

# Responding to challenges of misuse of alcohol and other drugs by young people of refugee backgrounds

## Reflections from two projects



## **Unaccompanied Refugee Child**

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Thought life hasn't been that lucky as a displaced  
person

As an orphan, life is so complicated life's journey of  
poverty and hardship

Under defenceless oppression and persecution

Siblings, relatives and family have passed away, left  
me on my own

Unimaginable it is now, in this new developed  
country

In a multicultural society among many different  
nationalities

Where we can live the fullest life with opportunities

But no one can share the feeling of loneliness,  
emptiness deep in my heart

The pain, the loss and the bitterness are the enemies  
now; I still keep fighting in my life

I have made new friends they are drugs and alcohol

Temporary they seem to understand and let me  
enjoy my life

But I realise that those friends are slowly ruining my  
life

I decide to withdraw from them step into new paths

I will carry on living the life full with opportunities

# **Responding to challenges of misuse of alcohol and other drugs by young people of refugee backgrounds**

## **Reflections from two projects**

### **Introduction**

In 2010 two projects were independently initiated in Western Melbourne, in response to concerns raised by community and local services that mainstream services encountered difficulties engaging young people from refugee backgrounds, especially those considered marginalised and 'at risk'. The projects were the *Brimbank Young Men's Project* established by the Centre for Multicultural Youth (CMY) and funded by the Department of Immigration and Citizenship (now Department of Immigration and Border Protection); and *Engaging Youth: Promoting the Wellbeing of Vulnerable Karen Young Men* established by the Victorian Foundation for Survivors of Torture (Foundation House) and funded by nib foundation.

Alcohol and drug misuse had been identified as challenges to re-engaging the young people with their families and communities and setting them on health-constructive pathways. In turn, the recognition that psychosocial issues and social isolation perpetuate the alcohol and drug use made it apparent that broad, holistic approaches were essential to promoting the young people's wellbeing. Communities and families of refugee backgrounds in Western Melbourne with whom agencies had contact acknowledged that the consumption of alcohol and drugs among their young people was a concern but local alcohol and drug agencies reported that the individuals of those backgrounds were under-utilising relevant services.

While there are innovative examples of alcohol and drug prevention campaigns attempting to reach refugee communities as disseminated by DrugInfo clearing house (see Donato-Hunt, 2007; Goren, 2006; Kennedy & Goren, 2007, Manderson, 2010 among others) most are communicated in English, are not culturally sensitive and do not use appropriate or creative means to access culturally diverse communities. Many of the current initiatives simply don't meet the ongoing and complex needs of some young people from refugee backgrounds: young people aged 15-25 years and who are marginalised (or at risk) and disengaged from family, community and their education and employment pathways. Anecdotedly, early identification seems possible but the early intervention initiatives for refugee young people are broad and those most at risk of becoming marginalised fall through the gaps. Furthermore, the system has a culture of wrong doors and does not have the capacity to provide a longer term continuity of care that may reduce a trajectory towards permanent marginalisation, which is characterised by young people losing hope and turning to substance misuse. There is also a gap between early intervention and crisis youth services and a gap between mainstream and specialist services, as well as a lack of funding for long term interventions.

The relatively small size of populations of refugee backgrounds, particularly those more recently arrived, may mean that they do not qualify for attention by governmental agencies, even when their needs are significant:

“...Thank you for contacting the Department of Health and Ageing regarding National Drugs Campaign fact sheets. Unfortunately due to budget constraints, we are unable to translate any of the campaign materials into Karen.” Email communication to Foundation House, April 2011.

Without access to appropriate intervention, marginalised and disempowered young people of refugee backgrounds will continue to present in crisis, their difficulties will become chronic and impact adversely on their journey into adulthood and on the community around them.

The two Western Melbourne projects targeted young men, aged approximately 15 to 25 years, from refugee backgrounds, who were disengaged or disengaging from family, community and educational and employment pathways, had been engaging in high-risk behaviors, such as alcohol and drug misuse and were becoming marginalised from society. The young men had fallen or were falling through the gap between primary care services and specialist services and seemed to be in the ‘too hard, just won’t engage’ basket or the ‘don’t meet our criteria’ basket.

This paper shares reflections from the projects and drawing on the experience of the two host organisations and the literature, and offers recommendations for the consideration of policy makers, service providers and staff to enable them to engage and work more effectively with young people of refugee backgrounds who may be particularly vulnerable to alcohol and drug misuse .

The focus of the paper is primarily on young men, partly because it is a learning document based on two projects that worked with young men. The needs of ‘at risk’ young women are just as important. Because they may be less visible their needs may not be identified and receive appropriate responses.

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## Background

Over the last decade, much attention has been given internationally and locally to issues faced by young people, including mental health problems, substance abuse, crime and violence. In Australia, there has been considerable advocacy for youth focused intervention, illustrated by – for example - the ‘investing in youth mental health’ advocacy of Professor Pat McGorry and colleagues (McGorry, 2007). This advocacy recognises the challenges that young people face in adolescence with the confluence of maturational and psychosocial transitions, including the transition from school to post-school study and employment and the onset of mental health and substance use disorders (McGorry, 2007, Anlezark, 2011). Research from the Longitudinal Surveys of Australian Youth indicates that around ten percent of all young people are ‘at risk’ of becoming significantly disengaged from education and employment following the transition from school to post-school pathways (NCVER, 2010; Anlezark, 2011).

A number of factors have been consistently identified as influencing the risk of becoming marginalised: being from a lower socioeconomic background, low levels of literacy and numeracy, having limited motivation to complete school and unsupportive family environments. Researchers suggest that these factors have a “cumulative effect” and that young people who “accumulate disadvantage” are particularly vulnerable of “permanent disengagement” (Anlezark, 2011:11).

### *Challenges for young people from refugee backgrounds*

Young people from refugee backgrounds come to Australia with strengths and have “considerable potential to do well and to contribute to their new country” (Gifford et al., 2009). However, they face significant disadvantages some of which are the same as those of other young people and some of which are related to the impacts of their experiences as a refugee and of resettlement in a new country (BRYCS, 2002, Gifford et al., 2009, RRAC, 2002; UNHCR, 2002; Westermeyer 1991).

Many young people from refugee backgrounds have spent long periods in refugee camps and in environments of deprivation, conflict, oppression and discrimination. It is well documented that these experiences place young people from refugee backgrounds at a high risk of psychological ill-health (NCTSN, 2003; UNHCR, 2002). Young people arriving in their adolescence experience particular difficulties compared to younger children and adults that compound the resettlement and adjustment process and put them at risk of becoming marginalised (BRYCS, 2002; CMY 2006b).

The resettlement challenges for young people from refugee backgrounds include trauma recovery; loss; grief; concern for absent family; language acquisition and fitting into new educational and employment systems; quality of family support and individual skills and temperament (CMY, 2006b). Particular issues include the transition to post-school environments and financial and legal concerns. There are often financial pressures to send money to support family not in Australia. In addition they have to negotiate demands, challenges and expectations

of family, cultural-community, host society and a global youth culture. These young people commonly have little time and inadequate support to adjust and build the necessary skills required to negotiate these challenges. Those who arrive without both parents and/or who are asylum seekers are particularly vulnerable to disadvantage. For varying reasons the critical sources of psychosocial support - cultural community, family and the service sector - are often less than optimal. Refugee communities and families also struggle during the resettlement process. Support services are often at capacity and may have little cross cultural competence to meet the complex needs of refugee youth. Many services have age criteria and adolescents are at risk of becoming 'lost' during the transition between school and post school and in a service culture of 'wrong doors'.

There are many stories of resilience and success and the majority of young people from refugee backgrounds will with the appropriate time and support adjust well to life in Australia. Some, however, will struggle more, are more vulnerable to 'accumulating disadvantage' and as a consequence will be more vulnerable to mental health and substance misuse difficulties.

### *Refugee youth and alcohol and drug misuse*

In 2000 the Victorian Department of Human Services published the report *Drugs in a Multicultural Community* (DHS, 2000). More than a decade later, key findings are relevant for newly arrived refugee communities:

- Alcohol and other drug issues are a significant concern in a number of communities;
- Individuals of certain communities are under-utilising alcohol and drug services; and
- Alcohol and drug sector agencies struggle to engage and meet the needs of these communities.

*Drugs in a Multicultural Community* found that the key risk factor for substance misuse was low socio-economic status and not ethnicity. In addition to the impact of low socio-economic status, the literature points to pre- and post-migration experiences that may predispose people from refugee backgrounds to substance misuse, including: high levels of emotional distress; ongoing stressful life events; family problems; disruption to usual social supports; poor affect regulation; unemployment or few desirable employment opportunities; difficulties at school; peer influences and the desire to gain acceptance (especially if there are family problems); beliefs and attitudes related to drug and alcohol usage and discrimination (DHS 2000; Kennedy & Goren, 2007; Sowe, 2005). These are psychosocial factors that increase the risk of young people in general becoming marginalised.

While there is research suggesting that substance abuse in culturally and linguistically diverse communities is lower than in the general community, practitioners who have worked with these communities suggest that the studies are limited in scope and do not provide an accurate picture of the situation (Kennedy & Goren 2007). Whatever the relative dimensions of the concerns, there is an issue that necessitates a response. Accounts of those working in the field indicate that substance misuse is common among marginalised refugee youth and the risk and impact of substance misuse may be greater than for other young people.

There is little information regarding the onset of substance misuse among refugee youth, in particular whether it begins pre migration or after arriving in Australia. The study of the settlement of young people of refugee backgrounds in Melbourne found that 'risk-taking' behaviors including substance use increased in years two and three of settlement in Australia, especially among boys (Gifford et al., 2009). There is some evidence from international research that this pattern may in part be due to exposure to more 'permissive' drinking norms in 'Western' cultures (Browne & Renzaho, 2010). Anecdotally, the picture is more complex and heterogeneous with some young people acknowledging the onset of substance misuse prior to coming to Australia. Some describe their problematic use as waxing and waning depending on the stress and distress of the resettlement and acculturation process (Fosados et al., 2007; private communication Western Melbourne projects).

...some young people started in the camps and described regular use then. On arrival in Australia the use might have stopped but did increase over time as the difficulties increased and their hopes and dreams began to fade... some also joined at this time...  
Community Worker, Foundation House.

The Australian Education and Rehabilitation Foundation conducted a study with African refugee young people in Hobart and expressed the overarching theme as "Fun and Forgetting" (Mario-Ring et al., 2005). The phrase captures well the reasons cited by participants in the Western Melbourne projects for using alcohol and other drugs. The participants described using substances both for recreational use (fun) and to cope with living in Australia (forgetting). Reasons cited included to increase confidence, forget bad things, make friends, stop nightmares and cope with loneliness and stress.

Less well understood or discussed due to their sensitivity are the patterns of alcohol and drug misuse in the adult community and their potential impact on young people. Community workers certainly raise alcohol misuse and family violence as areas of concern. There are also anecdotal descriptions that some adults may drink-smoke in the early morning after working night shifts to help with sleep, for example. While the literature describes the protective role of traditional cultural and religious factors against substance misuse many marginalised refugee youth are disconnected from their cultural community and family (Browne & Renzaho, 2010; Kennedy & Goren 2007).

### *Substance misuse and mental health issues*

Professor Manderson points out that "mental health problems and substance misuse, independently and in combination, are precipitating factors for homelessness, interpersonal violence, unwanted pregnancy, poor educational performance and entrenched unemployment" (Manderson, 2010:2). These factors are likely to have similar effects on refugee youth as well. While the literature on substance misuse among culturally and linguistically diverse and refugee communities alludes to trauma and mental health vulnerabilities there is little that explores in depth the co-existence of mental health and substance misuse among refugee youth or refugee

communities. However, practitioners working in the refugee and alcohol and drug sectors report a relatively high prevalence of mental illness, including post traumatic stress symptoms, anxiety and depression and comorbid substance misuse (Kennedy & Goren, 2007; Goren, 2006).

In both Western Melbourne projects underlying mental health concerns were evident among some of the participants. Project staff, however, felt that even after 12-18 months of engagement difficult issues such as mental health and family conflict were still difficult to talk about for various socio-cultural reasons including, stigma, shame and cultural norms around 'private issues'. Discussion of both topics only existed within a collective, psycho-educational framework and general discussion about the refugee experience.

### *Impacts of substance misuse*

Substance misuse has been identified as a significant barrier to the ability of marginalised refugee youth to re-engage with family, community and their educational and occupational pathways (CMY, 2011; Mitchell, 2012; Sowe, 2005). It is also linked to poor decision making and problem behaviours, such as not attending school, drink driving, antisocial behaviour in public places and fighting (Sowe, 2005). Often young people and their families attempt to deal with it on their own and do not seek support and treatment (Reid et al., 2001). Many families may not even be aware of the degree of substance misuse.

### *Barriers to seeking and engaging with services*

A variety of barriers to young people seeking the assistance of and - having made contact - engaging with AOD, mental health and other services have been identified by research and in the practice experience of people involved with the Western Melbourne projects and agencies involved with these and AOD programs more generally. Some are common to young people generally; some affect in particular young people of cultural and linguistic diversity; some relate to young people's refugee backgrounds especially if they are relatively new settlers.

In summary, these are the main barriers of access to and engagement with services as well as factors identified as facilitators:

- *Lack of awareness of services*

Despite all the recommendations over the years the provision of information by the mental health and alcohol and drug sectors is still not culturally effective or appropriate for refugee communities (ECCV, 2007). Most information, education and communication strategies are still in English and are simply translations of content and medium designed along 'Western' concepts and culture. They aren't designed (content or medium) for the audience intended.

"...one of our groups of young men had no idea what to do if one of their peers become critically unwell in the context of alcohol and drug intoxication, for example, calling an ambulance..." Foundation House worker.



- *Trust*

“... the lack of hope and trust is the primary barrier to be surmounted by young men who feel (a) the system has let them down, (b) nobody cares and (c) there are few positive tangible outcomes that can be offered to them (eg employment and housing)...” CMY, 2011:19;

“...the young men just didn’t trust any of the outreach workers...really...despite 6 months of just handing out food...it was not until we met the CMY bicultural worker that we began to earn their trust...but apparently it had taken even him 12 months to earn their trust in the first place....” AOD worker.

- *Language*

Acknowledging that proficiency in English will be a factor in young people of refugee background accessing services, messages about harm minimisation and other strategies in reducing the effects of alcohol and drug usage must be presented in an accessible format.

- *Cultural norms* regarding acknowledging problems outside the family.

- *Stigma* - fear of community gossip and ostracism (ECCV, 2007; Reid et al., 2001).

- *Pressing competing needs* that members of newly arrived communities have, so responding to substance misuse may not be an immediate priority.

- *Fear of ‘bringing a bad name’ to the community.*

- *Lack of understanding of alcohol and drug services* (Mario-Ring et al., 2005)

The understanding and expectations of young people and their families about abuse, dependency and recovery are often different to that of mainstream service providers and may be inaccurate and unrealistic e.g. expectations that effective interventions can be implemented in short periods of time without appreciating the psychosocial factors that perpetuate the young person’s vulnerability and risk of relapse; expectations that services work holistically and have the capacity to support practical needs (Donato-Hunt, 2007); standard intervention strategies such as counselling are likely to be unfamiliar treatment processes to young people of refugee backgrounds; residential detox services can be psychologically and physically overwhelming for any young person and even more so for a participant who may be the only one of his or her background in a program conducted in a language in which they are not proficient:

“...most of the young men didn’t want anything to do with families but one mother was terrified about us ‘taking’ her son [to the residential detox]...we had to sit down with her and explain what it was all about...she later came and cooked the staff and boys a meal...”AOD Worker;

“...the detox came a long way down the engagement process and followed a camp. Staff received training prior to the detox. We had the young men over to the detox for BBQs and other activities prior to the detox...kind of like gradual exposure...the detox was one week...we collaborated on rules...some weren't fair from a cultural perspective...some weren't negotiable from an detox perspective...” AOD Worker

- *Cross-cultural competency and capacity of services to work with refugee youth and families* - practitioners report feeling 'ill equipped' to work with young people from refugee backgrounds (Colluci et al., 2012, Donato-Hunt, 2007, Kennedy & Goren, 2007).
- *Service flexibility and responsiveness* –  
“...this project worked because of the collaboration of us [AOD service] and CMY...it only worked because my management was incredibly flexible and responsive to engaging the group as a peer group - 'the unit' – even though some didn't meet the age criteria, even though we couldn't guarantee 'numbers' until the moment we walked in the door...” AOD worker; “...can't just send in a 'counsellor'...it is just naïve...they need support with complex case management and there needs to be a trusting relationship...” AOD Worker
- *Continuity and comprehensiveness of care* - responding effectively to drug and alcohol and drug misuse must be located within a broad framework of attention to issues impacting on wellbeing, mental health and social interconnectedness, as identified in the National Drug Strategy 2010-2015. Individual services are unable to offer comprehensive responses so collaboration is necessary (Ministerial Council on Drug Strategy, 2011).  
“...the detox was great...but the issue is post-withdrawal [post detox] pathways...if there is nothing tangible then the moment is lost and we all have to start again...” AOD Worker;  
“... the lack of hope and trust is the primary barrier to be surmounted by young men who feel (a) the system has let them down, (b) nobody cares and (c) there are few positive tangible outcomes that can be offered to them (eg employment and housing)...” CMY, 2011:19.

## **An overview of the projects**

### ***Engaging Youth: Promoting the Wellbeing of Vulnerable Karen Young Men***

In 2010-2012 Foundation House, Melbourne, with funding from the nib foundation, worked with the Karen community in Western Melbourne to enhance the capacity of marginalised young men to re-engage with future pathways and adopt more positive health related behaviours with regards to alcohol and drug misuse. The project was designed to be a community capacity building project, with the aim to engage the Karen community in supporting their vulnerable young people and collaborating with service providers to enhance their capacity to engage with the Karen refugee youth. The project was independently evaluated when it concluded.

The strengths of the project included an action-reflection based framework which allowed the project to be flexible and respond to the differing needs of the participants. For example, the

older group of young men were more disengaged and did not want to take part in the 'therapeutic group program' so they were engaged through outreach activities and a youth advisory group. The engagement and high retention of participants was due to the commitment of two bicultural community workers, one adult and one peer. There was some success in reducing substance misuse patterns, particularly chroming, and in reducing social isolation. With the younger peer group there was some success in strengthening connections with school and linking with youth vocational-educational workers. As part of community capacity building a youth advisory group was established and included youth leaders and disengaged young people. This was very successful and became a forum for discussing themes of social exclusion, alcohol and drugs and the refugee experience. The underlying challenge of the project was timeframe. Engagement, although successful, took longer than anticipated. The pace of the project had to slow down to ensure that it was operating within the 'zone of proximal development' for both the young people and community workers, particularly due to the sensitivity and unfamiliarity of the topics. It was also challenging to balance a strengths-based approach while targeting problem behaviours. The group work had to be continually adapted due to language barriers and the cultural and developmental conceptualisations about issues. Engaging the community, while invaluable, also took time and required a high degree of cross-cultural competency. Therefore, a key to the success of the project was its flexibility. The vision and ability to work in partnership with other local services and a school was critical in terms of improving the capacity of local services to work with vulnerable young people from the Karen community. A working group consisting of community adults and young people was established to continue to explore intergenerational issues. A guide for practitioners about engaging Karen young people and film with music produced by the young people on their refugee experience and alcohol and drug misuse were products of the project. The music video clips were posted on YouTube. These video clips can be accessed via either of the following links:

<http://www.foundationhouse.org.au/announcements/projects-offer-hope-to-karen-youth>

[http://www.youtube.com/results?search\\_query=MKY+Karen+&oq=MKY+Karen+&gs\\_l=youtube.12...2265.2265.0.4533.1.1.0.0.0.198.198.0j1.1.0...0.0...1ac.1.-8pVnfHXOC8](http://www.youtube.com/results?search_query=MKY+Karen+&oq=MKY+Karen+&gs_l=youtube.12...2265.2265.0.4533.1.1.0.0.0.198.198.0j1.1.0...0.0...1ac.1.-8pVnfHXOC8)

### ***Brimbank Young Men's Project, Melbourne.***

The Brimbank Young Men's Project is an initiative of the Centre for Multicultural Youth (CMY) funded by the Department of Immigration and Citizenship (DIAC). It is designed as a pre-pathways-engagement project, with the aim to facilitate opportunities and support disengaged African young men in the areas of education, training and employment pathways, information provision and recreation and social engagement. It is comprised of five components: group work (as an engagement tool rather than therapeutic), information provision, mentoring, peer facilitators, celebration and action research. It has also been externally evaluated.

The project worked with young men aged 16-25 years from a number of different African communities in Western Melbourne. Most of the participants had been in Australia for up to seven years. In contrast to the Foundation House project, most of the participants had been in Australia longer, and therefore, at a different stage of their resettlement journey and had more

English language competency. Most had been marginalised for longer - “further along the disengaged continuum”.

Through a lot of hard work the project achieved a high retention of participants, a reduction in social isolation and improved relationships with the local police and services. This group of young men had been marginalised for some time, were found ‘hanging out in local parks and public spaces’, ‘drunk in housing squats’ and were considered a very difficult group to engage. The strength of this project was the assertive outreach (eighteen months of outreach). The personality and skills of the bicultural worker were critical to this success. Successful cross-sector learning and collaboration was core to the project, particularly with local police and alcohol and drug workers. One of the successes was engaging peer groups of young men in a residential detox program. This could not have happened without the flexibility of the alcohol and drug service to work creatively and contextually. An important element as well, is the employment of peer facilitators who visited the young men in detox and provided encouragement and support. The project was also supported by other programs within CMY, namely the Reconnect Program for refugee young people who are at risk of homelessness. The project worker could easily refer the young men to Reconnect to address their other needs. As the young men had come to trust CMY through the project, they were more open to being case managed by Reconnect staff, making the referral seamless.

While there was a high rate of referral to other service providers and case management, project workers remained concerned about long term engagement with ‘new workers’. The time frame was not long enough and therefore the lack of continuity of care will have an impact on the long term wellbeing outcomes of these young men. In the initial stages of the project, it was less successful in re-connecting to family and community and addressing systemic challenges to finding tangible and ‘real’ employment and housing. Project staff felt that these challenges were also the primary barriers to re-building the young men’s hope in a more positive future. Now in its fourth year, the engagement with employment and training pathways are beginning to be addressed with the young men. It has taken this far into the project for the young men to focus their attention on the future. Hope for a positive future is necessary to remain motivated to manage substance use challenges and to re-engage with society.

### **Recommendations for the consideration of policy makers, service providers and practitioners**

This section provides an overview of actions to improve the accessibility and effectiveness of AOD services for young people of refugee backgrounds and in particular those who are marginalised from their communities and the broader community. They propose measures to:

- Increase and strengthen the engagement of marginalised young people of refugee backgrounds;
- Develop more flexible models of service delivery and therapeutic interventions;

- Enhance cross sector collaboration;
- Strengthen engagement with and development of the capacities of refugee background communities;
- Improve information provision to communities and to young people;
- Improve research and data collection.

The recommended actions draw upon the experience of the two projects, of other workers in Foundation House and CMY and agencies that supported the projects, and literature cited in the reference section.

Over the last decade, agencies working with young people of refugee backgrounds have documented their needs and issues of concern and proposed measures to improve policies and service provision (e.g. see *Settling In: Exploring Good Settlement for Refugee Young People in Australia* CMY, 2006a; *Strategy for Refugee Young People*, RRAC, 2002 and *Wealth of All Nations*, Coventry et al., 2002). They remain pertinent, as the reflections from the Western Melbourne projects indicate.

### ***Engagement***

Effective engagement of marginalised refugee youth requires:

- Longer timeframes for engagement and treatment. As a result of the refugee experience time must be allowed for the development of trusting relationship. Trust is the key to engagement.
- Consistent worker-client contact. This requires consistency of presence and connectedness, flexibility in location and type of contact.
- Cultural competence (Colucci, 2012). The capacity of practitioners to work effectively with 'at risk' refugee youth should be enhanced by the provision of training and education about cultural frameworks and values and skills in delivering culturally appropriate interventions. Various modes of training and education should be developed that may include: online training; secondments between sectors; funding workers to work across sectors and working alongside bicultural workers.
- Access to translating and interpreting services. Issues around language are central to access, engagement and treatment. Guidelines and recommendations for using interpreters can be found (Miletic et al., 2006).
- The employment of skilled bi-cultural workers. This can reduce cultural and language barriers and improve the cultural competency of mainstream practitioners. No practitioner has all the experience so a bicultural community worker can work alongside an alcohol and drug worker, for example. This requires adequate funding to ensure that employment conditions are stable and fair for bicultural workers. It is a waste of resources, training and investment in a community worker if their contract ends in one-two years. It is important, however, to consider the recruitment, training, expectations and supervision of bicultural workers (see CMY, 2011a).
- Outreach - running programs in schools, language centres and youth centres; contacting young people in locations where they are, such as public places.
- The incorporation of recreational activities and strength based processes. These contribute not only to engagement but social connectedness, building confidence and self esteem. A trip

to the bowling alley, for example, is positive-safe fun, builds confidence in using local facilities and social connectedness.

- Engagement strategies need to consider youth and culturally 'friendly' ways of engaging, for example, sport, music, food, strength-based activities and skill development.
- Peer to peer engagement strategies need to include the use of peer facilitators throughout any engagement strategy, ongoing development work and input in the planning and implementation.
- Organisational culture in supporting staff in managing challenges and flexibility
- In order to implement many of these strategies funding for programs would need to reflect the necessity for longer periods required for engagement and outreach in order to reach this vulnerable group of young people.

### ***Early identification and intervention***

The longer a young person remains marginalised the harder it is to re-engage them in future pathways. There is a potential role for the school system (including English language schools) in early identification and intervention. Young people are most at risk of 'falling through the gaps' in the psychosocial support system once they leave school. The general practitioner system may be another source of early identification of mental health and alcohol and drug issues.

...engagement with a peer group identified by a school for problem attendance led to the identification of chronic and cannabis misuse and underlying mental health and psychosocial needs. Community leaders and community workers had no prior realisation that these young men had such difficulties, in part, because they were less 'visible' than other 'problem peer groups'... Project Manager, Foundation House.

### ***More flexible models of service delivery and therapeutic interventions***

Agencies should consider the development of more flexible models of service delivery and therapeutic intervention in order to improve initial accessibility and maintain the engagement of young people. Some of the pertinent aspects are identified in the preceding section on engagement. Others are:

- intake criteria;
- collaboration with young people about the aims of the intervention;
- coordination and integration of AOD intervention with attention to other issues of significance to the wellbeing of young people e.g. supporting vocational and educational goals; responding to concerns such as homelessness and involvement in the justice system; mental health. This necessitates cross-sector collaboration, considered below;

### ***Cross sector collaboration***

Collaboration and partnerships between agencies working with young people - including schools - are critical because individual agencies are not able to provide comprehensive responses to the needs of young people, are commonly under resourced and have short or limited term funding. Alcohol and drug services may not have linkages with communities or do not have skilled

bicultural workers on staff. Ethnic or related services may not have expertise in dealing with problems associated with alcohol and drug misuse. Currently there are too many 'wrong doors.' Every time a young person enters a new service the engagement process starts all over again.

...it seems to me ineffective to provide comprehensive support frameworks early in settlement only to let them drown further downstream...many of these young men had received psychosocial support at various points since arrival in Australia but due to a culture of 'wrong doors' in the service system and the lack of continuity in worker relationships some were 'lost' to the system only to become more permanently disengaged...Project Worker, CMY.

Collaborative relationships can enhance:

- identification of young people who may require assistance and referral to specialised agencies;
- exchange of knowledge across areas of expertise;
- coordinated planning and advocacy to meet gaps in service provision;
- continuity of care and complex case management.

### ***Community engagement and capacity building***

Engaging with and developing the capacities of refugee background communities can be a valuable means to reach and assist at risk young people. Feeling understood and supported by their communities is likely to be an important protective factor for young people. Elements of effective community engagement and capacity building are:

- acquiring a good understanding about the particular communities the agency wishes to work with, including cultural background, experiences as refugees prior to settlement, experiences of settlement;
- time to build relationships with community members – they may be unfamiliar with the types of services being offered; they may be unaware of the nature and extent of problems because the affected young people are disengaged; they may be reluctant to acknowledge difficulties;
- seeking involvement and 'endorsement' of community leaders - this is particularly important if a project is focusing on youth and sensitive issues;
- developing a community-based health promotion strategy – be mindful of time required especially if using youth based participatory and action-reflection approaches;
- having the capacity to translate resources and use interpreters;
- employ bicultural workers - consider attributes that may be pertinent to the project and community e.g. personal strengths; ethnic background; gender; age. Have regard to time and processes required to support bicultural workers' professional and personal development.

### ***Information***

Key features of more effective information provision include:

- Both community and young people should be targeted by means tailored specifically to each;
- Community members and young people should be involved in determining: the content; design; and means of delivery of information. Each has valuable knowledge about their cohorts on key matters such as gaps in knowledge; preferred language; understandings of

mental health or alcohol and drug issues and treatment; what types of messages are likely to be in/effective; what media they generally use and other means of effective communication.

...the Youth Advisory Group collaborated with service providers to produce a song-film DVD to communicate messages about harm minimisation and their refugee experience not only to other youth from their community in Melbourne but also elsewhere in the world by posting the video clips on YouTube... Project Manager, Foundation House

### ***Data, research and dissemination of knowledge about good practice***

Agencies should ensure data collection and analysis allows them to monitor whether young people of refugee backgrounds are accessing their services and the outcomes of their engagement, and monitor the effectiveness of measures to improve accessibility and outcomes with this group.

Agencies implementing initiatives to improve the accessibility and effectiveness of their services to young people of refugee backgrounds should seek resources to robustly evaluate the results and share with others what lessons have been learned about what worked and what did not. Resources might be procured from - among other sources - funders of innovative projects as a component of funding and universities undertaking research studies in the field (see reflections from Soriano and colleagues (2008) Promising Practice Profiles: Final Report).

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