



## The Health and Wellbeing of Aboriginal and Torres Strait Islander

### Young Peoples: Position Paper

The Australian Association for Adolescent Health (AAAH) aims to improve the health of all young people across Australia and to advocate for young peoples' health needs. AAAH recognises Aboriginal and Torres Strait Islander young people as a particularly important group to engage in order to improve the health trajectories and social conditions experienced by Aboriginal and Torres Strait Islander peoples in Australia. Investing in the health of Aboriginal and Torres Strait Islander young people, who are the future leaders, must be a priority that cannot be neglected in terms of investment in research and in health services that meet their needs.

This position paper has been written to clearly and unambiguously articulate AAAH's support for the actions described to ensure that Aboriginal and Torres Strait Islander young people are supported to lead us to create a more positive future for all Australians. Their strength, energy, openness, resilience and creativity make them ideally placed to do this if they are given the chance. This position paper aims to make clear AAAH's recommendations to services, researchers and policy makers on how to do this based on the evidence about the domains of attention required.

The paper was prepared by a writing group comprised of two Aboriginal people, one person of Torres Strait Island descent and five non-Indigenous authors. Kate Thompson is a Gurang Gurang woman from Bundaberg, Nellie Pollard-Wharton is a Kooma woman from south-west Queensland and Bobby Porykali is of Torres Strait Island descent. All non-Indigenous authors have considerable experience conducting research and/or clinical work with Aboriginal and Torres Strait Islander young peoples and in working collaboratively with Aboriginal Community-Controlled Health Organisations. The writing group met fortnightly over a four-month period via video conference to: discuss what content should be covered; decide who should draft each section according to their expertise; discuss and revise drafts; and to conduct live co-writing sessions. The position paper was shared with seven leading Aboriginal health academics and three Aboriginal young people, with critical review provided by four leading Aboriginal health academics and one Aboriginal young person (undertaking training in a health profession), and revised to incorporate their feedback.

A key point of discussion amongst the group centred around striking the right balance between highlighting the strengths of Communities, young people and the hopefulness arising from what this generation can do to effect change, with the equally important need to draw attention to the ongoing impact of colonisation, the difficulties faced by Aboriginal and Torres Strait Islander young people and the impact this has on the health and wellbeing of many.

#### **Preface**

Identity and connection to family and Aboriginal ways of knowing, doing and being are at the core of what it is to be an Aboriginal and/or Torres Strait Islander person. A large proportion of Australia's Aboriginal and Torres Strait Islander peoples are young and signify an opportunity for harnessing their energy and ideas to prevent poor health and social conditions.

While many Aboriginal and Torres Strait Islander young people lead healthy and safe lives, there is still a conscious journey required to ensure a strong connection to identity and culture that supports overall health, wellbeing and self-determination. Identity is also informed by many other factors including gender, sexuality, disabilities, social and emotional wellbeing, location and mobility, and socioeconomic status.

For young people impacted by trauma, systemic racism and inequity, there can be lasting effects on identity, connection to culture, health and wellbeing (Atkinson, 2013). The impact of intergenerational trauma is often overlooked by mainstream health services attempting to engage Aboriginal and Torres Strait Islander young people. Intergenerational or historical trauma is a transference of trauma among families and communities, which is ‘the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes’ (Atkinson, 2013, p. 4).

While there are commonalities in factors important to attaining good health among Aboriginal and Torres Strait Islander young people, it is important to also acknowledge Aboriginal and Torres Strait Islander people in Australia are diverse and represent over 200 nations each with their own history, cultures and norms. Further, young people have unique talents and strengths, have different social and cultural capital and have had varying experiences with health and the health system.

### ***Health and wellbeing of Aboriginal and Torres Strait Islander young people***

The Constitution of the National Aboriginal Community Controlled Health Organisation (2011) describes health as “not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life”.

Australia’s Aboriginal and Torres Strait Islander population is young, with 241,824 people between the ages of 10-24 years in 2016, which represents 5% of the Australian population of young people (Australian Institute of Health and Welfare, 2018a). Adolescence, defined in western bio-medical terms as the life stage between age 10 and 24 years, is a period of self-discovery and growth when important biological, social and emotional changes take place which can have a long-lasting impact on future health and well-being. Information and practices to support youth life stage development from an Aboriginal and Torres Strait Islander perspective are not currently in use; these types of cultural knowledges and practices were forbidden under past government policy, which has excluded Aboriginal and Torres Strait Islander peoples from decision making about policies to protect health and bring about health and social equity.

Currently, Aboriginal and Torres Strait Islander young people have disproportionately high rates of largely preventable causes of morbidity and mortality which include: injuries, mental health and sexual and reproductive health (Australian Institute of Health and Welfare, 2018a; Azzopardi et al., 2018). In 2011, for Aboriginal and Torres Strait Islander young people aged 10–24 years, the leading contributors to the disease burden were suicide and self-inflicted injuries (13%), anxiety disorders (8%), alcohol use disorders (7%) and road traffic injuries (6%) (Australian Institute of Health and Welfare, 2018a).

Incarceration and child removal rates continue to be disproportionately high. Aboriginal and Torres Strait Islander children and young people are over-represented at all stages of the child protection system, out of home care (OOHC) and are under-represented in services that could subvert this

(SNAICC, 2018). The Aboriginal and Torres Strait Islander Child Placement Principle (ACPP) aims to prioritise carers who are from the young person's family in the first instance, or from the young person's Aboriginal and Torres Strait Islander Community, or alternatively are Aboriginal and Torres Strait Islander carers, however in practice this is not always enacted (Australian Institute of Family Studies, 2019). The 'Family is Culture Review' cautions that "the ACPP is not simply a hierarchy of options for the physical placement of an Aboriginal child in OOHC. The ACPP is one broad principle made up of five elements that are aimed at enhancing and preserving Aboriginal children's sense of identity, as well as their connection to their culture, heritage, family and community" (Davis, 2019). These five elements include prevention, partnership, placement, participation and connection (Davis, 2019).

Further, though it varies by state and territory, Aboriginal and Torres Strait Islander young people are markedly over-represented in the youth justice system and in detention; all children in the Northern Territory juvenile detention system are Aboriginal and Torres Strait Islander people (Australian Institute of Health and Welfare, 2019). Young people who have been in youth detention are at greater risk of mental health disorders, and are more likely to experience homelessness and substance use issues (Australian Institute of Health and Welfare, 2016). Furthermore, Aboriginal and Torres Strait Islander children and young people who are in OOHC are over-represented in the youth justice system and this is a key driver of adult incarceration (Davis, 2019; Sentencing Advisory Council, 2019). Forced separation either through OOHC or incarceration of young people (or members of their family) can have lifelong consequences for young peoples' connection to family, Community, culture and Country. Further, transitions from OOHC as an adult or from detention back to Community can be very difficult for young adults.

In terms of social and emotional wellbeing, a majority (76%) of Aboriginal and Torres Strait Islander young people aged 15-24 years report being happy all or most of the time in the past 4 weeks (Australian Institute of Health and Welfare, 2018a). However, it is important to note that nationally, one third of Aboriginal and Torres Strait Islander young people aged 15-24 report high to very high levels of psychological distress (Australian Institute of Health and Welfare, 2018a). Not being able to find a job has been reported as the most common stressor (Australian Institute of Health and Welfare, 2018a). Importantly, it has also been found that having a carer with a greater number of stressful life events was associated with poorer mental health among adolescents (Williamson et al., 2016). A study in New South Wales found that greater resilience among Aboriginal and Torres Strait Islander young people was associated with: having someone to talk to, family encouragement to attend school and engaging in physical activity (Young, Craig, Clapham, Banks, & Williamson, 2019).

The social determinants of health are the conditions in which people are born, grow, live, learn and work, which have a profound impact on health and wellbeing across the life course<sup>1</sup>. Aboriginal and Torres Strait Islander young people are diverse in their social, cultural, economic and physical living situations; however the social determinants of health are responsible for approximately 39 % of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians (Australian Institute of Health and Welfare, 2018b). Housing, education, access to income, economic resources and employment are key determinants that influence the health and wellbeing of Aboriginal and Torres Strait Islander young people during adolescence and their life trajectories thereafter. These social and environmental determinants affect the health of young people living in cities and urban areas as well as those in remote areas (Andersen, Skinner, Williamson, Fernando, & Wright, 2018). Furthermore, racism is a determinant of health, which has been associated with poor physical and mental health outcomes and increased risk for suicide among Aboriginal and Torres Strait Islander

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<sup>1</sup> World Health Organisation definition of the social determinants of health  
[https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)

young people (Priest, Paradies, Gunthorpe, Cairney, & Sayers, 2011; Priest, Paradies, Stewart, & Luke, 2011).

While the aforementioned social determinants of health are relevant to Aboriginal and Torres Strait Islander people, it is imperative to consider Aboriginal and Torres Strait Islander positive social determinants of health. Some positive determinants of health include oral history, cultural survival, family support and connection, emotional wellbeing, community control, self-determination and affirmation of cultural practices (AbSec, 2019; Vickery, Faulkhead, Adams, & Clarke, 2007). The formative years of adolescence are an important period for reducing inequities, promoting health, wellbeing and better access to health services to improve the current and future health of Aboriginal and Torres Strait Islander people.

### ***Health services and system***

Access to appropriate health services is a critical determinant of health and wellbeing for Aboriginal and Torres Strait Islander young people. Between 2010 and 2016, the proportion of Aboriginal and Torres Strait Islander young people aged 15–24 who had health checks rose from 6% to 22% (Australian Institute of Health and Welfare, 2018a). Despite this, Aboriginal and Torres Strait Islander young people at times do not access the health system in situations where it would be beneficial, which is attributed to “low help-seeking behaviour” (Kilian & Williamson, 2018; Robards, Kang, Usherwood, & Sanci, 2018). However, some Aboriginal and Torres Strait Islander young people can face substantial intersecting barriers to accessing and benefiting from the health care system, including issues with geographical location, availability, cost, transport, awareness, experiences of culturally inappropriate care or racial discrimination, and the gap in knowledge of mainstream services and staff to be competent and effective in working with Aboriginal and Torres Strait Islander people.

In the same way that social and environmental factors outside the health system can influence Aboriginal and Torres Strait Islander young peoples’ health, many other factors can enable and support young people to access health services. For instance, English literacy skills can make it easier to obtain and interpret health information, including awareness of available services and how they work (Robards et al 2018), just one of the many ways that education supports good health. Some Aboriginal and Torres Strait Islander young people do not have identification documents such as a birth certificate, Medicare card or Health Care Card, or other key documents such as a driver’s license (Cullen, Clapham, Hunter, Treacy, & Ivers, 2016). Access to transport is also crucial for accessing health and other services, highlighting the importance of transport services and driver licensing programs in supporting people to obtain their license, and to reduce contact with the criminal justice system (Australian Law Reform Commission, 2018; Cullen, Clapham, Hunter, Porykali, & Ivers, 2017). Other factors such as having safe and stable housing can also improve Aboriginal and Torres Strait Islander young peoples’ access to health services and can also impact adherence to treatment, for example by enabling a young person to store prescribed medicines safely. Furthermore, many Aboriginal and Torres Strait Islander young people have caring responsibilities for family or children, which may make it more difficult to attend to their own health needs (Australian Institute of Health and Welfare, 2018a, 2018c; Warwick, Atkinson, Kitaura, LeLievre, & Marley, 2019). However, services and systems should be accessible for all people to access, and staff need to ensure that the needs of all patients are met in terms of literacy, transport and identification.

In addressing these barriers to care for young people, there is also a need to better understand how the health sector and services can effectively engage with young people, address access, literacy and confidentiality concerns and deliver high quality, culturally safe care that is free from systemic, institutionalised and individualised racism. Confidentiality and shame can be a major issue for

Aboriginal and Torres Strait Islander young people in accessing health services (Warwick et al., 2019). While Aboriginal Community-Controlled Health Organisations (ACCHOs) are best placed to provide culturally safe care, family and Community connections with health service staff can be a barrier for some young people in accessing health care at ACCHOs, especially for sensitive health issues such as sexual health and mental health issues (Warwick et al., 2019). Young peoples' clinics within ACCHOs may improve young peoples' willingness to access care.

A core component of delivering high quality health care for Aboriginal and Torres Strait Islander peoples in both the Aboriginal community-controlled health sector and mainstream health services is ensuring cultural safety for patients and families. Cultural safety values the experience of the patient; it cannot be determined or "delivered" by the service, rather it is determined by patients and their families in their subjective experience of the service, setting and practitioners (Papps & Ramsden, 1996). Key components of cultural safety include recognising and responding to both past and present trauma including the impacts of colonisation and racism, as well as acknowledging the role of power differentials. More broadly, health programs and services that are most effective are community owned with leadership by Aboriginal and Torres Strait Islander people including Elders and are closely aligned with community values and knowledge (Hinton, Kavanagh, Barclay, Chenhall, & Nagel, 2015; Osborne, Baum, & Brown, 2013).

Building community-level trust in and knowledge of health services can improve Aboriginal and Torres Strait Islander young peoples' access to health services. For instance, having caregivers and older community members with positive attitudes about help seeking can promote service use in young Aboriginal and Torres Strait Islander people (Kilian & Williamson, 2018; Reibel, Morrison, Griffin, Chapman, & Woods, 2015). Staffing factors, such as gender-matching, good staff communication skills, low staff turnover, taking time to build relationships between staff and young people and the employment of local Aboriginal and Torres Strait Islander staff, can also improve Aboriginal and Torres Strait Islander young peoples' access to health care (Warwick et al., 2019).

### ***The AAAH acknowledges***

1. Aboriginal and Torres Strait Islander young people are the experts in their own health and have agency in their health and health care.
2. The importance of cultural, familial and kinship connections between young people today with past, present and emerging generations of Aboriginal and Torres Strait Islander peoples regarding health, wellbeing and aspirations.
3. Western pre-conceived notions of family units impact young people's equitable access to services and culturally safe treatment.
4. The ongoing role of colonisation, dispossession, racial discrimination and marginalisation in creating the economic and social disparity experienced by so many Aboriginal and Torres Strait Islander young people.
5. Historical trauma, intergenerational trauma and racism are determinants of health and wellbeing, which are not adequately understood or addressed across multiple sectors, including the health system.
6. Positive determinants of Aboriginal and Torres Strait Islander health and wellbeing include oral history, cultural survival, family support and connection, emotional wellbeing, community control, self-determination and affirmation and respect of cultural practices and Aboriginal and Torres Strait Islander ways of knowing and being.

7. The social determinants of health are shaped by the distribution of money, power and resources; addressing these determinants requires political will and coordinated action in sectors beyond the health system.
8. That the health sector needs to consider:
  - a. Many Aboriginal and Torres Strait Islander young people have unmet health needs that reflect issues of inequity and inadequate access to appropriate services; these issues may be compounded for young people with intersecting identities due to greater discrimination and exclusion.
  - b. The importance of health services to be culturally safe, trauma-informed and responsive to the needs of young people and to local histories, needs and priorities.
  - c. The Aboriginal community-controlled health sector are the leaders in providing culturally safe, holistic, accessible health care for communities, families and young people.
  - d. The right of Aboriginal and Torres Strait Islander young people to have access to health-enablers beyond health care, employment and education, including frequently overlooked health enablers like safe and legal transport, and stable, safe and affordable housing.
9. The impact of forced separation from family and Community through OOHC and incarceration, including disconnection from Country and culture.
10. The following issues related to research and data:
  - a. Aboriginal and Torres Strait Islander people have a right to data sovereignty and self-determination, which is “the right of Indigenous peoples to govern the collection, ownership and application of data about Indigenous communities, peoples, lands, and resources” (Bodkin-Andrews, Walter, Lee, Kukutai, & Lovett, 2019).
  - b. Much of the research that drives policy and service provision is grounded in Western notions of empiricism rather than Indigenous knowledge systems and research methods.
  - c. Risk and vulnerability are frequently (mis)used to account for health disparities without adequate consideration of social and structural inequalities created by racist policies and practices.
  - d. The limitations of existing data and statistical modelling to adequately capture and represent:
    - i. Aboriginal and Torres Strait Islander peoples’ experiences of health and wellbeing
    - ii. The proportion of Aboriginal and Torres Strait Islander people living well and enjoying healthy lives.
11. The importance of emphasising the National Health and Medical Research Council’s ethical principles in underpinning ways of working with Aboriginal and Torres Strait Islander young peoples: Spirit and integrity, respect, reciprocity, equality, survival and protection, responsibility.

### **The AAAH recommendations**

1. Our work with and for young people is guided by *The Imagination Declaration* written by young people and read at the 2019 Garma festival's youth forum:  
*“set an imagination agenda for our classrooms, remove the limited thinking around our disadvantage, stop looking at us as a problem to fix, set us free to be the solution and give us the stage to light up the world.”*

2. Principles to be guided by
  - a. Connection to culture, Country and family is recognised as a determinant of health and wellbeing in its full capacity.
  - b. Listening to the solutions that communities, families and young people already have
  - c. Young people are recognised as the future leaders in determining priorities, aspirations and directions for their health and wellbeing.
  - d. Policy, services, practitioners and researchers centre on young people, their views and their agency.
  - e. A rights-based approach to health enabling infrastructure to fulfil the right of young people to safe and legal transport, housing, education and culturally safe services. Health professionals, educators and researchers are in a powerful position to advocate for this and to highlight the costs (human, health, social and financial) of failing to ensure these issues are prioritised.
  - f. Aboriginal and Torres Strait Islander peoples' experiences and understandings of family are recognised, including the importance of support from extended family and community networks for young people's health and wellbeing, which should be incorporated into policies, programs and service delivery models.
  - g. Aboriginal and Torres Strait Islander peoples will lead the discourse on Aboriginal and Torres Strait Islander peoples' health and wellbeing to ensure decolonisation and self-determination.
  - h. The responsibility to be informed and enact understanding of Australia's history, including the legacy of colonisation, must be met by individuals, organisations, communities and governments.
  - i. Investment in promoting cultural and historical knowledge to the broader community beyond schools and workplaces across Australia.
3. Health sector
  - a. There is much that can and should be done to improve the likelihood that Aboriginal and Torres Strait Islander young people will access high quality culturally safe care. This means that both community owned and youth friendly health services are accessible to young people.
  - b. The Aboriginal community-controlled health sector is recognised for leadership and expertise and this is reflected in appropriate indicators that reflect culturally safe and holistic health care provision.
  - c. The funding of Aboriginal community-controlled health organisations should be long term and sustainable. Wherever possible, funds for the provision of health care for Aboriginal and Torres Strait Islander peoples should be administered through Aboriginal Community Controlled health services.
  - d. Access to timely, appropriate, high quality, culturally safe care within mainstream services including hospitals, allied health, community health, residential treatment facilities and non-government organisations – this means that services recognise that safety for young people is an ongoing process, and that the workforce is accountable for ensuring that Aboriginal and Torres Strait Islander young people receive the highest quality care that is culturally safe and free from racism.
  - e. An intersectoral approach is essential to good health and requires:
    - i. Policy that recognises the social determinants of health and shapes investment in incentivised collaborative practice.
    - ii. Holistic funding models that prioritise community led services and long-term investment.

- iii. Shared mutual understanding that centres on the needs of young people rather than prioritising competing interests.
- 4. Out of Home Care
  - a. Addressing over-representation in OOHC is a priority and requires:
    - i. Commitment to early intervention and prevention of child removal.
    - ii. Investing in families through community led, holistic services that strengthen families and connections to family.
  - b. The Aboriginal and Torres Strait Islander Child Placement Principle to be upheld.
  - c. The AbSec – NSW Child, Family and Community Peak Aboriginal Corporation [Plan on a Page for Aboriginal children and young people](#) strategy provides a blueprint for reform to better meet the needs of young people, families and communities and address over-representation in OOHC.
  - d. The Family is Culture: Review Report 2019, provides insight into and recommendations of how to restructure the OOHC system to support Aboriginal and Torres Strait Islander children, families and communities.
- 5. Youth justice
  - a. Ending over-representation in the youth justice system is a priority and requires:
    - i. Investment in youth friendly diversion programs that are community led, including justice reinvestment models.
    - ii. Addressing social determinants that are drivers for contact with the youth justice system, including issues of trauma, mental health, early transition from school, unemployment, homelessness and substance use.
    - iii. Action on inequitable policies that contribute to contact with the youth justice system, including fines enforcement and driver licensing restrictions.
- 6. Research and data
  - a. Current conversations around self-determination and data sovereignty should be broadened to specifically include Aboriginal and Torres Strait Islander young people; this is not limited to health and medical data and includes multiple and vast digital footprints as well as lived experience and knowledge of young people and communities.
  - b. Move beyond reporting of difference, deficit and disadvantage by developing meaningful indicators of Aboriginal and Torres Strait Islander peoples’ experiences of health and wellbeing.
  - c. Research is grounded in First Nations knowledge systems and Indigenous research methods.
- 7. Advocating for reforms outlined in the *Uluru Statement From the Heart* and for a constitutional voice in Parliament.

**Current national guidelines or policy that are relevant:**

- [National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#)
- [Healthy Futures: NACCHO 10 Point Plan 2013–2030](#)
- [National Action Plan for the Health of Children and Young People: 2020-2030](#)
- [National Framework for Protecting Australia’s Children 2009 – 2020](#)
- [National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health](#)

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**This Position Paper was reviewed by:** Summer Finlay, Ben Jones and Megan Williams

**Endorsed by the AAAH Board of Directors: 13 November 2019**

**Citation**

*Australian Association for Adolescent Health (AAAH), [2019]. Aboriginal and Torres Strait Islander Youth Health; Position Paper. Australian Association for Adolescent Health, Australia.*