

THE SOCIAL AND EMOTIONAL WELLBEING OF INDIGENOUS YOUTH

Reviewing and Extending the Evidence and
Examining its Implications for Policy and Practice



Muru Marri



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January 2013

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CORE ACKNOWLEDGEMENT

In the spirit of respect, we acknowledge this country as belonging to the Aboriginal and Torres Strait Islander peoples of Australia.

This country is the only place in the world where Australia's First Peoples belong, and there is no place in Australia where this is not true.



Muru Marri



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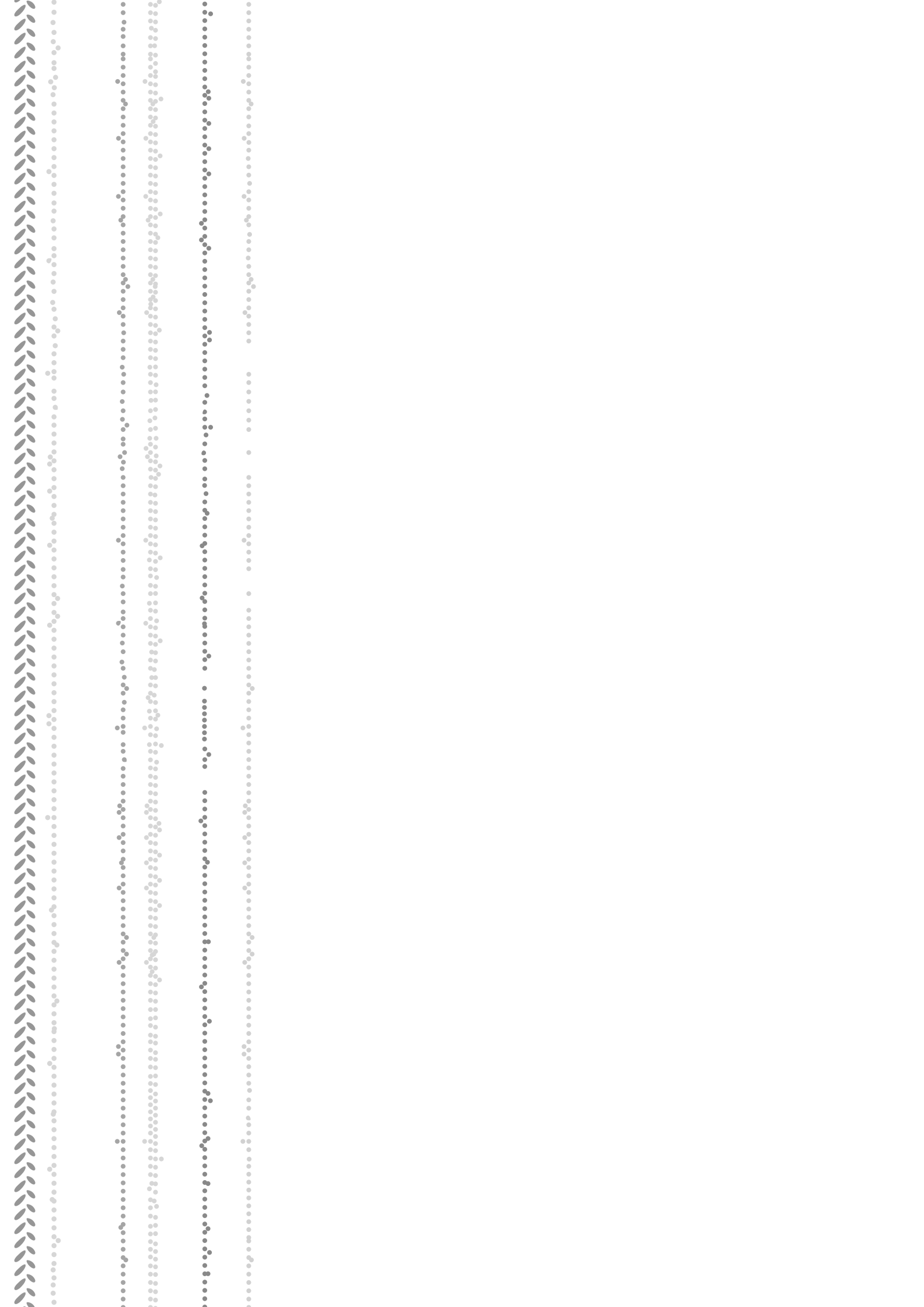


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ARTWORK

The artwork featured on the cover of *The Social and Emotional Wellbeing of Indigenous Youth: Reviewing and Extending the Evidence and Examining its Implications for Policy and Practice* was created by Lisa Jackson Pulver, a proud Koori who was born and raised on Gadigal land, NSW. The original artwork was adapted by TypeTale for this report.

About the artwork

Art works emerge out of a complex process of thought, reflection and experimentation. The art work on the cover and within this document emerges from these multifaceted processes that have informed and shaped this report.

At first glance, the art work appears to be abstract, but on closer examination, it reflects a complex world view that is imbued with a rich cultural understanding of both place and peoples.

Although the art work is not figurative in the traditional sense, it nonetheless represents, through colour, shape, design and movement, specific ideas that are important to this report.

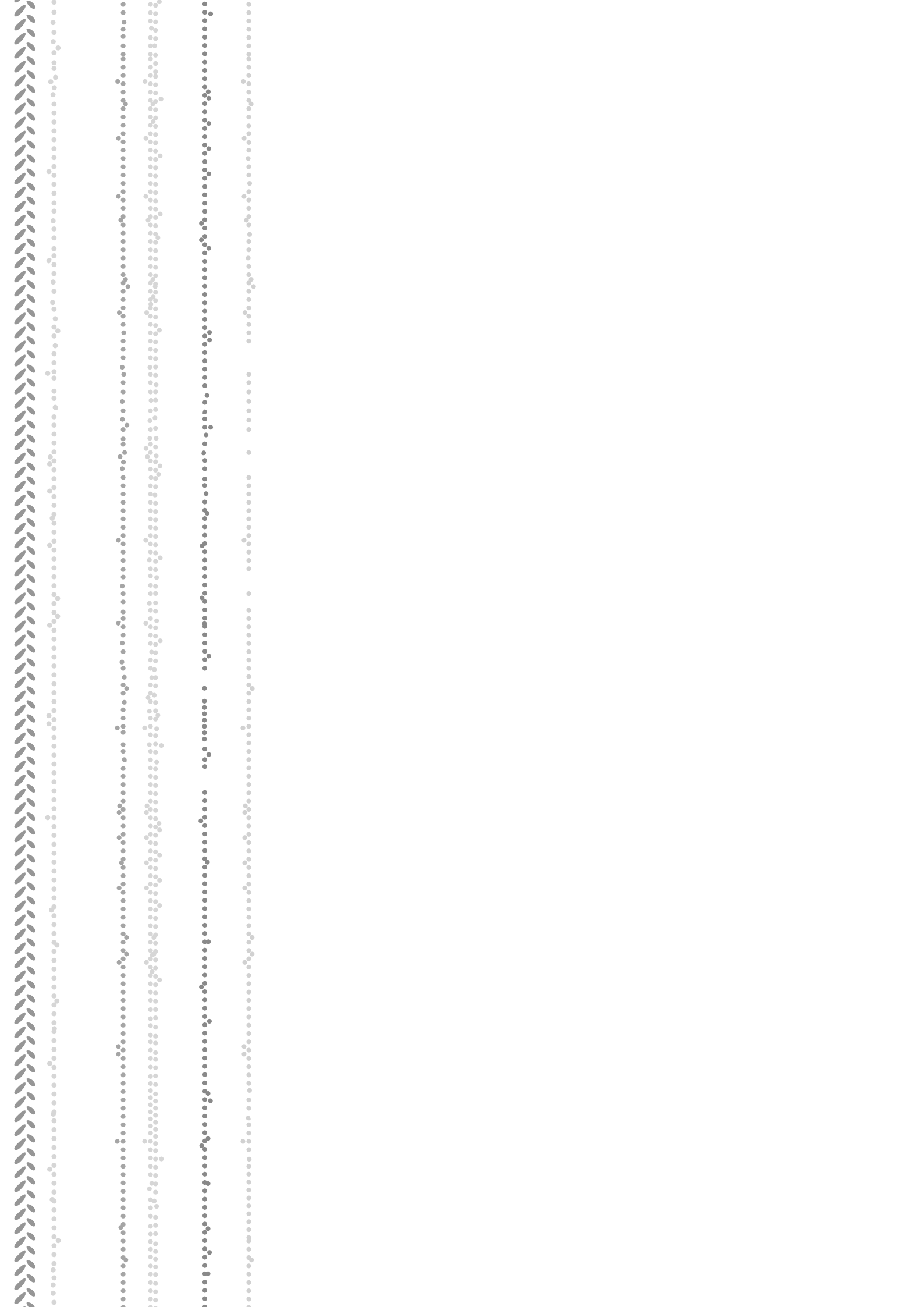
The sense of place and belonging are evoked through the earth colours as well as the verdant green, which offer both growth in a literal sense of the journey, as well as in human terms, as part of a journey towards healing and personal growth.

The subtle evocation of stitched threads of vertical bands of blues, yellows, whites and oranges refers to the threads of life in the progression towards healing and growth. The repetition of the lines across the surface create a pattern of unfolding and transformation, which are held and placed within the rich green and ochre of the land, which supports and sustains this healing journey.

The landscape is traversed by an unfolding shape, suggestive of both DNA and a journey. This motif, is punctuated by green circular shapes which signify the potential for healing in all of us.

The seed for this art work was created by Lisa Jackson Pulver in a black and white pen drawing which explored the structure and journey from life to death to life. The form twists on itself to suggest movement and the unfolding trajectory of a life's journey.





EXECUTIVE SUMMARY

Background to the study

The project began with the recognition that many Aboriginal and Torres Strait Islander young people experience life circumstances that seriously challenge their social and emotional wellbeing and limit their capacity to fulfill their life potential. This most likely contributes to and results from the visible disparities across most measures of health, education, employment and involvement in the justice system. In this same space, however, there are many reports of programs that help young Aboriginal and Torres Strait Islander people build their strength and resilience by discovering their creativity, capability, leadership potential and achievement. Limited systematic attempts have been made to articulate the factors that are critical to achieving success, sustainability and growth of promotion, prevention, early intervention and treatment/support services and programs working to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people.

The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has recognised the need to become better informed about how policy can support good practice – what works – to promote the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander youth.

Overall aims and methods

The aim of this project was to obtain a deeper and broader understanding of current knowledge in this area and translate this understanding into practical and useful information to enhance policy, resource allocation decisions and practice. The project involved four components with each informing the next, namely:

- a systematic review of the existing published and grey literature covering research on Aboriginal and Torres Strait Islander youth SEWB up to 2010;
- a review of current policies at national and jurisdictional levels and a review of programs and services specifically addressing Aboriginal and Torres Strait Islander youth SEWB;
- completion of in-depth case studies of six programs with evidence of success and capacity to inform across a range of settings and groups. These studies utilized a structured, focussed comparison and appreciative inquiry approach to capture insightful explorations by those with hands on experience. The data included program-specific documents, interviews with program participants, developers, deliverers, managers and stakeholders and participant observations; and
- cross-case analyses identifying themes and variations across the six case studies and a metasynthesis generating four sets of key distilled and cohesive messages to advance theory and assist policy and practice to foster program strength and impact.



FINDINGS

Overall Assessment

On the whole, the evidence base relating to Indigenous SEWB is limited. Although the amount of available data has increased over the past decade, there are many critical gaps in knowledge. There is an urgent need for more research focussed on protective factors as well as risk factors.

Although diverse in form/model and in the settings in which they are applied, successful SEWB programs:

- Address the upstream social determinants of SEWB as well as current issues (i.e., sources as well as symptoms);
- Recognise and build on the strengths of Indigenous culture, community and family;
- Pay careful attention to both content and process, specifically:
 - deliver culturally appropriate content in a culturally appropriate way.
 - use program content relevant to the Australian Aboriginal and Torres Strait Islander context, as well as the local context; and
 - employ a holistic approach, encompassing the physical, emotional, mental, cultural and spiritual dimensions of health;
- Are developed and led by local people (a 'bottom-up' approach) and have an impact at multiple levels, noting that:
 - Even where the focus is the individual, strengthening community and culture including establishing or re-establishing connections with family and country - is a common feature; and
- Engage the broader community too, involving Elders and older Indigenous community members as mentors and role models, and drawing on relevant skills and resources from the Non-Aboriginal and Torres Strait Islander sector.

In addition, other important considerations include:

- Mainstream models or Indigenous programs imported from other places need to be appropriately adapted to the local context, for example:
 - Successful mainstream programs invariably worked in close partnership with the local Indigenous communities and, if not Indigenous-led, placed strong emphasis on employing and empowering Indigenous staff; and
 - Successful national, state-wide and local programs have strong Indigenous representation on steering/advisory committees;
- Building the skills and qualifications of workers is critical and many programs have a training component for staff, in addition to building education and employment pathways for program participants; and
- A long-term perspective is also needed. Indigenous youth SEWB programs need to operate at an age-appropriate pace and adopt methods that are not overly bureaucratic and that value the input of the local community, especially the young people of the community.

Critical Success Factors

The study also identified a number of factors that are critical to successful service delivery.

CRITICAL EFFECTIVENESS FACTORS: Common elements that make things happen at the Youth: Program Interface

- Adopting full commitment to working from strengths, not seeking to correct deficits;
- Being patient to develop the relationship bond first, then using the relationship to move towards positive change;
- Modelling reliability and being consistent; staff doing what they say they will do to build and maintain trust and to show that they care;
- Facilitating connection to culture, showing how to be a strong Aboriginal person through individual, group and community engagement;
- Adopting a non-judgmental approach, using mistakes as a way to build new skills for better choices;
- Setting rules and boundaries within the program around what's okay and what isn't in a way directly applicable to everyday life; e.g. two-way reliability;
- Modelling openness, honesty, hope and trust;
- Maximizing opportunity for choice making, self-motivation, feeling safe to give new things a try;
- Celebrating small achievements and positive changes and using these as a leverage towards autonomy; and
- Providing creative, enjoyable, inspiring interactions to generate positive feelings.

CRITICAL SUSTAINABILITY FACTORS: Common elements that make programs strong and sustainable

- Having inclusive and inspiring origin and establishment processes beginning in the community (key ideas driving these programs preceded searches for funding);
- Embedding Aboriginal ways of being and doing from leadership to management to staff to foster authenticity at the program: youth interface;
- Having the time and space to find the right path with the community, able to experience trial and error and emerge with a stronger local knowledge base;
- Sharing vision of program potential to guide and motivate program participants and staff through hard times;
- Fostering innovation in tools and processes for recruitment and training, program delivery, service collaborations to meet challenges, widen support, show accountability;
- Embedding meaningful accountability, monitoring and evaluation processes as part of everyday continuous improvement;
- Having a mechanism to celebrate achievement, to emphasise the meaning and purpose of the work, to continuously reflect on 'what are we doing, why are we doing it, how can we do better?';
- Creating a working environment and structure where staff are safe to be open and honest, discuss their challenges and offer positive solutions to each other in order to support staff to deal with the emotionally challenging work, the flexibility and resourcefulness required and to preserve confidence;
- Managing change respectfully but firmly for the good of the program where necessary; and
- Focussing on developing and sustaining good relationships with stakeholders through communication, reliability and collaboratively meeting youth needs.



CRITICAL GROWTH FACTORS:

Common elements that enhance program reach and capacity to support more youth most effectively

- Having program expectations on an appropriate timeline according to the youth's circumstances, not expecting overnight change given the multiple and complex challenges they face but maintaining realistic and visible youth-defined goals; (Note, this is particularly important for Aboriginal youth who have experienced severe disadvantage and negative experiences in their upbringing but should not be interpreted as a reason for settling for less than the young person's full potential.)
- Fostering skillful connection with other services and documenting otherwise hidden contributions to youth progress so they can be valued for their relatively low cost and high benefit;
- Providing the space, respect, capacity and autonomy to Aboriginal programs, acknowledging their requirement to be embedded in the community and essentially 'serving two masters' if they are to be able to grow and have a broader impact;
- Recognising that recruitment and training of the workforce for Indigenous youth SEWB is particularly challenging and providing essential support;
- Enabling SEWB programs to continue to work at upstream levels - promotion, prevention and early intervention - to assist youth with the greater challenges earlier, when strengths are still intact and problems more easily addressed;
- Rewarding programs that have stood the test of time to allow their practical knowledge in understanding processes that work to grow and reach farther to meet need - making sure that new programs are embedded within an environment that can provide experience, local and cultural knowledge and community engagement; and

- Dealing with accountability processes within the team and enabling a negotiation process with external agencies to ensure that these processes promote, rather than overburden, their service.

CRITICAL SOCIETAL FACTORS: Common elements that facilitate these programs to reach their full potential to improve the lives of Aboriginal and Torres Strait Islander youth

- A funding strategy that facilitates the growth of established and experienced programs and promotes their capacity to provide nurturing support to new programs for mutual gain;
- Avoiding competitive funding processes that places programs that are inexperienced, not connected to the community and unproven in competition with experienced proven programs;
- Funding programs at levels that enable growth to meet the increasing needs of youth at promotion, prevention, early intervention and when in secondary and tertiary care settings;
- Supporting innovative approaches to recruitment and training focussed on building a skilled pool for youth support;
- Requiring capacity within programs to demonstrate accountability but through a flexible and internally managed process that is meaningful and promotes, rather than threatens, the program's purpose and nurtures the youth-program interface; and
- Recognising and protecting the critical role youth play in the future of the nation - and the need to allocate a greater share of resources towards these positive, effective programs to flourish and achieve their potential and help to avert the very high costs of tertiary approaches to the loss of social and emotional wellbeing.

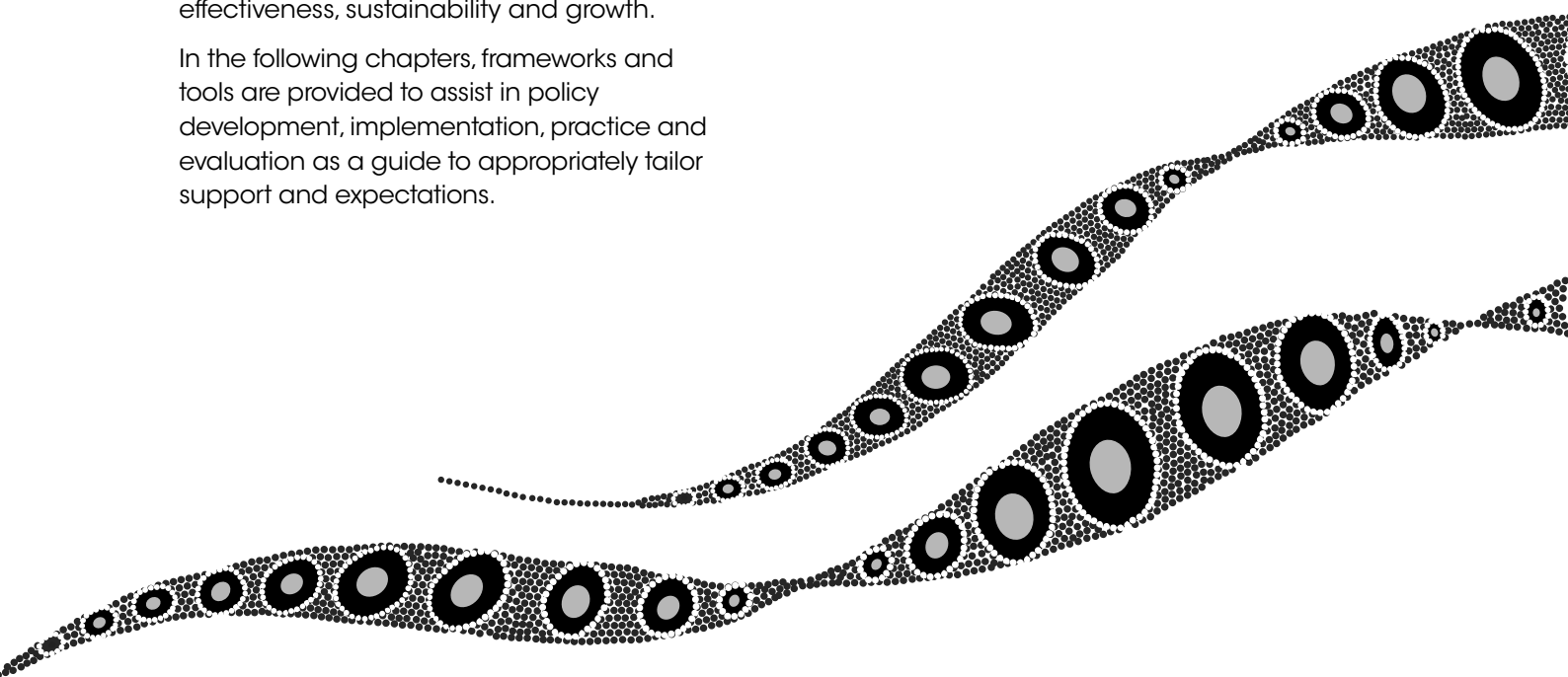
SUMMARY OF CRITICAL SUCCESS FACTORS

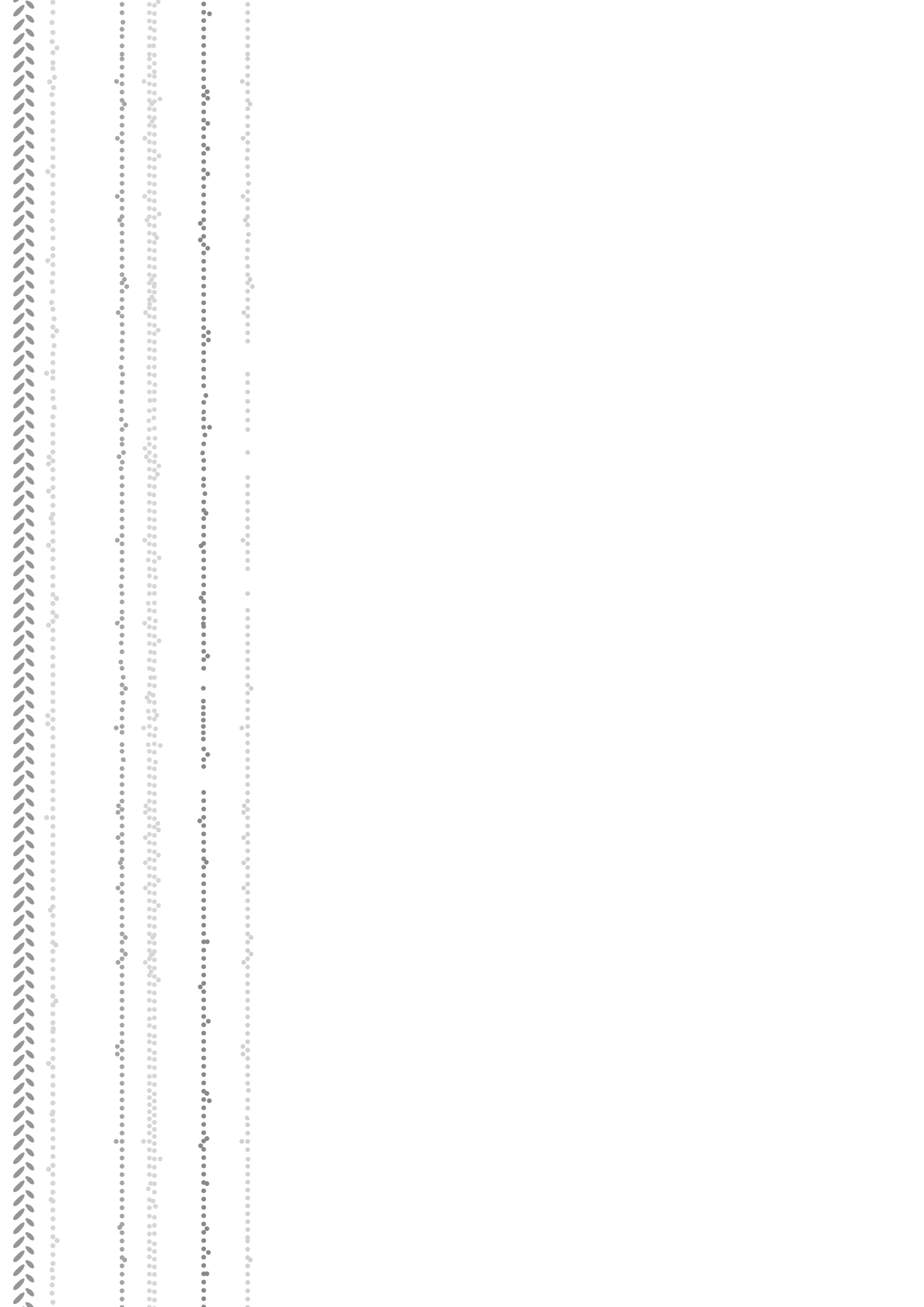
Social emotional wellbeing programs play a critical role in securing the sustainability of gains achieved through Closing the Gap and other specific policy efforts. This study shows that there are some outstanding examples of strong, resourceful and resilient Indigenous youth SEWB programs operating throughout remote and non-remote Australia.

A substantial consistency of effective ingredients and processes were shared across these programs, particularly in providing young people with rich and flexible opportunities for discovering and celebrating their Aboriginality, transformative relationships that involve mentoring, peer connection and role and leadership modelling, and a space that is safe for healing, creativity, enjoyment and goal setting. The programs provide a passage for many youth from social and emotional turmoil and a feeling of failure into a very different and positive way of seeing themselves and their potential as they engage more effectively with opportunities in their lives.

However, many of these programs face significant challenges and vulnerabilities that constrain their ability to respond effectively to the needs of Aboriginal youth. For their survival and achievement of potential, Indigenous youth social and emotional wellbeing programs need strong and consistent policy, management and resource support to ensure effectiveness, sustainability and growth.

In the following chapters, frameworks and tools are provided to assist in policy development, implementation, practice and evaluation as a guide to appropriately tailor support and expectations.





INTRODUCTION

1.1 Background

In recent years, all Australian governments; i.e., Commonwealth, State and Territory governments, have made a strong commitment to work towards and considerable financial investments in improving the future for Aboriginal and Torres Strait Islander peoples. The policy context for this project is commonly referred to as “Closing the Gap” as the core aim is to reduce Indigenous disadvantage in areas such as health, housing, education and employment. A national integrated Closing the Gap strategy has been agreed upon through the Council of Australian Governments (COAG), which brings together the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association. COAG recognises that overcoming Indigenous disadvantage will require sustained commitment at all levels of government to work together and with Indigenous people, with major effort directed to seven linked ‘building blocks’ – early childhood, schooling, health, economic participation, healthy homes, safe communities and governance and leadership (COAG 2008).

Australian Governments have also increasingly recognised the importance of giving high priority to the health and wellbeing of the nation’s young people aged 12–24 years, who constitute one fifth of the total population. There is growing concern about their outcomes on many indicators of health and wellbeing, with some subgroups – for example, Indigenous young people – being especially disadvantaged.

1.2 Why focus on Youth Social and Emotional Wellbeing

Evidence of mental ill-health and social and emotional problems among Australia’s Indigenous young people can be found across most measures of health, education, employment and involvement in the justice system. Countering this are the reports of programs and projects that have assisted Indigenous young people to succeed in life by overcoming adversity and building strength and resilience. Such initiatives, whilst they do exist, often struggle for recognition and in attracting continued funding. Improving Indigenous youth SEWB requires learning from and building on these positive initiatives by documenting them systematically, identifying the factors critical to their success, and investing in programs that enhance the health and wellbeing of Indigenous young people. Such investment will also contribute to the future survival and growth of Aboriginal and Torres Strait Islander families, communities and culture.

The later years of childhood, adolescence and transition to adulthood are important phases that build on early childhood development and education and, in turn, impact on adult health and wellbeing. Youth is both an exciting and vulnerable time – entering the age of identity and risk-taking and initiating sexual activity. It is also the period when individuals begin to be heard and recognised outside their family and to interact independently with the broader community. Positive experiences during this period will contribute to positive physical, mental and social outcomes in the long term.



Although adults (parents as well as policy makers) have tended to focus on the problems (rather than the strengths) of youth and regard bringing up adolescents as a burden (rather than a privilege), young people have much to contribute to society. Social change brings both new issues and new opportunities. Often it is youth who are most responsive to changing circumstances and best able to deal with the dilemmas presented – to achieve a balance between change and continuity. Investments in young people need to recognise the challenges faced by youth and to build and enhance their capabilities, voice and strengths. Young people need to have hope, opportunities and choices, which they combine with the relevant skills and resources to succeed. The relatively young age structure of Australia's Indigenous population necessitates special policy and program consideration. Young people constitute a considerably higher proportion of the Indigenous population than the general population. As the young people, they are an important group in realising community visions and building community capacity. Equally as important, as the next generation of parents and community leaders, how they fare during their youth will greatly influence the future of Aboriginal and Torres Strait Islander society and culture.

1.3 This Study

1.3.1 AIM, OBJECTIVES AND QUESTIONS

The broad aim of this research is to provide evidence and analysis that will inform public policy and planning and assist program and service managers, health professionals, and community workers and members in devising strategies for, implementing and supporting programs that will improve the SEWB of Indigenous youth.

The core issue of concern is how can we best support the recovery, promotion and flourishing of SEWB among Australia's Indigenous young people. In public health parlance, this requires knowledge of the underlying factors the influence SEWB

(upstream, midstream and downstream factors) and consider which aspects can be effectively addressed and how. This project sought to answer five related questions:

1. What do we know regarding the state of Indigenous youth SEWB?
2. What do we know about the social determinants of Indigenous youth SEWB, and the risk and protective factors?
3. What strategies (policies, programs and services) are effective in promoting the social and emotional wellbeing of Indigenous youth?
4. What makes these strategies and programs successful, sustainable and transferable?
5. How do we measure the social and emotional wellbeing of Indigenous youth?

1.3.2 CONCEPTUAL FRAMEWORK

The two distinct but complementary lenses in which this project was conceptualized and carried out, align well with the overall conceptual framework adopted for this study, which is a population health approach, incorporating the *Ottawa Charter for Health Promotion* (World Health Organization 1986) and based on the underlying influences of the social determinants of health (Carson et al. 2007; Jackson Pulver et al. 2007). We bring to the project a multilevel, ecological perspective that is informed by a community health and wellness approach. This understands health and wellbeing as a product of the interactions between people and their environment (McMurray 2007) and embraces positive psychology, emphasising personal strengths and enhancing quality of life, which then gives meaning to the social context (Seligman & Csikszentmihalyi 2000).

The research team was aware they were operating in an environment where most research concerned with the 'mental health' of adolescents and young adults has focussed on the negative, rather than the positive. Not only is this a conceptually limited approach, but, without a counterbalance, it can stimulate further stigmatisation, exclusion, loss of hope and marginalisation of an already marginal group (Wyn 2009).

Thus, we deliberately focussed on factors and processes associated with the promotion of social and emotional wellbeing and increased resilience in the face of environmental stressors and negative life events (Brough et al. 2004; Laliberté et al. 2009). From the outset, the team was also fully aware that they were working with a vulnerable group and with often-struggling programs and services and resolved to work assiduously to avoid the following pitfalls that have often beset projects such as this and, indeed, that existing programs and services constantly grapple with by:

- acknowledging the need for action, but then failing to embed the research within strong action orientation;
- focussing too specifically on young people to the exclusion of family and community units, thereby exacerbating rather than reducing disconnection; and
- giving insufficient attention to the disempowering circumstances that exist for many young Aboriginal and Torres Strait Islander people at multiple levels that, if left uncorrected, will continue to stymie successful and sustainable action.

It is important for all readers to understand that this project was not intended to be a critical review of the effectiveness of social and emotional wellbeing programs, nor an evaluation of outcomes from the case study programs. We are fully cognizant that this is not appropriate, as this area is in its infancy, often seriously underfunded and working without appropriate quantitative tools to capture their often hidden and subtle but essential impact on young people's lives. So far this impact is best described in story, example and reflection on the enhanced quality of young lives over what might have been otherwise. Thus, by necessity, the project was qualitative in design and sought to privilege the insight and understandings held by participating youth, the people who are working directly with them in their own life settings and by those supporting programs that allow these powerful direct, person-to-person interactions to occur. This group has witnessed the power of transformative experience.

1.3.3 STUDY DESIGN

Our interdisciplinary team developed and implemented rigorous research methodologies and analyses to provide evidence to inform policy and subsequent program support and development. Key findings that emerged from the research are presented clearly to facilitate the support of appropriate, practical, flexible and culturally resilient strategies to improve the social and emotional wellbeing of Indigenous youth across settings. The following tasks were sequentially undertaken. These are also depicted in Figure 1.

Task 1: Review the relevant literature

A comprehensive literature review was conducted on what makes Aboriginal and Torres Strait Islander families, communities and young people strong and resilient and what human costs are being experienced today and are likely in future if more effective steps are not taken to assist in creating environments where such strength is fostered. This review examined studies with urban, regional and remote Indigenous Australian youth and supplemented with key studies from Canada, New Zealand and the United States.

Findings are summarised in Chapter 1 and 2; with full review presented in Appendix A1.

Task 2: Review relevant policies and programs (Chapter 2 and Appendix A2)

We conducted a review of past and current policies and current programs developed to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander youth. This review sought to determine what our Commonwealth, states and territories currently advise and propose to achieve, what is happening on the ground and where, 'what is working' (key strengths) and 'what could be done better' (shortcomings of past and current approaches). An analytical framework for identifying and selecting programs and projects for in-depth examination as case studies was developed. This guided the recruitment of six programs into the case study component of the project. Findings are summarised in Chapter 2 and presented in full in Appendix A2.



Task and Output 3: Complete six informative case studies of programs and services that provide substantial insight into factors that are critical to success

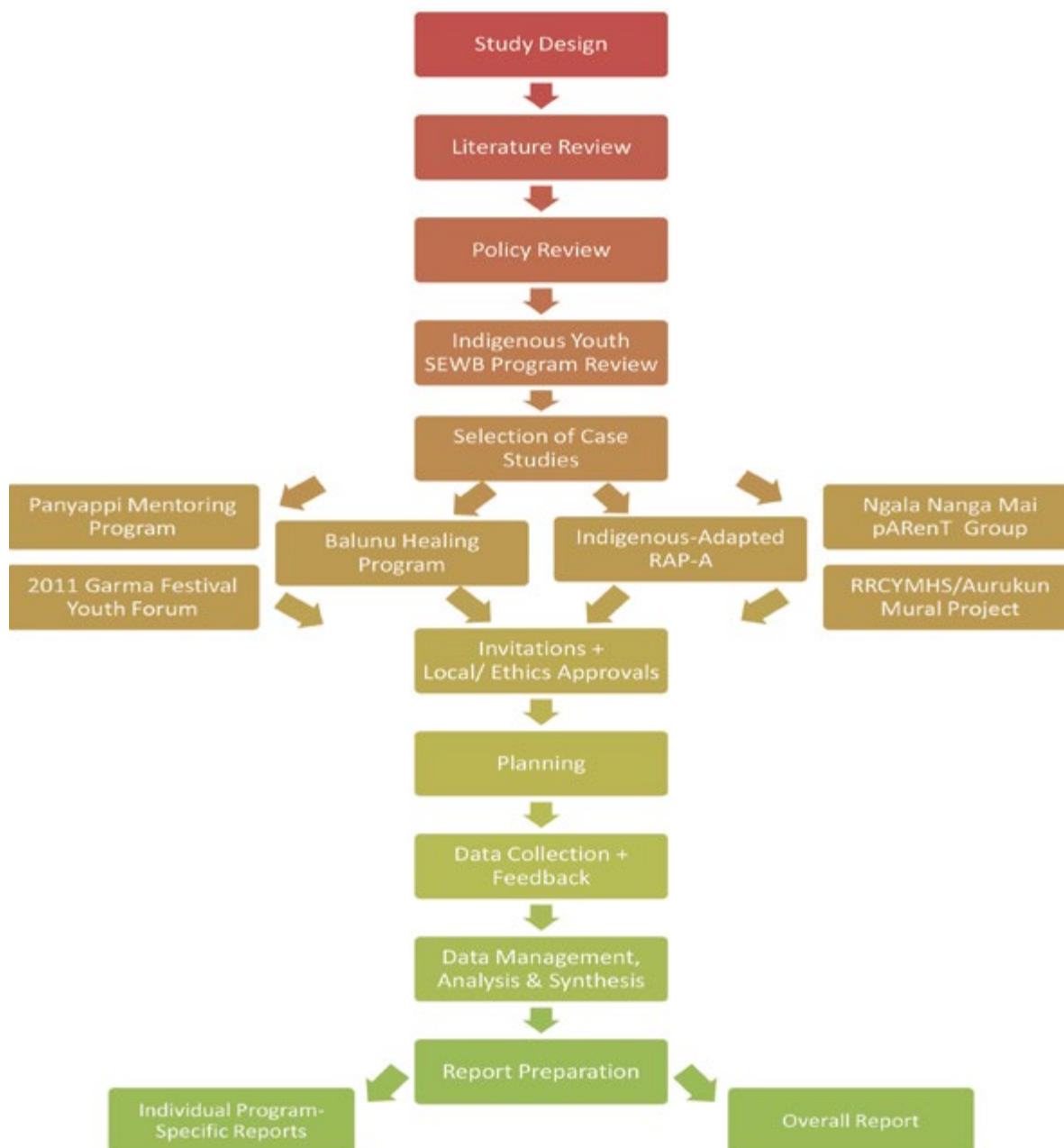
Informed by the literature, policy and program review described above, we selected, invited and recruited six programs to participate in the case study that offered maximum on-the-ground understanding of what works for Aboriginal and Torres Strait Islander youth extending beyond what has already been documented. Thus on the basis of sufficiently described quality, effectiveness and diversity, six programs were recruited across several Australian jurisdictions, operating in urban, regional and remote contexts, using a wide range of engagement methods and seeking a variety of specific outcomes, with an explicitly identified focus on the promotion of social and emotional wellbeing of Indigenous youth.

The case studies used qualitative data collection, management and analysis methods, to examine the critical success factors and implementation challenges experienced by six programs providing SEWB promotion, prevention, early intervention and/or treatment/support services for Aboriginal and Torres Strait Islander youth. Individual summaries are provided in Appendix A3; and full reports were provided to each program.

Task 4: Perform a meta-synthesis of the findings and prepare a report presenting and discussing essential understandings to promote better policy and practice

An in-depth, cross-case analysis of data was performed seeking emerging themes from the different program contexts in relation to program origin and development, program processes, strengths, challenges, overall vision and future potential (Chapter 3). This enabled the distillation of a set of core messages and diagrams to be created to efficiently communicate essential understandings of what this sector needs from policy and practice to foster their full potential in reducing Australia's Indigenous youth health and social gap (Chapter 4 and 5).

Figure 1. Schematic diagram of the tasks and activities that were undertaken in this project. Each activity built upon the process and findings of the previous one.



1.4 Context and core concepts

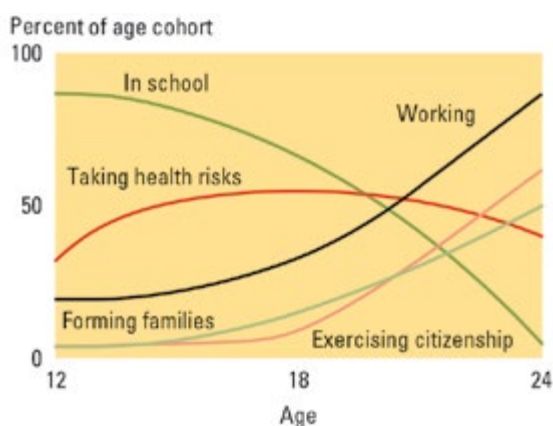
1.4.1 YOUTH

Youth, the period from puberty to young adulthood, is a time of growth and transition.

While expectations vary by historical period and place, current international literature refers to five core youth transitions: (1) continuing to learn, (2) starting to work, (3) developing a healthy lifestyle, (4) beginning a family and (5) exercising citizenship (World Bank 2006). These overlapping transitions occur at varying times in different societies, with early teens to mid-twenties generally considered the age range of youth (Figure 1).

Young people aged 12 to 24 years represent one fifth of the Australian population, or approximately 3.5 million persons. The State of Australia's Young People (Muir et al. 2009) showed that, by and large, young people are healthy, happy and productive. However, the report also highlighted some areas of real concern, including the relative disadvantage of Indigenous youth. While Australian adolescents and young adults are generally resilient, adapting to changing social conditions and adjusting goals and expectations to suit their time, some do not fare as well as others (Eckersley et al. 2005).

Figure 2. Five core youth transitions



Source: World Bank 2006, p. 10

Wyn (2009) has highlighted two key ideas prevalent in contemporary discussions of youth health and wellbeing. The first is the tendency to focus on young people as adults of the future and to downplay their role in the present, an approach that emphasises deficit and vulnerability and minimises their positive contributions. The second is the concept of a mainstream into which those 'at risk' will be integrated through targeted interventions, an approach that obscures the diversity of young people's lives.

In this project, we deliberately take a strengths-based and empowering, rather than problematising, approach, and seek to appreciate youth as youth and celebrate, not minimise, diversity.

1.4.2 INDIGENOUS AUSTRALIA

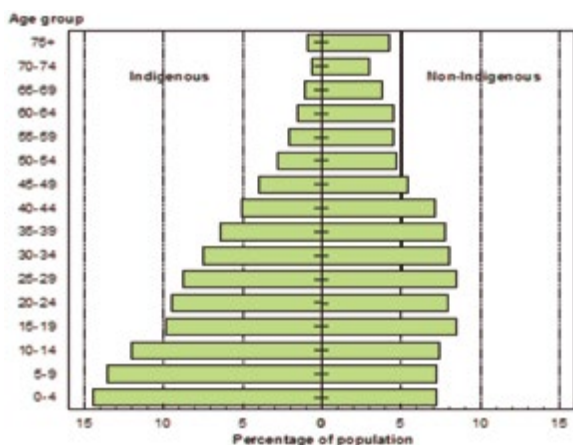
Projections from the 2006 Census of Population and Housing estimated an Indigenous population of 562,681 Aboriginal and Torres Strait Islander people at 30 June 2010, comprising 2.6% of the Australian population (Australian Bureau of Statistics 2009). The projection for NSW is the highest (165,190 Indigenous people), followed by Queensland (160,514), Western Australia (76,218) and the Northern Territory (68,559). The Northern Territory has the highest proportion of Indigenous people within its jurisdiction population (30.5%) and Victoria the lowest (0.7%).

Detailed information on the composition of the Indigenous population is not available for 2010; however in the 2006 census 463,900 people were recorded as Aboriginal, 33,100 as Torres Strait Islander and 20,200 as both Aboriginal and Torres Strait Islander (ABS 2007b). Almost 32% of Indigenous people live in major cities, 21% in inner regional areas, 22% in outer regional areas, 10% in remote areas and 16% in very remote areas (ABS 2007b).

Between 2001 and 2006, the estimated Indigenous population increased by around 58,700 (13%), with the largest increases in Western Australia (18%), the Northern Territory and Queensland (16%) (ABS 2007b).

The Indigenous population is much younger overall than the non-Indigenous population (ABS 2007b; Figure 2). According to the 2006 census, about 37% of Indigenous people were aged less than 15 years, compared with 19% of non-Indigenous people. Conversely about 3% of Indigenous people were aged 65 years or over, compared with 13% of non-Indigenous people.

Figure 3. Pyramid of Indigenous and non-Indigenous populations 2010



Source: Thomson et al. (2010) derived from Australian Bureau of Statistics (2009)

Although many Indigenous Australians have access to life opportunities and a good standard of living, others experience unacceptable levels of disadvantage in living standards, life expectancy, education, health and employment. Current data show significant gaps in these critical areas between the Indigenous and non-Indigenous populations (Steering Committee for the Review of Government Service Provision 2009).

This demographic profile of the Indigenous population means that areas of critical need include early childhood development, housing, education and transition to employment.

1.4.3 INDIGENOUS YOUTH

The proportion of Indigenous young people is high compared to the broader population. In 2006, Indigenous people accounted for 2.5% of the overall Australian population, with 3.6% of those aged 15–19 years and 2.8% of those aged 20–24 years (Muir et al. 2009).

Compared to their non-Indigenous peers, Indigenous young people are at much greater risk of poor educational attainment and performance and of being out of the labour force. They are more likely to be the victims of violent crime than other young people and are over-represented in the child protection system, the juvenile justice system and the adult prison population (Muir et al. 2009). In addressing this, Garvey (2008) has highlighted the need to acknowledge the diversity of Indigenous Australian experiences (both historically and in a contemporary sense), and the consequent implications for policy and competent and appropriate service provision. Others highlight the importance of capitalising on the strengths of Indigenous communities, such as strong and extended families, sense of community, neighbourhood networks, cultural identity and spirituality (Brough et al. 2004; VicHealth 2005; FaHCSIA 2006; Grieves 2009).

1.4.4 SOCIAL AND EMOTIONAL WELLBEING

The term ‘social and emotional wellbeing’ has a very specific set of meanings to Aboriginal and Torres Strait Islander peoples. It is of crucial importance to health and embedded, with culture, in the way that health is defined, as:

Not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life (NAHSWP, 1989, p. x).

This definition also emphasises that the social, emotional, spiritual and cultural wellbeing of the whole community is paramount in determining the health and wellbeing of individual members. Also essential for many Indigenous Australians, in both traditional and contemporary contexts, is the connection to land – “a connection that constitutes one’s sense of individual and social identity and responsibility” (Garvey 2008).

According to the South Australian Aboriginal Health Partnership,

Enjoying a high level of social and emotional wellbeing can be described



as living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community, control over one's environment and exercising power of choice (SAAHP 2005, p. 6).

It is important to recognise that traditional Aboriginal and Torres Strait Islander culture does not conceive of illness, mental or otherwise, as a distinct medical entity. Rather, as noted above, there is a more holistic conception of life in which individual wellbeing is intimately associated with collective wellbeing. It involves harmony in social relationships, in spiritual relationships and in the fundamental relationship with the land and other aspects of the physical environment. In these terms, diagnosis of an individual illness is meaningless or even counterproductive if it isolates the individual from these relationships (Swan & Raphael 1995).

Improving SEWB is essential to developing healthy, resilient individuals who contribute to building strong communities that in turn are imbued with a strong cultural, spiritual and community identity that supports all members to reach their full potential.

1.5 Terminology

Definitions and concepts such as those cited above underline the interconnections between spiritual, cultural, emotional, physical, behavioural, social and economic factors, and their collective importance for the health outcomes of individuals, communities and populations. Although the term SEWB is sometimes used interchangeably with mental health, many Aboriginal and Torres Strait Islander people feel that SEWB better captures the holistic connotations and interrelated contributing factors required for health and wellness. SEWB accommodates more meaningful recognition of aspects of Indigenous history and associated trauma and grief, while also acknowledging those conditions and behaviours regarded from a Western, biomedical perspective as mental

or behavioural disorders (Garvey 2008). For many Indigenous Australians, it is a way of subverting the stigma associated with mental illness (Henderson et al. 2007). However, we argue strongly that the term SEWB should not simply be used as a substitute for biomedical concepts of mental health and illness disconnected from its deeper meanings.

In this review, therefore, we use SEWB in a positive sense in order to deliberately shift the focus away from community and individual problems and pathology. We employ a variety of terms to refer to 'problem' or 'potentially problematic' behaviours or conditions, as appropriate (e.g., suicide, psychosis, depression, mental health problems, social and emotional difficulties). Such an approach is not intended to replace or minimise the value of previous work that has focussed on reduction of negative experience and suffering, but rather to supplement existing knowledge by focussing on aspects of strength and wellness (Seligman & Csikszentmihalyi 2000; Zimmerman 2000). Evidence is emerging that interventions at individual, community and structural levels can play important roles in supporting wellbeing and preventing mental ill-health.

Other concepts related to SEWB used in this positive sense, and especially relevant to youth, include resilience, social capital, empowerment and community-strengthening. Within a developmental framework, resilience is considered to be the attainment of wellbeing or positive outcomes, as indicated by the successful attainment of stage-salient developmental abilities and accomplishments, despite adversity (Burak et al. 2007). Resilience is viewed as a dynamic process that must be evaluated in the context of developmental stage and domain of functioning. Defined more broadly, as a function of the relationships between individuals and systems, resilience takes on some of the characteristics of social capital, which, at its core, refers to "the ability of people to secure benefits by virtue of membership in social networks or other social structures" (Portes cited in Brough et al. 2007).

Empowerment is generally understood to consist of personal, group and social aspects of power and capacity

ranging from leadership, resources and strengthened networks to critical thinking, trusting relationships and increased group participation (Labonte 1999). In the community development context, empowerment is defined as an active, participatory process through which people gain greater control, efficacy and social justice (Zimmerman 2000; Petersen & Zimmerman 2004). Empowerment approaches are particularly consistent with the ecological framework and holistic perspectives of health that resonate with Indigenous worldviews that recognize individuals as participants in the complex social, cultural and physical fabrics of their lives. A substantial body of research has demonstrated the value and impact of empowerment programs, such as the Family Wellbeing Program developed by and for Aboriginal Australians (Tsey & Every 2000; Tsey et al., 2005; 2007; 2009; Whiteside et al. 2006). This work has in turn contributed to holistic understandings and measures of empowerment, emphasizing its close connection with recovery of cultural and spiritual identity, social and emotional healing and positive relationships leveraging agency and positive change among individuals and families, organisations and communities (Haswell et al. 2010). Community-strengthening in urban Aboriginal settings also builds on the recognition of the fundamental importance of social and emotional wellbeing, both at the individual level and for economic prosperity of the whole community (Brough et al. 2004; Wyn 2009).

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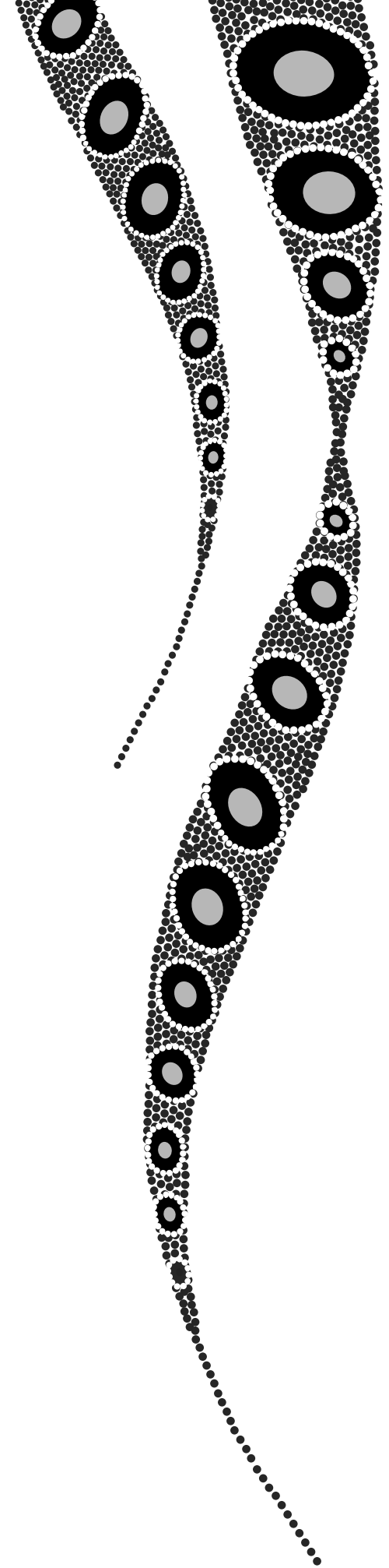
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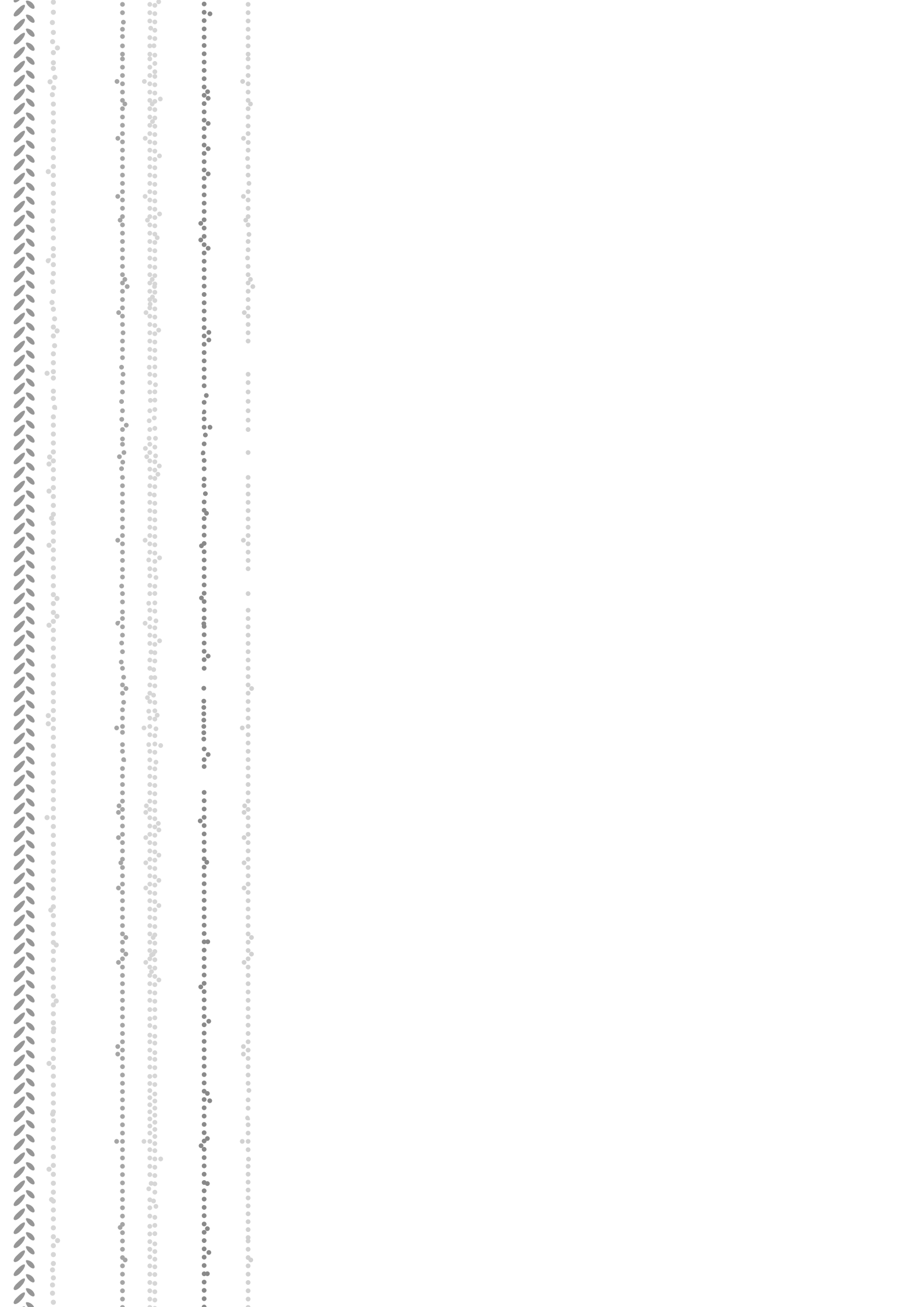
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KEY FINDINGS OF THE LITERATURE, POLICY AND PROGRAM REVIEWS

Strategies intended to optimise the health and wellbeing of Australian youth require a greater focus on the big picture of social change reshaping life today; on total health and wellbeing, not just ill-health; on the mainstream of youth, not only those who are marginalised and at risk; and on social and cultural resources as well as material and economic resources (Eckersley et al. 2005). Indigenous Australia has a particularly youthful population profile. A special focus on Indigenous youth is central to the process of ensuring the long-term emotional and spiritual wellbeing of Aboriginal and Torres Strait Islander communities and their ongoing survival and growth.

Getting the right policy settings and programs in place now will have great payoffs in the future because Indigenous young people, as the next generation of parents and community leaders, will have profound impacts on their children. Conversely, failure to respond to current challenges in timely, culturally-appropriate and effective ways will lead to greatly increased costs to society. An appreciation of the various levels of influence, both positive and negative, on Indigenous health and wellbeing is critical when considering the role of governments, non-government organisations, professional and community groups and individuals (including youth themselves) in such endeavours.

We conducted three reviews to harvest existing documentation of relevant research, guiding policies and current programs to examine current strategies and interventions. A full review document was produced which discusses the new but growing understanding of critical issues and promising approaches to improve Indigenous youth SEWB (Blignault et al. 2010). The methods and conclusions of these reviews are borrowed from the full documents provided in Appendices A1 and A2; only brief conclusions are provided here.

2.1 Literature Review – Summary

2.1.1 METHODOLOGY

This literature review involved a systematic search of electronic databases between 1970 and 2010, a targeted search of websites and a referred search directed by reference lists and bibliographies. The recent major Australian surveys that included aspects relevant to SEWB and youth were also included in this phase.

We searched the following electronic databases for peer-reviewed journal articles for articles published in Australia, Canada, the United States and New Zealand: Informit (covering numerous Australian databases), MEDLINE, CINHALL, Sociological Abstracts, PsycINFO and Google Scholar. The following search terms in various combinations were used: Indig*/Aborig*/Torres Strait Islander/Inuit/Alaska Native/Native American/American Indian/Maori, youth/young people/adolescen*, mental health, social and emotional wellbeing, social wellbeing, emotional wellbeing, psychological wellbeing, social determinants of health.

A targeted search was also conducted of reports and publications from the following institutes and research centres: Australian Institute of Health and Welfare (AIHW) (incorporating the Closing the Gap Clearinghouse), Australian Bureau of Statistics (ABS), Australian Institute of Family Studies (AIFS), Centre for Aboriginal Economic Policy Research (CAEPR), Productivity Commission, Australian Indigenous Health *InfoNet*, and Lowitja Institute – Australia's National Institute for Aboriginal and Torres Strait Islander Health Research (incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health, CRCATSIH).



Finally, the review included reported data from the *2004-05 National Aboriginal and Torres Strait Islander Health Survey* (NATSIHS), the *2005 Western Australian Aboriginal Child Health Survey* (WAACHS), and the *2008 National Aboriginal and Torres Strait Islander Social Survey* (NATSISS), as well as the *Household, Income, Labour Dynamics Survey of Australia* (HILDA), the *Longitudinal Survey of Australian Children* (LSAC) and the *Longitudinal Survey of Australian Youth* (LSAY).

2.1.2 CONCLUSION

Research into SEWB (or 'mental health' as opposed to 'mental illness') is relatively new in the mainstream literature and very new in the Indigenous context. As anticipated, this review of the peer-reviewed literature up to 2010 identified only a relatively small number of publications with specific relevance to this project.

In practice, most of the relevant literature has been published since 2000; the few earlier articles published between 1970 and 1999 on social and psychological issues for Indigenous young people are largely problem- or pathology-focussed, with studies on substance abuse and suicide particularly common. Research is mostly focussed on individuals, although there is emerging interest in the social and community dimensions of SEWB and in developing and testing socio-ecological interventions for health and wellness.

On the whole, this review of Australian and international literature has demonstrated that the evidence base relating to Indigenous SEWB is very limited. Although the amount of available data has increased over the past decade, much of the research has been problem-focussed, and there are many critical gaps in knowledge. The narrow emphasis on the negative aspects of Indigenous individuals and communities has meant that the positive aspects have not been properly recognised and upheld. There is an urgent need for more research focussed on resilience and protective factors as well as risk factors, including context- and culturally-sensitive evaluations of promising initiatives and multifaceted intervention studies in urban, regional and remote settings.

The literature has shown broad consensus that investments in young people need to recognise the challenges faced by youth and to build and enhance their capabilities, voice and strengths to meet these challenges. Young people need hope, opportunities and choices, which they can combine with the relevant skills and resources to move forward and succeed. However there is a serious lack of reported research up to 2011 that can provide a deeper understanding and measurement of the contributions of specific programs to improving Indigenous youth SEWB in local contexts. Nor is there literature providing broader understanding of the common critical success, sustainability, growth and structural factors that determine their impact and enhance their capacity to leverage long term change.

2.2 Policy Review – Summary

2.2.1 METHODOLOGY

This review examined all existing Commonwealth and State and Territory policy documents relating to Aboriginal health and wellbeing, as well as those relating to mental health and to youth up to the end of 2010. These were downloaded from the World Wide Web and examined for references to Indigenous youth SEWB. It should be recognized that while these particular policy areas have special relevance for Indigenous youth SEWB, responsibility extends to other policy areas including, among others, families and communities, education, employment and law and justice.

2.2.2 CONCLUSION

By 2010, significant policies had emerged at the national and state/territory levels to guide government action towards ensuring that Aboriginal and Torres Strait Islander peoples have an equal opportunity to enjoy healthy lives enriched by strong cultural ties, dignity and justice. In addition, over the previous decade government policies had given increasing attention to the health and wellbeing of Australia's young people.

The Council of Australian Governments (COAG) recognises Aboriginal and Torres Strait Islander people as Australia's first peoples and connection to culture as central to their mental, physical and spiritual wellbeing. Cultural awareness and competency among policy makers and service managers and providers, the elimination of overt and systemic discrimination and the implementation of culturally appropriate and effective programs underpin the COAG-supported Closing the Gap strategy.

All Aboriginal and Torres Strait Islander health policies adopt a holistic view of health and explicitly or implicitly recognise, in their key priorities and actions, the importance of mental health and social and emotional wellbeing for the overall health of Indigenous individuals and communities. However, whilst a national framework was in place between 2005–2009 (NATSIHC & NMHWG 2005), South Australia is the only jurisdiction that has developed a specific social and emotional wellbeing strategy for Indigenous people (SAHP 2005).

Recent mental health policies emphasise the importance of broader SEWB as a fundamental pillar of good mental health. They call for a whole of government approach as well as a life course approach, with multisectoral interventions and services planned around developmental and life milestones, rather than simply age. In addressing the needs of Indigenous Australians, particularly young people, emphasis is placed on promotion of good health and prevention and early intervention for mental health problems, including programs that build individual and community resilience and capacity, as well as access to effective, culturally appropriate and well-coordinated services. Social inclusion is a strong theme.

Youth policies are generally focussed on the 12–25 years age group and, possibly reflecting strong youth and community inputs, are generally framed in a positive and empowering, rather than negative, way. They highlight the many personal and social challenges facing young people today and the need for government agencies, non-government

organisations and communities to support them in living and shaping their lives. The NSW youth plan places special emphasis on helping young people make good choices in relation to their mental health (NSW DCS 2006). Most youth policies identify Indigenous youth as a subgroup requiring special consideration.

2.3 Program Review – Summary

2.3.1 METHODOLOGY: INCLUSION CRITERIA

For the purposes of this review, we restricted our attention to formal programs and services specifically developed to address SEWB (or 'mental health' in the positive sense rather than mental health or psychosocial problems) that reflected this orientation in their aims and objectives and that identified youth as a target group. We also included some multifaceted programs that also address other elements (e.g., drug and alcohol or suicide awareness) and other groups (e.g., adults), as well as SEWB and youth.

As noted by Garvey (2008), due to the holistic nature of SEWB, many initiatives and programs could be regarded as affecting SEWB even though the activities may not have been designated as such. Thus, some boundary setting was necessary. In this review we had to rely on information that we were able to access on the web or as written documentation (mainly reports, with some journal articles) in order to determine whether or not programs met our criteria. There are undoubtedly many programs around the country that seek to promote or improve SEWB as an integral part of what they do, but do not explicitly state this in their aims and objectives. Although such programs have been excluded here, we acknowledge their value for Indigenous youth SEWB.

Another area where boundary setting was necessary was around the explicit mention of young people as at least part of the target group. There are probably many excellent programs for Indigenous people where young people who attend gain support for their



SEWB. Once again, the exclusion of such programs here is not meant to cast doubt on their value for Indigenous youth SEWB.

Finally, we are very aware that much good work happens that is informal and undocumented. Our own experiences suggest that in any community there are numerous examples of grassroots activities run by community members and youth themselves on a shoe-string budget, e.g., homework groups, breakfast clubs, sports and creative arts, culture camps and so on. Although we were not able to incorporate this vast range of important but informal activities in this review, we acknowledge their likely capacity to strengthen many Aboriginal and Torres Strait Islander young people in unique and important ways.

2.3.2 REVIEW PROCEDURE

In addition to searching the academic literature, we collected a substantial amount of unpublished (grey) literature for review, making use of the Australian Indigenous HealthInfoNet website¹ and our own extensive resource collection and networks. All documents retrieved were read by at least two project team members, and those judged to be relevant were further scrutinised. Consistent with current international thinking (World Bank 2006), we considered programs that developed young people's capabilities, that provided them with opportunities and second chances, and that operated at individual, family, organisation, community and societal levels.

Our search of peer-reviewed journals for reports of Indigenous youth SEWB programs that met our criteria produced few results for Australia, or for Canada, USA and New Zealand. Not surprisingly, most of the published work was conducted with university partners. An exhaustive review of the grey literature (including government reports, organisation annual reports, program evaluations and descriptions, theses and other unpublished material) resulted in a richer haul. However, as discussed below, the evidence base in this area is limited.

Despite the importance of this issue, information on the effectiveness of programs – what works and how it works – is scarce.

2.3.3 FINDINGS AND CONCLUSIONS

The quality of the evidence for what works in Indigenous youth SEWB, and how it works, is patchy. Of the 41 programs and services examined in this review, only 15 had been formally evaluated. Nevertheless, drawing on these as well as the more numerous program descriptions and reports, we can venture the following general conclusions.

Programs that have been successful in promoting Indigenous youth SEWB have embodied the key principles set out in the *SEWB Framework* (NATSIHC & NMHWG 2005). Although diverse in form/model and in the settings in which they are applied, they share a commitment to Indigenous self-determination, they acknowledge Indigenous history and the need to address the upstream social determinants of SEWB as well as current issues (i.e., sources as well as symptoms), and they recognise and build on the strengths of Indigenous culture, community and family.

Successful programs pay careful attention to both content and process; they deliver culturally appropriate content in a culturally appropriate way. The program content is relevant to the Australian Indigenous context, as well as the local Indigenous context; is holistic in approach, encompassing the physical, emotional, mental, cultural and spiritual dimensions of health; and is rooted in respect for Indigenous culture and identity.

The review of programs above confirms the value of strategies that are developed and led by local people (a 'bottom-up' approach) and that have an impact at multiple levels. Even where the focus is the individual, strengthening community and culture — including establishing or re-establishing connections with family and country — is a common feature. Sharing stories about how challenges were experienced and overcome

¹ Australian Indigenous HealthInfoNet, section on Social and emotional wellbeing (including mental health) – Programs and projects
<http://www.healthinfonet.ecu.edu.au/other-health-conditions/mental-health/programs-and-projects>

appears to be another important component of the process (both reinforcing and inspiring), and is applicable at each of these levels.

Some of the effective programs specifically target young people, while others include them as an important subgroup within a broader community program. Successful programs for school-aged youth adopt a family-inclusive approach, which acknowledges the importance of engaging with the young person and his/her family, as well as of rebuilding and strengthening family connections. Most successful programs in some way engage the broader community too, bringing to bear the skills and experience of Elders, involving older Indigenous community members as mentors and role models, and drawing on relevant skills and resources from the non-Indigenous sector.

Mainstream models or Indigenous programs imported from other places need to be adapted to the local context. Those mainstream programs found to be successful invariably worked in close partnership with the local Indigenous communities and, if not Indigenous-led, placed strong emphasis on employing and empowering Indigenous staff. Successful national, statewide and local programs have strong Indigenous representation on steering/ advisory committees. It is critical that non-Indigenous mental health systems and workers respect Indigenous community values and aspirations and ensure that they are taken into account in their operations and policy making (Collard & Palmer 2006).

Building the skills and qualifications of workers is an issue, and many programs have a training component for staff, in addition to building education and employment pathways for program participants. To ensure continued growth and development, it is important not to take for granted the increased levels of voluntary participation required of Elders and community leaders and the considerable demands that the projects place on organisational infrastructure.

A long-term perspective is also needed. Indigenous youth SEWB programs need to operate at an age-appropriate pace and adopt methods that are not overly bureaucratic

and that value the input of the local community, especially the young people of the community.

In summary, the following factors emerged from this review as being critical for success in working with Aboriginal and Torres Strait Islander young people:

1. Demonstrate strong commitment to broad Indigenous self-determination;
2. Embrace a deep understanding of Indigenous experience in both past and present and the contexts in which young people live;
3. Recognise, respect and build on the strengths of Indigenous culture, identity, community and family – with built-in flexibility for participants to make it their own;
4. Strive to connect people, share wisdom and experience through stories and creative expression and foster strengths through engaging activities and role modelling;
5. Ensure that both process and content are holistic and encompass the physical, emotional, mental, cultural and spiritual aspects of health; and
6. Operate from a long-term commitment and perspective with close attention to workforce development and infrastructure that will ensure sustainability.

2.4 Overall assessment of the three reviews

The key findings of the literature, policy and program reviews that guided the project were:

1. There is a reasonable understanding of the needs, risk circumstances and negative consequences of poor social and emotional wellbeing that Aboriginal youth are facing and experiencing;
2. Policy documents and current programs provide clear descriptions and principles defining appropriate ways of working, desirable outcomes to pursue and the basic resources needed to pursue them;



3. A number of common factors critical to the success of Indigenous Youth SEWB programs are clearly identifiable and well supported from existing information;
4. However, there is a serious lack of guiding information on three main aspects with policy and practice implications:
 - what needs to happen at the youth: program interface to enhance opportunities for life transforming experiences to take place;
 - how can programs with the capacity to successfully operationalize these critical success factors be identified to enhance resource allocation decisions;
 - what challenges are these successful programs currently facing that make them vulnerable;
 - and how can these programs be best supported to ensure their sustainability and nurture their growth to their full potential.
5. There is also an urgent need for stronger evaluations using appropriate methods and measures to add to the knowledge and evidence base to guide policy and practice in future resource allocation decisions in our increasingly outcomes-oriented world.

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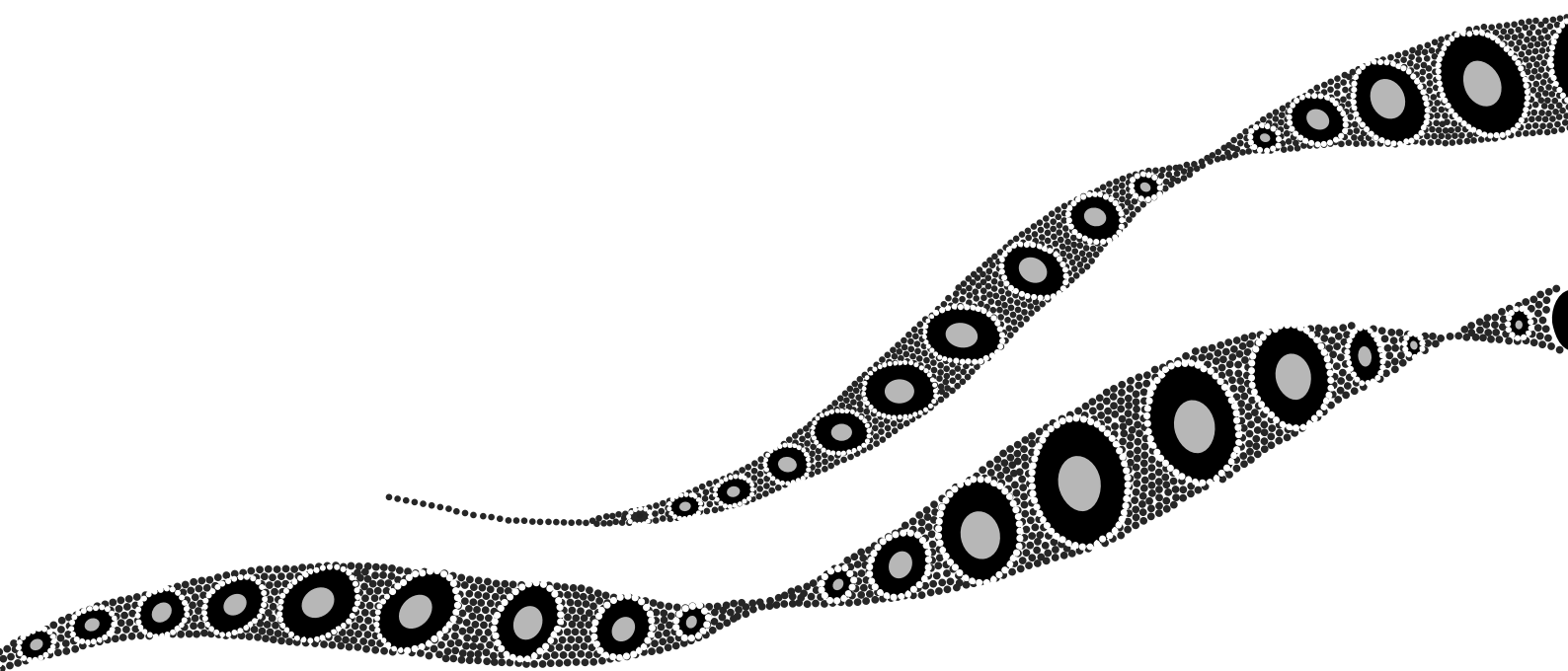
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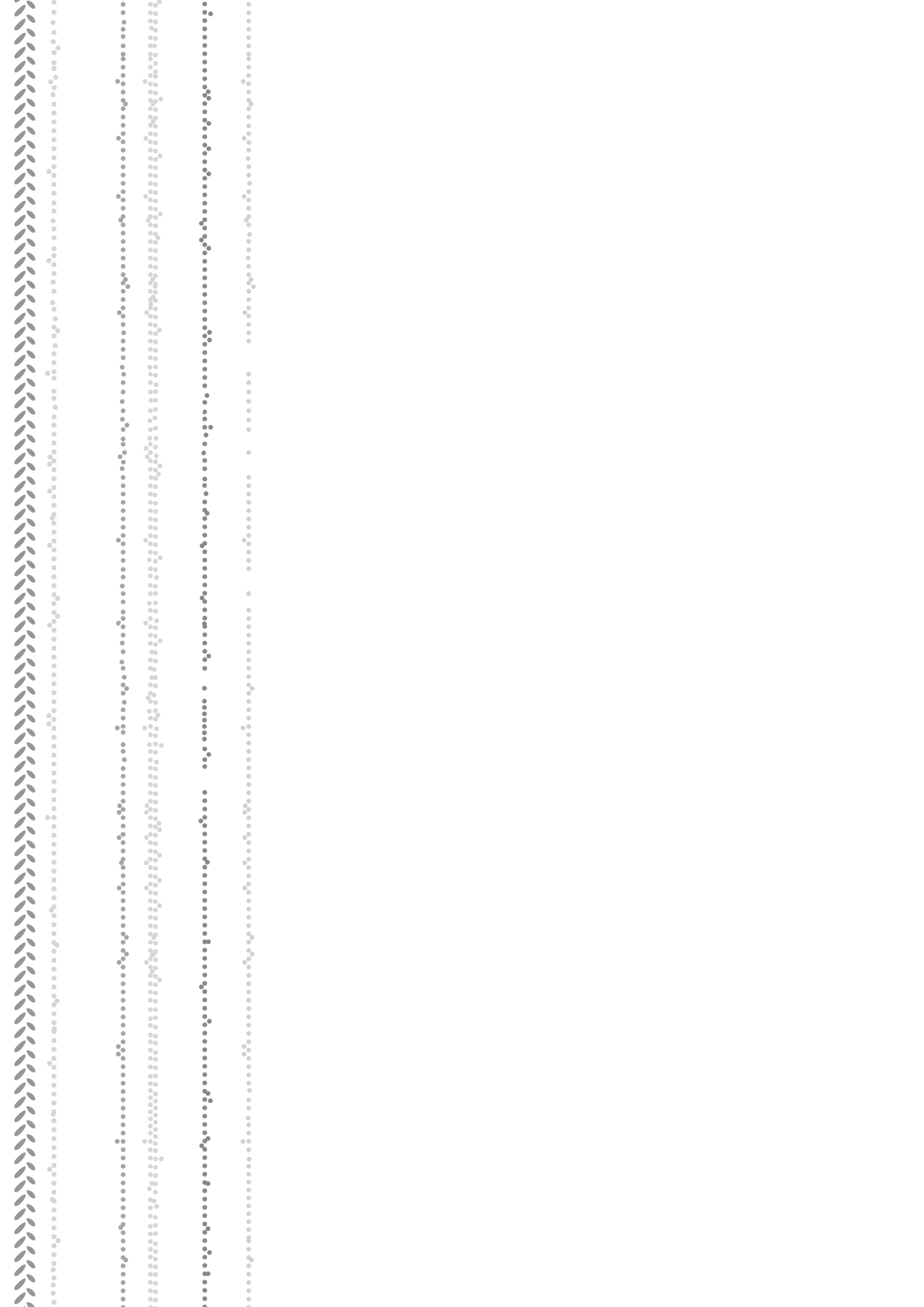
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KEY FINDINGS FROM THE CASE STUDIES

This chapter briefly describes the case study methodology employed to gain a deep and comparable understanding of each of the six programs selected for case study. We then provide a short descriptive summary of each program and examine their collective diversity in a series of Tables to highlight the broad and varied landscape of Indigenous youth wellbeing activity that informed the analysis and synthesis. Finally we then present the major themes that emerged in cross-case analyses exploring:

- What does it take to provide effective support to Aboriginal and Torres Strait Islander youth across the diversity of settings? How are these programs seeking to provide this?
- What makes a program strong and sustainable? How are these programs striving to achieve this?
- What is the full potential of these programs? What challenges and barriers are holding them back? What can policy and practice do to support their realisation?

For readers interested in further program-specific detail, Appendix A3 provides extended individual summaries of each of the six programs. These summaries examine the specific reasons for selection, the origins and developmental highlights and the challenges encountered during establishment phases. Also described are the strengths and impacts of each program, and barriers and the challenges they currently face (in 2011 and 2012) in achieving their maximum potential. Finally, key messages for policy emerging from the data and within the specific context of each individual program are provided.

3.1 Summary of methods used in the six case studies

A multiple case study approach was used for this project because of the recognized need for a greater understanding of how policy can best promote program delivery in the many diverse settings where youth SEWB promotion is occurring and/or needed. Case studies are particularly valuable because they are able to capture common and diverse aspects of perspectives and insights from people involved as program developers, managers, deliverers, stakeholders and participants. Using approaches consistent with the structured, focussed method of George and Bennett (2005), we were able to tailor our studies appropriately to each setting generating context-specific understandings and also analyse, and then synthesise, the information to produce broadly applicable insight for Indigenous youth policy and practice generally (Huberman & Miles 2002). This method of learning is also consistent with the holistic definition of health and the valuing of diverse on-the-ground experience and perspectives sought.

To shed light on these essential elements, we sought comparative and detailed insights from each case under broad categories of:

- **History**

How did the program first come into being? What initial challenges were faced? Has it experienced major stages, changes and shifts? What strategies were used to respond with these changes?



- **Process and actions at the program level**

How does Program function? Where does it sit? What have been the successes and challenges in maximizing the capacity of the program to be effective, survive, sustain and grow? What relationships does the program have with the community, other services, funders and government?

- **Process and Impacts at the youth: program interface**

How do young people become aware, involved, engaged? What happens in the program and what tools and processes are used? What change does the program bring about among participants? What are the successes and challenges in achieving maximizing positive impact?

- **Long term sustainability**

What are the programs most important achievements? What have been the main enablers, inside and outside the program? What ideas do program leader and staff have for growth and improvement? What challenges have been or are being faced? What solutions have been found? What is its full potential? What support is needed to achieve this?

All six case studies employed primarily qualitative data methods to holistically explore these aspects through document analysis, semi-structured interviews and participant observation. Internal and external evaluations, research publications, websites and reports were examined where available as primary and secondary data sources. The interviews were conducted in an open-ended, yarning style with informants who played a variety of roles in the development, management, delivery and participation in the program. Transcriptions and program summaries were provided back to interviewees for improvement and correction if necessary.

Individual and cross-case analysis of the data provided a deep understanding of the program, where possible, described from multiple perspectives through information provided by the informants and in program documentation. These were also reviewed, clarified and improved in feedback sessions with informants and program leaders.

In order to stimulate thinking and guide discussion around the aspects of social and emotional wellbeing that many of these programs aimed to promote, interviews with youth participants from the Ngala Nanga Mai pARenT Group Program, the Panyappi Mentoring Program and the Balunu Healing Program included the completion of all or some scenarios within the Growth and Empowerment Measure (GEM) (Haswell et al. 2010). The GEM is a strengths-focussed measure of emotional wellbeing and social connectedness that seeks to reflect the complex process of change that people experience as they gain confidence and capacity in their lives.

3.2 Brief summary of the six case study programs

The six programs were selected for case study according to their capacity to provide new information for policy and practice across a diversity of settings and circumstances. The criteria that influenced selection and a description of achieved diversity across the case studies that were carried out are described in Section 3.3. A brief summary introduction of each program is provided below.

The six programs that were selected for case study are:

- Panyappi Mentoring Program in Adelaide, South Australia.
- The 2011 Garma Festival Youth Forum held in Arnhem Land, Northern Territory
- Indigenous-adapted Resourceful Adolescent Program (IRAP) in Dubbo, NSW
- Balunu Healing Program in Darwin, Northern Territory
- The Ngala Nanga Mai pARenT Group Program in La Perouse, Sydney
- The Remote Region Child and Youth Mental Health Service based in Cairns and providing services to Cape York and the Torres Strait and Northern Peninsula Area in Queensland with special focus on its support of the Mural Project in Aurukun.

The Panyappi Mentoring Program is provided by the Aboriginal-managed Metropolitan Aboriginal Youth and Family Service in Adelaide, South Australia. The word Panyappi means “Little Brother or Little Sister” in the language of the Kaurna People indigenous to Adelaide and the Adelaide Plains. The Panyappi Program adopted this name to guide the development and delivery of a mentoring program designed specifically to meet the needs of Aboriginal youth, primarily those living in the Adelaide area. In addition to youth from urban Adelaide, the program also provides support for youth from the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands whilst in Adelaide due to involvement in the juvenile justice system.

The program emerged from concern about the growing number of Aboriginal youth in Adelaide’s central business district after midnight at risk both of being victimised and of becoming participants in unlawful activity. It supports a casually employed streetwork team that locates and provides safe transport home for these youth on the weekend. A larger mentoring program emerged through a process of follow-up with the families of these youth. This program has enabled young adult full-time mentors to engage in enjoyable, one-on-one activities with youth experiencing varying levels of difficulties with the juvenile justice system, South Australia Department of Families, or school. The direct individual mentoring support promotes self-esteem, emotional regulation skills, and cultural identity and motivates mentees to identify and pursue their aspirations.

Panyappi also focuses on healing relationships within families and provides whole family support where possible. These psychological and social impacts are amplified and sustained through a network of linkages that assist youth to take part in group-based opportunities within the Metropolitan Aboriginal Youth and Family Services or connect with other services and programs. Together these processes assist Aboriginal youth in the Adelaide area to recognise their strengths, identify their goals and address their social and emotional, educational, safety and legal needs to deal with significant challenges at a crucial time in their lives.

Set within a relatively large, fully Aboriginal-led and -staffed service, Panyappi has shown itself to be effective, accountable, and well interlinked with other services. It has built strong respectful relationships and works in harmony with the Aboriginal community. The power and impact of the mentoring relationship on the young people’s lives were clear from interviews with two participants. The overall message from key stakeholders working with youth in schools, juvenile justice settings and out of home care was that the mentoring provided by Panyappi is highly valued and more is needed because the program addresses critical needs so well.

The 2011 Garma Festival Youth Forum was attended by 150 youth from around Australia from August 5 to 8, 2011. The Youth Forum was nested within the **13th Garma Festival of Traditional Culture** that attracted 2,500 people to celebrate the Yolngu (Aboriginal people of Northeast Arnhem Land) culture. Presented by the Yothu Yindi Foundation, Garma is a drug and alcohol-free event that incorporates visual art, ancient storytelling, dance and music in addition to other important forums and education and training programs relevant to cultural tourism, culture and leadership. As a result of feedback about the youth program in 2010, which had been organized under extreme time and resource constraints, a commitment was made to substantially build up the Youth Forum in 2011 to meet the overall quality expectation of previous festivals.

The 2011 Youth Forum provided a very rich experience with an approach of structured flexibility with offerings such as song writing, dance, weaving to stargazing, as well as the chance to speak in the Festival’s Key Forum. Reflections on the 2011 Youth Forum were almost universally positive and the immediate impacts on the young participants were evident to everyone there. The youth who contributed to the Key Forum summary spoke of why they attended the festival, how it had affected them and how the process of reconciliation was fundamental to their priorities. The non-Indigenous students spoke vividly of having their eyes opened to an Indigenous Australia about which they knew little or nothing. The Indigenous students from



southern and eastern Australia—largely non-Indigenous communities—discovered a new pride in their Indigenous heritage.

Indigenous students gained a strengthened sense of identity as Indigenous Australians, renewed pride in their own heritage and in the powerful Yolngu heritage, and increased confidence to speak out and share this aspect of themselves with their peers and communities. Yolngu youth were empowered through the experience of sharing and connecting, and many were involved in festival preparation as well as in Youth Forum activities. Yolngu Elders shared knowledge of the Yolngu world view and ways of being with the younger generations. Stories of the Youth Forum and the broader Garma experience were shared peer-to-peer, with family and friends and, in some cases, with the wider community, contributing to the broader process of reconciliation between Indigenous and non-Indigenous Australians. As result of their inclusion in the festival summary, the voices of youth were heard, for the first time, in the Garma Festival Report.

Indigenous-adapted Resourceful Adolescent Program for Adolescents (IRAP-A) emerged in 2005 from a well-known, extensively evaluated strengths-based program designed to universally promote resilience and social and emotional wellbeing among young people in the school setting called the Resourceful Adolescent Program (RAP). The RAP-A (the component of RAP targeted directly at adolescents) was designed in 1997 for delivery to all 12- to 15-year-old students as a core component of the Personal Development / Health / Physical Education (PD/H/PE) curriculum. Informed by cognitive behavioural and interpersonal theories, RAP-A promotes self-awareness and emotional regulation. RAP-A program developers adopted a universal, promotion approach to facilitate program acceptance and confer benefits to all students, rather than a selective approach that specifically targets students 'at risk' and can potentially increase stigma.

The Indigenous-adaptation process for the adolescent program, RAP-A, resulted from a collation of experiences and innovations from

teachers and schools who had delivered RAP-A with Aboriginal students. Guidelines emerged to assist, but not dictate, its delivery process and enhance, rather than replace, the existing RAP-A format and manual. A major advantage of this process was its rejection of a "one size fits all" approach, encouraging instead local guidance for diverse Aboriginal communities.

The IRAP-A was implemented in Western NSW using the Guidelines for Adaptation and Implementation in 2005. Consistent with the Guidelines, Aboriginal staff played leadership roles in planning and adaptation, assisting non-Indigenous teachers in understanding the adaptations made and determining how it would be delivered. It was delivered to 380 students from four schools with significant Aboriginal populations in three rural communities through 11 weekly sessions during PD/H/PE theory class and additional small-group work to model active listening, problem solving and role-playing skills and build rapport. By all accounts, the IRAP-A was highly successful in Western NSW schools; with particularly valued characteristics being:

- The capacity for Aboriginal school staff to take up key visible leadership roles;
- Its universal rather than selective nature, which minimised associated labeling, stigmatisation or potential exacerbation of bullying;
- Its strengths-based approach, rather than focussing on correcting deficits;
- Its adaptability to fit into Western NSW camps, school periods and terms;
- Its flexibility in replacing culturally inappropriate metaphors, such as replacing the idea of building a brick wall for protection (as per the "Three Little Pigs") with creating a healthy river with lily pads and fish; and
- Its ease of administration; fitting into school periods and meeting curriculum requirements.

The Balunu Indigenous Youth Healing

Program is delivered through the Balunu Foundation and has a strong and direct focus on healing through culture, spiritual awareness and caring for country. The central feature of this program is its nine day residential healing camps held at Talc Head, across the harbour from Darwin, on the traditional land of the Larrakia people, a place of substantial historical significance in pristine natural surroundings. Ongoing funding has been provided by the Northern Territory Department of Health and Families and the Australian Government through FaHCSIA.

Over the nine days the program leaders and staff endeavour to promote the development of positive relationships; encourage the youth to 'slow down' and reflect on their lives; provide structure, routine, consistency and predictability; identify and focus on each youth's strengths and positive behaviour; encourage participation in activities that reconnect the youth with their culture; promote healthy lifestyles; facilitate skill/knowledge development; and teach new ways to express needs and cope with emotions and life experiences.

Balunu's vision is to break the cycle of Indigenous disadvantage by targeting youth and reconnecting them to their true identity, dealing with the underlying issues they face and equipping them with the necessary tools to make strong choices. Balunu seeks to instil a cultural identity among Indigenous youth at risk through a culturally appropriate healing program that builds self-belief and self-esteem, while assisting them to overcome the wide range of challenges they face as young Indigenous people in today's society (Balunu Foundation 2010). The peaceful and isolated camp setting and the safe social environment provide a rare opportunity for self-reflection and future planning that can be life-changing. Linkages and referrals to other government and non-government agencies are an important part of the follow-up, however a lack of funding has not allowed this to occur systematically.

The Ngala Nanga Mai Young pARent Group

Program in La Perouse, Sydney evolved from observations that more support was needed for the young mothers of the La Perouse community by the staff member who now supports the program in her role in child health. She was concerned about the social isolation, lack of aspirations, barriers and emotional challenges facing young parents. With community endorsement, she gained support from the Community Paediatrician and won funding for a Program Implementation Officer to coordinate and run the program and goods and services to establish a parent group. Now in its fourth year, the program is successfully using group artmaking as a tool for engagement and building confidence, and offering young parents and their families educational and social networking opportunities (Osborne et al. 2012).

Participants, mostly women, attend twice-weekly art sessions at the La Perouse Community Health Centre, while their children engage in activities. In these sessions, the group creates a safe creative learning and sharing space that provides benefit to the young parents and their children. Artmaking within this space contributes to a strengthened spirituality and connection with Aboriginality, enhanced self-worth and confidence and a sense of calm and unity. This has increased interest and support for continuing education, growth and confidence in parenting skills, the dedication and skills of the Project Implementation Officer and the provision of food and transport. There were also indications of a healing effect from the artmaking as "a doubled edged thing, a beautiful thing that happens... A making in order to celebrate, but also in order to signify loss" (p. 38).

Despite funding and space restrictions, a two year evaluation has suggested that participants are becoming increasingly empowered, feeling more connected with their communities and more confident in themselves and their abilities. The group itself is also increasingly reaching out to others in their activities, for example, donating collaborative artwork to a charity to raise



funds for flood victims in Queensland and planning for fundraising through their art sales, volunteering, organising benefit nights, donating money to children's hospitals, and developing a mentoring program with younger mothers. The program also had its own Facebook page, but this has been taken down due to hospital policy issues. One exciting potential is the participants' drive to develop its own workforce capacity to extend the program's reach.

The Remote Region Child and Youth Mental Health Service (RRCYMHS) (before 2012 called the Remote Area Child and Youth Mental Health Service (RACYMHS)), based in Cairns provides a two-pronged therapeutic and community engagement service to Cape York and the Torres Strait and Northern Peninsula Area in Queensland. Over its ten year development period, the Service created unique documentation of the origins and rationale for the stepwise development of a state-run, locally responsive mental health service. These are based on core Indigenous principles of empowerment, social and emotional wellbeing and self-determination. The recent **Aurukun Mural Project** supported by the Service illuminates the opportunities and complexities that arise when working in an isolated, remote located Aboriginal community in the Cape York region.

From an ad hoc service with no designated staff, to one clinical psychologist in 2001, to its current team of eleven practitioners (psychiatrist, psychologist, social workers, mental health nurses, and Indigenous mental-health workers) in 2012, it is clear that this program has shown remarkable growth and is still expanding. A major strength has been the consistent multi-level valuing of the service by the communities, the Remote Region Mental Health Service team leaders and clinicians, and the special district, area/regional and state mental health service executives. It also excels in creating functioning linkages with other service providers throughout Cape York communities.

The development of the RRCYMHS's model of service was based on an emerging acknowledgment of the dual importance of clinical practice and community

engagement activities to establishing and maintaining mental health and wellbeing in remote Indigenous communities. Through its community engagement activities, the Service was able to effectively support the Aurukun community in its Mural Project, which local service providers considered an important, pride- and esteem-building experience for the community's young people that contrasted sharply with their difficult everyday lives. One service provider sensed its potential contributions towards a turning point of engagement where young people could see themselves as part of broader, positive change in the community as a whole. Another suggested that the lasting presence of the mural would serve as a symbol of the resilience and dignity of the community in the face of the constant ups and downs of remote community programs.

3.3 The diversity across the six programs

As described in Chapter 1, a set of six case studies were selected purposively to offer maximum on-the-ground understanding of what works for Aboriginal and Torres Strait Islander youth extending beyond what has already been documented. Thus on the basis of sufficiently described quality, effectiveness and diversity, six programs were recruited across several Australian jurisdictions, operating in urban, regional and remote contexts, using a wide range of engagement methods and seeking a variety of specific outcomes, with an explicitly identified focus on the promotion of social and emotional wellbeing of Indigenous youth. The Tables below detail the diversity that was achieved according to the criteria.

MUST HAVE – EVIDENCE OF PROGRAM QUALITY

As no debate emerged in the research literature, policy or program reviews about the crucial benefits of these factors when working with Indigenous Australians, it was decided that it would not be a priority to examine programs that were considered to be functioning well. It was deemed more useful to recruit programs built on 'high quality' social and emotional wellbeing principles that would possess the necessary depth of experience, potential insights and positive impact on youth in trying to achieve them as much as possible. We therefore sought programs with a clear aim and some evidence of well-informed, quality approach and implementation processes.

All six studies had documentation available that demonstrated commitment to most or all of these critical factors associated with success. Most were well established over several years, while some were relatively new. They also showed maximum diversity across a number of other desired criteria, as shown in Tables 1 through 4.



Table 1. Selected programs provided a range of opportunities for learning more about common youth program challenges

Program	Key unique learning dimensions offered by the Programs
Indigenous-adapted RAP	Insightful experience regarding a carefully devised adaptation process from a mainstream to an Indigenous appropriate program
RRCYMHS / Aurukun Mural Project	Extensive unpublished but available documentation of a 10 year research-informed development process of an innovative mental health service to respect community needs and voices
Panyappi Mentoring Program	In-depth understanding of a program embedded within an Aboriginal-led, managed and staffed service within a government department and with strong functional service linkages
2011 Garma Festival Youth Forum	Unique example of a youth-specific program emerging out of one of the country's best known and highly respected festivals sharing Aboriginal culture and fascinating interfaces between urban and very remote dwelling Aboriginal youth (Yolgnu and Scotch College, Victoria) and Aboriginal and non-Indigenous students
Balunu Healing Program	Example of a program offering intensive multi-day experiences with a highly cultural and spiritual dimension fully focussed on facilitating healing through connection with Land and Elders
Ngala Nanga Mai pARenT Group Program	An understanding of a program for young parents embedded within a health service setting and enabling access to a wide range of opportunities as individuals, parents and a group

Table 2. Selected programs encompassed a variety of activities offered, delivery settings, avenues for engagement and growth and youth transition outcomes sought

Program	Key attractant / avenue
Indigenous-adapted RAP	Universal education for resourcefulness and resilience building in the school setting, and leadership modelling by Aboriginal staff
RRCYMHS / Aurukun Mural	Engaging the youth in artwork visible to the whole community facilitated by the community store and mental health service
Panyappi Mentoring Program	Mentoring relationship built through mutual participation in a range of youth-negotiated activities from dance to gym to employment-oriented training, provided in the youth's own setting and in school and juvenile training centres
2011 Garma Festival Youth Forum	Youth immersion in a strong cultural experience within a remote community with music, dance, songwriting and youth driven fora, aimed at promoting cultural pride, understanding and leadership and triggering ongoing activities and continuing enrichment
Balunu Healing Program	Caring for country and providing an opportunity to learn from Elders and role models, escape from negative environments and recognise the possibility of positive life direction away from jail
Ngala Nanga Mai pARenT Group Program	Using art, learning and sharing as a vehicle to rediscovery of self and potential while learning to be a good and fulfilled parent and gaining access back to education and employment

Table 3. Selected programs varied in location, participant group and jurisdiction

Program	Metropolitan/Urban	Rural, Regional	Remote/Very Remote
Indigenous-adapted RAP	Program development, training and support base in Brisbane, Qld	Successful implementation experience in Dubbo NSW and surrounding schools in Western NSW	Also implemented to varying extents in remote school settings
RRCYMHS / Aurukun Mural Project		Team based in Cairns, Far North Queensland	Provides services to very remote areas across Cape York and the Torres Strait, Mural Project in Aurukun
Panyappi Mentoring Program	Based in Adelaide with disadvantaged urban youth participants		Provides mentoring to youth from the APY Lands in Adelaide
2011 Garma Festival Youth Forum	Office in Darwin, NT for early organisation but not leadership Youth from many cities come to the Festival, e.g. Scotch College in Victoria, Caboolture College in Queensland		Led by the Yothu Yindi Foundation (Yolgnu) and held in Gulkula, Arnhem Land, NT
Balunu Healing Program	Held at Talc Head across Cullen Bay in Darwin, many Darwin participants		Participants also come from remote communities, e.g. Arnhem Land
Ngala Nanga Mai pARenT Group Program	Held in the community of La Perouse, 10kms outside of the Sydney Central Business District, attracting young parents from a wide range of suburbs		

There was also full diversity across the programs in levels of disadvantage and life circumstance experienced by the youth involved. These determine the type and intensity of support the youth require and expectations of impact along an intervention continuum. The levels and examples where the case study programs fit well, can be identified as:

Promotion: seeking to strengthen strengths and promote additional positive wellbeing without directly focussing on preventing problems.

Prevention and early intervention:

recognizing youth at risk or already experiencing some impacts of low social and emotional wellbeing and providing assistance to move away from those risks and the possible negative direction they may be heading toward.

Secondary support and rehabilitation:

Engaging with youth who are experiencing substantial negative consequences of poor social and emotional wellbeing and engaged in secondary (e.g., clinical mental health care) or tertiary care (e.g., juvenile detention).



Table 4. Selected programs operated at varying multiple points across the intervention continuum

Program	Promotional activities	Prevention and early intervention	Secondary support and rehabilitation
Indigenous-adapted RAP	Positive promotion of resourcefulness, resilience skills and cultural understanding	Helping youth understand the impacts of negative influences and signs of depression	
RRCYMHS / Aurukun Mural Project	Mural project involved wholly positive and creative activity in the community	Giving something to do where boredom is a serious driver of negative behaviour	Provides mental health care service for children & youth
Panyappi Mentoring Program	Mentors work from youth strengths to develop capacity, model reliability, trust, healthy relationships	Used to reduce school dropouts, increase safety, keep families together	Mentoring at the Youth Training Centres and support post-release
2011 Garma Festival Youth Forum	Strongly promotional in celebration of culture and identity and reconciliation		
Balunu Healing Program	Promotes cultural identity, respect for Elders and country, learning, healing	Gives young people a break from intensity & chaos of everyday life	Court referrals, drug and alcohol diversion, suicide prevention
Ngala Nanga Mai pAReNT Group Program	Promotes discovery of identity, confidence, talents, pleasure friendships, healing and communication	Creates a safe place to address potentially serious problems through social support, parent / child services	

3.4 Key themes from the case studies

3.4.1 OPERATIONALISING EFFECTIVENESS

What does it take to provide effective support to Aboriginal and Torres Strait Islander youth across the diversity of settings? How are these programs seeking to provide this?

Overall, the six programs were found to have a shared overall goal; namely to engage young people in whatever life circumstances they are facing in a transformative (life changing) experience that will enrich their future trajectory. Each program or service did this in different ways seeking to be as responsive as possible to the circumstances, strengths, hopes and needs of the young people, their families and their communities.

The following key common themes and subthemes emerged in the diverse programs through interviews and documentation as core principles underlying what it takes to create opportunities for transformative experiences:

- **Understand and acknowledge both the big-picture and local challenges facing youth in their everyday life**

All youth face big developmental challenges in the transition from childhood to adolescence to early adulthood, but Aboriginal youth participants in all of these programs face particularly complex challenges in today's society. The historical experiences of families and communities with both past and current policies, racism and widespread disadvantage in numerous spheres continues to affect Aboriginal youth development, with an increasing number being removed in infancy to teenage years.

When young people lack strong, positive role models and perceive that expectations of their performance in school and other settings are lower, they may struggle to see themselves as equal and able to strive and compete with non-Indigenous peers.

Becoming a parent can add further pressure to an already struggling youth as a result of sudden life change, isolation and the demands of care-giving.

Some discrete Aboriginal communities that remain unhealed from historical legacies and experience isolation present extremely difficult circumstances for young people to see opportunities and potential in their life.

Youth who continue to struggle without support can become disengaged, make poor choices and fall into situations that further complicate their difficulties. These include being expelled from school, having contact with police and the juvenile justice system, early and unexpected pregnancy and parenthood, mental health problems, and drug and alcohol issues. Such situations can have a lifelong impact.

- **Meet the young person where they are; tailor approaches and expectations with these in mind**

As shown in Tables 1 through 4 in this chapter, youth programs work across a range of points on the intervention continuum, i.e. from promotion alone to prevention and early intervention to rehabilitation. A similar set of positive promotion approaches (see below) formed the cornerstone of all of these programs, regardless of the degree to which the young people were already experiencing risks and negative consequences in their everyday life.

However, there was consistent opinion that the length of time needed to gain trust and develop an effective relationship, the rate of expectation of outcomes and the intensity of support that would be most beneficial was often seen in light of how serious the situation the youth was facing, both personally and with their communities as a whole. There was also serious concern about loss of benefit if funds were not available to provide follow up activities and support.

- **Apply the doctrine of 'many ways, many paths' – i.e., employing many mechanisms to engage youth in a transformative experience and facilitate positive transition through gains in self-esteem, cultural identity, voice, choice, empowerment and autonomy in engagement, process and direction-setting**



The data add substantial insight about the power of mentoring, caring for country, art and other avenues of creativity, learning to be resourceful, community engagement with therapeutic care and celebrations of Aboriginal culture and youth to engage and open the door to the possibility of life transformation.

All of the programs recognised the power of relationships and role modelling as an interactive and crucial learning and motivating tool at the youth : program interface. A second ubiquitous feature was striving as much as possible to relate to the young person as a member of an Aboriginal family and a community with valuable cultural identity and potential.

- **Authentically apply principles of Indigenous knowledge and worldview by embedding Aboriginal 'ways of being' and 'ways of doing' within relationships across the program**

Regardless of the activity used to attract and engage participants, all case study programs placed carefully developed relationships at the core of its support for leveraging change.

Workers recognised the importance of consistency in personal qualities (ways of being with the young person) and processes (ways of doing things with the young person) as a mechanism to inspire and model change for youth. These were two-way aspects of the relationships between the youth and the program worker (whether mental health practitioner, mentor, or peers in groups) and with program delivery e.g. ground rules, facilitators and materials.

Frequently noted two-way ingredients in these relationships simultaneously reflecting positive human qualities and ways of working included:

- Being committed in both words and actions to working from strengths, not focussed on correcting deficits;
- Being reliable, consistent and taking responsibility – being there, doing what you say you will do, not making false promises;
- Showing visible pride in living culture and cultural heritage;

- Being agents of connection – sometimes through family and/or cultural linkages, talking about and facilitating Aboriginal youth to find their own connections;
- Modelling acceptance by being humble and non-judgmental, recognising the link between judgment and shaming and the need to ensure non-judgmental interactions, showing that nobody knows everything;
- Recognising and being clear about boundaries and the purpose and limitations of the interaction;
- Putting oneself in the other's shoes – practicing empathy, seeing realistic possibilities and sharing ways to move forward;
- Being patient, understanding the need for time and lack of pressure to establish real trust and strong relationships;
- Being sensitive to the youth's complex needs and initially limited capacity, knowing what is and isn't within his/her current capacity to change or control, but building the ability to leverage change in his/her environment;
- Feeling hope and trust that the young person can make positive change;
- Practicing and expecting honesty, encouraging openness;
- Deep listening and encouraging the initially small voice to come out and make itself heard;
- Feeling and showing admiration of the youth's positive capacity at the same time as providing an opportunity for the youth to reciprocate the same;
- Showing and encouraging confidence to participate in other group-based programs and supporting services to amplify impact and autonomy; and
- Being funny, lighthearted, making interactions engaging and enjoyable.

- **Help youth to aim high, feel positive possibilities and aspirations, and channel the energy toward incremental and realistic change over time**

Program leaders recognised that while having fun is important, there is also a serious and challenging learning process required to make changes in a life with many disadvantages. Creating circumstances and using tools that allow young people to set their own goals and pathways to achieve them, to develop their skills in making good choices and evaluate their progress promoted long lasting impact.

Setting boundaries to make sure the youth participants are making their own decisions and taking responsibility for their role in the change process, not becoming dependent, was also recognised as both essential and ethical. An important challenge faced at both program and staff level was to create ways to give support while promoting autonomy and not raising expectations beyond what could be provided, given resource and time constraints. Linking youth to group programs and other services was an important mechanism used to amplify impact while encouraging resourcefulness.

- **Provide culturally safe processes within programs, and facilitate access to other appropriate programs**

All of these programs recognised their special capacity to effectively encourage young people to seek help for other aspects of their lives they struggled with, e.g., requesting a tutor, seeing a doctor for a child's health check, or mental health support. Access levels to these kinds of programs are often very low, but talking about benefits, fears, hesitancy or procrastination and sometimes going with the young person for the first time was found to make the task easier.

This same is also true for linkages to positive opportunities, e.g., connecting the young person with a group or lessons in an area of interest or giving a speech at assembly, fostering talent discovery, strengths and skills development.

As previously mentioned, this was seen to add value to the young person's social and emotional wellbeing and choice-making well beyond the youth: program interface.

SUMMARY OF OPERATIONALISING EFFECTIVENESS

The case study programs demonstrate the enormous potential benefits in providing the right support at the right time for youth and their families. Despite the diversity of the programs, there was strong consistency in what are seen as the reasons for their success. Some key findings were as follows:

- Programs should not be expected to effectively support every youth all the time; engagement takes time and must occur through readiness on the youth's part as well as bringing to bear the best skills and support available within the program.
- Clear ingredients have been shown to be effective in engaging youth and their families in programs – the 'how part' – and these tend to be a component of 'way of being' but practiced differently by each program deliverer according to their own personality, life experience and understanding.
- While training is important for confidence building, experience within these case studies suggests that this works best if provided within a program (e.g. providing space and opportunity for the experienced to share their learnings with those less experienced and also with their peers) and through professional and cultural supervision. As one interviewee explained, [in youth work] "there is no script".
- Stories shared by the mentors, facilitators, and coordinators across all of the case studies attest to the power of one-on-one and group youth development efforts, whether through mentoring, artmaking, caring for country, cultural celebrations, school programs, or other activities and a combination – such efforts work.
- Routine use of appropriate outcome measures and processes would enhance the capacity of these programs to build the evidence base on youth



development internationally and provide greater guidance on policy and practice in Australia.

3.4.2 MAXIMIZING STRENGTH AND SUSTAINABILITY

What makes a program strong and sustainable? How are these programs striving to achieve this? What is their full potential as seen from those deeply involved?

This analysis revealed six emerging themes that were consistently present and seen as important to the strength and sustainability of Indigenous youth program. These are identified below:

- **All of these programs had an inclusive and inspiring origin and establishment processes. Commonly these programs:**
 - began with a call and commitment to address a pressing community concern;
 - had one or more initial 'champions' who translated that concern from a worry into action, gathering broader support from others as they went;
 - were guided by the community and existing opportunities regarding what the action would look like, who should be involved and how it should operate;
 - received additional support from a university or other experienced group that understood the need for autonomy and worked responsively to advance, rather than 'take over' or lead, the journey that had begun; and
 - actively encouraged collective leadership and autonomy and discouraged dependence where possible on external bodies.
- **Taking the time and space to find the right path with the community;**

This was seen as critical to their initial survival and ultimate effectiveness. All programs experienced substantial challenges from their beginnings through their growth and early development that provided a strengthening and learning experience. This flexible journey allowed communities to have a voice in the way they were set up and run and enhanced local ownership.

- **Creating and maintaining a safe and supportive program home environment for the workforce based on Aboriginal ways;**

This has been a major objective for all of the programs; each has had outstanding leaders and champions who knew how to engage with the community and had the capacity to move things forward. Frequently these leaders began as workers in the program or came from a similar program and were able to see youth needs clearly. Rather than always working individually and leading the teams from in front, these instrumental people have often worked in pairs or alongside their team in a non-hierarchical manner.

The data highlight the importance of creating a safe, Aboriginal social environment, including wherever possible, Aboriginal leadership in determining how people relate to each other in the workplace. The following characteristics of these Aboriginal-oriented environments were observed, discussed in interviews and noted within the case studies:

- "Aboriginal ways of being" drive "ways of doing" into practice;
- Caring and respectful ways of working naturally together like a family;
- Laughter, passion and enthusiasm are valued and encouraged;
- Staff at all levels often use the word 'love' in relation to their work;
- The meaning and purpose of the work is consciously recognized;
- Workers appreciate the safe space and feel privileged to be there;
- Workers feel they are there by and for the community and feel connected, supported and supportive;
- Openness, honesty and the sharing of stories, solutions, approaches and experience are valued and encouraged;
- Workers feel proud of even small accomplishments and encourage each other when things are not going well; they remind each other that no one can succeed all the time and that doing one's best is what is expected;

- Staff demonstrate the capacity to use good communication and mutual support to stay strong through leadership and other transitions;
 - The physical location of the workspace is a welcoming place offering services accessible using culturally safe ways; and
 - Professional development and advancement beyond current positions are encouraged and seen as a win for the program, even if it means the person moves to other positions outside the program.
- **Putting time and energy into building strong relationships and facilitating youth pathways between programs and services**
- The implementation of agreed, mutually feasible pathways of care and engagement tools that foster easy passage of youth between the services and the sharing of information to inform and enhance each programs' efforts with the youth; and
 - The nurturing of reciprocal accountability and appreciation between organisations that comes from two-way respect and relationship building over time at top management levels right through workers at the coalface.
- **Embedding and being responsive to accountability and evaluation processes at multiple levels**

Linkages are clearly seen as an essential part of the core business of all six programs and are instrumental in facilitating the positive engagement of youth with services they need to address other issues (e.g., housing, mental and physical health, legal support, sexual health and antenatal care) and to develop their strengths and potential in a wide range of areas (e.g., cultural identity, Aboriginal spirituality, education, creative and sporting talents, recreation, connection with nature, etc.). The following characteristics emerged from the six case studies as ingredients of successful, sustaining linkages that young people can use to enhance their opportunities:

- Shared aims, goals and understanding of the strengths and needs of youth as they move between the organisations;
- Shared and acknowledged respect for culturally centred, strengths-based approaches to working with youth;
- Development and nurturing of long-standing relationships between the programs to enhance mutual understanding of program needs, potential value adding, accountability requirements, and the circumstances and resource limitations faced by each program;
- Accountability and reciprocity in terms of access, safe and effective processes, communication and mutually realistic expectations;

In relation to the central importance of accountability and evaluation in sustaining these programs and enabling them to withstand challenging transitions, we noted that more appropriate and powerful evaluation processes that capture contributions to youth outcomes these programs are making may help programs survive and argue for resources to grow. This would in turn contribute to understanding youth development generally and provide greater guidance on policy and practice in Australia. These considerations imply that programs should be supported to meet community expectations when they are working effectively and efficiently.

- **Having a vision of the program's full potential and a determination to continue**

A broad vision of change, and the role that the program could play in that change, played a major role in many of the programs. Despite the frequently extreme adverse circumstances and challenges faced, there was a common thread of perspective and understanding among Aboriginal people, youth participants and non-Indigenous people working respectfully alongside each other on the ground. These people have their eyes open, not only to the challenges and sometimes horrors, but also to the small changes, profound turning points and shared joys of connection and positive change. This duality reminds workers, families and youth



themselves of the purpose, privilege and importance of what they are doing and drives them to seek more.

This may underlie the strong resilience that these programs have; a belief that small steps, and recovering at times from backward steps, will eventually add up to big changes and an openness to seeing and celebrating these small changes.

SUMMARY OF MAXIMIZING STRENGTH AND SUSTAINABILITY

The experience of these case study programs shows that history, vision, program home and cultural safety are important determinants of the success of programs. There is great value in strategies and programs that are developed and led by local people (a “bottom-up” approach) and that impact at multiple levels. Interviewees discussed the strength that comes when programs take the time to work with communities to find the path that is suitable to their needs. This results in greater local ownership that can carry the program forward in spite of obstacles. We noted how Aboriginal program leaders feel a great accountability to community in process and outcome and how they value two-way engaging, listening, and acting on community voice. Moreover, program managers feel the same in relation to the staff they strive to support and the youth : program interface they strive to protect. Program managers and deliverers feel responsibility to the youth even when the system or a lack of resources prevent or limit responsiveness to need. Having a safe environment where they can talk about these concerns and work together to support each other and make improvements is critical.

3.4.3 CHALLENGES AND BARRIERS TO ACHIEVING POTENTIAL

What challenges threaten the survival and limit the growth of effective social and emotional wellbeing programs? What can policy and practice do to support the full realisation of their potential?

These programs have faced many challenges to their survival, and barriers to their growth. These were encountered in moving from initial concept to implementation on the ground and from pilot program to permanent status. Shortfalls in funding, staff, and other resources are common barriers to maximizing the potential benefits of programs, as are difficulties in attracting and retaining youth. Some barriers are exacerbated when working with Indigenous communities in remote areas and in school settings. Indigenous youth programs also suffer from inadequate measurement and reporting of the beneficial impacts. The case studies generated many examples of ways that the various programs have attempted to – and sometimes succeeded in – overcoming these barriers. Eight shared themes emerged in analysis of these across the six case study programs. Numerous program-specific challenges, e.g., the burden of remoteness, pervasive and debilitating community-wide disadvantage and being sustainable in the school system are detailed in individual reports.

Surviving from the idea to realisation and from pilot project to permanent program

Many potentially great ideas never make the leap to become functioning programs because of the amount of time, energy and various kinds of expertise required to create a realistic and feasible plan that is fundable in the short and long term. Challenges then have to be overcome along the way from receipt of initial short-term financing towards establishment of a longer-term “best practice” program or service. Meeting these challenges requires programs to be resourceful, build partnerships and become both proficient and efficient – most importantly without losing the ingredients that make the program attractive, engaging and effective for participants.

The downside of permanent program status: working within systems with restricted time flexibility and having to adopt individualized, rather than family and culturally-based approaches

One program made a transition from a pilot project to permanent program status within a government department. While often considered an important step towards sustainability, the transition brought challenges; most seriously a major reduction in funding and having to fit into a traditional structure.

Aboriginal programs that become permanent within a non-Indigenous system can face challenges in fitting into a typical non-Indigenous framework. Working hours can be less flexible and accountability requirements can burden often over-worked staff. Holistic approaches highly oriented toward working with the whole family and not only the young person in isolation are rarely considered possible or sufficiently valued, even if those working on the ground recognize their essentiality. The time spent on achieving broader family and community level outcomes was rarely recognized or appreciated. One exception to this is the RRCYMHS that has enjoyed much support from management structures and has been allowed to develop with strong community responsiveness.

Dealing with underfunding and funding uncertainty

By far the most common challenge that threatened and/or limited program reach and quality was having short term, uncertain and insufficient funding. Inadequate or uncertain funding can restrict capacity to the point where the program can't achieve the outcomes; for example, the effectiveness of an intervention can be undermined if the time available for interaction and follow-through is too short.

Moreover, valuable outreach to family and community can go by the wayside when lack of funding forces a program to focus solely on the youth. It can also reduce the capacity to support youth proactively, rather than when they already carry the enormous burden, for example, of legal trouble, mental health issues, drug and alcohol dependence, unplanned pregnancy, family breakdown, etc.

Knowing the responsibility and importance of reliability but not having the resources to cover unexpected occurrences

Another serious potential consequence of being stretched is that no margin is available for dealing with unexpected events, such as staff getting sick or a vehicle breaking down. A program can find itself constantly responding to emergencies and at risk of causing disappointment when no replacement can be found quickly. As young people involved in these programs are highly vulnerable - they have had many things in their lives that have not been reliable, consistent or in line with their needs - thus once trust and belief in a program is established, additional disappointments can be serious blows.

Underfunding also increases program vulnerability and restricts their capacity to deal with pressures, deliver their best or grow to meet need and demand.

These kinds of pressures are felt very strongly by program managers, who can feel like they are moving from crisis to crisis and deeply care about the potential impacts on the young person should there not be any way to cover a service gap.

Serious shortage of potential and skilled staff

Given the overwhelming importance of relationships in all of the programs, the workers in the key interface between program and youth are the universal 'active ingredient' of effectiveness. The relationship is a two way dynamic, and while some skills are learned, others are thought to reflect the way a person is and their own life journey. All six programs also face substantial challenges in recruiting, training, retaining and professionally developing staff with the life experience, cultural capacity and skills to work effectively with Aboriginal youth. Ways that have been found or identified to make this easier have included:

- Innovative programs that identify and provide opportunities for potential mentors to emerge from the community;
- Growing capacity among Aboriginal people and communities and creating opportunities for participants to grow into program staff and leaders;



- Provision of both cultural and discipline specific supervision and support, particularly with regards to dealing with some of the serious and complex circumstances being faced by the youth;
- Enhancing the professional development pathways for staff so there is a progression in their careers and having the resources available to encourage and make this possible;
- Increased resourcing to programs to help attract and retain staff for the long term and provide adequate salaries appropriate to responsibility; and
- Availability of supports like vehicles and computers making a significant difference in the ease and efficiency, satisfaction with the job and feeling appreciated for the extra effort put in.

Ensuring access by the younger and most vulnerable youth

Attracting and maintaining involvement of the younger youth, particularly early adolescents, can be a challenge for group programs. Programs need to constantly reflect on their access channels, their setting and way of operating to make sure they are not inadvertently discouraging the younger and most vulnerable youth.

Difficulties experienced or refusal by staff to work cross-culturally

Some references were made to co-workers or stakeholders who can't "see beyond the behaviour" or can't accept the swearing or the attitude of detachment sometimes exhibited by some Aboriginal youth. This was seen as a lack of understanding of the consequences of personal situations that these youth had faced in their lives and, rather than seeing these behaviours as self-protection in the face of often traumatic experiences, they were taken personally by the staff.

Fundamental lack of understanding about the importance of healing

Some informants who had worked for several years in the area of social and emotional wellbeing shared a view that underlying

the chronic and universal under-funding experienced by these types of programs was a lack of appreciation for the importance of healing of individuals and families. These arguments were often supported by the perceived imbalance in human and physical resources provided to efforts to fix problems at an advanced stage, often within tertiary settings, e.g. juvenile justice centres, rather than preventing problems through strengths-based approaches. These informants felt that the core mechanisms of Aboriginal healing, through cultural reconnection and discovering and building a strong sense of identity as an Aboriginal person – are largely lost in the midst of Western psychological approaches.

We close this chapter with some particularly deep understanding shared by one highly revered Aboriginal community worker who suggested that there was a problem in truly understanding the damage that occurred to Aboriginal society and hence the need for healing before attempting to build:

... And if you actually look at the damage that was done, it's not just about the taking over land, but it was about taking away an independence to be able to rebuild. So they actually destroyed the people by taking, removing everything, without them giving them the opportunity to regroup and rebuild their own personal capacity. I'm not talking about capacity to get a job, or capacity to look after whatever, I'm talking about people who just had lost everything.

So their whole spirit was crushed, and in that there was nothing left where they could go to (1) heal, and (2) was to rebuild. And I still maintain that when you look at the health system, it's a really obvious one to be critical of, not in the sense that they try to do really good things, they've developed specific Aboriginal controlled organisations, they put money into training, they've done of all of those sorts of things, but the issue is not really about the health itself, it's about the underlying grief that's not been addressed.

So it's more about the healing. I still go back to we've not healed enough to be able to look at our own capacity as a people, and in fact what we've probably adopted is a lot of the worst parts of society, where we – and we're led down that path too I might add – where we fight over funding, where we fight over now we're fighting over land, and that's destroying families more and more ...

And when you try and say to Aboriginal people, "Have a look at what this process is doing, and then decide whether it's OK, because all it's doing is adding further harm to you," but that message is really hard to get through because the need to survive is greater, so the underlying cause for Aboriginal people just remains. And what we're trying to do is build ... I always look at trying to build a society on a cracked foundation, and I say to people, "If you look at a house, you try and build a house on a foundation that's crumbled you're not ever going to get that house up."

That's what we represent, if you like, in terms of a picture, because that foundation is still crumbled, and we can't build on it. So that's where I keep thinking the issue of progressing Aboriginal people is much harder than people think. You know, it's kind of like we don't ... you know, if you go into communities now you see this devastation in communities where Governments are swept in, provided support, swept out, swept back in with a new idea, and they stay there for two or three years if you're lucky, then that program is considered a failure.

And so nothing is done about building the capacity, it's just really about – in my view it seemed to be doing something, rather than really understanding what the true issues are. And so for when I look at these young people I see they've a strong identity towards who they are – you ask them about their Aboriginality and they know that, but they know nothing else about it – so their identity sits in a society in isolation because they don't know where it fits within a culture.

This passage clarifies the challenge and the needs for programs to be adequately supported and carefully guided to enable healing and transformative growth, so that all efforts with Aboriginal and Torres Strait Islander youth can be made on a firm foundation.

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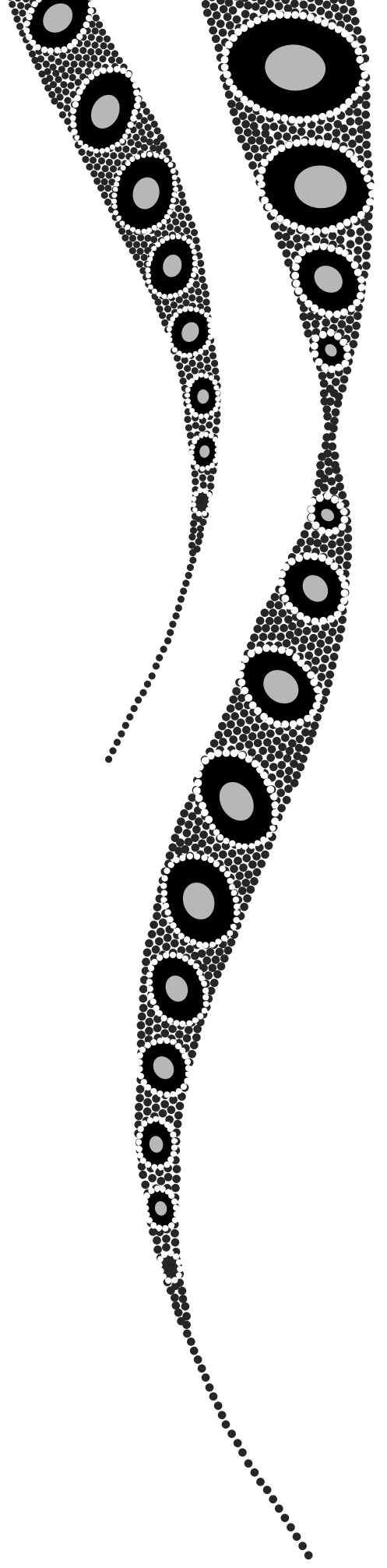
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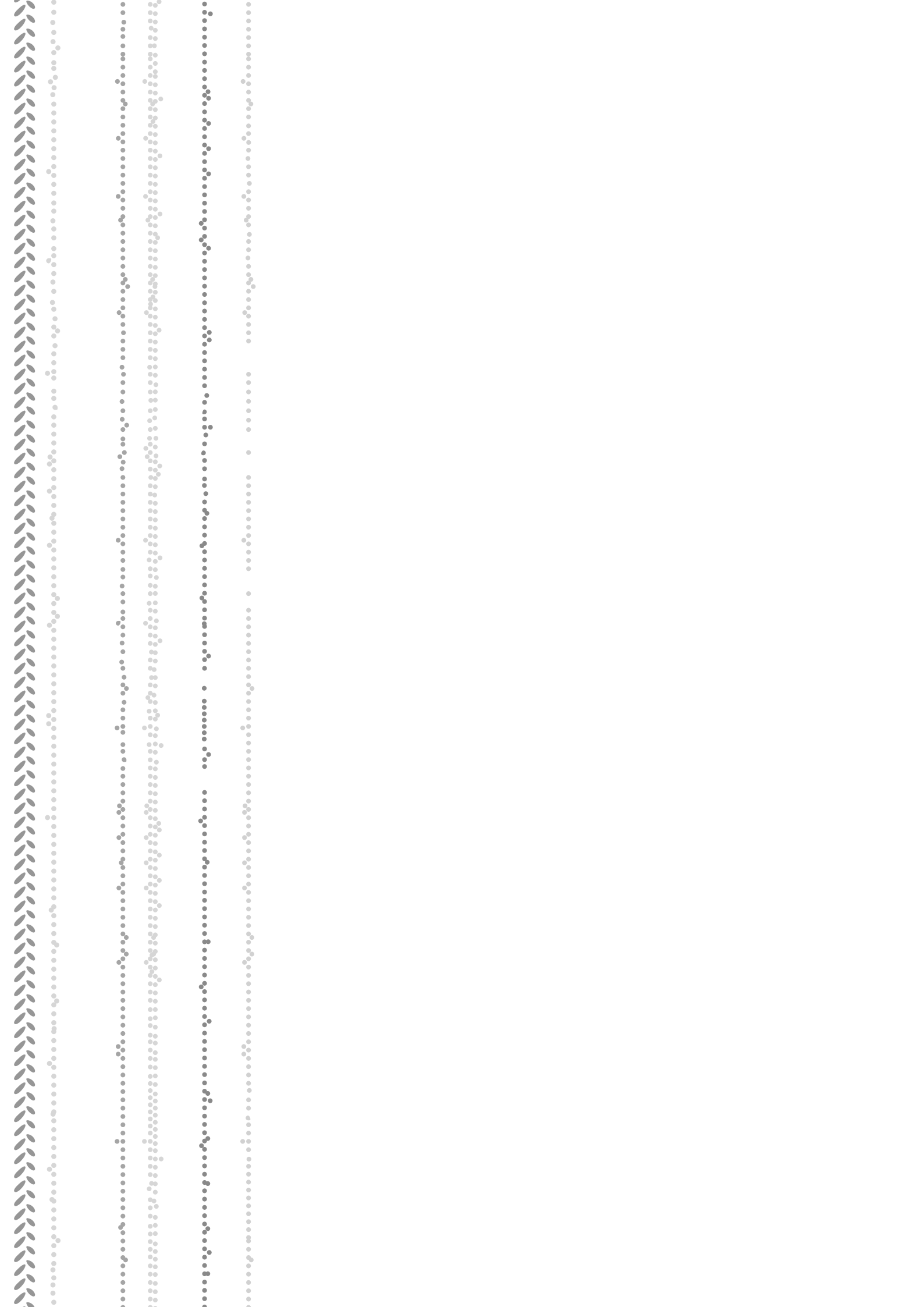
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KEY FINDINGS FROM THE METASYNTHESIS

This chapter presents four sets of key distilled messages that arose from the synthesis of data collected from the various components of this project, namely the literature, program and policy reviews and the individual and cross-case analyses conducted with data collected within the six case study programs.

4.1 Consistency of the case study findings

The process of the metasynthesis revealed substantial comparability and complementarity in the data, with no opposition or discordance in the strengths, challenges or barriers in the circumstances or approaches. Rarely were issues dealt within these programs as “either/or” – the themes were very much aligned around “and/in addition to” – synergizing understandings from the range of circumstances, rather than conflicting or opposing. Given the wide array of geographic and social settings, target groups, engagement ‘hooks’ and youth circumstances the degree of consistency in implementation processes, observed impacts and hoped-for outcomes among all the programs was astonishing.

This is not to say that criticisms, disappointments or limitations weren’t voiced. However, this project was not an evaluation, and did not seek to assess the extent to which these programs have met their aims and objectives. Hence we have not emphasised the shortcomings that these programs experience, either in their operations or the quantitative assessment of their impact. Adopting instead an appreciative inquiry approach (i.e. purposely seeking to highlight strengths rather than weaknesses), we were able to observe and share through this report many insightful and resourceful

mechanisms that these programs apply in order to understand and meet young people’s needs as best as they can, given often seriously limited resources relative to the situations these youth face.

4.2 Four sets of distilled messages

We describe and depict four sets of distilled messages describing the important understanding gained from the metasynthesis of information collected in this study.

Set 1: The findings confirm the serious social and emotional reality driving negative youth trajectories and the potential capacity for transformation within youth programs

Figures 1 and 2 diagrammatically represent the synthesis of findings concerning the emotional reality (lower half of Figure 1) and subsequent social worlds (lower half of Figure 2) and the likely and frequent negative life trajectories faced by Aboriginal youth at risk. The central components of Figures 1 and 2 depict the key elements of the empowering and transformative change process offered by these programs. The subsequent shifts that become possible to the youth, in terms of emotional drivers and social, educational, parenting and employment pathways that empowerment and positive wellbeing enables, are shown on the upper halves of these figures.

The following four points describe these shifts in words:

- 1. Many Aboriginal and Torres Strait Islander youth experience substantial levels of social and emotional distress resulting from a continued lack of inter-generational healing and high levels of socioeconomic and educational**



disadvantage that is played out within their individual, family and community circumstances.

This was clearly borne out in the literature review. Most notably the National Aboriginal and Torres Strait Islander Social Survey (NATSISS; 2008) demonstrated that about one third of Aboriginal females and one quarter of Aboriginal males aged 15–24 experience high and very high levels of distress. The in-depth interviews with program developers, managers and deliverers showed acute recognition of the emotional pain experienced by their youth participants as a result of challenging circumstances and ongoing grief and loss in their families.

2. If not addressed, this distress leads many youth to engage in negative activities facilitating a downward slide into painful and costly consequences, which too commonly include drug and alcohol issues, school suspensions, sexual health problems, unplanned pregnancy, poor mental health, suicidal ideation, violence and incarceration. These compound distress and further cement the barriers to the realization, not only of their own potential, but also of their positive contribution to their community and society.

Underlying the high rates, and in some cases rapidly, rising negative statistics for suicide, juvenile justice, child removals, early pregnancies, poor education and employability, mental health disorders, alcohol and drug use and poor physical health are an amalgamation of the lives of Aboriginal youth growing up in very real and extremely distressful circumstances. All of these outcomes impact on Aboriginal youth at much higher frequencies (3 to 4 times or more) and begin at much younger ages (11–14 years as opposed to 15–18 years) than those experienced by disadvantaged non-Indigenous youth. These consequences are both tragic and wasteful of both lives and resources, and perpetuate inequality into subsequent generations. The rates of adult incarceration are extremely high following involvement in juvenile justice and being removed as a child; and long term incarceration and other tertiary measures are

extremely expensive when compared with promotion and prevention programs.

The in-depth interviews with program developers, managers, deliverers and participants in the case studies verified the frequent link between the chaotic, confusing and often isolating emotional world of the youth and these serious consequences. The Balunu and RRCYMHS/Aurukun case study informants suggested that these links are often not even visible to youth struggling to attain an identity and place in the extremely difficult circumstances of those discrete communities that remain deeply affected by colonization and sudden transitions from mission life to present day circumstances. Finding pathways out of this despair will be a long and difficult road that must start with youth.

3. Programs exist around the country that are effectively engaging youth in transformative experiences and enabling them to escape this negative trajectory and develop and re-channel their skills and capacity towards positive outcomes.

Although the literature on effectiveness in Aboriginal youth social and emotional wellbeing programs is very small, there is substantial internal consistency within and between these case study programs in what they strive to offer youth. The literature and program review confirms that these mechanisms are also entirely consistent with Aboriginal worldviews and what is known about effective ways of working with Aboriginal communities. Furthermore, these are also clear demonstrations of the principles and aims of Australian Aboriginal youth and related policies. The findings of this project thus support the feasibility of social and emotional wellbeing policy, demonstrating that it can be and is being implemented across Australia.

4. The earlier in this risk process that effective programs can engage with young people, the less complex and burdening their problems and situations are and the more likely they are to be able to overcome their adversities and achieve true transformation of their lives.

The findings of this project, from the reviews to the individual and cross-case analyses, also provide clear guidance on how these small pockets of success can be extended to meet need. Most of the programs work at multiple levels, from promotion, prevention, early intervention and rehabilitation, using the same set of empowering mechanisms to leverage youth strengths to deal with their situations. However, there is clear evidence of the magnification of challenge, resource intensity and of lowering of expectation the later the intervention; i.e., from those working at the promotion end (2011 Garma Festival Youth Forum; RRCYMHS / Aurukun Mural Project, Ngala Nanga Mai pARenT Group Program), to prevention (IRAP-A), to early intervention (Panyappi's street, school and family work), to rehabilitation (Balunu Healing Program, RRCYMHS Therapeutic work, and Panyappi's juvenile detention work). Untangling the complexities and achieving positive potential in life as a young person while carrying the burden of a broken family, a juvenile justice record, no educational qualifications, responsibility for a child, a drug or alcohol habit and/or a mental health disorder is extraordinarily difficult. Hence it makes sense for programs to provide empowering assistance to youth at early stages so they can maintain a positive trajectory.

Set 2: Indigenous youth social and emotional wellbeing programs and services differ in many ways in reach, scope and pathways in; but effective programs share consistent transformative processes and active ingredients that are well understood by those working successfully at the youth : program interface.

As mentioned above, despite the diversity across the case study programs and services and that is described in the literature, the commonalities shared by these programs in what they seek to provide were even stronger than their differences. Findings 5 through 8 describe the emerging common and valued features observed across the case studies, which we propose to be core practice elements of effectiveness of Aboriginal and Torres Strait Islander youth SEWB programs.

5. All of these effective programs started from, and continuously build upon, a deep and often personal understanding of how young people's own strengths, identity and skills must be utilized to address their challenges. Empowering relationships allow effective transfer of understanding, skills and motivation to assist youth to protect themselves from situations that foster further social and emotional turmoil, and to make positive choices and take positive steps to connect instead with strengthening experiences and pathways.

The common theme of connecting deeply – socially and culturally – and creating mutual understanding, and then assisting the forward movement of young people was reflected repeatedly across the programs.

6. Aboriginal people have critical roles to play in this process, since the discovery and celebration of culture and connecting with one's own Aboriginal identity are often the crucial steps towards envisioning an authentic and positive future. There are many locally-tailored ways these roles can be operationalized from Elder engagement to program developers, service managers, program leaders, role models, mentors, youth workers and importantly with peer participants.

Both Indigenous and non-Indigenous people played important roles across all of the programs, and no particular rules applied across the six programs apart from the unique cultural roles that only Aboriginal Elders can play. There was substantial agreement that Aboriginal people are often best placed at the youth interface, whether as program leaders or within group situations where peer participants play a key role in each others' learning and sharing.



This should not be confused with the necessity of having an Aboriginal program home (see Finding #11), which was observed across all these successful programs. Thus non-Indigenous staff and stakeholders working effectively in these situations needed to understand and be able to facilitate and thrive in environments embedded in Aboriginal ways of working.

7. A third critical ingredient is creativity, fun and active experiences, as exemplified in these case studies, varying from artmaking, caring for country, festivals, dance and sport, resourcefulness and resilience education to learning, e.g., a trade. Creative mechanisms enhance energy, communication, social relationships, sharing of vision and discovering potential - adding to the strengths that pave the pathways to positive change.

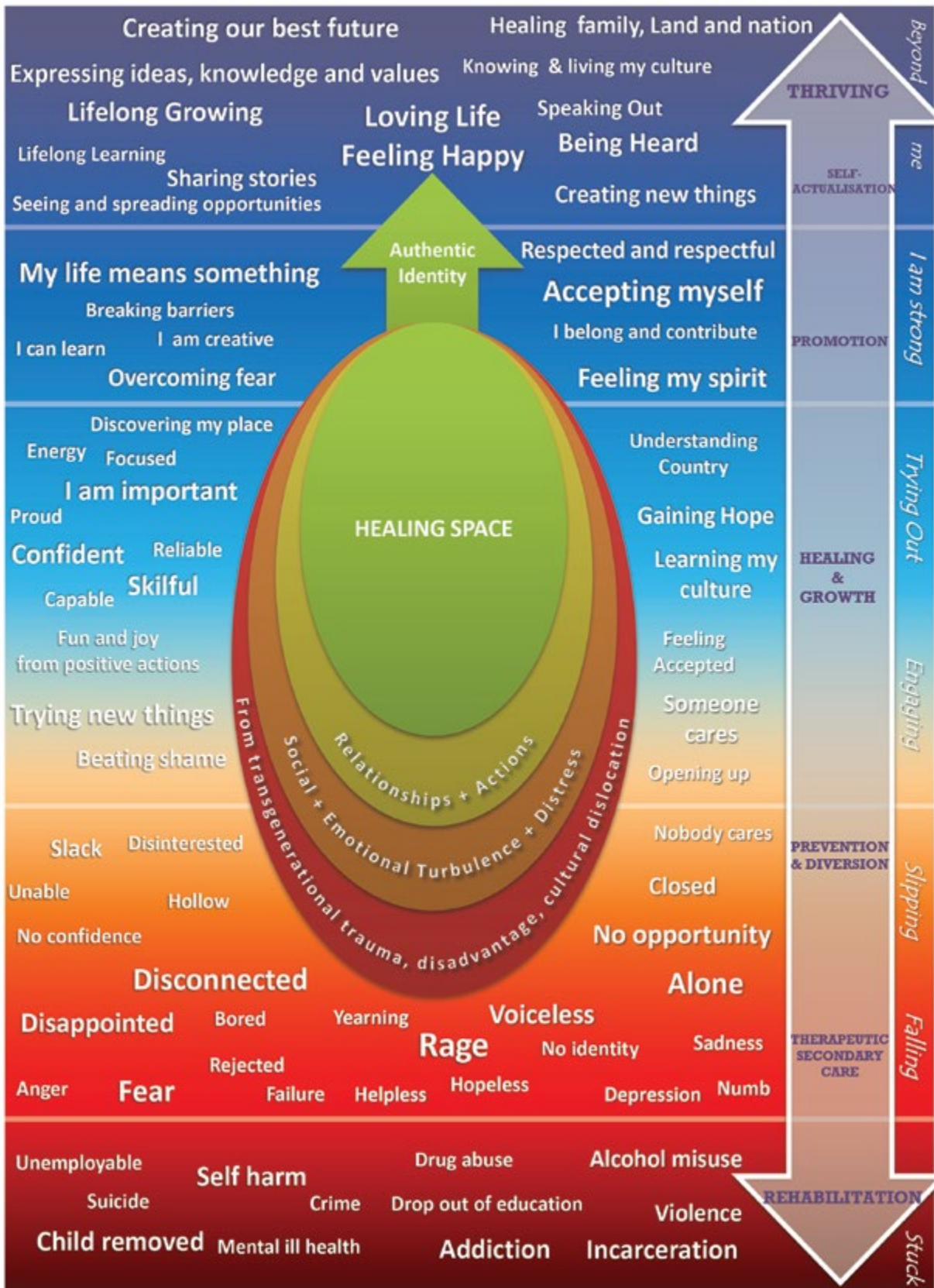
Youth is a time of both inward and outward discovery of identity, strengths and potential on the one hand, and energy, fun and excitement on the other. Programs understand that they must compete with many attention-grabbing influences on young people, and compulsory attendance can be a detriment to engagement. Thus all of these programs placed strong emphasis on developing attractive engagement hooks of interest to young people. Interestingly some did this in response to young people's existing interests, whilst others used the safe setting to attract otherwise hesitant individuals into trying new things. Creating a safe and positive place, to make initially small but new choices and have new experiences only to discover hidden talent, was found to support the application of new found confidence and self-esteem towards other broader life challenges.

8. A fourth critical ingredient is the promotion of safe and successful passage to, and meaningful engagement with, other programs and services (education, training, employment, health, etc.) that offer a range of critical supports often needed to assist in environmental change and sustain positive youth pathways in the broader world in the longer term.

The internal discovery of confidence and strength, combined with the growth of positive emotions and skills, was found to assist young participants to engage more effectively with traditional services. Shifting of attitude, gaining pride in Aboriginality, realising that alternative negative choices don't work in the long term and modeling positive relationship and communication skills are key ingredients that can transform an otherwise waste of time into meaningful service engagement. The case study programs all understand this and gear their assistance accordingly to enable participants to be able to take responsibility to meet their own needs, growing out of the need to be dependent on the program.

Figure 1 depicts the social and emotional turmoil that Indigenous youth at risk face. It shows the key transformational experiences that can be leveraged by positive relationships and actions occurring in a safe healing space that can culminate in a strong authentic identity and an increased capacity to sustain positive social and emotional wellbeing.

Figure 1. The social and emotional reality of youth: the key role of transformative social and emotional wellbeing programs in facilitating change.



Set 3: There are common developmental features, strengths and vision observed within effective Indigenous youth social and emotional wellbeing programs that provide a basis of survival, resilience and growth potential and are well understood by their leaders and managers.

Aboriginal people have repeatedly emphasised the importance of programs and projects originating and being owned by local communities. Having seen many programs come and go with their strengths and limitations and a direct knowledge of what it feels like to be a disadvantaged Aboriginal youth, communities often have the most substantial existing local knowledge base about what is needed and how it can be delivered. Only the IRAP-A program among the six had external origins, its outstanding implementation process in Western NSW schools providing an excellent example of how pre-existing programs can work effectively within Aboriginal settings by capitalizing on this local knowledge base. Findings 9 to 12 describe shared key aspects of program origins and developmental stages across the six case studies.

9. Most of these programs began with almost no resources and stemmed from a historical decision and driving force within the community to make something happen for its young people. Another process involved relationship building with outside people who bring fresh ideas to stimulate a vision of possibility with the community. While early funding is important, none of the original ideas for these programs emerged in response to calls by the government to submit proposals for funding or from funding that was available.

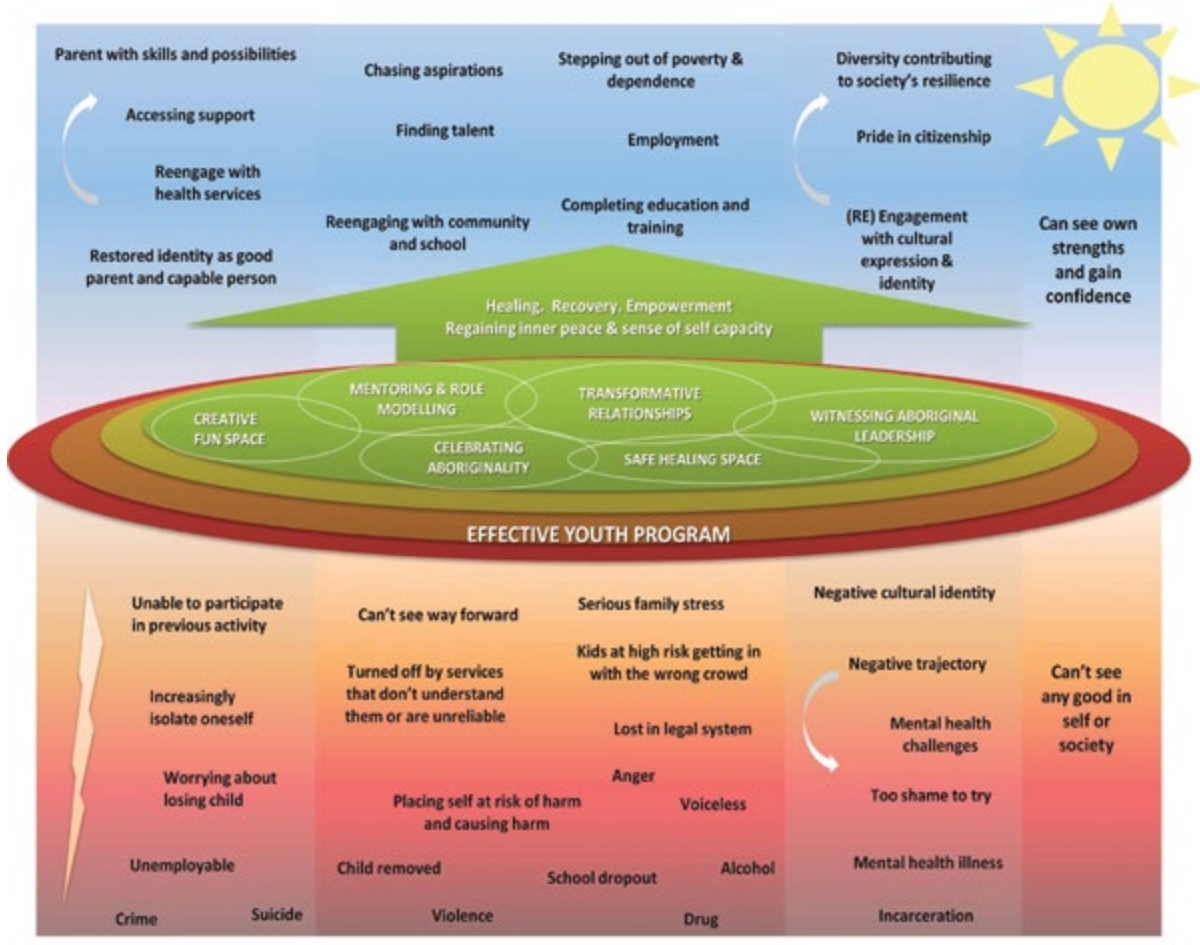
The subsequent effectiveness and success of these programs suggests that a lack of immediate dependence on formal resource pathways in their initial formulation can enhance autonomy and enable the creation of a program more directly focussed on healing processes that extend from the young person to their family and community.

10. Timing of decisions to implement, and of the availability of capable and committed people, played crucial roles in getting these programs off the ground and into the action phase. The numbers of people involved ranged from two to many, and their momentum was consistently stimulated by the need to take small steps within a broader vision of a better future for Indigenous youth.

Being driven by community concern, resourcefulness and relationship building by program developers, coupled with what often seemed to be 'good timing', were often the sparks towards getting something to happen. The first phases of programs were usually characterised by listening (to youth and the Aboriginal community, sometimes within research frameworks), learning, meeting adjustment challenges, and finding locations, staff and ways to engage the target youth. Timing – the opportunity matching that of an expressed community need resulting from a spate of suicides, combined with appropriate mechanisms of community voice, involvement and participation, enabled the success of the IRAP-A program, despite its non-local origin.

Figure 2 provides a pictorial representation of the negative life situations and potential trajectories that are commonly experienced by Aboriginal and Torres Strait Islander youth at risk (below the arrow). The diagram presents key transformational elements provided by these effective programs (within the arrow) and some examples of positive trajectories and possibilities that become accessible (above the arrow) through and beyond these programs.

Figure 2. Life paths and trajectories of Indigenous youth: the key role of transformative programs in facilitating change



11. Gradually building a program structure and staff with an increasing amount of funding over time, to allow knowledge and skills to develop and scope and reach to expand, appears to be an optimal strategy. Providing a large amount of funding before a program has had a chance to gain experience and efficient mechanisms can be problematic. Conversely, reducing funding to a program that has established a strong and successful track record, is valued by the community and has developed capacity can seriously undermine previous investments of time, energy and momentum. Similarly in the school setting, especially in non-urban areas where staff turnover is high, proven

resilience and social and emotional wellbeing programs need high level protection to ensure their continuity as a core building block on which prevention programs can then be built.

Trial and error in these initial phases is ubiquitous and provides an essential learning experience that builds practical and current understandings upon the local knowledge foundation. Programs cannot be rushed to achieve outcomes in a short time if they are expected to be sustainable as they need to lay down the foundation and gain the trust of the community and interest of the youth.



12. All six programs were embedded in a positive service environment fostering Aboriginal ways of being, family-oriented ways of relating to each other, management structures and ways of doing things. Because of this 'Aboriginal home', the programs enjoyed greater connection, resilience, resourcefulness, creativity, sustainability, growth capacity and more authentic modeling at the youth interface. These 'homes' should be considered essential to sustainability, rather than luxuries, and must be protected.

The importance of this essential feature cannot be overstated. All six programs provided clear evidence that being able to operate authentically within a space that is defined by Aboriginality, ideally but not necessarily with Aboriginal leadership, is critical at every level. A culturally empowering work environment facilitates the best in people and can create an atmosphere of hope and humour despite challenging circumstances. Furthermore, Aboriginal workforces often experience the same need for nurturing, culturally-strengthening support as their participants in terms of the frequency of events causing grief and loss and in facing the challenges of disadvantaged circumstances, either themselves or through their families.

Set 4 - These effective Indigenous youth social and emotional wellbeing programs and services are vulnerable and experience common needs, challenges and growth constraints that can be alleviated through policy, management and resource allocation.

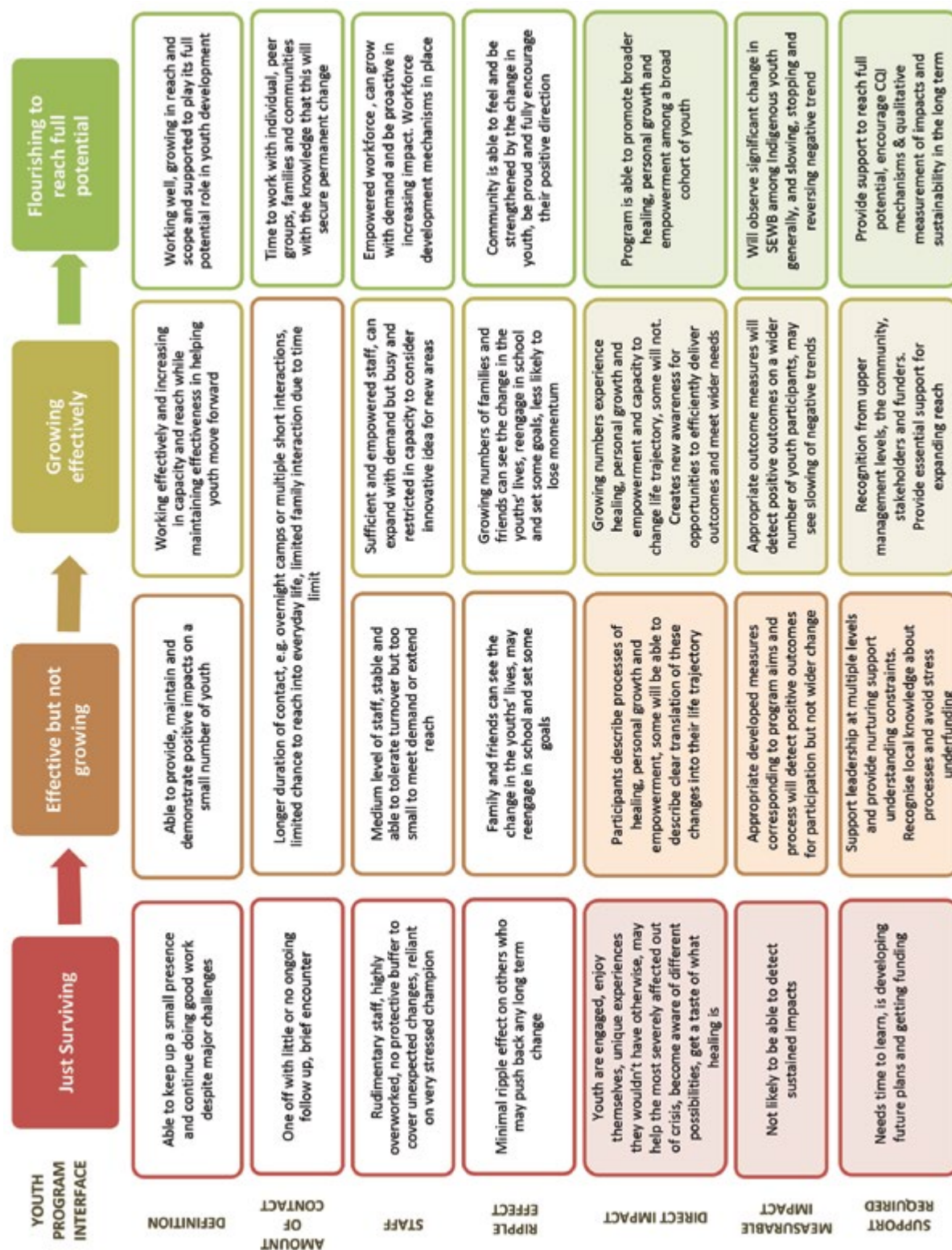
All six programs and services experience substantial challenges and growth constraints, and none were operating within circumstances that allowed them to flourish and reach their full potential. Findings 13 through 17 describe core resource and workforce needs and consider a policy environment needed to support effective program sustainability growth in reach and scope and begin to have a substantial positive impact on the lives of young Aboriginal Australians.

13. While these programs demonstrate that supportive, transformative change is possible, all of them are moderately to extremely vulnerable due to the shared challenges of measuring, communicating and demonstrating their critical contributions, exacerbating their resource restriction and capacity to achieve full potential to significantly reverse current trends.

Referring back to Table 1, all of the programs showed potential for profound change, but were experiencing limitations and barriers that kept them within the surviving and effective but not growing phases. This means that they remain small but effective, and limited in reach, under-resourced and severely held back from their true potential. While many state, national and privately-funded programs and services experience ups and downs in their funding and security, SEWB programs face particular obstacles in achieving funding that reflects their true worth because of additional challenges in measuring the subtle but critical changes that such programs help young people achieve. Hence, their vulnerability to interruptions or reduction in funding and even full discontinuation is particularly extreme.

Table 1 on the following page, presents a summation of information regarding the phases or stages at which programs are operating. It highlights the need for stability in order to survive, for a critical mass of resources to be effective and sustainable, of increasing resources for growth in reach to meet need and of broader commitment and capacity to reach full potential for long lasting improvement. The categories are not mutually exclusive, and programs can be seen in terms of where they currently are and where they could be with adequate resourcing. The table demonstrates that the characteristics and situations faced by programs determine the realistic outcomes that can be expected, particularly according to the degree of support they experience, the point at which youth are engaged and their surrounding environment (urban, rural, remote communities).

Table 1. Four Stages or States of Indigenous Youth SEWB Programs and impacts that can be expected in reach and scope in relation to level of program support in relation to need. It is assumed that the program or service has the capacity to be effective, adapt and grow but may be held back by resource and funding amount and security, as was observed at varying degrees by all six case study programs.



14. Programs and services need to be supported in order to embed accountability mechanisms and increase their capacity to demonstrate impact and outcome; but these need to be streamlined, appropriate and tailored to ensure that they cause minimal interference and distraction, and, even better, that they enhance the service delivery process.

While inappropriate and restricting accountability mechanisms can strangle a young program, processes that are well developed and appropriate can foster improvement in efficiency and effectiveness. For Indigenous youth SEWB programs, there are often two sets of requirements – funding agencies generally want to know that what was supposed to be done was done well while community often wants to know about program quality and what difference the program has made to young people's lives.

This is an area where policy and practice can work together more effectively – with flexibility and value adding, rather than overburdening, being the aim. In response, programs have been proactive in developing new tools to both monitor young people's achievements and provide them with a core method for self-monitoring and garnering support. Others have proposed their own set of outcome measures that enable their group activities to be counted as accepted service delivery activities.

15. While there are some policies, notably in South Australia, that recognise the fundamental importance of Indigenous youth social and emotional wellbeing, these need resources and translation into practice, particularly to provide long-term support for the establishment and growth of effective youth programs. This needs to include broader and longer-term workforce development, program planning and especially continuing commitment to and communication with those working on the ground.

There are many new policies at national and jurisdictional levels aimed at Closing the Gap in the health and social status of Indigenous and non-Indigenous Australians. Some of these seek to increase the visibility of youth wellbeing

in this process. However, social and emotional wellbeing is a fairly new concept for policy and efforts are urgently needed to increase its visibility as a cornerstone for any youth initiative, including within our universal education system. The more universal the programs are, the greater the benefit for all young Australians.

16. Current policies emphasise factors such as social inclusion, holistic approaches, life course perspectives, intersectoral collaboration, cultural strength and empowerment, which are entirely consistent with the needs identified repeatedly in the literature, in the policies themselves and within the case studies. The need for consistent workforce development in these non-conventional areas is critical for the sector to sustain and grow to meet demand into the future.

Most of the data highlighted the serious need for more Aboriginal people to be attracted into the area, trained appropriately, supervised and mentored effectively and provided a stable and rewarding position in the youth SEWB field. Non-Indigenous people playing important roles in these programs seek support to become more effective in Aboriginal ways of working. Changes of leadership occurred frequently, and some current leaders are on very short-term contracts. Many ideas were discussed for potential increases in the mentoring workforce, but administrative difficulties and police checks rule out many skilled and knowledgeable people who have made remarkable transformation in their own lives. Furthermore, there are few appropriate training programs available that adequately prepare workers for the kind of support these programs provide.

17. To cement these approaches in the longer term, there is a need to identify, sustain and foster the growth and reach of programs that are achieving success and help them to protect and nurture the extension of the effective components within their models of practice. Programs also need help to demonstrate their critical importance as a cost effective and essential component of human services to a very important, and growing, population group.

Once again we reflect on how all of the programs continue to struggle to effectively demonstrate the key role that their fully grounded and well functioning activities can and do play in young people’s lives. Social and emotional wellbeing is sustainably promoted through the development of skills to understand emotions, feel pride and connection through culture, recognise strengths, negotiate choices, set goals and maintain momentum towards a better future. While measures of these are just coming into wide use, programs will need help in embedding these into their everyday practice and quality improvement.

Another important point is the programs that aren’t effective at the youth : program interface are likely to have minimal impact regardless of their level of support and are likely to detract funding from truly effective programs. Hence skilled assessment of program potential is of great importance for sound resource allocation decisions.

Figure 3. Model of the four layers of critical factors determining the impact of Indigenous youth SEWB programs.

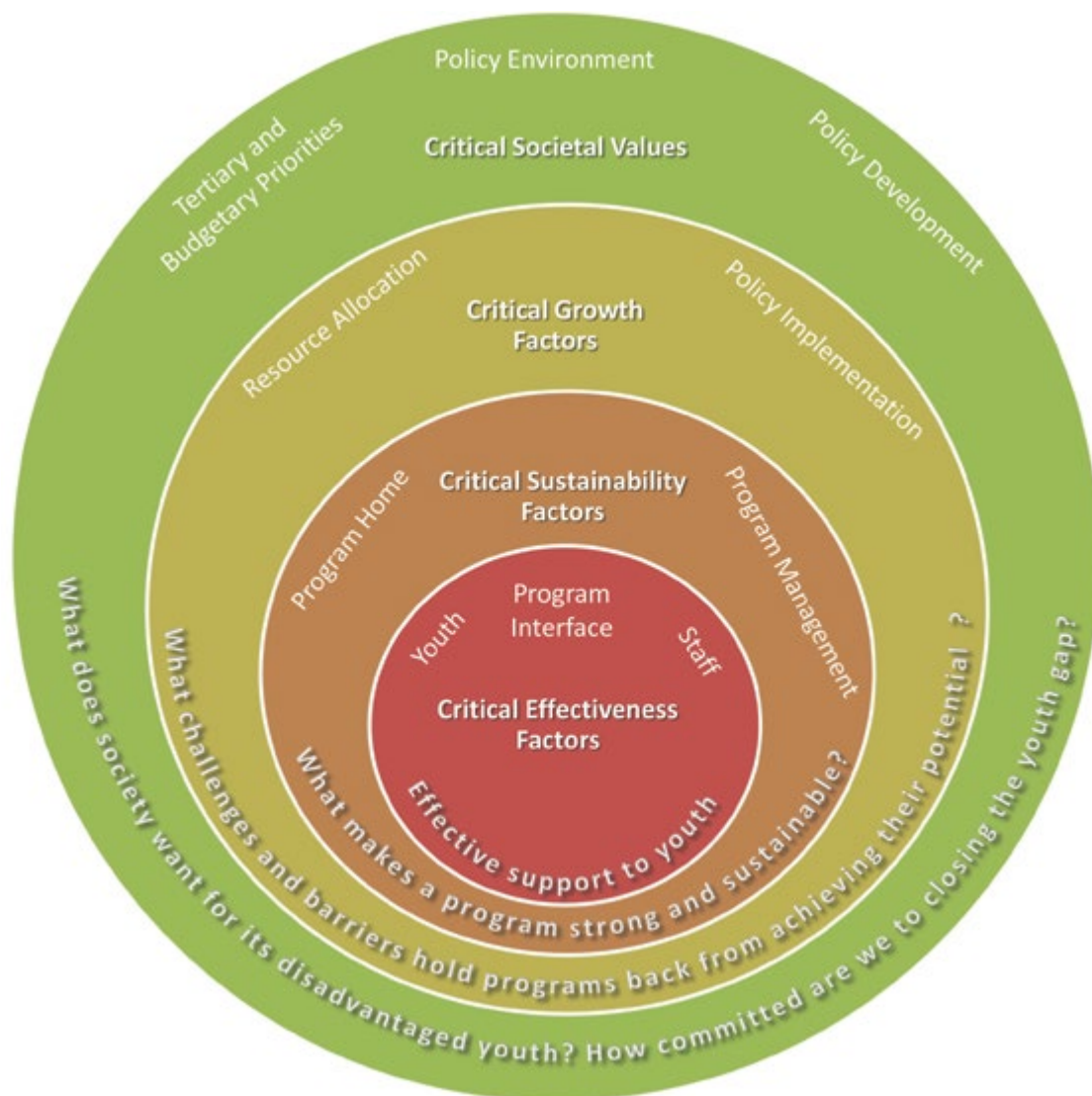


Figure 3 links directly with the descriptions of effective programs that are just surviving, sustaining, growing and flourishing in Table 1. Programs that are effective at the youth: program interface but do not have sufficient sustainability factors (innermost circle only) are likely to 'just survive' and be severely limited in impact, regardless of their effectiveness. Those that also have ample sustainability support (innermost plus the second circle) will be effective and sustained but will remain limited in reach. Those operating within a positive and supportive environment with the resources to expand in response to demand (inner three circles) will be able to grow and increasingly impact on trends in Indigenous youth SEWB to the extent of their effectiveness. However, it was observed that the demands on growth and expansion may inhibit the amount of attention that can be given to quality improvement and long term workforce development. Those enjoying support at all four levels are able to both grow in response to demand and constantly improve and increase the quality of the youth transformative experience. These programs are uniquely able to flourish and truly push back on the rising tide of Indigenous youth disadvantage.

4.3 Critical success factors determining program effectiveness, sustainability, growth and achievement of potential

To assist the translation of the 17 distilled messages into more effective policy and practice, we provide lists of critical effectiveness, sustainability, growth and societal factors that were found to influence the success of these SEWB programs for Indigenous youth. These can be used to guide program design, delivery and management, as well as in policy development, implementation and decision-making for resource allocation and treasury prioritisation. The various levels at which they operate are depicted in Figure 3.

**CRITICAL EFFECTIVENESS FACTORS:
Common elements that make things
happen at the Youth: Program Interface
(innermost core of Figure 3)**

1. Adopting full commitment to working from strengths, not seeking to correct deficits;
2. Being patient to develop the relationship bond first, then using the relationship to move towards positive change;
3. Modeling reliability and being consistent, staff doing what they say they will do to build and maintain trust and to show that they care;
4. Facilitating connection to culture, showing how to be a strong Aboriginal person through individual, group and community engagement;
5. Adopting a non-judgmental approach, using mistakes as a way to build new skills for better choices;
6. Setting rules and boundaries within the program around what's okay and what isn't in a way directly applicable to everyday life; e.g. two-way reliability;
7. Modeling openness, honesty, hope and trust;
8. Maximizing opportunity for choice making, self-motivation, feeling safe to give new things a try;
9. Celebrating small achievements and positive changes and using these as a leverage towards autonomy;
10. Providing fun, creative, enjoyable, inspiring interactions to generate positive feelings.

**CRITICAL SUSTAINABILITY FACTORS:
Common elements that make programs
strong and sustainable (second layer from
the core of Figure 3)**

1. Having inclusive and inspiring origin and establishment processes beginning in the community (key ideas driving these programs preceded searches for funding);
2. Embedding Aboriginal ways of being and doing from leadership to management to staff to foster authenticity at the program: youth interface;
3. Having the time and space to find the right path with the community, able to experience trial and error and emerge with a stronger local knowledge base;
4. Sharing vision of program potential to guide and motivate program participants and staff through hard times;
5. Fostering innovation in tools and processes for recruitment and training, program delivery, service collaborations to meet challenges, widen support, show accountability;
6. Embedding meaningful accountability, monitoring and evaluation processes as part of everyday continuous improvement;
7. Having a mechanism to celebrate achievement, to emphasise the meaning and purpose of the work, to continuously reflect on 'what are we doing, why are we doing it, how can we do better?';
8. Creating a working environment and structure where staff are safe to be open and honest, discuss their challenges and offer positive solutions to each other in order to support staff to deal with the emotionally challenging work, the flexibility and resourcefulness required and to preserve confidence;
9. Managing change respectfully but firmly for the good of the program where necessary; and
10. Focussing on developing and sustaining good relationships with stakeholders through communication, reliability and collaboratively meeting youth needs.



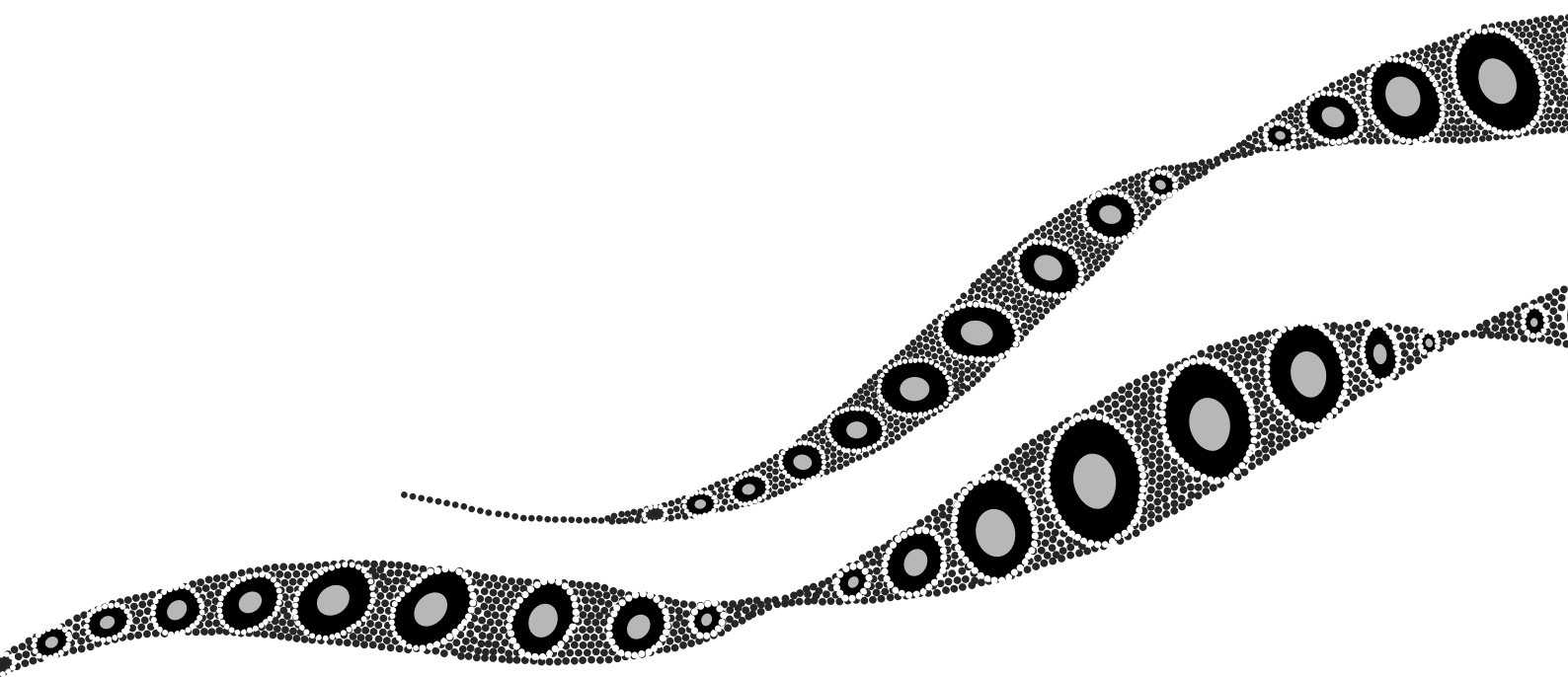
CRITICAL GROWTH FACTORS:

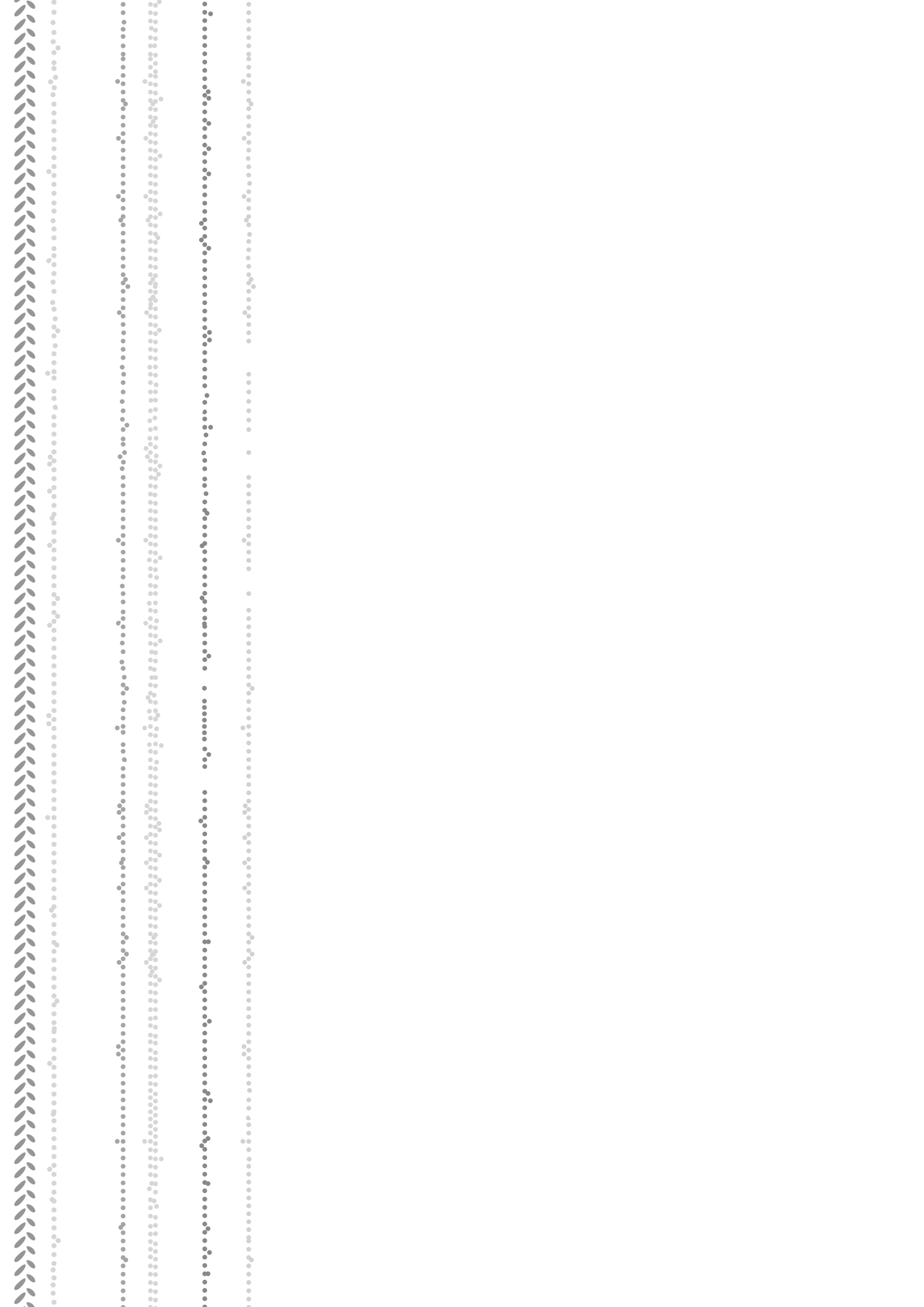
Common elements that enhance program reach and capacity to support more youth most effectively (third layer from the core of Figure 3)

1. Having program expectations on an appropriate timeline according to the youth's circumstances, not expecting overnight change given the multiple and complex challenges they face but maintaining realistic and visible youth-defined goals. (Note this is particularly important for Aboriginal youth who have experienced severe disadvantage and negative experiences in their upbringing but should not be interpreted as a reason for settling for less than the young person's full potential.)
2. Fostering skillful connection with other services and documenting otherwise hidden contributions to youth progress so they can be valued for their relatively low cost and high benefit;
3. Providing the space, respect, capacity and autonomy to Aboriginal programs, acknowledging their requirement to be embedded in the community and essentially 'serving two masters' if they are to be able to grow and have a broader impact;
4. Recognising that recruitment and training of the workforce for Indigenous youth SEWB is particularly challenging and providing essential support;
5. Enabling SEWB programs to continue to work at upstream levels - promotion, prevention and early intervention - to assist youth with the greater challenges earlier, when strengths are still intact and problems more easily addressed;
6. Rewarding programs that have stood the test of time to allow their practical knowledge in understanding processes that work to grow and reach farther to meet need - making sure that new programs are embedded within an environment that can provide experience, local and cultural knowledge and community engagement; and
7. Dealing with accountability processes within the team and enabling a negotiation process with external agencies to ensure that these processes promote, rather than overburden, their service.

CRITICAL SOCIETAL FACTORS: Common elements that facilitate these programs to reach their full potential to improve the lives of Aboriginal and Torres Strait Islander youth (fourth layer from the core of Figure 3)

1. A funding strategy that facilitates the growth of established and experienced programs and promotes their capacity to provide nurturing support to new programs for mutual gain;
2. Avoiding competitive funding processes that places programs that are inexperienced, not connected to the community and unproven in competition with experienced proven programs;
3. Funding programs at levels that enable growth to meet the increasing needs of youth at promotion, prevention, early intervention and when in secondary and tertiary care settings;
4. Supporting innovative approaches to recruitment and training focussed on building a skilled pool for youth support;
5. Requiring capacity within programs to demonstrate accountability but through a flexible and internally managed process that is meaningful and promotes, rather than threatens, the program's purpose and nurtures the youth-program interface; and
6. Recognising and protecting the critical role youth play in the future of the nation - and the need to allocate a greater share of resources towards these positive, effective programs to flourish and achieve their potential and help to avert the very high costs of tertiary approaches to the loss of social and emotional wellbeing.





KEY CHALLENGES FOR POLICY AND PRACTICE

Our experience of these six selected case study programs that successfully operationalise well known factors associated with effectiveness indicates that, despite their success and local support, all are vulnerable; some are struggling to survive; while others are held back from their potential by staff and resource constraints.

In this conclusion, we identify six key areas of widely experienced need for improvement that could be effectively addressed by enhanced policy development, policy implementation, resource allocation and workforce development in this important area.

Program effectiveness, growth, sustainability and achievement of potential are, almost universally, challenged and limited by these six needs that are largely outside of their control:

- **The need for greater recognition of the extreme circumstances** that these youth are growing up within, and for the value of **strengths-based holistic approaches that promote cultural identity** as a necessary component of successful ways forward;
- **The need to seriously address the workforce shortage**, especially of Aboriginal people with the kind of life experience and skills to fill the critical roles required;
- **The need to reduce resource constraints**, that severely restrict their capacity to operate proactively towards a long term vision, rather than reactively in immediate stress and crisis, and hamper growth to meet increasing demand;
- **The need to reduce systematic barriers** that can impair the ability to link organisations collaboratively and effectively around the youth's support needs and **to promote relationship building and communication across sectors**;

- **The need for assistance in embedding processes for systematic assessment of impact and outcome** that could demonstrate the critical contribution that these programs are making, both currently and potentially, in reversing the severe and very costly consequences of the extreme circumstances; and
- **The need for more considered overarching goals, policies, plans and practice guidelines** to improve decision-making, funding, resources and commitment to help quality programs meet their critical needs for survival and growth.


These needs cut across government, non-government and local community organisations that seek to support programs and services that aim to promote social and emotional wellbeing among Aboriginal and Torres Strait Islander youth effectively and sustainably.

Efforts to effectively address these six areas would tremendously assist this valuable set of vulnerable programs dedicated to improved quality and potential of life of Aboriginal young people.

In conclusion, the ultimate message of this project is that supporting Indigenous Australian youth to achieve a better life through the promotion of social and emotional wellbeing is possible, but the extent to which this is achieved depends largely upon societal factors and national commitment of all Australians. We have shown that programs can provide healing and life transforming experiences but all are limited by resources in reach and scope and require commitment from other important sectors.

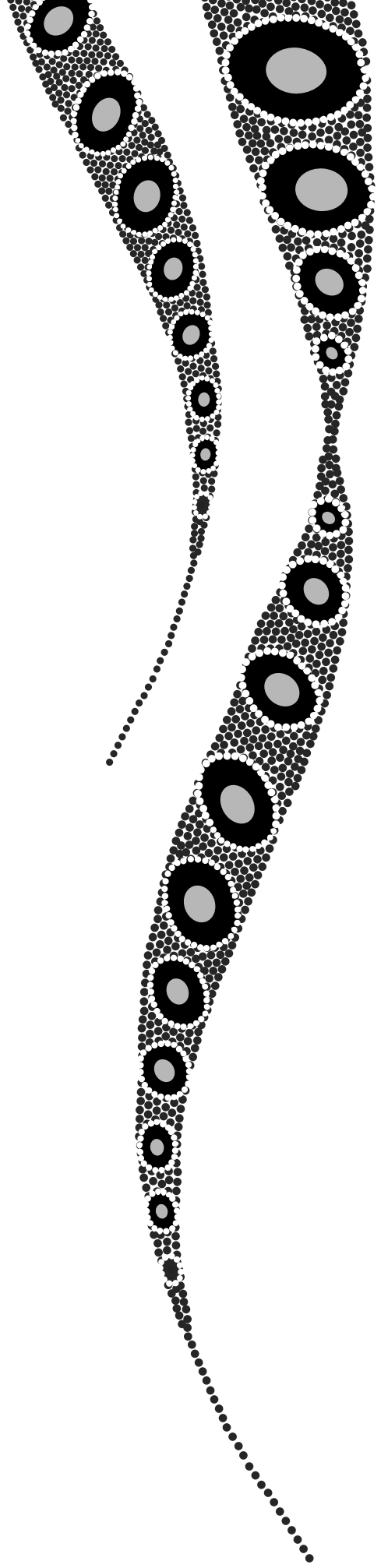
The extent to which Australia will be successful in correcting, rather than further embedding, the disadvantage that keeps Aboriginal

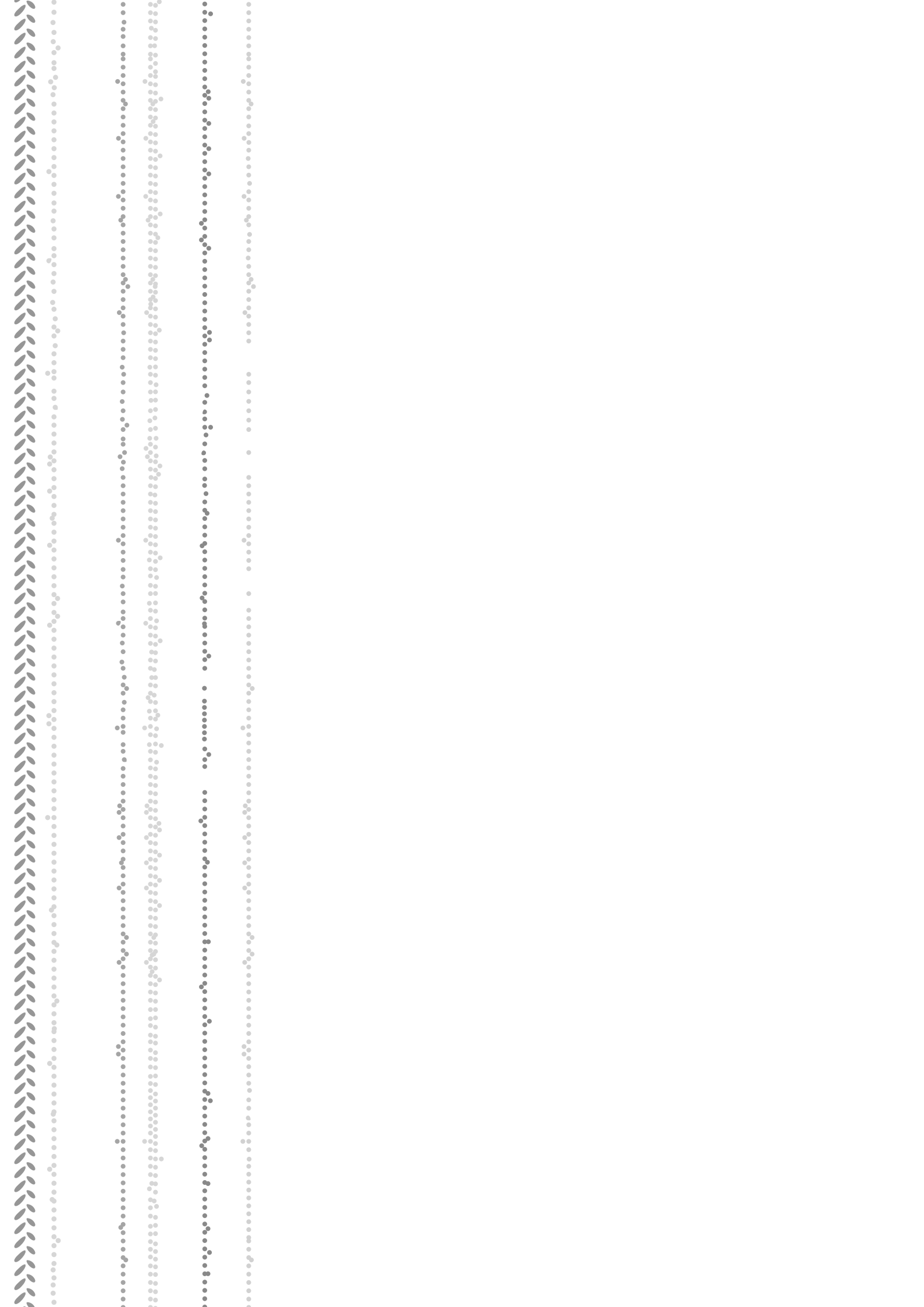




youth in painful and tragic circumstances and prevents society from benefitting from their rich contributions is unknown. Statistics, recent funding losses from the sector and shifts in philosophy away from promotion and prevention are not encouraging.

This study has provided broad evidence that the knowledge of how to do this exists and is being applied around the country, but ultimately, like the broader Close the Gap policy and campaign, its full potential for transforming Australia will be determined by public priorities and commitments.





APPENDIX A1. THE LITERATURE REVIEW: WHAT DO WE ALREADY KNOW?

This chapter reviews information currently available to guide policy and practice in the published and the 'grey' literature. The methodology used is described in some detail to ensure the quality and limitations of the review are well articulated.

A1.1 Why a Systematic Review?

Of the several kinds of literature reviews that can deepen our understanding of the current knowledge base of a particular area of interest, the systematic review is considered the most rigorous. A systematic review follows a precisely described method to search and access the literature while minimising the bias and omissions that may occur in other types of reviews. However, biases remain even in a systematic literature review, particularly in areas like Aboriginal and Torres Strait Islander health and youth health, where much of what is done and learned does not reach publication in peer-reviewed journals or electronic databases. The so-called 'grey literature', defined as that which is presented in reports of varying levels of distribution, can be a particularly rich source of information; however, it is harder to access, often relatively unknown except at local levels, and often not subject to peer-review to ensure its quality. This review was undertaken with great care to include as much of both the published literature and the 'grey' literature as possible given the time and awareness constraints.

A1.1.1 DATA SOURCES FOR THE LITERATURE REVIEW

The literature review began with a search of electronic databases, a targeted search of websites and a referred search directed by reference lists and bibliographies. The recent major Australian surveys that included aspects relevant to SEWB and youth were also included in this phase.

Discourse related to SEWB is embedded within a wide range of disciplines, including psychology, sociology, anthropology, geography, education and public policy, as well as public health, international studies, communication studies and peace studies. We searched the following electronic databases for peer-reviewed journal articles, limiting our search to articles published between 1970 and 2010 in Australia, Canada, the United States and New Zealand: Informit (covering numerous Australian databases), MEDLINE, CINAHL, Sociological Abstracts, PsycINFO and Google Scholar. We used the following search terms in various combinations: Indig*/Aborig*/Torres Strait Islander/Inuit/Alaska Native/Native American/American Indian/Maori, youth/young people/adolescen*, mental health, social and emotional wellbeing, social wellbeing, emotional wellbeing, psychological wellbeing, social determinants of health.

We also conducted a targeted search of reports and publications from the following institutes and research centres: Australian Institute of Health and Welfare (AIHW) (incorporating the Closing the Gap Clearinghouse), Australian Bureau of Statistics (ABS), Australian Institute of Family Studies (AIFS), Centre for Aboriginal Economic Policy Research (CAEPR), Productivity Commission, Australian Indigenous Health *InfoNet*, and Lowitja Institute – Australia's National Institute for Aboriginal and Torres Strait Islander Health Research (incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health, CRCATSIH).

Finally, we examined reported data from the 2004–05 *National Aboriginal and Torres Strait Islander Health Survey* (NATSIHS), the 2005 *Western Australian Aboriginal Child Health Survey* (WAACHS), and the 2008 *National Aboriginal and Torres Strait Islander Social Survey* (NATSISS), as well as the *Household*,



Income, Labour Dynamics Survey of Australia (HILDA), the Longitudinal Survey of Australian Children (LSAC) and the Longitudinal Survey of Australian Youth (LSAY).

A1.1.2 ANALYSIS

All documents that emerged from the searches described above were examined for: (1) relevance to Indigenous SEWB in general and to Indigenous youth SEWB in particular, (2) incorporation of Indigenous perspectives or commentary and (3) content. In addition, we reviewed all research for (4) level and quality of evidence for quantitative or qualitative studies.²⁻³

Evidence and descriptive information from the Australian Indigenous context was given priority; however, studies from Canada, the United States and New Zealand were included in cases where Australian information was lacking.

Based on content, articles were placed into one or more of the following categories: research evidence (epidemiology or intervention-evaluation), theory/conceptual, policy analysis, program description (promotion, prevention, early intervention, treatment or support service), commentary/opinion, or other. The holistic definition of SEWB means that many interventions could potentially contribute to improving SEWB at the individual, community or population level. For purposes of this literature review, we focussed on those that explicitly targeted SEWB and/or mental health in the positive sense.⁴ We considered both formal services and informal or community-based care and support.

A large proportion of the articles originally identified were excluded because they described epidemiological and clinical studies on mental disorders or substance abuse, but were inconsistent with our definition of SEWB in the positive sense.

We used the remaining documents as the basis for summarising what is known and unknown with regard to the five previously identified questions (section 1.2.1).

A1.2 Results

Research into SEWB (or 'mental health' as opposed to 'mental illness') is relatively new in the mainstream literature and very new in the Indigenous context. As anticipated, this review of the peer-reviewed literature identified only a relatively small number of publications with specific relevance to this project.

In practice, most of the relevant literature has been published since 2000; the few earlier articles published between 1970 and 1999 on social and psychological issues for Indigenous young people are largely problem- or pathology-focussed, with studies on substance abuse and suicide particularly common. Research is mostly focussed on individuals, although there is emerging interest in the social and community dimensions of SEWB and in developing and testing socio-ecological interventions for health and wellness.

A1.2.1 THE STATE OF INDIGENOUS YOUTH SOCIAL AND EMOTIONAL WELLBEING

Concern has been expressed about the apparently deteriorating health and wellbeing of Australia's young people, and Australia's Indigenous young people, for a long time (Eckersley 1988, 2008; Hunter 1995). Recently, however, attention has turned from documenting the negatives to better understanding the positives and how to promote them (Eckersley et al. 2005; Wyn 2009).

The first detailed information about the mental health and SEWB of Indigenous Australians

² Hierarchy of evidence in public health: I, At least one properly randomised controlled trial; II-1, Well-designed controlled trials without randomisation; II-2, Well-designed cohort or case-control analytic studies, preferably from more than one centre or research group; II-3, Multiple time series with or without intervention or dramatic results in uncontrolled experiments; III, Opinions of respected authorities, based on clinical experience, descriptive studies and case reports, or reports of expert committees (Harris et al., 2001).

³ Hierarchy for qualitative research: I, Generalisable studies; II, Conceptual studies; III, Descriptive studies; IV, Single case study (Daly et al., 2007).

⁴ In the Medline/MeSH Heading, mental health is defined as "the state wherein the person is well adjusted".

was collected as part of the 2004–05 *National Aboriginal and Torres Strait Islander Health Survey* (NATSIHS). That survey found that Indigenous people aged 18 years or older were twice as likely as their non-Indigenous counterparts to feel high or very high levels of psychological stress⁵, after adjusting for differences in age structure of the Indigenous and total Australian populations (ABS 2006). These findings were consistent with the relative frequencies with which the two populations reported experiencing specific stressors in the previous 12 months – 77% vs. 59% (ABS 2006, 2007a). In particular, Indigenous Australians were more likely to report death of a family member or friend, an alcohol- or drug-related problem, trouble with the police and being a witness to violence (ABS 2006, 2007a).

In the 2008 *National Aboriginal and Torres Strait Islander Social Survey* (NATSISS), 31% of Aboriginal and Torres Strait Islander people aged 15 years and over reported high or very high levels of psychological distress.⁶ Rates of distress were higher among women (34%) than men (27%), but did not differ significantly between people living in remote and non-remote areas – 29% vs. 31%. Rates were particularly high among those with a disability or long-term health condition and those who had been victims of violence, were unemployed, had experienced discrimination, or had been exposed to at least three life stressors in the previous year (ABS 2010b).

The 2008 NATSISS also included a positive wellbeing module comprising four questions that asked about positive emotional states (feeling happy, calm and secure and full of life and having lots of energy). Seventy-two per cent of Aboriginal and Torres Strait Islander people aged 15 years and over reported being a happy person all or most of the time. Rates were higher among those living in remote areas (78%) than non-remote areas (71%). Overall,

positive wellbeing was more prevalent among young people, particularly in regards to feeling full of life and having a lot of energy. Rates of happiness were the most evenly distributed across the broad age groups and between men and women (ABS 2010b).

In 2008–09, Indigenous people were almost twice as likely to be hospitalised for mental and behavioural disorders as other Australians (AIHW 2010). From 2001 to 2005, Indigenous males were 5.8 times more likely and Indigenous females 3.1 times more likely to die from such disorders than their non-Indigenous counterparts (ABS & AIHW 2008). In 2003–07, death rates from intentional self-harm were generally between 1.5 and 3.5 times higher for Indigenous males and females living in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory than for their non-Indigenous counterparts (SCRGSP 2009). Moreover, Indigenous people died from suicide at much younger ages than non-Indigenous people, with the greatest difference in suicide rates being among those younger than 25 (SCRGSP 2009).

The major source of information about the SEWB of Indigenous children and youth is the *Western Australian Aboriginal Child Health Survey* (WAACHS), which investigated the prevalence and burden of emotional and behavioural difficulties experienced by Aboriginal children aged 4–17 years (Zubrick et al. 2005). Some 20.5% of Aboriginal youth, aged 12–17 years, were rated by their parents/carers as at high risk of clinically significant emotional or behavioural difficulties, compared with 7% of non-Aboriginal youth in the same age group.⁷ Furthermore, 31.4% of Aboriginal youth were at risk of clinically significant conduct problems, compared with 13.1% of the non-Aboriginal sample. Of the Aboriginal youth surveyed, 9.0% of females and 4.1% of males had attempted suicide in the preceding 12 months (Blair et al. 2005).

⁵ Measured by the Kessler Psychological Distress Scale (K10), a scale of non-specific psychological distress.

⁶ Measured by the modified 5-level version of the Kessler Psychological Distress Scale (K5).

⁷ Based on parent/carer responses to Goodman's Strengths and Difficulties Questionnaire (SDQ).



Studies of Indigenous youth in other colonised countries (New Zealand, Canada and the United States) paint a similarly disturbing, if incomplete, picture. In an examination of longitudinal data from a cohort of 984 young people studied from birth to 25 years old in New Zealand, Marie et al. (2008) found higher rates of mental disorders among those with sole Maori identity (x1.28) or Maori/other identity (x1.57), compared to non-Maori. Poor mental health among Native American adolescents has been a significant concern for the past two decades (LaFromboise et al. 2010). In the United States and Canada, mental and substance abuse disorders are increasing among adolescents on Indigenous reservations and reserves, with current service systems overwhelmed and unable to meet demands (Whitbeck et al. 2008). A systematic review of mental health, substance use and suicidal behaviour among young Indigenous people in the Arctic (Lehti et al. 2009) found that current epidemiological knowledge was based mainly on cross-sectional studies from selected regions and limited to suicide and substance abuse. Youth suicide rates were alarmingly high, and systematically higher among Indigenous than non-Indigenous youth. While substance abuse was common, there were considerable regional and ethnic differences. Other psychosocial problems were largely unexplored.

Large-scale surveys designed to yield mainly aggregate data offer limited insight into the diversity of Indigenous communities and reveal little about the way SEWB is experienced and managed locally. However, such statistics do attest to the seriousness of the situation confronting Indigenous youth in Australia and other countries today and highlight the social and emotional challenges they face as they enter adulthood. These data also suggest that current policies and practices are insufficient to address the problems. Merely doing more of the same threatens the sustainability of any progress toward closing the gap in wellbeing between Indigenous and non-Indigenous populations and runs the risk of incurring substantial long-term costs to society.

A1.2.2 FACTORS INFLUENCING INDIGENOUS YOUTH SOCIAL AND EMOTIONAL WELLBEING – SOCIAL DETERMINANTS AND RISK AND PROTECTIVE FACTORS

In the Australian and international literature, there is considerable support for the association between the social environment and health outcomes across the life course, independent of individual risk factors (Henderson et al. 2007). The importance of understanding the historical context as well as the current environment cannot be underestimated (Garvey 2008; Kirmayer et al. 2003; Tonmyr & Blackstock 2010).

The underlying social determinants of Aboriginal and Torres Strait Islander health generally are a reflection of economic and social disadvantage across a range of indicators including income, employment and education (Carson et al. 2007; Jackson Pulver et al. 2007). Intermediate social determinants include child abuse and neglect and interpersonal violence, often accompanied by alcohol and drug abuse (Jackson Pulver et al. 2007). As already noted, Indigenous people are also exposed to stressful life events to a much greater degree than other Australians; risk exposure varies by location (ABS 2010b; AIHW 2009).

The social determinants of Aboriginal and Torres Strait Islander SEWB are similarly multiple, far-reaching and interconnected (ABS 2010b; Askeil-Williams et al. 2007; Garvey 2008; Henderson et al. 2007; Zubrick et al. 2010). Risk factors specifically linked to SEWB include widespread grief and loss, child removals and unresolved trauma, cultural dislocation and identity issues, socioeconomic disadvantage, physical illness and disability, incarceration, child removal by care and protection orders and juvenile justice supervision, violence including family violence, and substance use/abuse. Protective factors include social cohesion, including strong cultural ties and reciprocal relationships, and deep-seated connection to land, culture, spirituality and ancestry (Ganesharajah 2009; Grieves 2009; VicHealth 2005; Zubrick et al. 2010).

In the 2008 NATSISS (ABS 2010b) positive wellbeing was more common among people in good health (82% of those who rated

their health as excellent/very good reported feeling happy all/most of the time, compared with 53% of people in fair/poor health), those with low/moderate levels of psychological distress, and those without a disability or long-term health condition. Rates of happiness were higher among people who were able to get support in a time of crisis (74%, compared with 64% of those unable to get support) and who could confide in their friends or family. People who were able to have a frequent say on community issues were also more likely to report feeling happy all/most of the time than those who felt they had little or no input (81% compared with 67%). Rates of happiness were also higher among people who were employed (77% compared with 68% unemployed) and those who had completed school to Year 12 (74% compared with 68% of those who had left school at Year 9 or below); however, happiness was not associated with household income.

Information relating specifically to Indigenous young people is limited and almost nonexistent concerning their positive wellbeing. The WAACHS showed that several factors likely to negatively influence health and wellbeing were more prominent among Aboriginal children and youth (4–17 years) than non-Indigenous children and youth. They were, remoteness (which, interestingly, appeared to be protective against emotional and behavioural difficulties), forced separation or forced relocation, major life stressors and financial strain (Blair et al. 2005). In addition, Indigenous youth aged 12–17 years were more likely to engage in lifestyle risky behaviours – tobacco, alcohol and marijuana use, and insufficient physical exercise – than their non-Aboriginal peers (Blair et al. 2005). In the 2008 NATSISS, 11% of Aboriginal and Torres Strait Islander children aged 4–14 years reported being bullied at school because of their Indigenous origin, and 27% of people aged 15 years and over reported experiencing discrimination in the preceding 12 months (ABS 2010b).

Factors identified in the WAAHCS as supporting healthy child and youth development included low levels of major life stress, good family functioning, good speech development and care of the child by its original parents, i.e.

absence of risk factors for social and emotional problems and mental disorders (Zubrick et al. 2005). The WAACHS researchers concluded that Indigenous youth tend to be caught in a cycle of disadvantage that includes family and community factors as well as recent history, often leading to less than optimal life choices, thereby perpetuating the cycle (Zubrick et al. 2005, 2010).

Marie et al. (2008) concluded that risk and protective factors associated with the mental health of young Maori in New Zealand involve interplay between levels of exposure to social disadvantage/childhood adversity and cultural identity, with secure cultural identity being a factor that may mitigate the effects of exposure to adversity. Studies in the United States (LaFromboise et al. 2010) and Canada (Chandler & Lalonde 1998; Mignone & O’Neil 2005) also demonstrate the protection offered by culture. Chandler and Lalonde (1998) found youth suicide rates were dramatically lower in First Nations communities that had taken steps to preserve and rehabilitate their own cultures, illustrating the value of cultural continuity for individual continuity. In a later project designed to better understand the strengths of Canadian indigenous communities, areas of strength identified across several communities included, among others, empowerment and good mental health (respondents felt they had purpose and did not feel helpless), very strong cultural identity and pride, and strong spirituality (USIC, cited in Lawrence 2007).

Zubrick et al. (2010) explain how the development of SEWB can be prompted, facilitated and constrained by several key mechanisms that modify its determinants. *Prompts* are mechanisms that require or cause development in wellbeing to occur at particular times or in response to specific circumstances; the three major prompts for optimal SEWB among children and youth are biology, expectations and opportunities. *Facilitators* are mechanisms that assist, or make easier, the growth, establishment, elaboration and maintenance of wellbeing, in particular intellectual flexibility, good language development and emotional support. For example, infants who suffer perinatal



physiological insult are typically able to catch up to their peers with regard to developmental milestones if they live in a generally supportive home environment (Sameroff & Chandler 1975). Secure cultural identity, highlighted by Marie et al. (2008) and others (Durie 1999; Wolsko et al. 2007), is also thought to be a facilitating factor. *Constraints* are mechanisms that delay or prevent the development of wellbeing: stress, chaos, social exclusion including racism, and social inequality (Larson et al. 2007; SCRGSP 2009; Zubrick et al. 2010).

At Aboriginal health services in Sydney, Williamson et al. (2010a) used focus groups and small-group interviews with parents and workers to explore factors surrounding mental health of Aboriginal young people. The centrality of family and kinship relationships emerged as a major theme: strong family connections and support were seen as the foundation of good SEWB among Aboriginal youth, and close contact with extended family as essential for developing a strong sense of identity. On the other hand, family problems were regarded as the primary cause of most difficulties. Surveys among Native American youth also demonstrate the importance of family for good mental health and successful functioning (Cummins et al. 1999; Silmere & Stiffman 2006).

In the general youth literature, resilience is receiving more attention (e.g. Fergus & Zimmerman 2005; Wyn 2009), and there is now emerging data on and understanding of the importance of social relationships (social support, safety, community investment and trust) for wellbeing, with some researchers now drawing on theories of social capital (Wyn 2009). In a school-based study of exposure to violence and post-traumatic stress symptoms among First Nations youth in Nova Scotia, Zahradnik et al. (2010) found that resilience, whether community-, family- or individual-based⁸, was a moderating factor, such that exposure to violence was more strongly predictive of 're-experiencing symptoms' at lower levels of resilience. In a large survey of

Hawaiian secondary school students, Carlton et al. (2006) found that Native Hawaiian youth experienced significantly more family adversity than non-Hawaiian youth. However, the Hawaiian youth also reported having significantly higher levels of family and friend support and connection to Hawaiian cultural values, language, sovereignty and spirituality. Family support, physical fitness, health, academic achievement and optimism were strong resiliency factors for psychological wellbeing. Multilayered, ecological models that link social capital to the health and wellbeing of Indigenous peoples (ABS 2010b; Brough et al. 2007) and Indigenous youth suicide risks (Mignone & O'Neil 2005) are now being explored.

It is important to understand the issues from young people's viewpoints. A recent study of NSW children and youth aged 8–15 years found that they placed priority on three dimensions: the ability to make decisions and have control over their lives; safety; and having a positive sense of self (NSW Commission for Children and Young People 2007). Similarly, an Australian study of 14–17-year-olds found that young people most valued being able to be heard (having a voice), making decisions within their families and at school, and practicing civic responsibility in everyday situations (Harris et al. 2007, 2008).

In the 2010 Mission Australia National Survey of Young Australians, young people were asked to rank what they most valued from a predetermined list of ten options. The top three items for Indigenous respondents were family relationships, friendships (also numbers one and two for non-Indigenous youth) and being independent. Their top three issues of personal concern were body image (also number one for non-Indigenous youth), alcohol and family conflict. Most (61%) indicated that they felt positive/very positive about the future but 11% felt negative/very negative, similar to the pattern of responses from their non-Indigenous peers (Mission Australia 2010).

⁸ Measured using the Child and Youth Resilience Measure (CYRM) (Ungar et al. 2008).

A1.2.3 STRATEGIES AND INTERVENTIONS TO IMPROVE INDIGENOUS YOUTH SOCIAL AND EMOTIONAL WELLBEING

While it is important to document the state of Indigenous youth SEWB and identify its social determinants, including the negative effects of inequality and historical processes, it is also important to document and make widely known the positive ways these issues are being addressed. Such problems do not necessarily preclude successful initiatives. Over-emphasis on disadvantage can obscure equally important evidence about programs and communities that work well (Palmer & Collard 1993). Furthermore, such emphasis can be disempowering, reinforcing the view that Indigenous young people and their communities are victims requiring intervention, placing the blame on Indigenous families, and positioning Indigenous people as “other” (Wyn 2009).

Indigenous communities have many strengths, including respect for Elders and cultural processes, a rekindling of language and cultural expression, artistic richness, sporting prowess, humour, contributions to scholarly and political pursuits, and environmental protection (VicHealth 2005). These strengths form an important foundation for promoting, improving and restoring Indigenous youth SEWB. Wellbeing may be supported at the individual level by encouraging the development of good self-esteem, emotional and cognitive development and individual resilience; at the community level, or within social environments, by creating opportunities for culturally relevant community participation, strong social support and a sense of belonging; and at the structural level by ensuring that policies and practices within all sectors (e.g., health, housing, child protection, education, employment and the justice system) are rooted in the values of equity, anti-discrimination and access (Auseinet 2008).

A1.2.4 POLICIES

The World Bank (2006) suggests that applying a “youth lens”, in general, to policies and institutions, leads to a focus on opportunities, capabilities and second chances. Governments, it argues, need to broaden young people’s opportunities “by expanding access to and improving the quality of education and health services; by facilitating the start to a working life; and by giving young people a voice to articulate the kind of assistance they want and a chance to participate in delivering it” (p. 2). They need to “develop young people’s capabilities to choose well among these opportunities by recognising them as decision-making agents and by helping ensure that their decisions are well informed, adequately resourced, and judicious” (p. 2). Finally, they need to “provide an effective system of second chances through targeted programs that give young people the hope and the incentive to catch up from bad luck – or bad choices” (p. 2).

Policies must be well coordinated to have maximum impact. Opportunities can be missed if the capabilities to grasp them are blunted or misdirected. Having greater capabilities (agency) can lead to frustration if the opportunities are far below aspirations. Not having second chances can lead to a “free fall” in outcomes (World Bank 2006).

In Australia, the last decade has seen increasing interest by policy makers in the health and wellbeing of children and young people, including their mental health and wellbeing. Indigenous young people are generally considered a priority population group. In Chapter 3 we provide a comprehensive review of relevant national and state/territory policies.⁹

A1.2.5 PROGRAMS AND SERVICES

Consistent with our approach in Task 2, we restricted our focus in this literature review to formal programs and services that had been specifically developed to address SEWB

⁹ In Task 2, all recent Commonwealth and State and Territory policy documents relating to Aboriginal health and wellbeing, as well as those relating to mental health and to youth, were downloaded from the World Wide Web and examined for any reference to Indigenous youth SEWB.



(or 'mental health' in the positive sense) and reflected this orientation in their aims and objectives, and that identified youth as a target group. We recognise that some multifaceted programs also include other elements (e.g. clinical mental health services, drug and alcohol programs or suicide awareness) and other groups (e.g. adults or young children) in addition to SEWB and youth; where the Indigenous youth SEWB component was explicit, we considered such programs. We also recognise that much good work happens at a local level and is usually unreported, such as grass-roots activities run by community members and youth themselves on a shoestring budget. The extent and nature of voluntary work in Indigenous communities, and its contribution to social capital, have been documented elsewhere (Brough et al. 2007; Kerr et al. 2001). We acknowledge the value of such work for Indigenous youth SEWB.

A search of peer-reviewed journals for reports of Indigenous youth SEWB programs that met our criteria produced few results for Australia, or for Canada, USA and NZ.¹⁰ Not surprisingly, most of the published work was conducted with university partners. We considered programs that developed young people's capabilities and provided them with opportunities and second chances, and that operated at individual, family, organisation, community and societal levels. Nonetheless, as discussed below, the evidence base in this area is limited. Despite the importance of SEWB, information about effective programs – what works and how it works – is scarce.

The most researched SEWB program in Australia is the Family Wellbeing Program. Initially developed in the 1990s in South Australia by a group from the Stolen Generations, this group program has been conducted with Aboriginal people in Alice Springs and several remote communities in North Queensland. The program aims to empower participants by helping them

acquire greater understanding and skills to gain control over their lives (Tsey & Every 2000; Tsey et al. 2007, 2009; Whiteside et al. 2006). Through five 30-hour stages, the program fosters personal transformation that involves harmonising physical, emotional, mental and spiritual aspects of life and applying this to everyday living. While most often used with adults, Stage 1 has been modified and successfully delivered to primary school students in an Aboriginal community in Cape York (Tsey et al. 2005). In Alice Springs, Tangentyere Council has adapted the full Family Wellbeing Program to create a shorter Community Wellbeing Course, appropriate for people with lower literacy skills and ideal for many Town Campers (Tangentyere Council website).

Empowerment interventions are essentially strengths-based and look for solutions from within individuals, families and communities (Tsey et al. 2007). A metasynthesis of findings from seven discrete Family Wellbeing (FWB) Program evaluations (Tsey et al. 2009) suggested that both content and process elements contributed to the success of this model of intervention in Indigenous communities. These elements included the relevance of the material to the Indigenous Australian context; the emphasis on holism, encompassing physical, emotional, mental and spiritual aspects of life and wellbeing; and the respect for Indigenous cultural and spiritual identity. Sharing stories as a group and learning from each other in a safe environment were seen as appropriate to the Indigenous situation. Earlier research (Tsey & Every 2000) highlighted the need to adopt an ecological approach that simultaneously addresses empowerment at multiple settings or levels; the need to ensure that such programs reach a critical mass of the target group; and, finally, the need for policy makers and practitioners to take a longer-term approach to empowerment interventions, including properly resourced longitudinal

¹⁰ An exhaustive review of the grey literature (including government reports, organisation annual reports, program evaluations and descriptions, theses and other unpublished material) resulted in a richer haul – See Task 2 report. Of the 41 programs and services identified there, only five have been reported in peer-reviewed journals, and examined for any reference to Indigenous youth SEWB.

studies to document and enhance the evidence base for such interventions.

Brough et al. (2004) described the successful application of a community-strengthening approach to health promotion with Indigenous communities in metropolitan Brisbane. At the start, key community strengths were identified: extended family, commitment to community, neighbourhood networks, community organisations and community events. Working with these strengths, five kinds of resourcing strategies were pursued through various community development activities: professional support and development, networking resources, management support, specialist support and financial support. The project goal was "value adding, not value displacement". Over 50 initiatives were undertaken over a 2-year period, including football, dance, arts exhibitions, nutrition promotion and NAIDOC (National Aboriginal and Islander Day of Celebration) events. Unfortunately, follow-up data on the project's impact and outcome have not been reported.

Working across the mental health intervention spectrum, Mirazek and Haggerty (1994) and Santhanam and co-workers (2005, 2007, 2009) described how the Remote Area Child and Youth Mental Health Service was restructured to provide services to Aboriginal and Torres Strait Islander families in Far North Queensland. On the basis of their own action research, they concluded that for the service to be locally responsive, contextually sensitive and culturally oriented, it is critical that community engagement and therapeutic care act as concurrent complementary streams, and that this be reflected in performance indicators. The need to acknowledge existing frameworks of healing and knowledge within Indigenous communities and to incorporate them in therapeutic practice, as well as in research, is a recurring theme in both the Australian (e.g., Roe 2010; Swan & Raphael 1995; Walker & Sonn 2010) and international literature (e.g., Thomas & Bellefeuille 2006; Tonmyr & Blackstock 2010).

Research by Stiffman et al. (2006) demonstrates the pivotal role of service providers in facilitating timely access to mental health and other

services by Native American adolescents. So-called 'gateway' providers include professionals (mental health or addictions specialists, primary health care providers or providers from child welfare, education and juvenile justice), informal providers (parents and respected elders) and traditional providers (healers, medicine people and ceremonial leaders). They found that providers were more likely to identify a youth's problems and to offer and refer services when they knew more about the community resources available and about the youth's personal and environmental problems. Developing pathways of care at the primary health centre level to enable support for SEWB as well as more integrated mental health care has been a key component of community empowerment activities in Far North Queensland (Haswell-Elkins, Hunter et al. 2009; Haswell-Elkins, Reilly et al. 2009).

School-based interventions are popular, with SEWB programs delivered in primary (e.g., FWB) and secondary schools (e.g., School Link Training Program – Hillin et al. 2008). The Resourceful Adolescent Program (RAP), which was developed to meet the need for a universal resilience-building program for teenagers, has been adapted for Indigenous youth (Harnett et al. 1998). RAP's three components each promote protective factors from a different perspective: RAP-A for adolescents, RAP-P for parents, and RAP-T for teachers. RAP-A attempts to integrate both cognitive-behavioural and interpersonal approaches to build coping skills and resilience to promote positive development. RAP-P targets family protective factors such as increasing harmony and preventing conflict, and RAP-T assists teachers to promote school connectedness. Although there is strong evidence for the core program (Shochet & Ham 2003; Shochet et al. 2009; Shochet & Osgarby 1999), to our knowledge the Indigenous version has not been formally evaluated.

Overseas, evidence for the application of strengths-based programming for Indigenous youth in schools is accumulating (Carlton et al. 2006; Crooks et al. 2009). In Canada taking a strengths-based approach has meant focussing on building youth engagement



and skills rather than targeting single problem behaviours (Crooks et al. 2009). Specific strategies include peer-mentoring (with support from a community Elder), a credit-based academic course and transitions conferences in Grade 8 (the last year of primary school). Preliminary evidence suggests that these initiatives increase youth engagement.

There are particular concerns for and risks that arise among youth who disengage or leave early from school. The Junior Canadian Ranger (JCR) program has been presented as a model for re-engaging Indigenous youth in remote areas (Schwab 2006). The JCR program grew out of the realisation that traditional cadet programs (such as those run by Australian Defence Force) could not easily accommodate the cultural differences and isolation of many remote Indigenous communities. Key elements in the program's success in the Canadian context include comprehensive consultation with the community at both the development and implementation stages; building the program around activities meaningful to youth; grounding the program in learning theory; deploying the positive power of political will; and developing local and regional partnerships.

A1.2.6 MEASURING INDIGENOUS YOUTH SOCIAL AND EMOTIONAL WELLBEING

The ability to reliably measure Indigenous youth SEWB is important. One reason, we believe, for the continuing concentration on psychological distress and mental ill-health is that it is easier to measure the prevalence and consequences of wellbeing loss. However, there have recently been some promising developments in this area.

The mainstream literature on wellbeing includes considerable debate about what should be measured in regards to wellbeing (Hamilton & Redmond 2010; Wyn 2009), as well as the value of metric approaches (e.g. QALY – Quality Adjusted Life Year and DALY – Disability Adjusted Life Year) versus broader social and community measures (e.g. indicators of community strength). Most work in this area has been framed around adults, with relatively little attention paid to issues of young people; recent work by Hamilton and Redmond (2010) is a notable exception.

In 2001, the ABS introduced a broad framework to guide the measurement and reporting of statistics relating to overall wellbeing – *Measuring Wellbeing: Frameworks for Australian Social Statistics* (ABS 2001). Recognition that this framework did not explicitly articulate the unique cultural and historical factors that affect the individual and community wellbeing of Aboriginal and Torres Strait Islander peoples led to the development of *Framework for Measuring Wellbeing: Aboriginal and Torres Strait Islander Peoples* (ABS 2010a). The framework attempts to provide a holistic approach to the mapping of statistics about the wellbeing of Indigenous Australians, and to link the concepts of wellbeing, identity and social capital. The framework shows the interaction of individuals within their social, cultural and economic environments across nine broad domains, which are fluid and interacting and collectively contribute to wellbeing. The nine domains are culture, heritage and leisure; family, kinship and community; health; education, learning and skills; customary, voluntary and paid work; income and economic resources; housing, infrastructure and services; law and justice; and citizenship and governance. Notions of identity and social capital are integral to all nine domains. A significant limitation of this approach is the tendency for a focus on problems and areas of deficit to obscure any positive developments.

Work has begun on the development of national indicators of SEWB for Australian children and young people. A recent report addressing conceptual issues (Hamilton & Redmond 2010) recommends that future indicators prioritise three principles: positivity (encompassing considerations of holistic wellbeing and 'the good life'), universality, and attention to the views of the child or young person. The authors propose starting with an indicator of life satisfaction from the perspectives of children and young people.

At the service or program level, efforts to assess SEWB among Indigenous populations have generally had a negative emphasis (e.g., psychological distress, alcohol and drug problems – measures of mental ill-health) and have tended to concentrate on one

aspect of individual behaviour rather than taking a holistic view of the person in context (Dawe et al. 2010). Mainstream tools applied to Indigenous Australians include the Kessler Psychological Distress Scale (ABS 2006), the Medical Outcome Short Form Health Survey/SF-36 (ABS 2006), the Negative Life Events Scale (Kowal et al. 2007), the Schedule for the Evaluation of Individual Quality of Life (SEIQoL-DW, Chenhall et al. 2010) and, particularly relevant to children and youth, the Strengths and Difficulties Questionnaire (Williamson et al. 2010b; Zubrick et al. 2006).

Recently, new tools have been developed specifically for use in the Australian Indigenous context. Both the Westerman Aboriginal Symptoms Checklist for Youth or WASC-Y (Westerman 2000) and the Indigenous Risk Impact Screen or IRIS (Schlesinger et al. 2007) were designed for use in clinical settings.¹¹ Even Strong Souls, a tool developed specifically to assess the SEWB of Indigenous adolescents participating in the longitudinal Aboriginal Birth Cohort Study (Thomas et al. 2010), is heavily weighted toward the negative end of the spectrum, with 16 items covering anxiety, depression and suicide risk and nine items on resilience.

The Growth and Empowerment Measure (GEM), in contrast, is a quantitative instrument developed to measure change in dimensions of empowerment as defined and described by Aboriginal participants (Haswell et al. 2010). GEM enables measurement and enhances understanding of both process and outcome of psychological and social empowerment within an Australian Indigenous context and is a useful addition to in-depth qualitative evaluation methods.

A1.3 Conclusions

Optimising the health and wellbeing of Australian youth requires greater focus on the big picture of social change reshaping life today; on total health and wellbeing, not just ill-health; on the mainstream of youth, not only those who are marginalised and at risk; and on social and cultural resources as well as material and economic resources (Eckersley et al. 2005). Indigenous Australia has a particularly youthful population profile. A special focus on Indigenous youth is central to the process of ensuring the long-term emotional and spiritual wellbeing of Aboriginal and Torres Strait Islander communities and their ongoing survival and growth.

Getting the right policy settings and programs in place now will have great payoffs in the future because Indigenous young people, as the next generation of parents and community leaders, will have profound impacts on their children. Conversely, failure to respond to current challenges in timely, culturally-appropriate and effective ways will lead to greatly increased costs to society. An appreciation of the various levels of influence, both positive and negative, on Indigenous health and wellbeing is critical when considering the role of governments, non-government organisations, professional and community groups and the community (including youth themselves) in such endeavours.

On the whole, this review of Australian and international literature has demonstrated that the evidence base relating to Indigenous SEWB is very limited. Although the amount of available data has increased over the past decade, much of the research has been problem-focussed, and there are many critical gaps in knowledge. The narrow emphasis on the negative aspects of Indigenous individuals and communities has meant

¹¹ The WASC-Y is a self-report measure useful for identifying young Aboriginal people (13-17 years) who are at risk of anxiety, depression and suicidal behaviours. The IRIS is a questionnaire for screening for substance use and mental health problems among Indigenous Australians.



that the positive aspects have not been properly recognised and upheld. There is an urgent need for more research focussed on resilience and protective factors as well as risk factors, including context- and culturally-sensitive evaluations of promising initiatives and multifaceted intervention studies in urban, regional and remote settings.

Investments in young people need to recognise the challenges faced by youth and to build and enhance their capabilities, voice and strengths to meet these challenges. Young people need hope, opportunities and choices, which they can combine with the relevant skills and resources to move forward and succeed.

The case studies presented in Chapters 4, 5 and 6 provide an important opportunity to build the evidence base by developing, firstly, a deeper understanding of the contributions of specific programs to improving Indigenous youth SEWB in particular contexts (within-case analysis) and, secondly, a broader understanding of the common critical success factors across programs and contexts and how they operate (across-case analysis).

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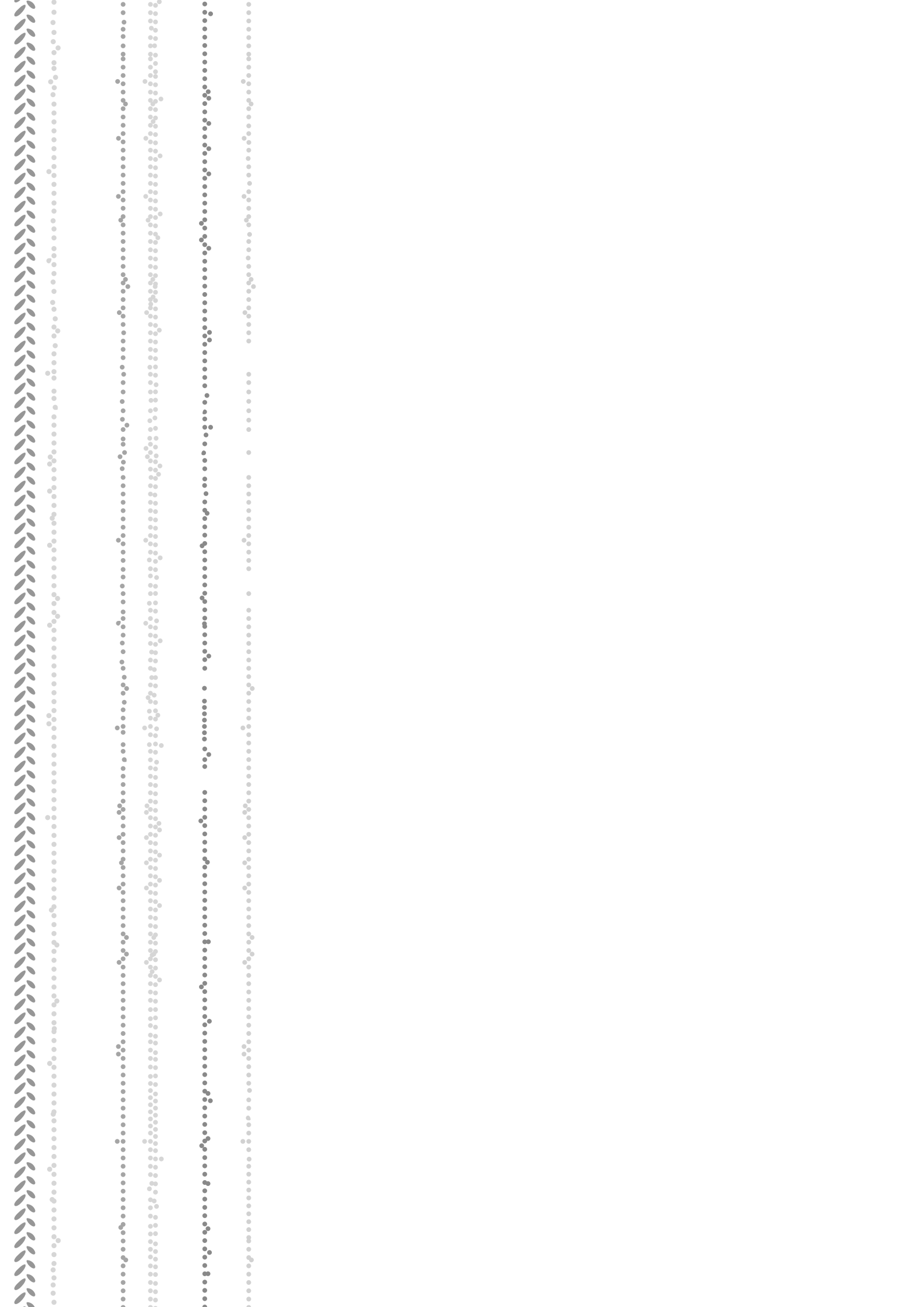
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APPENDIX A2. POLICY AND PROGRAM REVIEW: THE ACTION LANDSCAPE IN AUSTRALIA

While Chapter 2 focussed on published research literature, this chapter describes the policies that are currently in place in Australia at the Commonwealth and State and Territory levels that are relevant to Indigenous youth wellbeing. It then presents the methodology and findings of a review of the programs operating in Australia and describes 41 programs that meet a set of defined criteria.

A2.1 Introduction

This review of policies and programs for improving social and emotional wellbeing (SEWB) among Aboriginal and Torres Strait Islander youth constitutes Task 2 of the

overall project: Review of evidence around Indigenous youth SEWB and discussion of the implications for policy and service provision.

The rationale for the project and the general methodology employed, including values and conceptual framework, were outlined

in Chapters 1 and 2. Chapter 2 examines strategies and interventions to improve Indigenous youth SEWB gleaned from the national and international scientific literature, and discusses critical issues and promising approaches. This chapter focuses on what

is happening at the policy and practice level in Australia, drawing on both published and unpublished (grey) literature. The results are presented in two sections, one, dealing with policies and the other, with programs. Separate bibliographies are provided.

A2.2 Policy Review

A2.2.1 METHOD

All recent Commonwealth and State and Territory policy documents relating to Aboriginal health and wellbeing, as well as those relating to mental health and to youth, were downloaded from the World Wide Web and examined for references to Indigenous youth SEWB. We present the results first at the national level and then for each of the States and Territories in turn. We recognise that, while these particular policy areas have special relevance for Indigenous youth SEWB, responsibility extends to other policy areas including, among others, families and communities, education, employment and law and justice.

A2.2.2 RESULTS

A2.2.2.1 Policy at the National Level

In December 2007, the Council of Australian Governments (COAG) agreed to a partnership among all levels of government to work with Indigenous communities to achieve the target of closing the gap in Indigenous disadvantage. COAG recognises Aboriginal and Torres Strait Islander peoples as Australia's first peoples and connection to culture as central to their mental, physical and spiritual wellbeing. COAG states that culture must be recognised in actions to overcome Indigenous disadvantage in areas such as health, housing, education and employment. Furthermore, such actions must recognise and build on the strengths of Indigenous cultures and identities. Cultural awareness and competency on the part of policy

makers and service managers and providers, the elimination of overt and systemic discrimination, and the implementation of



culturally appropriate and effective programs are at the forefront of the Closing the Gap strategy (COAG 2008).

At the national level, the policy of most relevance for Indigenous youth SEWB is the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009 (NATSIHC & NMHWG 2005). The Social and Emotional Wellbeing Framework, which was based on the Aboriginal definition of health (NAHSWP 1989) and informed by Ways Forward (Swan & Raphael 1995), was designed to complement the National Mental Health Plan 2003–2008 (AHM 2003) and the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2002–2013 (NATSIHC 2003).

The Social and Emotional Wellbeing Framework recognises that achieving optimal conditions for health and wellbeing requires a holistic and whole-of-life view of health, and refers to the social, emotional and cultural wellbeing of the whole community. Furthermore, it emphasises that, in considering SEWB, a range of factors that can have a positive or negative impact on health, growth and development must be acknowledged. The Framework's nine guiding principles for Aboriginal health policy and service development further embody this view. In essence the principles state that:

1. The Aboriginal and Torres Strait Islander concept of health is holistic;
2. Self-determination is central;
3. Culturally valid understandings must shape the provision of services;
4. Experiences of trauma and loss and their trans-generational effects must be recognised;
5. The human rights of Aboriginal and Torres Strait Islander peoples must be affirmed;
6. The impact of racism, stigma, environmental adversity and social disadvantage must be acknowledged;
7. The centrality of kinship must be recognised;
8. There must be recognition of different communities and their different needs;

9. The strengths of Aboriginal and Torres Strait Islander peoples must be recognised.

The *National Mental Health Plan 2003–2008* (AHM 2003) identified Aboriginal and Torres Strait Islander Australians as a priority population group. The Social and Emotional Wellbeing Framework, which considers mental health and social and emotional wellbeing specifically for this group, sets out five key strategic directions, the first being to focus on children, young people, families and communities. Subsequently, the *Council of Australian Governments National Action Plan on Mental Health 2006–2011* (COAG 2006), which recognised mental health as a whole of government responsibility, identified Indigenous populations as requiring specific attention within a range of strategic program areas, particularly prevention, promotion and early intervention and improved access to mental health services. The Plan does not describe SEWB but identifies building resilience and the coping skills of children, young people and families as necessary to enable people to "reach their optimal capacity to live independent and fulfilling lives" (COAG 2006, p. 2).

The *National Mental Health Policy 2008* (AHMC 2009b) embedded the whole of government approach to mental health reform adopted by COAG and was followed by the *Fourth National Mental Health Plan 2009–2014* (AHMC 2009a). Consistent with COAG and the new policy, the Plan recognises Indigenous peoples' distinctive rights to status and culture, self-determination and the land, and acknowledges that this recognition and identity are of fundamental importance to their wellbeing. It further recognises that mutual resolve, respect and responsibility are required to close the gap on Indigenous disadvantage and to improve mental health and wellbeing.

The Fourth Mental Health Plan embraces a population health framework, which acknowledges that many of the determinants of good mental health, and of mental illness, are influenced by factors beyond the health system. The Plan focuses on five priority areas for national action: Social inclusion and recovery; Prevention and early intervention; Service access, coordination and continuity

of care; Quality improvement and innovation; and Accountability—measuring and reporting progress. Prioritising Indigenous mental health and social and emotional wellbeing is described as “critical to all efforts that aim to give Indigenous Australians the same health status as other Australians” (AHMC 2009a, p. 29). It has obvious relevance for delivering both mainstream and Indigenous-specific elements of the COAG Closing the Gap strategy (2008); for the health building block, which focuses on reducing the burden of chronic disease in the Indigenous community; and for the other building blocks of early childhood, schooling, healthy homes, safe communities, economic participation and governance and leadership.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013* (NATSIHC 2003) identifies social and emotional wellbeing as one of nine key result areas, with four immediate and nine longer-term priority actions that align with the COAG initiative *Overcoming Indigenous Disadvantage: Key Indicators* (SCRGSP 2009). This key result area focuses on mental health, suicide, alcohol and substance misuse and family violence issues, including child abuse. Specific action to address Indigenous male health was included in response to the expressed desire of Aboriginal and Torres Strait Islander men to strengthen male cultural identity and their concerns in relation to poor social and emotional wellbeing, substance misuse and family violence. The *Australian Government Implementation Plan 2007–2013* (DOHA 2007) contains eight related objectives targeting individuals, families, communities, services and service linkages. Oversight of implementation, monitoring and reporting is occurring through the *Aboriginal and Torres Strait Islander Health Performance Framework* (AHMAC 2006).

The *National Strategy for Young Australians* articulates the Australian Government’s aspiration “for all young people to grow up safe, healthy, happy and resilient and to have the opportunities and skills they need to learn, work, engage in community life and influence the decisions that affect them” (Australian Government 2009, p. 3).

The Strategy sets out eight immediate priorities for action:

1. Improving the health and wellbeing of all young Australians;
2. Equipping young Australians to shape their futures through education;
3. Supporting young Australians within their families;
4. Empowering young Australians to take part and be active in their communities;
5. Equipping young Australians with the skills and personal networks they need to gain and be successful in employment;
6. Enabling young Australians to participate confidently and safely online;
7. Strengthening early intervention efforts to help prevent any problems from getting worse and to help young Australians get their lives back on track
8. Establishing clear-cut legal consequences for behaviours that endanger the safety of others.

Indigenous youth are recognised as one of the population groups most at risk of falling behind in all areas.

A2.2.2.2 South Australia

South Australia’s *Social and Emotional Wellbeing Strategy for Aboriginal and Torres Strait Islander People 2005–2010* (SAAHP 2005) identified seven strategic directions to be implemented at statewide, regional and organisational levels. The statewide service provision includes a commitment to capacity building for communities, families and individuals. The document specifically mentions community-involved adolescent programs and activities, opportunities for young people to speak about SEWB issues and community-supported school retention programs and activities.

The Government is currently developing a new strategic policy framework for young people aged 12–25 years, called *YouthCONNECT*, which will replace *South Australia’s Youth Action Plan 2005–2007*. Background research has been summarised under seven broad



themes: Participation, social inclusion and community issues; Social inclusion and community; Health, lifestyle and safety; Housing and homelessness; Education training and skill development; Employment participation and access to safe and satisfying work; and Young people and the environment (AISR – Spoehr et al. 2009). The research report emphasised, in particular, the need to increase young Aboriginal leadership and employment. Mental health issues were seen as a priority for all South Australian youth – Indigenous and non-Indigenous alike (AISR – Spoehr et al. 2009).

A2.2.2.3 Australian Capital Territory

A New Way: The ACT Aboriginal and Torres Strait Islander Health & Wellbeing Plan 2006–2011 (ACT ATSIHF 2006) takes a family-centred approach to Indigenous health that focuses on strengthening families and support networks, preventing ill health and promoting early intervention and self management. The Plan focuses on five health and family wellbeing priorities and their interdependencies: Building family resilience; Maternal and child health; Social health, including mental health and substance abuse; Chronic and infectious disease prevention and management; and the Frail aged and people with disabilities. The ACT's implementation plan under the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* includes, under the priority area of healthy transition to adulthood, "Increase sense of social and emotional wellbeing for Aboriginal and Torres Strait Islander youth" (ACT Health 2009a, p. 26).

The *ACT Mental Health Services Plan 2009–2014* (ACT Health 2009b) has four strategic directions: Reinforcing capacity in the mental health service system; Extending the mental health service system; Innovation in the mental health service system; and Planned implementation of change. Mental health services have been reconfigured around the Four Life Stages Developmental Model adopted by ACT Health, in which services are organised and delivered to reflect developmental and life milestones, rather than along age lines alone. The four service streams are Children's Mental Health Service 0–11 years; Youth Mental

Health Service 12–25 years; Adult Mental Health Service 26–64 years; and Older Persons' Mental Health Service 65+ years.

Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014 (ACT Health 2009c) provides an integrated framework to promote and enhance the mental health and wellbeing of all ACT residents. The four key action areas are: Enhance the mental health and wellbeing of the whole community; Support children, youth and families; Enhance services to those with comorbidity issues and/or who have received care in closed settings; and Enhance the social equities and reduce the social inequities that influence mental health and wellbeing.

In the *ACT Young People's Plan 2009–2014*, 'Health, wellbeing and support' is the first of five key priorities. The goals are: Support for young people to develop healthy lifestyles; Assist young people to identify and access support and resources; and Recognise and respond to the needs of vulnerable young people. Young people who identify as Aboriginal and Torres Strait Islander are included amongst several groups of young people who "through a combination of individual, family and social circumstances are at risk of not realising their potential to achieve positive life outcomes" (Brotherhood of St Laurence 2008, quoted in ACT DHCS 2009, p. 9). The Plan particularly notes that support should be tailored not only to meet the individual needs of the young person, but also significant others such as family and friends.

A2.2.2.4 Northern Territory

In the Northern Territory, where Indigenous people comprise about one third of the population, the *Aboriginal Health and Families: A Five Year Framework for Action* (DHCS 2005) has introduced a 'Lifecourse' approach to the planning and delivery of health and family wellbeing services. This approach emphasises the key transitions or periods in life that affect health and conceives of every person's Lifecourse as a cascading combination of biological and social/ environmental influences stretching over time that influence the balance between risk and resilience. The Framework distinguishes

four key periods in life that affect Aboriginal health and family wellbeing: the early years; adolescence and transition from school; the family years; and the granny years. Objectives for the adolescence and transition from school phase include an improved level of coping/mental health skills in Aboriginal youth and young people.

Building a Better Future for Young Territorians (OYA 2003), the Northern Territory Government's Youth Policy Framework, guides the delivery of programs and services to young people aged 12–25 years. The framework identified five key directions to guide service delivery to young people: Improve young people's health and wellbeing; Improve access to education and employment for young people; Provide more opportunities for young people to have fun and develop new skills; Make sure that young people are able to participate in decisions that affect their lives; and Create communities where young people can feel safe and secure.

In the *National Partnership Agreement on Closing the Gap In Indigenous Health Outcomes*, the Northern Territory's Implementation Plan 2009–2013 includes establishing peer modelling and leadership initiatives and engagement with cultural and valued social institutions as goals for fostering a healthy transition to adulthood (NT Government 2009).

The objective of the new 'Youth in Communities' measure is to deliver a comprehensive youth strategy in the Northern Territory that provides an effective diversion for Indigenous young people from risky behaviours; improves life choices and outcomes for young Indigenous people by engaging them in positive activities that promote pathways to better health and wellbeing, community capacity building and participation in school, work and social networks; and strengthens and improves the youth services infrastructure, both in the number of youth workers employed and the facilities available for providing youth services and activities. The measure is designed to benefit Indigenous youth 10–20 years old, in particular those at risk of substance misuse, suicide or intentional self harm, and involvement with the criminal justice system (FaHCSIA 2010).

A2.2.2.5 New South Wales

The *NSW Aboriginal Affairs Plan 2003–2012, Two Ways Together*, identified seven priority action areas: health (with mental health as a specific priority), education, economic development, justice, families and young people, culture and heritage, and housing and infrastructure (DAA 2003).

The first *NSW Aboriginal Mental Health Policy* (Centre for Mental Health 1997) focussed on improving access to more culturally appropriate mental health services and established an Indigenous mental health workforce in the public mental health services and Aboriginal Community Controlled Health Services. The *NSW Aboriginal Mental Health and Well Being Policy 2006–2010* (NSW Health 2007) includes five strategies: Partnerships – strong working relationships; Accessible and responsive mental health services; Mental health care for all ages – priority target groups; Increased expertise and knowledge; and a Supported and skilled workforce. Strategy 1 seeks to further develop formal partnerships and collaborations between the three levels of government and communities to enhance overall service planning and delivery to improve the mental health and wellbeing of Aboriginal people – to make SEWB 'everybody's business'. Strategy 3 identifies young people as a priority target group requiring the full range of culturally-appropriate specialist mental health services, all operating in a holistic manner, including prevention and early intervention programs, emergency and acute care, community care and forensic services.

The *NSW Youth Action Plan* (NSW DCS 2006) is based around five themes: Belonging to family and community; Learning and earning; Feeling good and staying healthy (mental health and use of alcohol, tobacco and other drugs); Engaging in culture, sport and recreation; and Feeling and being safe. The Plan places special emphasis on helping young people make good choices in relation to mental health. Initiatives targeting Indigenous youth are included under all five themes.



A2.2.2.6 Queensland

The *Queensland Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005–2010* (Queensland Health 2005) is directed at Indigenous children and youth up to 18 years of age who represent approximately half the State's total Indigenous population. The Policy notes that "Physical, social, emotional and cultural wellbeing in childhood and youth is a critical antidote to the onset of chronic disease in adult life, disability, and early death" (p. 4). Age-appropriate interventions are identified across the early part of the life course, with 12 actions for youth aged 13–18 years.

Making Tracks towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033 (Queensland Health 2010) is the Government's policy and accountability framework under Closing the Gap. The 2009–2012 triennial implementation plan incorporates an increased sense of emotional and social wellbeing as a goal for promoting a healthy transition to adulthood.

Two of the five reform priorities in the *Queensland Plan for Mental Health 2007–2017* (Queensland Government 2008) specifically mention Aboriginal and Torres Strait Islander people. Priority 1 – Promotion, prevention and early intervention – includes the key action goal of reducing suicide risk and associated mortality within identified high-risk groups such as Aboriginal and Torres Strait Islander populations, rural communities, and young people through dedicated strategies as well as programs that build individual and community resilience and capacity. Priority 2 – Integrating and improving the care system – includes a number of initiatives designed to improve the capacity of public mental health services to respond to the mental health needs of Aboriginal and Torres Strait Islander people. These initiatives include employing additional Indigenous mental health workers and establishing a specialist hub of experts to lead and oversee the development of service models and provide support to Indigenous workers in the delivery of clinical services.

A2.2.2.7 Victoria

The *Aboriginal Services Plan 2004* (DHS 2004) outlined the Victorian Government's commitment to improve the health and wellbeing of Aboriginal Victorians by better focusing resources and working in close partnership with Aboriginal people, organisations and communities. The *Aboriginal Services Plan 2008–2010* (DHS 2008) is more targeted, with specific priority areas to increase life expectancy and quality of life for Aboriginal people. Priorities identified to improve outcomes for Aboriginal Victorians include: Improved coordination and delivery of culturally appropriate mental health services for Aboriginal people; Strategies that focus on better prevention and early intervention outcomes for Aboriginal youth; and Strategies to promote the least intrusive and earliest effective care for Aboriginal youth in the justice, employment and health sectors. Under Closing the Gap, youth health outreach services are being established to assist in early identification of risk factors and encourage individuals to change their behaviours while also engaging with local communities to promote healthy lifestyle changes more broadly (Victorian Government 2009).

The Victorian Government's youth policy, *Future Directions: An Action Agenda for Young Victorians* (DPCD 2006), is aimed at increasing the number of young people aged 12–25 years in Victoria who are able to: Contribute to their communities and want to make a difference; Make a successful transition from school to a job they like; Access the information, support and services they need; Lead healthy, active and culturally diverse lives; and Live in a secure environment and choose safe behaviours. The 'Top 40 Actions' include a new initiative to retain Aboriginal youth in school or connect them with alternative educations and training programs.

In the *Victorian Mental Health Reform Strategy 2009–2019* (DHS 2009), closing the gap in mental health outcomes for Aboriginal people by promoting improved social and emotional wellbeing and providing culturally responsive care is a clear strategic priority within Reform Area 6: Reducing inequalities – responding better to vulnerable people. Increased support

to children and young people (0–25 years) with emerging or more fully developed mental health problems through redevelopment and expansion of child and youth mental health services that work in partnership with a range of universal services and are welcoming and family-focussed is also a priority (Reform Area 2: Early in life – helping children, adolescents and young people and their families).

A2.2.2.8 Western Australia

The *Western Australian Aboriginal Health Strategy* (JPF 2000) has six strategic domains of action: Increase access to health services; Reform the health system; Reconcile community control and empowerment; Improve health information management; Strengthen intersectoral collaboration on health; and Improve health financing. The Strategy lists mental health, self-harm and suicide among the priority health problems for action to improve the health of Aboriginal people in Western Australia.

The *WA Aboriginal Primary Care Action Plan* (Health Reform Taskforce 2007) introduced a Lifecourse approach for the planning and delivery of primary care services to Aboriginal people in Western Australia. This approach groups strategies and actions around four key periods in life that affect Aboriginal health: the early years; adolescence and transition from school years; the family years; and the granny years. The ten health outcomes for adolescence and transition from school years include improved levels of coping/mental health skills in Aboriginal youth and young people.

Infancy to Young Adulthood: A Mental Health Policy for Western Australia (Mental Health Division 2001) identifies eight strategic directions for mental health services: Supporting the development of an interagency system of care; Providing a comprehensive range of specialist mental health services for children and young people; Developing community-based and regionally planned services; Supporting the development of promotion and prevention services; Developing rural and remote services; Responding to cultural diversity; Improving the quality of services; and Increasing training and education opportunities. The Policy

contains a number of specific strategies for Indigenous children and young people, and underlines the need for culturally secure services. The WA Government is currently developing a new mental health policy and plan for the next decade.

The *Indigenous Youth Action Plan for Western Australia* (Office of Aboriginal Health 2009) lists 11 strategies under the heading of Social Emotional Wellbeing and Mental Health, the longest list of strategies for any area in the Plan:

1. Develop, implement and evaluate community-based mental health promotion initiatives with a focus on Indigenous youth;
2. Develop, implement and evaluate programs based on evidence to foster greater understanding of mental health problems, particularly depression;
3. Develop a greater range of mental health programs that focus on wellness, positive relationships and self-esteem;
4. Improve the responsiveness of mainstream mental health services to the needs of Indigenous youth;
5. Develop Indigenous youth mental health and mental health promotion programs and services;
6. Develop an Indigenous youth mental health workforce;
7. Assist families and caregivers to identify early signs of mental ill health in chronically ill Indigenous young people;
8. Continue with intersectoral implementation of a Youth Suicide Prevention Strategy;
9. Develop and implement best practice guidelines for emergency department and mental health service personnel on the identification and management of people at risk of suicide;
10. Fund services and programs on suicide prevention and ensure that these services are well publicised and accessible; and
11. Improve the capacity of those who work with Indigenous young people to identify and respond effectively to behaviours associated with suicide.



A2.2.2.9 Tasmania

Neither *Tasmania's Health Plan* (DHHS 2007) nor the *Mental Health Services Strategic Plan 2006–11* (DHHS 2006) specifically address the needs of Aboriginal Tasmanians; instead they refer to the *Aboriginal Health and Well-being Strategic Plan 2006–2010* (which we were unable to access). *Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania* identified five key priority areas. Aboriginal people are mentioned in Priority 5: Reduce mental health inequalities, which includes "Work with relevant policy makers, health organisations and communities to ensure the unique PPEI needs of Tasmanian Aboriginal people are met" (DHHS 2009, p. 17).

A2.2.3 Summary of the Policy Review

Clearly, a raft of new policies have been devised at the national and state/territory levels to guide government action towards ensuring that Aboriginal and Torres Strait Islander peoples have an equal opportunity to enjoy healthy lives enriched by strong cultural ties, dignity and justice. In addition, over the past decade government policies have given increasing attention to the health and wellbeing of Australia's young people.

As the leading body representing all levels of government, COAG recognises Aboriginal and Torres Strait Islander people as Australia's first peoples and connection to culture as central to their mental, physical and spiritual wellbeing. Cultural awareness and competency on the part of policy makers and service managers and providers, the elimination of overt and systemic discrimination and the implementation of culturally appropriate and effective programs underpin the COAG-supported Closing the Gap strategy.

All Aboriginal and Torres Strait Islander health policies adopt a holistic view of health and explicitly or implicitly recognise, in their key priorities and actions, the importance of mental health and social and emotional wellbeing for the overall health of Indigenous individuals and communities. However, apart from the Commonwealth, South Australia

is the only jurisdiction that has developed a specific social and emotional wellbeing strategy for Indigenous people.

Recent mental health policies emphasise the importance of broader SEWB as a fundamental pillar of good mental health. They call for a whole of government approach as well as a life course approach, with multisectoral interventions and services planned around developmental and life milestones, rather than simply age. In addressing the needs of Indigenous Australians, particularly young people, emphasis is placed on promotion of good health and prevention and early intervention for mental health problems, including programs that build individual and community resilience and capacity, as well as access to effective, culturally appropriate and well-coordinated services. Social inclusion is a strong theme.

Youth policies are generally focussed on the 12–25 years age group and, possibly reflecting strong youth and community inputs, are generally framed in a positive and empowering, rather than negative, way. They highlight the many personal and social challenges facing young people today and the need for government agencies, non-government organisations and communities to support them in living and shaping their lives. The NSW youth plan places special emphasis on helping young people make good choices in relation to their mental health. Most youth policies identify Indigenous youth as a subgroup requiring special consideration.

A2.3 Program Review

A2.3.1 METHODOLOGY

A2.3.1.1 Sampling

For the purposes of this review, we restricted our attention to formal programs and services specifically developed to address SEWB (or 'mental health' in the positive sense rather than mental health or psychosocial problems) that reflected this orientation in their aims and objectives and that identified youth as a target group. We also included some

multifaceted programs that also address other elements (e.g. drug and alcohol or suicide awareness) and other groups (e.g., adults), as well as SEWB and youth.

As noted by Garvey (2008), due to the holistic nature of SEWB, many initiatives and programs could be regarded as affecting SEWB even though the activities may not have been designated as such. Thus, some boundary setting was necessary. In this review we had to rely on information that we were able to access on the web or as written documentation (mainly reports, with some journal articles) in order to determine whether or not programs met our criteria. There are undoubtedly many programs around the country that seek to promote or improve SEWB as an integral part of what they do, but do not explicitly state this in their aims and objectives. Although such programs have been excluded here, we acknowledge their value for Indigenous youth SEWB.

Another area where boundary setting was necessary was around the explicit mention of young people as at least part of the target group. There are probably many excellent programs for Indigenous people where young people who attend gain support for their SEWB. Once again, the exclusion of such programs here is not meant to cast doubt on their value for Indigenous youth SEWB.

Finally, we are very aware that much good work happens that is informal and undocumented. Our own experiences suggest that in any community there are numerous examples of grassroots activities run by community members and youth themselves on a shoe-string budget, e.g. homework groups, breakfast clubs, sports and creative arts, culture camps and so on. Although we were not able to incorporate this vast range of important but informal activities in this review, we acknowledge their likely capacity to strengthen many Aboriginal and Torres Strait Islander young people in unique and important ways.

A2.3.1.2 Data sources

In addition to searching the academic literature, we collected a substantial amount of unpublished (grey) literature for review, making use of the Australian Indigenous HealthInfoNet website¹² and our own extensive resource collection and networks. All documents retrieved were read by at least two Muru Marri team members, and those judged to be relevant were further scrutinised. Consistent with current international thinking (World Bank, 2006), we considered programs that developed young people's capabilities, that provided them with opportunities and second chances, and that operated at individual, family, organisation, community and societal levels.

Our search of peer-reviewed journals for reports of Indigenous youth SEWB programs that met our criteria produced few results for Australia, or for Canada, USA and New Zealand (see literature review conducted in Task 1). Not surprisingly, most of the published work was conducted with university partners. An exhaustive review of the grey literature (including government reports, organisation annual reports, program evaluations and descriptions, theses and other unpublished material) resulted in a richer haul. However, as discussed below, the evidence base in this area is limited. Despite the importance of this issue, information on the effectiveness of programs – what works and how it works – is scarce.

A2.3.2 RESULTS OF THE PROGRAM REVIEW

A2.3.2.1 Recent Australian Initiatives

Of the 41 Australian programs and services we identified that met our criteria, 38 are currently operating. (See Table 1 for a list of all programs and their key features and Annex 1 for a listing of information sources.) Another 16 programs appeared to have some of the elements required but the available documents did not explicitly refer to SEWB or mental health, or to youth.¹³

¹² Australian Indigenous HealthInfoNet, section on Social and emotional wellbeing (including mental health) – Programs and projects. <http://www.healthinfonet.ecu.edu.au/other-health-conditions/mental-health/programs-and-projects>

¹³ Examples of programs excluded for lacking an explicit SEWB or mental health focus are Indigenous Leaders of Tomorrow in Far North Queensland and the Waltja Remote Reconnect Service in Central



Ten of the 41 (24%) Indigenous youth SEWB programs are national, with another ten located in Queensland and six each in NSW and South Australia. Nine (22%) are based in remote areas, seven (17%) in metropolitan areas and six (15%) in regional centres, while nineteen (46%) operate in more than one geographical setting.

Eighteen (43%) are under the auspices of an Indigenous organisation (either a community-controlled organisation or a private company), twelve (29%) by a government agency and eleven (27%) by a non-Indigenous non-government organisation.

We were able to collect some details, beyond a brief project description, on all but four of the programs. Reports are available for 15 (37%), while 22 (54%) have a presence on the World Wide Web. Fifteen (37%) had been formally evaluated, some more than once. Six (15%) had been reported in peer-reviewed journals.

Although the Indigenous youth SEWB programs and services vary in scope, they are generally broad and holistic. As evident in the examples discussed below, they employ a diverse range of strategies from counselling, mentoring and leadership training to community development and social marketing. While individual programs may be based around one particular approach (e.g., mentoring or leadership), most are multifaceted. Some are incorporated as part of broader Indigenous initiatives aimed, for example, at women, men or the whole of the community, while others are youth specific. Others have been developed as an Indigenous adaptation of a mainstream program.

In terms of level of intervention, 39 (95%) of the 41 programs reported engagement with individual young people, with the remaining two directed at key people in their environment (parents, carers, workers, etc). In addition, 19 (46%) engaged with families, 18 (41%) with organisations or community groups (e.g., schools, teachers and service providers) and 26 (63%) with community members (often Elders). Seven (17%) programs were directed at society broadly. Given the importance of family in the Indigenous context, we were surprised that the reported level of family involvement was not higher. It is possible that it was, indeed, the case; however, this was not made explicit in the available documentation.

Table 1 on the following page contains a brief description of each of the programs. Some of those that have been evaluated or are well documented are described more fully below, including information on key learnings and critical success factors.

Australia. Examples of programs excluded for lacking an explicit youth focus, although young people are likely recipients or participants, include the Bringing Them Home and Link-Up Programs and Indigenous Mental Health First Aid (all national programs), the Australian Integrated Mental Health Initiative – Northern Territory, the Uncle-Nephew Program run by Aboriginal health services in Darwin and Canberra, and Gamarada Men's Healing Program in Redfern, NSW.

Table 1. List and brief descriptions of the 41 identified programs.

Program No.	Title	State	Site	Auspic body	Status	Evaluation	Target group/s	Intervention type						Level				
								Prevention	Promotion	Early Intervention	Treatment	Rehab/ Recovery	Individual	Family	Organisation	Community	Society	
1	Aboriginal Boys & Young Men's Program	SA	4	Ind	In progress 2007-	N	Indigenous boys and young men	Y	Y	-	-	Y	-	Y	-	Y	-	Y
2	Aboriginal Culture and Identity Program	SA	4	Gov	In progress	N	Indigenous children and youth in guardianship	-	Y	Y	-	-	Y	-	Y	-	Y	-
3	Aboriginal Youth Mental Health Partnership	SA	1	Gov	1999-06	Y	Indigenous youth involved in or at risk with law and where concerns exist about mental health and/or SEWB	-	Y	Y	Y	-	Y	Y	Y	Y	Y	-
4	Balunu Foundation	NT	1	Ind	In progress	Y	Indigenous youth	-	Y	Y	Y	-	Y	-	Y	-	Y	-
5	Bila Muuji Social Emotional Wellbeing Initiative	NSW	3	Ind	In progress 2006-	N	SEWB and other workers; secondary and primary students; Indigenous youth; Indigenous women	-	Y	Y	-	-	Y	-	Y	-	Y	-
6	Black Chicks Talking	Qld	4	Gov	In progress	N	Indigenous girls in Year 9-10 Mareeba High School	Y	Y	-	-	-	Y	-	Y	-	Y	-
7	Black on Track [Indigenous workshops and programs]	Nat	2	Ind	In progress 2004-	N	Indigenous and non-Indigenous men, women and youth; secondary students	-	Y	Y	Y	-	Y	Y	-	Y	-	Y
8	Clontarf Foundation/Academies	Nat	4	Ind	In progress	N	Indigenous male students	-	Y	Y	-	-	-	Y	-	Y	-	Y
9	Community Activity Programs through Education (CAPE) – Indigenous PCYC	Qld	3	NGO	In progress 2004-	N	Indigenous children and youth aged 8-23 years	Y	Y	Y	-	-	Y	-	Y	-	Y	-
10	Croc Eisteddfod	Nat	4	NGO	1998-2007	Y	Primary and secondary school students.	Y	Y	-	-	-	-	Y	-	Y	-	Y
11	Deadly Vibe magazine	Nat	4	Ind	In progress	Y	Indigenous students aged 6-18 years	-	Y	-	-	-	-	Y	-	Y	-	Y
12	DRUMBEAT	Nat	2	NGO	In progress 2003-	Y	Indigenous and non-Indigenous youth including students	-	-	Y	Y	-	Y	-	Y	-	-	-
13	Family Intervention [Indigenous Group Triple P]	Qld	1	NGO	In progress 2002-	Y	Indigenous families with target child aged 1-13 years	-	-	Y	-	-	-	Y	-	Y	-	-

Table 1. List and brief descriptions of the 41 identified programs.

Program No.	Title	State	Site	Auspsice body	Status	Evaluation	Target group/s	Intervention type					Level				
								Prevention	Promtion	Early Intervention	Treatment	Rehab/ Recovery	Individual	Family	Organisation	Community	Society
14	Family Wellbeing Program	Nat	4	Ind	In progress 1993–	Y	Indigenous adults and children	Y	Y	-	-	Y	Y	-	Y	-	-
15	Feeling Deadly Not Shame	NSW	4	Gov	In progress	N	Indigenous youth	Y	Y	-	-	Y	-	-	-	-	-
16	Halo Unfinished	WA	1	NGO	In progress 2009–	N	Mainly Indigenous males aged 15–25 years	Y	Y	-	-	Y	-	-	Y	-	-
17	Indigenous Leadership Program	Nat	4	Gov	In progress 2004–	N	Indigenous men, women and youth aged 18+ years	-	Y	-	-	Y	-	-	-	-	-
18	Jamaneé Gunya Cultural Camps	NSW	2	Ind	In progress	N	Troubled Indigenous youth	-	Y	Y	-	-	-	-	-	-	-
19	Jaru Pirjirdi (Strong Voices)	NT	3	Ind	In progress 2003–	Y	Young adults aged 15–25 years	Y	Y	Y	-	Y	Y	-	Y	-	-
20	Kanyimipa: Health, Masculinity and Wellbeing of Desert Aboriginal Men	WA	3	Ind	In progress 2005–	N	Indigenous men, including young men	-	Y	Y	-	-	-	-	Y	-	-
21	Koori Communities Leadership Program	VIC	4	Gov	1999–2006	Y	Indigenous youth	-	Y	-	-	Y	-	-	-	Y	-
22	Koori Girls Youth Program	VIC	2	Ind	In progress 2006–	N	Indigenous girls	Y	Y	-	-	-	-	-	-	-	-
23	Linking Stories and Initiatives [Collective narrative approach]	Nat	4	NGO	In progress 2005–	N	Indigenous communities – men, women and youth; Young men a special concern	Y	Y	-	-	Y	Y	-	Y	Y	-
24	MindMatters	Nat	4	Gov	In progress	Y	Indigenous and non-Indigenous secondary students; teachers;community	Y	Y	Y	-	-	-	-	Y	Y	Y
25	My Way	Qld	3	NGO	In progress 2004–	N	Indigenous boys and girls and their families	Y	-	Y	-	-	-	-	Y	-	-
26	Panyappi Indigenous Youth Mentoring Project	SA	1	Gov	In progress 2001–	Y	Indigenous youth at risk with low aged 10–18 years	Y	-	Y	-	-	-	Y	-	-	-
27	Red Dust Healing	Qld	4	Ind	In progress 1997–	N	Indigenous males, including in juvenile detention and secondary school	-	Y	Y	Y	-	-	Y	-	-	-

Table 1. List and brief descriptions of the 41 identified programs.

Program No.	Title	State	Site	Auspice body	Status	Evaluation	Target group/s	Intervention type						Level			
								Prevention	Promotion	Early Intervention	Treatment	Rehab/ Recovery	Individual	Family	Organisation	Community	Society
28	Remote Area Child & Youth Mental Health Service Enhancement	Qld	3	Gov	In progress 2001–	Y	Indigenous children, youth & families	-	Y	Y	-	Y	Y	Y	Y	-	-
29	Resourceful Adolescent Program – Indigenous Adaptation	Qld	4	NGO	In progress 2005–	N	Indigenous adolescents, parents, teachers	-	Y	-	-	Y	Y	Y	Y	-	-
30	save-a-mate (SAM) & SAM Our Way [Indigenous pilot]	Nat	3	NGO	In progress	N	Indigenous and non-Indigenous youth 12–25 years, trainers 18–30 years	Y	Y	Y	-	Y	-	-	-	Y	-
31	Stylin' Up	Qld	4	NGO	In progress 2000–	N	Indigenous youth	-	Y	-	-	Y	-	-	Y	Y	Y
32	Strong Young Mums	NSW	2	NGO	In progress 2000–	N	Mothers aged 15–25 years (93% Indigenous)	-	Y	Y	-	Y	Y	Y	-	Y	-
33	Taking Big Steps	Qld	4	Gov	In progress	N	Indigenous students moving away to secondary school	Y	Y	-	-	Y	Y	Y	Y	-	-
34	Teenage Aboriginal Back- to-School Program (Parent Program)	NSW	1	Gov	In progress 2009–	N	Indigenous teenage mothers	-	Y	-	-	Y	Y	Y	-	-	-
35	Tirkandi Inaburra	NSW	3	Ind	In progress 2006–	Y	Indigenous boys aged 12–15 years at risk with law	-	-	Y	-	Y	Y	Y	-	-	-
36	Vibe 3on3	Nat	4	Ind	In progress 1999–	Y	Indigenous and non-Indigenous boys and girls aged 8–24 years	-	Y	-	-	Y	-	Y	-	Y	Y
37	Wakefield Region Suicide Prevention Project	SA	2	Gov	In progress 2006–	N	Indigenous youth; communities	Y	Y	-	-	Y	-	Y	-	Y	-
38	Yerli Birko	SA	1	Ind	In progress 2006–	N	Indigenous young men	-	Y	Y	Y	Y	Y	Y	Y	-	-
39	Yiriman Youth Project	WA	3	Ind	In progress 2001–	N	Youth; Indigenous boys and girls aged 8–24 Rangers; Indigenous men and women aged 18–30	-	Y	Y	-	Y	Y	Y	-	Y	-
40	Youth Wellbeing Project (CAAPS)	NT	4	Ind	In progress	N	Indigenous youth; service providers; communities	Y	Y	-	-	Y	-	Y	-	Y	-
41	Youth Wellbeing Program (CAYLUS)	NT	4	Ind	In progress 2002–	Y	Children and youth aged 5–25 years	Y	Y	Y	-	Y	Y	Y	Y	Y	Y

Table 1. List and brief descriptions of the 41 identified programs.

LEGEND

Site	
1	Metropolitan
2	Regional
3	Remote/discrete community
4	Multiple sites

Auspice body	
Ind	Indigenous Organisations (community controlled or private entity)
Gov	Government Agencies
NGO	Non-Governmental Organisations

A2.3.2.2 Examples of Different Approaches

Counselling and Therapy

The Link-Up and Bringing Them Home (BTH) Programs are national programs funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to provide family tracing, reunions and counselling for Aboriginal and Torres Strait Islander people separated from their families as a result of past government practices, and to restore SEWB. Members of the Stolen Generations, their families and their descendants are their top priority; youth are not considered as a special group.

An evaluation conducted by Urbis Keys Young (Wilczynski et al. 2007) found that despite their limited geographical coverage, the Link Up and BTH programs had provided services to many people who were unlikely to have received services otherwise; that services had generally been provided in a culturally appropriate way; and that there were generally high levels of client satisfaction and positive client outcomes. The main limitations included major variations in the skills and qualifications of program staff and a lack of consistency in the way the programs were delivered nationally; these issues are now being addressed.

At 30 June 2009, there were 77 BTH and Link-Up services with 110 full-time counsellor positions located in all states and territories and across the geographical spectrum from cities to very remote areas. In 2008–09, BTH services reported seeing 8,400 clients (age breakdown not given) in total and providing a range of group activities, with 23% running a youth group (AIHW 2010).

The **DRUMBEAT** (Discovering Relationships Using Music, Beliefs, Emotions, Attitudes, & Thoughts) program is an evidence-based therapeutic intervention that uses music to engage participants, teach social skills, and build self-esteem. Developed by the Western Australian drug and alcohol treatment agency Holyoake, the program was designed to address the difficulties in engaging young people, particularly at-risk

youths and those of Indigenous descent, using evidence-based interventions such as cognitive behavioural therapy. The program is now presented by the Family Action Centre at The University of Newcastle in conjunction with the Holyoake Institute.¹⁴

DRUMBEAT has four components: drum songs, drum games with analogies, discussions linked to healthy relationships, and a performance. Approximately 50% of the training is drum instruction. DRUMBEAT has been delivered in primary and secondary schools, youth centres, drug and alcohol and mental health facilities, and detention facilities. Evaluations conducted in these different settings show that the program is effective in engaging young people and developing persistence, patience and commitment. At the end of the program, participants have improved emotional regulation, feel more confident and less anxious and have a greater sense of belonging (Ivery et al. 2009; Holyoake, undated). These changes have been maintained for 12 months after completing the program (Ivery et al. 2009).

The drum is described as “a perfect medium to engage young people – it’s exciting (cool), it’s easy to play (reduces fear of failure), it’s powerful (demands attention) and playing it is physical (releases tension)” (DRUMBEAT website). However, as noted in an evaluation of the school program (Ivery et al. 2009), the success of DRUMBEAT is due to much more than the use of the drum. Both the content and mode of delivery have been developed with sound consideration of evidence relating to risk factors, student learning models, group processes and behavioural outcomes. In addition, teachers who are trained in delivering the program are reinforced by the positive impacts evident in students at the individual, classroom and school level (Ivery et al. 2009).

Community development and empowerment

In the community development context ‘empowerment’ is described as a social action process that promotes participation of

¹⁴ University of Newcastle Family Action Centre, section on workshops – DRUMBEAT (<http://www.newcastle.edu.au/research-centre/fac/workshops/drumbeat/>)



individuals, organisations, and communities in gaining control of their lives in their community and larger society (Wallerstein & Bernstein 1988). The **Family Wellbeing Program**, initially developed in the 1990s in South Australia by a group from the Stolen Generations, has been conducted with Aboriginal people in Alice Springs and several remote communities in north Queensland. This group program aims to empower participants by helping them achieve greater understanding and skills to gain control over their lives (Tsey & Every 2000; Tsey et al. 2007, 2009; Whiteside et al. 2006). Through five 30-hour stages, the program fosters personal transformation that involves harmonising physical, emotional, mental and spiritual aspects of life and applying this to everyday living. While most often used with adults, Stage 1 has been modified and successfully delivered to primary school students in an Aboriginal community in Cape York (Tsey et al. 2005). In Alice Springs, Tangentyere Council has adapted the full Family Wellbeing Program to create a shorter Community Wellbeing Course, appropriate for people with lower literacy skills and ideal for many Town Campers (Tangentyere Council website)¹⁵.

The Family Wellbeing Program has been extensively evaluated using qualitative methods and participatory action research, showing that it enables participants and their social groups to achieve significant change and demonstrating the importance of resourcing Aboriginal people to develop their own programs that address trauma and other issues stemming from colonisation. Key program outcomes include enhancement of participants' sense of self worth, resilience, problem-solving ability, ability to address immediate family difficulties and belief in the mutability of the social environment. There is also evidence of increasing capacity to address wider structural issues such as poor school attendance rates and widespread family violence and substance abuse. Participants are also actively contributing

to issues such as values-based Indigenous workforce development and organisational change, and contemporary Indigenous spirituality (Tsey & Every 2000; Tsey et al. 2007, 2009; Whiteside et al. 2006).

Empowerment interventions are essentially strengths-based and look for solutions from within individuals, families and communities (Tsey et al. 2007). A metasynthesis of findings from seven discrete Family Wellbeing Program evaluations (Tsey et al. 2009) suggested that both content and process elements contributed to the success of this model of intervention in Indigenous communities. These included the relevance of the material to the Indigenous Australian context; the emphasis on holism, encompassing physical, emotional, mental and spiritual aspects of life and wellbeing; and the respect for Indigenous cultural and spiritual identity. Sharing stories as a group and learning from each other in a safe environment were seen as appropriate to the Indigenous situation. Earlier research (Tsey & Every 2000) highlighted the need to adopt an ecological approach that simultaneously addresses empowerment at multiple settings or levels; the need to ensure that such programs reach a critical mass of the target group; and the need for policy makers and practitioners to take a longer-term approach to empowerment interventions, including properly resourced longitudinal studies to document and enhance the evidence base for such interventions.

Leadership and mentoring projects

Leadership projects and activities encourage personal growth, enhance self-confidence and build self-esteem in individuals, which in turn enhances mental health and wellbeing and strengthens communities. Indigenous models of leadership are complex; based on cultural frameworks and holistic approaches, they draw on the wisdom and experience of older people and integrate the spiritual with the political (VicHealth 2005). Mentoring as

¹⁵ Tangentyere Council 2012, Family Wellbeing, viewed 17 June 2012, <http://www.tangentyere.org.au/services/family_youth/family_wellbeing/>

an intervention strategy is based on a well-established evidence base derived primarily from the child development field. The notion of mentoring fits well with Aboriginal culture, with its emphasis on connection with significant people in young peoples' lives (Stacey 2004; VicHealth 2005).

In the **Koori Communities Youth Leadership Program** (VicHealth 2005), five community-based leadership projects were developed and led by a range of metropolitan and rural Indigenous organisations: Winda Mara Aboriginal Corporation; Rumbalara Football Netball Club; Victorian Aboriginal Community Services Association Ltd; Victorian Aboriginal Youth Sport and Recreation Co-operative; and Ballarat and District Aboriginal Co-operative. A total of 250 young Kooris were directly involved in the projects, with an additional 250 providing project support, community mentoring and leadership. In addition, there was extensive involvement of families and other service providers in both Indigenous and non-Indigenous organisations who offered encouragement, resources and partnership with the projects. The results achieved led to the commitment of further funding by Victorian Government and VicHealth to develop the Victorian Indigenous Leadership Strategy through to 2006.

Each project was developed from the 'bottom up' by local communities, whose members defined what they meant by leadership and what was important for their community and then devised programs within the parameters of the funding guidelines. While each project was unique to the communities involved, all had in common the themes of strengthening culture, community and family; drawing on the skills and experience of Elders; concentrating on young people; mentoring by older community members; and utilising relevant skills and training from the non-Indigenous sector. All five projects generated enthusiasm and commitment within their respective local communities based on

their timeliness, specificity and provision of continuity between long-term community visions and current planning for sustainability through community building.

One of several components of the Mt Theo Program¹⁶, based in the remote Northern Territory Indigenous community of Yuendumu, **Jaru Pirrjirdi (Strong Voices)** is a youth leadership and development program, as well as an aftercare program for 'at risk' youth. It works hand in hand with the Warra-Warra Kanyi Counselling and Mentoring Service (another Mt Theo program) to produce strong, empowered, skilled and dedicated young leaders for the community of Yuendumu. The project creates meaningful and positive futures for young adults aged 15–25, as distinct from the 'diversionary' aims of the youth programs also run by the Mt Theo Program that target ages 4–16.

The Jaru Pirrjirdi model has three levels (trainee, member and senior) and six elements (youth program, education, culture, projects, mentoring and future pathways). This organisational scheme represents growing degrees of capacity and responsibility for the young participants, culminating in potential life and career pathways. Many of the young adults who were previously 'at risk' are now successfully working throughout the community. Currently, over 70 young adults are involved with the project (Jaru Pirrjirdi Project Brief, May 2010).

Jaru Pirrjirdi was externally evaluated in 2007 and 2010.¹⁷ Saggars & Stearne (2007) described it as "a shining light" for the Foundation for Young Australians venture philanthropy funding model: "A modest grant, given with relatively few strings attached, but with frequent visits and support by Foundation staff, has helped to support a broad-based community strategy with young people at the centre – as leaders and participants in events and activities determined and run by them, in collaboration with their non-

¹⁶ The Mt Theo Program was started by the Yuendumu Community in 1993 to address chronic petrol sniffing. The program has since broadened in nature and scope into a comprehensive program of youth development and leadership, diversion, respite, rehabilitation, and aftercare throughout the Warlpiri region.

¹⁷ At the time of writing, the Jaru Pirrjirdi evaluation report was not yet available.



Indigenous partners and friends" (p. 2). Project outcomes included meaningful participation and control for young people across all three levels and in all six elements of the program, as well as development of youth participation in decision-making in Yuendumu, particularly around the Mt Theo Program. Within the broader program, Jaru Pirjirdi also played a significant role in reinforcing young people's connectedness to their community.

The success of the Jaru Pirjirdi project was ascribed, in large part, to the partnership model between *Yapa* (Warlpiri people) and *Kardiya* (whitefellas), which ensured that Indigenous young people received continuous strong support and mentoring from non-Indigenous staff who, in turn, were supported by the Elders and young people, and educated in Warlpiri ways. Related to this was the quality of the non-Indigenous staff working with the project, both their skills and their respect for *Yapa* ways of being in the world. Indigenous young people and community Elders at Yuendumu reciprocated the support that they received by maintaining an enthusiastic commitment to the project and the staff. Finally, the ability to attract multiple funding streams, rather than having to rely on a single source of funding, undoubtedly contributed to the project's sustainability.

Panyappi is a mentoring program for Indigenous young people aged 10–18 living in the Adelaide area who are entering, or at risk of entering, the justice system. The program, which is part of the Metropolitan Aboriginal Youth and Family Service, aims to reduce the incidence of high-risk behaviours and criminal acts. The program objectives include breaking the cycle of negative behaviours, working collaboratively with other agencies (recognising that there is no single solution to complex social and individual needs), building resilience and empowering young people and their families, and assisting young people to develop a positive identity and sense of direction in their life.

After the first year of operation, an external evaluation found that the program was effective in decreasing offending behaviours, supporting a positive shift in behaviour and attitudes towards reoffending, and promoting

self-discovery and self-determination by the young people and their families. Key features identified as critical to its success included a culturally appropriate, family-inclusive approach; voluntary participation; family-inclusive goal setting; an unlimited timeframe; reliance on qualified and paid mentors; liaison with other services; and promotion of engagement in culturally appropriate activities (Stacey 2004).

Social marketing

Deadly Vibe is a national monthly magazine produced by Vibe Australia for Indigenous students in primary and secondary school. It aims to promote positive self-images and healthy lifestyle messages through articles focusing on the achievements of Indigenous people in sport, music, the arts and education. It is sent to schools, Aboriginal corporations, Aboriginal health services and juvenile detention centres around Australia, including urban, regional and remote locations, and has a monthly distribution of 57,000.

Deadly Vibe has undergone three independent evaluations, all of which have been highly laudatory (Cultural Perspectives 2002; ACER 2004; CIRCA 2006). The ACER evaluation concluded (p. iii): "The evidence from both teachers and students very strongly supports the efficacy of the magazine in terms of its positive impact on students' attitudes, knowledge, and achievement in the areas of literacy, numeracy, attendance and retention, career aspirations, health, and Indigenous culture... This success is almost certainly related to the very strong emphasis on excellence by Indigenous people, as well as content that is meaningful." Youth surveyed by CIRCA in 2006 said that the aspect of the magazine they valued most highly was the positive representation of Indigenous role models and issues – it made them feel proud to be an Aboriginal and/or Torres Strait Islander.

Vibe 3on3, the National Indigenous 3on3 Basketball and Hip Hop Challenge, is a travelling sport and music festival that brings together Indigenous and non-Indigenous people for a fun weekend of basketball, dancing and music. In addition to promoting reconciliation at a grassroots level, the

events encourage sportsmanship, teach new skills, boost self-esteem, promote healthy lifestyles, and strengthen communities. They also provide an opportunity for local health services and related organisations to introduce themselves to the wider community and to promote healthy habits.

An evaluation by CIRCA in 2006 found that the 3on3 basketball competition was highly regarded in each host community and provided important opportunities for young people in regional and remote areas. It was seen to enhance Indigenous pride through the promotion of Indigenous role models and was viewed as a powerful mechanism for strengthening community bonds and togetherness by encouraging collaboration and participation from all members of the community. Moreover, research suggested that health messages promoted through Vibe 3on3 were reaching youth and the wider community. There was strong support for the events as an appropriate and effective vehicle for promoting healthy lifestyles and fitness and discouraging substance misuse.

Other projects - not evaluated with Aboriginal and Torres Strait Islander youth

The **Resourceful Adolescent Program (RAP)** was developed to meet the need for a universal resilience-building program for teenagers (Shochet et al. 2004). The RAP consists of three components, each promoting protective factors from a different perspective: RAP-A for adolescents, RAP-P for parents, and RAP-T for teachers. RAP-A attempts to integrate both cognitive-behavioural and interpersonal approaches to improve coping skills, build resilience and promote positive development. RAP-P targets family protective factors such as increasing harmony and preventing conflict, and RAP-T assists teachers to promote school connectedness. An Indigenous-specific version of the RAP-P program has been developed, and an Indigenous supplement has been created for use with Indigenous adolescents in combination with the mainstream RAP-A (Harnett et al. 1998).

The mission of the **Clontarf Foundation** is to improve the education, discipline, life skills, self esteem and employment prospects of young

Aboriginal men and by so doing to equip them to participate meaningfully in society. These outcomes are pursued through the medium of football in Football Academies formed in association with selected schools and colleges. Each Academy's football program attracts young Aboriginal men to school and then helps to retain them. Besides conducting the football program, Academy staff mentor and counsel Academy members on a range of behavioural and lifestyle issues, while the school caters for their specific educational needs (Clontarf Foundation Annual Report 2009).

Strong Young Mums is an early intervention/ family support service for young mothers and their children living in Bourke, far west NSW. The aims of the program are engagement, social and emotional support and accredited training. Social and emotional support is provided through both group and individual activities: home visiting, parenting support and education; building self-esteem and confidence; peer networks; play groups; and mentoring from Indigenous elders, aunties and grandmothers (Aboriginal and Torres Strait Islander Social Justice Commissioner 2007).

A2.3.3 SUMMARY OF THE PROGRAM REVIEW: CRITICAL SUCCESS FACTORS

The quality of the evidence for what works in Indigenous youth SEWB, and how it works, is patchy. Of the 41 programs and services examined in this review, only 15 had been formally evaluated. Nevertheless, drawing on these as well as the more numerous program descriptions and reports, we can venture the following general conclusions.

Programs that have been successful in promoting Indigenous youth SEWB have embodied the key principles set out in the *SEWB Framework* (NATSIHC & NMHWG 2005). Although diverse in form/model and in the settings in which they are applied, they share a commitment to Indigenous self-determination, they acknowledge Indigenous history and the need to address the upstream social determinants of SEWB as well as current issues (i.e., sources as well as symptoms), and they recognise and build on the strengths of Indigenous culture, community and family.



Successful programs pay careful attention to both content and process; they deliver culturally appropriate content in a culturally appropriate way. The program content is relevant to the Australian Indigenous context, as well as the local Indigenous context; is holistic in approach, encompassing the physical, emotional, mental, cultural and spiritual dimensions of health; and is rooted in respect for Indigenous culture and identity.

The review of programs above confirms the value of strategies that are developed and led by local people (a “bottom-up” approach) and that have an impact at multiple levels. Even where the focus is the individual, strengthening community and culture—including establishing or re-establishing connections with family and country—is a common feature. Sharing stories about challenges experienced and overcome appears to be another important component of the process (both reinforcing and inspiring), and is applicable at each of these levels.

Some of the effective programs specifically target young people, while others include them as an important subgroup within a broader community program. Successful programs for school-aged youth adopt a family-inclusive approach, which acknowledges the importance of engaging the young person’s family and of rebuilding and strengthening family connections, and work towards engaging the family as well as the individual. Most successful programs in some way engage the broader community too, bringing to bear the skills and experience of Elders, involving older Indigenous community members as mentors and role models, and drawing on relevant skills and resources from the non-Indigenous sector.

Mainstream models or Indigenous programs imported from other places need to be adapted to the local context. Successful mainstream programs invariably work in partnership with the local Indigenous communities and employ Indigenous staff. National and statewide programs have strong Indigenous representation on steering/ advisory committees. It is critical that non-Indigenous mental health systems and workers respect Indigenous community values

and aspirations and ensure that they are taken into account in their operations and policy making (Collard & Palmer 2006).

Building the skills and qualifications of workers is an issue, and many programs have a training component for staff, in addition to building education and employment pathways for program participants. To ensure continued growth and development, it is important not to take for granted the increased levels of voluntary participation required of Elders and community leaders and the considerable demands that the projects place on organisational infrastructure.

A long-term perspective is also needed. Indigenous youth SEWB programs need to operate at an age-appropriate pace and adopt methods that are not overly bureaucratic and that value the input of the local community, especially the young people of the community.

In summary, the following factors emerged from this review as being critical for success in working with Aboriginal and Torres Strait Islander young people:

1. Demonstrate strong commitment to broad Indigenous self-determination;
2. Embrace a deep understanding of Indigenous experience in both past and present and the contexts in which young people live;
3. Recognise, respect and build on the strengths of Indigenous culture, identity, community and family – with built-in flexibility for participants to make it their own;
4. Strive to connect people, share wisdom and experience through stories and creative expression and foster strengths through engaging activities and role modelling;
5. Ensure that both process and content are holistic and encompass the physical, emotional, mental, cultural and spiritual aspects of health;
6. Operate from a long-term commitment and perspective with close attention to workforce development and infrastructure that will ensure sustainability.

A2.4 Bibliography

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Department of Health and Human Services (DHHS) 2009, *Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania, Statewide & Mental Health Services, Department of Health and Human Services, Hobart, viewed 15 November 2010, <http://www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents/PPEI_Strategic_Framework.pdf>*

Department of Health and Human Services (DHHS) 2006, *Mental Health Services Strategic Plan 2006–2011, Hobart, viewed 15 November 2010, <http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/38507/Mental_Health_Strategic_Plan_1.pdf>*

Department of Health and Human Services (DHHS) 2007, *Tasmania's Health Plan, Tasmanian Government, Hobart, viewed 15 November 2010, <http://www.dhhs.tas.gov.au/future_health/tasmanias_health_plan>*

A2.4.2 INFORMATION SOURCES FOR PROGRAM REVIEW – DOCUMENTS AND WEBSITES

All reports and publications identified as pertaining to Indigenous youth SEWB programs and services that were included in this review are listed below. The quality of the listings varies; they include peer-reviewed publications, external and internal evaluations, theses, annual reports and promotional material. A program identification number is also listed to enable matching documents with specific programs listed in Table 1 and Annex 1.

Some additional references used in this section and not included above:

Collard L & Palmer D 2006, 'Kura, yeye, boorda, Nyungar wangkiny gnulla koorlangka: A conversation about working with Indigenous young people in the past, present and future', *Youth Studies Australia*, vol. 25, no. 4, pp. 25-32.

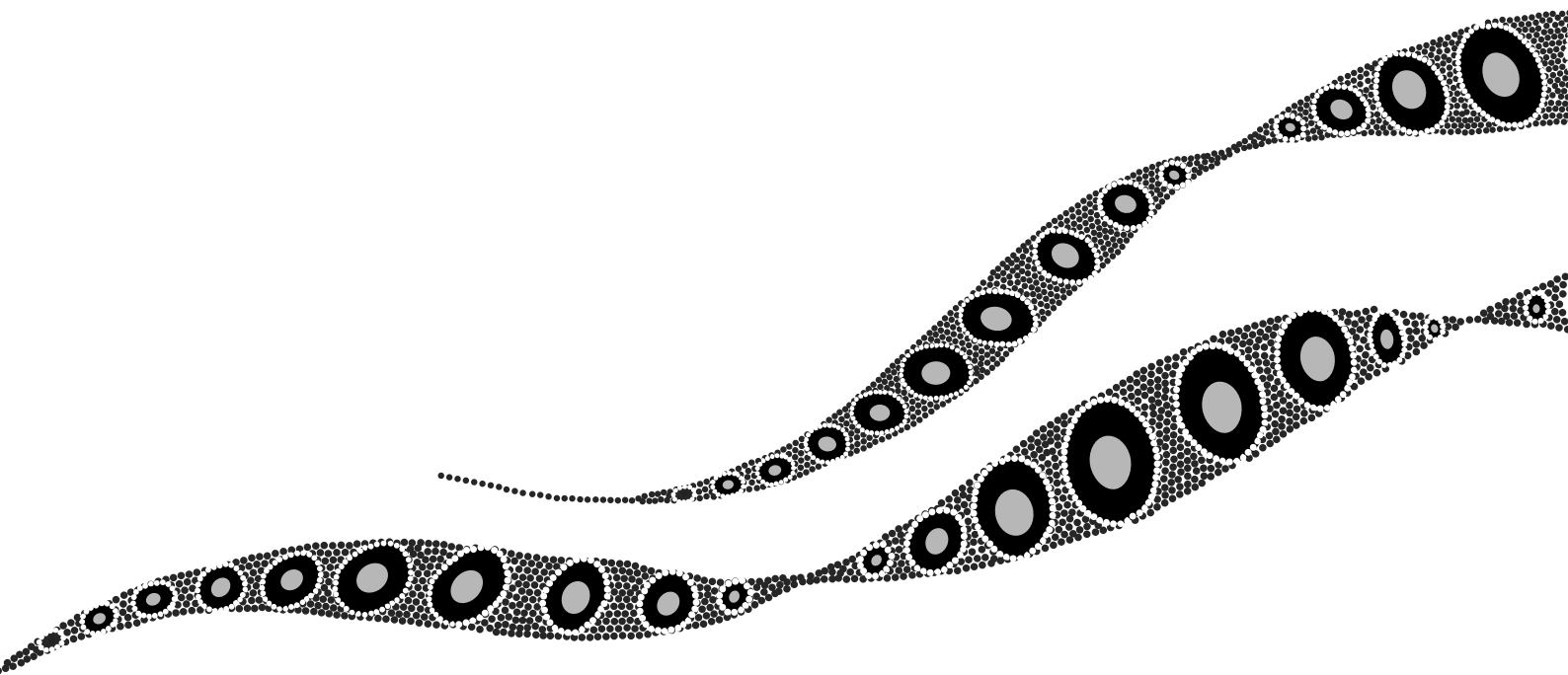
Garvey D 2008, *A Review of the Social and Emotional Wellbeing of Indigenous Australian Peoples – Considerations, Challenges and Opportunities*, viewed 16

November 2010, <http://www.healthinfonet.ecu.edu.au/sewb_review>.

Wallerstein N & Bernstein E 1988, 'Empowerment education: Freire's ideas adapted to health education', *Health Education Quarterly*, Vol. 15, pp. 379-394.

World Bank 2006, *Development and the Next Generation, World Development Report 2007*, World Bank, Washington, DC.

Wilczynski A, Reed-Gilbert K, Milward K, Tayler B, Fear J & Schwartzkoff J 2007, *Evaluation of the Bringing Them Home and Indigenous Mental Health Programs, Final Report*. Office for Aboriginal and Torres Strait Islander Health, Canberra.



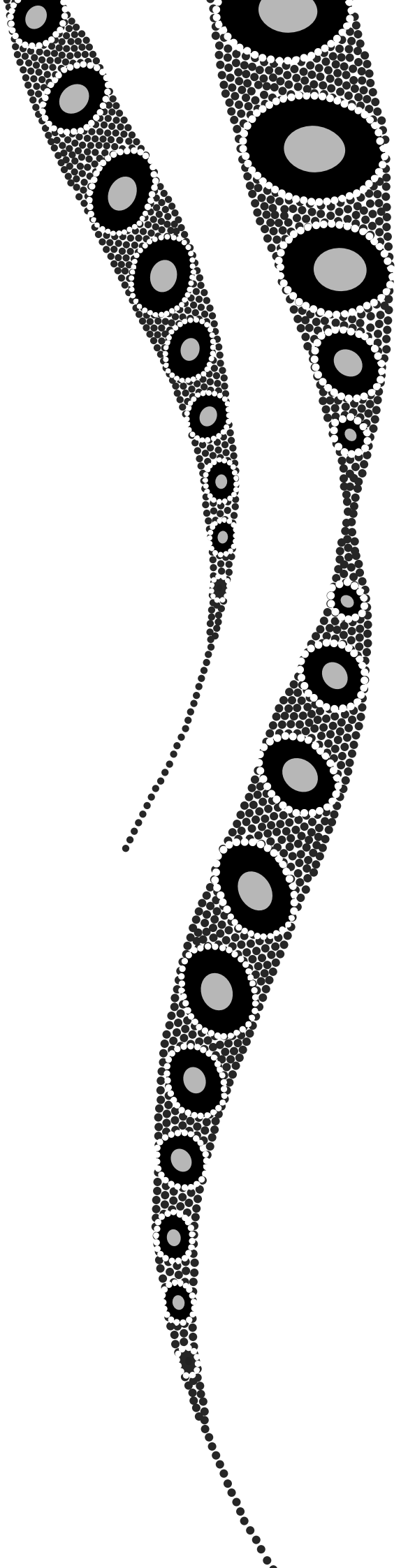
Annex 1. List of information sources located for each of the programs.

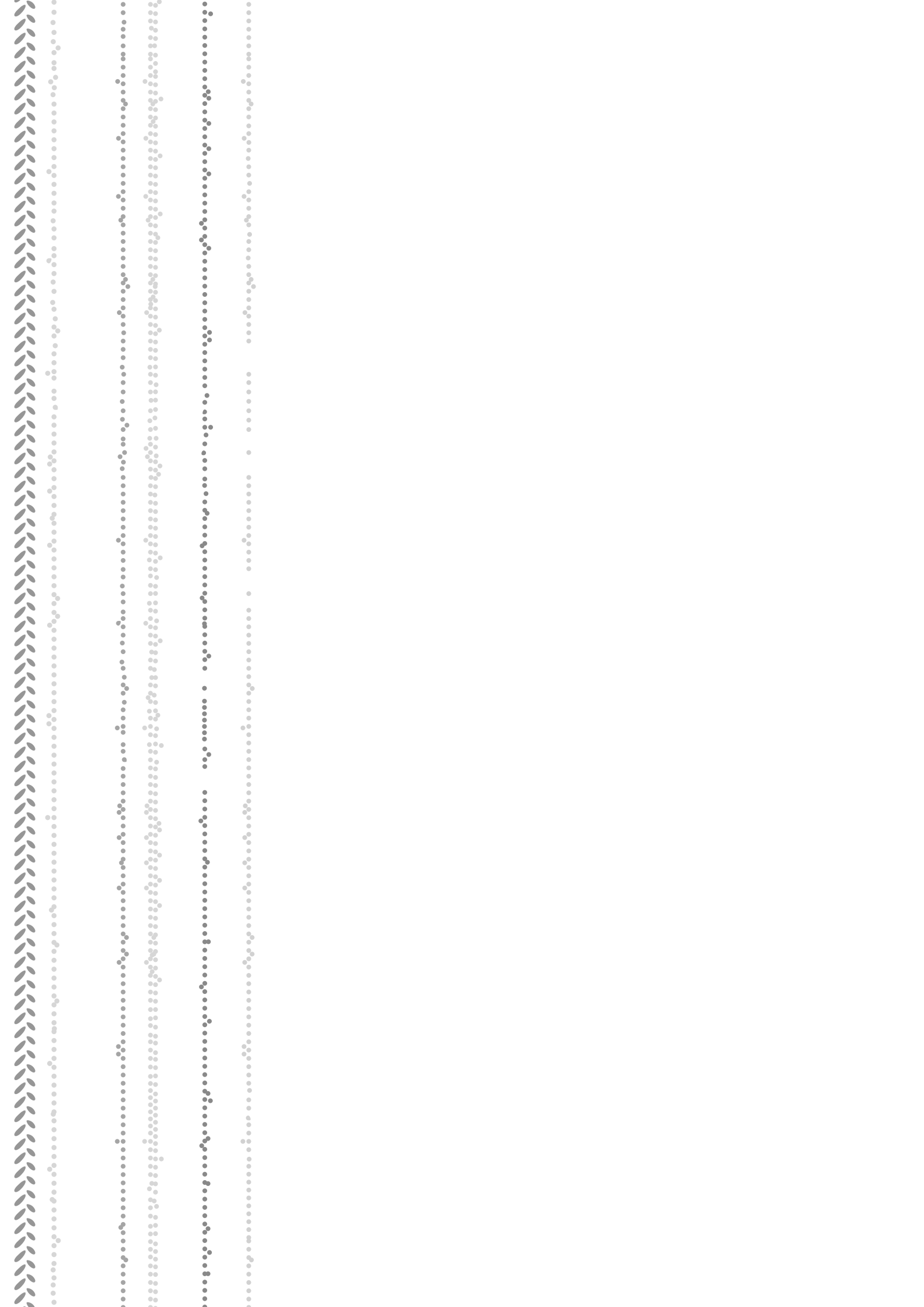
11	Deadly Vibe magazine	<p>CIRCA. (2006). An Evaluation of Vibe Australia Products.</p> <p>Cultural Perspectives. (2002). Eyes up for Vibe: An Evaluation of Deadly Vibe Magazine. ACER – Purdie N., Ellis L & Stone A. (2004). Engaging Indigenous Students at School: An Evaluation of the Deadly Vibe Magazine.</p> <p>All on Vibe Australia website, viewed 16 November 2010 at http://www.vibe.com.au/vibe.asp?pageID=32</p>
12	DRUMBEAT	<p>Holyoake Institute for Drug & Alcohol Addiction Resolutions. (Undated). An Evaluation of Music Therapy Intervention 'DRUMBEAT' with Alienated Youth in the Wheatbelt of Western Australia.</p> <p>Ivery P, Wood L, Donovan R & Rosenberg M. (2009). An Evaluation of a Therapeutic Intervention using Music "DRUMBEAT" Discovering Relationships Using Music – Beliefs, Emotions, Attitudes & Thoughts with Alienated Youth. Perth: Health Promotion Evaluation Unit, School of Population Health, UWA.</p> <p>Drumbeat website at University of Newcastle Family Action Centre, viewed 16 November 2010 at http://www.newcastle.edu.au/research-centre/fac/workshops/drumbeat/</p>
13	Family Intervention [Indigenous Group Triple P]	<p>Turner KMT, Richards M & Sanders M. (2007). Randomised clinical trial of a group parent education programme for Australian Indigenous families, <i>Journal of Paediatrics and Child Health</i>, 43, 243-251.</p> <p>Turner K & Sanders M. (2007). Family intervention in Indigenous communities: Emergent issues in conducting outcome research, <i>Australasian Psychiatry</i>, 15, Supp, S39-S43.</p>
14	Family Wellbeing Program	<p>Tsey K & Every A. (2000). Evaluating Aboriginal empowerment programs: The case of Family Wellbeing. <i>Australian and New Zealand Journal of Public Health</i>, 24(5), 509-514.</p> <p>Tsey K, Whiteside M, Daly B, Deemal A, Gibson T, Cadet-James Y, Wilson A, Santhanam R & Haswell-Elkins M. (2005). Adapting the family wellbeing empowerment program to the needs of remote Indigenous young people. <i>Australian and New Zealand Journal of Public Health</i>, 29, 112-116.</p> <p>Tsey K, Whiteside M, Haswell-Elkins M, Bainbridge R, Cadet-James Y & Wilson A. (2009). Empowerment and Indigenous Australian health: A synthesis of findings from Family Wellbeing formative research. <i>Health and Social Care in the Community</i>, doi: 10.1111/j.1365-2524.2009.00885.x</p> <p>Tsey K, Wilson A, Haswell-Elkins M, Whiteside M, McCalman J, Cadet-James Y & Wenitong M. (2007). Empowerment-based research methods: A 10-year approach to enhancing Indigenous social and emotional wellbeing. <i>Australasian Psychiatry</i>, 15(Supplement), S34-S38.</p> <p>Whiteside M, Tsey K, McCalman J, et al. (2006). Empowerment as a Framework for Indigenous Workforce Development and Organisational Change. <i>Australian Social Work</i>, 59, 422-434.</p>
15	Feeling Deadly Not Shame	<p>Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinfonet.ecu.edu.au/health-resources/programs-projects?pid=134</p>
16	Halo Unfinished	<p>Halo Unfinished on the Halo website, viewed 16 November 2010 at http://haloleadership.com/index.php?option=com_content&view=article&id=58&Itemid=67</p>
17	Indigenous Leadership Program	<p>Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinfonet.ecu.edu.au/health-resources/programs-projects?pid=97</p>
18	Jamaneey Gunya Cultural Camps	<p>Jamaneey Gunya website, viewed 16 November 2010 at http://www.jamaneegunya.com.au/</p>

19	Jaru Pirrjirdi (Strong Voices)	<p>Saggers S & Stearne A. (2007). The Foundation for Young Australians, Youth-led Futures – Phase 2, Jaru Pirrjirdi (Strong Voices) Project – Final Report.</p> <p>Jaru Pirrjirdi 'Strong Voices' Project Brief.</p> <p>Jaru Pirrjirdi on Mt Theo Program website, viewed 16 November 2010 at http://www.mttheo.org/home/jaru-pirrjirdi/</p>
20	Kanyirninpa: Health, Masculinity and Wellbeing of Desert Aboriginal Men	<p>McCoy B. (2007). Suicide and desert men: The power and protection of kanyirninpa (holding). <i>Australasian Psychiatry</i>, 15, Supp, S63-67.</p> <p>Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinonet.ecu.edu.au/health-resources/programs-projects?pid=182</p>
21	Koori Communities Leadership Program	<p>VicHealth. (2005). Building Indigenous Leadership: Promoting the Emotional and Spiritual Wellbeing of Koori Communities through the Koori Communities Leadership Program, viewed 16 November 2010 at http://www.vichealth.vic.gov.au/en/Publications/Freedom-from-discrimination/Building-Indigenous-Leadership.aspx</p>
22	Koori Girls Youth Program	<p>Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinonet.ecu.edu.au/health-resources/programs-projects?pid=175</p>
23	Linking Stories and Initiatives [Collective narrative approach]	<p>Denborough D, Koolmatrie C, Mununggirritj D, Marika D, Dhurrkay W & Yunupingu M. (2006). Linking stories and initiatives: A narrative approach to working with the skills and knowledge of communities, <i>International Journal of Narrative Therapy and Community Work</i>, No. 2, viewed 16 November 2010 at http://www.dulwichcentre.com.au/linking-stories-and-initiatives.pdf</p>
24	MindMatters	<p>MindMatters website, viewed 16 November 2010 at http://www.mindmatters.edu.au/default.asp</p>
25	My Way	<p>Cape York PCYC website, viewed 16 November 2010 at http://www.capeyorkpcyc.org.au/content/standard.asp?name=MyWay</p>
26	Panyappi Indigenous Youth Mentoring Project	<p>Stacey K. (2004). Panyappi Indigenous Youth Mentoring Program: External Evaluation Report, viewed 16 November 2010 at http://www.dfc.sa.gov.au/Pub/Portals/7/panyappi-indigenous-youth-mentoring-program-external-evaluation-report.pdf</p> <p>Promising Practice Profiles – Panyappi submission based on this evaluation.</p>
27	Red Dust Healing	<p>Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinonet.ecu.edu.au/health-resources/programs-projects?pid=118</p> <p>Cull S. (2009). The Road to Healing: Identity and the Over-Representation of Indigenous Men in the Australian Criminal Justice System. Unpublished thesis, Faculty of Social Science UNSW.</p>
28	Remote Area Child & Youth Mental Health Service Enhancement	<p>Santhanam R, McEwan A, Bainbridge R, Hunter E, Haswell-Elkins M & Tsey K. (2009). Adapting the Australian Public Mental Health Performance Indicators to the contextual needs of a Remote Area Child and Youth Mental Health Service, <i>Australian Indigenous Health Bulletin</i>, Jan-Mar.</p> <p>Santhanam R & McEwan A. (2007). Remote Area Child and Youth Mental Health Service Evaluation Report January 2005 – January 2007.</p> <p>Santhanam R. (2005). Rethinking Child and Youth Mental Health Service Delivery Models for Indigenous Children and Families Living in Far North Queensland,</p> <p>All available online, viewed 16 November 2010 at http://www.uq.edu.au/nqhepu/index.html?page=88352</p>



29	Resourceful Adolescent Program –Indigenous Adaptation	<p>Resourceful Adolescent Program website at Queensland University of Technology, section on Indigenous Adaptations, viewed 16 November 2010 at http://www.rap.qut.edu.au/programs/indigenous_rap.jsp</p> <p>Harnett P, Clarke C & Shochet I. (1998). Promoting family and community resilience in Indigenous communities: Cultural adaptation of the Resourceful Adolescent Program, <i>AusEinetter</i>, no. 7, December, 1-3. Viewed 16 November 2010 at http://pandora.nla.gov.au/nph-arch/1999/Z1999-Aug-19/http://auseinet.flinders.edu.au/netter7/netter.htm</p> <p>Shochet I, Wurfl A, & Hoge R. (2004). The Resourceful Adolescent Programs: Working with teenagers in Queensland, Australia. In <i>Mental Health Promotion: Case Studies from Countries. A joint publication of the World Federation for Mental Health and the World Health Organization.</i></p>
30	save-a-mate (SAM) & SAM Our Way [Indigenous pilot]	Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinfonet.ecu.edu.au/health-resources/programs-projects?pid=618
31	Stylin' Up	Stylin' Up website, viewed 16 November 2010 at http://www.stylinup.com.au/
32	Strong Young Mums	Aboriginal and Torres Strait Islander Social Justice Commissioner. (2007). <i>Social Justice Report 2007</i> , Chapter 2, pp. 124-132, viewed 16 November 2010 at http://www.hreoc.gov.au/social_justice/sj_report/sjreport07/download.html
33	Taking Big Steps	Taking Big Steps on Schools Transitions website, viewed 16 November 2010 at http://www.health.qld.gov.au/healthyschools/transitions/default.asp
34	Teenage Aboriginal Back-to-School Program (pARenT Program)	Information taken from Project Report to NSW Child Health Network.
35	Tirkandi Inaburra	<p>Tirkandi Inaburra website, viewed 16 November 2010 at http://www.tirkandi.org.au/</p> <p>Legislative Council, Standing Committee on Social Issues, <i>Overcoming Indigenous disadvantage in New South Wales, Case study – Tirkandi Inaburra</i>. Report 41, November, pp 48-49, viewed 16 November at http://www.parliament.nsw.gov.au/Prod/parlament/committee.nsf/0/5E06CB564943B260CA25750E0002D05D. External evaluation not yet publicly released.</p>
36	Vibe 3on3	CIRCA. (2006). <i>An Evaluation of Vibe Australia Products</i> . On Vibe Australia website, viewed 16 November 2010 at http://www.vibe.com.au/vibe.asp?pageID=32
37	Wakefield Region Suicide Prevention Project	Australian Indigenous HealthInfoNet. (2009). Health resources, Programs and projects, viewed 16 November 2010 at http://www.healthinfonet.ecu.edu.au/health-resources/programs-projects?pid=170
38	Yerli Birko	Aboriginal and Torres Strait Islander Social Justice Commissioner. (2007). <i>Social Justice Report 2007</i> , Chapter 2, pp. 99-105, viewed 16 November 2010 at http://www.hreoc.gov.au/social_justice/sj_report/sjreport07/download.html
39	Yiriman Youth Project	Yiriman Project website, viewed 16 November 2010 at http://www.yiriman.org.au/projectsstructure.htm#1
40	Youth Wellbeing Project (CAAPS)	Youth Wellbeing Project on CAAPS website, viewed 16 November 2010 at http://www.caaps.org.au/index.php?option=com_content&view=section&id=2&Itemid=11
41	Youth Wellbeing Program (CAYLUS)	<p>CIRCA. (2007). <i>Evaluation of the Youth Wellbeing Program in the Central Desert Region of the Northern Territory.</i></p> <p>Shaw G. (2010). Support and advocacy for Indigenous young people on a regional basis: The CAYLUS model, <i>Dialogue</i>, 29(1), 61-67.</p> <p>Central Australian Youth Link Up Service (CAYLUS) on Tangentyere Council website, viewed 16 November 2010 at http://www.tangentyere.org.au/services/family_youth/caylus/</p>





APPENDIX A3. DETAILED SUMMARIES OF THE SIX CASE STUDY PROGRAMS

A3.1 The Panyappi Mentoring Program

A3.1.1 SELECTION OF PANYAPPI AS A CASE STUDY PROGRAM

The Panyappi Mentoring Program is provided by the Metropolitan Aboriginal Youth and Family Service in Adelaide, South Australia. Panyappi was selected as a case study for several reasons. First, we perceived from the literature, policy and program reviews that the South Australian community and government showed notable collaborative strength and leadership within Aboriginal health and wellbeing generally. We noted signs of advanced operating links between policy, practice and research in Aboriginal wellbeing promotion. As these interfaces are a key interest of this study, we looked for a youth wellbeing program in South Australia that showed evidence of emphasis in linkages within and between government and non-government organisations. Information available on the Web revealed the long and strong history of the Panyappi Program in Adelaide and confirmed that it fit this description.

Second, a series of factors identified by program developers and facilitators as critical for the success of youth wellbeing programs and operationalized through Panyappi fit well with our selection criteria. The program's evaluation report completed in 2004 detailed the operations and achievements of the Panyappi Program in its early phase and served as an excellent starting point.

We also wished to look closely at the use of mentoring to enhance Indigenous youth wellbeing because of its mainstream evidence base and use within many youth programs. Mentoring built to leverage the power of an understanding and caring relationship to promote cultural identity and positive role

modelling is Panyappi's explicit mechanism. The evaluation confirmed its effectiveness.

Finally the managers of the Panyappi Program, the service it functions within, Metropolitan Aboriginal Youth and Family Services (MAYFS), and the South Australian Department of Families and Communities were highly supportive of its inclusion as a case study within the larger project. The Panyappi Program has provided an excellent opportunity to learn from close examination of a mature and outstanding program promoting SEWB of Indigenous youth.

A3.1.2 METHODS USED IN THE PANYAPPI PROGRAM CASE STUDY

Consistent with all six program studies, the Panyappi case study design employed primarily qualitative data methods to holistically explore the history, operations, strengths, impacts, challenges and future vision and potential of the program in context. In addition to analysing a previous external evaluation, we conducted semi-structured interviews with informants who played a variety of roles in the development, management and delivery of the program as well as with participants in the program. The team was also invited to observe a case planning session, an important component of the program designed to focus, plan and facilitate the mentoring process. Draft descriptions of the program's history, key transitions and current operational pathways based on the data were reviewed with program staff for improvement and correction. Key challenges, strengths and success factors were identified through thematic analysis of individual data sources and, where possible, described from multiple perspectives through information provided by the informants and in the evaluation report. These were also reviewed, clarified and improved in feedback sessions with informants.



A3.1.3 KEY FINDINGS FROM THE PANYAPPI PROGRAM CASE STUDY

Program process – Participant experiences and impacts

The word Panyappi means “Little Brother or Little Sister” in the Kaurna language, the original language of the Adelaide Plains. The Panyappi Program adopted this name to guide the development and delivery of a mentoring program designed specifically to meet the needs of Aboriginal youth, primarily those living in the Adelaide area. In addition to youth from urban Adelaide, the program also provides support for youth from the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands while in Adelaide due to involvement in the juvenile justice system.

The program emerged from concern about the growing number of Aboriginal youth in Adelaide’s central business district after midnight at risk both of being victimised and of becoming participants in unlawful activity. The streetwork arm of Panyappi is a team of casual workers employed to locate and provide safe transport home for these youth on the weekend. The mentoring program emerged through a process of follow-up with the families of these youth. The mentors, who are employed full-time in the program, engage in enjoyable, one-on-one activities with young people who are experiencing varying levels of difficulties with the juvenile justice system, the South Australia Department of Families, or school. The direct individual mentoring support promotes self-esteem, emotional regulation skills, and cultural identity and motivates mentees to identify and pursue their aspirations. Panyappi also focuses on healing relationships within families and provides whole family support where possible. These psychological and social impacts are amplified and sustained through a network of linkages that assist youth to take part in group-based opportunities within the Metropolitan Aboriginal Youth and Family Services or connect them with other services. Together these processes assist Aboriginal youth in the Adelaide area to recognise their strengths, identify their goals and address their social and emotional, educational, safety and legal needs to deal with significant challenges at a crucial time in their lives.

Set within a relatively large, fully Aboriginal-led and -staffed service, Panyappi has proven itself to be effective, accountable, and well interlinked with other services. It has built strong respectful relationships and works in harmony with the Aboriginal community. The power and impact of the mentoring relationship on the young people’s lives was clear from interviews with two participants. The overall message from key stakeholders working with youth in schools, juvenile justice settings and out of home care was ‘Panyappi works and we need more’.

Program Strengths

The case study confirmed the many strengths of the Panyappi Program. The program takes a genuine strengths-based approach in mentoring young people, fostering family relationships and linking individuals and families with other appropriate programs and services.

We also found a set of unusual characteristics in the team, whereby Aboriginal people are able to work in Aboriginal ways under Aboriginal leadership in a collective effort that results in optimal staff support and cohesion, flexible but accountable working mechanisms and a strong sense of community connection. This is perhaps unique within a government department and gives a strong sense of purpose and vision amongst staff and stakeholders to do their best to walk alongside these youth as they find their strengths and develop their own skills and pathways to a positive adult life. Resourcefulness, problem solving skills, innovative and continual quality improvement mechanisms, commitment and voice are all evident, and a deep sense of respect, caring and authenticity is palpable, from youth to mentors, program and service managers, associated program developers and stakeholders in education and family services.

An outstanding example of this resourcefulness has been the way that Panyappi works within its host organisation, the Metropolitan Aboriginal Youth and Family Services (MAYFS). The mentoring relationship provides a safe entryway for youth to recognize and develop their own personal strengths, cultural identity and capacity and to use them to grow and mature as socially and culturally proud and capable individuals.

This process is monitored and supported by a case planning mechanism that encourages mentees to identify, negotiate and update their own goals and aspirations. The case plan serves as a focal point to guide the mentoring relationship, activities and linkages to other programs or services and also provides a valuable record to document and assess progress. The focus on linkage reduces the risk of unsustainable dependence on the mentor, facilitates personal choice and capacity of the youth, amplifies the impact of the mentoring relationship, ensures a youth-centred approach to program management and enables accountability to government and community, and hence, sustainability.

A critical strength has been the fact that Aboriginal leadership and managerial staff have substantial experience supporting Aboriginal youth as clients of government departments that work with Panyappi. Hence they begin with a common understanding of their needs, communication styles and accountability demands as well as reciprocally respectful relationships. This attribute contributed to continuity for Panyappi as it adapted and evolved through frequent transitions. It also facilitates better working partnerships across sectors and sustainability in the face of internal and external change.

Challenges and Threats to the Program

Interviewees consistently identified current limitations in the program and the challenges facing its managers. Stakeholders, mentors and managers had similar perceptions of the program's limitations, with the majority in agreement that time and resource limitations restricted the program's capacity to meet demand. Resource limitations affected staffing levels, access to computers and availability of vehicles, all of which detracted from already-reduced contact time with participants. The tight funding and constraints on long-term security, training and professional development in turn made it more difficult to retain staff, attract high-quality mentors and achieve balance between flexibility, attentiveness to youth needs and demonstration of accountability of process. There was a strong recognition that accountability of process and delivery of a

safe and effective service are required by both government and community.

The case study team was able to observe the program responding to critical transitions, resulting from both an internally recognised need for changes and a major external policy shift and restructuring of services within the Department that was unfolding at the time. There were certainly signs of stress among the staff regarding the uncertainty of the shift and the loss of close connection with programs that had been considered critical to the well-rounded service provided at MAYFS. However, despite the substantial burden of change this restructuring imposed on the program, there was a positive acceptance that the turmoil was short term and that the shifts were likely to produce some long-term gains for Aboriginal youth, with the families and education portfolios joined more closely.

One impact of the restructure of particular concern is that Panyappi is expected to work increasingly within the juvenile justice space, with less emphasis on helping to keep families together through prevention and early intervention.

Despite its challenges, Panyappi has remained resilient and resourceful. This comes from the qualities of the program environment and overarching support of MAYFS, and the strength, sensitivity and proactivity of all involved, from the mentees to the mentors and leaders, in implementing improvements and working to ensure sustainability. The service model is innovative, efficient and far-reaching.

However, the program is not adequately resourced at present. This threatens sustainability in the face of burnout among management, who are often hovering in crisis mode, without adequate resources to meet demand or cover unexpected occurrences. It also heightens frustration among staff who know that time and support are required for youth to make the substantial transition from negative life experiences and low self-regard towards a sense of their own value and capacity to create positive change in their lives.



A3.1.4 LESSONS LEARNED AND IMPLICATIONS FOR POLICY AND PRACTICE

Besides an appreciation of the power of mentoring as a mechanism and the leverage gained from interconnections with other services, much more has been learned about the success and sustainability of programs such as Panyappi. The Panyappi case study clearly demonstrates that youth mentoring, when properly provided and adequately resourced, is an effective mechanism for promoting SEWB among Indigenous youth. The now mature Panyappi Program has proven its capability and potential to address some of the most costly problems facing government social services. However, Panyappi needs recognition as an essential government service for Aboriginal youth, and it needs more – and more stable – resources. For the program to continue to thrive, government must ensure that it has the resources to enable it to respond to the serious needs of Aboriginal youth and promote the achievement of their full potential.

In summary, the Panyappi case study provides on the ground evidence of the following:

- Programs with a long history of meeting challenges, adapting to transitions and assisting youth to achieve positive change have enormous value for participants, families and society;
- This history has shown that good programs, good management and good mentoring relationships all take time to establish, learn, adjust, try different ways of working, listen, improve and grow. The early period is important to get things right for long-term survival and should not be rushed;
- As anticipated, there is a wealth of experience-tested cultural knowledge, innovative thinking and practical resourcefulness among those within and surrounding the Panyappi Program that has enabled it to fulfill its potential. Decisions that affect Panyappi and similarly successful long-running programs, whether they relate to resourcing, service delivery structures or processes, should be made in conjunction with experienced and knowledgeable staff;
- Services and programs delivered from this environment in which skilled Aboriginal people fill most of the roles as leaders, managers, developers, deliverers and clients/participants are strong, effective and inter-connected;
- To survive over the long haul, programs must be supported to develop and implement pathways of accountability that align the processes and services provided with the goals and aspirations of the young people served;
- Under-resourcing stresses a service, lowers morale, leads to burnout, threatens the capacity to respond to unexpected needs, thereby leaving unsafe gaps in service, reduces contact time with participants to below effective levels and prevents even the best programs from reaching their potential in serving all potential clients; and
- Policy and resource allocation that support the growth and reach of solidly established, well-developed and well-maintained programs like Panyappi will reap substantial benefit for Australia.

A3.1.5 REFERENCES AND DATA SOURCES

Documents

beyond... (Kathleen Stacey and Associates) Pty Ltd 2004, *Panyappi Indigenous Youth Mentoring Program: External evaluation report*, Panyappi, Metropolitan Aboriginal Youth Team, SA Department of Human Services, Adelaide.

Data Sources

This report was prepared from information collected in interviews of three program managers, four individuals from key stakeholder organisations, three mentors and two youth participants between December 2011 and March 2012. Notes were also taken during our observation of a case planning meeting and in feedback sessions reviewing various drafts with program leaders. A small literature review conducted on the history of Aboriginal families and the use of mentoring to promote youth social and emotional wellbeing and positive life trajectory is provided in the full case study report.

A3.2 The 2011 Garma Festival Youth Forum

A3.2.1 SELECTION OF THE 2011 GARMA FESTIVAL YOUTH FORUM AS A CASE STUDY PROGRAM

Across Australia, Indigenous cultural festivals bring communities together and make a major contribution to community wellbeing, resilience and capacity (Phipps & Slater 2010). The national program review conducted for this project identified three Indigenous cultural festivals whose stated aims and objectives included promoting or improving Indigenous youth social and emotional wellbeing: the Croc Eisteddfod Festival (Croc Festival), Stylin' Up, and Vibe 3 on 3 (see Appendix A2). The last Croc Festival was held in 2007 and, for several reasons, we were unable to finalise arrangements to conduct a case study with the other two. Because we were also keen to include a third case study from remote Australia, we decided to approach the Yothu Yindi Foundation for permission to base our sixth case study on the 2011 Garma Youth Forum. Permission was granted by the Foundation, and the study received formal approval to proceed from the Aboriginal Medical Services Alliance of the Northern Territory.

A3.2.2 METHODS USED IN THE 2011 GARMA FESTIVAL YOUTH FORUM CASE STUDY

Consistent with the other five case studies undertaken by the research team, the Garma Youth Forum case study design employed qualitative methods of data collection and analysis. Data collection methods included a documentary review; in-depth interviews with an organiser, a teacher, and two Indigenous student participants; and participant observation by two Aboriginal research team members who attended the 2011 Youth Forum. Documents reviewed included Garma Festival information and reports, as well as transcripts of recordings made at the 2011 Key Forum summary that included reflections on the Youth Forum. All the data were examined, in turn, by two researchers to draw out key issues and insights from five predetermined general themes: program history and development;

operation, including participant experiences and impacts; strengths; challenges for effectiveness, growth and sustainability; and future vision and potential.

A3.2.3 KEY FINDINGS FROM THE 2011 GARMA FESTIVAL YOUTH FORUM CASE STUDY

Program process – Participant experiences and impacts

The Garma Festival of Traditional Culture is an annual celebration of the Yolngu (Aboriginal people of northeast Arnhem Land) culture presented by the Yothu Yindi Foundation. Garma incorporates visual art, ancient storytelling, dance and music in addition to other important forums and education and training programs relevant to cultural tourism, culture and leadership. As a result of feedback about the 2010 youth program, which had been organized under extreme time and resource constraints, a commitment was made to substantially build up the Youth Forum in 2011 to meet the overall quality expectation of previous festivals.

The 13th Garma Festival was held from Friday 5 to Monday 8 August 2011 and attracted a crowd of 2,500 people. The Garma Youth Forum was attended by 150 youth from around Australia. The final program provided a very rich experience with structured flexibility. Participants did not have to stay in assigned groups and were free to choose the sessions they wished to attend, with a wide range of offerings from song writing, dance, weaving to stargazing, and they could repeat sessions. In contrast to the previous year, reflections and feedback on the 2011 Youth Forum were almost universally positive.

The immediate impacts on the young participants at the Youth Forum were evident to everyone there. The youth who contributed to the Key Forum summary spoke of why they attended the festival, how it had affected them and how the process of reconciliation was fundamental to their priorities. The non-Indigenous students spoke vividly of having their eyes opened to an Indigenous Australia about which they knew little or nothing. The Indigenous students from southern and eastern Australia—largely non-Indigenous communities—discovered a new pride in



their Indigenous heritage. For many it was an intensely emotional experience. Feedback to the organisers from participating schools indicated that in addition to their personal growth, most students had shared their experience and learning with peers, family and others back home. As a result of their inclusion in the festival summary, the voices of youth were included, for the first time, in the Garma Festival Report.

Program strengths

The strengths of the Garma Youth Forum, embedded as it is within a broader festival of Indigenous culture of national significance and other Yothu Yindi Foundation programs, are numerous. The involvement of the Yolngu, including the younger community members, and the richness of Yolngu culture that was shared in so many ways over the three days were fundamental to the success of the 2011 Youth Forum. Garma, hosted by the Yothu Yindi Foundation, is a Yolngu-driven event and takes place on Yolngu country.

To correct the perceived deficiencies of the 2010 Youth Forum, the organisers engaged in a lengthy and thorough consultation process with local and interstate schools in the early months of planning. Yolngu feedback and suggestions for improvements were sought and applied to all aspects of the festival. The strong organising committee for the 2011 Festival was key to its success, as was recruiting a full-time Youth Forum Coordinator. The forum tapped into the growing network of schools, teachers and students across Australia who had previously shared the Garma experience. For the schools who travel to Garma every year, the trip is a highlight that then brings renewed energy to other programs and activities with an Indigenous focus, which operate all year round. Thus, both local people and visitors have opportunities for follow-up activities after the festival ends. The resulting synergies produce benefits for both Indigenous and non-Indigenous students, their families, schools and, potentially, the broader community.

Program challenges

The Garma Youth Forum also faces a number of challenges. Engaging stakeholders and obtaining sufficient resources, including human resources, funding and sponsorship, are a constant struggle for an annual event like this. The timing of final decisions on fundraising requests is critical; when announcements are delayed, the organisers are unable to make timely and orderly preparations needed for the festival to run smoothly, as they must make arrangements and financial commitments to providers of goods and services, yet without the assurance of having adequate funding to cover the event. Under these circumstances, staff stress and turnover are common and can lead to the loss of highly skilled and experienced workers.

Keeping the youth program fresh, interesting, relevant, varied and full is a tremendous challenge. A balance is needed between having a well-planned event and being too reliant on those plans, because last-minute changes are to be expected in such a fluid and unpredictable environment. Allowing the right amount of flexibility and spontaneity in a large, preplanned event is both an organising challenge and an opportunity for youth to have a say and influence what actually happens; and it requires a high level of insight and connection with youth to keep the responsiveness and flexibility positive, rather than negative, for the diverse attendees.

A related challenge is maintaining Yolngu focus within the program, both in terms of contemporary youth culture as well as the unbroken traditional ceremonies and customs that are still very much alive. Yolngu leadership at the Festival level is also important, ensuring that it stays dominant in the midst of major infrastructure, administrative, financial and logistical demands that may seem easier to address from the Darwin office.

Logistics are a significant challenge because of the scope of the festival, the remote location and the fact that the weather can be unpredictable. The costs of running the Youth Forum are large, even as part of the greater Garma Festival. In addition, interstate schools

must raise the money for registration and travel costs, usually via a small number of highly committed teachers who understand the value of attending the forum and who work hard to maintain the momentum built up among their school officials, parents and students, some after several successful years of participation. A major concern of teachers was the lack of a Youth Forum in 2012 due to necessary site renovations, which interrupted the continuity of the event on the school calendar.

Program potential

The immediate impacts of the 2011 Garma Youth Forum were apparent to all who attended, and the lingering ripple effects spread locally and nationally. Clearly these ripple effects are widening the circle of understanding between Indigenous and non-Indigenous youth in many pockets around Australia. The greater potential of the youth forum lies in deepening and broadening the engagement with schools and other institutions through building, linking and leveraging relationships with year-round programs (cf. Phipps & Slater 2010).

The Garma Festival is unique because of its breadth of programming and diversity of activities—“a bunch of festivals rolled into one”. The Youth Forum was undoubtedly a highlight of the 2011 festival, which also dealt with weighty issues of education and economic development in the key forums; showcased Indigenous excellence in music, film and art; and provided opportunities for cultural tourism. At the Youth Forum, young people from around the country were able to mix with Indigenous and non-Indigenous youth from other schools and places. As a result of this person-to-person interaction, they left Garma with a new view of Indigenous Australia, as well as new ideas, skills and commitments. Non-Indigenous students gained an understanding of and appreciation for the strength and depth of both ancient and contemporary Indigenous culture. Indigenous students gained a strengthened sense of identity as Indigenous Australians, renewed pride in their own heritage and in the powerful Yolngu heritage, and increased confidence to speak out

and share this aspect of themselves with their peers and communities. Yolngu youth were empowered through the experience of sharing and connecting, and many were involved in festival preparation as well as in youth forum activities. Yolngu Elders shared knowledge of the Yolngu world view and ways of being with the younger generations. Stories of the Youth Forum and the broader Garma experience were shared peer-to-peer, with family and friends and, in some cases, with the wider community, contributing to the broader process of reconciliation between Indigenous and non-Indigenous Australians.

The strengths of the Garma Youth Forum and the challenges involved in organising and maintaining it are similar to those described for Indigenous festivals held elsewhere, especially in remote communities. The 2011 Youth Forum was special, because it was an outstanding event on its own and it was also embedded within the annual Garma Festival. For many young Indigenous and non-Indigenous participants, the 2011 Youth Forum followed, and was followed by, related activities in their own schools and communities.

For the Yolngu people, the Garma Festival and Youth Forum are part of a bigger picture of improved education. The Yothu Yindi Foundation is working to build two new facilities, Dhupuma College and Garma Cultural Studies Institute, so that opportunities for learning and gaining qualifications are also enjoyed by current and coming generations of Yolngu.

A3.2.4 LESSONS LEARNED AND IMPLICATIONS FOR POLICY AND PRACTICE

The Garma Youth Forum case study demonstrates the importance of the following elements and processes when an Indigenous cultural festival is used as a platform for the promotion of the social and emotional wellbeing of Indigenous youth:

- A community-driven program that embraces culture at the core of a holistic strengths-based approach, with strong community governance and a skilled, innovative and culturally competent management team;



- Within the context of the broader program, a dedicated focus on youth, with youth-friendly programming and a youth-friendly space that allows a diverse range of activities and is culturally safe;
- Long-term commitment, leadership and support for the event from within the local Indigenous communities;
- Meaningful, two-way consultation with all stakeholders, including young people, their teachers and others who work with them;
- A festival program that is relevant to youth, structured but flexible to the learning styles, and with a range of opportunities and activities for learning, personal development and information exchange; and
- Continuing engagement with schools and other organisations so that the program is not a one-off, self-contained experience but is linked with, builds on and feeds into related programs.

In order to realise the full potential of the Garma Youth Forum, and other festival-styled events for promotion of Indigenous youth social and emotional wellbeing, this case study supports the following recommendations for policy and practice:

- Acknowledge the diversity of communities and recognise that successful programs, while sharing common features, will also be different;
- Support the development of long-term partnerships with communities and organisations, and encourage the maintenance of festival-related relationships and programs all year round;
- Ensure that funding is available at an adequate level to allow the Youth Forum to operate every year and in a timely manner to minimize stress and uncertainty from year-to-year and enable organisers to plan most effectively and within budget;
- Support the ongoing employment of a year-round coordinator to build and nurture long-lasting connections, and provide structured training and mentorships for Indigenous staff; and

- Utilise the value of cultural renewal to build wellbeing and capacity of Indigenous youth, families and communities in remote, regional and urban Australia.

A3.2.5 REFERENCES AND DATA SOURCES

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Four indepth interviews were conducted with the 2011 Youth Forum Organiser/ Developer, a key stakeholder teacher and two Aboriginal youth participants from Scotch College. The report is also informed by transcripts and participant observation and reflections (Zulumovski and Wargent) on the *2011 Garma Festival Youth and Main Forums*.

A full report of this case study is now publically available upon request:

Blignault I, Haswell MR, Zulumovski K, 2013, *Case Study of the 2011 Garma Festival Youth Forum: Strengths, challenges and implications for policy and practice*. Muru Marri, UNSW.

A3.3 The Indigenous-adapted Resourceful Adolescent Program (IRAP-A) and its implementation in Western NSW

A3.3.1 SELECTION OF THE INDIGENOUS-ADAPTED RAP-A AS A CASE STUDY PROGRAM

School plays an extremely important role in virtually all aspects of child and adolescent development and preparation for adulthood in Australia and globally. A substantial portion of the formative years is spent in the school environment, and research indicates that high levels of school connectedness are more protective against depression in that age group than strong parental attachment (Shochet et al. 2008). Schools and school-related activities have great potential to promote positive social and emotional development along with conventional educational goals (Cappella et al. 2008). It is clear from statistics that Aboriginal and Torres Strait Islander youth experience poorer educational outcomes than their non-Indigenous counterparts, leaving school earlier and less prepared for mainstream employment and the transition to adulthood. Higher educational achievement is considered by many Indigenous and non-Indigenous Australians alike to be a powerful determinant of positive life trajectories.

While that is recognised, school-based programs outside the core curriculum can be difficult to sustain in the long-term, especially programs that primarily promote social and emotional wellbeing. Typically teachers feel better prepared to deliver programs on correction or remediation or future employment. There are further challenges in creating and implementing programs that work effectively for both Aboriginal and non-Indigenous children and for those at risk versus those universally applied for all children. Several school-based programs were identified in the program review that met the criteria for inclusion in the case study analysis. Of these, the Indigenous-adapted RAP-A (IRAP-A) stood out because of its capacity to yield insights

on many key challenges. In particular, IRAP-A provided an opportunity to (1) reveal critical success factors in adapting mainstream programs to work effectively with Aboriginal youth; (2) through its comprehensive implementation in Western New South Wales, identify barriers to the sustainable implementation of SEWB programs in school settings; and (3) inform future policy and practice. Moreover, it unfortunately offered a chance to see how people deal with the loss of a valued program.

A3.3.2 WHAT IS INDIGENOUS-ADAPTED RAP-A?

Indigenous-adapted RAP-A emerged in 2005 from a well-known, intensively evaluated strengths-based program designed to universally promote resilience and social and emotional wellbeing among young people in the school setting. It was called the Resourceful Adolescent Program (RAP) (Shochet et al. 1997; Shochet & Wurfl 2011). The component of the RAP targeted directly at adolescents – RAP-A – was designed in 1997 by a team at Queensland University of Technology (QUT), for delivery in schools to all 12–15-year-old students as a core component of the Personal Development / Health / Physical Education (PD/H/PE) curriculum (Shochet & Wurfl 2011). It was designed as a sister program to the parent-directed RAP-Parent (RAP-P) program.

Informed by cognitive behavioural and interpersonal theories, RAP-A promotes self-awareness and emotional regulation (Shochet & Wurfl 2011). RAP-A program developers saw merit in adopting a public health promotion approach, with universal delivery facilitating program acceptance among young people and conferring benefits to all participants. They chose to avoid selective approaches, due to the social sensitivity in the school environment.

A3.3.3 METHODS USED IN THE INDIGENOUS-ADAPTED RAP-A CASE STUDY

Consistent with all six case studies, the Indigenous-adapted RAP-A case study design employed primarily qualitative data collection and analysis in order to holistically explore the history, operations, strengths, impacts, challenges and future vision and potential of the program in context. Interviews



were conducted with program developers and trainers at QUT and in Dubbo, NSW, in a school district where extensive training and implementation activities with the IRAP-A program had occurred. The latter investigation was retrospective, as IRAP-A is not currently running there as a designated program.

The case study was substantially enriched by a PhD thesis (Robinson 2010) containing qualitative and quantitative data collected during preparation, training and delivery processes in the Dubbo area. It included themes and quotations from student participants and statistical analysis of its impact using various wellbeing measures.

Key challenges, strengths and success factors were identified through thematic analysis of individual data sources, then clarified, further detailed and, where possible, described from multiple perspectives through information provided by informants and the thesis.

A3.3.4 KEY FINDINGS FROM THE INDIGENOUS-ADAPTED RAP-A CASE STUDY

Program process - Adaptation and delivery experience

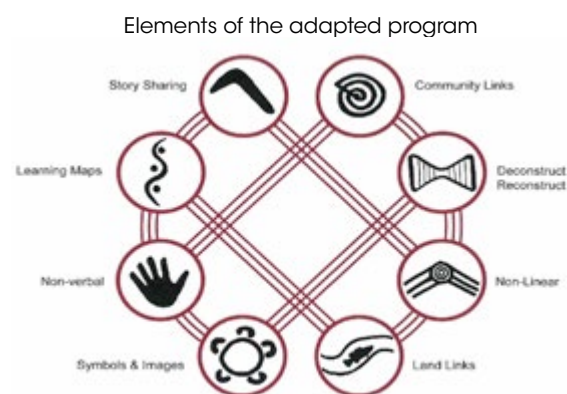
A two-pronged Indigenous adaptation experience described by the program developers, first of the RAP-Parent (RAP-P) and then of the RAP-Adolescent (RAP-A), provides important learning for other adaptation efforts. The RAP-P adaptation targeted toward parents, created a distinct offshoot program; whereas the Indigenous-adapted RAP-A involved a collation of experiences and innovations from those who had delivered RAP-A with Aboriginal students. Guidelines emerged to assist, but not dictate, its delivery process and enhance, rather than replace, the existing RAP-A format and manual. A major advantage of this latter process was its rejection of a 'one size fits all' approach, encouraging instead different approaches for diverse Aboriginal community settings.

The IRAP-A in Western NSW using the Guidelines for Adaptation and Implementation commenced in 2005. Aboriginal staff, including Aboriginal Education Assistants (AEAs) and Aboriginal tutors, took leadership roles in planning and

adaptation, assisting non-Indigenous teachers in understanding it and determining how it would be delivered. It was delivered to 380 students from four schools with significant Aboriginal populations in three rural communities. Eleven weekly sessions were delivered during PD/H/PE theory class time, with additional small-group work to model active listening, problem solving and role-playing skills and to build rapport with group members. IRAP-A was facilitated by teachers, school counsellors and community workers, which enhanced students' comfort level and acceptance of pathways to care and health-seeking behaviours (Robinson 2010).

Most Aboriginal facilitators stated that the adaptation guidelines were highly acceptable as a framework for working together (Robinson 2010). One Aboriginal Education Consultant (AEC) reflected that while the 26 participants in the adaptation team couldn't speak for the entirety of the three communities, she believed that unlike other non-government agencies' programs she has seen implemented in the Dubbo area, the 2005 IRAP-A modification fully reflects local Aboriginal ways of learning, as depicted in the "8-Ways" Aboriginal pedagogy framework (Figure 3) (Yunkaporta 2009). That is, the 2005 IRAP-A modified program fitted well with Aboriginal approaches to education, and also meshed well with the needs of teachers by its adherence to pedagogy and curriculum.

Figure 3: The "8-Ways" Aboriginal pedagogy framework (Yunkaporta 2009)



The implementation occurred with leadership by Aboriginal people. The positive impact of this leadership on Aboriginal staff and both Aboriginal and non-Indigenous students was identified as a strength of the adaptation process.

By all accounts, the IRAP-A adaptation was highly successful in Western NSW schools. Particularly appreciated characteristics of the program included:

- Its universal rather than selective nature, which minimised any associated labeling, stigmatisation or exacerbation of bullying;
- Its strengths-based approach, rather than focussing on correcting deficits;
- Its adaptability to fit into Western NSW camps, school periods and terms;
- Its flexibility in replacing culturally inappropriate metaphors, such as replacing the idea of building a brick wall for protection (as per the 'Three Little Pigs') with creating a healthy river with lily pads and fish; and
- Its ease of administration; the sessions fit within school periods and were already designed to meet curriculum requirements.

Program process – Participants' experience

On the whole, qualitative input from program implementers and facilitators indicated particular utility in the appropriateness of the program's existing structure and content for use in the school environment. Student informants also appreciated that the program was fun, gave them a chance to ask questions, understood bullying, helped them learn about themselves and other people and assisted them to recognize their feelings. One Education Officer suggested that the broad, resilience-based approach of the IRAP-A program made it ideal as a gateway to addressing current issues pertinent to the community. Several informants felt that the original RAP-A would benefit from expanding interpersonal components to include activities that address discrimination and stigma. One also suggested equipping students to recognise signs of depression in their friends, which is consistent with Aboriginal collectivist concepts of health (Robinson 2010).

Quantitative data indicated that the program significantly enhanced positive self-talk, seeking family support and "improving myself", while a significant decrease was detected in emotional stability (Robinson 2010).

Program challenges and barriers

Despite its advantages, the school setting also poses challenges for youth SEWB programs, especially where student wellbeing and its implications for school connectedness are not understood or are undervalued. While universal program delivery in schools can improve access to and acceptability of wellbeing programs, schools are inundated with competing demands and often lack the ability to take an overarching approach to wellbeing education. We noted many champions of IRAP-A, including principals, administrators, teachers and students, who were instrumental in ensuring that it fit into and influenced the school's culture. While helpful, loss of this support can leave a program vulnerable to being dropped if the champion moves on.

Staff turnover and reliance on casual staff during delivery heightened these challenges. New things require time and energy schools may not have. Experience and knowledge about the process and value of IRAP-A were not always passed on to new staff, while problem-oriented programs seemed easier to adopt (e.g., domestic violence, sexual health, alcohol and drug education). A non-Aboriginal facilitator suggested that more cultural training and staff development would increase fidelity of implementation. This is supported by some teachers' difficulty understanding the Aboriginal perspectives driving modification, with two non-Aboriginal facilitators not using some adaptations because of difficulties in explaining the river metaphor (Robinson 2010).

A3.3.5 LESSONS LEARNED AND KEY MESSAGES FOR POLICY AND PRACTICE

This case study provides clear guidance regarding the pressing need to adapt non-Indigenous programs for Aboriginal youth. The 'organic' modifications and community engagement processes used to adapt RAP-A had many benefits beyond the adjustment of wording. The study also shows the need for sustained commitment at all levels to create a social and emotional wellbeing environment for students in which RAP-A and IRAP-A can play a major role. Creating such a receptive



environment requires clear communication across all school staff about its importance and how it is achieved.

The case study demonstrates the importance of the following elements and processes when school-based programs are used as a platform for the promotion of the social and emotional wellbeing of Indigenous youth:

- Schools should be encouraged by state and regional policies and educational organisations to recognize their critical importance to child development and resilience, and be supported to create an enduring whole-school culture promoting social and emotional wellbeing and an overarching approach to wellbeing education.
- Wellbeing education should be designed with an understanding and attitude that the social and emotional wellbeing of youth is as critical to their education, development and positive life trajectories as reading and writing. A consistent and integrated approach to learning, promoting a common language about wellbeing and developing the skills needed to be resourceful and resilient, will best equip students to make positive choices and resist falling into risky behaviours. Universal programs such as RAP-A that come with both empirical evidence and experience-based knowledge can be a cornerstone to show the way towards achieving that goal.
- Adaptation approaches, such as that used to develop the Indigenous guidelines for RAP-A adaptation and implementation in Western NSW, should focus on enhancing appropriateness, flexibility and effectiveness with Aboriginal people.
- Opportunities for Aboriginal staff to play visible leadership roles in the planning and delivery of school-based programs should be maximised.
- Establishing effective partnerships with external government bodies, non-government agencies and the community simultaneously decreases the burden on schools and increases the sustainability of school-based programs.

3.4.6 REFERENCES AND DATA SOURCES

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Six in-depth interviews with program developers/trainers, program managers/teachers and two informants knowledgeable about NSW and Commonwealth education policy.

A3.4 The Balunu Indigenous Youth Healing Program

A3.4.1 SELECTION OF THE BALUNU INDIGENOUS YOUTH HEALING PROGRAM AS A CASE STUDY PROGRAM

The Balunu Youth Healing Program was selected for our project because of its strong focus on healing through culture, spiritual awareness and caring for country. Although not far from Darwin, Balunu's healing camps are held in a place of substantial historical significance and pristine natural surroundings.

For Aboriginal and Torres Strait Islander people, healing is a spiritual process that strengthens individuals, families, communities and whole nations to be restored to wellbeing and wholeness. It is a personal journey that can involve recovery from trauma, addiction and other types of adversity, as well as strengthening and reconnecting with cultural identity. At the same time, healing is a collective journey that involves the restoration of human rights, the process of recognition, and the building of strong community and cultural connections (Aboriginal and Torres Strait Islander Healing Foundation 2009).

Across Australia, Aboriginal and Torres Strait Islander people are creating their own healing through community-designed and -driven programs. The Youth Healing Program delivered by the Balunu Foundation in Darwin, Northern Territory, is one such program. The central features of this program are short-term residential healing camps held at Talc Head, across the harbour from Darwin, on the traditional land and sea of the Larrakia people.

Balunu's vision is to break the cycle of Indigenous disadvantage by targeting youth and reconnecting them to their true identity, dealing with the underlying issues they face and equipping them with the necessary tools to make strong choices. Balunu seeks to instil a cultural identity among Indigenous youth at risk through a culturally appropriate healing program that builds self-belief and self-esteem, while assisting them to overcome the wide range of challenges they face as young Indigenous people in today's society (Balunu Foundation 2010).

A3.4.2 METHODS USED IN THE BALUNU INDIGENOUS YOUTH HEALING PROGRAM CASE STUDY

Consistent with the other five case studies undertaken by the research team, the Balunu Indigenous Youth Healing Program case study design employed qualitative methods of data collection and analysis. Data collection methods included documentary and website review, in-depth interviews with a key program leader, and participant observation by two members of the research team who attended part of one of the healing camps. The data were examined in turn by two researchers who drew out and then refined key themes and insights in five predetermined areas: program history and development; current process; strengths and impacts; challenges for effectiveness, growth and sustainability; and future vision and potential.

A3.4.3 KEY FINDINGS FROM THE BALUNU INDIGENOUS YOUTH HEALING PROGRAM CASE STUDY

History and development

Balunu's funded program of healing camps for Indigenous youth began 2006 following a positive evaluation of previous camps with a grant from the Rio Tinto Aboriginal Fund. Since then funding has been provided by the Northern Territory Department of Health and Families and the Australian Government through FaHCSIA and OATSIH.

The aims of the healing camp program are:

- To increase self-esteem, confidence, choice, empowerment and self-respect of young people;
- To re-engage youth with education and youth services targeting improved life pathways and the cessation of anti-social and criminal activities;
- To build community-considerate young people who have greater life and employment opportunities; and
- To build the emotional resilience, cultural spirituality and wellbeing of Indigenous young people.



The program is founded on the basis of healing through traditional Aboriginal culture including the wisdom and guidance of traditional Elders. It works on the principles of going back in order to move forward, building the individual's self-belief and confidence through strengthening identity and building pride.

Current process

During the dry season (April/May to October), Balunu operates a series of nine-day healing programs each accommodating ten participants. Eight of the nine days are spent in camp, while the ninth day is "a reward day back in town".

Balunu's main target group are Indigenous at-risk youth, typically boys and girls between the ages of 14 and 17 years who are demonstrating anti-social behaviour and getting into legal trouble. In exceptional circumstances 11-13-year-olds may attend. Non-Indigenous youth are also accepted. Youth are referred by the courts, police, other agencies and organisations, and the community.

Over the nine days the program leaders and staff endeavour to promote the development of positive relationships; encourage the youth to 'slow down' and reflect on their lives; provide structure, routine, consistency and predictability; identify and focus on each youth's strengths and positive behaviour; encourage participation in activities that reconnect the youth with their culture; promote healthy lifestyles; facilitate skill/knowledge development; and teach new ways to express needs and cope with emotions and life experiences.

These are lofty goals, but the isolated camp setting and the safe and friendly environment provide a rare opportunity for self-reflection and future planning that can be life-changing. Balunu has developed a ten-step methodology, simplified over time, to assist each participant to develop a personal plan to guide them along a path to better choices and more control over their future. The youth participate in a number of cultural activities such as making their own spears and woomeras, painting their own *yidakis* (didgeridoos), painting, land management,

storytelling and bush tucker preparation. These activities provide a sense of purpose and being productive. Service providers are invited to deliver presentations and workshops in which the youth actively participate "because they're comfortable; these people have come into their environment".

Pre-camp activities include receiving and assessing referrals, medical screening, preparatory work with the young person and their family, a staff meeting to develop the program and clarify roles and responsibilities, and organising camp activities and logistics. Follow-up and maintenance activities post-camp are limited by the available resources. They include time-limited follow-up and mentoring with young people and their families to support the transition of the young person back into their family and community and assist in sustaining gains made during participation in the camp. Linkages and referrals to other government and non-government agencies are an important part of the follow-up.

Program strengths and impacts

The Balunu Youth Healing Program is Aboriginal-developed and delivered by a strong Aboriginal team who among them have a range of experiences, skills and knowledge. The young participants relate well to the Aboriginal staff who have had similar life experiences in the past (e.g., domestic and family violence, struggling to overcome alcohol and drug problems) and who are willing to share their own journey; in doing so the staff become important role models. The Elders and the cultural consultants connect the youth to their culture. And the camp setting at Tal Head offers both isolation and proximity:

For eight days the kids are away from the drugs, the alcohol, the violence, the poisons, the hunger, the homelessness, the neglect; you name it. The kids are away from every distraction, be it their friends, family or general community.

Another key feature, and strength, is the program's emphasis on giving the participants choices. The staff strive to provide multiple opportunities and multiple options so that "the boys decide what they want to do".

The importance of listening skills is illustrated in this vignette:

We were driving along one day and just out of the blue [the mentor] says to the couple of girls or boys in the back, 'Kids, let me ask you something.' And they say, 'What, uncle?' And he says, 'Why do you listen to us? What does it matter what we say? You've got other people trying to help or trying to do things or whatever, you just don't seem to pay attention. You don't seem to care what other people think or say. What does it matter what we say, why do you listen to us?' And this young girl goes, 'Well, one 'cause you're not stuck-up and two, we don't listen to you, you listen to us'.

Balunu has delivered healing programs to more than 300 Indigenous and non-Indigenous youth at risk in the Darwin region. Relationships are considered central to the program's effectiveness:

the relationships that we form with the children; the relationships that we build around the children; the relationships that we rebuild within the family; the relationships that we rebuild around the individuals and the support networks.

Data collected in a trial of the SEIQoL, a quality-of-life measurement tool that allows individuals to select and rate their own quality-of-life domains, showed that the healing camps had an important and positive impact on the young participants (Chenhall, Senior, Cole, Cunningham & O'Boyle 2010). Program leaders receive positive feedback regularly from the Aboriginal community:

When the grandmother says to you, 'My boy, thank you'. When the mother says, 'Thank you, you've changed his life'. When a kid says, 'Thank you uncle, you kept me alive'. I know that doesn't cut it for funding, but we know it works and with little resources.

Program challenges and threats

Uncertainty about ongoing funding is a major challenge for the sustainability of the Balunu Healing Program and also has implications for staff retention. The Elder has been working with the program for six years, as has one of the

mentors, but other staff come and go even though they are passionate about the work.

Passing traditional knowledge down to youth who have grown up in the Darwin urban environment is a particular challenge. For those who have built the program up over the past eight years and still shoulder much of the work ("I do about seven or eight jobs to sustain what we do"), it can be very tiring. What keeps him going is the positive feedback from the youth and their families and the people around him who share the Program's overall vision (see Section 5.4.1).

Service level data collected from 141 program participants over three years indicated that most experienced multiple problems that affected them on every level—spiritual, emotional, mental and physical. Overall, 93% came from broken families, 90% had issues with alcohol and 68% with drugs, 74% reported thinking about or attempting suicide, and 24% had experienced homelessness. Appropriately addressing the needs of youth who may be detoxifying from substances while participating in the program requires both cultural and clinical expertise. Ideally, arrangements would be made for them to detoxify before the healing camp.

Dealing with youth with a wide range of sometimes severe problems is stressful and challenging. It can be difficult to prioritise referrals when there is high demand from the Aboriginal community and non-government organisations as well as government services, and so many high-risk persons. The youth are often transient with chaotic lives:

Imagine the difficulty in locating a high-risk kid who has been [booked] into the program but because of their situation they move from their uncle's place to their aunty's place to homelessness and to and fro. This is where we need more resources to assist in capturing all participants who need to access the program.

Less obvious but nonetheless challenging is the fact that dealing with government requires translation of terms and explanation of Aboriginal philosophy that may not be readily grasped or appreciated by people more



familiar with Western models of psychology and counselling:

Because when we talk about wellbeing, you know, [white Australians] might refer to emotional wellbeing but for us it's spiritual wellbeing. Different language, same intent. Uniting Indigenous people, creating transgenerational effects ... It's about getting people to understand ... we've got to provide that healing for our children now, across this whole country ... It's about working together and providing a safe and culturally appropriate environment for Indigenous youth.

Vision and Potential

Healing must ultimately allow all individuals, families and communities to reach their highest potential (Aboriginal and Torres Strait Islander Healing Foundation 2009). The Balunu Foundation has plans for a permanent healing place at Talc Head, offering youth long-term healing as well as the eight-day residential program, and an urban healing centre in Darwin, involving families and linking to other agencies, employment opportunities and the like. Between the two centres, the Foundation hopes to better address the needs of very high-risk youth who require intensive input and will be supported to access the support they need. The urban healing centre will be a place for families, providing opportunities for early intervention and working with younger children as well.

The vision for a family healing area arose in response to community demand:

Because we're getting a lot of mothers and fathers saying, 'Brother, this is good, but what about my pain?' So what we want to do is to grow it, to be able to bring families to a safe space where we can do whole-family healing. If we can alleviate the pain within the family then we can reduce a lot of the challenges that the kids face. And then you don't need the family children services involved. You get fewer kids on the street committing crime and getting caught up in the justice system. So our other thing is to work back up in the family ... create an Indigenous spiritual healing centre ... our urban healing centre.

A3.4.4 LESSONS LEARNED AND KEY MESSAGES FOR POLICY AND PRACTICE

A recent review of the Northern Territory Youth Justice System (Northern Territory Government 2011) found that 76% of the 3,386 young people apprehended between 2006/07 and 2010/11 were Indigenous. The review noted that national and international research shows better outcomes for Indigenous people where communities and leaders have taken steps to preserve their culture and control their own destinies. Many public submissions to the review from the Northern Territory community also supported this view. Significantly, the review recognised the association of violence, trauma, and dislocation from family and culture with involvement with the youth justice system, and noted the value of culturally appropriate healing programs for lessening this impact.

The following attributes of the Balunu Indigenous Youth Healing Program help to account for its success and inform other cultural healing programs:

- Ownership, development and delivery by Aboriginal people, with strong, stable leadership and a core team of workers with appropriate knowledge, skills and experience who share a common vision;
- Incorporation of simple and culturally appropriate tools in program implementation and evaluation;
- A full program of activities that allows participants to exercise choice; and
- Careful preparation and follow-up and maintenance activities whenever possible, including linkages to other services and programs.

In order to reap the full potential benefits of such youth healing camps, this case study supports the following recommendations:

- Recognise that, while the general model may be transferable, its successful implementation depends upon bringing together the right combination of people with local cultural knowledge and skills in an appropriate setting;
- Support Indigenous holistic models of healing that may not fit neatly into a single agency or department's funding guidelines;

- Support initiatives that strengthen families, assisting them to create a strong, nurturing environment for children; and
- Explore further the value of cultural healing and renewal for building the wellbeing and capacity of Indigenous youth, families and communities in remote, regional and urban Australia.

A3.4.5 REFERENCES AND DATA SOURCES

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A3.5 The Ngala Nanga Mai pARenT Group Program Case Study

A3.5.1 SELECTION OF THE NGALA NANGA MAI PARENT GROUP PROGRAM AS A CASE STUDY

There is a building base of evidence demonstrating a range of significant positive impacts that programs that engage people in making art and other creative activities can provide. Similar to the situation within many sports, Aboriginal and Torres Strait Islander people are at the forefront of Australia's creative industries, including visual art, dance, music and media. This world has enabled many young Indigenous Australians to gain voice and cultural pride.

Within the selection of case studies we sought a program that utilised a creative medium as the engagement 'hook' to attract young people. We also sought one that focussed on the promotion of social and emotional wellbeing with young people who had become parents in their teen years and were dealing with very different challenges than their peers. Our program review revealed that the Ngala Nanga Mai pARenT Group Program combined these two aspects, and also provided a chance to explore a predominantly, although not exclusively, female group. Another opportunity provided by this program is its setting in the local Health Centre directly within the community of La Perouse, located just 14 kilometres from the Central Business District of Sydney.

A3.5.2 METHODS USED IN THE NGALA NANGA MAI PARENT GROUP PROGRAM CASE STUDY

The Ngala Nanga Mai pARenT Group Program had been using an interactive participatory action approach to guide its activities over its first two years of operation. In 2010, organisers requested the Muru Marri at UNSW assist them in adding ongoing evaluation within their program process. Following data collection and a preliminary report, the pARenT Group leaders were invited to extend the analysis and reporting and become one of the six case studies in the current project.



Consistent with all six program studies, the Ngala Nanga Mai pARent Group Program Case Study used a case study design employing primarily qualitative data methods. The dataset includes 17 in-depth interviews and two focus groups that were transcribed and coded using NVIVO8 software. During interviews, ten participants completed the Growth and Empowerment Measure. Triangulation, reflexivity and respondent validation processes were employed to ensure rigour. The researchers worked with key stakeholders to draw out and refine key themes in five predetermined areas: program history and development; current process; strengths and impacts; challenges for effectiveness, growth and sustainability; and future vision and potential. The key findings presented here are drawn from a full case study report (Osborne et al. 2012).

A3.5.3 KEY FINDINGS FROM THE NGALA NANGA MAI PARENT GROUP PROGRAM CASE STUDY

Program establishment and adaptations over time

The Program evolved from observations by the staff member who now supports the program in her role in Child and Family health that more support was needed for the young mothers of the La Perouse community. She was concerned about the social isolation, lack of aspirations, barriers and emotional challenges facing young parents. With community endorsement, she gained support from the Community Paediatrician and won funding for a Program Implementation Officer (PIO) to coordinate and run the program and goods and services to establish a parent group.

The Health Centre was chosen as the program home because of its central location and already having an informal playgroup for parents waiting for their child and maternal health appointments. After three rounds of advertising for an Aboriginal person to fill the coordinator position, a non-Indigenous arts educator with a strong background in facilitating community art programs was recruited. A key Aboriginal staff member introduced her to the community and provided ongoing cultural guidance.

The program team actively recruited parents and soon there was a group of regular attendees. The only requirement to be part of the group was that the children must be Aboriginal. A bus was bought with the grant money, as most in the target community do not have cars. Early on, the program ran once a week, but the need for a second day became apparent so was added together with a more concrete time-structure.

An early activity, which assisted in the formation of a regular group, was a course delivered by TAFE Randwick, as a staff member explained:

It was quite structured but fun and it was about identity and Aboriginality and being a mother in that community. And I think people found that quite engaging, and people just started coming... We had something interesting to offer (Osborne et al. 2012, p. 33).



After this course the program focussed on individual artwork projects, with less program structure providing time for more experimentation with art materials.

The partnership with TAFE grew with the OTEN (Open Training and Education Network) providing tutoring services and opportunities to enrol in correspondence courses.

After the group had been formed for a year, the participants decided together on the name, 'Ngala Nanga Mai', meaning 'We Dream'. As one staff member explains, the naming of the group was a significant moment in the group's history and identity, which had grown from a state in which disagreement and tension were common to a level of cohesion and unity that enabled this important collective decision to be made.

In February 2011, 31 women and 44 children were engaged with the pARent Group, with 15 to 20 regularly attending each week.

Program process

The Ngala Nanga Mai pARenT Group Program uses group artmaking sessions as a tool for engagement and building confidence, and aims to positively influence young parents and their families by providing educational and social networking opportunities. The pARenT Group is designed to empower participants with community connectedness, practical parenting skills, improved health knowledge and the facilitation of early intervention and regular access to primary and community health care.

Participants, mostly women, attend weekly art sessions at the Health Centre, while their children engage in activities. In these sessions, parents are encouraged to 'explore their ideas and to share knowledge and understanding with each other' (The Program 2012).

Also at the Health Centre there are paediatric and speech therapy outreach clinics run by The Sydney Children's Hospital, midwifery clinics (Malabar Midwives), Aboriginal Health Education Officers, a counselling service, a drop-in GP clinic run by the Redfern Aboriginal Medical Service, and an Early Childhood Nurse who undertakes home-visits in the Eastern Suburbs area accompanied by the Aboriginal Health Education Officer/ Early Childhood Worker from Prince of Wales Hospital. The Program is auspiced by Sydney Children's Hospital, Department of Community Child Health.

The pARenT Group reflects an ecologically-based model of child development (Valentine, Katz & Griffiths 2007), operating from a strengths-based strategy to address parental social isolation and child wellbeing outcomes. A logic model was developed that articulates program developers' reasoning behind program activities, objectives and actions. This has guided its operations and evaluation.

Program Strengths and Impacts

Program strengths identified in the interview and focus group data include health and holistic early intervention, with artmaking contributing to a strengthened spirituality and connection with Aboriginality, enhanced self-worth and confidence and a sense of calm

and unity. Other strengths include increased interest and support for continuing education, growth and confidence in parenting skills, the dedication and skills of the Project Implementation Officer and the provision of food and transport. There were also indications of a healing effect from the artmaking as one staff member explained: "a doubled edged thing, a beautiful thing that happens ... A making in order to celebrate, but also in order to signify loss" (Osborne et al. 2012, p. 39).

Reported growth in confidence and sense of self was largely attributed to the socialisation and team work the program offers and the encouragement provided to help identify one's unexplored and neglected interests.

(Parent) Now that I have that support and facilities, I feel that I am able to get out, do things, move along with my life... It's started me thinking about my life and what's ahead of me, and it's giving me the encouragement and the willpower to actually get out and do something, trust myself to do something, giving me hope to move forward... I want to start to do some courses or something to build up my skills (p. 41).

The data suggests a level of resilience and connectedness where parents are now moving beyond themselves to care about and work towards improving societal issues, both within and outside their own communities.

Challenges and Threats

Identified challenges and threats include sustainable funding, space, age, dependency, childcare, family planning, and professional and cultural supervision for staff.

It took some time, but the pARenT Group has overcome distrust and fits in with existing programs, staff and facilities at the Health Centre, in part a reflection of previous unfulfilled expectations. Also, the now strong social bond in the Group could be a potential barrier for those curious about joining. Participants reflected they too were apprehensive about joining, as they were not sure they would be accepted. The single room in which the program takes place contributes to this.



Whilst presently dominated by women, the Group also invites grandparents and fathers directly involved in the primary care of the child. Of the target population of very young parents (up to 24 years of age), for many reasons, including lack of confidence and low self-esteem, shame, fear or not wanting to be judged, they have been difficult to engage.

The problem of ongoing, sustainable funding is a major threat. It is tied to the ability to prove the program's worth. Current philanthropic funding that pays the wages of the arts educator – and was obtained on the basis of early findings from this initial pro bono evaluation – expires in 2013. Funding for goods and services such as childcare, insurance and running costs for the program bus and art supplies is urgently required.

An identified priority is support for key non-Indigenous staff through the recruitment of an Aboriginal community services worker; this is also in recognition of the importance of having a dedicated cultural mentor. Regular professional supervision is also critical.

Other challenges identified included the potential for dependency and disempowerment in an arrangement where food, childcare and resources are all provided without input or effort from participants; the difficulty organising childcare that is affordable and appropriate to the high needs of some of the children and that strategies to promote family planning are yet to be implemented.

Program potential

This group has clearly made achievements well beyond expectations. The participants have not only experienced substantial gains in social and emotional wellbeing for themselves, and through their parenting to their children and families, they are also reaching out to others. For example, the group has recently finished a collaborative artwork, which was donated to a charity to raise funds for flood aftermath victims in Queensland. They have many ideas to assist communities in need, e.g fundraising through their art sales, volunteering, organising benefit nights, donating money to children's hospitals, and developing a mentoring program with younger mothers.

The group has been creating strategies to broaden participation in the group by increasing collaboration with early childhood centres and midwifery clinics, open days, a bigger physical space and, pending funding, a 10-week art therapy group for young parents and their babies. The program also had its own Facebook page; but this has been taken down due to hospital policy issues. One exciting potential is the program's capacity to develop its own workforce capacity through the upskilling of several participants who have shown interest.

A3.5.4 DISCUSSION AND CONCLUSION

Similar to other comprehensive perinatal care programs (cf. *Mums and Babies* (Panaretto et al. 2007) and *Mubali* (Beyond Empathy 2008)), the pARenT Group fosters community connectedness, practical parenting skills, health knowledge and service engagement. Respondents have indicated they value the pARenT Group for their own personal development as well as their child's. The socialisation and confidence-building elements, expressed by parents as personal growth and new-found strength, suggest a pathway of growth, with some participants at the beginning (often of younger age), some in the middle and others gaining sufficient strength to give back to their community.

A3.5.5 LESSONS LEARNED AND IMPLICATIONS FOR POLICY

This case study shows the feasibility of group-based art making programs as a mechanism to promote empowerment and social and emotional wellbeing for young Aboriginal parents. With a small budget, this program creates a safe place; offers opportunities to discover and use their own strengths and skills; develop positive communication and relationships; access and use health and educational services and increase their voice, pride and capacity in personal, group and cultural achievement.

Despite its achievements in a very short time, the program is vulnerable without certainty of sustained long term funding at an appropriate level. This restricts its capacity to flourish and grow to meet the needs of many more young

parents who continue to deal with isolation and lack of support and life direction. The Ngala Nanga Mai pARenT Group Program shows that providing a safe, creative space and appropriate support has empowering and positive impacts on the health and wellbeing of young families.

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A3.6 The Rural and Remote Area Child and Youth Mental Health Service with special focus on the Aurukun Mural Project (Author Jeff Nelson)

A3.6.1 SELECTION OF THE RRCYMHS & AURUKUN MURAL PROJECT AS A CASE STUDY

The RRCYMHS and its recent collaborative 'community engagement' project (The Aurukun Mural Project) was selected as a case study for two main reasons. One was that it provides unique and extensive documentation of the origins and rationale for the stepwise development of a state-run, locally responsive mental health service based on core Indigenous principles of empowerment, social and emotional wellbeing and self-determination. Secondly this program also provides a recent example of a community engagement process which culminated in the Aurukun Mural Project and illuminates the opportunities and complexities that arise when working in an isolated, remote located Aboriginal community. This case study allows the reader to reflect on the successes, challenges and barriers of the services' community engagement activities in promoting social and emotional wellbeing of participating youth and the Aurukun community. It does not examine the clinical dimensions of the mental health service whose are clients referred for reasons of problem behavior and suspected mental illness and who, for many reasons, do not always engage with the service as much as they would like to.

A3.6.2 METHODS USED IN THE RRCYMHS & AURUKUN MURAL PROJECT CASE STUDY

The RRCYMHS Case Study was informed by semi-structured interviews and accessing existing documentation. Interviews with team members, community people, and members of other service-provider organisations provided a comprehensive overview of how the service operates and how its work is



received by clients and others who work with the RRCYMHS. Thematic analysis was used to identify challenges, strengths, and success factors and to provide linkages between information provided by qualitatively different sources. Member checking was used to verify that the thematic analyses were within context and representative of the informants' meanings.

A3.6.3 KEY FINDINGS FROM THE RRCYMHS & AURUKUN MURAL PROJECT CASE STUDY

Program establishment and adaptations over time

The service emerged through collaboration between a university and State health department to meet the mental health and wellbeing needs of a cohort of children and young people living in regional and remote Far North Queensland. At the time of its inception, the general mental health needs of this cohort were not being met unless an individual presented with a serious, usually psychotic, disorder. In these cases, a psychiatrist working with the adult population provided assessment and intervention. An ad hoc service which had no designated staff was also provided by a CYMHS team working in Cairns. A majority of children and young people living in this region and those referred to the service identify as Aboriginal and/or Torres Strait Islander.

The development of the RRCYMHS's model of service was based on an emerging acknowledgment of the equal importance of clinical practice and community engagement activities to establishing and maintaining mental health and wellbeing in remote Indigenous communities. This view can not only be linked to the universal acceptance of the centrality of the 'therapeutic relationship' as the basis of any effective intervention, but also to ethical issues arising from practicing in highly disadvantaged environments. The model was also designed to be malleable and to evolve with changes in environments and in levels of servicing. For the service's dual focus to be effective the communities they work with have to consult, collaborate, and engage; without these the probability of successful mental health intervention will be substantially limited.

The RRCYMHS embedded a program of continuous and progressive evaluation in their original service model. The completed evaluations have shown an acceptable level of effectiveness and importantly that the service is continuing to grow and evolve. The staff has expanded one clinical psychologist who was being informally supported by a psychiatrist in 2001 to a team of eleven practitioners (psychiatrist, psychologist, social workers, mental health nurses, and Indigenous mental-health workers) in 2012.

A3.6.4 KEY FINDINGS

Program Strengths

The RRCYMHS provides mental healthcare to a cohort of young people in regional and remote Far North Queensland. Most of the young people living in this region are geographically isolated, financially disadvantaged, and live in environments that are full to overflowing with mental distress. Such environments can make the provision of mental healthcare services a challenge and arguably provide less obvious reinforcement for its practitioners given the existence of a myriad of disadvantage in relation to the social determinants of health. The perhaps most salient finding and most critical success factor of the case study is the team members' belief that what they are doing is effective and that their presence in community is contributing to a better environment for all who are living in them; not just the people they work directly with. The importance of being a member of the 'team' was clear as was the presence of an informal system of regulation and support. The service, in many ways, was self-regulating and doing so in the belief that this was central to their continued effectiveness.

The service's focus on developing the skills and competence of its practitioners may be considered as another of its critical success factors. The team is made up of practitioners from different disciplines with different skill sets. Rather than providing professional development according to the practitioners' specific skills or duties discipline it does so according to the needs of the region. This means that all members of the service receive training in clinical skills, in

engaging with community in activities that are not necessarily clinical, and in working collaboratively with other services such as child safety and disability services. This approach is not only expands the skill sets of the service's practitioners it also means that the service increases its availability of skills at any time regardless of its practitioners' specific discipline. The RRCYMHS is an outreach service that is only present in community fortnightly or monthly so increasing the available skills without needing additional practitioners is an asset. This approach to professional development has also been instrumental in building and enriching the service's sense of 'team', which has previously been identified as a critical success factor.

The RRCYMHS's preferred way of working is to pair up one Indigenous and one non-Indigenous practitioner. This was thought to be a way of increasing engagement with the service, of increasing the non-Indigenous practitioners' cultural sensitivity and competence in a practical way, and of increasing the clinical skills of the Indigenous mental health workers. The service is usually able to work in this way and its members suggest that this approach does increase their overall effectiveness. It is interesting and perhaps beneficial to the service that the RRCYMHS Indigenous mental health workers do not work in their home communities and, in most cases, do not have to juggle family obligations and work commitments. The workers felt strongly that their roles would be much more difficult if they were working with their own families.

The RRCYMHS, like most other services, is required to contend with the challenges that staff turnover brings. There is a strong body of thought that changing practitioners is especially disruptive when working with Aboriginal and Torres Strait Islander people. This however was not supported in the current case study. There was a consensus that while changing practitioners is not ideal that the disruptions caused did not result in clients disengaging from the service or significantly regressing and unable to continue therapy. The reason why the impact of change is not dramatic may be because of the efforts made to ease a transition and to be open and honest with clients.

The level of staff turnover is low in the RRCYMHS when compared to similar services operating in regional and remote areas with this type of client list. It is even low when compared to comparative services in Cairns. A member of an organization that works alongside of the RRCYMHS commented that the secret to the service's success is that it adheres to a lower-frequency model of outreach visits, which is not commonly practiced in Far North Queensland. Working in outreach is difficult and introduces strains and challenges that are not encountered in other models. By only being in community every fortnight or month, practitioners can attend to other aspects of their roles while in Cairns and also can meet the obligations of their families and relationships. Most other services are in community every week and experience high levels of staff turnover, while RRCYMHS is praised for consistency and dependability.

Program Challenges

The RRCYMHS is by its very nature and the environments it operates in a service that faces significant client-specific and organizational challenges. People living in Australia's regional and remote communities are provided with an array of fly-in and fly-out services that provide access to most facets of healthcare. Unfortunately, this results in high levels of service-provider activity in small communities and in local people feeling like they are being over-serviced and fatigued. It would be interesting to consider how many service providers and programs an Aboriginal young person is exposed to before adulthood. The RRCYMHS is aware of this situation and works as collaboratively as possible with community to provide a therapeutic service that is respectful of people's right to peace and privacy. Being a government mental healthcare service and having to respond to referrals sometimes make this balance difficult to achieve and maintain.

The RRCYMHS practitioners fly into and stay in 15 different communities across Cape York and the Torres Strait Islands. Air travel and accommodation in the region is expensive and sometimes difficult to secure. The costs associated with running the RRCYMHS are



considerably higher than those of services operating in major population centres or with smaller areas to cover. The service is aware of its costs and continually strives to achieve higher efficiency and an increased understanding of the nature of their work and the challenges to their effectiveness. Sharing this knowledge facilitates more informed decisions about current and future operations of the service. This is especially so in respect of their community engagement activities that are arguably much more difficult to do not lend themselves well to fixed-duration outcomes-focussed evaluation.

A3.6.5 LESSONS LEARNED AND IMPLICATIONS FOR POLICY AND PRACTICE

The Rural and Remote Area Child and Youth Mental Health Service provides mental healthcare services to a particularly difficult cohort of children and young people and has done so for more than a decade. The service has grown and evolved to meet the needs of its changing environment but has done so in a way that has not seen it relinquish its focus on community engagement or its pairing of Indigenous and non-Indigenous practitioners. The clinical effectiveness of other services may be improved if they also adopt RRCYMHS's model of service; their focus on community relationships; but also their adherence to and application of traditional, albeit adapted, clinical practices.

The Rural and Remote Area Child and Youth Mental Health Service actively encourage a flat management model that empowers each of its practitioners to contribute to and take responsibility for the day to day operations and its outcomes. Clinical and organisational supervision is provided as collaboratively as is possible and professional development opportunities are identified by the service's practitioners and by the emerging needs of their communities. Team meetings and reflection days are used to strategize and to discuss sensitive issues in a safe and supported environment and to strengthen the sense of 'team'. The RRCYMHS's investment in professional development and support of its practitioners far exceeds that required by professional associations and helps maintain

the team's resolve when working as they do in particularly challenging situations.

Actively investing in continuous evaluation and adapting work practices accordingly has shown to be successful for the continued effectiveness of the RRCYMHS. Including the Indigenous mental health workers in the evaluation process was viewed as a critical success factor as this allowed comment to be made about how proposed changes would be received and if any obvious barriers existed. This process encouraged the Indigenous health workers to take a more meaningful role in the service and highlighted the importance of cultural knowledge and cultural safety.

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