

Alcohol and Other Drugs Youth Project 2020



Final Report

10th March 2021

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| <ul style="list-style-type: none">• Tennant Creek• Alice Springs• Darwin• Katherine | |

Definitions

For the purpose of this project, we define the following as:

Young People – 12 – 25 years old

Youth AOD Sector – all services delivering AOD services (Education, Primary Health Care, Early Intervention, Outreach, Counselling, Residential Rehabilitation and Detoxification, Aftercare) to Young People.

Executive Summary

In December 2019, AADANT employed a Youth Project Officer to undertake consultation, and deliver sector development, in the Youth AOD space. This report captures a year of consultation work across both the youth and AOD sectors providing insights into the current concerns and opportunities in this field, and recommendations stemming from this consultation for collaborative models of care, community education and workforce development. The report also highlights the opportunity for the Northern Territory Government, in collaboration with other stakeholders, to provide a clear and cohesive approach to supporting young Territorians through policy, funding and partnerships with the NGO sector and the broader community.

Throughout the program of forums delivered by AADANT as part of the project, discussions and case studies produced a range of findings for immediate service needs, but also highlighted systemic concerns and identified the urgent need for longer-term planning and investment to break currently embedded cycles for the next generation of young people. It was commonly raised that the youth AOD sector is regularly stretched to, or beyond, capacity. Contributors from both the AOD and Youth sectors reported they were often working at full capacity on acute, responsive tasks and crisis management. This reality results in a lack of capacity for agencies to properly engage in strategic reflection, planning and research, and limits the capacity of the sector to make long-term, systemic, and community changes.

A key finding from the consultation was the need for a lead voice for Young People in the NT. A Youth Peak Body would provide a cohesive voice for the sector and provide focus on research, coordination and advocacy for best practice solutions in addressing the needs of the Territory's young people. While various local, Territory and Commonwealth government departments have invested in a range of consultation projects, there is an extant need for a commitment to an over-arching, coordinated model that provides long-term, sustainable guidance to build on past work, and produce future thinking, planning and advice.

An audit of services working across the area of youth AOD was also undertaken as part of this project. This audit identified AOD-focused services operating in the larger townships of Darwin, Katherine, Nhulunbuy, Tennant Creek and Alice Springs while allied services such as youth services, clinics, community groups and schools are relied upon to deliver these services in non-urban, regional and remote settings. Connecting these services through regional youth AOD pathway maps would provide clear partnerships for holistic care from prevention, early intervention and diversion through to treatment and aftercare as needed.

More deeply aligning and connecting services, communities and families has significant potential for clients and communities more generally. These connections, if truly two way in their communication and collaboration, can not only provide significant support and oversight for a Young Person but also to provide deeper understanding for creation and delivery of culturally appropriate AOD education and learning, that can be aligned with best national

treatment, local cultural practices and consideration for existing best practice service models from other allied services.

This report provides insights into the Youth AOD sector as it stands, highlighting promising practices and puts forward recommendations for a pathway for a collaborative government, community and sector approach for managing the current endemic Youth AOD issues in the NT.

Background

Report Context

The Association of Alcohol and other Drug Agencies NT (AADANT) undertook the Alcohol and Other Drugs Youth Project 2020 in response to a lack of involvement of young people and youth services during the planning, development and evaluation of AOD projects. The Youth AOD Services Review by AADANT in 2017 highlights the need for appropriate care for young people in the NT.

Funded by Northern Territory Health Department, the Association of Alcohol and other Drugs Agencies Northern Territory (AADANT) was asked to undertake a project investigating best practice in the provision of support services to young people who use alcohol and other drugs (AOD).

Key deliverables of the project were:

- Provision of workforce development activities through regional forums.
- Creation of guidance material for application across AOD youth services.
- Network development between the AOD sector and the broader youth sector.

With the emergence of Covid-19 across the period of delivery for the project, there was a need to redesign the project to be responsive to supporting the needs of the sector while also achieving the above deliverables.

An updated project plan was provided to Northern Territory Government (NTG) Health Department in March 2020 (Appendix 1) and an interim report provided in August 2020 to highlight emerging insights and to begin a conversation about opportunities beyond 2020 program delivery (Appendix 2).

Research Methodology

The project was initiated in December 2019 with a project coordinator brought on to engage with AOD Youth Services across the NT, to develop an understanding of these services and to begin forum consultation.

In March 2020, with the escalation of the COVID-19 situation the Youth Project Officer role refocused to:

- Support, monitor and respond to emergent issues for young people who use drugs and alcohol in the context of the changing social and health environment resulting from the COVID-19 pandemic.
- Host fortnightly engagement meetings via Zoom for services working with young people who use AOD. These meetings provide an opportunity for a collaborative response to resource sharing and creation and provide a space to explore best practice models for services working under crisis circumstances.
- Support the sector by coordinating the sharing of online resources and information amongst agencies and produce a website of existing resources that can be utilised in the ongoing development of a toolkit for agencies working with young people.

The project was led by AADANT but designed and delivered in collaboration with the members from the Youth and AOD sectors through the fortnightly meetings and through identified advisory groups.

Outcomes delivered within the project

- An [online resource](#) for AOD and allied workers engaging with young people providing service delivery and professional development resources.
- An [AOD Youth Services Directory and Handbook](#) for all youth services, schools, and community organisations to access that provides guidance for responding to AOD use by young people and offering diverse service provision options by region.
- Fortnightly and then [monthly online sector meetings](#) to facilitate discussions about sector concerns, gaps, and experiences.
- Creation and delivery of two short films in partnership with remote Indigenous Youth Services – Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPY Women's Council) and Thamarrurr Youth Indigenous Corporation. These films were created to enhance engagement with remote Indigenous youth and elders, ensure their voices were represented in the delivery of youth forums and provide first-hand their opinions about youth AOD service delivery to attendees at the conference.
 - [NPY Women's Council](#)
 - [Thamarrurr Youth Indigenous Corporation](#)
- A program of forums delivered in Tennant Creek, Alice Springs, Katherine, and Darwin in November focused on building treatment networks in regions, providing specific professional development and launching AADANT's AOD Youth Services Directory and Handbook. These forums were delivered in partnership with the AOD Youth sector and allied youth services.
- A report to NTG Health Department on NT AOD Youth Services including an overview of services, best practice models, gaps and emerging opportunities and concerns.

Consultation Findings and Recommendations

The following findings are a consensus of key understandings and feedback compiled across the twelve months of engagement with services who work with young people who use Alcohol and Other Drugs (AOD). Consultation was undertaken through:

- Discussions and interviews with key stakeholders,
- Monthly, NT-wide online meetings, and
- Youth Sector Forums held in Tennant Creek, Alice Springs, Katherine and Darwin.

This report has been provided to the Youth AOD sector for their feedback and consensus prior to submission.

Youth and AOD in the NT

This project has focused on the services supporting young people, rather than the young people themselves. Services from both the Youth sector, AOD sector and Allied health and community services have been engaged.

Findings:

Many Young People identified by services as having AOD concerns/issues have compounding and contributory factors including:

- Additional risk factors relating to housing, family relationships, education and training, mental health issues and/or primary health issues. Many of these issues are connected with living below the poverty line.
- A failure to holistically support or manage underlying concerns or impacts while undergoing treatment for AOD use issues.
- Remoteness of home communities with extremely limited education and training and other engagement opportunities. Many young people identify boredom and frustration as reasons for using AOD.
- A lack of continuity of care resulting from a lack of process for identifying a lead organisation for case management and responsibility for continuous care. Alternatively, in some cases, a young person is repetitively managed by several agencies creating confusion and replication of services.
- Overcrowding in housing which means limited personal space for young people to deal with their AOD concerns, and/or to have space from other family members issues.

The majority of Young People receiving intervention by services relating to their AOD use:

- Identify as being of Aboriginal and/or Torres Strait Islander (ATSI) descent.
- Come into contact with the criminal justice system due to petty crime while under the influence of AOD use.
- Are removed from their country and kinship network for treatment, producing a range of other issues both while they are away and upon returning to community. This approach often is not aligned with a Social and Emotional Wellbeing model of service provision.

Recommendations:

- Design and implement client-focused processes for identifying lead case managers and for managing ongoing communication between NGOs and NTG departments.
- Commission and fund collaborative program delivery for culturally appropriate early intervention and education programs suitable for regional and remote delivery for families and young people.

Youth AOD Network

This network has emerged and been defined as a collective in the NT through this project work. Prior to this, the connections between the youth sector and the AOD sector were limited and were only existent on a case-by-case basis.

Findings:

- The youth sector is well connected within its own sector and keen to establish relationships with the AOD sector to understand services so they can best match their clients with appropriate services where necessary.
- In initial meetings of the Youth AOD Network, remote-based youth services and primary health care services were predominant in numbers as they were on the frontline of providing support to young people with AOD concerns during COVID-19 NT biosecurity border lockdowns. There was a significant lack of localised knowledge and experience in managing youth AOD issues in community. It was often considered purely the remit of the AOD services based in town centres.
- AOD services based in town centres identified they were often unable to attend the Youth AOD Network meetings due to being at or beyond capacity and/or not specifically funded to deliver services for young people.
- AOD services that had specific programs for young people were predominantly for residential rehabilitation and detoxification, servicing the highest risk/need category of young people.
- AOD services identify aftercare as a major gap in services due to a lack of connection between urban-based AOD services and regional and remote-based youth or allied services.
- The Network was conscious that clients were at any given time in contact with up to 10 services, both NGO and NTG. Lack of coordination of services and a clear consolidated pathway of support for clients was identified as a key issue in young people continuing to cycle through the system.

Recommendations:

- Maintain the network developed through the NT Youth AOD Project.
- Create and identify opportunities for AOD services to collaborate with remote community services to deliver services in remote locations in partnership with local people.
- Circulate and maintain the sector developed NT Youth AOD Directory providing it to Youth Services, Schools and Families. Available online to [download](#).
- Fund an ongoing part time Youth Officer* as part of the AADANT team. Key tasks of this role would be to deliver:
 - Ongoing management and development of the Youth AOD Monthly network meetings.

- A suite of online youth AOD modules specifically tailored to the needs of the NT Youth AOD sector and the existing NT systems.
- Ongoing work at a regional level to build and support the growth of partnerships between the AOD sector and regional and remote youth and allied services to create unique networks for aftercare of individual clients.
- Support and engage with stakeholders in the development of a specifically contextualised assessment tool for regional and remote youth for allied services to utilise when initially working with a young person with AOD concerns.
- Support AOD services to establish regional service maps in line with Local Decision-Making Policy and Regional Youth Network.
- Development of access to training and delivery of professional development and workforce development including Youth AOD and Mental Health First Aid Certificate to AOD, youth and allied services.
- Maintain and update the NT Youth AOD Directory.

** AADANT will maintain this position utilising existing funding until 30 June 2021. An application for extension to funding for this project was unable to be funded through the Mental Health and AOD branch at this time. Alternative funding will continue to be sought.*

Young People in Adult AOD Services

Across the span of this project, AADANT worked on the definition of “young people” being those between 12- 25 years-of-age. The reasoning for this definition, which differs from the traditional definition held by many stakeholders that consider young people to be those under 18 years-of-age, is to align with the biopsychosocial development of young people.

Findings:

- Most AOD services are providing services for 18+ with no specialist programs for 18–25-year-olds. Agencies identified this as a concern but lacked skills, experience, and funding to deliver services in a unique way for Young People.
- The majority of AOD services did not identify themselves as providing youth services if they were only servicing over 18-year-olds.
- There was a lack of understanding of the developmental stages young people experience between 12 – 25 years.
- The majority of AOD services lacked knowledge of youth services within their region, identifying a lack of time, resources, and capacity to connect due to their client base being mostly over 25 or over 18 but case managed as adults.
- There was a lack of training on how to understand and support AOD issues being experienced by a 12-25-year-old. This resulted in many 12 – 25-year-old clients being treated within AOD services under the same models as a long-term dependent drug user.
- In many AOD facilities for over 18-year-olds there was not capacity, funding, or experience to provide 18- to 25-year-olds with different spaces, programs or services differentiated to those provided to older clients.
- Youth services agreed that working with young people in the same environment and model as adult clients with long term dependency can reinforce dependence or produce other traumatic triggers.

Recommendations:

- Provide training for all AOD services in working with young people and understanding the developmental stages of a 12 – 25-year-old.
- Provide delineated services or separate spaces in AOD services for defined ages groups of 12–18-year-old, 18-25-year-old and adult clients.
- Provide crisis accommodation and respite for young people with a specific need highlighted in Tennant Creek and Katherine.
- Invest in facilities, services and program delivery for culturally appropriate AOD community care models suitable for regional and remote locations.

Sector Capacity

The Youth and AOD sectors are resilient and resourceful sectors managing under resourcing in funding and infrastructure, high turnover and a workforce with a lack of standardised education, professional development opportunities and professional supervision.

Findings:

- The Youth AOD sector is running beyond capacity and is under-resourced. This results in a high stress working environment often with insufficient professional support and a high turnover of staff.
- The youth sector is looking to develop closer partnerships with the AOD sector to build training for staff to improve the ability to provide brief interventions in-house.
- There is limited experience and knowledge in the AOD sector around:
 - working with young people.
 - understanding the adolescent brain.
 - how AOD concerns present for and impact young people.
- The Youth AOD Sector has articulated an urgent need for NT culturally specific training for working with Indigenous young people. There is an understanding that this would need to be adapted to be regionally and/or community specific.
- During the forums, a case study was discussed in groups by attendees. In many cases, existing workers in the youth and AOD sectors lacked skills in being able to identify:
 - The breadth of concerns for a young person beyond AOD use.
 - Treatment matching to services that may be most appropriate if the young person was female, male, transgender, LGBTIQ+ and/or came from a culturally or linguistic diverse background.
 - A strength-based community support strategy for the young person which included important family/friend or community support, beyond services.
 - Their assumptions based on previous clients, that often hindered providing the client an opportunity to be met with fresh eyes and possibilities for unique support and treatment models.
 - Experimental AOD use, common amongst young people, and high risk or concerning AOD use.
 - The legalities and responsibilities for sharing confidential information with other services about a client, which too often meant most services within the

NTG and NGO were not sharing information about clients, despite legally being able to, requiring clients to repeat traumas and concerns repeatedly.

Recommendations:

- Indigenous young people are the predominant demographic utilising AOD services. There is a need to provide training opportunities to build a workforce for the next generation that is reflective of the client base.
- Undertake bi yearly regionally specific Youth AOD meetings to undertake professional and work force development and to facilitate discussion around specific issues, concerns, gaps and opportunities and undertaking collaborative planning to develop actions.
- In partnership with young people and the Youth AOD sector develop and provide access to online training modules and tools for working with young people with AOD concerns with a trauma informed strengths-based approach.
- Train workers to understand client confidentiality, so they are confident in their legal obligation, while also being able to share information in order to best provide services and care for their client.

Coordination

The sector is managing high risk cases across a significant distance, with diverse cultural groups and with a cross section of NGO and NTG stakeholders. Coordination was regularly discussed as taking up significant time but often falling short of both services and clients' needs.

- Coordination was raised as a key ongoing issue for all attendees at the Youth AOD Forums. Coordination was identified as being required for two key areas – case management and dissemination/coordination of information, youth programming and funding.
- In each region there was some form of youth meeting, however, these varied in effectiveness and often were unable to cover all key areas.
- There were various groups made up of NGO and NTG members managing key youth concerns effectively but this in turn created smaller silos within the sector and did not provide a whole-of-region approach.
- Significant turnover of staff within both the youth and AOD sector created a fatigued sector, dysfunctional networks and, in turn, a lack of clear pathways for clients.
- NTG staff working with young people are spread across various departments and are often working with different priorities and processes. It is extremely difficult to map NTG Youth Service delivery making it hard for NGOs to collaborate or access information and even more difficult for young people or their families to access support and services.
- Many NTG workers working with young people were unaware what other NTG workers working with young people in other departments did or how to access their services.
- The Youth AOD Forums for most attendees, which were mostly workers rather than managers, were the first time they had come together to undertake professional development, networking, and sector mapping.
- Most AOD agencies delivered little to no services to remote communities, despite having significant client numbers from remote communities. This places the onus on

clients travelling and presenting to services, rather than services being accessible to clients.

Recommendations:

- Advocate for client focused processes for identifying lead case managers and then managing on going communication between NGOs and NTG departments.
- Provide insight and information to the Youth AOD sector, allied services and community about Territory Family's Multi-Agency Community and Child Safety (MACCS) Framework.
- Facilitate youth, AOD and allied community services to establish regional service maps in line with the existing Local Decision-Making Policy and Regional Youth Networks.
- NTG develop a clear map of youth services delivered across all departments, a consolidated listing of the guiding policies for these services and clarity on the intersectionality and coordination of this work.
- Expand the proposed NTG interdepartmental information-sharing platform to include access and input opportunities for all NGOs and ACCHOs involved in service provision to vulnerable young people.

Education

Currently there is limited AOD education for Young People, and their families and carers. Through the creation of the short films as part of this project it was clear families, young people and services are keen to be involved in creating cultural appropriate resources to support early intervention locally.

- AOD Education plays a significant role in early intervention and prevention; however, limited programs and resources existed in the NT, outside of traditional in school education.
- AOD education specifically for young people, their families and services that support young people were regularly raised as a significant gap in NT AOD Services. Specifically, culturally appropriate materials and delivery.
- It was anecdotally discussed by the AOD sector that there are a significant and increasing number of young people referred to AOD residential rehabilitation that would be better served in accessing local, early intervention or education programs. This was judged to be occurring due to a lack of AOD education for those referring young people including families, youth workers, schools, health services and youth justice.
- NT-specific AOD education was limited in schools, youth spaces and community spaces. This leaves young people without a language to discuss their concerns and experiences with AOD, and unequipped to seek early intervention programs if required.
- AOD counsellors noted that AOD issues faced by young people can be an embarrassing and uncomfortable experience for families, due to a lack of community-wide education around AOD. Shame and stigma around AOD contribute to delaying or failing to seek appropriate support until a crisis point occurs.

- Remote community youth services articulated they wanted to work in partnership with AOD services and NTG to deliver AOD education to young people and families.

Recommendations:

- Produce a NT specific Youth AOD awareness campaign in collaboration with stakeholders, young people and community.
- Invest in further workforce and community development opportunities to increase the understanding of youth AOD issues and holistic care models.

Policy and Advocacy

The Youth and AOD sectors are highly politicised within the NT, however, lack clear strategic direction in policy, planning and peak body coordination.

- Until now the Youth AOD sector has not had a united voice or had the opportunity to learn about what is happening across the NT. The coordination of this sector has identified a range of opportunities, challenges, and gaps.
- NTG delivers services internally for young people across a variety of different departments, under several different policies and frameworks. With no clear youth lead or cross department meetings to coordinate service delivery to young people or align policy plans. Current NTG policies include:
 - The Best Opportunities in Life – Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018–2028 – Department of Health
 - Story of Our Children and Young People – Chief Ministers Office
 - Youth Justice Policy – Territory Families
 - With also there being significant work done around young people in Department of Education, Office of Youth Affairs and Northern Territory Office of the Children’s Commissioner.
- The lack of an NT Peak Body for Youth Services results in a lack of coordination between the NTG and NGO youth systems for clients, families, communities, and agencies.

Recommendations:

- Development of a whole-of-Government NT Youth Strategy to provide a cohesive, ongoing understanding of Governmental strategy and direction across Government Departments and for communities and organisations undertaking service delivery, strategic planning and policy work in this space.
 - Aligning longer contract funding to this strategy will provide surety for agencies that will allow them to develop and deliver services with longer term outcomes.
- Fund and establish an NT Youth Peak Body building on existing sector work and in collaboration with stakeholders.
- Inclusion of planning for addressing youth specific issues in the development of an NT AOD Strategic Plan.

| Recommendations Matrix and Timeline | | | | | |
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| Short term 3-6 months | | | | | |
| | Recommendations | Implementation | | | |
| | | AADANT | Sector | NTG | Federal Government |
| Youth AOD Network | Maintain the network developed through the NT Youth AOD Project. | Coordinate. | Attend and contribute. | Attend and contribute. | Attend and contribute. |
| Youth AOD Network | Circulate and maintain the sector developed NT Youth AOD Directory providing it to Youth Services, Schools and Families. | Coordinate. | Provide up to date information. | | |
| Youth AOD Network | Fund an ongoing part time Youth Officer role as part of the AADANT team. | Manage role and responsibilities. | Advocate for role. | Provide funds to support role and programs. | Provide funds to support role and programs. |
| Sector Capacity | In partnership with young people and the Youth AOD sector, develop and provide access to online training modules and tools for working with young people with AOD concerns from a trauma-informed strengths-based approach. | Work in partnership with sector to identify needs and develop modules for workforce. | Contribute to needs and implementation of modules. | Provide funds to support role and programs. | Provide funds to support role and programs. |
| Coordination | Advocate for client-focused processes for identifying lead case managers and managing ongoing communication between NGOs and NTG departments. | Advocate. | Work in collaboration with NTG to formalise a process understood by sector, | Work in collaboration with the sector to formalise a process | |

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| | | | government and clients. | understood by sector, government and clients. | |
| Coordination | Provide insight and information to the Youth AOD sector, allied services and community about Territory Family's Multi-Agency Community and Child Safety (MACCS) Framework. | | | Share plans, insights and evaluation with the sector. | |
| Coordination | NTG develop a clear map of youth services delivered across all government departments, a consolidated listing of the guiding policies for these services and clarity on the intersectionality and coordination of this work. | | | Provide information. | |
| Education | Produce a NT-specific Youth AOD awareness campaign in collaboration with stakeholders, young people and community. | Work in partnership with sector to identify needs and develop resources. | Contribute to needs and implementation of resources. | Provide funds to support role and programs. | Provide funds to support role and programs. |
| Education | Invest in further workforce and community development opportunities to increase the understanding of youth AOD issues and holistic care models. | Work in partnership with sector to identify needs and develop modules for workforce. | Contribute to needs and implementation of modules | Provide funds to support role and programs. | Provide funds to support role and programs. |
| Sector Capacity | Train workers to understand client confidentiality, so they are confident in their legal obligation, | Produce a resource for circulation to the sector. | Engage in training and provide peer-to-peer opportunities to | | |

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| | while also being able to share information in order to best provide services and care for their client. | | reflect on work practices | | |
| Medium term 6 -18 months | | | | | |
| | Recommendations | Implementation | | | |
| | | AADANT (If further funding is secured for Youth AOD role) | Sector | NTG | Federal Government |
| Youth and AOD in the NT | Commission and fund collaborative program delivery for culturally appropriate prevention, early intervention and education programs suitable for regional and remote delivery for families and young people. | Advocate and provide program recommendations. | Design and implement program models. | Support and fund innovative program models. | Support and fund innovative program models. |
| Young People in Adult AOD Services | Provide training for all AOD services in working with young people and understanding the developmental stages of a 12 – 25-year-old. | Work in partnership with sector to identify needs and develop modules for workforce. | Contribute to needs and implementation of modules. | Provide funds to support role and programs. | Provide funds to support role and programs. |
| Sector Capacity | Indigenous young people are the predominant demographic utilising AOD services. There is a need to provide training opportunities to build a workforce for the next generation that is reflective of the client base. | Work in partnership with ACCHOs/AMSANT to identify needs and develop. Advocate program plan. | Contribute to needs and implementation. Advocate program plan. | Provide funds to support role and programs. | Provide funds to support role and programs. |

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| Sector Capacity | Undertake bi yearly regionally specific Youth AOD meetings to undertake professional and work force development and to facilitate discussion around specific issues, concerns, gaps and opportunities and undertaking collaborative planning to develop actions. | Work in partnership with sector to identify needs and develop. Advocate program plan. | Contribute to needs and implementation. Advocate program plan. | Provide funds to support role and programs. | Provide funds to support role and programs. |
| Coordination | Facilitate youth, AOD and allied community services to establish regional service maps in line with the existing Local Decision-Making Policy and Regional Youth Networks. | Work in partnership with NTG and sector to identify needs and develop. Advocate program plan. | Contribute to needs and implementation. Advocate program plan. | Lead and provide funds to support role and programs. | |
| Coordination | Expand the proposed NTG interdepartmental information-sharing platform to include access and input opportunities for all NGOs and ACCHOs involved in service provision to vulnerable young people. | Advocate. | Advocate. | Work in partnership with the NGO sector to build capacity for information sharing. | |

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| Policy and Advocacy | <p>Development of a whole-of-Government NT Youth Strategy to provide a cohesive, ongoing understanding of Governmental strategy and direction across Government Departments and for communities and organisations undertaking service delivery, strategic planning and policy work in this space.</p> <p>Aligning longer contract funding to this strategy will provide surety for agencies that will allow them to develop and deliver services with longer term outcomes.</p> | | | Work in partnership with sector to consult, lead development and implement. | |
| Policy and Advocacy | Fund and establish an NT Youth Peak Body building on existing sector work and in collaboration with stakeholders. | | Led by sector | Provide funding to consult, develop and implement, building on significant existing work and networks. | |
| Policy and Advocacy | Inclusion of planning for addressing youth specific issues in the development of an NT AOD Strategic Plan. | Advocate. | Advocate. | Work in partnership with sector to include in strategy. | |
| Young People in | Invest in facilities, services and program delivery for culturally | Advocate. | Design and implement programs and spaces. | Provide funding and service support for | |

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| Adult AOD Services | appropriate AOD community care models suitable for regional and remote locations. | | | creation of services or spaces | |
| Long term 18 - 36 months | | | | | |
| | Recommendations | Implementation | | | |
| | | AADANT | Sector | NTG | Federal Government |
| Young People in Adult AOD Services | Provide delineated services or separate spaces in AOD services for defined ages groups of 12–18-year-old, 18-25-year-old and adult clients. | Advocate. | Design and implement programs and spaces. | Provide funding and service support for creation of services or spaces | |
| Young People in Adult AOD Services | Provide crisis accommodation and respite for young people with a specific need highlighted in Tennant Creek and Katherine. | Advocate. | Design and implement programs and spaces. | Provide funding and service support for creation of services or spaces | |

Regional Overviews

Tennant Creek

Connecting the dots - Mapping NT Youth Services

Many within the Youth and AOD sectors have role such as Case Manager, Program Coordinator, Youth Worker but each run different programs, have different skills and experience and work for different organisations with different priorities.

Using the Young People's Care Planning Guide from the NT Youth Alcohol and Other Drugs, participants shared how their role worked to support a Young Person.

Key Findings:

- There was a considerable number of referral services.
- There were no dental options for young people.
- Many roles supported and developed aspects of a YP's social ecology and skills and attributes but lacked roles to support beliefs.
- Youthlink provided a range of recreational services in Tennant Creek and across the Barkly Region.
- Services identified a lack in experiences and skills in connecting and maintaining relationships with local elders and TOs to seek advice and support for YP.
- There was a lack of transport to link YP with activities.
- Key services that were identified as not being attendance but that were an important part of the conversation included Catholic Care, BRAADAG, Child Protection and Territory Families, Education Departments, Saltbush, Anyinginyi Health Aboriginal Corporation.
- The Youth Action Plan for Tennant Creek 2020 – 2022 identified the serious issue of AOD for young people and the need to improve capacity and service capability through appropriate models

Youth AOD Case Studies

- Many groups initial saw the case as high risk and wanted to refer into services. This produced several important conversations:
 - When to refer to a service and when first to look at community/family solutions focused on a strengths-based approach?
 - In Tennant Creek a reoccurring issue of multiple services receiving referrals for the same person, with then multiple service arriving at a client's house creating embarrassment or frustration for the client and creating frustration within the sector.
 - Due to a combination of high turnover workers and workers with limited skills making up much of the workforce referrals were seen as a 'safe' decision.
- Participants were not confident in their intercultural skills and networks and saw this as a gap in supporting the case study.
- A range of programs were identified to provide support and education to parents with young children but not for teenagers.
- There was a lack of a coordinated care approach for low to mid-range risk cases as workers were often focused on the high-risk cases.

- Need for a process to identify and coordinate with a lead organisation if one is needed for a client.
- Not enough time to take a step back and think about innovative and creative ways to respond to client needs, and so clients get lost in a system of paperwork and processes.
- Concerned that being focused on high risk means that there is not time to think strategically about how to support the next generation of Young People, so the cycle does not continue to repeat.
- Looking at all issues, while giving clients the capacity to attack one at a time or to engage in positive programs rather than responsive drug ones.

Future Opportunities and Challenges

Opportunities

- Tennant Creek Youth Services come together to discuss responses to high-risk cases but do not get together to communicate on future plans, youth programs and to connect as a network. A regular meeting would allow for coordination of services and to identify lead agencies for case management.
- A strong desire for a well-funded and supported Council of Elders that youth services could access for advice.
- Youth Services Provider Network exists and could be more broadly attended by community services across sectors in Tennant Creek.
- Work more strongly with Anyinginyi Health Aboriginal Corporation.
- Taking responsibility of referrals, paperwork was often done but not regularly followed up. Creating gaps for clients but also frustrated services receiving referrals from various providers with no communication or understanding of capacity. It also reinforced a culture of referring young people rather than finding innovative community responses. The attendees encouraged each other to consider referrals in more detail before doing them and then also being present in supporting the process if they are required.
- A Youth Hub or Drop In Centre would provide a positive safe space for young people but also provide a space for a range of youth services to work under one roof to coordinate services, programs, and care coordination.
- Coordinated night spot involving a range of services, so that young people could access a one stop shop of services as required while participating in positive community activities.

Challenges

- What are we doing with YP after dark? Need for strategic coordinated approach to evening programming.
- Where is the AOD representation at youth discussions? A need for BRADDAG to be part of the conversation as youth is defined as 12-25 years and BRADDAG services 18+. Also interested in their capacity to support AOD education for Young People and Families. Need for a whole of community approach rather than silos.
- There is no safe space to deal with current AOD issues for youth under 18
- Currently a lack of education programs in school and community centres.
- Currently nowhere to house Young People who require a Youth sobering up shelter and/or Crisis Accommodation. The only current option is for police to take Young

People home but when this is not a suitable environment there is no other space beyond the police cells.

- Some services lacked a strong relationship with the local community and in turn this meant service delivery lacked community ties and for client support to be strengthened through holistic community structures.

Recommendations

- Participants were keen to commit to regularly attending Youth Services Provider Network to stay abreast of each other's programs but also more strongly work together on case management to avoid double up.
- Participants believed there was a need for training and professional development as a local community in Tennant Creek particularly focused on youth and AOD best practice.
- Participants were interested in AADANT returning twice a year to deliver one day programs with the first half of the day being for delivery of training and the second half for strategic community planning to support young people.
- Look at the effectiveness of current service models and encourage thinking about other best practice options.
- Identify and implement a program to support Young People under the age of 18.

Alice Springs

Connecting the dots - Mapping NT Youth Services

Many within the Youth and AOD sectors have role such as Case Manager, Program Coordinator, Youth Worker but each run different programs, have different skills and experience and work for different organisations with different priorities.

Using the Young People's Care Planning Guide from the NT Youth Alcohol and Other Drugs, participants shared how their role worked to support a Young Person.

Key Findings:

- There was a lot of services supporting young people in a wide variety of ways, with a considerable number of niche services. These services were exciting for participants to hear about, however, many identified they did not know they existed.
- There were a substantial number of services that identified their key role as providing referral to other services.
- The ability to support Young People's beliefs existed throughout many services work and were identified as key to best practice delivery of any service for young people.
- It was identified there was no services to support the development of problems solving and decision-making skills, particularly for Young People not in the education system.
- Dental Education programs for young people and families was identified as a gap in services.
- There was a lack of beds for Young People particularly 16-25 years that were homeless, current options often meant young people were placed in AOD rehabilitation facilities despite not having AOD concerns.
- Opportunity to provide education for families and young people around the court system, diversion, and general law for youth justice cases.

- Lack of knowledge around support for LGBTIQ+ Young People. Headspace identified they ran a regular group and were open to supporting people as needs emerged.

Youth AOD Case Studies

- Participants identified through their own discussions that there was tendency to over refer which potentially put stress on the client and services.
- There was no clear process for care coordination, there was a range of different networks and groups that met but no central point to identify the lead agency for care coordination for a young person. Potential for this to be built into support link service.
- A lack of Big Brother/Sister programs connected to local culture and community.
- It was identified that there could be a much stronger connection between services and schools.
- Opportunity for non -mainstream learning options for young people later in life. Particularly when school does not work for Young People during the current education window of 6-18 years.
- Lack of services that engaged young people and their families in the design and delivery of programs
- Some tables discussed how the case study could have been supported earlier on and identified a need for high quality culturally specific education for young people and their families both within school and community contexts. The education should focus on AOD education, mental health, and social and emotional wellbeing for Young People.
- The case study reminded participants that often AOD is identified as the cause of Young People's issues, rather than as a symptom of other concerns in a Young Person's life.
- There is significant work being done with families of children but there is a lack of support for families with Young People. Particularly families living with significant trauma and AOD concerns.
- Many groups identified that they worked with thousands of 'Bobbi' cases which made innovative individual approaches less possible. There was a need for strategic thinking to shape how best to connect services and build capacity in emerging need areas for young people. Services need to work together to provide unique services rather than doubling up.
- Due to Bobbi's case also being like many others there was a tendency by groups to make significant assumptions such as assuming Bobbi was male, Indigenous and that parents were not suitable carers despite these things not been articulated in the case study. While assumptions must be made for a case study, it was noted that as workers there can be a tendency to oversimplify cases and make assumptions which can be damaging for the Young Person and their long-term care and support.
- It was raised by one group as to what would the case study look like if Bobbi lived in a remote community. This group identified that in this case there was:
 - Limited to no services that travelled to remote communities, nearly all services needed to be accessed by a Young Person coming to town and finding their own accommodation and support structures beyond the service.
 - Lack of clear communication channels between services based in town and remote clinics, youth services and remote AOD workers.

- It was identified that Young People from 12 – 25 years was a broad group and that services needed to be tailored for subgroups within this age group to the age appropriate.
- A robust discussion occurred about assessment and its role in working with a Young Person.
 - Yarns vs. clinical assessment/educational assessment/multi-disciplinary assessment produced a range of opinions and provided insight as to when they were necessary or mandatory and when a more casual assessment maybe suitable.
 - Overall, it was agreed that a check in for services was important before rolling into extensive paperwork and assessment, if a young person could be supported initial through a conversation.
 - Many participants were not clear on when it was required to undertake mandatory reporting so felt it was best to always complete assessments and reporting, however, this may not always be in the best interest of the client.

Future Opportunities and Challenges

Opportunities

- No process to identify if a Young Person was already engaged with a service or to identify a lead agency. Potential for Supportlink to provide a technological solution.
- Need for NTG and NGO to work together and to be able to discuss Young People's cases.

Challenges

- Lack of services that worked with Young People while under the influence or requiring withdrawal services.
- No clear service coordination between after-hours services.
- A lack of clarity around what other services are doing, and a need for a format to articulate service offerings so both other services and clients had clarity about where to access support.
- Through care for Young People was not existent or extremely limited.
- Limited support for Young People in remote locations.
- Lack of whole of government strategy for young people to provide guidance and clarity.

Recommendations

- Regular service link ups to support case management, coordination and sharing of information in real time. Leon Tripp to facilitate.
- Ability to confidentially share information about Young People's cases.
- Create opportunities and build in capacity for two-way learning with services and Indigenous elders, as well as Young People.
- Focus on innovative collaborations rather than each service delivering multiple similar services.
- Town based services to actively look at how they can deliver services in remote locations in partnership with locally based youth and allied services.
- NTG funding roles and other funding partners need to attend network meetings and forums such as these.

- Ongoing need for peak bodies such as AADANT to deliver workforce development and best practice training.

Darwin

Connecting the dots - Mapping NT Youth Services

Many within the Youth and AOD sectors have role such as Case Manager, Program Coordinator, Youth Worker but each run different programs, have different skills and experience and work for different organisations with different priorities.

Using the Young People's Care Planning Guide from the NT Youth Alcohol and Other Drugs, participants shared how their role worked to support a Young Person.

Key Findings:

- Participants from creative backgrounds/organisations were able to easily place Young People at the centre of their process and services.
- No services could identify programs that supported:
 - Numeracy and literacy
 - IT usage
- There was a lack of spaces for Young People that were specifically designed for the comfort and safety of young people while also providing suitable environments for services.
- Some participants particularly those working in youth mental health struggled with the exercise as they felt their role was not able to place the Young Person at the centre of their work, they were only able to provide referrals based on what was available which was limited.
- Palmerston and Darwin are two distinct locations with different support needs and service provision.
- There was also attendance by regional and remote services who quite often were the only service available to young people in their location.

Youth AOD Case Studies

- Participants agreed there was a range of ways to provide support to Bobbi, and that there was no correct lead agency, it should be whoever Bobbi and their family felt comfortable with.
- Due to Bobbi's case also being like many others there was a tendency by groups to make significant assumptions such as assuming Bobbi was male, Indigenous and that parents were not suitable carers despite these things not been articulated in the case study. While assumptions must be made for a case study, it was noted that as workers there can be a tendency to oversimplify cases and make assumptions which can be damaging for the Young Person and their long-term care and support.

- Participants aimed to actively draw on the network at the table, rather than working as independent services.
- Taking responsibility of referrals, paperwork was often done but not regularly followed up. Creating gaps for clients but also frustrated services receiving referrals from various providers with no communication or understanding of capacity. It also reinforced a culture of referring young people rather than finding innovative community responses. The attendees encouraged each other to consider referrals in more detail before doing them and then also being present in supporting the process if they are required.
- It was raised by remote participants as to what would the case study look like if Bobbi lived in a remote community. This group identified that in this case there was:
 - Limited to no services that travelled to remote communities, nearly all services needed to be accessed by a Young Person coming to town and finding their own accommodation and support structures beyond the service.
 - Lack of clear communication channels between services based in town and remote clinics, youth services and remote AOD workers.
- Confusing about confidentiality when it comes to case coordination.
- NTG staff raised NTG's new program MACHS but the NGO sector has little to no knowledge of the new program and their role in it, due to limited to no consultation.
- Too often services places time and focus on staff or organisation values, rather than on the values of Young People. Example – workers see home as overcrowded, young person sees living alone as lonely.

Future Opportunities and Challenges

Opportunities

- The Youth and AOD sectors often lack skilled and experience workers. There is significant opportunity for formal training and skills exchange between peers and/or mentors.
- Opportunity to build on school AOD and health and wellbeing education by providing Young People with knowledge about services and referral processes so that Young People can be supported by peers to access services.
- To build Aboriginal and Torres Strait Islander workforce through identifying existing cultural experience and community networks as valuable on the job skills.
- Services to undertake formal cultural training and ongoing network and skills exchange.
- Services need to be supporting community talking to community, healing is possible, pathways can change.

- Better understanding by services of how to promote and engagement with Young people about their services.

Challenges

- Lack of programs to support and connect Young People and their families
- A need for dedicated 24/7 drop-in centre in Darwin and Palmerston
- to support mental health for YP before we get to this stage
- Stronger understanding of values of young people,
- Lack of ongoing long-term funding, need strategic thinking by government and understanding it takes three years just to build and establish a program
- No integrated client management system to allow NTG and NGO to communicate and manage client coordination.
- Lack of AOD education and counselling in Don Dale.
- Lack of transportation to and from services and activities.

Recommendations

- Significant opportunity for services to create community-based collaborations in partnership with community organisations.
- Care coordination focused on education – early intervention and after care rather than just crisis responses. Use existing networks to broaden the conversation.
- Create more sector opportunities for services to share what they do and how they do it, to combat lack of current understanding of service provision,

Katherine

Connecting the dots - Mapping NT Youth Services

Many within the Youth and AOD sectors have role such as Case Manager, Program Coordinator, Youth Worker but each run different programs, have different skills and experience and work for different organisations with different priorities.

Using the Young People's Care Planning Guide from the NT Youth Alcohol and Other Drugs, participants shared how their role worked to support a Young Person.

Key Findings:

- Identified some great services through Somerville to fill an identified gap to support Young People to access and manage Centrelink, organise ID and other paperwork and to use IT to access banking etc.
- Gap in opportunities to undertake IT training specifically to use software etc for work opportunities.
- YMCA is creating a Certificate I in Self Development for Young People that will cover a range of personal skills and beliefs.

- There is a gap in transport between 4:30pm -7pm for Young People. Thomas Manning to work with services to resolve.
- A need for more cultural connection programs which support Young People from various language groups.
- A desire by participants for a Youth Forum, for and by young people.
- See potential for alternative Young Adult Education for 18-25 years.
- Lack of services for acute service needs after hours.
- Good spread of programs working across various aspects of a Young Person's care needs.

Youth AOD Case Studies

- Various working groups – Suicide Prevention Action Group, Justice Reinvestment Working Group, Youth Interagency, Local Drug Action Group – YMCA,
- YMCA hosts female and male only programs for Young People
- Committing to understanding a client's history – what services are you are they already engaged with? Who has an existing repour?
- Need for better process for care coordination that is communicated across services
- What opportunities exist if Bobbi was based in a remote community? Lack of accommodation options for family and Young People to stay in while accessing services in town.
- Boredom has a significant impact on Young People
- Peer support program would be invaluable.
- Headspace doing invaluable work, would be great to see practitioners in schools.
- Education program focused on Deadly Choices.
- Not enough focus on therapeutic programs.
- Commitment to connecting clients with family and community networks not just services. Build community support options as key part of Young People support plan.

Future Opportunities and Challenges

Opportunities

- Retention bonus to keep Youth Workers in jobs and in regional and remote locations.
- Real opportunity to share positive narratives with the community and broader NT.
- Community capacity building key to creating long term change for communities and their young people.
- Youth services to work on weekends or work Young People friendly hours rather than 9 – 5.
- Coordinated delivery of programs through collaborations of services
- Katherine Youth Services Directory – potentially through Katherine Town Council, currently there is no Youth Engagement Officer, however potential to lobby for this.
- Create informal safe spaces for young People to connect and understand services. AFL NT runs programs on Friday nights with 200 people. All services welcome to attend and work with young people

Challenges

- Hard to make long term systematic change with ongoing challenge of managing staff retention and building capacity. The community needs continuation of staff with capacity to be active information sharers and community builders.
- Lack of clarity around sharing of Young People's information and when consent is required.
- Services identified they did not know what other services did, due to programs and funding continually changing.
- Lack of Youth peak body to advocate for systematic change and Territory and National level.

Recommendations

- Connect through Youth Interagency to collective create the new Youth Action Plan and come together more regularly to collaborate across programs and to better support case coordination of individual Young People.
- Advocate for a Youth peak body.
- Need for local opportunities for training, workforce development and coordinated strategic planning.