



Working with young people

Julie Edwards and Lea Campbell

Working with young people is tremendously rewarding. Few professional areas of social work provide the kind of practice potential that connecting with young people can – the vibrancy and creativity of young people can be harnessed to nurture a sense of hope and opportunity for disadvantaged young people as they seek to build their future lives. Most school-age young people are healthy and respond positively to their families, schools and peers (Adolescent Health Research Group, 2003; Australian Institute of Health and Welfare, 2007a). Despite the negative profile that the media generally accords to youth, relatively few young people actually engage in serious risk-taking or offending behaviours. Most young people will transition successfully through adolescence and go on to live productive and satisfying lives.

It is, nevertheless, true that a significant number of young people will contend with a range of issues in their young lives, including mental illness, substance misuse, homelessness, unemployment, and social isolation. This paper will look at some of the personal and structural barriers that face more seriously disadvantaged young people and will explore ways in which youth work can effectively

connect young people with educational, training and employment pathways. This paper begins by exploring the range of issues facing young people in Australia and New Zealand and then examines an Australian community service organisation practice example of youth work, which aims to help young people successfully enter pathways into post-school education, training or employment.

■ ■ ■ ■ ■
 the vibrancy and
 creativity of young
 people can be harnessed
 to nurture a sense of
 hope and opportunity
 for disadvantaged young
 people as they seek to build
 their future lives
 ■ ■ ■ ■ ■

The experiences of young people

Harms (2009) maintains that strong social connections and a sense of identity are key *protective factors* that promote resilience and wellbeing. For many young people, however, their wellbeing is compromised by the experience of both inner- and outer-world *risk factors*, such as experiences of poverty, abuse, mental health problems, as well as employment and educational difficulties.

Health and mental health

The Australian Institute of Health and Welfare (2007a) report young people share 8% of the burden of disease in Australia, 48% of which is most commonly associated with mental disorders and 18% with injury. The prevalence of anxiety, affective or substance use disorders is greater than one in four for those aged between 18 and

24 years old, with substance use disorders being the most prevalent. Nearly a third of young people are reported to be drinking alcohol at levels that place them at risk. Eight individuals out of every 100,000 young people aged 12–24 years died by suicide in 2004, accounting for 13% of all suicides in Australia in that year.

In Aotearoa New Zealand young people generally report positively about their health, but mental health issues remain a concern with one in five girls and one in ten boys commonly reporting depressive symptoms, four in ten reporting bingeing on alcohol within the month surveyed, and a significant number reporting risk-taking behaviours (McGee, 2003). Loneliness is most prevalent within the 15–24 age group in New Zealand, and this group also has the second highest suicide rate – 17.7 per 100,000 in 2002–04 (Ministry of Social Development, 2007).

Young people and offending

In Australia, six out of every 1,000 10–17-year-olds were under juvenile justice supervision in 2005–06, with four of those being placed in community-based supervision and two likely to be in detention-based supervision (Australian Institute of Health and Welfare, 2007b). Young people aged 18–24 years are also over-represented in the prison population; they comprise 20% of prisoners whilst making up only 10% of the general population (Australian Institute of Health and Welfare, 2007a). Young people who offend face particular stressors:

Young people who come into contact with the criminal justice system represent a particularly disadvantaged population, characterised by high levels of socioeconomic stress, physical abuse and childhood neglect.

In fact, childhood neglect is considered to be one of the strongest predictors of later youth offending. There are a number of family and community factors leading to neglect, including economic hardship, housing inadequacy, poor social support networks, and poor family functioning. (Australian Institute of Health and Welfare, 2007b, p. 114)

In New Zealand, from 1995 to 2006, the number of police apprehensions of 14–16-year-olds has remained relatively stable at around 31,000 per year. Despite a 19% increase in the population during this period, the number of youth apprehensions in 2006 was recorded as the lowest during the period, with 1,591

apprehensions per 100,000 population (Ministry of Justice, 2007). Of the youth apprehensions recorded in 2006, 29% were prosecuted; 39% were responded to by the Youth Aid section of the Police; 23% were issued

a formal warning; 6% were referred to the statutory child welfare system for a family group conference (see Doolan, 2009); and 3% were resolved by other means.

Education and employment

A good education can dramatically improve the life chances of young people:

Increasing education rates has been proven to lead to higher rates of employment, higher wages, lower reliance on welfare, better health, increased likelihood of home ownership and lower levels of social ills such as violence, suicide and depression. (Australian Council of Social Service, 2007, p. 18)

Despite this, Australia compares poorly with other developed countries, and has particular problems with respect to school completion.

■ ■ ■ ■ ■
A good education can
dramatically improve the
life chances of young
people
■ ■ ■ ■ ■

Seventeen per cent of young Australians leave the school system without a qualification (Australian Council of Social Service, 2007). In contrast, 11% of New Zealand young people leave school with little or no formal attainment, but one in five Māori young people are in this category making them 2.5 times more likely to leave school with little or no formal qualification (Ministry of Education, 2007). The Australian Bureau of Statistics shows that in 2007 school “retention rate for indigenous full-time students from Year 7/8 to Year 10 was 91% and to Year 12 was 43%” (Australian Bureau of Statistics, 2008, p. 15), however, the geographical gradient means that urban indigenous students are more likely than their peers in rural and remote parts of Australia to complete year 12 (p. 17).

Disadvantaged young people are also disproportionately affected within the labour market. In 2007, approximately half a million young Australians aged 15–24 years were neither studying nor working full-time (Australian Industry Group & Dusseldorp Skills Forum, 2007). Statistical figures of 2006 confirm the ongoing gap between indigenous (33%) and non-indigenous (71%) 18–24 year old young people being connected with study or work in either a full or part-time capacity (Australian Bureau of Statistics, 2008, p. 19). Whilst levels of unemployment in New Zealand are generally low (3.8% of the labour force in 2006), the unemployment rate for 15–24-year-old people is consistently greater than for older age groups, for example, it was 9.6% in 2006 (Ministry of Social Development, 2007).

Violence and criminal victimisation

Interpersonal violence in families and communities impacts significantly on wellbeing. Young people continue to rate highly with respect to exposure to or involvement in

violence. In New Zealand, for example, the 15–24 age group is reported to have the highest assault death rate of any population group (2.3 deaths per 100,000 population during 2000–04 in comparison with 1.8 for the 25–44 age group). Some 55% of young people in the 15–25 age group are also likely to be the victims of crime. These young people are more than twice as likely to die from motor vehicle crashes (Ministry of Social Development, 2007).

Similarly in Australia, young people are more likely to experience violence than older Australians, with 12% (117,000) of women aged 18–24 years old having experienced at least one incident of violence in the twelve-month period surveyed, and 31% (304,300) of men in the same age cohort (Australian Bureau of Statistics, 2005). For young Australians, injury remains the main cause of death (Australian Bureau of Statistics, 2003), primarily as a result of motor vehicle accidents and self-harming behaviours.

In Australia and New Zealand, indigenous young people are over-represented in negative indices across a range of social indicators. Experience of inequality and disadvantage is likely to impact negatively on their overall health and social wellbeing.

Working with young people

Community service organisations are an important component of service delivery and span the continuum of service support for young people at risk. Community service organisations respond to young people who confront a complex set of personal barriers – poor mental health, substance use, offending, homelessness, and a lack of family and social support. They often work closely with statutory systems so that a young person’s needs can be responded to across a continuum of service delivery. We will now look at an example of an community service

with young people – Jesuit Social Services, an Australian service that helps high-risk young people successfully enter pathways into post-school education, training or employment. Similar services are provided in New Zealand by, for example, Youth Horizons.

Jesuit Social Services

Jesuit Social Services responds to young people with multiple and complex needs, who are effectively excluded from the education, training and employment sectors, and who struggle to engage with mainstream health and wellbeing organisations.

Jesuit Social Services aims to successfully engage with these young people in a number of areas – including their mental health, substance use, offending behaviour, housing needs and family connection – and through this improve their health and wellbeing.

Services are relationship-based – interventions focus on the establishment and maintenance of robust and enduring relationships as the basis of all interactions with young people. Research indicates the positive contribution it can make to the effectiveness of psychotherapeutic interventions (Clark, 2001; Scott 2009). The contribution of different factors to positive behaviour change have been assessed as follows: client factors 40%; relationship factors 30%; client’s hope and expectancy 15%; and therapy model factors a mere 15% (Clark, 2001).

Relationship factors refer to the quality of the worker–client relationship and include “perceived empathy, acceptance, warmth, trust, and self-expression” (Clark, 2001, p. 20). This research has strongly influenced Jesuit Social Services’ work with troubled young

people. Staff are seen as vital in mobilising “the ‘tactical triad’ of a youth’s resources, perceptions, and participation” (p. 26). Services are also developmentally appropriate, taking into consideration the particular needs of the young people and recognising that within this age group young people are at different stages,

have different capacities and interests in developing skills and expertise, and are still developing a sense of identity, a sense of belonging, and social connections.

Typically, young people who come to Jesuit Social Services face a number of personal barriers to improved wellbeing, including:

- interrupted, incomplete and/or negative school experiences
- poor mental health
- substance misuse
- a history of offending
- a lack of stable accommodation
- a lack of family and social support.

In addition they also confront structural barriers to wellbeing, including:

- an education sector that effectively excludes them by systematically failing to meet their educational needs
- a training sector that rewards compliance, offers little flexibility, and requires them to be learning-ready, to know what they want to pursue and how to go about achieving their goals
- an employment sector that assumes that young people are work-ready, possessing post-secondary school qualifications, sound references, and the ‘soft skills’ (social capabilities) and ‘hard skills’ (literacy,

■ ■ ■ ■ ■
Services are relationship-
based – interventions focus
on the establishment and
maintenance of robust and
enduring relationships as
the basis of all interactions
with young people
■ ■ ■ ■ ■

numeracy, technical, vocational and academic capabilities) they need to enter the labour market competitively

- programme options that are not necessarily designed to cater for them, or whose eligibility criteria excluded this particular group of young people (e.g. they are excluded by age, by lack of vocational/job-readiness, or by the provision of limited contact hours and support).

Jesuit Social Services appreciated that there was a major gap between where these young people were within the education, training and employment spheres and where they were expected to be, and that the young people were simply not able to leap across the divide. They each needed a supportive, safe, developmentally appropriate pathway along which they could acquire and practise the skills required to manage that transition.

The Gateway programme

A key component of Jesuit Social Services is the Gateway programme, and we will discuss its development and operation, focusing particularly on how the programme aids young people to successfully enter pathways into post-school education, training and/or employment.

As the name suggests, the Gateway programme symbolises the service's aim of providing young people with an entryway to social and economic inclusion. The programme has three key objectives:

1. to encourage at-risk young people to progress along well managed and supported developmental pathways through a range of intensive and co-ordinated programmes that focus on personal development, education, vocational training and employment

2. to develop and evaluate a best-practice model of service delivery based on service co-ordination that addresses the health, welfare, social, learning and economic needs of at-risk young people
3. to share the expertise and understandings developed in this best-practice model of service delivery with various sectors, and to utilise this knowledge for advocacy, policy and service development in relation to at-risk young people and their service and support needs.

At the outset the programme established a partnership with the Youth Substance Abuse

Service (YSAS), a state-wide drug treatment service for 12–21-year-olds, which assisted in the development and implementation of the model. A reference group drew together key stakeholders from across government, community service and academic sectors

■ ■ ■ ■ ■
As the name suggests,
the Gateway programme
symbolises the service's aim
of providing young people
with an entryway to social
and economic inclusion
■ ■ ■ ■ ■

to inform the programme establishment and implementation. This was accompanied by a youth representative committee to provide feedback and help develop youth-directed activities.

The Gateway initiative began by providing a range of programmes focusing on 'learning to learn', literacy and numeracy skills. It also delivered specific education and vocational training modules, and work and life skills such as: personal, team and social skills; communication, conflict resolution and relationship skills; sexual health and self-care. The programme provided practical educational opportunities through a number of integrated components including: personal support (including ensuring access to therapeutic interventions); recreation; activity-based education; and supported employment

opportunities. These components were offered over an extended period of time and supported by a personal contact person who acted as a mentor and coach, providing consistency, regularity and certainty. The multifaceted programme catered for participants' various needs and developmental stages.

Over time, Gateway developed a number of interrelated components, including:

- a *multimedia, art and music programme*, which focused on practising and refining arts-based skills
- a six-week programme of *outdoor experience*, including a 12-day wilderness experience
- an *information technology and computer recycling* component, which taught IT-related skills
- a personal development group programme, *creating a preferred lifestyle*, which promoted enjoyable and productive lifestyles
- a structured six-week training programme, *GETGO*, focusing on budgeting, media and computer skills
- the Gateway kitchen's social enterprise, *hospitality*, which taught cooking, coffee-making, customer service and marketing skills in a real-work environment.

While the programme initially focused on the 14–25 age group, it became increasingly clear that the real need was for services targeted at the upper end of that age group.

Challenges in delivering the programme

The programme originally aimed to support and place young people in suitable employment. However, barriers to achieving this aim were considerable – while some young people aspired to move into employment, many were ill-equipped to do so. Chronic and/or recurring physical and mental health problems also presented barriers to success.

The job market also proved problematic, and while the programme was successful in placing young people in unskilled positions, these were mostly casual or short-term. Consequently the young people cycled in and out of unskilled work and unemployment. It was clear that a greater focus on training and accredited skill-development was necessary in order to have the greatest long-term impact for the young people on the programme.

Achieving successes

Overall, the Gateway programme improved health, social, education, training and employment outcomes for the majority of participants, and 78% of participants ranked the helpfulness of Gateway staff as very high. The difference the programme made to the lives of these young people is perhaps best expressed by some of the young people themselves:

“I came straight out of being in hospital for depression and enrolled in an outdoor experience programme. It was the best thing I've ever done. The staff are fantastic. I'm now involved in other Gateway programmes and doing a diploma in reflexology. This programme has turned my life around.”

“Gateway has exposed me to a broad range of artistic mediums and I've become more comfortable in a male environment. I used to be scared to mix in programmes with males. I love the programmes.”

“The outdoor experience programme helped me to stop smoking marijuana and put my life back on track.”

Conclusion

Social services for troubled young people have to address a wide spectrum of needs. These services include grassroots community initiatives

and more formal, professionally organised services provided in health, welfare and justice settings. Jesuit Social Services is an example of a community service organisation's response to young people with multiple and complex needs. Adolescence and early adulthood are life-span phases in which earlier life chances and experiences powerfully shape pathways and opportunities. Strengthening the range and quality of community programmes for young people will increase opportunities to influence those pathways.

REFERENCES

Adolescent Health Research Group (2003). *New Zealand Youth: A profile of their health and wellbeing*. Auckland: University of Auckland.

Australian Bureau of Statistics (2003). *Australian Social Trends 2003: Mortality and morbidity*. Canberra: Australian Bureau of Statistics.

Australian Bureau of Statistics (2005). *Personal Safety Survey: Report 4906.0*. Canberra: Australian Bureau of Statistics.

Australian Council of Social Service (2007). *A fair go for all Australians: International comparisons, 2007. 10 Essentials*. Retrieved 3/10/07 from http://www.australiafair.org.au/upload/site/pdf/publications/3078_Australia%20Fair%20Report.pdf.

Australian Industry Group & Dusseldorp Skills Forum (2007). *It's crunch time: Raising youth engagement and attainment. A discussion paper*. Retrieved 1/09/07 from <http://www.dsf.org.au/papers/198.html>.

Australian Institute of Health and Welfare (2007a). *Young Australians: Their health and wellbeing 2007*. Canberra: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare (2007b). *Juvenile Justice in Australia 2005–06. Juvenile justice series no. 3*. Canberra: Australian Institute of Health and Welfare.

Clark, M.D. (2001). Influencing positive behavior change: Increasing the therapeutic approach of juvenile courts. *Federal Probation: A Journal of Correctional Philosophy and Practice*, 65(1), 18-27.

Doolan, M. (2009). Social work and youth justice. In M. Connolly & L. Harms (Eds.) *Social Work: Contexts and practice* (2nd ed., pp.304). Victoria, Australia: Oxford University Press.

Harms, L. (2009). Human Development and Practice. In M. Connolly & L. Harms (Eds.) *Social Work: Contexts and practice* (2nd ed., pp.37-52). Victoria, Australia: Oxford University Press.

McGee, R. (2003). The health of New Zealand youth. *New Zealand Medical Journal*, 116 (1171), 1-2.

Ministry of Education (2007). *State of Education in New Zealand: 2007. Part 2: Schooling*. Wellington: Ministry of Education. Retrieved February 2008 from <http://www.educationcounts.govt.nz/publications/series/soe/17097>.

Ministry of Justice (2007). *Youth Justice Statistics in New Zealand 1992–2006*. Wellington: Ministry of Justice.

Ministry of Social Development (2007). *The Social Report: Te Pūrongo Oranga Tangata 2007*. Wellington: Ministry of Social Development.

Scott, D. (2009). Early intervention with families of vulnerable children. In M. Connolly & L. Harms (Eds.) *Social Work: Contexts and practice* (2nd ed., pp.262-274). Victoria, Australia: Oxford University Press.

Note

This article is partially drawn from Edwards, J., & Campbell, L. (2009) 'Human services work with young people' Chapter 21 in Social Work: Contexts and Practice. Melbourne: Oxford University Press. It is used with the kind permission of Oxford University Press.



Julie Edwards is the CEO of Jesuit Social Services, a community service organisation that advocates for people's rights. Based on her grounded experience in engaging with disadvantaged youth, Julie's work focus is to collaborate with others to give practical expression to social justice values as a means to building a more just society. Julie is a social worker, family therapist, and a grief and loss counsellor.

Lea Campbell studied and worked in both Germany and Australia. Her recently completed PhD thesis titled Chemical Intent: Imagining the Drug Using Client and the Human Service Worker in Harm Minimisation Policy focused on social work and drug policy as social policy. She held teaching appointments at the Australian Catholic University and Monash University and now works for Jesuit Social Services' policy unit.