



Evaluation of the Cocoon Pilot Program

FINDINGS FROM THE FIRST YEAR OF THE COCOON'S OPERATION

JUNE 2023

Prepared for: *Bridgeit*

Social Ventures Australia acknowledges Traditional Owners of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present. We also accept the invitation in the Uluru Statement from the Heart to walk together with Aboriginal and Torres Strait Islander peoples in a movement of the Australian people for a better future.

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Executive Summary

About The Cocoon and this Evaluation

- ✦ **The Cocoon is an approach to housing and supporting young people at risk of homelessness.** It provides residents with a home, a community, and wrap-around support. The program aims to stabilise residents, upskill them to live independently, assist them into work or study, and exit them into long-term housing with the skills to maintain it.
- ✦ **The Cocoon pilot program was launched in March 2022 in Melbourne, by the newly established non-profit, Bridge It.** It has supported nine young people in its first 12 months, from a cohort with significant and un-met need – young female-identifying people exiting Out-of-Home Care (OoHC).
- ✦ **Just over a year into the pilot, Bridge It commissioned an independent evaluation to understand the impact of The Cocoon against its objectives.** The evaluation was undertaken by Social Ventures Australia. It focuses on documenting the program model, evaluating the short-medium term outcomes, capturing key lessons, and understanding the program's cost.

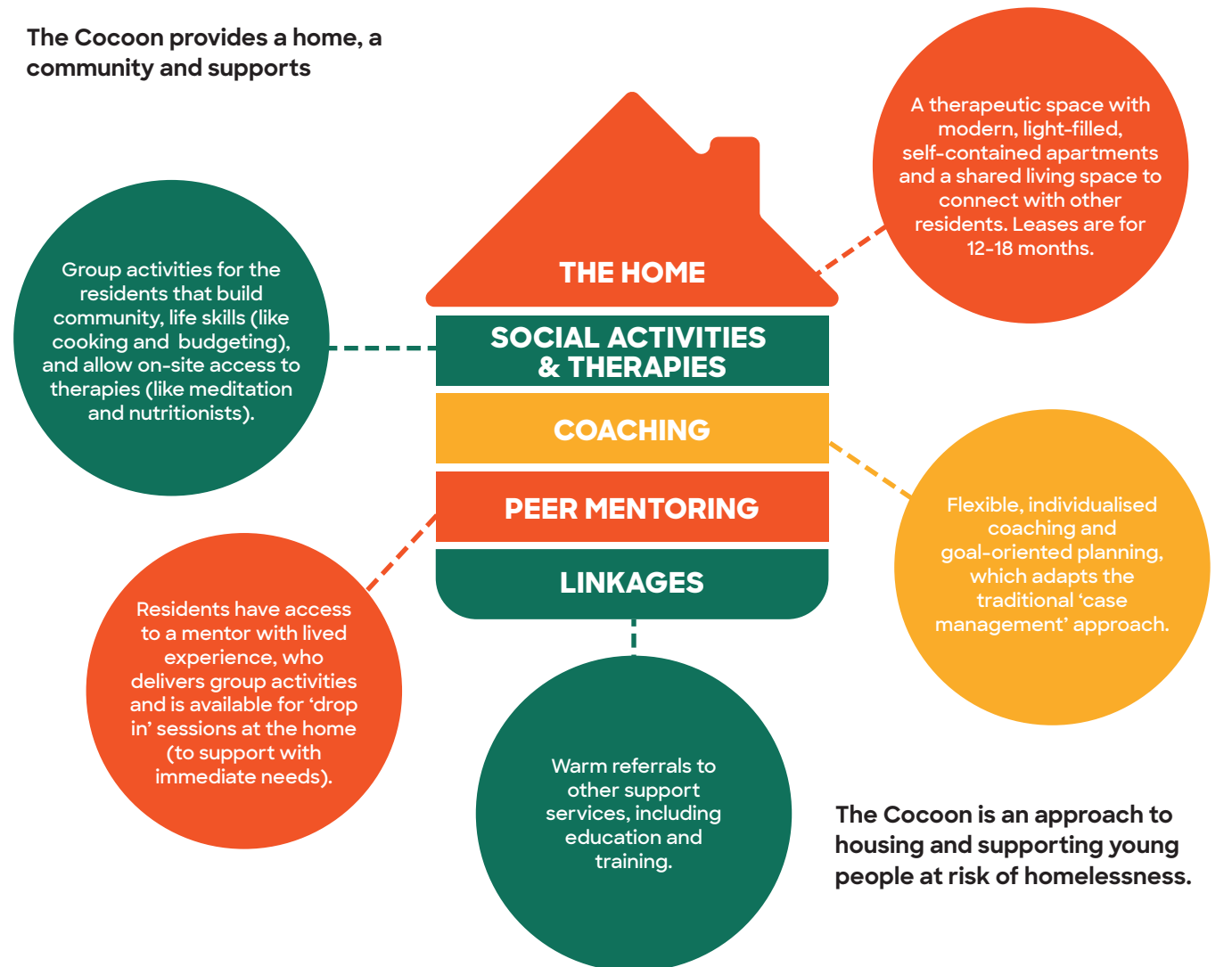
Why is The Cocoon needed?

- ✦ **Many young people in Victoria face barriers to finding safe and affordable housing. The problem is acute for those leaving OoHC.** It is estimated that 7,600 young Victorians experience homelessness each night. For those leaving care, the odds are stacked against them. Research has found that within four years of leaving care, over half (54 percent) of care leavers had experienced homelessness. There is also a critical lack of female-only accommodation with supports in Victoria.
- ✦ **Research demonstrates that early intervention can be effective in supporting young people leaving care, and the costs associated with it.** A study for the NSW Government identified that without intervention, the costs for care leavers were estimated to be \$500,000 over 20 years, per care leaver. Studies have found supports for this cohort are expected to generate substantial savings for government.

What is The Cocoon?

The program is an innovative pilot, with the following components and underlying principles.

The Cocoon provides a home, a community and supports



It is underpinned by a number of principles

Housing-first: Residents have a right to accommodation before being expected to achieve other life goals.

Strengths-based: Residents are supported to identify and build on their own strengths and life goals.

Trauma-informed: Every interaction supports residents recovery from trauma.

Individualised and youth-centred: Support is flexible, tailored to their needs, accessible and jargon-free.

Youth choice and voice: Residents have a say in things that affect them and how the home is run.

What has been the impact of The Cocoon?

FINDING 1:

The Cocoon is achieving its intended short-medium term outcomes. Residents have access to a stable home, are developing life skills, learning about healthy relationships, stabilising their mental health, entering work or study, and working towards life goals. It is too early to assess long-term outcomes, but early indicators are encouraging.

The figure below provides a snapshot of the program's early impact.

THE COCOON PILOT OUTCOMES



9 people found a home and community at The Cocoon



4 people commenced work for the first time



3/3 of those engaged in high-risk AOD use, have reduced their usage



4 re-engaged in education, 1 has continued existing education



8/9 of those experiencing mental health challenges are feeling a little or a lot better



All of those who exited The Cocoon are living in housing options of their choice





What are the key lessons from the pilot?

Other key findings and reflections from the program's first year are outlined below.

FINDING 2:

The Cocoon pilot model cost a total of \$415,000 in its first year, which equates to \$60,000 per resident, per year. This sits in the mid-range of the costs of comparable programs. While it is too early to be sure of the long-term impact of The Cocoon for residents, if it achieves the outcomes anticipated, the cost of the program will be outweighed by the benefits.

FINDING 3:

The Bridge It team have adapted some elements of The Cocoon model during the pilot, responding to the circumstances and residents' perspectives. This is contributing to residents feeling heard and respected, and maintaining their participation in the program's activities.

FINDING 4:

The Cocoon's staff have reflective practices in place that provide space for them to share what's working and could be improved, whilst maintaining the wellbeing of the team.

FINDING 5:

Academic experts have validated that The Cocoon is serving an unmet need, and that the model has been designed consistent with best practice. It has the ingredients that research suggests are required to achieve its desired long-term impact.

Recommendations

These recommendations outline opportunities for Bridge It as it moves into the next stage of the program. Notably, The Cocoon's team and residents have been proactive in identifying and addressing any issues with the model as they have emerged, so this is a contained list. Bridge It has plans to scale up The Cocoon's operations over the next year, expanding to open another residence. This presents the biggest opportunity and challenge for The Cocoon, as it will test its model at a greater scale.

RECOMMENDATION 1:

Continue with plans to formalise Bridge It's network of advisors, with the creation of an Expert Panel. The Panel will advise on The Cocoon model as it expands, ensuring it remains grounded in research and best practice.

RECOMMENDATION 2:

Bridge It should implement changes to its measurement and evaluation framework, to best monitor the impact of the program moving forward. This includes updating its data collection processes to align with the refreshed Theory of Change, and undertaking periodic evaluations of The Cocoon.

RECOMMENDATION 3:

Bridge It should maintain their culture of reflective practice and improvement as The Cocoon model grows, so that refinements can be made where required.

1 About this evaluation

1.1 Purpose of the evaluation

Bridge It commissioned an independent evaluation to understand the impact of The Cocoon against its objectives, and to build an evidence base to support the future expansion of the program.

The Cocoon launched in March 2022, so it is a timely opportunity for review, just over a year into the Pilot program.

The evaluation was conducted by Social Ventures Australia Consulting. Bridge It had the opportunity to review and contribute to the report, but the evaluator reserved the right to use their professional judgement to formulate the findings, as recorded in this report.

1.2 Evaluation methodology

The evaluation methodology is underpinned by utilisation focussed, theory-based, and mixed methods approaches. It is a practical document intended to inform program delivery. It is grounded in a Theory of Change (see Section 2.3 and Appendix B) and seeks to understand the experience of the nine young people who have participated in the program at the St Kilda residence, through both qualitative and quantitative data (where available). The Cocoon is still in its early stages, so the evaluation's methodology and scope is proportionate to the size of the program and data available.

Every evaluation has questions to contain the scope of work and focus of effort. For this evaluation, the questions were:

- ✦ What are the components of The Cocoon model, and why is it needed?
- ✦ What has been the impact of The Cocoon for residents?
- ✦ What was the cost of The Cocoon in its pilot year?
- ✦ What are the lessons from the pilot year? What worked well and what could be improved?
- ✦ How should The Cocoon be monitored and evaluated moving forward?

The evaluation was informed by stakeholder interviews, as well as data and research, outlined below.

INTERVIEWS¹

- ✦ **Bridge It staff:** A workshop and multiple interviews were held with Bridge It's staff
- ✦ **The Cocoon residents:** Conversations with four residents were facilitated by Bridge It's lived experience consultant and the evaluator (*further information at Appendix A*).
- ✦ **Experts:** Interviews with two leading academics:
 - ✦ Professor Philip Mendes, Director Social Inclusion and Social Policy Research Unit, Monash University. Expert on young people transitioning from out-of-home care.
 - ✦ Professor David Forbes | Director Phoenix Australia, Centre for Posttraumatic Mental Health, The University of Melbourne. International expert on the treatment of trauma impacted people.
- ✦ **Corporate partners:** Interviews with two corporate partners:
 - ✦ Lisa Keenan, Executive Director of MPOWER, MECCA. Funder of Bridge It
 - ✦ Robert Pradolin, Founder/CEO of Housing All Australians. Pro-bono supporter of Bridge It.

DATA AND RESEARCH

- ✦ **Statistics and survey data:** Reviewed available statistics and survey results relating to the residents of The Cocoon
- ✦ **Desktop research:** Reviewed select literature regarding the context, features of The Cocoon model, and comparable models.

Given the number of participants in The Cocoon, the utmost care was taken to ensure residents were fully informed and comfortable with how the data collected was to be used for this report, and that their anonymity was protected. Further commentary on resident participation is outlined in the Appendix.

¹ Only a small handful of stakeholders have visibility of the program at this stage. Although efforts were made to interview service providers who interact with The Cocoon, this was not possible due to several factors (including staff turnover and unavailability while the evaluation was being conducted).



2 What is The Cocoon and why is it needed?

2.1 Context for The Cocoon

Many young people in Victoria face barriers to finding safe and affordable housing

Across Australia, young people are experiencing the highest levels of homelessness. The 2021 Census identified that nearly one in four of all people experiencing homelessness in Australia (21 percent) are aged 12-24 years, and that 19-24 year olds have the highest rate of homelessness of any age group.²

In Victoria, 12,000 young people sought assistance from specialist homelessness services in 2021-22, and it is estimated that 7,600 young Victorians are experiencing homelessness each night.³ This is in part driven by the challenges young Victorians face in finding affordable, stable housing. Research completed in 2022 found that there were no affordable private rental properties in Melbourne for single people reliant on Youth Allowance or Job Keeper payments.⁴ We also know there is a critical lack of female-only accommodation with supports in Victoria.⁵

While the Victorian Government recently announced a significant investment into new social housing, including for young people, a 2021 parliamentary inquiry identified that need will still outstrip supply.⁶



The problem is particularly acute for those leaving out-of-home care (OoHC)

Research has established that OoHC leavers are disproportionately at risk of experiencing homelessness and other forms of hardship. Within four years of leaving care, over half (54 percent) experienced homelessness, 31 percent had received either a custodial or community youth justice sentence, and 22 percent had made an emergency presentation for mental health.⁷ These rates were significantly higher than for the broader Victorian population. This is unsurprising, given that in Australia and internationally, OoHC leavers have usually experienced significant trauma, abuse, or neglect⁸; may have relatively smaller social networks and resources; and are expected to transition to independent living at a younger age.⁹

Female-identifying care leavers are particularly vulnerable at this transition point. A recent study of care leavers in Australia identified that in order to avoid homelessness, intimate relationships were often the only form of housing available to young women leaving care. Housing dependent on intimate relationships created pressure on those relationships, and in some cases, exposed the women to violent and unsafe situations.¹⁰

Research demonstrates that early intervention can be effective in supporting young people leaving care, and the costs associated with it

Left unaddressed, the cost to government of people leaving OoHC without support are extreme. A 2018 study for the New South Wales Government identified that without intervention, the baseline costs for care leavers in NSW were estimated to be \$500,000 over 20 years, per care leaver.¹¹

However, service responses focused on early intervention and prevention have been demonstrated to present the best opportunity to change the course of people's lives across a range of social issues, including homelessness and OoHC transitions.¹²

Given the challenges faced by OoHC leavers, they stand to benefit from targeted support as they transition from OoHC to independent living. In recognition of these circumstances, in January 2021, the Victorian Government extended financial support to all OoHC leavers in the state from 18 to 21 years. This "Home Stretch" support is provided through the Better Futures program.¹³ While the policy change is only recent, evaluations from the US and UK of initiatives targeting this transition have led to improved outcomes for care leavers across a range of domains.¹⁴ Further, an Australian economic analysis found an Australian program offering supports to this cohort was expected to generate substantial savings for government.¹⁵

Models differ in their approach to addressing youth homelessness, but evidence points to key success factors

There are a range of service models operating in Australia that provide housing and support to young people at risk of homelessness. These differ in their focus, scale, and approach. Many models emphasise the need for housing as a precursor to stabilising and achieving other positive outcomes – an approach known as *Housing First*.¹⁶ Research supports the efficacy of this model overseas, and it's increasingly being applied and evidenced in the Australian context.¹⁷

2 AHURI (2023), *What are the real costs of the housing crisis for Australia's young people?*. Census data reveals that 91 people of every 10,000 Australians aged 19-24 (and 53 of every 10,000 Australians aged 12-18) are homeless, the highest of any cohort.

3 See Australian Institute of Health and Welfare (AIHW) (2022), *Specialist Homelessness Services Historical Data 2011-12 to 2021-22*, for statistic referring to young people (aged 15-24) 'presenting alone' for support; and Australian Bureau of Statistics (ABS) (2022), *Estimating homelessness: Census, 2021*, for statistic estimating homeless young people (aged 12-24) on census night.

4 Anglicare (2022), *Rental Affordability Snapshot*. Based on data collected in March 2022

5 AIHW (2022), *Specialist Homelessness Services Data Tables 2021-22*. The majority (57%) of those presenting for specialist homeless assistance who did not receive assistance were women. The top reasons why support was not provided was that there was either not enough agency staff to offer support, or that there was no accommodation available (Refer tables 'Unassisted 2 and 6').

6 See Victorian Government (2021) *Increased funding for youth housing*, and Parliament of Victoria (2021), *Inquiry into homelessness in Victoria*.

7 AHURI (2021) *Accommodating transition: improving housing outcomes for young people leaving OHC*. "The rates of service use by OHC leavers are much greater than for other young Victorians; with hospital admissions 2.7 times greater; emergency presentations 4.5 times greater; alcohol/drug treatment 21 times greater; homelessness services 17.5 times greater; and youth justice clients 9.6 times greater."

8 Martin et al (2021). *Accommodating transition: improving housing outcomes for young people leaving OHC*.

9 Beauchamp, T (2014), *Young people transitioning from out-of-home care to adulthood, a review of program approaches in Australia and overseas*.

10 AHURI (2021), *ibid*, page 21.

11 Taylor Fry (2018), *Analysis of future service usage of Out Of Home Care leavers, for the NSW Office Of Social Impact*

12 Orygen Youth Services (2020) *Submission to Inquiry into Homelessness in Victoria*.

13 Victorian Government Department of Families, Fairness and Housing (2023), *Better Futures*

14 Beauchamp, T (2014), *Young people transitioning from out-of-home care to adulthood, a review of program approaches in Australia and overseas*.

15 KPMG (2019), *Economic Analysis of Education First Youth Foyers, for the Brotherhood of St Laurence*

16 Orygen Youth Services (2020) *Submission to Inquiry into Homelessness in Victoria*

17 See SVA Quarterly (2022) *Housing First: The challenges of moving from pilot to policy* for a summary of numerous recent evaluations



Research has also identified several conditions (or ‘success factors’) that are likely to lead to success for the OoHC cohort. It points to a need for longer-term quality accommodation, which offers individually tailored supports in a therapeutic environment.¹⁸ It suggests that support be provided in smaller groups, as accommodating large groups of people with complex support needs and inadequate support can lead to further traumatic experiences.¹⁹ There are a handful of models servicing this need in Australia that adopt these features, including *Youth Foyers* and *Uniting’s Extended Care Pilot Program*, which have had promising evaluations. However, they vary in their scale and approach, and are relatively new.²⁰

Given the enormity of the need to address youth homelessness, the challenges faced by the OoHC cohort, and the recent policy changes, conditions are ripe for further innovation in service design.



¹⁸ AHURI (2021) *Accommodating transition: improving housing outcomes for young people leaving OHC*.

¹⁹ O’Donnell, M, et al (2014) *The Trauma and Homelessness Initiative*

²⁰ See Nous Group (2022), *EXCP Evaluation 2021 Progress Report*, and KPMG (2019), *Education First Youth Foyers Economic Evaluation*.

2.2 Establishment of The Cocoon

With this context in mind, The Cocoon was launched in early 2022, as one of two programs piloted by the newly established non-profit, Bridge It

Bridge It was formed in June 2021, with a mission “to end youth homelessness by providing homes, community and support so young people can lead independent lives.” Bridge It delivers upon this mission by offering homes and support to people who need it most. While the organisation is new, it brought together a team with deep collective experience in the homelessness sector.²¹

When asked about the impetus for Bridge It, the Founder/CEO shared:

“Having worked in homelessness for nearly two decades, it was clear that it’s very hard for people entering the homelessness system to leave it. People who experience homelessness are often traumatised and the system itself can re-traumatise people. I couldn’t be part of that system anymore. We wanted to launch a charity that provided real homes, focused on the importance of community, connection and skill building. We wanted to see people exit homelessness long term.”

- Founder/ CEO, Bridge It

Bridge It decided to pilot two initiatives – The Cocoon and The Sanctuary – with each targeting different ends of the homelessness spectrum. The Cocoon was designed to intervene early to reduce the risk of young people becoming entrenched into homelessness, by offering transitional housing with support.

The Sanctuary supports people who have experienced chronic homelessness by offering a long-term home with support.²²

²¹ See Bridge It’s website, ‘*Bridge It’s Birth*’, accessed May 2023.

²² The Sanctuary pilot was discontinued in mid-2023 due to limitations of the model and operating environment.



Bridge It went through a scoping process and decided to pilot The Cocoon by focusing on young people transitioning from OoHC. They secured philanthropic funding for the pilot

Ahead of The Cocoon’s launch, Bridge It went through a process of scoping and development for eight months. This included securing the physical buildings, designing the programs, getting advice on utilising Home Stretch and NDIS Funding, engaging SVA to develop a Theory of Change and outcomes measurement framework, engaging philanthropy and corporates to donate money and products, and preparing the properties for tenants.

To select a cohort to participate in The Cocoon, Bridge It investigated where there was the greatest alignment between unmet need in the community and financial sustainability. As there was limited funding for homelessness supports, the team focused on a cohort that had financial brokerage attached. Young people transitioning from OoHC and those that were NDIS participants were identified as those with greatest potential, with research suggesting those exiting OoHC demonstrated the highest need. This group became the key focus for The Cocoon. One young person with experience of homelessness but not OoHC was also engaged in the program, with the intention of demonstrating that The Cocoon model could work across a range of cohorts. This resident was partly funded through the NDIS.

The model itself drew on best practice research and the collective experience of the team, and adapted the Common Ground and Housing First approach to the youth context (see following chapter). Despite participants contributing funding from their Home Stretch packages through service agreements, there was still a considerable gap between these funds and the cost of The Cocoon program. Bridge It held multiple meetings with the

Victorian Government’s Department of Families, Fairness and Housing (DFFH) in an attempt to secure state funding before the launch. The DFFH indicated strong interest in the program, but ultimately advised that there were no active funding rounds that could fund it. They also indicated a desire to see outcomes before providing funding. Bridge It then undertook philanthropic fundraising to ensure the pilot could go ahead.



2.3 The Cocoon model and Theory of Change

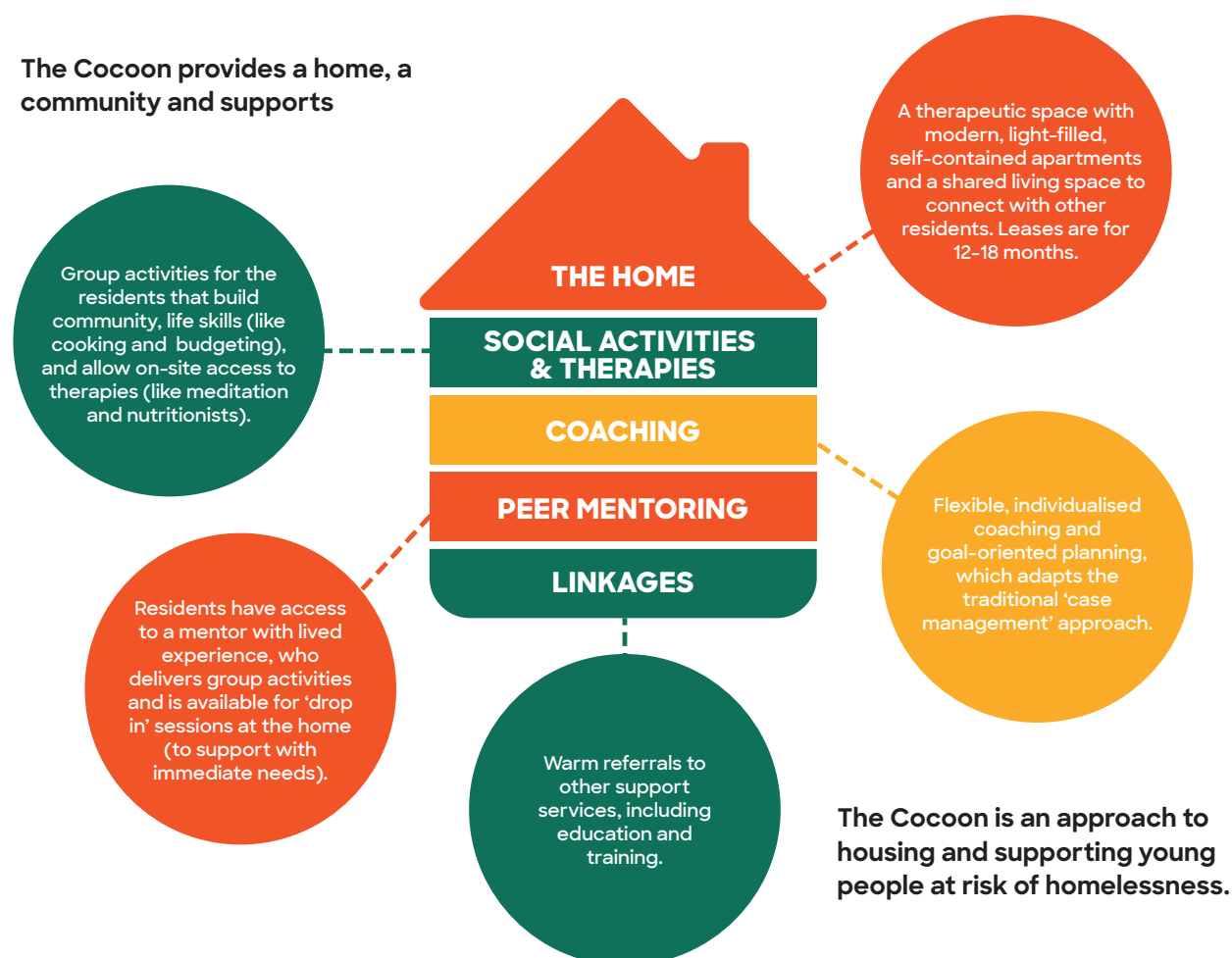
The Cocoon provides young, female-identifying people who have experienced significant childhood trauma with a home, a community, and wrap-around support

An overview of The Cocoon’s Theory of Change is outlined below (and a detailed outline of program outcomes is at Appendix B). It summarises the issue the program was designed to address, its intended impact, and the theory of how its activities will achieve that outcome. Ultimately, the program’s intention is to stabilise the residents, upskill them to live independently, assist them into work or study, and exit them into long-term housing with the skills to maintain it.

| | |
|------------------|---|
| BECAUSE: | Young people who have experienced significant trauma have difficulty finding and maintaining affordable housing, particularly those who are leaving out-of-home care (OOHC)... ..and there is a critical lack of longer-term accommodation for female identifying people, with support onsite |
| WE PROVIDE: | A fully self-contained home for 12-18 months, with onsite support including peer mentoring, case management, social activities, therapies, life and living skills, as well as a pathway into long-term community housing |
| TO SUPPORT: | Female identifying people aged 17-21 who are either: 1. Exiting OOHC; 2. NDIS participants; or 3. At risk or experiencing homelessness |
| THAT LEADS TO: | Residents stabilising their mental health, starting to recover from childhood trauma and working on life goals such as finding employment, engaging in education and building healthy relationships |
| THAT RESULTS IN: | Young people thriving at their full potential, and an end to the cycle of homelessness |

An overview of The Cocoon model is outlined below, and further detailed in the following section.

The Cocoon provides a home, a community and supports



It is underpinned by a number of principles

Housing-first: Residents have a right to accommodation before being expected to achieve other life goals.

Strengths-based: Residents are supported to identify and build on their own strengths and life goals.

Trauma-informed: Every interaction supports residents recovery from trauma.

Individualised and youth-centred: Support is flexible, tailored to their needs, accessible and jargon-free.

Youth choice and voice: Residents have a say in things that affect them and how the home is run.

The Cocoon model was designed with reference to best practice research, and the collective experiences of the Bridge It team.

It was inspired by Housing First Principles and the Common Ground model (both approaches to housing and supporting people experiencing homelessness), but more closely tailored to the needs of young people.²³ The Cocoon model is outlined below with reference to these five key components and underpinning principles.

²³ See Homelessness Australia (2020), *Housing First Principles for Australia* and AHURI (2022) *Common Ground Housing Model Practice Manual*

MODEL COMPONENTS

The Home

The Cocoon provides residents with a safe, fully self-contained home for 12-18 months. Residents live in an apartment within a heritage-listed building in St Kilda – a suburb in Melbourne's inner-city. Apartments are modern, light-filled, and self-contained. Each has its own kitchenette and bathroom, along with access to a shared living space where residents can connect with other residents. There are also two staff offices onsite.

The Cocoon aims to create a space that feels like 'a home'. An interior designer and occupational therapist worked together with Bridge It on the décor of the apartments and shared spaces prior to the launching to achieve that aim. For instance, residents are greeted by bedrooms that have a plant, blanket, bedding, and a picture on the wall. The residence also features a mural, modern finishings, and artworks. It is also a safe and secure space, as the building and bedrooms are lockable, and a fence was added for extra privacy and security from passers-by.²⁴

The property is owned by a community housing provider, who manages the tenancy with residents.²⁵ This is consistent with Housing First Principles, which stipulate that tenancy and wrap-around social supports should be delivered by separate organisations, to ensure housing and supports are not contingent upon one another, and consistent advocacy is provided for the individual.²⁶

Social activities and therapies

The Cocoon also facilitates social activities and access to therapies, with the intent of fostering a sense of community among the residents, developing life and living skills, and helping to address trauma.

²⁴ The building has a secure entrance with fob access.

²⁵ The housing provider is HousingFirst (not to be confused with the Housing First model of community housing).

²⁶ Homelessness Australia (2020), *Housing First Principles for Australia*

Spotlight on cooking classes

Residents cook and eat together once a week. They are given a budget to cover the cost of the meal, shop for their own ingredients within that budget, and then prepare the meal together – sometimes with guidance from a nutritionist. This is a practical way to learn not only about cooking, but also budgeting and nutrition.

There are daily group activities scheduled Monday – Friday. Activities are varied, but include shopping and cooking together, a walking group, study sessions, knitting, and trips to attractions such as the aquarium. Staff also facilitate community experiences like birthday celebrations, barbeques, movie nights, and meals out.

Through these activities, staff look to support residents to develop independent living skills through activity-based learning and conversation. Instead of holding a session on 'healthy relationships', staff will run community outings, and assist the young people to develop relational skills in real life settings. Staff observed that teaching the residents how to manage and negotiate positive relationships with themselves, other residents, and partners was a critical area of skills development across the pilot.

The Cocoon also provides access to a range of therapies and specialists such as yoga, meditation, nutritionists, music and art therapy, massage, and acupuncture. Some have proven more popular over time, so this offering has shifted (see Chapter 4). It now predominantly focuses on massage, acupuncture, and art therapy. The aim of these interventions is to provide additional options for how residents can choose to address and work through their trauma, facilitate life skill development, and better enable their health and wellbeing.

Case management

The Cocoon offers case management (or ‘coaching’) for residents, which is facilitated by two Housing Coordinators (1.5 FTE). The Housing Coordinators develop and deliver a program of supports tailored to support the residents to identify and achieve their goals.

In the first month of a resident’s stay with The Cocoon, two one-hour case management sessions are offered per week. From the second month onwards, a one-hour long case management session is provided per week. From month ten onwards, sessions move to a fortnightly rhythm. Case management might increase or decrease, depending on the resident’s needs.

The Cocoon has intentionally moved away from the language of ‘case-management’, regarding it as an overly clinical term for what is a very personalised and friendly style of support. Instead, they have adopted the language of ‘coaching’ with residents. The term ‘case management’ is used here for ease of comparison to other models.

Peer mentoring

An innovation of The Cocoon is the introduction of a Peer Mentor (0.6 FTE).²⁷ The Peer Mentor has lived experience of childhood trauma and mental health, which are both experiences shared by the residents, who have all experienced trauma and had or continue to have challenges with their own mental health. The Peer Mentor’s focus is on supporting residents with the development of life and living skills and fostering healthy relationships. As the Peer Mentor shares residents’ lived experience, they also help to challenge stigma, and embody hope and possibility for residents. They also often act as an advocate for residents, assisting them to communicate barriers to support to other staff and services.



Peer support models from overseas have shown promising results for improving the wellbeing of those with experience of homelessness.²⁸ Research also shows promise in promoting young people’s hope for recovery, reducing stigma, and increasing empowerment, self-esteem, self-confidence, and community integration.

The Peer Mentor is available to residents four days a week, through drop-in support sessions, group mentoring sessions, and facilitated social and living skills activities. Drop-in support sessions are available for up to two hours per day (residents can book in 30-minute slots), and are generally used to work through any immediate needs emerging for the young person. The Peer Mentor also facilitates roughly three of the group sessions per week.

Linkages

The Cocoon also provides linkages or referrals to a range of other partner service organisations, to support young people to meet their goals or better address their needs. This includes access to a youth nurse, connections to education and employment programs, legal support, and a private rental access program to assist residents in identifying housing options towards the end of their stay with The Cocoon. Bridge It is continuously building out its service linkages, dependent on the needs of its residents.

MODEL PRINCIPLES

Housing-first: The Cocoon’s residents have a right to a stable home, with no pre-conditions such as being required to participate in education and employment or achieve other life goals (a requirement of some other models).²⁹ Residents enjoy full tenancy rights and standard rental conditions, and a home in an accessible, desirable location that is close to public transport and amenities. Residents are supported to transition into long-term independent living after their stay at The Cocoon. This principle draws on elements of the Housing First model.³⁰



Spotlight on youth voice and co-design

- + Residents and the Peer Mentor hold a monthly meeting to inform decisions about what’s happening around the home.
- + This provides a chance to raise feedback or concerns, and participate in decisions made about how The Cocoon is run.
- + Whilst most elements of The Cocoon are informal, this forum is held like a meeting, with an agenda. Residents also have a chance to chair the meetings. This provides an opportunity for them to develop skills that they might draw upon in a workplace.

Youth choice and voice: The program is co-designed and delivered, meaning residents have a say in things that affect them and how the home is run. The residents’ voice guides the case management process and goal setting. This aims to increase residents’ capacity to care for themselves, access and ask for the support they need, and plan to achieve their own goals.

Further, the Peer Mentor facilitates co-design activities with the residents so they can give their views and ideas about how The Cocoon works. The Cocoon model has been iterated over time, taking that advice into account.

Individualised and youth-centred: Support is flexible and tailored, meeting residents ‘where they are at’ in their development. The service is adapted to the unique needs of each resident. Residents are not rushed towards achieving goals or expectations set by others, but are instead encouraged and supported depending on their readiness. The Cocoon and its staff have aimed to make processes accessible and jargon-free, remove arbitrary paperwork, reduce forms, use language that’s engaging for the young person, and engage them in a way that’s more powerful for them.

Strengths-based: Residents are supported to identify their own strengths, develop or enhance their personal coping skills, and work on life goals. Supports offer hope, and encourage residents to dream and imagine a positive future for themselves.

Trauma-informed: Every interaction supports residents’ recovery from trauma. Because of residents’ past experience of trauma, homelessness, or discrimination, it is important that staff build trust, and have a strong commitment to ‘doing what they say’. This ensures that the service is experienced as trauma and gender informed, reliable, and transparent.

Iterations to The Cocoon model through implementation

As a pilot program, The Cocoon model evolved through implementation, in response to resident feedback and other circumstances. This section captures the model in its current form. Some of the lessons and iterations that were made to the model throughout implementation are captured in Chapter 4.

²⁷ To the best of the knowledge of the Bridge It team, their expert advisors, and the Evaluator, the Peer Mentor is a novel introduction amongst housing and support models. However, we note a comprehensive literature review has not been undertaken for this evaluation.

²⁸ Mollica, M et al (2023). “Like a weight off my shoulders”: Participating in peer support from the perspectives of young people experiencing homelessness. Journal of Community Psychology. <https://doi.org/10.1002/jcop.23032>

²⁹ The Foyer, for example, requires residents engage with employment or further education as a requirement to participate in the program.

³⁰ Homelessness Australia (2020), *Housing First Principles for Australia*



2.4 Continuing support after exit - The Cocoon Outreach

Once residents have completed their stay with The Cocoon, the team will offer ongoing support to former residents, should they choose to access it. This support, called The Cocoon Outreach, offers access to all of the services of The Cocoon, with the exception of the residence itself. At the point of this evaluation, just three residents have left The Cocoon, and only in the last six months.

3 What has been the impact of The Cocoon?

3.1 Profile of The Cocoon's participants

Nine young people have resided at The Cocoon in its pilot year. The figure below builds a picture of their profile. Notably, all have experienced mental health challenges in the past, the majority have experience with homelessness, and a number have a history of high-risk behaviour. These characteristics are common in the profile of care-leavers and those with experience of homelessness, as outlined in Chapter 1. At the time of writing this evaluation, three of the residents have exited The Cocoon. Note that this report will refer to all program participants, both past and present, as residents of The Cocoon.

9 RESIDENTS IN FIRST 12 MONTHS



| AGE | |
|-----|-----------------|
| 6 | 17-19 years old |
| 2 | 20-21 years old |
| 1 | 22-23 years old |

| LENGTH OF STAY | |
|----------------|-------------|
| 2 | 3-6 months |
| 3 | 9-12 months |
| 4 | 12 months+ |

| | |
|-------------------------------|--------------------------|
| 1 identifies as First Nations | 1 from a CALD background |
|-------------------------------|--------------------------|

3.2 Early indicators of The Cocoon’s impact

FINDING 1:

The Cocoon is achieving its intended short-medium term outcomes. Residents have access to a stable home, are developing life skills, learning about healthy relationships, stabilising their mental health, entering work or study, and working towards life goals. It is too early to assess long-term outcomes, but early indicators are encouraging.

The program aims to stabilise residents in a home, upskill them to live independently, assist them into work or study, and exit them into long-term housing with the skills to maintain it. While it is too early to assess long-term housing outcomes, for those outcomes that can be assessed, the early indicators are encouraging. The figure below provides a snapshot of the program’s emerging impact, which is further explored in the remainder of this section.

THE COCOON PILOT OUTCOMES



9 people found a home and community at The Cocoon



4 people commenced work for the first time



3/3 of those engaged in high-risk AOD use, have reduced their usage



4 re-engaged in education, 1 has continued existing education



8/9 of those experiencing mental health challenges are feeling a little or a lot better



All of those who exited The Cocoon are living in housing options of their choice

Note: Two residents exited within the 12-month pilot period (through to March 2023), and a third exited shortly afterwards. Of these three, one is in a private rental, one was reunified with family, and one is in community housing.

Here, we explore progress against the outcomes outlined in the Theory of Change (see Appendix B). The following issues are those that emerged most often in consultation, which are viewed as being the most significant.

Access to stable housing, and feeling at home and supported by trusted staff

The Cocoon has provided stable housing for nine people, which feels like ‘a home’ and is a place where residents feel safe and accepted. The space has high quality amenities like murals, comfortable lounges, and warm colours, and feels welcoming. This is one of the features that makes The Cocoon distinct from many other high-volume youth facilities designed for high wear, which are often furnished with non-breakable items, with tables bolted to the ground and CCTV cameras.

“It’s a home away from home.”
“It provides a space for community.”
“It’s really relaxing.”

- Residents at The Cocoon

Residents commented that it is also a space where they feel accepted for who they are. Bridge It staff wanted The Cocoon to provide accommodation without placing conditions on it. This was noted by one resident, who appreciated the space to choose, and stated that they liked how The Cocoon model didn’t push them into study before they were ready, as is the case with some other models. They associated being pushed with triggering memories of family dynamics they were keen to leave behind.

“You’re accepted. You can be you.”
“I like that everything is optional. I heard that at [another service], you have to work or study, and I wasn’t ready for that. But I’m studying now.”
“I’ve felt safe to explore my Aboriginal identity, but have chosen not to.”

- Residents at The Cocoon

Further, residents stated that they trust the staff and feel heard. They had high praise for the Peer Mentor, who they were able to relate to and felt understood them. They also appreciated the co-design forums, with one resident stating that, “I like that my voice is heard.” Many researchers have suggested that better integration of participant voices into housing and support services would improve participation and youth outcomes – a suggestion which has been validated by resident feedback.³¹

The availability of a residence is significant in and of itself. When the residents were asked where they would be without The Cocoon, one stated “in a cell or psych ward”. Others said that they would have had to stay with family that they found triggering, or would have stayed in an abusive relationship. Residents reported being grateful for The Cocoon.

Developing life skills, like budgeting, cooking, maintaining a tenancy, and independence

All residents are engaged in varying capacities with the supports available at The Cocoon, which are designed to foster life skills and develop a sense of community. Residents shared that they found the activities and therapies fun and engaging, and that they were enjoying learning things. The cooking classes were a standout, with many residents reporting that they had taken the skills they learnt through this program on board and were applying them on their own.

“I love the cooking. I’m excited about the nutritionist. Now, I cook things that we learned together on my own too.”

- Resident at The Cocoon

A couple of residents explained they were getting better with budgeting too as a result of conversations they’d had with staff and the routine at The Cocoon. They were less impulsive with money.

31 Mendes, P and Caffey, E (Unpublished), Examining the mental health care needs and outcomes of young people transitioning from out-of-home care in Australia.

"I'm getting better with my money. I used to spend it the minute I had it. Now, I spread it out, it's lasting longer, and I have more self-control."

- Resident at The Cocoon

Residents also enjoyed therapies like massage and yoga, and found them to be helpful and calming.

"I'd tried meditation before, but I learned a lot from the teacher at The Cocoon. I might not have had the chance to learn that and practice otherwise. I also had my first ever massage."

- Resident at The Cocoon

Residents are also developing the skills to maintain their tenancy. Residents are required to pay rent and utilities to Housing First (Community Housing Provider). Residents therefore need to remember to pay their rent independently of the support they receive from The Cocoon staff. This is a skill some have learned the hard way, if they've fallen behind or forgotten to pay rent. In these instances, The Cocoon staff helped residents to understand what had happened, how to address arrears, and how to prioritise their money for rent.

"Paying rent and bills - these are things residents might be learning for the first time. Some residents weren't paying rent, as they'd run out of money that month. So, we'll support them to understand that rent, phone bills, and things like that are things you need to pay first, before you get to other things... They have a support network and safety net to fall back on while they learn things."

- Team Leader, The Cocoon

As a result of the skills they are gaining, many of the residents interviewed were also feeling more independent. Staff have also noticed that shift in their independence and living skills.

"It's been a place I can learn to live independently... I feel more confident of being able to look after myself." "I feel ready to think about what comes next." "I feel I can be my own person and make my own choices... I can take better care of myself."

- Residents at The Cocoon

"Residents have developed independence in a safe environment. It's given them an extended period to build life and living skills, and it's so important to have that while coming out of care."

- Team Leader, The Cocoon

Building healthy relationships and community

Residents have a greater sense of community and are more confident with setting boundaries with their peers - both of which are important foundations of healthy relationships. All residents interviewed shared that they felt they had increased their confidence in setting boundaries, and were getting more comfortable talking about their relationships.

"I'm better at setting boundaries. And I know when to ask for help." "I feel I can now recognise good and bad relationships."

- Residents at The Cocoon

There's evidence The Cocoon has contributed to the development of healthy relationships too. In one instance, a resident attributed their time at The Cocoon to them ending a toxic relationship. They found that talking to other residents and staff gave them the perspective they needed, and have since found a loving partner. Another resident got engaged during their time at The Cocoon, while others have almost universally made friends inside and out of The Cocoon. They noted social activities at The Cocoon have helped facilitate those friendships.



Spotlight on The Cocoon staffs' role modelling and boundary setting with residents

The dynamic that staff hold with residents is building residents' ability to trust adults, develop healthy relationships, and learn in a safe environment. However, this means staff have to regularly navigate difficult boundaries with residents.

On the one hand, staff are working to establish trusted relationships with residents, who may have had trouble trusting adults in the past. On the other hand, they must work to maintain some order in the home, mediate any conflict or tension that arises, and address any problematic behaviours. Residents look to staff for boundary setting, in almost a parental role.

"Residents ask us to set boundaries. They want processes around how we manage issues such as aggression, and want predictability in our responses. On occasions, despite wanting and needing boundaries, it can be hard for our young people when we enforce a boundary."

It is important for the team to genuinely care about our young people. They are teenagers without parents to be there and care for them, so we have to step into that space as much as we can. That takes a tremendous amount of skill to manage that relationship, and is often something that is shied away from in other settings I have worked in."

- Founder/CEO, Bridge It

Achieving goals, including work, study, and improved wellbeing

The program aims to support residents to identify goals and work towards them, across domains including work, study, health, and wellbeing. Out of the nine residents, five have engaged or enrolled in study of some form while at The Cocoon.

Two residents were inspired by the career path of the Peer Mentor and have enrolled in vocational training that puts them on a similar path. Staff at The Cocoon have started a study group to support residents, which the residents are finding helpful.

With respect to work, eight have been working while at The Cocoon or had work experience, and four are currently employed. Four commenced work for the first time while at The Cocoon, and four have worked with a social enterprise they were connected with through The Cocoon. One former resident has started their own business. One had employment already, but switched into a more satisfying job.

Where residents have had setbacks that have made it difficult for them to retain employment, they have been supported with mental health referrals.

"I got a new job! And I left one I wasn't loving. I don't think I would have left the other job if not for The Cocoon... They also helped me figure out what I wanted to do. I decided to do something like them [The Cocoon staff], and I'm enjoying it. It felt like a fresh start."

- Resident at The Cocoon

With respect to wellbeing, each of the residents have prior experience with mental health challenges. Staff at The Cocoon report that eight out of the nine residents are faring better than when they arrived (six a little better, two a lot better, and one with no change). The three residents who were engaged in the high-risk use of Alcohol and Other Drugs (AOD) are also faring better (two a little better, and one significantly so).

"It's been a supportive environment for my mental health... Staff and residents get it. It's helpful to know other people are working through stuff too... They don't judge you here." "I have better routines now. I'm sleeping better, eating better, exercising more."

- Residents at The Cocoon



Long term housing stability

Whilst it is too early to assess the long-term housing outcomes of residents, there are some encouraging signs. Of the three residents that have left The Cocoon, two are living independently (one in a private rental with their partner, and another in long-term community housing). The Cocoon linked these residents with supports to help them identify these housing options. The third former resident has been reunified with their family and is currently residing with them.

Of the residents that are reaching the end of their tenancy at The Cocoon, the rental market and community and public housing wait times in Melbourne are proving to be a barrier to their ability to secure long-term housing. There is a widely reported housing shortage and rising rental costs across Australia (see Chapter 1). With this in mind, The Cocoon is extending their period of support for residents, which is discussed further in Chapter 4.

Negative outcomes or experiences for residents

When interviewed, residents did note some negative aspects of their time at The Cocoon. These are:

- ✦ **Navigating tension with other residents:** A few residents interviewed had experienced conflict with other residents, which affected their mental health at the time.
- ✦ **Staff addressing conflict between residents:** The residents who had been involved in conflict felt staff could have moved more quickly to address the issue, though they ultimately received support from staff.
- ✦ **Preferring to live closer to friends and family:** One of the four residents interviewed stated they were not sure they liked being at The Cocoon. They put this down to the location, as it made it more difficult for them to connect with their networks. However, they noted many other positive aspects of the experience, so this view needs to be considered in that context.

These dynamics are further discussed in Chapter 4.

RESIDENT CASE STUDIES

Some resident experience case studies are shared below, which demonstrate the profile of participants and impact of The Cocoon model. These stories were compiled through interviews that Bridge It conducted with residents before the evaluation, within the pilot year period. Please note that the names of residents have been changed to avoid identification.

Meet Resident Jo

“My whole life was like, oh, I’m probably going to die by ten, okay eleven, twelve, thirteen, fourteen. And then, at sixteen, I was so confused, and every birthday I’m still confused; I’m like, how am I still alive? What I’ve been through, I should be dead.”

This outlook made it difficult for Jo to have personal goals. But, living at The Cocoon, and participating in meetings with Housing Coordinator Sage, has encouraged them to plan for the future.

Jo recalls living between hotels, stealing food for their mum and little sister and running away up to 40 times to live on the streets. Outside of Bourke Street Mall, where they sometimes resided, they were spat on, kicked, and their blanket and cardboard stolen from under them.

“It was less than ideal, but it was the best I could do... I would take that over the abuse any day,” they say, referring to their time living with their mother. **“I grew up being told: you’re showing too much emotion. You need to stop it. You need to stop crying about everything. You need to stop being angry.”**

During their time on the streets, they experienced suicidal ideation and trauma. Subsequently, at 14, they were admitted to a psychiatric ward and diagnosed with bipolar disorder.

Jo feels confronted by the idea of turning 21 and losing access to services. **“I don’t like it; I feel that many of those services should go up to 25, especially if it’s supposed to be helping youth... I guess they have to do it because of funding issues.”** They find solace that The Cocoon team will still be able to provide support after they turn 21.

Initially nervous about joining group activities due to social anxiety, the warm and welcoming setting of The Cocoon has allowed Jo to develop a supportive friendship. **“I have a friend who has experienced similar things and understands how it turned out, wasn’t my choice. With her, I don’t feel as alone. I have finally experienced what a true friend is like.”**



Meet Resident Tammy

“I never really had a loving family; we didn’t show love or do things as a normal family did it was just a place to live,” says Tammy, who lived in foster care from age three.

“I started getting bullied at school, leading to self-harming, and using drugs, which caused issues with my foster carer. I started stealing and skipping school, and I got pregnant.” The foster carer ended the arrangement, and ‘She kicked me out,’ says Tammy.

“It’s good to know I can chat to someone if something happens or I’m not feeling too good mentally.”

Tammy found herself moving between houses, living with friends, an ex-girlfriend and their friend’s dad, until she didn’t have anywhere else to go. **“I had to move in with my biological mum, and she got me addicted to ice. Because of that I had a stroke.”** After being hospitalised and experiencing costly hotel accommodation, Tammy turned to The Cocoon as a supportive, financially viable option. **“It’s been pretty good having the support of people who’ve similar experiences.”**

Tammy’s found regular catch-ups with Ollie and Kate helpful as she’s learnt to reflect on the future and found comfort in receiving support. **“It’s good to know I can chat to someone if something happens or I’m not feeling too good mentally.”**

By being exposed to other residents in shared spaces, such as The Butterfly Room Tammy’s gained the confidence to talk to people and sees this as a constructive skill for gaining future employment. **“It’s nice to live in a place: I can distract myself from things I would normally sit in my room and think about. I don’t feel like I have to sit in my room all day because I’m not friends with anyone.”**



4 What was the cost of The Cocoon in its pilot year?

4.1 Program expenditure

The Cocoon’s expenditure across its first 12 months totalled \$415,000 and is outlined below. The majority of costs are attributed to staffing (~\$280,000), followed by operational, shared, and administrative expenses (\$111,000). Minor expenses were attached to The Cocoon’s social activities and therapies, and various resident costs.

Average program expenditure came to \$60,000 per resident, per year. Note that the support period per resident varies. While nine residents moved through the residence in the pilot year, no more than seven residents were in the home at any one time.

| Description | Year 1 Expenditure (March 2022 to March 2023) | % of total |
|--|--|------------|
| Staffing costs | ~\$282,000 | 68% |
| Operational, shared, and administrative expenses | ~\$111,000 | 27% |
| Social activities and therapies costs | ~\$22,000 | 5% |
| Total | \$415,000 | - |

Note that operational, shared, and administrative costs include a share of the cost of the CEO.

Also note that the costs above **do not include** the cost of renovating The Cocoon’s apartments to make them ready for residents, or other improvements to the building’s amenities. The apartments were renovated by Housing First, and minor improvements, furniture, and finishes were completed through donations of items and services. Bridge It have identified this as a key value proposition of their model. Philanthropic grants also supported these improvements, which have been captured in revenue below.



4.2 Program revenue

The Cocoon’s revenue across its first 12 months totalled ~\$470,000 and is outlined below. The majority (around \$400,000) came from philanthropic sources (85 percent), with government funding accounting for \$70,000 (15 percent).

Government funding was provided through the Better Futures – Home Stretch program and the NDIS, both of which provide capped funding attached to individual residents. Better Futures funding was the most significant source of funding, and enabled Bridge It to bill up to \$15,600 per participant per year.³² Note that when a resident is yet to be on a Home Stretch package, a weekly fee of \$300 is paid through Better Futures brokerage or Child Protection. NDIS funding enabled Bridge It to bill for one resident – included below.



| Description | Year 1 Revenue (March 2022 to March 2023) | % share |
|--|--|---------|
| Philanthropic donations | ~\$398,000 | 85% |
| State government funding: Better Futures | \$41,500 | 9% |
| Federal government funding: NDIS | ~\$29,000 | 6% |
| Other revenue | ~\$1,000 | <1% |
| Total | \$469,500 | - |

32 Victorian Government Department of Families, Fairness and Housing (2023), **Better Futures**. Note the \$15,600 support amount will be indexed annually.

4.3 Comparing program costs

While it is early in the piloting of The Cocoon, we can make some comparative observations about its cost in relation to other housing and support programs. The table below outlines several programs that have operated in Australia, which share some similar attributes, though each are distinct.

| Program | Description | Average cost per participant, per year |
|--|--|--|
| Foyer Central ³³ | Up to two years of 24/7 support and housing (includes housing subsidy) for young people exiting OoHC who are experiencing/at risk of homelessness | \$106,000 (2020) |
| Aspire ³⁴ | Up to three years of intensive support (approx. 1:15 caseloads – higher in first year, lower in final year) for people experiencing chronic homelessness. Excludes the cost of provision of housing. | \$19,000 (2017) |
| Journey to Social Inclusion (J2SI) Phase 2 ³⁵ | Up to three years of intensive support (approx. 1:6 caseloads in first and second years, and 1:10 in third year) for rough sleepers. Excludes the cost of provision of housing. | \$64,000 (2020) |
| The MISHA Project ³⁶ | Up to two years of intensive support for men experiencing chronic homelessness. Excludes the cost of provision of housing. | \$28,000 (2013) |
| Resolve ³⁷ | Up to two years of peer worker support, with access to a 24/7 centre for overnight support and a warmline phone service for people experiencing mental ill-health. | \$34,000 (2017) |
| The Cocoon Pilot | Excludes cost of housing | \$60,000 |

*Note that costs cited do not take inflation into account.

The Cocoon’s costs of \$60,000 per resident, per year fits in the middle of the range of costs of comparable programs. A few considerations are relevant in contemplating this figure:

- + **Intensive early intervention approach:** The Cocoon is intentionally designed to provide comprehensive wrap-around support for residents at this transition point, to have the best chance of influencing their life course trajectory.
- + **Pilot program implementation:** The Cocoon had a licence to innovate, test, and iterate in its first year, which was expected by its philanthropic funders.
- + **The models are not perfectly comparable:** The Cocoon is distinct in its design, so comparisons with other models are helpful, but not equal. It is important to account for the differences in the models, as well as the impact of inflation.

Cost should be considered relative to the potential benefit. It is too early to be confident of the long-term impact of The Cocoon on its residents, and thus the potential savings to government. However, the early indicators outlined in this report suggest the program is on track to achieve the intended impact. Researchers interviewed also believe the model has the ingredients to deliver those impacts. Further, research cited earlier in this report illustrates that the potential economic benefits of an effective program would far outweigh its costs. NSW Government funded research identified that the costs of not acting to support care leavers could reach \$500,000 per person, over 20 years.³⁸

FINDING 2:

The Cocoon pilot model cost a total of \$415,000 in its first year, which equates to about \$60,000 per resident, per year. This sits in the mid-range of the costs of comparable programs. While it is too early to be sure of the long-term impact of The Cocoon for residents, if it achieves the outcomes anticipated, the cost of the program will be outweighed by the benefits.

33 SVA analysis of financials in SVA (2020), *Foyer Central Social Impact Bond, Information Memorandum*
34 SVA analysis of financials in SVA (2017), *Aspire Social Impact Bond, Information Memorandum*
35 Centre for Social Impact, UWA, and School of Health Sciences, Swinburne (2020); *Chronic homelessness in Melbourne: Third year outcomes of Journey to Social Inclusion Phase 2 Study Participants*
36 Mission Australia (2013), *The MISHA Project (Michael’s Intensive Supported Housing Accord): From Homelessness to Sustained Housing 2010–2013, Research Report*
37 SVA analysis of financials in SVA (2017), *Resolve Social Benefit Bond, Information Memorandum*

38 Taylor Fry (2018,) *Analysis of future service usage of Out Of Home Care leavers, for the NSW Office Of Social Impact*





5 What are the key lessons from the pilot?

This Chapter outlines the reflections, lessons, and findings from the first year of The Cocoon, as well as some of the opportunities moving forward.

5.1 Reflections on the model, one year on

Evolution of The Cocoon model through implementation

As a pilot program, The Cocoon model evolved through implementation in response to resident feedback and other learnings. The most notable changes are outlined below.

- ✦ **Changing the role of the Peer Mentor:**

Bridge It's team originally envisaged that the Peer Mentor would live with residents at The Cocoon, so they could be embedded in the home's social dynamic. This quickly became difficult. Residents became so attached and reliant on the Peer Mentor that they were engaging with them constantly, at all hours of the day and night. The Peer Mentor struggled to set boundaries with the residents to keep the role manageable. The team were also concerned this was not assisting with the goal of building residents' independence. A few months in, it was decided the Peer Mentor would no longer live onsite. This had a short-term impact on the residents, but the dynamic quickly adapted, and the team are more confident with the current approach.

- ✦ **Adapting the format and focus of social activities and therapies:**

The team has changed the regularity, focus, and format of social activities and therapies as a result of resident input. A key learning was that residents prefer most social and skill building groups to be delivered by the Peer Mentor (someone that they know and trust), for those groups to be more casual, and

that learning be inbuilt in informal ways. They also learned that residents preferred therapies to be delivered by skilled professionals, and that certain types were more popular – like acupuncture, massage, and art therapy.

- ✦ **Adapting the approach to discipline:**

The Bridge It team were conscious of wanting the service to feel as informal and homely as possible. They also wanted to avoid overly punitive behaviour management approaches that could trigger a trauma response. However, they learned through trial and error that residents wanted clear signals in response to misbehaviour. The team introduced formal warnings so that those signals are unmistakable. These are proving more effective.

- ✦ **Allowing more resident autonomy, responsibility, and voice:**

This has come about in a few ways. For example, The Cocoon's social spaces were originally only open to residents during the day when staff were onsite. Residents asked for ongoing access to that space, and were granted this on the condition that it was kept clean. Residents have since managed that space well, and it has been a source of pride. The team also wanted to provide more structured opportunities for residents' voices to inform the home, so a co-design forum for feedback was held, which initiated the now ongoing co-design forums mentioned earlier in this report.

- ✦ **Allowing residents to stay beyond the 12-month period:** Bridge It's team originally believed many residents would be ready to move to long-term accommodation at about the 12-month mark, though were open to longer stays as needed. Containing the stay to this timeframe would have enabled The Cocoon to support more young people. However, as the year reached its end and the housing situation in Melbourne worsened, it was evident that exiting people into long-term housing would be difficult, and the team were not going to exit people into homelessness. Consequently, it is possible that more residents than expected will edge towards the upper end of the time-period.

FINDING 3:

The Bridge It team have adapted some elements of The Cocoon model during the pilot, responding to the circumstances and residents' perspectives. This is contributing to residents feeling heard and respected, and maintaining their participation in the program's activities.

Team reflective practices

The ongoing iteration and improvement of The Cocoon's model is explained not only by the co-design practice, but by the ongoing reflective practices of the team. These practices have the benefit of allowing space for reflection on what's working and what could be done better, as well as maintaining the wellbeing of the team. The team have been intentional about this practice from the outset.

"We go over and above in terms of how we support our staff, acknowledging the complex role they play. It's critical we provide external clinical supervision, both one-on-one and in a group setting. The whole time I've worked in the sector, I've campaigned for this, but it was never made available."

– Founder/CEO, Bridge It

Supervision and reflective practice takes a couple of forms:

- ✦ **Direct line supervision:** The CEO provides direct line supervision to the Team Leader and Operations and Projects Coordinator, meeting with them regularly. These staff members then provide direct line supervision to the rest of the team.
- ✦ **External clinical supervision:** An external professional provides clinical supervision. This takes the form of individual one-on-one sessions every six weeks, and group sessions with staff every six weeks. The external supervisor is also available for advice and debriefing, if there are any critical incidents.

Staff have commented that this has helped sustain a culture of openness, honesty, and psychological safety. This has positive flow-on effects for the efficacy of the program, as any issues can be raised and quickly.

"Because we are so open and have good communication, I believe any points for improvement [for The Cocoon model] have been brought up and actioned. I can't think of a scenario where that hasn't happened."

– Team member, Bridge It

FINDING 4:

The Cocoon's staff have reflective practices in place that provide space for them to share what's working and could be improved, whilst maintaining the wellbeing of the team.



Expert perspectives on The Cocoon model

Bridge It has recently engaged with two academics with expertise in the care-leavers cohort and the treatment of trauma. These experts will be joining the organisation's newly created Expert Advisory Panel. Their perspectives were sought during the evaluation, to reflect on the model and its progress to date.

While they noted it was too early to be sure of the long-term impact of the model, a few components of its design gave them confidence it was best-practice and had the ingredients for success:

- ✦ **Support leaving care is critical:** Numerous studies and campaigns have successfully made the case that ongoing transitional support is critical for improving the life outcomes of care-leavers. Further, there is an unmet need to support this cohort (refer Chapter 1).
- ✦ **Supports in place:** Stable housing on its own is not enough. Wrap-around support has been demonstrated as a critical addition to give the cohort the best chance of success. The supports in place – such as the Peer Mentor, activities, case management, and referral services – were important. The addition of therapies was novel and supported by research, which has identified that mental health supports in particular were beneficial to this cohort, but generally difficult for them to access.³⁹

- ✦ **Skillset of the team:** The diverse experience of the team, their thoughtfulness in the program's design, and willingness to turn to expert advice also provided confidence in the model's likelihood of success.
- ✦ **Duration of stay allows young people time to stabilise:** It was noted that a lot of housing and support interventions are shorter term, providing emergency relief. However, the revolving door of support does not provide sufficient time for young people to stabilise. The length of stay was important to introduce stabilising or corrective learning practices.

"[The residents] need to be there long enough for staff to see behaviours emerge, and then introduce ways to address them. The timeframe of The Cocoon allows for two or three learning points, so that [the residents] know that stability has been tested and is likely to last without those supports being in place. [The residents] learn that stability is possible."

– Professor David Forbes, Monash University

FINDING 5:

Academic experts have validated that The Cocoon is serving an unmet need, and that the model has been designed consistent with best practice. It has the ingredients that research suggests are required to achieve its desired long-term impact.

³⁹ Mendes, P and Caffey, E (Unpublished), *Examining the mental health care needs and outcomes of young people transitioning from out-of-home care in Australia*, referencing Muir, S., & Hand, K. (2018) *Beyond 18: The longitudinal study on leaving care Wave 1 research report*; and Muir, S. et al (2019), *Beyond 18: The longitudinal study on leaving care Wave 3*.



Challenges for The Cocoon's staff in mediating tension between residents

From time to time, tensions have emerged between the residents. This creates inevitable challenges for The Cocoon's staff, who have a responsibility to support all the residents through these challenges. It should be noted that residents at The Cocoon generally described it as a community of friends. However, tensions have included an incidence of physical aggression, and residents not getting along with one another. In at least one instance, a resident referred to the behaviour of another as 'bullying'.

In these situations, residents will approach staff and ask for them to act or provide advice. Staff will endeavour to give residents suggestions and the tools they need to address the situation independently where appropriate. This is an effort to build residents' capabilities to address similar circumstances when they transition out of The Cocoon.

Occasionally, staff will need to intervene. However, residents shared that at times, they've felt staff had taken too long to do so. These claims need to be considered carefully. In discussing the instances in question with The Cocoon team, it appears the staff are giving due consideration to the risks, and balancing those risks with their obligations well. The criticism from residents is perhaps an inevitable tension for this type of environment, though staff need to continuously monitor and respond to resident concerns carefully, seeking support from management and/or appropriately placed services when necessary. The aforementioned supervision, reflection, and critical incident report practices provide a means of doing so.

5.2 Opportunities moving forward

This section outlines a couple of opportunities for the team to consider as it moves into the next stage of its iteration. The Cocoon's team and residents have been proactive in identifying and addressing issues with the model as they have emerged.

Notably, Bridge It has plans to scale up The Cocoon's operations over the next year, expanding to open another residence. This presents the biggest opportunity and challenge for The Cocoon, testing its model at a greater scale.

Launch the Expert Panel

Bridge It has engaged with subject matter experts to create an Expert Panel, who the team can draw on as the model expands. This will ensure it continues to be grounded in research and best practice. Membership of the panel will include a criminal lawyer, AOD specialist, trauma expert, leaving care researcher, and a person with a lived experience. Bridge It is in the process of establishing this panel.

RECOMMENDATION 1:

Continue with plans to formalise Bridge It's network of advisors, with the creation of an Expert Panel. The Panel will advise on The Cocoon model as it expands, ensuring it remains grounded in research and best practice.

Improve data collection

The evaluation has identified opportunities to improve the data being collected by Bridge It, in order to better understand the outcomes being delivered for residents by The Cocoon model. This will be particularly important as the model expands.

Bridge It launched The Cocoon pilot with a clear Theory of Change and measurement and evaluation plan, which was designed by Social Ventures Australia.

However, there were challenges with implementation. Residents interpreted the questions differently, and not all residents were asked to complete the surveys. Further, there was not a clear owner of the data collection process. Each of these factors contributed to a patchy data set.

These issues were easily overcome, as the small size of the cohort meant staff witnessed first-hand the outcomes being experienced by residents. However, as the program scales, sound data collection processes will be more important. Together with the Bridge It team, a few changes to the measurement and evaluation framework have been agreed. These are outlined below.

- ✦ **Align data collection with the updated Theory of Change:** As a part of the evaluation, the Theory of Change for The Cocoon has been updated (see Section 2.3). Detailed outcomes are also viewable at Appendix B. Nine priority outcomes have been identified for measurement. These should form the basis of a revised approach. Priority outcomes can be monitored through a combination of Bridge It's client management systems data, and periodic surveys of The Cocoon's residents.
- ✦ **Keep client management data up to date:** As the organisation grows and staff come and go, it will be more important to ensure client management data is kept up to date. Data should capture basic demographic information on the profile of residents, and monitor some resident outcomes data such as (1) engagement with The Cocoon program supports and service referrals, (2) engagement with study or employment, and (3) housing exit destinations.

- ✦ **Refresh the survey design and regularity:** Resident surveys should be conducted at three intervals for each resident: (1) at resident admission/entry, (2) at resident exit, and (3) twelve months after resident exit. Three separate surveys should be designed aligning to each of these intervals, with questions aligning to priority outcomes in the Theory of Change. Questions should adopt the Likert scale where possible (for ease of data analysis), though some free text (qualitative) responses would also be valuable.
- ✦ **Nominate a key person to own the process:** In our experience, outcomes measurement processes have the best chance of success if there is clear ownership and accountability. We recommend one team member be appointed to 'own' the process, and ensure data collection is kept up to date.
- ✦ **Conduct periodic evaluations:** We recommend that an evaluation be undertaken of The Cocoon every two to three years, or to concur with significant program milestones (should they differ slightly to this suggested timeframe).

RECOMMENDATION 2:

Bridge It should implement changes to its measurement and evaluation framework, to best monitor the impact of the program moving forward. This includes updating its data collection processes to align with the refreshed Theory of Change, and undertaking periodic evaluations of The Cocoon.

Maintain culture of reflective practice and improvement

As the model grows and more residents exit the program into housing, there will be more lessons and opportunities to refine The Cocoon. Questions that remain unanswered will become clearer over the years ahead and require attention, such as:

- ✦ Are resident outcomes being sustained well after they have left The Cocoon?
- ✦ What level of support is required through The Cocoon Outreach, to better enable enduring outcomes?
- ✦ Are residents with certain characteristics or durations of stay more likely to benefit from the program and experience enduring benefits?
- ✦ How can the program maintain its informal nature and flexibility as it grows?

Maintaining a culture of reflective practice and continuous improvement, armed with the measurement and evaluation framework data and insights, will provide the best chance of achieving an enduring impact.

RECOMMENDATION 3:

Bridge It should maintain their culture of reflective practice and improvement as The Cocoon model grows, so that refinements can be made where required.





Appendix A: Resident engagement

To evaluate the impact of The Cocoon, it was important to understand the experience of residents.

Formal ethics clearance through a Human Research Ethics Committee was considered, but given the nature of the work, was not deemed necessary. The evaluation’s data collection was undertaken as part of Bridge It’s regular operations, and so demanded the same due care and diligence that Bridge It use in all their work, consistent with its standard operating procedures. Bridge It’s CEO and Team Leader oversaw the work, and The Cocoon’s Peer Mentor (who has lived experience of mental health) led engagement with the residents.

The wellbeing and care of The Cocoon’s residents was paramount throughout this review process. The utmost care was taken to ensure residents were fully informed and comfortable with how data collected was to be used for this report, and how their anonymity would be ensured. Care was also taken to ensure consultations with residents were safe, trauma informed, and appropriate, as outlined below:

- + **Format:** Conversations were held with four residents, and went for <60 minutes each.
- + **Lived experience Peer Mentor:** Conversations were held collaboratively between the evaluator and the lived experience Peer Mentor that the residents knew well. Residents were familiar with engaging with this mentor to provide advice and feedback on The Cocoon, so this was a natural extension of their existing dynamic.

- + **Free, prior informed consent:** The purpose of the evaluation and the conversation was outlined to participants. It was explained that participation was optional, anonymous, and confidential, and that there would be no negative repercussions for declining to participate. Participants were invited to ask questions about the project and conversation.
- + **Value of contributions recognised:** Residents were provided with \$50 vouchers as a token of appreciation for participating.
- + **Debriefing available:** Residents were provided with the opportunity to debrief with the lived experience Peer Mentor following the interview, and warm referrals to other support services were available if required (though none were requested).
- + **Output of the work:** Notes from the discussion were captured visually with Post-it notes, so that residents could see their thoughts being accurately captured and reflected back to them. Residents were also informed that an evaluation report or brief summary would be shared with them afterwards.

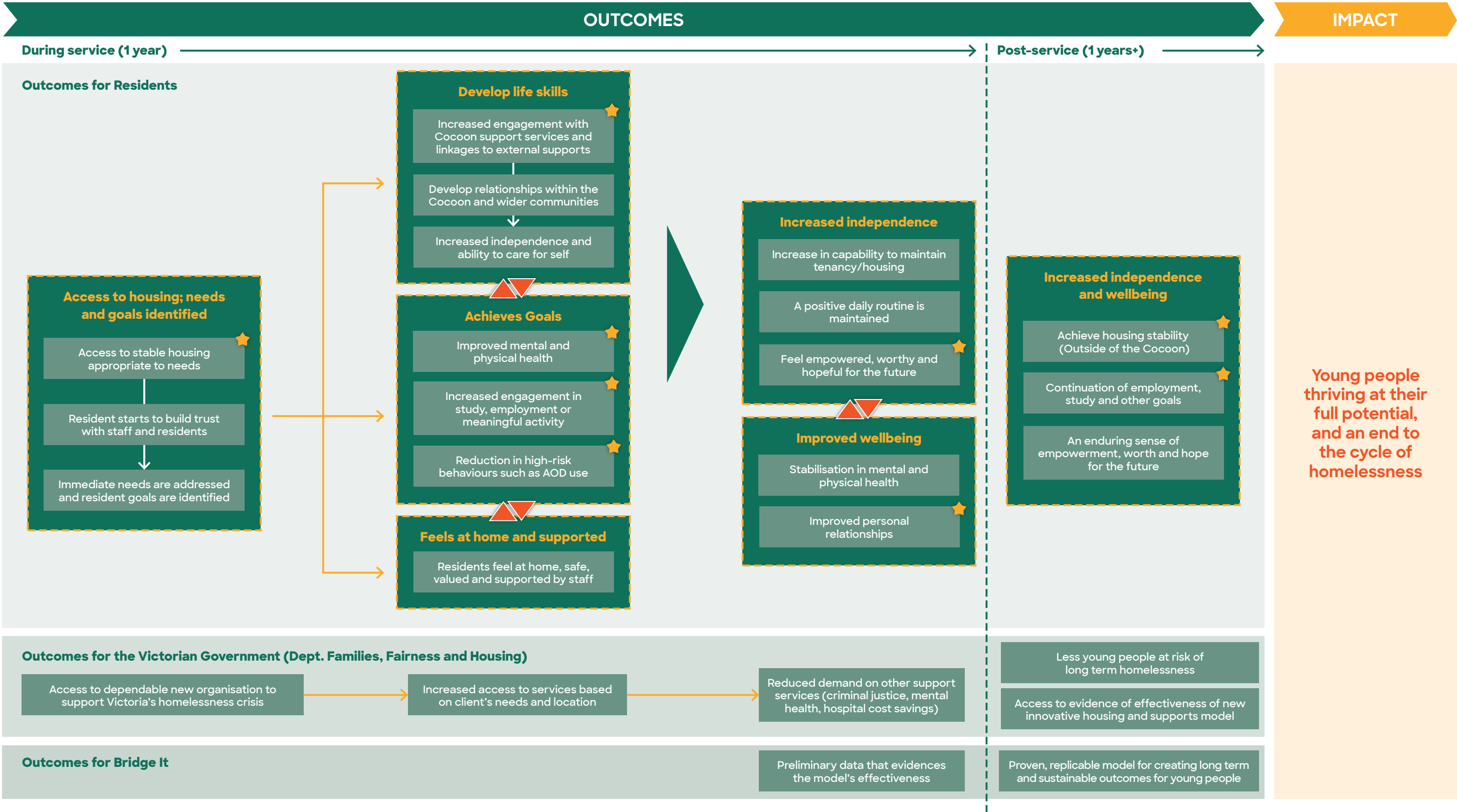
Appendix B: Theory of change outcomes

KEY

Cocoon outcomes

Outcomes occur simultaneously

★ Priority outcomes for measurement



This report has been prepared by Social Ventures Australia (SVA) Consulting

Social Ventures Australia (SVA) is a not-for-profit organisation that works with partners to alleviate disadvantage – towards an Australia where all people and communities thrive.

We influence systems to deliver better social outcomes for people by learning about what works in communities, helping organisations be more effective, sharing our perspectives, and advocating for change.

SVA Consulting is Australia's leading not-for-profit consultancy. We focus solely on social impact, and work with partners to increase their capacity to create positive change. Thanks to more than 15 years of working with not-for-profits, government and funders, we have developed a deep understanding of the sector and 'what works'.

Our team is passionate about what they do and use their diverse experience to work together to solve Australia's most pressing challenges.

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