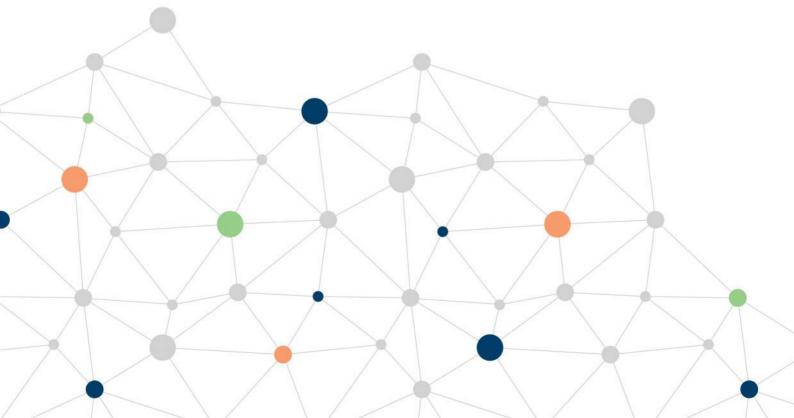# Further integration of housing and education services into youth alcohol services in Gippsland

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Why did we do it?

Background

Young people are more likely than any other age group to consume alcohol at levels exceeding the recommended single occasion risk guidelines (AIHW 2022). For the same level of consumption, lower socio-economic status groups were more likely to engage in hazardous levels of consumption on single occasions. These inequities in the effects of alcohol consumption can lead to further social and economic impacts such as low income, unemployment, relationship disruption, interpersonal violence, and stigmatisation, leading to a cycle of further socioeconomic disadvantage (Schmidt et al. 2010). This study explored how health services can accommodate the needs of individuals regarding housing and education support and how these services can be integrated with youth alcohol services to improve accessibility and quality of care.

What did we do?

A literature review was conducted to understand models of integrating housing and education with youth alcohol services. We also explored the attitudes of service providers towards further integrating housing and education services into youth alcohol services in Gippsland. Five participants working in the youth alcohol service sector consented to a 30-minute online interview. Three were from a youth drug and alcohol service, one member was involved in Primary Health Network (PHN) residential care project worker and one member of the state government. Interviews consisted of nine open ended questions related to the current services provided, the notable social factors affecting youth, the level of integration of the service with housing and education services, resources required to improve integration and suggestions for collaboration with other youth programs such as Doctors in Secondary Schools (DiSS) or TAFEs. Interviews were recorded with permission, transcribed, coded and analysed to identify themes.

What did we find?

Literature summary

Interventions addressing alcohol

Macrolevel community interventions included limiting alcohol availability through pricing and taxation, regulating marketing and advertising of alcohol, incorporating healthy drinking guidelines and reducing alcohol consumption during pregnancy (Roche et al. 2015a; VicHealth 2015). Other interventions targeted attitudes and policies towards alcohol consumption in the workplace and rural community sport environments (Roche et al. 2015a). Point of care screening tools e.g., Alcohol Use Disorders Identification Test (AUDIT) and the CRAFFT tool for adolescents aged 15-18 years (Patton et al. 2013) help gather information about the quantity and frequency of alcohol consumption.

Whole of community approaches to reduce alcohol use and risky behaviour in young people

The Alcohol Action in Rural Communities (AARC) Project (Shakeshaft et al. 2012) involved 20 rural communities in New South Wales. Interventions included education through local news sources, community engagement, identifying and targeting at risk weekends, workplace policies and practices, training and the Good sports program for sports clubs. Findings were:

- Interventions resulted in fewer risky drinkers, alcohol-related street offences and alcohol related crimes over 5-year intervention period. Average weekly alcohol consumption and experience of alcohol-related verbal abuse was significantly lower in the experimental group (Shakeshaft et al., 2014). For every $1 invested in AARC into the project, communities received a benefit of $1.37 to $1.75 (Shakeshaft et al. 2012, as cited in Roche et al. 2015a).
- Insufficient evidence to conclude community action is effective in reducing the primary outcomes including a range of risky alcohol consumption patterns and alcohol related harms.

Project Northland: involved high school students in rural Minnesota (Grades 6-8 through to the end of high school with an interim phase in grades 9 and 10). Interventions aimed to target predictors of youth alcohol use and impact on the demand and supply of alcohol. Findings were:

- Intervention in early adolescence was most effective. Break in intervention during the interim period resulted in increased alcohol use. Intervention group reported less onset and prevalence of alcohol use than control group, with most obvious differences for those who were non-drinkers at the onset of the intervention. Study supported multilevel, multiyear, community-wide approaches to alcohol prevention in young people (Perry et al. 1996).
- Results were not significant in an African-American, Hispanic and low income majority context (Komro et al. (2008), indicating that programs can differ in effectiveness depending on the context.

Interventions addressing housing

An Australian program known as Michael's Intensive Supported Housing Accord (MISHA), Housing First and Managed Alcohol Programs (MAPs) focused on providing secure housing for homeless participants before addressing alcohol issues (Roche et al. 2015a). MISHA and MAPs showed positive results with regards to increased social participation and reduction in harmful drinking patterns, respectively. Limitations included cost-effectiveness per client. One study found a harm reduction approach to alcohol use, as opposed to an abstinence-based program, facilitated housing attainment and maintenance amongst the larger homeless community (Collins et al. 2012). Local examples to address housing include YSAS, where drug and alcohol workers can meet the young person in their "own space and own community" and Latrobe Community Health Service (LCHS), an outreach youth drug and alcohol service with a focus on connecting the young person with doctors, Centrelink, housing and education services.

Addressing education

Key features of effective school-based programs (Lee et al. 2016) were:

- Accurate information and evidence, having achievable goals and objectives, being supported by adequate teacher training and support and a whole-of-school approach. Programs were advised to avoid 'scare tactics', presenting factual information alone, focusing solely on self-esteem and psychological wellbeing or utilizing 'one-off' presentations.
- Examples of consistently effective programs- CLIMATE Schools, All Starts and Project ALERT which incorporated social learning principles into real-life social situations, with social interactive components and out-of-classroom tasks.
- School attendance was required to engage with these interventions. Integrating alcohol services with existing out of school programs targeting at risk groups may be effective.

Themes from the interviews

All participants were asked to discuss not only housing and education but also speak to the other social factors affecting health that are prominent in their clientele base. Common themes included complex interplays

between factors such as mental health, substance use, intergenerational trauma, domestic violence and poverty (Table 1). Housing was a major issue in Gippsland, so was school attendance.

TABLE 1. Perceived factors affecting youth accessing support services in Gippsland.

THEME	COMMENTS
COMPLEX FACTORS AFFECTING YOUTH ACCESSING SUPPORT SERVICES	On generational substance use and domestic violence- *"Poverty, poor histories of coping, um poor choices in relationships, poor histories of trauma, a difficulty in being able to self-regulate and self-soothe, so they turn to external substances, such as alcohol and drugs."* (Drug and alcohol worker) On the complex social factors affecting health associated with young people in residential care. *"Most of them have at least 3 to 4 areas of concern when they're placed in our residential care service system…"* (PHN residential care project worker)
HOUSING AS AN ISSUE OF CONCERN	*"…We have a lot of problems with housing. Like there's no housing at all around. That's probably one of our biggest, probably our hardest things to to do as a worker…"* (Drug and alcohol worker) *"…We are always… on the agenda of housing because it is such a prominent thing, you know, young people getting kicked out of home."*
EDUCATION AS AN ISSUE OF CONCERN FOR YOUTH	*"Because that's probably one… big thing… is kids that aren't going to school lots…"* (PHN residential care project worker*) *"… I found a lot of the kids have dropped out since COVID… with the remote learning, it's been too difficult for them because they don't have that one on one support…"*

Service integration

Key enablers to networking with other services were increased public knowledge and understanding of youth alcohol services and the introduction of remote working software such as Microsoft Teams during the pandemic. One participant emphasised the concept of *"goodwill"* between organisations, particularly in rural areas and how this helps facilitate and maintain good relationships between service providers. Participants felt well connected to services in the region with increased interest in connecting out of home care to primary health and identified DiSS and the PHN as an opportunity for integration (Table 2).

TABLE 2. Current level of satisfaction and opportunities for service integration in Gippsland.

THEME	COMMENTS
SATISFACTION WITH CURRENT LEVEL OF SERVICE INTEGRATION	The Drug and Alcohol workers* reported that *"we're really connected with every other service…"* suggesting high levels of satisfaction with their current connections to other service providers and community supports.
CONNECTING OUT OF HOME CARE PARTICIPANTS WITH A PRIMARY CARE PROVIDER	*"...The first thing that we think about…is… we need to get them linked into mental health services [or] drug and alcohol... but we haven't even drawn a relationship or a trust with, just getting their general primary health needs met."* (government worker)+
IDENTIFIED DiSS AND PHN AS FUTURE	*"....Doctors in Schools, so we're really mindful that a lot of our kids in out of home care do have a trusting and feel very comfortable at school..."* (PHN residential care project worker)

OPPORTUNITIES FOR SERVICE INTEGRATION	*"...We're really trying to look at the synergies within Primary Health Network too because they do have access to… mental health, drug and alcohol, etc, so, we are… doing some of that work… about how we can best link in with those services to support both the resi homes and the young people"* (government worker)

*The Drug and Alcohol worker reported a significant level of unofficial integration of services through meetings with community groups, the education department and the police to identify at risk youth. [+]The PHN residential care program aims to integrate primary health care needs into residential care arrangements. This involves connecting a residential care home to a general practice and employing a third party care coordinator for young people.

Barriers that impact the accessibility and integration of housing and education services

Participants noted the limited number of services, such as detox beds and housing services in Gippsland. They acknowledged the contribution of the pandemic to overworked general practitioners and psychologists with increased waiting times. Other barriers were increasing housing and rental prices, accessibility to reliable and fast public transport options, a lack of appropriate and safe boarding houses, and difficulties with getting housing approval for youth. Stigma was identified as a major barrier to accessing housing services but also willingness of services to work with young people accessing youth services (Table 3).

TABLE 3. Barriers to integrating AOD services with housing services.

THEME	COMMENTS
ACCESSIBILITY TO TRANSPORT, HOUSING, ACCOMODATION	*"...It's kind of hard, it's overwhelming and a bit daunting… I mean to go to Melbourne overnight is one thing but to stay there for two weeks where you don't know no one and you're so close to your family and friends."* (Drug and Alcohol worker)
STIGMA SURROUNDING YOUNG PEOPLE ACCESSING SUPPORT SERVICES PREVENTS ACCESS TO HOUSING	*"...It's hard, but you say you can give them a reference… if people know what [Youth Drug and Alcohol service] are, what do they assume? The kids are doing drugs?"* (Drug and Alcohol worker) *"I find too, a lot of the motels won't take anyone that… is associated with a support service."* (Drug and Alcohol worker) *"...There's a bit of a lack of understanding and I imagine, stigma, possibly with working with young people in out of home care… that's the sense I get, just even from speaking to them, like "oh are they like really troubled young people?"…You know, using that sort of language."* (PHN residential care project worker)

Suggestions to improve social factors affecting the health of young people

Key suggestions from the youth alcohol and drug workers included access to youth specific housing. While multi-disciplinary and community meetings had been attended by the participants in order to plan and make a proposal, the key barrier to this was funding. Another suggestion was the development of group homes close to education and employment opportunities and services. The facility would create more job opportunities and be open to homeless youth in Gippsland rather than being restricted to a certain local government area. Stigma and community uproar about the close proximity to schools was reported as a barrier (Table 4).

TABLE 4. Opportunities to address the social factors affecting youth mental health.

THEME	COMMENTS
INTEGRATING MENTORSHIP TO DEVELOP POSITIVE INTER-	*"...Because it's not only about getting the house, you need to know how to self-regulate. You also have to know how to negotiate with people, how to work in*

PERSONAL AND LIFE SKILLS	*communion with other people, alright, so, these, a lot of these kids have difficulty in those spaces."* (Drug and Alcohol worker)
PROVIDING CARE IN A SPACE WHERE YOUTH FEEL COMFORTABLE AND THEIR NEEDS ARE MET	*"...Come into places like us, like I know in our…[other] offices, they come in, they can have a shower, they can get some clean clothes, they can wash their clothes, right? The basic necessities of life..."* (Drug and Alcohol worker) In this way, the young people are connected and engaged with the service, so when they do feel ready to make a change or seek support, they are already connected to the right people.
HAVING AN INTEGRATED, CO-LOCATED SERVICE WITH ACCESS TO EDUCATION, EMPLOYMENT AND LEGAL SERVICES	*"I think there's a lot to be said for having a one-stop shop, where the client doesn't have to have multiple assessments… that they go through and then you form bridges into other areas."* (Drug and Alcohol worker) *You need… all those pathways, into things like education,… employment,… access to legal services… or crime diversion programs.* (Drug and Alcohol worker) Recognising that integrated, co-located services are not always possible. *"The reality is, sometimes those workers are overwhelmed, so you have to go to other areas, or… a client may have burnt their bridges at one agency… and there's a lot of shame and they want to be given another opportunity to start off again, so, you sort of need to have some flexible options."* (Drug and Alcohol worker)

Resources required to provide integrated services that address social factors such as housing and education

Participants discussed the importance of networking between youth services, primary health and community-based services as a resource. Access to funding to facilitate proposals to improve housing accessibility for young people was a major theme from youth advocacy service participants. Participants reported that further education for primary health professionals needed to focus on trauma-informed care, reducing stigma and increasing the understanding of the complex needs of the young person (Table 5).

TABLE 5. Resources required for integrating social factors of housing and education into youth alcohol services.

THEME	COMMENTS
FUNDING	*"I just think it's funding, just straight."* (Drug and Alcohol worker) *"...There needs to be more funding for specialised education services."* (Drug and Alcohol worker) *"I think it's 99% of it comes down to the funding and what's available."* (Drug and Alcohol worker)
EDUCATING PRIMARY HEALTH PROFESSIONALS*	*"...If we didn't have the training or understanding around trauma… we would have a different opinion about… these young people in relation to see them as bad or naughty or disruptive… instead of understanding what sits behind the behaviour."* (government worker) *"…You will deal with people who are from the school of hard knocks, where the right of passage is getting locked up… and you need someone who gets the complexity of that..."* (Drug and Alcohol worker)

*The PHN residential care project has been providing the general practitioners and the clinics with mandatory training on trauma-informed care and practice forums to debrief and discuss cases with other practitioners, as well as a GP Toolkit resource providing background information surrounding court orders and out of home care and a GP Referral Template that the residential home staff complete for each young person which includes their medical history, other services that are involved in their care, possible triggers and any other areas of concern.

Limitations

The findings may not be generalisable to the whole population of Gippsland. The study did not include the perspectives of consumers/clients or general practitioners. Selection bias may be present as participants were selected from Gippsland PHN contacts. Time constraints on the interview process prevented participation of key stakeholders to understand their approaches. It also prevented a rigorous triangulation process which may impact the validity and reliability of results of the thematic analysis.

Recommendations

Recommendations for Gippsland PHN:

1) Note the strong link between mental health and alcohol and other drug misuse among young people.
2) Support for the development of holistic and supportive youth-specific housing in Gippsland.
3) Support for expansion and formalisation of specialised education services able to support young people to keep them engaged in their education.
4) Facilitating connections between local youth alcohol services, mental health services and primary health care services such as the DiSS program.
5) Consider implementing a similar program to the PHN residential care project to support young people in this space and those connected to AOD services.
6) Consider trauma-informed care training and structured referral pathways/guidelines for health care providers engaging with vulnerable young people.

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