

BRACE Implementation Evaluation

Key Insights

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Why BRACE ?

(Building Resilience through Advocacy, Counselling and Education)

Poor Access

External referrals to AOD services often lead to low uptake, creating barriers for students needing immediate support and information in their school environments.

Whole-of-School Model

The BRACE program evolved from previous frameworks to implement a comprehensive model that integrates AOD education and support into the fabric of school life, benefiting all students, as well as supporting school policy development and capacity building for school staff .

Improved Outcomes

BRACE provides earlier intervention and effective support tailored to students' unique needs and circumstances. It also enhances school engagement & reduces likelihood of anti-social or criminal activities.



Professional Development

Equips school staff and leadership teams with the knowledge and skills needed to address AOD issues, ensuring a consistent and health informed approach to student welfare.

Therapeutic Camps

Offers immersive experiences for some students that promote emotional growth and resilience, helping students connect in a supportive setting outside the classroom.

AOD Education

Delivers universal alcohol and other drugs education to support curriculum, empowering students with knowledge to make informed choices regarding substance use.

Targeted Counselling

Provides personalized support through school-embedded clinicians, enhancing students' access to AOD resources and services.

Prosocial Activities

Engages school staff identified "at-risk" students in structured group activities that foster positive relationships and build social skills within the school environment.

Outreach

Enabled contact outside of school hours and off-site, including school holidays to enhance school engagement and maintain changes.

Program Components

Methods

PRAGMATIC IMPLEMENTATION TRIAL (CFIF-GUIDED)

What? Why?

Design: Independent, pragmatic implementation evaluation using the **Conceptual Framework for Implementation Fidelity (CFIF)**. This approach checks adherence to content, coverage, frequency, and duration, while examining moderators like participant responsiveness and quality of delivery. It matters because it captures real-world delivery to avoid “Type III” errors caused by misattributing delivery issues to the model itself.

How? Who?

Data sources & samples include a service audit of 7 schools across 8 campuses in Western Metro Melbourne, student counselling surveys with an initial n=63 and follow-up n=53, camp pre-post data with n=31, and a wellbeing staff survey of n=13. Interviews were conducted with students (n=14), school staff (n=7), and BRACE clinicians (n=6). Analysis involves descriptive statistics and template analysis mapped to CFIF.



1,493

Total students reached

275

Counselling/Outreach Participants

238

Prosocial Groups

842

AOD Education Participants

138

Camp Attendees



Counselling & Outreach

83% of students perceived counselling to be moderately (5-6) or very helpful (7-10).

76% indicated that they would be likely to return for a subsequent session.

55% attended more than one session.

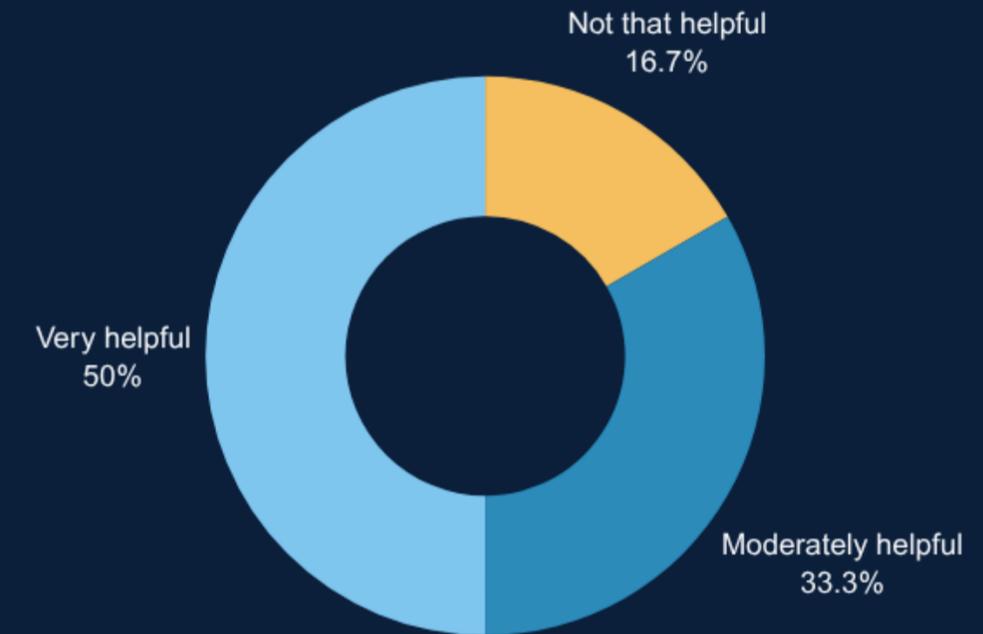
Positive student feedback:

- Greater understanding about the impacts of AOD
- Increased motivation to reduce/stop using AOD
- Strategies to reduce AOD use
- Develop understanding of who they are and their values
- Outreach component helped students stay connected

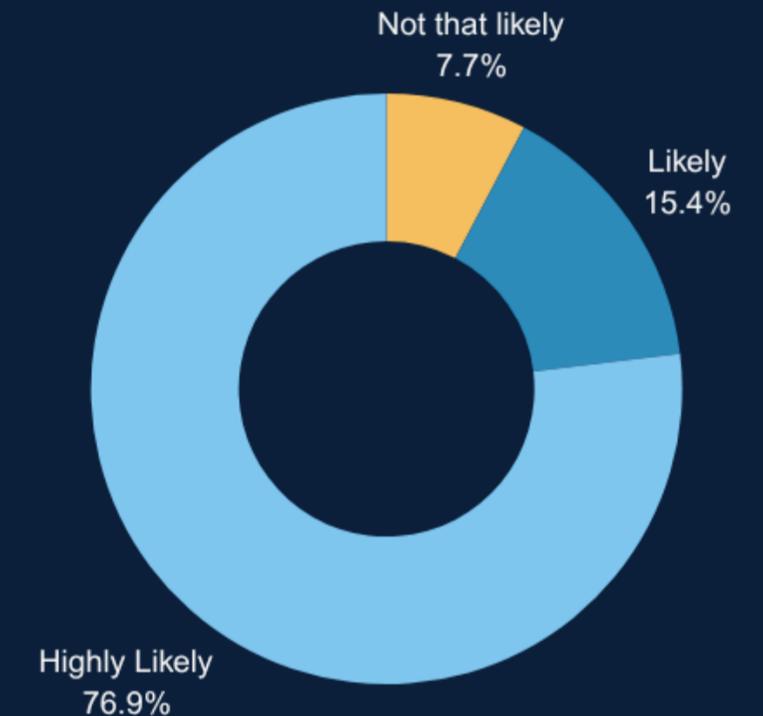
“It’s been a good way to understand what the consequences of drug, alcohol and vape addiction is.”

Student

Helpfulness of Counselling



Likelihood of Returning



Prosocial Activities

- 238 students
- Provided safe, prosocial alternatives during/after school (Drumming, R U OK day etc)
- Students described belonging and confidence gains
- BRACE clinicians used groups to maintain engagement between counselling sessions

AOD Education

- 842 students reached across schools
- Party Safe; vaping addressed as a key need
- Clearer, consistent messages about harm minimisation
- Students reported greater knowledge and safer decision-making cues

“If you think about it - if drug education is not done at school, where is it going to be done?”

BRACE Clinician

Camps

- 4 therapeutic camps held
- 138 total student attendances
- 81% enjoyed the camps
- 71% found staff very helpful



Staff Perspectives

School staff reported that having AOD clinicians embedded within the wellbeing team built their capacity by:

- Enabling secondary consultation
- Providing access to specialist AOD knowledge
- Developing AOD-specific skills in wellbeing staff and teachers.

“I've been in this space for a really long time, and I just have never seen anything work as well as this does [for alcohol and drug issues], both for the young people, for their social networks and for ... changing things in families that have been in the addiction cycle for generations... shifting outside of that is remarkable.”

-Senior School Leadership-



93% of staff strongly believe that the BRACE program significantly benefits students.



95% of school staff reported an increase in confidence following professional development support

Qualitative Themes

INSIGHTS FROM INTERVIEWS WITH STAKEHOLDERS

“I had amazing feedback from parents ... no one else could get through to the young person about AOD use.” School Leadership

Student Empowerment

Students reported gaining **valuable insights** and strategies to reduce or stop substance use, developing clearer goals for their futures and fostering a proactive approach to their wellbeing.

Staff Perspectives

Staff highlighted the importance of specialist AOD knowledge, noting a shift toward **a less punitive culture** within the school environment, fostering a more supportive atmosphere for students.

Clinician Engagement

Clinicians emphasized that embedding services and outreach initiatives enabled timely and confidential engagement with students, creating a **trusted pathway** for early help-seeking and support.

Conclusions & Implications

EVALUATING THE IMPACT OF BRACE PROGRAM

Feasible Model

The BRACE program demonstrates a **feasible, whole-of-school model** that effectively integrates AOD support into educational settings, benefiting both students and staff alike.

Strong Endorsement

Feedback from staff and students reveals **strong endorsement** for the program, indicating that it is valued and has made a significant positive impact on the school community.

Next Steps

To enhance the program's success, it is crucial to **focus on scaling** the BRACE implementation with fidelity, ensuring routine outcomes and continued investment in professional development and support.

Acknowledgements

RECOGNIZING OUR DEDICATED TEAM AND PARTNERS

Project Team

The BRACE Implementation Evaluation was conducted by a committed team from Deakin University with support from Project Staff ensuring thorough evaluation and analysis throughout the project.

Clinical Contributors

Special thanks to the embedded clinicians who played a pivotal role in delivering AOD services, education and staff training, fostering trust and engagement among students and staff within the school environment.

Participating Schools

We appreciate the support and collaboration from the participating schools, students, and families, whose involvement was essential for the success and impact of the BRACE program.

Thank You

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