

2024

Collaborate & Connect:

Designing Health Engagement
with First Nations Young People

Scoping Report

Prepared by
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Association for the
Wellbeing of Children
in Healthcare

Acknowledgement of Country

Health Consumers NSW & the Association for the Wellbeing of Children in Healthcare acknowledge the Traditional Custodians of the lands on which we work, the Wallumedegal and Gadigal peoples of the Eora Nation.

We recognise and respect their continuing connection to the lands and waters of this Country, and pay respect to Elders past and present.

We acknowledge that sovereignty was never ceded.



Acknowledgement of Lived Experience

Health Consumers NSW & the Association for the Wellbeing of Children in Healthcare acknowledge the contribution and expertise of people with lived or living experience of all communities, identities, bodies and relationships, physical and mental illness, disability, trauma, neurodivergence, caring roles, and all healthcare system engagement

We value the willingness and openness of people sharing lived experience perspectives and acknowledge that this is integral to effective change.

We commit to always strive towards allyship with all oppressed communities and peoples.

We will continuously strive to value, celebrate & affirm people of all backgrounds, genders, sexualities, cultures, bodies and abilities.



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Notes on Language

First Nations, Indigenous & Aboriginal and Torres Strait Islander

In line with current best practice regarding culturally respectful language, this report will most often use the term 'First Nations' to refer to Aboriginal and Torres Strait Islander peoples (Australian Public Service Commission, 2023; Reconciliation Australia, 2021). The term 'Indigenous' will also be used where it appears in external sources, and to denote non-Indigenous population data.

Mainstream healthcare service/organisation

For the purpose of this project and report, 'mainstream' will be used to refer to any services and organisations that are **not First Nations-specific**.

Young person

This project will work with young people aged 14 to 25 years old. There is no universally agreed upon age range for 'young people', so different data sources use different age ranges such as 10-24. The specific age range of data will always be specified within this report.

Engagement

For the purpose of this project and report, 'engagement' predominantly refers to people's involvement in the design, delivery, evaluation, decision making, and so on within services and organisations. It is also occasionally used to refer to service usage, where relevant.

LGBTQISB+

LGBTQISB+ stands for lesbian, gay, bisexual, transgender, queer, intersex, sistergirls, brotherboys, plus.

Sistergirl is a term used by Aboriginal and Torres Strait Islander people to describe gender diverse people that have a female spirit and take on female roles within the community.

Brotherboy is a term used by Aboriginal and Torres Strait Islander people to describe gender diverse people that have a male spirit and take on male roles within the community.

How the words Sistergirl and Brotherboy are used can differ between locations, countries and nations. These terms may not specifically define who someone is, but might complement identity. Sistergirls and Brotherboys might be non-binary, female or male (TransHub, n.d.).

Our Background

Both Health Consumers NSW and the Association for the Wellbeing of Children in Healthcare have extensive experience engaging with various consumer demographics, organisations, and professionals with the common goal of improving the healthcare system for all.

Health Consumers NSW

Health Consumers NSW (HCNSW) is the independent member-based, peak health consumer body in NSW. HCNSW promotes and practices health consumer engagement by linking consumers, carers and family members with health services, education, and research institutions in NSW.

Association for the Wellbeing of Children in Healthcare

The Association for the Wellbeing of Children in Healthcare (AWCH) is a national not-for-profit organisation which advocates for the needs of children, young people and their families within the healthcare system in Australia. AWCH works in partnership with: children, young people, and their families, health professionals and beyond to ensure that the psychosocial needs of children, young people and their families are recognised and met.

The Walking the Talk Project

Together, HCNSW & AWCH worked alongside young people from across NSW and Australia, to design, deliver, and review the Walking the Talk project. Walking the Talk collaborated with a group of 17 young people (aged 14–25) to gain insight into their experiences within the healthcare system, and their opinions, ideas, and suggestions for improvement.

The outcomes of this project included the [AWCH & HCNSW Youth Engagement Guide](#), which outlines 5 Key Necessities for Youth Engagement and offers a strong foundation for all youth engagement projects and activities in various sectors including healthcare.

Feedback on the project included a desire to see similar work conducted with Aboriginal and Torres Strait Islander young people, specifically. This feedback led to the current project, Collaborate & Connect: Designing Health Engagement with First Nations Young People.

Project Overview

The 'Collaborate & Connect: Designing Health Engagement with First Nations Young People' project aims to listen to, value, and create solutions from the healthcare experiences of young Aboriginal and Torres Strait Islander people. The purpose of this project is to listen to the experiences and insights of young Aboriginal and Torres Strait Islander people (aged 14–25) with regard to organisational and service engagement in the healthcare sector, and co-create ideas to address identified issues.

How?

The project will recruit a group of Aboriginal and Torres Strait Islander young people (aged 14–25). We will design and facilitate one face-to-face workshop in Sydney, and one follow up workshop online. The face-to-face workshop will focus on listening to young people's experiences with healthcare services and organisations; both in accessing and using services, and engaging in the design, delivery and evaluation of services, programs, policies, and so on. We will then work alongside the young people to co-conceptualise ideas for methods, tools and resources for services and organisations to improve their engagement with First Nations young people, and thus improve the services they offer. The second workshop will take place online and will serve as a follow up, feedback, and testing workshop.

Why?

This report will outline the current landscape of First Nations young people's health and wellbeing. It will also define the clear connection between negative health outcomes and a lack of effective and authentic engagement with First Nations young people among mainstream healthcare services and organisations.

It is hoped that through this project and through collaborating with First Nations young people, we can:

- lay the groundwork to strengthen connections between First Nations young people and mainstream healthcare services & organisations
- young people will gain skills, contacts, and networks to strengthen their future engagement
- services & organisations will gain vital information and foundations for future resources and other engagement considerations

This report will provide the project with a strong jumping off point, giving context and perspective, to ensure best practice in our engagement and beyond.

Introduction

Currently, mainstream healthcare systems, services and organisations are failing to respectfully and effectively meet the needs of First Nations young people (Australian Institute of Health and Welfare, 2023; Nolan–Isles et al., 2021). This is evidenced by current and historic data regarding health outcomes and healthcare experiences of First Nations young people. Without effective engagement with First Nations young people in the design, delivery and evaluation of services, we will continue to provide inadequate support to First Nations young people within the healthcare sector and beyond.

There is a distinct lack of data regarding First Nations young people as a stand alone demographic. The Australian Institute for Health and Welfare’s (AIHW) (2018) report *‘Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018’* remains one of the only reports regarding this demographic. Moreover, the AIHW (2018) report relies on data that is now over a decade old, such as from the Australian Aboriginal and Torres Strait Islander Health Survey, 2012–13 and the National Aboriginal and Torres Strait Islander Social Survey, 2014–15. Therefore, in order to illustrate the current landscape of First Nations young people’s health, some conclusions must be extrapolated using data from the general First Nations population, and from our understanding of the barriers and issues facing young people as a whole, within the healthcare sector. This is corroborated using the pool of data we do have specifically regarding First Nations young people.

This report will outline and discuss some of the various key facets pertaining to First Nations young people’s healthcare access, usage, navigation, and outcomes. It will examine the current landscape of First Nations young people’s health, outline current existing engagement resources, and draw together key themes and considerations for the Collaborate & Connect project. This report will provide a foundation of current best practice knowledge, in order to inform the next steps of the project.

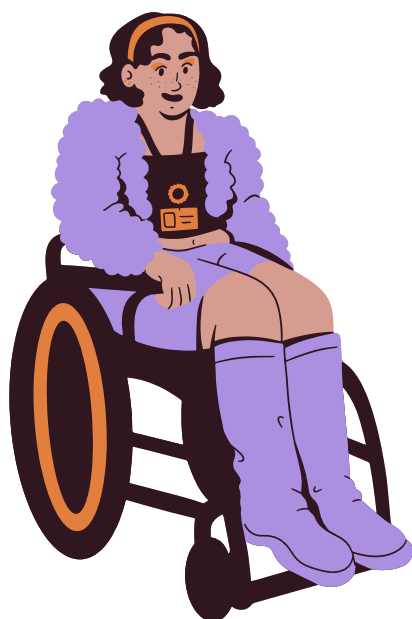


The Importance of First Nations Young People's Health & Wellbeing

Adolescence is a critical developmental stage in which the foundations of health and wellbeing are laid to ensure the health of the young person, health in later life, and health for the next generation (Patton et al., 2016). During this stage in a young person's life, they will go through various transitions and shifts in identity and roles. This includes biological and physiological changes, as well as emotional, cognitive, social, and political changes (Azzopardi et al., 2020). These transitions both inform and are informed by the world around us, including our own health and wellbeing, and that of others. Azzopardi et al. (2020) assert that these transitions "shape the broader sociocultural determinants of health, underpinning the health inequity experienced by First Nations Australians."

This is particularly significant as the Aboriginal and Torres Strait Islander population has a significantly young age structure. This means that a large proportion of the population are children, adolescents, and young adults. This also indicates a high birth rate, high death rate, and low life expectancy.

Just **over half** of the First Nations population is **under the age of 25**
Australian Bureau of Statistics (ABS), 2021



Young people are fundamental to both the current and future health and wellbeing of themselves and their communities. Therefore, it is particularly critical that the healthcare system, services and organisations are effective in their engagement with First Nations young people.

One key way to ensure this is the engagement of First Nations young people in the design, decision making, delivery, and evaluation of mainstream services, organisations, programs, policies, and so on. This report will outline how we plan to lay the foundations for such engagement.

Snapshot: Demographics

In Australia, approximately **5 in 100 young people** are First Nations. Australian Bureau of Statistics (ABS), 2021

According to Census data from 2021, of the estimated 4.6 million young people in Australia, approximately 240,000 are Aboriginal and/or Torres Strait Islander (ABS, 2021).

The Aboriginal and Torres Strait Islander population has a markedly younger age structure than the non-First Nations population. According to the 2021 Census:

- Those under 25 constituted 51% of the Aboriginal and Torres Strait Islander population, and
- Those 10–24 represented approximately 30% (ABS, 2021).

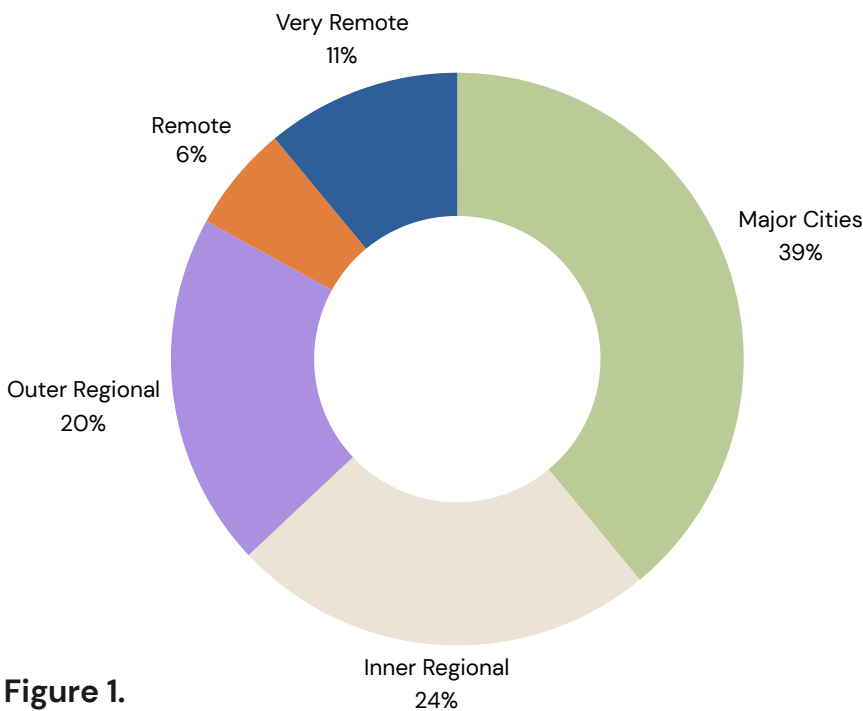


Figure 1 shows the geographic spread of First Nations young people in Australia, according to the 2016 census (ABS, 2016). A majority live in major cities or inner regional areas, with 11% living in very remote areas. However, of all young Australians living in 'Very Remote' areas, 67% were First Nations.

Figure 1.

Snapshot: Health

Current data comparing the health outcomes for First Nations and non-Indigenous young people exhibits the disparity between these demographics. This is a result of a plethora of issues including the ongoing impacts of colonisation, intergenerational trauma, racism and discrimination, historic and current distrust in mainstream services and organisations, and so on. On top of these deeply rooted issues, current mainstream services and organisations are generally not meeting the needs of First Nations young people (NSW Ministry of Health, 2020).

When services lack engagement and input from service users, i.e. are designed for users rather than with them, services may be inadequate and ineffective, thus impacting on health outcomes. Further, research suggests benefits to both the individual and the wider public when consumers are directly involved in service design (Sunkel & Sartor, 2022).

Here is a snapshot of the most current data on First Nations young people's health outcomes, the Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018 report (AIHW, 2018).

Of those aged 15 to 24:

	First Nations Young People	Non-Indigenous Young People
% with a disability	32%	9%
% who rated their health as 'Excellent' or 'Very Good'	54%	69%
% who reported a long-term mental health condition	22%	15%

Table 1.

Of those aged 10 to 24:

	First Nations Young People	Non-Indigenous Young People
Hospitalisations per 1000	214	156
Mortality per 100,000	67	27

Table 2.

Just over **6 in 10** (62%) [of First Nations young people] had a **long-term health condition**; that is, conditions lasting or expected to last 6 months or more.

AIHW, 2018

This is just a brief snapshot of the health outcomes for First Nations young people, but it paints a dire picture of the disparities between First Nations young people and non-Indigenous young people in Australia. These outcomes illustrate, in part, the result of mainstream systems, services and organisations failing to meet the needs of First Nations young people.

What are First Nations young people saying?

Mission Australia Youth Survey 2023

The Mission Australia Youth Survey 2023 was completed by a total of 19,501 young people aged 15–19, 820 of which identified as Aboriginal and/or Torres Strait Islander (McHale et al., 2023).

The three most common personal challenges cited by First Nations respondents related to:

- School
- Interpersonal relationships
- Mental health

Figures 2 and 3 break down the data behind two issues of personal concern to First Nations respondents, pertaining to health.

Figure 2: First Nations respondents’ report level of concern regarding **mental health**

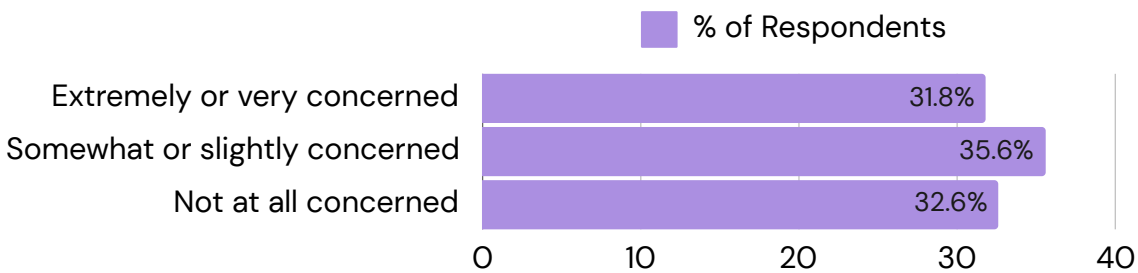


Figure 3: First Nations respondents’ report level of concern regarding **physical health**

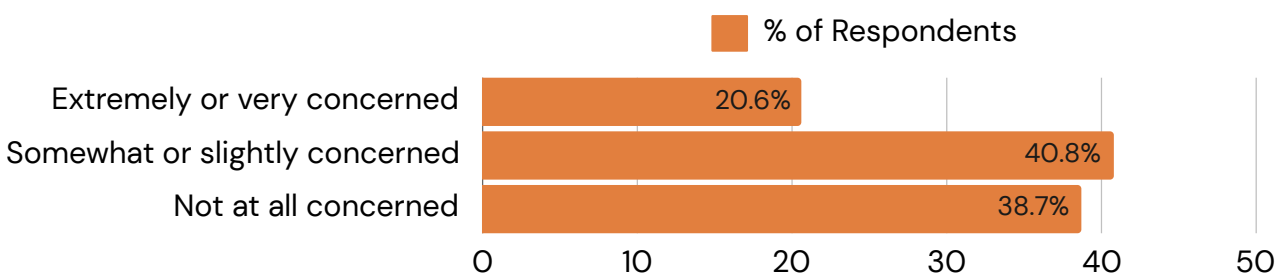
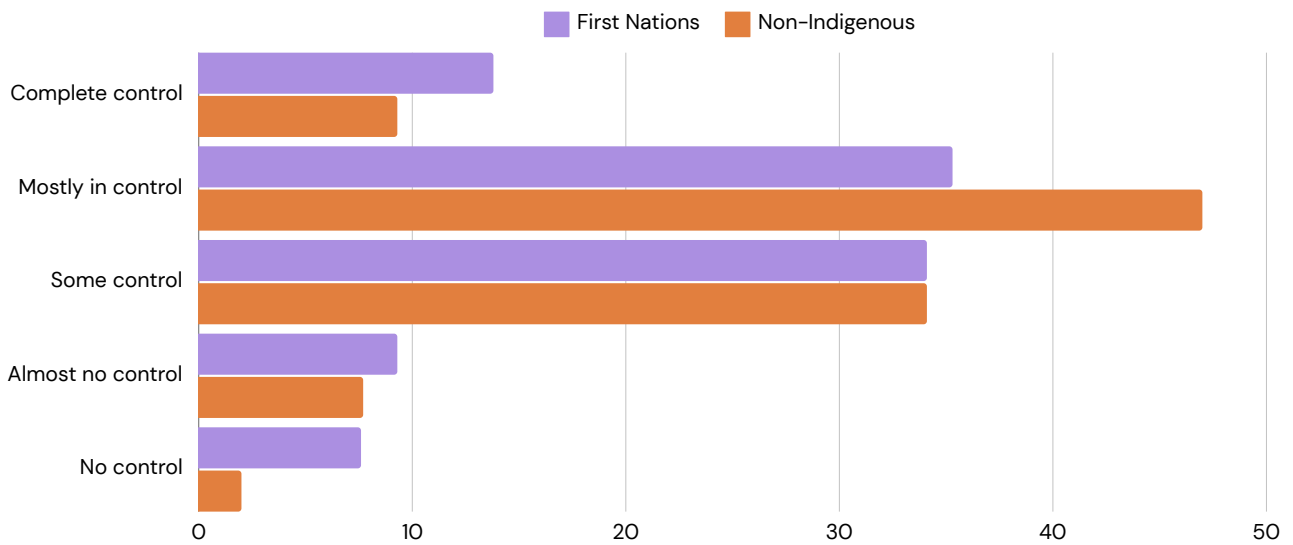


Figure 4 shows the difference in the level of control First Nations and non-Indigenous young people feel they possess over their own lives. This data supports

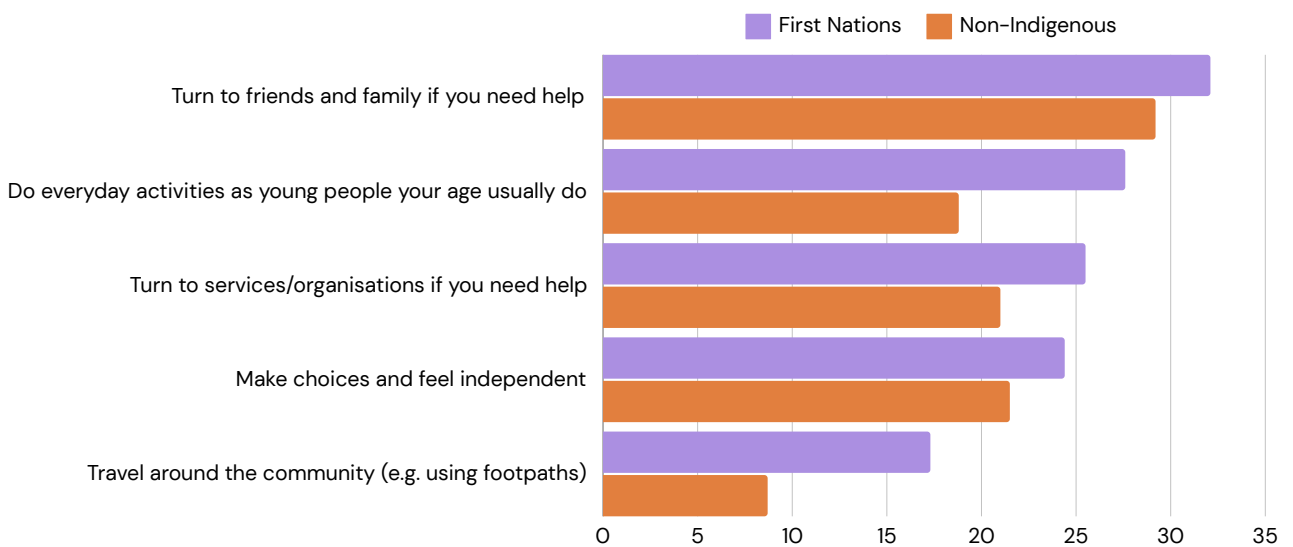
Figure 4: First Nations respondents' reported level of control over their life.



45% of First Nations respondents reported having been treated unfairly in the past year.

Mission Youth Survey 2023

Figure 5: Activities First Nations respondents reported finding hard to do



Mainstream Services & Organisations

The purpose of this project and report is to begin to bridge the gap between mainstream healthcare services and organisations and First Nations young people. From the outset, this can only occur effectively with the active and authentic collaboration between services and organisations (including HCNSW and AWCH), and First Nations young people. This section will outline the current landscape of mainstream health care and our current understanding of the ways in which First Nations young people's needs are not being met.

Significant barriers for First Nations young people exist within mainstream healthcare services and organisations due to a multitude of complex and systemic factors. These barriers include unwelcoming healthcare settings, mistrust of mainstream services, organisations, and health care, rigid biomedical approaches to health care, lack of physical access including transport, and an overall lack of cultural competency (Durey et al., 2016). These barriers contribute to reluctance among many First Nations people to seek mainstream services. This, coupled with overall lack of continuity and communication across the Australian healthcare system, heavily impacts First Nations people's access to healthcare and thus their health outcomes (Nolan-Isles et al., 2021).

Research exhibits the ways in which mainstream and First Nations-controlled services and organisations differ with regard to access, engagement, and outcomes for First Nations people. Nolan-Isles et al. (2021) shed light on various barriers and enablers to First Nations people's access to mainstream health services. According to the authors, evidence shows that Aboriginal people are more likely to access Aboriginal Community Controlled Health Organisations (ACCHOs) than mainstream services. Further, when Aboriginal people do access mainstream services, their health outcomes will be less positive than if they accessed an ACCHO (Nolan-Isles et al., 2021).

Azzopardi et al. (2020) outline an example of where the current mainstream system and services are falling short for First Nations young people. Under the Medicare Benefits Schedule, First Nations people can receive a fully subsidised health check annually (Medicare Benefits Schedule, n.d.). This offers a means for health risk identification as well as detection and treatment of any health issues present. Azzopardi et al. (2020) go on to state "while health screening would appear to be most effective for adolescents (given this is when health risks typically emerge), this is the age when uptake is the lowest, likely reflecting barriers to accessing primary health care" (p. 203). This is just one of many areas in which the current mainstream system and services are not functioning optimally for First Nations young people,

leading to significant impacts on health outcomes.

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 is the current main policy document regarding improving the health and wellbeing of First Nations people in Australia (Department of Health, 2021). One of the key focuses of this plan is “outlining the necessary processes for mainstream health services to provide culturally safe and responsive care”. Additionally, the Australian Institute of Health and Welfare’s (2023) Aboriginal and Torres Strait Islander Health Performance Framework summary report 2023 also highlights where mainstream services are not meeting the needs of First Nations people and calls for improvement in this area. These policies are important and offer a foundation for a focus on mainstream service improvement, however, there still remains no policy specific to improving the health of First Nations adolescents or young people.

The National Action Plan for the Health of Children and Young People 2020–2030 serves as a roadmap for the health and wellbeing of children and young people in Australia (Department of Health, 2019). This plan identifies First Nations children and young people as a priority group and contains scattered details regarding First Nations children and young people within its various priority areas and actions. There remains, however, a blatant oversight in policy and national action.

“Despite Australia’s adolescents having one of the best health profiles globally, **Indigenous adolescents have largely been left behind.**”

Azzopardi et al., 2018

Westhead et al. (2022) identify a “glaring gap” in Australian health and national policy; the lack of a national strategy specifically for Indigenous young people’s health. With only a national health plan for all First Nations people, and a national health plan for all young people, this gap remains in 2024. Westhead et al. (2022) go on to state “a roadmap for Indigenous adolescent health can only be effective if young people are meaningfully engaged at all stages” (p. 13). A national framework is essential to a coordinated and effective effort to improve the health of First Nations young people.

Simultaneously, the need for First Nations young people to be authentically engaged at all levels of service design is also paramount. This way, First Nations young people may be involved at all levels of design, from national policy to on the ground services.

Current research indicates the critical nature of adolescence and young adulthood with regard to life-long health outcomes, and those of the next generation. As the

First Nations population of Australia is so young in structure, with one third of the population being between the ages of 10 and 24, this is a particularly critical time for the development of positive health actions, even more so than childhood (Azzopardi et al., 2020). This period of human development involves various changes including physical, emotional, and neurocognitive, shifts in social roles, and other facets of identity development. When we consider the sociopolitical, cultural, and intergenerational factors present for First Nations young people during this significant period of development, it is incontrovertible how vital optimal healthcare is.

The need for improvement in all areas of healthcare for First Nations young people is unequivocal. Moreover, the need for direct involvement of First Nations young people in all levels of design, delivery and decision making, is undeniable. Evidence demonstrates just how fundamental First Nations young people are to the health of their communities (Azzopardi et al., 2020; Dudgeon et al., 2014; Nolan-Isles et al., 2021). Evidence also shows how crucial meaningful engagement of young people at all levels of design and decision making is (Sunkel & Sartor, 2022; Westhead et al., 2022).

“Addressing Indigenous adolescent health will require a greater prominence of adolescents in policy... Without a specific focus on adolescents, Australia will not address health inequalities for Indigenous people.”

Azzopardi et al., 2018

Power

Power is an inherent component of engagement, with services/organisations, staff, and researchers having power over participants in traditional research settings (Liddard et al., 2019). This is compounded when participants belong to one or more marginalised groups (including young people), subject to various intersecting forms of oppression, both interpersonal and systemic. Thus, for effective engagement, the inherent social and structural power imbalance between researchers and First Nations young people must be actively countered. This is particularly necessary for mainstream services/organisations engaging First Nations young people.

From colonisation to the present day, mainstream systems, services, organisations, and institutions have exercised social, political, and legal power over First Nations people (Mastroianni & Burton, 2020). It is with this power that immense harm has

been (and continues to be) enacted against First Nations people, families, communities, and cultures by mainstream institutions. Historic and current harms such as systemic child removal, mass incarceration, First Nations deaths in custody, displacement from land, and over-policing have been detrimental to the health and wellbeing of First Nations people across the country and through generations (AIHW, 2019; Roettger, Lockwood & Dennison, 2019).

Tokenistic engagement of First Nations people only works to further the existing power imbalances, continuing to foster mistrust of mainstream services/organisations (Mastroianni & Burton, 2020). Commitment to genuine partnership, authentic engagement, and collaboration is thus integral to effective engagement with First Nations young people.

Previous work by HCNSW and AWCH examines the power relations present in adult/young person, researcher/participant, and healthcare professional/consumer dynamics (AWCH, 2021; AWCH & HCNSW, 2022). Considerations and approaches to mitigate these imbalances within adult/young person engagement settings are discussed. While these considerations should be taken into account in all engagement settings, they are of particular importance when engaging with groups experiencing marginalisation, such as First Nations young people. The next section will outline the importance of intersectionality, and the impacts of compounding marginalisation on both engagement and healthcare. With compounding marginalisation comes compounding facets of disempowerment, leading to further imbalance within engagement settings. For this reason, genuine engagement can only occur when imbalances are actively countered and power is shared (e.g. decision making, engagement design, feedback loops, reciprocity of benefits).

Intersectionality: An Integral Factor

Intersectionality can be understood and utilised in many ways, including as a theoretical framework, a lens or approach to one's understanding, and as a term to describe multiple marginalisation and the impacts of such. The theory was coined by Kimberle Crenshaw, who noted the specific forms of oppression and discrimination faced by Black women; when sexism and racism overlap (1991). For the purpose of this report, intersectionality refers to a framework for understanding how aspects of a person's social and political identities (such as race, gender identity, sexuality, class, disability, age) combine to create different experiences of discrimination and/or privilege. This is particularly relevant to First Nations young people's health and understanding the innumerable nuances that influence healthcare access, usage, relationships, and so on.

Young and First Nations

As outlined in previous work by both HCNSW and AWCH, age is an integral consideration within an intersectional approach. DeJong and Love (2015) define youth oppression or 'adultism' as the "systematic subordination of younger people as a targeted group, who have relatively little opportunity to exercise social power... through restricted access to the goods, services, and privileges of society, and the denial of access to participation in the economic and political life of society" (p. 490). This lays a solid foundation for understanding the compounding marginalisation experienced by First Nations young people. Similar to Crenshaw's (1991) original application of the term intersectionality, which specifically examined the intersection of race and gender and its impacts on Black women, application to First Nations young people examines the intersection of age and race/culture. The impacts of this intersection are unmistakable when we consider the multitude of areas in which First Nations and non-Indigenous young people experience disparities.

As discussed, when compared to non-Indigenous young people, First Nations young people experience higher rates of disability, psychological distress, long-term health conditions (both physical and mental), mortality, and hospitalisation (AIHW, 2018). These disparities in health are due to a host of reasons, many of which are informed by various identities, including; race, disability, gender, sexuality, and age. Within healthcare settings, young people report experiences of being disbelieved, being accused of certain behaviours, being stereotyped, being dismissed and not heard, and having privacy breached (Association for the Wellbeing of Children in Healthcare, 2021; Kang et al., 2018). For First Nations young people, age-based discrimination and biases are compounded by, and inherently interlinked with, their race and culture.

Robards et al. (2019b) illustrate the clear impacts of multiple, or compounding, marginalisation on young people's healthcare. For their study, the authors conducted interviews with 41 young people belonging to one or more marginalised groups including First Nations young people, sexuality and/or gender diverse young people, those experiencing homelessness, those living rural or remote, and those belonging to a refugee background. Themes identified through this included: marginalised young people experienced multiple forms of discrimination leading them to avoid future contact with the healthcare system, and young people experiencing multiple marginalisation experienced increased challenges when accessing and navigating the healthcare system. Barriers faced by those with multiple marginalised, intersecting identities were higher in number, type, and complexity. This leads young people with intersectional needs to lower engagement rates with services, both due to barriers to access, and the choice to forgo care to avoid further negative experiences (Robards et al., 2019b).

Consider the barriers to healthcare faced by the following groups:

- Those experiencing homelessness
- Those with contact with the justice system and/or experience of incarceration
- Those who live/have lived in out-of-home care
- Those belonging to the LGBTQI+ community
- Those with disabilities and/or long-term health conditions
- Young people
- First Nations people

All of these groups experience marginalisation, discrimination, and systemic biases. Many of these groups have significant overlap, and influence and impact each other in both direct and indirect ways. Intersectionality recognises the ways in which marginalisation not only compounds, but also combines to create complex and unique forms of oppression. For example, a First Nations young person with a disability is at high risk for homelessness due to a myriad of factors including economic disadvantage. This young person would not simply experience racism, ableism, and classism in discreet, stand alone ways. These oppressions intersect to create nuanced experiences, with biases overlapping to form specific and unique discrimination and further marginalisation.

Disability & Chronic Illness

Data indicates that over 30% of First Nations young people have a disability (AIHW, 2018). Young people with disabilities and/or chronic health conditions, when compared to non-disabled young people are:

- More likely to face increased barriers to healthcare access, usage and navigation (Robards et al., 2019a).
- More likely to have contact with the justice system, both civil and criminal (Spivakovsky, 2014).
- More likely to experience homelessness (Beer et al., 2019).
- Less likely to be employed (Shields et al., 2023).
- More likely to experience mental health issues (Shields et al., 2023).

In parallel, First Nations young people similarly face barriers, discrimination and systemic biases in all of these areas, when compared to non-Indigenous young people. Moreover, First Nations young people are significantly more likely to have a disability and/or long-term health condition, both physical and mental health, compared to non-Indigenous young people (AIHW, 2018).

With such a high prevalence of disability and acute and long-term health issues among First Nations young people, this is an integral consideration for this demographic. Due to compounding marginalisation and the complex intersection of disability and race, First Nations young people with disabilities and/or chronic conditions are at immense risk for unmet healthcare needs, and thus further negative health outcomes.

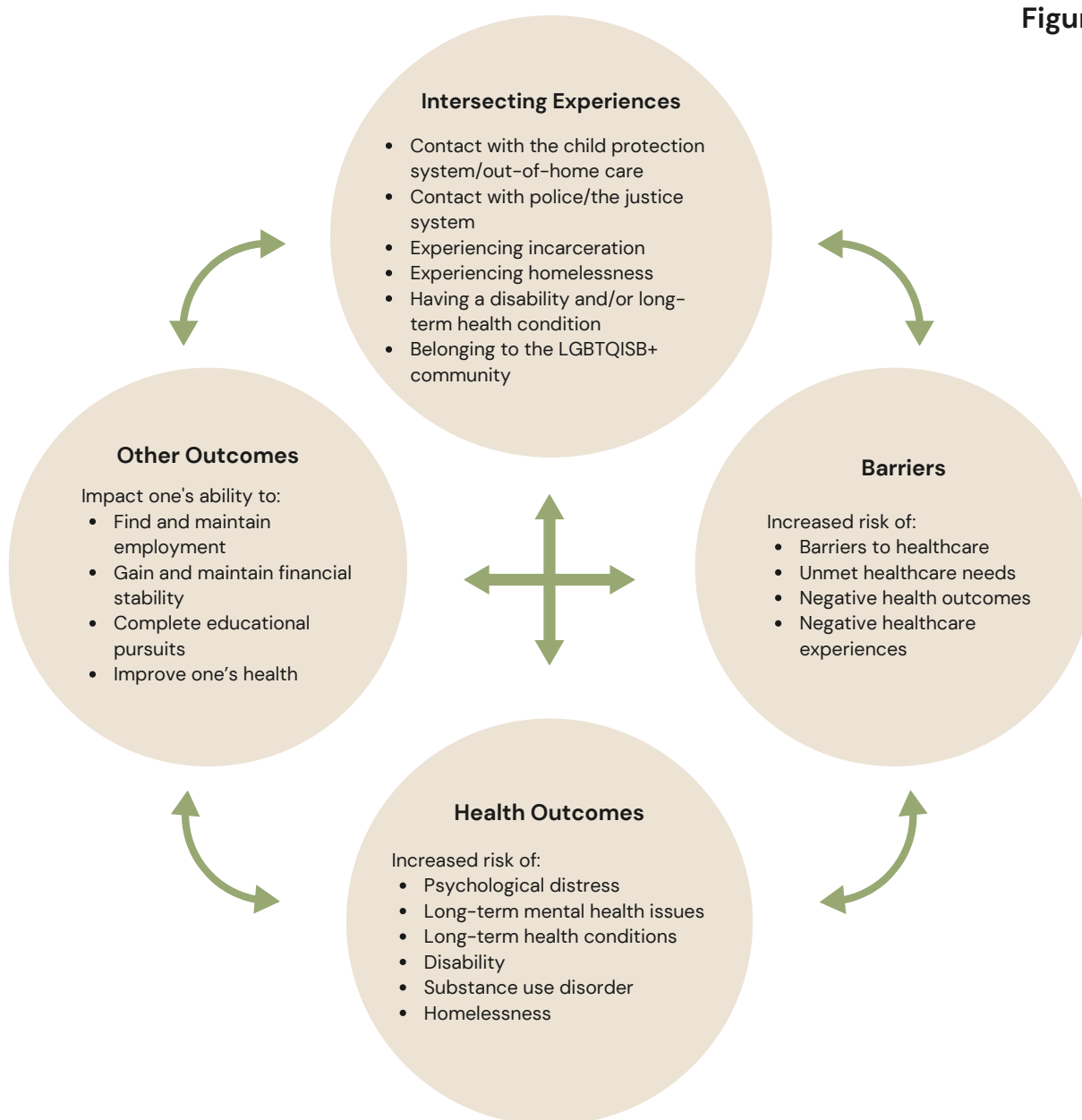
Additionally, with this understanding of the prevalence and impacts of disability and long-term health conditions for First Nations young people, accessibility must be a focus of any service/organisation, both in service provision, and engagement for the design and delivery of services.

Other Intersections

Other vital intersections to consider, as mentioned, include contact with the child protection system/lived experience of out-of-home care, contact with the police, the justice system and/or experience of incarceration, homelessness, and sexuality and/or gender diversity.

Figure 6 shows just some examples of the ways in which each facet is both impacted by, and impacts on, the others.

Figure 6.



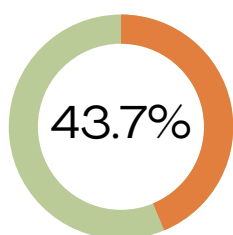
Young First Nations LGBTQISB+* (lesbian, gay, bisexual, transgender, queer, intersex, sisters, brotherboys) face various intersections of marginalisation, often leading to negative health outcomes. As outlined by Lin (2023) those in adolescence or young adulthood are at peak risk for the onset of mental health conditions, and within this demographic, some groups such as First Nations young people, and LGBTQI+ young people, are at even higher risk than others.

*See page 1, 'Notes on Language', for further information.

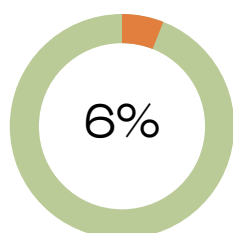
It stands to reason, therefore, that young people who are both First Nations and LGBTQI+ are at significantly increased risk for negative mental health outcomes.

Similarly, all three of these demographics (young, First Nations, LGBTQISB+) are more likely to experience barriers to healthcare, leading to a lack of support, treatment, and management of both mental and physical health conditions. In Ansara's (2022) report, a participant highlights one way in which the intersection of being both First Nations and LGBTQI+ is underserved by the current healthcare system, "...[we] find ourselves in a situation where there's Aboriginal healthcare services or there's queer healthcare services, but there's nothing in between for us" (p. 19).

First Nations young people are also markedly overrepresented in all aspects of both the child protection system and the justice system. Children and young people with contact with the child protection system are more likely to have contact with the justice system, and vice versa (AIHW, 2022; Zhou, 2020). Further, young people with contact with the justice system and/or the child protection system are at increased risk of negative health outcomes, particularly mental health (National Mental Health Commission, 2021).



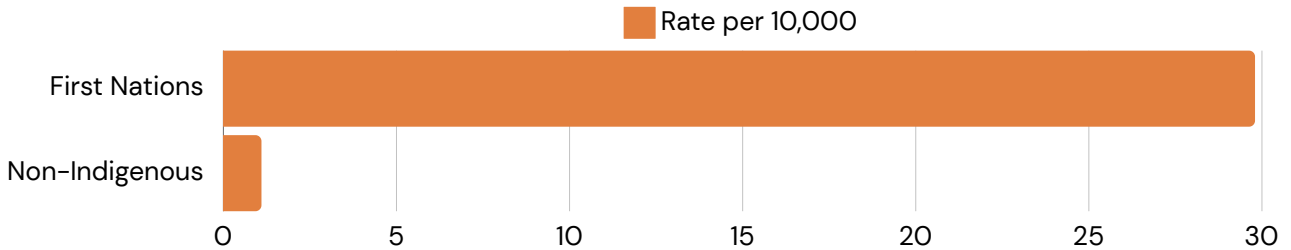
of children aged 0–17 years old in out-of-home care were Aboriginal and Torres Strait Islander (Productivity Commission, 2023).



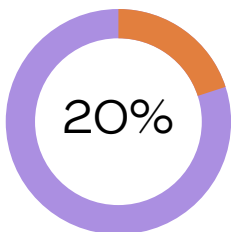
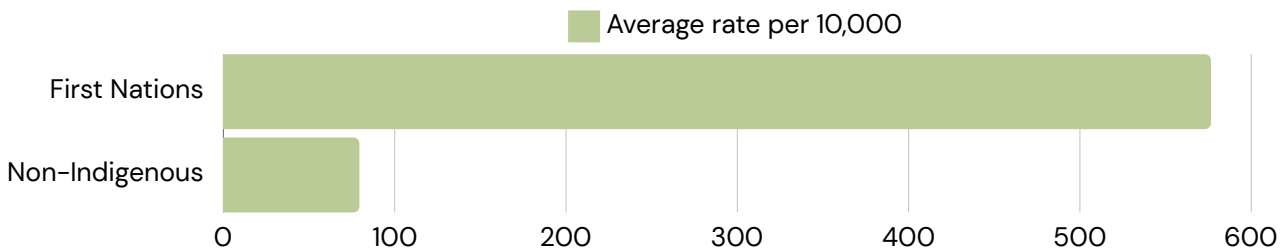
The proportion of children aged 0–17 years old in the general population in 2023 who were Aboriginal and Torres Strait Islander (Productivity Commission, 2023).

Research indicates that young people with lived experience of out-of-home care “consistently felt their health needs were not adequately met while in care, nor did they feel listened to, understood, or educated about health-related matters” (Smales et al., 2020, p. 809).

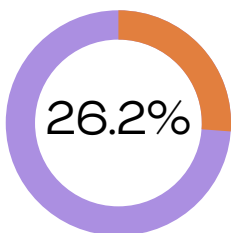
In 2022–23, the national rate of Aboriginal and Torres Strait Islander young people aged 10–17 years in detention on an average day was 29.8 per 10,000 young people in the population, compared to 1.1 per 10,000 non-Indigenous young people (Productivity Commission, 2023).



In 2021–22, the rate of Aboriginal and Torres Strait Islander young people (10–17) proceeded against by police ranged from 374.4 to 779.6 per 10,000, compared to a range of 22.5 to 136.3 per 10,000 for non-Indigenous young people (Productivity Commission, 2023).



20% of those experiencing homelessness in Australia in 2021 were Aboriginal and/or Torres Strait Islander (ABS, 2023).



26.2% of all First Nations people experiencing homelessness were young people, aged 12–24 (ABS, 2023).

It is clear that First Nations young people are at severely increased risk of compounding marginalisation, and thus further barriers to healthcare access, usage, and navigation. It is therefore integral to the Collaborate & Connect project that intersectionality is at the forefront of our approach and our collaboration with First Nations young people.

Considerations for Collaborate & Connect

There are many considerations necessary for effective and meaningful engagement with First Nations young people. This project aims to add to this knowledge base through direct collaboration, however we must first ensure that we have a solid foundation of understanding in order to approach our collaboration optimally. This section will outline existing resources on the topic of research and engagement with First Nations people, in order to draw out the key considerations for the Collaborate & Connect project.

Existing Engagement Resources

'Wayipunga' (Koorie Youth Council, 2022)

This resource was developed through consultation with First Nations young people and those who work with them. The aim of Wayipunga is to provide a framework for workers, organisations and government to support young First Nations people's involvement in decision-making. The framework contains three sections, all of which are inextricably linked, 'Values', 'Knowledge', and 'Actions'.

Values	Knowledge	Actions
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander cultures, families and communities Self-determination Young people's participation 	<ul style="list-style-type: none"> Historical context Strong connections Social context Decolonisation Genuine and meaningful engagement 	<ul style="list-style-type: none"> Celebrate Aboriginal and Torres Strait Islander cultures Embed knowledge systems and build partnerships Cultural safety Challenge barriers Increase accessibility Continual learning

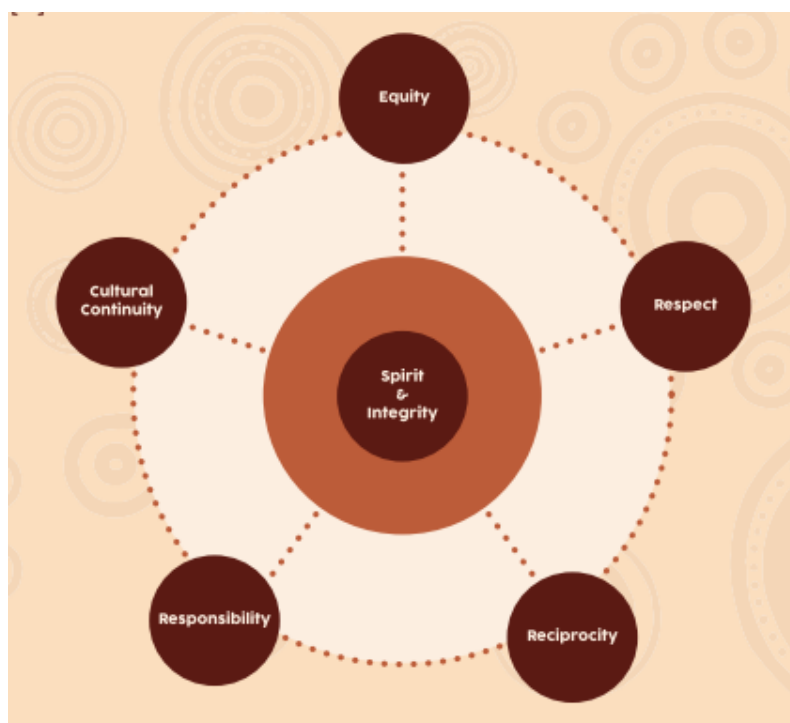
This resource is highly valuable, particularly as it was developed with the involvement of First Nations young people. It provides vital insight into what First Nations young people in Victoria want and need from youth engagement.

'Working with Aboriginal and Torres Strait Islander peoples in Research' (Transforming Indigenous Mental Health and Wellbeing Project, 2023)

This resource is specific to working with First Nations people in a research setting. It outlines six core values to uphold when working with First Nations people and communities. These are:

- Spirit & Integrity
- Equity
- Respect
- Reciprocity
- Responsibility
- Cultural continuity

This resource is not specific to young people, but offers valuable insight nonetheless, particularly within a research context.



Transforming Indigenous Mental Health and Wellbeing Project. (2023). Working with Aboriginal and Torres Strait Islander peoples in Research. University of Western Australia. <https://doi.org/10.5281/zenodo.10039049>

'Key Considerations when working with Aboriginal and Torres Strait Islander lived experience advocates' (Emerging Minds, 2022)

Four key themes:

- Incorporating lived experience perspectives
- Nurturing positive relationships
- Honouring voices and cultural boundaries
- Providing information

This resource was co-designed with three Aboriginal Lived Experience Advocates, and also provides insights through direct quotes. This offers valuable insight directly from Aboriginal advocates who are engaged with Emerging Minds. This is not specific to young people but provides highly relevant and valuable information.

‘Engaging with Aboriginal Children and Young People Toolkit’ (Commissioner for Children and Young People WA, 2018)

This resource is specific to engaging with First Nations children and young people, providing a foundation for organisations to use when engaging with this group. This resource outlines the engagement process as follows:

Stage 1: Planning to involve First Nations children and young people	Stage 2: Preparing to involve First Nations children and young people
<ol style="list-style-type: none"> 1. Committing to the participation of First Nations children and young people 2. Understanding your target audience 3. Developing a draft project scope 	<ol style="list-style-type: none"> 1. Build relationships 2. Review your processes
Stage 3: Doing it – involving First Nations children and young people	Stage 4: Following up with First Nations children and young people who participate
<ol style="list-style-type: none"> 1. Communication – be genuine and clear 2. Test your processes 3. Recruiting 4. Implementing Consent 5. Working together – involving the community 6. Methods and activities 7. Implementing participation 	<ol style="list-style-type: none"> 1. Give them feedback 2. Get their feedback 3. Make sure you’ve delivered

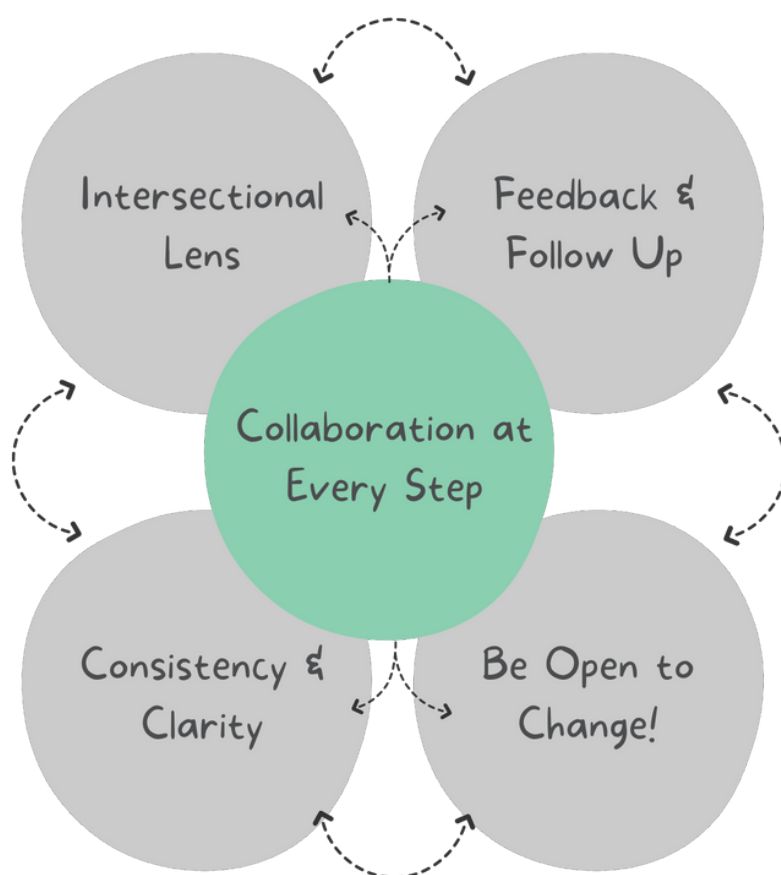
‘Principles for engagement in projects concerning Aboriginal and Torres Strait Islander peoples’ (Australian Institute of Aboriginal and Torres Strait Islander Studies, n.d.)

This resource puts forward six key principles of engaging with First Nations people and communities. These are:

- Start from a position of ethical engagement
- Make sure your projects are culturally informed
- Make sure your engagement is meaningful
- Conduct your project with cultural competence
- Plan for and evaluate impact
- An ongoing journey

'Youth Engagement Guide' (AWCH & HCNSW, 2022)

AWCH & HCNSW's Youth Engagement Guide was developed through collaboration with young people on the Walking the Talk project in 2022. The guide was created based on both the findings from the workshops conducted with young people, and direct feedback received from the young collaborators regarding the project. This guide is not specific to engaging with First Nations young people, but provides an overview of youth engagement and the principles AWCH & HCNSW have committed to upholding. Five key 'necessities' for youth engagement are outlined in the guide, and illustrated in the visual model below.



Spongberg-Ross, I. (2022). Youth Engagement Guide. The Association for the Wellbeing of Children in Healthcare, Australia. <https://awch.org.au/wpcontent/uploads/2023/01/Youth-Engagement-Guide.pdf>

These five key facets of youth engagement provide the basis of AWCH & HCNSW's work with young people, and Collaborate & Connect will be no different. The importance of an intersectional approach is made particularly clear in this report, with First Nations young people facing a multitude of barriers due to marginalisation based on race and age alone. Further, the need for effective feedback, clarity, honesty, highlighted in various resources in this section, will also take priority in this project.

Key Themes & Considerations

The aim of this section is to draw out themes and commonalities among the existing data and resources, identify any gaps in existing resources, and identify areas of opportunity for the Collaborate & Connect project. The following areas appear frequently in existing resources regarding engagement with First Nations people and communities.

Beyond Cultural Competence

- Cultural competence is essential to all services and organisations to ensure safety and respect for all, and is often achieved, ostensibly, through a workplace training course or similar.
- Through additional research, learning, relationship building and listening, this can be built upon to move towards cultural appreciation and authentic safety and respect
- No one person can (or should have to) represent an entire culture, thus cultural competence that is localised to a particular community and/or individualised to specific individuals you are engaging with should be considered.

Social & Historical Context

- Knowing the historical context of First Nations peoples' experiences and family histories is vital to authentic engagement. Insufficient knowledge in this area may create distrust and barriers to engagement
- First Nations young people are the experts in their own experience, however they should not be expected to educate services/organisations on First Nations history.
- Seeking out information and resources regarding the social and historical context of the current issues faced by First Nations people and communities should be undertaken as a facet of cultural competence.
- Recognising the social contexts surrounding First Nations young people, individually, is essential to understanding their lived experiences, and should be approached with an intersectional lens.

Genuine & Meaningful Engagement

- Decolonisation is an active and ongoing process of deconstructing colonial structures, systems, and ways of thinking, and making room for First Nations' peoples, communities, and cultures' knowledge, systems, and voices.
- Remember: this is an ongoing journey that requires active self-reflection and openness.
- Genuine and meaningful engagement with First Nations young people must be approached with a commitment to reframing one's mindset, and one's approach to change, towards one of decolonisation. This should take place on both an individual and organisational level.

- Approaches to engagement should be driven by First Nations knowledge systems, with a focus on kinship, holistic views, and interdependence between people, families, communities, the environment, and so on.

Honouring Intersectional Lived Experience

- First Nations young people are the experts in their own experiences, and their engagement and input should be valued as such.
- Intersectionality is an essential approach to engagement with First Nations young people, offering a lens to understand the highly nuanced and multifaceted experiences of this demographic.
- Honour individuality, each person has a different life experience. Two people may share many of the same intersections of oppression, however their lived experiences, perspectives, and opinions may vary greatly.
- Honour First Nations young people's stories and voices, show acknowledgement and value their stories, platform their stories in their own words
 - E.g. include direct quotes from engagement, where appropriate (and with consent)
- Show appreciation for engagement, acknowledge the time, energy, and emotional labour involved in engaging. Acknowledge the unjust nature of many of the challenges placed upon First Nations young people, and the openness it takes to share negative experiences.

Feedback Loops & Resource Provision

- All communication should be accessible, culturally aware, and age appropriate
- Provision and collection of feedback is integral to all effective and respectful engagement
- Provision of information and resources enhances accessibility
- Clarity and continuity in communication should be maintained to ensure First Nations young people are informed about the engagement process, what will be asked of them, and what the aims of the engagement are
- Honesty and transparency regarding scope of practice and influence are essential to meaningful engagement

Continuous Work & Learning

- Allyship and decolonisation are active and ongoing processes
- Continual feedback and communication with participants is important to the engagement process, and conveys respect for participants time and work
- Commitment to continuing First Nations partnerships and relationships beyond specific engagement projects/processes.
- Commitment to continue listening to First Nations people and communities, and being open to change.

Gaps in Existing Data & Resources

Lack of Policy

First Nations young people as a distinct demographic are significantly underrepresented in research and data collection. Despite being identified within several national policies as a 'priority group', there is no stand alone policy specific to the overall health of First Nations young people. This leads to fragmentation and a lack of continuity within all levels of policy, likely hindering the effectiveness of work in this area. With no specific policy regarding the health of First Nations young people, we are left to piece together excerpts of various strategies and frameworks to gain a picture of current needs and goals in this area. This only furthers the fragmentation of data, policy, services and individual healthcare continuity.

Out-of-date Data

The most current data on the health and wellbeing of First Nations young people is the Australian Institute of Health and Welfare's 2018 report, 'Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing'. This report was the first comprehensive government report on the health and wellbeing of First Nations young people, and relies on data ranging from 2012 to 2016. There is a dire need for up-to-date data in this area.

Lack of Data Continuity

Further, there is a need for continuity across data. Data used in the AIHW's (2018) report varies in age ranges, with some data regarding 10–24 year olds, and some 15–24 year olds. Similarly, the 2019 National Aboriginal and Torres Strait Islander Social Survey does not collate data for young people. Instead, it only provides data for '15 years and older'. This exhibits the significant gaps in data specific to First Nations young people, leading to little progression in research and policy.

Data continuity is also impeded by the fragmented nature of the Australian healthcare system. This is exacerbated by the disconnect present among many mainstream services/organisations and First Nations-specific services/organisations. These issues are systemic at their core, and must be addressed as such.

Gaps in Engagement Resources

There exists very few resources regarding engagement with First Nations young people specifically. As with policy, resources may be pieced together to gain insight into the potential needs of First Nations young people with regard to engagement. This is a start, and offers some information and resources regarding best practice in

this area. The Collaborate & Connect project aims to add to the small pool of resources that are made in collaboration with the experts, First Nations young people themselves.

Summary of Findings

This project and report aim to address the gap between mainstream healthcare services and First Nations young people by advocating for active collaboration between service providers and First Nations young people. The current landscape reveals significant shortcomings within the mainstream healthcare sector, contributing to disparities in access and outcomes for First Nations young people. While policies like the National Aboriginal and Torres Strait Islander Health Plan and the National Action Plan for the Health of Children and Young People offer some guidance, there remains a critical gap in policy regarding the health of First Nations young people as a stand alone demographic.

Research underscores the importance of involving young people in all levels of healthcare design and decision-making in order to effectively address health inequalities. With one-third of the First Nations population aged between 10 and 24, it's imperative to prioritise their health needs during this critical developmental stage. Meaningful engagement of First Nations young people is not only essential for their own current wellbeing but also for their future health, their children's health, and the health of their communities as a whole. Therefore, concerted efforts must be made to elevate the voices and perspectives of First Nations young people, and authentically involve them in the design and delivery of services/organisations.

Mainstream services, organisations, and institutions have a long history of failing First Nations people and communities, and continue to in many areas. In order to improve the fractured relationship between mainstream services/organisations and First Nations consumers, services need to be active and authentic in their efforts to earn trust and engage those with lived experience. Through genuine engagement with First Nations young people, healthcare services/organisations can incorporate the needs and perspectives of those with intersecting identities and lived experiences, thus improving the service/organisation for all.

Intersectionality serves as a crucial framework for understanding the various layers of marginalisation and disempowerment experienced by First Nations young people, particularly concerning their healthcare access, usage, and navigation. By recognizing the intersections of age, race, disability, gender, sexuality, and other identities, we

gain insight into the compounding effects of systemic biases and discrimination on health outcomes. Research highlights the heightened risks faced by First Nations young people, including higher rates of disability, mental health conditions, homelessness, and contact with the justice system and child protection system. These disparities reflect not only intersecting forms of oppression but also underscore the urgent need for effectively designed and delivered mainstream services.

Moving forward, initiatives such as the Collaborate & Connect project must prioritise intersectionality in their approach to engaging with First Nations young people. By centering intersectional perspectives and experiences, we can develop more inclusive and effective strategies that address the complex interplay of social, political, and cultural factors influencing health outcomes. Ultimately, by acknowledging and addressing the intersecting forms of marginalisation faced by First Nations young people, we can work towards creating equitable healthcare systems that meet the diverse needs of all individuals.

Existing knowledge and resources regarding engagement with First Nations young people offers some insight into best practice. The key themes to emerge were:

- Beyond cultural competence
- Social and historical context
- Genuine and meaningful engagement
- Honouring intersectional lived experience
- Feedback loops and resource provision
- Continuous work and learning

These key considerations will inform the next steps of the Collaborate & Connect project, to ensure best practice.

At the core of the current state of First Nations young people's health are systems, services, and organisations that are not meeting the needs of this demographic because they are designed and delivered without authentic engagement and partnership with First Nations young people. The Collaborate & Connect project will work alongside First Nations young people to contribute to the small but slowly growing pool of evidence and resources specific to First Nations young people and how services can best engage with them.

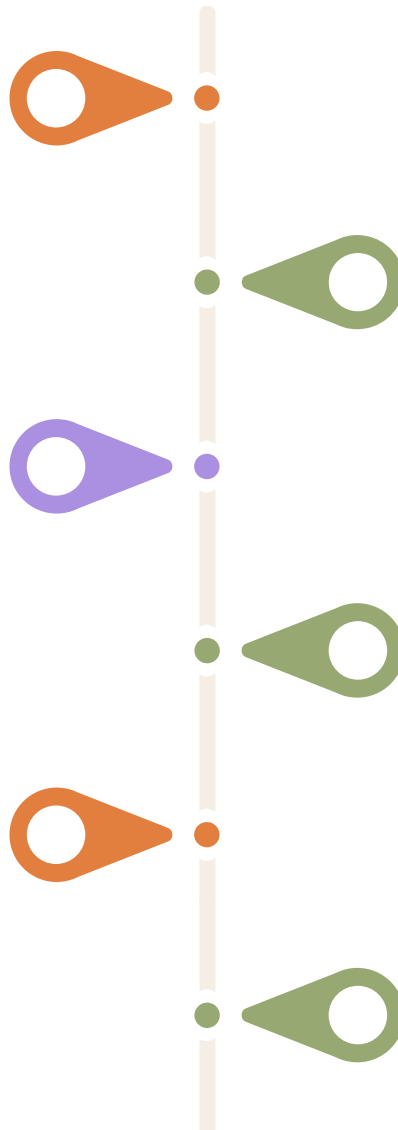
Next Steps

The findings of this report will guide the Collaborate & Connect project in its next steps:

Connect with First Nations stakeholders and organisations, develop networks, gather feedback and guidance.

Recruit First Nations young people to collaborate on the project through Workshops held in mid-2024.

Finalise outcomes of the Workshops, and utilise feedback loops created throughout the project.



Convene an **Advisory Group** to guide the project, ensure cultural competency and ensure best practice.

Design and deliver one face-to-face Workshop in Sydney, followed by one online Workshop.

Continue to listen, learn and work towards optimal healthcare for First Nations young people.

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