BUSHMOB ABORIGINAL CORPORATION
Indigenous Corporations number ICN 8470
www.bushmob.org.au

The Bushmob model of treatment for high risk children and Young People in the Northern Territory who use alcohol and other drugs, and engage in criminal and other anti-social behaviours.

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Program

Bushmob is a community based service for high risk Young People aged 12 – 25 years who use alcohol and other drugs and engage with the youth justice system.

Bushmob is described by its funders as either a youth alcohol and other drug service, or Sentenced Youth Camp. It is more accurately described, however, as a therapeutic service for high risk Young People whose complex needs generally include alcohol and other drug use and recidivistic engagement with the youth justice system.

Bushmob's purpose is to assist young people in making positive life choices about alcohol and other drugs, violence, crime and other high risk behaviours.

Bushmob operates medium stay residential programs at Alice Springs and Loves Creek Station. Bushmob Adventure Therapy, Media and Community Support Programs which include advocacy, community outreach and large group work are integral components of the residential programs.

Bushmob's scope is limited to providing individualised service, however, its practice is located within the wider systems which empower and enable positive change which includes culture, families and society.

Bushmob has developed from the priorities expressed by Indigenous people in the Northern Territory about strengthening youth against high risk behaviours. Its practices are therefore rooted in the community it serves. The community development ethos enables Bushmob to draw on the cultural and community assets and strengths that exist within Indigenous families and in the Indigenous cultural context as the foundation for its work, and to draw upon wider societal resources.

Bushmob's design and methods rest upon program design elements made in response to the complex needs of its highly marginalised target population. In a unique operating context, and using empirically sound theoretical frameworks.

Young People

The following information is extracted from an analysis of Bushmob records from 01 September 2014 to 31 August 2016.

Each year, 700 Young People access Bushmob, of whom 110 attend a residential program. Most (over 95%) of these Young People are Indigenous from across the Northern Territory with the remainder from a range of ethno cultural backgrounds and from interstate.

Referrals to the community outreach programs are predominantly self and family referrals. The majority of residential referrals (70%) are from the justice system, followed by 30% from the health system under volatile substance abuse treatment orders. The remaining 10% of referrals originate from other sources, including Territory Families, self and family referrals.

Irrespective of the source of the referral, most (98%) are subject to a protective order, and carry a significant burden of physical and psychosocial risk. The presenting characteristics are briefly described below.

Physically and psychologically unsafe due to ongoing trauma, physical and medical neglect and exposure to combinations of violence, sexual, and emotional abuse.

Social vulnerabilities including transient living from multiple incarcerations and/ or child protection placements, interspersed with periods of homelessness. Dislocation from families with poor supervision and control including from statutory agencies, and poor family engagement practices, limited or no post primary education, or access to training and work. This results in poor social and societal adaptation, limited coping skills and limited supports to prevent or reduce the impacts which include high risk behaviours such as alcohol and other drug use, recidivistic criminal behaviours and other anti-social activities.

Inaccurate official identities are recorded because of a lack of systemic engagement which results in poor health and social care.

Unrecognised mental health and behavioural needs which includes depression, anxiety, stress, behavioural and learning disorders; addictive disorders; suicide risk, ideation and attempts; personality disorders, foetal alcohol syndrome and other acquired brain injuries; and less frequently, mental illnesses such as bipolar or schizophrenia, accompanied by a range of challenging behaviours including repressed, oppositional, sexualised, violent, and self-harming behaviour.

Untreated health conditions which have become chronic and can cause chronic pain. These include iron deficiency due to strongyloidiasis, dental caries, incomplete immunisations, eye and middle ear diseases, rheumatic heart disease, sexually transmitted infections, underage pregnancy, skin infections, boils, sores, abrasions, untreated wounds, failure to thrive, underweight, overweight, undernourished, pre-diabetic and infections including hepatitis B cases that receive little or no long term treatment.

Outstanding legal issues accumulated due to inadequate access to youth advocates.

Operating Context

1. Cultural and Language considerations

Young People who access Bushmob are from a wide range of Aboriginal language groups across the Northern Territory, as well as a small number from other cultural backgrounds which includes Anglo Australians, Sudanese and other minority groups. Bushmob has integrated family and community connections within its program processes such as ethnographic mapping at admission, and active facilitation of family engagement or re-engagement. This also includes sanctioned use of Bushmob as a place for all Young people irrespective of language group or ethno-cultural background.

2. Geographic considerations

Young People attend Bushmob from the urban, remote and deep remote locations of the Northern Territory, and from interstate. A range of telecommunications are used to facilitate social connectedness. Post discharge return to country accompanied by a worker may be provided, subject to resourcing. Families are actively involved by visiting, attending activities, and staying in the family accommodation attached to the residential programs.

3. Youth Service Systems Challenges

The youth services system is fragmented and Northern Territory Government policy frameworks do not account for the contemporary needs of high risk Young People. Various government referrers have different models of approach and generally poorly developed systems of joint and/or sequential case management capable of providing holistic interventions across all phases of the case management process. Bushmob breaches these systems gaps and is one of the few programs to provide an intervention that is capable of systemically responding to the full range and depth of needs of high risk Young People in the Northern Territory.

Design Adaptations

Young People who access Bushmob are highly mobile, traumatised and marginalised from mainstream society. They lack trust in adults. Most have never previously engaged with a therapeutic intervention. Bushmob has responded to these characteristics by integrating the following design features intended to cater for young people who present with significant levels of trauma. These design features contribute to making Bushmob a safe and sought after option for Young People.

1. Choice

The element of choice is fundamental to the acceptability of Bushmob as an option for highly traumatised Young people lacking trust in adults. All admissions are predicated on informed consent, regardless of the referral pathway. This immediately shifts control to the Young Person, and continue throughout the program where the primary method is trauma informed. Options are offered, professional support provided to fully explore consequences, choices that are made are respected by Bushmob workers. It is fundamental to the Bushmob process that Young People commit to change, at their own pace and in their own time.

2. Multiple entry and exit points

The integration of multiple entry and exit points facilitates a deep therapeutic relationship which is attached to the Young person, and does not subscribe to any one location or time frame. This enables Young People the scope to incrementally develop the confidence and trust to make changes, or not. It also means that Young People are actively enabled so that they are safe as they enter and exit the program, or as they move between the residential and outreach components. When a Young Person decides to leave Bushmob, alternative support options are available by outreach if the Young Person consents, and the Young person is welcome to return to Bushmob at any time. In this regard, the therapeutic process is not time constrained or location specific, but occurs across space and time as determined by the Young Persons developing circumstances, and the professional assessment of Bushmob staff.

3. Positive models

The effect of role models occurs through Young People, Safe Adults, and Interpersonal skills models. This introduces a largely non-verbal dimension to the therapeutic process within Bushmob which is also consistent with traditional Aboriginal learning models. This supports the autonomy and dignity of Young People by providing a non-judgemental, shame free means of adjusting to norms and of overcoming fear of new situations.

Philosophical Basis

Bushmob is a dynamic, multifaceted intervention that is capable of providing individualised treatment to a highly mobile, traumatised and marginalised client population.

Bushmob methods ameliorate the impacts of complex psychosocial factors by facilitating Young People's repertoire of constructive responses to life stressors, and in turn to develop the resilience through environment, confidence and skills to make positive life transitions. This approach acknowledges that risk occurs as both a response and a cause of environmental and societal factors, and that Young People's behaviour is the result of interactions with complex internal and external systems.

Bushmob's philosophical basis is derived from Ecological Systems Theory (Bronfenbrenner, 1992) as depicted at Figure 1 below. Which is underpinned by the understanding of environmental influences described by Dislocation Theory (Alexander, 2008). Bushmob's practice incorporates Resilience Theory which includes person centred and client directed practice (Ungar, 2013), Emerging Adulthood Theory (Arnett, 2000), Transtheoretical Theory of Change (Prochaska and Di Clemente, 1962) and Maslow's Theory of Motivation (1943).
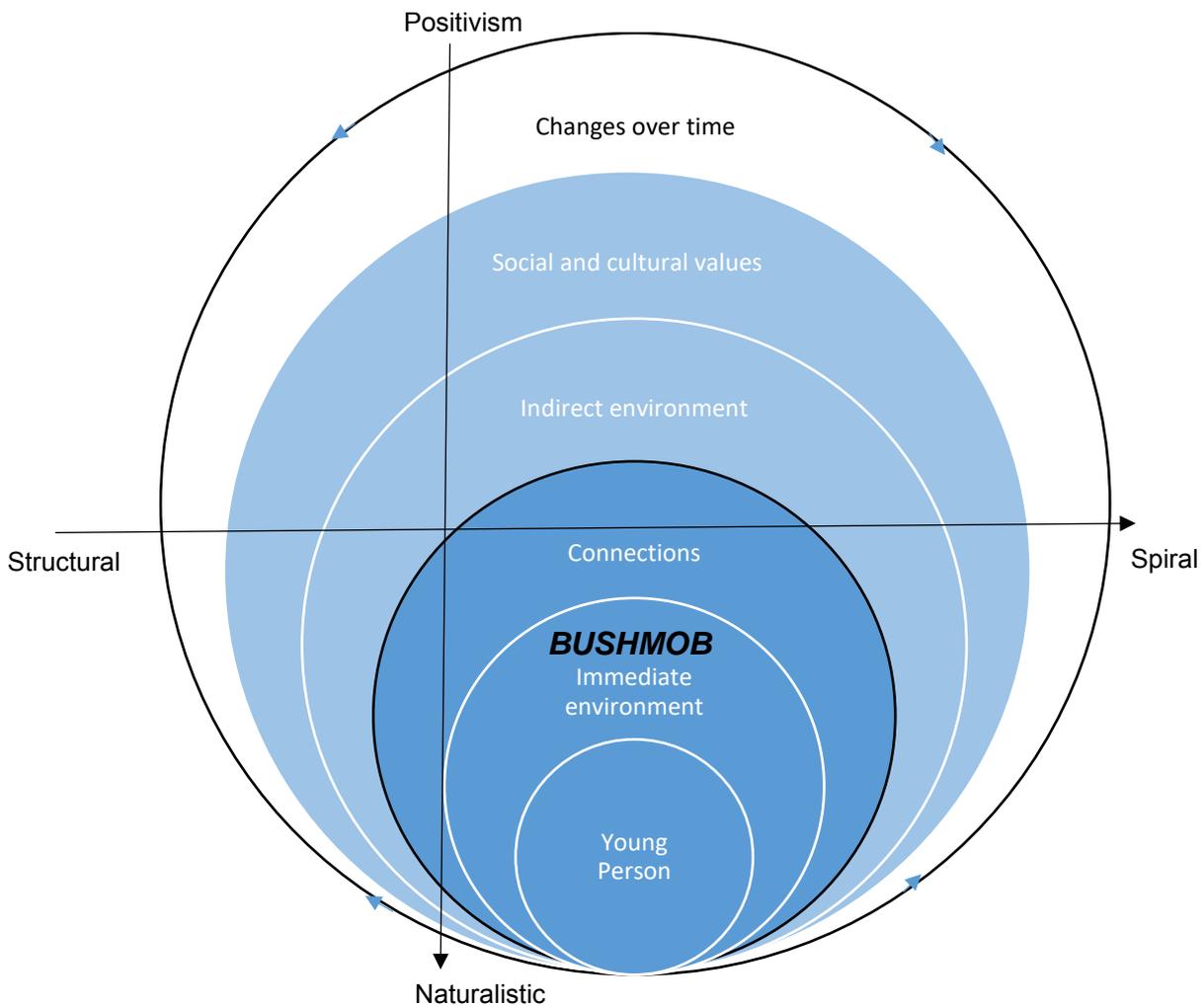

Figure 1 Philosophical underpinnings of Bushmob

Change Rationale

Needs	Program Element	Accumulative Impacts **L**eading to **I**mmediate, Medium and Long Term **O**utcomes					
		Experience	New Awareness / Skills	Realised Alternative Options	**Outcome** Immediate	Medium	Long
Unsafe, poor health, unstable accommodation.	Clothing, shelter, health hardware, nutrition, proper sleep cycles	Feeling satisfied and relaxed	Awareness of positive physical environments	Envisions new possibilities of being	Improved well-being	Increased likelihood of attempting positive interpersonal and societal engagement	Reduced risk of harmful / hazardous AOD use — Reduced risk of offending behaviour
	Eliminate physical and emotional threats/ abuse	Feeling safe	Developing trust	Envisions alternative environment and actions linked to possible consequences	Alternative mindset about self, adults, belonging and the world		
	Health care	Freedom from pain and discomfort and positive caring adult model	Self-maintenance	Envisions positive body awareness	Developing self esteem		
	Functional routine and structure	Predictability without chaos	Recognising social norms	Envisions release from life in chaos	Developing alternative life script		
In crisis, traumatised, limited coping skills.	Recognition	Respect from others	Self, interpersonal and societal awareness	Envisions place in group and society	Enacting new life script	Increased likelihood of attempting positive behavioural changes	
	Counselling	Positive adult model, and reflection on own behaviour	Self-awareness, behavioural patterns and control	Envisions new response patterns	Developing impulse and social control		
	Adventure Challenge	Success through challenge	Self-awareness, social and societal skills	Envisions new response patterns	Enacting resilience patterns		
	Restorative reflections	Reflection about others and identifying self and societal values and norms	Developing moral code, empathy	Envisions restoration and place in society	Developing new life script		
	Reviewed goal setting	Forward planning to achieve a goal	Awareness of society, resilience, success	Envisions achieving a goal through own effort	Developing self-esteem, resilience and societal skills		
	Relapse planning	Reflecting on behavioural patterns and triggers	Self-awareness	Envisions restoration, and place in society	Developing self-awareness, resilience and societal skills		
	Making decisions	Discernment in choices	Self, interpersonal and societal awareness	Envisions own autonomy, impulse and societal control, empathy	Enacting alternative life script		
Social Vulnerable, marginalised from school, employment,	Family connections / re-connections	Support from significant others	Self and cultural awareness and belonging	Envisions supportive intimate relationships	Enacting alternative life script	Reduced harmful / hazardous AOD use — Reduced offending behaviour	
	Membership of a group with responsibility	Positive group dynamics	Negotiation, assertiveness, conflict resolution, empathy	Envisions respect and place in a group	Enacting alternative life script, broadened world view		
	Interactions in the external society	Positive societal norms	Impulse, social and societal control in new situations	Envisions respect and place in society	Enacting alternative life script, broadening world view		
	Attending School or Training	Positive learning	Success, recognition, learning	Envisions a life pathway	Enacting new life script, broadening world view		
	Working	Work practicalities and ethics	Self-esteem, recognition, world view	Enacts alternative life pathway	Enacting new life script, broadening world view		

Enablers: Comprehensive risk assessment, care planning and case management. Advocacy. Person centric and family inclusive practice. Positive relationships, coaching and role models. Cultural community embedded in practice and program context. Partnerships. Embedded in community.

Table 1 Bushmob's Individual Change Rationale

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