



Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 4

Learning how to live well: how skills for 'living well' work to improve outcomes for young people in AOD care

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Overview

Some AOD services invest significant resources into teaching young people 'life skills'. These are the broad set of skills relating to daily living, which can include advice and support about work, training and education activities, skills related to managing personal relationships, and information about nutrition, housekeeping, budgeting, hygiene and so forth. AOD services do this because they believe that young people's substance use is, at least in part, determined by the conditions of their everyday lives, and that improving these conditions will help young people to manage their substance use. Yet, the resourcing needed to support 'life skills' training is largely undervalued in a treatment system focused on biomedical priorities of diagnosing and treating problems.

In this research summary, we describe the 'life skills' that young people reported to be most impactful in managing their substance use in the 12 months after attending residential AOD services. We identify how 'life skills' that supported participation in paid employment were the most impactful and transformative skills for participants, helping them to stay engaged with work and successfully manage their substance use. This suggests that skills training associated with finding and maintaining paid work are essential. In addition, in this research summary, we describe the processes through which 'life skills' worked to produce positive outcomes for young people: by helping to build identities as valued and responsible, and by opening up new ways of thinking about their futures.

How we did the research

We followed a cohort of 38 young people in NSW, ACT and Victoria for one year, interviewing them while in residential AOD services, and then again at six and twelve months after leaving treatment. We conducted in-depth interviews at each point, asking about their background and biography (at timepoint 1 only), AOD use, experiences with family, friends and other meaningful people, experiences with services including AOD services, and important life events or turning points since last interview.

Participants were 38 young people, including 18 men, 16 women, three non-binary young people, one trans man, and one non-binary and trans young person. They ranged in age from 16 to 23 years old. Fifteen participants identified as LGBTQ+. Eight identified as Aboriginal. Most participants had previous experience

with residential AOD treatment, even prior to recruitment for our study, and some returned to treatment during the course of the study.

What did we find: Skills for living well and reducing substance use

Participants described needing a core set of skills for managing their substance use over the 12 month study period. This involved self-care (of bodies and minds), managing personal relationships (with friends and family), occupying their time and establishing a routine. These skills distracted from and disrupted substance use and enabled positive trajectories, including new identities of responsibility and worthiness, and new ways of thinking about their futures. Skills for 'living well' included:

- *Skills to manage personal relationships:* including choices about who to spend time with, how much time could be spent with particular people, assessments about the motivations and intentions of other people, what could be discussed with others, and which activities were safe to do with particular people. Participants described purposeful strategies to “avoiding hanging around with certain people” (Alexis) and to “just hang with the more positive group” (Roman) and to end negative, abusive relationships (Olivia).
- *Skills to take care of bodies both mentally and physically:* including learning when and how long to sleep, when and what to eat, where to buy food and how to prepare it, how to maintain personal hygiene, and when and how to manage stress. These included activities like “sleep schedules” (Alex), “cooking skills” (Olivia) and doing “laundry again” (Roman). It also included self-care activities such as meditation (Brooke), purposeful relaxation (Olivia) and exercise such as yoga (Brooke) or going to the gym (Banjo; Suzie; Billy).
- *Skills to fill time with leisure activities:* including planning and organising leisure time, learning new competencies (car maintenance, art, craft) and acquiring needed materials (books, craft supplies, car parts) at low or no cost. For example, Brooke filled her time with doing “a lot of reading... I make friendship bracelets... I do cross-stitch ... watching TV too and playing PlayStation”; and Roman filled his spare time with going to the gym, working on cars, and going for drives. These were, for the most part, independent and unstructured activities rather than structured group activities (such as community-organised sport, music or art, volunteering, or activism).
- *Skills to fill time with work and training:* including organising time around the needs of others, transportation to and from study or work, communicating with managers/teachers, and learning the rules and regulations of work and study places. Emily described learning about “honest communication” with work managers and “being accountable and like being honest with my boss” and Bridget recounted how study had “helped me a lot with my confidence” because “we have to engage, you know, like answer questions and stuff”. Work and training activities were viewed as essential: they helped to establish positive relationships with others; helped to build identities as responsible and worthy; and helped set up positive perspectives of the future.
- *Skills to establish routine to structure everyday activities:* including skills for identifying and prioritising daily activities, and bundling and orienting activities to one and other in ways that made sense and were easy within the particular obligations of their lives (work, school, family, friends, AOD and mental health care). Participants talked about “getting into a routine” (Roman) so to “avoid falling back into old habits” (Carmen). Having no routine was viewed as potentially disastrous, as Olivia (timepoint 2) described: “I need more of a routine in my life, like just doing nothing all day makes me wanna turn to drugs”. Establishing routine was highly desired, but required specific skills and ‘know-how’ that was not available to all young people.



Recommendations: What does the research tell us we need to do

Invest further in skills and routines that support participation in *paid work*, as this was experienced as most transformative by participants

This is because paid work gave access to other desired things in life: regular income and improved financial security; a car and a driver's licence; a safe and secure home; identities as responsible, valued and contributing; better personal relationships with others. Indeed, one of the most important research findings was the way in which experiences of paid work could significantly increase participants' positive perspectives about their future. Those who had paid work saw this as a ticket not only to financial and other security, but also as a way to avoid problematic substance use in the long term: getting a job was seen as the main way to manage substance use in the future.

Purposely teach skills for managing personal relationships, including be mindful about cultural differences in the role and importance of personal relationships.

This is because participants tended to be absolutist in their approach to relationship by completely eliminating seemingly negative relationships from their lives, instead of employing skills to keep important relationships but manage them effectively. But some kinds of personal relationships are integral to identities and belonging, such as for Aboriginal young people and the kinship obligations to family and community. Teaching young people how to make strategic choices about their relationships and effectively navigate potentially difficult ones might be more helpful than simply eliminating them.

Purposely teach skills of 'routine setting'

This is because prioritising and bundling activities into a daily and weekly routine were viewed as essential but were *an additional skill set* that was not obvious or available to many participants: some young people simply did not know how to 'do' daily and weekly routine. Routine building was tacit knowledge about organising self-care, leisure, work and study activities into a regular pattern of practice. Some young people learn this in families, but many others need to learn these skills from the services they engage with, including AOD services.

Promote participation in organised, group leisure activities

This is because participants went to extensive lengths to ensure their leisure time was filled (they saw this as essential for managing their substance use); however, the activities they chose were usually unstructured and independent activities (craft, art, car maintenance, writing and other creative activities) rather than structured group activities (such as community-organized sport, music or art, volunteering, or activism). Yet community-based activities offer young people opportunities to build relationships outside of their usual social network, to build diversity in their peer groups and to connect with mentoring adults who may bring other opportunities within the community, features that are known to support social mobility and positive substance using trajectories. Thus, supporting young people's progressive entry into community-based, group activities could be considered for those young people who are interested and ready.

Be mindful of diversity in terms of what 'living well' means to different young people

This is because what counts as 'living well' can be underpinned by normative assumptions about the kinds of social participation considered desirable (paid work, certifiable study, committed intimate partnerships, home, childrearing) and reflect social imperatives to plan and manage one's future. These moral codes are much harder to meet for some young people, depending on their biographies (of class, gender, sexuality, Indigeneity and migrant status), the particular family and community values they hold, and resources they have available (such as parental support and a safe home). For example, establishing a daily and weekly routine was highly desired but came more easily to those participants who had learned routinised living in families where household activities like work, study, leisure, and meals were structured. For others, this skill needed to be taught.

Continue to work with young people to develop skills for 'living well'. This is a 'relational' mode of service intervention rather than an individualised biomedical mode.

Services that focus on training young people in the skills for 'living well' are using 'relational' modes of intervention, not just individualized biomedical modes. These are modes of intervention that seek to alter the local contexts and conditions of young people's lives, not just focus on their individual choices, decisions and behaviours. Offering relational modes of intervention, alongside clinical interventions, gives young people flexibility and self-determination in the interventions that are most meaningful and impactful for them, and maximises their opportunities for engagement and positive outcomes. Step down and transitional modes of care could be considered here.

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For the full paper:

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For more information about this project, please visit: <https://www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/engagement-impact/our-projects/resource-landscapes-young-people-leaving-residential-drug-alcohol-services>