



Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 5

Identifying key program mechanisms for engaging young people in care

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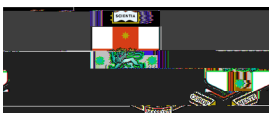
Overview

Around half of people treated for alcohol and other drug (AOD) use relapse within the first year after leaving treatment. Continuing care is promoted as a way to reduce relapse and to better support the social and health needs of people affected by substance use. It can offer community-based support, safe and secure housing, and meaningful work and educational opportunities. Continuing care programs are uncommon in Australia and programs for youth are often underfunded. In particular, little is known about continuing care programs for young people who complete AOD treatment, where the mechanisms that support them to successfully manage their substance use after treatment are poorly understood in research, health and social policy.

In this research we studied the Continuing Adolescent Life Management (CALM) program, one of the few AOD continuing care programs for young people in Australia. We interviewed

program, what aspects of the program they found to be most helpful, what they might like to see changed in the program, and the ways they keep in touch with the CALM staff. Interviews with staff in frontline and management positions included questions about the perceived goals of the program, the mechanisms through which the CALM program is thought to address clients' needs, how the program mechanisms and outcomes might vary for different young people, and what program elements worked best in addressing clients' needs and why. In addition, staff were asked about the historical and political context of the program, its guiding values, and staff and management structures to examine how these impacted the program's capacity to sufficiently support young people.

What did we find: Five program mechanisms for engaging young people



- Noting where necessary young people's histories of stigmatisation and intergenerational trauma
- Referring clients from First Nations and other backgrounds to culturally specific programs.
- Collaborating with workers from regional areas to support clients who return home to rural and regional areas.

However, challenges existed whereby most staff employed in the program were from dominant cultural and other backgrounds which limited opportunities for culturally appropriate role modelling.

4. ***Situated mode of ordering care:*** CALM offered a variety of interventions that were enacted in a client's preferred order and pace, such as education, housing, employment, and social connection initiatives that aligned with clients' lifegoals. Some features of this ordering of intervention were that:

- There was an objective to build tangible skills aligned with young people's desired futures and inculcating a sense of hope and optimism;
- A balance needed to be created between staff giving helpful advice and acknowledging client autonomy;
- Staff worked to address service fragmentation via networking with external services, so to ensure interventions were delivered at the preferred order and pace.

5. ***Organisational memory:*** Organisational memory was a critical component of CALM's ability to provide support over the long term. This was the accumulated knowledge and expertise residing in workplace culture, among individuals, and in information technology systems. It provided a blueprint for building intra- and inter-agency connections, and reinforced a shared sense of purpose and identity among



residential detoxification and housing programs. We are particularly grateful to the 38 young people who shared their stories about substance use and treatment experiences for this research.

For the full paper:

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