



Engaging pre-service youth in AOD care: Evaluation of the Street University Engagement Program

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This evaluation research was funded by the NSW Health Alcohol and Other Drugs (AOD) Early Intervention Innovation Fund, Non-Government Organisation Evaluation Grants Scheme, Round 1.

Executive Summary

Overview

Those working in the youth, health and welfare sectors note that there is a group of young people with significant needs that are often missed by or excluded from existing services. These young people tend to have volatile histories with family, school and other institutions, and report problems with mental health, substance use and crime (Green, MacLean, Bryant et al, 2015; Skattebol, 2017). Often called, 'pre-entry' or 'pre-contemplative' (Dept of Health, 2004), these young people are seen to be on trajectories that require significant future service intervention. Street University is a unique program designed to attract and retain these young people in a service environment and provide them with a safety net, life skills development and, when required, therapeutic intervention. Its aim, ultimately, is to act as early intervention for this vulnerable group of young people and, wherever possible, prevent more serious issues arising.

This evaluation provides important evidence to support further development of the Street University model. The evaluation sought to: 1) determine the effectiveness of the engagement program in engaging this hard-to-reach population of young people, and in maintaining engagement with them over the longer term ; 2) ascertain the impact of the engagement program on young people's substance use, mental health, and criminal involvement, along with other important social outcomes; and 3) provide constructive and translatable advice to further develop the Street University model, including recommendations for future evaluative research.

Key findings

The Street University engagement model has an impressive capacity to capture marginalised and 'pre-service' young people and retain them in a service setting over the long term.

Social disadvantage commonly featured among participants in the evaluation research. The prevalence of psychological distress, police contact and substance use was high, demonstrating that the program is successful in attracting the marginalised young people it aims to serve. Baseline characteristics of participants show they reported considerable levels of clinical need: for example, probable mental illness was reported by 35% (21/60), concerns with substance use by 47% (28/60), and problems finding a place to stay in last 3 months by 20% (12/60).

Of the participants entered at baseline (all of whom were new entrants to the program), an impressive 63% (60/95) returned at least once during the six-month study period, and more than half of them (54%, 31/60) returned at a high frequency of weekly or more often. They reported staying an average of two hours each time, although half stayed for longer than two hours.

The qualitative findings reveal that the program successfully engages young people because it provides a safe space for them to congregate, and opportunities to develop positive relationships with staff and to develop important life skills that were otherwise missing in their lives. Participants identified that one of the key strengths of the program was its in-depth understanding of, and celebration of, youth culture. Other features of clients' participation in the program were:

- The profiles of participants who did not return were similar to those who did. Those who did not return reported reasons relating to work, study and family obligations rather than reasons specifically about the service.

- Features of the program that were valued by participants in the qualitative component included that it:
 - was drug and alcohol free
 - acted as a safety net by making material resources available such as food and vouchers
 - made them feel cared for
 - enabled them to avoid the harassment that can be experienced in public spaces such as from police or other young people

The Street University engagement model supports the learning of important life and technical skills for young people, by providing a safe and inclusive space that celebrates youth culture and offers opportunities to develop positive relationships with adults.

The qualitative evaluation data identify that the key outcomes of the program were seen to be *skill-building* (technical, life and social skills), and *improvements in self-worth*. The creative engagement activities offered by the program (music, art, dance, etc) were seen by participants to allow the development of technical skills (audio, art, writing, vocabulary) that improved young people's employability and open up avenues for further education and community engagement. Participation in the engagement activities were also seen to permit the development of broader social skills related to communication, self-valuing, help-seeking, and independence. The model was seen by participants to achieve these outcomes through four key, identifiable program mechanisms, which were understood to be unique to the Street University environment and highly successful: 1) the model provides a safe and inclusive space for young people who often do not experience safety in their home environments or in public spaces where they are often the targets of police and public harassment; 2) it provides the opportunity for young people to develop positive relationships with adults; 3) it offers activities that are appealing and relevant to young people, and promotes an environment in which youth culture and agency are celebrated; and 4) it seeks to employ these mechanisms over the long term to ensure that young people are sufficiently supported in their social, emotional, material and therapeutic needs.

Young people who participate in therapeutic intervention at Street University experience rapid, significant improvements in their psychological well-being, and reductions in problematic substance use and criminal activity. However, work is required to identify those young people from the population of program clients who need therapeutic intervention in order to connect them with therapeutic activities.

Street University service data from 2014-2019 reveals that young people who participate in therapeutic counselling at the service achieve significant decreases in their psychological distress, problematic substance use and criminal activity. However, data from the quantitative evaluation research shows that, while a high proportion of clients take part in engagement activities (such as hanging out with friends 89% (48/60) and staff 40% (24/60) and using the computers 48% (29/60)) far fewer take part in therapeutic intervention for their substance use or mental health (8% (5/60) and 13% (8/60) respectively). Evaluation data also identify that, among the general population of new entrants in the program, **there were no measurable decreases in psychological distress, criminal contact, and problematic AOD use over the six-month study period**. This finding held despite employing a range of analytic strategies to assess this relationship.

Qualitative evaluation data also support these findings. They show that program outcomes were much more commonly seen by participants to be related to skill-building (technical, life and social skills) and much less often about therapeutic outcomes such as mental health and substance use. In

addition, our qualitative analysis of program mechanisms suggests that model does not have systematic pathways for clients to move from engagement activities to therapeutic activities. Instead, therapeutic intervention was seen to happen organically through participation in the engagement activities (music, art, dance).

Together these findings suggest that the model intervenes positively in the lives of pre-service young people who take up therapeutic intervention, and has excellent potential to do so among the wider population of its clientele, if work is done to increase the capacity of the program to systematically identify young people in need. Specific ways in which this might happen are already evident in the evaluation data and are detailed next.

Conclusions

The Street University model has an impressive capacity to engage marginalised pre-service young people and retain them in a service environment over the long term. It does this by employing approaches that are unique in the youth service provision sector, by offering safe and inclusive environments where youth culture and young people's agency are valued and celebrated. Pre-service young people recognise this and value it, and this sets the foundations for a long-term trusting relationship with Street University and its staff, and it is through this relationship that therapeutic interventions are made more possible.

Young people with significant therapeutic needs make up a sizable proportion of the Street University clientele and those who are linked into clinical therapy show rapid and positive improvements in their mental health, problematic substance use and criminal activities. Improving the links from engagement to therapeutic activities for these young people needs to be the next step in the development of the Street University model. This could be supported by ensuring that: 1) staff see therapeutic counselling as a priority outcome; 2) more systematic pathways to therapeutic intervention are built into the model; 3) staff skills in relation to therapeutic intervention be increased (indeed they identify their own need for this); 4) young people's help-seeking skills be further developed, especially since this is seen by young people as a valuable skill they gain from Street University.

Initially the Ted Noffs Foundation Street University was designed as both an engagement and referral service for at-risk populations across South West Sydney. As the model was implemented in other areas the need to offer internal therapeutic interventions arose. Noffs clearly has the therapeutic capacity to effectively treat young people and the challenge is to effectively link the two parts of the service.

The next development phase for the Street University is based on 'linking' the successful elements of engagement with counselling to create a non-residential treatment service. Critically, any developments in relation to improving links between engagement and therapeutic activities, and in relation to boosting therapeutic intervention, should be as an enhancement to the engagement activities. These are clearly successful and Street University is unique in its capacity to attract and engage these hard-to-reach young people over the long term. Their engagement with Street University brings substantial benefit for them by providing a safety net in the form of material resources (food, vouchers, computers, transport) and positive adult relationships (with staff and other adults connected to Street University), and by building a sense of belonging and value. These positive outcomes are important, in and of themselves, and should be considered alongside the clinical outcomes that were the main focus of this evaluation.

Future evaluations of Street University

Our experience of evaluating Street University points to some important ways forward for future evaluative work on the model. Our focus on the three clinical outcomes (mental health, substance use and criminal activity) limited our capacity to ask questions about other outcomes that could be seen to be equally important, in particular those relating to skill development and social participation. As we argue above, these should be given fuller attention. Furthermore, given that the model intends to impact young people's lives over the longer term, researchers could consider evaluation designs that measure impact over the long term. This would provide information about how long it takes, and which are the best ways, to safely engage young people in therapeutic interventions.

Specific advice for future evaluations include:

- Increase the breadth of outcome measures beyond those that are clinically-based, to include measure of social participation and skill development. These could include the Multidimensional scale of perceived social support (Zimet et al 1988), measures of personal and social capital and social network involvement (see Best, McKitterick, Beswick and Savic, 2015). Measures could also include more detailed assessment of skills developed in relation to employment, education, positive relationships and meaningful activities.
- Increasing the number of measures included will necessarily increase the length of the questionnaire and the time taken to complete it. In the current evaluation, our questionnaire took about 15 minutes to complete and our feedback from young people was that this was long enough. Asking young people to complete a longer questionnaire may require increasing the compensation provided to them.
- Tracking outcomes over the longer term could include recruiting new entrants at baseline, as we did in the current evaluation, and tracking them over 12-24 months (instead of six as we did here). However, the costs of such a design will be significantly higher and retention of participants will be more difficult to maintain over a longer period. Another option in this regard could be to enter participants after they have been at the service for 12 months and track them over the following 12 month period. This would be less costly but would allow us to understand longer term impacts. An appropriate comparison group would need to be considered in such a design. However, we acknowledge that if clients are not recruited to the study until they have been in treatment for 12 months, we will not have their baseline data for comparison, and we will also not learn anything about the outcomes of those who cease treatment early.
- Another issue to consider for future evaluation is to include adequate funding to support research staff (rather than Street University staff) to manage recruitment and retention. This will remove the burden on Street University staff who, in the case of the current study, needed to fit the research work into their existing work commitments.
- Street University has existing data collection systems in place that, with further development, could be used for evaluation purposes over the long term. STUART collects some information on client engagement, including the number of times they visit, how long they stay, and what activities they participate in while on site. TED collects data about the clinical services received by clients. Currently STUART does not collect case data, meaning that an individual's journey with Street University cannot be tracked. Also, STUART does not always capture all clients who attend, nor does it capture every activity they participate in. TED does collect case data however not all clients are included - only those who receive clinical services are included. Adjustments to these data collection systems, including making it possible to connect them, would allow an evaluation over the long term without the need for the prospective cohort design used in the current evaluation.

Recommendations

- Street University's engagement activities are impressive in their capacity to attract marginalised pre-service young people over the long term. These should be continued and rolled out to other settings.
- Develop clear systems within the program model that serve to identify young people in need of therapeutic intervention.
- Increase the therapeutic and clinical skills of staff who work in engagement roles to improve their capacity to identify young people in need of intervention, especially as these staff are eager to gain these skills.
- Clarify the outcomes of the program with staff ensuring that they see therapeutic intervention as a primary goal (for those young people who require it).
- Further develop the help-seeking skills of young people, especially since help-seeking is identified by young people as a valuable skill that they gained through their participation at Street University. This could better support efforts to link young people to therapeutic activities if they need it.

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Introduction

Many young people are reluctant to attend traditional health services, in particular those with experiences of social marginalisation including family violence, school and work difficulties and problems with mental health, substance use and crime. In recognition of this The Ted Noffs Foundation established the Street Universities, a program aimed at attracting and engaging 'pre-entry' or 'pre-contemplative' young people (Dept of Health, 2004), or those that are seen to be on trajectories that require significant future service intervention. The program offers a diverse range of artistic, cultural and educational programs to attract and retain these young people in a service environment and provide them with a safety net, life skills development and, when required, therapeutic intervention. Its aim, ultimately, is to act as early intervention for this vulnerable group of young people and, wherever possible, prevent more serious issues arising.

Marginalised young people are a focus of much health and social policy and intervention. In 2014, there was an estimated 57,000 young Australians aged 15-24 years who were involved with housing services, and about 8,000 in contact with youth justice services (AIHW, 2015). Substance use is a common factor implicated in this, with for example half to two-thirds of young people in youth justice settings presenting with substance use issues (Indig et al, 2011). Because of these complicated needs, marginalised young substance users tend to have early and ongoing relationships with state-supported services. The research literature in this area shows that young people value particular models of service provision over others, and that 'drop-in' centres like Street University are some of the most valued. This research shows how marginalised youth value services that offer a range of help - shelter, food, medical assistance, counselling and skill-building (De Rosa et al, 1999; Pollack et al, 2011) - and experience frustration at the lack of coordination between services which require them to tell their story again and again (Darbyshire et al 2006). Studies also show how young people choose to avoid some services such as emergency shelters because of fears of violence, drug use, having belongings stolen and being separated from familiar people (Thompson et al, 2006; Garrett et al, 2008). While literature has examined both barriers and facilitators to service use among "at risk" young people, surprisingly few studies have examined young people's perceptions of service provision and delivery and their outcomes when participating in such services.

Street University offers workshops and activities that incorporate creative use of art, music, dance, theatre, multi-media, writing, life skills development and technology and design, and these are the 'hooks' that engage young people into a non-traditional health and welfare setting. The program also delivers vocational and educational workshops, drug and alcohol programs, mentoring and bridging programs to further education. The Street Universities enhance mental health through provision of counselling services and skills development for education and career pathways and an increased range of physical activities (refer to page 30, "Street University service data: five years of TED data"). By participating in training workshops and working together in the planning and implementation of community events the participants increase teamwork skills, healthy communication, decision making ability and develop meaningful and positive relationships. A Client Pathway Model and Program Logic Model can be found in Appendix 1.

Evaluation questions and aims

This evaluation sought to describe the effects of the Street University engagement program on young people using the service. It drew on quantitative and qualitative evaluation research methods, and Street University service data, to examine the following questions:

1. What is the impact of the Street University engagement program on young people, focusing primarily on the impact on their substance use, mental health and involvement with the police or crime?
2. How are different aspects of the program used by young people? Which program components are associated with positive outcomes?

The research design was guided by the following objectives:

1. To describe the profile of young people who attend Street University.
2. To describe attendance patterns among those who attend and how the different aspects of the program are used.
3. To describe changes in substance use, mental health and criminal involvement among those who attend the program.
4. To describe changes among attenders with respect to other outcomes, including community and family relationships, accommodation and living skills.
5. To qualitatively describe client and staff perspectives about the goals of the program, and which specific program mechanisms and settings are thought to generate positive outcomes for young people.

Research design and approach

The evaluation draws on three data sources: 1) a quantitative prospective cohort study of new entrants to the Street University engagement program conducted in 2018-2019 tracking attenders over a six-month study period and using non-attenders as a comparison group; 2) Street University service data collected from young people taking up therapeutic services at Street University between 2015 and mid 2019; 3) qualitative interpretive data collected through in-depth interviews with Street University staff and long-term clients.

Prospective cohort of new entrants to the program, using non-attenders as comparison group

Research design

The evaluation used a prospective cohort design which included three contact points with participants: baseline, 2 and 6 months. Data were collected using self-complete surveys administered on desk-top computers and mobile phones. Two follow-up points were included in the design in order to maximize retention and permit the possibility of recapturing participants at least once during the study period. In this design, outcomes of participants who continued their attendance at Street University were compared to their own baseline measures (i.e., acted as their own control) and, additionally, were compared to the outcomes of participants who did not return to Street University.

Noffs Foundation run Street University programs in NSW and Queensland. All sites were included in the research in order to maximise the sample size and permit the planned data analyses.

Participants

Participants were new entrants to the Street University program. All new entrants who were aged 14-25 years were invited to take part. Clients aged 13 years or younger were excluded due to ethical challenges associated with including people in this age group.

Baseline recruitment

Recruitment was managed by staff at the Street Universities, under the guidance of UNSW research staff. All new entrants to the program were invited to take part by Street University staff. Participants were given an Information Sheet and the opportunity to ask questions. Baseline surveys were administered using desk-top computers at each site. The first page of the survey asked participants to indicate their consent. Participants aged 15-25 years provided their own consent. Participants aged 13 or 14 years completed additional consent assessments whereby parental consent was obtained or they undertook a competency assessment administered by staff to establish whether they could provide their own consent.

At the completion of the baseline survey, participants were asked to provide contact information, which included their name and email or phone number, in order for the researchers to contact them at follow-up. Participants' contact information was kept in a separate database to their survey data. A unique identifier code was selected by each participant, which consisted of the first three letters of the last name and the number of the month they were born, and this enabled linking for the purposes of recontact, and for the purposes of linking case data across baseline and follow-up points for analysis.

Follow-up surveys

Follow-up was conducted in one of two ways, depending on whether participants returned to Street University. For those who returned after their initial baseline visit, they were invited to complete the survey on the desk-top computers on-site within a four-week window around their follow-up date (for example, at 8-week follow-up the participant could complete the survey between 6-10 weeks). For those who did not return, they were sent a link via SMS at the time of their follow-up by a UNSW researcher to the web-based survey. These participants typically completed their survey on their mobile phones. We attempted to contact participants a total of four times before considering them lost to follow-up.

Study Retention methods

We employed a range of methods to maximize retention. These included:

- Using a stepped incentive scheme whereby the value of the study incentive increased for follow-up visits: \$30 baseline, \$40 for 2 months and \$50 for 6 months
- The collection of detailed contact information and asking participants to identify the best way to re-contact them.
- Weekly structured communication between Street Uni staff and UNSW researchers concerning which participants were due for follow-up, so that Street Uni staff could invite them to complete the follow-up survey when they visited the service.

Data collection

We used a web-based data collection platform Qualtrics to collect survey data. For baseline data collection all participants completed their survey on-site at a desk-top computer at the various Street University locations. Follow-up surveys were collected using one of the following methods: for those participants who returned to Street University after their initial baseline visit, they were invited to complete the survey on the desk-top computers on-site. For those who did not return, they were sent a link to the Qualtrics-based survey via SMS and completed their survey via mobile phone.

Measures

The primary outcome measures were:

- Substance use: substances used in the past four weeks; and for those who have used, Severity of Dependence Scale
- Psychological distress: K-10 and K-6
- Criminal involvement: two questions from NADAbase COMS about arrest, plus additional questions about police contact in the community

Additional outcome measures are:

- WHO-8 EUROHIS Quality of Life
- My Life Chart measure (currently included in Noffs data collection, focusing on self-reported social participation in areas of friend and family relationships, community connection, self-care, managing money)

Background information was also collected including: age, gender, Aboriginality, sexual identity, living arrangements, and involvement with school and work.

Attendance at Street Uni and the level of engagement with the program was measured as follows:

- Those participants who did not return to Street University following their baseline survey were considered *non-attenders*. Participants who return at least once during the study period will be considered *attenders*. Those who did not attend acted as one of the control options in the data analysis.

- Program involvement was measured using a variety of combinations of frequency of attendance, average hours spent on-site, type of activity engaged in, and type and level of skill acquired. The types of activities that clients participated in included: those relevant to the engagement aspects of the program such as creative arts, life skills and community, sport and physical activities; and those relevant to the therapeutic aspects of the program including counselling and support for drug and alcohol use and mental health concerns.

Street University service data collected from clients using therapeutic services

Noffs Foundation collects data on the therapeutic interventions that are offered at Street University and the outcomes of these interventions. Young people who have undergone an assessment by staff and have been shown to have needs in relation to their substance use or mental health are provided with counselling or information sessions, and in some cases, support and case management. Data are collected at initial assessment and then in 30-day intervals of follow-up. Data collected include overall demographic and profile information, data about substance use (including information to calculate the Severity of Dependence score), crime (including number of arrests), and psychological distress (Kessler 10), among other information. In this evaluation we report SDS, K10 and arrest outcomes of young people who have taken part in Street University's therapeutic interventions.

Interpretive evaluation using in-depth interviews

Interpretive evaluation methods were used, loosely following a Realistic Evaluation design (Pawson and Tilley, 1997), and drawing on in-depth interviews with Street University clients and staff. A purposive sampling technique was applied from May 2018 to March 2019 to gather a range of experiences and views of Street University, based on different gender and age characteristics, and different experience of drug and alcohol use.

Interested clients were directed to the researcher who made contact to arrange a convenient time, date and process for the interview (telephone or face to face) and to explain the consent and privacy protocols. Staff members were contacted directly by the researcher through an open email invitation. Interviews emulated a conversation and were designed to be a warm and non-judgmental forum through which respondents could describe their service experiences, what works, and any elements that might warrant review. Towards the end of each interview, information was sought about what, if any, client outcomes they had observed or experienced, and recommendations they could make to improve the service. We also provided the participant an opportunity to add information they deemed pertinent, enabling us to access unforeseen outcomes and impacts. Interview schedules can be found in Appendix 3.

Interviews were transcribed verbatim and then checked and de-identified. For the client interviews, pseudonyms replace names. The staff sample is small, which presents increased risks in breaching their confidentiality, so numbers will be used to signify their quotes when we present their interview data. The research team read and re-read the transcripts to generate themes across the data set and to look for moments of consensus and discordance.

Ethics

Ethics approvals were secured from the UNSW Human Research Ethics Committee (Approval number 17602) and the ethics committee of the Aboriginal Health and Medical Research Council of NSW (Approval number 1292/17).

Recruitment outcomes and data analysis

Cohort study – retention and data analysis

Recruitment and retention

Baseline recruitment began in early February 2018 at the Liverpool site and rolled out to other sites over the following weeks. 316 young people were recruited at baseline, all of whom were first time users of Street University's services. The first follow-up survey began in April 2018 (n=151) and the final follow-up began in August 2018 (n=106).

Two significant problems arose with respect to the data collection. First, at follow-up 1 there were communication issues at some sites whereby new participants were entered (i.e. participants who had not been recruited during baseline in February 2018). This communication issue was resolved, however this had flow-on effects whereby we were obliged to permit a substantial number of participants to continue in the study if they wished. Second, the quality of the data used for matching was poorer than we expected. Some participants were matched based on the unique ID they provided, and others were matched based on names and contact information. Unique IDs changed for some participants across the three time points and participants were not required to provide their full names (they could use a nickname if they wished). This reduced our capacity to match across time points and we expect that some participants were excluded from our final cohort due to an inability to match them correctly.

Of the 316 participants entered at baseline, 42 were identified through matching as being recaptured at F1 (the remaining F1 participants were either new entrants or unmatched), giving an F1 retention rate of 13% (Table 2). At F2, of the 316 participants entered at baseline, 76 were identified through matching as being recaptured, giving an F2 retention rate from baseline of 24% (Table 2). We compiled a final total cohort of n=95 which represents participants who completed baseline and were recaptured at least once during follow-up (at either F1 or F2 or both), giving an overall retention rate of 30% (95/316).

Table 1, Survey completion totals

	N
Baseline	316
F1	151
F2	106

Table 2, Survey completion by timepoints

	N (%)
Baseline only	221 (51)
F1 only (or unmatched)	86 (20)
F2 only (or unmatched)	7 (2)
Baseline + F1 only	19 (4)
Baseline + F2 only	53 (12)
F1 + F2 only (or unmatched)	23 (5)
Baseline + F1 + F2	23 (5)

Data analysis

Three approaches to data analysis are presented, as a way to maximise the value of the data collected.

Analysis of the true cohort data:

- Longitudinal data analysis. The 'attended' and 'did not attend' groups were examined for differences at baseline (by demographics and baseline substance use, crime and psychological distress) using Chi-square test for proportions and independent t-tests for means. Changes in outcomes from baseline to FU were examined within the 'attended' and 'did not attend' groups. We attempted to improve the robustness of the sample by applying substitution techniques to those cases in which there was only one FU point available. For these cases, missing data were replaced with data from the other FU point. In tables presented below this is reported as MR. Changes in outcomes from baseline to FU were assessed using ANOVA for continuous data and logistic regression for categorical binary variables, using time point as the independent variable.
- An additional dose-response type analysis was conducted whereby we ascertained the relationship between the estimated number of hours spent at Street University (in the previous two months) and the key outcomes (psychological distress, substance use, criminal involvement, and social participation as measured by the MyLife scale). This was conducted using bivariate correlational analysis with the non-parametric spearman's rho correlation coefficient.

Analysis of cross-sectional panel data:

- As a way to supplement the analysis, we have compiled a second data set from the available data. This includes the full baseline sample (all new entrants to the program), and all participants at F1 and F2 who reported that they had attended the program in the previous two months, and thereby represents a cross-sectional view of Street Uni clientele at February, April and August 2018. These panel data can be found in Appendix 4. The main focus of this report is the description and analysis of the true cohort data.

Street University service data collected from clients using therapeutic services

For the purposes of this evaluation we used service data collected between 2014 and mid-2019, in which there were 4,090 intervention episodes. Interventions consisted of an initial assessment and up to five follow-up appointments. We used simple descriptive statistics to assess the impact of therapeutic interventions and applied non-parametric tests to estimate the significance of change across the follow-up appointments.

The mean age of clients participating in therapeutic intervention at Street Universities during this period was 18.7 years. Three-quarters of the intervention episodes were with young men (74%) and nearly one in five were with Indigenous young people (18.2%). Most intervention episodes involved counselling (51.6%), and a small number focussed on providing information (4%) and there were four episodes that involved support and case management (0.1%).

Of the 4,090 baseline assessments, 1,226 (30%) completed an initial follow-up. Of these, 464 (38%) went on to complete a second follow-up, 161 completed a third and 33 completed a fifth follow-up intervention. We assessed changes in key outcomes (psychological distress, substance use (SDS), and

number of arrests) for those who completed a baseline assessment and three follow-up intervention appointments (n=161) using the non-parametric Freidman's test.

Interpretive in-depth interview study

Twenty-seven interviews were conducted with 22 clients and 5 professionals. The clients interviewed for this study were attending services at Mount Druitt, NSW (n=7), Liverpool, NSW (n=6) Logan, QLD (n=1) Caboolture, QLD (n=5) and Southport, QLD (n=3). Most were male (n=18) but we were able to recruit four women to the study. The age range was 14-24, half were in their teens and the other half were in their early 20s (n=11). Nine participants identified as 'Anglo-Australian', four identified as Aboriginal, three as identified as Maori, and the remaining individual participants identified as a Torres Strait Islander, Samoan, Indian, Tongan, and Fijian.

The staff sample is small, so to protect their confidentiality, we only report broad demographic categories. We collected staff interviews from all sites, and recruited both male and female professionals from a range of positions. They had worked at their site between 1 and 15 years. While some had formal training in psychology, community work and youth work, some were hired due to their expertise in music, dance and performance arts and had learnt youth work skills through their role.

Cohort study: Results and discussion

What is the profile of young people who attend Street University?

Of the participants entered at baseline, an impressive 63% returned at least once during the six-month study period (Table 6). The profile of those who returned to the service reveals considerable social marginalisation and clinical need, demonstrating the capacity of the program to attract the young people it aims to attract.

The average age of participants who continued to attend Street University was 17 years. 70% reported living with their parents and 20% reported having problems finding a place to stay in the last six months (Table 3). Psychological distress was common with 35% reporting levels of distress that signify probable mental illness; and about 20% had had some contact with the police or criminal justice system in the previous 3 months (Table 4).

Substance use was also highly prevalent with 62% reporting drinking in that last three months and 40% reporting that they had used cannabis. Almost half (47%) reported that their substance use was a concern to them (this was usually in relation to tobacco or alcohol). These rates of substance use are higher than what is reported in population surveys with similar-aged cohorts where, for example, about 12% of 14-19 year-olds in the NDSHS report cannabis use in the last 12 months (AIHW 2016) and about 15% of secondary school students (aged 14-17 years) reported drinking in the last week (Guerin and White, 2018).

Who did not return to Street University and what reasons were given for this?

Those participants who did not return to Street University reported similar demographic and risk profiles to those who continued to attend the program, although (approaching significance) more of those who did not return reported that they were employed (29% v 13%, $p=0.07$) (Table 3). This concords with data in Table 5 which lists the reasons provided by non-attenders for not returning to Street University. These reasons related largely to work, study and family obligations rather than reasons specifically relating to the Street University program, supporting again the evidence that the service is attractive to its target group, even among those who do not attend.

Indicators of psychological distress, criminal behaviour and substance use were also largely similar between participants who did and did not return to Street University during the study period, although those who returned reported that they were less often able to manage their thoughts and feelings (5.5 v 6.2, $p=0.02$) (Table 4), again supporting the evidence that Street University attracts a youth population with considerable therapeutic need.

Table 3, Baseline demographic characteristics of the cohort sample, by their attendance at Street Uni (at either F1 or F2)

N (%)	Attended (n=60)	Did not attend (n=35)	p-value
Male	26 (43)	17 (49)	NS
LGBQ	11 (18)	3 (9)	NS
Age M (SD), Range	17.18 (2.58), 14-24	17.26 (2.68), 14-24	
ATSI	8 (13)	9 (26)	NS
Currently at school	26 (43)	17 (49)	NS
Currently employed	8 (13)	10 (29)	0.07
Currently studying TAFE, uni, other	14 (23)	5 (14)	NS
Currently live with:			
Alone	3 (5)	4 (11)	NS
Alone with children	0 (0)	0 (0)	
Spouse/partner	1 (2)	0 (0)	
Spouse/partner with children	5 (8)	4 (11)	
Parents	42 (70)	19 (54)	
Other relatives	2 (3)	3 (9)	
Friends	4 (7)	3 (9)	
Other	3 (5)	2 (6)	
Problems finding a place to stay for more than 3 nights in a row in past 6 months	12 (20)	7 (20)	NS

Table 4 Baseline other characteristics of the cohort sample, by their attendance at Street Uni (at either F1 or F2)

N (%)	Attended (n=60)	Did not attend (n=35)	p-value
K6 Psychological distress score (last 4 weeks)	15.6	15.1	NS
Probable serious mental illness %	21 (35)	8 (23)	NS
Crime cumulative outcome (last 3 months)	0.8	1.1	NS
Interviewed by police	10 (17)	9 (26)	NS
Given formal warning or police caution	12 (20)	7 (20)	NS
On police or court curfew	4 (7)	2 (6)	NS
Reports any drug to be of concern	28 (47)	10 (28)	NS
Drank in last 4 weeks	37 (62)	23 (66)	NS
Used Cannabis in last 4 weeks	24 (40)	14 (40)	NS
MyLife (mean) (last 4 weeks)	63.2	64.0	
Stable accommodation	7.2	7.6	NS
Managing thoughts and feelings	5.5	6.2	0.02
Managing substance use	5.8	6.7	NS
Doing work or study	5.6	4.3	NS
Managing money	4.4	4.5	NS
Feeling motivated	5.0	5.0	NS
Self-care and living skills	5.7	6.4	NS
Living without crime	6.7	7.2	NS
Community connections	6.4	5.7	NS
Family relationships	6.2	6.3	NS
Trusting reliable friends	6.8	5.6	NS
Health and fitness	5.1	6.5	NS

MyLife score – higher scores indicate a person has felt more often able to manage the said aspect of their life in the last four weeks

Table 5, Among those who did not attend (n=35), main reason given for not returning to Street University

Been busy	Haven't been told what it's about	to do the surveys	I don't feel safe leaving the house because of threats
been doing stuff	I didn't really need to attend as I had stopped recording and had less interest for social interact	too far to travel	I don't leave my house
Busy looking for work	I have been really busy with school, work, social life and church	Too busy	I have got in contact with my father and he has helped me out with a place to stay till i get my own
coz i was busy with school exam	i went to [place] for funerals	Work and hospital	I've been busy with family things
Dance	I've been really busy dealing with family problems	working /babysitting	training
Don't have time to go there	I've been studying	Working a lot and no reason to go	
Don't have time	I've been very busy and parents can't drive me since they are at work	Been too busy with my kids n doc appointment. Also daughters school event	
Full time working	Just been busy with School Hsc etc. , Work, Family and plus my cousins haven't been coming here	Busy dealing with family stuff.	
Haven't had time to go	No transport	Busy with uni	
Haven't had a reason	School trials.	Haven't had time	
to			

Program involvement: How did attenders engage with Street Uni?

Attenders and their patterns of program use

Of the participants entered at baseline (all of whom were new entrants to the program), an impressive 63% returned at least once during the six-month study period, and more than half of these (54%) returned at a high frequency of weekly or more often (Table 6). They reported staying an average of 2 hours each time, although half stayed for longer than two hours (Table 6). This demonstrates the capacity of the program to engage this hard to reach group and maintain contact with them over the long term.

Most participants reported that they spent their time at the service hanging out with friends (89%) but it was also common for them to visit in order to hang out with staff (40%) and use the computers (48%). About a quarter took part in music and/or dance workshops. Use of therapeutic counselling services was reported by 13% (for mental health) and 8% (for substance use) (Table 6).

Table 6: Engagement in Street University- frequency and average hours attended, and types of activities undertaken, as reported at F2 (or F1 for those participants who did not participate in F2) (N=60)

	N (%)
Frequency of attending Street Uni in last 2 months	
Once a month or less	14 (25)
2-3 times per month	12 (21)
Once a week or more	31 (54)
Average amount of time spent at Street Uni each time Median, IQR	2.3 (2-3)
How many of your friends come to Street Uni?	
None	1 (2)
A few	18 (30)
Some	8 (13)
Many	15 (25)
All	4 (7)
Amount of time spent with people who come to Street Uni	
None or little	11 (24)
Some	14 (30)
Most or all	21 (46)
All activities done at Street Uni in last 2 months	
General	
Hang out with friends	48 (89)
Hang out with staff	24 (40)
Use computers	29 (48)
Taken food package home	10 (17)
Counselling	
Talk to counsellors about my use of alcohol or drugs	5 (8)
Talk to counsellors about my mental health	8 (13)
Workshops and classes	
Music workshops/classes	15 (25)
Dance workshops/classes	15 (25)
Art workshops/classes	6 (10)
Cooking/food preparation classes	8 (13)
Help from staff	
Talked to staff about other services (e.g. doctors, employment)	9 (15)
Talk to staff about school, TAFE, uni or jobs	6 (10)
Talk to staff about other issues or problems in my life	10 (17)
Staff have given me other help	3 (5)
Cumulative count of any activities at Street Uni in last 2 months Median (IQR)	2 (1-4)
Satisfaction with Street University	
Proportion who somewhat or totally agree with the statement...	
Street Uni has helped me achieve my goals	36 (80)
Street Uni is an important part of my life	35 (80)
I would tell other young people to come to Street Uni	39 (85)
The staff listen to me and help me achieve what I want at Street Uni	38 (83)
I feel safe, accepted and not judged at Street Uni	42 (93)

Program impact: What changes occurred for participants who engaged with Street University?

We employed a range of analytic strategies to determine the relationship between participation in the Street University engagement program and the study's primary outcome measures. These are presented in Tables 7-22, which display the longitudinal data analysis, and Table 23 which displays results from the dose-response analysis. Neither analytical approach revealed measurable reductions in psychological distress, the number of contacts with police, or the proportion of participants reporting problematic substance use over the six-month study period. There were similarly no measurable changes in social functioning scores. This was true for participants who attended Street University and those who did not.

This suggests that the program does not produce reductions in therapeutic outcomes overall or across the general population of Street University clients. We sought to assess whether reductions were experienced by clients participating in therapeutic counselling, however this was not possible because of the small numbers of clients taking up counselling opportunities (8% and 13%, Table 6) (this question is instead address in the next section by analysing Street University service data).

This suggests that a current gap in the Street University engagement program pathway is that those clients who have clinical needs (that is, the 35% with probably mental illness and 47% who reported concern with their substance use, Table 4) are not taking up the counselling opportunities provided. If these clients can be better linked to therapeutic services then this could result in measurable reductions in therapeutic outcomes across the general population.

Analysis 1: Longitudinal data analysis – changes over three time points

Table 7-9 Relationship between attending Street Uni and key outcomes of psychological distress, crime and substance use.

Psychological distress (K6) Mean (SD), Range

	Attended MR (n=60)	Did not attend MR (n=35)
Baseline	15.60 (6.07), 6-30	15.06 (5.69), 6-25
F1	15.57 (6.14), 6-30	14.94 (5.22), 6-25
F2	14.73 (6.21), 6-30	15.74 (5.67), 6-27
p value	NS	NS

Recent crime cumulative outcome Mean (SD), Range

	Attended MR	Did not attend MR
Baseline	0.83 (1.79), 0-8	1.06 (1.51), 0-5
F1	0.55 (0.95), 0-5	1.00 (1.57), 0-5
F2	0.62 (1.26), 0-6	0.37 (0.77), 0-4
<i>p</i> value	NS	NS

Any drug of concern vs no drug of concern N (%)

	Attended MR	Did not attend MR
Baseline	28 (47)	10 (29)
F1	29 (48)	10 (29)
F2	23 (38)	10 (29)
<i>p</i> value	NS	NS

Table 10- 22 Relationship between attending Street Uni and various My Life scores

*MyLife score – higher scores indicate a person has felt more often able to manage the said aspect of their life in the last four weeks

My Life Mean (SD), Range

	Attended MR	Did not attend MR
Baseline	63.19 (25.67), 11-110	64.03 (23.80), 20-110
F1	70.51 (28.94), 7.40-120	71.58 (24.17), 22-120
F2	69.82 (27.52), 7.40-112.30	74.26 (24.61), 36.90-120
<i>p</i> value	NS	NS

MyLife – stable accommodation

	Attended MR	Did not attend MR
Baseline	7.24 (3.48), 0-10	7.59 (3.24), 1-10
F1	7.08 (3.50), 0-10	7.76 (2.93), 1-10
F2	6.94 (3.57), 0-10	8.01 (2.83), 0-10
<i>p</i> value	NS	NS

MyLife – Managing thoughts and feelings

	Attended MR	Did not attend MR
Baseline	5.52 (3.13), 0-10	6.15 (2.45), 0-10
F1	5.30 (3.04), 0-10	5.96 (2.32), 0-10
F2	5.07 (2.90), 0-10	6.05 (2.76), 0.50-10
<i>p</i> value	NS	NS

MyLife – Managing substance use

	Attended MR	Did not attend MR
Baseline	5.83 (3.57), 0-10	6.56 (3.35), 0-10
F1	6.17 (3.67), 0-10	6.84 (3.14), 0-10
F2	6.07 (3.64), 0-10	6.35 (3.30), 0-10
p value	NS	NS

MyLife – Doing work or study

	Attended MR	Did not attend MR
Baseline	5.56 (3.54), 0-10	4.32 (3.67), 0-10
F1	5.68 (3.45), 0-10	4.12 (3.65), 0-10
F2	5.19 (3.10), 0-10	5.29 (3.56), 0-10
p value	NS	NS

MyLife – Managing money

	Attended MR	Did not attend MR
Baseline	4.43 (3.14), 0-10	4.50 (3.28), 0-10
F1	4.74 (3.25), 0-10	4.54 (3.27), 0-10
F2	4.86 (2.87), 0-10	4.79 (3.23), 0-10
p value	NS	NS

MyLife – Feeling motivated

	Attended MR	Did not attend MR
Baseline	5.02 (3.01), 0-10	5.03 (2.79), 0-10
F1	5.13 (2.97), 0-10	5.12 (3.05), 0-10
F2	5.05 (3.04), 0-10	5.79 (3.03), 0-10
p value	NS	NS

MyLife – Self-care and living skills

	Attended MR	Did not attend MR
Baseline	5.61 (2.97), 1-10	6.35 (2.72), 0-10
F1	5.79 (3.06), 0.10-10	6.48 (2.57), 0-10
F2	5.87 (3.27), 0-10	6.33 (2.81), 0-10
p value	NS	NS

MyLife – crime

	Attended MR	Did not attend MR
Baseline	6.74 (3.78), 0-10	7.15 (3.66), 0-10
F1	7.22 (3.50), 0-10	7.03 (3.72), 0-10
F2	7.46 (3.39), 0-10	7.82 (2.81), 0.10-10
p value	NS	NS

MyLife – community connections

	Attended MR	Did not attend MR
Baseline	6.35 (3.28), 0-10	5.65 (3.29), 0-10
F1	6.09 (3.34), 0-10	5.33 (3.07), 0-10
F2	5.73 (3.26), 0.10-10	5.32 (3.09), 0-10
p value	NS	NS

MyLife – Family relationships

	Attended MR	Did not attend MR
Baseline	6.17 (3.35), 0-10	6.29 (3.54), 0-10
F1	6.15 (3.29), 0-10	6.20 (3.51), 0-10
F2	6.10 (3.33), 0-10	6.52 (3.28), 0-10
p value	NS	NS

MyLife – Trusting reliable friends

	Attended MR	Did not attend MR
Baseline	6.83 (3.34), 0-10	5.56 (3.57), 0-10
F1	6.05 (3.24), 0.10-10	5.92 (3.34), 0-10
F2	6.15 (3.21), 0.10-10	6.51 (3.55), 0-10
p value	NS	NS

MyLife – health and fitness

	Attended MR	Did not attend MR
Baseline	5.13 (3.32), 0-10	6.47 (3.05), 0-10
F1	4.95 (3.00), 0-10	6.29 (2.85), 0-10
F2	5.24 (3.07), 0.10-10	6.01 (2.93), 0.70-10
p value	NS	NS

Analysis 2: Dose-response analysis -correlations with estimated time spent at Street University

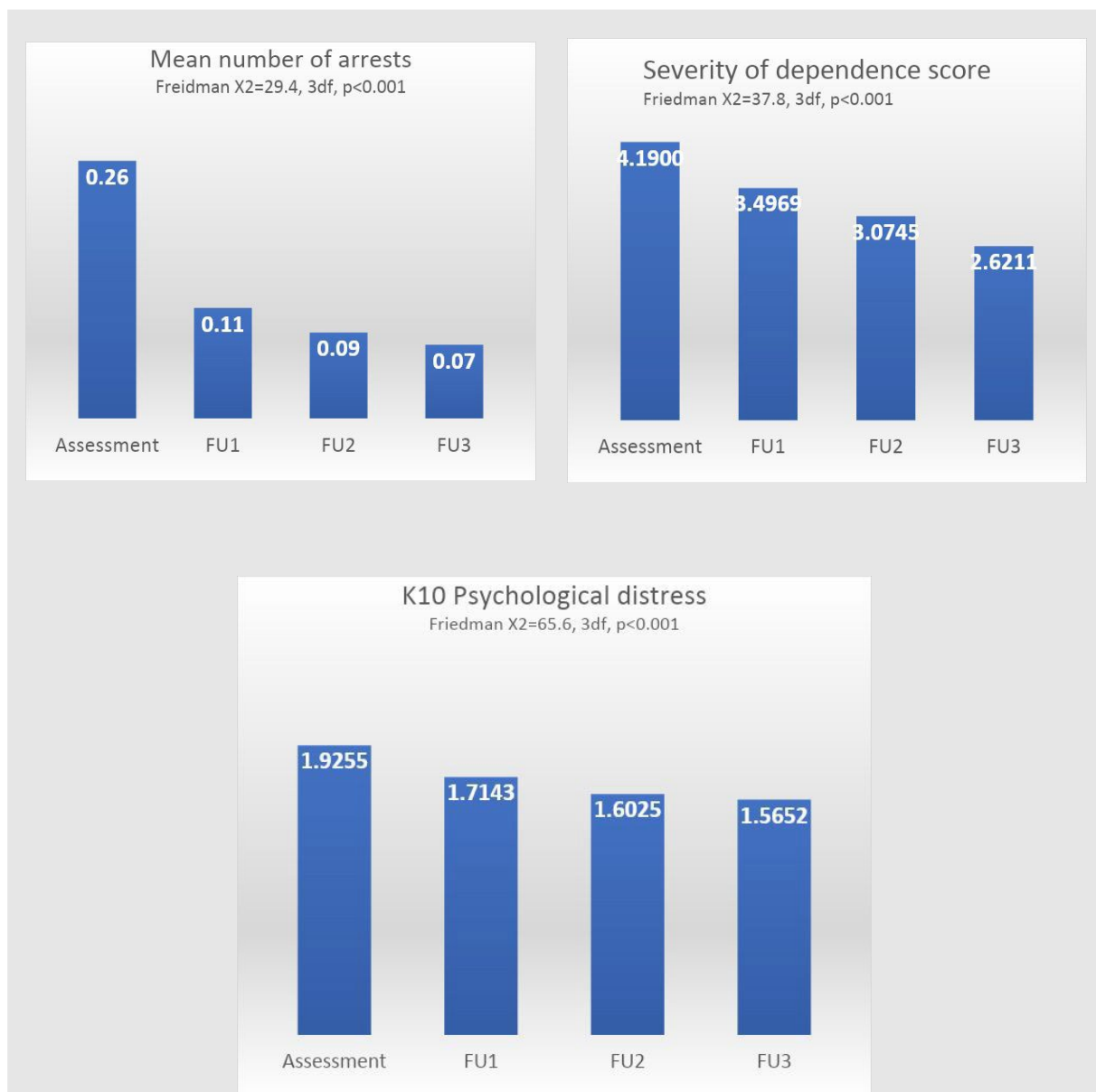
Table 23, Relationship between hours attended Street Uni and various outcome scores, among full cohort (n=95)

	Hours attended in last two months
<hr/>	
Change from Baseline to Follow-up in...	
K6 score	.060 NS
crime (total number of contacts)	.188 NS
MyLife summary score	-.102 NS
Stable accommodation	-.187 NS
Managing thoughts and feelings	-.100 NS
Managing substance use	-.061 NS
Doing work or study	-.099 NS
Managing money	.141 NS
Feeling motivated	-.169 NS
Self-care and living skills	-.073 NS
Living without crime	.001 NS
Community connections	-.022 NS
Family relationships	-.170 NS
Trusting reliable friends	-0.284 .008
Health and fitness	.175 NS
<hr/>	
Spearman's Rho correlation coefficient	

Street University service data: five years of TED data

Street University service data reveals that those young people who take up or are linked into therapeutic intervention experience significant improvements in their psychological distress, substance use and criminal behaviour. Figure 1 indicates that young people reported consistent decreases in their SDS scores (from 4.19 to 2.6) and psychological distress (1.9 to 1.5) over the four months following initial assessment; and that the mean number of arrests also significantly decreased (from 0.26 to 0.07) in this time. This finding is supported in academic literature that shows that specialist AOD treatments work for many people (Teesson et al 2006; Manning et al 2017). In the case of Street University, it suggests that therapeutic interventions are effective with young people in a drop-in setting, but that work is needed to better link clients with the available therapeutic services.

Figure 1, Changes in primary outcome measures (psychological distress, severity of dependence and crime) from assessment over four follow-up points, as reported by Street University clients participating in therapeutic counselling, 2014-2019 (n=161).



Interpretive evaluation: Results and discussion

The qualitative findings reveal the impressive capacity of the Street University model to attract and retain marginalised, pre-service young people by providing a safe and inclusive space, the opportunity to develop positive relationships with adults, activities that are appealing and attractive, and by employing these mechanisms over the long term to ensure that young people are sufficiently supported in their social, emotional, material and therapeutic needs. The findings also give insight about what the engagement program outcomes were understood to be: skill-building (technical, life and social skills) and improvements in self-worth featured heavily as key outcomes, however fewer participants identified therapeutic outcomes as the focus of the engagement aspect of the model.

Does the program reach the young people it aims to reach?

The young people we spoke to had often experienced unstable and/or unsafe home environments, and in some cases their relationships with relatives were still fraught. Participants had survived family violence or abandonment, and some had periodically experienced homelessness. Some participants had recently moved interstate. Others had been moved frequently throughout their childhood. These young people had few contacts in their local area and valued opportunities to socialise and the sense of community and connection they gained at Street University. Those who had moved very frequently also described missing large chunks of their primary and secondary education and valued the educational support and encouragement they gained at their site. These participants particularly enjoyed the sense of stability that Street University provided them.

Interviews included descriptions of mental health challenges, either for themselves or for their parents and carers. Some had attempted suicide and descriptions of self-harm were frequent. While some had received formal psychiatric support for these challenges, participants enjoyed the humane and down-to-earth support they gained at Street University. Indeed, because of the similarities they felt they had with staff at Street University, they enjoyed expressing themselves through cultural and sub-cultural patterns, rather than the more formal presentations they had to make at “mainstream” or “church affiliated” services. Given that staff had grown up in the local area, or were from similar backgrounds, they felt they did not have to explain everything and that the staff would “get them”. They also described Street University as inclusive, that is formally welcoming of sexual and gender diversities. Clients who identified as LGBT and/or Q felt they could be themselves at Street University. Inclusivity also emerged in interviews with heterosexual and cis-gender participants, who valued witnessing the inclusivity of its services for their LGBTQ counterparts. This was described as a particular strength of the service.

Are the chosen sites appropriate for Street University service locations?

Participants tended to live near Street University, but some travelled for over an hour using public transport to get to there. Staff noted that the locations of Street University were appropriate due to the lack of other youth-centred services in the area. They appreciated meeting the needs of young people in their area, who would otherwise have nowhere safe or constructive to congregate. One staff member said:

It’s awesome because we get a lot of young people coming up to the doors. And ‘cause they’re usually bored. They have nothing to do in the shopping mall. So that ... that’s a blessing that we have that opportunity to engage with a lot of young people. (1)

During the interview, participants were asked whether they thought the area was a good service location for Street University. Participants tended to agree that the current sites were good locations, “yeah, it’s a good area” (Wyatt). Some asserted that services were also needed other suburbs and regions that they had previously lived. Participants suggested that the service locations were appropriate for three main reasons: the prevalence of problematic, street based alcohol and other drug use; the prevalence of youth homelessness; and the lack of safe spaces for young people to congregate.

Drug and alcohol free zone

The young people we spoke to tended to value Street University as a drug and alcohol free zone that limited exposure to problematic use. In their homes or local areas, family, friends and community members were seen to be engaging in negative AOD use, and these young people preferred to avoid that. Suede said ‘like fair enough have fun, experiment with drugs if you want to, whatever, but don’t get addicted and take it out in public where there’s kids and people have to see it’. Similarly, Ronnie enjoyed the lack of pressure to witness or take drugs and alcohol at the Street University he attends:

Cause it’s a drug and alcohol-free zone. That’s why I come here, because I don’t like doing drugs and stuff. [...] Wherever I go, people are on it, yeah. That’s why I chill here, it’s like my second home.

This was reiterated by participants who felt that clients need a space away from problematic AOD use, and negative and/or neglectful parenting styles in their home. Sharma (NSW) said:

Yeah, it’s a great area. It’s a great place for a youth service. [...] This [suburb] doesn’t exactly have the best model citizens. There’s a lot of drug users, criminals, kids growing up in homes with criminals and drug abusers. It’s a good place for young kids who don’t have a chance at home. Yeah. [...] There’s people here that care. Kids need help with homework. Kids need help with assignments. There’s people here. Whereas, if they’re at home and they have parents that don’t care, you know? [...] Also, people round here don’t have the best things. And the fact that we can come here and use the things we want for free is...it’s a big deal.

A space to connect for those without any other support

Street Universities were seen to offer young people without any parental or family support a broader range of support if they needed it, such as case work, food or counselling. Jarranah felt that his local Street University was well located, due to the lack of services available. He also felt that young people in the local area tend not to trust formal services. The approach of Street University was perceived as important, as staff were able to engage clients who would otherwise avoid interventions or formal support:

There’s not enough here. Like not enough help for the youth. [...] And they don’t trust people. They’ve got less trust than like, you know ... They probably trust someone from Street Uni but nowhere else, you know, like the youth justice and that. Yeah.

Staff agreed that Street Universities were well located, due to the range of issues facing young people in the local areas including that they did not usually engage with formal services:

First of all, there’s the at-risk young people who don’t engage with services. So that includes schools,

whatever, health services, doctors, GPs. Because we're placed in a very central spot and we're, our doors are really open, and we know a lot of the young people in the area, we get a lot of young people who are disengaged or at risk.

In addition to perceptions of negative AOD use, and a lack of parental support or material resources in their home lives, participants valued the safe space provided by Street University, where young people can socialise. Having caring staff who behave as positive role models was thought to counteract the negative influences prevalent in the local community.

A safe space – to avoid street-based harassment, to get help, and feel cared for

The term “sanctuary” (Caleb) was often used. Like Sasha, Jude felt that the location was handy for at risk young people who need access to positive role models and practical resources. He said:

Right in the mall. It's a perfect place. [...] I think this [service] has been the cause of a lot of the kids around this area not getting into as much trouble as they could. Because, trouble, yeah, because like there's a lot of stuff that goes on around here, and there's a lot of attitudes. They get passed on and become second nature where some kids could go down the wrong path. But they go through here and look, to look forward to after school. I know that was mein Year 11 and 12. [...] I mean it's always healthy to have stability.

It was seen as particularly important that young people have access to a safe space where they could avoid contact with police. Sasha perceived this to be a risk in her area where young people had nowhere to congregate. For her Street University was a safe space to avoid street-based harassment:

A lot of it is probably like when we all hang out on the streets it's like we get pulled up by cops or snubbed by random people, looked down on by everyone. But when we are at Street Uni you know, it's a safe place for us to be who we wanna be without getting judged or pulled up.”

Wyatt experienced something similar when his local Street University was closed for a short period of time, “Like 2 years ago or a year ago it closed down and like we had nothing else to do, so we just got in trouble and did what we did.” There seemed to be consensus among participants that the service locations were appropriate due to them being located in places where young people congregate, and that these young people lack safe and positive spaces to socialise. By being well located, they are able to attract young people who need support and who will benefit from having positive role models.

What are perceived to be the key outcomes for young people who participate in Street University Engagement Program?

Skill-building and improvements in self-belief were seen to be the main outcomes of the engagement program among interview participants. Clients identified how they had developed a range of technical, life and social skills through their participation in Street University, and their stories demonstrate how participation in these provided increased opportunities for therapeutic counselling, which they might not otherwise have accessed, and additional social and relational benefits. Staff also identified skills development as key outcomes of the engagement program, and their focus was largely on the outcomes stemming from engagement activities rather than therapeutic activities. Staff valued the creative engagement activities and noted how they facilitated

technical and practical skills development. While staff understood that the engagement activities were meant, at least partially, as a means to link young people to counselling and case work, they saw the creative engagement activities as a therapeutic in their own right, especially for clients not ready for or interested in formal counselling. One of the impacts of this, however, is that staff are perhaps less focussed on therapeutic interventions than they should be, especially considering the high prevalence of psychological distress among clients.

Technical skills development

Both clients and staff clearly articulated one of the key program outcomes to be the development of technical skills related to music and other creative arts. Both saw these skills as valuable assets for their future employability.

Clients

Clients described how they were attracted to the Street University because of opportunities to pursue creative arts:

When I first started coming, I guess it was I guess just a place to kick back at first [...] when I first came, I thought it was just, you know, just another youth centre. You know, just another place to hang out. But then I see how like they had so many different like things going on here. They had the break-dancing stuff, a lot of music stuff, art stuff, you know. Yeah, it was a real cool place I guess. And then I was really into music and that, and so, when I seen how they did like the recording studios, that excited, that really stood out to me. So that kind of just kept on bringing me back. (Havok)

Participants also described opportunities to develop other technical skills, such as improving their resume, undertaking voluntary employment, and using the skills developed at Street University to gain credits in tertiary education.

So, yeah, through here like they help me get credited for work, doing, doing work here, volunteer work and such, and so that could go, that went on my, my, my resume for uni. I just told them, "Hey, I ..." yeah. So I just told them like, "Hey, I've done this stuff with these guys before," and they're like, "Oh, pretty good." So it really helped me get into uni. (Jude)

Voluntary work at Street University was highly valued since participants had not had such opportunities previously and welcomed that they could practice their skills in a safe and respectful environment. Many felt this would better prepare them for paid employment when the time comes. Atticus said, "This is my first working position [...] I get good feedback, like that I worked really hard." Banjo felt that without this opportunity, he would not be working now, "Like, if I hadn't come here, I wouldn't have gotten as far as I have now in life."

Havok felt he had developed important **writing and vocabulary skills** through his music program and he knew these were important for life outside Street University:

Like a lot of things that I do in life right now wouldn't have learnt if I didn't come here. They showed me how to establish a tax file and start working; how to make and manage my own money. Yeah, so like life lessons they taught me...., even with writing as well like it helped me improve like the way I like, 'cause, I do music and it showed me, you know, how to extend my vocabulary in a way. And, you know, actually telling a story in your music. (Havok)

Thus, while participants are attracted by the creative arts program, they learned technical skills that assisted their employability- how to complete employment forms, manage money, and construct stories for example. As we describe later, the time clients spent engaging in creative engagement activities also permitted personal development and wellbeing.

Staff

Like clients, staff also identified the opportunities that clients had to develop technical skills through Street University's creative arts engagement programs. While they understood that the engagement activities were meant, at least partially, as a means to link young people to counselling and case work, they saw the creative engagement activities as a therapeutic in their own right. This was seen as especially valuable for clients not ready for or interested in formal counselling.

A recurring theme within interviews with staff was the atypical skill set they brought to their youth work, since most were musicians and artists, having worked in a range of environments:

My background is in the music industry. I've had a lot of experience in business, touring and events. And I just kind of hit a point where it just wasn't fulfilling me [...] some friends told me about Street Uni and I just decided to kind of give it a shot, and see if I would give back a little bit. [...] And they snapped me up straight away (4)

Another professional "had recording-studio experience" and through his work has been able to pass industry knowledge "onto the young people." He also reflected on what he brought to the role, as a human, and how that has enabled his work with clients:

I think it was also in my cover letter I talked a lot about my own personal history and my family history, and having a daughter who was that age. So I think, you know, they kind of saw me as an experienced person who could pass on knowledge to, to young people as well and can relate to them, you know (1)

Staff with creative skills, together with their capacity to be warm and relatable, provided the opportunity for clients to learn high quality technical skills from experienced and trained artists, in a safe environment. As demonstrated earlier, this mattered significantly to clients. The empathetic and supportive approach taken by staff bolstered the relational and social development of young people, as described in the next section.

Building self-belief, social and life skills

Staff and clients also identified how the program assisted skill building beyond the technical skills required for employment. They identified how the program supports the development of self-esteem and self-valuing skills, and skills relating to help-seeking and respectful communication. Staff additionally identified how their work supported the development of independence and autonomy, and how these were seen to be crucial skills for young people in their transition to adulthood.

Clients

Clients narratives about Street University identified the range of broader 'life and social skills' that they developed through their participation in the program, such as: learning to communicate with adults in positions of authority; improving their self-esteem and emotional aptitude skills; and developing help-seeking skills.

Participants also talked at length about the therapeutic benefits of making music, dancing and art. In some examples, this was sufficient, but they felt it was good to know that they could access counselling if/when they need it. In other examples, participants benefitted from expressing themselves within the studio space, but became more aware of what required an individual and private forum, and sought out a more clinical response. In doing so, they practiced clinical help-seeking, and learned to understand what they need and when:

I started making music and my cousin told me you can record here for free. I came for music, yeah [...] I've done some counselling here but other than that, no, not really anything else. But I only get an hour per week. [...] Music calms me down a lot. Helps me. It helps me express things that I can't talk to people about. I find it hard speaking to people about my feelings, things like that. On paper, I can just write it.

While the opportunity to practice music was what initially attracted some participants to the service, the availability of therapeutic services enabled them to develop **skills in self-reflection and help-seeking**, and often the creative and counselling activities seem to work mutually to boost the effect of each other.

They give me a better, a better understanding of something. They can clarify my idea a bit for me and then they can help me with any issues that I'm struggling with. And they just, they, they give the counselling, and they're very supportive when it comes to the artistic side of things. (Jett)

Others received this support through less clinical more informal means, so provides multiple routes to relational and social supports. Perhaps unsurprisingly, these experiences of getting support from Street University staff (through either engagement or therapeutic activities) were thought to boost their **self-esteem**. When we asked participants what had changed for them, they often answered that their self-esteem was better now compared to when they first started attending:

Definitely self-esteem. Yeah. Self-esteem, like in terms of just being able to keep a conversation going, and that's like a skill I never had. Like it's always fell off with me. Like ever since I was a kid it's always been like, it always just ends up [...] it's, personal development isn't done by them but. [...] they instil confidence in who you are and not in how you should be (Jude)

Clients talked at length about the ways in which they behaved while at Street University and the high expectations the staff had that they act respectfully at all times. Clients seemed to want this, and value it where it is missing from other aspect of their life. Rather than feeling constrained by the rules, they felt safer and disliked it when other clients behaved inappropriately. Clients learned about **respectful and open communication** by observing staff model this behaviour. For participants with a difficult home life, or who were homeless at the time of the interview, the environment of safe and open communication at Street University was particularly valued. Jewel said, "No. Just like, if anything goes on, you can go and talk to someone. There's never really fights. Like there's no fights here. You just get away from the drama. There's always people to talk to if you need to talk to someone." In this way, clients relationship with staff provided crucial opportunities to learn effective modes of communication.

Staff

Staff also identified social skills such as **respectful communication** as an important outcome of participating in Street University. Staff recognised that they filled a gap in some young people's lives

by acting as positive role models and supporting them to gain self and mutual respect for the people they encounter. This was achieved primarily through providing a safe space:

I think the best way it impacts is it provides a safe space for the young people first of all. We're not disconnected from the street but we do have an element of like, you know, what happens on the street, stays there. But at Street Uni you've gotta respect the space and you've gotta respect other people. And through that safe environment and the really awesome staff young people have role models that they can look up to, that they probably don't have in their personal or family lives (4)

Other staff members placed value on engaging the young people to foster retention, and then develop working relationships that enable the transfer of life skills, such as leadership skills and taking care of their space. This combined with the creative program was seen as particularly attractive. Professional 4 was particularly passionate about his work for this reason:

I think just with the engagement with staff they're learning just life skills. [...] We encourage them to clean up after themselves and clean up the space after other people as well. So they learn those life skills. And they also learn particular skills that they would not learn from school or from home, and that is done through the music program. So where else can you go into a recording studio and learn how to deliver raps or write lyrics, or learn that really cool b-boy dance move and stuff like that? So we provide really awesome niche, unique things to the young people, which is really cool.

Staff also took care to nurture young people's **autonomy and independence**, and saw this as an important life skill that they could help develop in order to better prepare young people for the transition to adulthood. It was challenging for some staff, but felt it important to "stand back" and allow the clients to engage in their own problem-solving. Indeed, rigid boundary setting was thought to be an inadequate approach. One staff we spoke to described his professional development in his current role and how he had learnt to tread a fine line between standing back while remaining present. In doing so, he had been able to engage young people who had been ejected from other services and institutions. He said:

We step back as much as possible and let the young people just operate as they need to. And, yeah, I think that carries a level of risk because we're not someone that like kicks people out of Street University [...] It's more about therapeutically approaching that antisocial behaviour ...what's going on for them? And not just being another one in the line that says, "No, you're not welcome here. You're too hard." [...] we get that chance to engage more and more, and ...success stories are massive when you do break through with one of those kids." (5)

This quote also identifies the way staff **remain committed** to young people despite 'antisocial' behaviour, and that this persistence can pay off enormously when clients come to learn that they are permitted to make mistakes but that staff will continue to care for and value them. This is not always their experience at other services.

Staff descriptions of client outcomes were less frequent and more global or general compared to clients who tended to have much clear ideas about how Street University impacted their lives. Staff could be supported to make greater connections between their practice and specific clients' outcomes. This is especially the case for therapeutic outcomes where staff perhaps rely too heavily on the therapeutic nature of the creative engagement activities, and not enough on the clinical therapeutic interventions available on site. This is especially relevant given the high prevalence of psychological distress among clients.

Summary

Clients and staff identified the range of technical, life and social skills developed through participating in the Street University engagement program - technical skills related to their creative activities, writing and vocabulary skills, respectful and open communication, help-seeking skills, emotional development and self-valuing skills, and autonomy. These skills are seen to be foundational to achieving better life outcomes – by improving employability, emotional development and independence. Crucially these skills are learned within a safe and caring environment in which young people are permitted to make mistakes but can feel confident that these will not jeopardise their relationship with staff. Indeed, this is something that is foundational to creating safe relationships and environments.

The skills described by participants are crucial – they are some of the key program outcomes of Street University. We suggest that more attention could be given to the therapeutic outcomes of clients, such as those identified in the survey component of this evaluation – substance use, mental health and criminal involvement. This is especially relevant given the high levels of psychological distress found in the baseline survey.

Which program mechanisms help to achieve the best outcomes?

Here we describe perceptions from clients and staff about the program mechanisms that are seen to work best in achieving the outcomes described in the previous section. For clients these were that: 1) Street University was a safe and inclusive space; 2) they had the opportunity to develop positive relationships with adults; and 3) the activities offered were appealing and felt relevant to them. Staff identified these same program mechanisms and an additional one, which was how these three mechanisms operate over the long term to ensure that young people are sufficiently supported in the social and emotional needs, and receive therapeutic intervention when needed.

Clients

Safe and inclusive space

Clients were invited to reflect on the program strengths and their views about which aspects of it work best. Consistent with findings generated in other coding reports, participants tended to value the importance of staff members working to create a **safe space**, where they felt they belonged, and was “like a second home”. For those living in dangerous or distressing homes, this was seen as particularly valuable because Street University provided a space away from these tensions. Caleb identifies as gay and viewed his orientation to the service through this filter, “As soon as I got there, I was like, you know, ‘cause for me I know when a place is welcome or not, ‘cause you can get the vibe, the atmosphere of the, of the room, you know.” Others who were not sexually or gender diverse also appreciated the inclusivity of the spaces. Observing inclusivity gave them a sense of safety too:

Well, being a muso, it’s a good, good environment. Good people. Like you feel like relaxed. You don’t have to worry about anything and stuff like that. It’s open to any sexual orientation, like everything. So it’s a very comfortable, home-type situation where you can be yourself at home. So this is like my second home [...] it’s a safe haven for everyone. They don’t judge you. (Justiss)

Being inclusive was valued by clients, and they perceived this inclusivity as enabling them to foster their identity and creativity in positive ways:

Like me at school, I was terrible. But then coming here it's like different. You can be yourself. You don't have to act or like need to like prove yourself to someone. (Suede)

Positive relationships with adults

The safe and welcoming environment supported the development of positive relationships and clients often referred to Street University staff as being "like a family". Street University provided a space away from any tensions at home, and provided opportunities to experience **positive and caring relationships with adults**. For example, clients mentioned feeling loved by staff: Caleb mentioned that he had been attending for "around two years. And they love me here" and Jett said "I just stayed because the people were just, they were just like family."

Valuing of youth culture – knowing what matters to young people

Clients placed high value on the engagement activities, which they felt reflected their interests and were appealing. They noted that staff seemed to know about and listen to what matters to young people. The youth-appropriate set up fostered an atmosphere that was relaxed and invitational, rather than rigid and prescriptive:

I was expecting as soon as you open a door there'll be a desk, a reception saying, "What are you doing here?" you know? No. Went and opened the door to the basketball court. I'm like, "What the ..." [...] Yeah, it was cool. I was like, "Why is there a basketball court indoors?" And [...] I'm like, "Well, this is a good place." (Caleb)

Yeah. The environment. Like I've been to other youth centres and everything and the environment and the programs here were more appealing to me than all the other ones, you know, yep. I found that they had the, my best interests at heart as a young person rather than, you know ? (Jason)

Providing relevant and salient activities and interventions, based on the interests of young people, they are able to engage and retain these clients. This includes clients who might not otherwise have accessed such services, or continued to attend.

A safety net for material needs

Clients described how the provision of basic material resources – food, clothes, access to computers, transport – made a big difference to them in times of need. Caleb described how he would eat while at the service, but also take food for his family when it was needed "If we're short of food, I come here on Friday nights to get like grab some supplies". Likewise, Havok valued the access to material resources, "Food wasn't always, you know, available growing up and they always had, you know, something to feed you like warm food for you." along with the safe relational practices, "at the same time it's a safe place." Wyatt also spoke from personal experience, he said "when I was on the streets, they gave me food and vouchers and clothes [...] and they drove me places where I needed to go." This material support provided a safety net for when clients were at their most vulnerable, and knowing that they could get help from Street University laid the foundation for ongoing trusting positive relationships with the staff.

Staff

Safe and inclusive space

Staff members were asked a range of questions about program practice and function, their perception of what mechanisms work best. They reiterated the themes that emerged from client interviews, including that Street University fosters an inclusive environment where all clients can feel safe:

I think we're, we're a safe space for everyone so we don't judge anybody for who they are or where they come from, or what they do with their life, or who they are on the outside world, in any respect. We get hardened criminals here. We get university kids. We get church kids. We get everything. Gay kids. Transgender kids. Kids that have probably never met a gay person in their life. Everything comes together. (1)

The safe space was seen to be foundational to the operation of other program mechanisms, including opportunities to develop positive relationships with staff.

Building positive relationships through honest and authentic engagement and celebrating youth

Staff talked about clients as understanding and responding to honesty and authenticity. Indeed, this was an aspect of their work that staff valued highly:

Kids are amazing how much they pick up on many different things, you know. They are, they see through everything. So you can't bullshit them, you know. And we don't try to. We try to be as real as can be... No bullshit. (1)

The staff valued the creativity and agency of young people, and the ease with which they took up the creative opportunities at Street University. This reflected their strengths-based approaches to young people and the way they valued the assets that young people possess even in circumstances of constraint. One professional said that the creative activities "hook" potential clients, but also provide opportunities to express painful or challenging topics:

All of those things are what we call the 'hook' and that kind of gets the kid in here. And then through repeat visits and getting to know the young people we start being able to kind of break down a lot of the barriers that they might be facing in their life. So it's kind of, you know, when we're sitting there writing a rap song, it can be very therapeutic, you know. (1)

Valuing of youth culture – knowing what matters to young people

Like clients, staff also identified one of the most successful mechanisms of the program was the valuing of youth culture. Staff felt that using music (particularly urban forms of popular music like hip hop) was relevant, salient and therapeutic for the young people they work with. It attracted young people and signified to them that Street University was authentic and youth centred. Staff identified the relevance of some of the creative engagement programs to young people living in marginalised conditions:

Hip-hop as... a trend or as like something cool, it works as a way to get the young people to come in through the doors. So we're not, we're not just a youth centre with a ping-pong table and the bean bags. We're relevant and hip-hop keeps us, that element is like relevant. [...] And it's just so fortunate that hip-hop has the therapeutic side to it. [...] [Hip-hop is] like a

marginalised medium. Like it's come from a low socio-economic area. They just play a beat on-line and then they rap at home. They don't have to go to a school to learn the instrument. (4)

The importance of knowing and understanding youth culture was such that staff worried about, and noted the challenge in, "keeping up". They invested heavily in making sure to stay relevant:

I think it's, it's staying relevant with the young people. Even though I just boasted about Street Uni being really up-to-date and relevant, it's a struggle to stay ... Because youth culture is so dynamic. And we're trying our best to stay on our toes all the time. (4)

Staff felt that their more youth centred approach enabled them to work with young people in ways that builds their therapeutic literacy, and help-seeking accordingly, "engaging and treating young people with drug and alcohol issues, but we are also the conduit to linking them in with other support services" (5).

Investment over the long term

The heavy investment in youth relevant activities was seen to support young people's long-term involvement with the services, and this was seen to be critical in building opportunities for therapeutic intervention:

Street Unis engage with young people. It's a tool to connect with the hard-to-reach, young people. We really build relationships with the young people. And really help them address some of the issues that they're going through. [...] I cannot see them going to any other service because they, they wouldn't go to a typical youth service. But because they have an interest in hip-hop and, and music, and the whole hip-hop philosophy, which is what Street Uni embraces, they've been able to, we've been able to make a connection with those kids. (3)

As before, the service has multiple and diverse access-points to therapy and behaviour change. While certain activities might not look like "treatment" or formal interventions, staff members value the therapeutic qualities of ad hoc conversations or creative activities with their clients. This might bolster counselling, or fulfil the need for young people not interested in counselling or psychology:

The creativity's really important 'cause it, it taps into the imagination. It taps into one's soul because you dig deeper and ... So I'm peeling some of the presenting issues that some of those young people and their families have encountered. And it's about helping them through that journey in a way that, that they can accomplish good things in life (2)

Another professional (1) valued the safe and respectful environment at his service, and their ability to engage and retain clients. Compared to other places he has worked, he felt the daily and informal service approach means that the intervention can occur over longer periods of time and achieve outcomes for multiple and intersecting challenges facing particularly vulnerable young people. He used the story of one client as an example of the outcomes he has witnessed. Starting by meeting his most basic needs, such as food and accommodation, he is now in a place where he can provide support to the service and currently attends to "give back":

One young man has been with us for a while. He still pops his head in every now and then. In the early days when he was coming, he was homeless... we'd have to find him accommodation. We'd have to give him clothes. We'd have to feed him all the time. [...] Lovely kid, you know. And then getting him set up in emergency accommodation and then temporary, and finally

more permanent accommodation. Then helping him with his resume, and sending him on his path. Counselling. The kid's now working full-time. He comes in. He's happy. He's probably about double the size that he was, 'cause he's, he's eating more and he's able to afford filling his own fridge, you know? And now when he comes in it's generally just to give back, you know? Like he wants to come in and kind of help out for what he got in return (1)

Summary

Through the narrative of clients and staff we can identify the mechanisms at work in the Street University engagement program – the creation of safe and inclusive spaces, the building of authentic positive relationships with adult staff, the valuing of youth culture and the heavy investment in this, and a commitment to young people over the long term in order to ensure that therapeutic interventions can happen if needed.

The *Program Logic Model* of Street University (Appendix 1) outlines a range of program mechanisms and their intended impact, much of which is reflected in the mechanisms outlined above. These are aimed at engaging young people with the service and the broader community, improving their access to therapeutic services, and developing their life, employment and interpersonal skills. In many respects, the staff understand how the program is designed to work and they apply this in a way that is noticeable and recognisable as intervention among young clients. They emphasise some of the essential program mechanisms including the activities that engage young people in creative activities and build long-term trusting relationships. Indeed, the *Client Pathway Model* (Appendix 1) emphasises that the program has no set timeline and that exit time is determined by clients. Our data suggest that staff had a very clear understanding of this aspect of the program and its importance. Participants narratives also demonstrate the mechanisms that link young people with the broader community settings such as external employment and welfare services (housing for example) and further education (TAFE and university).

What is less emphasised in participants narratives were pathways into formal clinical therapeutic intervention. Participants described that therapeutic intervention happened largely through young people's participation in creative activities – music mainly – and that this was seen to be a less confronting and more appropriate way for some young people to work through their mental or emotional problems. They described occasional instances when a client was thought to require formal therapeutic intervention and, at these times, clients were connected to counsellors or other external agencies. However, this happened in no systematic or structured way, which is the approach also outlined in the *Client Pathway Model* (Appendix 1). Given the high prevalence of psychological distress among clients, however, it would be useful to consider ways in which therapeutic counselling can be offered more broadly and systematically to clients of the program.

Next steps: Participants views about what still requires work?

In this section, we describe participants views about the things that could be further developed in the Street University program.

Clients

Clients found it difficult to describe the weaknesses and so this data is drawn from two coding reports (Limits of the program and Ideal world scenarios). When asked, participants requested that Street University not change and they just want more of what is currently available. For example, clients want longer opening hours: 'I reckon they should open earlier' (Jaranah), and that access to

the recording studio should be increased: 'Just the time hours [...] Just longer hours and more recording time' (Wyatt). Similarly, clients perceived a bigger service would be better: 'I'd just try and make it bigger, eh?' (Jaranah) and available in more areas: 'Reach out to more, more different areas' (Havok).

Given the value they place on their Street University, and the benefits they experience in socialising within a safe and harmonious setting, participants also raised their frustrations when other clients do not behave respectfully. For example, Atticus disliked it when: 'The other clients don't clean up after themselves [...] they tag and stuff'. Similarly, Banjo said:

I can't deal with disrespectful people. I can't deal with them. Like it's just not hard to respect. It's not hard. It's just plain and simple. And, yeah, the people here are so respectful. And that's what I like about it 'cause they know respect and hardly has any disrespect, which is good.

In considering potential development opportunities, clients interviewed for this study would like greater opportunities to attend and engage with their activities, through longer opening hours and more resources; and they expressed frustration where they viewed some clients as behaving in disrespectful ways. This seems to reflect their need for more of what Street University offers, rather than a change to program or service provision. In the next section, we turn our attention to the staff data, and describe their accounts of client outcomes, program function, and opportunities to improve service provision.

Staff

Staff supported the approach of Street University and agreed with the approach taken with workshops and programs for the clients.

Resourcing

Staff sometimes expressed concerns that they did not have the resources to fulfil their role. One professional felt they had "always been pretty well-supported here [...] allowing you to kind of work autonomously... without micro-managing" (1) but some felt that they would benefit from more support. There was a sense among participants that the teams are small and there is a lack of administrative support. As such, some staff felt torn between running their creative or therapeutic programs, and managing the demands of back office tasks:

More admin support. Just more support in general I think, yeah. Admin support. Just the program support as well. Running the programs (4)

We have minimal workers and tasks are coming at us from every angle. Plus, we have young people coming in, wanting our attention, so we're constantly having to juggle between doing the job that we're intended to do, which is to give the young person time and energy, and run programs, and stuff, and then the other side of it which is the back end and the administration, and the (Street University's data management system), and the data, and the reports, and the this and that. (1)

Promoting the program to the community

Others expressed a little frustration about the lack of awareness of Street University in their local area, and felt that brand recognition could be boosted. While time is spent educating the sector through interagency presentations, some staff felt that additional marketing would support their efforts and better promote their service to the community:

There are times when I feel like we have great products but people don't know about them. So I think it's often in the, the marketing, in the promotion of, of our services. Yeah. People still drive by and go, "I have no clue what that place is." Or "Street University? I've heard of that. I don't really know what you guys do... still to this day, 10 years down the track, still explaining what we do and how we do it (1)

Expanding their skill base

Some staff talked about the need to expand the team, which would also enable them to meet the diverse needs of their clients and the multiple skills required in meeting their needs. This is particularly the case for staff hired because of their creative arts expertise, but might lack youth work or social work training:

We would have more staff. We would have, we would have ongoing training of Street Uni staff in how to really build relationships. [...] If you don't have those skills or the ability to build relationships with the young people, then you can only do so much. So ongoing support in how to do that (3)

Another professional (1) reiterated that they had had to learn on the job, and that they might have benefitted from additional and timely training so they did not feel out of their depth:

There are times where, yeah, I guess with any organisation where you're kind of thrown in the deep end, and, and expected to swim. So it'd be nice to kind of feel like you had the tools a little bit more. Yeah. A lot of it is, a lot of it on the job here you just kind of, for me anyway, the way that I work is just a bit instinctual. So, you know, I just kind of like, "How am I gonna make this happen? What's the best way that I feel comfortable with it?" you know?

As with the client interviews, professionals did not want to change the program, but requested more resources so they could better meet the needs of their clients. They felt that bigger teams would mean they would not feel torn between the client facing work and the demands of other office tasks.

Summary of qualitative findings

The qualitative findings reveal the impressive capacity of the Street University engagement model to attract and retain highly marginalised, pre-service young people in a service environment. The **mechanisms** by which the model achieves this was also clearly articulated by participants. The service 1) provides a safe and inclusive space for young people who often do not experience safety in their home environments or in public spaces where they are often the targets of police and public harassment; 2) provides the opportunity for young people to develop positive relationships with adults; 3) offers activities that are appealing and relevant to young people, and promotes an environment in which youth culture and agency are celebrated; and 4) seeks to employ these mechanisms over the long term to ensure that young people are sufficiently supported in their social, emotional, material and therapeutic needs. These mechanisms underpin in the Program Logic Model of Street University and the finding here demonstrate that staff understand how the program is designed to work and they apply this in a way that is recognisable as intervention among young clients.

The findings also give insight about what the **program outcomes** are understood to be by staff and clients. They saw the program's key outcomes to be *skill-building* (technical, life and social skills) and

improvements in self-worth. Participants viewed the creative engagement activities (music, art, dance, etc) as allowing the development of technical skills (audio, art, writing, vocabulary) that improved young people's employability and opened up avenues for further education and community engagement. Participation in the engagement activities also permitted the development of broader social skills related to communication, self-valuing, help-seeking, and independence.

Importantly, while some clients had sought counselling services (usually supported through their positive relationships with staff), participation in therapeutic interventions was not commonly talked about as a priority outcome. Similarly, our analysis of program mechanisms described above shows that the model does not have obvious and systematic pathways for clients to move from engagement activities to therapeutic activities. Instead, often it was the engagement activities (music, art, dance) that were seen to bring therapeutic benefit, and pathways to formal clinical therapeutic intervention were not mentioned. This suggests more attention could be given to ensuring that: 1) staff see therapeutic counselling as a priority outcome (especially given the high levels of psychological distress found in the survey sample); 2) more systematic and obvious pathways to therapeutic intervention are built into the model; 3) staff skills in relation to therapeutic intervention be increased (indeed they identify their own need for this); 4) young people's help-seeking skills be further developed, especially since this is seen by young people as a valuable skill they had gained from Street University.

Methodological limitations

Prospective cohort designs are considered one of the strongest research methods because of their capacity to identify the range of effects related to a certain exposure, in our case the effect on young people related to their taking part in the Street University Program. However, it can be difficult to recruit and follow-up large groups of participants, especially in a service setting like the Street Universities where staff have important obligations beyond assisting with research. Of the 316 participants recruited at baseline, only 13% (n=42) were followed up at 2-months and 24% (n=76) were followed up at 6 months, with 30% (n=95) followed up on at least one occasion (referred to as the 'true cohort'). This sample size (n=95) is lower than expected and limits the types of analyses we could conduct and the power of our data to identify small to moderate associations. Our finding that there were no measurable association between psychological well-being, substance use and criminal activity could be due in part to these weaknesses in our true cohort data.

An additional challenge with our evaluation design was the selection of a comparison group by which to monitor participants changes in outcome measures while attending Street University. The outcomes of participants who continued their attendance at Street University were compared to their own baseline measures (i.e., acted as their own control) and, additionally, were compared to the outcomes of participants who did not return to Street University. The comparison between attenders and non-attenders can introduce bias if the non-attenders are different in significant ways from attenders and this difference is related to their drop out. We compared the demographic profiles of attenders and non-attenders and found few differences; however we do not know if they were different in a way that is not measured in our research and that is related to their drop out.

The qualitative component of the evaluation added significant depth and richness to the research by helping us to understand staff and clients' perceptions of the program - its intended aims and the processes through which it is thought to act on young people. The sampling strategies used for this component and the analytic approach used means that the findings are not generalisable to all staff and clients of Street Universities. In addition we interviewed only five staff members, which is a small sample size even for qualitative samples, meaning we could have missed opinions and responses held by other staff at the service.

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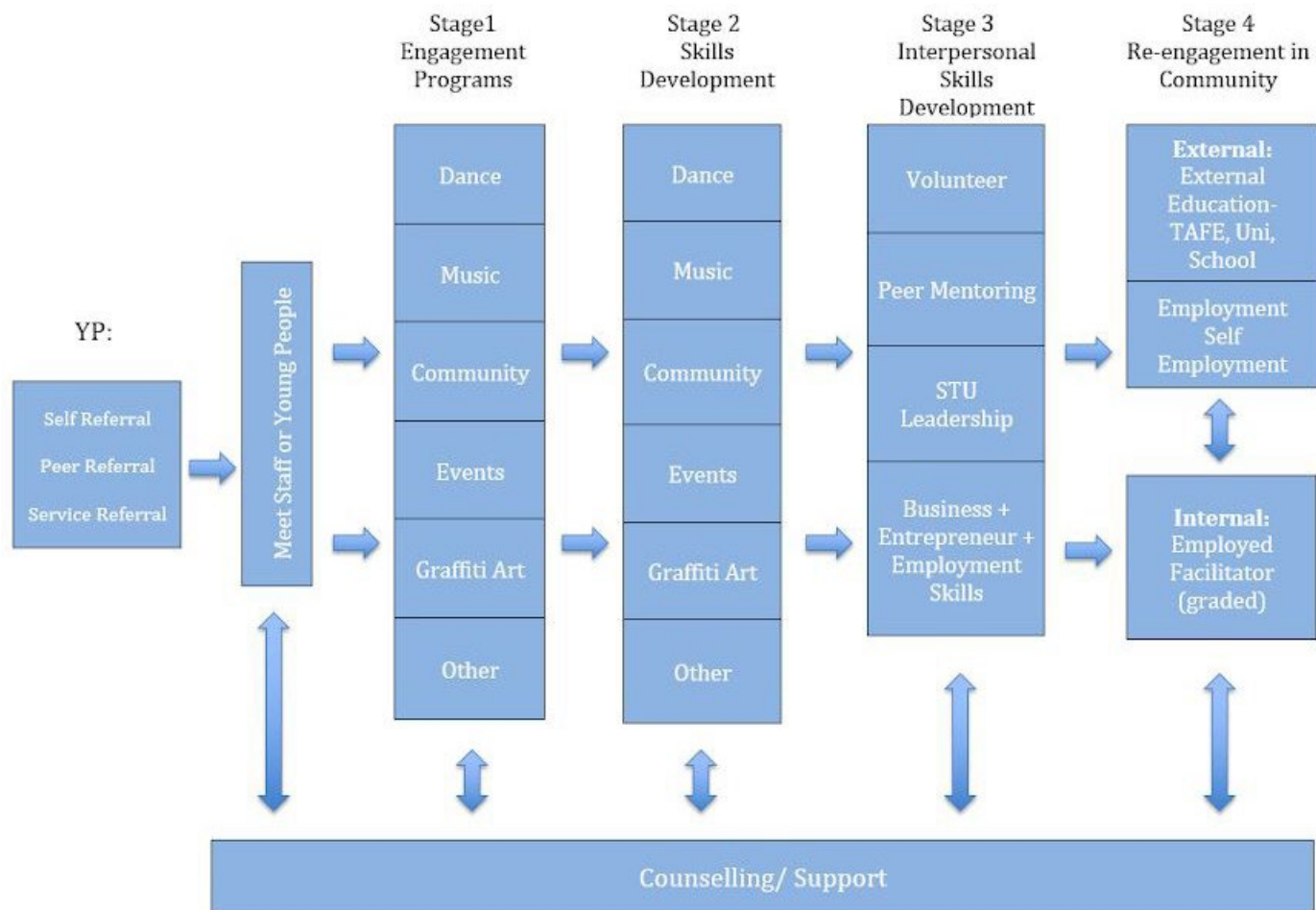
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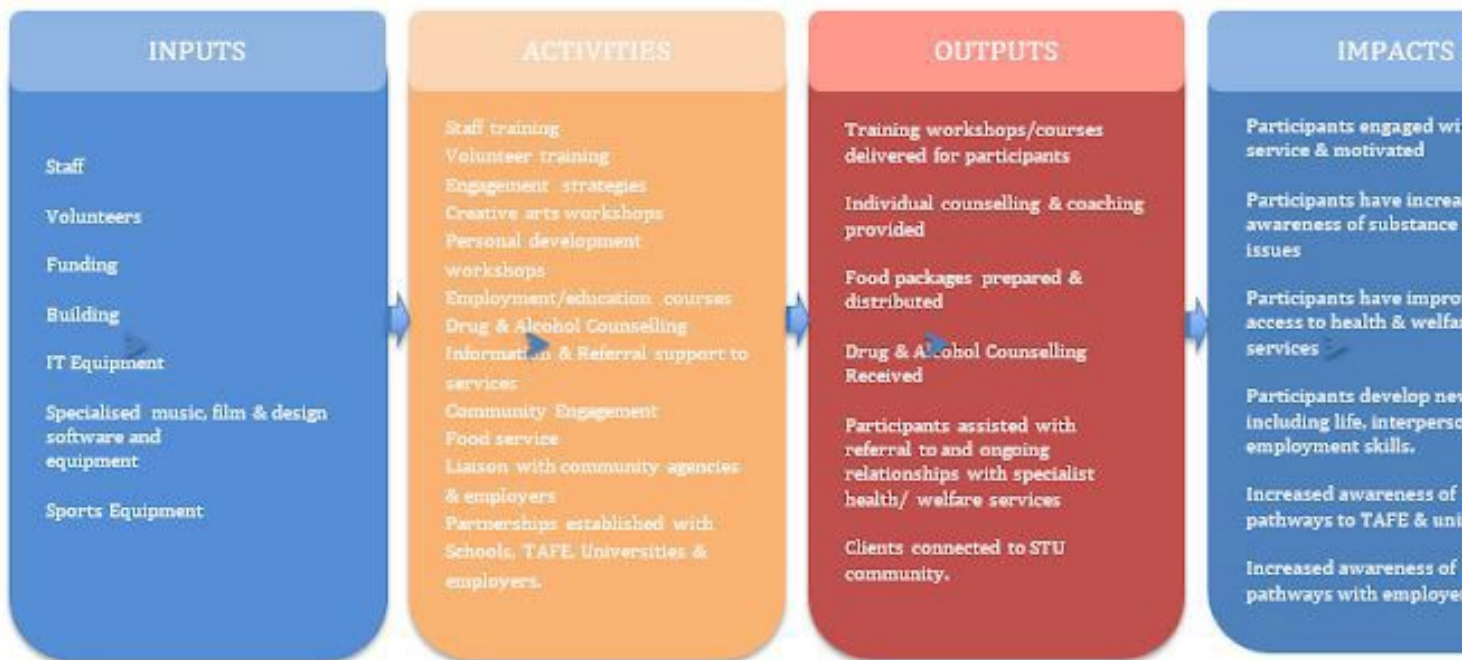
Appendix 1 – Street University Client Pathway Model and Program Logic Model

Figure 2, Client Pathways Model



Note: This is a linear version of a client pathways model. However a young person may be participating in multiple program or activity types and also may be in multiple stages at any one point. There is also no set exit time. The exit stage is determined by the young person. Please also note that this diagram is not an extensive list of all activities and pathways but rather a representation of the types of activities and pathways that are offered.

Figure 3, Program Logic Model



Appendix 2 – Baseline and follow-up surveys

BASELINE SURVEY

1. I understand I am being asked to provide consent to participate in this research study;
2. I have read the Participant Information Sheet or it has been provided to me in a language that I understand;
3. I provide my consent for the information collected about me to be used for the purpose of this research study only.
4. I understand that if necessary I can ask questions and the research team will respond to my questions.
5. I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the study and withdrawal will not affect my relationship with the University of NSW and Street University Program.
6. I understand that if I have any questions relating to my participation in this research, I may contact Dr Joanne Bryant on telephone 9385 6438, who will be happy to answer them.
7. I acknowledge receipt of a copy of the Participant Information Statement.

I agree to participate in the study:

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

All of your answers will be **totally private**. Nobody will see them except the researchers at UNSW.

If you feel uncomfortable, you can stop the survey at anytime by closing the browser window.

Thank you for helping with the research.

Please help us make a unique ID code for you. This will help us follow your activities when you are at Street Uni. (We will not use this for anything else! Your information is **completely private**)

Write in the first 3 letters of your last name: [] [] []

Write in your month of birth: [] []

- 01 Jan
- 02 Feb
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 Aug
- 09 Sept
- 10 Oct
- 11 Nov
- 12 Dec

Which Street University are you at today?

- € Liverpool
- € Mt Druitt
- € Logan
- € Southport
- € Caboolture
- € Canberra

DEMOGRAPHICS

1. Which gender do you go by...

- 1 Female
- 2 Male
- 3 Other

2. Do you think of yourself as...?

- 1 Straight/Heterosexual
- 2 Gay/lesbian/homosexual
- 3 Bisexual
- 4 Other

3. How old are you? [____] [____] years

4. Are you of Aboriginal or Torres Strait Islander origin?

- No _1
- Yes, Aboriginal _2
- Yes, Torres Strait Islander _3
- Yes, both Aboriginal and Torres Strait Islander _4

5. What year are you in at school?

- € I'm not at school GO TO Q6 [ALL ELSE go to Q7]
- € Year 9
- € Year 10
- € Year 11
- € Year 12

6. What is the highest level of education that you have completed?

- 1 I completed primary school only
- 2 I left school before finishing Year 10
- 3 I completed Year 10 (School Certificate equivalent)
- 4 I completed Year 12 (Completed HSC equivalent)
- 5 I completed a diploma
- 6 I completed a university degree

7. Are you currently studying at TAFE, Uni or somewhere other than school?

- 0 No
- 1 Yes part time
- 2 Yes full time
- 3

8. Are you currently employed?

- 0 No
- 1 Yes part time
- 2 Yes full time

9. What is your MAIN source of income? (choose the one that you make the most money from)

- 1 Full-time work
- 2 Part-time work
- 3 Temporary benefit (e.g. unemployment)
- 4 Pension (e.g. disability)
- 5 Student, youth or other allowance from Centrelink
- 6 Dependent on others (e.g. parents)
- 8 No income
- 9 Other , please specify _____

10. Who do you live with?

- 1 Alone
- 2 Spouse/partner
- 3 Alone with child(ren)
- 4 Spouse/partner with child(ren)
- 5 Parent(s)
- 6 Other relative(s)
- 7 Friend(s)
- 8 Friend(s)/parent(s)/relative(s) and children
- 9 Other , please specify _____
- 10

11. In the last 6 months, have you had problems with finding a place to stay for three or more nights in a row?

(for example, you could not or chose not to stay at home, you were staying with friends or family, or you were staying at a refuge or sleeping rough because you had nowhere else to go)

- € No
- € Yes

12. How many places have you lived in the last 6 months? [] [] places

ABOUT STREET UNIVERSITY

13. How did you hear about Street Uni?

- € A friend told me
- € Family member told me
- € School told me or brought me here
- € Walked or driven by
- € Other (_____ please write in)

14. Why have you come to Street University today? (What reasons brought you here?)
[open-ended]

15. What are you most looking forward to doing at Street Uni today?

- € Don't know
- € Dance
- € Hang out with friends
- € Art
- € Music
- € Hang out with staff
- € Other (_____ please write in)

16. Have any of the following EVER happened to you? (tick all that apply)

- | | | |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Interviewed by police about a crime they thought you might have committed |
| 2 | <input type="checkbox"/> | Given a formal warning or caution by police |
| 3 | <input type="checkbox"/> | On police or court curfew |
| 4 | <input type="checkbox"/> | Been in Juvenile justice or prison |
| 5 | <input type="checkbox"/> | Suspended from school |
| 6 | <input type="checkbox"/> | Been given a fine by a court |
| 7 | <input type="checkbox"/> | Been placed on a bond or probation by a court |
| 8 | <input type="checkbox"/> | Put on probation at work or given a warning at work |
| 9 | <input type="checkbox"/> | Asked to leave school or work |
| 0 | <input type="checkbox"/> | None of these have happened to me |

17. Have any of these things happened **in the last 3 months**? (tick all that apply)

- | | | |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Interviewed by police about a crime they thought you might have committed |
| 2 | <input type="checkbox"/> | Given a formal warning or caution by police |
| 3 | <input type="checkbox"/> | On police or court curfew |
| 4 | <input type="checkbox"/> | Been in Juvenile justice or prison |
| 5 | <input type="checkbox"/> | Suspended from school |
| 6 | <input type="checkbox"/> | Been given a fine by a court |
| 7 | <input type="checkbox"/> | Been placed on a bond or probation by a court |
| 8 | <input type="checkbox"/> | Put on probation at work or given a warning at work |
| 9 | <input type="checkbox"/> | Asked to leave school or work |
| 0 | <input type="checkbox"/> | None of these have happened to me |

18. How many times in the last three months have you been arrested? [____] [____] times (IF '0' GO TO 17)

19. How many of these arrests were for offences allegedly committed in the last three months?
 arrest

20. At the moment, how often do you smoke cigarettes (or pipes or other tobacco products)?

- € Everyday
- € At least weekly (but not daily)
- € Less often that weekly
- € Not at all, but I have smoke in the last 12 months
- € Not at all and I have not smoked in the last 12 months

21. In the last four weeks, about how often did you feel

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired for no reason?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Nervous?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
So nervous that nothing can calm you down?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
do you find life challenging?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
unsettled/ fidgety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
So restless you could not sit still?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
unhappy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
feeling like everything is an effort?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
So sad that nothing could cheer you up?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
feel like you're not good enough?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PAGE:
 Those last questions were tough.
 R U OK?
 If you are feeling upset, please find a staff member to talk to right away.

This set of questions ask how you feel about your quality of life, health or other areas of your life. Please think about your life in the last two weeks.

22. How would you say life is going at the moment?

- 1 Very poor
- 2 Poor
- 3 Neither poor nor good
- 4 Good
- 5 Very good

23. Are you happy with how healthy you are?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

24. Do you have enough energy to get you through the day?

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Mostly
- 5 Completely

25. Do you struggle to buy what you need?

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Mostly
- 5 Completely

26. Are you happy with your daily activities?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

27. you are you happy with yourself?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

28. How are things with your family and friends?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

29. How happy are you with your environment at home?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

Tell me one AWESOME thing that's going on in your life?
[open-ended]

The next questions are personal. They ask about your alcohol and drug use.

Remember – all your answers a **totally private**. No one will see them except the researchers at UNSW.

30. How many days in the last 4 weeks did you drink alcohol? (beer, wine, spirits)

[] [] days (write in the number of days)

31. On average how many drinks did you have on those days when you were drinking?

[] [] drinks (write in the number of drinks)

32. In the last 4 weeks, has your drinking been...

€ Less than usual GO TO Q25

€ The same as usual GO TO Q25

€ More than usual GO TO Q23

33. On the days in the last 4 weeks when you were drinking more heavily than usual, how many drinks did you have?

[] [] drinks (write in the number of drinks)

34. How many days in the last 4 weeks did you drink at this level (e.g. much more heavily than usual)?

[] [] days (write in the number of days)

35. In the last 4 weeks, how many days did you use cannabis (pot, marijuana)?

[] [] days

€ I did not use cannabis in the last four weeks □ go to Q23

36. On the days that you smoke marijuana, how many cones, bonges, joints do you normally have?

[] [] cones or bonges OR [] [] joints

37. In the last 4 weeks, how many days did you use methamphetamine (speed, uppers, base, ice, crystal)?

[] [] days

€ I did not use methamphetamine in the last four weeks □ go to Q25

38. On the days that you use methamphetamine (speed, uppers, base, ice, crystal), how many points or grams do you normally have?

[] [] points OR [] [] grams

39. In the last 4 weeks, have you used any of these other drugs?

(tick all that you have used)

€ Ecstasy

€ GHB/GBH/G/ Fantasy

€ Ketamine

€ Tranquilisers and sleeping pills not prescribed for you (eg. Benzos / Valium / Rhoies)

€ Antipsychotics not prescribed for you (eg Seroquel)

€ ADHD medication not prescribed for you

- € Trips / Acid /LSD
- € Cocaine
- € Heroin
- € Pharmaceutical opioids not prescribed for you (eg. morphine, oxycodone, oxycontin, MS Contin)
- € Methadone or buprenorphine not prescribed for you
- € Another Drug
- € I didn't use any of these drugs

40. **Over the last 4 weeks**, what drug was causing you greatest concern? (including alcohol)

(Choose one only)

- € Alcohol
- € Tobacco
- € Cannabis
- € Meth/amphetamines
- € Ecstasy
- € GHB/GBH/G/ Fantasy
- € Ketamine
- € Tranquilisers and sleeping pills not prescribed for you (eg. Benzos / Valium / Rhoies)
- € Antipsychotics not prescribed for you (eg Seroquel)
- € ADHD medication not prescribed for you
- € Non-opioid Analgesics (e.g. Panadol, Nurofen, aspirin)
- € Trips / Acid /LSD
- € Cocaine
- € Heroin
- € Pharmaceutical opioids not prescribed for you (eg. morphine, oxycodone, oxycontin, MS Contin)
- € Methadone or buprenorphine not prescribed for you
- € Another Drug

- € No drug caused me concern in the last month [GO TO Q32]

The following questions ask about how you have been thinking/feeling about that drug over the last months, **even if you have not been using it** (please check one answer).

41. Do you ever think your use of **this drug** was out of control? (meaning the drug that has caused you the greatest concern)

- | | | |
|---|--|-------------------------|
| 1 | | Never or almost never |
| 2 | | Sometimes |
| 3 | | Often |
| 4 | | Always or nearly always |

42. Did the prospect of missing this drug make you very anxious or worried?

- 1 Never or almost never
- 2 Sometimes
- 3 Often
- 4 Always or nearly always

43. Did you worry about your use of this drug?

- 1 Not at all
- 2 A little
- 3 Quite a lot
- 4 A great deal

44. Did you wish you could stop using permanently?

- 1 Never or almost never
- 2 Sometimes
- 3 Often
- 4 Always or nearly always

45. How difficult would you/did you find it to stop or go without?

- 1 Not difficult
- 2 Quite difficult
- 3 Very difficult
- 4 Impossible

46. In the last 4 weeks, how much of the time have you achieved the following?

	N o n e o f t h e t i m e									A l l o f t h e t i m e
	1	2	3	4	5	6	7	8	9	10
Stable accommodation										
Managing your thoughts and feelings										
Managing your substance use										
Doing work or study										
Managing your money										
Feeling motivated										
Self-care and living skills										
Living without crime										
Community connections										
Family relationships										
Trusting reliable friends										
Health and fitness										

ONE LAST THING...

We will contact you again in 2 and 6 months from now to do this survey again. In 2 months we will give you \$40 and in 6 months we will give you \$50.

Please fill in the following information so we can contact you.

Remember your information is totally private. Only the researchers at UNSW will see it.

1. Your name: _____ (write the name you usually go by.
This is just for us to contact you later on)

Mobile phone number: _____

2. What are the best two ways to get in contact with you?
- Mobile/sms/text message
 - Facebook
 - Snapchat
 - Instagram
 - Twitter
 - Call my nominated parent/friend/staff

If mobile = nothing more required

If Facebook = Facebook email

If Snapchat = username

If Instagram = username

If Twitter = twitter handle

3. Name of another person who you see regularly (must be 18 or older: parent, friend, staff of Street Uni or elsewhere): _____

Their mobile phone number _____

THIS IS THE END OF THE SURVEY – THANK YOU.

Some of these questions are tough for some people. If you need someone to talk to please see a Street Uni staff, or you can call any of these numbers.

Name/Organisation	Ted Noffs Foundation
Telephone	NSW/ACT Freecall 1800 151 045
	QLD Freecall 1800 753 300
Web	https://noffs.org.au/contact/
Name/Organisation	Kids helpline
Telephone	1800 55 1800
Email or webchat	https://kidshelpline.com.au/teens/get-help/
Name/Organisation	Alcohol and Drug Foundation
Telephone	1300 85 85 84
Web	http://adf.org.au/help-support/

(These numbers are also on the paper information sheet you were given about the study).

FOLLOWUP SURVEY

Hello and welcome back to our survey!

All of your answers will be **totally private**. Nobody will see them except the researchers at UNSW.

If you feel uncomfortable, you can stop the survey at anytime by closing the browser window.

Thank you for helping with the research.

Please enter your unique ID code. This is the same code you entered the first time you answered this survey.

(We will not use this for anything else! Your information is **completely private**)

Write in the first 3 letters of your last name: [] [] []

Write in your month of birth: [] []

- 01 Jan
- 02 Feb
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 Aug
- 09 Sept
- 10 Oct
- 11 Nov
- 12 Dec

Which Street University are you at today?

- € Liverpool
- € Mt Druitt
- € Logan
- € Southport
- € Caboolture
- € Canberra
- € I'm not at Street Uni today

1. Which gender do you go by...

2. Do you think of yourself as...?

t/Heterosexual
sbian/homosexual

3. What year are you in at school?

- € I'm not at school GO TO Q4 [ALL ELSE go to Q5]
- € Year 9
- € Year 10
- € Year 11
- € Year 12

4. Are you currently studying at TAFE, Uni or somewhere other than school?

<input type="checkbox"/>	
<input type="checkbox"/>	t time
<input type="checkbox"/>	time
<input type="checkbox"/>	

5. Are you currently employed?

<input type="checkbox"/>	
<input type="checkbox"/>	t time
<input type="checkbox"/>	time

6. What is your MAIN source of income? (choose the one that you make the most money from)

- 1 Full-time work
- 2 Part-time work
- 3 Temporary benefit (e.g. unemployment)
- 4 Pension (e.g. disability)
- 5 Student, youth or other allowance from Centrelink
- 6 Dependent on others (e.g. parents)
- 8 No income
- 9 Other , please specify _____

7. Who do you live with?

- 1 Alone
- 2 Spouse/partner
- 3 Alone with child(ren)
- 4 Spouse/partner with child(ren)
- 5 Parent(s)
- 6 Other relative(s)
- 7 Friend(s)
- 8 Friend(s)/parent(s)/relative(s) and children
- 9 Other , please specify _____
- 10

8. In the **last 2 months**, have you had problems with finding a place to stay for three or more nights in a row?

(for example, you could not or chose not to stay at home, you were staying with friends or family, or you were staying at a refuge or sleeping rough because you had nowhere else to go)

- € No
- € Yes

9. How many places have you lived in the **last 2 months**? [] [] places

The next set of questions ask about whether you have been to Street Uni in the last 2 months, and what you've done while you were there.

10. Have you been to Street Uni in the last 2 months? (Since the last time you did this survey?)

- € No GO TO Q19
- € Yes GO TO Q11

11. How often have you been to Street Uni in the last 2 months? (Since the last time you did this survey?)

(Just give your best guess)

- Most days
- 2-3 times each week
- About once a week
- Less than weekly (about 2-3 times a month)
- Once a month
- Less than once a month

12. When you have been to Street Uni in the last 2 months, how many hours do you **USUALLY** spend there each time?

(Just give your best guess)

[] [] hours each time

13. What is the **MAIN** reason you have come to Street Uni in the last 2 months? (tick only one)

[open-ended] (permit 100 characters)

14. Which of these activities have you done when you have been at Street Uni in the last 2 months?

(tick all that apply)

General

- € Hang out with friends
- € Hang out with staff
- € Use computers
- € Taken food package home

Workshops and classes

- € Music workshops or classes
- € Dance workshops or classes
- € Art workshops or classes
- € Cooking or food preparation classes

Counselling

Help from staff

- € Talk to counsellors about my use of alcohol or drugs
- € Talk to counsellors about my mental health

- € Talked to staff about other services that can help me (such as doctors or employment services)
- € Talk to staff about school, TAFE, university or jobs
- € Talk to staff about other issues or problems in my life
- € Staff have given me other help, please specify (_____)

15. Which is the **MAIN activity** that you have done when you have been at Street Uni in the last 2 months?

(tick only ONE)

(tick the ONE thing that you have done **most often** at Street Uni in the last 2 months)

General

- € Hang out with friends
- € Hang out with staff
- € Use computers
- € Taken food package home

Workshops and classes

- € Music workshops or classes
- € Dance workshops or classes
- € Art workshops or classes
- € Cooking or food preparation classes

Counselling

- € Talk to counsellors about my use of alcohol or drugs
- € Talk to counsellors about my mental health

Help from staff

- € Talked to staff about other services that can help me (such as doctors or employment services)
- € Talk to staff about school, TAFE, university or jobs
- € Talk to staff about other issues or problems in my life
- € Staff have given me other help, please specify (_____)

16. How many of your friends come to Street Uni?

- € None
- € A few
- € Some
- € Many
- € All

17. How much of your time is spent with people who come to Street Uni?

- € All of my time
- € Most of my time
- € Some of my time
- € A little of my time
- € None of my time

18. How much do you agree with these statements?

	Agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Disagree
Street Uni has helped me achieve my goals.					
Street Uni is an important part of my life.					
I would tell other young people to come to Street Uni.					
The staff listen to me and help me achieve what I want at Street Uni.					
I feel safe, accepted and not judged at Street Uni.					

19. What is the MAIN reason you haven't come to Street Uni in the last 2 months? (tick only one)

[open-ended] (permit 100 characters) (must be completed)

20. Have any of the following EVER happened to you? (tick all that apply)

- Interviewed by police about a crime they thought you might have committed
- Given a formal warning or caution by police
- On police or court curfew
- Been in Juvenile justice or prison
- Suspended from school
- Been given a fine by a court
- Been placed on a bond or probation by a court
- Put on probation at work or given a warning at work
- Asked to leave school or work
- None of these have happened to me

21. Have any of these things happened **in the last 3 months**? (tick all that apply)

- Interviewed by police about a crime they thought you might have committed
- Given a formal warning or caution by police
- On police or court curfew
- Been in Juvenile justice or prison
- Suspended from school
- Been given a fine by a court
- Been placed on a bond or probation by a court
- Put on probation at work or given a warning at work
- Asked to leave school or work
- None of these have happened to me

22. How many times in the last three months have you been arrested? [___] [___] times (IF '0' GO TO 24)

23. How many of these arrests were for offences allegedly committed in the last three months?
 arrest

24. At the moment, how often do you smoke cigarettes (or pipes or other tobacco products)?

- € Everyday
- € At least weekly (but not daily)
- € Less often that weekly
- € Not at all, but I have smoke in the last 12 months
- € Not at all and I have not smoked in the last 12 months

25. In the last four weeks, about how often did you feel

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired for no reason?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Nervous?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
So nervous that nothing can calm you down?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
do you find life challenging?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
unsettled/ fidgety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
So restless you could not sit still?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
unhappy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
feeling like everything is an effort?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
So sad that nothing could cheer you up?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
feel like you're not good enough?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PAGE:

Those last questions were tough.

R U OK?

If you are feeling upset, please find a staff member to talk to right away.

This set of questions ask how you feel about your quality of life, health or other areas of your life. Please think about your life in the last two weeks.

26. How would you say life is going at the moment?

- 1 Very poor
- 2 Poor
- 3 Neither poor nor good
- 4 Good
- 5 Very good

27. Are you happy with how healthy you are?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

28. Do you have enough energy to get you through the day?

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Mostly
- 5 Completely

29. Do you struggle to buy what you need?

- 1 Not at all
- 2 A little
- 3 Moderately
- 4 Mostly
- 5 Completely

30. Are you happy with your daily activities?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

31. you are you happy with yourself?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

32. How are things with your family and friends?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

33. How happy are you with your environment at home?

- 1 Very unhappy
- 2 unhappy
- 3 Neither happy or unhappy
- 4 happy
- 5 Very happy

34. Tell me one AWESOME thing that's going on in your life?

[open-ended] (permit 100 characters)

The next questions are personal. They ask about your alcohol and drug use.

Remember – all your answers a **totally private**. No one will see them except the researchers at UNSW.

35. How many days in the last 4 weeks did you drink alcohol? (beer, wine, spirits)
[] [] days (write in the number of days)

36. On average how many drinks did you have on those days when you were drinking?
[] [] drinks (write in the number of drinks)

37. In the last 4 weeks, has your drinking been...

€ Less than usual GO TO Q40

€ The same as usual GO TO Q40

€ More than usual GO TO Q38

38. On the days in the last 4 weeks when you were drinking more heavily than usual, how many drinks did you have?
[] [] drinks (write in the number of drinks)

39. How many days in the last 4 weeks did you drink at this level (e.g. much more heavily than usual)?
[] [] days (write in the number of days)

40. In the last 4 weeks, how many days did you use cannabis (pot, marijuana)?
[] [] days

€ I did not use cannabis in the last four weeks □ go to Q42

41. On the days that you smoke marijuana, how many cones, bongs, joints do you normally have?

[] [] cones or bongs OR [] [] joints

42. In the last 4 weeks, how many days did you use methamphetamine (speed, uppers, base, ice, crystal)?
[] [] days

€ I did not use methamphetamine in the last four weeks □ go to Q44

43. On the days that you use methamphetamine (speed, uppers, base, ice, crystal), how many points or grams do you normally have?

[] [] points OR [] [] grams

44. In the last 4 weeks, have you used any of these other drugs?

(tick all that you have used)

- € Ecstasy
- € GHB/GBH/G/ Fantasy
- € Ketamine
- € Tranquilisers and sleeping pills not prescribed for you (eg. Benzos / Valium / Rhoies)
- € Antipsychotics not prescribed for you (eg Seroquel)
- € ADHD medication not prescribed for you
- € Trips / Acid /LSD
- € Cocaine
- € Heroin
- € Pharmaceutical opioids not prescribed for you (eg. morphine, oxycodone, oxycontin, MS Contin)
- € Methadone or buprenorphine not prescribed for you
- € Another Drug
- € I didn't use any of these drugs

45. **Over the last 4 weeks**, what drug was causing you greatest concern? (including alcohol)

(Choose one only)

- € Alcohol
- € Tobacco
- € Cannabis
- € Meth/amphetamines
- € Ecstasy
- € GHB/GBH/G/ Fantasy
- € Ketamine
- € Tranquilisers and sleeping pills not prescribed for you (eg. Benzos / Valium / Rhoies)
- € Antipsychotics not prescribed for you (eg Seroquel)
- € ADHD medication not prescribed for you
- € Non-opioid Analgesics (e.g. Panadol, Nurofen, aspirin)
- € Trips / Acid /LSD
- € Cocaine
- € Heroin
- € Pharmaceutical opioids not prescribed for you (eg. morphine, oxycodone, oxycontin, MS Contin)
- € Methadone or buprenorphine not prescribed for you
- € Another Drug

- € No drug caused me concern in the last month [GO TO Q51]

The following questions ask about how you have been thinking/feeling about that drug over the last months, **even if you have not been using it** (please check one answer).

46. Do you ever think your use of **this drug** was out of control? (meaning the drug that has caused you the greatest concern)

- | | | |
|---|--------------------------|-------------------------|
| 1 | <input type="checkbox"/> | Never or almost never |
| 2 | <input type="checkbox"/> | Sometimes |
| 3 | <input type="checkbox"/> | Often |
| 4 | <input type="checkbox"/> | Always or nearly always |

47. Did the prospect of missing this drug make you very anxious or worried?

- 1 Never or almost never
- 2 Sometimes
- 3 Often
- 4 Always or nearly always

48. Did you worry about your use of this drug?

- 1 Not at all
- 2 A little
- 3 Quite a lot
- 4 A great deal

49. Did you wish you could stop using permanently?

- 1 Never or almost never
- 2 Sometimes
- 3 Often
- 4 Always or nearly always

50. How difficult would you/did you find it to stop or go without?

- 1 Not difficult
- 2 Quite difficult
- 3 Very difficult
- 4 Impossible

51. In the last 4 weeks, how much of the time have you achieved the following?

	f t h e t i m e										h e t i m e
accommodation											
ing your thoughts and feelings											
ing your substance use											
work or study											
ing your money											
motivated											
re and living skills											
without crime											
unity connections											
relationships											
g reliable friends											
and fitness											

ONE LAST THING...

We will contact you again in 4 months from now to do this survey again and we will give you \$50. Please let us know if your contact details change.

THIS IS THE END OF THE SURVEY – THANK YOU.

Some of these questions are tough for some people. If you need someone to talk to please see a Street Uni staff, or you can call any of these numbers.

Organisation	Ted Noffs Foundation
one	NSW/ACT Freecall 1800 151 045
	QLD Freecall 1800 753 300
	https://noffs.org.au/contact/
Organisation	Kids helpline
one	1800 55 1800
r webchat	https://kidshelpline.com.au/teens/get-help/

Organisation	Land Drug Foundation
one	5 85 84
	adf.org.au/help-support/

Appendix 3 – Interview schedules

Interview schedule: Clients

Can you tell me a little bit about yourself: how old you are, whether you go to school, who you live with?

How long have you been visiting Street Uni and how did you learn about it?

Program outcomes

What is the main reason you come to Street Uni?

Why do you think other young people come to Street Uni?

What do you think the staff at Street Uni want you to get out the program?

Program mechanism

Do you think your participation at Street Uni has changed things in your life? For example, helped you to make certain decisions or changed your outlook on things? (Prompt: in relation to drugs and alcohol? School and further education? Thinking about the future and career prospects?)

Has your participation at Street Uni helped you in other ways? (Prompt: have you met people here that help you? Do you have better access to food, computers, other concrete things? Has it affected your relationships with your family?)

Thinking about the range of different things that you do at Street Uni, which activity is the best and why?

Is there a part of the program you would change? Why?

Program context

Why do you think this local area is a good place to set up a program like Street Uni? (Prompt: Does it suit kids who live around here? What might happen to them if Street Uni was shut down?)

Interview schedule: Staff

How long have you been with Street Uni and how did you come to work here?

Program outcomes

What are the main goals of the Street University program, in your view? (Prompt: what does the program try to change in young people's lives?)

Program mechanism

Can you describe generally how the program is structured or organised?

Can you tell me some specifics about the way that the Street Uni program is thought to impact young people?

First, how it impacts or shapes their choices, decisions, beliefs, outlooks?

Second, how it impacts their knowledge, skills, social networks, material resources (money, food, so forth)?

In your opinion, what part of the program has the most influence on the client? That is, what part works best, do you think?

What do you think is the most difficult part of the program to implement? Why?

Is there a part of the program you would change? Why?

Program context

Why do you think this local area is an appropriate place to set up a program like Street Uni? (what sort of kids live around here? What did they do before Street Uni was here? What might happen to them if Street Uni was not here any longer?)

What have been some of the political and/or organisational challenges for Street Uni? In terms of staffing, funding, prevailing policies at state or national level?

If you were to categorise Street Uni clients into 2 or 3 'types' what would they be? What is the most common 'type' of client you see?

What do you think are some of the guiding values of the Street Uni program?

Appendix 4 – Panel data

Table A1: Demographic characteristics of the three panels

N (%)	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
Male	178 (56)	52 (49)	29 (45)
LGBQ	26 (8)	11 (10)	13 (20)
Age M (SD), Range	17.03 (2.56), 14-25	17.07 (2.54), 14-25	17.97 (3.09), 14-18
ATSI*	59 (19)	-	-
State			
NSW	181 (57)	-	-
QLD	135 (43)	-	-
Currently at school	169 (54)	58 (55)	32 (49)
Currently employed	83 (26)	28 (26)	19 (29)
Currently studying TAFE, uni, other	54 (17)	19 (18)	11 (17)
Currently live with:			
Alone	13 (4)	5 (5)	4 (6)
Alone with children	0 (0)	0 (0)	0 (0)
Spouse/partner	9 (3)	4 (4)	3 (5)
Spouse/partner with children	28 (9)	1 (1)	1 (2)
Parents	192 (61)	67 (63)	41 (63)
Other relatives	35 (11)	10 (9)	5 (8)
Friends	29 (9)	6 (6)	4 (6)
Friend(s)/Parent(s)/Relative(s) and children	0 (0)	8 (8)	4 (6)
Other	10 (3)	5 (5)	3 (5)
Problems finding a place to stay for more than 3 nights in a row in past 6 months	58 (18)	19 (18)	9 (14)

*This data was not collected at Panels 2 or 3

Table A2, Engagement in Street University at baseline

	Panel 1 N=316
Looking forward to at Street Uni today	
Dance	43 (14)
Socialising	107 (34)
Art	11 (4)
Music	70 (22)
Staff contact	21 (7)
Other	16 (5)
Don't know	50 (16)

Table A3: Engagement in Street University at Follow Ups 1 and 2

	Panel 2 N=106	Panel 3 N=65
Frequency of attending Street Uni in last 2 months		
Less than once a month	7 (66)	12 (18)
Once a month	13 (12)	4 (6)
Less than weekly (about 2-3 times a month)	15 (14)	12 (18)
About once a week	28 (26)	13 (20)
2-3 times a week	25 (24)	10 (15)
Most days	18 (17)	14 (22)
Average amount of time spent at Street Uni each time M (SD), Range	2.86 (1.90), 1-8	2.82 (1.66), 0-8
How many of your friends come to Street Uni?		
None	5 (5)	2 (3)
A few	46 (43)	29 (45)
Some	15 (14)	10 (15)
Many	35 (33)	19 (29)
All	5 (5)	5 (8)
Amount of time spent with people who come to Street Uni		
None of my time	8 (8)	0 (0)
A little of my time	12 (11)	14 (22)
Some of my time	35 (33)	21 (32)
Most of my time	39 (37)	20 (31)
All of my time	12 (11)	10 (15)
All activities done at Street Uni in last 2 months		
General		
Hang out with friends	85 (81)	26 (40)
Hang out with staff	42 (40)	26 (40)
Use computers	38 (36)	32 (49)
Taken food package home	14 (13)	11 (17)
Counselling		
Talk to counsellors about my use of alcohol or drugs	7 (7)	7 (11)
Talk to counsellors about my mental health	18 (17)	9 (14)
Workshops and classes		
Music workshops/classes	31 (30)	16 (25)
Dance workshops/classes	24 (23)	15 (23)
Art workshops/classes	14 (13)	6 (9)
Cooking/food preparation classes	11 (11)	5 (8)
Help from staff		
Talked to staff about other services (e.g. doctors, employment)	9 (9)	9 (14)
Talk to staff about school, TAFE, uni or jobs	9 (9)	9 (14)
Talk to staff about other issues or problems in my life	14 (13)	8 (12)
Staff have given me other help	5 (5)	3 (5)
Cumulative measure of any activities at Street Uni in last 2 months M (SD), Range Median (IQR)	2.97 (2.08), 1-10 2 (3)	3.66 (2.64), 1-12 3 (3)
Main activity done at Street Uni in last 2 months		
General		
Hang out with friends	44 (42)	30 (46)
Hang out with staff	4 (4)	4 (6)

Use computers	3 (3)	2 (3)
Taken food package home	0 (0)	0 (0)
Counselling		
Talk to counsellors about my use of alcohol or drugs	3 (3)	2 (3)
Talk to counsellors about my mental health	3 (3)	4 (6)
Workshops and classes	0 (0)	
Music workshops/classes	19 (18)	6 (9)
Dance workshops/classes	16 (15)	6 (9)
Art workshops/classes	3 (3)	3 (5)
Cooking/food preparation classes	1 (1)	0 (0)
Help from staff		
Talked to staff about other services (e.g. doctors, employment)	0 (0)	3 (5)
Talk to staff about school, TAFE, uni or jobs	0 (0)	3 (5)
Talk to staff about other issues or problems in my life	6 (6)	0 (0)
Staff have given me other help	3 (3)	2 (3)

Table A4: K6 and K10 scores of psychological distress across the three time points

M (SD), Range	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
K6	14.54 (6.04), 6-30	15.91 (6.23), 6-30	14.85 (6.25), 6-30
K10*	N/A	25.55 (9.76), 10-50	23.95 (9.93), 10-49
K6 categories N (%)			
No probable serious mental illness	235 (75)	77 (73)	47 (72)
Probable serious mental illness	80 (35)	29 (27)	18 (25)

* There was an error in the data collection at Baseline, and as a result the K10 cannot be reported for the Baseline timepoint.

Table A5: Lifetime engagement with the criminal justice system

	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
None of these have happened to me	102 (32)	37 (35)	32 (49)
Interviewed by police about a crime they thought you might have committed	128 (40)	34 (32)	14 (22)
Given a formal warning or caution by police	131 (41)	38 (36)	15 (23)
On police or court curfew	34 (11)	11 (10)	4 (6)
Been in juvenile justice or prison	29 (9)	9 (9)	4 (6)
Suspended from school	159 (50)	34 (32)	16 (25)
Been given a fine by a court	52 (16)	11 (10)	6 (9)
Been placed on a bond or probation by a court	31 (10)	7 (7)	3 (5)
Put on probation at work or given a warning at work	9 (3)	1 (1)	1 (2)
Asked to leave school or work	97 (31)	28 (26)	11 (17)
Cumulative outcome for lifetime crime M (SD), Range	2.11 (2.25), 0-9	1.63 (1.96), 0-8	1.14 (1.61), 0-7
Median (IQR)	Median 1 IQR 4	Median 1 IQR 2.25	Median 1 IQR 1

Table A6: Engagement with the criminal justice system in the last 3 months

N (%)	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
None of these have happened to me	194 (61)	59 (56)	45 (69)
Interviewed by police about a crime they thought you might have committed	62 (20)	24 (23)	7 (11)
Given a formal warning or caution by police	62 (20)	15 (14)	7 (11)
On police or court curfew	19 (6)	6 (6)	4 (6)
Been in juvenile justice or prison	13 (4)	2 (2)	3 (5)
Suspended from school	55 (17)	15 (14)	4 (6)
Been given a fine by a court	18 (6)	6 (6)	4 (6)
Been placed on a bond or probation by a court	18 (6)	4 (4)	1 (2)
Put on probation at work or given a warning at work	8 (3)	0 (0)	1 (2)
Asked to leave school or work	38 (12)	8 (8)	3 (5)
Cumulative outcome for recent crime M (SD), Range Median (IQR)	0.92 (1.62), 0-9 Median 0 IQR 1	0.75 (1.09), 0-5 Median 0 IQR 1	0.52 (1.11), 0-6 Median 0 IQR 1

Table A7: Use of alcohol and other drugs in last four weeks

N (%)	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
Alcohol consumption			
Did not drink in last 4 weeks	154 (49)	54 (51)	35 (54)
Drank in last 4 weeks	162 (51)	51 (49)	30 (46)
Among people who drank in last 4 weeks...			
Median days drank (IQR), Range	3 (3), 1-30	2 (5), 1-27	2 (2.50), 1-21
Median drinks consumed (IQR), Range	5 (7), 1-21	6 (6), 1-40	5 (8), 1-30
Cannabis			
Did not use in last 4 weeks	204 (65)	69 (66)	40 (62)
Used in last 4 weeks	112 (35)	35 (34)	25 (39)
Median days used, IQR	10 (11), 1-26	7 (9), 1-30	3 (0), 2-5
Methamphetamine			
Did not use in last 4 weeks	296 (94)	98 (94)	52 (80)
Used in last 4 weeks	20 (6)	6 (6)	13 (20)
Median days used, IQR	3 (8), 1-23	3 (9), 1-23	7 (0), 3-13
Used these drugs in last 4 weeks*			
None	264 (84)	76 (73)	57 (88)
Ecstasy	15 (5)	2 (2)	2 (3)
GHB	3 (1)	0 (0)	0 (0)
Ketamine	5 (2)	0 (0)	1 (2)
Tranquilisers and sleeping pills not prescribed (e.g. Benzos, Valium)	12 (4)	2 (2)	0 (0)
Antipsychotics not prescribed (e.g. Seroquel)	5 (2)	1 (1)	0 (0)
ADHD medications	8 (3)	1 (1)	3 (5)
Trips/Acid/LSD	14 (4)	0 (0)	1 (2)
Cocaine	15 (5)	2 (2)	1 (2)
Heroin	4 (1)	0 (0)	0 (0)
Pharmaceutical opioids not prescribed (e.g. morphine, oxycodone)	2 (1)	1 (1)	0 (0)
Methadone/Buprenorphine not prescribed	5 (2)	0 (0)	1 (2)
Other [^]	19 (6)	20 (19)	5 (8)

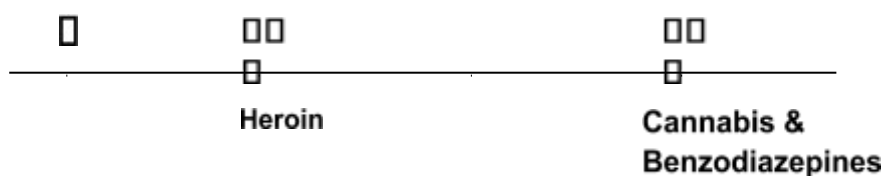
* Items are not mutually exclusive.

[^] Cannabis was not included in the list of drugs, and therefore the majority of 'other' drug use is Cannabis use.

Table A8: Severity of dependence in last 4 weeks

N (%)	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
Drug of greatest concern in past month:			
None	185 (59)	58 (55)	41 (63)
Alcohol	38 (12)	17 (16)	3 (5)
Tobacco	51 (16)	16 (15)	0 (0)
Cannabis	24 (8)	7 (7)	1 (2)
Meth/amphetamines	3 (1)	2 (2)	2 (3)
Ecstasy	2 (2)	0 (0)	0 (0)
GHB	0 (0)	0 (0)	0 (0)
Ketamine	0 (0)	0 (0)	0 (0)
Tranquilisers and sleeping pills not prescribed	0 (0)	0 (0)	0 (0)
Antipsychotics not prescribed (e.g. Seroquel)	0 (0)	0 (0)	1 (2)
ADHD medication not prescribed	1 (<1)	0 (0)	0 (0)
Non-opioid analgesics e.g. Panadol	4 (1)	0 (0)	0 (0)
Trips/Acid/LSD	3 (1)	0 (0)	0 (0)
Cocaine	2 (1)	0 (0)	0 (0)
Heroin	0 (0)	0 (0)	0 (0)
Pharmaceutical opioids not prescribed	2 (1)	0 (0)	0 (0)
Methadone or buprenorphine not prescribed	0 (0)	0 (0)	1 (2)
Another drug	0 (0)	4 (4)	3 (5)
SDS Scale N	N=130	N=46	N=24
M (SD), Range	4.28 (3.20), 0-13	4.15 (3.50), 0-13	5.96 (4.20), 0-15

Originally developed for assessing psychological dependence on heroin, studies have indicated that the SDS is a valuable tool for assessing psychological dependence on other illicit drugs. The research to date, has suggested cut-offs for measuring psychological dependence on various illicit drugs, as indicated below.



Amphetamines

Table A9: MyLife

Note that these items were scored from 0-10 for Baseline, but from 0-100 for F1 and F2. I have adjusted them back down. Note that on the survey the scoring should have been 1-10 not 0-10, so it may not be comparable to any other data that Noffs might have using this measure.

M (SD), Range Median (IQR)	Panel 1 N=316	Panel 2 N=106	Panel 3 N=65
Stable accommodation	7.16 (3.38), 0-10 9.00 (6.00)	6.87 (3.60), 0-10 9.15 (5.83)	7.08 (3.47), 0-10 10.00 (5.30)
Managing thoughts and feelings	5.83 (3.11), 0-10 6.00 (6.00)	5.32 (2.94), 0-10 5.35 (4.78)	5.19 (2.99), 0-10 5.10 (5)
Managing substance use	6.02 (3.32), 0-10 6.00 (7.00)	6.13 (3.54), 0-10 7.70 (6.25)	6.38 (3.55), 0-10 6.60 (7)
Doing work or study	5.42 (3.51), 0-10 5.00 (7.00)	5.52 (3.18), 0-10 5.85 (5.03)	5.23 (3.34), 0-10 5.40 (5.10)
Managing money	4.71 (3.34), 0-10 5.00 (7.00)	4.69 (3.18), 0-10 4.95 (5.42)	5.11 (2.81), 0-10 5.10 (3.90)
Feeling motivated	5.66 (3.08), 0-10 5.00 (5.00)	5.18 (3.05), 0-10 5.25 (5.52)	5.22 (3.27), 0-10 5.40 (5.80)
Self-care and living skills	6.36 (3.09), 0-10 7.00 (6.00)	6.38 (3.06), 0.10-10 6.95 (5.63)	6.20 (3.24), 0-10 7.50 (5.40)
Living without crime	6.77 (3.84), 0-10 10.00 (7.00)	7.09 (3.55), 0-10 9.25 (5.33)	8.07 (2.88), 0.40-10 10.00 (3.70)
Community connections	5.74 (3.32), 0-10 5.00 (6.00)	5.99 (2.96), 0.10-10 5.75 (4.58)	6.28 (3.10), 0.30-10 6.30 (6.60)
Family relationships	6.62 (3.48), 0-10 7.00 (6.00)	6.66 (3.22), 0-10 7.20 (5.60)	6.30 (3.36), 0-10 7.00 (6.00)
Trusting reliable friends	6.67 (3.42), 0-10 8.00 (6.00)	6.09 (3.32), 0.10-10 6.40 (5.12)	6.54 (3.10), 0.60-10 8.00 (5.10)
Health and fitness	6.16 (3.24), 0-10 6.00 (7.00)	5.89 (2.90), 0-10 6.40 (3.95)	5.74 (3.19), 0-10 5.70 (5.30)
MyLife Scale (total)	64.60 (21.47), 27-104 65.00 (34.75)	67.69 (28.29), 0-120 75.65 (36.23)	70.82 (28.90), 2-120 77.00 (46.00)

Table A10: Comparison results across panels

- ANOVAS conducted for continuous outcomes.
- Logistic regression conducted for categorical outcomes.

K6 score	$F(2,483) = 1.95, p = 0.144$
Crime lifetime*	Welch's $F(2, 169.84) = 9.09, p = 0.00$
Crime recent*	$F(2, 177.86) = 3.06, p = 0.050$
SDS scale	$F(2, 197) = 2.69, p = 0.070$
Stable accommodation	$F(2, 461) = 0.25, p = 0.777$
Managing thoughts and feelings	$F(2, 463), 1.82, p = 0.164$
Managing substance use	$F(2, 459) = 0.27, p = 0.767$
Doing work or study	$F(2, 455) = 0.14, p = 0.874$
Managing money*	Welch's $F(2, 146.61) = 0.54, p = 0.583$
Feeling motivated	$F(2, 458) = 1.16, p = 0.314$
Self-care and living skills	$F(2, 460) = 0.08, p = 0.926$
Living without crime*	Welch's $F(2, 149.62) = 4.54, p = 0.012$
Community connections	$F(2, 458) = 0.83, p = 0.438$
Family relationships	$F(2, 458) = 0.26, p = 0.778$
Trusting reliable friends	$F(2, 457) = 1.44, p = 0.239$
Health and fitness	$F(2, 456) = 0.61, p = 0.543$
MyLife Scale (total)	$F(2, 466) = 0.90, p = 0.409$
Alcohol use in the past 4 weeks	$\chi^2_{(2)} = 0.67, p = 0.714$
Cannabis use in the past 4 weeks	$\chi^2_{(2)} = 0.40, p = 0.818$
No drug of concern	$\chi^2_{(2)} = 1.18, p = 0.554$

* Homogeneity of variances was violated, as assessed by Levene's Test of Homogeneity. Welch's F statistic is reported for these outcomes.

Significant results – note because homogeneity of variances violated, Games-Howell post hoc analysis is reported below.

Lifetime crime

- Mean difference for lifetime crime is not different for panels 1 and 2, or 2 and 3. The sig difference in means is for panels 1 and 3.
- Means are Panel 1 = 2.12, Panel 3 = 1.14
- Decrease in lifetime crime from Panel 1 to Panel 3 of 0.99 (95% CI: 0.31-1.66), which was statistically significant ($p = 0.002$).

Recent crime

- As above, mean difference for recent crime only different for panels 1 and 3.
- Means are Panel 1 = 0.93, Panel 3 = 0.52
- Decrease in recent crime from Panel 1 to Panel 3 of 0.40 (95% CI: 0.01-0.79), which was statistically significant ($p = 0.041$).

MyLife – living without crime

- Mean difference for living without crime is only different for panels 1 and 3.
- Means are Panel 1 = 6.77, Panel 3 = 8.07
- Increase in reporting managing to live without crime from Panel 1 to Panel 2 of 1.30 (95% CI: 0.28-2.32), which was statistically significant ($p = 0.009$).