, structure of the workforce, and attitudes towards younger workers – and supply-side factors, which comprise the size and level of qualification of the youth labour market. This is in addition to individual-level factors, such as a person's human capital (e.g., level of education, economic resources, and social knowledge) and non-vocational factors (e.g., health, mental health, housing). The youth unemployment rate in Australia is much higher than that of the overall Australian population, in spite of increased investment in education and training, and general prosperity at the national level.

Effective policy and program responses require alignment of the demand and supply sides of the equation, along with addressing other factors impeding the employment outcomes of young people and young parents. The Australian Government's Priority Investment Approach identified young unemployed people and young parents as being at significant risk of lifetime welfare dependence (Department of Social Services, 2016). Hence, the first tranche of the DSS Try, Test and Learn Fund targeted young, unemployed parents.

The target population of the CRFYP was composed of parents from socioeconomically disadvantaged circumstances, who were therefore more likely to experience significant non-vocational barriers to employment. Due to a combination of living in low SES neighbourhoods, fewer opportunities to develop

human capital through post-secondary education and employment networks, the existence of non-vocational barriers, the responsibilities of child rearing, and the possibility of being a single parent, members of this population were likely to have had limited or no work experience, thereby reducing their competitiveness in the changing and increasingly competitive labour market. The program therefore needed to take a multipronged approach to address both the non-vocational and vocational barriers to career readiness. It also needed to facilitate training and qualifications in areas of need. One target area was the caring economy, i.e., care work. The occupation of personal carers, particularly in disability or aged care, shows the biggest projected increase in jobs over the next few years: 82,500 additional jobs from 2019 to 2023 (Brotherhood of Saint Laurence, 2019). Indeed, demand for qualified personal carers is growing at a quicker pace than youth enrolment in those qualifications (Brotherhood of Saint Laurence, 2019).

3. THEORY OF CHANGE AND PROGRAM LOGIC

3.1. Foundation theory

The CRFYP program was informed by two approaches: a life course approach and the Australian Priority Investment Approach to Welfare.

Life course approaches can explain how socially-patterned physical, environmental, and socioeconomic exposures at different stages of human development shape disparities within and across generations (Jones et al., 2019). The aim of a program such as CRFYP is to address the effects of these exposures at an individual level in order to have an impact on young parents and their families across the short, medium, and long terms.

The Priority Investment Approach is the Australian Government's approach to welfare investment. The approach uses actuarial analysis to estimate Australia's overall future lifetime welfare costs, as well as the cost of future payments to populations at risk of long-term dependence on welfare (Department of Social Services, 2019). For instance, the government is projected to spend an estimated $191 billion on future welfare payments for all people currently receiving Parenting Payment (Department of Social Services, 2016). People currently receiving Parenting Payment have the highest average future lifetime cost of all payment groups, while young parents are expected to have a higher average future lifetime cost at $547,000 per person (Department of Social Services, 2016). According to the government's approach, early intervention would increase the opportunity for at-risk populations to develop life skills and participate economically and socially through work (Department of Social Services, 2019).

3.2. Theory of change

Through the program's interventions, a participant would receive sustained personal support to address non-vocational barriers, build skills and confidence, expand networks which potentially link into employment, and be guided to achieve study opportunities or long-term employment. The ultimate aim is for young people to have sustained independence from welfare support. This process is illustrated in Figure 1.
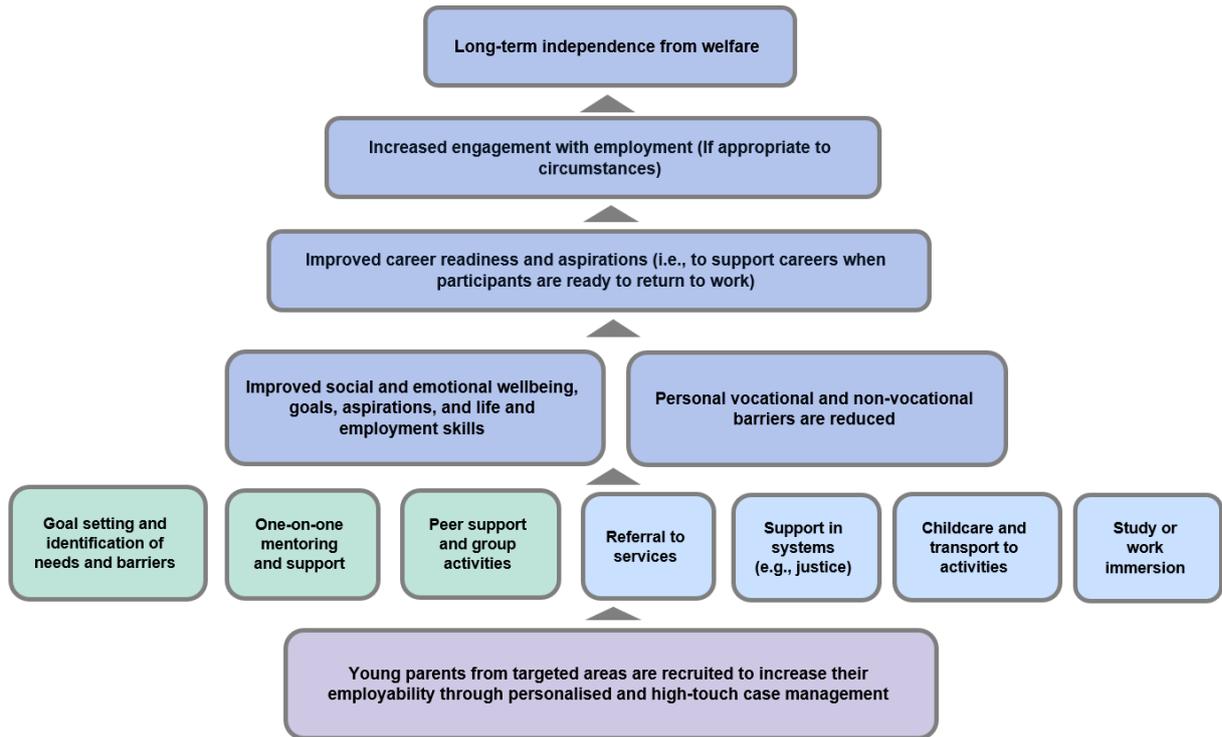
Figure 1: Theory of Change

3.3. Program logic

The program logic describes the change expected, and provides the details around the inputs needed, how they feed into foundational activities, the outputs, and the short-, medium-, and long-term outcomes. This is outlined in the Figure 2.

Inputs	Participants and stakeholders	Activities
Phase One • Project Manager • 2 x CRFYP facilitators (1 per site) **Phase Two** • Project Manager • 2 x CRFYP facilitators (1 per site) **Partners** • Evaluation partner • Not-for-profit support service Providers • Jobactive provider(s) • ParentsNext • Disability Employment Services • Childcare partners	**Participants – 98 total** Phase One: Mandurah: 50 Rockingham: 35 Phase Two: Mandurah: 10 Armadale: 3 **Governance council** • Independent expert • Department representative/s • Delivery agent representative **Government** • Department of Social Services • Department of Education, Skills and Employment • Services Australia • Disability Employment Services • Department of Communities • Department of Justice **Others** • Employers • Referral partners • Education and training providers • Childcare providers • Handover partners	Provide high-touch case management and mentoring to maintain personalised engagement with participants across different aspects of their lives. Conduct assessments and develop a Personal Life Design Plan to identify barriers, refer participants to services they need, and determine areas for skills building and goal setting. Run educational activities and skills development within a group setting, focusing on non-vocational and vocational barriers to work. Offer one-on-one advocacy and career mentoring by a CRFYP facilitator. Provide or facilitate emergency food, financial, and accommodation relief if necessary. Provide childcare and transport support for project activities. Provide support and advocacy to address non-vocational barriers, such as access to other systems (e.g., health, justice, educational, housing). Provide referrals to other services, where appropriate. Facilitate work immersion or experience, where appropriate.

- Labour market for young parents
- Life circumstances
- COVID-19

- Suitable jobs are available
- Not-for-profit providers will be available to provide services
- Uptake of the program by a minimum number of 60 participants
- Participants are interested and remain committed over time

ASSUMPTIONS

Outputs

Short-term outcomes (up to 12 months)

Medium-term outcomes (12-24 months)

Long-term outcomes (24 months +)

All participants receive assessments and case-management plans

All participants co-design Personal Life Design Plans

Most participants take up childcare and transport support for activities

All participants engage in up to 5 hours per week of peer support, group-facilitated sessions, and activities, including work immersion, if appropriate

All participants receive an average of 1.5 hours per week of individual mentoring and advocacy

Participants have established goals, plans, a vision, and hope for their future

Participants begin to overcome non-vocational barriers to work, by building practical skills and addressing mental health, health, and other issues

Participants prepare for, or engage in, training

Participants continue to reduce non-vocational and vocational barriers by working towards their goals

Participants become more engaged with the world of training and work

Participants improve career readiness through work experience or employment, if appropriate to their circumstances

Participants feel socially connected and have achieved social, emotional, and mental wellbeing, self-esteem, and a sense of achievement

Participants enter, or continue to engage in, employment, if appropriate to their circumstances

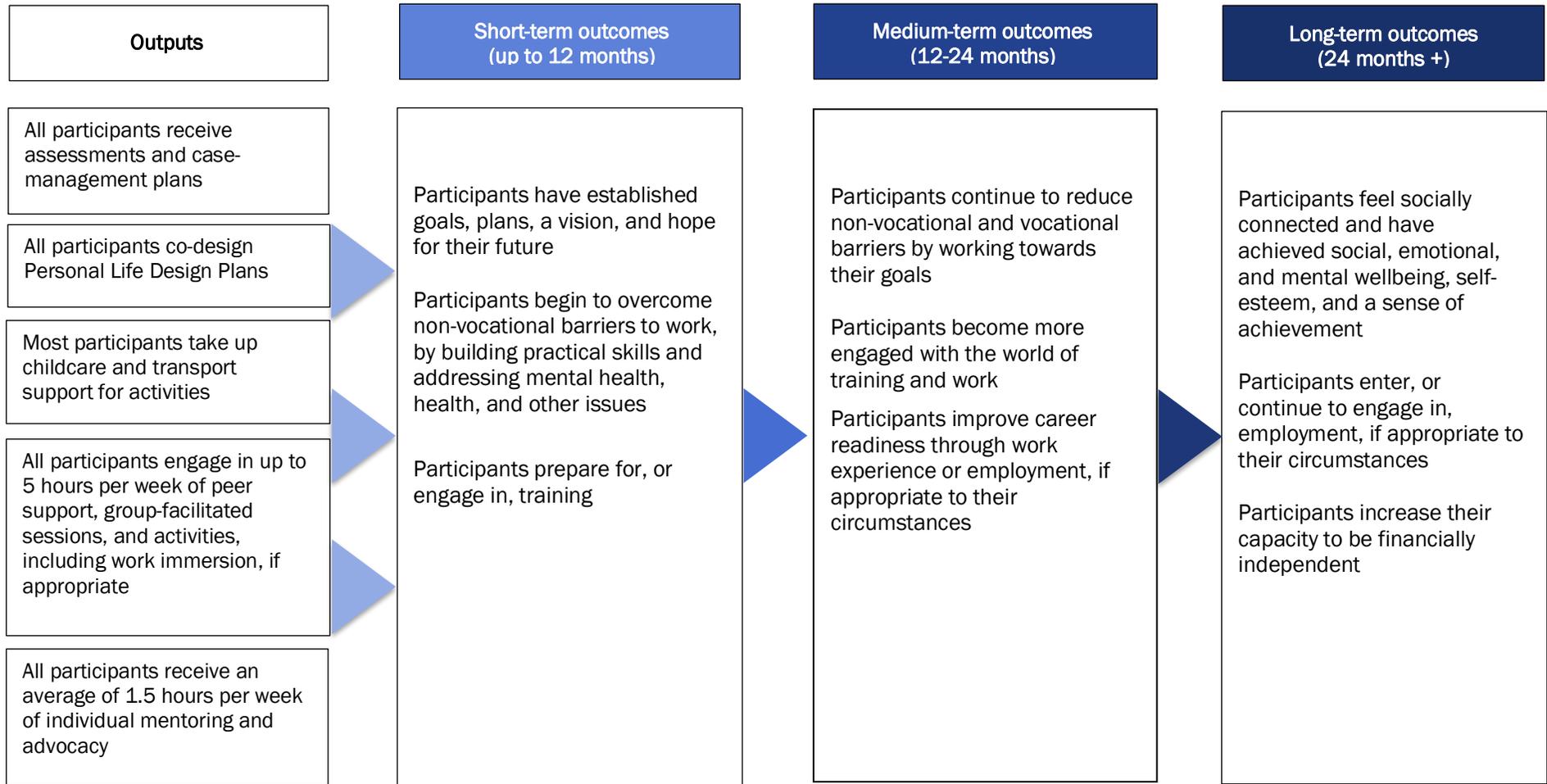Participants increase their capacity to be financially independent

Figure 2: Program logic

4. METHODOLOGY

4.1 Evaluation Design

The aim of the evaluation was to assess the effectiveness of the program for young parents. The project was evaluated against the participants' life circumstances, improved health and wellbeing, and with their readiness for, and participation in, training or employment.

The impact evaluation was grouped into three broad sections pertaining to non-vocational and vocational barriers and personal self-development. The outcomes findings were situated within a review of the program process; this was to enable both a contextual understanding of the impacts of the project and to anchor the discussion with reference to the process evaluation findings.

The report prioritises quantitative data where possible, supplemented by qualitative data.

4.2 Evaluation Questions

The evaluation questions were framed around the goals of the program, and formed the basis of the literature review, data synthesis, and analysis for each evaluation section.

4.2.1 Process evaluation questions

The following questions guided the process evaluation:

> - Which project activities were most successful? Why, and why not?
> - Were program activities implemented as intended?
> - How did COVID-19 influence program delivery?
> - How satisfied were participants with the project?

4.2.2. Impact evaluation questions

The key impact evaluation questions were grouped around how effectively the project addressed non-vocational and vocational barriers to employment, and how well it promoted positive change to participants' aspirations and wellbeing.

Life readiness

The following question addressed the project's impact on participants' non-vocational barriers:

> How effective was the project's model in addressing non-vocational barriers in the young parents' life?
>
> - How effectively did the project address the barriers around personal circumstances: health, housing, personal safety, food, financial?

Career readiness

The following question addressed the project's impact on participants' vocational barriers:

> How effective was the project in addressing barriers leading to readiness for, or participation in, employment or study?
>
> - To what extent did this project support young parents to engage in preparatory work for job readiness.
>
> - To what extent did this project support young parents to obtain certification (e.g., licences and clearances) to support them in employment?
>
> - To what extent did this project support young parents in their studies?
>
> - To what extent did this project help young parents find and sustain employment?

Mindset and aspiration (self-development)

The following question addressed the project's impact on participants' ability to confidently visualise a career, feel a greater sense of mental wellbeing, and connect with others:

> To what extent did the project create positive change in participants' aspirations and social and emotional wellbeing?
>
> - How effectively did the project promote confidence and a greater sense of clarity around vocational choices?
> - How effectively did the project improve participants' mental wellbeing?
> - How effectively did the project promote community participation and social connection?

Overarching question

The following question brought together all the key pieces to create a broad evaluation of the project.

> What is the overall impact of the project?

4.3. Data sources and characteristics

For the evaluation, participant data was extracted from the following sources, as outlined in Table 1.

Table 1: Data sources and characteristics

Data sources	Characteristics
DSS Data Exchange (DEX)	Summary data about participants, and the nature, extent, and success of interventions, partially included under SCOREs (Standard Client Outcomes Reporting).
Bridging the Gap data	Activity Work Plan Reports sent quarterly to DSS, containing descriptive and quantitative updates of the program, along with participant testimonials and Good News Stories.
	Participant files, including case notes, assessments, Personal Life Design Plan, referral details and details of financial costs, testimonials and feedback, and Good News Story (if available).
	Administrative data containing general information about the program, as well as participant information around their education, life circumstances, health and mental health, the nature of individual interventions, and whether they were career ready.
	Survey Monkey results containing self-reported outcomes, levels of satisfaction, and feedback about the program.
Qualitative interviews	Informal interviews with Bridging the Gap staff to gain clarity about the processes and logistics of the program, and the collection and nature of participant data.

4.3.1 DSS Data Exchange (DEX)

DEX is the repository for program performance reporting to DSS. DEX holds a wealth of demographic data and assessment scores pertaining to the program participants. On DEX, data reports can be extracted according to sites, time periods, and activities, and it includes data of individual participants or as an aggregate. The Client Outcomes report on DEX demonstrates the SCORE (Standard Client Outcomes Reporting) reported by organisations, the average shift between the earliest and latest SCOREs, and how client outcomes fluctuate over time, between program activities and across sites. The SCORE results (on a scale of 1-5) pertain to the areas of life circumstances, goals, and program satisfaction. BTG provided CSI with direct access to DEX in order to develop this report.

4.3.2. Bridging the Gap data

Activity Work Plan Reports

Activity Work Plan Reports were sent quarterly to DSS. These listed the program's:

- recent intake and exit numbers
- frequency and types of activities
- partnerships
- participant barriers
- referrals
- kind of support provided by the program
- numbers of participants studying, working, and career ready
- changes to the program
- challenges faced by the program
- participant testimonials.

Good News Stories were sometimes attached, containing basic details of positive outcomes for a featured participant.

Participant files

Participant files were put together and maintained by the CRFYP facilitator.

The participant case notes contained detailed notes of a participants' journey, from the first day to their exit. It includes current circumstances, CRFYP facilitator observations of the participant, program interventions, correspondence, and outcomes. They are a record of the one-on-one sessions with participants.

The CRFYP facilitator utilised the one assessment form to conduct the initial detailed assessment, three-month review, and case closure with participants. The only exception is where the initial detailed assessment is missing the domain of education and training, which was added to later assessments. However, participants also completed a detailed Employment, Education and Training Assessment form with the CRFYP facilitator, which was to be used three times to provide evidence of progress through the program. Additionally, full assessments (11 separate forms) were also completed, which expanded on the first initial assessment topics. Relevant details from the above assessments were entered into DEX.

The participants' assessments were adapted from the Queensland Government's Department of Communities, Child Safety and Disability Services' *Youth Support: Youth Wellbeing Assessment: Common Assessment Tool (CAT)*. The assessment tool is used by youth support services to assess a young person's strengths and needs, with the aim of informing a person-centred support plan around their connections with family, community, education, training, employment, housing, and health. The assessment framework allows the support service and the young person to measure the young person's progress over time.

The Personal Life Design Plan was developed in one-on-one sessions with each participant in order to determine their immediate needs, as well as their short-, medium-, and long-term goals. The document was updated frequently based on the personalised interventions provided and the goals achieved.

The above documents formed the basis of Good News Stories. These are success stories based on a participant's promising progress in the program, providing evidence of specific interventions and their outcomes. They proved useful to emphasise the human impact of the project, provide a sense of the breadth of intervention, and the kinds of success achieved.

Other information kept in files might include details of funding spent per participant (including invoices), referral letters to the CRFYP program and to other supports, consent forms, individual Survey

Monkey results, written feedback testimonials about the program, and other relevant documents specific to the participant such as court appearance files and individual risk assessments. Depending on the participant's progress, there might also be an updated resume.

Administrative data

Administrative data includes participants' levels of education and state of employment at intake, the type of accredited or non-accredited studies the program supported, and if participants were in education or employment at the conclusion of their time in the program. They also include data of participants pertaining to length of time in the program, referral details, if they undertook and completed studies under the program, types of support received or referred to by the program, personal circumstances, and whether the CRFYP facilitators and participants jointly considered the latter to be job ready by the end of their time in the program.

Survey Monkey results

Participants were encouraged to complete a survey, hosted by Survey Monkey, at regular intervals. While only around half of the participants (49%, n=48) had completed at least one set of survey questions on Survey Monkey, the results were included in the report for a number of reasons. The majority of respondents had been in the program for 6 months (33%), 12 months (23%), or nine months (17%), and therefore had a clear idea of the program. The original intention for the survey was to receive participants' self-reported outcomes at different stages of their progress. Most of the survey's twelve questions collected quantitative data, with some opportunity for feedback comments. To maintain some consistency with the data, CSI decided to use the final survey completed by the named participants, after removing anonymous and any earlier surveys from participants who completed two or more surveys. CSI was not given permission to access Survey Monkey, so the requested data was provided by BTG.

Qualitative interviews

The CSI team interviewed the CSI team, especially with one of the former CRFYP facilitators, to gain clarity on the nature of, and the process and rationale behind, the program, and around the data collection process and the nature of the data.

4.4. Data collection process

The CSI evaluation team was brought on board after the completion of the project, so could not assist with the original evaluation planning and monitoring of the program.

The CRFYP facilitators collected and administered administrative data, personal files, and Survey Monkey results. Relevant details from the personal files were then included in the Activity Work Plan Reports and added to DEX.

The notable sections on DEX include demographics, referral reasons and reasons for seeking assistance, number of sessions and types of activities attended, and the outcomes determined by the SCORE (Standard Client Outcomes Reporting). The individual's program outcomes were determined by data pertaining to circumstances (based on assessments), goals (based on assessments and Personal Life Design Plans), and participant satisfaction levels with the program. These program outcomes were scored on a scale from 1-5 in discussion between the CRFYP facilitator and participant. The CRFYP facilitators later inputted the scores into DEX. DEX paired a participant's earliest with their latest scores, indicating changes in participant outcomes over time.

For circumstances, the main outcome domains included:

- Community participation and networks
- Education and skills training
- Employment
- Family functioning
- Financial resilience
- Housing
- Material wellbeing and basic necessities
- Mental health, wellbeing and self-care
- Personal and family safety
- Physical health.

For goals, main outcome domains included:

- Changed behaviours
- Changed impact of immediate crisis
- Changed knowledge and access to information
- Changed skills
- Empowerment, choice and control to make own decision
- Engagement with relevant support services.

The following three key questions were used to determined satisfaction levels:

- I am better able to deal with issues that I sought help with
- I am satisfied with the services I have received
- The service listened to me and understood my issues.

4.5 Data limitations

Program changes

Participation intake was staggered and therefore activity data might be inconsistent across participants and sites, complicating data analysis. Moreover, any participant who was in both Phase One and Phase Two of the program was counted as an extra participant and given a new ID number in Phase Two. That is, they were counted as an additional participant. This complicated the data on DEX, in particular, as such participants going into Phase Two had already experienced interventions in the first round. Five participants received an additional ID number, thereby adding up to a total of 10 participants instead of five.

Inconsistencies in data collection, reporting, and interpretation

The limitations with the data for the participant satisfaction SCORE in DEX are twofold. First, data collection conducted in the presence of the CRFYP facilitator might have influenced the score towards a positive or more positive score than had the CRFYP facilitator been absent from the room or if the scores had been anonymous. Second, the procurement of the satisfaction SCORE was not standardised across the sites, most likely leading to inconsistencies in reporting.

Given that the CRFYP facilitators worked independently of each other in Phase One, the collection of data and inputting into DEX was likely to have a degree of inconsistency. Indeed, in Phase One, Mandurah and Rockingham recorded varied SCORE results, particularly for circumstance and goals, prompting DSS to request consistency in data collection and input. The subsequent data entries became more, though not entirely, consistent with scored domains across clients and sites.

The CSI team relied partially on the expertise of the CRFYP facilitators to determine whether participants were career ready. However, the definition of "career readiness" was open to interpretation among the CRFYP facilitators. The evaluation also relied on the participants' responses to the Survey Monkey question, "Do you believe you are career ready? (career ready means able to start a training course at TAFE, do work experience or get a job)," as to whether they believed they were career ready. Hence, each participant's definition would have been unique to themselves and might differ from that of their peers and CRFYP facilitator.

There were a number of limitations with the use of the Survey Monkey results. For instance, participation was voluntary and could be conducted anonymously, though most participants used their full or first names and only four participants declined to use their names. For reasons unknown, the Mandurah survey was completed by hand, and then inputted digitally either by the CRFYP facilitator or another staff member into the online survey. This manual method of data collection may have created a bias toward favourable responses or could have resulted in errors during the subsequent inputting of results. Moreover, the one link was accessed by other participants at the various stages of their progress. For these reasons, a comparison of aggregated data over time could not be obtained. Therefore, the CSI team made the decision to use the latest survey results of a participant if they completed the survey more than once.

The first survey results were collected on 6 December 2018 (n=5), which is around 10 months after the start of the program (15 February 2018), thereby suggesting an inconsistent method of collection. Similarly, very few surveys seem to have been completed in 2020: in the final list of surveys, five were completed from 2020, whereas 32 were from 2019. Finally, as with all online surveys, there is the risk of measurement error or sample bias. Indeed 51% of the respondents whose surveys we used, and who chose to list their site, were from Rockingham, though the site had a significantly smaller cohort than Mandurah. However, this discrepancy might be explained, at least in part, by the fact that the handwritten Survey Monkey forms from Mandurah did not include site as a question and therefore site could not be included.

Gaps in administrative data

While much of the administrative data was invaluable, it was incomplete and therefore had to be interpreted with some caution. Hence, while a good picture was provided of most participants, there were areas of missing data for some participants in key categories, including whether the participant was career ready. Most of the missing data is from the Mandurah cohort from Phase One.

The Activity Work Plan Reports provided rich contextual information regarding the general progress of the program. Nonetheless, the reporting for Phase One in particular is inconsistent. On occasion, much of the key information was inconsistently updated by being copied verbatim from previous reports, and therefore could not be used for reliable quantitative updates on a quarterly basis.

Time constraints

Given the time constraints, much of the rich qualitative detail from participant files, such as assessments, case notes, and Personal Life Design Plans, could not be mined beyond a cursory glance for the purposes of familiarisation and the completion of case studies. For the qualitative data, CSI therefore relied extensively on manageable sources such as Survey Monkey, along with testimonials and feedback from the Activity Work Plan Reports and personal files (including Good News Stories).

5. PROCESS EVALUATION

5.1. Nature of the program

The aim of the program was to support young parents to improve their career readiness. This would be achieved through a high-touch case management model and multi-pronged approach focusing on non-vocational barriers to employment.

The program aspired to be person-centred and holistic, by working with vulnerable young parents to identify both their barriers and the root causes. An insight gathered by BTG from a previous co-design workshop with young mothers in the Kwinana region was that not all young mothers have the same motivations and barriers or required the same level or kind of support. It was found that, overall, young mothers were open and willing to work if they received the required support to overcome their personal barriers. The main barriers included:

- significant mental health concerns, especially anxiety and PTSD

- the expense of creche and day care

- transport issues

- lack of work experience

- difficulty in focusing on tasks

- continual rejections from job providers.

These findings informed the project model of CRFYP and the intention to create a highly personalised support system for young mothers that would include financial assistance with childcare and transport.

As such, the CRFYP program was modelled on a version of the Positive Youth Development (PYD) framework. The framework is an evidence-informed, intensive, and structured approach to improving young people's outcomes in case management (Asheer et al., 2020). Here, participants are considered active partners who bring their own voice, values, and resources in defining their path to success. This framework helps young people develop confidence through skill building; identify and use their strengths and values to set and meet their goals; and promote self-care and self-advocacy (Asheer et al., 2020).

5.2. Timelines, sites, demographics

Numbers of participants across the lifetime of the project

The program was originally designed to consist of one phase at two sites, Mandurah and Rockingham. Armadale was later added as part of Phase Two of the project, replacing Rockingham. Phase Two was made possible by an additional injection of funds from the Try, Test and Learn Fund. The additional funds were a response to the recognised pressures of COVID-19 on wellbeing. Armadale was chosen as a result of its high rates of young and teenage parents.

As shown in Figure 3, the total number of participants across the three sites numbered 98 (of whom 96 were assessed). Three were from Armadale, 60 from Mandurah, and 35 from Rockingham.
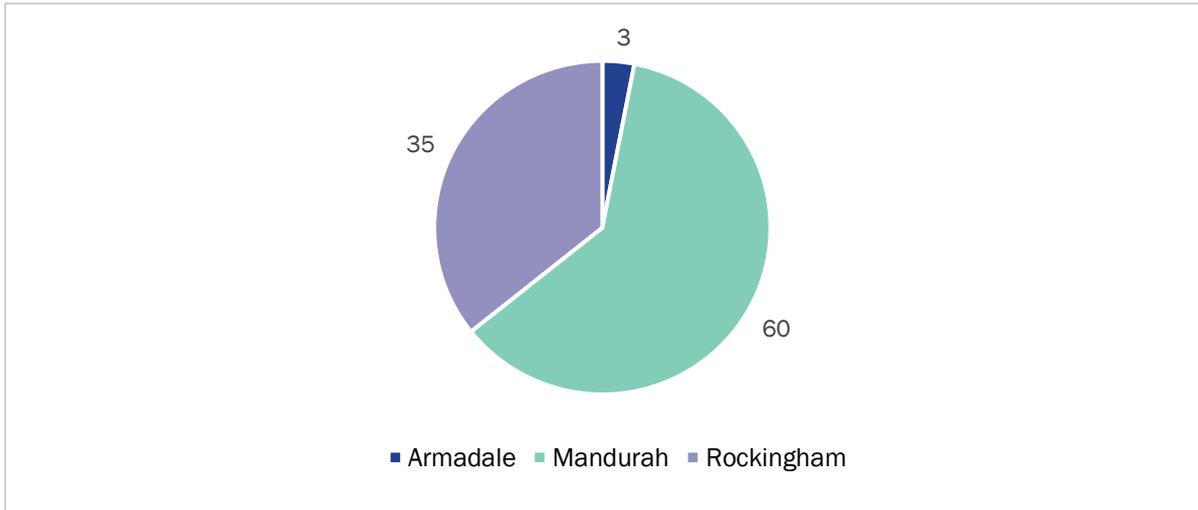
Figure 3: Total number of participants (DEX data)

The dates and breakdown of participants in the sites are as follows:

Phase One: Mandurah and Rockingham
Dates: 15 February 2018 – 15 June 2020

Mandurah: 50
Rockingham: 35

Phase Two: Armadale and Mandurah
Dates: 8 July 2020 - 31 March 2021

Mandurah: 10
Armadale: 3

As previously mentioned, any participant who was in both Phase One and Phase Two of the program was counted as an extra participant and given a new ID number in Phase Two; i.e., they were counted as an additional participant. Five participants received an additional ID number, thereby adding up to a total of 10 participants instead of five.

Age breakdown

The vast majority of participants were aged 20-24. The second largest group was aged 15-19, with the final group aged 25-29. The true number per age group is difficult to determine, as DEX records some participants in two different age groups depending on their age when they received their first and final interventions.

Gender

As Figure 4 indicates, the majority of participants (n=92) were female.
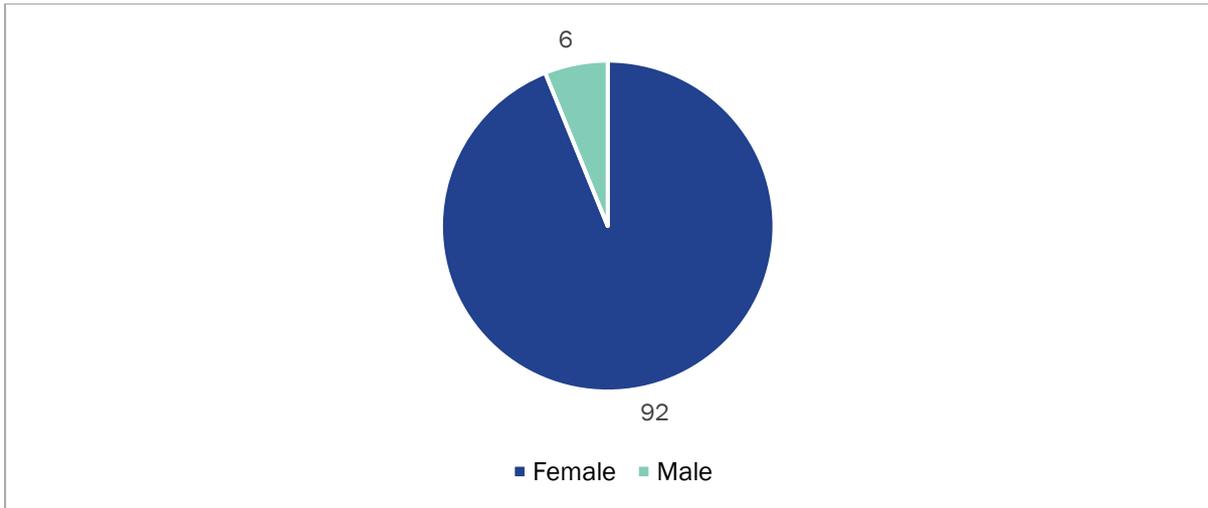
Figure 4: Gender of participants (DEX data)

Indigenous status

Fourteen percent (n=14) were Indigenous. Given that Aboriginal and Torres Strait Islander people comprise about 3% of the Australian population, 14% indicates an overrepresentation of Indigenous participants.

Country of birth

Figure 5 shows the majority of participants (n=90) were born in Australia. DEX data indicates that no participants identified as culturally and linguistically diverse (CALD).
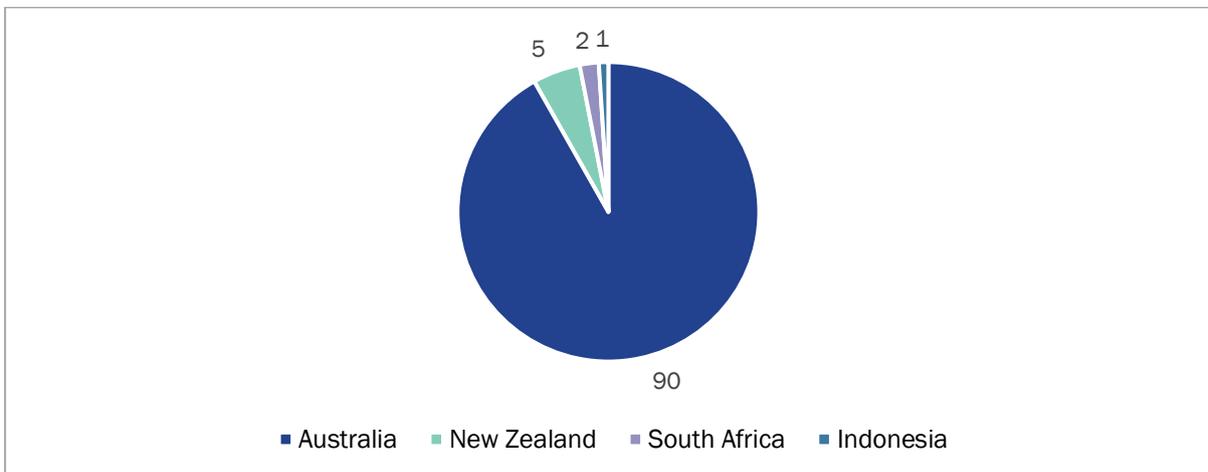
Figure 5: Country of birth (DEX data)

Highest level of education

As expected from the existing research, participants were unlikely to have completed education beyond secondary school. As Figure 6 indicates, 80 participants had not progressed beyond secondary school. Indeed, according to the administrative data, most did not have an education beyond Year 10.
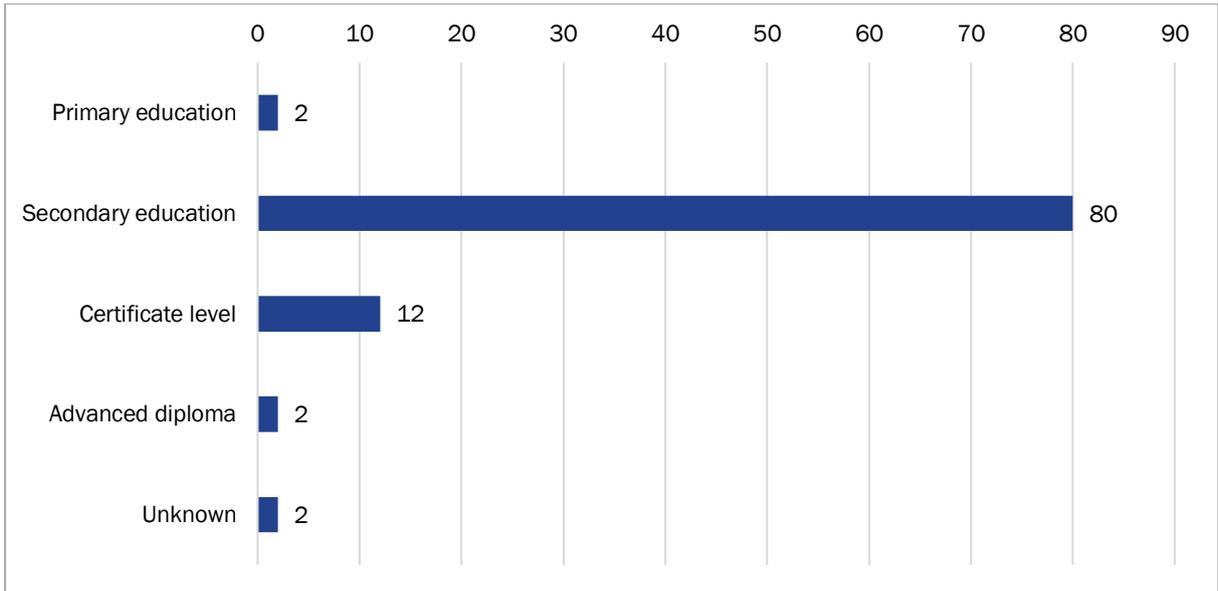
Figure 6: Highest levels of education (DEX data)

Employment status

Figure 7 shows most participants indicated their employment status as "Parenting."
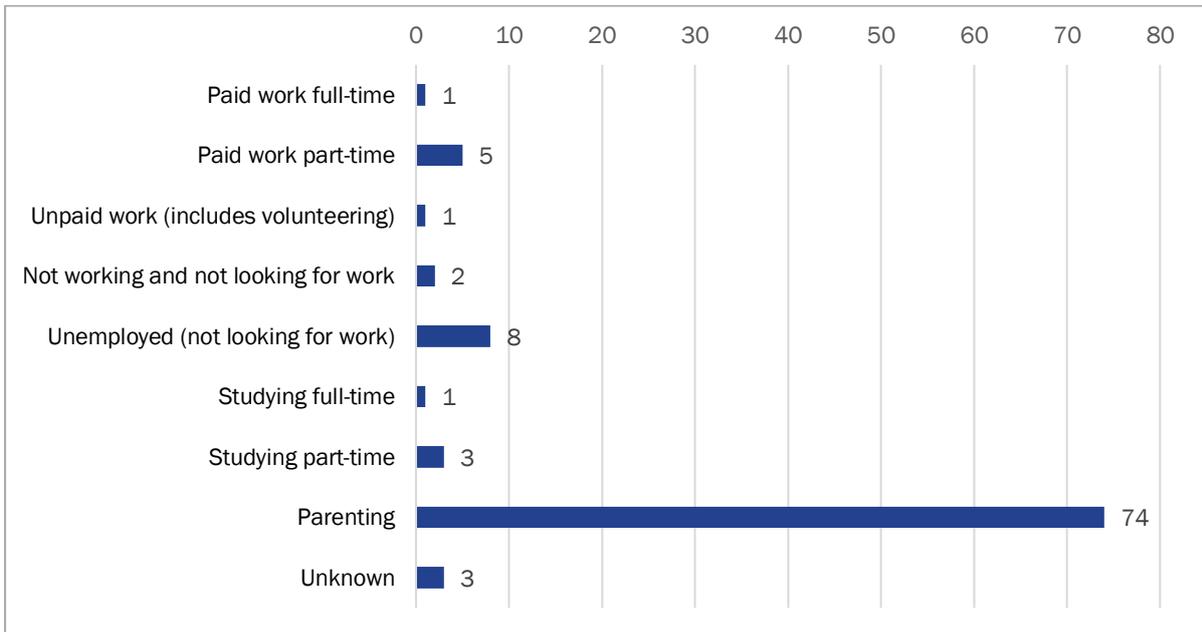
Figure 7: Employment status (DEX data)

Income support

Figure 8 indicates most of the participants (n= 92) were receiving government income support for their living needs.
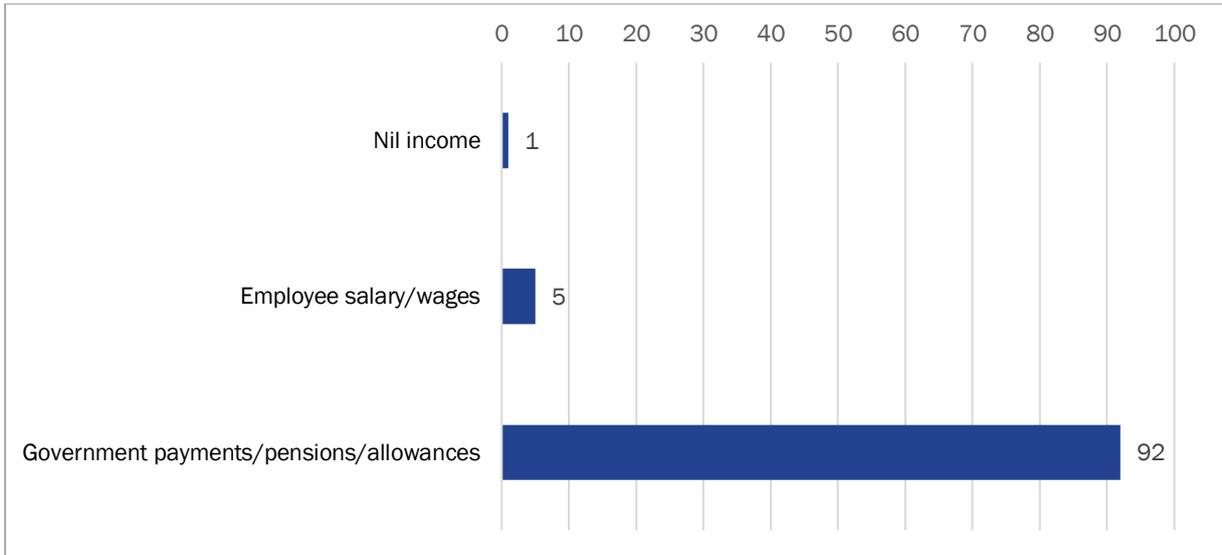
Figure 8: Source of income at intake (DEX data)

Homelessness

Figure 9 shows the majority of participants were not at risk of homelessness, though 12 were either homeless or at risk of homelessness. Participant files show that one participant was living in a tent after moving out of home.
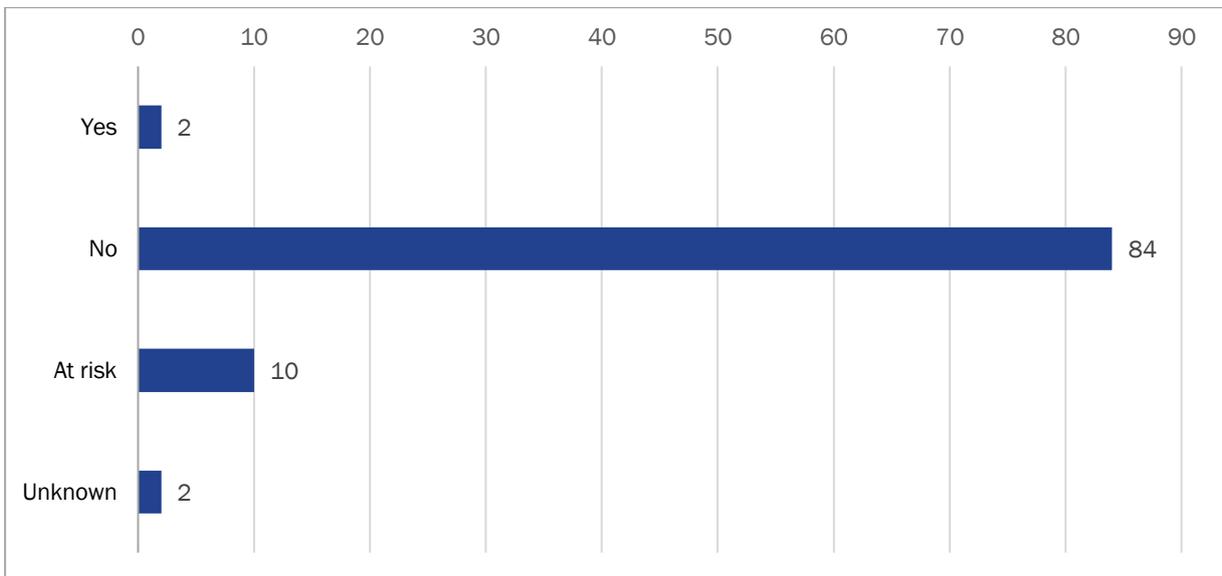
Figure 9: Homelessness status (DEX data)

Disability status

16 had a disability status

NDIS eligibility

NDIS eligible = 3

NDIS ineligible = 94

Unknown = 1

The CRFYP Facilitators usually ticked "NDIS ineligible" rather than "Unknown" if a participant's eligibility status was unidentified. Eligibility is only known if a person applied to NDIS.

Carer status

No = 97

Unknown = 1

5.3. Summary of interventions

The key interventions fell under two main groups: vocational and non-vocational. Most activities were devoted to the latter, particularly given the life circumstances of the cohort.

Face-to-face case management (up to 1.5 hours a week)

Young parents were paired with a CRFYP facilitator who would mentor and support them to improve their capacity to look for, and sustain, employment, whether through further study or securing a job. The CRFYP facilitator provided participants with mentoring advice and assistance on the development of a career path. With each participant, the CRFYP facilitator developed a Personal Life Design Plan to determine a person's needs and their vocational and non-vocational barriers. Along with the participants, the CRFYP facilitator systematically worked through immediate goals before moving on to short term-, medium- and long-term future goals. This process usually took place over months, depending on the number or severity of needs and barriers.

Guided by the assessments and the Personal Life Design Plan, CRFYP facilitators worked with participants through a range of non-vocational barriers, ranging from life skills and self-confidence to financial and housing stress. They referred participants to relevant services for issues such as parenting, financial management, health, or mental health. The CRFYP facilitators also:

- discussed contraception options;
- assisted with the completion of forms;
- organised for food hampers and financial assistance; and
- offered support in the areas of housing and accommodation, family court, and legal aid.

CRFYP facilitators also provided one-on-one post-placement support for those who had found study or employment. Post-placement support aimed to ensure that participants maintained their momentum and stayed on course.

Face-to-face peer support and activity sessions (up to five hours a week)

Unless they were working or studying, participants were required to attend weekly group training sessions. According to the Activity Work Plan Report for September 2018, over the reporting period, three to five participants were attending regularly in Rockingham, while up to 11 participants were attending regularly in Mandurah. The report noted that not all participants were attending group sessions "for various reasons."

The CRFYP facilitators conducted most of the sessions, which addressed non-vocational and vocational barriers, and provided training in life, wellbeing, and employment skills. Guest presenters sometimes conducted specialist workshops.

Work-related topics included the following:

- barriers to employment
- work health and safety
- interpersonal and communication skills
- work-life balance
- career planning
- resumes
- cover letters
- interview skills
- communication in the workplace
- Myers Briggs personality tests
- motivation and goal setting
- working in the disability sector.

The Mandurah cohort from Phase Two also had access to a series of workshops on foundational skills for working in the aged care and disability sectors.

Non-vocational topics included:

- stress in the body
- self-esteem and confidence building
- beliefs and values
- hand hygiene
- food safety
- COVID-19 infection control
- emotional resilience
- basic maths
- domestic violence awareness
- general health and wellbeing
- sexual contraception
- STIs
- meditation.

The Mandurah cohort from Phase Two had access to a series of workshops on practical training for cooking on a budget.

Facilitation of certificates in accredited courses

The program supported participants to receive accredited certificates, through mentoring and/or financial assistance with course fees and other education expenses. Participants were able to complete eLearning Certificates in the disability industry. Once participants completed this foundation course, the program referred them straight into employment. As previously mentioned, the occupation of personal carers in disability or aged care shows the biggest projected increase in jobs over the next few years, with demand outpacing youth enrolment in those qualifications.

Work immersion and experience

Participants were offered work experience opportunities, if appropriate, such as disability industry work. The program's Activity Work Plan Reports list a number of other opportunities, such as hair salons, hospitals, and work experience for the Cert III Community Service.

Financial assistance

Financial support was provided for work and education expenses. These included course fees, certificates, police checks, and items such as interview and work clothes, textbooks, laptops, or refurbished computers. Other financial support included assistance with health checks (dental and optometry), medication, psychological or relationship counselling, and budgeting counselling. Additionally, financial assistance was offered to support material wellbeing and basic necessities: electricity and phone bills, and travel assistance (e.g., fuel vouchers and public transport SmartRider top-ups).

Referrals

In cases where the need for additional support was identified, CRFYP facilitators referred participants to the most appropriate local services, community agencies, and government services. Referrals were integral to the program, as previously undiagnosed health and mental issues were now being identified and had to be addressed for the participant to overcome barriers to employment. Most referrals therefore fell under the domain of non-vocational barriers.

CRFYP facilitators often transported participants to services. Services ranged from food hampers to psychiatric services, and fell under the following:

- mental health and psychiatric
- relationship counselling
- legal support
- parenting
- youth services
- accommodation
- domestic violence refuge accommodation
- dental, optical, and health
- employment, training, and education.

5.4. Attendances and locations

Figure 10 indicates that most attendances took place at BTG (n=1,343), while 703 took place by phone, and 275 at a community venue. Other attendance locations included participants' residences, education facilities, healthcare facilities, justice facilities, online services, and partner organisations, while 184 attendances took place at a location "unknown," suggesting a gap in data collection.

The program exit data is likewise incomplete. This is because the addition of reasons for exit was only included as an optional field in DEX in February 2021. Therefore, the field was not available in Phase One of the program. Participants who exited the program (n=96) left for reasons unknown, while 29 left because their needs had been met, 12 required higher levels of care, four terminated the service, two moved out of the area, and one was no longer eligible. The total number in the data exceeds 98, as they likely included those who did not progress beyond the initial session.
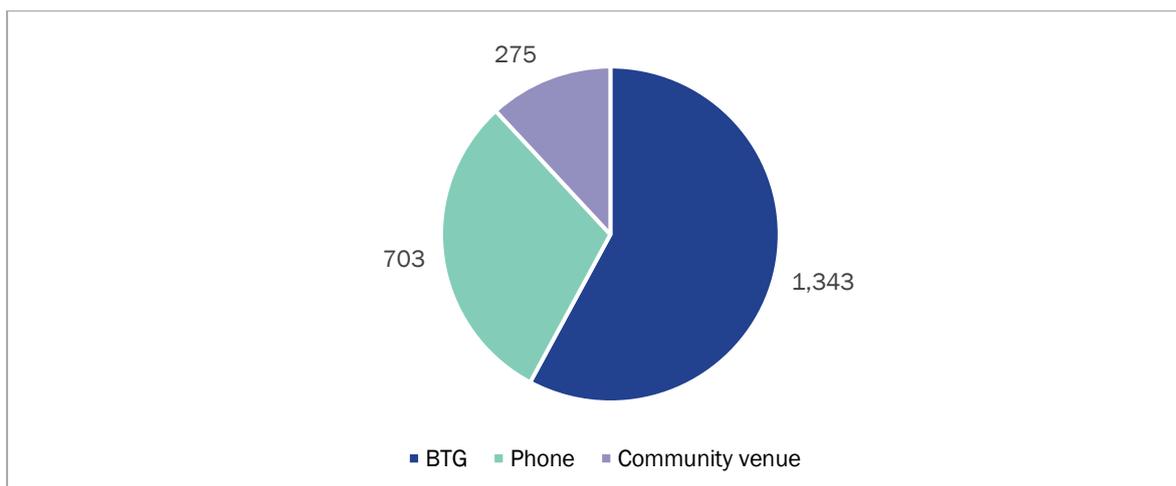
Figure 10: Top three locations for participant attendance (DEX data)

5.5. Sessions

DEX shows us that the average number of sessions per participant was 29, and ranged from one (for the two participants in the program who were not assessed) to 96. The CSI team plotted the number of days in the program versus whether a person was career ready, and did not find a positive correlation between the length of time in the program and career readiness. This is most likely due to the complex needs of a number of participants who required additional support, and therefore more time in the program, to address their circumstances and survival needs. For example, the participant with the most sessions had 96 sessions. This was followed by two participants with 85 sessions each. Each of the three participants were in the program for longer than twelve months, had complex needs and circumstances, including psychiatric and domestic violence, and were not considered career ready when they completed the program. Their outcomes suggest that they had needs that could not be met by the program alone.

Table 2 indicates the total number of participant attendances and sessions provided per site for Phase One and Phase Two combined. Separate details for Phase One and Phase Two were not found on DEX.

Table 2: Total number of participants, attendances, and sessions (DEX data)

Site	Individuals	Attendances	Sessions
Armadale	3	51	48
Mandurah	61	1,701	1,320
Rockingham	35	1,078	996
Total	98	2,830	2,364

According to DEX, the most common set of intervention sessions revolved around mentoring and peer support activities. The most frequent activity was mentoring/peer support, with 83 clients utilising 526 sessions. This comprised one-on-one sessions with the CRFYP facilitator, lasting up to twenty minutes. The second most common intervention was mentoring/peer support (high intensity), with 82 participants utilising 494 sessions. These were sessions with the CRFYP facilitator lasting more than an hour. The third most common was mentoring/peer support (medium intensity), with 79 participants utilising 383 sessions. These were sessions with the CRFYP facilitator lasting 20-60 minutes.

The next two set of common interventions were the completion of core components, and activities around employment, and education and training. A person was deemed to have completed the core components of the project if they had i) completed both an initial and full assessment and ii) attended

a sufficient number of relevant group training sessions to achieve their goals. A total of 49 out of the 98 participants completed the core components of the program. The category of "Facilitate Employment Pathways" incorporates post-placement support, which is a one-on-one session with the CRFYP facilitator. Following that is "Education and Skills Training – high intensity" which refers to the weekly group training sessions.

One-on-one mentoring support was also offered in the category of post-placement support. This intervention involved follow-up phone calls, text messages, or face-to-face sessions between a mentor and participant. The extent of this support depended on the background and experience of the CRFYP facilitator along with their caseload. For instance, as we can see in Table 6.2, Rockingham had a high number of one-on-one mentoring sessions, an average of 17 per participant compared to 12 for Mandurah) and one-on-one post-placement support sessions (an average of 9 per participant compared to 4 for Mandurah). In Phase One, the Mandurah CRFYP facilitator had a higher caseload, which could partially account for the fewer mentoring sessions per participant.

Table 3 shows the number of initial assessments, one-on-one sessions, group activities, the number of workshops on the foundations of working in the aged and disability care sector (specific to Mandurah in Phase Two), and post-placement support across the sites.

Table 3: Total one-on-one, group, and post-placement support sessions (DEX data)

Location	Initial assessment	One-on-one sessions	Group training/ Activity	External activities	Post-placement support	Skills for aged and disability care sessions
Armadale	3	37	8	N/A	N/A	N/A
Mandurah	60	727	59	199	233	22
Rockingham	35	600	42	N/A	316	N/A
Total	98	1,364	109	199	549	22

5.6. Answering the process evaluation questions

5.6.1. Which project activities were most successful? Why, and why not?

The mentoring role of the CRFYP facilitator

Survey Monkey results indicate that the mentoring role of the CRFYP facilitator was crucial to the program's success. For the question, "Thinking about your career goals, what support have you found most useful?" 90% (n=35) of respondents chose the response, "The support/mentoring from your Career Readiness Facilitator." This result is in keeping with the personalised nature of the program, as indicated by the large number of one-on-one mentoring/peer support and post-placement sessions reported in the previous section. The following testimonials provided in the Activity Work Plan Report of December 2018 exemplify the gratitude a number of participants felt about the mentoring support they received:

> "I want to thank you for all your time and effort you have put in towards me, you have been nothing but helpful and very encouraging."
> "Since beginning with the program, the CRFYP facilitator has been amazing – I look forward to waking up every day, more so on the days I have my 1:1 session. CRFYP has taught me I do have self-worth."
> "I've got so much done with the help from the CRFYP facilitator. If I didn't get referred to CRFYP I wouldn't be where I am today. If I had to give a score out of 100, I would give 120."

Another survey question confirms that CRFYP facilitators assisted participants with their career goals. In response to the question, "Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator," 81% (n=38) chose, "Your training and employment." Perhaps confusingly, a very similar dropdown response was, "Your training and/or employment," ticked by 34% (n=16) of respondents, which could have complicated the data. The next highest responses pertained to a broad range of non-vocational barriers with which the CRFYP facilitator assisted. These were: "Your social connections/feeling less isolated" (66%, n=31), "Your mental health; i.e. counselling sessions" (64%, n=30), and "Assistance with your parenting skills" (60%, n=28). Clearly, CRFYP facilitators were adept in a range of interventions to meet the needs of participants.

The following participant comments from the Activity Work Plan Report of September 2019 and a participant file, respectively, exemplify the CRFYP facilitators' capacity to mentor effectively across multiple domains:

> "I am really impressed and grateful to have been a part of this program. This has been so helpful and informative and the CRFYP facilitator has been an absolute blessing. I've been helped with all aspects of my life from parenting, study and even mental and physical health. All my questions have been answered kindly and without judgement. This is an absolutely brilliant program and really is changing the way of young parents for the better – Thank You So Much"
>
> "I am working with the CRFYP facilitator and she is helping with so many things. She never gives up on whatever I need and she is always there if I need help with something. Since being with CRFYP, things have started to fall in place and I wouldn't have been able to do any of it without the CRFYP facilitator. I highly recommend this course for anyone who needs help with something."

Personal Life Design Plan

Closely related to the role of the CRFYP facilitator is the Personal Life Design Plan, which was a successful case management tool according to most of the Survey Monkey respondents. In response to question, "Thinking about your Personal life design plan, do you believe that the program is helping you to achieve your goals?" 98%, (n=47) answered Yes, out of the possible responses, "Yes," "No," and "Uncertain." The remaining respondent responded with Uncertain. Qualitative comments for this section (n=9) mostly pertained to the program as a whole or its capacity to assist with study options, either because the respondents felt at this point of the survey that this was the only place to include qualitative comments or that the Personal Life Design Plan was a vital component of the program overall. These comments on the outcome of the program suggest the tool provided participants with greater clarity about the future, in general, and their career goals, in particular:

> "I am excelling due to this program" (30/3/2021)
> "The program has been super helpful in getting me on track with life and doing things that I've not had the time to or the expenses to do." (30/3/2021)
> "I have a clear career direction from attending Career Readiness. I gained my driver's licence. Thank You" (30/3/2021)
> "I have become a happier more confident, goal driven person" (17/1/2020)

These results speak again to the effectiveness of the personalised nature of the program and the associated one-on-one mentoring sessions. The CRFYP facilitator's setting of goals with the participant ensured that participants could be supported and encouraged to improve or maximise positive outcomes over set time periods. As a living document, the Personal Life Design Plan enabled participants to see how many goals they had achieved over time, thereby building their confidence to set new targets (hence the comment, "I have become a happier more confident, goal driven person"). The discussion of barriers with mentors also led to referrals to address serious matters such as hitherto undiagnosed mental health issues. This is likely why, in Survey Monkey, mental health scored highly in areas of assistance by CRFYP facilitators (64%, n=30), while "Your health" was ticked by 51% (n=24) of respondents.

Weekly group support and activity sessions

Survey Monkey results indicate that the weekly group training was beneficial in providing support within a number of vocational and non-vocational domains. In responding to the question, "How beneficial have you found the weekly group training/activities?" 90 (n=35) respondents gave an average score of 90%. Thirteen respondents did not answer the question, which correlates strongly with the number of participants who did not attend group training sessions; in response to the question, "Did you attend the group training?", 25% (n=12) of respondents indicated that they had not.

The weekly group activities were beneficial in a broad range of categories. Survey Monkey asked respondents, "What have you found most beneficial about the weekly group activities? Please select all that apply." All categories received more than a 50% score. Eighty-nine percent (n=32) selected the response, "Learning new things that can help you move forward," while a close number (86%, n=31) confirmed the importance of the CRFYP facilitators with the response, "The support and mentoring from your facilitator." "Making new friends," "Increased motivation and direction," and "More positive about the future" each scored 81% (n=29).

Participants were asked for suggestions to improve the program, and one respondent replied, "Bring Back Weekly Group Training" (6/12/2019), indicating a strong preference for these training sessions. Another offered the following feedback to improve the activity: "Having different age groups in group work" (22/11/2019). This final comment might be explained by remarks in the Activity Work Plan Report (March and June 2020) that there are two main cohorts in this program: younger parents who expect and require intensive hands-on mentoring, and the older participants (20+) who require assistance with direction, education, training and support. But overall, based on the Survey Monkey results, it would seem that for the respondents, the group sessions were successful in providing support.

What did not work so well?

While group training activities appeared to be successful for attendants, the Activity Work Plan Reports indicate that attendance was patchy, and the Survey Monkey results confirm that a quarter of respondents had not attended any of the group sessions. Moreover, group activities ceased during the COVID-19 lockdown from March-June 2020, which might account for some of the numbers in Survey Monkey. Yet this is unlikely, since comparatively few survey responses were submitted in 2020. The Activity Work Plan Reports suggest the lack of attendance was due to a number of reasons, but does not elaborate except to suggest that some of it came down to individual circumstances and motivation levels. It is possible that if a higher proportion of young parents had attended the group activities, then they would have gained additional benefits from the program.

As the Activity Work Plan Reports of September 2019, and of March and June 2020 indicate, the program was oversubscribed and over budget in Mandurah. As a result, there was a reduction in funding assistance to participants, which, according to anecdotal evidence saw a few them not engaging as regularly on that site. This decreased participant engagement would most likely have negatively impacted outcomes.

5.6.2. Were program activities implemented as intended?

There were a number of changes to the original proposal. One pertained to methodology, while the others were a result of the program being oversubscribed and the COVID-19 mandated lockdowns. The changes brought about by COVID-19 will be discussed in more detail in 5.6.3.

The program did not implement one of the methodology activities in the project proposal. The evaluation framework proposed to compare the trajectories of participants and their outcomes with that of a "control' cohort, a sample of Parenting Payment recipients from similar socioeconomic locations. It is possible that this proposed method of analysis did not go ahead because the proposal to evaluate the program throughout its course (making up 10% of the total budget) did not eventuate.

The original proposal was to recruit a total of 30 participants in each site of Mandurah and Rockingham. One year into the program, however, the possibility of low participant numbers was

regarded a possibility. Thus, in the Activity Work Plan Report of February 2019, the following risk was brought up: "not enough participants can be recruited." The project design "will [therefore] be tailored to maximise accessibility to young parents" by differentiating between parents at various stages of their career readiness. Yet, later that year, the program was oversubscribed, especially in Mandurah, and experiencing financial difficulties and subsequent changes to the program. By September 2019, 86 participants had been inducted into the program, exceeding the contracted requirement amount of 60 participants. As a result, spending for the program was over budget, leading to the decision to halt recruitment and exit participants who had been in the program longer than twelve months or were not actively engaged.

The Activity Work Plan Report of December 2019 shows that recruitment had stopped on 9 August 2019. According to the Activity Work Plan Report of September 2019, the attendant financial constraints led to the program "being more restrictive with how we support [the participants] financially." Continuing, it states,

> "We are making the participants more responsible for their own decisions and choices, and we have learned that we should have made the participants more aware of their program responsibilities from the start. Many take the assistance provided for granted and don't honour their responsibilities in terms of regularly attending vocational courses funded by the program, attending one-on-one sessions and group sessions, responding to follow up phone calls and text messages. However, they still make use of the childcare that is paid for by the program."

One of the new restrictions was to cancel childcare if participants were not participating in a course, group sessions, or one-on-one sessions. Moreover, as we previously saw, the financial constraints led to a reduction in funding assistance to participants, which saw some participants decreasing their level of engagement.

5.6.3. How did COVID-19 influence program delivery?

The final stages of Phase One coincided with the first wave of the COVID-19 pandemic. Despite financial constraints, the program took up referrals again in order to assist young parents struggling from the mandated COVID-19 lockdowns. While the program could no longer offer financial assistance, CRFYP facilitators were able to provide new participants with mentoring and referrals.

COVID-19 restrictions exacerbated existing problems and inequities. The Activity Work Plan and information shared by BTG listed a number of these issues: losing casual employment, loneliness, increased domestic violence, restricted access to services, insecure housing, fear of infection, poverty or financial distress. Participants attending TAFE moved to online classrooms, adding to their struggles, as day cares were closed. The Activity Work Plan Reports of March and June 2020 note that mentoring and support, including post-placement support, was intensified to assist participants experiencing additional challenges posed by the pandemic.

Mandated lockdowns restricted the program, as staff worked from home between March and June 2020. During that time, no group sessions were held, while mentoring and support was provided through Zoom, phone calls, text messages, or emails, increasing participants' sense of isolation and reducing a sense of routine. The Activity Work Plan Report of August 2020, i.e., from the start of Phase Two, states, "Most of the current cohort is struggling with mental health, family breakdown, fear of Covid-19 and [lack of] direction." Some were attempting to commence online study rather than leaving their children in childcare, due to factors relating to COVID-19.

COVID-19 led to the extension of the program, with Try, Test and Learn Fund providing additional funding to implement Phase Two. Phase Two of the program began on 8 July 2020 and concluded on 31 March 2021. It therefore started at the tapering end of the first wave of the COVID-19 pandemic.

Phase Two recruitment was hindered by COVID-19 restrictions. According to DEX, participant numbers (n=13) for Phase Two were low throughout the second half of 2020 and remained steady until the program's conclusion. Thus, despite recruitment activities in Armadale, these restrictions led to fewer referrals to the site; the Activity Work Plan Report of February 2021 indicates that the projected intake for Armadale was 16. Direct participant feedback about the effects of COVID has not been captured in any of the major data sources.

5.6.4. How satisfied were participants with the project?

Across the three main data sources recording levels of satisfaction – DEX, Survey Monkey, and the Activity Work Plan Reports (notably, the testimonials we have cited) – a clear pattern emerges indicating that most participants experienced a high degree of satisfaction.

According to DEX, of the number of clients assessed (92%, n=90), 98% were satisfied with the program. The average satisfaction SCORE across the three sites was 4.6 out of a possible SCORE of 5. The percentage of participants with an overall positive outcome in the category of satisfaction remained at 100% for most of the reporting periods, dipping only in the reporting six-month period ending on 31 December 2019, where the satisfaction rate was at 97%. This is the period when participant numbers peaked, suggesting a strain on the program. Likewise, the average satisfaction SCORE dropped to its lowest of 4.5 in the same period. No participant had an overall negative satisfaction SCORE, while 2% had an overall neutral satisfaction SCORE.

The two participants assessed in Armadale gave an average SCORE of 4.7 out of a possible 5. For Mandurah (n=59 assessed), it was 97% with an average SCORE of 4.4 out of a possible 5. For Rockingham (n=29 assessed), it was 100% with an average SCORE of 5 out of a possible 5.

The qualitative data from Survey Monkey likewise suggests a high level of satisfaction among participants. Most comments were positive or extremely positive. Participants were asked for suggestions to improve the program. Of the 26 responses received, 15 were positive to extremely positive, and four of which proposed "none," "nil," or "nothing," to suggest the program did not require improvement. The rest provided constructive feedback or were uncertain. Several of the positive comments implied satisfaction through the call for the program to continue, and to continue so that others might benefit as have the respondents:

> "To keep it running, as there are a lot of young people who could make good use of the program as I have done." (30/3/2021)
> "Keep the program going." (30/3/2021)
> "More money, keep it going." (17/1/2020)

Other respondents have reported how the program has been helpful to them:

> "Excellent Program – helped me heaps" (21/8/2019)
> "Keep doing what you're doing. The program has helped heaps" (26/6/2019)
> "None, the program is extremely helpful as is." (10/6/2019)

The following is from the September 2019 Activity Work Plan Report:

> "Both the CRFYP [mentoring] and group training have helped me with what I want to do with myself in the future and helped me improve myself. I recommend doing it."

Finally, one Survey Monkey participant simply said, "I absolutely love the course and have no changes to suggest" (6/6/2019).

Concluding thoughts

Unemployment among young parents from socioeconomically disadvantaged circumstances is a serious social problem. For many in this cohort, the experience of complex and often multiple non-vocational and vocational barriers to employment are compounded by issues such as gender, low levels of education, the cost of childcare, and the lack of capital.

The CRFYP program was designed and implemented following consultation and best practice guidelines in order to be non-judgemental, holistic, and person-centred. The multi-pronged approach, combining one-on-one sessions and advocacy with group activities, was highly beneficial to participants. However, it was ultimately the dedication and mentoring skills of the CRFYP facilitators that proved absolutely vital to the success of the program. They also helped guide the program through the difficulties posed by COVID-19. Overall, the interventions were effective, leading to a high degree of participant satisfaction with the program.

6. IMPACT EVALUATION

Participants entered the program for a number of reasons. The main two reasons were vocational and for non-vocational.

According to DEX, for 44 participants, education and skills training was their main reason for seeking assistance. For 35 participants, it was a referral reason. For 41 participants, the category of mental health, wellbeing, and self-care was their main reason for seeking assistance. For 43 participants, it was by far the highest reason for referral, followed by education and skills training, and then health. Clearly, the category of mental health, wellbeing, and self-care was seen as one of the two main barriers by the participants, and the main barrier by their referrer. It is unsurprising, then, that many of the program's non-vocational interventions targeted the non-vocational areas of mental health, wellbeing, and self-care.

The Context section outlined a number of key vocational barriers. These barriers included lower levels of education; poverty and low socioeconomic status; social determinants of health and related inequalities; and additional barriers for young workers, young woman, and young parents. Most of the participants were young mothers, who often did not complete high school or did not progress beyond year 12 or a VET certificate, who might also be experiencing mental health distress, family and domestic violence, deep trauma, financial or housing stress, and receiving very little family or social support to raise their children.

Accordingly, while the responsibility of the individual would be considered an important aspect of the individual's success, it is also important to adopt an approach that takes into account overlapping systems of inequality in order to understand the complex interplay between individual accountability and external forces beyond the individual's control but which undeniably influence the individual's experiences, decision-making, and outcomes. Individuals cannot influence where they were born, nor the family or circumstances in which they found themselves from birth and throughout childhood.

As we have seen from the research and from the cohort in this program, these formative experiences are highly crucial to health, mental health, educational, and career outcomes. As the Activity Work Plan Report of September 2019 makes clear, participants were likely to experience issues pertaining to poverty or low income, mental health, domestic violence or IPV, and/or difficult family circumstances. Depending on their severity, these circumstances were likely to have either some or a major impact on the participants' ability to change their current situation. In order to address career barriers, the program, quite rightly, had to address the participants' non-vocational barriers. In other words, the individual had to be seen in a holistic and whole-of-person light. Much of the program was to assist participants to navigate systems or to advocate on their behalf.

6.1. Life readiness

6.1.1. How effective was the project's model in addressing non-vocational barriers in the young parents' life?

How effectively did the project address the barriers around personal circumstances: health, housing, personal safety, food, financial?

The Survey Monkey results and the administrative data provide the quantitative data for understanding the extent of the support for non-vocational barriers. Given its magnitude, the topic of mental health and mental wellbeing will be explored in the section on mindset and aspirations.

Health

Survey Monkey asked participants, "Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator." The relevant general health responses included "Your health" and "Your dental health." Just over half of respondents (51%, n=24) indicated their CRFYP facilitator had assisted with their health, while five (11%) specified dental health.

From the survey, it is unclear as to what "Your health" specifically encompassed, but it is likely to have included a broad range of physical health issues, such as eye and ear testing, the procurement of glasses from Spec Savers, contraception and contraception-related information, and prescriptions from GPs.

Health is not limited to access to doctors and medical services. The following Survey Monkey question asked, "Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program." Yet only 30% (n=14) indicated "Doctors/medical services." The administrative data offers a comprehensive range of physical health issues supported by the program, most of which would have been advocated for, or referred through, the CRFYP facilitator. The administrative data records that 44 participants received assistance in relation to iron infusions, gym membership, skin care, weight issues, eating disorders (though this could also fall under mental health), thyroid issues, immunisation, chiropractic, naturopathy, dental work, medication, obstetric support, and pregnancy termination. Some participants had more than one physical condition requiring support. Through the program, a participant was diagnosed with a genetic disorder, Phenylketonuria (PKU); as a result, the Activity Work Plan of September 2019 noted that the participant began treatment through Royal Perth Hospital, thereby improving their health.

According to DEX, 16 participants had a disability status, though only three were eligible for NDIS funding. The administrative data indicates that 29 had diagnosed psychiatric conditions, while seven are listed as having a disability (with one participant listed as having both disability and psychiatric diagnoses). It is likely that most of these psychiatric diagnoses constituted the disability, as anecdotal evidence from the CRFYP facilitator suggests that physical disability did not seem to be a major feature in the program. Two Survey Monkey respondents indicated they received assistance from their CRFYP facilitator with applying for DSP (Disability Support Pension) or NDIS support; this suggests the minimum number of participants receiving such support. According to the program report given to CSI, one participant suffered from PTSD and had an undiagnosed disability. With the support of her CRFYP facilitator, she is now receiving a $120,000-per-year NDIS support package. Thus, through the program, some participants were diagnosed with a disability, such as an intellectual disability, and therefore began to receive the support they needed.

According to the administrative data, alcohol and other drugs did not appear to be a major barrier among the majority of participants. Only six participants are listed as having a history of alcohol and other drugs use. In the Survey Monkey results, only one person listed drug and alcohol use as an area for which they had been supported. According to the administrative data, one participant with a history of drug and alcohol use was considered career ready by the time she exited, one was pregnant, another had a small child, one was still recovering from addiction, and two had mental health difficulties and were in the program for only one month. Overall, drug and alcohol did not appear to have been a significant area of concern or intervention compared with other non-vocational barriers.

Housing

Housing was an important area of intervention, given the financial stress and family situation experienced by many of the participants. Most of the participants were not at risk of homelessness, but a number required assistance to obtain social housing or pay the rent. Figure 11 shows the household composition of participants. Most lived with a partner and dependents, as a single parent with dependents, or with related adults.
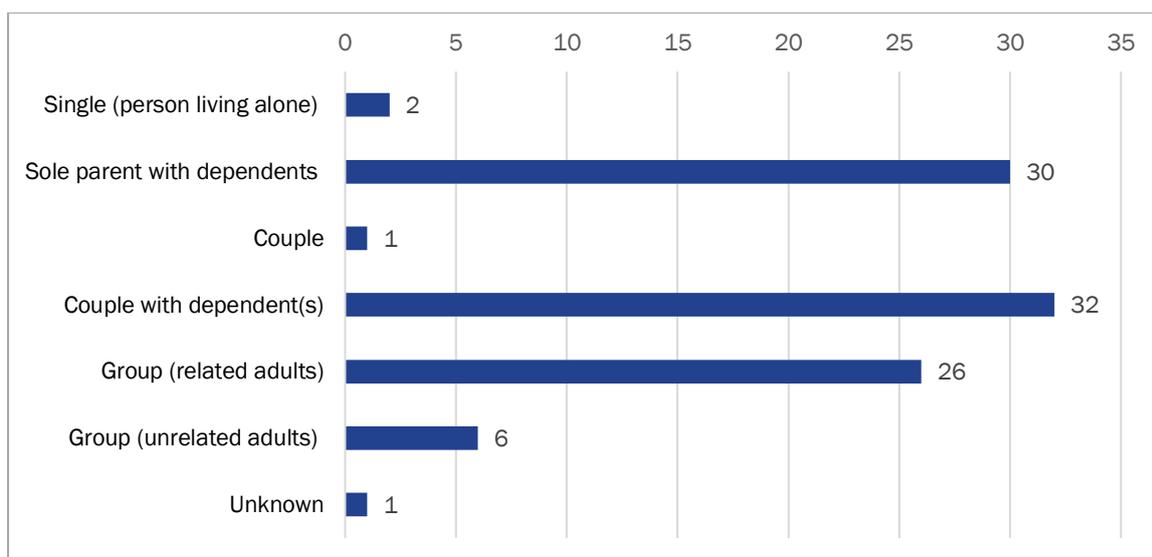
Figure 11: Household composition (DEX data)

Living with parents or partners offered some participants a degree of support. However, when a family or housing situation was a barrier, then the program worked to assist participants with find new housing. According to the administrative data, 34 participants (36%) received support for housing, which is close in percentage to the Survey Monkey participants who indicated that they had received assistance with housing (30%, n=14). Moreover, 19% (n=9) indicated in another Survey Monkey question that they had either been referred to the program for, or had received assistance with, "Real Estate/rental services."

Administrative data indicates that support included CRFYP facilitators looking for housing or driving the participant to view homes, arranging for private rentals, helping participants complete social housing applications, providing references for rentals, negotiating crisis accommodation, calling landlords on behalf of participants, and financing assistance for rent, bond, pet bond, and moving fees (along with associated costs such as house cleaning).

Personal safety

Housing and personal safety are intertwined, because no person is able to feel safe if their household situation is unsafe. If a current housing situation was physically unsuitable for babies or toddlers (e.g., it had concrete floors), then the CRFYP facilitators would assist in finding and securing suitable housing. Housing assistance was one method of providing safety for some of the participants, even if it meant leaving unsupportive parents or a crowded home rather than an abusive partner.

Difficult family circumstances, domestic violence, and the subsequent distress these experiences cause, were issues experienced by some participants. Domestic violence is one of the leading causes of homelessness, and young mothers experiencing domestic violence are in a number of risk categories, especially if they are Indigenous, or have health, substance use, or mental health issues (Kaleveld et al., 2018). A lack of personal safety is a cause of mental health distress for survivors and their children (Australian institute of Health and Welfare (AIHW), 2020a).

In the program, ensuring personal safety included providing legal aid assistance, court representation, and other kinds of support around family and domestic violence, whether the participant was living with family members, was partnered, or was a survivor or alleged perpetrator. The administrative data informs us that 28% (n=27) of participants are listed under the category, "Personal and family safety – domestic violence/court support." All would have been receiving relevant support of some kind under the program, including finding participants alternative housing to escape an abusive partner.

A number of participants in the abovementioned category are listed in the administrative data under "dysfunctional," in reference to family circumstance or partnerships, while others are listed under "domestic violence" and/or a range of assistance such as court paperwork, custody advocacy, family

court support, compensation through an assault lawyer, and help with VROs (Violence Restraining Orders). In one case, a CRFYP facilitator referred a participant to a family advocacy organisation, Family Inclusion Network of WA (Fin WA), to fight a court order that sought to place the participant's children in care.

The weekly group training activities included domestic violence awareness and education training, presented by relevant organisations in the field such as Ovis and the Lucy Saw Centre. It is difficult to tell from the administrative data the extent to which these interventions were effective. Therefore, a knowledge of individual circumstances was necessary to determine impact.

Facilitating positive relationships was another feature of the program. In response to Survey Monkey question, "Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator," 40% (n=19) of respondents indicated that their CRFYP facilitator had provided "Assistance with your family relationships." For the same question, 60% (n=28) of respondents chose the option that their CRFYP facilitator had provided "Assistance with your parenting skills." Participant files attest to the effectiveness of the program in improving parenting as part of a suite of self-improvement activities. One parent in a Good News Story said:

> "Before I started at the career readiness program I was really struggling with my daughter. When I first met the CRFYP facilitator we had a 1:1 session and planned out my future. Since then I have become a better mother and a lot happier with myself."

In addition to the one-on-one mentoring from their CRFYP facilitator, participants also received referrals to parenting programs and other relationship-building support services. The administrative data shows that 45% (n=43) of participants were referred to parenting support services such as Ngala, Eyes Wide Open, and parenting courses at Relationships Australia. One male participant was referred to Relationships Australia for anger management, and another to the Men's Shed. The program also referred and funded participants to participate in relationship counselling. The administrative data records that the program was able to show impact in improving intimate partner relationships. In a Good News Story, a partner is quoted as saying,

> "[Name redacted] has changed so much since starting this program. She is much happier and is getting out and living her life. Our relationship is so much better also."

Finally, the program itself offered a safe space for participants to meet others and learn; in responding to the Survey Monkey question, "What have you found most beneficial about the weekly group activities? Please select all that apply," 61% (n=22) of those who attended chose "Learning in a safe environment." This space also included opportunities for learning from other parents. As one testimonial states, "Loved the training and helpful tips from other mums."

Food

Food was another key area of assistance. One important intervention was the provision of food hamper support from food banks in Mandurah and Rockingham or Pastor Jamie at Rockingham. Half (n=23) of Survey Monkey respondents indicated in response to the question, "Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program," that they had received "Food hampers/welfare support." The administrative data indicates that 60% (n=57) of participants listed received food hampers, Christmas hampers, and/or lunches.

The other food-related intervention included group training sessions on life skills around food safety and, most importantly, food budgeting and preparation. The Activity Work Plan Report of February 2021 records that four participants attended a new short course, "Budget Cooking and Healthy Eating." The course came about because participants had expressed an interest in how to shop for specials, prepare healthy meals, and freeze portions. Additionally, participants who had commenced employment found balancing work with meal preparation stressful and therefore required advice. A cookbook was put together for the participants, and participants learned how to prepare baby food and teething rusks instead of buying take away food. Health eating is a vital component of wellbeing, so this was an initiative that participants appreciated.

Financial support

Financial support was provided in many areas of intervention, as previously noted. These specific interventions have been, or will be, discussed in the relevant sections. For many of the participants, paying the cost of even everyday essentials was at times, or often, difficult, as we have seen from the number of participants who received assistance with food and bills.

While DEX records participants' annual income, the data is incomplete, as 56 are listed as zero or unknown. Of the information we have, Figure 12 indicates that 6 had an income between $10,000 and $19,999, 21 between $20,000 and $29,999, and 8 between $30,000 and $39,999. See Figure 6.2 for a further breakdown of annual income.
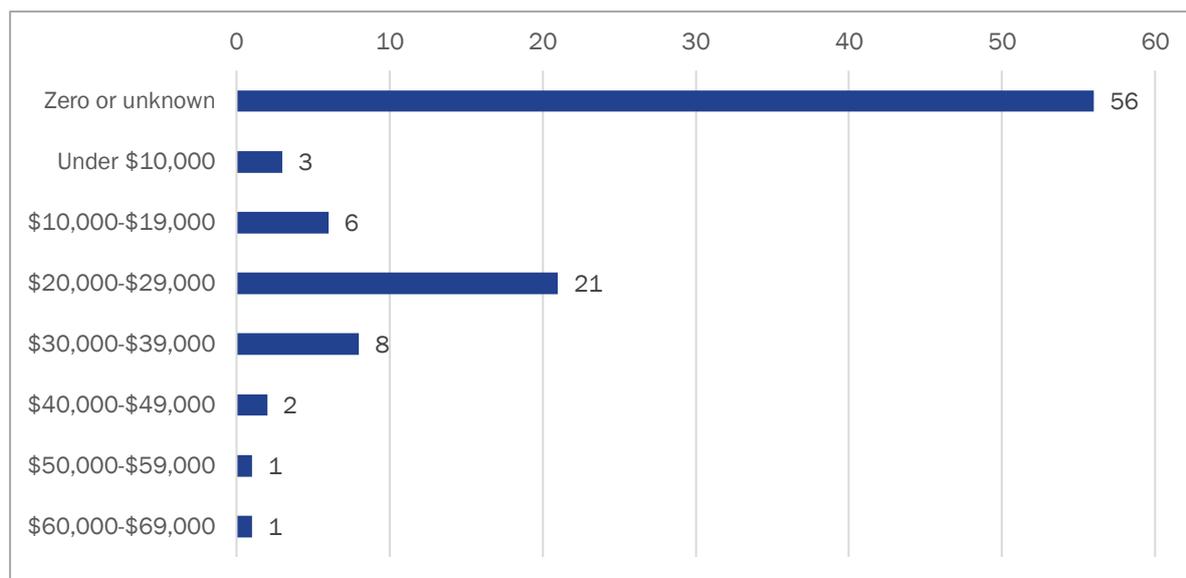

Figure 12: Participants' annual income at intake (DEX data)

Survey respondents were asked by Survey Monkey to "tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator." For the dropdown response, "Your financial assistance/budgeting/finances," 49% (n= 23) of respondents chose this option. The CRFYP program provided group training in budgeting, which the administrative data tells us that 28% (n=27) participants attended. Some of the participants attended both the group training session and financial counselling services. In all, 19% (n=18) of participants were referred to for counselling, though two are listed as not attending. It is important to note that other group training workshops would have indirectly impacted on participant budgets, such as the food preparation classes aimed at providing healthier and cheaper meals. Moreover, assistance was provided in relation to Centrelink, MyGov, and childcare services, as indicated by 60% (n=28) of respondents to the Survey Monkey question, "Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program."

One thing to note is that childcare was the costliest intervention, as made clear in the Activity Work Plan Reports. The administrative data records 46 participants receiving childcare support, while 64% (n=30) of respondents to Survey Monkey indicated that they'd received childcare or day care services. Childcare was an essential feature of the program; without it, many participants would not have been unable to attend sessions, study, or work. For this reason, childcare was one of the program's most impactful interventions; in its absence, the program would not have succeeded. Yet, on a broader scale, lack of childcare is one of the major vocational barriers for parents—particularly single mothers—seeking employment. The issue, therefore, is systemic, as many parents in the program and elsewhere would have to wait until their children were old enough to enter pre-primary/school before they were able to look for work.

6.2 Career readiness

6.2.1. How effective was the project's model in addressing barriers leading to readiness for, or participation in, employment or study?

To what extent did this project support young parents to engage in preparatory work for job readiness.

Much of the program involved laying the groundwork for future success. The Personal Life Design Plan was an important part in the preparatory work. As we have seen, 98%, (n=47) of the Survey Monkey respondents believed the tool was important to their experience of the program. Each participant had a plan which they co-designed with their CRFYP facilitator. In terms of employment, the participant and CRFYP facilitator planned the short-, medium-, and long-term goals that would lead to career readiness. Over time, each goal would be marked with "in progress" or "complete." This was an effective system to help participants develop, visualise, implement, and manage goals. It was a powerful tool for noting milestones and present successes and therefore the possibility of future success. As one participant wrote in the comments section for the question about the efficacy of Personal Life Design Plans: "Helping me work out what I want to do with study career" (21/8/2019), and "I am now starting a course I've wanted to start for a long time thanks to this program" (6/12/2018).

The weekly group training sessions prepared participants to be back in the classroom, encouraging a mindset for learning, and enhancing their interpersonal skills. Group training sessions were both regimented and social in nature, fostering learning as much as friendships. Indeed, workshops combined such topics as basic maths with interpersonal and communication skills, along with managing conflict and difficult conversations. The administrative data indicates the 63 students participated in the BTG group training.

To what extent did this project support young parents to obtain certification (e.g., licences and clearances) to support them in employment?

The program offered the participants assistance with funding for First Aid and CPR training, along with police and working for children checks. However, the administrative data is incomplete, so the numbers cannot be determined.

The program also provided funding for driving lessons and driver's licences. A high percentage of Survey Monkey respondents (43%, n=20) to the question, "Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program," indicated that they received "Assistance with driving lessons or your licence" from the program. The administrative data shows that 30% (n=29) received funding for lessons and/or licences, possibly suggesting incomplete data.

To what extent did this project support young parents in their studies?

As we have seen, one of the government's key responses to the issue of youth unemployment has been to promote further education and training. To address financial barriers to study, the program paid for accredited VET courses and skills training, along with transport costs, study equipment and supplies, and childcare for participants attending classes. This financial support has proven to be invaluable to participants. A high percentage of respondents (79%, n=31) to Survey Monkey question, "Thinking about your career goals, what support have you found most useful?", chose "Financial assistance to pay for the training," making it the second-highest option after "The support/mentoring from your Career Readiness Facilitator" and ahead of "Help to find the right training course." In closer inspection, 59% (n=23) of respondents to that question indicated they received "Assistance with paying childcare fees," while 38% (n=14) received "Assistance with transport/Smart riders/fuel cards."

A 24-year-old Indigenous mother of three with a supportive partner entered the CRFYP program because she lacked a career direction and was struggling with her children. The program helped her identify both her barriers to employment and her goals. She began a Certificate IV in ATSI Primary Health Care Practice, which was funded by the program. Shortly after, she started work placement at an Aboriginal women's health service, which led to casual employment:

"I really just want to thank you for being there for me the whole way and giving me the opportunity to do this. I would not have been able to do this without your support."

The program enabled participants to increase their career readiness by improving their opportunities to study. According to the administrative data, 16 participants had received further training or certificates before entering the program. Under the program, 57 participants were provided with financial assistance and/or mentoring support in accredited education and skills training courses, including a Certificate II in Business and Administration (see below for more details of the course). The majority of courses were TAFE certificates in a range of fields such as community services, salon assistance, business and administration, carpentry, early childhood education, and childcare. One participant was studying teaching at university and receiving mentoring support from the program; they wrote that "the program gave me the support I needed to keep pushing [with] my university studies" (15/11/2019), in response to the Survey Monkey question, "Thinking about your Personal life design plan, do you believe that the program is helping you to achieve your goals?"

One clear impact of the program is that it made the possibility of study a reality for participants who had dreams of further study before entering the program. A respondent to the comments section of the Survey Monkey question, "Thinking about your Personal life design plan, do you believe that the program is helping you to achieve your goals?", wrote:

"I am now starting a course I've wanted to start for a long time thanks to this program" (6/12/2018).

As we previously saw, CRFYP facilitators were responsible for advocating and supporting participants to enrol in training courses. This intervention had an impact for around two-thirds of Survey Monkey respondents; in relation to Survey Monkey the question, "Thinking about your career goals, what support have you found most useful?", 67% (n=26) of respondents chose the option, "Advocacy and support to enrol in training course."

The program supported participants directly with their studies by providing in-house training for 15 participants studying for a Certificate II in Business. According to the September 2019 Activity Work Plan Report, this proved to be a valuable strategy to provide intensive support for participants while they studied, in an environment with which they were familiar, and surrounded by their program peers. The course was designed to run for three days per week over a semester, during school hours, to accommodate parents with school-aged children. As a result of these measures, the course retention rate was higher than that of other external courses to which the program had referred participants (10 out of 15 participants were still enrolled by the time of the report).

To what extent did this project help young parents find and sustain employment?

Career readiness is often a result of study. While the program provided financial assistance and/or mentoring support for 57 participants enrolled in accredited education and skills training courses, not all completed their courses; according to the administrative data, 29 had either completed their studies or were still studying when they exited the program. This rate is consistent with the previously-cited completion rate of 40-60% of students for VET courses. For those who completed their studies, there is a strong correlation with career readiness, either because they were working, studying, or considered themselves career ready. According to the administrative data, the reasons for participants not completing their studies include pregnancy, childrearing, mental health issues, recovery from

addiction, or other life circumstances. Nonetheless, a small number of participants who withdrew from studies were still considered career ready. One example is of a participant who was keen to study and work (i.e., she had the motivation), but had to leave the program and study online in order to care for her often-sickly child.

The non-accredited workshops run by the program led to positive results for some participants. These workshops targeted areas of need in the caring economy, which, as previously discussed, had a projected increase in jobs over the next few years. According to the August 2020 Activity Work Plan Report, the program had initiated a four-week foundation training course, A Day in the Life of a Support Worker, which covered industry-specific training, standards for disability services, introduction to the NDIS, and a person-centred approach. CRFYP facilitators then organised work experience or employment for participants, while the program would also fund a Certificate III in Individual Support. One participant subsequently gained an interview for casual employment with a disability service, at which the employer was impressed with the training and the eLearning certificates completed.

A 24-year-old single parent of two entered the program shortly after her eldest child was diagnosed with ADHD. Unsure of how to overcome this new barrier, she hoped to access support and mentoring to find a meaningful career. She also felt she needed help with rediscovering her self-worth and gaining the confidence to face the everyday challenges of life as a parent. She went through the CRFYP foundation training course, A Day in the Life of a Support Worker. Through the program, she also received funding for day care, her First Aid Certificate, a police clearance, and a refurbished computer. Towards the end of eight weeks of training, she was offered employment as a disability support worker:

> "Without the support from the CRFYP program, I would be at home wondering how I could afford to pay for my national police clearance or day-care, not to mention how to obtain my First Aid Certificate. It is daunting to feel you're all alone in parenthood, but it's was so reassuring to know you have people out there who really care about you and who do everything they can to assist you."

The program assisted the participants with resumes, job applications, interview skills, and work clothes, thereby increasing their confidence and competitiveness in the job market. In response to the Survey Monkey question, "Thinking about your career goals, what support have you found most useful?" 36% (n=14) respondents chose the option, "Help with your resume/interview skills/job applications etc." The comparatively low numbers here are indicative of the number of participants who reached the application stage.

A final consideration is the role of post-placement support in helping participants stay on track with their studies and employment. Anecdotal evidence and case notes indicate that post-placement support was important to help participants maintain their momentum once they were studying and working, and if they encountered sudden barriers. However, there does not appear to be clear recorded evidence from the program data to confirm this. Future programs might consider recording such evidence.

6.2 Mindset and aspiration (self-development)

6.2.1. To what extent did the project create positive change in participants' aspirations and social and emotional wellbeing?

How effectively did the project promote confidence and a greater sense of clarity around vocational choices?

The qualitative and quantitative data strongly suggests that the program effectively promoted confidence and a great sense of clarity around vocational choices – at times profoundly so. A number of participants were referred to counselling to improve their self-worth, indicating a general lack of self-esteem and confidence among participants. Survey Monkey responses to the question, "What have you found most beneficial about the weekly group activities? Please select all that apply," provide some insight into the impact of the weekly group activities. These weekly group activities provided an opportunity for respondents to improve their mindset and aspiration. Hence, 81% (n=29) indicated they were "More positive about the future," an equal percentage chose, "Increased motivation and direction," 78% (n=28) chose, "Increased self-esteem and confidence," 75% (n=27) ticked, "Increased ability to move forward with your goals," and 61% (22) added, "An increased sense of empowerment."

Interestingly, only 44% (n=17) of respondents chose, "Help to find the right career direction – career profiling" in response to the question, "Thinking about your career goals, what support have you found most useful?" More respondents responded positively to the following option, "Help to find the right training course" (74%, n=29), suggesting the program was better at providing clarity with short-term goals, such as a course of study, than a long-term goal such as a career. Overall, the responses to the question did not obtain the same high percentages as the question, "What have you found most beneficial about the weekly group activities? Please select all that apply," where no options reached below 50%. Moreover, nine respondents chose not to answer the question, "Thinking about your career goals, what support have you found most useful?", possibly suggesting that they were uncertain about the question or did not want to answer it.

It is possible that those who attended the weekly group activities gained more out of the program than those who did not attend, which is why they scored the impact of the activities so highly, whereas respondents to the question, "Thinking about your career goals, what support have you found most useful?", also included those who did not attend group sessions. Weekly group activities included workshops on self-esteem and confidence building, beliefs and values, and emotional resilience. Otherwise, it might be that the response options to the question, "What have you found most beneficial about the weekly group activities? Please select all that apply," allowed for flexibility of interpretation, as they focused largely on mindset and aspiration. In contrast, most of the responses to the question, "Thinking about your career goals, what support have you found most useful? (please tick all answers that apply to you)" targeted study and career. It is possible, therefore, that the program was more successful in improving general confidence, self-esteem, general goals, and a sense of positivity about the future than about pragmatic long-term issues such as careers. Or the answer could be a combination of the two. Further investigation would be useful in future iterations of the program.

The testimonials and individual stories about the nature of the support demonstrate the often-powerful impact of the program on participants' emotional journey towards confidence and clarity. The following testimonial is from the March 2021 Activity Work Plan Report:

> "The CRFYP program has been good for me. I was feeling all alone, thinking no one can help me. I came to this program and immediately felt at ease with my CRFYP facilitator. Over the last 6 months we have worked together on my barriers and my self-esteem. My CRFYP facilitator motivated me to study to become a support worker and I now have a job. Without a program like this I really do not know where I would be."

The role of the mentor in helping clarify career goals is also evident in this testimonial from a September 2019 Activity Work Plan Report:

"I honestly don't know what I would have done without the program. The CRFYP facilitator has helped me to find what I want to do in my life and where I would like my career future [to be]. I'm now starting a course which is where I want to go. I'm so thankful for that."

The following is written feedback from a participant's file:

"I loved this course/training. Made plenty of new mum friends and got heaps of support throughout all of it. My confidence and mood changed completely thanks to the girls and trainers/mentors here. Was a wonderful experience and it has definitely helped me set myself straight on the right path for my future."

Participants' files provide a comprehensive picture of the program's dramatic impact on mindset and aspirations. One example is found below.

One participant's personal files tell us that she is Indigenous and the youngest of seven to a mother addicted to speed and pot. The participant's eldest sibling was removed when their mother was 16. Two siblings are dead. The remaining three had drug addictions, and their children were in the care of the Department for Child Protection.

The participant did not have family support, had raised herself from a young age, had never met her father, and had no social networks or confidence in making friends. She had changed accommodation eight times over the past three years, including refuges to escape domestic violence. Mental health was one of her areas of concern. Her Personal Life Design Plan indicates that one of her medium-term goals was to work on her self-esteem and confidence, which she ultimately achieved. This occurred concurrently with growing confidence in her parenting skills and gaining friends, in improving her budgeting skills and mental health, in addition to completing her studies and obtaining part-time work.

Featured in a Good News Story, her first statement to the CRFYP facilitator was, "I want a better childhood for my daughter than I had." Her assessments indicate that the participant completed high school in year 9 and had not obtained training or certificates since leaving school, while her resume shows she worked at Chicken Treat for a year in her teens. Under the program, she completed a Certificate III in Community Services, was progressing with a Certificate IV in Community Services, and would like to study counselling at university.

Self-referred after hearing about the program by chance, the participant entered the program as someone with a desire and commitment to improve her life and that of her child, but without knowing how or having the means. Based on the evidence from her files, it is evident that the program gave her clearer goals, a path towards confidence, and clarity around vocational choices. Over the course of eight months, the program invested in the following to help her reach her goal:

- Group training and one-on-one sessions
- Parenting Courses
- Counselling
- Financial Counselling
- Mobile phone
- Support to successfully apply for the Dream Big Fund ($340) towards purchase of a bike and payment for TAFE fees
- Funding for a First Aid course
- Facilitation of compensation case visits to a psychiatrist and lawyers
- Funding for driving lessons
- TAFE – Cert III Community Services
- Organisation of work placement, which turned into part-time paid work
- Laptop for TAFE
- Centrelink assistance for study entitlements

- Vacation care assistance for daughter
- Dental work
- Medical appointments.

The program's high-touch case management, focusing on goals and intensive one-on-one mentoring proved vital in making positive changes to the participant's life. Responding to the Survey Monkey question, "Thinking about your career goals, what support have you found most useful?", she chose the following:

- "Help to find the right career direction – career profiling"
- "Help to find the right training course"
- "Advocacy and support to enrol in training course"
- "Financial assistance to pay for the training"
- "The support/mentoring from your Career Readiness Facilitator."

In providing written feedback about the program, the participant simply wrote, "Best experience."

The total funding for the participant was $3,293, demonstrating a high return on investment.

How effectively did the project improve participants' mental wellbeing?

Mental ill health was one of the key barriers to career readiness for many of the participants. The program targeted this barrier through a number of ways. First, group weekly training included such workshops as stress in the body, emotional resilience, and meditation. Direct support ranged from referring participants to, and paying for, mental health plans, counselling, medication, and psychiatric appointments. As participant files show, a CRFYP facilitator might also drive and accompany a participant to an appointment and strongly encourage them to resume their mental health medication, leading them to better outcomes.

Administrative data indicates that 29 participants had diagnosed psychiatric conditions for which they had seen a psychiatrist, with the probability that most of the disabilities listed were of a psychiatric nature (according to anecdotal evidence from the CRFYP facilitator). Additionally, the mental health/counselling data shows that most participants (73%, n=69) had mental health issues for which they were being supported. The most common issues were anxiety, depression, PTSD, self-harm, and borderline personality disorder. The following testimonial from the September 2019 Activity Work Plan Report demonstrates the impact the program has had on a participant's wellbeing:

> "Both the program and group training have helped me so much with both my mental health and helping me figure what I would like to do for a job."

The data from Survey Monkey provides some interesting information about mental wellbeing. Respondents to the question, "Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program," indicated that 47% (n=22) of participants had received counselling services, while 13% (n=6) had accessed "Psychiatrist/psychologist services." The administrative data shows that a number of participants accessed both counselling and psychiatric services. In response to the question, "Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator," 64% (n=30) chose, "Your mental health; i.e. counselling sessions," making it almost equal to the second-highest option, "Your social connections/feeling isolated" (66%, n=31).

It would be useful to consider whether and how CRFYP facilitators might have had a direct role in benefiting the mental health of participants. This benefit might have been through the very interaction between a CRFYP facilitator and participant in addition to the act of referral to mental health services. The highly specific nature of the dropdown option ("Your mental health; i.e. counselling sessions") in the question, "Please tick the boxes below to indicate the type of help you have received from your

Career Readiness Facilitator," and its discrepancy in numbers with the similar dropdown option ("Counselling services") in the question, "Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program" (64%, n=30 vs 47%, n=22, respectively), could suggest that, for some respondents, their relationship with their CRFYP facilitator was such that sessions seemed as therapeutic as counselling sessions, or that the counsel or emotional support participants received helped them feel heard, understood, more confident in themselves, and hopeful about the future (as we see from case notes, Good News Stories, and testimonials). Indeed, counselling skills and behaviours, i.e., psychosocial support, such as caring, sharing, and emotional assistance, could be regarded as a key part of mentoring (Higgins, 2000). The following written feedback from a participant file summarises the complex and crucial role of the CRFYP facilitator as motivator believing in, and encouraging, the participant:

> "The CRFYP facilitator was great. She never gave up on me. Even though I went downhill and didn't finish she is still helping me to finish. If it wasn't for the program and the CRFYP facilitator, I wouldn't have got off my ass and I wouldn't have done the TAFE course. Should have more programs to help more people get more jobs."

For participants to know that someone is both empathetic and invested in their lives – a knowledge born of a trusting connection established over months – reduced the sense of isolation. The direct role of the CRFYP facilitator in reducing isolation is gathered by the results to the question, "Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator," in which two-thirds of respondents chose, "Your social connections/feeling isolated" (66%, n=31). While it might be attributable to other factors such as linking participants to services or the weekly group training sessions, the high scoring for the role of the CRFYP facilitator strongly suggests a beneficial emotional component to the engagement with the participant. Future programs of a similar nature might consider exploring this possibility in further detail.

How effectively did the project promote community participation and social connection?

The weekly group activities were the chief peer support component of the program. A total of 63 participants participated in group training, according to the administrative data. Hence, one would expect group training to be the main source of social connection and friendship, and indeed, this appears to have been the case. For the Survey Monkey respondents who had attended group training, 81% (n=36) listed "Making new friends" as one of the most beneficial things they found about the weekly group activities. This result was equal third after "Learning new things that can help you move forward" (89%, n=32) and "The support and mentoring from your facilitator" (86%, n=31). The response, "Knowing that you have support from your new friends if needed" scored 56% (n=20) of responses, suggesting that the friendships were sufficiently well developed for a number of participants. This is a good result, considering relationships of trust take time to develop and strengthen.

Testimonials attest to the friendships developed through the weekly group training sessions. Here is a selection:

> "This program not only gets me out of the house and meeting young mums, making new friends, but learning more parenting and life skills and learning about myself." (Participant file)
> "The Group Training is excellent way to meet friends." (September 2019 Activity Work Plan Report)

The program has also resulted in improved confidence or coping mechanisms when interacting with community members and professionals. The following is a testimonial from the December 2018 Activity Work Plan Report:

> "I am now able to interact with others. Before I started this program I couldn't talk to a new person or even a doctor, but now I can without getting overwhelmed."

7. OVERARCHING QUESTION

7.1 What is the overall impact of the project?

This section focuses on participant career readiness, as determined by the CRFYP facilitators and the participants, along with positive outcomes, as calculated by DEX and expressed in the words of participants.

The administrative data provides information on whether a participant was career ready (as jointly determined by the participant and their CRFYP facilitator). The criteria for job readiness include whether a participant was engaging in study, work placement, or employment. A total of 40 participants, or 42%, were considered career ready. It should be noted, however, that the data is incomplete. It is therefore useful to compare it with responses to the Survey Monkey question, "Do you believe you are career ready? (career ready means able to start a training course at TAFE, do work experience or get a job)." Out of a possible answer of "Yes," "No," or "Uncertain," 88% (42) of the 48 respondents indicated they were career ready, and only two respondents chose the "No" option. While it is likely that a percentage chose "Yes" out of a sense of obligation, politeness, or support for the program's aims or their CRFYP facilitator, this is still an unexpectedly high percentage. If most of the respondents genuinely believed they were career ready, then this suggests a strong level of confidence in the benefits of the program to their employment prospects.

DEX has recorded an overall positive outcome for the program across the three recorded categories of circumstances, goals, and satisfaction. The report discussed satisfaction in the process evaluation section, and therefore the following summarises the overall averages of participant outcomes for circumstances and goals.

Circumstances:

Number of clients assessed: 93 (95%)
Percentage of clients with an overall positive outcome: 70%

Goals:

Number of clients assessed: 90 (92%)
Percentage of clients with an overall positive outcome: 68%

Judging from the SCOREs, the program created a change in the lives of over two-thirds of participants according to the domains listed above.

The SCORE in circumstances and goals differed across the two main sites, with Rockingham having consistently higher scores than Mandurah. The difference suggests one, or a combination, of the following reasons: an inconsistency in reporting or in the interpretation and answering of the questions across sites; different participants needs between sites; variations in caseload between CRFYP facilitators (each site was run by one CRFYP facilitator); and differences in styles between the CRFYP facilitators.

COVID-19 does not appear to be a major factor in Mandurah's result in Phase Two, as the three SCORE domains obtained, on average, higher results during the pandemic lockdown period and Phase Two than the reporting period preceding the pandemic (1 July-31 December 2019). This is partly explained by an injection of funds for Phase Two, whereas the latter period of Phase One underwent financial difficulties and the worst of the first COVID-19 lockdown. Moreover, Phase Two in Mandurah saw only 10 participants, as opposed to 50 over the course of Phase One, and was therefore more manageable despite the challenges posed by a number COVID-19 restrictions in the second half of 2020. Finally, the original CRFYP facilitator for Rockingham took over the Phase Two Mandurah caseload.

Qualitative data complements the quantitative by offering us a greater understanding of change at the individual level. Several comments from the Survey Monkey question, "What suggestions do you have for improving the Career Readiness Program?", suggest the program has been life changing:

> "Great Program – I have a future now." (23/8/2019)

> "The CRFYP facilitator is an amazing woman, who without her support and guidance I would not be where I am today. Thankyou." (9/12/2018)

Similar sentiments were expressed in other questions. For example, in response to the question, "Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator," one comment simply said:

> "A new beginning." (30/2/2021)

By offering case management through an employment framework, the program has been unique among interventions offered in Perth, in general, and in the lives of its participants, in particular. The program provided much-needed mentoring support for participants to address their challenges, have a sense of hope for the future, and feel career ready. The following testimonial is from the March 2021 report:

> "Thank you so much for everything this program has offered and all your support. If it weren't for this program I wouldn't be finishing where I am now. All the support, coaching and believing in me."

The following comment is in response to the Survey Monkey question, "Thinking about your career goals, what support have you found most useful?":

> "I am so grateful for all the support. I have a clear goal and direction in my life. When I complete the two-year diploma I will be a qualified nurse, and I want to save money to purchase my own home for myself and daughter. I would not have been able to do any of this without this program." (30/3/2021)

Participants expressed the profound impact of the program not only on their own lives, but also on those of their family members, as shown in the previous quote and below. The following testimonial is drawn from the Activity Work Plan report of March 2021:

> "I came to CRYP to hopefully meet some new people and hopefully obtain my driver's licence. The program has been incredible. I have learnt how to cook the basics from scratch, budget my income and understand how taxation works. I have been taking driving lessons and I'm currently studying to be a support worker. My motivation has increased so much that my boyfriend has been inspired and has just been accepted into the Defence Force [Army]. The day-care socialising for my daughter has been incredible. She has new friends, and it has given me a chance to have time for myself."

The program has shown its worth in its capacity to address vocational and non-vocational barriers in the lives of a number of participants. For some, the changes have been sufficiently meaningful, for others life changing. These are often participants at a stage of their lives where they have the physical and emotional capacity to address their barriers.

While pregnancy or parenting for small children have prevented others from studying or finding meaningful work at present or in the very near future, they have come away feeling better equipped to seek work. For example, in relation to the Survey Monkey question, "Do you believe you are career ready?", one participant simply stated, "Yes, however now pregnant." Even if one goal of the program was to provide a young parent with a sense of self-worth, plant the seed of hope for career readiness, and offer new skills and the opportunity to study, then – despite current or changing circumstances such as pregnancy – for some it has succeeded.

For those to whom the program has made a world of difference in both the non-vocational and vocational aspects of their lives, there is a clear awareness of the program's impact.

"If I had to give a score out of 100%, I would give it 200% because I have accomplished everything that I wanted to in life."

Good News Story testimonial

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APPENDIX A – SURVEY MONKEY QUESTIONS

Q1. Your name (optional)

Q2. Are you based in Mandurah or Rockingham?

▫ Mandurah

▫ Rockingham

Q3. How long have you been in the Career Readiness program?

▫ Less than 3 months

▫ 3 months

▫ 6 months

▫ 9 months

▫ 12 months

▫ 15 months

▫ 18 months

Q4. Thinking about your Personal life design plan, do you believe that the program is helping you to achieve your goals?

▫ Yes

▫ No

▫ Uncertain

Comments

Q5. Please tick the boxes below to indicate the type of help you have received from your Career Readiness Facilitator. Assistance/help with:

▫ Your housing situation

▫ Assistance with your parenting skills

▫ Assistance with your family relationships

▫ Your financial assistance/budgeting/finances

▫ Your social connections/feeling less isolated

▫ Your health

▫ Your dental health

▫ Your mental health; i.e. counselling sessions

▫ Your drug and alcohol use

▫ Your disability - applying for DSP/applying for NDIS

▫ Your training and employment

▫ Your involvement with the law/legal aid

▫ Your training and/or employment

▫ Your cultural connections

▫ Other (please specify)

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Q6. Please tick the support services that you have been referred to or assisted with as part of the Career Readiness Program:

▫ Counselling services

▫ Doctors/medical services

▫ Real Estate/rental services

▫ Court cases/hearings

▫ Psychiatrist/psychologist services

▫ Training services

▫ Financial counselling services

▫ Food hampers/welfare support

▫ Childcare services/day care

▫ Assistance with Centrelink services/My Gov/Childcare benefits

▫ Legal aid services

▫ Dental services

▫ Assistance with driving lessons or your licence

Q7. Did you attend the group training?

▫ Yes

▫ No

Q8. How beneficial have you found the weekly group training/activities?

▫ 0-100

Q9. What have you found most beneficial about the weekly group activities? Please select all that apply.

▫ Making new friends

▫ Increased self-esteem and confidence

▫ Learning new things that can help you move forward

▫ Knowing that you have support from your new friends if needed

▫ Increased motivation and direction

▫ Increased ability to move forward with your goals

▫ More positive about the future

▫ An increased sense of empowerment

▫ Learning in a safe environment

▫ Having a break from the kids

▫ The support and mentoring from your facilitator

▫ Other (please specify)

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Q10. Do you believe you are career ready? (career ready means able to start a training course at TAFE, do work experience or get a job)

▫ Yes

▫ No

▫ Uncertain

Comments

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Q11. Thinking about your career goals, what support have you found most useful? (please tick all answers that apply to you):

▫ Help to find the right career direction - career profiling

▫ Help to find the right training course

▫ Advocacy and support to enrol in training course

▫ Financial assistance to pay for the training

▫ Assistance with paying childcare fees

▫ Help with your resume/interview skills/job applications etc

▫ Assistance with transport/Smart riders/fuel cards

▫ The support/mentoring from your Career Readiness Facilitator

▫ Other (please specify)

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Q12. What suggestions do you have for improving the Career Readiness Program?

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