



Speak Out Dual Diagnosis Program

Evaluation Report Executive Summary

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Prepared by Hecate Consulting

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We acknowledge that this Evaluation was conducted on the traditional lands of the Gadigal people of the Eora Nation. We pay respects to Elders past, present and future.

Weave Youth & Community Services is accredited under Australian Service Excellence Standards (ASES).

Weave is proud to be a registered charity with the Australian Charities and Not-for-profits Commission.

Weave Youth & Community Services
ABN 77 722 376 568



Acknowledgements

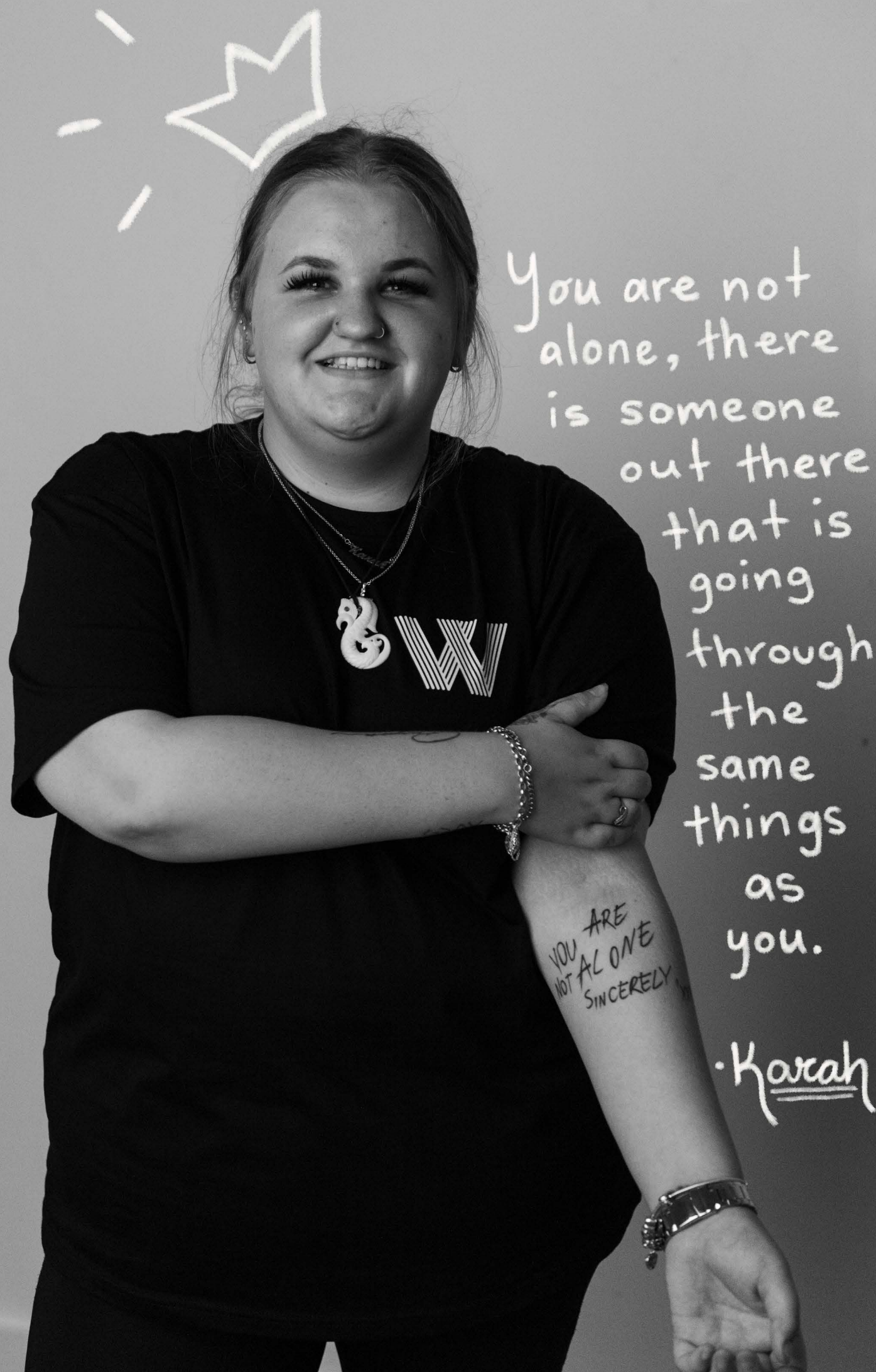
We acknowledge and pay our respects to the traditional custodians of the lands on which we each work, the Wangal people of the Eora Nation, and the Boonwurrung people of the Kulin Nation. We also pay our respects to the traditional custodians of the land on which Weave is located, the Gadigal and Bidjigal people of the Eora Nation. We acknowledge the ongoing impacts of colonisation, and the resilience and wisdom of Aboriginal and Torres Strait Islander people across Australia.

This Evaluation has benefited enormously from the generosity of the sixteen Speak Out clients, two of their significant others, and the two Youth Advocates who shared their stories and insights with us. We deeply appreciate your contribution to this process.

We would also like to thank the following people:

- Dylan Clay, Program Manager, Speak Out
- Mardi Diles, Manager, Brand and Strategy, Weave
- Siobhan Bryson, CEO, Weave
- Melanie Schwartz, Programs Lead, Weave
- Karlie Stewart, Child, Youth and Family Case Worker, Weave
- Kylie Fegan and Kylie Fitzmaurice, formerly of Weave
- Dr Joanne Ross and Dr Fadil Pedic, NSW Ministry of Health
- Professor Katherine Mills and Dr Christina Marel, MATILDA Centre (Technical Advisory Group)
- Members of the Community Advisory Group
- The Speak Out staff team

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Brief Executive Summary

Weave's Speak Out Program launched in 1997, and was the first program established for young people in NSW with coexisting challenges related to mental health and alcohol and other drug use. Speak Out works with young people (aged 12-28) with co-occurring mental health and alcohol and drug-related challenges. It is a community-based program funded through the Central and Eastern Sydney Primary Health Network.

Speak Out uses a holistic model of care that responds to the issues that young people identify as their priorities. Support for achieving mental health, alcohol and drug outcomes is woven into the overall program of support, which can also include support around housing, justice system engagement, employment and education, family relationships, and social and cultural connection.

A snapshot of the current client caseload shows the average length of client engagement with Speak Out is 2.2 years. Approximately three-quarters of Speak Out clients identify as Aboriginal and/or Torres Strait Islander.

Speak Out is currently staffed by 5.7 FTE staff members, including a program manager, five part-time case worker/counsellors and two part-time project workers.

Evaluation Questions

1. What is the Speak Out Model? How is it being implemented? How does this model align (or not) with the latest evidence on effective approaches for supporting young people experiencing both mental health and alcohol and drug use challenges?
2. What outcomes do clients, their families and communities and Speak Out staff want from the Speak Out program?
3. How and in what ways have participants' lives changed since engaging with Speak Out?
4. How could the Speak Out program's monitoring, evaluation and learning (MEL) processes be strengthened to better inform the Program design and delivery?

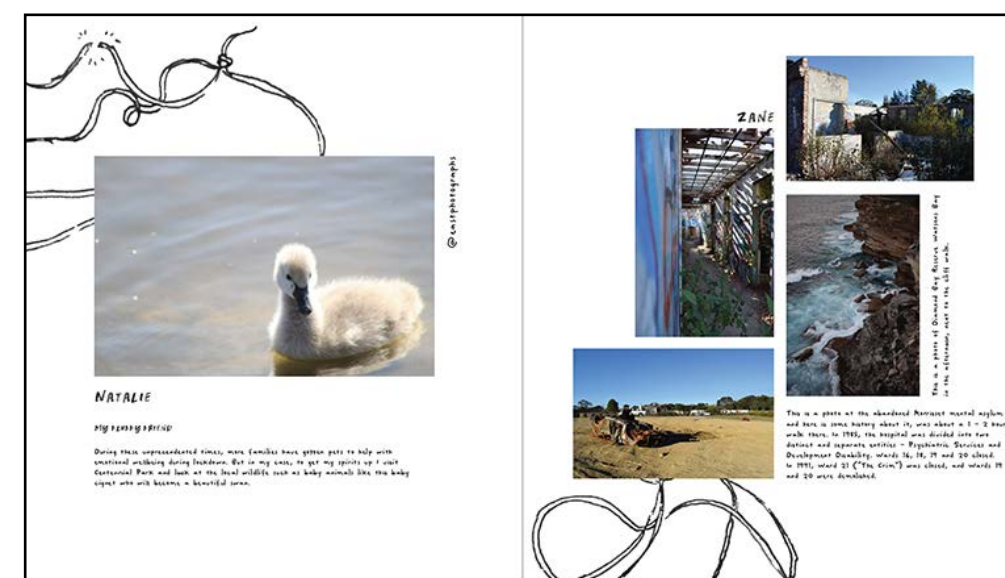
The evaluation covers Speak Out activities from 2015-2020. Data sources include:

- Speak Out data and documents, including de-identified aggregate client data;
- A targeted literature review of Australian and international literature;
- Interviews with: 16 Speak Out clients, 2 family members of previous/current Speak Out clients, Weave leaders (including senior managers and a Board member), external stakeholders;
- Focus groups with Speak Out staff members;
- An Evaluation Summit, to workshop, quality-test and refine emerging findings and recommendations.

Key Findings

Client demographics and program capacity

- Speak Out works with people with sometimes life-threatening complex needs. Clients experience high levels of social disadvantage, with 65% of clients unemployed, 40% homeless or in need of housing assistance and 25% in contact with the criminal justice system. Mental health and quality of life among clients were generally poor, with over 40% of clients either dissatisfied or very dissatisfied with their quality of life.
- The program model has been highly effective in engaging and retaining Aboriginal and Torres Strait Islander young people in case work/counselling, group work and community development initiatives. Aboriginal and Torres Strait Islander clients reported feeling safe, welcomed and included, and that their culture was respected and valued within Speak Out and Weave.
- The program is working with a sizeable and under-served population in Sydney. There is a significant gap between need and the funded capacity of the Speak Out program to meet those needs. The program has a consistently long client waiting list, which would easily fill the caseload capacity for two full time caseworkers.



Pages from the **Mad Pride 2021 Zine**



Key strengths of the Speak Out program

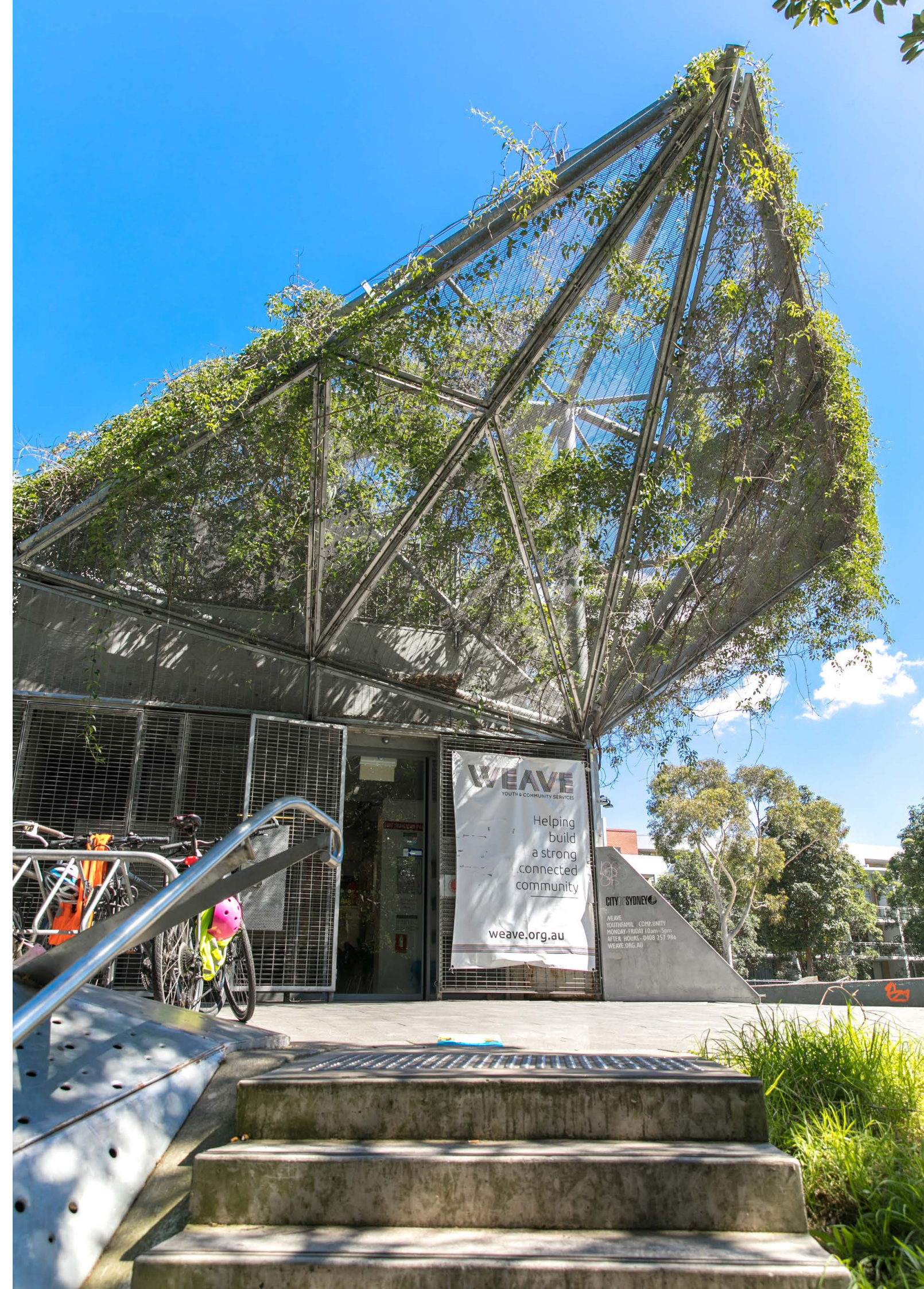
According to direct feedback from clients, Speak Out is successfully achieving: improved access to health and social welfare services, including housing, mental health services, drug and alcohol services, Centrelink and Medicare, and dental health services; reduced problematic use of alcohol and/or other drugs; improved self-management of mental health and wellbeing; improved engagement with the justice systems; and strengthened involvement in education and/or employment. In the longer term, Speak Out also facilitates strengthened connections with others, including family, friends, community and culture; improved confidence and sense of agency; improved awareness and self-regulation of feelings, thoughts and behaviour; and increased emotional maturity. That increase in confidence and self-worth was seen as also enabling positive behavioural outcomes, such as reducing the harms associated with alcohol and drug use, leaving a toxic relationship, or more intentionally responding to major life challenges.

In addition, the evaluation found:

- The Speak Out staff team have been highly successful in engaging clients, creating a sense of safety, supporting clients to 'do the work' at their own pace, expanding their self-knowledge and self-efficacy, and supporting them to identify options and priorities for the future. The project staff have been highly successful in co-designing and co-delivering engaging, relevant and impactful group learning, social connection and community development initiatives.
- The model allows Speak Out to continue to support young people into early adulthood (ie to age 28), unlike other services which cease supporting young people at age 21 or 25. This is widely recognised by all stakeholder groups as filling a key gap in working with young people with complex needs.
- The long-term nature of the work allows clients to work at their own pace, to perhaps work on a pressing issue (often related to life stability) and then move onto deeper work on internal outcomes (often related to long-term trauma, including intergenerational trauma). This is in contrast to alternate models available to young people in the area, which offer a limited number of sessions in total or a limited number of sessions per year.
- The model is client-centred and holistic, bringing together individual case work, counselling, group work and community-development and creative expression project work. Speak Out can therefore concurrently offer young people the opportunity to work on a diverse range of outcomes. This integrated, holistic approach is consistent with recommendations in Australian literature and national guidelines on working with people with co-occurring mental health and drug and alcohol challenges.
- The Youth Advocates program provides a range of specific benefits to participants, including: fostering hope and a bigger vision about their own life and potential; developing advocacy and leadership skills; creating opportunities for paid employment; developing new networks within the community and community organisations; and being recognised as a role model within their own communities.

Key challenges for Speak Out

- There is widespread concern that the current requirement to exit all clients at 28 years of age is detrimental to some young people, and misses an opportunity to support young adults to consolidate the changes they have made as a result of their engagement with the program.
- There is a need for a higher level of mental health support to be available for many of the young people accessing Speak Out, in particular a need for increased capacity for counselling (including long-term trauma-informed counselling). At present, Speak Out has re-allocated some staffing capacity from case work to counselling, which addresses this need for counselling, but does not increase overall capacity and access for young people.
- There may be a need to further tailor client work to the developmental needs and cognitive capabilities of clients. That tailoring is recommended by the current Australian Co-Morbidity Guidelines.
- The holistic nature of the work – in particular, the capacity to work with family members, where appropriate, combined with interconnections between Speak Out clients, can present challenges with privacy.
- The client-centred nature of the support can also create variation in the level of support provided to clients. This can create challenges in consistency and role/organisational boundaries.
- Continuity of care: transition from one case worker to another (eg when a staff member leaves) is a key risk in maintaining engagement with young people and needs to be well-supported by practice and protocols.
- Aboriginal and Torres Strait Islander staff play a critical role in providing culturally safe support for young people and can be important cultural brokers and advisors for the non-Indigenous staff. At the time of writing, Speak Out does not have any Aboriginal or Torres Strait Islander staff, though it should be noted that Weave is currently heavily investing in strengthening the Aboriginal workforce within the organisation overall. It should also be noted that Speak Out staff have access to Aboriginal staff across the organisation and that Weave is in the early stages of rolling out their Aboriginal Healing Framework that has been developed by the Weave Aboriginal staff group.
- Weave has strong and long-standing relationships with the local Aboriginal community and with local Aboriginal organisations. There is the potential to further strengthen this through more formal mechanisms for embedding decision making by Aboriginal and Torres Strait Islander people into the organisation.
- Other services report positive collaborations with Speak Out on a client-by-client basis, and identified the potential to strengthen broader collaborations.



Recommendations

Speak Out addresses a critical need in the local community, and is especially important given the paucity of other services providing integrated, holistic support for young people aged up to 28 years with co-existing mental health and drug and alcohol challenges. The model and the practice of Speak Out is consistent with research and guidelines on good practice when working with people with co-existing mental health and drug and alcohol challenges. The program is particularly remarkable for its ability to engage Aboriginal and Torres Strait Islander young people and to provide them with culturally safe and effective support.

Maintain the Speak Out practice model

The current Speak Out model is achieving short, medium and long-term outcomes for clients. It is strongly supported by Speak Out clients, is consistent with published National Guidelines and domestic and international literature, and is strongly endorsed by Speak Out staff, Weave senior leaders, local Aboriginal community leaders and external stakeholders.

Recommendation 1:

Speak Out should maintain its existing core elements (case work, counselling, group work, events, community development and Youth Advocates program). This includes Speak Out's approach to working with young people (integrated and holistic support, client-centred care, non-judgemental approach, flexibility in timing and location of care; and collaborating with family members and carers where appropriate).

Weave has long standing and deep relationships with the local Aboriginal community and many local Aboriginal community organisations. At present, Aboriginal and Torres Strait Islander communities and organisations are actively consulted on new directions and strategic priorities. We recommend that Weave explore options to strengthen the role of Aboriginal community and organisations in making decisions and further shaping program and service development. We also recommend that the Speak Out team identify their critical local collaborators and develop a strategy to strengthen those relationships.

Recommendation 2:

Speak Out should maintain and continue to strengthen collaboration with other providers, and with the community, including the local Aboriginal community.

Increase the Speak Out team by three additional full time positions

Young people affected by co-existing mental health and drug and alcohol challenges are significantly underserved, and demand for Speak Out significantly exceeds its capacity. We recommend that Weave continue to work with potential funders across government and philanthropy to secure increased investment in the program, with the aim being to secure a minimum of 3 additional full-time positions. Depending on need, these could be structured as casework/counselling roles or dedicated counselling roles (or a combination of both).

There may also be a missed opportunity for a more tailored approach to the needs of specific client sub-groups. In particular, people aged 15 and under, young people with severe mental illness, and young people with cognitive impairment might benefit from specialised casework. Weave is uniquely placed to work with the group of young people aged 15 and under because of their direct relationships with children and young people (especially through Weave's Kool Kids Program).

Recommendation 3:

Increase the capacity of the Speak Out team through the addition of 2 additional FTE generalist caseworker/counsellor positions and one case worker specialising in working with young people under the age of 15.

Recommendation 4:

That Speak Out review whether there is a need to modify their approach in other respects based on developmental stage and other population characteristics. For example, 'youth friendly' features of service delivery may include: prompt screening and assessment; Flexibility, including 'drop-in' capacity and follow up for missed appointments; and strong links with other services, with provision of coordinated care.

In addition, there is significant unmet need in the local community for counselling around mental health and AOD issues. Speak Out requires additional capacity to meet this need.

Recommendation 5:

Increase access to counselling and clinical mental health support through increased counselling capacity within the Speak Out team.

The need for systemic change across NSW to increase holistic responses to mental health and drug and alcohol

In addition to scaling up Speak Out itself, there is a need to disseminate the learnings from this evaluation about the effectiveness of the Speak Out model. These learnings should be used, and to advocate for the provision of similar holistic integrated support for young people affected by mental health and drug and alcohol challenges across NSW. We recommend that Speak Out and Weave consider how to take up a strategic advocacy role to promote this way of working with young people.

Recommendation 6:

That Weave continues to advocate for the expansion of holistic, integrated support for young people affected by mental health and drug and alcohol challenges.

Partnership with other providers in the provision of counselling and mental health support

Speak Out and Weave are considered a safe place for young people to access mental health support. The current Speak Out model does not include some modalities of clinical support (eg psychiatric care). Weave has an existing partnership with Drug Health and Victims Services which boosts accessibility to counselling on Weave premises. Partnerships with other providers for services delivered within Weave may increase access to counselling and mental health support, and to a broader range of clinical care. These partnerships would need to be formalised to ensure that they align with core elements of Weave's model of care (integrated care, holistic care, cultural safety).

Recommendation 7:

That Speak Out explore increased access to counselling and clinical mental health support through partnerships with other providers.

Review of Speak Out's upper client age limit

Greater flexibility in exit age may improve client outcomes and client experience of care.

Recommendation 8:

That Speak Out review its upper age limit (currently 28 years); and that any changes to the age limit be supported by a protocol that articulates criteria, what support will be provided to clients aged 28+ and transitional arrangements for exiting the program.

Review of protocols around confidentiality, boundaries, consistency and transition

The Speak Out model is well implemented: practice is consistent with the overriding philosophy of the model, and there is a high degree of fidelity across the various domains of the model.

Speak Out works in a holistic way with young people. This includes working with others within their family system (where appropriate) and with other service providers. This can occasionally create perceptions that privacy is not strictly protected. In addition, the nature of client-centred support is to provide levels and types of support that is tailored and specific to each individual client's needs. There may be greater variation in levels of support between clients than intended, and it would be useful for the team

to clarify boundaries. Another point of reflection arises around key points of transition (such as allocation to a case worker, transition to a new case worker), Targeted attention to these key points will strengthen client engagement and outcomes.

Recommendation 9:

That the Speak Out team:

- review confidentiality protocols and how young people are informed about confidentiality protocols
- undertake a reflective practice process to address boundaries and consistency
- review key points of transition and identify areas that could be strengthened.

Working with young Aboriginal and Torres Strait Islander people

Speak Out, and Weave, are recognised as a welcoming and culturally safe environment for young Aboriginal and Torres Strait Islander people. This is critical to engaging and retaining clients. The Speak Out program is highly successful in engaging and working with Aboriginal and Torres Strait Islander young people. Part of this success is predicated on the skills and knowledge of the Speak Out staff. We recommend that Speak Out enhance this with more formal arrangements for staff to receive support/advice either from Weave's Aboriginal staff group, Aboriginal Healing Program Manager, Community and Culture Lead or Aboriginal Board members, or from external Aboriginal or Torres Strait Islander cultural mentors or consultants. This will ensure that the program remains proactive in providing culturally safe and responsive support, and to provide opportunity for staff to address any emerging challenges.

Aboriginal and Torres Strait Islander staff can play a critical role in informing culturally appropriate care; and providing young people with the option of being supported by an Indigenous person. We recommend that Speak Out consider allocating one of the positions within the Speak Out team as a designated position for an Aboriginal or Torres Strait Islander person.

Recommendation 10:

That Speak out:

- establish access to an Aboriginal or Torres Strait Islander cultural mentor/consultant for staff.
- increase their Aboriginal and Torres Strait Islander workforce.

Apply the findings and learnings from this evaluation

Recommendation 11:

That Speak out:

- ensure that the new Weave CRM system addresses the needs of the Speak Out program and addresses some of the challenges identified during this evaluation.
- develop an internal Speak Out evaluation action plan to support implementation of the recommendations of this evaluation.

A monitoring, evaluation and learning (MEL) framework and culture

Recommendation 12:

That the Speak Out Team:

- co-design a MEL framework for Speak Out that includes a finalised Speak Out Theory of Change, MEL principles, key MEL Questions, data sources (existing and new), updated data collection tools, data analysis, dissemination and use of findings.
- strengthen and maintain MEL culture, capacity and resources, including roles and responsibilities.

“They (Speak Out) have helped me be a leader, a mentor, a support to others in my community.”

- Speak Out client

“I’ve never, I’ve never felt more comfortable, welcomed, listened to than being in this program. They value our voice and they value our opinion.”

- Speak Out client

“I think for me, being Indigenous and seeing a lot of Indigenous people coming in and out of the service group, one thing was that cultural safety that people talk about. All those sorts of little things around Weave means you just naturally feel comfortable there.”

- Speak Out client

