

Responding to young people as if they really mattered:

Reflections on the development and work of "The Haven" 1972–1981

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Abstract

This paper seeks to describe the development of one Brisbane based programme and its search for appropriate responses to the suffering of contemporary youth. Difficulties associated with drugs and alcohol form its major area of concern. A review of such a programme may be of interest to those who work with troubled youth. Wider interest might be established if some tentative links are established with those processes that have occurred during the past decade through which the sufferings of young people have gradually become more accepted as constituting a public and political issue. An important question emerges as to whether there are tangible signs in our community, beyond the relatively marginal responses of programmes such as "The Haven", that alienated and troubled youth really matter.

Introduction

"The Haven" has become one link in a small chain of Brisbane-based health and welfare agencies concerned with the problems of young people. Its point of contact usually arises around the difficulties some young people experience with the use of drugs and alcohol. The work of this programme, which now almost spans a decade, commenced in the early 1970's with startling realisations concerning new and emerging problems that faced contemporary youth. Through examining how "the Haven" team sought

to reach out to small numbers of highly vulnerable and very troubled young people, one can catch a glimpse of those processes through which such problems are recognized, defined as social needs, and translated into service responses. These are processes in which this programme may only wish to lay claim to a small role. However, a review of the work of this programme provides an opportunity to look at: how people were convinced that the problems manifest by such young people were real and demanded attention; how a base of support was established; how resources were generated; and how such a programme is planned, implemented and evaluated. It can also demonstrate how one small team reached-out and sought to offer help to an often alienated and difficult to reach group of young people. Finally, such a review can document something of the struggle that this team had to retain the flexibility it required to remain useful to those people it sought to serve.

Workers in this field invariably operate under considerable stress as the level of un-met needs remains high, and the problems encountered by young people are constantly changing. This often means that most of their energy is focused on dealing with the pressing manifestations of problematic social conditions including drug and alcohol abuse and anti-social behaviour. There is however a broader message which must come through in serious reflections upon programmes such as "the Haven".

Concern with what lies beyond these manifestations requires expression and gives rise to many questions. What is the source of the almost crippling low self-esteem that is experienced by many of "the Haven's" target group? Why is social alienation so visible amongst this group? Why do they seem to have so few resources available to assist them in their times of need? Whilst it is absolutely essential for programmes such as "the Haven" to stand with and offer help to young people in their crisis, there is still much to be done in raising the significance of their suffering as a public and political issue. It is towards both these levels of concern that this reflection upon the development and work of "the Haven" is directed.

Young People and Their Troubles

In 1972 the small team which pioneered "the Haven" programme were confronted with the manifestations of problems being faced by groups of young people in Brisbane. They witnessed a new and emerging problem of homelessness, and sought to make responses to individuals who had a homeless or transient status. This group appeared to be at risk in respect to the use of psycho-active drugs and alcohol. Actual experimentation with drugs involved a far wider group than the homeless or transient individuals. A smaller, though significant problem, was associated with the use of dangerous drugs and the use of psycho-active drugs in a potentially destructive manner. The Team met individuals who were engaged in forms of anti-social activity, and recognized that there were direct relationships between the homeless or transient group, heavy drug use, prostitution and crime.

In a report entitled "Youth in Crisis" (Brunt, 1979, p.8.), there is a description of some of the early encounters with transient youth.

It was suggested that:

"... sleeping in Brisbane parks is a way of life for some young people, particularly during the winter when Queensland becomes the mecca for those seeking a warmer climate. Brisbane's 'doss houses' are full and more and more young people, jobless, often drug dependent, homeless, continue to chase the sun. A girl sixteen, named Jo found a hollowed-out tree trunk in the Botanical Gardens and with the aid of an old grey blanket, this was home for winter. This was 1973, in a supposed affluent society, not something out of the depression era. Jo's friend, Sharon was a stranger to the Brisbane sleep-outs. She knew Sydney better. 'I've slept behind the Glebe Police Station, in Hyde Park, up at the Cross, and lots of other places.' When I first met Jo and Sharon they both had rumbling coughs - both had been using drugs. Sharon was on 'speed' and heroin until about two months previously. These two kids

were just some of the floaters who found their way to "the Haven" (at that stage a drop-in-centre) in the early days. Some of these kids preferred to walk around all night so they could sleep peaceably in the sun the next day . . ."

Many of the young people contacted by the Team were experiencing difficulties in maintaining relationships with their families. There were real breakdowns in family relationships which sometimes involved young people moving out, or even being pushed out, from the family circle and away from the potential influence of their parents. In a This Day Tonight interview (13.8.73), David Brunt was questioned about such situations. The comment was made by the interviewer that it appeared a little strange that a child of only fourteen years should leave home. "Is there some suggestion of internal problems as well in the home?" David Brunt responded: ". . . in many cases this is on. You hear kids talking about violence and brutality. You hear kids saying that they've been before a children's court, and that they are no longer wanted in the home . . ." Whilst tensions between adolescents and their parents appear quite common place in our society, the actual breakdown of relationships which involved young people seeking to establish themselves outside the gamut of influence of their parents can constitute a major social problem.

Many young people were also having problems in relating to other institutions of our society including, education and work (Wright and Headlam, 1976). Unemployment is obviously a major factor where, ". . . some fifty five per cent of all the unemployed in Australia are aged between fifteen and twenty-four years . . ." (Windschuttle, 1980, p.54.). Sheehan (1977) suggests that the labour market has been adverse to young people for a long time and is now suffering from the impact of a recession. There are important economic, social and psychological consequences of long-term unemployment, and the constant failure in job interviews can lead young people to develop a real fear of social rejection. Windschuttle suggests that many in this situation come to internalise society's very negative opinions of them. Unemployed youth and those with unsatisfactory educational experiences were well represented amongst the young people contacted by "the Haven" team.

In considering difficulties encountered with family, education and work we can identify at least some of the sources for the alienation and low self-esteem that the Team often found to be the experience of these young people. Clarke and Jaffe (1972) provide the warning that those, ". . . who experience this alienation most acutely will be confused, insecure,

defensive and distrustful of attempts to 'help' them . . ."

For Jo and Sharon and many others some immediate response on the part of the Team was crucial. There were obvious needs for shelter and health care, and attention needed to be focused upon drug use, especially where it was identified by these young people as causing difficulties. Above all, it was critical to stand with these youth, and to communicate to them through caring responses that as people they really mattered. Identifying with the sufferings of people like Jo and Sharon led to considerable soul searching on the part of Team members. Why were these young people leaving their homes and moving out into the streets with so few resources and supports! Why were some of them seeking to avoid the stresses they experienced in their community through attempting to alter their consciousness? Why were some young people making deliberate choices to follow such a path?

Developing Awareness of These Problems

Startling as these conditions were in 1972 and 1973 to the Team, and whilst potentially devastating to the young people involved, recognition by the community and definition in social problem terms was really just beginning. The troubled young people were certainly there, but only a handful of workers from small groups such as Teen Challenge, the House of Freedom, and the Salvation Army through "the Haven" team, all with limited resources, were struggling with the manifestations of their problems. The night refuges were full, and were now having to cater for a significantly lower age grouping in addition to their traditional clientele. Towards the end of 1973 it was estimated that there were over one hundred young people sleeping in Brisbane streets and parks each night. "The Haven" team was often attempting to bed down up to eighteen people in the house and hall associated with the local Salvation Army Corps. The various groups mentioned above had almost no appropriate facilities and were making do with very limited and often highly unsuitable accommodation.

Limited resources often reflect a lack of community awareness concerning the nature and extent of problem conditions. During the early 1970's the troubles of these young people could constitute what Rainwater (1974, p.1) refers to as "hidden social problems". Such problems can be very real to the people affected and to the workers directly involved in the field. If the community had a full awareness of these conditions, they would regard them as deviating from important social norms of our society. Community awareness is generally a pre-requisite to serious attempts at policy determination and the establishment of adequate responses (Fuller and

Myer, 1941). "The Haven" team, along with other interested groups, was involved in promoting awareness of these social conditions.

During this period the media became interested in the plight of such young people, and in the attempts that groups such as "the Haven" were making in responding to these pressing needs. Newspapers, radio and television were involved in drawing community attention towards aspects of these problems. A few politicians, some public servants, and other interested and influential members of the community also became concerned. In August 1973, a radio programme discussed the issue of homeless young people. This was followed by a short burst of publicity, and during the next weekend over thirty young people were placed in employment. Private homes were found for twelve, and seven were assisted in locating a house in which they could become more permanently established. This publicity, community interest and action, represented the early stages of a projection of these young people's difficulties as a public and political issue.

Searching For Strategies

Policy determination which involves an investigation of what should be done can follow on from increased community awareness (Spector and Kitsuse, 1973). This process in fact formed an important second stage in the development of "the Haven" programme. It was a rather painful process for the Team, as in March, 1974 "the Haven" closed its doors to enable a full evaluation of the responses that had been made to date. The Team required a more meaningful strategy and a broader resource base from which to respond to the needs of those young people who had been at the centre of its struggle since 1972. This closure was not without trauma, and a number of young people took "their case" to the media. One girl who had been counselled for her drug related difficulties suggested: ". . . some of us are switching to other centres run by Teen Challenge and The House of Freedom. But for people like myself there is nothing. We don't know what we'll do!"

The direct contacts that the Team had established through working on the streets and around those localities in which young people at risk might be found, proved invaluable during this period of planning. Any new programme would need to continue to actively reach-out to a potentially alienated clientele. Accommodation needs were very evident. From amongst those contacted by the Team, there was a group who both needed a place to stay and also required a supportive environment in which they could be helped to deal with those

difficulties being faced around the abuse of drugs and alcohol. However, there was a danger in focusing exclusively on drug and alcohol abuse. A combination of difficulties were being experienced, and some attention needed to be given to the sources of alienation, low self-esteem and general disenchantment with family, peers, education and work.

This specific target group had many un-met needs which could be of central concern to the new programme. It was recognised that any such programme would have to continue to actively reach-out, offer to stand with this group, and gently and sensitively offer them help. A residential component was considered a high priority, and it was recognised that this would involve a significant investment of resources. The direct contacts made by the Team between 1972 and 1974 strongly influenced the choice of strategy. It meant that the new programme could be soundly based in a personal assessment of the felt and expressed needs of young people who might form such a target group. As a critical planning factor it was important that this orientation should not be lost as the new programme was implemented and became part of the system of health and welfare agencies that were seeking to respond to young people.

The search for a strategy and the acquisition of resources is not a simple process, and in the history of "the Haven" it represented the coming together of a number of different interests. By 1974 aspects of these social conditions were being defined as social problems that required responses. Demands for action were coming from a number of quarters within the community, and from sources wider than those small groups mentioned above. The Queensland Health Education Council, now the Division of Health Education, was involved in a co-ordination and information exchange activity amongst some of the more active interest groups across the fields of health, education, welfare, corrections and police. It had also established an important role in drug education. The Division of Psychiatric Services was offering treatment to people with drug and alcohol problems at Lowson House and Wolston Park. This Division had also established a methadone programme at the Mary Street Psychiatric Clinic. The direct involvement of these two Divisions of the State Health Department in this field meant that very senior health officials had a deep concern about the problems being faced by this group of young people.

The State Health Department in conjunction with the Commonwealth Health Department had some resources that were available for such programme areas through the Commonwealth Community

Health Programme. The Salvation Army was examining its own priorities in this field, and towards the end of 1974 it entered into an agreement with State Health Department to provide a programme in this field. It was to be housed in a facility provided by government. The close relationship that developed between the Salvation Army and the State Health Department proved to be very important for "the Haven". It provided the essential resource base, and of equal importance, a climate of support and encouragement. This enabled the programme to establish a broadly based and highly flexible response towards its target group.

A Programme Emerges

The translation of philosophies, dreams and ideas into programme terms and putting them into operation takes some doing. Some aspects of the new programme were carefully planned, others evolved through trial and error, and yet others emerged quickly to cover pressing contingencies. The new programme sought to provide a flexible multi-faceted response to the needs of young people who experienced drug and alcohol related difficulties. When "the Haven" opened its doors again in 1975, it was located in a large family home which offered residential accommodation for a maximum of nine people, a "crisis room", and a self-contained flat for staff. In addition to offering a live-in residential facility it was to offer a twenty-four hour crisis service, described in the early stages as a "drug hotline". Contact with youth at risk was to be maintained on the streets, in the coffee houses and pinball parlours of the City. The residential aspects of the programme were designed to form a helping community to operate around an extended Christian family group which in turn would provide the focus for its daily living. Individual counselling continued to be an important part of the work, and with the opening of the Centre, this was supplemented by the extensive use of groups. In addition to street work and telephone work, the non-resident aspects of the programme developed to include work with families, educational work, gaol and hospital visitation, and the search for missing people.

The emerging programme continued to rely heavily on its human resources. The full-time staff establishment in 1975 was limited to a Salvation Army officer couple with two children, for whom the Centre was to become a family home. A small group of voluntary workers had been involved between 1972 and 1974, and now other members were recruited to form a larger team. A psychiatrist who had a deep concern with the target group offered his services as an honorary consultant. A general medical practitioner also became involved to take on-going

responsibility for the health care of clients. A solicitor offered to provide legal advice where this was necessary. The agreement which had been reached between the Salvation Army and the Queensland State Health Department required that a Management Advisory Committee be established to both advise and monitor the development and on-going work of "the Haven". In forming this committee emphasis was placed upon developing a working group where members could lend their services in a wide range of support activities. The agreement also required the establishment of an Assessment Committee, to make assessments of



prospective residents, to review their individual progress, to advise on their length of stay in the residential programme. As the programme developed requests were made for additional full-time staff, and between 1975 and 1981 these requests have been met in various ways using both Salvation Army officers and lay staff. A high social cost has often been borne by full-time staff and those volunteers more deeply involved in the real day-to-day suffering of "the Haven" clientele.

A social problem assumption concerning drug and alcohol abuse implicit in this new programme, suggests that the associated difficulties faced by young people do involve issues of choice and of life-style. According to Dohner (1972) there is a choice involved in commencing and continuing to use drugs. He suggests that people will not necessarily stop, "... using mood-altering substances or pleasure-seeking behaviour until they discover something better ... Alternatives to drug abuse are also alternatives to the distress and discomfort which lead to any self-destructive behaviour." Emphasis on life-style and upon seeking alternatives to drugs and alcohol became an important focus for the new programme. This dovetailed well with the desire to respond to young people in their total context, and to address needs at the emotional, physical, social and spiritual levels.

As the new work commenced it was soon recognised that "the Haven" should not remain static, and that given changing needs and relatively scarce resources, not

all of its programme components could be in operation all the time. In the more detailed description of various aspects of this programme and its environment, a more maximal position will be presented, as though all the facets of this small agency are in fact operating simultaneously. We will commence by looking at the mission, goals and objectives that undergird and guide this programme. We will then consider some of the helping processes and describe in more detail four of the eight major programme functions. Finally, we will discuss some aspects of the environment of "the Haven" and identify some considerations that might be made concerning the future.

Mission, Goals and Objectives

It is through attention to the mission, goals and objectives of "the Haven" that we identify the main springs of this programme and establish the central tenets around which most activities are organised. A distinction is necessary between those central themes which provide direction for the providers of this programme, including the Salvation Army and "the Haven" team, and those potential points of identification for the young people for whom the service is being provided.

From the perspective of the providers of this service important direction is derived from the auspice provided by the Salvation Army. "The Haven" shares with this auspice: the primary mission of the proclamation of the Christian gospel; the search for an active expression of the gospel through involvement in the suffering of many groups in our community; and the strong tradition of service provision for the most needy including the very poor, the homeless, and those who experience difficulties with drugs and alcohol. This over-arching mission is expressed through "the Haven" programme in a number of forms. Firstly, there is an expression of deep concern for the spiritual and social well-being of certain disadvantaged young people in our community. Secondly, "the Haven" seeks active expression of this concern through a willingness to engage directly in the real sufferings of its target group. Thirdly, it seeks to express through various programme components real concern with the deep humanity and dignity of these young people and looks for tangible improvements to their quality of life. This is expressed in terms of the balance of development between the physical, mental, social and spiritual dimensions of their lives, and in the encouragement given to each individual to seek growth as a person. Growth towards the total Christian person is a model demonstrated by the Team as one which achieves balance in development and maximises quality in

living. Fourthly, a central focus for the activities of the Team is the concept of a Christian caring community. The Team seeks to demonstrate a model of living which addresses quality of life issues, and at the same time presents a life-style which is an alternative to one largely dominated by drugs and alcohol. When we turn our attention to the specific stated goals of "the Haven" we find potential points of identification for both providers and users of the service. In the first goal statement both providers and users are encouraged to develop in the direction of the total Christian person. In programme terms, accepting a Christian belief system, though the primary mission of the Salvation Army, can be considered in terms of second order change. For the clients of "the Haven" this is in no way a condition on the supply of the service. The second goal statement is more oriented towards first order change. It encourages users of the programme to move towards a drug free life-style, and is presented in terms of: "A drug free person living and coping in the community". This statement establishes a link between providers and users, and is the goal which determines the basic direction for resource allocation and for the major activities of "the Haven".

Barrett (1970, p.3.) defines an organisational objective, "... as any state of affairs (including both static and dynamic states) which contribute to the creation of an organisation's primary outputs or to the fulfillment of its purposes or function." The primary outputs of "the Haven" programme are expressed in terms of eight distinct though carefully inter-related functions. These are: the live-in residential component; crisis intervention; advice and crisis counselling via the telephone; street work; educational work; family work; prison chaplaincy; and hospital visitation. Objectives can be stated around these various functions or primary outputs, and this is best illustrated in relationship to the residential component. These are articulated as specific objectives for programme users. Each objective also requires some activity on the part of the Team. Each resident is specifically encouraged to:

- (a) remain drug free;
- (b) work or actively seek work or be maintained on social security benefits;
- (c) achieve a range of household skills and personal coping capacities which allow for self-sufficiency;
- (d) maintain a standard of personal cleanliness and hygiene;
- (e) develop a capacity to maintain and sustain personal relationships;

- (f) develop an ability to use social supports to one's own advantage;
- (g) develop an understanding of Christian teaching and life-style.

Within the overall framework of mission, goals and objectives associated with "the Haven" programme, each young person who is being helped is encouraged to set their own individual objectives. These objectives should as far as possible be both tangible and achievable, and a form of written agreement is often made by the young people involved. These individual objectives can form a very basic linkage between the aspirations and directions of service users and service providers.

Helping Strategies

The definition of need which has been adopted in respect of drug and alcohol related difficulties has stressed the importance of seeking to provide alternatives to these behaviours. This has had a significant influence on the choice of helping strategies. A statement made in 1975 demonstrates something of the ambitious nature of the exercise involved. It was suggested: "... we believe that the alternatives to drugs offered, must be realistic, attainable and meaningful. They must assist people to find self-understanding, improve self-image, a feeling of significance, expanded awareness, or to find the new experiences they have been formerly seeking through drugs." (Brunt, 1975). To achieve this, strategies must be found which are appropriate to the target group in question.

Helping strategies which attend to such behaviours often rely very heavily on individual reflection or upon group processes. The latter usually involve a form of peer pressure and support, and seek to develop group standards to neutralise an individual's self-oriented needs (Mehr, 1980, p.107). It is important to recognise the differential use that this target group will make of exercises involving personal reflection, peer pressure and support. In group work there is often a struggle to ensure that the application of group standards does not in fact become self-defeating. Group members can use their past experiences to reinforce standards of limited value, including a pre-occupation with four adaptive patterns of behaviour, and a process often described in this programme as "talking high". Despite such difficulties, much can be achieved through providing a supportive environment which involves guided and purposeful social interaction, and that seeks to build upon the framework of mission, goals and objectives, and upon the individual objectives that young people might establish. Such a programme needs to have a sound reality base in which there is a balance achieved

between task-centred activities, self reflection, peer pressure and support, and self-directed behaviour. The search for a reality base for this programme has led to a continual emphasis upon the activities of daily living.

This search for balance is critical in the residential component of the programme. The practical tasks of everyday living include activities such as: the care of self and one's personal effects; preparation of food and the organisation of associated meal-time activities; work; recreation and leisure; general relaxation; and worship. Group work activity was designed to cut across these various aspects of daily living, and introduce opportunities for reflection, support, problem solving and future planning. Groups followed four major streams, and included attention to self-management, relaxation, growth and development and spiritual exploration. There has also been some experimentation with a fifth group, which involves current affairs, and has sought to interest young people in the broader aspects of social and political issues which are occurring around them. Both full-time staff and voluntary workers have been involved providing leadership in these five different group situations, and their role has varied from acting as catalysts, guiding interactions, to establishing a more direct learning situation.

Helping strategies have to be developed in the context of a total milieu made up of the daily living experiences and the constant social interactions between the Team and the young people with whom they are currently working. Co-operation is established around a range of household and individual duties. Relationships are developed in a number of different contexts. Craft activity has been used as an important medium for both creative activities and purposeful social interactions. Recreational and sporting activities are used to both introduce a wider range of activities and to provide a different venue for interaction. Social gatherings, outings, camps, and attending family worship also provide significant dimensions to this total milieu.

The linkage points between these various helping strategies that provide overall direction are three-fold. Firstly, they are related to the framework of mission, goals and objectives. Secondly, there is a link to a framework provided by Dohner (1972), who identified six facets of an alternative to drugs approach. These include: spiritual experience; philosophical exploration, or the search for truth and meaning in life; ascetic and creative experiences, including craftwork; vocational guidance; self-reliance development including domestic skills, social activity and working; physical and social activity, including



general fitness, relaxation, and social interaction. Thirdly, a linkage is provided through the attempts made by "the Haven" team to operate on the basis of a Christian caring community.

To continue to provide helping strategies which are relevant to its target group, "the Haven" needs a broad range of approaches which engage young people around as many aspects of normal daily living as is possible in what at times resembles a mini community. Its approaches at helping must be located in a broader milieu that is attuned to the current realities that form the worlds of its participants. In attempting to provide a highly supportive environment, the challenge is to avoid a closed community, and to continually seek those living experiences which bear direct relationship to what is happening to young people in the community at large.

Four Programme Functions of "The Haven"

Though "the Haven" is a very small agency, it does seek to provide a multi-faceted approach to young people, and also looks for selective opportunities to contribute to the growing public and political awareness concerning the problems of its target group. There are eight programme functions, though as indicated earlier in our discussion, it is often difficult to stretch the limited set of resources across all of these activities at any one point in time. In this section we will discuss four of these functions which serve to illustrate both the breadth of activity and the competing demands for scarce resources that occur across this programme.

It has been the residential function that has taken the major slice of both human and material resources since the new programme was established in 1975. Pressure on the resources of the Team has varied considerably with the type of residents who have been involved. More resources have been required during those periods when the Team has

worked with younger residents, and there have been occasions when "the Haven" has resembled an intensive and demanding residential unit for difficult and disturbed adolescents. The demands have been slightly reduced during those periods in which older residents have been involved, particularly those who are able to take more individual responsibility for self-care, and for some of the day-to-day collective responsibilities for the residential programme. This again has varied in respect of the individual demands and difficulties that particular residents will bring. Hostel type living, coupled with a directed helping orientation, generally makes for a highly volatile and extremely demanding environment which can quickly drain the resources of Team members. To offset the demands made by the residential programme, "the Haven" team have been aware of the real value of providing a highly supportive residential milieu for small numbers of the target group.

The crisis intervention functions of "the Haven" have formed a significant part of its work. The major contact point has been the telephone, and a very high level of demand for both advice and direct crisis intervention has been made through this medium. A significant role that the Team has played has been its readiness to attend to crisis situations within the Brisbane and surrounding areas. Whilst many contacts can be negotiated by phone, there have been many occasions when an on-the-spot assessment is almost immediately required. Responses to such crisis situations can vary, from a temporary place in "the Haven" pending more detailed assessment, or to a situation where members of the Team play a "gate keeping role" to assist their rather alienated and often fearful clientele to use the resources of other health and welfare agencies. There have been many occasions in which young people needed urgent medical attention though were afraid or just unable to present themselves at the casualty

department of a public hospital. Team members have often encouraged young people to seek treatment, have accompanied them to casualty departments, have maintained some contact with them during the period of treatment, and where appropriate, have offered them further services from "the Haven" programme.

Crisis work has required a high degree of flexibility on the part of the Team, and one might note that there are still very few health and welfare agencies that are geared up to go out into the community to attend to crisis situations. This work has placed a great demand on the limited human resources of this programme, though it is well recognised that a retreat from this activity would leave many of the target group highly vulnerable. With the gradual development of related services more emphasis has been placed upon the "gate keeping role" and with more facilities available for medical withdrawal and support, the demand on "the Haven" to provide the facilities for a non-medical withdrawal from certain drugs has decreased.

Educational functions have always been considered an important part of "the Haven" programme. Activities in this area have included: preventive education being provided in conjunction with the Health Education Division of the State Department of Health; information giving and public relations exercises that have combined awareness raising and promotional activity often directed towards service clubs and some of the more structured community groups; and information giving that has been specifically oriented towards assisting groups, such as church groups, relate to the difficulties faced by the target group and those faced by young people in general. Through its educational function, the Team has recognised the need to promote some of the difficulties faced by the target group and by contemporary youth in general as constituting a public and political issue. It is an attempt to communicate to the community at large that such young people really matter. Whilst constituting another demand on the limited time of the Team, this function has been one that over time has generated some additional financial and material resources. The importance of promotional activities for a programme like "the Haven", which functions in an area of relatively low priority, cannot be underestimated.

As has been noted in the earlier discussion, the street work function played an important role in the development of this programme. It was significant during the 1972-1975 period, in reaching-out to a potentially alienated group of young people who were often

suspicious and even disillusioned with the established health and welfare agencies. In the early stages contact with youth via this medium enabled the Team to establish definitions of need based around the expressed and felt needs of some of the most vulnerable of their target group. Street work is another tremendously demanding activity, and since 1975 has had to compete with the seven other programme functions of "the Haven". During the period in which the residential component of the programme was being established street work, with considerable reluctance on the part of the Team, received relatively low priority. The continuing relevance of this function cannot be underestimated. The development of the Brisbane Youth Service, with its heavy investment in street work activities, has somewhat lessened the demand for "the Haven" to put its scarce resources into this area. However, this function cannot be completely dispensed with, as there is the constant danger that the needs of the most vulnerable of the target group will remain un-met. There is a constant need to build bridges between agencies such as "the Haven" and the young people who they are seeking to serve. Whilst referrals from other health and welfare agencies became an important source of clients, there was still need for the Team to periodically offer services to young people in their own locations.

The eight functions of "the Haven" compete for resources, and it has often been difficult to establish realistic priorities. This has often resulted in tremendous demands being placed upon a small team. It is a tribute to them that they have persevered with such a broadly based and flexible response to the target group. This response has also recognised the distinction between compassionate alleviation of the pressing needs of this group, and raising the awareness of the community concerning the difficulties faced by many youth in our society.

The Programme Environment

Attention to the environment in which a programme such as "the Haven" is located is very important. In examining such a programme it is necessary to be aware of: the changing needs of the potential target group, the changing pattern of supply of health and welfare services which are available to address such needs; and the source of resources and support that are available from within the organisational auspice, from government and from the community. Both the needs of the target group and the pattern of service responses in the health and welfare fields have changed over the last five years. The transition from a street work and drop-in service

to a residentially based programme did involve a changing definition of needs of the target group. Initially, young people who had been contacted prior to 1974, and their peer-group network, made some use of the new programme. However, over time, changes in the target group occurred, especially as more young people were referred by other health and welfare agencies.

There have also been significant changes in the general pattern of service provision in the health and welfare field. We have already noted the importance of the development of the Brisbane Youth Service. Other voluntary organisations such as Teen Challenge have been able to consolidate and extend their residential and counselling programmes. During the last five years we have also witnessed changes in the service provision role of the State Health Department, and in particular the establishment of the Alcohol and Drug Dependent Services, which provides a more consolidated service and community work orientation in this field. There have also been important changes in the Salvation Army, with the establishment of the Pindari Hostel for Homeless Persons, which has some resources for detoxification. The availability of this latter facility has greatly assisted "the Haven" in some of its crisis work. These changing patterns of service provision have enabled "the Haven" to consolidate some of its service functions, and in particular its residential work. Even given that more resources are available in this field, it is still essential for a programme such as "the Haven" to take considerable care in defining the felt and expressed needs of its somewhat narrower target group. It should not be assumed that just because there are more resources in this field that there is an adequate cover for this target group. The major lesson that emerges from the history of this programme is that the process of defining needs of such a target group is a very dynamic one, and it should not be assumed that the position of 1981 reflects that of 1975 or 1972.

Co-operation between government and voluntary organisations in the provision of social care services is emerging as a highly significant aspect of the development and implementation of social welfare policies, (Kahn, 1979; The Wolfenden Committee, 1978; Kramer, 1979; Halladay and Brown, 1981). Mention has already been made concerning the significance of the close working relationship that has developed between the State Health Department and the Salvation Army around the development and on-going work of "the Haven". Five specific aspects of this form of co-operation between government and a voluntary organisation are worth noting.

Firstly, it has been useful to have a direct and open channel of communication via a government representative with the decision makers in the government sector. This representative sits on the Management Advisory Board. This liaison has ensured a full flow of information on programme developments and needs to the policy and decision making level. Secondly, it is important that there is both understanding and good will between the two parties. It is essential that there is sufficient accountability for funding, and that plenty of information is made available through both formal and informal evaluation of different facets of such a programme. The evaluation conducted on "the Haven" (Rule, 1977) provided a useful vehicle to clarify both programme directions and funding needs with both the Salvation Army and the State Government. Thirdly, a contract which spans five years has been useful in providing a higher degree of stability and financial security to enable "the Haven" to confidently develop its service functions. This has been particularly important in a programme area dealing with a highly vulnerable target group. Fourthly, it has been important to establish areas of mutual interest that exist between government and this programme in responding to the needs of the target group. Clarity concerning the respective roles that government and this voluntary organisation might play has assisted in planning and implementing service functions, and has assisted future planning. Finally, this is a field in which co-operation between government and voluntary organisations is essential if the needs of this target group are going to be met in any satisfactory form. Both sectors have a contribution to make and the past five years of experience on the part of "the Haven" suggests that good working relationships are possible, though open forms of communication and mutual trust form essential components of such a relationship.

The Future

There are many challenges to be faced by "the Haven" both now and in the immediate future. The first involves retaining flexibility of the programme in a very dynamic environment in which needs and the general mix of service responses is changing. Ways of reducing the pressure on it's Team to ensure that they do not continue to bear the social costs of keeping responses viable and flexible is an essential programme consideration. The delicate balance between responding in a compassionate way to the real manifestations of drug and alcohol related difficulties faced by young people, and the importance of stressing their needs as constituting a public and

political issue, is still very much at issue. There is a need to continue the search for more appropriate service strategies, and to continue to question what this programme can do vis-a-vis other related health and welfare agencies.

One particular extension and development of this programme has been the establishment of "the Haven" in the Queensland Sunshine Coast area during 1980. This has not represented a straight duplication of the Brisbane-based programme, and currently the Team involved in this new venture is experimenting with a more community based model which provides fewer residential places and sees the Team acting more as a catalyst and resource in a large geographical catchment area. This provides a link between the now established street work orientation, and one which seeks to develop networks and linkages at a local community level. Developments in this part of the programme, which recently became administratively separate from the Brisbane-based programme, are subjects of more detailed discussion in another paper (Brunt and Brown, May 1981).

Conclusion

In conclusion we simply note that this programme represents almost a decade of engagement with the difficulties faced by young people in our community. Whilst the target group of "the Haven" may have certain unique needs in common, taken as a whole they are not substantially different from many of our contemporary Australian youth. In some respects they are a highly vulnerable segment, and the difficulties they face, including those related to drug and alcohol use, require direct responses. However, as these difficulties are linked with a host of others, including unemployment, homelessness, loss of self-esteem, and alienation, the group becomes larger and far more significant. If their general plight reaches the proportion of a public and political issue, and one of real and genuine community concern, and if responses are broadened and given higher priority, this may form one indication in our contemporary society that young people in general really matter.

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