



Barroona Youth Healing Place
Model of Care
Prepared November 2015

"We want them to leave with the skills, knowledge and tools they need for a good life"

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Introduction

The Baroona Youth Healing Place's Model of Care is described in detail below. The document was prepared in October 2015, in response to a request from the Department of Health and Human Services (DHHS). The content was developed based on:

- Discussions with the Baroona Manager and staff, and key staff from the Njernda Aboriginal Corporation, including the CEO, Deputy CEO, AOD Counsellor and the Medical Practice Manager.
- A review of key program documents, including the Baroona Youth Healing Place Policy and Procedures Manual (2014).

1. Overview of the Baroona Model of Care

1.1 About Baroona

The Baroona Youth Healing Place (hereinafter referred to as Baroona) is a residential cultural healing place for young Aboriginal people (aged 14 to 22 years) with substance abuse, justice and child protection issues. Situated on a 320 acre farm located outside of Echuca on the Murray Valley Highway, Baroona has the capacity to accommodate up to 12 young people at any one time.

Baroona offers a safe and confidential place for young Aboriginal people to undergo a 'journey to heal the spirit' whilst addressing their substance abuse issues. Aboriginal staff and clinical services work together with each young person while they are resident at Baroona to address all aspects of their spiritual, social, physical and emotional wellbeing.

Baroona's model of care is person-centred, with each young person receiving an individualised response based on their physical and mental health needs, and personal healing goals. Young people are encouraged to stay at Baroona while they address their physical and mental health, and until they achieve their healing goals.

Baroona is a program of the Njernda Aboriginal Corporation, and is delivered by Baroona staff in conjunction with:

- a range of other Njernda services, including: Njernda's Medical Clinical, the Social and Emotional Wellbeing (SEWB) Team, the Family Services Team, the Health Promotion Team, the Youth Worker, the Youth Justice program, the AOD Counsellor and the Warma Gym,
- the Njernda Aboriginal community, including: Elders, Community Leaders, Cultural Experts and Traditional Owners,
- other services, including: psychiatrists, dental services, optometry, Aboriginal Community Controlled Health Services, Campaspe TAFE, Echuca Regional Health etc.

All young people receiving Centrelink are required to pay \$125 per week for staying at Baroona. This amount is deducted from their Centrelink payments.

1.2 Baroona's Vision

Baroona's Vision is:

"To empower our young men with a sense of awareness of self, spirit and culture, to bring their body, mind and spirit back into balance.

To provide a safe and culturally specific healing environment, for young Aboriginal people in the Echuca and surrounding areas, to address their drug and alcohol abuse issues, through access to a range of contemporary and traditional healing programs, services and activities".

1.3 Baroona's Objectives – Our Healing Spirit

The objectives of Baroona are to:

- Create a safe environment for young people, so they can address the issues leading to their substance misuse.
- Empower young people by helping them identify their strengths, cultural identity, sense of belonging, and build hope for the future.
- Role model healthy relationships, healthy life styles and cultural pride.
- Provide the opportunity for young people to learn new skills (daily living skills, self-regulation and work skills).

1.4 Baroona's Principles

Baroona embraces the advantages of both contemporary (modern day evidence based practice) and traditional (our old ways) wisdom and treatment, and strives to provide a healing opportunity that:

- Respects the individual needs and differences of all participants.
- Respects the differing values, spirituality and beliefs of participants.
- Provides holistic treatment and care to all participants equally.
- Respects each participant's right to access a range of programs, services and activities that may promote and enhance their spiritual, social, physical and emotional wellbeing.
- Encourages and promotes the participant's connection to family, community and culture.
- Promotes the concept of healthy body, mind, heart and spirit in all aspects of the healing activities.
- Provides access to a range of professional, cultural and traditional healing programs, services and strategies e.g. doctors, nurses, psychiatrists, psychologists, cultural education programs, traditional ceremonies, Bullroarer program, etc.

2. Governance Arrangements

2.1 A Program of Njernda

Baroona is a program of the Njernda Aboriginal Corporation (hereinafter referred to as Njernda). Njernda is an Aboriginal Community Controlled Organisation incorporated under the Aboriginal and Torres Strait Islander Act 2006 and a company incorporated under the Corporations Act 2001 (Commonwealth of Australia).

Njernda (formerly the Echuca Aboriginal Corporation) was established in 1974 by local Aboriginal people fighting for recognition and self-determination. Njernda provides support to Aboriginal people living in the Campaspe Shire and surrounding areas (including the township of Moama in NSW). The Corporation has developed over time and now provides a diverse range of programs including health, medical, housing, childcare, family services, the Yakapna Centre (which provides a therapeutic environment for Aboriginal families with children at risk of being placed away from home and/or enabling return of children to their own families), and Baroona.

The six (6) person Njernda Board is drawn from the local Aboriginal community. The Board operates in accordance with the Australian Governance Standards and has a comprehensive, policy and procedure framework in place to guide its work. New Board members are expected to complete accredited governance training. The Board is supported by a five person Leadership Team comprising the CEO, Deputy CEO, Corporate Manager, Practice Manager and Family Services Manager.

Njernda has achieved and maintains accreditation against the QIC Standards, RACGP Practice Standards, Community Care Common Standards and the ONE DHS Standards.

2.2 Program Costs

The report *Baroona Youth Healing Service: Financial Model Analysis* (June 2014) prepared by Grant Thornton, notes that the 'per day bed cost' at Baroona is dependent on the utilisation levels (bed days). Using this approach, Grant Thornton report that the average bed day cost at Baroona for the FY2014 was \$246 at 80% utilisation, rising to \$574 at the average utilisation rate.¹

3. Baroona Target Group and Client Characteristics

3.1 Target Group

The target group for Baroona is young males, aged between 14 and 22 years, living in the state of Victoria who:

- Are of Aboriginal and/or Torres Strait Islander descent.
- Will benefit from an intensive residential program which includes group and individual counselling therapy, treatment, programs and activities.
- Are willing to participate in all aspects of the healing journey, including therapy, cultural education, skills development, etc
- Agree to abide by the rules of Baroona.

¹ Grant Thornton. *Baroona Youth Healing Service: Financial Model Analysis* (June 2014) page 29.

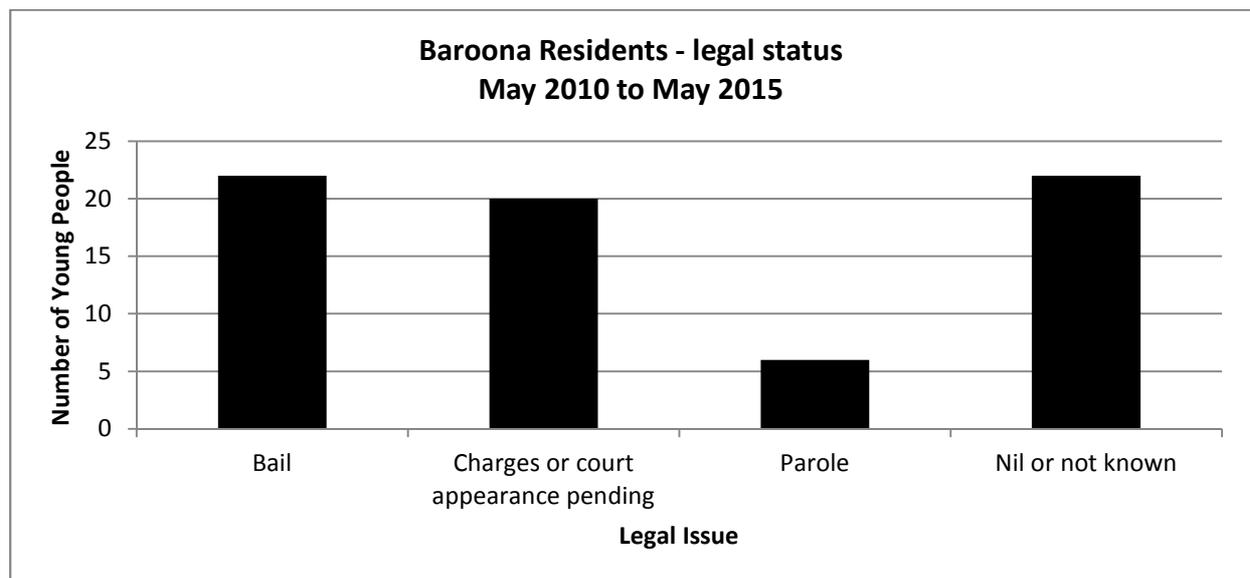
Baroona accepts young people who are under a Court Order. However, Baroona is unable to take sex offenders or people who are regarded as a danger to themselves or others e.g. violent behaviour.

The report *Baroona Youth Healing Service: Financial Model Analysis* (June 2014) notes that 70% of Baroona's clients have been aged 18 years or younger.²

3.2 Client Characteristics

Baroona hosted 70 individual young people between May 2010 and May 2015. Of these, 20 young people have been resident at the service this calendar year.

Further analysis of the data shows that 68 young people or 97% of residents report substance abuse issues, and 68% had justice issues (see diagram below).



The young people admitted to Baroona are some of the most complex, vulnerable and disadvantaged young people in Victoria. Many young people have extremely high levels of substance use causing serious social, emotional and physical harm. All the clients present with multiple complex issues and experiences, including: trauma and PTSD, a history of contact with the juvenile justice system, poor physical and mental health, intellectual and/or cognitive disability including ABI, child protection involvement, violence, low levels of self-esteem and self-worth, poor school attendance and low level of education attainment, homelessness, family violence, family breakdown, racism, disconnection from culture, self-harm, suicidal ideation and/or suicide attempts, behavioural issues, inter-generational trauma including the effects of the Stolen Generations, alcohol and poly drug use and more.

² Grant Thornton. *Baroona Youth Healing Service: Financial Model Analysis* (June 2014) page 5.

Table 1 sets out the presenting issues of the Baroona clients, and the types of support these young people receive while at Baroona.

Table 1. Presenting Issues of Residents and Types of Support Available at Baroona	
Underlying Issues	Presenting Issues
<ul style="list-style-type: none"> • Cultural loss • Family breakdown • Family violence • Mental illness • Disability, including intellectual disability • Foetal alcohol syndrome • ABI • Peer group behaviour • Racism • Social and cultural disconnection • Sexual / Other Abuse • Neglect • Trauma³ 	<ul style="list-style-type: none"> • Multiple and complex needs • AOD misuse and dependence • Self-harm • Suicide ideation / attempts • Behavioural issues and/or a limited ability to self-regulate behaviour • Homelessness • Breakdown in relationships with family and community • Child Protection involvement • Poorly managed mental health • Involvement in the criminal justice system • No / poor daily living skills • Disengagement from education, family, and community • Low levels of literacy and numeracy • Unemployment

Support provided by Baroona staff

Baroona staff support young people to address their underlying and presenting issues, by:

- Providing a safe environment for young people to live.
- Organising a comprehensive assessment of physical health and mental health (and additional specialist assessments if required) as soon as possible after admission.
- Facilitating access to appropriate treatment and support services including AOD Counselling, Sexual health, psychiatrist, dental, etc.
- Providing a nurturing environment with staff role modelling pro-social behaviours.
- Organising Centrelink payments.
- Supporting young people to manage their justice issues, via the Njernda Youth Justice Worker.
- Assisting young people to set recovery goals and begin their healing journey.
- Providing young people with structure and routine while living at Baroona.
- Encouraging young people to embrace healthy lifestyles and take responsibility for their health and wellbeing, including nutrition and exercise.
- Providing the opportunity for young people to find and explore their identity and Aboriginal culture.
- Teaching young people skills and strategies to support AOD harm minimisation, risk management, and safety.
- Educating young people about relapse prevention strategies⁴ and harm minimisation, including: understanding and dealing with cravings, understanding and dealing with social pressures of substance use, developing methods for coping with negative emotional states, and learning methods to cope with cognitive issues.

³ Young people presenting at Baroona are likely to have experienced multiple trauma, including: historical and cultural trauma (Stolen Generations, racism, poverty), community trauma (substance abuse, violence, multiple deaths, grief and loss); family trauma (inter-generational trauma, family violence, loss of parenting skills); institutional trauma (justice and corrective services); and individual trauma (child abuse or neglect affecting development).

⁴ Relapse prevention covers: identifying high risk relapse factors and strategies to deal with them; understanding relapse as a process and as an event' understanding and dealing with cravings; understanding and dealing with social pressures of substance use, developing methods for coping with negative emotional states, learning methods to cope with cognitive issues; work towards a balanced lifestyle.

Table 1.
Presenting Issues of Residents and Types of Support Available at Baroona

- Assisting young people to develop daily living skills, including cooking, cleaning, personal hygiene, etc.
- Providing access to a Literacy and Numeracy Teacher.
- Assisting young people to connect and reconnect with family and to their Aboriginal community.
- Facilitating opportunities for young people to build meaningful and healthy relationships while at Baroona with their peers, staff and others.
- Encouraging and supporting young people to identify vocational, education and training opportunities.
- Supporting young people to transition back to their community, including linking them to local support services such as housing, AOD recovery, mental health, employment, etc.

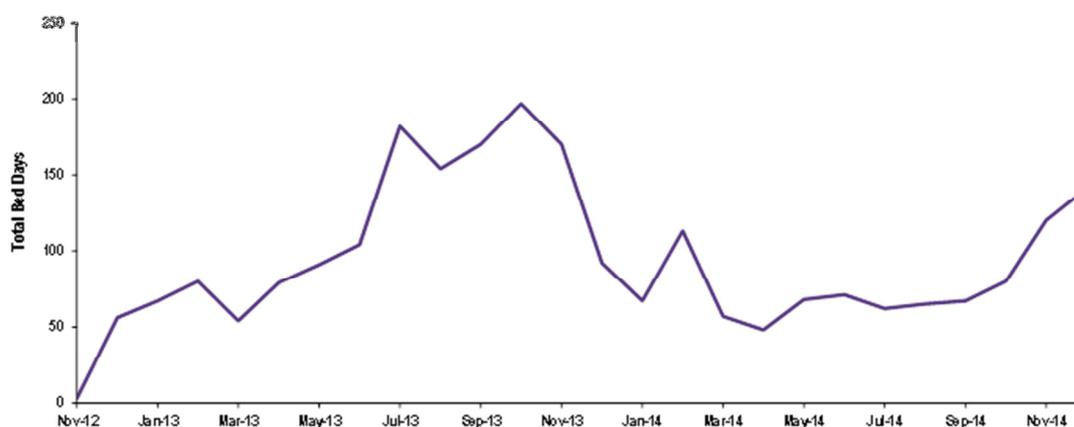
3.4 Occupancy Rates and Throughput

The report *Baroona Youth Healing Service: Financial Model Analysis* (June 2015) prepared by Grant Thornton for the Department of Premier and Cabinet, provides detailed information about Baroona’s occupancy rates and throughput.

The report notes that “*Historical utilisation rates at Baroona YHS have been consistently low. We note that this low utilisation rate has been driven by a number of factors including:*

- *uncertainty of funding (impact on ability to take on new clients and employ staff)*
- *appropriateness of client referrals, and*
- *insufficient resourcing.*

Baroona YHS had an average of 3.8 clients per month throughout FY2014. The average number of clients throughout FY2014 equated to 1,389 bed days (an average of 115.8 bed days per month). At full capacity, the Baroona YHS had 5,840 total bed days available”



Source: *Baroona Youth Healing Service: Financial Model Analysis* (June 2014) prepared by Grant Thornton for the Department of Premier and Cabinet

4. Theoretical and Evidence-based Underpinnings of the Model of Care

4.1 Literature

A literature review undertaken by SED Consulting highlights that for Indigenous populations in Australia, Canada, North America and New Zealand, there is a critical need to focus intervention measures within a spiritual healing framework and identify strategies that support and encourage cultural connection and reconnection as the means to establishing a concept of self that is consistent with family, community and cultural heritage. The importance and value of cultural considerations, particularly in terms of rehabilitation cannot be undervalued as a critical component of any broad based intervention service or program.⁵

The experience of overseas Indigenous communities is that a holistic and culturally appropriate response based on a clinical preventative and rehabilitative model is the approach most likely to achieve success for Indigenous people.⁶

Spirituality and cultural connection generally refers to connection to others, to the land, seas and all that is in and on them, to ancestors and creation spirits. Any endeavour to resolve substance misuse that does not address this aspect as a corner stone of intervention is likely to bring about, at best, short term solutions.⁷

4.2 Evidence-based Practice Frameworks used in the Baroona Model of Care

Baroona's model of care is underpinned by the following evidence-based practice frameworks:

- Traditional and contemporary cultural healing practices
- Trauma informed practice
- A recovery framework
- Therapeutic community principles
- Adolescent development framework
- Person-centred practice
- Stages of Change

Baroona's practice also includes: Motivational Interviewing, Process Psychology, Meditation and Mindfulness.

Table 2 provides an overview of the evidence-based practice frameworks underpinning the work at Baroona, and illustrates how these frameworks are implemented through Baroona's model of care.

⁵ SED Consulting. *Final Report: Koori Youth Alcohol and Drug Healing Service*: Appendix One. Secondary Research Summary. Page 5.

⁶ *ibid.* Page 19.

⁷ *ibid.* Page 8.

Table 2.
Evidence-based practice frameworks and how they are used at Baroona

Underpinning framework, principle, or practice	How these frameworks are implemented at Baroona through its model of care
Traditional and contemporary cultural healing practices ⁸	<p>Aboriginal cultural ways, cultural safety and healing are fundamental to the model of care and program design. In particular:</p> <ul style="list-style-type: none"> • Baroona has policy of employing Aboriginal people to work at Baroona. • The Baroona programs include extensive use of ceremony and rituals e.g. welcome, leaving and celebration of milestones and healing goals. • Each young person has an individual Healing Plan detailing their individual healing and recovery goals, and outlining how the program will support the young person to achieve these goals. • The weekly program includes information, cultural activities and discussions about cultural artefacts. • All young people living at Baroona are expected to participate in the Bullroarer and Jekora programs. • Elders and respected community members are engaged in the weekly program. • Teaching on Baroona land and learning about 'country' are part of the Baroona program. • Cultural leadership is provided by Baroona staff, the Njernda Cultural Officer, Njernda staff and Board, Elders and respected Tradition Owners. • Baroona residents are expected to participate in local community events, such as NAIDOC, community BBQs, the Koorie Nite Market, and Football and Netball Carnivals, etc. • Baroona maintains strong collaborative linkages with the Aboriginal communities across Victoria through Njernda's involvement on VACCHO and through personal connections with Aboriginal families and communities, etc.
Trauma informed practice ⁹	<p>Baroona's model of care is underpinned by the We Al-li approach. We Al-li is a trauma informed, trauma specific educational and practice based approach that promotes health, wellbeing, and sustainable pathways of positive change for individuals, families and communities at both a personal and professional level. These principles are built in to Baroona's program and activities, for example:</p> <ul style="list-style-type: none"> • As part of cultural activities and exploration of country, staff discuss the experiences of Aboriginal people across generations with young people. • Residents are expected to participate in the Bullroarer and Jekora programs which are trauma informed. • Young people are linked into relevant support services

⁸ See: Aboriginal and Torres Strait Islander Healing Foundation, *Campfires Report* (2009) and Secretariat of National Aboriginal and Islander Child Care (SNAICC), *Healing in practice: Promising practices in healing programs for Aboriginal and Torres Strait Islander families* (2012).

⁹ Numerous reports document the fact that the problems prevalent in Aboriginal communities have their roots in the failure of Australian governments and society to acknowledge and address the legacy of unresolved trauma associated with colonisation and the Stolen Generations still inherent in Aboriginal communities. See in particular the work of Professor Judy Atkinson www.wealli.com.au

**Table 2.
Evidence-based practice frameworks and how they are used at Baroona**

Underpinning framework, principle, or practice	How these frameworks are implemented at Baroona through its model of care
	<p>(Njernda and external) which use trauma informed models.</p> <ul style="list-style-type: none"> • The Njernda AOD Counsellor uses a trauma informed approach to both 1:1 counselling and group based activities.
Recovery framework ¹⁰	<p>Baroona’s model of care is informed by the principles of recovery and connectedness to family and community. All our work with young people recognises the importance of connectedness, hope, identity, meaning and empowerment. In particular:</p> <ul style="list-style-type: none"> • Each young person has an individual Healing Plan which sets out their healing and recovery goals, and a Care Plan which sets out their priorities in relation to addressing their physical and mental health issues. • The Baroona Model of Care has a strong focus on building connections with family and community. For example, families are encouraged to be part of the young person’s recovery goal setting, planning and decision-making, and to participate in Family Days. • The Baroona Model of Care also includes a focus on exit and transition planning, which family are encouraged to participate in (if consent is given by the young person). • Baroona support each young person to sort out Centrelink payments and justice issues. • Baroona staff match activities to the goals and priorities set by the young person. • Where appropriate, the Baroona Manager and/or Case Manager work to engage with families and reconnect the young person to their family and others in their community who can support them in their recovery journey once they leave Baroona. • The Baroona programs have a holistic focus which considers the young persons social, emotional and physical wellbeing. • Baroona staff teach young people the skills and strategies they will need for AOD risk management, relapse prevention and safety when they return to the community. • The program has a strong emphasis on teaching residents daily living skills. • The program uses role modelling and education sessions to teach residents about healthy relationships. • The program includes arts and recreation activities, which young people can continue after they leave Baroona. • A Transition to Home Plan is developed for each young person.
Therapeutic Community Principles	<p>Baroona’s approach is based on the Therapeutic Community Principles, in that the young people live together in a family type atmosphere with the Baroona workers. This provides the</p>

¹⁰ Informed by the work of Professor David Best, at the Turning Point Alcohol and Drug Centre

**Table 2.
Evidence-based practice frameworks and how they are used at Baroona**

Underpinning framework, principle, or practice	How these frameworks are implemented at Baroona through its model of care
	<p>opportunity to engage the residents in:</p> <ul style="list-style-type: none"> • A structured routine, as well as opportunities for young people to have fun and explore their identity. • Situations where role modelling by staff can be used to teach them ways of managing and changing their behaviour in the context of community life and responsibility. • Discussions about harm minimisation and relapse prevention strategies. • Informal and formal opportunities to promote behaviour change, such as the requirement that all young people follow the Baroona Rules. • Learning daily living skills such as cooking, cleaning, and personal hygiene. • Developing skills which support peer relationships, as they have to live with the other young people at Baroona. • Experiences that focus on building friendships and healthy family-like relationships in line with an understanding of the importance of kinship for Aboriginal people, families and communities.
Adolescent Development Framework	<p>Baroona recognises that adolescence is not a uniform process, but a dynamic period of development characterised by rapid change across 5 areas: physical, psychological, cognitive, emotional and social. Baroona staff work to build each young persons skills and capacity in each of the 5 areas, by:</p> <ul style="list-style-type: none"> • Placing the young person at the centre of planning and decision making about their healing and recovery, and supporting them to achieve their identified priorities and goals. • Documenting the young person’s identified goals in their individual Healing Plan, and revisiting the goals regularly with the young person while they are living at Baroona. • Building into the program and activities opportunities to teach the young person skills around personal safety and identification and management of risk, in particular AOD relapse. • Working closely with each young person to support them to realise their individual goals and priorities. • Providing opportunities for young people to find and explore their Aboriginal identity, in a safe and supportive environment. • Offering multiple opportunities for skills development including skills for daily living, healthy lifestyles and vocational skills. • Providing opportunities for leisure activities and fun for residents. <p>While resident at Baroona young people are expected to follow the Baroona rules, and residents can be discharged from the program for breaching rules.</p>

Table 2. Evidence-based practice frameworks and how they are used at Baroona	
Underpinning framework, principle, or practice	How these frameworks are implemented at Baroona through its model of care
Person centred practice	<p>Person centred care at Baroona places the young person at the centre of all treatment and care. This is achieved by:</p> <ul style="list-style-type: none"> • Assisting each young person to set their individual healing and recovery goals (and written up in their Healing Plan) and then wrapping programs and services around these goals. • Supporting young people to address their physical and mental health, by completing a comprehensive assessment and assisting them to access the services they need (Njernda and external services). • Recognising that most young people come to Baroona voluntarily and they can decide how long they will stay at Baroona and what their healing priorities are. <p>The Baroona Case Manager works with each young person, the services they are involved in, and their families.</p>
Stages of Change ¹¹	<p>Baroona staff work with young people at varying stages of readiness to change. Many young people are pre-contemplative when they arrive at Baroona (many are coerced into coming by family or are bailed to Baroona), and staff work hard to move them through the stages of change towards contemplation and action.</p>

5. Length of Stay Options and Outcomes for Young People

As noted above, Baroona has a person-centred and recovery oriented focus. As such the outcomes for each young person will be dependent on their individual priorities and goals. The Baroona model of care accommodates young people who only want a short stay to address their immediate health and wellbeing issues (and are likely to be pre-contemplative within the stages of change model), as well as young people who are ready to embark on a longer healing journey (at the contemplation or action stages of change). Ideally, young people will come to Baroona and move through the entire program (approximately 16 weeks) and achieve significant healing goals and outcomes. However, Baroona recognises that young people who stay for only 4, 8 or 12 weeks can also achieve significant outcomes and gain the skills and knowledge, that enable them to continue their recovery journey and healing back out in the community.

¹¹ The work of Prochaska and DiClemente underpins the Baroona Model of Care.



Short Stay (4 weeks)

Focus of stay at Baroona is on keeping the young person safe, and improving their physical and mental health



Length of Stay (8 weeks)

Focus of stay expands to include building the young person's self-respect, self-esteem, daily living skills, behaviour change and beginning the healing journey



Length of Stay (12 weeks)

Focus of stay is building cultural knowledge and understanding, improving spiritual wellbeing and recovery, and beginning the healing process



Length of Stay (16 weeks)

Focus of the stay is on healing and recovery, in particular reconnection with family and the community, and relapse prevention

Table 3 sets out the four types of 'stay' for young people who are admitted to Baroona. The table also provides an overview of the typical focus of support they receive during their stay and the types of outcomes they can achieve.

**Table 3.
Length of Stay Options for Young People at Baroona**

Length of stay and focus	Support and interventions organised by Baroona	Examples of outcomes for young people¹²
<p>5.1 Short Stay (4 weeks)</p> <p>Focus of stay at Baroona is on keeping the young person safe, and improving their physical and mental health</p>	<ul style="list-style-type: none"> • Physical Health and Mental Health assessment (Medical Team) • Support and referrals (internal and external) to address presenting health and mental health issues (Medical Team and Baroona staff) • AOD Counselling (AOD Counsellor) • Assistance to organise Centrelink (Baroona staff) • Providing a safe place and routine (Baroona staff) • Support to address justice issues (Njernda Youth Justice Worker) • Introduction to strategies for: harm minimisation, behaviour change (Baroona staff) and relapse prevention 	<ul style="list-style-type: none"> • Encourage changed attitudes and a positive outlook on life • Develop skills for diversion and identifying triggers for avoiding situations that are likely to place them at risk • Instil basic values including respect and trust • Address legal issues and/or compliance with legal requirements • Abstain from alcohol and drugs while at Baroona • Develop knowledge of harm minimisation and risk management, such as responsible use of A&D and how these can get you into trouble • Develop regular living patterns (sleep, meals, hygiene, etc) • Address health (physical and mental) issues and linked to services

¹² The outcomes listed in this table have been sourced from the outcomes framework for Baroona, documented in the Baroona Policy and Procedure Manual (2014). See section 10 Program Outcomes later in this report.

**Table 3.
Length of Stay Options for Young People at Baroona**

Length of stay and focus	Support and interventions organised by Baroona	Examples of outcomes for young people ¹²
<p>5.2 Eight (8) Week Stay</p> <p>Focus of stay expands to include building the young person's self-respect, self-esteem, daily living skills, behaviour change and beginning the healing journey</p>	<ul style="list-style-type: none"> • Role modelling daily living skills and healthy relationships (Baroona staff) • Informal and formal programs delivered by Baroona and Njernda staff that build cultural knowledge and understanding (Bullroarer and Jekora programs) • Therapeutic counselling and healing - 1:1 and groups (Baroona staff and local clinicians) • Motivational interviewing techniques (Baroona staff and other clinicians) involved in the young persons care and recovery • Nutritional advice (Baroona Naturopath) • Activities to promote healing and build self-esteem (Baroona staff and local Aboriginal people including Elders and Traditional Owners) • Making boomerangs and other cultural activities • Cultural studies and excursions • Recreational activities, including exercising at the Warma gym • Daily living skills (Baroona staff) • Education on harm minimisation, relapse prevention, healthy relationships, etc (Baroona staff, AOD Counsellor and Njernda staff) • Encouragement to improve physical health (Warma Gym program) • Mentoring and role modelling (Baroona staff and Elders) • Literacy and numeracy program (Teacher) • Dadirri – yarning (Staff and visitors) 	<ul style="list-style-type: none"> • Gain a deeper understanding of Aboriginal history (colonisation, oppression, trans-generational trauma) and the impact of this on their social and emotional wellbeing • Build respect for themselves, and others, particularly women and Elders • Develop life skills including confidence, communication, hygiene, cooking and nutrition, budgeting, • Ability to gain more self-control over situations • Learnt relapse prevention strategies • Encourage behaviour change • Develop skills to build and maintain healthy relationships • Improve self-esteem and confidence • Improve social and emotional wellbeing • Promote growth through building a greater awareness and sense of self
<p>5.3 Twelve (12) Week Stay</p> <p>Focus of stay is</p>	<ul style="list-style-type: none"> • Role modelling daily living skills and healthy relationships (Baroona staff) • Informal (Baroona staff and Njernda Cultural Officer) and formal programs to build cultural knowledge and understanding 	<ul style="list-style-type: none"> • Gain a deeper understanding of who they are: family, culture, community, etc • Build their cultural knowledge and understanding

**Table 3.
Length of Stay Options for Young People at Baroona**

Length of stay and focus	Support and interventions organised by Baroona	Examples of outcomes for young people¹²
<p>building cultural knowledge and understanding, improving spiritual wellbeing and recovery, and beginning the healing process</p>	<p>(Bullroarer and Jekora programs)</p> <ul style="list-style-type: none"> • Therapeutic counselling and healing - 1:1 and groups (Baroona staff and local clinicians) • Activities to promote healing and build self-esteem (Baroona staff) • Daily living skills (Baroona staff) • Education around harm minimisation, relapse prevention, healthy relationships, etc (Baroona staff and Njernda staff) • Making boomerangs • Cultural studies and excursions • Recreational activities including Warma gym • Nutritional advice (Baroona Naturopath) • Encouragement to improve physical health (Warma Gym program) • Literacy and numeracy program • Skills development opportunities including small engine training • Mentoring and role modelling (Baroona staff and Elders) • Goal setting for recovery (Baroona Case Manager) • Dadirri – yarning 	<ul style="list-style-type: none"> • Promote behaviour change when back in their own community • Create an interest in art and cultural activities, storytelling, language, spiritual beliefs • Develop skills to entertain themselves • Develop the ability to reflect on the impact of their behaviours on others • Ability to gain more self-control over situations • Improved relationship with family and community • Build interest in undertaking further education or gaining employment
<p>5.4 Extended Stay (16 weeks +)</p> <p>Focus of the stay is on healing and recovery, in particular reconnection with family and the community, and relapse prevention</p>	<ul style="list-style-type: none"> • Role modelling daily living skills and healthy relationships (Baroona staff) • Informal and formal programs to build cultural knowledge and understanding (Bullroarer and Jekora programs) • Therapeutic counselling and healing - 1:1 and groups (Baroona staff and local clinicians) • Activities to promote healing and build self-esteem (Baroona staff) • Making boomerangs • Cultural studies and excursions • Recreational activities including Warma gym • Daily living skills (Baroona staff) • Mentoring and role modelling (Baroona staff and Elders) • Encouragement to improve 	<ul style="list-style-type: none"> • Identify links and strengths within their own community, including family connections, supportive networks • Develop the ability to reflect on the impact of their behaviours on others • Ability to gain more self-control over situations • Empower to make informed decisions • Develop skills to build and maintain healthy relationships • Improved social and communication skills • Develop skills to prepare them for work, including land care, horticultural skills, numeracy, etc

**Table 3.
Length of Stay Options for Young People at Baroona**

Length of stay and focus	Support and interventions organised by Baroona	Examples of outcomes for young people¹²
	physical health (Warma Gym program) <ul style="list-style-type: none"> • Skills development opportunities including small engine training • Exploration of education and training options (Baroona staff and Case Manager) • Exploration of employment opportunities (Baroona staff and Case Manager) • Dadirri – yarning (staff and visitors) 	<ul style="list-style-type: none"> • Provide information about trades and other job opportunities

6. Baroona Pathways

This section outlines the pathways for young people into and while resident at Baroona.

6.1 Referral Pathway

Baroona accepts referrals from:

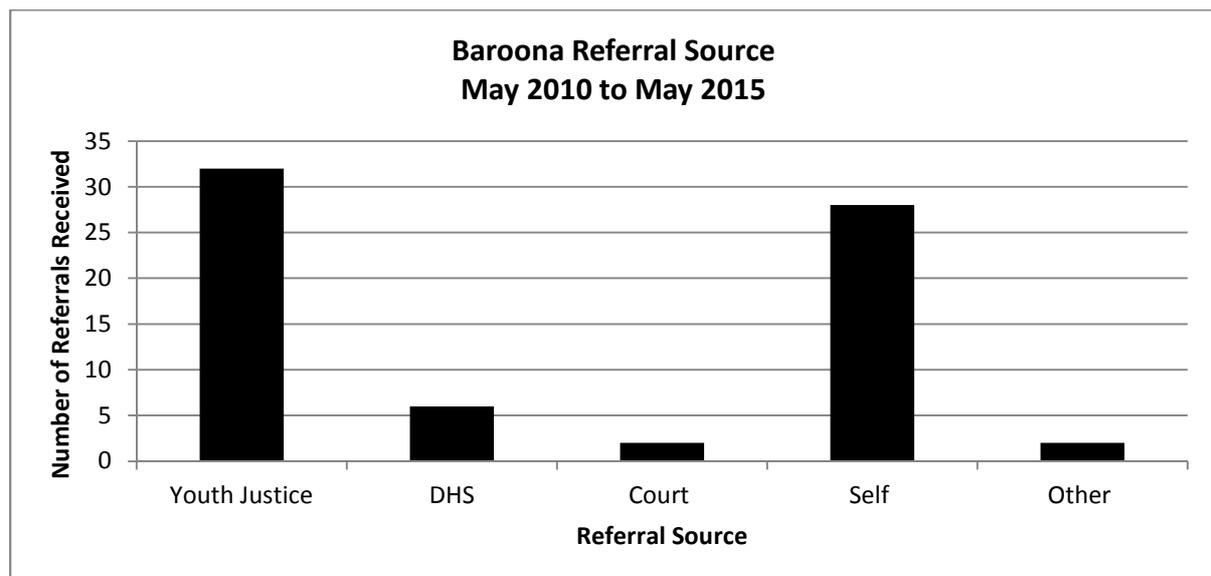
- Self, Family and Community (40% of all referrals)¹³
- Non-government organisations, including Aboriginal Community Controlled Organisations
- The Police
- Youth Justice (45.7% of all referrals)¹⁴
- Corrections Victoria
- The Courts
- Child Protection

The Baroona Manager and Case Manager, and the Njernda AOD Counsellor can provide information and advice over the telephone to potential referrers, including young people wanting to make a self-referral.

To be considered for admission to Baroona, a written referral is required, and most young people will be required to complete a two-week detox program before being admitted to Baroona. Young people, who are being admitted directly from a period of incarceration in a juvenile detention centre and are drug free during this period, may not need to complete a detox.

Njernda has an MOU with the DHHS covering referral and payment for young people under 16 years of age, from Child Protection and Juvenile Justice.

A summary of the referral source for the young people who resided at Baroona from May 2010 to May 2015 is presented in the diagram below.



¹³ Grant Thornton. *Baroona Youth Healing Service: Financial Model Analysis* (June 2015) page 30.

¹⁴ Grant Thornton. *Baroona Youth Healing Service: Financial Model Analysis* (June 2015) page 30.

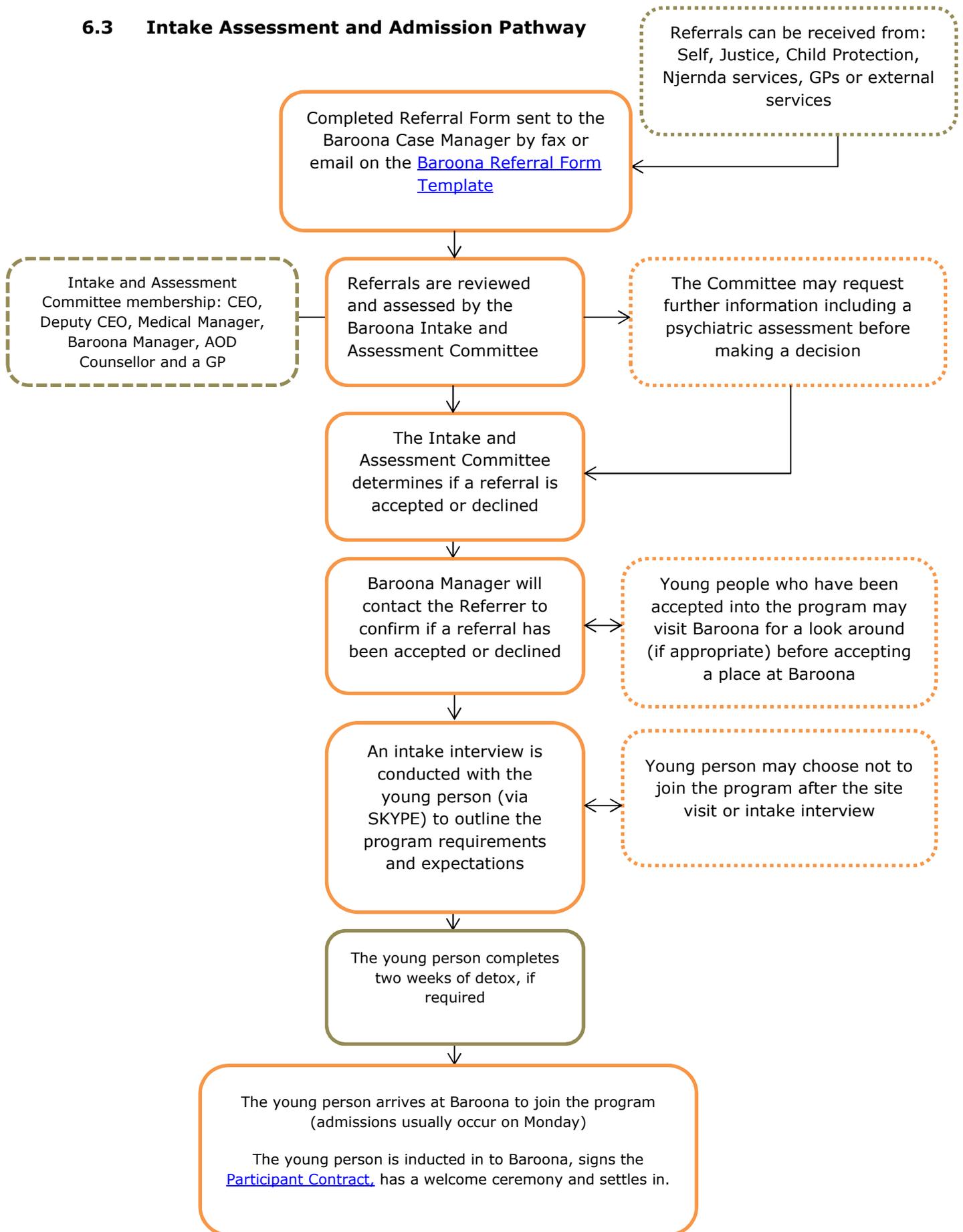
6.2 Waiting Lists and Capacity

Baroona does not maintain a waiting list, but during the intake assessment process, the Baroona Intake and Assessment Committee, does consider and balance new referrals with needs of the current residents and the impact of a new resident on the overall group dynamics. Where a young person cannot be accommodated, they are referred to another service, such as Bunjilwarra.

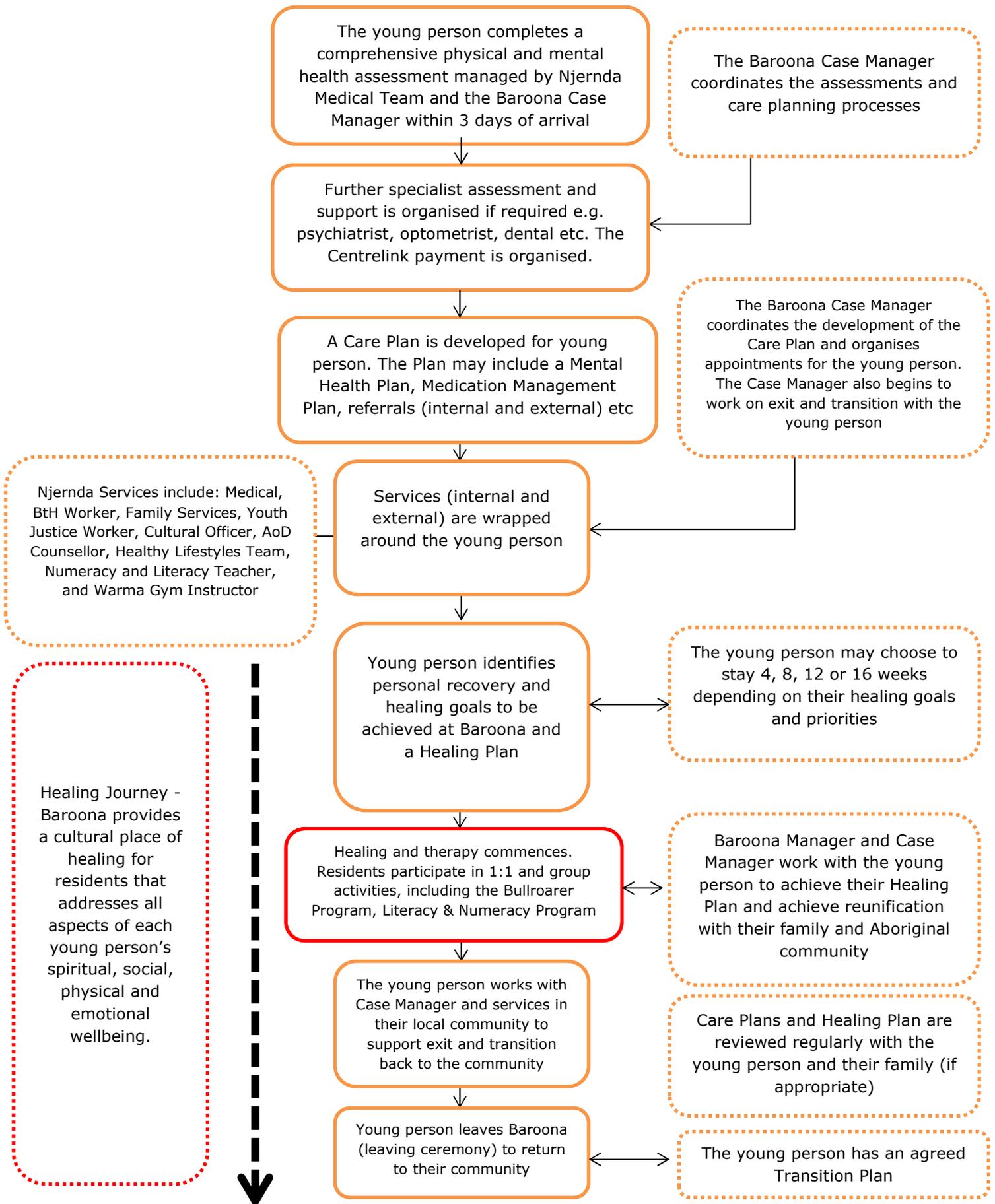
Baroona does not set percentage capacity limits, however a maximum of 12 young people can be accommodated in the facility at any one time. The number and age mix of residents at Baroona is determined by:

- The referrals received
- Staff skills and competencies
- The complexity of young people living at Baroona and the capacity of staff to support them in their healing journey
- Balancing the ability of the program to meet an individual's needs, while maintaining a positive and safe group dynamic
- The need to accommodate length of stay options (short, medium and long term) for young people
- The resources available to deliver the program and activities which are structured appropriately for the age mix of residents.

6.3 Intake Assessment and Admission Pathway



6.4 Healing Journey Pathway



6.5 The Residential Program

While residing at Baroona, young people will have access to the following:

- Counselling therapy (1:1 and group) including process counselling, manual therapy and D&A Counselling.
- A Nutrition program¹⁵ run by the Baroona Naturopath
- Structured programs such as the Bullroarer program, Jekora program, Art Therapy program, Smoking Cessation (QUIT), etc.
- Cultural awareness studies, including connection to country, song and dance, ceremonies, etc.
- Recreational activities such as access to the Warma Fitness Centre gym program, participation in local team sports, etc.
- Mentoring and role modelling of healthy life styles and healthy relationships including:
 - Harm minimisation
 - Respectful relationships
 - Sexual health
- Skills development and education, including:
 - Life skills related to activities of daily living: cleaning, cooking, washing
 - Employment and education readiness skills
 - Short courses to develop work skills e.g. fencing, chain-sawing etc

Residents are required to do daily chores which will enhance personal development and life (daily living) skills including cooking, cleaning, gardening and attending to livestock.

Details about the content of the residential program are set out in Table 4. A new program is developed each fortnight by staff in consultation with residents.

Table 4. Program Content (individual and group based)¹⁶	
Personal development	<ul style="list-style-type: none"> • Pro-social skill development and pro-social behaviours • Building resilience and self esteem • Empowering young people to deal with racism • Motivation • Good communication • Healthy relationships • Family unity and relationships • Drivers licence • Daily routine • Managing stress • Problem solving skills • Resilience • Parenting skills (for residents who are parents)
Social and emotional	<ul style="list-style-type: none"> • Dealing with grief and loss • Domestic violence • Impact of stolen generations

¹⁵ Details of the program can be found in Health and Wellbeing: An Overview of Manual Therapy, Nutrition and Exercise as it relates to Healing at the Baroona Healing Centre

¹⁶ Source: Baroona Healing Centre Policy and Procedures Manual (2014). Page 9

Table 4.
Program Content (individual and group based)¹⁶

wellbeing	<ul style="list-style-type: none"> • Repair / renew relationships with family • Individual and group counselling • Relapse prevention • Art therapy • Mediation and relaxation
Physical health and wellbeing (healthy lifestyles)	<ul style="list-style-type: none"> • Healthy eating • Nutrition • Exercise • Sexual health • Chronic diseases such as diabetes • Physical activity
Alcohol and drug education	<ul style="list-style-type: none"> • Learning and identifying substance abuse • Understanding the effects and impact of substance abuse • Harm minimisation and risk management education • Relapse prevention • Building resilience for returning home
Life skills	<ul style="list-style-type: none"> • Cooking • Personal hygiene • Independent living skills • Money management • Driving skills • Cleaning and laundry • Property maintenance
Spiritual	<ul style="list-style-type: none"> • Alternative therapies and programs • Spiritual education • Healing Journey
Recreational	<ul style="list-style-type: none"> • Sports • Arts and crafts • Cultural events • Music • Day trips
Re-engage in structured education (year 10 to gaining a certificate)	<ul style="list-style-type: none"> • Literacy and numeracy • Education pathways • Computer skills • TAFE course
Practical vocational education and training / employment	<ul style="list-style-type: none"> • Explore employment opportunities • Participate in training programs • Pre-employment skills including resumé writing, interview skills • Link with an employment counsellor and employment service

6.6 Data Collection and Reporting

Due to ongoing uncertainties in funding (sources, amount and type), Baroona has not been able to develop and implement a comprehensive data collection, reporting and program evaluation system. In particular, Baroona has not had the capacity to follow-up and record the medium and long-term outcomes for its clients e.g. how long clients have remained sober or drug free, reoffending/recidivism rates, successful re-entry into education or employment.

Ideally Baroona would like to establish a comprehensive data collection and reporting system which measures all aspects of the program, in particular the program outcomes achieved for each young person as specified in section 9 of this document.

7. Staffing Profile

Baroona staff are recruited and selected on the basis of their capacity to act as role models and to provide a culturally safe healing experience.

Table 5 sets out the key responsibilities of Baroona staff. Details about staff ratios and rosters can be found in the report entitled *Baroona Youth Healing Service: Financial Model Analysis* written by Grant Thornton in June 2015.

Table 5. Baroona Positions and Key Responsibilities	
Position	Key responsibilities
7.1 Baroona Manager	<p>The role of the Baroona Manager is to:</p> <ul style="list-style-type: none"> • Manage the day-to-day operations of Baroona • Foster partnerships and liaise with a range of service that support the young people residing at Baroona • Oversee referral and admission processes. • Ensure the Fortnightly Program is developed and reviewed • Manage occupancy levels • Manage reporting requirements • Supervise and support Baroona staff • Cultural leadership • Ensure that the Baroona complies with the legal requirements in relation to OH&S which includes fire safety i.e. correct equipment that is regularly serviced, that standard fire orders, exit plans and other information for emergency procedures are displayed in the building as per legal requirements • Manage Baroona budget in conjunction with the CEO. • Develop and distribute Staff Rosters. • Organise and monitor all Aboriginal and non-Aboriginal services to be provided to young people involved in the Healing Journey. • Arrange, monitor and review all cultural, spiritual and traditional activities provided to young people during their Healing Journey. • Provide written reports to the Family Service Manager, on all Baroona Youth Treatment Centre activities, and including statistical data. • Work cooperatively with staff of the Njernda Aboriginal Corporation. • Coordinate the maintenance and upkeep of the area designated as Baroona grounds.
7.2 Baroona Case Manager	<p>The role of the Baroona Case Manager is to:</p> <ul style="list-style-type: none"> • Maintain referral relationships with referrers including courts and child protection • Support young people through the intake and admission process • Provide initial contact to young people and/or other referrers, including eligibility criteria, referral processes, expectations on residents etc. • Liaise with families and others, and helping to manage expectations • Arrange practical aspects of admission – detox, transport,

**Table 5.
Baroona Positions and Key Responsibilities**

Position	Key responsibilities
	<p>Centrelink, legal processes and health screenings</p> <ul style="list-style-type: none"> • Manage the administrative aspects of each admission including creating a client file, entering referral data, and admissions • Manage waiting list and staying in touch with those on the waiting list • Build rapport with the young person and their family. • Coordinate health assessments and referrals • Ensure all young people have a Care Plan and a Healing Plan • Organise risk assessments when the resident is suicidal or wanting to self-harm and/or other specialist assessments if required. • Provide case management of young people while they are resident at Baroona • Case manage the young person’s stay at Baroona and participate in the transition and exit process. • Facilitate and liaise with other services that the young person may be involved with. • Liaise with family and the young person’s community to support them to transition home. • Ensure each young person has an Exit / Transition Home Plan
<p>7.3 Residential Healing Workers</p>	<p>The role of the Residential Healing Workers (Baroona Social & Community Service Employee) is to:</p> <ul style="list-style-type: none"> • Assist the young person during their stay at Baroona. • Build trust and rapport with the young person. • Provide solution focused support to the young person, as they work towards achieving their healing goals. • Support the young person’s healing journey. • Develop the Healing Plan with the resident, and review and up-date the goals as required. • Reinforce and role model appropriate behaviours. • Assist with daily life at Baroona and support young people to develop daily living skills. • Support and assist the young person to engage with family and community. • Encourage the young person to explore their cultural heritage and build links with their Aboriginal community. • Build the young person’s resilience. • Play the role of advocate for the young person, where appropriate. • Support transition and exit planning.

7.4 Staff Qualifications

Staff employed at Baroona, are expected to have, or work towards, the following qualifications:

- Mental Health First Aid Training
- First Aid Training & Resuscitation training

- Cert III in Community Services or above.

Staff are also expected to participate in regular professional development and in-service training opportunities related to the roles and the client group, including working with clients with challenging behaviours.

Clinical staff who work at Baroona are required to have the relevant qualifications and registrations pertaining to their specific discipline.

7.5 Staff Roster Arrangements

Baroona operates a three shift model with two Residential Healing Workers working AM, PM and night shifts each day. This is similar to other intensive residential programs such as Bunjilwarra. The presence of two staff after hours is seen as necessary in case of the need to respond to an emergency and to proactively manage and reduce risks related to Baroona residents (particularly given Baroona YHS's relatively isolated location).¹⁷

7.6 Policies and Procedures

Staff employed at Baroona, are expected to, follow the policies and procedures set out in:

- The Baroona YHS Policy and Procedures Manual (2014).
- The Njernda Policy and Procedure Manual.

8. Partners

Baroona's service delivery partners include:

- Youth Justice
- DHHS, Child Protection
- Loddon Mallee Aboriginal Reference Group (LMARG)
- Elders and community
- Echuca Regional health
- Paul House and Williams House
- TAFE

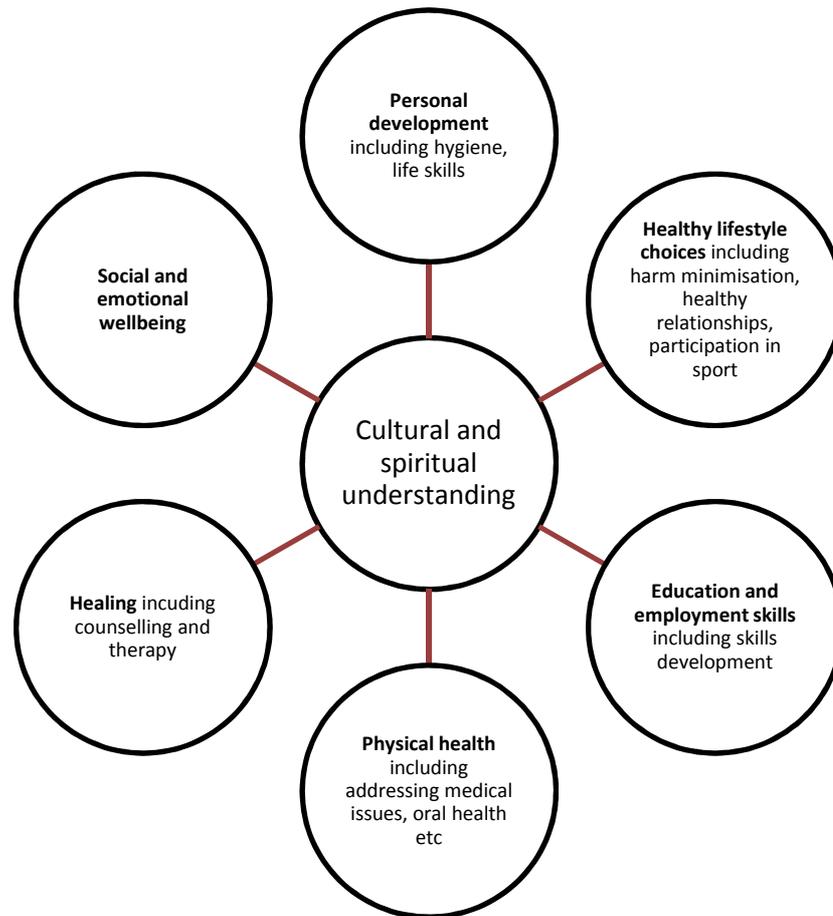
9. Program Outcomes

The Baroona model of care is designed to achieve outcomes in a range of areas including:

- Cultural and spiritual understanding
- Healing
- Personal development
- Healthy lifestyle choices
- Social and emotional wellbeing
- Physical health
- Education and employment skills

¹⁷ Grant Thornton. Baroona Youth Healing Service: Financial Model Analysis (June 2015)

The outcomes that individual young people achieve will be dependent on the individual's healing and recovery goals and length of stay.



Examples of anticipated outcomes for each area in the above-mentioned diagram are set out below.

Cultural and spiritual understanding

- Gain a deeper understanding of Aboriginal history (colonisation, oppression, trans-generational trauma) and the impact of this on their social and emotional wellbeing
- Identify links and strengths within their own community, including family connections, supportive networks, etc
- Gain a deeper understanding of who they are: family, culture, community, etc
- Build their cultural knowledge and understanding
- Promote behaviour change when back in their own community
- Create an interest in art and cultural activities, storytelling, language, and spiritual beliefs

Personal development

- Encourage changed attitudes, and a positive outlook on life
- Build respect for themselves, and others, particularly women and Elders
- Develop skills to entertain themselves
- Develop skills for diversion and identifying triggers for avoiding situations that are likely to place them at risk

- Instil basic values including respect and trust,
- Provide education about what a family is all about
- Develop life skills including confidence, communication, hygiene, cooking and nutrition, and budgeting
- Develop the ability to reflect on the impact of their behaviours on others
- Ability to gain more self-control over situations
- Address legal issues and/or compliance with legal requirements

Healthy lifestyle choices

- Abstain from alcohol and drugs while at Baroona
- Empower to make informed decisions
- Develop knowledge of harm minimisation and risk management, such as responsible use of A&D and how these can get you into trouble
- Learnt relapse prevention strategies
- Encourage behaviour change
- Develop skills to build and maintain healthy relationships
- Develop the ability to identify risks and triggers in their lives that lead to substance abuse and inappropriate behaviours

Healing

- Improve self esteem
- Improve social and emotional wellbeing
- Promote growth through building a greater awareness and sense of self
- Improved relationship with family and community
- Improved social and communication skills

Physical health and social emotional wellbeing

- Improve physical health
- Develop regular living patterns (sleep, meals, hygiene, etc)
- Address health issues and linked to services
- Support smoking cessation (QUIT)
- Encourage interest in participating in health and fitness activities, including the gym in the Warma Fitness Centre
- Improved management of problematic emotional stress
- Linked to mental health service
- Reduced self-harming behaviours

Education and employment skills

- Build interest in undertaking further education or gaining employment
- Improve literacy and numeracy skills
- Link young people to the local school and TAFE, if resident at Baroona for more than 4 weeks
- Develop skills to prepare them for work, including land care, horticultural skills, numeracy, etc
- Provide information about trades and other job opportunities

When a young person leaves Baroona and returns to their local community. Baroona staff endeavour to share information about the young person's achievements and

ongoing recovery goals, with the local services that will be involved with the young person. However, due to an ongoing lack of resources at Baroona, it has been very difficult to achieve this. Baroona staff routinely provide local services with a copy of the young person's Transition Plan, but it is largely up to the young person to share their achievements and ongoing recovery goals with other services when they return home.

10. Case Studies

The names and some content in the case studies has been changed to protect the identity and privacy of the residents and their stories.

10.1 John's Story

John is a 22 year old male from metropolitan Melbourne. John has a history of family violence (as both a recipient and perpetrator) and involvement in the criminal justice system. He has a son and his partner is pregnant with John's baby daughter.

John has a history of mental illness, including depression as well as a history of self-harm. John had accessed support services to address these issues in the past, including the psychiatrist at the Victorian Aboriginal Health Service and an AOD Counsellor at a mainstream agency.

John has been a poly-drug user and binge drinker for many years. John's substance of choice is ice. Prior to admission to Baroona, John had been using ice daily for four months, and had been on an ice binge during which he stayed awake for 13 days straight. John was referred to Baroona by an AOD Worker from Ngwala Willumbong.

At the time of referral to Bunjilwarra, John stated that *"he wanted to get off ice and be a better father to his son and daughter"*.

Upon admission to Baroona, John completed a comprehensive assessment, and as a result was linked into a range of Njernda services, including: a GP at the Medical Service to address the health issues associated with his ice use and the AOD Counsellor.

John identified the following goals, which were documented in his Healing Plan:

- Quit ice
- To become a more healthy, stable person
- Be a better father

John lived at Baroona for 4 weeks (short stay), during which time he participated in:

- Weekly sessions with the Njernda AOD counsellor
- Group and 1:1 sessions about nutrition with Dr Troy Walker
- Gym sessions at the Warma Fitness Centre

John also participated in the Bullroarer program run by Stuart Hearn and Gilbert Wanganeen, to learn more about his identity and healing journey.

Case notes show that John was cooperative with Baroona staff, and an active participant in group based activities. He also *"went out of his way to help some of the younger clients to stay focused on their own journey and "liked to do bush walking"*.

Baroona staff also worked with John to develop skills and strategies for managing relapse, his behaviours and relationships issues.

John's exit and transition plan involved identifying suitable local services, including an AOD counsellor and psychiatrist. Since John has returned home, he has not relapsed, and is happy to *"share his story, about how he beat the drug ice"*. Recently, John returned to Njernda to tell his story at an Ice Forum.

10.2 Peter's Story

Peter is a 20 year old male from a small town in central Victoria. Peter's relationship with his mother and siblings had broken down due to his binge drinking and his aggressive behaviour when he is intoxicated.

Peter used alcohol, cannabis and tobacco daily, and was a binge drinker, consuming up to four litres of alcohol approximately four times a week. He also told staff he used 1 gram of Cannabis per day. When Peter was intoxicated he regularly got into fights with his brother and others, and occasionally self-harmed.

At the time of referral to Bunjilwarra, Peter stated that he "*wanted to get his life back on track and cease alcohol and drug use*". Peter had the support of his mother and father, and they helped him through the detox and admission processes.

Upon admission to Baroona, Peter completed a comprehensive assessment, and as a result was linked into a range of Njernda services, including: a GP at the Medical Service, the AOD Counsellor, and the SEWB Counsellor. He was also supported to access the services of the Victorian Aboriginal Legal Service (VALS) to address his legal issues.

Peter identified the following goals, which were documented in his Healing Plan:

- Give up alcohol and Cannabis
- Get healthy and increase fitness
- Get more of an education to be able to get a job
- Be more responsible

Peter lived at Baroona for 17 weeks, during which time he participated in:

- Group and 1:1 counselling sessions with the Njernda SEWB Counsellor
- Weekly sessions with the Njernda AOD counsellor
- Group and 1:1 sessions about nutrition Dr Troy Walker
- Gym sessions at the Warma Fitness Centre
- Local sports team that played competitively on Fridays
- Meditation classes.

Peter also participated in the Bullroarer program run by Stuart Hearn and Gilbert Wanganeen, to learn more about his identity and healing journey.

Case notes show that Peter was generally cooperative at Baroona, and an active participant in group based activities. Baroona staff also worked with Peter to establish a daily routine and build his daily living skills. Peter liked to be involved in planning and cooking the meals.

Peter's family visited him at Baroona on family days and kept in touch with him while he was living at Baroona.

In planning his exit and transition home, it was decided that Peter would remain in Echuca for a few months after he left Baroona. Baroona staff worked with Peter and his family and it was arranged that he would stay with a relative who lived locally. During this time, Peter was employed to work on the Njernda Medical Reception, so that he could gain practical work experience and "*give back to the community that had helped him so much*".

After a number of months living and working in Echuca, Peter returned home to country Victoria to live with his parents and siblings.

11. References

The content for this document was developed from:

- Discussions with the Baroona Manager and staff, and key staff from Njernda including the CEO, Deputy CEO and the Medical Practice Manager.
- A review of key documents, including:
 - Baroona YHS Policy and Procedures Manual (2014)
 - Baroona YHS: A Service of the Njernda Aboriginal Corporation (2013)
 - Baroona Youth Treatment Centre "Healing the Spirit" (2005)
 - Health and Wellbeing: An Overview of Manual Therapy, Nutrition and Exercise as it relates to Healing at the Baroona Healing Centre (2014)
 - Adolescent Health GP Resource Kit Practice Points: Understanding Adolescents and their health needs. NSW (2008)
 - YSAS. YouthAOD Toolbox.
 - Aboriginal and Torres Strait Islander Healing Foundation – Campfires Report (2009)
 - Secretariat of National Aboriginal and Islander Child Care (SNAICC) Healing in practice: Promising practices in healing programs for Aboriginal and Torres Strait Islander families (2012)
 - Grant Thornton. *Baroona Youth Healing Service: Financial Model Analysis* (June 2015)