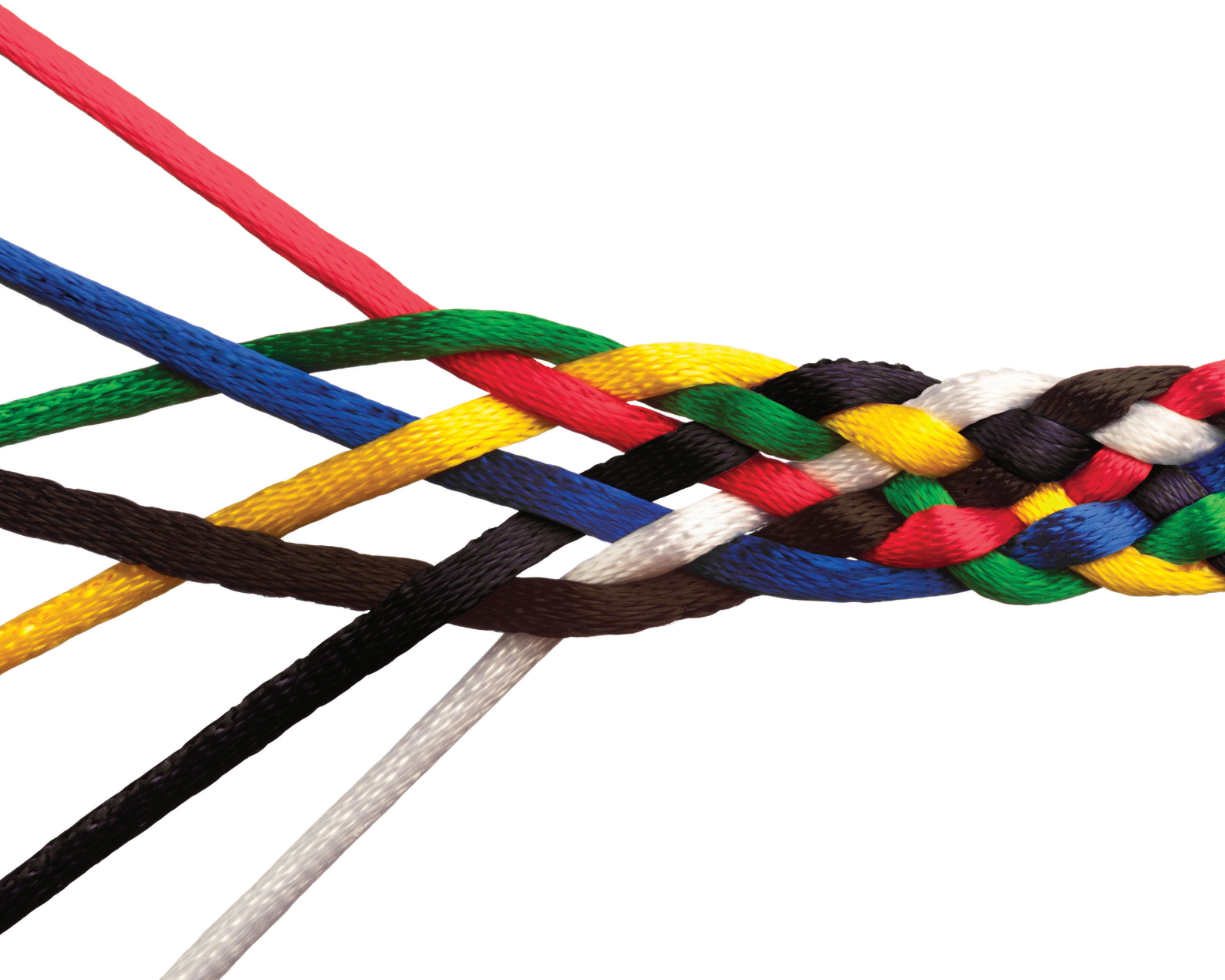


Learning From Each Other: Working with Aboriginal and Torres Strait Islander Young People

youth alcohol and drug good practice guide



The *Learning from each other: Working with Aboriginal and Torres Strait Islander Young People* youth alcohol and drug good practice guide has been developed in consultation with members of the Aboriginal and Torres Strait Islander Youth AOD Network and community-controlled Aboriginal and Torres Strait Islander health services in Queensland.

The guide is based on input from two workshops facilitated by Dovetail in 2013, a desktop review of literature and resources, and further state-wide consultation with Aboriginal and Torres Strait Islander Youth AOD Network members during 2014.

Encompass Family and Community was engaged by Dovetail to develop the written guide in collaboration with the youth AOD sector.

**Learning From Each Other:
Working with Aboriginal and
Torres Strait Islander Young People**

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Introduction

This guide aims to support workers and agencies working with Aboriginal and Torres Strait Islander young people who use alcohol and other drugs. It is the fourth in a series of 'Good Practice Guides' developed by Dovetail in its role of providing professional support, resources and tools for youth and AOD workers in Queensland. Development of this guide acknowledges the particular knowledge, skills and approaches needed to successfully work with Aboriginal and Torres Strait Islander young people, their families and communities impacted by youth AOD use. The guide covers essential information for culturally secure practice with Aboriginal and Torres Strait Islander young people, their families and their communities. It builds on the information contained in the three previous 'Good Practice Guides' published by Dovetail: Guide 01 *A framework for youth alcohol and other drug practice*; Guide 02 *Legal and ethical dimensions of practice*; Guide 03 *Practice strategies and interventions*.

Focus and content of the guide

This guide is focused on supporting good practice by workers and services who work to minimise the harm from alcohol and other drug use experienced by Aboriginal and Torres Strait Islander young people and their communities. Of course, not all AOD use by young people is problematic. 'Problematic AOD use' refers to when the young person or those close to them consider that their AOD use is having a negative effect on their physical or emotional health and wellbeing or is impacting their relationships, or is making it more difficult for them to live life as they want to. The guide provides information for workers in community and government services across a range of sectors as well as workers specifically employed to work with young people around AOD issues.

The guide focuses on the importance of understanding history and the context of Aboriginal and Torres Strait Islander communities and the need to build individual and organisational cultural awareness. The guide contains information to enhance workers' understanding and approaches to working with Aboriginal and Torres Strait Islander young people, as well as practical tools and case stories as examples of practice approaches.

It is acknowledged that information in the guide is broad and is not able to take into account the unique elements and histories of each Aboriginal or Torres Strait Islander community. It aims to complement the knowledge already held by many individuals and services while reminding workers new to a community of the need to gather cultural information about the specific community in which they work.

The guide encourages reflection and learning, and highlights the need to use opportunities for a positive impact on the lives of young people and their families and to maintain a sense of hope.

Overall framework

The elements of the *youth alcohol and drug good practice framework* that underpin the first practice guide developed by Dovetail also provide the foundation for working with Aboriginal and Torres Strait Islander young people. These four elements have been used as a framework for this guide, with specific reference to Aboriginal and Torres Strait Islander young people. They include:

1 Appreciating the context / environment.

For Aboriginal and Torres Strait Islander young people this includes an understanding of history and how it influences individual and community life, including the significant disadvantages that exist in some communities.

Sections 1 and 2 of the guide focus on understanding history and context.

2 Conceptualisation of young people.

For Aboriginal and Torres Strait Islander young people, this includes an understanding of young people in the context of their kinship networks and community along with sub-groups in a particular area. This also includes an understanding of AOD use by Aboriginal and Torres Strait Islander young people. Work with Aboriginal and Torres Strait Islander young people needs to occur in the context of their kinship network, sub-groups and community.

Section 3 focuses on the context of AOD work with Aboriginal and Torres Strait Islander young people.

3 Youth alcohol and drug practice approaches.

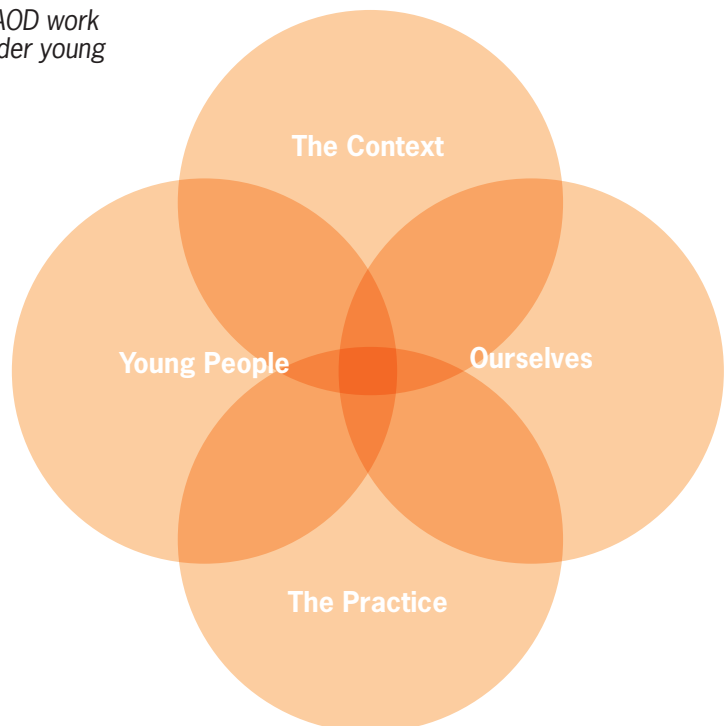
This includes practice models, methods and practice tools relevant to work with Aboriginal and Torres Strait Islander young people. It is acknowledged that, given the significant disadvantage experienced by Aboriginal and Torres Strait Islander young people, any approach needs to sit within a broader set of initiatives at a national, state and community level.

Sections 4 to 6 relate to methods and tools for working with Aboriginal and Torres Strait Islander young people and their families

4 Ourselves.

This includes the personal perspectives, values and beliefs about young people and AOD use held by practitioners. For people working with Aboriginal and Torres Strait Islander young people in the AOD sector, particularly non-Indigenous workers, this links to ways of developing cultural understanding. For organisations working with, and employing, Aboriginal and Torres Strait Islander people, it includes ways of ensuring cultural safety.

Sections 7 and 8 relate to the role of the individual workers, and their agencies, in ensuring culturally secure practice.



The contents of this guide are consistent with the nine guiding principles set down in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*. These principles are relevant to AOD work with Aboriginal and Torres Strait Islander young people, families and communities, and emphasise the holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander people (Social Health Reference Group for National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group 2004).

The nine guiding principles are:

- Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.
- Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
- Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems in particular.
- It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.
- The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.
- Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
- The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
- There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.
- It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

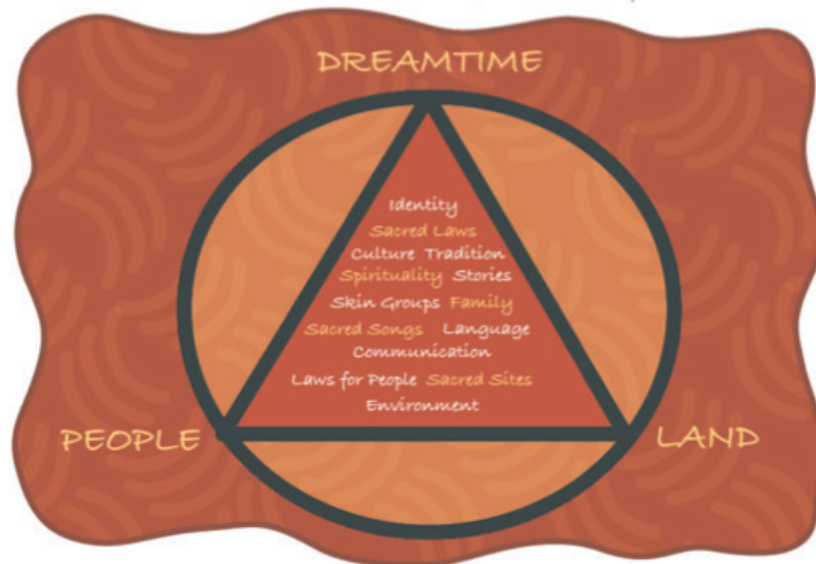
(Social Health Reference Group for National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group 2004, p6).

Understanding history and context

1.1 Aboriginal and Torres Strait Islander histories

Undertaking work with Aboriginal and Torres Strait young people and communities on any social issue requires sound understanding of Aboriginal and Torres Strait Islander histories in Australia since colonisation. While many non-Indigenous workers in the human services sector may have had some exposure as part of formal and informal education and life experience, it is important that this understanding is more than superficial and attempts to grasp the complexity and profound impact of the history and its influence on contemporary life. This guide is not able to provide a comprehensive analysis of all of the issues and developing a sound understanding does not occur quickly. Rather a deeper understanding will occur over time through maintaining an inquisitive approach and a respect for knowledge.

Understandings of Aboriginal history which include pre-colonisation, colonisation, white assimilation, the Stolen Generations, historical impact across generations and contemporary history are all important. A good starting point for understanding traditional Aboriginal life prior to colonisation is the 'Dreamtime, People, Land' model showing people's existence was based on connections to each other, country and law which was central to Aboriginal spirituality (Casey & Keen 2005).



Joseph 'Nipper' Roe's, 'Dreamtime, People, Land' model (1998).

(Extract from Casey W., & Keen J., (2005). *Aboriginal alcohol and other drugs worker resource: a guide to working with our people, families and communities*. Drug & Alcohol Office, Western Australia). Reproduced with permission. Reproduction for purposes other than this resource requires permission. © Western Australian Drug and Alcohol Office (WA Alcohol and Drug Authority).

It is important to recognise differences between Australia's two Indigenous peoples – Aboriginal people and Torres Strait Islander people. These include different cultural and customary practices, languages, association with the land and spiritual beliefs. While different, both have been impacted by their separate but similar experiences of colonisation.

The removal of children from families and communities has received widespread public attention since the *Bringing Them Home* Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, where the devastating impact and suffering of individuals, families and communities was documented (HREOC 1997). The removal of children has resulted in lifelong suffering and transgenerational trauma where loss and grief are pervasive in the lives of individuals, families and communities. The removal of children from their families and communities also undermined the parenting practices of following generations.

Despite this 'deculturalisation', elders continue to play a significant role in holding and imparting history and are sources of wisdom within Aboriginal and Torres Strait Islander communities. The central position of elders must be recognised and understood as part of successful work with young people affected by AOD use (Roche et al 2013). Seeking and listening to the views and knowledge of elders, significant others and the wider community about how services should be developed, implemented and evaluated is essential (Roche et al 2013).

1.2 Impacts of history – social disadvantage

The history of Indigenous people is a social determinant of their health today (Anderson, Baum & Bentley 2004). Wherever Indigenous people around the world have been subjected to colonisation there is an increased risk of substance use and mental health problems (Evans et al 2008 p.3). Australian Aboriginal and Torres Strait Islander people suffered profound negative impacts as a result of colonisation with the loss of traditional ways and culture, people and communities. These included disconnection from land, traditional food, law, cultural practices and language. There was no resistance to new diseases resulting in significant loss of life and ongoing health issues (The Kulunga Aboriginal Research Development Unit (Telethon Kids Institute) 2010 p.3).

The dramatic impact of colonisation on family life for Aboriginal and Torres Strait Islander Australians resulted in: “traumatic distress, chronic anxiety, physical ill-health, mental distress including fear and depression, high levels of substance use problems and high rates of imprisonment” (Roche et al 2013). Contemporary Aboriginal society continues to be negatively impacted by these past histories of colonisation, assimilation policies and the removal of children. Aboriginal and Torres Strait Islander people are over-represented in child protection, youth justice and criminal justice systems with poorer health and education outcomes, poverty and lower life expectancy. At the same time contemporary Aboriginal communities are still impacted by trauma, grief and suffering with problematic alcohol and other drug use occurring as a result (Roche et al 2010). Within this context the stories of resilience and tenacity within local communities continue to bring hope of a better future.

Elders and other community members remind us that the present is different from the past in relation to substance use by Aboriginal and Torres Strait Islander people. Prior to colonisation substances were used for ceremonial, recreational and medicinal purposes and their availability, traditional practices and cultural law reduced the risk of dependency (The Kulunga Aboriginal Research Development Unit (Telethon Kids Institute) 2010). This included the widespread use of pituri, a plant with nicotine and narcotic effects, for ceremonial, social and trading purposes. The history of alcohol use by Aboriginal people includes some traditional making of mild alcoholic drinks from plants prior to colonisation, along with exposure to stronger alcoholic drinks by Indonesian fisherman from 1720. From early colonisation the English and Irish exposed Aboriginal people to rum and brandy. Aboriginal people observed drinking alcohol until you are drunk and were encouraged to do the same (Lee et al 2012). Contemporary alcohol issues are related to how Aboriginal and Torres Strait Islander Australians learned about ‘grog’ (Roche et al 2010). Since then communities and governments have tried various strategies to reduce the health and social problems caused by AOD use (Lee et al 2012).

1.3 Understanding concepts of community / kinship / family

For many Australians, the term ‘kin’ means immediate family and a limited number of close biological family members. For Aboriginal and Torres Strait Islander peoples, ‘kinship’ refers to a broader range of kin through blood, marriage and skin relationships. Kinship has been described as “a large group of people related directly or indirectly by blood, marriage, cohabitation or co-option into the family network” (Child Safety Commissioner 2011). Complex and extended kinship systems are fundamental to remote Aboriginal communities and Torres Strait Islander communities, and also in various modified forms in regional and urban areas. The system of ‘family’ attributes sibling status to cousins, and aunts and uncles take on parental, or grandparent role and status. A biological relationship does not need to exist for family bonds to exist (Roche et al 2010).

“Always consult about kinship matters if you are non-Indigenous – never assume you can learn it all.”

It is essential for successful AOD work with Aboriginal and Torres Strait Islander communities that workers take the time to understand the relationships between family and community members involved in supporting and influencing young people. This requires a holistic approach where young people are understood in the context of their family and community rather than in isolation (Roche et al 2013). Family structures vary between Aboriginal people and Torres Strait Islander people and according to clan or location.

“Always consult about kinship matters if you are non-Indigenous – never assume you can learn it all.”

In identifying the influential and significant people in the lives of young people, recognise that kinship networks may sometimes have negative as well as positive influences. WA research indicates that Aboriginal carers who were forcibly separated from their family by past policies were, as a result, subsequently more likely to live in households where there were problems of alcohol and gambling. It was noted that their grown children, in turn, were more likely to have higher rates of AOD use compared to those whose parents had not been forcibly removed (Drug and Alcohol Office WA 2005).

While the results of surveys of AOD use are of varying consistency, it is estimated that harmful use of alcohol and other drugs by Aboriginal and Torres Strait Islander Australians is proportionately twice that of the non-Indigenous population (Gray & Wilkes 2010). This means that AOD workers are often working with young people where their kinship network includes multiple generations who have had significant AOD histories. This factor alone highlights the importance of working with families and communities as part of responding to harmful AOD use.

These texts provide more information on history and context:

<p>“Aboriginal Social, Cultural and Historical Contexts”</p> <p>(in <i>Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice</i>, edited by Dudgeon et al 2014, p. 3). This chapter includes a section on Torres Strait Islander people’s historical experience of colonisation.</p>	<p>Available from the The Kulunga Aboriginal Research Development Unit (Telethon Kids Institute) online at: http://aboriginal.telethonkids.org.au/media/699863/Working-Together-Book.pdf</p>
<p>“Making Sense and Supporting Change: A guide for our people”</p> <p>(in Casey and Keen 2010, <i>Strong Spirit Strong Mind. Aboriginal ways to reduce harm from alcohol and other drugs</i>).</p>	<p>Available from the Drug and Alcohol Office, Western Australia, online at: www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/CulturallysecureresourcesforAboriginalpeople.aspx</p>

Understanding the context of work with Aboriginal and Torres Strait Islander young people

2.1 Aboriginal and Torres Strait Islander young people and culture

Working with young people involved in AOD use requires an understanding of the cultures, and the family and community histories, that are influencing their lives. As noted in Guide 01 *A framework for youth alcohol and other drug practice*, Aboriginal young people, particularly those 15-19 years, are more likely to be concerned about AOD use than non-Indigenous young people (National Survey of Young Australians report, Mission Australia 2011, in Dovetail Guide 01). Understanding culture, including the unique aspects of urban and remote cultures, provides opportunities for workers to work positively with young people and for services to be responsive to their concerns.

“Don’t assume you know what ‘culture’ is, for any Aboriginal or Torres Strait Islander community. Non-Indigenous workers in particular must consult with community members to gain relevant cultural understanding.”

2.1.1 Connection to traditional culture

“Aboriginal and Torres Strait Islander Traditional Owners and elders are actively engaged in business about their Country.... Aboriginal people are situated within their Country emotionally, spiritually and metaphysically.... A sense of belonging is vital to an individual’s cultural and spiritual identity. Through music, art, dance, laws/lore and creation stories, a living culture is maintained. This is not dissimilar (for) Torres Strait Islander culture.”

DLGP 2011

The extent to which individual Aboriginal and Torres Strait Islander young people have connections to traditional culture varies. Some young people do not have an understanding of their cultural heritage. Connections may have been lost through family dislocation, with resultant loss of identity and of cultural protocols. Don’t assume that because you are working with an Aboriginal or Torres Strait Islander young person, they will have, or want, connection with their culture or to practice culture.

Learning From Each Other (LFEO) reference group members argued that the urge or desire for cultural connection is inherent, if Aboriginal and Torres Strait Islander young people are given this opportunity. This quest for identity is one of the key developmental tasks of adolescence. There are therefore often benefits in Aboriginal and Torres Strait Islander young people being linked with programs that are culturally based, such as community programs which help develop cultural connections between elders and young people.

“We take the boys from the Youth Program – young kids engaged in sniffing and other things, not at school, so we are working on getting them re-engaged – and we take a core group of men from the Men’s Program. Now we have mentoring starting to happen. Then it flows through to the HACC Program, with the men and boys doing some catering for that – preparing a lunch for the old people. It builds community between the programs. The young boys get enormous benefit. They get to do something for someone else that is appreciated and to take pride in that. They get to listen to the stories of the old people. They get the role modelling from the men. They get to belong, to be part of the culture of the community. We give the message: ‘You are a valuable part of IWC; you belong here.’”

Indigenous Wellbeing Centre (IWC), Bundaberg

“There is emerging evidence that increased connection to culture seems directly related to a strengthened sense of positive identity, self-confidence and hope for the future, particularly for young people and descendants of the Stolen Generations” (Aboriginal and Torres Strait Islander Healing Foundation 2012).

“Critical to healing programs is an emphasis on restoring, reaffirming and renewing a sense of pride in cultural identity, connection to country and participation in community. Cultural identity and connection to country are seen as crucial elements of everyday life for Indigenous people. Cultivating a sense of this cultural distinctiveness is inextricably linked with spiritual, emotional, and social health and wellbeing and is also an important part of strengthening communities” (Aboriginal and Torres Strait Islander Healing Foundation 2012)

It is important for workers and practitioners to establish good working relationships with local elders in order to support cultural connections. Maintenance of relationships with elders will be enhanced if workers support Aboriginal and Torres Strait Islander values through recognising Indigenous knowledge, upholding cultural integrity and acknowledging principles of reciprocity (Roche et al 2013).

An integral part of culture is spirituality. Non-Indigenous workers must be open to cultural spiritual understanding. This understanding also helps avoid misinterpretation of spiritual experiences as ‘abnormal’ or indicative of mental health concerns.

“I visited a 14 year old in detention. He told me about one time he was in a park and saw big white eyes staring at him. I asked was he frightened? He said ‘No, because I had the tall man with me’. He told me he had a tall man and a midget man – a little hairy man – given to him by his grandfather, to keep him safe. He said they were with him at night, and described them in detail. To me, it seemed that he may have been experiencing psychosis and I was worried about him. But then I thought I had better check if there was any cultural basis, and talked with an Aboriginal co-worker. She said, ‘Yes, it’s very cultural’. I had no idea before that.”

a non-Indigenous worker

NB: It remains important that Aboriginal and Torres Strait Islander young people receive appropriate assessment of possible mental health symptoms. This may include consulting with members of their community about specific cultural beliefs, **as well as** mainstream mental health professionals.

“Don’t assume you know what ‘culture’ is, for any Aboriginal or Torres Strait Islander community. Non-Indigenous workers in particular must consult with community members to gain relevant cultural understanding.”

2.1.2 Intersection with youth culture

While understanding the role of kinship relationships is a critical part of working with Aboriginal and Torres Strait Islander young people, it needs to be linked with an understanding of the youth culture and context within which the young person lives. The concept of 'cultures within cultures' is relevant when working with Aboriginal and Torres Strait Islander young people. Contemporary youth culture may co-exist with traditional culture. Some Aboriginal and Torres Strait Islander young people may have strong links to their traditional culture, but appear more connected with mainstream youth cultures including those from overseas.

Identifying the youth cultures which influence young people can provide opportunities for understanding and engaging with them. For example, hip hop music culture from the United States, has provided a successful way to engage and positively influence the lives of young people (Hayward et al 2009), if care is taken to avoid the negative aspects of some hip hop lyrics.

"There is growing consensus that hip hop therapy can be particularly effective with any racial or ethnic group familiar with and/or affected by hip hop music and culture. It is educational, creative, culturally-sensitive, engaging, empowering, and therapeutic" (Allen 2005, Jones et al 2004, Kobin & Tyson 2006, in Hayward et al 2009, p17).

A report commissioned by Beyond Blue (Hayward et al 2009) on the implementation and evaluation of a funded program using hip hop to improve the mental health of young people in remote WA communities, found that: *"Young people appear to respond well to the health promotion messages of Indigenous Hip Hop Projects (IHHP). While the majority of young people who participated in IHHP identified it as a dance program, they were still able to recall messages relating to depression and self-respect, as well as the key messages of look, listen, talk, and seek help."* (Hayward et al 2009, p.66)

Young people often develop distinct 'youth cultures', or sub-cultures. Understanding and working with the intersection of youth sub-cultures within the broader dominant culture is useful when addressing AOD use by young people. Recognise that there may be significant differences (as well as some similarities) between Aboriginal and Torres Strait Islander young people from remote parts of Queensland and those from urban areas. Young people's sub-cultures might be about what music they like and what they do within peer groups. The impact of American youth culture can be seen particularly among urban young people. LFEO reference group members in urban areas have observed that some Aboriginal and Torres Strait Islander young people who are not attuned to their cultural background identify with the 'blackness' of African-American youth culture.

2.2 Impacts of disadvantage on Aboriginal and Torres Strait Islander young people

Understanding the multiple social issues that impact the lives of Aboriginal and Torres Strait Islander young people will result in more effective and meaningful work with them, their families and communities in responding to AOD use. The historical factors discussed in the previous section have resulted in Aboriginal and Torres Strait Islander young people being significantly disadvantaged across all social indicators when compared to non-Indigenous Australians (Ware 2013). Over-representation occurs across a range of social indicators:

- on average poorer rates of school attendance and learning outcomes
- retention to year 12 is much lower for Aboriginal and Torres Strait Islander students and on average half the completion rate when compared to non-Indigenous year 12 students
- higher rates of detention in the youth justice system than non-Indigenous young people
- higher rates of unemployment than non-Indigenous young people.

This disadvantage follows significant negative life experiences for Aboriginal and Torres Strait Islander children where they have higher rates of mortality and hospital admissions for diseases associated with poorer environmental health (SCRGSP 2011). Higher harmful levels of consumption of alcohol have significantly impacted on children who experience fetal alcohol spectrum disorder (FASD), an umbrella term covering intellectual impairments caused by prenatal exposure to alcohol (NIDAC 2012). Without early identification and treatment, this condition can have profound, lifelong impacts and perpetuate a cycle of intergenerational disadvantage and poor health.

Lateral violence

One of the social issues which impacts Aboriginal and Torres Strait Islander children and young people is family violence, which can occur within the context of lateral violence. Lateral violence within Aboriginal and Torres Strait Islander communities refers to “the harmful behaviours that we do to each other collectively as part of an oppressed group: within our families, within our organisations and within our communities. When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us” (Richard Frankland, in Australian Human Rights Commission 2011).

Understanding the origins of family violence means understanding lateral violence. Racism is deeply entrenched within Australian society. Aboriginal Australians also perpetrate racism within their own society. The difference is that they are descendants of a conquered people and the racism within Aboriginal society has at its core ‘lateral violence’. When children live in an environment where lateral violence is played out, they enter the world through an already prescribed reality of what everyday living is. To understand the issue of AOD use, you have got to view it from within that paradigm. Many of the

issues we face are about the impact of colonisation and the ancestors using role models that used AOD to survive: *be like us, forget culture, drink grog to forget*. Once you start unpacking lateral violence, you see that we have learnt anti-social ways of coping with the loss of country and community and our spirit, and these survival teachings have been passed on to the young people. Survival, for men in particular, was to drink. Kids see it as normal. The symptoms are family violence, use of alcohol and drugs, self-harm, committing suicide. Underpinning it is unresolved lateral violence.

– as told by Cheri Yavu-Kama-Harathunian, 2014

2.2.1 Child protection system and dislocation

The over-representation of Aboriginal and Torres Strait Islander children and young people in child protection systems in Australia continues to have a significant negative impact on individuals, families and communities. The rate of Aboriginal and Torres Strait Islander children and young people in out of home care in Queensland is about eight times higher than that of non-Indigenous children (AIHW 2013), and Aboriginal and Torres Strait Islander children and young people represent about 40% of all children in out of home care (Queensland Child Protection Commission of Inquiry 2013).

The over-representation of Aboriginal and Torres Strait Islander children in the child protection system is even more prominent in remote discrete Aboriginal and Torres Strait Islander communities, at more than 19 times the state average. Many of these communities face the challenges of poverty, lack of employment opportunities, inadequate or overcrowded housing, chronic school absenteeism, widespread community and family violence, significant levels of alcohol consumption, poor health and education outcomes and extremely high suicide rates (Queensland Child Protection Commission of Inquiry 2013).

For many Aboriginal and Torres Strait Islander children, an unintended outcome of being in care is their disconnection from cultural heritage and tradition. They may be placed far from home, relocated due to the complexity of their needs. This displacement has meant high levels of mobility amongst some Aboriginal and Torres Strait Islander young people, sometimes described as transience. LFEQ reference group members note that keeping up with, or 'keeping track of', these young people can be challenging.

2.2.2 Complex trauma

Disadvantage across a range of social factors can increase Aboriginal and Torres Strait Islander young people's involvement in problematic AOD use. In addition to the risk factors for young people generally that result from being exposed to violence, substance use, welfare dependency, negative peer culture, family breakdown, psychological distress, homelessness, overcrowding and poor health, Aboriginal and Torres Strait Islander young people are also negatively affected by the legacy of (Ware 2013):

- intergenerational trauma
- parents who have been raised in institutions or abusive settings who subsequently lack the skills to adequately parent their own children
- dislocation from kinship networks, leaving families with minimal supports.

Historical impacts have a direct relationship to the current wellbeing of young people – trans-generational trauma is real. Traumatized people may behave in dysfunctional and violent ways, which then contributes to traumatising subsequent generations (Atkinson 2002, in AIHW 2013). The individual, family and community histories for Aboriginal and Torres Strait Islander people includes a pervasive exposure to traumatic events and environments that negatively impact the mental health of young people. Emotional and behavioural problems, anxiety and depression, and compromised psychological development are a result.

The impacts of alcohol and other drug use on mental health and conversely use of substances to self-medicate for mental health conditions arising from chronic social disadvantage means that some Aboriginal and Torres Strait Islander young people will present with a dual diagnosis – substance dependence in conjunction with a mental health disorder.

One indication of the heightened levels of psychological distress for Aboriginal and Torres Strait Islander young people is the incidence of youth suicide. The rate of Aboriginal and Torres Strait Islander young people who have suicided is much higher than other Queensland young people (Commission for Children, Young People and Child Guardian 2011). Silburn et al (in Dudgeon 2014) note “high levels of alcohol and drug misuse in almost all documented Australian Aboriginal suicide clusters, with many of the affected individuals being either intoxicated or in severe withdrawal when attempting or completing suicide”. AOD use is not directly causal but can be a precipitating factor in the context of underlying issues such as widespread unemployment and limited opportunities for young people to take their place as productive adult members of the community (Silburn et al, in Dudgeon 2014).

Given the impacts of complex trauma, a focus on healing is required; both healing of individuals and healing of communities. Responses to young people should offer opportunities to acknowledge pain and grief and to move towards gaining self-worth and building hope. The same is true for whole communities. Reparative work takes time and commitment on the part of the worker. Building trust is essential – traumatised individuals (and communities) are naturally slow to trust. Strategies to support healing are discussed in section 6.2.2.

For more information on the impacts of complex trauma, see:

“Culture Is Life” – Promoting community led solutions to Indigenous youth suicide

Elders speak about youth suicide. Contains a link to a video and the *Elders’ Report into Preventing Indigenous Self-harm and Youth Suicide*

Available from: www.cultureislife.org

2.2.3 Youth justice system

A related consequence of the history of colonisation of Aboriginal and Torres Strait Islander people, the Stolen Generations, dislocation from land, exposure to violence, AOD use, poor parenting, unemployment, lower educational attainment, poverty, overcrowding and homelessness, is that Aboriginal and Torres Strait Islander young people experience higher rates of involvement in the youth justice system (AIHW 2013). Aboriginal and Torres Strait Islander young people have been reported as 14 times more likely to be on a community based supervision order and 18 times more likely to be in detention (AIHW 2012).

It has been suggested that some Aboriginal and Torres Strait Islander young people engage in behaviour that will result in detention in the youth justice system as a 'rite of passage' to manhood. Research by Ogilvie and Van Zyl indicates however that detention is one aspect of criminal trajectories that are part of learnt behaviour. They found that detention is not a replacement rite of passage, but rather can be one venue for the construction of identity, as are schools, leisure groups and more general peer interactions (Ogilvie and Van Zyl 2001).

2.3 The context of family and relationships

Working with Aboriginal and Torres Strait Islander young people in the context of their families and kinship relationships is crucial in addition to working with the individual young person. Working within family and community provides opportunities for intervention in AOD use. Be prepared to work with the extended family, not only with the young person or immediate family members.

Understanding family and kinship relationships is central. Workers must take an inquisitive approach and not make assumptions about family structure and roles. 'Family' can include kinship relationships, adoption, and extended family. Tools such as genograms can help in mapping the significant relationships of young people, and can allow the young person to describe their relationships in their own terms (see section 2.3.1). Remember that relationships may have been fractured by the current or past removal of children from families.

However not all young people are engaged with family and a young person may not have family support. In some cases other family members have problems with AOD use, or family violence, or are volatile in their family relationships, making close connection with family difficult or stressful for the young person. While young people are expected to show their elders respect, this can be problematic when older people within the family engage in substance use and violence. In such cases, while work may occur with a young person individually, understanding their family context remains important. It may be possible to support the young person in strengthening connections with at least one 'safe' family member.

“Kids might not think that they want to belong – but it’s like taking a piece of a puzzle that’s sitting over there, away from the rest. It does belong. It will fit in eventually.”

It is important to work with the individual within the context of family. This may mean also working with other family members to support them to facilitate change in the young person. Empowering families and communities to 'take care of their own' is part of healing.

Where young people are dislocated from families, it is important to encourage connection (where safe) and to leave the door open to assisting them with this. *"Kids might not think that they want to belong – but it's like taking a piece of a puzzle that's sitting over there, away from the rest. It does belong. It will fit in eventually."*

LFEO reference group members have emphasised that working with families means:

- understanding family structure and kinship roles and identifying the key person or people in relation to the young person
- understanding adoption and child placement, including traditional Torres Strait Islander adoption where relevant.

It also means accepting the volatile nature of some families, using skills to negotiate ways to work with them, and suspending judgment. For Aboriginal and Torres Strait Islander workers who are part of the community, connecting with families may be relatively straight-forward. For non-Indigenous workers, until they know a community well and are accepted, being 'vouched for' will be important (see section 7.2.1). This may include being introduced to a family by an Aboriginal or Torres Strait Islander co-worker.

2.3.1 Mapping kinship networks

Many workers use genograms and eco-maps to map out the relationships between people, and to clarify who is important to a young person and the position they hold in relation to the young person and the wider community. In work with Aboriginal and Torres Strait Islander young people, genograms can provide “considerable information about kin networks, ties to origin place and the more delicate issue of Aboriginal identity” (Slattery 1987 in Monahan & Twining 2006). Monahan and Twining (2006) note that while genograms could be a great visual aid within the counselling process, “it is important to be mindful about how overwhelming it may be for an Indigenous person to see a diagram which highlights or names extended family members who have died” (p. 18).

The visual representation of a family can help to identify patterns or themes within families that may be influencing or driving the young person’s current behaviour. Most young people enjoy this opportunity to talk about their family history, and it can work as a good tool to build trust and rapport in a working relationship. Identifying the key people who are important to a young person and a positive influence in their lives is an important place to start. However be aware that some young people may find seeing a visual picture of the state of their relationships confronting, particularly if the majority of relationships in their life at present are conflictual or distant (Jesuit Social Services 2009). It can also be a complex process, with the need to be aware that an aunt or uncle may be known as Mum or Dad.

For more information on using genograms, see:

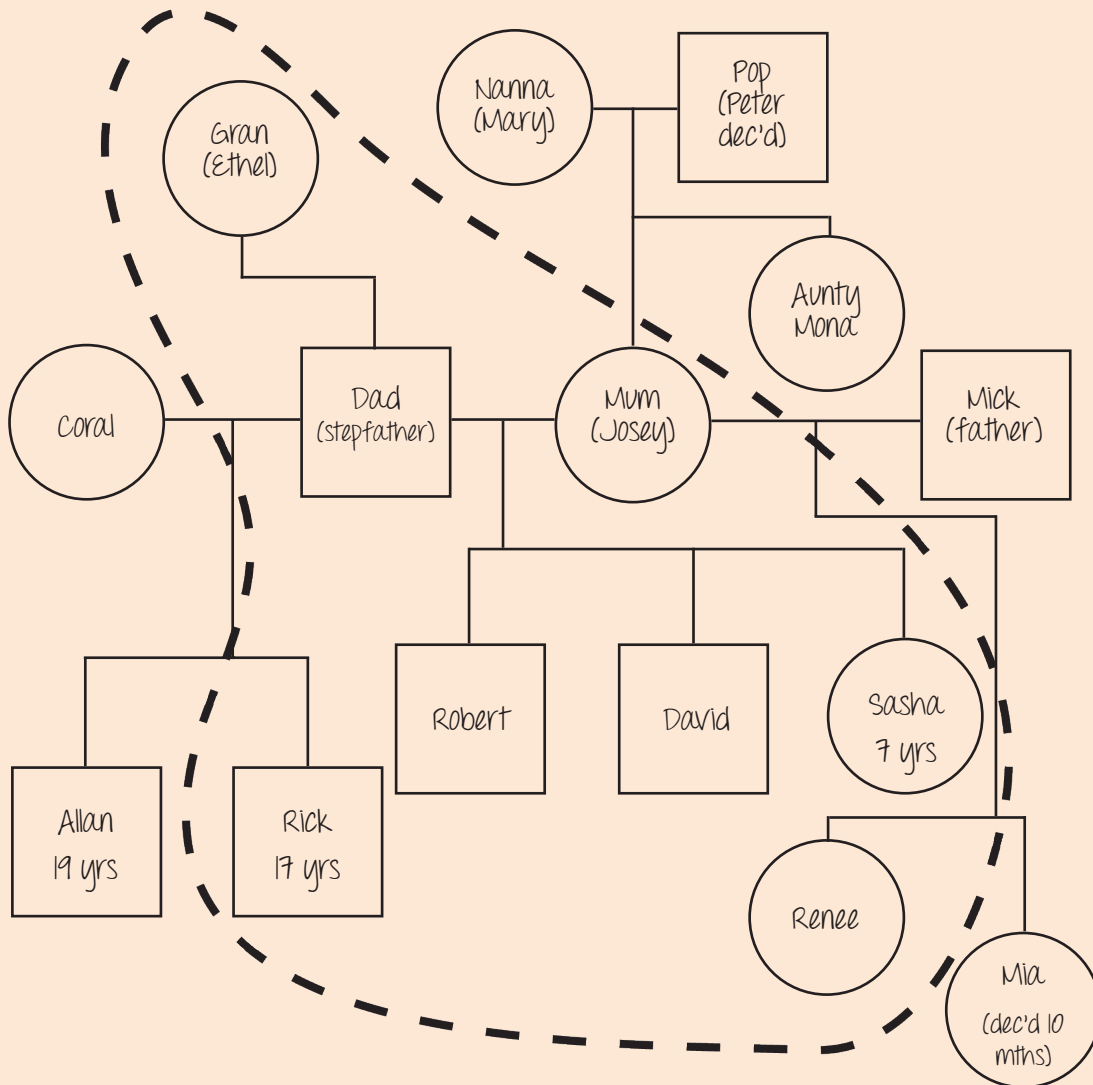
Jesuit Social Services under their Strong Bonds “**Building Family Connections**” web resource provide a simple step by step guide for using standard genograms with young people.

Available online at:

www.strongbonds.jss.org.au/workers/families/genograms.html

Example genogram

This simple genogram of Renee's family shows that she lives with her mum and stepfather, two brothers and her sister, and her older step-brother, as well as her stepfather's mother. You could add more family members, and whatever detail is important to Renee. This example has used 'dec'd' to record that someone has passed way, rather than the cross in the box (which can be a bit confronting).



The Conceptual Map (identity and belonging)

“Every child needs guidance through the map of their personal identity, in order to feel safe in their skin and good about who they are” (Bamblett et al 2012). The Conceptual Map portrays different aspects of cultural connections that could be explored with an Aboriginal or Torres Strait Islander young person to enhance their sense of identity and wellbeing. The Conceptual Map domains can be thought of as shown:



Who you are (personal identity)

Who you belong to (family, community)

Where you belong (country)

What you do (participation, expression)

Where you come from (family history, Aboriginal history)

What you believe (values, beliefs and practices).

Conceptual Map: Aboriginal Children's Cultural Needs.
Source: Bamblett et al 2012 (reprinted with permission).

Some young people will be ready to find out more about their kinship network, if their existing knowledge is patchy. However “this has to be on the young person’s timetable. Be aware of expectations here because sometimes efforts to find out more reveal a lot of information and other times not much. If there are Stolen Generation impacts then the process can be lengthy and sensitive” (Bamblett et al 2012).

“This tragic experience [of removal], across several generations has resulted in incalculable trauma, depression and major mental health problems for Aboriginal people. Careful history taking during the assessment of most individuals and families identifies separation by one means or another - initially the systematic forced removal of children and now the continuing removal by Community Services or the magistracy for detention of children....” (HREOC 1997, “*Bringing Them Home*” Report).

For more information on The Stolen Generations and family dislocation, see:

The **Bringing Them Home report**, the 1997 Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (HREOC 1997), is compulsory reading for all non-Indigenous workers who will be working with Aboriginal and Torres Strait Islander families.

Available online at: www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf

Understanding Aboriginal and Torres Strait Islander young people and AOD work

3.1 Understanding the 'big picture'

Understanding AOD use trends across Queensland (urban, regional and remote) means understanding the 'big picture' that emerges from information gathered from various sites. It also means understanding the local impacts of state-wide and national influences of legislation and government policies and programs, for example in relation to volatile substance misuse (VSM) or emerging psychoactive substances such as synthetic cannabis.

AOD use in Queensland by Aboriginal and Torres Strait Islander young people varies across different communities and changes over time due to issues of fluctuating supply and access, funding and resources available for diversionary programs, and the impacts of government policies such as alcohol management plans. Patterns of global drug production and supply can also impact Aboriginal and Torres Strait Islander communities. AOD use by young people is also influenced by the alternative activities offered in the community to support young people, such as recreation, sport, education and training opportunities.

3.1.1 Rural and remote

There is evidence that some areas of Australia are more prone to risky alcohol consumption than others, particularly rural areas (NIDAC 2012). There are less viable alternatives to using substances in rural and remote communities than in urban areas. While hard 'evidence' is limited in relation to rural and remote areas, workers in those areas must be alert to changing usage patterns within the community. For example, LFEO reference group members have noted a significant increase in intravenous drug use in some rural communities. Establishing 'early warning systems', gathering real time intelligence around alcohol and other drugs use by young people across the sites and tracking patterns can help communities to respond in timely ways.

LFEO reference group members have noted that some of the patterns include:

- drug usage varying according to supply, e.g. young people returning from Brisbane where they have experienced using 'speed'; amphetamine supplies entering communities
- in rural and remote areas, sniffing increasing when there is no yarndi (cannabis) available or no money to buy it
- young people in remote areas copying urban young people who return to community
- internet and social media influencing young people about 'acceptable' usage
- changing access to social support monies bringing changing patterns in substance use, such as a progression from binge use to regular use and increasing dependency
- the impacts on remote issues around the federal government 'intervention'.

Some of these patterns are also true of urban areas, but are more recent observations in rural and remote communities. Anecdotally, while tobacco, alcohol and yarndi have been viewed as culturally acceptable in some communities, use of amphetamine-type stimulants, opiates, and injecting drug use have been frowned upon. However these patterns are starting to be apparent in some rural and remote communities. LFEO reference group members state that it is important not to be complacent or think that remoteness protects young people from exposure to any particular drug.

Workers in remote and rural areas need to have ways of tracking trends in order to effectively respond to AOD issues as they arise.

3.1.2 Urban Aboriginal and Torres Strait Islander young people

Aboriginal and Torres Strait Islander families in urban and metropolitan areas may or may not identify as part of local Indigenous communities. Workers need to be mindful of where a family 'sits' in this regard. In all communities, issues of confidentiality might be of concern to the family when Aboriginal and Torres Strait Islander AOD workers from the same community are in contact with them. Some families will actively choose to work with a non-Indigenous worker due to apprehension about the 'Murri grapevine'. If a family does not see themselves as part of an Aboriginal or Torres Strait Islander community, it remains important for the worker to consult with Aboriginal and Torres Strait Islander colleagues in appropriate ways – the family retains their right to culturally competent responses.

“The ‘urban trickle’ – the displacement of families from communities to the urban centres – can put families and young people at odds with their environment, and that puts them at risk.”

Some young people with AOD issues in metropolitan areas are transient, or dislocated from family in ways which are more difficult for AOD workers to address in the short term. Their family may live at considerable distance from the area in which the young person spends a lot of their time with peers.

“VSM in urban contexts generally occurs among young people who are acutely socially marginalised; for instance, prevalence is often higher among those involved with the child protection or juvenile justice systems. It makes sense, then, that measures to reduce the isolation, deprivation and lack of opportunity experienced by these young people are likely to impact on their substance misuse” (d’Abbs & MacLean 2008).

Young Aboriginal and Torres Strait Islander people in urban areas may be more likely to experience racism as part of their everyday life, and if living in low income areas may also experience stigma related to the locality in which they live. Homelessness is a significant issue for urban young people with AOD issues and ‘couch surfing’ (staying with friends on a short term basis) is prevalent. Supported accommodation may be a necessary prerequisite to maintaining any changes in substance use.

“It is important to explore experiences of racism and discrimination, and to ask young people quite explicitly about this. On top of trans-generational trauma, the impacts of racism on the young person can be significant and profound and may be affecting them in ways they might not fully acknowledge. We know that discrimination and oppression based on identity can have a huge impact on a person’s wellbeing and sense of sense of self. This can affect the overall mental health of the person, and can also be a factor underlying substance use.”

3.1.3 'Big picture' responses

Given the histories for Aboriginal and Torres Strait Islander people, the contemporary problems that impact on the lives of young people, families and communities and the influence of kinship networks, a comprehensive approach is needed to respond to AOD use. Guide 01 *A Framework for youth alcohol and other drug practice* outlined that, under the *National Drug Strategy 2010-2015*, harm minimisation approaches focus upon:

- supply reduction
- demand reduction
- harm reduction.

The Australian Institute for Health and Welfare (Gray & Wilkes 2010) highlighted additional strategies required in the context of Aboriginal and Torres Strait Islander people. These included:

- addressing the underlying social determinants
- preventing or minimising the uptake of harmful use
- providing safe acute care for those who are intoxicated or under influence of other substances
- providing treatment for those who are dependent
- supporting those whose harmful AOD use has left them disabled or cognitively impaired
- supporting those whose lives are affected by others' harmful alcohol and other drug use.

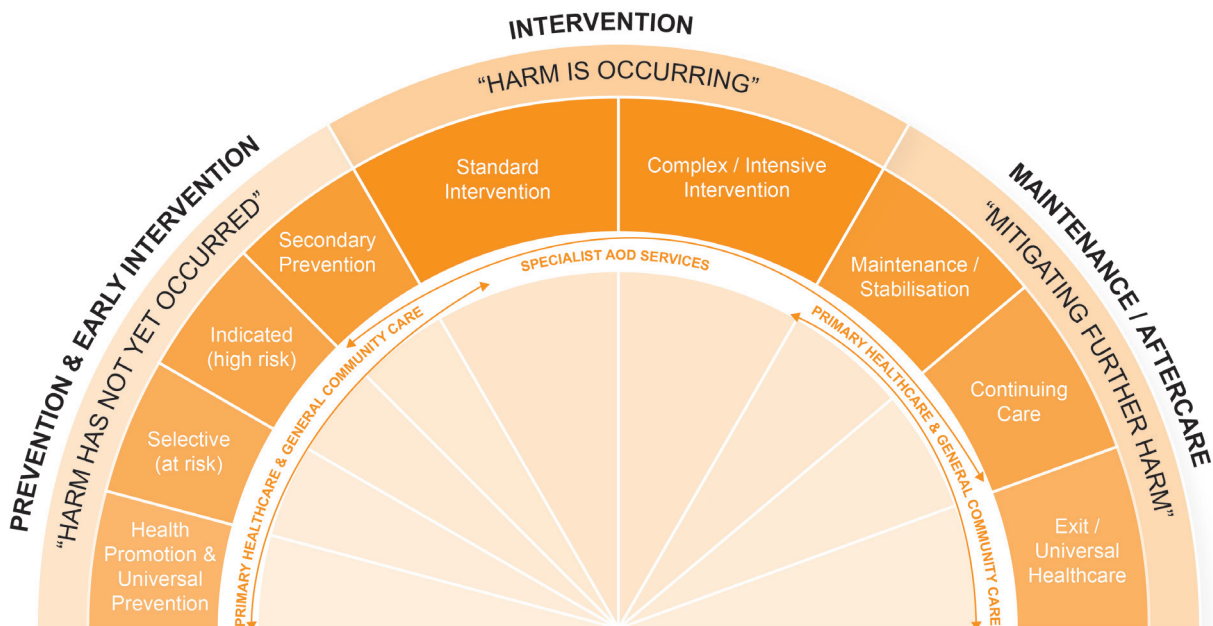
Each of these strategies includes various options delivered by a range of services across education, health and community services. The strategies cover the areas of:

- primary prevention of AOD use (addressing social determinants, prevention of harmful uptake)
- secondary services (providing treatment in the community)
- tertiary services (providing safe acute care and treatment within facilities as well as ongoing support for those impaired or disabled and support to families). (Ensure that this lines up with AOD sector diagram description)

While different types of services are delivered across a continuum of intensity and are targeted to particular outcomes, all service types have the broad intention of minimising the harm of AOD use and improving the health and well-being of individuals.

Where do AOD workers working with individual Aboriginal and Torres Strait Islander young people or groups of young people, their families and communities fit within this 'bigger picture'? This depends, in part, on where the service they are providing fits. However it is important to remember that ideally services across the continuum should be coordinated to provide an integrated response that meets the needs of young people and avoids service gaps.

This diagram illustrates how different intervention types match across varying stages of risk or harm. It suggests that universal services are important sites for AOD prevention and early intervention, however a specialist service system is required when young people begin to get into trouble or start to experience significant risk or harm. Universal services are also an important exit point for young people once their risks or harms have been addressed or mitigated. It is important to note however that for some young people who experience multiple, complex and enduring barriers, reintegration with universal services may not always be possible.



AOD Intervention Spectrum. Dovetail 2014.

A highly effective youth AOD service system matches the right level of service to the right young person at the right time. It has well established pathways not only between different youth AOD service providers, but also with other systems such as school-based programs, family support, education and training support, welfare support, primary health, mental health and homelessness services.

The main types of AOD services providing direct responses to individual young people in Queensland were identified in Guide 01 *A Framework for youth alcohol and other drug practice* (p. 20) as:

- casework and counselling with an AOD focus
- drop-in spaces with attached AOD case work
- group programs, often activity based
- intensive residential support and withdrawal (detox)
- residential rehabilitation
- supported accommodation
- outreach
- rest and recovery services for intoxicated young people.

'Beat Da Binge' – Gindaja (Yarrabah)

Beat Da Binge, a grass roots initiative coordinated by the Gindaja Treatment and Healing Centre was a whole-of-community effort to respond to binge drinking among young people in the North Queensland Indigenous community of Yarrabah. The initiative was developed by Gindaja in partnership with other local community organisations. It focused on binge drinking as a key concern of the community. Young people in Yarrabah were involved in much of the project's design and decision-making, and in running related community events. An evaluation, conducted by National Drug and Alcohol Research Centre, James Cook University and the University of Newcastle found that the two year project resulted in:

- 16% fewer young binge drinkers in Yarrabah
- a 27% increase in awareness of binge drinking
- a 16% increase in awareness of what a standard drink is.

The program won the Excellence in Services for Young People Award presented at the 2013 National Drug and Alcohol Awards (NDAA).

3.2 Trends in AOD use

Being aware of trends and patterns in alcohol and other drugs use enables workers and communities to be on the front foot in responding. Usage varies throughout Queensland, and over time.

Alcohol consumption is embedded in the social and cultural life of many Australians. Alcohol is the substance most widely used by Aboriginal people, as is also the case for non-Indigenous Australians. However the extent of alcohol consumption is difficult to determine as many people underestimate their use. National surveys of drinking patterns indicate young people are more likely to be heavy drinkers, with 18 to 29 year olds consuming alcohol in a way that puts them at risk of alcohol-related harm in the long term (NIDAC 2012). Data on AOD use for Aboriginal and Torres Strait Islander people is reliant on surveys of small sample sizes and comparisons with the wider non-Indigenous population. Data compiled by the Australian Institute of Health and Welfare for 2004, comparing substance “misuse” by non-Indigenous Australian with that of a smaller sample of Aboriginal and Torres Strait Islander persons, indicated Indigenous Australians had higher rates of harmful usage for all the eight substances types surveyed (Dudgeon et al 2014, p.127). It was also noted that a higher proportion of Aboriginal and Torres Strait Islander persons reported abstaining from alcohol use in the previous twelve months compared to non-Indigenous persons (Dudgeon et al 2014).

“When we consider the use of illicit drugs, or the harmful use of licit pharmaceutical drugs, the prevalence of use among Aboriginal people is about twice other Australians (cannabis 23.0 per cent compared with 11.3 per cent; amphetamine-type stimulants 7 per cent compared with 3.2 per cent; non-medical use of painkillers and analgesics 6 per cent compared with 3.1 per cent; inhalants, including petrol, about 1 per cent compared with 0.4 per cent; and heroin about 0.5 per cent compared with 0.2 per cent). Furthermore, about 3 per cent compared with 0.4 per cent had injected drugs in the previous 12 months.”

Dudgeon et al 2014, p.127

VSM became a matter of increasing concern in cities and towns during the 1990s where a number of studies in areas such as Brisbane and Perth and smaller centres such as Alice Springs and Mount Isa indicated that Aboriginal and Torres Strait Islander young people in these settings were more likely to use volatile substances in greater quantity and for longer periods, although non-Indigenous young people may also be chronic users. Issues of marginalisation and poverty were seen as factors associated with VSM, rather than cultural influences (Milford et al 2011). The 2010 National Drug Strategy Household Survey (AIHW 2011) indicated 3.8% of people over 14 years had used volatile substances during their lifetime, while a 2011 report on secondary school students’ use of substances (White 2012) indicated that inhalant use by school children peaked at 12 to 13 years of age.

The limitations of most surveys are that they were not broken down by Indigenous status, do not always include young people who are transient or not engaged in school and reporting lags behind current trends in use. Workers and agencies must be alert to changing trends, which can be influenced by factors such as improved accessibility, the dominance from time to time of personalities and sub-groups who use particular substances, and substances introduced when young people and adults move between communities.

“We need to keep up with changing types of substances being used, their effects and how best to respond. For example, we are seeing more use of synthetic drugs, more injecting in communities where it used to be less prevalent, and more use of hydro as opposed to bush cannabis.”

For more information on sources of population data about alcohol and drug usage, see the Resources section at the end of this guide.

3.3 Drivers for problematic AOD use by Aboriginal and Torres Strait Islander young people

The drivers for AOD use by Aboriginal and Torres Strait Islander young people vary depending on which group we have in mind. While it is generally noted that VSM occurs within a younger cohort of Aboriginal and Torres Strait Islander young people (around 10 to 12 years) in some communities it remains prevalent among older youth. There may also be gender differences, with some communities reporting higher rates of problematic AOD use for males, and others for women.

In addition to issues of history and current social context, including the disconnection from family and culture, those Aboriginal and Torres Strait Islander young people who drink alcohol to excess and use other drugs in problematic ways do so for a range of reasons, including:

- family histories of AOD use
- peer pressure and peer-shared activity due to lack of meaningful activities
- wanting to appear 'cool' or to gain confidence
- self-medicating, for reasons related to mental health or the impacts of trauma or loss
- ignoring or being ignorant of the risks.

(The Kulunga Aboriginal Research Development Unit (Telethon Kids Institute) 2010)

Understanding these reasons can provide options for intervening and assisting Aboriginal and Torres Strait Islander young people.

It is important to understand the underlying reasons behind problematic substance use:

“The motivation for young people using needs to be considered – they’re not just doing it for fun; often it’s to forget what they don’t want to remember.”

In general, young people placed away from their kin and community and troubled by significant histories of trauma and behavioural issues have increased vulnerability for engaging in problematic AOD use (Queensland Child Protection Commission of Inquiry 2013).

3.3.1 Trans-generational AOD use

Like other young people, many young Aboriginal and Torres Strait Islander people use alcohol and other drugs for the first time as teenagers and the risk of use increases if they grow up in families and communities where excessive AOD use is normalised due to community disadvantage and historical factors. The earlier young people use alcohol and other drugs the more likely they will have problematic use as an adult. In addition the risks are increased as their bodies are still growing and the substances can impact on their development (Lee et al 2012).

Some Aboriginal and Torres Strait Islander young people come from family backgrounds that include significant alcohol and other drug problems. The example of open and excessive use by family members and members of the local community models drug use as a normal activity as children reach adolescence. Just as AOD workers should understand the reality of inter-generational trauma, so should they be aware that, for some Aboriginal and Torres Strait Islander young people, drug usage is inter-generational, with influence from older generations to use alcohol or drugs (e.g. sharing bongos).

Tools such as genograms can be used when working with the young person to map their family and kinship structure in a way which shows how AOD use is pervasive and has been “*passed down from other family members*”, to help the young person to understand this pressure. Plotting out the family history of AOD use can lead young people to see things more clearly and think about where their own history of alcohol use started.

“Mum and Dad both drink. OK, so Nanna did too. That’s at least three generations. Are you going to pass it on to your own kids? Here’s your opportunity to make a break from that history now.”

“You do see kids coming through the same cycle, one after another in a family. The parents may be heavy yarndi smokers, and now the kids are following them. It can be a chance to work with the parents, once they realise the impact of their example on their children. You are working with and talking with the adult family members, but the young ones are there in the room and listening and the echoes of what you are saying beam out to them as well.”

Section 4

Engaging Aboriginal and Torres Strait Islander young people in AOD work

Fundamental to all work in the human services is the relationship formed by the worker with individuals, families and communities through which positive change can be contemplated, promoted and supported.

Research consistently indicates that it is the quality of the relationship between workers and young people which is more important in influencing psychological and behavioural change than the specific type of intervention. If an intervention does not have as its backbone a genuine relationship between the worker and individual, or kinship network and community, then it will have limited lasting impact.

LFEO reference group members emphasise that all good relationships are built on respect. As well, essential elements in building relationships with Aboriginal and Torres Strait Islander young people and their families are:

- listening – understanding cultural cues
- being genuine – being yourself and being genuinely interested
- use of humour
- patience – *“don't expect that things are going to happen straight away”*
- flexibility and being prepared to change plans.

LFEO reference group members also emphasise having a non-judgemental approach:

- not lecturing
- not ‘telling’ – giving options instead
- being persistent
- getting respect because you give it, and model it in your interactions with the other staff as well as the young people.

“Opportunities (to talk with a young person about their drug use or other important issues) can arise at any time – don't miss them. For example, don't shut the door on a young person when they ask you for a lift – you don't know what opportunities you might have missed.”

“Don't think you're going to form a relationship just because you want to.”

4.1 Strategies for engaging

The strategies discussed in Section 2 'Engagement' and Section 3 'Outreach' of Guide 03 *Practice strategies and interventions* are relevant to work with all young people including Aboriginal and Torres Strait Islander young people.

When thinking about strategies to engage young people, either as individuals or together with their families or peer groups, deciding where to target effort depends on where there are opportunities to build connections and interest in changing AOD use. The key to this is having community connections (see 7.2 Induction to community).

LFEQ reference group members remind us that:

- *“Yarning is the first strategy of engagement. Don’t go to the young person with a big handful of paperwork. Introduce yourself and your role, be relaxed and have a yarn.”*
- *“We work from a harm minimisation framework, with a needle exchange program. A young Aboriginal man who is homeless and amphetamine dependent comes here for a feed. Making sure he has something to eat each time he is here has definitely assisted with building rapport. Key aspects are working without an imposed agenda and working from the place the client is now.”*

“Yarning is the first strategy of engagement. Don’t go to the young person with a big handful of paperwork. Introduce yourself and your role, be relaxed and have a yarn.”

4.1.1 Using outreach and ‘in-reach’

Outreach has long been an important feature of good youth work practice, towards engaging young people in the environments in which they are comfortable and undertaking activities which build trust and a foundation of further work to respond to their needs. As discussed in Guide 03 *Practice strategies and interventions*, use of assertive outreach is essential when working with ‘hard to reach’ young people to try to link them in to support services.

Given the nature of AOD use, an important accompanying element to outreach is ‘in-reach’ where workers facilitate young people’s contact with health services which can assess and treat ongoing health needs. In this way the needs of young people are addressed more holistically rather than solely focusing on AOD work and leaving it to other services to engage with young people on specific needs. The latter approach results in fragmented work with young people and is less likely to successfully meet their needs.

“Sometimes if you use outreach, go into a home, there is a lack of privacy there (due to the number of other people living there) and issues of shame – you are going into their environment. So getting young people and family members to come in can be better, but then transport is a problem. Be prepared to provide it and to put in a lot of effort to support people, for example ringing to check if they are coming and providing money for fares.”

Research shows the importance of linking young people into clinical services, as part of early intervention for emerging mental health and AOD issues (National Mental Health Strategy 2004).

Where clinicians are centre-based, getting young people to see the clinician requires a working relationship between the outreach worker and the clinical support person.

LFEO reference group members emphasise flexibility in out-reaching to engage, and reliability on the part of the worker. Advice on engaging young people who are reluctant to trust included:

- *“Go to wherever the kid is (school, home, under a bridge). Take baby steps. Just be with them, for as long as they will tolerate – pay them the respect of not staying when they tell you to rack off. Do it in their timeframe, not yours. Then use a hook that offers them something – food, an outing, transport to somewhere they need to go. It’s the same process if they are part of a group – work with the group.”*
- *Young People Ahead, Mt Isa: “We found that the majority of young people we were seeing during night patrols were not coming to the centre for diversionary activities despite invitations. So we started to do night outreach. Not just Rest & Recovery, but various outreach activities as a diversionary strategy. It led to better relationships and we started to have successes, with fewer young people out at night. We had to explain to staff then that holding night outreach for reduced numbers was actually an indicator of success!”*

4.1.2 Making connections and building rapport

Making connections with Aboriginal and Torres Strait Islander young people means finding out what they are invested in. This will differ for rural and urban young people, and from community to community.

LFEO reference group members note the need to be comfortable to use one’s own personality when working to engage Aboriginal and Torres Strait Islander young people – be attuned to their world view and interests, and use humour and a relaxed attitude to get beyond the ‘shame’ that they may feel in talking. This will be more pronounced if there is a gender difference between worker and young person or the worker is a new non-Indigenous staff-person.

Understand that many Aboriginal and Torres Strait Islander young people will be reluctant to talk with someone they don’t know and especially a non-Indigenous person asking questions:

- *“Their first survival instinct is to keep quiet, keep their mouth shut. And here’s someone saying ‘Trust me, talk to me’. It doesn’t work like that – there’s generations behind the instinct not to trust.”*
- *“Having something to offer helps – something to eat, meeting a practical need, ‘trading’ your time with them doing something they enjoy for their attention to what you have to say or talk about.”*

“Having something to offer helps – something to eat, meeting a practical need, ‘trading’ your time with them doing something they enjoy for their attention to what you have to say or talk about.”

- *“When young people who are seen at night when they are sniffing aren't in a stable environment or place, it's hard to follow them up the next day. You have to do what you can first to get them into a more stable situation. Work on a harm reduction strategy at that stage. Do with them what they are willing to do, hang in with them.”*

Bruun (2006) gives the example of Youth Support and Advocacy Service (YSAS, Victoria) practitioners placing high value on the practical assistance they offer young people, such as taking them to appointments. The conversations during such mundane activities tend to be natural and expressive, and YSAS practitioners often find that they receive and respond to disclosures or relevant personal information from young people, which they would not receive in more formalised settings. From this point, young people can be offered the privacy and structure of a more clinical environment (Bruun, 2006).

Engaging is about trust-building. Building trust underpins relationship. Reliability and consistency are important here. *“I rocked up there every time I said I would, even if I knew he wasn't home. He eventually started to believe I was genuine, and he started to be there. What messages was I giving him? ‘I'm not going to jib; I will show up’. And that he was worth it.”*

LFE0 reference group members undertaking outreach work emphasised the need to make contact a positive experience for the young person, taking a ‘side by side’ approach and engaging in activities which allow the young person to relax. Only after a relationship has developed will there be opportunities to make suggestions to the young person about helpful options.

“A new worker shouldn't think that just because a young person asks them to do things, they have a trusting relationship. Young people might be happy to take what a new worker has to offer, but that doesn't mean you have them on side. When young people open up to you about personal matters, you can assume you are getting there – an Indigenous kid will only tell their story to someone they trust.”

LFE0 reference group members note that building trust requires:

- time – Aboriginal and Torres Strait Islander young people may engage at a superficial level but will develop deeper relationships only with time
- giving something to the relationship
- using soft entry points – give the young person time to ‘suss’ you / the place out
- giving the message that you are not going to make demands
- providing help with practical issues, e.g. with Centrelink
- being willing to be ‘tested’ or ‘checked out’ before you expect trust to develop.

“A young person you are working with might be the ‘guinea pig’ – when the family sees that you are doing well with that one, they might then be willing to trust a bit more and say, for example, ‘There are other young kids here with the same problem.’ This ‘try and see’ approach works too with referrers, who might refer one young person to see how you go, before trusting to send others to you.

“Other young people will be attracted to the service if one young person has a positive experience and achieves some positive outcomes (no matter how small). At the moment we are working with about 80% of the main ‘sniffers’ in this (urban) area through word of mouth.”

When trying to engage an Aboriginal and Torres Strait Islander young person in a therapeutic relationship, for example to offer counselling or a mental health assessment, be aware that 'western medicine' styles of engagement might not be the most appropriate or effective. Consider these issues:

- the venue or setting - sometimes an unfamiliar or confined space can cause distress and cause the young person to present as anxious or stressed (Westerman 2010)
- be open to accepting 'third party' referrals when a young person may not be able to approach you directly (but be cautious about confidentiality) (Vicary and Bishop 2005)
- adhere to the Aboriginal terms of reference (see Section 8) and if you are non-Indigenous consider using a cultural consultant to help understand this young person within the context of their community (again, with caution about confidentiality)
- use visual tools, practical concepts and a narrative approach rather than lots of personal questions (Dudgeon et al 2014)
- take the time required for the young person to feel comfortable - the engagement will not be 'therapeutic' for the young person until they feel comfortable, and trust that you are genuine in your intent to help and have some understanding of their world-view.

4.1.3 Connecting through groups

Peer groups are the natural setting within which young people spend much of their time, bringing the developmentally necessary benefits of belonging and identity formation, and security as they seek greater independence from family. Even peer groups formed around the common bond of using substances together bring benefits as well as negative influences. They help reduce social isolation and can be a substitute 'family' with strong bonds which provide some emotional support.

Some Aboriginal and Torres Strait Islander young people who are not ready for individual connection with a worker will accept contact within the security of a group – either a peer group of their own choosing or an activity-based group in which they are invited to participate. For Aboriginal and Torres Strait Islander young people there is less 'shame' if they are not the focus of individualised attention. AOD workers may need to identify and engage with group leaders as part of building the trust of others. Given the strength of young people's need for belonging within peer groups, work to influence the whole group to change some behaviours may be more productive than attempting to separate a young person from the group.

"Don't exclude young people from programs based on background. Young people don't see colour, they see friends or (drug) 'using buddies'. You need to understand their social networks, and work with them through these networks."

Group activities which aim to engage young people will vary with the characteristics of the place, the ages and gender of the young people, the resources available and, importantly, how likely it is that the activity will prove attractive to the target group. *"Young people don't rock up because they are fascinated by AOD information – the skyhook to engage with them will be something else, some other part of the program that is practical and of relevance to their lives now."*

Yadaba Program (Darumbal Community Youth Services, Rockhampton):

Yadaba is an activity-based program, funded as a volatile substance misuse diversionary program, that offers a variety of group activities with a focus on health, good eating, self-awareness, AOD awareness, learning and developing together. A focus is respecting self and respecting others. The young people don't notice they are learning – it's a fun atmosphere with peers. We try to get the whole group in – there's safety with mates, and coming to the group programs helps kids to get to know the workers. After one or two sessions, we will invite them for a one-on-one chat. They all get to see the worker this way, so it's normalised. We get to tick the boxes of a health check, use the Outcomes Star™ to do self-awareness raising and check progress. Types of activities include a young women's group, young men's group, art and painting workshops, and the touch football team competition. The day program is linked with the night outreach to young people using volatile substances.

Connecting through football – *“Young people can be ostracised by their peer group when they try to stop using drugs. Getting into footy gives them an alternative and a positive role that the peer group respects. You can't be on the footy team if you are sniffing. They'll hang around and watch, then: 'I haven't sniffed for a week'. We'll say, 'OK, come on in, you can play.'”*

“The best strategy for engaging was when we had the football. We'd be watching together, cooking up a BBQ, yarning, no pressure but they'd be there. It strips away that clinical, know-it-all, smart-arse image they may have had about you. Gets your face out there and at the same time you can talk about what you are doing. Build in the health promotion strategy, but footy is the link.”

Connecting through 'our community' – for example, making house DVD's. Young people have enjoyed starring in their own video, showcasing their own community.

Connecting through fishing – *“A group of (urban) young people who are mostly Aboriginal and Torres Strait Islanders – we target those who are using but they don't know that. We go fishing on Thursdays. We sit and fish, and talk and laugh. They are relaxed and the conversation flows. We don't ask questions but relevant stuff comes up in conversation, and we have a yarn.”*

Connecting through music – some agencies use the Holyoake DRUMBEAT program.

“Discovering relationships using music, beliefs, emotions, attitudes and thoughts. DRUMBEAT is an evidence-based therapeutic intervention that uses music to engage participants, teach social skills and build self-esteem. Developed by the Western Australian drug and alcohol treatment agency Holyoake, the program was designed to address the difficulties in engaging young people, particularly those at-risk and those of Aboriginal and Torres Strait Islander descent.

The DRUMBEAT program can be delivered in a range of settings including primary schools, high schools, youth centres, drug and alcohol rehabilitation facilities, and detention facilities. DRUMBEAT training is provided by Holyoake and is open to educators, counsellors and youth workers. Several evaluations have shown the program is effective in engaging young people, including Indigenous youths, at risk of alienation from mainstream society.”

For more information: www.holyoake.org.au/index-drumbeat.php

4.1.4 Connecting through family

The significance of connecting with Aboriginal and Torres Strait Islander young people through identifying them within their family was emphasised by LFEO reference group members across the state. While some young people will be disconnected from their family, particularly in urban areas, for many “*working with the family is the key*”.

LFEO reference group members noted that Aboriginal and Torres Strait Islander workers will usually connect with a young person through exploratory introductions which identify their ‘place’ within family and within community – a community to which the worker may also belong and identify. A rapport is built through sharing information about the connections which locate the young person within their kinship network, exploring ‘who they are’ and ‘who is their mob’. There is often a legitimately claimed link – “I know your family; I know the mob you belong to” – which establishes the worker’s legitimacy and can build quick rapport.

“Murri kids connect best with Murri workers. They will know their mob, know their Aunty and Uncle and family. Even non-Indigenous workers have to show they have this connection – even non-Indigenous workers have to identify as part of the community.”

In urban areas, and even rural and remote areas where an Aboriginal or Torres Strait Islander worker is not from that area, the Indigenous worker may not know the community. But they will connect through their shared identity and by exploring kinship and family connections and connection to country. Non-Indigenous workers cannot claim this same kinship knowledge as part of their own identity. However those working within smaller communities who build knowledge of community and kinship connections can use this information in a similar way to ‘locate’ the young person within their kinship network.

“When working with Indigenous young people I acknowledge up front that I am not an Indigenous worker, and that this may mean that there are some things I do not fully understand. But I can still share with them and will often use self-disclosure on ‘safe’ topics to reduce barriers and build connection. I often ask the young person to tell me about their culture, if they have that identity. Some don’t, but it is still a point of reference, as issues of identity are central for young people. They are working through issues of ‘Who am I?’ and, especially for some who are not closely connected to their culture, ‘What makes a person Aboriginal?’”

“Murri kids connect best with Murri workers. They will know their mob, know their Aunty and Uncle and family. Even non-Indigenous workers have to show they have this connection – even non-Indigenous workers have to identify as part of the community.”

In response to the question of how non-Indigenous workers help young people explore these issues of identity, LFEO reference group members suggested trying:

- exploring who within the young person's family does know these things, and, if appropriate, encouraging them to talk with those family members
- helping them to cultivate relationships with Aboriginal and Torres Strait Islander workers, in other relevant services if possible
- talking with other Aboriginal and Torres Strait Islander workers or with relevant elders if you can, about ways of putting this young person in touch with culture.

When working with and through family connections, confidentiality is central to the trust a worker is seeking to build with the young person. Be up front about what information can and can't be treated confidentially.

"Of course confidentiality is important. In the end, it depends on the young person and respecting what they are interested in and able to cope with at that point in time. Identity issues might be huge for them, or not a focus at this time."

Despite the general assertion that "Murri kids connect best with Murri workers", some LFEO reference group members warn against generalisations – an Indigenous worker may not always be the best match for a particular young person, and *"what you want is the right staff person for the job at hand, to provide a particular service"*. Matching the right worker with a particular young person or family member helps. Consider gender issues and the worker's level of experience and age especially when approaching older members of the family.

"A Nan had a large family, she was the matriarch looking after all the grandchildren; the eldest three were sniffers and in trouble with the police. All the other services (Child Safety, Youth Justice) were there all the time. She was overwhelmed and telling them to go away. She identified us – the VSM service – as one of the few services she would work with. She began to tell the other services 'Go through them' and we worked together. What did it take? Heaps of cups of tea. A worker who just hung in there, not judgemental, with very regular contact, helping take the load off her. The elderly lady relaxed and came on board – she talked with her grandsons and was able to exert some influence. The young ones saw Nan respecting the youth worker, so they started to respect her too. They started to be there at home when she came. The 'softly approach' worked – one by one they got more positive energy and changed."

4.1.5 Connecting through other agencies

“Don’t just wait in your office and expect that young people will come in. Go to where they are, including liaising with other agencies (with consent) and linking with young people through these other services - schools, community centres, at the courthouse, at Youth Justice, in detention if that’s where they are.”

When liaising with other services be aware of the capacity and role in which they are involved with the young person – for example, is it voluntary or not? Some young people might be involved with lots of services but not engaged with any of them. An Aboriginal or Torres Strait Islander young person might need the services of a non-Indigenous worker but find it hard to access the service, due to shyness and shame. As a non-Indigenous worker, if necessary work with an Aboriginal or Torres Strait Islander worker that the young person is already engaged with, to have them ‘vouch’ for you. If that worker is with another agency, work together.

“I (a non-Indigenous ATODS worker) had a referral from an Indigenous outreach service. The client came along initially with the Aboriginal worker, who sat close beside the young person and asked whether I had worked with many Murri kids. I had. She reassured the young person: ‘She’s worked with your mob.’ On the second visit, the Aboriginal worker sat a little further away and read while I talked to the young person. On the third visit, she sat in the waiting room. It was a story of working together towards the gradual transfer of trust.”

If young people are in detention, continue contact with them where possible. It may be a time when they are more open to engaging. Assessment conducted at that time may enable accurate diagnosis of any underlying issues, for example, of mental health issues that become clear when not clouded by AOD use. Liaise with the detention centre staff in joint planning and connect through the relevant health service that operates within the detention centre.

“Don’t just wait in your office and expect that young people will come in. Go to where they are, including liaising with other agencies (with consent) and linking with young people through these other services - schools, community centres, at the courthouse, at Youth Justice, in detention if that’s where they are.”

4.2 Keeping young people engaged

Making connection and initial engagement with young people is the start of a process of potential change. For this to occur, the young person must be connected with workers and services for long enough to begin to trust and to risk change. Aboriginal and Torres Strait Islander young people with problematic substance use are often disconnected across the board – from family, from school, from participation in community life. Their main connection may be with their peer group. “You’ve got to have a better offer than the other current offers they have.”

Create positive opportunities for young people and *“don’t take for granted the life experience a young person may or may not have had. For example, one young person we worked with had never been on a school excursion, so we took this 15 year old to see a koala for the first time. Another young person had never been on a boat, and had that experience for the first time on a trip we arranged to Straddie (Stradbroke Island).”*

LFE0 reference group members describe using programs, approaches and tools which are:

- varied (not ‘one-size fits all’)
- experiential (*“not sitting down just talking or writing”*)
- culturally attuned to the community within which the young person lives
- socially attuned (social media as a contemporary tool spans urban and rural areas. Some workers describe using Facebook to communicate when young people do not have credit on their phone).

LFE0 reference group members also remind us that the physical space does make a difference – *“If it’s too ‘adult’ or sterile it won’t work. The space needs to say ‘this is an Indigenous space; our mob are welcome here.”*

The centre or setting also needs to be a ‘safe place’ for young people, both physically and psychologically. Understand that some Aboriginal and Torres Strait Islander young people accessing the service may have experienced trauma and will only feel safe if the service is:

- non-judgemental and ‘non-shockable’, for example, able to cope with the expression of strong feelings
- structured enough to convey security – it is reassuring that staff are in charge and ground-rules in place
- flexible enough to allow for difference and to adapt to meet young people’s functional needs (e.g. around time of day when they are up and about)
- fair and equitable – young people who are vulnerable can be finely attuned to ‘unfairness’.

Lives Lived Well (Gold Coast Drug Council): We partner with Creative Inclusive who deliver the DRASTIC program. DRASTIC stands for *Drama, Rhythm, Art, Self-Therapy, Inspired, Creation*. The DRASTIC Program is about young people exploring their identity, their friendship, their environment and their world and sharing it with the wider community. Aboriginal and Torres Strait Islander DRASTIC is a culturally appropriate version of the DRASTIC program. It is a therapeutic, youth arts and cultural program for 12-17 year old young people who are at risk of disengaging from school, and problematic substance use. DRASTIC trains and supervises a group of peer support leaders as positive role models. Throughout the program peer support leaders share their stories – this instils in participants the courage to share their own personal stories and promotes self-determined change.

www.liveslivedwell.org.au

<http://creativeinclusive.com.au/index.php/programs> (Creative Inclusive)

4.3 Promoting the service and community engagement

Young people and their families are more likely to engage with a local AOD service if stigma attached to attending at the service is reduced. In regional areas it helps if the service is 'visible' so that it becomes accepted as a community resource. While it is relatively easy to ensure that other agencies know about and promote the AOD service, achieving wider community exposure takes more effort. It means, for example, being involved in community-wide activities such as celebrations and using opportunities for positive local media coverage. "The key is having established relationships with elders in communities. Elders and community workers can provide mutual support to each other as part of responding to community challenges" (Roche et al 2013). Linking with community role models for young people, such as local sports stars with a positive message, is also a good strategy.

Gindaja Treatment and Healing Centre, Yarrabah.

Gindaja sponsors the Yarrabah football team. We sponsor both the junior and the senior leagues – they have our name on their jerseys. Playing football has a lot of benefits for the young men in the rehabilitation centre. It gets them doing something in the community that gives to the community. Gindaja takes a leadership role in the community – through the football and other activities we are very visible. It helps to reduce the stigma of coming here, and the personal shame factor. Our players have a chance to become role models, to show the younger ones that you can get help and you can recover. Our referral numbers have increased.

Gindaja: "Other community activities have also helped break down the shame barriers, such as when we held a big music festival a year ago. James Morrison was there – it was BIG! The staff took part and we revived the Yarrabah Brass Band. Being part of the community like this gets the young people talking about us, about AOD issues – we always link it back to our role in preventing and treating AOD use."

Community-level engagement can occur through making awareness-raising opportunities attractive. The aim is to involve not only young people, but also the families of young people, and members of the community in which they live. "We recently funded adult family members of young people using the AOD service to attend Mental Health First Aid Training. This had tangible results in terms of family 'buy in' to the issues, and their knowledge and understanding significantly increased. This had a flow on effect, with interest by other members of the community."

Section 5

Assessing the needs of Aboriginal and Torres Strait Islander young people

All effective intervention with Aboriginal and Torres Strait Islander young people is underpinned by good assessment. Every young person is unique, despite shared experiences and issues. Assessment is a process of becoming aware of the individual and the issues and circumstances that impact on them – gathering information and interpreting it to reach conclusions about their needs and how best to respond. Interactive assessment will often also assist the young person to become more self-aware.

Different types of assessment set out to answer different questions: about patterns of AOD use, about the young person's state of mental and physical health, about their current readiness and capacity to change, about the family and social supports and stressors in their life, about risk, about their wishes and needs. 'Needs assessment' assists workers to:

- be well-informed about an individual young person's needs
- match interventions to the assessed needs
- choose resources which fit the young person's stage of development
- choose resources which fit the young person's readiness to change their substance use
- take a holistic view of the young person's needs
- ensure work with the young person is proactive and purposeful.

Assessment is an ongoing process of updating the information gathered and refining the understanding of the young person's issues and needs. Information is gathered directly from the young person as well as from other sources where possible and appropriate.

Guide 03 *Practice strategies and interventions* also discusses assessing a young person's AOD use, assessing for high risk, and assessing a young person's readiness to change. These activities apply for all young people including Aboriginal and Torres Strait Islander young people. Guide 03 also provides an overview of the *Elements of an initial AOD assessment for young people* (page 43) along with outlines of nine assessment tools covering AOD and mental health issues (pages 116 to 138).

Guide 03 is available online at: www.dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx

This section outlines some of the specific AOD screening and assessment tools designed for use with Aboriginal and Torres Strait Islander clients. It should be noted that these vary in terms of their focus, and the 'fit' of the content for Aboriginal and Torres Strait Islander young people, as opposed to adults (only a few of the tools are specific to young people). The 'fit' in terms of urban compared to remote lifestyles should also be considered when choosing suitable tools. Finally, some are designed for use by trained clinicians, while others are simply aides to stimulate discussion and reflection.

5.1 Screening for vulnerability

In the context of AOD work with young people, screening aims to identify young people who may be at risk of having mental health problems which require a more in-depth assessment and/or a more timely response. Guide 03 *Practice Strategies and Interventions* (p. 126) outlines the Kessler-10 (K-10) screening tool which is designed to identify non-specific psychological distress. It is suitable for use with Aboriginal and Torres Strait Islander young people over 16 but is not Indigenous-specific.

The tools listed below are specific to Aboriginal and Torres Strait Islander clients.

The Indigenous Risk Impact Screen (IRIS)

Developed by: Queensland Health

Content: IRIS was designed to meet the specific needs of Aboriginal and Torres Strait Islander communities in Queensland (and elsewhere).

The Indigenous Risk Impact Screen and Brief Intervention program provides a culturally secure and validated screening instrument and brief intervention. The screening instrument allows for the assessment of risk factors for alcohol and other drug use and associated mental health issues in a culturally appropriate and timely manner.

Available from: www.health.qld.gov.au/atod/prevention/iris.asp

LFEO reference group members experienced with using the IRIS screening tool suggest:

- having the content in mind when asking for information, even if not directly completing the tool with a young person (“*For many, it is too long and complicated; you won’t hold their attention that long.*”)
- using as much of the tool as is useful. “*In the first session, you may not even talk much. If the young person is vocal, ask all the questions, but if they are shy or shame, just talk it through. You can just use the visual parts of it.*”
- using the tool as a reference for your information gathering, as a quality check.



The Westerman Aboriginal Symptom Checklist – Youth (WASC-Y)

Developed by: Dr Tracy Westerman

Available from: Indigenous Psychological Services, www.indigenoupsychservices.com.au Use of the WASC-Y requires accreditation through the IPS Training Program “Mental Health Assessment of Aboriginal Clients” and purchase of the product (the WASC-Y Start Up Pack).

Content: (From the IPS website): The Westerman Aboriginal Symptom Checklist for youth aged 13 to 17 years (WASC-Y: Westerman, 2003, 2007) is the first culturally and scientifically validated psychological test that has been developed specifically for use with Aboriginal Australian youth. It identifies young Aboriginal people at risk of depression, suicidal behaviours, drug and alcohol use, impulsivity, anxiety and the extent of cultural resilience as a moderator of risk. The manual includes *Cultural and Clinical Validation Guidelines* for use when interviewing youth who have been screened with the WASC-Y.



Northern Territory Remote Alcohol and Other Drugs Workforce Program: Assessment and Intervention Tools

Developed by: Menzies School of Health Research and Northern Territory Department of Health

Available from: <http://remoteaod.com.au/aod-work/further-resources>

Content: This resource contains a brief and comprehensive assessment tool as well as a wellbeing screener. These tools were developed for use in remote communities in the Northern Territory and can be downloaded free of charge from the remoteaod.com.au website.



For all the reasons discussed in sections 1 and 2 of this guide, Aboriginal and Torres Strait Islander young people are at higher risk of suicide than non-Indigenous young people. This reinforces the need to be alert to increased vulnerability of Aboriginal and Torres Strait Islander young people. 'Being alert' is a responsibility of all AOD workers working with Aboriginal and Torres Strait Islander young people, in addition to any formal screening which might be routinely or selectively undertaken by your agency.

When a death of a young person by suicide has occurred in a community, it is particularly important to be attuned to the well-being of other young people who were close to the departed young person. LFEO reference group members suggest:

- make opportunities for informal debriefing; not just one opportunity – be visible and accessible and use any opportunities to process grief and confusion
- spend more time with the group, doing activities which allow time for talking and also allow the worker to informally assess the wellbeing of individuals (particularly those considered more vulnerable after the suicide)
- talk to them about the need to look out for each other, and if possible have them agree that it is OK to tell a worker or someone in the community if they are concerned about a group member
- reinforce the positive aspects of the group dynamic, such as encouraging each other and what they have achieved together
- reinforce activities which strengthen culture.

5.2 Assessing to inform needs

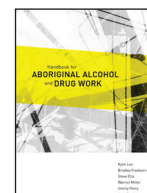
The type and detail of assessment will vary depending on a worker's role and the focus of a particular AOD service. However in all cases, work with young people must be informed by an appropriate level of needs assessment.

LFEQ reference group members raised these key points about assessment of needs:

- *“Assessment is important – we do a formal assessment. We use IRIS for the older kids; it's not as suitable for younger ones. For younger children, assessment is very personalised – we might use art or graffiti or ‘family tree’ to talk with them, find out what's important to them and what they need. The various tools are good, but you have to know how to use them.”*
- Be careful about confidentiality: As part of working with Aboriginal and Torres Strait Islander young people, it is important to consider the basis on which information can be shared with family and kin. Agency policies should define a clear process about when relevant information can be shared with other service providers, such as treating medical staff, to enable coordinated and comprehensive care of young people. Ideally this information sharing will be on the basis of consent, but exceptions may exist if there is a risk of harm to the young person or others.
- Be careful about periods of increased risk: Transitions bring change and are periods when young people may be at their most vulnerable in terms of their psycho-social development. Be aware of these universal transitions, for example moving from primary to secondary school and leaving school, and support young people through these stages. For Aboriginal and Torres Strait Islander young people, some transitions may be associated with loss such as the death of a close relative, coming into care or being in detention for the first time.
- Note the need for a holistic approach, seeing the young person in the context of their family and community circumstances and being open to the possibility of dual diagnosis. Mental health issues, family violence and AOD use often co-exist and are seen across generations.

It is important when undertaking an assessment that it is done with empathy, respect and a non-judgemental approach, while at the same time providing an opportunity for education on drug and alcohol issues where suitable. Lee et al (2012) suggest that assessments with Aboriginal and Torres Strait Islander clients are best undertaken through a ‘yarning approach’ where direct questions are avoided and replaced by an approach that provides scenarios and asks for comment, for example: “Some people get the shakes when they stop drinking; some people are fine. What is it like when you stop?” (p.11).

The *Handbook for Aboriginal Alcohol and Drug Work* (Lee et al 2012) contains comprehensive information about working with people with problematic AOD use, including information about ‘Assessment’ (p. 11) and numerous ‘How to...’ sections, such as ‘How to recognise harms from inhalants’ (p. 211).



The *Yarning about Mental Health* Flip Chart (an easy guide to mental health assessment) provides a simple but comprehensive 6 step approach to assessing mental health issues for Aboriginal and Torres Strait Islander people, including questions related to AOD use (Nagel and Griffin 2010, Menzies School of Health Research, Northern Territory. Re-published with permission).



6-Step Stay Strong Talking Treatment

What you do

Step 1 Talk about family and friends who keep your client strong.

Step 2 Chat about other things that keep your client strong.

Step 3 Discuss what worries take your client's strength away.

Step 4 Consider goals for change and steps to the goals.

Step 5 Talk about early warning signs of relapse and a crisis plan.

Step 6 Discuss your risk assessment and arrange follow-up.



The Flip Chart provides youth-friendly diagrams and tips for workers for using the 6 Steps to gather information to undertake a mental health assessment.

Available from the Menzies School of Health Research at:

http://resources.menzies.edu.au/download/Yarning_About_Mental_Health_flip_chart.pdf

5.3 Other resources for developing understanding

This section includes some of the assessment tools and resources useful for both assessing a young person's current concerns about their AOD use, and to stimulate discussion about impacts and motivations to change. These Aboriginal and Torres Strait Islander specific resources provide frameworks or prompts which are adaptable to different types of discussion with a young person such as gathering information about AOD use, reflecting about the impact of AOD use, thinking about the benefits and costs of using versus using less or not at all; and thinking about how they are feeling in themselves.

- *The Seven Areas Model* – identifies areas where the young person is experiencing problems, where they may need support and reasons why they may want to make some changes.
- *Stages of Change* – helps identify where the young person is at in their change process. This framework can be used in working with the young person to guide harm reduction and intervention strategies (see 6.6.1).
- *The Aboriginal Inner Spirit Assessment Model* (developed by Joseph “Nipper” Roe) – helps identify how AOD is impacting on the young person's Inner Spirit and social relationships.

Source for the above three models: Casey & Keen (2005) and Casey & Keen (2010). Part of the Strong Spirit Strong Mind resources. Available from: Drug and Alcohol Office, WA, online at: www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/CulturallysecureresourcesforAboriginalpeople.aspx

- *Strong Souls* assessment sheet (for youth) – a one-page tool that can help in talking to the young person about how they are acting and feeling and assessing their mental health.

Source: Menzies School of Health Research. Available at: www.menzies.edu.au/page/Resources/Strong_souls_assessment_tool/

- *St Luke's Indigenous 'Talking Up Our Strengths' cards* – cards to help stimulate discussion with the young person about how they feel about themselves. These cards were produced in partnership with the Secretariat of National Aboriginal and Islander Child Care (SNAICC), and include a booklet about how to use them.

Source: St Luke's Innovative Resources. Available for purchase from:
www.innovativeresources.org

- A highly recommended resource for further understanding about issues in the assessment of Aboriginal and Torres Strait Islander young people and families is *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon et al 2014).

It is available online at:
<http://aboriginal.telethonkids.org.au/media/699863/Working-Together-Book.pdf>

Sense of Culture Yarn

- “The Acculturation Scale for Aboriginal Australian Youth is an interview protocol for trained practitioners to explore the prevailing cultural beliefs of Aboriginal youth (ASAA-Y: Westerman, 2003). Known as the ‘Sense of Culture Yarn’, the ASAA-Y has a number of important objectives. First, it places a significant onus on practitioners to explore any cultural meaning that is ascribed to illness, as standard practice with Aboriginal youth. This means that practitioners are not left to erroneously assume or guess the importance of prevailing cultural beliefs with individual Aboriginal clients. It also creates a sense of normalcy around the discussion of cultural beliefs which itself requires that clinicians develop a degree of comfort and competence with this type of cultural engagement. Finally, clinicians often struggle to understand the most important aspects of cultural belief systems. The ASAA-Y provides guidance and direction to assist clinicians to explore this very complex set of beliefs and has been demonstrated as an effective method of engaging Aboriginal youth in services.”

Source: Westerman 2010

There are costs associated with this tool, which also requires training and accreditation. For more information contact Indigenous Psychological Services www.indigenoupsychservices.com.au

Intervention with Aboriginal and Torres Strait Islander young people in AOD work

The concept of intervention is that of ‘taking action’ or ‘doing what is required’ to help meet a young person’s needs and to promote change on a personal or community level. Interventions can be undertaken with individual young people, their kinship network, the peer group they participate in or their wider community. This section considers intervention approaches, focuses and strategies specific to work with Aboriginal and Torres Strait Islander young people. Don’t assume that intervention strategies that are effective with other young people are necessarily going to work in the same way for all Aboriginal and Torres Strait Islander young people – workers should be alert to what works for a particular cohort, in a particular time or place.

6.1 Frameworks for good practice

Guide 01 *A framework for youth alcohol and other drug practice* discusses practice frameworks for youth AOD work and states (p. 51) that “good youth AOD practice uses well founded, client centred, holistic responses that are focused on improving the situation (or outcomes) of the young person”. The concepts here are that good practice:

- is based on knowledge about ‘what works’ – backed up either by relevant research (evidence-based) or by tested-on-the-job practice wisdom
- has at its core a focus on the young person and how the work done will benefit them
- takes a wide view of the young person’s needs and incorporates the ‘whole person’
- is actively focused on achieving positive outcomes for the young person – it is purposeful.

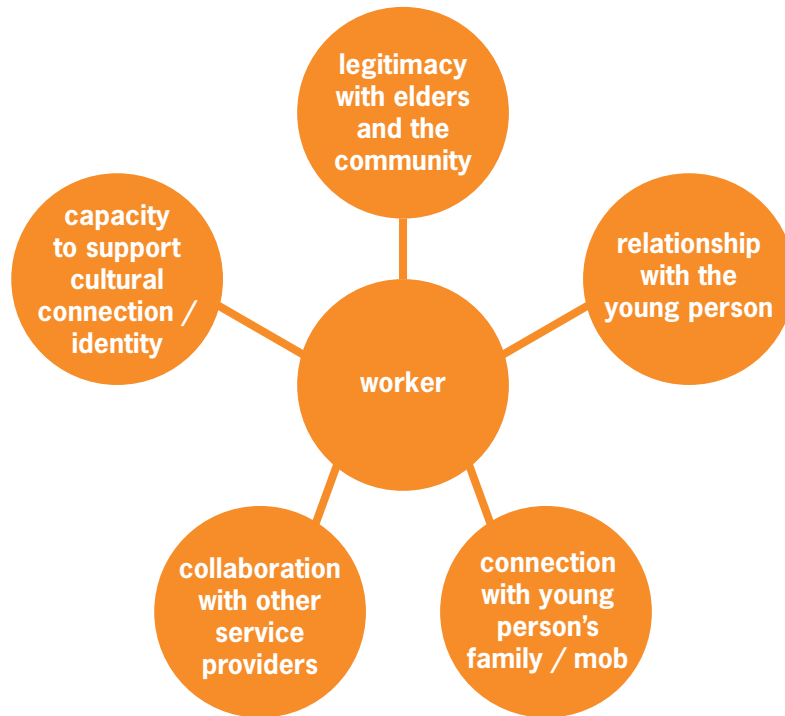
Having a model or framework for practice helps to guide the practitioner. Always checking that what you do is in line with your framework helps to maintain a consistent approach and keeps your practice focused – it’s not okay to just do your own thing. Your framework for practice will reflect your own professional training and experience, your agency’s practice model, your particular role and the attributes of the clientele you work with. It will incorporate the activities of ‘engaging’ and ‘assessing’ as well as other subsequent intervention activities and ‘case management’.

The information contained in Guide 01 *A framework for youth alcohol and other drug practice* is relevant to AOD work with Aboriginal and Torres Strait Islander young people. Consultation with LFEO reference group members has reinforced these as aspects of an effective framework:

- a focus on connections
- inter-agency collaboration
- purposeful practice
- culturally secure practice.

6.1.1 A focus on connections

As with all youth work, the underpinning element of an effective framework for practice with Aboriginal and Torres Strait Islander young people is relationship. If relationship is the foundation of the work, built into this is the core concept of connection. A framework which positions a worker to work effectively with Aboriginal and Torres Strait Islander young people will include these key aspects:



'Connections' framework: Worker-held connections underpinning effective work with Aboriginal and Torres Strait Islander young people.

Workers who build these connections will be more effective in creating and reinforcing connections for young people. In the first instance, understanding who a young person is already connected with, is part of a holistic assessment. Secondly, a practice framework which recognises the importance of connections (to kin, to community, to culture) for Aboriginal and Torres Strait Islander young people will help maintain a focus on these as areas for intervention.

Bruun (in *Guide 01 A framework for youth alcohol and other drug practice*, p. 68) notes the need to promote “developmentally conducive connections”. He notes that a young person’s sense of being valued and of belonging – factors which underpin resilience – are strengthened by connections not only to people such as family members, but also to place and to cultural heritage.

“Resilience based intervention involves enabling young people to develop insight into how their connections influence their capacity to meet their needs and achieve their goals. Young people might also need assistance in maximising the helpful influence of their connections and minimising the limiting and sometimes harmful effects” (Bruun, in *Guide 01*, 2012).

6.1.2 Inter-agency collaboration

Some young people have multiple needs that require a collaborative approach to working with other service providers. Rarely can one service meet all of the needs of young people and efforts should be made to have formal collaborative arrangements, or protocols, with other key agencies involved in supporting young people. Protocols provide the basis for better-coordinated care of young people, rather than negotiating each agency's commitment on a case by case basis.

The point was clearly made to the (Bringing Them Home) Inquiry that a holistic approach is essential: "Aboriginal health issues can't be isolated. What have we got? We've got alcohol and drug over here, we've got domestic violence centre over here, we've got medical centres over here, diabetes over there. They can't be separated like that. The physical body will heal once we heal our spirit from all of our past pains, traumas and tragedies. We've got to look at the whole thing holistically (Rosemary Wanganeen evidence 256).

(‘Bringing Them Home’ Report, HREOC 1997).

Guide 03 *Practice strategies and interventions* discusses the importance of coordinated case management (p. 59) and outlines the practice of complex case panels (ps. 60-61). LFEQ reference group members also reiterated the need for collaboration at the agency level, such as:

- agencies facilitating outreach contacts to young people by other essential services, when the young person is present at drop-in
- integrating health checks as part of drop-in, with informal health clinics which normalised seeing the health worker
- informal integrated case planning, where one agency takes the lead to coordinate activity planning by a number of agencies to avoid fragmentation
- advocacy and supported referrals, where agencies collaborate to ensure that a young person is actually connected into a new service.

Young People Ahead, Mt Isa: *"We have found that making the transition from non-clinical outreach to having young people access clinical services is very difficult. We therefore have the services come here, to the centre (YPA) where the young people are hanging out and engaged in our activities. The government AOD service and the community controlled Aboriginal Medical Service come here and it's part of the program that kids get to see them. The statutory services too, Youth Justice and Child Safety – they can come to the young person here rather than rely on the young person to come in to them."*

"If the young person needs help from two service types, make it happen! Get the young person's consent, then make the links and work together to help that young person. Don't make them have to work through the maze on their own."

Collaboration takes time and effort, working to maintain inter-agency relationships at all levels of the organisation. It's more than just having a written protocol in place.

“A young Aboriginal boy about 15 years old was picked up in the City Mall by the police. He had been homeless for 4 - 5 weeks and the police caught him stealing food. They brought him here. They made a point of saying that they didn't want to treat it as a criminal matter – they wanted to get him some help, so they brought him to us. That they didn't arrest him, even though he had stolen something, was pretty cool, I thought. Normally, they would. This was a direct consequence of our working on building a relationship with police, making sure the service was known to them, and that we would respond.”

Mt Isa Substance Misuse Action Group (MISMAG)

MISMAG brings together agencies in Mt Isa with the common aim of developing, implementing and monitoring local activities to reduce harm associated with AOD use by young people. This includes a focus on physical, social, psychological and economic factors with specific attention to the local priorities of volatile substance use and alcohol misuse. We have worked together to create a Volatile Substance Use Community Action Plan to respond in an integrated way to the needs of young people and their families within the community. In 2014, we partnered with Dovetail to create the Volatile Substance Use Retailers Kits. We served as a reference group in the production stages of this resource and have now provided it to retailers within the Mt Isa community.

See: www.inhalantsupply.org

“If the young person needs help from two service types, make it happen! Get the young person's consent, then make the links and work together to help that young person. Don't make them have to work through the maze on their own.”

6.1.3 Purposeful practice

'Purposeful practice' is outcomes focussed. It maintains a focus on helping young people to achieve positive change and overall well-being, even if this is slow or difficult for the young person themselves to envisage. It means that engagement and relationship building with the young person, while essential, is not an end in itself, but the means through which the worker attempts to respond to the young person's needs including in relation to their AOD use.

Purposeful practice is:

- *responsive, not reactive*. As a result of family conflict and violence, homelessness, and inter-generational AOD use, Aboriginal and Torres Strait Islander young people and their families may present with chaotic and multiple needs. It is easy for workers to be caught up in reactive responses which come to parallel the chaos of their client's lives. While remaining flexible to respond to immediate need, workers must maintain their own sense of direction in working with the young person
- *proactive*. Even where a young person is not able to engage in goal-oriented planning, the worker will maintain a focus on helping the young person to take whatever positive steps are possible to increase their resilience
- *flexible*. When a young person's circumstances or needs change, the worker is able to respond accordingly, while still maintaining a clear sense of direction and purpose in their work with the young person
- *focused*. The worker has in mind the goal of increased well-being for the young person, including in relation to AOD use, while also focusing on today's small step in that direction (which may not relate specifically to AOD).

Guide 01 *A framework for youth alcohol and other drug practice* reminds us that "good practice is not defined or focused simply on the AOD problem, or limited to a specific intervention technique. Rather services engage and start working with the young person to assist with whatever will make a positive difference (which in a particular situation may be relationships, housing, income security or something else). Intervention does not have to be AOD focused, but is focused on outcomes that are meaningful to the young person, and which reduce their vulnerability and enhance their resilience to problematic AOD use" (p. 51).

6.1.4 Culturally safe practice

“Understanding a different culture completely is not possible for those outside the culture” (Vicary & Bishop 2005), and consequently non-Indigenous workers must take steps to ensure work with Aboriginal and Torres Strait Islander people is undertaken in a culturally sensitive manner. “This may require a shift in the practice from Western models to more holistic, culturally appropriate models of intervention” (Vicary & Bishop 2005). Cultural safety is an essential aspect of AOD practice with Aboriginal and Torres Strait Islander young people. Cultural awareness is a minimal starting point to building the understanding required for culturally competent practice. Achieving cultural competency, in turn, is seen as a further step towards cultural safety in practice (Westerman 2010; AHRC 2011).

LFE0 reference group members noted that employment of Aboriginal and Torres Strait Islander workers is very important if services are working with Aboriginal and Torres Strait Islander young people. *“The people most able or equipped to provide a culturally safe atmosphere are people from the same culture; it is essential to have as many practitioners from Aboriginal and Torres Strait Islander backgrounds as possible.”* (YETI, 2013) Section 8 of this guide considers the need for culturally secure working environments for Indigenous employees.

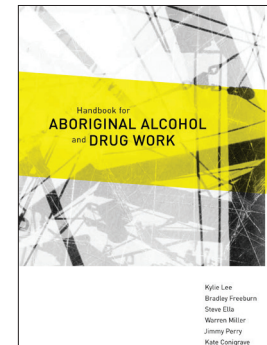
Westerman (2010) cautions that Aboriginal and Torres Strait Islander clients have a right to good quality clinical services and that there must be an integration of both clinical competence and cultural competence. In circumstances where non-Indigenous workers are employed to meet clinical standards, Aboriginal or Torres Strait Islander co-workers can help ensure cultural safety standards are also met.

Some of the practical cautionary notes raised by LFE0 reference group members in relation to culturally safe practice are:

- when linking young people with elders try to make sure they are the appropriate elders for particular young people, that is, the elders from their mob if available
- take care not to misinterpret the spiritual dimension of a young person’s behaviour or stories as indicators of mental illness
- do not change standard tools and existing practice resources to ‘Indigenise’ them without due care to check that they remain accurate and are culturally appropriate.

6.2 Key interventions

Section 5 of Guide 03 *Practice strategies and interventions* overviews key intervention strategies for AOD work with young people (p. 52). These are applicable for work with Aboriginal and Torres Strait Islander young people and their families and communities. This section briefly considers some of the broad strategies outlined in resources specific to AOD work with Aboriginal and Torres Strait Islander clients or targeted to Aboriginal and Torres Strait Islander AOD workers.



A comprehensive resource for AOD workers working with Aboriginal and Torres Strait Islander clients is the *Handbook for Aboriginal Alcohol and Drug Work* (Lee et al 2012) which provides a detailed outline of the main principles and approaches to AOD work along with information on working with people in relation to alcohol and specific types of drugs.

<http://sydney.edu.au/medicine/addiction/indigenous/resources/index.php>

6.2.1 Key AOD interventions

A resource book for Aboriginal workers produced as part of the Aboriginal Dual Diagnosis Training Project (VDDI 2012) summarises six key intervention options related directly to AOD use. This resource provides a useful summary of traditional hierarchical and inter-related intervention options. The choice of intervention will depend on the readiness and current needs of the young person (see 6.6.1 Using the Stages of Change), their level and patterns of AOD use, and the resources available. Across each, any urgent health or welfare issues must be attended to, along with managing the health issues around withdrawal where necessary.

INTERVENTION	AIM
Harm reduction	Tips to reduce or prevent harm caused by using drugs. <i>Examples:</i> Use a needle and syringe exchange Cut back to low risk drinking levels Use with safe and trusted people
Counselling	To increase people's opportunity to get well and reach their goals. <i>Examples:</i> Brief interventions Healing therapies Cultural ways, maybe going back to country or going bush Cognitive Behaviour Therapy (CBT) 12 Step Program Motivational Interviewing
Withdrawal	Detox, to get the body free of drugs <i>Examples:</i> Medicated, non-medicated In-patient, at a service, or out-patient at home
Psychopharmacology	Long term maintenance therapy Using a legal drug/medication to slowly stop using a substance <i>Examples:</i> Methadone, Buprenorphine
Therapeutic Community	After withdrawal, going to longer term live-in Healing Centre. <i>Examples (Qld):</i> Mirikai, Shanty Creek, Gindaja
Relapse prevention	Teaching ways to rid cravings and stay with goals to not use. Learn strategies to stop from going back to old ways, avoiding old patterns of behaviour. <i>Examples:</i> Learn what risk factors are Remember early warning signs

Source: The Relationship between Alcohol and Drugs and Mental Health, A resource book for Aboriginal Workers, Victorian Dual Diagnosis Initiative, Education and Training Unit, St Vincent's Hospital, p 33. (Re-printed with permission, with adaption of Therapeutic Community examples for Qld).

6.2.2 Healing strategies

Our Healing Ways, Putting Wisdom into Practice (VDDI 2011) is a very practical resource for work with Aboriginal and Torres Strait Islander clients with dual diagnosis. Section 5, *Strategies for supporting healing* (p. 41) outlines nine strategies and how these can be applied in practice for AOD intervention with Aboriginal and Torres Strait Islander clients. These are outlined below:

- assess the person's needs (including culturally holistic assessment) and help them to stabilise
- be practical – accept that crises will happen, and find the balance between crisis work and healing work
- spend quality time with clients – let them tell their story
- identify a person's goals and work together on them
- build the person's ability to rely on themselves
- provide the right information in the right way for that person
- support people to manage change
- involve family or significant others as appropriate
- support people to build their pride, dignity and connectedness to family and community.

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www.dualdiagnosis.org.au/home/index.php?option=com_content&task=view&id=95&Itemid=1



6.2.3 Resilience-based intervention

Guide 01 *A framework for youth alcohol and other drug practice* reminds us that “the focus of the guides is on working with young people where there is a significant level of vulnerability contributed to by their AOD use. That is, with young people whose AOD use causes them physical / emotional social and/or psychological harm. The task of youth AOD services is to engage this population of young people and work with them, their families and communities to reduce this vulnerability (not focus on drugs per se) and build resilience” (p. 29).

Guide 01 notes that systemic, institutional and cultural barriers have an influence on producing and sustaining AOD problems in young people’s lives and increasing their levels of vulnerability. These barriers are especially true for Aboriginal and Torres Strait Islander young people. As described in Guide 1 (at p. 57, citing Bruun 2012), ‘Resilience-based Intervention’ responds to five domains of need on the part of the young person:

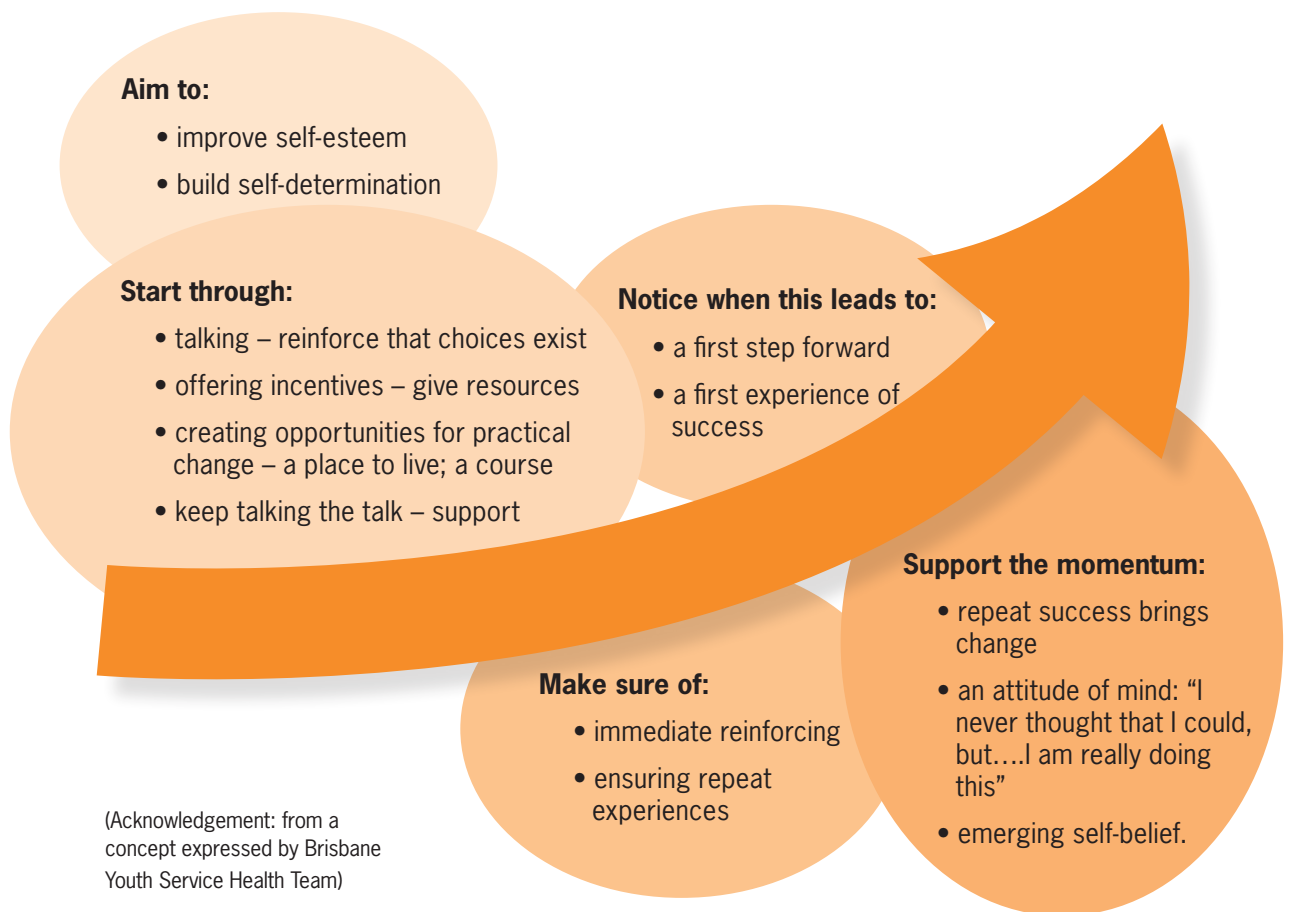
- protection from harm and the capacity to respond to crisis
- stability and the capacity to meet basic needs
- opportunities for participation and constructive activity
- developmentally conducive connections
- greater control of health compromising issues and behaviours.

These domains fit well with the attention to holistic intervention which most LFEO reference group members described as necessary when working with Aboriginal and Torres Strait Islander young people and their families. For further information about using resilience-based intervention strategies, see Andrew Bruun’s outline of this approach in Guide 01 – *Drilling Down 2: A framework for “Resilience-Based Intervention”* (p. 66).

LFE0 reference group members stressed the need to 'build hope' in young people, by:

- being prepared for plans to change at the last minute and remaining adaptable and unconditional with the young person
- talking about where the young person wants to go in life and the steps to get there
- using 'looking back' to scale change and confront 'nothing's changed' feelings
- focusing on strengths and take any opportunity to recognise these
- celebrating successes 'big or small'
- conveying genuine belief in the young person
- remembering that if positive engagement with one service can happen, then this can be transferred to other services.

A recipe to address fatalism (i.e., the idea on the part of a young person that nothing is going to change for them)



6.3 Working with young people and their families

6.3.1 Strategies for working with young people

LFEO reference group members represent a range of roles from community workers to therapeutic clinicians. The context of their AOD work with Aboriginal and Torres Strait Islander young people therefore varies. However all emphasise that work with Indigenous young people must attend to the whole person and take its cue from the things that are important to the young person, or impacting upon them at the current time. *“Make responses person-focused. It’s not really about the substance.”*

These strategies were noted as having particular relevance in working with Aboriginal and Torres Strait Islander young people:

- Adapt use of tools and activities to the ages and development stages of the young people involved (*“seek out training for yourself in working with different ages, if necessary”*) and also bring cultural awareness to this. An Aboriginal or Torres Strait Islander young person may be taking on more family responsibilities or have more independence than a non-Indigenous young person of the same age.
- Use visual tools, or a combination of the visual and the narrative, with Aboriginal and Torres Strait Islander young people who may not be comfortable with direct talking (e.g. story-telling, ‘yarning’ through artwork and painting, videoing, picture cards, comics).
- Use creative diversionary strategies and attention to the lived experiences of young people: *“What they are doing during the day affects what they do at night (sniffing), and vice versa. So we think, ‘What bait are we going to use?’ Sport! We target them to have them engage with one of the day crew, by having a day worker (a link to the footy) come on shift at times at night.”*
- Work with and through other agencies as necessary. Aboriginal and Torres Strait Islander young people, particularly older young people and those living in urban areas, may be transient and move often. This has implications when they move beyond agency boundaries. *“It’s important to link with other services to make sure the young person hooks up with them in the next place and doesn’t disappear off the radar.”*
- *“‘Car therapy’ (talking while driving) is less confronting and more conducive to open dialogue when there is no eye contact and music usually playing.”*
- Especially for urban Aboriginal and Torres Strait Islander young people who are sufficiently engaged, LFEO reference group members mentioned camps as an intensive and positive experience with a good cultural ‘fit’: *“Overnight camps, with family members attending too, were very successful. We were able to focus on grief and loss, yarning together to acknowledge and work through those issues. We provided lots of support and resources and helped the adults focus on how to talk to the kids.”*

“Make responses person-focused. It’s not really about the substance.”

6.3.2 Working with families

“Is working with family important? Yes, it has to be. It’s where they connect.”

Not all Aboriginal and Torres Strait Islander young people are connected to their family. Workers will often ask who their family is – “Who’s your mob?”; “Who do you live with?” – but not all young people will have a straight-forward answer, and some may not know. For example, some Indigenous young people may not have had their father in their lives, or, if disengaged from family, may claim they do not have parents. This role may have been taken over by other older young people within the group they are now part of. Workers need to respond to the young person’s current reality as a starting point. Connection back to their cultural family will be a secondary matter once immediate needs are met.

Sometimes you can’t work with the family – they are physically absent or too problem-saturated themselves. Sometimes an older young person needs to be helped to cut ties for a time while they become their own person – to try to break the cycle. Sometimes, particularly for urban young people, they are disconnected from family and not willing to allow workers to make contact or have information that enables that. Sometimes child safety responses are required to enable children to live elsewhere, preferably with kin.

“With alcohol or drug use at home, we can’t always find a safe place for a young person with their family. Some families are too saturated with problems, inter-generational family violence has been normalised for them. If working with the young person at home, you may need to hold the family accountable too – expect them to face up and do things.”

While acknowledging all the above issues, it must be emphasised that, in general, working with the family is essential for effective AOD work with Aboriginal and Torres Strait Islander young people.

LFE0 reference group members identified the need to respectfully engage with family members, in whatever role was compatible with the service boundaries, even when it was clear that family members need help themselves. Providing assistance to family members may be within the agency’s legitimate role; if not, or if it is important to maintain boundaries even though the issues of the young person and family are interrelated, make appropriate referrals.

LFE0 reference group members noted the need for care in approaching family members about a young person:

- identify who is the senior person in the house and tentatively (feeling your way) ask about who needs to be engaged with for this young person. That is, who is the correct person to speak to about them? A worker who thinks they should approach the young person’s mother might find that it is the grandmother they need to be talking to
- work with both the Aboriginal and/or Torres Strait Islander members and non-Indigenous members of the young person’s family, where relevant
- identify and work with an elder who is from the right mob for this young person, if possible. It’s not a case of “as they’re an elder” that any person will do
- gain permission from the young person to talk with their family (unless safety issues exist). Where a young person has concerns about this explore these concerns.

“Is working with family important? Yes, it has to be. It’s where they connect.”

LFE0 reference group members noted that sometimes family members were the conduit through which workers engaged with young people:

“Sometimes when you can’t engage directly with a particular young person who is at risk, you might work through others until you can connect with them. Work through the school, or through family members, or Youth Justice. Of course, respect for the young person and issues of confidentiality are important. This approach might apply with younger persons where safety and other concerns have been raised by family or others.”

Sometimes young people can be engaged through gaining the respect of their family:

“A young person was referred to our service by CYMHS (Child and Youth Mental Health Service). The young person had a dual diagnosis (psychosis, alcohol dependent and using inhalants). CYMHS reported engagement was almost non-existent. Our service also spent months attempting to engage him, to no avail. Finally we decided to invite the young person’s father to go fishing with us. We spent most of the time talking with Dad while the young person observed his Dad interacting with us. We made efforts to further involve his father in similar appointments until eventually the young person had developed trust with the service through our interaction and relationship with his father. Subsequently he began engaging in the family support and in treatment.”

All work with families should be strengths based, even where family members may need support in meeting their responsibilities to the young person. *“Focus on the positives. We were working with a father who would attend all his son’s court appearances, but wasn’t around much otherwise. So we encouraged him to attend his son’s football games as well. We said, ‘You go to all his court sessions, which is great, so why not go to his football games as well?’”*

Working with the family is not just about the young person but also about supporting the family to grow stronger in their capacity to support this young person. It is important to build the capacity of the family and the community to respond to the needs of their young people.

“Engage with the parents and even with the neighbours of young people living in community – invite them all to take responsibility and be vigilant. By rallying community resources, we have more people looking out for these kids. We had a situation where a couple of 11 year olds were starting to be part of a group of older ones and it rang alarm bells. The health workers and the parents got together with other households and shared encouragement and permissions to intervene – any of the adults who saw these young ones would talk to them, bring them home.”

6.4 Developing identity and culture

The concept of identity is integral to work with young people. Problematic AOD use can both stem from and exacerbate the lack of a sense of self-worth. Identity is related to culture as part of understanding 'who I am' and 'who I belong to' – key developmental questions of all young people.

While identity is related to more than culture (incorporating belief systems, sexual identity, roles within family and peer groups), LFEO reference group members emphasised the benefits of working with Aboriginal and Torres Strait Islander young people to enhance their understanding of culture, and to explore cultural identity issues. It was noted that this may need to be done with care, taking account of different cultural mores and recognising that some young people may experience shame because they don't know much about their culture. Cultural reconnection should be an element of any program targeted mainly to Aboriginal and Torres Strait Islander young people.

"We see 12 to 17 year olds with multiple and complex issues including homelessness, lack of connection with family, and no background information about kin. This area (Gold Coast) attracts young people from other parts of Australia who are particularly vulnerable because they're not quite sure how to 'identify'...AOD use makes them feel part of a group."

Some young people, particularly in urban areas, may resist the invitation to identify with Aboriginal or Torres Strait Islander traditional culture as part of their lives. LFEO reference group members advise workers with these young people to *"Be aware of culture regardless of whether they identify. Always leave the door open."* There are many non-intrusive ways in which this part of young people's emerging identity can be raised, even if only for their future reference, such as opportunities to spend time with Indigenous role models (e.g. workers who identify with their culture, or visiting sporting identities).

Bruun (in Guide 01 *A framework for youth alcohol and other drug practice*, p. 66) in discussing resilience-based intervention notes that young people may need help in minimising the harmful effects of some connections and maximising those that are helpful. The *Tree of Life* narrative activity is one approach to this.

The *Tree of Life* project is a resource used by some LFEO reference group members, adapted where necessary for use with specific groups. It need not be explicitly about culture, but does explore identity through simple visual concepts, and aims to build resilience.

**"Be aware of culture
regardless of whether
they identify. Always
leave the door open"**

The Tree of Life is a hopeful and inspiring approach to working with children, young people and adults who have experienced hard times, developed through a partnership between REPSSI (a southern African NGO) and the Dulwich Centre Foundation. The approach enables people to speak about their lives in ways that make them stronger. It involves people drawing their own 'tree of life' in which they get to speak of their 'roots' (where they come from), their skills and knowledge, their hopes and dreams, as well as the special people in their lives. The participants then join their trees into a 'forest of life' and, in groups, discuss some of the 'storms' that affect their lives and ways that they respond to these storms, protect themselves, and each other.

The *Tree of Life* allows people to speak about their lives in ways that are not re-traumatising, but instead strengthens their relationships with their own history, their culture, and significant people in their lives. The Aboriginal and Torres Strait Islander version of the Tree of Life is being used in Central Australia, Arnhem Land, and north Queensland.

Information about the *Tree of Life* exercise is available from the Dulwich Centre, at: www.dulwichcentre.com.au/tree-of-life.html There are costs involved in being trained in the approach, and purchasing the resource. For more information, see the Resources list at the end of this guide. The Tree of Life exercise is also featured in the *Yarnin' about Yarndi* kit (see 6.6.2).

Sharing Culture is a web based resource developed and owned by an Indigenous enterprise, which, among other things, enables young people to set up a profile and build a story of the cultures and languages of their home town or area, through self-directed learning. They can build their own storybook, putting their own pictures in it, adapting it to tell their own story of their local community.

For further information: www.sharingculture.com.au/tlprogram

LFE0 reference group members described that using relevant positive videos, especially those made by and about Aboriginal and Torres Strait Islander people, can be a simple and effective way to convey positive messages about identity and open up discussion. "*Videos about Indigenous communities are always a magnet – they are seeing themselves reflected on the screen.*"

The prevalence of negative images in the commercial and 'home-made' media can be discussed in ways which challenge the negative stereotypes that young people may hold of themselves:

"With young people uploading home-made videos to YouTube we have seen groups of Aboriginal and Torres Strait Islander kids fascinated by videos they come across of others fighting, perhaps on a remote community, perhaps in Brisbane. They may know some of the ones brawling – they get excited by it. It can be an eye-opener for some workers – 'So this is a normal part of life for them?' We are able to take the opportunity to discuss and dissect it, to challenge them: 'What about this is cool?'"

Much of the work around exploring identity – cultural and other aspects – is best done in groups, providing a safe context so long as boundaries around self disclosure are protected. These may be existing peer groups if the whole group can be engaged. Group membership gives shared peer permission for positive identities to be adopted. Newly formed groups related to an activity program can help meet a young person's need to belong when they are being encouraged to disengage from negative peer associations – "*We started as strangers, then friends and now we're brothers*" (an Aboriginal boy, after participating in an urban group program).

6.5 Action planning and goal setting

While all work with young people must be purposeful, not all AOD work with young people includes case management or goal-related case planning; this will vary with different roles and levels of engagement (see Guide 03 *Practice strategies and interventions*).

This section relates to those cases where intervention involves case planning with the young person and their family. It may be in the context of clinical treatment or through community-based support work. Case planning or developing a treatment plan will usually occur when a young person is engaged with a service and willing to talk about what they would like to change or achieve in their current life. It may be as simple as 'getting stuff sorted out' and may not relate directly to AOD use. While communicating in the young person's terms, it is important that the worker has a clear sense, informed by assessment, about the goals of their work with the young person. These might be recorded in the agency's case-plan for the young person while the young person's goals are recorded in a format that makes sense to them. Alternatively, the one record may be used if it meets both these purposes.

Below are some resources for recording case plans or action plans.

- Northern Territory Remote Alcohol and Other Drugs Workforce Program contains planning tools specific to alcohol, cannabis, and relapse. These tools were developed for use in remote communities in the Northern Territory and can be downloaded free of charge from www.remoteaod.com.au/aod-work/further-resources
- Strong Spirit Strong Minds resources (Casey & Keen 2010). A simple format for an action plan is shown in *Making Sense and Supporting Change: a guide for our people*, p.30. Available at: www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=400&PortalId=0&TabId=211
- Turning Point Alcohol and Drug Centre, Victoria. Find example goal setting plans at: QuickLinks Information for health professionals / new screening and assessment tools / Module 7 Goals. Available at: www.turningpoint.org.au
- Handbook for Aboriginal Alcohol and Drug Work (Lee et al, 2013), p. 43. <http://sydney.edu.au/medicine/addiction/indigenous/resources/index.php>
- Our Healing Ways: Putting Wisdom into Practice (VDDI 2012), Appendix 4 http://nceta.flinders.edu.au/files/8113/5847/3546/Healing_Ways_Manual.pdf

LFE0 reference group members gave the following pieces of advice about planning processes and tools for use with Aboriginal and Torres Strait Islander young people (variously referred to as action plans, support plans, or goal-focused planning).

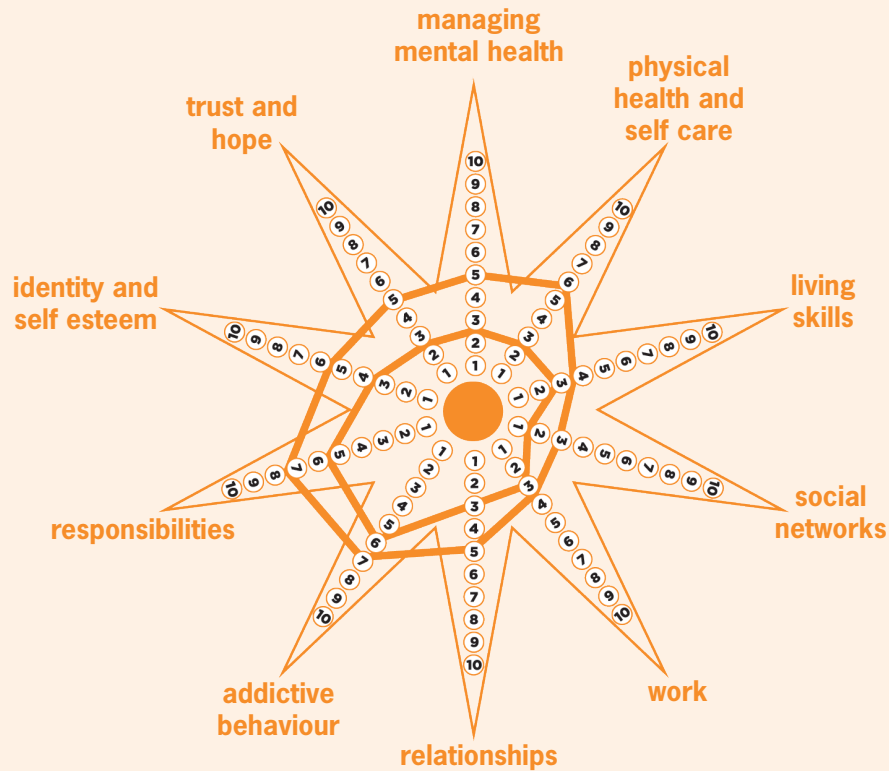
- Use a simple process where the action plan is understood. Use simple words and a limited number of immediate goals and timeframes, so it has meaning to the young person (however, that doesn't mean that the worker has to limit their purpose to just these goals).
- Adapt how case planning is done to fit for the particular young person. With Aboriginal and Torres Strait Islander young people, it may mean talking informally to ascertain their thoughts about what is happening now and what they are hoping for. *"You might have the Outcome Star™ chart and talk them through it, but it will be in the course of doing other activities – then record what they said and complete it back in the office. It's too long and boring for them to do it all in a sit-down session. Adapt it as you go. But they will still be aware that you and them are working purposefully on changing what they want to change, and you can still use the Outcome Star™ to show them how they are doing."*
- Use visual scaling tools, with questions and 'points on the scale' to quantify a young person's current readiness and progress over time. *"Keep them simple. You can make your own (like rungs on a ladder, or steps along a road)."* Or try some of the ones in The Scaling Kit from St Luke's Innovative Resources (which includes web-based interactive scales).
- Adapt mainstream worksheets by customising them so that they are less 'word dense' and more friendly (but take care not to lose their authenticity. It is important not to just 'Indigenise' forms or tools – if you adapt them, get them validated to be sure they are still true to the purpose).
- *"Resources have to be portable to be useful for the outreach component of our program. We use the 'columns plan'; it's easy and it fits on one piece of paper."* (see the example below)

A very common format for agency-designed action plans is the columns approach. Four or five columns are used to record the client's words about their hopes and dreams (or goals) and how they might work towards them. In the working document, the headings can reflect the client's own words. Remember to make it a living record. Review how things are going and update it or do a new one. Using a combination of the plan and a scaling tool to visually mark progress can work well.

THINGS I WANT TO HAPPEN IN MY LIFE	THINGS THAT ARE GETTING IN THE WAY	WAYS I CAN MAKE THINGS HAPPEN	WHO WILL HELP?	CHECK – HOW AM I DOING?
<p>Get my license</p> <p>Play in the footy team</p> <p>Go to see my Nan in Innisfail</p>	<p>No money</p> <p>Too much yarndi</p> <p>Getting into trouble all the time</p>	<p>Come to Club-house sessions</p> <p>Go to flexi-school so I can get a job</p> <p>Stay off yarndi for three days a week (for footy)</p>	<p>Sharon at The Club-house</p> <p>Richard at Flexi</p> <p>Aunty Moira will get me up for school</p>	

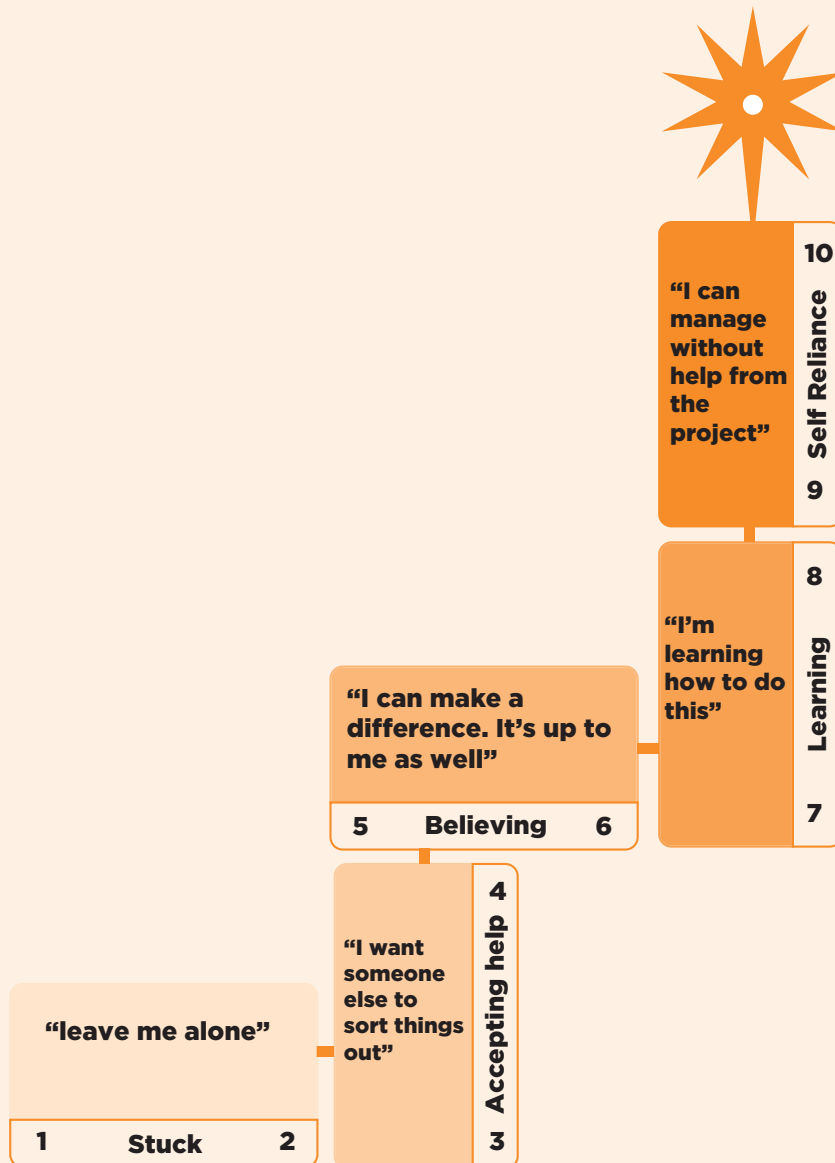
Outcomes Star™

- Some of the LFEO reference group agencies use a version of the Outcomes Star™, a tool which allows plotting of progress across a number of inter-related scales. It was developed by UK based Triangle Consulting Social Enterprise, and Anicha Consulting are approved to provide Outcome Star™ services within Australia (www.anichaconsulting.com.au). The Outcomes Star™ is trade-marked and there is a cost for the training and license required to use the full documents.



© Triangle Consulting Social Enterprise. Used with permission. See www.outcomesstar.org.uk

The example pictured above is the Mental Health Recovery Star for which the ten outcome areas are: managing mental health; physical health and self-care; living skills; social networks; work; relationships; addictive behaviour; responsibilities; identity & self-esteem; trust and hope.



© Triangle Consulting Social Enterprise. Used with permission. See www.outcomesstar.org.uk

- The Outcomes Star™ is used in conjunction with the Ladder of Change. “One of the key features of the Outcomes Star™ is that all versions are based on an explicit model of the steps that service users take on their journey towards independence - the Ladder of Change” (from the Triangle website - www.outcomesstar.org.uk).

Some LFEO reference group members reported using versions of the Outcomes Star™. Opinions vary about its usefulness, illustrating that different resources work for different services and situations:

- *“We like it because it’s visual and clients can see where they are at. It can be used therapeutically to demonstrate how clients are impacted by various things (for example a young woman who does well when her boyfriend is in jail). It maps the person’s attitude – if they are still committing offences, but their attitude to offending has changed, this will pick it up.”*
- *“We use the Family Support Outcomes Star™. We just explain it to them – don’t make it complex. It’s visual, young people can see it and see their progress. It allows us to monitor soft outcomes.”*
- *“The Outcomes Star™ can be adapted to be used as part of planning with young people. The young people may not be aware that that is what they are doing, but the worker is.”*
- *“We haven’t had much success with it; found it very long. The clinician can fill in parts, and this can make it shorter. It works well for intensive involvement with complex case panel outcomes, maybe not for more casual involvement.”*

6.6 Promoting change

Guide 01 *A framework for youth alcohol and other drug practice*, cites Clark (Clark 2001, in Guide 01 p. 69) who states that the youth worker role includes:

- conveying an attitude of positive possibility (hope) without minimising the problems and pain experienced by young people and their families
- ensuring treatment is focused on the present and future instead of the past
- promoting a sense of empowerment rather than demoralisation and passive resignation.

Clark writes that “(youth) care workers are in a position to mobilise, channel and focus on what the client brings with them, but ultimately the powers for change reside within the client him/herself”.

Promoting change requires managing the tension between engendering a sense of hope and encouraging a young person’s own belief in their capacity to change, while not pushing the young person beyond where they are ready to go.

Bruun & Hynan (2006) argue that AOD youth workers can be thought of as “trusted guides” to the young people they work with, assisting them on their journey towards their goals. In summary they argue that effective ‘guides’ are workers who:

- are truthful and trustworthy people who follow through on commitments
- don’t make promises that can’t be kept
- have a sense of realistic optimism that stems from a belief in the effectiveness of their work and the capacity of young people with complex needs to be assisted
- can tune into how others see the world
- have insight into their own limitations and biases
- have the basic confidence to work with the issues that arise for young people
- are creative and resourceful
- can stick by a young person, possibly over extended periods
- will bring in the services of others who can assist.

“... workers must be ‘hawk-eyed about change’, so that the smallest steps can be reinforced.”

One of the LFEO reference group members noted that AOD workers must be “*hawk-eyed about change*”, so that the smallest steps can be reinforced.

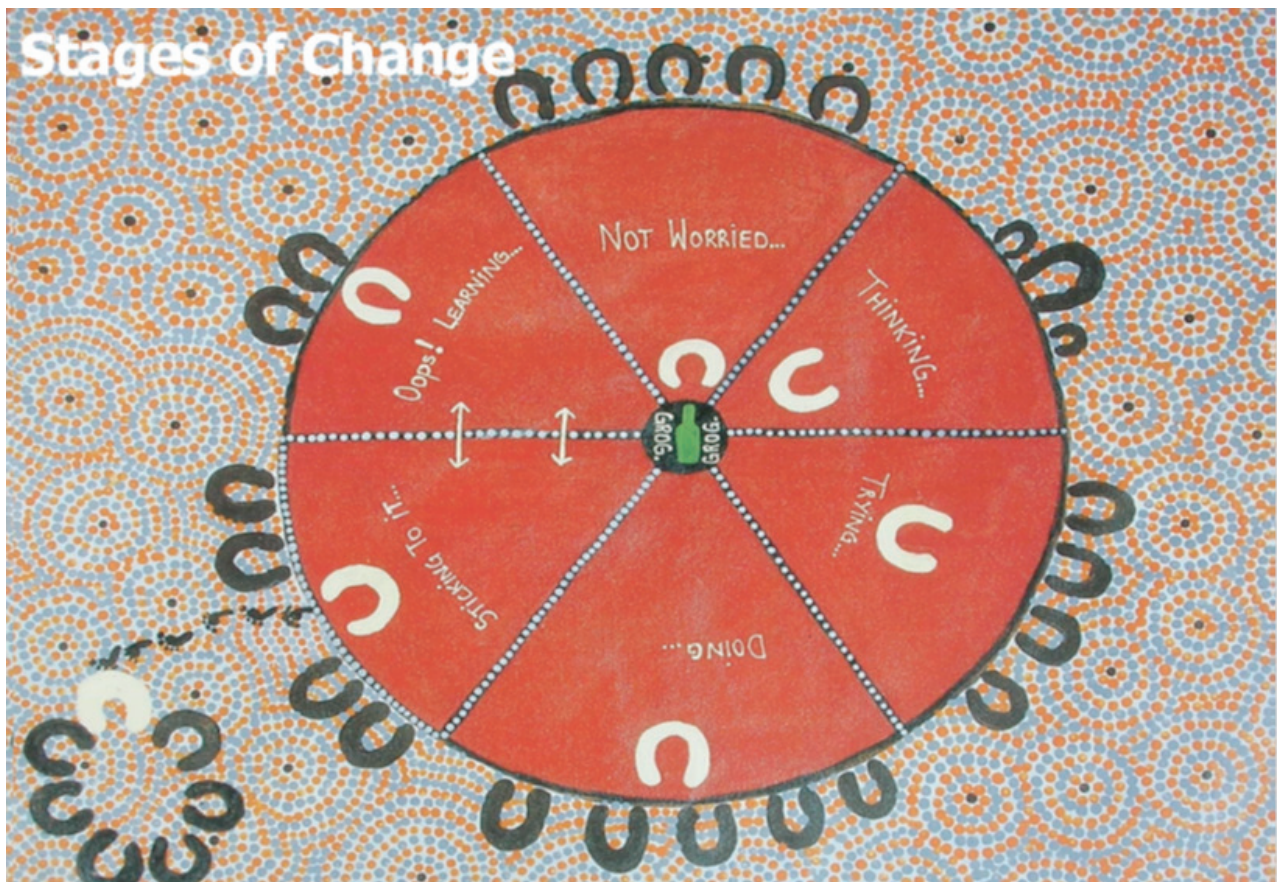
6.6.1 Using the Stages of Change

Guide 01 *A framework for youth alcohol and other drug practice*, discusses the Transtheoretical Model of health-related behaviour change (Prochaska & DiClemente 1984, in Guide 01, p. 52) as incorporating:

- stages of change (typical stages through which people move)
- processes of change (how people change behaviourally and cognitively)
- levels of change (these may be targets or degrees of change)

The Transtheoretical Model is relevant to all young people including Aboriginal and Torres Strait Islander young people.

The model of change most frequently cited in AOD work is the Prochaska & DiClemente *Stages of Change* model. This model has been adapted as the 'Cycle Of Behaviour Change' by the Living With Alcohol Program in the Northern Territory, for use in AOD work with Aboriginal and Torres Strait Islander clients. The Cycle of Behaviour Change (Department of Health, NT) is depicted and explained below.



Artists: Terry Simmons and Sophia Conway from Tiŋjika Community.

Not worried (*pre contemplation*)

The AOD use has become a problem for the person in the circle. The person in the circle is close to the AOD. The person close to the AOD isn't worried about troubles or family, they want to stay close to the AOD. But the family at the edge of the circle are worried for the person close to the AOD. The family wants the person to change, but the person in the circle 'can't listen' and tells them to go away and leave him/her alone.

Thinking (*contemplating*)

The person using the AOD starts to think and understand that not everything is good about AOD use. The person is now thinking that there is some sorry and shame with AOD use. The person in the circle has started to listen to what the family - wife, husband, children - are saying and wonders how life could be without the sorry and shame AOD brings. The person in the circle may need some further support to change.

Trying (*planning*)

The person in the circle is halfway between the AOD and their family. The person wants to change and starts making plans to cut down or stop using the AOD. The person in the circle starts trying different things like only using the AOD on a few days, finding safer ways to use, having health checks, drinking mid strength or light beer only, trying new hobbies or fun things to do without the AOD. Remember, any change requires good planning and support. Changing AOD use is not just about giving up, it is a life change which needs a well thought out plan to tackle the 'ups' and 'downs' for success.

Doing (*action*)

The person in the circle has made up their mind to change and has moved closer to family and friends for support. The person has now stopped or cut down their AOD use. It is early days but a good plan has helped make the changes easier to do. The family are happy and support the person in the circle to change.

Sticking to it (*maintenance*)

The person in the circle no longer has a problem with AOD use and has broken out of the circle. The person is free from the AOD problems and is sticking to the good plan that was made. The person is now able to move back to their family.

Oops: learning (*relapse*)

The person who broke out of the circle has stopped using AOD but has trouble saying 'no' and being strong when AOD is around. The person may start using the AOD again. The person is learning new ways to stay strong and say no. The person and family need to think about what was learnt from this experience and what they would do next time. The family is helping the person to change and may look at what other things the person wishes to include in the plan to help the person become stronger.

Note that changing AOD behaviour takes time. Not everyone has to go through all the stages in the same order. Some stages can be missed, others can be repeated.

Source: Graphic and text from: "The Cycle of Behaviour change" poster. Department of Health and Families, NT Government Alcohol and Other Drug Program (second edition) 2008, adapting Prochaska & DiClemente (1986). Re-printed with permission.

The 'Healthy Territory' Northern Territory Government initiative presents the Aboriginal Stages of Change in a flipchart that accompanies the six steps with questions AOD workers can use to stimulate discussion with Aboriginal and Torres Strait Islander young people. To access the flipchart as part of a Brief Intervention and Motivational Interviewing Tool (Hagger & Entwistle 2008) go to:

http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/64/32.pdf&siteID=1&str_title=Brief%20Intervention%20and%20Motivational%20Interviewing%20Tool.pdf

6.6.2 Promoting AOD impact awareness

LFE0 reference group members describe educating Aboriginal and Torres Strait Islander young people about the dangers of AOD use as a useful form of early intervention. This is especially so with younger people who are in an experimental stage or using as part of peer activity or boredom. For them to 'hear the message', it is important that it is presented in a form they can understand and which is culturally familiar.

As well as general resources for raising client awareness about the impacts of AOD use there are a significant number of AOD resources that are targeted to Aboriginal and Torres Strait Islander clients. Reflecting their different origins, not all are suitable for both urban and remote communities, and not all specifically target young people. However many can be adapted (with appropriate care), or used selectively.

"Our clients need to see brochures that show urban settings like big buildings and trains and stuff we see here. I won't pick up a brochure about the Territory for example, cause it's not what my clients see. We need resources that show young people here in the city."

Several awareness-raising resources which LFE0 reference group members have found useful are listed in the Resources section at the end of this Guide.

LFE0 reference group members describe a range of innovative ways to raise awareness about the impacts of AOD use and emphasised these messages:

- Use whatever strategies work to involve young people and help the message sink in: *"For example, we use PowerPoint slide shows in group work, about the brain and how VSM affects the brain. We've used templates that they have to fill in. We involve them in educating each other, if they are confident enough: e.g. we had a group of three girls - they each had a chart (VSM, alcohol and cannabis) and they worked together to tell each other what they had learned. But it depends on the group dynamic. You couldn't have done that with a group of two girls and one boy, for example."*
- Use lots of talking about others' experiences to bring the message home: *"Stories are the best way to get the message across, especially true stories."*
- 'Know your stuff' – workers have to be on top of the information: *"For example, we use the ADF board games. But for them to be effective tools, the worker has to be knowledgeable – both about cannabis (or whatever drug) and about the typical habits and lifestyles of Indigenous young people within our particular community."*
- Use online resources: *"For young people who are ready, we've used 'Reduce Your Use', the National Cannabis Prevention and Information Centre's online program for people wanting to cut down or quit cannabis. We talk the young people through it – it doesn't have to be all online."* (see the Resources section for a link to this site)
- Make the activity into a game, with in-built messages that help hold their attention when a 'sit-down' talk wouldn't work: Examples include playing cards (real card games, with a message on each card); Snakes and Ladders game (messages incorporated into the game sending the player up a ladder or down a snake) – home-made by Townsville ATODS; an interactive 'stages of change' chart, big enough to stand on – "stand on where you think you are at the moment."
- Use resources that are visual and preferably also tactile to gain attention, relax the young person, and get them talking: For example, the 'Big Cigarette', handmade by Townsville ATODS - the cylinder of the 'cigarette' contains a number of other small toy props which help introduce a taking point; activities with the commercially available 'drunk goggles' which simulate the vision impairment of a person affected by alcohol.

LFE0 reference group members remind us that educating young people about the particular substance can be useful, but that strategies which focus on relationship building and increasing a young person's resilience and self-belief are at the core of effective intervention.

- *“Not many of our kids want to stop using, but they do want connectedness, to be accepted, to achieve. They also want instant gratification, to escape, and cannabis gives them that. We offer alternatives.”*
- *“I was working with a group of Aboriginal young people, youth justice clients, to address one of the underlying causes of their offending (boredom in a regional city). We decided to make a ‘mockumentary’ about establishing a youth club. The young people had roles in filming, story-boarding, editing etc. The interest from this led to the actual formation of the club. Interestingly, rates of offending went right down after the club was formed as the young people had a place of their own to belong to and hang out in, and for which they had roles. By using a visual medium to help young people to imagine a new future, we enabled a change process.”*

Gindaja Treatment and Healing Centre, Yarrabah: “Our clients at the rehabilitation service are invited to complete the 12 week Leadership Program. It is a group program. The purpose is to make them aware that they are all leaders in some area of their life and to assist them to become strong leaders in the family environment. It examines their leadership role in relation to their children or others in their family, and helps them develop their leadership qualities by:

- encouraging them to share a positive vision for Aboriginal and Torres Strait Islander Australians
- supporting them to gain knowledge and skills around leadership
- empowering their personal leadership journey.

The program provides them with skills to help them reach their goals and aspirations and to inspire and help those around them. Everyone is a leader to someone. It raises self-awareness, focuses on integrity and values – gets them to think about what they stand for. For the younger ones, it is inviting them to grow up, to start taking responsibility.”

6.6.3 Using brief intervention

Work with an individual Aboriginal or Torres Strait Islander young person may be sporadic, especially if the young person shifts between communities. Brief Intervention and Motivational Interviewing are useful approaches to try to ensure that even brief encounters with young people may make a difference. These techniques are also used in motivating young people who are engaged with a service in their progress towards the next stage of change for them.

Brief Intervention and Motivational Interviewing techniques are discussed in other AOD resources, including:

- The *Handbook for Aboriginal Alcohol and Drug Work* (Lee et al 2012), at p. 24
- *Dovetail's Guide 03 Practice strategies and interventions*, at p. 53.

See the Resources section at the end of this guide for details on accessing these resources.

LFE0 reference group members considered the question of how to intervene when a worker may only have a brief window of opportunity. This might be the case, for example, when a young person attends for an initial session and the worker suspects they might not come back. Tips to maximise the chance of future engagement and to make the most of the current contact include:

- showing appreciation that the young person is here at this time, and offering them something to drink or eat
- always trying to focus on what they want, and having them leave the session with something tangible
- always giving them information – leaflets and some well-targeted points for thought
- thinking “this may be my only opportunity to talk with them” so always talking about coping strategies, their strengths, and if possible, doing a decision-balancing sheet or discussion
- giving them some self-help strategies and making sure they know how to ask for help
- giving them another appointment or arranging to see them again – try to link them in to further contact
- getting their mobile phone number, if they have one, for follow up.

“We are often sowing the seed for when they are ready to change. They may bring stuff up only gradually. When they do, take the opportunity as it arises. Make it timely – act immediately.”

A Brief Intervention and Motivational Interviewing tool which is specific to Aboriginal and Torres Strait Islander people (though with illustrations more appropriate to regional / remote dwellers rather than urban young people) is accessible from the Northern Territory Government website. It includes:

- steps to Brief Intervention
- using the Stages of Change chart with prompt questions
- identifying ‘What is Important?’ to the young person through a series of questions
- identifying ‘good things’ and ‘no good things’ about drug and alcohol use
- identifying links to community, family and activities and how strong these are
- identifying who can help the young person.

NT Government, Brief Intervention and Motivational Interviewing Tool.

www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/64/32.pdf

6.7 Barriers to intervention

Barriers to effective AOD work tend to fall into two categories – those which are structural and resource-related, and those which workers can strive to address through their own practice.

In the latter category, LFEO reference group members identified the need to strive for high standards of professionalism, even while recognising the range of qualifications held by workers in this field (including life experience as a sole qualification). They cautioned against:

- not taking enough time for reflection on how to best approach the work with an individual young person or group and not reflecting on how work is progressing
- not treating young people as individuals - making assumptions and using a 'one size fits all' approach
- expecting quick results – being too hasty and not being guided by the young person's current readiness to change
- working on a superficial level and not taking the time to consider all the young person's needs
- assuming all the young person's behaviour is related to AOD use and failing to consider co-occurring mental health issues.

Westerman (2010) argues that "The solution to increasing access to mental health services by Aboriginal youth ... lies in the integration of cultural and clinical competencies at the system and practitioner levels. However, this integration must not be to the detriment of client quality assurance. For the Non-Aboriginal practitioner, cultural competence is the struggle that is usually of primary concern (Dana, 1998; Dana, 2000; Vicary, 2003). For Aboriginal practitioners... the struggles are more often at the level of clinical competence. For both Non-Aboriginal and Aboriginal practitioners there continue to be very real struggles in understanding Aboriginal mental health within a clinical framework. This deficit in culturally competent services is one of the major reasons preventing Aboriginal clients accessing services."

This points to the need for workforce training strategies, but also for the need for workers to be proactive about their own professional development and to avoid complacency in this regard.

Structural issues raised by LFEO reference group members include those related to a transient population and distance:

- *"We have a big cultural mix, which needs to be taken into account. Non-Indigenous workers can make the mistake of assuming that all share the same culture, and that all speak English. Torres Strait Islanders may speak Torres Strait Creole. Aboriginal young people and their families from remote communities may speak their traditional language at home and English as a second or third language."*
- *Geography is a barrier – "Distances can be huge in north Queensland. We work with young people from the Cape, out west, the Gulf, further up north. They can come to Cairns or Mt Isa and get stuck there. To get back they have to catch a plane. When they are on country, it can be hard to get to them."*
- *They can't get a bed (in a treatment facility), we can't help them with that here, so they go down the coast and get separated from family.*

Many young people with problematic AOD use, depending on the communities to which they belong, may move between localities. This requires that agencies have effective ways to outreach to young people as well as ways to effectively connect them with services in other locations. Strong partnerships between agencies across different locations can help young people to stay connected with the services they need.

To connect with other services in different parts of Queensland, contact Dovetail on 3837 5621 or email info@dovetail.org.au

6.7.1 Using available resources

Resource issues are often raised as a barrier to providing services. However LFEO reference group members display resourcefulness in many ways as their contributions to this guide attest. They remind us that the development of tools and resources doesn't have to come from funding - a lot can be done using the existing materials and the strengths of individual staff members and community members, including the young people themselves. *"Start to get the work done. Seek funding later on to develop things further, but you can often start it off using existing community resources."*

"Money (for resources) is not everything, and little things can have big positive impact." While a lot of tools and resources are mentioned in this guide, in the end it is the relationships between workers and young people that make the difference.

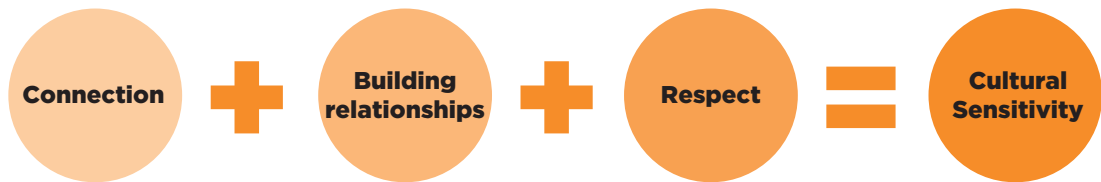
"We want to challenge the idea that doing good AOD work is about getting in there and using whizz bang tools. It's about building relationships. About the value of spending time with young people, going to the beach, letting the dynamic develop, giving the message: 'You are worth it'."

Worker development of cultural understanding

The LFEO reference group members brought together years of lived and worked experience to considering the matter of workers developing cultural understanding in their roles with Aboriginal and Torres Strait Islander young people. This section collates that advice.

7.1 Developing cultural awareness

Cultural awareness is not something that can be achieved in one day or by attending a course. Aboriginal and Torres Strait Islander workers and non-Indigenous workers can achieve cultural sensitivity to a particular group's culture by seeking to connect, build relationships and show respect for different cultures. Embarking on cultural training (particularly for non-Indigenous workers) to increase their knowledge base, can be an useful first step. Of course, the approach will be different for Aboriginal and for Torres Strait Islander workers compared to non-Indigenous workers, but it is important for all staff to participate, from the CEO down. It's about respecting and understanding others, and understanding the complexity and diversity of Aboriginal and Torres Strait Islander histories and cultures.



Know your local area history

Non-Indigenous workers, and Aboriginal and Torres Strait Islander workers who are from outside the community in which they are now working, should find out about local history, particularly the history of engagement between black and white peoples in that place, and the implications for the Aboriginal and Torres Strait Islander people now living there. In urban, regional or remote communities, due to the history of dispossession and reserves, and to modern movement by choice, Aboriginal and Torres Strait Islander community members may belong to many different kinship and language groupings with links back to other traditional lands and places.

In the cities and larger urban areas you might have to 'dig deeper' to access local knowledge – it remains important to know the history of the place you are in and to be aware of traditional owners and 'who's who' within the community.

Know the communication protocols

People require 'hands on' practice experience to understand how to communicate with different communities. This requires a willingness to check and ongoing supervision (see 8.4.2), not just one training day of cultural awareness. Don't assume you know what's required or the reason for something. Ask! *"Walk with me and learn."*

“The best trainer might be the co-worker you work with every day.”

Be aware of local community politics

Be aware of local area politics but don't get involved. Don't compare or favour. Aboriginal persons and Torres Strait Islander persons are different, as are the different tribal or kinship groupings which may co-exist in the one locality. Be mindful of the impact or implications of inter-family and inter-group interactions, including conflict, but stay out of it. Communities can become divided over community issues. If a worker is not aware and cautious, it is easy to unintentionally take sides and it can be difficult to disentangle from that.

“When working in community, be aware of who you are not talking to, as well as who you are.”

This has implications for Aboriginal and Torres Strait Islander staff who are local people – they have to leave the allegiances at the office door and not play out any community conflict within the workplace.

Celebrate significant cultural events

Agencies need to be aware of nationally significant events (e.g. NAIDOC Week, National Sorry Day) as well as celebrations and other events of significance to local communities. It may be appropriate for workers to be involved in cultural events, depending on agency policies and on protocols. Involvement in community events can help to build links to community.

It is also important to understand the local protocols associated with significant personal events, such as how the agency responds when the community is involved in ‘Sorry Business’, that is, where a community is involved in funeral and other cultural protocols following a death in the community.

Use cultural mentors

Aboriginal and Torres Strait Islander colleagues who know the community can play a valuable role in the cultural awareness process for new community members. Aboriginal and Torres Strait Islander workers will provide guidance to others about the do's and don'ts of contact with Aboriginal and Torres Strait Islander clients. This role should be valued – avoid over-burdening Indigenous workers who are in a minority in the workplace. Where there are no Aboriginal or Torres Strait Islander members of staff, make a point of locating a willing mentor in another agency, or a respected community member to provide this advice. In these cases, be aware of confidentiality issues.

“The best trainer might be the co-worker you work with every day.”

7.2 Induction to community

7.2.1 Orientation to community

A worker who is new to a particular community will benefit from having sought out knowledge about working with the Aboriginal and Torres Strait Islander populations of that community before arriving. This may include available information about the historical, social and cultural context of the community. However real orientation to a particular community can only happen in-situ.

When starting work in a new locality, find out about:

- the service system networks that are in place and how they work together
- any orientation package available from your organisation or from the local Council
- the norms of the community (e.g. how to dress appropriately even when off duty, where you can/can't go, who you can/can't talk to, what behaviour is unacceptable)
- the cultural and social networks of the community (e.g. traditional owner groups and who's who). This includes ascertaining who you should be vouched to.

The relevance of vouching:

"I arrive on Thursday Island, and a young person is experiencing a drug induced psychosis. The doctor and I (a white health worker) try to talk to the community. While we are made very welcome our ideas around treatment are rejected in a culture of mistrust and suspicion. The next week, I visit with a local youth worker who speaks the language. The Torres Strait Islander worker sat down with the family, vouched for us and our intentions and explained the clinical situation from a cultural perspective. The young person stopped using drugs and took the meds and got better. Future visits didn't always need the Torres Strait Islander workers, as we were now vouched for."

If working in an Aboriginal or Torres Strait Islander-controlled community, understand that community norms do not necessarily apply to you. Be aware and be respectful of this difference.

"A GP decided that he didn't need to wear shoes to work, because no one else did. But the community didn't like this – they had a perception about how a doctor should look, and they expected him to understand his role."

7.2.2 Introductions and protocols

When first arriving in a new community for a job which includes working with Aboriginal and Torres Strait Islander young people, go beyond any internal organisational induction to get the benefit of 'cultural induction'. Find out about who are traditional owners of the place, connect with them and listen to the history of the area.

Take the time to seek out key elders and find out how to be introduced to them. You need to be invited – ask for introduction and wait. Gender issues need to be considered. For example, a new female worker should seek to connect first with female elders.

Make a point of meeting with other community agency members and attending any relevant stakeholders meetings. In some communities it will be normal protocol to meet with local Council members and 'state your business' – in particular if your position is one of seniority within your organisation.

Find out about and respect the cultural protocols of the community and how you and your agency might be expected to act in relation to acknowledging, for example, 'Sorry Business', 'Women's Business' or 'Men's Business', or the existence of local sacred sites. If you are unsure – ask!

“An Aboriginal or Torres Strait Islander health worker can be a good bridge to understanding important community information when a new worker is first in the job. They will know about bereavements, about whether someone is away, about the sensitivities around family feuds so that you avoid inviting two people who aren't getting on to the same group.”

While understanding that it is important for new workers to pay their respects to local elders and sometimes to seek permission for work they are to undertake, it can be daunting for a non-Indigenous worker to know just how to go about this, particularly in larger urban areas. LFEO reference group members suggest:

- educate yourself about the history of the local areas, who the traditional owners are, and who the elders for relevant groupings are: *“show a genuine interest, ask and listen, and you will learn”*
- ask, through your agency or through the Aboriginal or Torres Strait Islander workers of other agencies, to be introduced to appropriate elders when an opportunity arises
- through the same channels, let it be known that you would like the opportunity, and wait to hear back about how you might do that: *“the message will get through, be patient and wait for an invitation”*
- acknowledge elders who may be employed by your agency or hold positions in other relevant agencies – take opportunities to link with them and respectfully explain your business
- if you have few connections available within your agency, Aboriginal and Torres Strait Islander project officers employed by local councils, and Aboriginal and Torres Strait Islander community health workers can be good links.

7.2.3 Building trust and credibility

Building trust requires patience and openness. Leave behind your pre-conceptions and be open to learning from locals about what they want from you, not what you want to give them. Learn to yarn, and also learn to be quiet – know when to stop talking and listen. *“It's about building relationships.”*

If you are new to working in a remote community, understand that credibility will take time to achieve. These communities have many people coming on a 'fly in fly out' basis without apparent commitment to the community. As a result, it can take a few years for the community to fully respect you, to accept that you are committed to the place and to your role.

Show you are reliable. Follow through – *“If you say you're gonna do it, do it. Don't say 'I'll do that later' and it's three months later.”* Understand the community grapevine or bush telegraph – your reputation as someone to

be trusted (or not) will spread well beyond the families and young people you are in touch with at any time.

Show you are reliable. Follow through – “If you say you're gonna do it, do it. Don't say 'I'll do that later' and it's three months later.”

If living and working in community, get involved with community events whether as a representative of your agency or an individual. Go to cultural events, show your face around community and meet people at more informal events. Talk to people wherever you are, at the local shop, at the school. Community events are the rhythm of the community.

7.2.4 Building legitimacy

Employment in a position is only the start. Legitimacy – being accepted in the role – has a significant impact on the ability of workers to engage with the community. Ongoing legitimacy in the eyes of the elders and other community members relies on maintaining trust. It also relies on demonstrating support for Aboriginal and Torres Strait Islander ways of working that uphold the values, beliefs, and social structures of land, family and kinship (Roche et al 2013).

Workers need to manage the boundaries of their role. While being responsive and flexible, avoid trying to gain favour by acting outside your role. Be clear about the scope of the role even if a previous worker may have deviated away from core business. Politely resist pressure to “Do it like this; this is the way the last worker did it.” At the same time, do not claim expertise in a way that prevents you listening, or define your role narrowly in a way that prevents you pitching in and doing what needs to be done at times. Recognise that when you come into a community, your certificate or degree doesn’t mean much. You need to build connection to community before you can apply your training.

“Where expectations of clients are not realistic, be clear about the limits of your capabilities even if this is not what people want to hear – if you can’t do it (e.g. fix the autism in their child), tell them and make sure they understand.”

Regardless of whether you are Indigenous or non-Indigenous, Aboriginal and Torres Strait Islander young people will judge whether you have legitimacy in undertaking the work. As well as other strategies to show you are genuine (e.g. providing information in a way that makes sense to them in their current situation), providing practical assistance will contribute to this.

“Non-Indigenous workers have to be very grounded in their own beliefs and sense of self, because they will experience stigma and discrimination just for working with Aboriginal people. If they are not centred within their own identity how will they handle being discriminated against by their own people and then also by the Aboriginal young people they work with? Because the Aboriginal young people will label a worker if the worker can’t deal with discrimination themselves.”

The following advice is from LFEO reference group members on the topic of: What should non-Indigenous workers avoid when trying to connect with community?

- Language
 - don’t use big words or talk in jargon
 - don’t try to “talk like a blackfella” – use the language that you are comfortable with; don’t try to copy the vernacular of community members
- Listening
 - avoid telling instead of listening; don’t have your own agenda; listen and learn
 - body language – don’t interpret it from a white perspective; learn about body language from a cultural perspective:
 - *“This is not just about body language, but about cultural nuances of communication, much of which may be missed when interacting with our young people. For example, an Aboriginal young person can be looking into your eyes as if they are listening to you intently, when in reality, their hands, legs, and body can be sending out messages to their mates: ‘As soon as this person shuts it, I will be with you, so wait there for me’. In particular, Aboriginal young people have a very refined language mode with regard to secrecy about their use of alcohol, drugs and other substances and non-Aboriginal workers will often miss this ‘silent’ communication.”*

- Don't look too polished. Dress appropriately, for example, avoid revealing clothing. This applies even when off duty if you are living in the community – you have to have a 24/7 code of conduct.
- Avoid claiming 'white privilege' through experience working with Aboriginal people – *“Some non-Aboriginal people use their experience of working with us as if it is a badge of honour or gives them some sort of credentials. It's like saying 'Now I'm the expert about your people because of how long I've worked with your mob'. It creates a barrier, and is not validating as intended. Instead the barrier created is by the non-Aboriginal person. It sends a message to Aboriginal people that this worker is working with them to benefit themselves, not to walk alongside them.”*

7.2.5 Adjusting worker expectations

Workers who are new to work with Aboriginal and Torres Strait Islander young people and families can sometimes have a crusading zeal. Apart from the risk of being patronising and conveying that you know what a community needs (you don't!), workers who set out to 'fix things' or 'save the world' will burn out very quickly, becoming disillusioned when they find that nothing they do works the way they expected.

Workers need the capacity to be flexible and to move with what the community agrees is needed. Instead of going in with “we are experts and this is what we are doing”, be flexible. Adjust how you work within the community based on a realistic assessment of community issues and expectations along with what you have to offer. *“Rather than coming with big ideas, get to know the community and what they want.”*

“Remember that community members have seen it all before – ‘inducting’ a new worker into their position and into the community. You are the 50th person in the line that's gone in there. The person that was before you is always seen as better than you! Once you leave everyone will say how great you were.” Bring some humour to the situation, and don't take it personally if you get growled at for doing something wrong.

Never assume you know anything. Expect the unexpected and that plans will change. Continually examine what you know to be 'true' – your personal value system or set

way of doing things may not apply in your new surroundings. *“I remember a new girl at Mornington. She tried to group the kids in their age groups, but the mob there don't do that, the kids are all one big group.”*

Non-Indigenous workers who move to work on remote communities (and Aboriginal and Torres Strait Islander workers for whom this is a very new way of life) will benefit from discussion of the different adjustment phases they are likely to go through. These will include 'culture shock' and 'hating it after three months' when the initial novelty wears off, until adjustment occurs. Not being aware of these likely phases can impact the worker's ability to engage with the community and to give themselves time to adjust.

“Some people leave within two weeks, because the culture shock is too great. We suggest they take part in community life, participate in the fishing and hunting when invited, take the view that they are on a holiday – otherwise it's 'I'm here for two years – it's too long.’”

“Help new workers to think about their expectations and adjust their mind-set. They have to have realistic goals and be realistic about what is possible and what's not.”

“Rather than coming with big ideas, get to know the community and what they want.”

Section 8

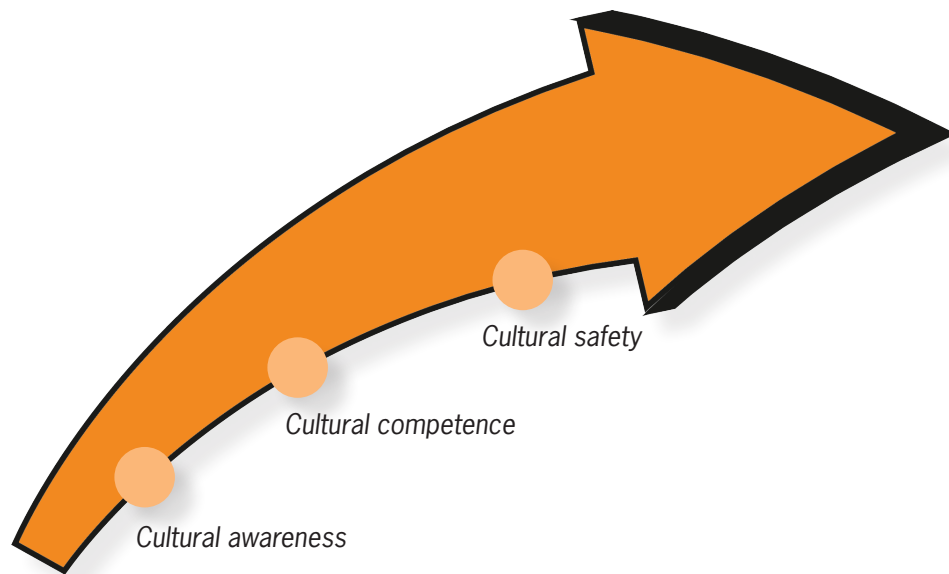
Organisational cultural security

This section presents the advice of LFEO reference group members about how agencies and organisations can help ensure culturally safe service provision and culturally secure workplaces.

For Aboriginal and Torres Strait Islander young people and their families to use the AOD services available to them, they must experience the service as culturally safe. For an organisation to provide a culturally safe service, it must employ Aboriginal and Torres Strait Islander staff and ensure that non-Indigenous staff are culturally aware and competent. For Aboriginal and Torres Strait Islander staff to be retained and supported, they must experience the work environment as culturally safe.

Cultural safety in the workplace results from conscious efforts to reduce workplace stressors for Aboriginal and Torres Strait Islander staff which arise from tokenism, role stigmatisation and the lack of understanding and valuing Aboriginal and Torres Strait Islander ways of working (Roche et al 2013). This is particularly relevant for organisations which are not Aboriginal or Torres Strait Islander community controlled.

“Cultural awareness, cultural competence and cultural safety can be envisaged as sitting on a continuum that moves towards an outcome. Cultural safety is that outcome” (Ramsden 1993, cited in YETI 2013):



Source: *The development of culturally safe service delivery to young people from Aboriginal and Torres Strait backgrounds* (Powerpoint presentation by Sammons & Hedanek, Youth Empowered Towards Independence (YETI), to the SNAICC Conference, 2013. Re-printed with permission).

While cultural awareness may be limited to knowledge, cultural competence implies having the skills and capacity to accurately apply that knowledge in practice in different communities. Cultural safety describes working in a way which appropriately shares power and knowledge and takes the steps necessary to fully integrate cultural understanding into the way things are done (Westerman 2010).

In a culturally safe working environment:

- all employees are valued
- there is no threat to, or denial of, employees' identities or needs
- respect and listening ensure shared understanding and knowledge
- staff learn, live and work together with dignity
- cultural differences between Aboriginal and Torres Strait Islander and non-Indigenous ways of working are understood and accepted
- Aboriginal and Torres Strait Islander ways of working, which uphold the values, beliefs and social structures of land, family and kinship, are valued.

Source: Feeling Deadly, Working Deadly Sheet 2, Roche et al 2013.

An organisation working in a culturally safe way with Aboriginal and Torres Strait Islander young people will reflect the *Aboriginal terms of reference* in its policies, practices and processes. The *Aboriginal terms of reference* are 'a set of principles, core values and processes' that 'acknowledge, derive, validate and promote Aboriginal knowledge and ways of doing things' (Oxenham 2002, in Dudgeon et al 2014). They complement the nine guiding principles of the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Well Being 2004–2009 (see page 12).

The *Aboriginal terms of reference* espouse:

- the worth and validity of Indigenous cultures
- the right of expression of Indigenous realities through processes of deconstruction and reconstruction
- self-determination and self-management
- the right of Indigenous groups to work and make decisions within their own cultural terms
- Indigenous control
- positive social change
- social justice
- the recognition and acceptance of Indigenous diversity
- reconciliation of contending interests between Indigenous people
- the worth of the group.

(Purdie et al. 2010).

<http://palmerston.org.au/publications.htm>

8.1 Employing Aboriginal and Torres Strait Islander staff

Organisations providing AOD services to Aboriginal and Torres Strait Islander young people build legitimacy by employing Aboriginal and Torres Strait Islander staff and culturally competent non-Indigenous staff.

The recruitment, selection and induction processes of Aboriginal and Torres Strait Islander staff all create potential barriers unless organisations actively address these. LFEO reference group members note the need for:

- targeting local community members who would be good AOD workers
- flexible selection criteria and application processes
- alternative recruitment processes with simplified selection criteria, reduced reliance on written applications, the potential to make verbal EOIs, and scenario-based discussion as part of selection processes (e.g. as discussed in WANADA 2011)
- merit-based processes which take account of the unique attributes which an Aboriginal or Torres Strait Islander applicant may bring, with room for on the job training and mentoring to build clinical competence
- using on-the-job forms of inducting and building worker confidence towards taking on higher levels of duties, such as buddy systems, job shadowing and mentoring.

Youth Empowered Towards Independent (YETI), Cairns:

When an agency is employing Aboriginal and Torres Strait Islander workers, you need to develop a 'critical mass' for mutual support, never just one Aboriginal or Torres Strait Islander worker. That's not culturally safe for the worker. Ideally you want:

- workers who are local, connected to their community and have understanding of the relevant communities and family groups
- a mix of male and female
- workers with the capacity to apply the model, who have the aptitude and can develop the skills. You may not get staff who already have the qualifications, so be flexible about that, but look for the potential and the right orientation in their thinking.

Then, provide:

- lots of support and good staff management
- flexibility around staff leave for family reasons
- support while workers find their feet and develop confidence – be aware that they are working within a largely 'white' system.

"When recruiting, one of the attributes we are looking for is a curious mind, especially for working with young people. The person who claims 'I'm an expert' tends to be less reflective. They need to be able to have an understanding of what it would be like to walk in the shoes of a particular young person, to understand that if that young person has lived a life of complex trauma then it's understandable they may have capacity deficits."

"You need people with emotional intelligence and life experience."

When employing new non-Indigenous staff, services should have in place processes to introduce new staff to communities in a culturally appropriate way and allow staff sufficient time to understand the context in which they are delivering services. For newly employed Aboriginal and Torres Strait Islander staff from local communities who are living and working within the community, the blurred distinction between professional and personal boundaries and the depth of community relationships can create complexity for workers, and is one of the major differences between Aboriginal and Torres Strait Islander and non-Indigenous perspectives (Roche et al 2013). When the employing agency and non-Indigenous co-workers demonstrate understanding of Aboriginal and Torres Strait Islander workers' cultural and family obligations within the community, and embrace Indigenous ways of working, the workplace becomes more culturally safe for Aboriginal and Torres Strait Islander staff.

The complexity and community expectations for Aboriginal and Torres Strait Islander workers is illustrated by this story: *"A community employed two new workers, a white male and an Aboriginal woman. Both were 'fresh' to the community. After a few weeks, it was realised that the community was treating the workers differently. The Aboriginal woman complained she was not accepted as this community was reluctant to share 'community secrets' with a woman from another tribe. She also reported 'tall poppy' syndrome; because she had an education the community felt that she was different to them. The elders also had greater expectations on her as an Indigenous woman, whereas the community's history of non-Indigenous workers was one of disappointment – if the white male worker achieved anything it was viewed against the expectation that he would achieve nothing."*

Young People Ahead (YPA), Mt Isa: *"Induction needs to recognise and expand on new workers' existing knowledge. Indigenous workers are inducted by doing, not by 'book reading'. However it's not just about understanding culture – they have to be well-trained in VSM work. We have them attend a three-day in-house VSM workshop before they start in the field. We have lots of conversations about real situations. Keeping it real helps to retain workers in the long run, as they are not as quickly disillusioned."*

8.2 Providing cultural competency training

“Doing cultural competency training doesn’t make a worker culturally competent. Working with other workers who are Indigenous is how a non-Indigenous worker gets to imbibe a sense of culture.”

Any agency employing non-Indigenous staff to deliver services to Aboriginal and Torres Strait Islander young people should provide regular cultural awareness training, as part of staff induction and ongoing development. ‘Cultural awareness’ is a first step only, with ‘cultural competence’ the goal. LFEO reference group members note that training needs should be localised rather than generic and, for Aboriginal or Torres Strait Islander community controlled agencies, should include the history of the service itself and of the local community. *“It’s important that all staff are aware and informed of how the service came to be. So often I find staff come in and dance to their own tune as opposed to what the service exists to do.”*

Cultural competency training should give staff the historical knowledge they need. The training can include yarning circles with community members for non-Indigenous staff to discuss questions and gain a clearer understanding. This in turn offers the service the opportunity to share with local elders current issues and updates while strengthening relationships. LFEO reference group members recommend holding integrated community workshops about twice a year, to foster connection and regular two-way information sharing with local elders about current issues and what’s happening. *“It’s not a one-off training issue – it’s a relationship thing.”*

“Our organisation has implemented localised cultural training as our previous training was generalised and less meaningful – there was no connection to our community. Now staff have a greater willingness to yarn at a local level, as it relates to how they work with the young people in our community. Staff have a greater understanding and connection with local Aboriginal and Torres Strait Islander young people as a result of changing our cultural training content.”

“Tell new staff actual true stories – real life scenarios. Use story-telling to induct them about what we have seen work.”

“I have learnt more about culture from the young people I work with than from any book. It is about what is culturally important to them.”

8.3 Using culturally appropriate communication tools

One aspect of culturally safe practice is the use of culturally appropriate language. This starts at the first point of contact between any organisation and the community. It relates to the tools and resources used in working with Aboriginal and Torres Strait Islander young people as well as verbal and non-verbal communication.

One of the core ways in which the agency communicates with young people is the ambience created by the physical surrounds. *“Make the client feel safe when they walk through the door. Having Aboriginal and Torres Strait Islander flags, posters, pamphlets and art in view are visually inviting as well as reassuring for Aboriginal and Torres Strait Islander people.”* The space must at the same time be youth friendly.

LFEO reference group members’ suggestions include:

- include communication protocols in cultural competency training
- source and utilise culturally appropriate tools, as discussed in this guide, e.g. the IRIS assessment tool, appropriate to the individual young person
- incorporate ‘cultural security’ in drafting all organisational documentation.

Culturally competent communication means being aware of the backgrounds and styles of communication of the individual young people with whom the organisation is working, not making assumptions about literacy, and being aware of English as a second language in remote areas.

8.4 Supporting workers and maintaining hope

8.4.1 Providing support

Organisations have an obligation to support their employees, particularly where the role is a very new experience for the worker. Agencies must have practices in place to support Aboriginal and Torres Strait Islander workers manage the unique stressors they may face in working in communities. These may include:

- the expectations of elders
- the experience of trauma in the community and the impact on the worker
- role clarification, when providing services to people with whom they have kinship roles
- responding to the preferences of young people to work with a male or female worker.

Young People Ahead (YPA), Mt Isa

For Aboriginal and Torres Strait Islander workers employed within the community, there needs to be quite individualised support as they adjust to the role and work through boundary issues. We do lots of talking about personal / professional boundaries. We gauge where there's a need to plug in extra support for them, such as helping them to:

- adjust to having their paid role within the community and finding their place
- deal with the exposure they get in this role
- sometimes, adjust to re-entry into the community
- deal with issues of confidentiality
- deal with issues around others resenting their success and accusing them of elitism
- respond to pressures from family if they are suddenly seen as a source of money and goods
- deal with the issue of their own family members sometimes being clients of the service.

LFEO reference group members advise that making sure Aboriginal and Torres Strait Islander staff have the opportunity for frequent safe de-briefing is important. Ask them what they need. Don't place higher expectations on them to be 'the source of all knowledge' just because they are from the community. Continue to provide professional development.

"Don't burn out your Aboriginal and Torres Strait Islander workers by asking them to do all the Indigenous stuff. It's a myth that Aboriginal and Torres Strait Islander workers 'know all there is to know' about working with Aboriginal and Torres Strait Islander families, and disrespectful to have the view that 'any Indigenous worker will do'. As one Aboriginal AOD worker stated: 'I don't mind helping but it's annoying when they (non-Indigenous co-workers) humbug you and humbug you about ordinary things they should be finding out for themselves.'"

For further useful information on staff support for Aboriginal and Torres Strait Islander workers, see Resources at the end of this guide.

8.4.2 Cultural supervision

AOD practice supervision and cultural supervision are *both* required to support staff working with Aboriginal and Torres Strait Islander young people with AOD issues. While these two focuses of supervision need to be integrated, they are different and may need to be provided by different supervisors if no one person is available who is competent to provide both.

Like other areas of practice development, cultural supervision will be specific to the staff roles and responsibilities and the interaction with clients and community required of the role. It should be provided not only for front line workers but organisation-wide (e.g. including corporate managers and reception staff).

Accessibility of relevant and appropriate cultural supervisors may be an issue, and these may need to be found external to the agency and, if necessary (for example, where issues of conflict or confidentiality are a barrier) outside the community. However the cultural supervisor will need to be someone who is aware of community expectations and of traditional customs and lore for the particular community.

The four parts of a culturally appropriate model for supervision (VDDI, 2012).

Working within community: Enjoying the positives and managing the challenges

- Understanding how community underpins all the work we do in order to work effectively within community
- Managing the challenges and pressures of working with family, friends and community
- Build the skills to manage the professional and the personal relationship in a way that maintains our wellbeing and effectiveness
- Understanding and working with community dynamics

Working with clients: Relationship, treatment and healing issues

- Improving service provision to clients and community
- Developing strategies and skills to better manage the healing process
- Finding solutions to problems
- Setting useful boundaries for clients and ourselves
- Finding the words to describe what we are doing in practice and exploring how that fits with what others do and the theory around the practice e.g. How does what I am doing fit with what is considered best practice
- Managing the challenges and pressures of working with family, friends and community

My role in my organisation: Being accountable and valued

- Building strength in our identity in the role we are employed and how we fit within our team and organisation
- Building a sense of commitment and belonging that will act as both a validation for the work we do and a protection for ourselves
- Understanding organisational process and policy to be able to work comfortably and safely within the organisation's guidelines

Looking after myself: Professional development and building resilience

- Time to reflect on the work done, set direction to keep on top of things and feel productive
- To continue to build confidence in our abilities
- To continue to build professionalism and commitment
- Ongoing learning on setting good boundaries to maintain our wellbeing
- Managing stress and understanding our self care needs
- Managing the challenges and pressures of working with family, friends and community

Source: VDDI (2012). *Our Healing Ways – Supervision. A Culturally appropriate model*, p.13.

Reproduced under Creative Commons license. This Model was developed by the Victorian Dual Diagnosis Initiative: Education and Training Unit as part of the Our Healing Ways project. The project was funded by the Mental Health, Drugs and Regions Division of the Department of Health.

Link to website: <http://nceta.flinders.edu.au/workforce>

8.4.3 Maintaining hope

AOD work with Aboriginal and Torres Strait Islander young people can be complex and at times may seem hopeless in the face of the odds stacked against the young person. Workers need support to maintain hope and to avoid fatalism. LFEO reference group members reiterate the need to focus on the 'small steps' and not to ignore the significance of these. *"There may be negatives but hey! – he got up this morning. Look for little wins – there are little wins all the time."*

In remote settings, desensitisation to violence can affect some workers particularly those that have been there for some time. It may mean that others have to advocate harder to get action, for example to protect a child or young person (rather than 'protect' the family).

"A new worker might be overly sensitive to the things we routinely deal with – domestic and family violence, toxic relationships, neglected children – but it's also easy to become desensitised to these things and just think 'Oh well...', particularly Aboriginal and Torres Strait Islander workers who may themselves have grown up with community violence. It's a balancing act – there's danger at both ends of the sensitivity continuum."

Help new workers develop resilience, and support them to be realistic. *"We're like farmers; we plant the seed and some will grow and unfortunately some won't."*

Despite being realists, LFEO reference group members had a lot to say about hope – belief in young people and their capacity to change is a motivator that keeps workers on the job despite the difficulties they face:

- *"You have to notice the little things. If you listen to young people, you get to hear their conversations change – it's subtle but it's there, when they start to have more hope. Kids don't come to a centre like this unless they are looking for something. They don't want to be different, to be outside 'normal' life. Especially the younger ones, they want to be like everyone else – deep down they want to be at school. They just don't know how to get back on that road."*
- *"It's not an overnight miracle. We try to reduce the risks for long enough for them to develop, to try to get them to the age when their brains click in without being too damaged along the way. It's about maturation."*
- *"Years later you bump into a young person you've forgotten about working with and they talk about the impact you had on their life; they tell you things you said that were meaningful, that you've forgotten you said."*
- *"A client I saw a little while back, she's 20 now. She hasn't suicided. We thought she would, but...she's made it."*

"There may be negatives but hey! – he got up this morning. Look for little wins – there are little wins all the time."

Gindaja Treatment and Healing Centre, Yarrabah: *“For us success is when someone finishes the 12 week Gindaja program. The young person has had a rest, their body has recovered a bit. We focus on harm minimisation. We know they might be back. Some people have come through here many times (though we discourage dependency or other services using us simply as a placement service). They may relapse but we may still see changes in attitudes, for example their attitude to domestic violence may change because of our work with them and story-telling by the older men here that makes them think about what it means to be a man.”*

8.5 Building organisational links with elders

Cultural competence cannot exist for an organisation working with Aboriginal and Torres Strait Islander young people without links with elders as the first building block. Links can be established through holding elders forums, inviting elders advisory groups to liaise with your organisation or service and genuine community consultation. Invite elders to visit the organisation, inform elders of programs your service is running and create ways for elders to be involved.

Sustaining these links is a continual process. LFEO reference group members suggest:

- the agency participating in local NAIDOC week events and other events of significance
- agency representation on community reference groups
- utilising tradition, e.g. funding elders to do Welcome To Country or Acknowledgement To Country when appropriate.

Staff members who are elders should be recognised and respected as such. Identify also community elders working in other relevant agencies or Departments and, for example, community land councils, and maintain appropriate communication with these persons.

8.6 Developing a Reconciliation Action Plan (RAP)

Organisations which are not Aboriginal or Torres Strait Islander community controlled services should consider developing a Reconciliation Action Plan (RAP). If a RAP is already in place, make sure it is continually reviewed. The RAP should be couched as a philosophical commitment to do better – not just a set of tasks.

In developing a RAP, large organisations should take the time to allow for community engagement, taking account of cultural variations in different regions and ensuring all relevant stakeholders (community and staff) are consulted. Hold a cultural planning workshop, and consider developing a Reconciliation Community Charter. Avoid tokenism – the plan must have clearly achievable actions and goals around prevention and awareness-raising. The goal of employing and supporting a higher number of Aboriginal or Torres Strait Islander staff can be part of this if relevant.

Having in place a Reconciliation Action Plan can engender a sense of hopefulness within the team, at least towards making a difference at a local level. Further information and assistance are available from Reconciliation Australia (www.reconciliation.org.au/raphub).

Additional Useful Websites

Australian Indigenous HealthInfoNet

www.healthinfonet.ecu.edu.au

Links to many useful resources through a comprehensive searchable database. Look under the A – Z Topics index for Alcohol, Drugs, Illicit drugs, Substance use, Volatile Substance Use

Northern Territory Remote Alcohol and Other Drugs Workforce Program

<http://remoteaod.com.au/workplace-support-supervision>

NCETA (National Centre for Education and Training on Addiction) at Flinders University
→ Workforce Development → Aboriginal and Torres Strait Islander AOD Workforce

<http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/indigenous-aod-workers/>

NCPIC (National Cannabis Prevention and Information Centre) → Aboriginal and Torres Strait Islander Communities

<http://ncpic.org.au/indigenous/>

Making The Link; Gunja Brain Story Flip Chart; Gunja and the Brain playing cards; and other resources

Palmerston Association Inc → Resources → Publications

<http://palmerston.org.au/publications.htm>

Has PDF copies of many useful documents for AOD work with Aboriginal and Torres Strait Islander clients.

Menzies School of Health Research → Aboriginal and Torres Strait Islander AOD Resources

www.menzies.edu.au/page/Resources/?keywords=&research-area%5B%5D=Mental+Health+and+wellbeing

VDDI (Victorian Dual Diagnosis Initiative)

www.dualdiagnosis.org.au/home/index.php?option=com_content&task=view&id=95&Itemid=1

Our Healing Ways resources

For more information on: *history and context*

“Aboriginal Social, Cultural and Historical Contexts”

(in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, edited by Dudgeon et al 2014, p. 3). This chapter includes a section on Torres Strait Islander people’s historical experience of colonisation.

Available from the The Kulunga Aboriginal Research Development Unit (Telethon Kids Institute) online at:

<http://aboriginal.telethonkids.org.au/media/699863/Working-Together-Book.pdf>

“Making Sense and Supporting Change: A guide for our people”

(in Casey and Keen 2010, *Strong Spirit Strong Mind. Aboriginal ways to reduce harm from alcohol and other drugs*).

Available from the Drug and Alcohol Office, Western Australia, online at:

www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/CulturallysecureresourcesforAboriginalpeople.aspx

The *Bringing Them Home* report, the 1997 Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (HREOC 1997).

Available online at:

www.humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf

For more information on: *impacts of complex trauma*

Culture Is Life – Promoting community led solutions to Indigenous youth suicide

Elders speak about youth suicide. Contains a link to a video and the *Elders’ Report into Preventing Indigenous Self-harm and Youth Suicide*

www.cultureislife.org

For more information on: *using genograms*

Jesuit Social Services under their Strong Bonds ‘Building Family Connections’ web resource provide a simple step by step guide for using standard genograms with young people.

Available online at:

www.strongbonds.jss.org.au/workers/families/genograms.html

For more information on: *sources of population data about alcohol and drug usage*

National Drug Strategy Household Survey 2011, AIHW
www.aihw.gov.au/publication-detail/?id=32212254712

White, V., 2012, *Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011*, Drug Strategy Branch, Australian Government Department of Health and Ageing www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf

For more information on: *connecting with young people through activities*

The Holyoake DRUMBEAT program.
www.holyoake.org.au/index-drumbeat.php

Aboriginal + Torres Strait Islander DRASTIC program run by Creative Inclusive, Gold Coast. DRASTIC stands for *Drama, Rhythm, Art, Self-Therapy, Inspired, Creation*.
<http://creativeinclusive.com.au/index.php/programs>

For more information on: *screening tools*

The Indigenous Risk Impact Screen (IRIS)
Available from Queensland Health
www.health.qld.gov.au/atod/prevention/iris.asp

The Westerman Aboriginal Symptom Checklist – Youth (WASC-Y)
Developed by Dr Tracy Westerman. Use of the WASC-Y requires accreditation (through the IPS Training Program “Mental Health Assessment of Aboriginal Clients” and purchase of the product (the WASC-Y Start Up Pack).
Available from: Indigenous Psychological Services
www.indigenousspsychservices.com.au

For more information on: *assessment and assessment tools*

Guide 03 *Practice strategies and interventions* provides an overview of the *Elements of an initial AOD assessment for young people* (page 43) along with outlines of nine assessment tools covering AOD issues as well as mental health (pages 116 to 138).
Guide 03 is available from Dovetail online at:
www.dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx

Handbook for Aboriginal Alcohol and Drug Work (Lee et al 2012)

Contains comprehensive information about working with persons with problematic AOD use, including information about 'Assessment' (p. 11) and numerous 'How to...' sections.

Available online at:

<http://sydney.edu.au/medicine/addiction/indigenous/resources/index.php>

Yarning about Mental Health Flip Chart (An Easy Guide to mental health assessment).

Includes the 6 Step approach to assessing mental health issues and other resources.

Developed by the Menzies School of Health Research, NT.

Available online at:

http://resources.menzies.edu.au/download/Yarning_About_Mental_Health_flip_chart.pdf

The Strong Souls assessment tool.

A simple one page sheet for gathering information from young people about how they are acting and feeling and how they view themselves.

Developed by the Menzies School of Health Research, NT.

Available online at:

www.menzies.edu.au/page/Resources/Strong_souls_assessment_tool

- *The Seven Areas Model*
- *Stages of Change framework*
- *The Aboriginal Inner Spirit Assessment Model* (developed by Joseph "Nipper" Roe)

Developed by the Drug and Alcohol Office, WA. Part of the Strong Spirit Strong Mind resources: Making sense and supporting change - a guide for our people.

Available online at:

www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/CulturallysecureresourcesforAboriginalpeople.aspx

St Luke's Indigenous 'Talking Up Our Strengths' cards

Includes a booklet about how to use the cards

Source: St Luke's Innovative Resources, produced in partnership with SNAICC.

Available for purchase from:

www.innovativeresources.org

'Sense of Culture Yarn' tool

Acculturation Scale for Aboriginal Australian Youth (ASAA-Y) – an interview protocol for trained practitioners to explore the prevailing cultural beliefs of Aboriginal youth. This tool requires training and accreditation.

Developed by: Dr Tracy Westerman, Indigenous Psychological Services (2003)

Enquiries through:

www.indigenousspsychservices.com.au

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

A highly recommended resource for further reading about issues in the assessment of Aboriginal and Torres Strait Islander young people and families.

Authors: Dudgeon et al 2014.

Available online at:

<http://aboriginal.telethonkids.org.au/media/699863/Working-Together-Book.pdf>

For more information on: *Intervention – working with Aboriginal and Torres Strait Islander young people*

Handbook for Aboriginal Alcohol and Drug Work (Lee et al 2012)

Provides a detailed outline of the main principles and approaches to AOD work along with specific information on working with people in relation to alcohol and specific types of drugs.

Available online at:

<http://sydney.edu.au/medicine/addiction/indigenous/resources/index.php>

Our Healing Ways, Putting Wisdom into Practice (VDDI 2011)

A very practical resource for working with Aboriginal and Torres Strait Islander clients with dual diagnosis.

Developed by: Victorian Dual Diagnosis Initiative Education and Training Unit

Available online at:

www.dualdiagnosis.org.au/home/index.php?option=com_content&task=view&id=95&Itemid=1

The Tree of Life

A tool to use with individuals or groups. People draw their own 'tree of life' in which they speak of their 'roots', their skills and knowledge, their hopes and dreams.

Developed by the Dulwich Centre in partnership with REPSII.

There are costs involved in being trained in the approach, and purchasing the resource.

Available from:

www.dulwichcentre.com.au/tree-of-life.html

A book and a DVD resource are available: *Finding hidden stories of strength and skills: Using the Tree of Life with Aboriginal and Torres Strait Islander children* (DVD).

Available from the Dulwich Centre's Narrative Therapy Library:

www.narrativetherapylibrary.com

Sharing Culture

A web based resource which enables young people to set up a profile and build a story of the cultures and languages of their home town or area.

Developed by: Sharing Culture Pty Ltd (Indigenous owned and operated).

For further information:

www.sharingculture.com.au/tlprogram

For more information on: *Action planning and goal setting*

Turning Point Alcohol and Drug Centre, Victoria

Find example Goal Setting forms at: QuickLinks Information for health professionals / new screening and assessment tools

www.turningpoint.org.au

(Casey & Keen 2010) *Strong Spirit Strong Mind, Aboriginal ways to reduce harm from alcohol and other drugs. Making Sense and Supporting Change: a guide for our people*. DAO, Western Australia. Example of a simple action plan, p.30

www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=400&PortalId=0&TabId=211

Handbook for Aboriginal Alcohol and Drug Work (Lee et al 2012)

Information on forming a treatment plan in work with Aboriginal and Torres Strait Islander young people (p. 43).

Available at:

<http://sydney.edu.au/medicine/addiction/indigenous/resources/index.php>

The Scaling Kit

Source: St Luke's Innovative Resources

Includes web-based interactive scales. Available for purchase from:

www.innovativeresources.org

The Outcomes Star™ tools

Facilitate plotting of progress across a number of domains.

Developed by, UK-based, Triangle Consulting Social Enterprise distributed in Australia by Anicha Consulting. The Outcomes Star™ is trade-marked, and there is a cost for the training and license required to use the full documents.

For information: www.anichaconsulting.com.au

www.outcomestar.org.uk

For more information on: *Awareness-raising information and tools*

The Gunja (Yarndi) Brain Story

Contents: Flipchart resource with diagrams which cover the healthy body and brain, living healthy, short and longer term effects using cannabis. Suitable for young people of various ages

Developed by: St Vincent's Hospital Melbourne and the Menzies School of Health Research

Available at: http://resources.menzies.edu.au/download/Gunja_Brain_Story.pdf

Yarnin' About Yarndi kit

Produced by: UnitingCare ReGen

Contents: The kit contains a facilitators' guide; a DVD in which community members speak; workbooks for participants; a CD-Rom with PDFs of all written materials; three message sticks – "Giving up" "Cutting back" "Using safer"; the "Tree of Life" exercise.

Available from ReGen when in stock. Check availability at:

<http://unitingcare-regen.myshopify.com/products/yarnin-about-yarndi>

Alcohol Awareness kit

Contents: A flipchart resources, suitable for older young people, covering the impacts of alcohol use on the brain, community impacts, safe and unsafe usage levels, alternatives.

Produced by: University of Sydney, Discipline of Addiction Medicine

Available from:

<http://sydney.edu.au/medicine/addiction/indigenous/resources>

Sniffing and the Brain

Contents: Flipchart resources with diagrams and simple words to illustrate how the healthy brain works, short and long term impacts of sniffing on how the brain works, a story of two children

Produced by: Menzies School of Health Research

Available from: http://resources.menzies.edu.au/download/Sniffing_and_the_Brain.pdf

Reduce Your Use

An online program for people wanting to cut down or quit cannabis.

Developed by: National Cannabis Prevention and Information Centre

Accessible at:

<https://reduceyouruse.org.au/sign-up>

For more information on: *Motivational interviewing*

Dovetail's Guide 03 Practice strategies and interventions

Includes information about motivational intervention at page 53.

Available online at:

www.dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx

Handbook for Aboriginal Alcohol and Drug Work (Lee et al 2012)

Information on motivational interviewing at page 24.

Available online at:

<http://sydney.edu.au/medicine/addiction/indigenous/resources/index.php>

Brief Intervention and Motivational Interviewing

A tool specific to Aboriginal and Torres Strait Islander people, with graphics more attuned to rural /remote areas. Contents include: steps to Brief Intervention; using the Stages of Change chart with prompt questions; identifying "What is Important?" to the young person through a series of questions; identifying "good things" and "no good things" about drug and alcohol use; identifying links to community, family and activities.

Developed by: Drug and Alcohol Office, Northern Territory Government

Available online at:

www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/64/32.pdf

For more information on: *culturally secure workplaces*

Aboriginal Cultural Security Guide for Human Service Organisations (1st Edition)

Developed by Palmerston Association Inc

Available online at:

<http://palmerston.org.au/publications.htm>

Feeling Deadly, Working Deadly (2013)

Sheet 2 deals with creating culturally safe working environments

Developed by the National Centre for Education and Training on Addiction (NCETA), Australia's National Research Centre on AOD Workforce Development

Available online at:

http://nceta.flinders.edu.au/workforce/publications_and_resources/wfd-publications/?a=&id=2013

Reconciliation Australia

Information and assistance about developing a Reconciliation Action Plan

www.reconciliation.org.au/raphub/

More information on: *Staff care and support*

Feeling Deadly, Working Deadly: Indigenous AOD Worker Wellbeing Kit (2013)

The kit contains 2 DVDs, a Handbook, 4 Tip Sheets, 5 Case studies and other resources

Developed by the National Centre for Education and Training on Addiction (NCETA), Australia's National Research Centre on AOD Workforce Development

Available online at:

<http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/>

Stories of Resilience: Indigenous Alcohol and Other Drug Workers' Wellbeing, Stress and Burnout (2010)

Includes: 10 x principle workforce development strategies to facilitate Aboriginal and Torres Strait Islander AOD worker wellbeing to reduce worker related stress; 5 x groups of Individual Stress Management Techniques; and other strategies

Developed by the National Centre for Education and Training on Addiction (NCETA), Australia's National Research Centre on AOD Workforce Development

Available online at:

http://nceta.flinders.edu.au/files/8613/3290/7777/EN439_Roche_2010.pdf

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