

NSW Ministry Health

Early Intervention & Innovation Fund

Summary of key findings and implications for policy and practice

Project title: Speak Out (Weave Youth and Community Services) Evaluation

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Background and Rationale – what problem were you solving?

The Speak Out program works with young people (aged 12-28) with co-occurring mental health and drug and alcohol challenges. The program is a flagship program of Weave Youth and Community Services and offers a range of support modalities, including case work, counselling, group work and community development. The client group is drawn primarily from the inner city and surrounding areas.

Speak Out was first established in 1997 and at the time was one of the few dual diagnosis programs for young people in NSW. A number of external evaluations have been conducted with the most recent having been completed in 2010. In this context, it was timely to evaluate the program to: provide a more contemporary description of the program's theory of change and operations; assess (to the extent possible) outcomes and client satisfaction; and make recommendations to further develop monitoring, evaluation and learning.

Summary of Key Research Findings

Introduction

Aims **The aim of this evaluation was to describe the Speak Out program and assess client outcomes and client satisfaction, in order to inform future development of the program.**

Research Question/s **This evaluation investigated the following key evaluation questions:**

1. What is the Speak Out program?
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 their first engagement with Speak Out?
4. How could the Speak Out program's monitoring, evaluation and learning processes be strengthened to better inform the Program design and delivery?

Research design **This evaluation was a mixed method retrospective pilot study.**

Methodology

The Evaluation consisted of collection and analysis of four main data sources:

1. Review of existing Speak Out documents
2. A Targeted Literature Review of Australian and international literature and practice guidelines
3. Analysis of existing program data, including de-identified aggregate client data; and program activity data
4. Collection of qualitative data from: 16 (former and current) Speak Out clients, 2 Youth Advocates, 2 significant others family members of clients, and Speak Out/Weave staff and key leaders
5. An Evaluation Summit, to workshop and refine emerging findings and recommendations.

Project governance: the project was overseen by a Community Advisory Group (including Aboriginal community members and local Aboriginal service providers), and a Technical Advisory Group.

Results

- From 1 January 2015 – 30 December 2020, the Speak Out program saw 316 clients. At intake, the client population report high levels of social disadvantage, poor mental health and poor quality of life.
- The program model is community-based, client-centred, holistic (that is, works with the whole of the client, including health, housing, social and identity) and offers integrated support across mental health and drug and alcohol.
- The program model is consistent with best practice as articulated in the Australian National Co-Morbidity Guidelines and domestic and international literature on the treatment of co-occurring drug and alcohol challenges.
- Qualitative data (interviews with clients, significant others, Weave staff) indicates that the program has improved relational outcomes (eg connection with family), internal outcomes (eg confidence, self-awareness) and life stability outcomes (living situation, risk of incarceration).
- The strong engagement of Aboriginal and Torres Strait Islander people (with some two thirds of clients identifying as Indigenous) demonstrates the program's success in engaging Aboriginal and Torres Strait Islander young people. As with the overall cohort, qualitative data indicates that the program has improved relational outcomes, internal outcomes and life stability outcomes for young Aboriginal and Torres Strait Islander people.
- Qualitative data drawn from interviews with clients indicates that the program model is highly valued by clients and the small number of interviews (2) with family members of clients also found that family members value both the work done by Speak Out and the way in which that work is done.
- The program staff are highly skilled in creating a safe and culturally inclusive space for the diverse client population, and for pacing short-term work on immediate issues (such as housing) alongside long-term work (for instance, on intergenerational trauma and healing) (source: qualitative data: interviews with clients, significant others, Weave staff and external informants).
- Waiting list data and interviews with Weave staff demonstrate that there is significant unmet need for casework and counselling and it is recommended that resourcing be secured for 2 additional casework/counselling positions and at least one additional full-time counselling position.
- See implications for policy and practice for findings regarding Speak Out practice; and wider policy findings.

Implications for policy and practice

The Evaluation found that the Speak Out model, and implementation of that model, are aligned with current evidence about good practice and effective in addressing client and community need. The Evaluation recommended that the existing model and approach to implementation be **maintained** (Recommendation 1).

Other recommendations are as follows:

- That the program identifies opportunities to increase the capacity of the Speak Out program, in particular through increased casework and counselling positions (Recommendation 2)
- That the program identifies opportunities to increase young people's access to counselling and clinical mental health support both through increased internal capacity (see Recommendation 2) and partnering with other providers including Local Health Districts and private providers (Recommendation 3)
- That Weave continues to refine and develop the Speak Out model, including specific tailoring for age groups and the needs of specific client cohorts (Recommendation 5)
- That Speak Out continue to refine and develop the Speak Out practice and protocols relating to confidentiality, boundaries, consistency and transition processes (Recommendation 6)
- That Speak Out maintains its approach to working with Aboriginal and Torres Strait Islander young people and families, and identify opportunities to strengthen Aboriginal and Torres Strait Islander workforce (NB this is already underway through the implementation of the Weave *Aboriginal Healing Framework*), and strengthen cultural governance of the program and formal collaborations with Aboriginal and Torres Strait Islander community organisations (Recommendation 7)
- That Weave considers how best to balance encouraging Speak Out clients to be role models and take up leadership and mentoring roles without creating undue expectation on them (Recommendation 9)
- The evaluation makes several recommendations regarding future Monitoring, Evaluation and Learning, namely: that Speak Out co-design a robust MEL framework for the program (Recommendation 11); that the draft Theory of Change developed for this Evaluation be further refined (Recommendation 8); and that the learnings from this evaluation inform the development of the Weave Client Relationship Management (CRM) system (Recommendation 10).

Wider implications for policy, services and programs

- Young people, including young people with complex needs, are highly responsive to holistic, community-based models of care that work with both presenting need and long-term need at a pace that the client

themselves can cope with. This points to the importance of models of care that consider individual clients as partners in identifying their own care and support needs; and co-designing and co-delivering care.

- Given the promising evidence emerging from this report and the broader body of Australian literature supporting holistic integrated care for co-occurring mental health and drug and alcohol, it is recommended that Weave advocate for an increased emphasis on community-based holistic responses across NSW (Recommendation 4).
- There are significant challenges in collecting quantitative data on client journey for this population. This is due to several factors, including the significant prevalence of trauma amongst the population, which can create reluctance to share full details of personal history at first engagement. This warrants a sector-wide dialogue and strategy.

Please comment on the particular significance of this project to NSW including customer focus

There is enormous potential to improve individual outcomes, Close The Gap and reduce health inequity through co-design and co-delivery of holistic care to individuals and communities with complex needs.

Research Impact

Has this research study led to further investigations or collaborations that led to other funding applications?

YES

NO

If yes, please detail what further investigations or collaborations this research study has led to.

Add an appendix of a list of all dissemination activities of research findings (e.g. conference, publications, media and presentations to key stakeholders).

Dissemination activities will occur following approval of the final report by the NSW Ministry of Health and the Aboriginal Health and Medical Research Council's Human Research Ethics Committee. It is anticipated that the key dissemination activities will include:

- A community launch to share the key findings of the report and to thank all those who participated in the Evaluation
- Production of a plain language information sheet and a creative product (such as a video) to disseminate key findings to Speak Out clients and to the local community
- Presentation of the key findings at relevant sector meetings and events such as network meetings and conferences.

Please send completed reports to:

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