

IMHIP-Youth: A Multi-disciplinary collaboration to develop, embed and evaluate a model of social and emotional wellbeing care for Aboriginal and Torres Strait Islander young people (YP) who experience detention: Findings from a workshop on Alcohol and Other Drug Problems, held June, 2021



Background and Purpose

The IMHIP-Youth project addresses gaps in research and services for Aboriginal and Torres Strait Islander young people (10-17 years) who experience detention, the vast majority of whom have unmet social and emotional wellbeing needs. The aim is to achieve beneficial mental health, social, emotional, and wellbeing outcomes and to prevent reincarceration by improving responses to engage with young people in the criminal justice system. The project seeks to co-design, implement, and evaluate an Aboriginal and Torres Strait Islander-led in-reach and community transitional model of social and emotional wellbeing care (IMHIP-Youth) for Aboriginal and Torres Strait Islander young people who experience youth detention.

As part of the co-design process, the project team intended to host a series of focussed workshops, examining different elements of social and emotional wellbeing needs and gaps. The first of these, focussed on Alcohol and Other Drug (AOD) needs of young people, was hosted in Brisbane, on 8 June 2021. The workshop focused on the issues relating to the children, young people and youth aged 10-18 years in detention or who had a past or current already experienced of detention. Additionally, the workshop identified issues that arose when these children, young people and youth were transitioning (back) into to the wider community. Fifty (50) attendees, including community members and service providers, from various organisations and departments who worked in the Aboriginal and Torres Strait Islander community or who worked in AOD or other partnering organisations and services, attended on the day the face-the-face workshop. A further fifteen (15) people who were unable to attend provided a combination of written and verbal feedback, which has been included in this report.

Approach

The first of four (4) proposed workshops was facilitated. Fifty (50) people were invited to attend the AOD workshop. Five (5) questions were put to the participants for feedback.

1. What is the problem/issue?
2. What are we already doing? What do we already know that works?
3. What are the challenges?
4. What are the solutions?
5. What will success look like?

The content in this summary report was directly provided by the participants who attended the AOD workshop. People who were invited and unable to attend on the day provided written and verbal feedback. Workshop participants were Aboriginal and Torres Strait Islander peoples and non-Indigenous individuals who are employed in mainstream, government, and non-government services and family members and kinship carers. Community members, key leaders and volunteer workers also provided valuable feedback. The voices of young people (written and verbal) engaged with youth justice will be included in future reports. Answers to questions 1 and 3 were combined in the analysis below.

Findings

What are the identified problems/issues and challenges?

- Against a contextual backdrop of identified systemic issues, such as fracturing and siloing, continued unaddressed social determinants, and easy accessibility to substances, participants identified the following issues, but also needs, affecting AOD service delivery. These are detailed, below:

- **Racism:** Ongoing systemic racism evident in all areas of workforce and service provision, not just AOD services, and that this impacted on both young people who may need help, as well as the Aboriginal and Torres Strait Islander workforce and the broader community and family.
- **Trauma:** AOD use is adversely impacted by intergenerational trauma, family and domestic violence and abuse including physical, emotional, sexual, financial neglect and lateral violence of staff, families and YP suffering from adverse childhood experiences and trauma.
- **Intergenerational AOD use:** related to the above, participants identified intergenerational elements to initiation to AOD use, and highlighted the importance of recognising that for many, AOD use was a self-medicating “drug solution,” rather than a “drug problem.”
- **YP home environment:** Unstable, unsafe and harmful home environments are often where YP are being supplied alcohol, drugs and other substances by older family members, their parent or caregiver.
- **Shortage of support and empathy:** Parents and/or primary caregivers who have not healed from their individual and families past experiences of trauma that impacts on their ability to appropriately care for the YP.
- **Parents feeling judged by stakeholders and service providers:** Lack of engagement with support services, where unrealistic expectations are put upon parents, who do not possess the necessary skills or culturally safe and culturally effective support to access services and to cope with maladaptive use of alcohol, drugs, and other substance misuse.
- **Lack of culturally appropriate family-based interventions:** Linked to the above, key gaps in family support and family-based interventions were identified.
- **Identity and connection to culture and community:** Due to a combination of developmental stage and adverse experiences, young people with AOD needs were identified as having a need for support that fostered the development of their identity, including on-country experiences, and cultural mentorship. Additionally, institutional arrangements that young people could be engaged with, such as foster care arrangements, were potentially culturally insensitive and unsupportive of assuring connection. YP may be disconnected from their family, siblings, extended family members, wider national community, and culture who miss their ‘rites of passage’ through significant events such as initiations, birthdays, weddings, funerals, Christmas, and cultural events such as NAIDOC, Invasion Day etc.
- **Lack of opportunities:** Linked to the above, young people could suffer from lack of opportunities, such as educational and vocational opportunities.
- **Age and transitions to adulthood:** Irrespective of challenges faced by young people, it was recognised that young people in this age range were “coming of age” and would be exploring identities, rules, and responsibilities, which could include challenging authority figures (“[I’m going to] up and do my own thing!”). This had risk taking and gendered elements to it, with young people at risk of embracing a “sex, drugs, rock and roll, bravado”. This could impact on a variety of other domains, including the development of relationships, sexual identity, sexual health, and, for women, risk of pregnancy. “Street life” could be enticing and exciting, exposing some young people to a range of risks of harm. Additionally, participants identified that the age range of children with AOD needs and at risk of criminal justice involvement was declining and began at around 8 years of age.
- **The cultural model of Men’s and Women’s Business:** This model is dismissed instead of being acknowledged and respected, when YP are transitioning from any living situation and including when transitioning from custody back into care of the Department of Child Safety, Youth and Women (DCSYW) and being placed in Out of Home Care.
- **Peer pressure:** YP are often dealing with feelings of hopelessness, no sense of belonging, lack of identity, disconnect from their culture, community, family, extended family and kinship and foster carers. These feelings and a sense of loss makes YP vulnerable to peer pressure of other YP are living in groups with a gang-mentality, that includes engaging in substantial risk of behaviours including

AOD misuse, criminal activities, violence, self-harm, and suicide ideations. The “street life” of the homeless YP, where the YP person has NO rules to abide to is tempting, exciting and provides the YP with a “family.”

- **Specific psychological and developmental vulnerabilities.** Specific vulnerabilities of young people with AOD needs that were identified included, difficulties with attention span and regulating emotions, or unrecognised mental health, or social and emotional wellbeing conditions, including Foetal Alcohol Spectrum Disorders. Additionally, young people transitioning to adulthood may also be experiencing boredom, frustration, anger, hopelessness, and isolation. Suicidality and risk of suicide was identified as a key concern.
- **Specific drugs of concern and drug use practices** that were identified, included inhalants, and vaping. YP are adding substances when they are ‘vaping,’ These other substances are harmful to their body, cause current issues and impacts on their social and emotional well-being. Data on sniffing and vaping was not available at the time of this workshop, However, the accessibility of already known inhalants becoming again popular with YP and the current (new) use of vaping and adding other toxic additives is a new health issue.
- **Integration challenges and disconnection of mental health and social and emotional wellbeing (SEWB) needs:** Participants identified that there was a need to shift focus or rebalance the importance of cultural safety with mainstream diagnosis and care delivered within a mainstream medical model. Late, inadequate or misdiagnosis of mental health of YP was recognised as an issue, but so was lack of gaps in assessment of YP and their families from a SEWB framework lens, that recognises cultural, spiritual beliefs and other needs that contributes to a loss of identity, feelings of disconnection with family, community, and culture, spiritual beliefs, language, dance, music, arts, food, cultural ceremonies, family, kin, community, and country.
- **Bail order conditions:** YP without a parent or care giver, who has the knowledge, capacity, or willingness to provide YP with a stable, safe, secure home environment.
- **Relationship forming and building rapport with a child of any age:** Forming trusted relationships takes time. Trust must be established over time and developed over time. Staff turnover, placement breakdowns, changes to the way service providers are expected to work and the shortage of youth-diversion services and positive community programs for YP makes it difficult for YP to engage.
- **Care planning often does not include a cultural plan.** There is often a lack of family involvement and insufficient knowledge from police about the YP’s history and family circumstances and police not connecting with and engaging with the YP, their family, siblings, extended family members, and local and wider national community.
- **Insufficient ‘Out of Home Care’ options:** When YP living with their parents or extended family is not an option, foster carers and at times kinship carers, are often untrained regarding caring for YP with complex needs. There is a shortage of kinship and foster carers who do not want to care for the older ‘teenage bracket’ of YP requiring care.
- **Homelessness:** Lack of and a shortage of appropriate statutory out of home care options including for, residential, semi-independent living programs, homeless shelters, affordable public and private housing, and accommodation, YP and their families, the homeless and including for NDIS (National Disability Insurance Scheme) clients and kinship and foster carers.
- **Lack of culturally safe and culturally effective homeless youth shelters.** Some shelters are out-of-date in relation to the current trends and ever-changing culture of YP. Some youth shelters have in place, such rigid and strict intake guidelines and ‘on-site’ rules for the young residents, that the needs of YP are not met. Some shelters do not allow YP who are on bail, or who have a criminal history, or who are using alcohol, drugs, and other substances, or who have undiagnosed or misdiagnosed, mental health or social and emotional wellbeing concerns. This gap in service provision can determine that YP requiring safe care, are not offered a bed, or are exited without due care, and/or have no safe place to stay and are then they are homeless.

- **Safety:** The need for young people to feel safe was paramount. Participants identified that for some, remand was viewed as a safe place for children, and this was linked to gaps in the child protection.
- **AOD issues exacerbate child protection, with gaps in safe places for young people to go:** It was identified that AOD issues could cause placement breakdowns, and residential rehabilitation centres were not supported or trained to assist to these young people, placing them at additional risk.
- **Workforce:** Unsustainable long-term permanent employment, including paid employment of peer support and mentors for YP. A workforce, that is not provided with ongoing education, and training and accompanying material health promotion and harm minimisation resources, this includes for, YP and employed staff, families, kinship, and foster carers, to reduce high staff turnover, burnout, stress, and lateral violence.
- **Need for community involvement, at local and state-wide levels.** Community leadership was considered important to facilitating self-determination and sovereignty among young people.
- **Gaps in transition from custody to community were identified:** Participants identified that there often was not appropriate follow-up of young people to prevent AOD issues from reoccurring post-release. Participants also identified that reintegration would take time.
- **Service providers sometimes cover service large geographic areas.**
- **Gaps and needs in health literacy and health literacy improvement for young people.**

Though not considered a desirable or therapeutic setting for young people, it was identified that, if remanded, custody could be an opportunity to ensure that appropriate assessments and care planning for young people takes place.

What are we already doing? What we already know works?

A range of current services and specific initiatives, including educational tools and material resources were identified at this first (AOD) Workshop. QPS, and detention centres were identified as other types of presently operating services that were of relevance. Murri courts were identified as a beneficial initiative for diversion.

Contextual factors that were important including stable funding, and continuity of care. Among other themes that were identified as either existing strengths or as beneficial were:

- **Workforce:** The existing workforce was described as a key strength for the AOD sector. The workforce was described as passionate, knowledgeable, and containing culturally courageous workers.
- **Storytelling:** Currently, happening and which works well is the unrecognised and respect of the power and effectiveness of storytelling and the sharing of information among Aboriginal and Torres Strait Islander professionals.
- **Culturally effective and culturally safe work environments:** Ongoing and recurrent sustainable funding to employ a capable, culturally aware workforce, including for YP, peer mentors and kinship and foster carers.
- **Delivery of person-centred care:** One group described a model of person-centred care that comprised several elements, including: responsive access to services; preventative approaches via groups and programs; holistic, including family and parents programs; culturally led services and programs; systems that facilitate referral and information sharing; intervention suites that include cultural responses and services (i.e. not solely clinical services); services that include outreach services, intellectual disability services, and link to school services.
- **Co-designed strength-based education and training for Service Providers and for Young People:** Co-designed culturally safe, culturally effective education and training and accompanying material resources, which recognise and respect the culture, traditions, and knowledge that is known, respected, and valued by Aboriginal and Torres Strait Islander peoples.

This education and training must be developed for all levels of the education and training structure, where the contact hours, modules, and content is developed by and with input from Aboriginal people and Torres Strait Islander YP when being designed for YP. Additionally, education and training and

accompanying resources to be developed for and by services and supporting foster and kinship carers. Access to any education and training must not incur expenses for these YP, staff, carers or “students.”

- **Caring responses that foster positive connections:** Participants highlighted the importance of activities and services that fostered positive genuine connections, providing love and care. One group of participants commented that this occurred when “done our way by our people.”
- **Staff who are supported to work in a person-centered, co-designed strength-based trauma informed framework:** Trained staff who recognise intergenerational trauma, and the ongoing affects impact on Aboriginal and Torres Strait Islander YP, their family, siblings, extended family members and the wider national community.
- **Models of care:** Acknowledging and respecting the ever-changing culture of YP, their life stories which are not restricted by KPI’s, and which have sustainable early interventions including, ‘out of detention’ strategies and ‘out of detention’ models of care.
- **Collaborative service provision and care-planning that is inclusive of the whole family unit:** Staff, services working collaboratively, with YP, their family, extended family, kinship, and foster carers.
- **Effective communication:** Transparency and collaboration with and between service providers and YP in youth justice, education and training, therapeutic services with health providers who support, engage, and work collaboratively YP, their family, extended family, kinship, and foster carers.
- **Early diagnoses of physical health, mental health, and social and emotional wellbeing:** Recognising, acknowledging, and diagnosing all trauma, including intergenerational trauma, foetal alcohol syndrome (FASD), post-traumatic stress disorder (PTSD), reactive attachment disorder (RAD), suicide ideations, self-harming, and early diagnosis.
- **Therapeutic services, culturally effective narrative therapy (storytelling):** Verbal storytelling about culture, family connections and lore with accompanying co-designed material resources, provided in a community setting and through a cultural lens for Aboriginal and Torres Strait Islander YP, family, extended family, kinship and foster carers, therapeutic services.
- **Harm minimisation (AOD) strategies:** Co-designed culturally effective, culturally safe health promoting strategies and material resources for YP who are using.

Additional overall themes included the need to build trust and rapport across the system, and to ensure the right “fit” of people working to deliver services.

What are the Solutions:

- **Early Intervention and Prevention:** Increased funding allocation for the development of culturally effective and culturally safe, quality co-designed programs and solutions. Services, programs, and resources that underpin prevention and early intervention strategies, relating to the social issues of YP, their family, extended family, and other community members.
- **Tailored Programs:** Programs that are specifically designed to address alcohol, drugs, and other substances, including vaping and which are culturally safe and culturally appropriate, and which encompass the SEWB framework and, the healthy mind, healthy body concept, healthy eating and the importance of, physical activity and fitness.
- **Service provision including, human and material resources:** Staff employed in positions which have available, culturally effective, and culturally safe health promotion resources, relating to AOD misuse, mental health, social and emotional wellbeing, the increasing number of deaths and suicide, domestic, family, extended family, and other community violence, including lateral violence.
- **Culturally effective and culturally safe health promotion materials and programs:** Programs and resources for dental care and hygiene, sexual health, pregnancy, and parenting. A framework that is all-encompassing of working with the entire family unit inclusive of the Aboriginal and Torres Strait Islander people’s family including the extended family, kin, and community across the continuum of the lifespan commencing from pre-conception is required.

- **Ongoing and refresher training:** Staff working within a “trauma informed” framework of practice, is effective when working with YP. Staff with knowledge, education, and training and through their personal lived experiences, and who have access to ongoing refresher courses.
- **A model of practice encompassing the social and emotional wellbeing framework:** The SEWB framework, engages Aboriginal and Torres Strait Islander people more positively and has better social determinants of physical and mental health, when supported by therapeutic service providers working within a SEWB framework and opposed to the current ICD10/DSM model of service.
- **Cultural and educational (Youth-diversion) programs for young people:** Programs focussing on peer skills and how to develop and maintain positive peer relationships, how to develop and maintain healthy relationships with partners, including recognising ‘red flags’ and which positively to developing and build self-confidence and self-identity.
- **Programs that are individualised, focused on depending on the developmental capacity of the young person’s interests and cultural needs,** which connect YP to their culture, and spirituality and for connecting with their Elders, mentors, peer supports through storytelling, language, dance, music, arts, food and while learning their cultural practices and beliefs.
- **Life skill programs:** Life skill and work readiness programs, that teach YP how to access employment agencies, how to gain formal qualifications and the different pathways including traineeships, apprenticeships, tafe and university studies. Programs that teach YP how to be financially secure including how to access Centrelink, setting up a bank account, budgeting/ saving, how to pay bills, how to maintain stable accommodation, how to cook and clean.
- **Transportation and hospital and medical care:** Programs that teach YP how to access public transport and how to obtain a driver’s licence and demonstrate road-safe skills and knowledge, how to access appropriate health care, including obtaining a healthcare card, registering for ‘Close the Gap’ initiatives, how to access appropriate therapeutic supports, obtain a Medicare card, to book doctors or dentist appointments, and how to call the ‘13health’ number for medical advice.
- **Frameworks that are developed from a community approach:** Community engagement, identifying who are the Elders and recognised people of the community and identifying ‘what it is, that YP want’ rather than a framework developed within a ‘we know best’ framework.
- **Community programs that are led and governed by Aboriginal and Torres Strait Islander People.** Building capacity within the community, recognising, and acknowledging the positive people, services and programs within the community and then providing support to resource them.
- **Increasing the Aboriginal and Torres Strait Islander workforce and leadership:** Recruitment and retention of Aboriginal and Torres Strait Islander staff working across all levels including volunteers, grassroot community people and programs, providing opportunities for professional development to upskill current and emerging workforce.
- **Government, non-Government, community, volunteer (collaborative) services and programs:** Effective service provision and models of service provision, that value and support the health of the child, young person and youth including young people with disabilities.
- **Timeframes:** Allowing the required time needed to develop culturally effective and culturally safe work practices and to build culturally effective and culturally working relationships, with partner organisations.
- **Policies and practices:** Suitable timeframes to work collaboratively, with service providers, to plan and build better culturally effective and culturally safe services and programs including partnerships and/or Memorandums of Understanding (MOU) with health, housing, public works, medical facilities, NDIS, education and training facilities, government departments and NGO’s and community organisations.
- **Newly developed more effective service agreements/Memorandums of Understanding (MOU):** With the Department of Child Safety, Youth and Women Services, Department of Youth Justice and Multicultural Affairs, Department of Disability, Department of Housing and Public Works, Queensland

Youth Housing Coalition, Queensland Aboriginal & Islander Health Council (QAIHC), Institute for Indigenous Urban Health (IUIH), TAFE Qld and all flexi schools (Murri School, Jabiru etc).

What will success look like?

- A model of service will be successful if it leads to a reduction of young people who are homeless or committing criminal offences and activities, lower YP facing court sentences, lower representation of YP in detention centres and a reduction in recidivism (re-offending).
- ***Diversionsary services and immediate transition processes will take place instead of the current punitive incarceration in detention centres.*** Future models should provide the YP with ongoing access to community support, including from recognised organisations. YP and their peer and mentor support and community members, will be remunerated for their work with YP and for their input when developing and designing any co-designed programs and health promoting material resources.
- ***There will be an improvement in partnerships, that are culturally steered:*** There would be easy access to service provision and court referral to services. Increased legal support/advocacy for YP and their family will contribute to a decrease in the number of YP within the justice system.
- ***Success will include reforms of the justice system and of government strategies and government departments:*** This is inclusive of a reform of the Department of Child Safety, Youth and Women Services, Department of Youth Justice and NDIS to ensure there were culturally safe and effective.
- A change in direction will see strategies that encourage a change in the way services and staff work will see less admissions of YP in detention and longer times between any YP's re-admission. ***The data will reflect this change.***
- ***System integration will be important.*** Everyone involved will no longer be working in silos. They will be working together collaboratively with the YP and their family to identify the YP's needs.
- ***Increase in the employment and retention of Aboriginal and Torres Strait Islander staff (equity to equality) and more education and training for staff:*** The system will have adequate numbers of culturally appropriate staff who are always resourced with culturally effective and culturally safe resources and have support to access on-going timely education and training.
- ***Workforce development:*** including employment of peer supports, mentors and voluntary staff who are remunerated for some of their services. Peer sharing and mentoring will be aligned with all service provision. Programs and services will be culturally effective and culturally safe. Additionally, staff turnover, understaffing, inappropriate staff, staff burnout, staff stress will be decreased or non-existent.
- ***Young Persons:*** It must be acknowledged that every YP is different. The YP must be at the centre of care planning, i.e., service provision will be child centred. The YP will have a sense of ownership and feel valued and empowered because they have been provided with knowledge that has been openly shared with the YP and because the YP has been a part of this important process. All YP will feel connected not just to the services provided but to their culture, community, and past and present cultural knowledge. YP will feel safe in the care of either their immediate family, kinship carers and foster carers. The YP will feel supported to want to work in partnership with the service provider and their peer mentors and they will feel confident about developing and overseeing their own case management plan.
- ***Funding would increase for more staff and material resources:*** All staff, and programs and material resources will be developed and readily available and will be culturally appropriate, that is, age-effective and age-safe for use with YP. YP will be involved in the development of any material resources.
- ***Support:*** Increased support for the YP family includes or their extended family, kin, and community. There must be an increase in funding for early intervention, prevention programs, to include working holistically with the YP, family, community, and service providers, to employ human and material support for the family and community to heal from past and ongoing experiences of trauma, and intergenerational trauma.

- **Decrease in the number of children in statutory care:** This decrease would be due to services, the employment of culturally effective and culturally safe service providers and the development of co-designed material resources, a decrease in homelessness, an increase in financial capacity for all people, including for Aboriginal and Torres Strait Islander YP, families and services.
- **Decrease in unemployment:** YP would be supported and interested in attending schools, tafe colleges and/or other education and training facilities, being appropriately educated and trained to access culturally safe and culturally effective workplaces.
- **Decrease in systemic racism, family, domestic violence, lateral violence, incidents of neglect:** This decrease in violence would reflect the decrease in physical, emotional, sexual, financial abuse and acts of racism in the workplace, education and training institutions, sports institutions and in the wider community.
- **Health Outcomes:** Overall better health outcomes in all determinants of health, that will be evidenced by a significant decrease in the number or morbidity and mortality rates of Aboriginal and Torres Strait Islander YP, family and community members and service providers.

Next steps

This document describes one part of the co-design process of a model of service to meet the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander young people who experience youth detention. While focussed specifically on AOD needs, many issues, challenges, strengths, solutions, and an overarching vision of success were identified that are likely to have broad applicability across other domains of social and emotional wellbeing. Success and the strategies that relate to the identified problems and issues are complex but achievable. It may mean that people will have to change and/or adapt the way in which they currently work. Most people fear or dislike change, however, change can be useful to develop and provide better support services, programs, education and training, resources and physical environments including, buildings, services, principals of practice, education and training, detention centre models, current homeless shelters, and accommodation.

Based on the findings from this workshop, and initial community consultation, further planned workshops and focus group discussions are planned to examine other domains of social and emotional wellbeing care, its interface with mainstream mental health services, homelessness, and trauma. Please contact Sandra Angus (s.angus@uq.edu.au) if you would like to be involved.

Contact details

If you have any questions, please contact Sandra Angus
E s.angus@uq.edu.au

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