



SUBMISSION

Inquiry into the health impacts of alcohol and other drugs in Australia.

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About South East Community Links

Our Mission: 'Every person counts, Every system fair'

Since 1970 SECL has operated in one of Melbourne's highest multicultural and fastest growing regions. Based in the South East of Melbourne SECL's reach is mainly in the City of Greater Dandenong, City of Casey, and Shire of Cardinia.

Our services include:

- Emergency Relief with a focus on working to address the underlying cause of the crisis.
- Generalist Case Work to work with people to set goals and engage in society.
- Homelessness & housing support for young people.
- Family violence support and early intervention programs.
- Financial Counselling with expertise in generalist, family violence financial counselling and Problem Gambling Financial Counselling.
- Resettlement services to support refugees and asylum seekers learn and grow in our society.
- Outreach services through our innovative Community Connectors Program.
- Private Rental support for people struggling to navigate the market.

South East Community Links (SECL) welcomes the opportunity to provide our insights to the Inquiry into the health impacts of alcohol and other drugs in Australia.

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Summary of Recommendations:

Support Partnership models

Government and other services should explore supporting and establishing partnership models that bring community services and large business entities together.

Embed Flexible models of care

Government should explore a flexible model of care for individuals that struggle to engage in service.

Work within community

Government should support initiatives that focus on providing service where community and at need populations are.

Introduction:

In this submission, we highlight how sectors beyond AOD treatment services and primary care can contribute to the prevention, early intervention, recovery, and reduction of alcohol and other drug-related harms in Australia. We also explore whether current conventional service systems are delivering equity for all Australians, value for money, and the best possible outcomes for individuals, their families, and society.

We believe, and supported by the community members we work with, that clinical models are ineffective at applying an equitable approach and are intimidating and confronting for particularly vulnerable community members, such as those who are culturally diverse.

In particular, we bring attention to a partnership model that we see as effective in this area and applicable to many different settings. This model explores how a relationship between community services and large corporate bodies can be symbiotic, benefiting both while delivering better outcomes for the community while retaining high value for money. Additionally, we explore ideas behind outreach that is convenient for the community and flexible models of care.

Our submission is supported by the stories of Anna, a substance user with a history of mental health concerns causing disruptions in the community; Rick, who, while under the influence, expressed a desire for self-harm; Tim, a young man engaged with the justice system; and Dave, who exhibits aggressive and antisocial behaviour in public.

Our Experience:

SECL is a community service organisation based in Melbourne's South East providing wrap-around services. We work on average with nearly 30,000 people every year, many experiencing issues related to substance abuse.

Of the people we work with 60% are from countries other than Australia with many who are migrants and refugees coming from countries and cultures where AOD is heavily stigmatised. In the last year alone, we supported nearly 500 individual clients with AOD concerns, working with them to refer into specialist treatment services working to resolve their other concerns like housing, finances and inclusion.

Additionally, SECL has strong partnerships with over 200 organisations. We promote partnerships with organisations that want to make a difference in addressing the unmet needs of our community by participating in targeted, authentic and purposeful collaborations.

Community Connectors:

A large proportion of our clients with AOD concerns have been supported through our new Community Connectors program. Beginning as a partnership between Metro Trains Melbourne and SECL, this program employs two workers with qualifications in social work, mental health, and nursing to provide wide-ranging, judgement-free support to anyone who needs it at local train stations. The lack of eligibility requirements and the convenient location for the community have made this a very successful initiative that supports some of the most isolated individuals.

In its pilot year at Dandenong Train Station, we engaged over 3,300 people, referring nearly 200 into services and preventing harm to the community and participants 104 times. This program supported changes in legislation regarding public drunkenness in Victoria and adopted a harm reduction approach to AOD. Importantly, a key feature of this program was the close collaboration between SECL, Metro, and Victoria Police, which modified their responses to AOD-influenced antisocial behaviour and mental health incidents. Feedback from stakeholders has been overwhelmingly positive, highlighting both the program's immediate benefits and its potential for broader application.

A first of its kind in Australia, the program was established to address root causes by providing direct, freely accessible support to the community. Not only did people experiencing issues related to AOD find the program effective at providing a safe, flexible space for support, but the environment at the station also became safer for the community, strengthening the location as a key public space that is inclusive and contributes to a vibrant local community.

The relationship between SECL and Metro is mutually beneficial—Metro's locations are safer and operate more effectively, and SECL is able to support some of the community's most vulnerable members. SECL being separate from other stakeholders is something the community has welcomed, knowing there is a place for them to raise their issues without fear of being arrested or ostracised.

Additional benefits include improved responses from Metro staff and other station stakeholders when working with people who use substances, as well as a destigmatised perception.

For more information on the community connectors program please go to secl.org.au or click this [link](#).

Flexible Casework Model:

Developed from the Community Connectors program, SECL's flexible casework model applies a non-clinical flexible approach to working with community members. From the pilot of Community Connectors, we learned that many people we engaged with at the station did not want to or feel comfortable formally engaging in services.

The reasons for this vary, including busy lives, stigma, and personal discomfort with formal settings. But fundamentally community expressed that the clinical service represent old fashioned and impractical master/servant models that are intimidating and uncomfortable for them to be a part of. Feeling that their views and unique needs are not heard or listened to results in worse outcomes and disconnection from service.

This model focuses on rapport building and ensuring people feel safe before worrying about case goals and significant outcomes. We found this approach worked well for those who struggled to engage with services. Not feeling pressured to establish or meet goals actually resulted in significant improvements in areas typically addressed by extensive case management. It's important to note that during this process the door to more extensive case management is always open to community members, but we note only 18 out of 60 people in flexible casework opted for that path, highlighting the preference for this new model.

Due to the success of this model, SECL is now exploring its incorporation in different areas.

Recommendations

Recommendation 1:

Community services and large businesses often operate with different priorities, leading to a sense of competition rather than collaboration. Additionally the traditional clinical model often applied, sees diverse partners like corporates or smaller community services put into a master/servant arrangement which is intimidating to potential partners. This model also doesn't connect with diverse communities. Resulting in organisations, community and other partners shut out of potential partnerships due to clinical hierarchy. This "us and them" approach limits resource sharing and pathways to mutual understanding, ultimately failing to benefit community members.

The government and services should explore and support the establishment of partnership models that bring community services and large business entities together. This collaboration can enhance service delivery, remove barriers, destigmatise issues, provide value for money, and achieve the best outcomes for individuals, their families, and society.

Recommendation 2:

Most service models still focus on bringing clients into service and due to clinical requirements, are constrained by stringent outcome requirements, goal plans, and strict eligibility criteria. Fundamentally these barriers can go beyond things like language, with clinical models being inherently intimidating. These limitations often present too many barriers for some people to effectively utilise these services.

The government should explore and support flexible models of care for individuals who struggle to engage with conventional services. This approach recognises that traditional service delivery may not be suitable for everyone, particularly those facing stigma, busy schedules, and personal discomfort with formal settings.

Recommendation 3:

Many people who require support are unable to access conventional services due to various barriers, including busy lives, the stigma associated with seeking help, feelings of shame, or fear of being seen accessing support.

The government should support services in bringing support into the community, especially in a non-clinical manner that integrates them as "part of the community". Providing support in everyday places such as public transport, shopping centres, and libraries ensures that people are assisted in a comfortable environment they are familiar with and can freely engage in.

Case Studies

The stories below encapsulate people that have not been supported by conventional services but have found success through partnership models and flexible casework.

Anna*:

Anna lives with an acquired brain injury, bipolar disorder, depression, and anxiety, alongside physical health and substance use challenges. She frequently presented at Dandenong station, causing disruptions, expressing intentions to self-harm, and causing delays across the train network. Our Community Connectors began working with Anna in August 2023, providing flexible case management at the station. This included coordinating GP appointments and mental health referrals, providing resources for alcohol and other drug (AOD) support, and encouraging reconnection with family and participation in activities. Anna has shown improved confidence, reduced anxiety, and greater stability. She has decreased substance use and disruptive behaviours, actively engages in outings, and follows self-care routines. Anna continues to build a more positive and independent life, supported by flexible case management and a strength-based approach.

*Not her real name

Rick*:

Rick, a young man under the influence of substances, was becoming upset at the train station. Noticing his distress, the Community Connectors quickly engaged with Rick and contacted his mum. The team stayed close as Rick expressed a desire to self-harm and attempted to move towards oncoming trains. By verbally redirecting Rick and physically blocking his path, the team sought extra support from Metro staff and Protective Service Officers (PSOs). PSOs and Rick's mum soon arrived, and he was released to his mother with information on getting additional support for his mental health and substance use. Thanks to their skills and training, the Community Connectors were able to intervene in a timely way to prevent the possibility of self-harm. Consequently, train services were not disrupted, and staff and passengers were not impacted or exposed to a traumatic experience.

*Not his real name

Tim*:

At 21 years old, Tim faced challenges with substance use, mental health, and involvement with the justice system. Before engaging with the Community Connectors, he spent long hours loitering at Dandenong Station with peers under the influence of alcohol. Our Community Connectors built trust with Tim through consistent engagement over a month. They engaged him in conversations about employment, time management, and breaking ties with negative influences. Tim received emergency relief, including myki tickets, and was referred to SECL's Youth Links for housing and additional support. Since engaging with the Community Connectors, Tim has cut ties with negative influences and started applying for jobs. He secured job offers and showed improved self-esteem and focus. He has reduced alcohol and drug use and remains committed to positive life changes. Tim is determined to secure full-time work and continues to access Community Connector support to maintain his progress.

*Not his real name

Dave*:

A regular at the train station, Dave commutes daily. His presence has been notable due to his unpredictable behaviour, initially believed to be due to alcohol and other substance use and dependence. Known to both Police and PSOs, Dave's actions often disrupted the station environment. The Community Connector team took a different approach with Dave. Rather than relying on law enforcement, which was the standard response to his episodes of

intoxication and aggression, the team engaged with him on his terms. They built rapport with him, offering general conversation, refreshments, and practical assistance like guiding him to the right platforms and helping him get home safely. This new strategy marked a turning point. Dave, who had been involved in confrontations and engaged in anti-social behaviours like urinating at the station barriers, started to change. This case study highlights the 'flexible case management approach' employed at the station. Community members like Dave did not engage in formal casework. However, the Community Connectors' consistent and compassionate approach helped build a new level of trust. They engaged with Dave regularly, and he responded positively to the attention and care provided. He decreased his anti-social behaviour and no longer required police intervention at the station. Metro staff valued the support Community Connectors provided to Dave. This collaborative effort ensured timely and respectful interventions, respecting the dignity and safety of everyone involved. Additionally it was uncovered that Dave's life was not always like this, he used to be a professional in his country of origin before having an acquired brain injury and turning to substances. Discovering this destigmatised the station and communities perception of him, gaining a better understanding of his personal situation and the factors that led to it.

*Not his real name

Conclusion:

SECL's submission serves to provide a different perspective, highlighting options beyond traditional service.

Addressing the health impacts of alcohol and other drugs in Australia requires a multifaceted and collaborative approach.

Exploring a partnership model that integrates non-profit organisations with for-profit and large business entities, the government can support the enhancement of AOD support. This model helps to provide non-clinical options to ensure equity, value for money, and optimal outcomes for individuals, families, and society.

The proposed partnership model leverages the strengths of diverse sectors beyond clinical, promoting equitable access to services, optimising resource utilisation, and providing holistic support through collaboration with across sectors. Additionally, the inherent flexibility of these partnerships allows for more personalised and accommodating support for clients, addressing their diverse and evolving needs.

This model can also introduce innovative approaches and best practices, further improving the effectiveness of AOD services. By identifying potential partners, developing a structured framework, launching pilot programs, and continuously evaluating and scaling successful initiatives, the government can support the creation of a robust and responsive AOD service delivery system.

Ultimately, this approach underscores the importance of cross-sector collaboration in tackling the complex challenges associated with AOD-related harms, ensuring that all Australians receive the comprehensive support they need for prevention, early intervention, and recovery.

Supporting material:

[SECL annual report](#)