Breaking down the barriers:
Innovative collaborations between the welfare and education sectors

A case study.
Victorian Alcohol and Other Drug Treatment Service
Preventing, reducing and treating substance misuse in young people:

Outreach

Collective impact

Community education

Secondary consultation

Creative engagement

Embedded services model
Today

• Long-standing youth service sector challenges
• Building Resilience in Community Schools, (BRiCS)
• Our learnings
• The future
• Mental health problems are the number one issue facing young Australians (headspace, 2011).

• Just under ¼ of young sufferers seek help (Grogan et al., 2013).

• Young people with mental health disorders are 5 x more likely to use substances (ABS, 2010).

• Nearly 13% of young Australians aged 16 – 24 have a substance use disorder (Grogan et al., 2013).

• Young people with substance use disorders are the least likely to access services (ABS, 2010).
Issues of engagement
Daunted by treatment options
Competing priorities
How can we:

- Better identify and engage before crisis point?
- Be an ongoing, trusting, available presence?
- Provide treatment on young people’s terms, in safe, familiar environments?
- Effectively support those already working with young people?
Meeting the challenge

- **Positive and protective factors** (Silburn, 2003).
- **Early intervention and easy service accessibility** (Grogan et al., 2013; McGorry, 2007).
- **Relationships with young people** (Grogan et al., 2013).
- **Educational engagement** – well-evidenced link between school disengagement, criminal and substance use behaviours (Henry, Knight, Thornberry; 2012; the Gatehouse project, 2001; Youthlaw, 2008).
- **Service collaboration** (Grogan et al., 2013).
A different space for engagement: Building Resilience in Community Schools (BRiCS)

Early intervention, treatment and education for young people attending community and high need mainstream schools.
‘I have no future at the moment. I am always scared. I hate the person I’ve become.’

A text message received by a BRiCS’s clinician.
Experienced youth AOD clinicians embedded into community schools to provide:

- AOD counselling, outreach, support and referral for young people, incl. support for parental/sibling substance use.
- Mental health screening, support and referral.
- Family and carer support.
- Secondary consultation and professional development.
- A 10 week resilience-building education program.
- Wrap-around engagement and support activities.
Targeted wrap-around support

building trust
role modelling • soft messaging
The embedding approach

- School-based
- Classroom and excursion involvement
- In-class health and wellbeing program
- Staff and welfare meetings
- Being flexible.
• Unstable circumstances, incl. homelessness: 38%
• Out-of-home care: 13%
• Problematic household substance use: 68%
• Principal drug of choice daily: 67%
• Polydrug users: 91%
• No prior drug treatment: 79%
• Significant mental health: 43%

Deakin University 2012.
Our community school partners

• 2007 – present: Caulfield Park (Oakwood) Community School.

• 2010 – present: Sydney Rd Community School.

• 2016 - 2018: 3 year trial mainstream government school.

• 2007 – ad hoc: Lynall Hall Community School (2 campuses).

Blurring the space between service and school

universal spaces • uniquely placed safe and familiar
Deakin University Evaluation Partnership

- Demographics of client group.


- Increases in measures: family support; general appearance; hygiene; comprehension; expression; physical health indicators; psychological and well-being; levels of connectedness (2010 – 2012).

- High student and teacher engagement with the project.

- High levels of client and teaching staff satisfaction with the service provided.
## Client satisfaction

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale</th>
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</thead>
<tbody>
<tr>
<td>Able to cope with problems better</td>
<td>1.8</td>
</tr>
<tr>
<td>Able to deal with issues they received help with</td>
<td>1.6</td>
</tr>
<tr>
<td>Able to deal with people/events that caused them to use substances</td>
<td>2.5</td>
</tr>
<tr>
<td>Satisfied with program service</td>
<td>1.1</td>
</tr>
<tr>
<td>Decrease in harmful behaviours</td>
<td>3.7</td>
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</tbody>
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*(Scale: 1 being increased a lot to 5 being decreased a lot)*
Teacher feedback
Focus groups  (Deakin University, 2014)

For students, increases:
Service access and help seeking
School connection
Attendance
Sense-of-belonging
Service familiarity

For staff
Reduces staff work load
Reduces pressures
Specialist support and consultation

BRiCS delivery
Creates space to address issues
Student-focused
Inclusive
Consistent
Early intervention
In-the-moment
Stigma reducing
Learnings

• School ‘buy-in’
• Student ‘buy in’
Why the embedding services model?

• Therapeutic relationships form organically: just under 40% of referrals student self-referrals.

• Engagement: 30% students engaged across schools, average length program engagement 6.7 months.

• Greater welfare capacity of the education setting: onsite, easily accessible professional development.

• Early identification, engagement and treatment of at-risk young people.
Where to from here?
Excellence in Treatment Services for Young People
2012 National Drug and Alcohol Awards