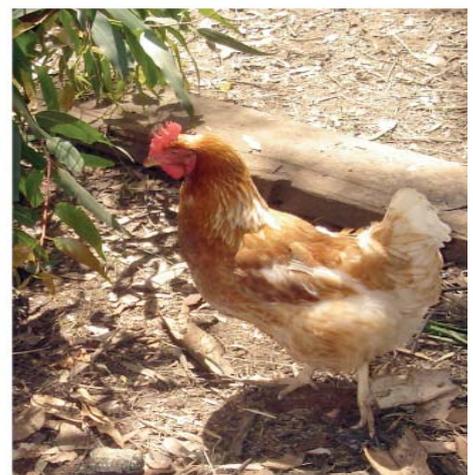


Final Report of the Koori Youth Alcohol and Drug Healing Service: YSAS & Ngwala



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The author thanks all those involved in this evaluation study. Many ideas and observations were offered throughout, on which this report is based. While the value of this discussion is noted, this report does not seek to be a comprehensive representation of them, and the views expressed are those of the author.



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## Executive Summary

The Koori Youth Alcohol and Drug Healing Service was established in 2007 as a residential healing service for Koori young people 15 – 20 years of age with problems relating to the use of alcohol and other drugs. It is the first of its kind in the Australian context. This is the final evaluation report conducted by the Youth Research Centre of Melbourne University and outlines the progress and early outcomes of the partnership between Ngwala Willumbong Co-operative Ltd (Ngwala), and YSAS (Youth Support Advocacy and Advice Healing Service). Over the four years of the Service's existence YSAS has been the auspice organization and worked with Ngwala with the aim for Ngwala to take over the total management and running of the Healing Service. This is set to occur in July 2011.

### **The Healing Service Objectives are to:**

1. Provide a range of culturally appropriate interventions within a culturally appropriate healing framework
2. Help Koori youth recover from substance abuse
3. Assist and provide ongoing support to Koori youth to reintegrate into community living
4. Ensure and promote lasting change

The Healing Service is a 6 bed, structured, supervised, and drug free youth rehabilitation service and the interim service is located in a large residential house in Hastings. The program is staffed by an experienced team of youth drug and alcohol workers. Since July 2007 there have been 90 admissions involving 79 Indigenous young people who have lived in the house undergoing a healing process in relation to their substance use. The average length of stay is 69 days, some stay for a few weeks and others have stayed for longer periods. It is common for a young person to stay for a short period followed by a longer period when they re-enter. Residential treatment is something that takes a bit of getting used to. These young people have complex issues and come from high levels of social disadvantage. As a result, the Healing Service addresses more issues than just substance abuse; it is a holistic approach that takes into account broader health and wellbeing issues is at the forefront of the healing process.

This research found one of the key strengths is the Healing Service's ability to foster an environment that holds Indigenous culture in high regard and models appropriate sensitivities in relation to cultural issues. Young people frequently reported that living in the house helped them to be proud of their cultural background, for some this was a new experience and others knew very little about their Indigenous background.

In a Parliamentary Report titled, *Doing Time-Time for Doing. Indigenous youth in the criminal justice system* (2011) Professor Muriel Bamblett from the Victorian Aboriginal Child Care Agency said 'A lot of kids that are involved in the criminal justice system have no connection with their culture. They do not know where they come from or who their broader family are. Without this connection, for some, the criminal justice system becomes their home, their family and the only institution that they know.' This, along with the report's finding that Indigenous juveniles are 28 times more likely than non-Indigenous juveniles to be incarcerated is alarming. The committee has made more than 40 recommendations across every policy area of government to urgently address the issue, some of which are relevant to the work of the Healing Service.

Encouraging and supporting young people to explore their cultural connections is a priority of the Healing Service, and staff are well placed to facilitate this. A recommendation of the Parliamentary

Report states a need to incorporate Indigenous engagement and representation in intervention and diversion programs. The Healing Service adhere to this recommendation and a culturally appropriate healing framework is implemented at all levels. There is no question that to be anything other than proud of belonging to an Indigenous culture prevails.

A second key strength of the Healing Service is related to the above, in that it provides a place where young people feel safe, nurtured, protected and trusting of those around them. Young people reported that the Healing Service was a safe place where they feel cared about and respected for who they are and not judged for what they may have done. In this environment they felt it was more likely that they could 'become a better person'. This includes their ability to relate to adults, how to manage their emotions and react in appropriate ways and, importantly, learning how to get along with other people. Learning new life skills including managing their drug use is also part of improving themselves. This process helps to reinforce their cultural identity which is everlasting. It is clear that the culturally specific nature of the Healing Service is essential in facilitating both a stronger understanding of cultural identity and an overriding sense of safety. Those who had spent time in detention were adamant that *'jail was a place where you were punished and not a place where you could recover like you could living in a family like situation'*.

The case studies provided in this report demonstrate the complexities of their backgrounds and a lack of structures and supports in their early years. Turning their lives around cannot happen in the immediate term. Participating in a healing framework is only part of this process, but, it has the potential to be the important and significant first step. YSAS recognizes the need to strengthen their therapeutic practice and to promote more lasting outcomes for young people when they return to their community. This is a significant challenge for all who work in the youth alcohol and other drugs (A.O.D.) sector.

The area of weakness commonly identified by young people and staff is the lack of consistency in the daily program activities. What young people do to occupy their time on a daily basis at the Healing Service provides the platform for healing. Staff reported a constant frustration with the haphazard running of the program. As outlined in the report much tighter management and greater efficiency around the program is required so that staff on the ground can make the program activities their focus. A tightly structured program is essential and the role of the manager and program coordinator is central to an efficiently run program. This has been an ongoing issue for the Healing Service. Implementing a workable practice framework would be more effective in a setting that has a well run program.

Another very challenging area identified in the report is what happens to young people when they leave the care of the Healing Service. Aftercare and continuity of care is not necessarily the brief of the Healing Service. However, resources to support young people when they leave are lacking. The Healing Service should establish and foster links with a young person's family while a young person is a resident. This should include prosocial peers, carers, community organizations and seek out appropriate adults who are suitable to support the young person in an ongoing way. In many cases this may be a worker from another service provider such as Youth Justice or Protective Healing Services. Communication between the Healing Service and this network of people needs to be ongoing to effectively support reintegration into the young person's community.

This report highlights findings that suggest services and programs providing youth residential treatment or youth detention are ineffective without appropriate aftercare. There is no question that implementing more initiatives that provide purposeful activity and structure and importantly key people to provide appropriate support and to connect with the young person after they have left care is needed.

The Parliamentary Report also highlights the need to provide stronger mentoring opportunities for young people when they leave care or detention. The committee recommends a mentoring program that matches each young person with a significant adult. The YSAS framework currently being developed (see Appendix I) recognizes that vulnerable young people have specific needs to allow them to access both the internal and external resources available to them. When a young person leaves an intensive care service to return to their own environment they need certain aspects of their lives to remain stable. Referred to as domains of need, these aspects include protection from harm and the ability to have basic needs met, having something purposeful to do and pro social people to connect with as well as an enhanced ability to have better control over health compromising behaviors. These factors are important in maintaining stability in their lives. Having contact with someone who can guide them through this process is crucial.

The big challenge for those responsible for running the Healing Service is how to take the existing qualities of what living in a shared and healing community can do for young people into promoting lasting change when they return to community life. Post-care is fundamental to achieving successful outcomes and the stories in this report indicate that this can be difficult to achieve. The success of any proactive or preventative approach to improving the health and wellbeing at the community level relies on its ability to engage and strengthen that community. Central to this is recognizing Indigenous leadership capacity and Indigenous models of care. This is what transferring the management of the Healing Service from YSAS to Ngwala is doing.

## Introduction

The story of the Koori Youth Alcohol and Drug Healing Service, began some time ago when a number of key community people and people working in the AOD field voiced the need to do something different for Aboriginal and Torres Strait Islander young people from Victoria requiring treatment for problematic drug and alcohol use. The need for an Indigenous specific residential rehabilitation service for young people had been repeatedly identified by Aboriginal communities and Government departments for a number of years. It was highlighted in a number of Government reports and documents on Indigenous youth since 2000.

In Sept 2001 the Victorian Government allocated \$2million for the development of a Koori Alcohol and Drug Strategy. In the same year, the Drugs Policy and Services Branch of the Department of Human Services established the Koori Alcohol and Drug Strategy Advisory Committee to support the development of the strategy and assist in the development of responses and services to the Koori community in relation to drug use and abuse. The Committee was made up of representatives and leaders of Victorian Indigenous organisations and the community. This committee recommended the development of a Koori Youth KYADHS for young Aboriginal people with drug and alcohol issues.

In 2002, based on the needs identified by the Koori community, the Government funded a range of projects proposed by the Advisory Committee including the development of the Koori Alcohol and Drug Plan 2003-2004. One of these initiatives included the development of a Koori Youth Residential Rehabilitation Service, based on a spiritual healing model.

A report from the Victorian Department of Human Services Aboriginal Healing Services Plan Key Indicators 2005/06 (June 2007) indicated that when it comes to drug and alcohol issues, Indigenous people are more likely than non-indigenous people to use community based treatment, including residential, alcohol and drug services. Indigenous people use community based services at 11 times the rate per population of non-indigenous people and are admitted to hospital for alcohol and drug related conditions more frequently than non-indigenous people. At the same time, participation of Indigenous people in mainstream services is minimal.

In 2005 57% of Indigenous Victorians were under the age of 25 years old (Australian Bureau of Statistics, 2005) compared to 34% of the total population. Combined with the higher percentage of Indigenous young people accessing drug and alcohol services, this overwhelmingly

supported the need for a specific service. Prevention initiatives are not forgotten in this mix, however, having effective treatment options is seen as contributing to better prevention by their contribution to informing prevention practice initiatives.

The decision to establish a residential treatment service, specifically for Indigenous young people and ultimately managed by an Indigenous organization, was made. Funding for the facility was to come from the Drugs Policy and Services branch of the Victorian Department of Human Services and by the Alcohol Education and Rehabilitation Foundation (some capital funds) and would provide a statewide service that would be located within a 120 kilometre radius of Melbourne. YSAS became the mainstream and auspice agency and Ngwala the Indigenous organization who would be mentored to manage the service after a four years. The interim Healing Service is located in a residential house in Hastings on the Mornington Peninsula with a new 14 bed facility is located nearby in Hastings.

It is acknowledged by both organizations, and discussed in the interim reports, that confusion surrounding the early tendering process and the employment of staff before the location was confirmed resulted in both a protracted start and a fair amount of dissatisfaction by those involved. These issues were subsequently resolved. The Healing Service began taking young people in July 2007 and, four years on, with many meetings, workshops, conversations, consultations, planning, disagreements and redirections, the transfer from YSAS to Ngwala and the opening of the new Service is set to occur in the second half of 2011.

This final report of the outcomes of the Healing Service and commissioned by YSAS, draws on the two interim reports and provides an evaluation of the original Healing Service objectives including the proposed strategies and outcomes (See Appendix I). It makes recommendations as to the future strategies of the Healing Service. The report also draws on the findings of case studies of 7 young people who spent significant time living in the house.

Key people who provided input for this research include David Murray, the Executive Director of YSAS, Andrew Bruun, (now the acting Director) and Glen Howard, Program Coordinator from Ngwala. Throughout this report they are referred to as the executive members. Craig Holloway, manager, and Andy Brigham, senior outreach worker, both from the Healing Service, also provided significant input.

## About The Research/Researcher

Conducting the research for this project over a 4 and a half year period has been conducted principally through participatory research by myself, Bernadette Murphy of the Youth Research Centre. During this time I visited the Healing Service on a regular basis, either conducting interviews or talking with staff, attending staff meetings, sometimes filming or just being there and watching how the service operates. I was not involved in the running of the Healing Service. Much of the evidence has been collected over time through both formal interviews and informal conversations with staff and management. Reading about Indigenous health issues, drug treatment options for young people and, in particular, residential youth care proved relevant for this research.

It is relevant to point out that as the researcher I am not Indigenous and therefore my knowledge and understanding of relevant cultural practices, although increased since I began work with this project, can only be that of an onlooker. Being a non-Indigenous researcher, undertaking Indigenous research comes with its challenges and this has certainly been the case for this evaluation. I did not come to this research with strong cultural knowledge. I felt I had a good understanding of the principles and practices of YSAS and some understanding and experience of Indigenous education issues, however less so of broader cultural issues. In the interim reports I described a level of discomfort in doing research such as this because often it was not possible to assume an understanding based on previous experience. I often first had to learn why a certain practice or policy was in place before understanding its purpose. This remained an issue throughout the study.

It was common for staff to comment on the difference between understanding at an intellectual level that something is a cultural thing but still not certain as to how they might respond differently. As a member of the executive noted:

*'If you absorb what you learn and put that into your practice then it sometimes challenges your way of operating and sometimes you need to do things differently and this can take you out of your comfort zone.'*

*(Executive member)*

As the researcher, not knowing or understanding something or simply wondering why something is so can be daunting. Fear of inadvertently misrepresenting an Aboriginal point of view creates a tension in the writing of this report. However, the experienced Indigenous staff often expressed the attitude that 'if you don't

know something then just ask'. Being comfortable with asking makes a big difference. As such, my level of cultural awareness in relation to needs for marginalised Indigenous young people and their families has increased significantly since the start of the project. I am grateful to the staff and young people who readily directed me in the right direction.

Many non-Indigenous staff reported in interviews that finding out about and understanding of cultural issues happens over time and through interaction and conversation with staff and young people. This, they claim, happens more readily in an Indigenous environment.

The research evidence is based on observational participation and findings are my interpretation of what I saw happen or what someone told me. Interviews with key people occurred at various intervals and their visions often reflected how they were feeling in relation to the Healing Service at that time. For this reason it was important to conduct interviews at different intervals. Attending staff meetings provided a broad level of information about the day to day operating of the Healing Service and also allowed me to hear the views of many staff who may not have participated in a formal interview. Case studies of young people and staff are used in this report to describe and comment on aspects of how the Healing Service operates. Names of people in the case studies are changed although it is acknowledged that people who work with these young people may be able to identify them.

In depth case studies of seven young people who spent time at the Healing Service provides significant information about the strengths and weaknesses from young people's perspectives and allowed me, as the researcher, to draw some conclusion about the workings of the Healing Service. Full case studies translated into the voice of the young person (taken from taped interviews) are provided. Interpretation and analysis of information gathered from the interviews are featured throughout the report.

## The Evaluation Process

An important part of a formative evaluation approach is the development of an evaluation framework and appropriate evaluation tools to assess the outcomes of the Healing Service Objectives (See Appendix 1). Assessing the effectiveness of practices, policies, outcomes and the establishment of user friendly tools to achieve this is a necessary component of any program as it provides an important comparison and indication of how young people respond to the Healing Service. Finding the most useful way to do this was not so easy.

In youth drug treatment and rehabilitation services pre and post testing of a participant's self efficacy, including social, emotional and physical wellbeing, is a widespread phenomenon. Measurement tools, in the form of surveys and questionnaires, are commonly used in other YSAS programs. However they needed to be more culturally specific to be useful in the context of the Healing Service. Initially the plan was to follow the process carried out in other YSAS facilities in that a standard questionnaire would be administered early in the young person's entry, mid way through and then on leaving. In addition to requiring high literacy skills, the use of this tool would require a consistent approach. One of the challenges is that not all young people stay the same length of time and, depending on their reasons for leaving, this was not always conducive to completing a survey.

Documenting young people's stories is an important way to capture their experience and what it means to them to be living in the house as a way to undergo a rehabilitative process. Traditional methods of using surveys and questionnaires were ineffective in this setting. Young people were much better at telling their story and sharing their thoughts in an oral context. The case studies provided reveal the honesty of the young people interviewed. The stories are written in their words rather than an interpretation of what they said in the story telling process. In each case the transcriptions were read back to the young people to check on representation and whether they were happy to have their story included in the evaluation. In all cases those interviewed were interested in telling their story and answered questions openly and honestly.

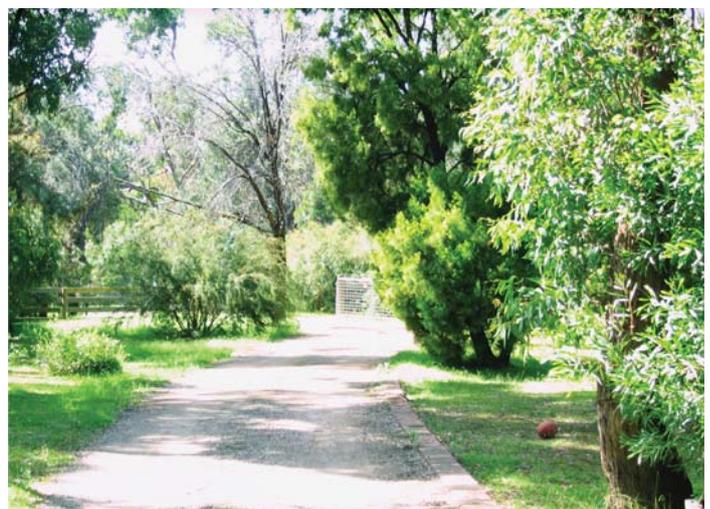
Using their stories to draw conclusions about the effectiveness, or otherwise, of particular aspects of living in the house undergoing a healing process provided rich understandings. These young people can better articulate what learning about their culture or gaining a deeper understanding of their cultural identity means to them. Using a written tool as a way to gather this information was not feasible. However, the dilemma is that some form of documentation is still a vital part of the evaluation process.

In the early phases of the development of the Healing Service, a member of the executive discussed the importance of not relying solely on written communication in the evaluation process. He expressed the need to use other visual forms of documentation and suggested the following:

*'Young kids themselves sometimes represent how they are going through their artwork. They are not necessarily going to tell you that in a survey or interview. It would be good if we can look at other ways of representing this'*

*(Executive member)*

In response to this request, I set about looking at other methods to collect data on how young people felt about themselves and the Healing Service itself. In responding to this request, and in consultation with two key staff members, we began experimenting with the idea of using film and visual images as a way of documenting aspects of the Healing Service and as an alternative to written feedback. Use of digital and movie cameras in this process also allows young people to learn basic multi-media skills.



The Healing Service garden

## Findings

The Healing Service Objectives:

1. Provide a range of culturally appropriate interventions within a culturally appropriate healing framework
2. Help Koori youth recover from substance abuse
3. Assist and provides ongoing support to Koori youth to reintegrate into community living
4. Ensure or promote lasting change

The four objectives as set out in the original documentation are sequential in that achieving success in objective 3 or 4 is dependent on successfully achieving earlier objectives. It is difficult to assess outcomes of the four broad and long term objectives (Appendix I) as the Healing Service would need to have been operating over a longer time period to assess an objective such as ensuring lasting change. Lasting change can only be assessed over a much longer time frame than was possible in this study. However, assessment of the outlined strategies/ activities and targeted outcomes do provide an indication of the progress of the four objectives and they are discussed in more detail later in this report.



The Healing Service garden

## Strategies/Activities

**Individual counselling/mentoring (each young person will have a staff “mentor.**

**Evidence/assessment:**

Initially each young person is assigned a worker whose role it is to case manage and support the young person. However after a short period it was decided to allocate two key workers to each young person as this would better serve their needs. This created problems with communication between workers but was a trigger for implementing improved systems of communication within the Healing Service.

The primary tasks of the key worker are to:

- Build a positive relationship with the young person
- Case manage the young person’s stay and exit
- Co-ordinate and review the Healing Track of the young person and communicate this at staff meetings
- Play the role of advocate for the young person where appropriate
- Facilitate and liaise with other Healing Services that the young person may be involved with
- Develop a management plan (health/behaviour if required in consultation with the team)
- Work in collaboration with the other key workers

The process of having two workers who know the young person well is a good system and well suited to the Healing Service. Female clients are always allocated at least one female worker and, where possible, at least one of the key workers are Indigenous.

**Group work – Koori staff will lead group work with respect to Aboriginal identity and history, drug & alcohol use, family, community etc.**

**Evidence/assessment:**

Aboriginal culture is held in high regard at the Healing Service. The desire to learn more and to better understand the culture on which the Healing Service is based, is evident amongst staff and young people. Being

proud of belonging or being part of Indigenous culture is held in high regard as is the need to acknowledge cultural issues. However group work was generally not the method adopted to enhance understanding of culture. Staff reported that a less formalised and more individual approach was preferable.

During the early stages of development there were formal cultural training days provided to facilitate better understanding of Indigenous culture by staff. Staff themselves reported that, while sometimes useful, it was not in their view the most effective source of cultural awareness. Indigenous staff and young people themselves were identified as the best source. Many believed that cultural awareness and understanding was enhanced informally and everyday. Being encouraged to ask when unsure and, indeed, express an interest in understanding is widely viewed as the most useful approach to promoting cultural understanding.

*When I came here I already knew a great deal about my culture so it was more like I was teaching it to the staff (non-indigenous) rather than the other way around. It makes me realise how important my culture is.*

*(Roy age 18)*

### **Provide a range of group activities designed to build skills and confidence with an emphasis on self-esteem and problem solving.**

#### **Evidence/assessment:**

The intention of the program is to build on self-esteem and confidence and many of the activities were geared towards this. A program that consisted of a range of structured activities was offered but it was not consistent. The Program Coordinator is responsible for managing the weekly activities that form part of the core work of the Healing Service. Activities range from yoga and massage, art and music to various outdoor and sporting activities and ad hoc attendance in relevant TAFE programs. The cultural component is a strong part of the program and spans across all of the activities, as opposed to a separate component.

Interviews with the executive team and staff highlighted the importance the activities program has on the successful outcomes of the Healing Service. Many agreed that the cultural component of the program is crucial in identifying the Healing Service as a youth Indigenous service and provides the platform for the core work of what the Healing Service is offering. However, the program itself is the one area that interviewees identified as the greatest weakness and one that needs improvement. Staff often expressed frustration with the stop start nature of the weekly Program. A range of appropriate activities were developed and sometimes run successfully but not in a consistent way. Many saw the Program as having great potential but turning the potential into action was problematic. Low group numbers at any one time and the chaotic nature of running a residential youth service was often cited as the cause. A staff member summed up the difficulty as

*'At the start there were small numbers of residents so the critical mass was not there and this makes it too hard to run a program. You are then forced to operate on an ad hoc basis where you end up just reacting to what is most needed.'*

*(Staff member)*

All those interviewed claimed that having low numbers of residents and a lack of consistency in attendance results from staff needing to respond to the most immediate needs of residents. This may include attending medical appointments, court attendance or getting a resident ready for such meetings. This often detracts from the successful running of a planned activity. Some staff commented that they were often too busy responding to a young person's needs and having to be reactive was often at the expense of the planned activity. This was a common theme from staff interviews. While staff acknowledged that being reactive and 'dealing with chaos' is often the nature of youth services, all stipulated that if the Program operated with higher numbers and fewer interruptions then the Program has the potential to make a difference. Greater numbers would enable young people to be taken to appointments without impacting on the activity planned. Many suggested the move to the new Healing Service would hopefully alleviate this.

Establishing ongoing networks with formal education opportunities such as enrolment in TAFE or offering literacy and numeracy support is on the agenda for the Program but is difficult to sustain. Young people often express an interest in participating in a course or learning a new skill and engaging young people with education pathways is seen as desirable in terms of a healing process. This is a difficult outcome to achieve. A common characteristic for many of the residents is a very low level of participation in school which in itself is a barrier to further involvement in education. While providing education opportunities is a goal of the Healing Service, the Program needs to be operating efficiently before successful partnerships with education providers could be managed and a more proactive response is required.

A well managed Program would allow partnerships and discussions with education providers to be nurtured in a way to suit the needs of the Healing Service. An individual plan or approach is a more productive way for young people to access education opportunities. Running an effective education program should not depend on numbers of residents at any one time. Evidence from other youth residential facilities suggests a structured and individual plan allows young people to participate in ways that can be tailored to meet their needs.

### **Development of individual exit plan that incorporates education, work, family relationships, etc.**

#### **Evidence/assessment:**

After a length of stay there are a variety of ways in which young people exit, including as a result of breaking the rules, completing the program, absconding (rare) or making a choice to return to alternative accommodation. The staff consider and discuss opportunities for when a young person leaves. However, when a young person leaves with little notice it is difficult to follow through on some aspects of an exit plan.

In some cases returning to family and community is not the desired option and in these cases it is difficult to establish a stable environment with the necessary support networks. Helping a young person to decide when it is time to leave the Healing Service for either

the first or subsequent stays is often done with frequent discussions between the young person and workers. Many of those interviewed articulated great trust in the process of workers helping them to know how long they should stay and expressed great confidence in this process. As expressed by Eddie:

*'The staff have helped me with my goals, like staying off the drugs, looking at different options for when I leave. They help with housing and stuff like that. They helped me get my resume together. I try to do things by myself and that's what I want to do when I leave - I know I can talk to any of the workers after I leave and I have their phone numbers'*

(Eddie age 18)

### **Development/maintenance of links with key adults in Koori communities to provide ongoing mentoring and support.**

#### **Evidence/assessment:**

Many, if not most, young people in the Healing Service do not have a network of supportive adults, and some have no positive adult role models in their lives. The Healing Service provides, for a period of time, safety, security and positive adult relationships. When asked how they thought the Healing Service helped them many young people talked about being better able to talk to people and, in particular, adults. Staff also highlighted their clear understanding of this part of their role. Modelling positive adult relationships, and indeed how to live in a shared community, is a key feature of the therapeutic process and happens on a daily basis. As Jed points out:

*"At about the age of 10 I was locked up in Parkville for a year and a half and I was facing 3 years. Parkville was a really hard place to be, particularly for a young kid. I've spent a bit of time locked up so I need to learn how to get along with people and being here certainly helps that. Here they teach you how to get along with people and how to relate to adults, I'm getting better at that and I am trying to become a better person. I never knew how to talk to anyone, especially adults. I used to hate everyone."*

(Jed age 17)

For young people without positive role models or a history of being let down by the adults in their lives the Healing Service is often the first place that provides a period of consistent and trusting adults in a setting where they learn to reciprocate. Linking with key adults in their own community who can provide mentoring and support is a somewhat more difficult task, but the foundations for learning to be a part of more positive relationships with adults are laid. An extract from Jed's story demonstrates his understanding of being able to better communicate and rely on other people:

*'I had to grow up when I was 12 years old. I had to learn to look after myself. Most kids this age are still at home, you know they got brought up with food on the table, getting tucked into bed getting bedtime stories- it wasn't like that for me. I had to find my own way, make myself eat and get my own things. These are the sorts of things I can talk about with the workers. You learn from talking about your past and how you might use that for the future when I am back home.'*

*(Jed age 17)*

Evidence suggests that mentoring and support happens in an effective way while young people are living in the protected environment of the house. Establishing and providing this in an ongoing way does not. The staff are well aware of their duty of care of young people while they are residents of the Healing Service. When a young person leaves, the duty of care often shifts to the next service, whether it be Youth Justice, Protective Services or the care of their family. Lack of sufficient communication between service providers results in a loss of opportunity to maintain continuity of care.

The goal of linking a young person with a community adult mentor is one that needs have continued support. There is general agreement that young people leaving care will not readily access or make a connection with relevant services or individuals in their community unaided. When young people return to their family, community or an independent living situation they need connection to a significant key person who can act as what Bruun (2009) calls a 'guide'. Anecdotal evidence indicates that many young people return to the same environment that got them into trouble in the first place and without post service support they are unlikely to seek help. Even when relevant services are available,

young people need encouragement and support to access them, a guide or mentor takes on this role.

There is no question that further resources are needed to support a more consistent and effective approach to post support of young people. However, it also requires all staff to see this as part of their role. Improving and establishing community connections for young people, including avenues that can provide ongoing support or mentoring needs to start while the young person is at the Healing Service not when they have left or about to leave. With relatively low numbers of residents at any one time and a greater efficiency of how the house is run on a daily basis should allow for staff to devote more time and planning to be devoted to this.

### **Primary Health Assessment – nutrition, general health, sexual health, drug & alcohol use, etc.**

#### **Evidence/assessment:**

The Healing Service is well placed to address nutritional, general physical health, dental needs and manage ongoing health needs related to withdrawing from drug use. This is achieved in a range of ways a collaborative approach amongst the staff. Various members of the staff including some with nursing backgrounds, an interest in holistic health approaches and an enthusiasm around promoting good nutrition facilitated this. Individual staff members seem to informally take a leading role in one of the above mentioned areas and liaise with a young person's key worker when needed.

When it comes to nutrition one of the staff is passionate about always having good healthy food in the house and encouraging good food habits. Along with the residents he would plan the weekly shop and menu and often coordinate a shopping trip to the market. He believes in having "good food aromas" throughout the house and it is not unusual to enter the house with delicious food smells wafting through it. He also works closely with some of the residents on food preparation. Naturally, like most young people, they often need to be encouraged to stay away from less healthy options of food.

*"I do a lot of the cooking here and have learnt a bit about that."*

*(Eddie age 18)*

One of the more difficult areas of managing their health needs is access to medical services that are suitable. There was a rocky start to finding the most suitable outside service and then maintaining the relationship. At one time there was tension between the local health centre and the Healing Service. These tensions were based on poor communication and a lack of understanding. A staff representative now liaises regularly with the Hastings Community Health Service and relations are good.

Another area that the staff manage successfully is in managing substance withdrawal issues. It is common for a young person to have gone through detox before coming to the house and staying for a period of time. The staff understand the issues of craving and withdraw and are able to support a young person through this process. Young people themselves report that craving drugs or alcohol is made easier in the house as they have someone to talk to and that someone is usually an understanding worker.

*“Now and then when I think about drugs I still get the craving but not as much as I did in detox. I think this place helps me with my cravings. Here I have been able to relax more. I relax by listening to music, walking around, watching TV and just being able to be in my own little world when I need to be.”*

(Rosie age 18)



Drug and alcohol education poster

*“They helped me get off the ADD medication I was on. When I was on it I felt like I was going crazy. I don’t need it anymore and I’m better when I am not on it. Here I am off the drugs and I don’t find that hard. It was always just in my mind, I felt I needed them [recreational drugs] but I don’t.”*

(David age 16)

### Professional development of KYHS staff regarding effective interventions for adolescents and relevant AOD models

#### Evidence/assessment:

YSAS is well positioned to provide professional development for their staff through their Training Unit. All staff have been encouraged and supported to complete a Cert IV in Alcohol and Other Drugs. It is evident from talking to staff that they are keen to undertake professional development and often request training in areas such as self-harm, suicide and mental health issues for young people. However, managing the staff roster while still allowing as many staff as possible to attend training is a constraint. This is an ongoing source of tension as staff need to balance their earning capacity and finding time to travel to the city for YSAS workshops.

### Training, consultancy and advice to Koori AOD, Justice and Family Support workers in communities that will incorporate an ongoing framework for advice/consultancy to facilitate both referrals and follow-up.

#### Evidence/assessment:

The current Manager who is also a long term staff member is the Chair of Telkaya, the Statewide network of Aboriginal drug and alcohol workers which is an important avenue to disseminate information about the Healing Service. This allows other workers across the state to hear about the referral process and the operations of the Healing Service.

The Healing Service has a solid reputation within the Koori Courts and Children's Court and Youth Justice Systems. Often a magistrate would prefer to send a young person to the Healing Service rather than place a young Indigenous person in custody. Justice and protective workers also say they prefer to see their clients spend time in the Healing Service rather than in the youth detention system.

As the researcher, I attended the Children's Court on three separate occasions to observe young people going through the court process and interview those involved in the system. The manager, outreach worker or key worker would be in attendance at a hearing to support a young person. In all 3 cases I attended there were no family members but usually 5 or 6 adults attending of which 3 or 4 from the Healing Service and the representatives from the legal team. This was often noted by the magistrate at the time.

In terms of the referral process this is very important but more work needs to be done on how this translates into effective follow up after a young person leaves.

**Monitoring of outcomes for program graduates by regular follow-up interviews. This process will be established from the commencement of the Healing Service**

**Evidence/assessment:**

There is wide acknowledgement of the importance of follow up and support of young people after they have left the Healing Service. It is viewed as crucial in helping a young person connect back to their community and establish supportive networks. However, it is probably one of the most difficult areas to make effective inroads into. There are few resources in either time or money to facilitate this process and attending to the current cohort of young people is often prioritised.

The outreach worker is well positioned to play a more active role in this area because of his connections in the Victorian Koori community and his connections to Healing Services and families as a result of his outreach work. Unfortunately the potential is there but not the resources. He often expressed his frustration about lack of resources and time to do effective follow up, and

believes firmly in the need for developing something like existing YSAS Day Programs to provide young people with more structure on a regular basis after they leave the Healing Service.

**Koori staff will be encouraged and supported to make presentations at conferences/seminars etc.**

**Evidence/assessment:**

While staff are encouraged to contribute to this process the opportunities to do so are not widespread. There have been conferences at both an international and national level where senior staff have presented papers about the establishment of the Healing Service. These include :

- Harm Reduction Conference in Barcelona
- Healing Our Spirit Worldwide Honolulu, Hawaii, USA
- Sydney National Indigenous Dialogue and Policy Conference

Smaller presentations have also been conducted by the manager at relevant local organisations and at a statewide level. The manager is the Chair of Telkaya, the statewide network of Aboriginal drug and alcohol workers and this provides a regular platform to disseminate information about the Healing Service to the field. This is a useful way to disseminate information about the Healing Service to both the local community and in the AOD field.

# Recommendations

## **Recommendation 1**

That a youth residential treatment specifically for Indigenous young people between the ages of 15-21 continue to be provided at a statewide level. Maintaining the facility as an Indigenous facility is important in enhancing the sense of belonging and safety for young residents. For young people, their sense of belonging is connected to their cultural identity and having an Indigenous Healing Service is an important element of this.

## **Recommendation 2**

That the Healing Service providing residential care for Indigenous young people should have a critical mass staff who are Indigenous, particularly in the area of management and leadership. This not only provides an important message to young people but also has an impact on referrals, staff recruitment and standing in the Indigenous community. This is crucial for the reputation of the Healing Service within Indigenous communities across the state.

## **Recommendation 3**

That priority be given to maintaining the establishment of a structured daily program a program that operates regardless of group size. The Program needs to run effectively as it facilitates both a significant cultural component and the therapeutic environment of the Healing Service. A cultural program where young people are provided with a high level of activity is preferable.

## **Recommendation 4**

That a potential mentorship program including family mentors, Indigenous leaders or appropriate adults who can help guide a young person when they leave the Healing Service be introduced as part of the Program. It is important that these links are established while a young person is a resident to allow the ongoing support to be part of the process of healing and provide links with staff of the Healing Service. As part of the Program workers could assist in locating and supporting appropriate mentors who can act as a guide to the young person and maintain communication with the Healing Service after the young person has left.

## **Recommendation 5**

That the system of allocating two key workers per resident to ensure better coordination, management and communication should continue to operate and establishing links with key community people who can play the role of guiding a young person after they have left should be built into this role, as outlined above. Communication with all staff needs to be consistent and regular. Casual staff need to be able to access this information readily. Consistency within the daily procedures and regulations should be a part of this.

## **Recommendation 6**

That professional training for staff remains an ongoing commitment with a high priority. This should include keeping staff up to date on policies and procedures particular to the Healing Service and broader aspects of working with adolescents with complex issues. Staff in residential care facilities often face difficult situations they are not prepared for; training and support are vital in alleviating potential difficulties.

## **Recommendation 7**

That ongoing professional development and supervision for staff is provided. Youth residential work can be extremely challenging for staff at a personal and professional level. Belonging to a supportive staff structure where a staff member can seek help and advice when necessary is critical for staff wellbeing. Creating the infrastructure for the role of the manager to provide regular and ongoing supervision opportunities would support staff in difficult situations.

## **Recommendation 8**

That communication strategies, including staff meetings and a staff handbook, be given high priority. Regular whole staff meetings where staff are supported in being able to attend would enhance levels of effective communication. A staff handbook should be developed that outlines procedures and staff roles and a clear communication strategy between staff. This must include staff operating from the casual bank. Communication regarding the daily activities for the residents is essential. The systems of communication should be closely monitored by the manager and should include keeping the communication book and case notes up to date.

## **Recommendation 9**

That procedures and policies continue to be mindful of cultural sensitivities and promote opportunities for staff to debrief with each other as a collective where possible. Procedures need to take into account the importance of promoting harmony amongst the staff as this has an enormous impact on how the house runs on a daily basis. Providing opportunities for all staff to provide input into the practices of the Healing Service is crucial in residential settings.

## **Recommendation 10**

That more resources be provided to support the work of the Healing Service and particularly the outreach worker in supporting young people after they have left. The Healing Service demonstrates very clearly that providing a supportive and caring environment for young people, especially for those whose lives are very chaotic, results in them responding well while in residence. It is when young people return to an environment that lacks a strong support network, including meaningful activity, they often relapse. Given that many young people access the Healing Service over an interrupted period of time it is important that resources are provided to allow staff to remain in contact with a young person. This should be accommodated within the existing roles for staff. More needs to be done on post service release for young people.

## **Recommendation 11**

That the Individual Care Plans tailored to each young person that monitors the progress towards individual goals be given higher priority. This needs to be communicated to all staff and overseen by the Manager on a regular basis. Incorporating the Adolescent Community Reinforcement Approach (A-CRA) approach to working with young people should be built into the individual outcomes.

## **Recommendation 12**

To support an ongoing evaluation strategy, that a process be established that documents the journey of each young person who spends time in the house. This documentation could include taped interviews, digital representation of their achievements, allowing for an electronic version of their own story to be achieved using a variety of medium. This role should be allocated to someone who would be responsible for overseeing the process on a regular basis. A component of this evaluation strategy could be built in to an activity of the Program.

## Comparison to treatment centre for First Nations Youth in Canada

As mentioned in earlier reports, the model of the Healing Service is new to the Australian context of youth drug treatment. There are models of residential treatment services for young people, including those at YSAS, but are not exclusively Indigenous. The establishment of the Healing Service was informed by both the models of YSAS youth services and the development and outcomes of residential treatment centres for First Nations Youth in Canada (Dell, Dell & Hopkins 2005). Canadian Centres were established in 1996 and funded by the National Native Youth Substance Abuse (NNYSA) program through a partnership between First Nations people and Health Canada. Like the Healing Service, the Canadian Centres provide residential care for youth between 12 to 26 years of age for an extended period (6 months). Similar to the Healing Service their mission is to provide culturally appropriate treatment and community intervention programming for First Nations youth who abuse substances.

The key findings of the Canadian experience of establishing residential services were outlined in the interim report. Four years down the track it is interesting to review the findings of the Canadian experience in relation to the Healing Service. The table on the opposite page provides a comparison of the two. Interestingly many of the findings mirror those of the Healing Service and help to inform effective practice and policy.



Communal eating room at the Healing Service

## Conclusions from:

<b>The Canadian Centres</b>	<b>The Healing Service</b>
1. Full recovery is often a lengthy process that may require several episodes of intensive treatment and longer-term care in the community.	There is widespread agreement that few clients will attend for one single treatment episode, often repeat visits are required.
2. It can take weeks for some clients to adjust to the routine and discipline of a residential program.	Adjusting to rules and regulations was identified by both young people and staff alike as something many young people found difficult.
3. Client retention for a period (2-4 months), but not necessarily longer, may be needed for longer-term outcome success, but much depends on the client, his/her family and aftercare in the home community.	Long term outcomes may not be evident within the time frame of a length of stay. Progress is incremental and may depend on the circumstances of the individual.
4. Residential treatment programs do not need to run on a fixed cycle or to have a set length of treatment. Continuance in residence can be assessed on an ongoing basis and take account of client needs and motivations.	Supports and highlights the need for an individual plan for each resident and the need to develop a program that can adapt to fit the needs of the resident rather than the other way round.
5. A role for the family in the recovery process, although ideal, cannot be assumed.	Where possible involving a young person's family took a high priority with recognition that for some this was a complex issue. Regardless, communication with family was seen as important.
6. Dropout rates are influenced by client selection and other factors within the control of program managers and staff (e.g., program schedule, a welcoming environment, staff competence, how much fun clients can have, individual attention, smoking policy, process to handle stated intentions to leave).	If a resident is unhappy with the environment of the house it plays a strong influence in their decision to stay or go. This is understood by staff and a high priority is placed on the resident's sense of belonging. Appointing a young person as a 'senior resident' to represent the 'household' on issues of concern assisted this process.
7. Premature discharge does not mean that a client has not benefited from treatment.	When a resident leaves prior to the recommended time there is strong support for incremental steps that have been made. Returning to continue treatment at a later time is a common understanding. Premature discharge does not mean that a resident has not benefited from treatment
8. Self-initiated discharges also occur when emotional issues begin to be addressed.	To date this has not emerged as a phenomenon at the Healing Service. In fact the Healing Service was commonly a place where discussion of emotional issues was triggered and often addressed.
9. Community reintegration is a concern when youth are placed in residential care outside their home community, so there is need for extensive community-based follow-through.	This is a common sentiment expressed by many staff. Support networks within the community are an essential element of reintegration but they are under-developed and under-accessed.
10. There is general support for the view that programs for First Nations Youth should teach about traditional values and skill.	Learning further or consolidating their identity as part of an Indigenous community is a key element in the healing process. Establishing their Indigenous identity is key and has widespread support.

# Demographics of Young People

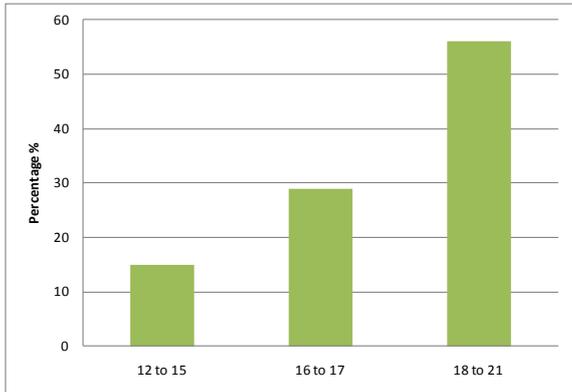


Figure 2: Age range of the Healing Service's residents

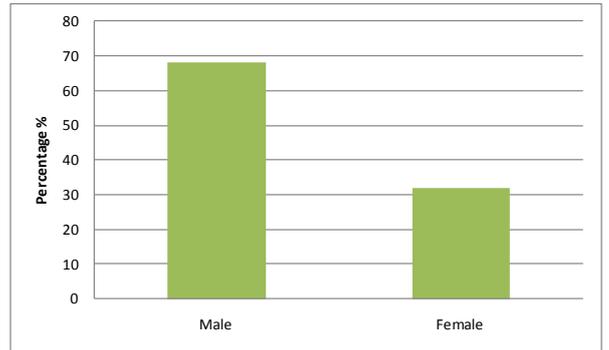


Figure 1: Gender of the Healing Service's residents

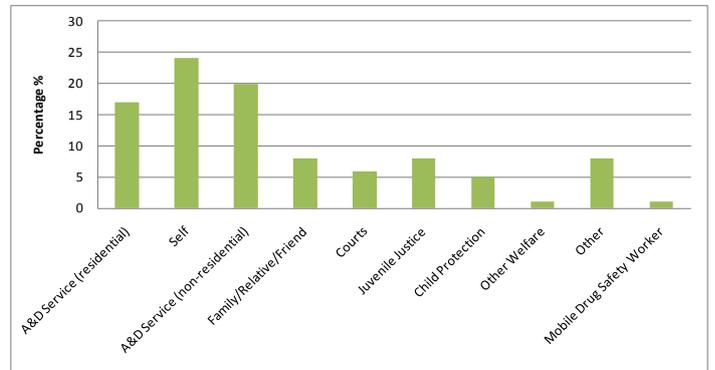


Figure 3: Source of referral

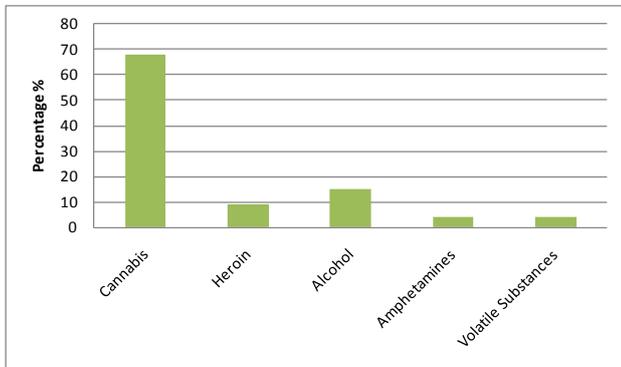


Figure 4: Primary drug

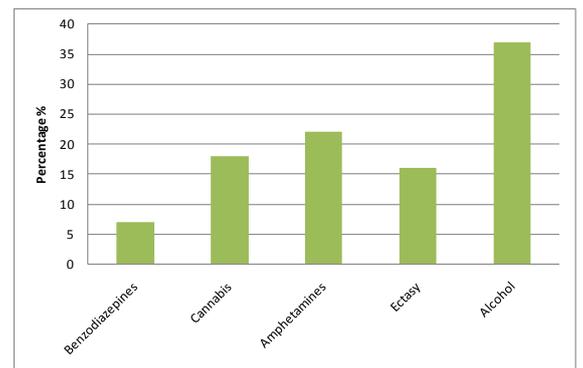


Figure 5: Secondary or other drug

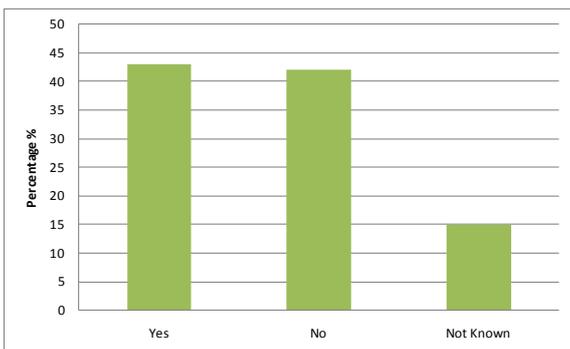


Figure 6: Poly-drug use

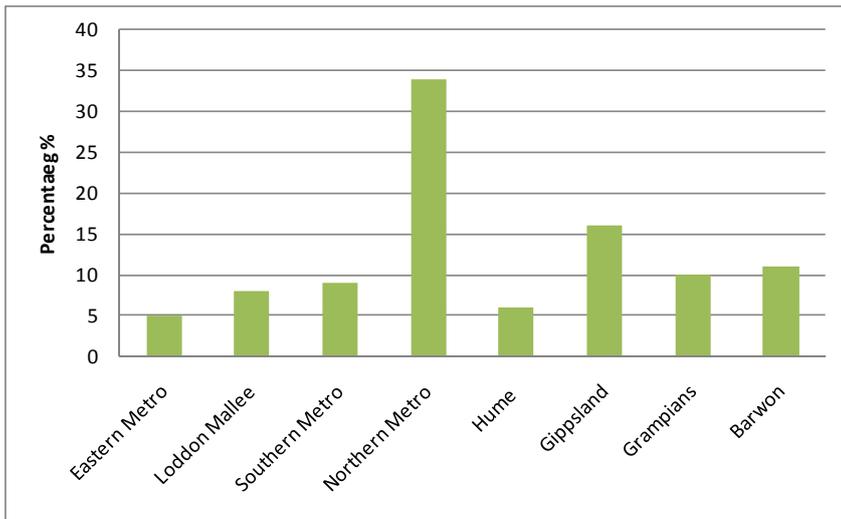


Figure 7: Overview of all residents' region of origin (79 episodes of care, 90 admissions)

The information represented in the figures to the left reveal that more males access treatment twice as much as females which is common in the youth AOD field. This creates challenges when the policy is to have a minimum of two females in the house and may result in an all male household for some periods. Maintaining a significant presence of females will need to be monitored in the new house. While most residents are between 18-21 years the average age is 18 years. The average length of stay remains at about 69 days with some staying for one or two weeks and others up to 12 months. For those not completing an episode of care the average length of stay was 5 days.

Interestingly self referral is the most common source of referral which includes peers recommending the Healing Service to their peers as a 'good place'. The reputation of the Healing Service in Aboriginal Communities plays a significant influence in the propensity to access residential treatment. Earning trust from the community takes time and this has been enhanced by the knowledge that the Healing Service is managed and partly staffed by Indigenous people. Having Ngwala as the key organisation will add to this level of acceptance in the community.

Since the Healing Service began taking residents the pattern of drug use by young people has remained fairly constant with cannabis being the most common problematic drug. While half of young people are poly-drug users, problematic use of alcohol and amphetamines are most often associated as a secondary drug. Use of heroin requiring access to methadone remains low. Anecdotally, affordability and access plays a role in this.

## The Case Studies

The following case studies outline the stories of young people who lived in the house for a period of time. Some had quite lengthy stays and others had two or three stays over a period of time. It is important to note that, while at the Healing Service, the participants interact with all staff but are usually assigned two key workers who share the responsibility of ensuring continuity of care and efficient record keeping about the young person. The key workers are responsible for following up on appointments and managing the communication to other staff about that young person. The key workers also provided information about a young person for the following stories.

The information was collected from taped interviews with the participants and so they are presented in their voice and written from their point of view and experience. It is their story to tell and this is the way they tell it.

### Case study 1: Kate, aged 17

**Kate is 17 years old and has 2 daughters, aged 2 and 6 weeks. She spent the last 6 months of her second pregnancy in the Healing Service. At the time of the first interview she was living with both children at her uncle's house and working on reducing her methadone. The interview took place after Kate had left the Healing Service. The story about Kate's life comes from her interpretation and her experience. In Kate's words 'I'm not really a kid any more, I've got two kids of my own. I'm not a kid, I'm a mother of kids'.**

I'm 17 years old and I have two children. Savannah is 2 and Julia is 6 weeks old. I was born in Mildura and spent the first ten years of my life there. All up I have 10 siblings. I have one brother and 3 sisters on my mum's side and 3 brothers and 3 sisters on my dad's side. My dad passed away when I was young and I grew up with the siblings on my mum's side. My mum had drug and alcohol issues and is also working on reducing her methadone.

In Mildura I went to the KODE school and Redcliffs Primary School. I stopped going to school altogether after Year 7. By the time I got to Year 7 I was living in Melbourne with my mum and a lot had happened in between then. I started at Reservoir District and then went to Northland Secondary. I think there was too much happening for me in my life for me to be able to manage school. I had lost my dad, been treated badly and things were really difficult. **I think I mostly liked school but my life was difficult and that made school difficult.** I was mucking around with gangs and got into trouble a lot, things were not going well.

When I was 7 I was taken away from mum. At the time she was an alcoholic and couldn't manage the kids so we were sent to live with my nan. For a while it was alright, but my nan had the four of us, me and my younger brother and two younger sisters, and she said that she couldn't handle me and my brother. I got shifted off to live with my uncle in South Australia, who is my mum's brother. The two younger ones stayed with mum. After being in his care I was molested by him until I was 12. This was awful for me. I ran away and told my school what was happening. They didn't do anything and I ended up back with my uncle and his girlfriend and got flogged for saying something. I ran away again, but this time to my aunty. I ran to her because she believed me and helped to sort it out for me to come to Melbourne to live with my mum. At this time my mum was living in rehab and I lived there with her for about a month. After that mum was working and I lived with her in Ripponlea. It was just mum and me and it was a good time in my life. You see I always knew my mum loved me and even when things were a bit crazy I still knew that. I went back to school for a bit [primary school] and I liked it. Then all the other kids came to live with us too

and mum had to stop work. After that I just started lying to my school and saying I was ill because I just wanted to be with mum. I didn't realise at the time, but that I was jealous of the other kids, I had mum all to myself and then I didn't. There was a lot to deal with and I just wanted my mum's attention. It wasn't easy for me and to get mum's attention I just started acting up.

I started smoking 'choof' when I was about 12. Mum knew but there wasn't much she could do about it. I wanted to be making my own decisions. By the time I was 13 I was really out of control, no-one could handle me. I was running all over the streets of Melbourne and committing crimes. I got into trouble with the law. At the time I know I was a risk to the community and a risk to myself. I was doing dangerous stuff, like stealing cars, breaking into houses and thieving. I was using 'choof' and alcohol at the time. When I smoked 'choof' I often couldn't be bothered going out or doing much at all. I was still living with mum but I kept running away to be on the streets, in Smith Street. I got into using heroin at this stage. I met people who used it with me.

I got locked up at the age of 12. I've spent a lot of time in my life in lock up, my first time was when I was 12. I was pretty wild at this time and tried to give the message not to mess with me. I think I was pretty angry. Lock up is not a place for kids to be, and I was only a kid.

### **What was happening in your life from the age of 12-14?**

During this time I met the father of my children. By now I was living with a carer, I ran away from DHS because they knew I was pregnant and I was worried they would take my baby away from me because of stuff I was doing. I didn't want my baby to be taken away so I took off to South Australia to live with my nan. I had Savannah there in hospital. DHS had a safe custody warrant on me and wanted to extradite me back to Victoria. This meant they could put me into secure welfare or back into foster care with my child.

I didn't want to go back to foster care, but I did, just so I could keep my baby with me. The foster carer wasn't Indigenous, and it just didn't work for me. DHS put me there to get help with my daughter but I didn't get the help I needed at the time. I wanted to be with my own mother and get help that way. I felt she had had four kids and she was the best one to be helping me. I wanted to leave as I didn't feel comfortable, so I kicked up a fuss and went back to court. I stood in front of the judge to say I'm ready to go back to my mother. So I went back to mum. But then I got back to using heroin a bit and they took Savannah out of my care. I couldn't look after her properly and I knew that, and DHS knew that, so she went into the care of my mother. After this I spent more time in jail. My mum would bring her into see me, so she always knew who I was.

### **How did you end up at the Healing Service?**

After I got out of jail I was hanging around with a friend. We went down to Collingwood where the 'black fellas' hang out drinking. I was there with a friend and a bit out of it. One of the Elders there wanted us to come home with her and not be on the streets drinking. So we agreed. She is a very respected Elder. On the way there we stopped at the supermarket and met Andy (Outreach worker) and he gave us a lift home. He is my step father's brother. I hadn't met him before but I had heard a lot about him. Anyway I told him I wanted to sort myself out and wanted to go into rehab. Andy said he would see what he could do but made it clear I really needed to be ready for it. He said it was all up to me. A week later I tried to rob a shop and got caught and I got locked up again.

In lock up I told my worker I wanted to go into rehab and to sort things out but that most of all I wanted my daughter back. I wanted to get my life back on track and I told them about Uncle Andy. I didn't know it at the time, but I was pregnant and about to go to jail. I was remanded and when I went to court Uncle Andy came and he organized for me to go to the Healing Service from there. Even though I wanted to be at the Healing Service I initially fought with every staff member. It took me a while to realise they really cared about me and wanted to help me get my life back. **The staff at the Healing Service really helped me to believe in myself.** When you go somewhere unfamiliar you are not going to like it straight away, it takes a while to get comfortable. I couldn't leave the Healing Service even if I wanted to because I was bailed there. But for the first time I was somewhere

that I wanted to be. I knew they trusted me enough to stay there- I hadn't really felt trusted like that before. I think because it is a place for Indigenous young people, it provides more than just rehabilitation, it provides help and support about who you are as a young Aboriginal person. All the staff are trained in Indigenous culture, both Indigenous and non-Indigenous workers. They are taught to understand about our culture and that's important. **Staff who are not Indigenous are not expected to know everything but they are willing to learn from us and the other staff, and that feels good.** It gives me the message that my culture is interesting and important in understanding who I am. For example I had a fight with one of the workers. I just felt like he never understood our culture and one day he turned around and said (after I had sworn badly at him and yelled at him, telling him he didn't understand) "Well let me understand Kate, tell me what I need to know so I can understand". Somehow I knew that he was right, I mean he was one of my key workers, I needed him to understand me. Over time I let him and helped him to understand better and I didn't swear at him nearly so much!

The program is really important, you can't expect kids to cope when they have nothing to do. **A set program would be better** and I'd love to help out with it down the track.

My will power is strong now, I feel I am a really strong person. I'm off heroin and I want to get off methadone and I want to have a life. I know that I am a single mum and I haven't got a partner to help me at the moment **but I do have lots of family, and friends around to help me. That's what we do, we all help each other out,** it's not like I have to do this on my own.

*Kate spent further time in Parkville after leaving the Healing Service. She committed further crimes and was facing further charges in the courts. After leaving detention she was living in a residential unit. She no longer has access to her children and is living interstate. She may return to the Healing Service at a later time.*

## Case study 2: David, aged 15

**David is 15 years old. He first spent 3 and half months at the Healing Service and has recently been bailed back to the Healing Service. He will return to the Koori Court in August. This interview took place on his return to the Healing Service. The story about his life comes from his interpretation and his experience.**

I'm 15. I come from Benalla in country Victoria and that's where I used to live with my mother and 3 brothers one is my twin. I have a brother who is 13 and one 7. I also have a 22 year old sister who lives in Shepparton. We grew up without a dad, I know his name but he has never been around and so hasn't helped much. My nan, Vicki, is my mum's mum and she was always nearby and that's my Indigenous side. I didn't know a great deal about my culture but I know my Nan's family come from Tasmania and most of my family live in Shepparton. I lived with my Nan for a while I was about 9, and she was good to me but she had a stroke and wasn't well enough to look after me after that.

I went to two schools in primary. At Benalla Primary I did alright there until Year 3 or 4. The Principal wanted me to go on medication for ADD. I had a bit of a fascination for knives and I had taken 2 carving knives to school. I had some anger stuff happening and I was getting picked on a fair bit. I got kicked out of school and went to another one where I stayed till Year 6 but got kicked out again because I got into a fight. A kid hit me with a cricket bat and I reacted by wanting to hurt him back. I went to the Principal's office and then locked myself in and made threats. This resulted in me leaving school. I found school hard most of the time and I really didn't want to be there.

I met up with this girl who got me into smoking 'weed', I was about 12 then and not going to school. From then on I just wanted to go out in the night and run amok, get drunk, stoned and just have a good time. My mum wouldn't let me do this so I just used to sneak out all the time. I had a

mind of my own. Then I would come home stoned and have a go at my family- it couldn't have been good for them.

I didn't make it to secondary school at all. I was living at home, causing trouble and being out of control. At this time DHS were called and I knew they were trying to take me away from my mum so I ran away. I eventually ended up in foster care and I didn't like it. I wasn't allowed to smoke and I didn't like the lady who was looking after me. (She was not Indigenous). Mum was really upset. I eventually got kicked out of the foster care arrangement because she said I was violent. From there I was moved to Wodonga, to a residential care house. Here I just got into more trouble. I kept getting stoned and drunk and causing mayhem. One day I couldn't handle it anymore so I tried to burn the house down. I got charged for that one and got locked up in Parkville. I was 12 years old. I hated it. I was picked on and bashed and the whole thing just made me angrier. After this I was moved to another residential care house in Moonee Ponds. I got kicked out of there because I tried to hold the workers at hostage for keys and money and stuff. Then I got moved out to one in Altona. From here I kept getting locked up for short periods. I think I have been locked up nine times now.

When I was 14 and locked up, I wanted to go to rehab. Aunty Helen (from Parkville) rang the Healing Service to see if I could get a place. They said I would have to wait a week. I went there and did pretty well and stayed 3 or 4 months. Then I just got sick of it and took off. I was on the run for a bit and got involved in a robbery on a train and I got caught. I ended up back in lock up. I was there for two weeks and now I've been bailed to here.

#### **What are your thoughts about the house ?**

You know I am a good kid, I know that and I know the people from here can see that. I just do bad things sometimes but that's behind me now. I want to get it right this time. I want to be here. My goal is to stay here for the six months and then go home to my family. I don't feel like I belong in the sort of places I've been in. I've got a family and I want to be with them. I get on well with my mother, I love her to death and I want to be with her. I want to be with her and protect her and my family. I don't know a great deal about my Indigenous side but here I am learning more about it. This place respects you for who you are. When I first came here I thought I would get picked on, because that's what used to happen. But I don't want to be violent anymore and here you don't need to be. They helped me get off the ADD medication I was on. When I was on it I felt like I was going crazy, I don't need it anymore and I'm better when I am not on it.

Here I am off the drugs and I don't find that hard. It was always just in my mind, I felt I needed them (recreational drugs) but I don't. The thing I like about being here is the staff, they respect me for who I am not what I have done. The other residents too, they don't pick on me, in fact you sort of form a bond with them.

When you come here they don't judge you for what you have done. You are in their house now so if you want to stay you have to respect their rules. If you treat them with respect, you get respect back. I know that now. It teaches you discipline here. You have to do chores even though you don't like it, that's the way it should be. You know you are safe here. Places like Parkville don't help young people to rehabilitate; they just make you more of a criminal. This place helps you. When I go back home I'd like to become a mechanic. I like fixing things.

*David chose to leave the Healing Service after 4 months. He reoffended soon after and returned to Parkville where he spent many months, including a short period back in the house. He has since been released and is currently living back with his family.*

## Case study 3: Eddie, aged 19

**Eddie is 19 years of age and a long term resident of the house. He became the senior resident in the second stay and was keen to do a course in youth work. He first came to the Healing Service when he was 17, left for a time, and then came back. At the time of the interview he was ready to leave the following week.**

I grew up with my mum and dad in Melbourne and then we moved to country Victoria. Mum and dad were always fighting and they ended up getting a divorce and dad moved back to Melbourne with my brother and I stayed with mum and my sister. We moved to Horsham. I went to school in Murota but I was the only Aboriginal kid in the school and I got picked on a lot, got called "abo" and other stuff. It got pretty difficult and then I just started fighting. **They told me if I kept it up I would get expelled. That was the end of Year 10 and that's as far as I got in school.**

By about 16 or 17 I really needed to get my life back on track, I was smoking a fair bit and generally just not doing much. My dad was working at the Healing Service and he suggested I come there. So I did. I was there for about 3 months and doing okay but then my Aunty Ruby died and I didn't cope very well at all. I left the Healing Service and relapsed, I got straight back on to the drugs as a way of coping. I was smoking everyday and getting into other drugs as well. It really interfered with my life. I got to the point where I couldn't eat or sleep without yandi. I couldn't do much at all really and I wasn't even enjoying it. In the relapse period I was using ice and speed and I recognised that I needed to stop this. I was getting addicted. So 3 months after leaving I came back in.

It was my choice to come back in. I felt that it was a better option than doing over houses just to get a smoke- it wasn't worth it. I had heaps of friends, some of them who use drugs and others from the footy club. I still have a lot of friends and now that I am off the drugs I can keep up with them. **Now I think I can manage my drug use.** I've been here 12 months now and I'm going home to Horsham next week.

I think the policy of not having anyone here who doesn't want to be is the right one. I see this place as a house not a rehab centre. It's like family here and that helps. During my time here I became the senior resident and while that was occasionally difficult it also taught me lots of things. I do a lot of the cooking here and have learnt a bit about that. It has also helped me to control my anger, I used to punch stuff and get angry all the time, now I don't so much.

### **What keeps you at the Healing Service?**

1. Good staff/workers- people you can talk to and who listen to you. I feel supported by them.
2. The Manager. I have known him for 10 years and I trust him. I know he looks out for me and that helps. Also having my dad here is a big plus.
3. My own will and determination.

### **What has helped?**

The staff have helped me with my goals, like staying off the drugs, looking at different options when I leave and help with housing and stuff like that. They helped me get my resume together. Sitting down and talking with workers when I am pissed off or just had enough is really helpful.

I try to do things by myself and that's what I want to do when I leave but **I know I can talk to any of the workers after I leave and I have their phone numbers.**

I have started doing my Certificate 4 in training and youth work. That's what I am interested in and hope to be able to finish this. When I leave I am going to stay at my girlfriend's house and see how

that goes. I have a job packing shelves in a supermarket. When I came here I already knew a great deal about my culture so it was more like I was teaching it to the staff (non-indigenous) rather than the other way around. It makes me realise how important my culture is.

I am going back to stay within my Aboriginal community. My mum will be close by. She smokes too but she doesn't want me to be like her so that's why I am planning to stay with my girlfriend.

*Eddie stayed for two six month periods. He left after this time and returned to live in the same town as his mother and girlfriend. He returned to using alcohol and occasional drug use.*

## Case study 4: Jed, aged 17

I'm a young Aboriginal, Koori boy and I grew up in NSW. I'm in rehab at the moment, trying to change my life, get off the drugs. They really help here and it's a good place. My dad has 14 kids, so I have 11 brothers and 2 sisters and I am somewhere near the bottom of all these kids. I am still in contact with most of them and I'm an uncle many times. It's good being an uncle, it makes me feel happy, makes me feel like a man and not a kid anymore because I've got responsibilities that go with it.

### Where do you call home?

Well if I left here I would go to Mildura and then to NSW with my dad. My mum lives there too and I have a bit of contact with her but I'd go with my dad and family. I went to school in NSW, one primary school and a different secondary school. School was okay, I didn't mind it too much but I quit at about Year 9. I just got into the wrong company, got into trouble a bit so I left. At that time I was pretty easily led, I'm not like that anymore. After Year 9 I just hung out with my mates and wasn't doing much.

At 14 I got into drugs, a fair bit of choof and alcohol. I got to the point where I realized that when I was stealing for my habit I need to do something about it. I've been in trouble with the law and I've got some charges against me still and I go to court soon. This place really helps you with stuff like that and hopefully I will get a good behaviour bond and will be able to come back here and keep getting my life back on track. I've been locked up before, for about 2 years, and I hate it, here is much better. **Here you get the opportunity to live like a family. Everyone looks after each other. They are like my family and that's why I look after everyone here. That comes from how I grew up.** I've got a big heart, that's what you learn from your people and here I can practice that.

### What about your drug use?

Well I don't have any cravings in here anymore. I didn't have to go to detox before coming here because I was locked up so that just happened there. I heard about this place from a kid in lock up, he said it was good place. I talked to Aunty H and she got Uncle Andy to come in for a referral and 2 weeks later I was in here. I didn't know anyone before I came here but meeting Uncle Andy first really helped. He made it easier for me to come. I was keen to come to the Healing Service because I thought anything would be better than lock up but when I got here I found that it was better than I thought it would be.

### Why?

You get a lot of opportunities in here that you don't get in lock up. The main thing you get is more attention and having people around you who care about you and you can feel it. You get more opportunities to get certificates, learn things about your culture, use computers and you just live better in here. The food is good too.

## Why Indigenous?

Like I said, you get more attention. You see this place is run by people who know what it's like to grow up like kids like me because they have been through it themselves, so they understand us and know what we go through. Some of the workers here have had hard lives too just like most of us. That in itself makes you feel more comfortable in your own skin. **Even when you get angry you feel more comfortable with that because you can talk about it with people (staff) who you know understand where you are coming from.**

I had to grow up when I was 12 years old. I had to learn to look after myself. Most kids this age are still at home, you know they got brought up with food on the table, getting tucked into bed getting bedtime stories- it wasn't like that for me. I had to find my own way, make myself eat and get my own things. These are the sorts of things I can talk about with the workers. **You learn from talking about your past and how you might use that for the future when I am back home. When I leave here I'd like to go to NSW and get a certificate so I can get a job, you know something from TAFE that will give me some skills. I wouldn't mind doing work with young people because you know I've been through a hard life myself so I could help someone else.** Because I have been through that life I understand what it's like and I've got parents who were brought up hard too. That's what makes us aboriginal people understand each other. You know my dad, he never hits me, he just talks to me because he doesn't believe in that. I've learnt a lot from this and I reckon I could use that knowledge with other young kids in trouble.

## How do you relax?

Shower, play pool, ride the bike around, talk to some of the others because it's like talking to your family in a way that you look after each other. If people don't want to be here they shouldn't coz it mucks up how people get along with each other.

*Jed was exited from the Healing Service and returned to Mildura.*

## Case study 5: Ruby, aged 18

**Ruby, an 18 year old girl who had been at the Healing Service for 3 weeks at the time of the interview. It was her first time there and the progress she has made in just that short time is amazing. Her story reflects someone who is keen to make some changes in her life and relates well to the people around her.**

I was born in Shepparton and spent some of my childhood there before moving to Melbourne. I went to secondary school in Preston but left during year 9. I didn't hate school but there was too much happening outside of school to be able to cope with it and **I was mixing with the wrong group so I dropped out.** I have eight siblings, five sisters and three brothers and I am eighth in line. Some of my older sisters have little kids and I really like being with them. I have twin older brothers and am close to one of them. Some of my siblings live in Melbourne and some interstate. Only my younger sister lives with my mum. At the moment I live with my boyfriend in Brunswick.

When I went to school, at first I was interested in progressing and doing well but as time went on it sort of became a bit rocky. To be honest, I was a bit of a follower, I tried to be cool and the people I followed weren't the best ones to be hanging around with. When I left school, I sort of went off the track a bit. I left because there were problems at home and at the time I wanted to be doing my own thing. **I had started to dislike school but really I left because my life had become pretty chaotic and I just couldn't manage it.** I was really young and I just started hanging around in the streets and was 'mixing with the wrong crowd'. I had no structure in my life. From about age 13 to age 15, I was living with friends, sleeping on their couch. I was kind of going nowhere and started smoking pipes way too often. At 15 I moved in with my boyfriend and again things went pretty rocky, I was smoking a lot, which eventually led to me ending up here.

### **How did you find out about the Healing Service?**

One day I just went to the Health Healing Service. I knew I needed help and I told them that I wanted to get off the yarndi. At the time no-one was telling me I had to do this, it came from me. I had been saying for a long time that I wanted to do something, to get help, so I did. During this time I was sort of in contact with my family, but not really and they weren't able to help me. The Health Healing Service suggested I come here, they said it is a pretty good place, and it is. I have been here for 3 weeks and I love it. It has bought me a long way. I must admit when I first heard about it I was a bit scared in that it's a long way from home and I wouldn't know anyone. But in one way, when I heard about it I was also really happy because I wanted to get help and I wanted to get better and I saw this as a possibility.

At the start I couldn't be by myself and I wasn't very independent. Being here has helped me with that. I like it that they don't make people come here, you have to want to be at a place like this and I do. It's just the best way to go about helping young people I reckon. I do keep in touch with some of my friends but I now it would be better to make new friends too. In here I have contact with my family, I ring my mum every now and then, and I ring my sisters too and they say they are really proud of me for doing this and that helps to make me proud of myself. The first day I came here I found the atmosphere welcoming and they make me feel at home. It is like a home. But I also get pretty anxious easily and that happened a lot at the start. The staff really helped me, they talk me through it when I get anxious. The other residents are good too. I don't feel judged here by anyone.

### **When will you know when you are ready to leave?**

Well just last week I was thinking I am ready and I am going on leave this weekend to my boyfriend's place. I know that I want things to be different and to be able to do the things I want to do and have what I want in my life. I know I need to express this. I'd like to do childcare, I really like kids and I also would like to get more involved in photography.

### **What about your drug use?**

I've had my times when I feel like a pipe but when I think about it my head gets dizzy and I think 'No, that's not what I want anymore.' I'm looking forward to being able to say no when other people around me are smoking because I think I can now. My boyfriend doesn't smoke but the people who come around to the house do so I would like this temptation to not be there.

### **What about the staff?**

The staff are very easy to talk to, I feel like they respect me and care about me. When I get anxious I like to sit by myself or do my painting, I like to think about what I can do and to take my mind off things in a relaxing way. I know that I can call the staff anytime and that's a comfort, it helps. Julie is my key worker and that really works well for me. She understands who I am and is helping me to understand my culture better and to be proud of myself.

*Ruby left the Healing Service after a month of being there, her intention was to return to complete the process but she changed her mind. She may return at a later date.*

## Case study 6: Rosie, aged 18

**Rosie is an 18 year old girl who was facing a range of charges mostly related to her drug use. She had only been in the house for a week when she was interviewed.**

My name is Rosie and I have just turned 18 and I have been in the house for a week today. I was born in Shepparton and started primary school there and then we moved to Melbourne for the rest of primary school and then to Mildura. I went to secondary school there but pretty much left after I completed Year 8. Then I went to art school for a short bit. Primary school was alright but I was a pretty shy person so I didn't have many friends and moving schools made this a bit harder. I have 5 sisters and 6 brothers and I am the youngest of all of them. I still have contact with my sister who I grew up with and went to school with and my mum, I really don't have anything much to do with my brothers. They have all got on with their lives and I don't see them.

I see my dad now and then but not often. My parents split up when I was young and I stayed with my mum. She lives in Mildura and I still have contact with her. We moved to Mildura because mum was in a violent relationship and needed to get away. I was in a violent relationship too once but not anymore.

In secondary school I got into a lot of fights and I was a bit of a follower. I was in class with one other Aboriginal girl and we were good friends but we also got into trouble together. I tried to stick with the art course but I didn't like it and dropped out for another couple of years and then recently I went back to TAFE to do an automated technology course.

I started using drugs and that when I was 11 because I was being abused and that was my way of dealing with what was going on. I was smoking a lot of choof, I tried speed and I was binge drinking most days. I got to the point where I didn't want to do this anymore. When I was in detox a lady there talked to me about the rehabs available and suggested this place. It was my first time in detox and this is my first time in rehab. I've been here for a week. It was my youth justice worker who got me into detox. I'd been in trouble with the law, car theft, burglaries and stuff like that. I needed the money for the drugs. In detox when they told me about this place I wasn't so sure because Hastings is a long way from home and I really wanted to go home. **My mum didn't know about the place but she is really proud of me for giving it a shot. I was pretty scared though.**

I already knew Uncle Andy, he used to be my teacher; so that made me feel better. When I arrived I pretty much wanted to go home for the first couple of days and cried a lot, but then I thought I really need to make the most of this and try hard. I go back to court in a month and I have 23 charges against me. I haven't spent any time locked up and really don't want to, so it's best I stay here. I have been here for a week and so far I like it, it's where I want to be. I didn't think it would be this good. Now and then when I think about drugs I still get the craving but not as much as I did in detox.

I think this place helps me with my cravings. Here I have been able to relax more. I relax by listening to music, walking around, watching TV and just being able to be in my own little world when I need to be. I like running too. I have Auntie Julie here to talk to. I can always talk to her. I don't want to sound racist but I feel much more comfortable talking to Aboriginal workers. I am not afraid to ask her about anything. The other residents here are good too, I am the only girl at the moment and while it would be good if there was another one, I get on really well with the others and they are really supportive. I think if you force people to come here it would not work, you really do have to want to be here and with people who also want to be here, that's what makes the difference. I just wanted to get off the drugs, they're not really helping me anyway. I'd like to work in the child care field. I'm thinking of coming back here after I have been to court in a month. If I can stay the rest of the 5 months I think it will help me.

*Rosie stayed at the Healing Service for 7 weeks. In the end she left under a mutual exit agreement. She returned to Mildura to face court proceedings. She may return to spend more time at the Healing Service but for now she wants to be with her family. They are expecting to see her again by the end of the year.*

## Case study 7: Aaron, aged 15

I'm 15 and I have now been in here for 2 and half months and it's going well. I grew up in Tasmania and Benalla, mostly Benalla, so I don't really remember much about Tasmania. I have 3 brothers, one younger and 2 older. I grew up with my mum and nan and I don't really know my dad. Growing up was alright I guess but I didn't do much school because I didn't like it so I haven't done much past primary school. School just wasn't my piece of cake. I got sick of being told what to do all the time. So not going to school meant I got into trouble a bit and in the end I got locked up because I stabbed someone.

I think it's a much better idea to have this place for kids like me, I hated being locked up and I don't see how it could help me like this place can. I don't think you should be here though unless you want to be as it wouldn't help.

I wanted to come here to get off the drugs and become a better person. I want to get on with my life and stay out of trouble.

### **Which drugs?**

I was doing ice, cocaine, ecstasy, bit of choof and lots of alcohol. I got involved in a bit of crime because of this and I had a fair bit of debt hanging over my head. At about the age of 10 I was locked up in Parkville for a year and a half and I was facing 3 years. Parkville was a really hard place to be, particularly for a young kid.

**I've spent a bit of time locked up so I need to learn how to get along with people and being here certainly helps that. Here they teach you how to get along with people and how to relate to adults. I'm getting better at that and I am trying to become a better person. I never knew how to talk to anyone, especially adults.** I used to hate everyone.

The good things about being here is that you get to have a chance to say what you want to do, you don't have a lock on your door and you don't get told what to do all day long. You get some freedom to make your own choices.

I didn't really know my father but I have contact with my mum and my aim is to get back home with her. I've got a few charges against me still but they are not major and so when I leave here I want to stay off the drugs and maybe get back to school. One thing I am good at is mechanics, I am good with my hands and that's what I want to end up doing. They help you with that in here and they have got me into the small motor course. I haven't started it yet but that will be in Dandenong and it will help me.

I like the other people here and I mostly get along with them. I'm on a contract at the moment which means I have a few restrictions on me and I don't have any privileges at all, but mostly I want to be here.

The place has helped me to identify with my culture because before I came here I never knew much about my culture. I grew up being bullied and getting called a half caste all the time and that was really difficult. I am learning to be proud of who I am and I learnt that from the people here. I am proud to be Aboriginal.

At this place you are getting a gold plate handed to you and I would be saying to other young Aboriginal kids that this is the right place to come if you need help with drugs and finding out about yourself. Places like Parkville don't help young people to rehabilitate; they just make you more of a criminal. This place helps you.

*Aaron is back living with his mother. He had all legal charges against him dismissed. He is still involved with Child Protection Healing Services and it is likely he will return to the Healing Service at a later date. He is continuing to use drugs and alcohol and may return at a later date.*

## Discussion

### *What do the Stories Tell Us?*

It is clear from the stories that young people view living in the house positively. The residents see it as a supportive environment where they can begin to sort their lives out. As such, even though some have returned to the same environment they came from, resumed use of drugs and alcohol, or reoffended and returned to detention or involvement with the Justice System, all the young people who told their story spoke highly of their time spent in the house. When you read the case studies and look at where the young people might be now it is easy to think that while they did well when they had a supportive network around them this does not seem to translate to how well they manage when they are without these supports. This is consistent with findings from other AOD Healing Services and highlights the need for better aftercare for young people. A simplistic view is to conclude that treatment does not work. When a young person relapses, reoffends or returns to detention this is not a reflection of failings of the Healing Service but rather it reinforces what we know about the wider cultural, social, structural processes of generational disadvantage and dispossession, and that drug treatment can only make part of a difference in helping young people to negotiate their lives in challenging circumstances. What is clear from the stories is that the Healing Service does provide an environment that is new and different for young people and that they do provide a setting that is stable and nurturing of young people.

One needs to recognize that for all of these young people, many who began using substances regularly at about age 11, the 4 to 6 month period they spent in the house was the longest time they had remained abstinent from drugs or alcohol since that early age. When asked about their drug use it is interesting to note the common response that not using drugs or managing the desire to use was not difficult in the house. 'Detox' and 'lock-up' were identified as much more difficult in this regard. In the house the residents had access to supportive adults to talk to at any time and they could find alternative ways to relax. Most young people identify staying off drugs as one of their goals and identify talking to staff as a factor that helps this process. Both Eddie and Rosie recognized the need to talk to someone when they were feeling distressed, angry or agitated - having a reliable adult to talk to made a difference.

As outlined earlier in this report, young people come into the Healing Service with varying levels of connection with and understanding of their cultural heritage. The significance of the Healing Service being an Indigenous

facility established specifically for 'kids' like them is seen as very important. What is clear from the stories is that the Healing Service helps the residents gain a sense of importance about their culture and the positive influence this can have in their lives. They live for a period of time where Indigenous culture is of utmost importance and held in high regard by both the Indigenous and non-Indigenous people they share the space with. For David, it was an opportunity to experience his cultural identity in an affirming way, while for Kate she felt she could share her culture with the staff in a way where she believed she could make a difference to the understanding of others. Having other people interested in her culture was affirming for her, as is also evident with many other residents. Others such as David and Aaron felt the house was the first place that allowed them to feel proud of their culture and see other people who also valued it. Feeling cared about by the staff is a common sentiment expressed by the residents.

Both Kate and David talked about the sense of personal safety they felt living in the house. Both had spent time in a range of out-of-home care situations, including time spent in detention, and both suggested the Healing Service was the only place where they felt comfortable with who they are. It was a place where they wanted to be and where they didn't feel judged for what they had done. Many who had spent time in detention suggested the house is a place that can help. None saw detention as in any way rehabilitative as the environment was too harsh for that. Or as David put it '*places like Parkville don't help young people to rehabilitate; they just make you more of a criminal.*'

**A very powerful message the stories depict is the importance of family connections.** For David, whose family experience appears somewhat fractured he still stated that returning to his family was his key goal. And for Kate the connection to her mother is really important. No matter how other people judge the involvement of Kate's mother in her life, Kate cares very much about her mother and her sense of connection to her is very strong. She acknowledges her mother's difficulties with alcohol and drugs but still sees her as someone who can help to raise her own children. This supports anecdotal evidence that regardless of the negative influence families may have, marginalized young people have a strong desire to be connected with their family.

What is interesting about Kate's story is that even though she had fiery exchanges, or in her words, 'fought with every staff member', all staff members spoke highly of her ability to be resilient. Staff could see the changes in Kate's attitude and commented that the progress they saw in her, made them feel like they were making a difference. There was a strong sense that they were committed to Kate and her potential to get her life

on track. This hope they have in young people is often conveyed to them and offers hope and encouragement for the young person. The change they saw in Kate over the six month period that she was a resident provided staff with a strong sense of satisfaction. Feeling that you can, and do, make a difference is very important when working in drug and alcohol treatment area.

It can be disappointing and difficult for staff when a young person either relapses or returns to reoffending behaviours when they leave. However, staff at the Healing Service try to have a hopeful outlook for young people in the long term. This is reflected in a comment about a young person who was a repeat offender and spent a significant length of time in the house. This young person is only 15 and believe he will be someone they may need to see five or six times before permanent changes occur:

*'Even though his circumstances are that he is back in detention, and seemingly not going so well, we have great hope for this young man. We have seen how his mannerisms and behaviour have changed over time. From the quiet, meek young person who rarely spoke, to a young person who is able to give direction to other kids who are five years older and form strong relationships with adults. The first time he was in the Healing Service the staff found it difficult to engage him, he didn't communicate. By the third time he was very talkative and difficult to shut up!!'*

*(Senior Indigenous worker)*

**This demonstrates that the Healing Service is successful in providing young people with a stable environment. Like many young people, when a young person has supportive people and a supportive environment around them, they are more likely to succeed. Post support is crucial to maintaining this stability.**

One worker summarised this phenomena beautifully:

*'We are running a 'champagne Healing Service', the kids here are well supported, they're loved, cared for, fed, nurtured and they're protected. We have no funding or scope to provide that necessary post support. We can keep them supported and engaged for four months and then we send them back to the very environment that resulted in their drug use in the first place.'*

*'Pre and post support is crucial and with the move to the new place they are hoping to put this into place by expanding my role as an outreach*

*worker. Something like a youth Indigenous day program is needed. This could also cater for young people who are on the wait list to the Healing Service to begin participating in a structured program to engage two days a week and also for those on post release to maintain a structural connection to the Healing Service.*

*(Senior Indigenous worker)*

These stories confirm the need to look further at the kinds of supports young people get to help them maintain any changes they have made when they return to their community. The stories also confirm the need to examine what role the Healing Service can play in post-support of young people. Establishing better links with the supportive and nurturing aspects of their own community while they are at the Healing Service is important. These supportive networks may be other services and community organizations but the value of engaging them early is in the benefits of including other individuals in potential pathways for a young person. Knowing about the young person's past and how they have grown in the Healing Service can make a difference to continuity of care.

## **Background**

YSAS has worked with marginalized young people with drug and alcohol issues since 1997. During this time there have been a number of research projects that consistently identify the complex backgrounds of their clients. The findings concur that YSAS clients are 'the most marginalized, under serviced and at-risk young people in the community and that their lives are often made more complex by the ongoing effects of trauma, neglect and abuse, as well as complicated grief reactions stemming from experience of significant loss' (Rogers, 2005; Bruun, 2006).

As part of her PhD study exploring why some young people, in her case clients of YSAS, moved from recreational drug use to substance abuse, Daley (2009) found that the young people lacked adequate familial supports and grew up in homes where they were not consistently cared for, leaving them vulnerable to substance abuse. This is true for the young people of the Healing Service but that they also experience the often added complexities of Indigenous disadvantage associated with generational trauma, grief and poverty. These factors have an incredibly strong influence on the tendency to use drugs problematically.

In 2006, Bruun and Hynan described how YSAS workers were constantly amazed at the extreme nature of the circumstances their clients face and their total lack of

supportive structures which they felt most young people take for granted. In 2011 this has not changed. However, from my interviews I found that what distinguishes the thoughts of the long term staff from the Healing Service is that they are less shocked by the backgrounds of their clients because it is what they have come to expect. This is not to say that the staff are hardened to the young people of the Healing Service but rather that they accept that the young Indigenous people who they work with, universally have complex circumstances and all come from extreme disadvantage. This makes their work extremely challenging.

There is a plethora of research that links early childhood experiences with outcomes later in life, like Daley (2009) who notes that events of early childhood are significant in the ongoing development of the individual. We know this is true of a whole range of developmental issues for young people and it explains why in the last decade there has been a higher emphasis on early childhood, particularly within the education and health sectors. Researchers and educators alike look for gaps in the early years to help explain an individual's circumstances. However, as Daley asserts in her research, individual explanations of young people's drug use often fails to take into account the influences and structural determinants over which they have no control. Using drugs for recreational purposes is generally viewed in the wider community as a choice some individuals make, and that moving from recreational use to substance abuse should be an avoidable consequence of this. Daley points out that availability of drugs, the presence of other family members who use drugs and growing up in situations where drug use is the norm have enormous consequences and that young people living in these circumstances do not really make a choice to use drugs but rather their structural environment leads them in that direction.

Likewise in the ANCD report on Structural Determinants of Youth Drug Use, Spooner et al (2001) found that economic, physical, social and cultural factors play a huge part in precipitating substance abuse. They suggest that these influences are far greater on those from low socioeconomic environments. Similarly, Room (2005) describes a strong relationship between social disadvantage and problematic and harmful drug use in young people and poorer communities. As noted, the residents of the Healing Service are diverse, but have some things in common, one of these is that they all come from extreme social disadvantage with poverty being a key element. Suggesting that these young people had a great deal of choice in avoiding a pathway into problematic drug use seems improbable. Likewise for a young person who is not coping in life, the idea that they can easily separate themselves from their problems and go to school is very problematic.

In summary, Daley (2005) argues that people do make decisions about their lives, but they are born into different social contexts that shape how they see the world and constrain the choices they make. She contends that the circumstances and experiences of the young YSAS clients described in her study, did not make them 'drug users' but that it left them with feelings of worthlessness that make them very vulnerable to drug use. There is no question that this is the experience of the young people who have been at the Healing Service. It is clear to the staff and others who care for, and work with, these young people that addressing their substance abuse is only a part of the treatment focus and, ironically, not the most difficult part. Addressing their problematic drug use, while important, and the reason they are there in the first place, must be done within the context of everything that is happening in their lives. These often include issues of mental health, housing, employment, legal and financial issues. Many of these participants face these circumstances in isolation and without appropriate support networks. Staff at the Healing Service are skilled at identifying the needs of participants and also provide this network of support, and, for many, it is a long and difficult road.



Healing Service courtyard

## **YSAS framework- the Community Reinforcement Approach**

In residential care settings the relationship between staff and young people is fundamental to achieving successful outcomes. This is definitely the case at the Healing Service. One of the key skills of YSAS workers, and part of their framework practice and underlying philosophy, is their ability to establish effective and engaging relationships with their clients. Staff at the Healing Service display this skill and it is reflected in young people's opinion that living in the house is like being in a family. Staff and young people alike regularly express this sentiment.

*'We're all family here. This is like living in a family. We fight sometimes but we don't take it to heart because they are like your brothers and sisters. You don't feel like this in lock-up.'*

*(David age 15)*

Youth workers who choose to work with marginalized young people are good at caring for and showing an understanding of young people, however, YSAS practice would suggest that simply caring is not enough, and that more can be done. In a recent YSAS research project examining clients' experiences of receiving services at YSAS Green, Bruun and Mitchell (2011) highlight the importance of the role of the worker/service in the lives of young people they work with. For many, it is about the relationship and how the relationship can model useful skills, provide effective support and crucially to enable young people to seek out and nurture more positive elements in their lives. They recognise that young people can benefit from more assistance in managing and negotiating their other relationships.

YSAS is currently developing a new practice framework that takes into account the need for greater influence on outcomes for young people after they leave their services. The Community Reinforcement Approach to Contingency Management aims to strengthen therapeutic practices in the youth AOD sector (Bruun & Mitchell 2011). It aims to 'systematically facilitate changes in the clients' natural daily environment to arrange reinforcement of abstinence from substance use and promote reinforcement of healthy behaviours incompatible with substance use. The approach places considerable emphasis on building self-esteem through positive reinforcement rather than confrontation.

A version of this, developed specifically for adolescents, is the Adolescent Community Reinforcement Approach (A-CRA) and addresses areas of life that are developmentally important for adolescents, including procedures for working with parents and care givers.

YSAS is incorporating this approach into their practice and it is well suited to the setting and structures of the Healing Service.

A-CRA is highly behavioural, experiential and skill-focused in its orientation. The core therapeutic practice elements are directly focused on building the skills (e.g. communication and problem-solving skills) required for new behaviors and/or providing opportunities for new experiences (e.g. prosocial recreational planning) that will reinforce movement away from old patterns towards a more positive and rewarding lifestyle. Importantly this approach also helps young people to develop a new social network of individuals who are involved in healthy prosocial pursuits and seeks to increase the reinforcers for recovery present in family, social, and educational/vocational systems (Bruun & Mitchell 2011).

The development of trust between workers and their clients, along with provision of accessible and reliable support, is described by Bruun (2005) as the cornerstone on which working relationships have been built. In the case of youth residential care such as the Healing Service the quality of this relationship and what young people experience while in this setting, is crucial. It is the staff who move in and out of the facility in a roster system and the young people who are there 24/7. Many of the young people interviewed identified relationships with staff as what helped them to stay in the house when they had reached their limits. The opposite is also true, in that friction and tension with a staff member may also trigger the desire to leave. The senior workers at the Healing Service are well aware of these dynamics and so managing relationships within the house is always on the agenda. Maintaining harmony within the house requires work and constant attention.

In a residential setting where staff are in a sense, 'living' in the house with young people, cooking and sharing meals, recreation time and domestic issues, there are many opportunities for one-on-one interactions and conversations. In many of these occasions the worker plays a therapeutic role that Bruun and Hynan (2006) describes as the worker being a "guide" to the young person, where the guide seeks to be reliable and dependable with the aim of promoting young people's own sense of realistic optimism. This stems from a belief in the effectiveness of their work and capacity of young people with complex needs to be assisted.

The A-CRA approach encourages a worker to explore a range of domains in relation to the needs and resources available to the young person. A table outlining the domains is provided in Appendix II. Using this approach they are able to work on an individual approach with the young person that looks at external factors, such as the existing assets and resources available and internal skills, attributes and beliefs. For young people at the Healing

Service feeling proud of being Indigenous is seen as positive in terms of belief and identity. This approach has great potential within the context of the Healing Service.

### **The Workers- what do they require?**

Bruun and Hynan (2006) assert that YSAS staff require a basic confidence to work with young people and that they need to believe they are able to help young people address difficult issues. Bruun and Hynan argue that being creative and resourceful is an important element of this. I would add to this that staff also need to feel supported when the going gets tough as it often does. It is widely acknowledged that working in youth residential care is an extremely challenging, often difficult and sometimes a rewarding occupation. Staff at the Healing Service report that if you do not have a belief in a young person or you do not expect that you can make a difference then you need to rethink the way you are working with the young person. As one worker puts it

*'Kids can smell it a mile off if they think you don't believe in their ability to improve. You have to think you can make a difference, that's what the work is all about. Having a low expectation in someone's potential may result in exactly that.'*

*(Staff member)*

The common philosophy of the staff is overwhelmingly that sticking by a young person regardless of their behaviour or actions is what is required. Having said this, there are many times when a client might do the opposite of staff expectations and create a high level of tension in the house. These times are challenging for staff and repeated experiences of being let down, high levels of stress and conflict mean some staff leave. It can be a stressful job, not well paid and with a high turnover of staff in youth residential care settings. However, from my observations, when staff believe they are supported, it creates a level of harmony amongst them. Having access to adequate resources also contributes to staff satisfaction and mean they are less likely to leave. At the Healing Service there is evidence of structures in place that provide support for staff. The staff meeting is a place where many issues are raised and discussed in a formal setting and it is one of the few times that many staff are present together. Working to a rotational roster means some staff go for long periods only interacting with one or two others. Regular staff meetings that are attended by all staff are very important as staff meetings are the most vital avenue of open and shared communication amongst the staff.

As mentioned, the workers need to be creative and resourceful and stick by a young person over an extended and sometimes interrupted period. This aspect is really important in the Healing Service because the work can be challenging and sometimes a huge collective effort can be focused on a young person who returns to drug use or reoffending behaviour after they leave. The staff meeting is an opportunity for staff to seek and provide support of their colleagues

In the first year of operation the staff became aware that the residents were playing staff off against each other as they were very quick to make the most of inconsistencies. This often resulted in tension between staff and disharmony in the house. This experience was learning the hard way but it soon became apparent that staff needed to present a united front on many issues and that it was crucial that the residents did not pick up potential conflict between staff to use this to their advantage. In stressful environments the management and support of staff is crucial. The senior workers formally established a role that facilitated this process in that any staff grievance whether it be about a young person or particular procedure or policy needed to be raised within this group. In the last year or two this has worked well as there is an avenue for staff to raise issues and share concerns that can then be addressed at staff meetings. Interestingly a similar model was set up for the resident's grievances where the senior resident was invited to the end of staff meetings to represent the household and raise any issues. This is an effective initiative and needs to be a regular occurrence at all staff meetings.

### **What does it do for young people?**

***'I want to get my life back on track'***

When young people were telling their stories it was evident the Healing Service provides a very important sense of connection and belonging for them and an environment where they feel cared for. Initially this sense of connection comes from the notion that the Healing Service is there for them and other young Indigenous people like them. Many commented that it was a place 'put here for us' and that was considered special. Like Eddie who said,

*'I see this place as a house not a rehab centre. It's like family here and that helps.'*

*(Eddie age 18)*

Most residents saw the Healing Service as a place in which they could potentially get their life back on track with the help of the people there. A number expressed a strong sentiment that this was a place where they would

become a 'better person'. It is difficult to know what they actually mean by a 'better person' but it does suggest that they see themselves negatively. Residents saw getting off drugs as one component of being a better person but it also included becoming a useful member of their community who contributes to the lives of others.

Daley (2009) also found in her study that the YSAS clients she interviewed wanted to make changes in their lives so that they would have a better future. For some there came a time when they felt their current lifestyle was no longer sustainable. She suggested this change in attitude was often triggered by a shift in their perceptions of self. The young people in her study wanted to change their lives for the future. This is similar to what the residents of the Healing Service also identified. Bruun (2005) adds to this thinking, stating that '*young people who have had few experiences of themselves as competent or resilient often have a diminished sense of self-worth and feel pessimistic about their capacity to meet the challenges that adopting new pathways presents*'. Workers at the Healing Service recognize that young people need to have many experiences and opportunities of success so that they can feel good about themselves and their capabilities. This is summed up well by Jed who claimed:

*'I think it's a much better idea to have this place for kids like me, I hated being locked up and I don't see how it could help me like this place can. I don't think you should be here though, unless you want to be, as it wouldn't help. I wanted to come here to get off the drugs and become a better person. I want to get on with my life and stay out of trouble.'*

(Jed age 17)

The residents that were interviewed were adamant that this could not happen in 'lock up' which they saw as a place to be punished and not a place where they could improve themselves or become 'a better person'. Understandably they see the Healing Service as preferable to spending time in detention because that was seen as a 'hard' place to be and a place where you did your time. The Healing Service is viewed as rehabilitative, somewhere that you can set your goals and get help to achieve them. This is reflected in Jed's comment:

*'I've been in trouble with the law and I've got some charges against me still and I go to court soon. This place really helps you with stuff like that and hopefully I will get a good behaviour bond and will be able to come back here and keep getting my life back on track. I've been locked up before, for about 2 years, and I hate it. Here is much better. Here you get the opportunity to live*

*like a family. Everyone looks after each other, they are like my family and that's why I look after everyone here. That comes from how I grew up, I've got a big heart, that's what you learn from your people and here I can practice that.'*

(Jed age 17)

There is a common sentiment that the Healing Service is more like living in a 'family' as it provides a connection to Indigenous culture and people. This is made possible by the fact that it is a specific Indigenous Healing Service rather than a Healing Service that is inclusive of Indigenous young people.

*'The Indigenous staff understand us because they have usually had lives like us so it's easier to talk to them'*

(Rosie age 18)

Young people commonly reported that a worker is more likely to understand them better and indeed be better equipped to help them if they themselves have backgrounds that involve struggle and hardship. For many workers this is indeed the case. While there are both Indigenous and non-Indigenous staff at the Healing Service, the executive believe it is important that senior workers, and in particular the manager, are Indigenous. They suggest this has a strong impact on recruitment of other staff who are more likely to apply if there is evidence of strong cultural influence.

*'You attract more Indigenous staff by having more Indigenous staff. This all takes time but we are now at the point where there is usually at least one staff member who is Indigenous. This is important for young people too as it makes them feel secure.'*

(Executive member)

Young people commented that it was unusual but important for them to see the people in charge, and in leading roles, being Indigenous. They said it sends a 'good' message to them about adults in their lives having a desire to make a difference in their community. Having a balance of non-Indigenous staff was also seen as important:

*'I have Aunty Julie here to talk with, I can always talk to her. I don't want to sound racist but I feel much more comfortable talking to aboriginal workers. I am not afraid to ask her [Aunty Julie] about anything'*

(Rosie age 18)

## What makes it a Cultural Healing Centre?

The question of what makes the Healing Service a cultural Healing Service is difficult to put in writing. The cultural component is not a separate activity, nor is it just about having Indigenous residents and staff. It is something that is part of the fabric. It is clear from the interviews with young people that assisting young people to connect for the first time, or reconnect with their culture, is something the Healing Service does very well. Each young person comes with a different level of cultural connection and understanding and indeed different desires about their cultural identity. Having a strong cultural identity is important and the residents know that this is valued in the environment of the Healing Service. It is a place where being proud of being Indigenous is widespread. However there is no single approach to how the staff might work with a young person on this. The senior Koori workers play an important role in supporting a young person in either meeting their broader family and ancestral connections for the first time or helping them to deepen their cultural knowledge. For many, the house provides an environment where being proud of their culture is the norm and as one staff member said 'it's cool to be Indigenous here'.

It is evident that the desire to embrace their cultural identity is common to all and something the staff, both Indigenous and non-Indigenous help the residents to be proud of. As a member of the executive put it:

*'Staff who are strong in their own cultural identity have an impact on young people. They become great role models in this respect. And while non-Indigenous staff can't really do this, they can demonstrate high regard for cultural practices and this in itself makes a difference'*

*(Executive member)*

So does having a stronger cultural identity translate into better outcomes for young people? Again, it is difficult to measure but feeling valued in terms of who you can connect with is a positive in the lives of young people. Interestingly research from an Indigenous educational training program for 15-24 year olds at a Melbourne TAFE 'found that a strong grounding in their own culture gives Indigenous young people the security and self-esteem to move more comfortably into the mainstream. Conversely, Indigenous young people who do not have a connection with their culture often show worse outcomes in the mainstream' (Derkley, 2010).

## The role of the Outreach Worker – the referral process

After the Healing Service first began taking residents in late 2007 there were some difficulties in getting traction with the broader Indigenous community. Building up trust is something that takes time and YSAS felt there was still a perception that the Healing Service, while essentially an Indigenous facility, was still being run by a non-Indigenous organisation. This perception has now changed and the referral process operates efficiently. The appointment of a senior worker to take up an outreach worker role has made a significant difference. This person was employed at the planning stages of the Healing Service and provided advice on cultural issues. He is well known and respected in Indigenous communities across the State and plays a significant role in referring and supporting young people coming into the Healing Service. Along with the manager, he understands the importance of ensuring the right mix of young people within the house. The need to maintain a consistent and stable environment where the residents are able to live with and support each other was a common theme raised by people interviewed. There was a clear respect for the expertise of the outreach worker.

Going to meet a young person who has been referred to the Healing Service, whether it be in their home, in detention, the courts or an AOD facility, is seen as crucial to their smooth entry into the house. The outreach worker believes:

*'Ninety percent of it is about connecting with kids. It doesn't matter how good the place or the workers are, to get a kid in you need to really connect with them'*

*(Outreach worker)*

When it comes to practice wisdom, many will refer to the Outreach worker for advice, particularly in relation to cultural knowledge and family connections of young people. Having trust and standing in the community is clearly important when it comes to confidentiality, connectedness and knowledge. The worker is well connected to the Aboriginal Cooperatives across the State and is well respected within the Koori AOD networks. This places him in an ideal position to respond to referrals. He suggests:

*In responding to a referral, you need to look at who is in the house, needs of the kids, needs of the family, the gender mix, the house mix and the community mix because they all contribute to house dynamics. Harmony in the house is important.'*

*(Outreach worker)*

Self-referral remains the highest type of referral and this often occurs through one young person recommending the Healing Service to another. The level of peer and self referral is consistent with other residential YSAS Healing Services. The role of the manager and outreach worker in overseeing the mix of young people who are in the house at any one time is crucial and an area of the Healing Service that works very effectively.

### **Raising Cultural Awareness- the approach**

The universal view of the staff in relation to cultural awareness training is that while formal training has its place, the most effective form of supporting non-indigenous staff to have a greater awareness of cultural practices is conversations and guidance from Indigenous staff.

All those interviewed referred to the important role that senior Indigenous workers play in providing cultural training to other staff. One worker was described as a key person, powerful in the Indigenous community, who makes a huge difference to both the broader connections in the community and with workers, particularly non-indigenous workers. Many commented on his ability to take someone aside after a staff meeting and say “look you can’t say that because....” and go on to explain a particular behaviour or practice. He discussed how workers could be reluctant to ask a question in formal cultural training from fear of the question itself being seen as racist. He suggested,

*‘In an informal setting they can ask. I want people to feel comfortable enough to ask. But what I want people to realise is that just because it is my opinion, it doesn’t mean every Aboriginal person thinks that. A conversation with someone allows you to do this, to have debate about a particular issue - I do this all the time’*

*(Outreach worker)*

The outreach worker believes this approach to mentoring and cultural training is more effective and, indeed, more productive. Likewise, non-indigenous staff were unanimous in the value they ascribed to informal cultural training and their belief that dialogue between workers and Indigenous staff including the manager about cultural awareness is more effective on a daily basis. Many said the ability to stand back and watch or observe is also an important aspect of cultural training.

### **The Program**

In many respects the daily program is the most important element in running a residential facility for young people. The Program is what the residents ‘do’ on a daily basis - how they occupy their time contributes to the therapeutic framework. The space and environment of the house and the opportunity for learning created by new experiences and purposeful activities provides the platform for staff to communicate with young people. In the context of the Healing Service it is where the activities contribute to their ‘healing’ and where they potentially learn new skills. This provides the opportunity for workers to interact and engage with young people in an informal but structured setting. This may be regarding immediate health or social needs or helping a young person to explore their cultural identity. Many of the non-indigenous staff claimed it is also an avenue for the young person to ‘teach them about cultural knowledge. This approach to counseling is a significant aspect of the philosophy of YSAS.

The program coordinator is responsible for managing the weekly activities that form this core work of the Healing Service. Activities range from yoga and massage, art and music, and various outdoor and sporting activities. The Program often includes people from the broader community and has great potential to engage Elders from across the state. The cultural component is very important and spans across all of the activities as opposed to a something separate. Male clients learn to play the didgeridoo and decorate the instrument that they take with them when they leave.

Running a successful, sustainable and regular program within a residential facility with relatively low numbers of residents and an environment that can be emotionally charged is a difficult task. Interviews with staff over the four years the Healing Service has operated with young people, highlight the need to have a well structured program that takes priority on the events of the day. The widespread opinion is that the Program needs to be able to run regardless of what might be happening for individual residents.

Interviews with the executive team and staff highlighted the importance the Program has on the successful outcomes of the Healing Service. Many agreed that the Program is crucial in identifying the Healing Service as a youth Indigenous Healing Service and provides the platform for the core work of what the Healing Service is offering. However, the Program itself is the one area that interviewees identified as the greatest weakness and one that needs improvement. The Program has continued to evolve as the Healing Service expands but faces limitations in relation to small numbers of residents and the chaotic nature of running a residential youth Healing

Service. A staff member summed up the difficulty as:

*'At the start there were small numbers of residents so the critical mass was not there and this makes it too hard to run a program. You are then forced to operate on an ad hoc basis where you end up just reacting to what is most needed.'*

*(Staff member)*

All those interviewed claimed that having low numbers and a lack of consistency in attendance results from staff needing to respond to the most immediate needs of the residents. This may include attending medical appointments, court attendance or getting a young person ready for such meetings. This often detracts from the successful running of a planned activity. Some staff commented that the need to be reactive was often at the expense of the planned program. This was a common theme from staff interviews. While staff acknowledged that being reactive and 'dealing with chaos' is often the nature of youth Healing Services, all staff stipulated that if the Program operated with higher numbers it would be better. Many suggested that the move to the new Healing Service with higher numbers of residents would alleviate this.

Interestingly when young people and staff were asked what they thought did not work so well or what could be improved they universally made suggestions about improving the Program. Young people were quick to point out that they are there 24/7 and while they value not being 'locked up' they get bored and would prefer to have something to do. They recognize the default position of sitting around the house, while sometimes preferable, is not the best approach. The need to maintain a consistent and stable environment for the young people was a common theme raised by people interviewed for this report. Staff recognized that as workers they come and go from the Healing Service but for the residents it becomes their temporary 'home' for a period of time.

Establishing ongoing networks with formal education opportunities such as enrollment in TAFE or offering literacy and numeracy support is on the agenda for the Program but is difficult to sustain. Many of the residents express an interest in doing some sort of educational course so they gain skills that will help them get a job and there have been some attempts to include attendance at a TAFE but this is inconsistent. There is no question that participation in education and engaging young people with education pathways is seen as desirable in terms of a healing process. However a common characteristic for most of the residents is a very low level of participation in school and this in itself is a barrier to further involvement in education. While providing education opportunities is a goal of the

Healing Service, the Program needs to be operating efficiently before successful partnerships with education providers could be managed. Again, this has the potential to gain momentum with the move to the new site and higher numbers of residents.

There is no doubt that the Program does provide an environment where young people feel safe, protected and cared for and importantly where they can concentrate on having good relationships with the other residents and staff. It is what the young people regard as important as a way to 'become a better person'. It is the Program that provides the core service of rehabilitation and certainly the healing process in itself.

There is widespread awareness that young people in residential care settings often lack positive adult relationships in their lives and staff indicate that the Program is designed to provide exactly that. In the words of an executive staff member:

*'If we do nothing more than provide safety, stability, security and positive adult relationships for a period of time then we are doing well, (this in itself is a therapeutic environment that provides a range of educative, problem solving, enjoyable recreational activities). Our objective is to do better than that and build skills and confidence and promote lasting changes that will have a positive effect over a longer period of time. We need to get the fundamentals right and I really feel that we are getting there'*

*(Executive member)*



The new Healing Service building

While the Program has been plagued with difficulties, and a stop start approach to its establishment, there is a shared agreement about the purpose and value of having a rock solid program. The new facility is well designed to run a program as it will have more resources, room availability, appropriate spaces such as the cultural centre and, importantly, a larger number of residents to participate. Establishing the Program needs to be given priority.

### ***The need for after care***

Much of the evidence gathered for this report indicates that for young people, time spent in the Healing Service is 'healing'. In this environment they are protected and nurtured, they experience a variety of reliable and trusted adult relationships and the connection to their cultural identity is enhanced. The case studies show that the Healing Service is a place where young people want to be and a place where they feel a sense of safety, unlike other environments they have been in. They see the Healing Service as a place where they are more likely to recover than either a detox or prison environment. The case studies reveal that without the supportive structures in their lives, falling back into a pattern of re-offending or relapsing is difficult to avoid. Continuity of care and post-Healing Service support structures are essential to help young people manage the barriers they face when they leave a care setting. It is something that is easy to say but not easy to implement with limited resources. There is a big gap between identifying the needs of young people, and what we say and know needs doing, and what is actually done to meet these needs.

Evidence from other studies (Godley et al 2002; McKay 2009; Kaminer et al 2008) suggests that without effective and well structured aftercare practices, the benefits gained while young people are in treatment settings are seriously compromised when they return to the environment that resulted in their offending or drug use in the first place. It is common for a young person to return to the Healing Service for a second or third time after relapsing when the challenges facing them become overwhelming. Ensuring better post support structures are maintained may allow the effectiveness of the treatment benefits gained to be consolidated. Having structure and something purposeful to do is a necessary part of this.

An interesting example of the benefits of after care can be seen from an example of alternative education settings. The DOXA School in Melbourne, provides a six month intervention in an alternative setting for socially disadvantaged and troubled young people with the aim of helping them to return to a mainstream school.

After six months full time in the DOXA School a worker is appointed to mentor the young person back into a school over a 6-12 month period. This consists of weekly visits to both the young person and relevant teachers from the new school. An evaluation conducted by Melbourne University of the first 100 students through the Doxa School over a ten year period found the most effective aspect of the intervention was the support provided by the youth worker after they had left the alternative setting. In this case, the aftercare provided helped to consolidate the gains made while the young person was at the Doxa School (Murphy 2006).

## Conclusions

After many years of observing the establishment and ongoing development of the Healing Service there are a number of conclusions that can be made. Firstly, it is very difficult and challenging work, and for those people working at the front line their determination to work alongside these young people is to be commended. Secondly, the many interviews with young people and stakeholders alike reveal that for the young people the house was a good place to be. They also reveal that treatment for drug and alcohol problems is only part of the healing process. For those young people who come from families living in poverty, and where violence and problematic drug and alcohol use is present, there is often an associated low trust in community institutions. There is, however, a high level of trust in what the Healing Service has to offer.

The Healing Service is about the young people and the staff who work there. Having trained and qualified staff who are able to provide stable and supportive relationships with young people and provide a nurturing role is crucial to the success of creating a better pathway for young people. The Healing Service employs young staff with passion, commitment and talent. In building their leadership skills and expertise it is important to recognize and build on strengths they have. Maintaining a harmonious and working relationship between staff at the ground level is vital. If there is ongoing conflict between staff it invariably impacts on the running of the Healing Service because it is communication between staff that is affected. Communication and a consistent approach to working with the residents is of utmost importance and this is reflected in the way that young people react and adapt to living in the house, even if for a short time.

The big challenge for those responsible for running the Healing Service is how to take the existing qualities of what living in a shared healing community can do for young people into promoting lasting change when they return to community life. The stories in this report indicate that this is very difficult to achieve. The success of any proactive or preventative approach to improving the health and wellbeing at the community level relies on its ability to engage and strengthen that community. Central to this is recognizing Indigenous leadership capacity and Indigenous models of care. This is what transferring the management of the Healing Service from YSAS to Ngwala is doing.

In an article for the Age (23/06/2011) titled *Getting it Right*, Professor Nick Crofts from the Nossal Institute for Global Health and a leader in drug policy, declared '*the longer I look at drugs the more I see people. Show me somebody who has problematic drug use and I'll show you somebody with underlying problems in their lives.*' After four years of observing, reading and thinking, formally interviewing or having conversations with staff and young people, and sometimes just being at the Healing Service, I relate strongly to this statement. As a researcher, I too see young people in the context of drug treatment being less about the drugs and more about the young person. YSAS staff have long held this view and it clearly shapes their framework and philosophy of how they work with young Indigenous people in residential care.



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# Appendices

## **Appendix I: Service Model: Healing Service Objectives**

GOALS/PURPOSE: To provide a residential Koori Youth Alcohol and Drug Healing Service for young Koori people with substance abuse problems

### **OBJECTIVES:**

1. Provide a range of culturally appropriate interventions within a culturally appropriate healing framework
2. Help Koori youth recover from substance abuse
3. Assist and provides ongoing support to Koori youth to reintegrate into community living
4. Ensures or promotes lasting change

### **STRATEGIES/ACTIVITIES:**

1. Individual counselling/mentoring (each young person will have a "mentor" staff member.
2. Group work – Koori staff will lead group work with respect to Aboriginal identity and history, drug & alcohol use, family, community etc.
3. Provide a range of group activities designed to build skills and confidence with an emphasis on self-esteem and problem solving.
4. Development of individual exit plan that incorporates education, work, family relationships, etc.
5. Development/maintenance of links with key adults in Koori communities to provide ongoing mentoring and support.
6. Primary Health Assessment – nutrition, general health, sexual health, drug & alcohol use, etc.
7. Professional development of KYHS staff re effective interventions for adolescents and relevant AOD models
8. Training, consultancy and advice to Koori AOD, Justice and Family Support workers in communities that will incorporate an ongoing framework for advice/consultancy to facilitate both referrals and follow-up.
9. Monitoring of outcomes for program graduates by regular follow-up interviews. This process will be established from the commencement of the service
10. Koori staff will be encouraged and supported to make presentations at conferences/seminars etc.

### **OUTCOMES:**

1. Behaviour change among the young Koori participants, such that substance abuse is minimised or eliminated
2. Participants assisted to recover from substance abuse and to re-connect with the Koori community and broader society, supported by activities, mentors and services that respond to their vocational and holistic health needs
3. Underlying factors that lead to substance use in the first instance (including individual, family, community and society issues) will be addressed
4. Development of a Koori organisation with the capacity to operate the Healing Service autonomously after four years
5. The service will be an extension of and integrate with the existing alcohol and drug treatment service system in Victoria, including strong links with other Koori services and programs
6. Research will be undertaken and expertise developed regarding alcohol and drug related Koori youth issues, within a learning organisation philosophy
7. The program will be of national significance in informing Koori youth drug and alcohol responses and treatments, with evaluations regarding best practice models disseminated locally, nationally and internationally as appropriate.

## Appendix II: The Adolescent Community Reinforcement Approach

Resources & Assets	External				Internal					
	Material resources & assets	Human resources & assets	Socio-cultural resources & assets	Health & community services	Living skills	Self management skills	Interpersonal skills	Attributes	Identity	Beliefs
<b>Needs</b>	<ul style="list-style-type: none"> <li>Degree to which young person (and/or their carer/s) has access to:                             <ul style="list-style-type: none"> <li>Income</li> <li>Housing</li> <li>Food &amp; clothing</li> <li>Information technology</li> <li>Transportation</li> <li>Safe physical environments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Degree to which young person has access to:                             <ul style="list-style-type: none"> <li>Family support &amp; expectation</li> <li>Supportive friendship networks</li> <li>Romantic partners</li> <li>Connections with significant others (e.g. teachers, employers, coaches etc)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to participate in:                             <ul style="list-style-type: none"> <li>Education, employment &amp; training</li> <li>Sport, recreation &amp; leisure</li> </ul> </li> <li>Opportunities to connect with:                             <ul style="list-style-type: none"> <li>Culture</li> <li>Spiritual &amp; faith based organisations</li> <li>Broader social movements</li> <li>Enabling places</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Availability and accessibility of:                             <ul style="list-style-type: none"> <li>Health care</li> <li>Dental care</li> <li>Mental health services</li> <li>AOD services</li> <li>Homelessness services</li> <li>Counseling &amp; support services</li> <li>Emergency services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Numeracy skills</li> <li>Literacy skills</li> <li>Budgeting, cooking, etc</li> <li>Resourcefulness (Knowledge and ability to access &amp; mobilize resources)</li> </ul>	<ul style="list-style-type: none"> <li>Insight (Self awareness)</li> <li>Regulation of emotion &amp; arousal</li> <li>Problem solving &amp; decision making skills</li> <li>Ability to make sense of experiences &amp; put them into context</li> </ul>	<ul style="list-style-type: none"> <li>Insight (Social awareness)</li> <li>Communication skills</li> <li>Assertiveness skills</li> <li>Ability to find a balance between personal needs &amp; the needs of others</li> </ul>	<ul style="list-style-type: none"> <li>Temperament</li> <li>Concentration &amp; attention</li> <li>Intelligence</li> <li>Physical abilities</li> <li>Fitness &amp; health</li> <li>Appearance</li> </ul>	<ul style="list-style-type: none"> <li>Self esteem</li> <li>Self efficacy</li> <li>Value base, attitudes &amp; moral framework</li> <li>Interests &amp; commitments</li> <li>World view / outlook (Beliefs pertaining to social ecology)</li> </ul>	<ul style="list-style-type: none"> <li>Sense of security (Coherence)</li> <li>Sense of purpose</li> <li>Sense of belonging &amp; connectedness (Feeling connection to something greater than oneself)</li> <li>Hope &amp; expectancy</li> </ul>
Protection from harm and the capacity to respond to crisis										
Stability and capacity to meet basic needs										
Participation in constructive activity										
Developmentally conducive connections										
Greater control of health compromising issues/behaviours										

### Domains of need

