Woorabinda Youth Yarning Up

Bronwyn Fredericks, Carolyn Daniels, Susan Kinnear

2017
Recognition statement

The authors recognise and acknowledge the sovereignty of Aboriginal and Torres Strait Islander peoples as the original custodians of the country. Aboriginal and Torres Strait Islander cultures are persistent and enduring, continuing unbroken from the past to the present. They are characterised by resilience and a strong sense of purpose and identity despite the undeniably negative impacts of colonisations and dispossession. Aboriginal and Torres Strait Islander people throughout the country represent a diverse range of people, communities and groups each with unique identity, cultural practices and spiritualties. We recognise that the current health status of Aboriginal and Torres Strait Islander people(s) has been significantly impacted by past and present practices and policies. It is not our intention to homogenise in summarising health data and, where possible, we endeavour to disaggregate analyses to recognise geographical, social and cultural diversity.

The CQUniversity’s Office of Indigenous Engagement recognises and acknowledges the sovereignty of Aboriginal and Torres Strait Islander peoples as the original custodians of land that makes up Australia. We acknowledge and pay our deepest respects to Elders past, present and future throughout Australia. In particular we pay our respects to the peoples on whose Country this research was carried out.

This work was funded by the National Indigenous Research and Knowledges Network (NIRAKN).

Publication Date: November 2017
Produced by: Office of Indigenous Engagement, CQUniversity
Location: CQUniversity Australia
North Rockhampton 4702
Contact Details: Professor Bronwyn Fredericks
+61 7 4923 2045
b.fredericks@cqu.edu.au

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Printed by the CQUniversity Publishing Unit, Rockhampton Queensland 4700.
The information in this submission was correct at time of printing however is subject to change.
Contact the University for the latest information.

The contents of this report have been, or may be used in, generation of articles for peer-reviewed publication. At time of printing, these articles are still under consideration so no citation information is available.

Foreword
This research began in 2013, as a discussion amongst Indigenous researchers who belong to the National Indigenous Research and Knowledges Network (NIRAKN) Health and Wellbeing Node. They were concerned about the health, social wellbeing and emotional wellbeing of Indigenous young people in urban and regional areas of Australia. Their concern led to extensive discussions and consultation with peak bodies, and the creation of a project to focus on Indigenous young people’s perceptions of health and wellbeing in urban and rural/remote settings. This report presents the findings of the rural/remote component of that project, which was based in Central Queensland.

Participants’ voices provide the focal point of this research. This report presents participants’ reflections on the meaning of health and wellbeing in their country and community. The participants in this research generously shared their time and their concerns, and provided the researchers with insights and understandings of issues that Indigenous young people consider important in their space and place. Their shared knowledge and experiences have the capacity to improve the lives of other young Indigenous Australians.

This project adds to the existing body of work focused on Indigenous young people’s social and emotional health and wellbeing. This research identifies areas where young Indigenous people need support to build their capacity and their health and wellbeing. It also brings broader benefits, including a contribution to the ongoing Closing the Gap agenda.

The call for ‘more help’ to improve the health and wellbeing of Indigenous young people has been repeated across the decades (Haswell, Blignault, Fitzpatrick & Jackson Pulver 2013; Mohajer, Bessarab & Earnest 2009, p. 1; Stokes & Wyn 1998; Swan & Raphael 1995). This report adds to understandings about Indigenous young people’s health and wellbeing, and demonstrates that much work still needs to be done to implement comprehensive, evidence-based effective action. Programs and funding pathways from government, legislators and service providers remain important in securing the future of Indigenous young people.
Acknowledgements
This research was supported by a grant from the National Indigenous Knowledges Network (NIRAKN), which is funded through the Australian Research Council (ARC). The research team gratefully acknowledge the support and contributions made by members of the NIRAKN Health and Wellbeing Node, colleagues at the Office of Indigenous Engagement at CQUniversity, the inspiring young people at Woorabinda who kindly gave their time to participate in the project, the Woorabinda Council and the Woorabinda Governance Group, the broad Woorabinda community, and members of Red Cross Australia who assisted with research coordination. In carrying out this work, we acknowledge that Indigenous research must be conducted with and for Indigenous peoples, to assist in Closing the Gap and providing a strong way forward for all Australians.

Some of the content of this report may cause sadness and/or distress to readers. Please call Lifeline on 13 11 14 if you need support.

“Humour is big, and having hope [helps build resilience].”
Workshop Participant

“[We] need more jobs for young community members.”
Workshop Participant

“Depression comes from a lack of connection with family and community.”
Workshop Participant

“As a family, it is suicide and other things that comes out of the family, so that’s why family and relationship issues have the biggest impact.”
Workshop Participant
Executive summary

The Indigenous Australian population is a young population, with growing numbers of young people and fewer older people. Young people have different needs to older people. In addition, young people living in regional, rural and remote areas have different needs from those living in urban areas. To address the specific needs of Indigenous young people, policy makers and service providers need to improve their understanding of the issues that Indigenous young people face and the ways they think about their health and wellbeing.

This report details a research project focussed on gathering new information about the health and wellbeing of Aboriginal and Torres Strait Islander young people in the rural/remote Indigenous community of Woorabinda in Central Queensland.

The key aim of the research was to:

a) Explore how Aboriginal and Torres Strait Islander young people in Central Queensland understand their own health and wellbeing;

b) Understand factors which impact on the health and wellbeing of the young people; and

c) Identify what young people need to build their capacity to support their health and wellbeing.

The project used an exploratory, mixed methods approach to collect and analyse qualitative and quantitative data. Eighteen Aboriginal and/or Torres Strait Islander young people from the discrete Indigenous community of Woorabinda directly participated in this research by attending the ‘Youth Yarning Up’ workshop.

The research revealed that young people in Woorabinda see their health and wellbeing as a complex, multilayered construct influenced by a range of factors. They described health and wellbeing as being about ‘making good choices for yourself and your family’, having ‘healthy thinking’ and ‘being healthy in your mind’. They suggested that health is negatively affected by ‘isolation and neglect of all kinds’ and ‘loss’, particularly loss related to early deaths and suicide in the community. Participants felt that health and wellbeing are improved through ‘families coming together to heal’, having ‘balance’, ‘fun’, ‘not stressing out’, ‘having something to look forward to’ and positive influences such as ‘football, Indigenous art or any creative outlet’.

The key theme emerging from this research is that young people need support. They need support from holistic, integrated, multi-disciplinary services that are available at the right time (particularly on weekends) and in the right location (preferably somewhere central but discrete). They need support for themselves individually, for (and from) their families, and for (and from) their community. For these participants, good support underpins good health and wellbeing. They understand health and wellbeing from an holistic perspective that includes a strong focus on education, employment and cultural practice.

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1 We use the term ‘Indigenous’ throughout this report as a broad representation of peoples who identify with the vast diversity of Aboriginal and Torres Strait Islander cultures within Australia.
For policy makers and service providers, this research reveals that young people in Woorabinda are concerned about and interested in their health and wellbeing, and in the health and wellbeing of their community members. They want to be involved in projects to develop support for the young people in their community. Their holistic approach to health and wellbeing and the importance they place on education, employment and cultural practice provides food for thought for service providers and other key stakeholders. In particular, their emphasis on the things that may be missing in their lives – including access to work, access to education, hope for the future, strong personal identity, a strong cohesive family, a strong community and healthy thinking – gives valuable information about the kinds of services and support that could best contribute to improving youth health and wellbeing outcomes in the community.

Although the study is based on a discussion with a small group of young people, its outcomes suggest that more needs to be done to provide a way forward for young Indigenous people to thrive, improve their social and emotional health and wellbeing, secure their own futures, and secure the futures of their communities.
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Abbreviations used in this report

ABS  Australian Bureau of Statistics
AIATSIS  Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW  Australian Institute of Health and Welfare
ATSISJC  Aboriginal and Torres Strait Islander Social Justice Commissioner
ATSISPEP  Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
CQML  Central Queensland Medicare Local
CQU  CQUniversity
CSDH  Commission on Social Determinants of Health
DFHCSIA  Department of Families Housing Community Services and Indigenous Affairs
DoHA  Department of Health and Aging
GP  General Practitioner
IUIH  Institute of Urban Indigenous Health
OIE  Office of Indigenous Engagement
MBS  Medicare Benefits Schedule
NAIDOC  National Aborigines and Islanders Day Observance Committee
NATSISPS  National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
NAPLAN  National Assessment Program – Literacy and Numeracy
NIRAKN  National Indigenous Research and Knowledges Network
SAM  Save-a-Mate
SAM Our Way  Save-a-Mate Our Way
Woorabinda  Woorabinda Community
YDI  Australian Youth Development Index
1 Introduction

Aboriginal and Torres Strait Islander young people have specific needs, which are different from the needs of older people. The needs of young people in regional and rural areas are different from the needs of young people in urban areas (Mohajer, Bessarab & Earnest 2009). When compared with the non-Indigenous population, ABS statistics clearly show that the Indigenous Australian population has a proportionately larger young population and a decreasing older population (ABS 2014b). Indigenous population projections suggest that between 2001 and 2026 there will be a substantial increase across all age groups (ABS 2014a). In particular, the number of Indigenous children aged 0–14 is expected to increase by between 19 and 31 per cent, and the number of Indigenous young adults aged 15–24 by 21 per cent (ABS 2014a). This increase highlights an urgency to find out more about Indigenous young people’s perceptions of their health and wellbeing so that relevant support services can be anticipated and developed to respond to this growth.

This report presents the findings of research by the NIRAKN Health Node, focussed on gathering new information about the health and wellbeing of Aboriginal and Torres Strait Islander young people in the discrete Indigenous community of Woorabinda in Central Queensland. The project aimed to explore how Aboriginal and Torres Strait Islander young people in Woorabinda understand their own health and wellbeing. The research is underpinned by the strengths-based, cultural-determinants approach.

This report explores the factors that impact on the health and wellbeing of Aboriginal and Torres Strait Islander young people in Woorabinda, drawing on both published literature and conversations with the community’s young people. The issues discussed in this report may help to ascertain appropriate ways to support Aboriginal and Torres Strait Islander young people in Central Queensland to build their capacity and support their health and wellbeing.

It is clear that, to better understand what Indigenous young people need in relation to their health and wellbeing, research must reflect young people’s voices and young people’s perceptions of what they need (Mohajer, Bessarab & Earnest, 2009). Information from Indigenous young people can influence policy-making decisions and inform policy and service providers in their planning and delivery of services.

1.1 About the study region

This research was conducted in the remote, discrete Indigenous community of Woorabinda in Central Queensland. Data were gathered by bringing young people together at a bush retreat setting known as Bore 4 within the boundaries of Woorabinda.

Woorabinda is on the traditional lands of the Wadja Wadja and Yungulu peoples, approximately 170 kilometres south-west of Rockhampton. Woorabinda was first established in 1927, on 55,000 acres of land gazetted as a replacement for the Aboriginal reserve at Taroom (which itself served as a site

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2 Congruent with a strengths-based approach, we consider the term ‘disadvantage’ to be a Western construct developed ‘to give a sense of privilege to the values, knowledges and ways of being that are not rooted in the context of remote Australia’. See Guenther, Disbray & Osborne 2016, Red Dirt Education, p. 5.}

for those who were dispossessed and forcibly removed from many areas across Queensland, and which segregated Aboriginal and Torres Strait Islander people from the non-Indigenous population) (Forde 1990). Taroom residents were relocated 250 kilometres to Woorabinda on foot and by truck. The deep impacts of this relocation and dispossession on the individuals and community of Woorabinda continues to be felt 90 years after the community’s establishment (Bennet, 2005).

2 Background

2.1 Intergenerational trauma

The impacts of colonisation – including the relocation of Indigenous people to missions and reserves, the removal of children from family and community, continuing racism and socioeconomic disadvantage – continue to severely impact on the social and emotional health and wellbeing of Aboriginal and Torres Strait Islander peoples3 (AIHW & AIFS 2013b; Purdie, Dudgeon & Walker 2010; Swan & Raphael 1995). Intergenerational trauma occurs when the individuals suffering the impact of trauma inadvertently transmit that trauma through subsequent generations (Atkinson 2002).

Trauma and grief are key issues affecting the health and wellbeing of Indigenous Australians. Trauma, grief and loss are incorporated into the guiding principles for The National Aboriginal Mental Health Policy and Plan (Swan & Raphael 1995), which were developed after extensive consultation with Indigenous peoples, relevant groups and organisations across Australia. The guiding principles that underpin the policy and plan include:

[T]he concept of health as holistic, encompassing mental, physical, social, cultural and spiritual health; that self-determination is central; that culturally valid understanding must shape the provision of services; that experiences of trauma and loss are major factors contributing to impairment of health and well-being; that human rights of Aboriginal and Torres Strait Islander people must be recognised and respected; that racism, stigma, environmental adversity and social disadvantage have negative ongoing impact on health and well-being; that family and kinship are central; that there is no single Aboriginal and Torres Strait Islander culture or group; and that Aboriginal and Torres Strait Islander people have great strengths (Swan & Raphael 1995, p. 7).

These guiding principles remain important and powerful today, particularly as they relate to the social and cultural determinants of health, self-determination and the strength of Aboriginal and Torres Strait Islander peoples. At the time of their report, Swan and Raphael (1995, p. 10) noted that there was a ‘virtual absence of mental health programs for Aboriginal children, young people and families and evidence of major need in that estimates suggest at least a third of young people have problems, and 40% of the Aboriginal population is aged 15 years or less’.

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3 For an in-depth background of the historical, social, cultural and policy contexts that impact on Aboriginal and Torres Strait Islander peoples’ social and emotional wellbeing, refer to the 1st and 2nd editions of Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (Purdie, Dudgeon & Walker 2010; Dudgeon, Milroy & Walker 2014) accessed via the following links:
http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education
### 2.2 Indigenous Australians’ age profile

The Indigenous population of Australia has a younger age profile than the non-Indigenous Australian population (ABS 2017). The 2016 census data reveals that 53 per cent of Aboriginal and Torres Strait Islander Australians were aged under 25, compared with just 31 per cent of the non-Indigenous population (ABS 2017). At the time of the 2016 census, Aboriginal and Torres Strait Islander people made up 2.8 per cent of Australia’s population (649,171 individuals), up from 2.5 per cent in 2011 (ABS 2017). The national median age of Aboriginal and Torres Strait Islander people was 23, compared with 38 for non-Indigenous people (ABS 2017). Aboriginal and Torres Strait Islander people over the age of 65 years were 4.8 per cent, compared with 16 per cent of non-Indigenous people.

In 2016, Queensland had an Indigenous population of 186,482 individuals, representing 28.7 per cent of Australia’s Indigenous population and 4 per cent of Queensland’s total population (ABS 2017). The median age of the Aboriginal and Torres Strait Islander population in Queensland was 22, compared with the median age for the entire Queensland population of 36.9 (QGSO 2017).

In the 2016 census, Central Queensland had an Indigenous population of 12,672 individuals, representing 5.7 per cent of the region’s population. This is considerably higher than the national and state percentages (ABS 2016). The median age of Aboriginal and Torres Strait Islander people in Central Queensland was 21 years, younger than the median ages at both the national and state level. The median age for the overall population of Central Queensland was 36 years, two years younger than the national average (ABS 2016).

The estimated resident population of Woorabinda on 30 June 2016 was 992 people (QGSO 2017). In June 2015, 33.7 per cent of the population was aged 0–14, and 61.7 per cent was aged 15–64. Only 4.6 per cent of the Woorabinda population was aged 65+, slightly fewer than the national average for Indigenous people (QGSO 2017).

On 30 June 2015, the median age in Woorabinda was 23.8 years, slightly older than the national, state and Central Queensland median ages recorded in June 2016 (QGSO 2017). Table 1 summarises this median age data.

<table>
<thead>
<tr>
<th>Total resident populations (usual residents) 2016 Census</th>
<th>Australia</th>
<th>Queensland</th>
<th>Central Qld</th>
<th>Woorabinda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander population</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Total</td>
<td>649,171</td>
<td>186,482</td>
<td>12,672</td>
<td>992</td>
</tr>
<tr>
<td>– Proportion of total population</td>
<td>2.8%</td>
<td>4%</td>
<td>5.7%</td>
<td>94.4%</td>
</tr>
<tr>
<td>Median age Indigenous population</td>
<td>23yrs</td>
<td>22yrs</td>
<td>21yrs</td>
<td>23.8yrs</td>
</tr>
<tr>
<td>Median age non-Indigenous population</td>
<td>38yrs</td>
<td>37yrs</td>
<td>36yrs</td>
<td></td>
</tr>
</tbody>
</table>

Source: ABS 2016; QGSO 2017

Compared with the non-Indigenous population, the Aboriginal and Torres Strait Islander population of Australia has a younger age profile due to higher fertility and younger mortality rates (ABS 2017; Australian Indigenous Health/InfoNet 2017). Reasons for the higher mortality rate are complex, and include factors such as housing, education, employment, income, socioeconomic status, higher
levels of chronic disease at a younger age, and availability of culturally appropriate services and support (Australian Indigenous HealthInfoNet 2017).

These statistics highlight the importance of understanding the health and wellbeing needs of Indigenous young people and the support systems needed to promote positive health outcomes. As the population of Indigenous young people is projected to increase, it is imperative for policy makers to understand and implement initiatives that will support the health and wellbeing of Indigenous young people.

2.3 Indigenous youth health and wellbeing

According to the latest Mission Australia Youth Survey Report (Bailey et al. 2016), the top three concerns facing Indigenous young people are: (1) alcohol and drugs, (2) equity and discrimination and (3) mental health. Their five top personal concerns are: (1) coping with stress, (2) school or study problems, (3) body image, (4) family conflict and (5) depression (pp. 31–51).

In Queensland, young people aged 15–34 represent 27.8 per cent of the health gap between the Indigenous and non-Indigenous population, with mental health issues identified as a key concern by 32.1 per cent and intentional injuries identified as a key concern by 20.9 per cent (Queensland Health 2015).

There is evidence that the health and wellbeing of young people in Australia has deteriorated in the past decade, with gaps particularly evident between urban and rural cohorts and for Indigenous cohorts (Australian Youth Development 2016). Indigenous young people face high rates of unemployment. Indigenous suicide rates, particularly for young males, are among the highest rates documented in any global reports.

These statistics are evident in the Australian Youth Development Index (YDI), which examines the issues facing Australian young people aged between 10 and 29 and provides a platform for advocacy and policy development (Australian Youth Development 2016). The YDI combines data from the ABS, NAPLAN, AIHW, Mission Australia and the National Notifiable Diseases Surveillance System. It provides jurisdictional data for each state and territory and examines issues for urban/rural and Indigenous young people. It provides a composite index measuring youth development across five domains: (1) education, (2) employment and opportunity, (3) health and wellbeing, (4) civic participation, and (5) political participation (Australian Youth Development 2016).

2.3.1 The impact of social and economic stressors

The Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021 highlights the impact of social and economic stressors on mental health and wellbeing. Relevant stressors include poverty, unemployment, discrimination, education, income, social ostracism, poor health and increased risks of violence (Queensland Health 2016). Many Indigenous young people are exposed to extremely high rates of psychological distress and to social and economic stressors (ATSISPEP 2016, p. 51, Fact Sheet 3).

In 2013, the Australian Aboriginal and Torres Strait Islander Health Survey (ABS 2013) identified five common stressors facing Indigenous young people aged 15 to 24: (1) the death of a family member

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4 The 'health gap' is the term used to describe the disparity in health outcomes between Indigenous and non-Indigenous people where more ill-health is experienced by Indigenous peoples who are also likely to die at a younger age (Queensland Health 2015, p. 5).
or friend (31 per cent), (2) the inability to gain employment (24 per cent), (3) experiencing serious illness (19 per cent), (4) pregnancy (16 per cent) and (5) mental illness (12 per cent). Mental health problems are known to increase when social and economic stressors are coupled with historical social and cultural displacement, racism, social ostracism and the relatively high incidence of poor health in the Indigenous population (Queensland Health 2016).

2.3.2 Defining social and emotional wellbeing

The term *social and emotional wellbeing* is associated with mental health and is used in policy and program documents relevant to Aboriginal and Torres Strait Islander people (AIHW & AIFS 2013b). Social and emotional wellbeing is defined in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2004–2009* as:

A positive state of wellbeing in which the individual can cope with the normal stress of life and reach his or her potential in work and community life in the context of family, community, culture and broader society (DoHA 2004, p. 3).

The *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18*, defines social and emotional wellbeing as ‘being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life’ (QMHC 2016, p. 4).

Social and emotional wellbeing is a protective factor that helps people to cope with challenging life events and protects against suicide, drug addiction, alcohol addiction and some mental illnesses (QMHC 2016). Higher levels of social and emotional wellbeing are linked to a reduced risk of mental illness, suicide, and alcohol and drug misuse (QMHC 2016).

The *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18* focuses on ways to improve social and emotional wellbeing through an holistic, whole-of-life approach. It seeks to build on the strengths of communities, support Aboriginal and Torres Strait Islander leadership, and provide services and programs that are effective, integrated and coordinated (QMHC 2016). The Plan identifies three priority areas: inclusive communities, thriving and connected families, and resilient people.

There remains a significant gap in the social and emotional wellbeing and life outcomes of Aboriginal and Torres Strait Islander people compared with other Australians. Aboriginal and Torres Strait Islander people are more likely to experience psychological distress, die by suicide, be impacted by drug and alcohol addiction, and experience dissatisfaction with their lives (QMHC 2016). The Queensland Government (Queensland Health 2016, p. 4) vision that ‘by 2026 Queenslanders will be among the healthiest people in the world’ will not be achieved until the health gap between Indigenous and non-Indigenous people is addressed.

2.3.3 Addressing youth suicide

Rates of suicide amongst Indigenous Australians are more than double the rate experienced by non-Indigenous Australians (Commonwealth of Australia 2017). The inequity is particularly acute for Indigenous young people, bleakly evidenced through youth suicides. Suicide is the leading cause of death for Indigenous young people aged 15 to 34. It is attributed to various complex and interrelated historical, political, economic, structural and social factors (ATSISPEP 2016).

The campaign to ‘Close the Gap’ in outcomes experienced by Indigenous Australians was initiated by Tom Calma through the ATSISJC (2005) report. The Commonwealth and state governments
identified six ‘Closing the Gap’ targets and report on their progress each year (COAG 2009). Progress in closing the gap is slow, evidenced by poorer outcomes for Indigenous Australians across a range of socio-economic domains. The ninth Closing the Gap Prime Minister’s Report 2017 demonstrates that the social and emotional wellbeing of Indigenous Australians is compromised. This is particularly evidenced by rates of Indigenous suicide.

A Closing the Gap Clearinghouse (AIHW & AIFS 2013a) report assessed suicide prevention policies and programs and evaluated their likely effectiveness for Aboriginal and Torres Strait Islander peoples. The report assessed programs implemented in Australia and internationally, in both remote and non-remote regions.

While there are few evaluations addressing Indigenous-specific suicide prevention programs in Australia, the report’s findings included:

- The social and emotional health and wellbeing of Aboriginal and Torres Strait Islander people has been profoundly impacted by colonisation, relocation of people to missions and reserves, intergenerational trauma, grief associated with the removal of children, racism and ongoing and continued negative socioeconomic impacts;
- Australia has few Indigenous-specific suicide program evaluations, however, a few non-Indigenous-specific programs were deemed as culturally appropriate by Indigenous people; and
- Aboriginal and Torres Strait Islander suicides can be linked to chronic mental health issues, alcohol and other drug use.

The report summarised the strengths, limitations and effectiveness of suicide prevention programs. It identified that effective suicide programs shared two different approaches that were successful: (1) community programs that focused on the social, emotional, cultural and spiritual foundations of community wellbeing, and (2) brief, culturally adapted interventions that included motivational care planning to improve wellbeing and decrease drug and alcohol dependence (AIHW & AIFS 2013a). Programs demonstrating little cultural competency and low levels of community support were not successful.

There are few evaluations of Indigenous-specific programs that promote mental health and wellbeing. A Closing the Gap Clearinghouse (AIHW & AIFS 2013b) report identified that:

- Cultural continuity and healing programs can have a positive impact on participants’ wellbeing and have been linked with lower rates of youth suicide;
- Culturally competent mental health programs can lead to increased participation in services, resulting in positive outcomes and increased satisfaction with the service; and
- The Indigenous Hip Hop Program led to increased self-esteem amongst the young people who participated.

2.3.3.1 Indigenous Hip Hop Program

The Indigenous Hip Hop Program was designed specifically for Indigenous youth in remote communities. It fuses traditional culture with hip hop, rap, beat boxing and break dancing to

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Refer to Appendix B for details of the campaign and the six ‘Closing the Gap’ targets.
promote positive mental health and leadership abilities in young people (AIHW & AIFS 2013b). A longitudinal evaluation of the program (which included qualitative and quantitative research with 76 participants, 5 community organisations and 17 local stakeholders) found that participants reacted well to the messages promoting positive mental health. Six months after the program, even though participants’ recall of the messages relating to depression and self-respect had decreased, participants reported increased levels of self-esteem (AIHW & AIFS 2013b; beyondblue 2009).

2.3.3.2 The Save-a-Mate Our Way program
The Save-a-Mate Our Way (SAM Our Way) program addresses youth suicide by promoting health and wellbeing for young people through education, services and peer support. SAM Our Way operates in 14 Indigenous communities in South Australia, Western Australia, the Northern Territory and Queensland.

SAM Our Way merges two mainstream programs and adapts them for Indigenous young people: Save-a-Mate⁶ (SAM) and Talk Out Loud⁷ (AIHW & AIFS 2013b; Australian Red Cross 2007). SAM promotes the health and wellbeing of young people through education, service and support on pertinent health issues, particularly those associated with alcohol and drug use and mental health (Australian Red Cross 2007). Talk out Loud, a peer-education program developed in conjunction with beyondblue, facilitates shared discussions with young people about sensitive issues (Australian Red Cross 2007).

SAM Our Way was co-funded by Australian Red Cross and beyondblue to improve the social and emotional wellbeing of Indigenous youth, particularly around issues such as depression, anxiety, violence, alcohol and drug use. It seeks to engage with young people and strengthen community and stakeholder perceptions of Indigenous social and emotional wellbeing issues (Blignault, Haswell & Jackson Pulver 2016).

SAM Our Way operates through a community-development approach with culturally respectful ways of working that include partnerships with Indigenous people and communities, and community-approved and community-developed activities for early-intervention, prevention and education (Blignault, Haswell & Jackson Pulver 2016). In 2012, an evaluation of SAM Our Way found that community and stakeholder capacity building is a core requirement for effective social and emotional wellbeing programs in Indigenous communities (Blignault, Haswell & Jackson Pulver 2016). The evaluation also identified that program activities should be carried out in a setting that stimulates engagement and provides opportunities for fun, creativity and learning. Program activities should dovetail with other programs and services to provide hope, choices and opportunities which young people can then integrate with the applicable skills and resources needed to thrive in life (Blignault, Haswell & Jackson Pulver 2016).

2.3.3.3 Government commitment to suicide prevention
The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS) was launched in 2013 as the Commonwealth Government’s pledge to increase investment in suicide prevention programs and activities specifically for Aboriginal and Torres Strait Islander peoples and their communities (DoHA 2013). The strategy was developed in consultation with Aboriginal and

⁶ Save-a-mate was initiated by Australian Red Cross in 1997, see http://www.redcross.org.au/save-a-mate.aspx
⁷ The Talk Out Loud program was disseminated in 2006, see https://www.beyondblue.org.au/about-us/research-projects/research-projects/talk-out-loud-save-a-mate-evaluation
Torres Strait Islander people, state, territory and local governments, and non-government organisations, all of whom participated in community forums across the nation (DoHA 2013).

The primary objective of the strategy is to reduce the cause, prevalence and the impact of suicide on Aboriginal and Torres Strait Islander people, their families and their communities (DoHA 2013). Six goals underpin this aim:

1. To reduce the incidence and impact of suicide and suicidal behaviour in the Aboriginal and Torres Strait Islander population and in those communities affected by suicide;
2. To ensure that Aboriginal and Torres Strait Islander communities and populations are supported with effective prevention strategies, within the available resources, to address high levels of suicide and/or self-harming behaviour;
3. To implement activities that effectively reduce the presence and impact of risk factors contributing to suicide outcomes in the short, medium and long term and across the lifespan;
4. To increase the participation of Aboriginal and Torres Strait Islander peoples in the workforce in fields related to suicide prevention, early intervention and social and emotional wellbeing by providing training, skills and professional qualifications at all levels;
5. To build the evidence base to uphold effective action and to evaluate the outcomes of suicide prevention activity at local, regional and national levels; and
6. To make high quality resources, information and methods to uphold suicide prevention for Aboriginal and Torres Strait Islander peoples available across all contexts and circumstances.

To achieve these goals, the strategy identifies six action areas that focus on early intervention and building strong communities through a more community-focused, holistic and integrated approach to suicide prevention (DoHA 2013):

- Action area 1: Building strengths and capacity in Aboriginal and Torres Strait Islander communities;
- Action area 2: Building strengths and resilience in individuals and families to ensure all Aboriginal and Torres Strait Islander children are supported to develop social and emotional competencies which underpin resilience;
- Action area 3: Targeted suicide prevention services provided to individuals and families at high risk;
- Action area 4: Coordinating approaches between different departments and community sectors to ensure capacity of preventive services;
- Action area 5: Work towards building the evidence base and disseminating information; and
- Action area 6: Ensure consistent standards of practice and high quality service in suicide prevention.

2.3.3.4 The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy aims to provide information and resources to researchers, policy makers, professionals and community members.

The strategy led to the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project...
(ATSISPEP 2016), a collaboration of Indigenous community members, experts in mental health and suicide prevention, and politicians.

The project presented its final report *Solutions that work: What the evidence and our people tell us* in 2016 (ATSISPEP 2016). This report adds to the evidence base about the activities and interventions most likely to work in Indigenous community-led suicide prevention. Research findings (ATSISPEP 2016, p. 51, Fact Sheet 3) suggest that successful interventions include:

- Locally based initiatives that encourage young people’s connectedness, belonging, stability, hope and control over their life and their future;
- Activity-based programs that encourage connection to cultural practices and identity;
- Programs that encourage young people to have a vision for the future;
- Programs that focus on recovery and healing from stress and trauma;
- Promotion of digital technology;
- Programs that are peer-led, utilising youth workers and others in informal relationships;
- Programs that enhance communication between family members and within communities;
- Programs that provide 24-hour access and are both clinically and culturally based.

Throughout the literature on suicide prevention in Indigenous communities, the themes of resilience, family networks, strength through culture and local relevance recur. While ‘resilience’ is a term embedded in Westernised and individualised constructs, a greater understanding of resilience from Indigenous perspectives can provide insights into community wellbeing projects (McLennan 2015, p. 2).

Resilience can be defined as a dynamic concept where an individual’s ability to cope with one challenging situation increases their ability to cope with other challenges in the future (McCubbin 2001; Werner & Smith 1992). Risk factors and protective factors provide another way of viewing resilience (McCubbin 2001; Werner & Smith 1992). McLennan’s (2015) research into family and community resilience in an Australian Indigenous community found that resilience is multi-layered and linked to multiple sources of protection, support and resources. Risk factors identified in McLennan’s work include negative changes in the community, persistent grief from deaths, increased use of alcohol and/or drugs, and racism. Community and family protective factors include role modelling and leadership, community and family connectedness, affection and sharing, friendship and culture (McLennan 2015).

The clear signal from the literature about suicide prevention is that working towards better health and wellbeing outcomes for Indigenous peoples – and for Indigenous youth in particular – is a complex ecosystem of factors. The ecosystem requires close understanding of Indigenous peoples from their own perspective, dextrous policy settings and effective on-ground practice.

### 2.4 Supporting Indigenous youth health and wellbeing

There is widespread recognition that Indigenous young people in rural Australia need support (Haswell, Blignault, Fitzpatrick & Jackson Pulver 2013; Mohajer, Bessarab & Earnest 2009; Stokes & Wyn 1998). The literature shows that providing support can be difficult, with problems relevant to funding, access to skilled staff, program availability, program appropriateness, access, location and competing priorities.
Mohajer, Bessarab and Earnest’s (2009) qualitative study investigating the needs of Indigenous young people in rural Australia found that alcohol, drugs and violence were major issues. In smaller communities, boredom was also identified as a significant problem. Findings from the study include:

- Youth participants are reasonably positive about their own lives, family, friends and community, however, adult participants think that young people had feelings of hopelessness;
- Most youth participants describe themselves as ‘being happy, funny or “deadly”, and being sporty’ (p. 7);
- Young people want support from their families;
- Young participants want a ‘safe and fun’ place to meet together in the evenings (p. 2);
- Policy makers and service providers working with young people need to include families in youth health promotion and drug and alcohol awareness programs;
- Young people need to be included in any program developed for them;
- Program designers need to recognise young people’s concerns about confidentiality when designing health initiatives;
- Mentorship and peer-support programs are more effective in working with young people than health professionals and agencies;
- The expertise of those who traditionally work with young people could be directed into coordinating a mentorship program;
- Multi-purpose youth centres can provide safe places for young people to learn, interact and create a vision for their futures.

Findings from this study include a suite of practical suggestions to address Indigenous youth health and wellbeing issues, including the importance of involving young people in programs developed for them.

2.4.1 Youth Voice: include us in decisions about us

As part of the Aboriginal and Torres Strait Islander Suicide Prevention Project, ATSISPEP (2015) held a roundtable with 13 Indigenous young people. Participants at the roundtable argued that the voices of young people should be included in all forums and should have an impact on government policy. Participants voiced strong opinions that governments must urgently address the social determinants that influence Aboriginal and Torres Strait Islander health and wellbeing. They also advocated for the inclusion of young people in local solutions that make up an Aboriginal-led workforce.

Six themes emerged from the ATSISPEP (2015) Youth Roundtable discussions:

- **The impacts of social determinants** – Participants felt that the economic, social and health status of Aboriginal and Torres Strait Islander peoples are longstanding issues that governments have failed to change. Participants argued that addressing socioeconomic disadvantage and establishing equal socioeconomic opportunities for all Australians is required to effectively respond to Indigenous youth suicide rates.
- **The need to empower youth, families and communities** – Participants felt that community strategies focused on restoring social and emotional wellbeing are a priority. They argued

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8 Number of participants (n=99), 12-18 years.
that issues faced by communities and families – including unresolved grief, loss, trauma, domestic violence, family breakdowns, substance misuse, cultural dislocation and racism – could only be effectively addressed at a local level by communities and families, and particularly by young people.

- **The need to address juvenile detention and incarceration** – The juvenile detention and imprisonment rates of Aboriginal and Torres Strait Islander children and young people aged 18–25 years are alarming and amongst the highest in the world. The combination of juvenile detention, poor education, poor health outcomes, high unemployment rates and experiences of racism highlight the combination of social determinants that serve to exclude and marginalise many Aboriginal and Torres Strait Islander young people (Productivity Commission 2014). Participants felt that the government was not committed to keeping young people out of juvenile detention and/or prison, particularly for minor poverty-related offences. Participants thought that juvenile detention and prison should provide opportunities for counselling, healing, rehabilitation and empowerment. Moreover, participants worried that the incarceration of family members leads to damaging role models and family dysfunction.

- **Education** – Participants felt that there were many barriers to accessing quality education and that socioeconomic disadvantage was debilitating for many young people. The expectation that they could break the cycle of intergenerational disadvantage through succeeding at school placed enormous pressure on many young people. This perceived responsibility and associated pressure was an experience unique to Indigenous young people, not shared with non-Indigenous youth.

- **Trauma** – Participants were aware of intergenerational trauma and considered that this phenomenon caused a sense of helplessness for many families and communities. Healing was viewed as one aspect of a solution. Participants felt that the government has failed to sufficiently resource healing initiatives. They viewed this failing as evidence of systemic racism. One participant argued that ‘isolation contributes to mental health issues and suicides’ (ATSISPEP 2015, p. 16).

- **The need for local solutions and leadership: self-determination** – Participants argued that the way forward must involve local Indigenous leadership and community participation in identifying issues relevant to their own situation. They suggested that community leaders should be engaged by service providers and other local organisations in all decision-making processes, thus increasing self-determination through connectedness. Participants worried about high levels of unemployment, particularly youth unemployment, and felt that funding is needed to develop community-based solutions and strategies. They felt that a sense of ‘control’ over their own and their communities’ destinies would increase hope and decrease the sense of powerlessness that prevails. As Arvanitakis (2016) notes, hope is an active mindset, which is created through action and expands when shared. In seeking a definition of hope to enhance nursing practice, Sachse (2007) defined hope as:

  \[A\] multidimensional construct arising from our memories, beliefs, and values that is believed to be a part of all activities and thoughts that strengthen the spirit and facilitates behaviour to elicit an outcome and/or promote a level of comfort while impacting life quality (Sachse 2007, p. 1552).
Hope, then, is an important element of gaining control, stability and strength to bring about changed futures. Participants in the Youth Roundtable argued that culture can strengthen health and wellbeing. Culture should be included in all programs and services, and communities need access to cultural programs (ATSISPEP 2015, p. 17). This approach has the potential to strengthen identity and empowerment and, in turn, support health and wellbeing.

2.5 Social determinants of health: a deficit approach?
Discussions about health and wellbeing generally include the social determinants of health. These social determinants relate to the circumstances into which people are born, grow, live, labour and age. Social determinants are influenced by the fair/unfair distribution of money, education, power and resources (CSDH 2008). Social, economic and political forces impact on the social determinants, which are, in turn, shaped by policies. This means that social determinants are able to be changed (CSDH 2008). The World Health Organisation Commission on Social Determinants of Health Report (2008) urged policy makers to confront health inequalities through policy that implements equity and positively influences health outcomes.

Brown (n.d) maintains that the social determinants of health are typically considered from a deficit perspective, which assumes that people from lower socioeconomic populations will have poorer health, lower educational outcomes, welfare dependency and intergenerational disadvantage. Brown (n.d) argues that, from an Indigenous perspective, the cultural determinants of health should be considered from a strengths-based perspective that recognises, protects and promotes traditional knowledge, and values the importance of family, culture and kinship as underpinning community coherence and people’s resilience. Brown (n.d) proposes that an integrated social and cultural determinants approach would acknowledge that there are multiple causes of ill health which are external to the health sector. From this perspective, a collaborative, cross-sector approach is required to address health and wellbeing.

In moving forward, it is imperative to address the complex and interrelated historical, political, economic, structural and social factors that influence Indigenous young people’s health and wellbeing (ATSISPEP 2016, p. 51, Fact Sheet 3). Ngiare Brown, cited in Closing the Gap Prime Minister’s Report 2017 (p. 81), explains:

> It’s time to move away from the deficit model that is implicit in much discussion about the social determinants of health, and instead take a strengths-based cultural determinants approach to improving the health of Aboriginal and Torres Strait Islander people.

2.6 Cultural determinants of health: a strengths-based approach
The cultural determinants of health can be seen as a sub-set of social determinants, which involve a group’s values, beliefs and behaviours (Lovett 2014). From an Indigenous perspective, the cultural determinants of health and wellbeing come from a strengths-based approach that acknowledges that strong links to culture and country are likely to increase individual and collective identities, self-esteem and resilience. Cultural determinants can facilitate improvements across other health determinants such as education, economic security and community safety (Brown 2013).

The concept of Indigenous health and wellbeing is intertwined with the social, emotional, cultural and spiritual wellbeing of individuals and communities. Connection to family and country are central
This concept of cultural determinants links with the guiding principles outlined in *Ways Forward: National Aboriginal Mental Health Policy and Plan* (Swan & Raphael 1995).

The Lowitja Institute’s (2014a) *Cultural Determinants Roundtable Background Paper* emphasises the need to inform policy makers about cultural determinants and the connection between culture and health, particularly in the Australian context. The report on the Roundtable’s outcomes (The Lowitja Institute 2014b) identifies that:

- Culture, in all its diversity, is a strength;
- Culture and the effects of colonisation are not to be confused;
- Learning about culture is healing and increases personal resilience;
- It is imperative to strengthen languages, relationships, cultures, identity, place and associated networks; and
- Looking forward, advocating and lobbying are required for systems-level changes to strengthen culture and the cultural determinants of health.

Taken collectively, these outcomes provide a useful way of considering the vital role of cultural determinants within the broader list of social determinants and highlighting how cultural determinants are intricately linked with health and wellbeing outcomes for Indigenous Australians. This supports research about how well cultural determinants are understood, and how supporting this aspect of Indigenous youth realities may bring positive outcomes for their future health and wellbeing.

Figure 1 illustrates the interrelated concepts of the cultural determinants of Indigenous health and wellbeing. The concepts illustrated in Figure 1 are underpinned by the *United Nations Declaration on the Rights of Indigenous Peoples* (UN General Assembly 2007) which include (but are not limited to), the right to self-determination; freedom from assimilation, discrimination and destruction of culture; individual and collective rights; protection from forcible removal/relocation; the right to maintain and strengthen connection to, custodianship of, and utilisation of country and traditional lands; the right to control, reclaim, revitalise, preserve and promote language and cultural practices; the right to maintain, control, protect and develop Traditional Knowledge and Indigenous Intellectual Property; and the right to promote understanding of lore, law, and traditional roles and responsibilities (Brown 2013; 2014; UN General Assembly 2007).
Figure 1 Cultural determinants of Indigenous health and wellbeing

Source: Adapted from Brown 2013; Brown n.d; Lovett 2014; UN General Assembly 2007

Figure 1 clearly demonstrates the interconnected elements of cultural determinants, providing an overview of cultural determinants as an holistic, encompassing concept. This model builds on Swan and Raphael’s (1995) guiding principles for ways forward in good social and emotional health and wellbeing for Aboriginal and Torres Strait Islander peoples. The concepts illustrated in Figure 1 bring together and recognise the ‘great strengths’ of Aboriginal and Torres Strait Islander peoples and the depth of culture, spirituality, connection, custodianship and grounding of identity (Swan & Raphael 1995, p. 7). This is a powerful heritage to pass on to Indigenous young people.
3 Research design
The project aimed to understand the health and wellbeing of Aboriginal and Torres Strait Islander young people in rural/remote Central Queensland. Ethical approval for the project was granted by the CQUniversity Human Research Ethics Committee⁹.

The research used the Ethical Guidelines for Research with Aboriginal and Torres Strait Islander Peoples and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Guidelines, specifically for people whose languages may be an Aboriginal and/or Torres Strait Islander language.

3.1 Research aim
The key aims of the research were to:

a) Explore how Aboriginal and Torres Strait Islander young people in Central Queensland understand their own health and wellbeing;

b) Understand factors which impact on the health and wellbeing of young people; and

c) Identify what Aboriginal and Torres Strait Islander young people in Central Queensland need to build their capacity to support their health and wellbeing.

3.2 Research questions
Linking to the research aims, the research questions addressed three interrelated topics:

Research Question 1: What is the lived experience of Aboriginal and Torres Strait Islander young people living in Central Queensland relative to their health and wellbeing?

Research Question 2: What are the social and cultural determinants of good health and wellbeing in an Indigenous context for Aboriginal and Torres Strait Islander young people living in Central Queensland?

Research Question 3: What regionally applicable approaches to good health and wellbeing need to be implemented to benefit Aboriginal and Torres Strait Islander young people residing in Central Queensland?

Subsidiary research questions include:

a) What statistics, data and information are available at present regarding the health and wellbeing of young Indigenous people living in Central Queensland?

b) What innovative model of positive health and wellbeing for Aboriginal and Torres Strait Islander young people can be developed?

c) What are the policy, practice and resource implications for health and associated service providers supporting Aboriginal and Torres Strait Islander young people in Central Queensland? For example, how can regional/rural/remote service providers be better equipped to support the health and wellbeing of Aboriginal and Torres Strait Islander young people?

⁹ CQU HREC Clearance H16/02-021 – Aboriginal and Torres Strait Islander youth, health and wellbeing project, Queensland study; period of approval 29 March 2016 to 31 January 2017
3.3 Research methods

3.3.1 Community consultation
The project was solidly based in community consultation, with the aim of collecting new primary data to explore and understand Aboriginal and Torres Strait Islander young people’s perception(s) of their health and wellbeing in regional Queensland. The consultation process with the Woorabinda Council and other key stakeholder organisations and individuals demonstrated support for the project and provided a way forward for future consultations and possible research with community members. The consultation led to an exploratory, mixed methods approach to collecting and analysing different data sets. The primary activities included (a) a literature review (reported in the previous section), (b) a desktop data analysis, (c) collection, integration and analysis of local data, and (d) research translation of the data.

Qualitative and quantitative data were gathered through a workshop with young people, held at a bush retreat known as Bore 4 (within the boundaries of the Woorabinda community land holdings). To organise the workshop, the researchers held meetings with community members, including young people and service provider stakeholders who are known to the community and its young people. Through these meetings, local stakeholders told the research team about the best approach for engaging with the young people. The workshop was developed through these meetings, including the type of workshop, the venue, the agenda and the workshop’s name (*Youth Yarning Up*). All members of the research team were involved in the consultation and in the processes that followed.

3.3.2 Recruitment
Community members, service providers and young people were asked to assist with recruiting participants within Woorabinda. In addition, information about the research was broadcast via social media and circulated in a flyer to both organised and informal community networks. The research team engaged with a qualified psychologist, to enable good access of support for the young people participating in the project (due to the nature of the discussions that would take place). These recruitment processes and additional support were suggested by the young people and stakeholders in Woorabinda.

The *Youth Yarning Up* workshop was held at Woorabinda on 11 October 2016. Eighteen young people attended, and were transported out to Bore 4 via a bus and other vehicles. Participants were welcomed and introduced to the research team hen given an overview of the workshop.

3.3.3 Qualitative methods
The qualitative facets of this workshop included opportunities for participants to share their experiences through facilitated ‘personal reflections’ and ‘yarning’ together within the group. After participants were welcomed into the workshop, the first activity involved sharing their perceptions of the definition of health and wellbeing. Participants were asked to respond in their own words to the question: *What do you think social and emotional wellbeing means?* They were encouraged to talk about how they understood the term. Participants talked through this activity with a group

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10 *Yarning* is an informal, relaxed discussion that requires the building of a relationship between researcher and participant; it is a 'journey together visiting places and topics of interest relevant to the research'; yarning provides a culturally safe conversational process for sharing stories and ideas (Bessarab & Ng’andu, 2010, p. 38).
facilitator and concepts and/or phrases that were shared by participants were documented by the research assistant.

At the end of the workshop, participants were given an opportunity to record additional thoughts and feelings privately, by writing or drawing on a piece of paper which was submitted anonymously. At the beginning of this activity, the workshop facilitator encouraged participants to consider their personal reflections about social and emotional wellbeing relative to their own lived experience. The facilitator asked participants: ‘what does social and emotional wellbeing mean to you?’ Participants were given a sheet of green paper and asked to write or draw the first thing that came to mind about their own or others’ social and emotional wellbeing. Participants were asked not to share this activity with other people or ask others about what they had written or drawn. The potentially sensitive nature of the information required that this activity be carried out as a private reflection. A brief activity followed this reflective time to ensure that participants were not left to dwell on any concerns or worries that may have arisen.

3.3.4 Quantitative methods
Quantitative data were collected using Audience Response Technology (commonly known as ‘clickers’, see Figure 2). These hand-held voting devices are used together with an electronic presentation of the questions and responses (via a PowerPoint presentation). This technique is valuable because it allows participants to enter their responses anonymously. The collated results can then be reported in real time on the screen, providing a platform for further discussion and analysis amongst the group. The devices particularly suit multiple choice questions where participants are asked to select one option from a prepared list. Thus, participants’ ‘most preferred’ or prioritised options are captured, rather than all of the possibilities in a list.

While this technique has not been widely utilised with Indigenous participants, the research team has had success with the technique in research involving a diverse range of Indigenous people in Central Queensland (Fredericks et al. 2015). Participants in the earlier research enjoyed the speed of the responses, and that they could speak to the data generated and discuss what they thought and understood it to mean.

In the Youth Yarning Up workshop, the questions addressed using Audience Response Technology centred on themes of social health and wellbeing, social determinants of health, cultural determinants of health, aspirations, leadership and resilience. These themes were considered within the key domains of education, health, wellbeing, employment, opportunity, and political and civic participation (The Commonwealth Youth Program 2016).
The combination of quantitative clicker data and qualitative discussion after each question provided thick, rich data. Participants discussed each set of quantitative results as they were displayed on the screen. The session began with two practice questions to familiarise participants with the Audience Response Technology and the processes of recording their responses and then displaying them on the screen.

3.3.5 Analysis
Analysis of the data was undertaken through an open-ended process of thematic coding and cross-referencing across the various sources. Analysis and interpretation of the data informed the discussion and the recommendations.

4 Key findings from the Youth Yarning Up workshop
This section presents a summary of the key findings from the Youth Yarning Up workshop. The voices of the young people who participated in the workshop have been used as direct quotations wherever possible.

The Youth Yarning Up workshop included:

- A facilitated discussion at the beginning of the workshop about participants’ perceptions of social and emotional wellbeing;
- An interactive Audience Response Technology session, with discussions after each question; and
- A reflective activity where participants recorded their private responses on paper provided by the researchers.

The primary data arising from the workshop are presented in the following three sections:

- Section 4.1 – describes the facilitated discussion at the beginning of the workshop;
- Section 4.2 – presents the Audience Response Technology results; and
- Section 4.3 – lists findings from the reflective activity at the end of the workshop.

4.1 Facilitated discussion: youth perceptions of social and emotional wellbeing
Participants were asked to respond in their own words to the question: What do you think social and emotional wellbeing means? Their responses were recorded as notes taken by a member of the research team.

Much of the conversation revolved around ‘healthy thinking’, which some participants described as being ‘healthy in your mind’. Related to ‘healthy thinking’, particularly in the face of challenges, was a suggestion to ‘talk to people, good people, open up, have a yarn about what you are feeling, talk about negative feelings, try to think positive’. In terms of ‘healthy thinking’ some participants felt ‘good choices for yourself and your family, [and] to be proud of your family’ encouraged healthy thinking and benefitted their social and emotional wellbeing. This linked with a comment relating to being a provider (for family): ‘if I don’t go to work, I can’t provide’. The conversation covered ‘healthy thinking about me, and what you are going to do with your life’, which was a complex question for participants to consider. Some participants felt that social and emotional wellbeing could be elevated by ‘not stressing out’, through ‘having fun’ and by finding ‘balance’. Figure 3
presents a WordCloud of the themes emerging from this discussion, with primary themes identified by the larger font size.

Figure 3 WordCloud summary of youth perceptions of social and emotional wellbeing

A second question was posed in this discussion: How do you think we change our thinking?

Participants shared the things that negatively affect healthy thinking: ‘isolation and neglect, of all kinds’. Others said ‘depression comes from a lack of connection with family and community’. They agreed that ‘loss has a big impact’. Loss was foremost in participants’ minds due to the many recent funerals in the community. One participant shared: ‘after the funeral of my cousin, we got together, the family did a dance, the family came together to heal’. The WordCloud below illustrates the themes emerging from this discussion, with the larger font size indicating the dominant themes (see Figure 4).

Figure 4 WordCloud summary of youth perceptions of negative impacts on social and emotional wellbeing

During the discussion, participants commented on the impact of the local Woorabinda football team’s recent grand final win: ‘When the footy was won, all the boys went down the street dressed in
dresses, it was fun. It lifted us after all the funerals’. The conversation followed this line of thought about the excitement of winning football after the collective grief of many funerals.

Participants discussed the things they thought were important to changing their thinking. They suggested that changed thinking relates to ‘having something to look forward to’, and having ‘positive things like football, Indigenous art, or any creative outlet’. Others felt that ‘beat box, dance music, just listening to music’ were beneficial in changing thoughts for the better. Figure 5 depicts a WordCloud summary of the positive impacts on social and emotional wellbeing identified by participants.

Figure 5 WordCloud summary of youth perceptions of positive impacts on social and emotional wellbeing

Read in sequence, these WordClouds provide an evocative visual of social and emotional wellbeing from participants’ perspectives. Good social and emotional wellbeing is defined as ‘healthy thinking’. The primary negative impacts on ‘healthy thinking’ include ‘loss’ and ‘lack of connection with family and community’, while positive impacts on ‘healthy thinking’ include ‘music’, ‘dance’, ‘football’, ‘creative outlets’ and ‘getting together’.

4.1.1 Healthy thinking supports youth social and emotional wellbeing

The facilitated discussion reveals that the young people of Woorabinda considered that ‘healthy thinking’ promotes social and emotional wellbeing, along with ‘not stressing out’, ‘finding balance’ and ‘having fun’. They felt that ‘isolation and neglect’, a ‘lack of connection with family and community’ and ‘loss’, particularly loss through early bereavement, can cause depression and lead to unhealthy thinking. The young people felt that important activities to change unhealthy thinking include having ‘something to look forward to’ and engaging in ‘positive things like football, Indigenous art or any creative outlet’, ‘dance’ and ‘music’, all of which can be viewed as strengthening cultural practices.

Figure 6 illustrates the central theme of ‘healthy thinking’ and the overlapping relationships of the concepts impacting ‘healthy thinking’.
The culture-strengthening cultural activities, such as ‘Indigenous art’, ‘dance’ and ‘creative outlet[s]’, can be seen as resilience protective factors, whereas ‘isolation and neglect’, a ‘lack of connection with family and community’, ‘stress’ and ‘loss’ can be considered resilience risk factors (McCubbin 2001; McLennan 2015).

4.2 Audience Response Technology session

A rich dataset was captured through the combination of quantitative questions using Audience Response Technology and qualitative discussions. This section presents participants’ responses to each question posed during the workshop.

**Question 1.** Participants used the clickers to respond to Question 1 about their wellbeing (Figure 7). Overall, most participants were feeling awesome, pretty good or okay.

**Figure 7 Q1. Wellbeing rank on a scale of 1 to 6**

Question 1: How would you rank your own wellbeing, right now?

<table>
<thead>
<tr>
<th>Proportion of participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>Awful</td>
</tr>
<tr>
<td>Less than okay</td>
</tr>
<tr>
<td>Okay</td>
</tr>
<tr>
<td>Pretty good</td>
</tr>
<tr>
<td>Awesome</td>
</tr>
</tbody>
</table>

**Question 2.** Participants gave mixed responses about what ‘good wellbeing’ actually means (Figure 8). Almost 40 per cent of young people felt that ‘good wellbeing’ means being supported by family
or friends. In the discussion, participants suggested that being positive in life and being comfortable with personal identity and culture were the important aspects of ‘good wellbeing’. They also suggested that their relationships with family and friends were key to good wellbeing.

Figure 8 Q2. Youth perception of ‘good wellbeing’

Question 2: What do you think ‘good wellbeing’ actually means?

Figure 9 Q3. Individual actions to ensure good wellbeing

Question 3. When asked about the things that they can do to ensure their positive wellbeing, more than 30 per cent of participants selected that they need to accept themselves and be proud of who they are (Figure 9). More than 20 per cent of participants selected strong relationships as being important. During the discussion about the results, one participant commented that all of the options would ensure good wellbeing.

Question 4. Participants felt that learning about and sharing culture and growing strong relationships were important things that the youth of Woorabinda could do to have good wellbeing (Figure 10). Interestingly, ‘culture’ rated more strongly than work (employment or study). The
discussion centred on both work and culture: ‘I want to work, but for the community’ and ‘it would be to learn more about our history’.

**Figure 10 Q4. Primary action for all Woorabinda youth to have good wellbeing**

**Question 4:** What’s the most important thing all the youth in Woorabinda can do, to have good wellbeing?

![Bar Chart Question 4](chart.png)

**Question 5.** When asked about what issues most affect the wellbeing of Woorabinda’s youth, more than half of participants rated family relationship issues as the highest (Figure 11). In the discussion, participants noted that, while many of the choices are important, family relationships stand out: ‘as a family, it is suicide and other things that comes out of the family, so that’s why family and relationship issues have the biggest impact’.

**Figure 11 Q5. Primary influence on all Woorabinda young people’s wellbeing**

**Question 5:** Thinking about all youth in Woorabinda ... which one of these affects community wellbeing the most?

![Bar Chart Question 5](chart.png)

**Question 6.** This question explored what services or assistance the young people of Woorabinda consider would be most help with community wellbeing. More than one-third of participants selected access to jobs, education and training as being most helpful with community wellbeing.
Building strong families also rated highly. Access to community facilities and services and practising culture were ranked as equally important (Figure 12).

The discussion for this question centred on the concept of strong families as being crucial to community wellbeing. Participants extended this concept, saying it is important to have the whole community looking out for everyone’s wellbeing. They noted that this is related to ‘making Indigenous business everyone’s business’.

Participants argued that ‘services need to have an holistic approach. If we had one centre [where all services operated from here in Woorabinda] it would’ve helped, especially when we had all those funerals’. Participants said that young people want ‘access to jobs, education and training’.

Participants also mentioned their concerns about privacy and confidentiality, particularly in relation to going to the police. The Woorabinda community is small and the police station is located in a place that makes their attendance obvious: ‘[going to] police, it’s hard because of confidentiality issues’.

![Figure 12 Q6. Services or assistance that would be most beneficial for community wellbeing](image)

**Question 6.** Thinking about all youth in Woorabinda ... what kind of services/assistance would most help community wellbeing?

- Not sure
- Something else
- Indigenous wellbeing*
- Access to jobs, education, training
- Assess to facilities & services
- Practicing culture
- Building strong families

<table>
<thead>
<tr>
<th>Proportion of participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

**Question 7.** Question 7 asked participants to assess whether it is easy or difficult to access help in Woorabinda when it’s required. While a large portion of participants were neutral about ease of access to help in Woorabinda, adding the ‘hard’ and ‘really hard’ responses together reveals that almost one third of young people thought it was difficult (Figure 13). The discussion that followed saw participants agreeing that it is ‘especially hard on weekends and at night time, that’s when it’s really hard to access help’. Participants also mentioned that there is stigma attached to going into particular buildings where help is available: ‘there’s stereotypes [attached] to going into different buildings, it’s too hard’.
**Figure 13 Q7. Woorabinda youth accessibility to help services**

**Question 7:** As a young person in Woorabinda ... how easy is it to get help if you’re having a problem (of any kind)?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Proportion of Participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>10%</td>
</tr>
<tr>
<td>Really hard</td>
<td>10%</td>
</tr>
<tr>
<td>Hard</td>
<td>20%</td>
</tr>
<tr>
<td>Natural</td>
<td>50%</td>
</tr>
<tr>
<td>Easy</td>
<td>20%</td>
</tr>
<tr>
<td>Really easy</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Question 8.** This question asked participants where their role models came from (Figure 14). Overwhelmingly, participants’ responses indicated that role models were found amongst family and friends in Woorabinda.

In the discussion that followed the clicker responses, participants said that role models ‘show you the right way’, are ‘someone to learn from’, are easy to access ‘in Woorie, you can go straight to the person’ and ‘they can take you away from your crimes’. This contrasts with responses to the previous question where many participants felt there was stigma attached to finding help in some places.

**Figure 14 Q8. Woorabinda youth accessibility to role models**

**Question 8:** Thinking about role models, where do your role models come from?

<table>
<thead>
<tr>
<th>Source of Role Models</th>
<th>Proportion of Participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>10%</td>
</tr>
<tr>
<td>I don’t really have a role model</td>
<td>10%</td>
</tr>
<tr>
<td>Someone/else</td>
<td>10%</td>
</tr>
<tr>
<td>Celebrities/Public Figures (eg sports hero)</td>
<td>10%</td>
</tr>
<tr>
<td>Family/friends (outside Woori)</td>
<td>20%</td>
</tr>
<tr>
<td>Family/friends (in Woori)</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Question 9.** In Question 9, participants were asked to reflect on the previous 12 months and think about the most powerful way they have supported and shaped Woorabinda’s future (Figure 15). Results were spread evenly across three of the choices: being a good role model, going to cultural events and going to social events (just over 20 per cent each). Unsurprisingly, voting in elections did not rank at all. The facilitator began the discussion by asking participants about the types of cultural
events they attend. Participants mentioned the Woorabinda Festival, the Taroom walk, the NAIDOC festival and dance festivals.

**Figure 15 Q9. Woorabinda youth civic participation**

**Question 9.** Thinking about the past year, what’s the most powerful way that you’ve supported and shaped Woorabinda’s future?

<table>
<thead>
<tr>
<th>Proportion of participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>Something else</td>
</tr>
<tr>
<td>Being a good role model</td>
</tr>
<tr>
<td>Voting (in elections)</td>
</tr>
<tr>
<td>Giving my ideas/suggestions</td>
</tr>
<tr>
<td>Going to cultural events</td>
</tr>
<tr>
<td>Going to social events</td>
</tr>
</tbody>
</table>

**Question 10.** In response to a question about whether they think of themselves as leaders, almost 90 per cent of participants selected either ‘absolutely’, ‘generally yes’ or ‘kind of’ (Figure 16). The discussion that ensued was reflective, with the facilitator asking participants whether they were pleased with the result of their leadership. For those who said, ‘no way’, they did not think of themselves as leaders, the facilitator asked, ‘what’s leading you then? Is it family dramas or other issues?’ Participants were encouraged to reflect quietly on the question ‘what’s leading you?’ and to seek help if required.

**Figure 16 Q10. Woorabinda youth leadership abilities**

**Question 10: Do you think of yourself as a leader?**

<table>
<thead>
<tr>
<th>Proportion of participants (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>No way</td>
</tr>
<tr>
<td>Generally no</td>
</tr>
<tr>
<td>Kind of, maybe</td>
</tr>
<tr>
<td>Generally yes</td>
</tr>
<tr>
<td>Absolutely</td>
</tr>
</tbody>
</table>

**Question 11.** When participants were asked what it means to be physically healthy, half chose the combined response ‘all of the above’, bringing together eating healthy food, being a healthy weight, having access to doctors and traditional healing, being physically fit, and being able to practise
Almost one third felt being physically fit and practising culture related to being physically healthy.

**Figure 17 Q11. Woorabinda youth perception of physical health**

<table>
<thead>
<tr>
<th>Option</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>0%</td>
</tr>
<tr>
<td>All of the above</td>
<td>75%</td>
</tr>
<tr>
<td>To practice my culture</td>
<td>20%</td>
</tr>
<tr>
<td>To be physically fit</td>
<td>10%</td>
</tr>
<tr>
<td>Have access to traditional healing</td>
<td>5%</td>
</tr>
<tr>
<td>Have access to doctors</td>
<td>10%</td>
</tr>
<tr>
<td>Be a healthy weight</td>
<td>5%</td>
</tr>
<tr>
<td>Eat healthy food</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Question 11:** What do you think it means to be physically healthy?

In the discussion, participants mentioned that the ‘715’ health checks formerly available in communities are no longer conducted regularly.

Under the Medicare Benefits Schedule (MBS), Aboriginal and Torres Strait Islander people are entitled to a health assessment every nine months (known as an Item 715 health assessment). Health checks can be administered by any Medicare-billing GP, including those in mainstream practices and those services primarily for Indigenous people. Where possible, the health check should be conducted by the individual’s usual GP (AIHW 2016). GPs then develop suitable health plans to support good health, and prevent or reduce chronic disease risk factors (Department of Human Services 2017).

Health check patients receive a written report and may be referred to appropriate allied health services. While uptake of the health check has gradually increased, only around one in five Aboriginal and Torres Strait Islander received a health check in 2013–14 (AIHW 2016). Comments from the young people participating in this study, who had little awareness of Item 715 health assessments, suggest that access to the health checks might be an issue in Woorabinda.

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Participants mentioned the Deadly Choices campaign and suggested that it is beneficial. They remembered seeing people wearing the Deadly Choices shirts, and laughingly suggested they would like their own. Deadly Choices is an initiative of Institute of Urban Indigenous Health (IUIH), funded primarily by the Commonwealth Department of Health and Aging (McPhail-Bell, et al. 2017). For Indigenous Australian peoples, a ‘deadly choice’ means a healthy choice, with ‘deadly’ signifying good or cool (socially desirable) (Malseed 2013, p. 10; McPhail-Bell et al. 2016).

Both the Item 715 health assessments and the Deadly Choices campaign are a good fit with participants’ selections for Question 12, with almost three quarters selecting ‘all of the above’, ‘getting checked out by a doctor’ or ‘eating healthy foods’ in Question 12. Participants recognise that health and wellbeing are maximised through multiple activities and proactive action (Figure 18).

**Figure 18 Q12. Woorabinda youth perception of principal action/activity to be healthy**

<table>
<thead>
<tr>
<th>Action</th>
<th>Proportion of Participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat healthy foods</td>
<td>70%</td>
</tr>
<tr>
<td>Avoid smoking/drugs</td>
<td>30%</td>
</tr>
<tr>
<td>Do regular exercise</td>
<td>20%</td>
</tr>
<tr>
<td>Drink in moderation</td>
<td>10%</td>
</tr>
<tr>
<td>Get checked out by a doctor</td>
<td>80%</td>
</tr>
<tr>
<td>All of the above</td>
<td>70%</td>
</tr>
<tr>
<td>Something else</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Question 13.** This question focused on resilience and asked participants whether they felt that Woorabinda’s youth are resilient. The results were positive, with almost half of participants selecting that the youth of Woorabinda are resilient, and more than one third selecting some people/some of the time (see Figure 19).

The discussion that followed the question addressed coping and hope. Several participants mentioned that some people cope by acting out their frustration through anger and violence. Others commented that ‘having role models’ helps them to cope when they are challenged or experiencing difficulties. Some participants argued that it is important to ‘have at least one person to turn to’.

The conversation then shifted to hope and humour. One participant mentioned that ‘humour is big, and having hope’ helps to build resilience. Another participant suggested that resilience is ‘that want for change’.

The concept of ‘hope’ was also mentioned by participants in the ATSISPEP (2015) Youth Roundtable Report. In the context of the ATSISPEP Roundtable, participants felt that increased self-

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determination, community control and the need to strengthen community members’ capacity for ‘hope’ would reduce the overriding ‘sense of powerlessness’ (ATSISPEP 2015, p. 17).

**Figure 19** Q13. Woorabinda youth perception of resilience

**Question 13:** Do you think the youth of Woorabinda are resilient?

<table>
<thead>
<tr>
<th>Perception</th>
<th>Proportion of Participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td></td>
</tr>
<tr>
<td>Definitely no</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Some people/some of the time</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Definitely yes</td>
<td></td>
</tr>
</tbody>
</table>

**Question 14.** Responses to Question 14 revealed that more than three quarters of participants felt they were accepted in Woorabinda or generally accepted (Figure 20).

In the discussion following Question 14, participants explained that being able to *walk down the street and people say hello*, and feeling *safe here* [in Woorabinda] was evidence of acceptance. Participants also shared that *people wave and it’s friendly here* and that acceptance likewise meant *I know you, you know me*. Acceptance was considered as being a part of a community where everyone knows everyone else.

**Figure 20** Q14. Woorabinda youth perception of belonging

**Question 14:** Do you feel like you are accepted in Woorabinda?

<table>
<thead>
<tr>
<th>Perception</th>
<th>Proportion of Participants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td></td>
</tr>
<tr>
<td>No, never</td>
<td></td>
</tr>
<tr>
<td>Generally no</td>
<td></td>
</tr>
<tr>
<td>Sometimes, by some people</td>
<td></td>
</tr>
<tr>
<td>Generally yes</td>
<td></td>
</tr>
<tr>
<td>Yes, always</td>
<td></td>
</tr>
</tbody>
</table>
**Question 15.** Question 15 asked participants whether they expected to be in Woorabinda 10 years from now. Responses show that almost half of participants expect to leave Woorabinda, but they are most likely to go and then come back (Figure 21). The discussion revealed that this question points to participants’ future hopes and plans. In talking about what they will do while they are away, participants mentioned work, study and travel (including visiting and reconnecting with their Country (mother’s or father’s Country) and experiencing different places. The reason for coming back was that they see Woorabinda as their home, want to contribute to the community and want to help build the future.

*Figure 21 Q15. Woorabinda youth future plans*

**Question 16.** This question asked about participants’ dreams and aspirations. Participants were most likely to select from three responses: experiencing new places (more than 25 per cent of responses), obtaining a job (more than 25 per cent of responses) and family (almost 25 per cent of responses) (Figure 22).

*Figure 22 Q16. Woorabinda youth dreams and aspirations*

**Question 17.** This question explored whether participants feel they are in control of making their dreams come true and reaching their potential (see Figure 23). Just over half of the participants selected either ‘yes definitely’ or ‘generally yes’, they felt in control of their destiny. However,
almost half of participants were less positive, selecting either ‘maybe’ or ‘generally no’, about feeling in control of their destiny.

**Figure 23** Q17. Woorabinda youth control of dreams and aspirations

**Question 17:** Do you feel in control of making your dreams come true – of reaching your potential?

![Question 17 chart]

**Question 18.** Question 18 prompted participants to think about the best way to promote Woorabinda as a great place to be. One third of the participants suggested that social media should be the primary tool for promotion (Figure 24). Others felt sporting events and having community champions were effective ways to promote Woorabinda. During the discussion, participants spoke positively about the Woorabinda channel, which shows YouTube video clips. Several commented that they had learned new knowledge through the Woorabinda channel.

**Figure 24** Q18. Promoting Woorabinda’s image

**Question 18:** What’s the best way to encourage people to think about Woorabinda as a great place to be?

![Question 18 chart]
4.2.1 Culture, family, community and holistic services support wellbeing

The combined responses to the 19 Audience Response Technology questions and discussion reveals six interrelated constructs. Of most value to participants would be an environment that brings these constructs together: where culture is taught, practised and shared; where family and community cohesion is encouraged; and where holistic services support youth health and wellbeing.

- **Personal wellbeing**: The findings reveal that family and friends are central to good wellbeing, as is having at least one person to turn when experiencing difficulties. Having role models, particularly amongst easy-to-access family and friends in Woorabinda, helps young people to cope in hard times. Strong relationships, acceptance of self, healthy lifestyles and personal pride are considered important to good wellbeing. Participants felt that having a sense of ‘humour’ helps build resilience; having ‘hope’ helps as well. Access to GPs, particularly for MBS Item 715 health checks is important. Participants felt that, on the whole, Woorabinda youth are resilient.

- **Domains of youth development**: This research suggests that the youth of Woorabinda value the five domains measured in the Youth Development Index (Australian Youth Development 2016) – that is, the domains of 1) education, 2) employment and opportunity, 3) health and wellbeing, 4) civic participation and 5) political participation. Woorabinda’s young people want access to education and training, and opportunities for employment. They understand the requirements for good health and wellbeing, value their community, and want to participate in their community. Two key domains, education and employment and opportunity, present challenges and are a key priority.

- **Family relationships**: Participants felt that strong relationships, particularly strong relationships with family, are vital for good wellbeing. Families have the biggest impact on the community. ‘As a family, it is suicide and other things that comes out of the family, so that’s why family and relationship issues have the biggest impact’. Families and communities are deeply impacted by suicide.

- **Community**: Participants suggested that having the whole community looking out for everyone’s health and wellbeing is important. Linked to this is the value of being a good role model to others and helping to shape and support Woorabinda’s future.

- **Culture**: Participants agreed that being comfortable with their culture is good for health and wellbeing. They want to learn more about culture, share culture and practise culture. Culture is an underpinning strength for good health and wellbeing.

- **Services**: The most appropriate services for young people offer an holistic approach with cross-departmental cooperation, a central service centre, and discrete access. Some services need to offer 24-hour access, including on the weekends.
Figure 25 summarises the interrelated themes gleaned from the audience response technology session, as discussed by participants in this study.

**Figure 25 Six constructs influencing youth health and wellbeing**

![Diagram](image.png)

Source: Developed from the research

### 4.3 Personal reflections on social and emotional wellbeing

At the end of the Yarning Up workshop, participants were asked ‘what does social and emotional wellbeing mean to you?’ Participants were encouraged to write or draw their response on the paper provided, and submit their response anonymously.

Six themes emerged from this reflective activity, as summarised below (by the subheadings). Participant’s written responses are displayed under each theme, as they were written. Indented dot points are part of the main point given directly above:

#### 4.3.1.1 Desire to work

- [We] need more jobs for young community members
- Lack of jobs
- I would like to see more jobs
- Activities for kids:
  - More jobs for young people
- Not enough jobs – training:
  - Need more culture
  - Need Men’s Shelter assistant
- Being isolated and having a lack of exposure to new opportunities, to new things:
  - Education
  - Jobs
  - Networks
4.3.1.2 Future focus
- The future for the new generation and where it will lead. If there is no [the strike through words are as submitted by the participant ]
- Life

4.3.1.3 Youth need support
- Lack of attention
  - No support
  - No program for youth
  - Trust issues
- Break property
  - Not able to [be] social
  - Young death
  - Succeeding in life
  - Self-confident
- Young people have low expectations of themselves
- [A particular service provider]¹³ not doing their job at Woorie, that’s why the kids at Woorie keep playing up

4.3.1.4 Importance of community
- Community
- We need more cultural stuff
- Renewal
- Alcohol [included a drawing of a bottle of alcohol]

4.3.1.5 Emotional response
- When you are feeling sad [included a drawing of a sad face]

4.3.1.6 What to do?
- More sports

The comments recorded by young people in this final reflection activity were future focused: they desire jobs, want direction and want success in life. They do not want young deaths. Participants noted there were problems with alcohol in the community. They suggested that the community needs ‘renewal’ and they want to see more ‘cultural stuff’ within their community. Some participants commented about feeling ‘sad’ and having ‘trust issues’. Others suggested ‘more sports’, a ‘youth program’, educational opportunities and ‘jobs’.

¹³ Name of service provider withheld for confidentiality purposes.
Figure 26 presents a summary of the key themes from the reflective activity.

**Figure 26 Multiple, overlapping social, political, cultural and economic factors impact youth health and wellbeing**

4.3.2 Central theme: support

One central theme emerges from this research in Woorabinda: young people need support. They particularly need support because there is a lack of attention and opportunity. Figure 27 illustrates the sub-themes from participants’ personal reflections, clustered around the central theme of support.

**Figure 27 Central theme support**
Participants’ personal reflections show that their concepts of wellbeing are complex and multidimensional, operating within multiple social, political, cultural, community and economic forces. The themes emerging from the research show that health and wellbeing are issues that are relevant for individuals, the services available to individuals, and the wider community. These themes may be helpful in developing policy and practice-based responses to Indigenous youth health and wellbeing.

5 Discussion

5.1 Support underpins good health and wellbeing
The young people who participated in this research project identified the things that, they believe, build their resilience, health and wellbeing. Ultimately, these things will improve their futures. Data analysis across participants’ responses suggests that two things are central to young people’s health and wellbeing: good support, and an holistic approach. The support that young people identify as being good for their wellbeing relates to their community: it involves being (or aspiring to be) a strong, culture-centred community. This does not mean that the young people don’t see their community as a strong and culture-centred community now, simply that it is an area for ongoing attention. The young people in this study also identified that they need support for education and work opportunities, including a location with a ‘youth program’ focussing on their needs. The location of support services is important: services need to be accessible and relevant, but they also need to be discrete so there is no stigma involved in attending.

5.2 Holistic view of health and wellbeing
The data reveal that the young people of Woorabinda view their community from an holistic perspective, as an integrated whole. The wellbeing of individuals is linked to building strong families, accessing education and jobs, and having access to suitable support (such as a youth program). Good wellbeing is linked to culture that is taught, practised and shared. This holistic perspective of good wellbeing can be viewed from an individual, family, community, cultural and service-provider perspective.

Figure 28 illustrates good wellbeing from the young people’s perspective. It encompasses their perception of good wellbeing for individuals relative to family, community and services.
**Figure 28 Woorabinda youth perceptions of good wellbeing relative to individual’s, family, community and services**

Source: Developed from the research

Figure 28 illustrates that support is central to the young people’s wellbeing. This covers many different types of support, including support for individuals from family, friends and services; support for families to build strong families; support for the community to enable ‘community renewal’; and support for communities to increase the sharing of cultural knowledge, Indigenous language and cultural practices. What comes through strongly from the data is that services need to provide an holistic approach in their work.

### 5.3 Locally relevant youth program

Participants identified the need for a youth program specific to their requirements. This finding is no surprise: The ATISPEP (2016) report *Solutions that work: What the evidence and our people tell us* outlines the importance of local, relevant initiatives that encourage young people’s connectedness, belonging, stability, hope and control over their lives and their futures. Seven initiatives from the ATISPEP report are particularly relevant to the findings of this study (2016, p. 51, Fact Sheet 3)14. The following section links the ATISPEP recommendations with relevant information from the literature and insights from this research.

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5.3.1 Connection to cultural practices and identity

ATSISPEP recommendation: *Activity based programs that encourage connection to cultural practices and identity* (ATSISPEP 2016). Several things are vital for strengthening identity and empowering young people, including: mentoring, ‘on-Country’ programs, incorporating culture in all programs and services, and providing access to cultural programs. ATSISPEP (2017) recognises that increasing cultural practices is a potent approach to strengthening health and wellbeing through culture (p. 17). This need was clearly evident in this research, with comments from participants such as ‘we need more cultural stuff’ and their observation that there is ‘no program for youth’.

5.3.2 Encourage a vision for the future

ATSISPEP recommendation: *Programs that encourage young people to have a vision for the future* (ATSISPEP 2016). Mentoring programs which are adaptable to and compatible with Indigenous teaching and learning styles can provide new pathways for Indigenous young people (Farruggia et al. 2011; Stacey 2004; Ware 2013). The literature shows that mentoring Indigenous young people (particularly those at-risk) can lead to strong outcomes, including increased hope and self-esteem, improved connection with family and community, and a reduction in criminal and/or risky behaviours (Farruggia et al. 2011; MacCallum et al. 2005). Mentoring can create ripple effects through the community, including a reduction of anti-social behaviours, an increase in attendance at community events, and improved connection with organisations (Farruggia et al. 2011; MacCallum et al. 2005). Participants in this research were future focused; they were ready to think about their plans for the future and identified that ‘having hope’ for the future is an important factor in building resilience.

5.3.3 Healing activities

ATSISPEP recommendation: *Programs that include activities focused on recovery and healing from stress and trauma* (ATSISPEP 2016). The SAM Our Way program is an example of a program that aims to improve the social and emotional wellbeing of Indigenous youth, principally around issues such as depression, anxiety, violence, alcohol and drug use. As noted earlier, the SAM Our Way model adopts culturally respectful ways of working, and involves early-intervention activities that are community-approved and developed, culturally appropriate, and focused on prevention and education (Blignault, Haswell & Jackson Pulver 2016). The literature shows that activities need to include opportunities for fun, creativity and learning. They also need to link with other programs and services in the community that together offer hope, choices and opportunities for young people. These links enable young people to integrate skills and resources from multiple places, allowing them to thrive in life (Blignault, Haswell & Jackson Pulver 2016). Participants in this project felt that ‘services need to have a holistic approach’; this is congruent with research about the SAM Our Way program (Blignault, Haswell & Jackson Pulver 2016). Participants’ mention of the Deadly Choices campaign and their desire to own a Deadly Choices shirt shows the appeal of well-designed programs.

5.3.4 Digital technology

ATSISPEP recommendation: *Programs that promote digital technology* (ATSISPEP 2016). The ATSISPEP (2016) report supports programs that promote digital technology, however, it is important to note that not all communities have good internet access, making digital technology difficult to use. The 2016 census data reveals that, nationally, 83.2 per cent of households had one or more people accessing the internet from the premises, which may have been through a desktop/laptop...
computer, mobile or smart phone, tablet, music/video player, smart TV or any other device (ABS 2016). In Queensland, 83.7 per cent of the population accessed the internet; in Central Queensland, 80.1 per cent of households accessed the internet (ABS 2016). In Woorabinda, just 34.7 per cent of households (representing 85 occupied private dwellings) had internet access (QGSO 2017). Digital technology and internet access were not discussed in detail by participants in this study, perhaps because the low level of internet access in Woorabinda makes it an unrealistic option for most.

5.3.5 Peer-led programs
ATSISPEP recommendation: Programs that are peer-led and involve youth workers and others in informal relationships (ATSISPEP 2016). Input from young people in program development is accepted as good practice and is vital for uptake and participation in the ensuing program (ATSISPEP 2016; Mohajer, Bessarab & Earnest 2009). Participants in this research clearly articulated the need for a ‘youth program’ at Woorabinda.

5.3.6 Promote family and community communication
ATSISPEP recommendation: Programs that foster communication between family members and within communities (ATSISPEP 2016). Many of the participants felt that family and relationship issues impact on the community. One participant said that ‘it is suicide and other things that comes out of the family, so that’s why family and relationship issues have the biggest impact’. Building strong families was seen as vital to ‘good wellbeing’.

5.3.7 Twenty-four hour access
ATSISPEP recommendation: Programs that provide 24-hour access and are both clinically and culturally based (ATSISPEP 2016). According to participants in this study, improved access to community facilities and services would help young people in Woorabinda. They noted that services are difficult to access after-hours and on weekends – exactly when they are most needed. Participants agreed that it is ‘especially hard on weekends and at night time, that’s when it’s really hard to access help’. They also commented that there is a stigma attached to going into particular buildings where help is available; ‘there’s stereotypes [attached] to going into different buildings, it’s too hard’.

5.4 Holistic, supportive youth program model
In this section, we consolidate the outcomes of this study into a model for a locally relevant youth program. The conceptual model below provides an overview of our approach, which emerges from the ATSISPEP (2016) report and the comments of participants in this research. It illustrates the concepts that underpin the development of a supportive, holistic, locally relevant youth program (see Figure 29).

The conceptual model illustrates the outcomes needed to improve social and emotional wellbeing for Indigenous young people, including integrated policies, cross-sector engagement, scaffolded learning, adequate support and skills integration. An holistic, supportive youth program that includes each aspect detailed in the model (Figure 29) would help to support the social and emotional wellbeing and the future pathways of the young people in Woorabinda.
A multi-faceted, multi-sector approach to improving health and wellbeing is a need well recognised in the literature. Moreover, the Indigenous Higher Education Advisory Council (IHEAC) report to the Minister for Higher Education in 2006 stated ‘[n]o single policy initiative will be able to achieve the “snowball” effect that is so desperately needed’ to advance Indigenous higher education (IHEAC, 2006, p. 5). The need for visionary, comprehensive, inclusive, integrated policies and services is widely recognised in discussions about Closing the Gap (AIHW & AIFS 2013a; 2013b; Commonwealth of Australia 2017; DFHCSIA 2013).

6 Recommendations
This research was designed to explore the understanding of health and wellbeing of young people in Woorabinda. We wanted to understand how young people talk about health and wellbeing, what factors impact on their health and wellbeing, and what they need to build their capacity in supporting their health and wellbeing. The lens of the research questions allowed us to explore the lived experiences of young people, the social and cultural determinants of good health and wellbeing, and regionally appropriate approaches to good health and wellbeing. Three key needs emerged from this research:

1. The need for support;
2. The need for an holistic view of health and wellbeing; and
3. The need for a locally relevant youth program.
6.1 Whole-of-community approach to support young people

The participants in this study revealed that they need support through strong families, a strong, culture-centred community, and innovative support programs. They particularly need support that provides pathways to post-secondary education, training and employment opportunities. When thinking about ways to support good social and emotional wellbeing, young people presented an holistic view that included their families, their community and themselves. This view links closely to Dudgeon, Milroy and Walker’s\(^{15}\) (2014, p. 419) writings about the composition of healthy communities, which can be understood through a healing and community-life-development approach with Aboriginal worldviews that focus on ‘individual, family and community strengths whilst at the same time addressing the needs of the community’.

Based on the findings of this research, we recommend that service providers work in a coordinated way to develop and deliver an appropriate and integrated whole-of-community approach to support. This support should include community life, resilience and development. Programs that promote cultural connectedness, community restoration, community resilience and community capacity are mostly likely to strengthen community wellbeing (Dudgeon, Milroy & Walker 2014, pp. 427–8).

6.2 Develop a locally relevant youth program

Fundamental to good health and wellbeing for the young people of Woorabinda is an holistic, integrated, locally relevant ‘youth program’. The holistic, supportive youth program model presented above demonstrates a way of achieving this (Figure 29).

Based on the findings of this research, we recommend that an holistic, supportive youth program is developed for Woorabinda. The process of developing the program should follow a series of steps\(^{16}\), beginning with the young people’s input into the program’s design and development and a comprehensive plan\(^{17}\) for the program’s development. The program should be guided by an advisory group to implement the planning, aims and design. We recommend that services linked to the program design should operate under a coordinated model to deliver appropriate services. Funding for the program should be sought by the services involved and the Woorabinda Aboriginal Shire Council.

The development of a specific youth program in Woorabinda requires planning about service location, accessibility, opening hours and budget. As it would involve cooperation from multiple services, the roles and responsibilities of each service (or stakeholder) need to be clearly outlined during the planning stages. An ongoing evaluation strategy is needed to assess the impact and effectiveness of the program, to plan for continuous strengthening/improvement, and to share the outcomes with other communities.

\(^{15}\) Refer to Chapter 24 ‘Community life and development programs – pathways to healing’ for further information about community life and development programs (Dudgeon, Milroy & Walker 2014, pp. 419-435).

\(^{16}\) The Australian Youth Mentoring Network website provides information about starting a youth mentoring program: http://aymn.org.au/programs/starting-a-program/.

\(^{17}\) A booklet on developing a mentoring program that can be adapted for developing a youth program is available on the following link: http://charitylabs.org.au/aymn/wp-content/uploads/sites/2/AYMN-Benchmarks1.pdf
7 Implications

The results of this research offer a snapshot of rural/remote Aboriginal and Torres Strait Islander young people and their knowledge, perceptions and experiences of health and wellbeing. The results add depth to researcher’s understandings of the things that are important to Aboriginal and Torres Strait Islander young people and their hopes for the future. These findings can be used to inform service providers and the broader health sector to improve policy and praxis for Aboriginal and Torres Strait Islander young people for the future.

The policy implications of this research link to Closing the Gap initiatives, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS), service providers’ policies and associated local, state and federal policies and practices that relate to education, training and employment.

The outcomes of this study are context and situation specific (Collis & Hussey, 2009) and, as always with qualitative research, care is needed in extrapolating the results beyond the local setting from which the primary data were sourced. However, the findings of this study contribute to improved understandings of good health and wellbeing from the perspectives of Aboriginal and Torres Strait Islander young people. The broader research and policy community will benefit from the research outcomes through:

- Improved regional knowledge and awareness of health and wellbeing issues for Indigenous young people;
- Information that informs regionally relevant approaches to improve support for Indigenous young people in a way that improves their health and wellbeing;
- Information that informs stakeholders and service providers about relevant issues and suggests improvements for better outcomes;
- Suggested improvements that stakeholders and service providers can adopt for better outcomes; and
- Information that stakeholders and service providers can adopt and adapt to improve the support systems available for young people.

The research team are mindful that research reports and recommendations can gather dust on shelves, uncited and unread. Consistent with the need to promote Aboriginal and Torres Strait Islander issues and needs, dissemination of the research is a key element of this project. The research findings will be shared at a range of Indigenous and mainstream gatherings focussed on youth health and wellbeing.
References


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Lovett, R 2014, *Socio-cultural determinants of Aboriginal and Torres Strait Islander health and wellbeing*, Paper presented at the Cultural Determinants of Aboriginal and Torres Strait Islander


Ware, V. (2013), Mentoring programs for Indigenous youth at risk, produced for the Closing the Gap Clearing House, Resource sheet no. 22, Australian Institute of Family Studies, Melbourne.

Appendix A  Map of Woorabinda\textsuperscript{18}

Appendix B  Close the Gap Strategy


1. Closing the life expectancy gap within a generation (by 2031)
2. Halving the Indigenous child mortality rate for children under 5 within a decade (by 2013)
3. Ensuring all remote community Indigenous children aged four have access to early childhood education within 5 years (by 2013)
4. Halving the gap in reading, numeracy and literacy for Indigenous students within a decade (by 2018)
5. Halving the gap in year 12 equivalent attainment for Indigenous students (by 2020)

COAG (2009) developed 7 building blocks of support to achieve these targets, which are:

- **Early childhood** – provide young Indigenous children equal access to early childhood education and care, appropriate facilities and physical infrastructure to assist with learning and action in the maternal, antenatal, postnatal and early childhood health areas to address childhood mortality gaps
- **Schooling** – provide appropriate infrastructure to assist learning through improved workforce supply and quality, curriculum, literacy and numeracy achievement and opportunities for parental engagement with schools. Transition pathways into school, employment, higher education and training are important elements of this building block
- **Health** – improved access to effective, comprehensive primary and preventative care is vital to close the gaps in early childhood mortality and life expectancy
- **Economic participation** – increase employment, business creation, wealth creation and economic independence and address barriers to economic participation in order to promote parents and other adults as effective role models for their families and communities
- **Healthy homes** – healthy homes are central to a healthy population. This building block focusses on improving living conditions, especially around water and sewerage systems, waste collection, and electricity and housing infrastructure
• **Safe communities** – all Indigenous people (men, women and children) need to be safe from violence, abuse and neglect; and need improvements in law and justice systems, victim support, child protection and preventive approaches to violence.

• **Governance and leadership** – recognise strong leadership and effective governance achieves sustainable outcomes. Capacity building required for governance and leadership skills is important for Indigenous people to exercise their rights and responsibilities and to effectively manage the development and implementation of policies that influence their lives.