Effective Aftercare:
Lessons learnt from AOD-affected young people and their allies
Acknowledgements

• Country - Aboriginal Elders, traditional custodians and YP

• NADA – Network of Alcohol and Other Drugs Agencies

• Junaa Buwa! Centre for Youth Wellbeing - Young people and parents

• Junaa Buwa! staff and key stakeholders

• Southern Cross University

• Mission Australia
Who is Junaa Buwa!?
• Junaa Buwa! in the local Gumbaynggir language means, ‘to declare a new beginning.’

• Junaa Buwa! is a NSW JJ-funded AOD residential rehab for young people aged 13-18

• Junaa Buwa! is accredited through the Australian Council of Healthcare Standards

• Offers 12-16 weeks of residential treatment with 12 weeks of aftercare
Junaa Buwa! Aftercare

• Delivers case management, counselling, and relapse prevention (harm minimisation) support to young people in their home communities across NSW.

• Minimum one phone call per week and one face to face meeting per month over 3 months.
Reasons for the Junaa Buwa! Project

• To evaluate the Aftercare component of the program;
  • Preparation for life after Junaa Buwa! during residential treatment
  • Aftercare support

• To elucidate the challenges faced by the young people and those providing support.

• To invite feedback from various voices about what is working and how the program might improve.
How we attempted to get the stories

• Qualitative data from semi-structured interviews (face-to-face and telephone) and surveys:
  • Current and past Junaa Buwa! clients
  • Current Junaa Buwa! staff
  • Stakeholders including parents, agencies (NORTEC Employment & Training, Juvenile Justice, Galambila Aboriginal Health Service, Wesley Youth Accommodation Service), and consultants (Forensic psychologist, Consulting Mental Health Nurse).

• Quantitative data on preparedness, confidence and wellbeing
How might we know what is working?

We tried to answer a few questions about aftercare:

• Is what has been proposed actually happening?

• Are needs identified by the young people being met?

• Is there evidence of positive outcomes?

• Is there evidence of negative outcomes?
Reviews from diverse interacting sources

Parents at various stages of development

Diverse group of Young People (ages 13-17) at various stages of development

Junaa Buwa! Staff

Various support and justice agencies, and resources that may or may not be available.

https://www.ncadd.org/media/k2/items/cache/1a9baee2108527eeefc063ebca11f242_L.jpg
Sample questions we asked the young people

• What are the most important parts of your plan?
• What are the biggest challenges you think you will face / you are facing right now?
• What are Junaa Buwa! staff doing to help you feel more prepared to face these challenges?
• Is there anything else Junaa Buwa! or other services could be doing to support you right now?
Sample questions we asked stakeholders

• What do you know about the services Junaa Buwa! provides to clients after they leave the residential program?

• What challenges might there be for Junaa Buwa! staff in providing effective aftercare?

• What might allow staff to be more effective in supporting clients during aftercare?

• What features of the program have been least effective?
Qualitative content analysis coding process

Verbatim Recording

“I just need some help getting a job....like I would feel better about myself and help me find a place to live away from my old mates”

Practical help

Inter-agency coordination/facilitation

Support of Self-esteem

“...I would feel better about myself...”

AOD Avoidance Related Behaviour

“...live away from my old mates...”

Employment

“Just need help getting a job...”

Accommodation

“.....help me find a place to live...”
Demographic characteristics of Junaa Buwa Young People

- Of clients referred in the last 12 months, mean age was **16 years** and the average time spent in the program was **58 days**.

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>95%</td>
</tr>
<tr>
<td><strong>ATSI Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>95%</td>
<td></td>
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<tr>
<td><strong>Substances of Concern</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>19</td>
<td>38%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>15</td>
<td>30%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Crystal Meth</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1</td>
<td>2%</td>
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<tr>
<td><strong>Psychiatric Diagnoses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td>6</td>
<td>22%</td>
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<tr>
<td>Depression, Anxiety, Adjustment Disorder, or Bipolar</td>
<td>5</td>
<td>19%</td>
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<tr>
<td>FASD</td>
<td>2</td>
<td>7%</td>
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<tr>
<td>ODD / CD</td>
<td>1</td>
<td>4%</td>
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<tr>
<td>No dual diagnosis</td>
<td>12</td>
<td>44%</td>
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<tr>
<td><strong>Reason for Exit</strong></td>
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<td></td>
</tr>
<tr>
<td>Graduated</td>
<td>7</td>
<td>37%</td>
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<tr>
<td>Disciplinary Discharge</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>Self Exit</td>
<td>7</td>
<td>37%</td>
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## Demographic characteristics of residential clients

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
</tr>
<tr>
<td>Total claiming ATSI status</td>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
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<tbody>
<tr>
<td>10-14</td>
<td>2</td>
</tr>
<tr>
<td>15-16</td>
<td>1</td>
</tr>
<tr>
<td>17-18</td>
<td>7</td>
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<tr>
<td>Total EOCs</td>
<td>5</td>
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<table>
<thead>
<tr>
<th>Referral Source</th>
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<tbody>
<tr>
<td>Detention Centre</td>
<td>7</td>
</tr>
<tr>
<td>Juvenile Justice Case Worker</td>
<td>3</td>
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Young People in the Project

• Participants were current and past residents of Junaa Buwa!

• Of the current residents, 10 initially agreed to participate. Of these, 4 dropped out of treatment within the first month.

• A further 2 were lost to follow-up after graduation.

• Of past residents, 4 were unable to be contacted due to disconnected phone numbers, 1 was in juvenile detention, and 5 declined. In the end, 7 young people and 6 family members agreed to be interviewed.
What are the most important parts of your plan?

AOD Harm Minimisation
- Give up / avoid drugs
- Avoid peers and co-offenders
- Find new mates

Prosocial / Integrative activities
- Get back into school
- Get a job
- Get my licence
- Play sports / hobbies
- Finish parole

Prosocial Thinking
- Think more positive
- Think about why you’re doing it (motivation)
- Think twice / think ahead

Goals unique to past clients
- Find accommodation
- Family relationships
- Maintain a routine
What are the most important parts of your plan?

Goals unique to graduands
• Stick to the plan • Accept support • Set a positive example for others

“Not relapsing, like, not hanging out with co-offenders, finding new mates that will support me. Also, taking the support that I have not to relapse and probably, yeah, set a good example for others too. Show them what I’ve achieved and what they probably could as well.”
How are those plans working out?

Past clients

• Positive changes were reported by all past clients in this selective sample

“I’m free now. I feel like I’ve come a very long way since I graduated from Junaa Buwa! I know how to get help now, where to get it from.”

“Great. I’m moving out to a flat soon. I haven’t touched alcohol or drugs. I get my licence back on Tuesday, and I’ve recently got an apprenticeship.”

“I’m back with my mum, so that’s worked out, and my drug use has gone down a lot.”
What are the biggest challenges you think you will face?

Current residents

• Relapsing • Availability /access to drugs in home community • Negative peer influences • Boredom • Finding stable accommodation • Returning to school • Finishing parole

"Not touching the drugs, 'coz I'll end up touching them as soon as I go home. It's all around me."

"I think just hangin around the people I was hanging around before. And just being around drugs and being around that lifestyle again will trigger that, you know what I mean?"

“Trying to find a stable environment to live in with, like, routine, and like, 3 meals a day. Not ‘normal,’ but like a decent life, average..."
What are the biggest challenges you think you will face?

Graduating clients

- Negative peer influences
- Expressing a changed self

"Bumping into old mates that I've been in trouble with in the past. Another one, probably, being back in my previous community and trying to put out a good expression for myself, so trying to make people know that I have changed and not seeing me how I used to be. That's probably gonna be a bit hard."
How prepared do you feel to meet these challenges?

At 6 weeks & 12 weeks

“I feel happy, ready to take on challenges.” – 17 year old at graduation
What are the biggest challenges you are facing right now?

Past clients

- Relapsing / minimising drug use
- Peer influence
- Re-offending
- Family relationships
- Financial
- Lack of stable accommodation
- Lack of support
- Staying motivated
- Don’t know/No challenges

“Behaving myself is one of them. Being with my family...sometimes it's challenging. Getting a routine happening. Gettin' locked up for crime and stuff.”

“At the time of graduation, my biggest challenge was homelessness. I had nowhere to go.”
What are Junaa Buwa! staff doing to help you face these challenges?

Past clients

- Keeping in touch (phone or face-to-face)
- Counselling (Keeping me motivated / helping me think differently)
- Staff are supportive (general)
- Practical supports (driving to appointments, job search)
- No/limited support

“I didn’t want the help, although they did suggest halfway housing. The program was better than nothing.”

“He comes up to Armidale and takes me out, tries to help me find strategies to cope with my anger and emotions and stuff. It feels good because you know there’s someone there to help me and support me.”

“They take you to appointments and shout you a feed. They help you out in the long run.”
How prepared did you (do you) feel to meet these challenges?

Past clients
Personal Wellbeing Indices
For past clients

Future Security

Relationships

Safety
### Meeting personal goals?

#### Past clients

<table>
<thead>
<tr>
<th>Where are you living now?</th>
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<tbody>
<tr>
<td>Family home setting</td>
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<tr>
<td>Independent living</td>
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<tr>
<td>Unstable living / homeless</td>
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<table>
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<tr>
<th>Are you studying at the moment?</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<table>
<thead>
<tr>
<th>Are you employed?</th>
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<tbody>
<tr>
<td>Yes (part-time/casual)</td>
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<tr>
<td>No, but I’m looking</td>
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<tr>
<td>No, I’m not looking</td>
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<tr>
<td>Apprenticeship</td>
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<table>
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<tr>
<th>Do you have friends that you enjoy spending time with?</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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Parent-reported challenges

For past clients

- Negative peer influences
- Drug use
- **Anti-social behaviour**
- Employment
- Lack of motivation
- ‘**Soft approach’**
- Problematic family relationships
- Lack of stable accommodation
- **Others’ negative perceptions**
- Boredom

“Going back into the same area, same circle. Not having a job to go to.”

“His friends. Police are at him all the time. Police has said he’s a high-risk offender. That’s a challenge – people view him as an offender even though he’s innocent. When they come, I can see the disappointment in his face. It’s not an easy road for him, I’ll tell you that much.”
Parent-reported views on how plans are working out

For past clients

• Half the parent reports were positive, noting behavioural evidence of positive outcomes:

  “He’s doing well so far. He’s helping around the house...I see a change in him, he’s changed a lot. He cleans his room without me asking him. He has self-respect.”

• Half the parent reports were negative:

  “[He’s] totally off track. Back on drugs, stealing again, and nobody has any control...the soft approach isn’t working. He doesn’t turn up to appointments. He knows he can do as he likes and that’s the way it is. Nobody can tell him what to do.”
What we want

• More refusal skills training in residential program • Independent living skills training • More home visits • Halfway housing

“Probably just teach me new ways to, like, distract myself from being offered alcohol and all that. Or delaying...like, telling me what to say, like how to say ‘yes’ and how to say ‘no the right way. I want them to teach me.”

“Just give me some more skills and that, like cooking and budgeting.”

They need a youth housing set-up, some sort of housing for young people when they leave Junaa Buwa!”
What we want

Parents

- Longer duration residential care
- Ongoing support / counselling
- Housing programs
- Employment programs

“They were doing a wonderful job, but I don't think he was ready to come out just because the 3 months was up”

“Housing programs provided away from where they usually come from to take them away from old influences. Returning home is not always the best option.”

“Employment programs - work experience programs to give people a hand up once they leave.”
• Most staff were aware of all the features of best practice residential treatment.

• Most staff were aware of the features of the Aftercare program, however one staff member reported, ‘There is no aftercare’.

• All staff perceived a significant gap between prescribed and actual service delivery.

• Only 3 of 12 staff mentioned ‘coordination with other community-based services’ as a feature of Aftercare.
Staff identified a range of challenges in providing effective aftercare

- Unable to contact
- Client-initiated disengagement
- Unsupportive or problematic family
- Client in custody
- Peer pressure
- Return to AOD or maladaptive behaviour
- Insufficient community resources
- Insufficient program resources
- Transience or homelessness
• Most stakeholders were aware of phone contact and general relapse prevention features of Junaa Buwa! aftercare efforts.

• Most stakeholders were also cognisant of the challenges noted by staff.

• However 3 out of 15 were not aware that an aftercare program existed.

• No stakeholder mentioned coordination with other community based services as part of aftercare.
“Junaa Buwa! is a very important program for our clients that have many challenging behaviours/attitudes, and I think the staff they have are excellent at their jobs. JB need to be commended for the service they provide.”

“I really like the openness of the staff at Junaa Buwa!, their passion to help our youth through this difficult period and their flexibility to make their experience and journey work for them.”
“It’s all about connecting the dots – the dots are services, community and people.”

“It’s one thing working with a young person drug-free in a residential facility...versus working with someone without all of the supports available...to do this by phone is not the most effective way.”

“There is no aftercare program as far as I’m aware.”

“The aftercare program is more like an afterthought and should be considered as equal to the actual program.”
Sooo, what did we learn from these diverse views?

Is what has been proposed actually happening?
- Yes, and no. Staff are aware of best practices, but are also clear that significant barriers exist.
- Remaining in contact is a major challenge.
- Stakeholders are not aware that linkage with them is an important feature of aftercare.

Are needs identified by the young people being met?
- Again, a mixed picture. Most felt supported, or did not want further support.
- AOD goals are being met for some and not others.
- Further counselling, housing and employment support was identified as needed.

Is there evidence of positive and negative outcomes?
- Wellbeing was maintained into the aftercare phase for most past clients but persistent challenges were noted by all.
- Half of clients reported lifestyle successes while others reported difficulties with housing, education, family conflict and AOD risk factors.
- According to parents, AOD use was more of a problem than was indicated by past clients.
The tyranny of distance and diluted (or deluded?) support

Diffuse/variable community support

Communication Chasm

Highly concentrated residential support
The enormity of the challenge facing AOD-affected young people

- Stay off drugs! Don’t reoffend!
- Ignore old peers - make new friends
- Stay motivated & positive
- Remember all the stuff I learned in rehab
- Get a job
- Get my driver’s license
- Deal with family conflict
- Eat and sleep well
- Don’t disengage / stay in touch
- Go to school / TAFE
- Find somewhere to live
- Avoid homelessness
- Stay busy, have a hobby, play sports, stay fit
- Access the support I need
- Clean my teeth and body
- Stay motivated & positive
- Find somewhere to live
• Make plans for young people more concrete with small, achievable steps for each stated goal

• Enhance opportunities for contact; social media, a dedicated Aftercare Support Worker, a trusted champion within the family or community, more home visits

• Join with other allies, early and often, in supporting young people. Junaa Buwa! can’t do it alone. ‘Connect the dots’!

• Offer a sober living space where young people can go to continue to practice new living skills and work on goals without the bombardment of negative factors in their home communities
Where to from here?

https://www.surveymonkey.com/r/Your_Aftercare_Tips