



embedding cultural practice and safety project report

**to listen
to understand
to know**

November 2021



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About this Document

This report has been prepared by Cox Inall Ridgeway (**CIR**) for headspace National Youth Mental Health Foundation (**headspace National**) as part of the Embedding Cultural Safety and Practice Project (**Project**), in order to summarise the key findings from consultations undertaken for the Project. The branding and artwork for this report has been created by Aboriginal artist and graphic designer Jasmin Craciun. Additional design elements have been provided by Gasoline Group. Direct quotations have been de-identified for privacy reasons.

The date of this report is 30 November 2021. Whilst all care has been taken by CIR in drafting this report, this document may contain errors.

Acknowledgements

CIR acknowledges the Aboriginal and Torres Strait Islander young people, communities and health workers who shared valuable insights and information which made this report possible. We also acknowledge the time given to us by headspace centre staff and stakeholders in speaking with us about these important issues. This report was commissioned prior to the COVID-19 pandemic and extensive work with key stakeholders across the country has taken place during the pandemic. We thank everyone who has contributed to it, despite the many challenges faced during the pandemic. It has highlighted the imperative need for culturally safe and accessible mental health service delivery for all Aboriginal and Torres Strait Islander young people and communities.

Foreword

headspace's vision is that all young people are supported to be mentally healthy and engaged in their communities. For this vision to become a reality, we must ensure that our services are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander young people, their families, and by extension, communities.

In recognition of this, we are committed to continuous improvement in the ways in which our services connect and engage with young Aboriginal and Torres Strait Islander people.

This report was commissioned by headspace National Youth Mental Health Foundation as a first step to gaining a better understanding of how we can respond to what First Nations communities are asking of headspace to support their young people.

Consultation for this review spanned the continent, and young people's voices were critical to forming the foundation of this report. So too was the advice and guidance given by Elders, who I thank for their wisdom and the safe passage they provided to our team as they travelled their beautiful lands and waters throughout this review process. I also thank other First Nations people and community organisations who generously provided input into this review.

Together with the Cultural Practice team, broader support from headspace National staff, the many wonderful centre network staff, Aboriginal and Torres Strait Islander people and our partner organisations, we have now reached the stage where the review is complete. However, our commitment is ongoing as we move together into the next stage of our journey.

We are grateful for the incredible work of Indigenous social change agency, Cox Inall Ridgeway, who I thank for bringing us this comprehensive report. From an informed position, we will now build on and strengthen what we have, change course where we must and commit to a plan towards addressing the recommendations outlined in this report in a meaningful and sustainable way

Jason Trethowan
CEO headspace





• mind • body • spirit • culture • country
 Artist: Riki Salam – (Mualgal, Kaurareg, Kuku Yalanji).

artwork poem

We are connected, red desert sands bring winds of change,
 Kookaburra calls in a brand new day, sunlight breaks through, igniting passions.
 Pathways lead back to Country we are complete, rhythmic sounds guide us through.
 Fire transforms, seed cracks, bottlebrush blossoms we are renewed, Culture is strong.
 Mountains form, rivers flow to turquoise seas, freshwater - saltwater.
 Earth is renewed seasons complete, our knowledge is shared wisdom is imparted,
 This is our place to grow, we are strong, we are connected.

artwork story

Beginning at the centre of the artwork the 'U' shaped symbols represent two people seated talking, discussing, yarning. Surrounding them are dots that represent their lives and issues that they are dealing with both good and bad. Larger dots lead along a clear pathway with lines radiating outward representing hope, woven lines strengthen bonds. The surrounding concentric circles represent each State and Territory where headspace are present, supporting young people to live better lives. The circles are connected, knowledge is shared wisdom is imparted, minds are strong, Country is strong when people are strong and connected to Culture. These elements together form a map of the Human brain and also a map of Country and Culture.

When your mind is Strong and your Country and Culture is strong, Cultural pathways radiate outwards and lead

to and from the central motif, (Human brain) back to Country and back to Culture that renews and strengthens us.



Glossary + Acronyms

Aboriginal Community Controlled Health Organisations (ACCHOs) – An incorporated Aboriginal and Torres Strait Islander Organisation initiated by and based in a local Aboriginal and Torres Strait Islander community, that delivers holistic and culturally appropriate health services in the community.

Aboriginal Medical Service (AMS) – a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals. It is not necessarily community controlled, although it may be so.

Aboriginal and Torres Strait Islander – Given that headspace is a national service, the term ‘Aboriginal and Torres Strait Islander’ is used throughout this Report. In some instances (such as quotations), the terms ‘Aboriginal’, ‘Indigenous’ and ‘First Nations’ are also used – these are inclusive of Aboriginal and Torres Strait Islander peoples.

Primary Health Network (PHN) – An administrative health region established to deliver access to primary care services for patients. Funding for headspace services is channeled partly via PHNs.

headspace – A nation-wide youth mental health service launched in 2006 in response to calls from experts in the mental health sector for a new approach to service delivery. headspace is made up of:

Local headspace centres (centres) – headspace centres provide youth-friendly mental health services. Each centre is unique and designed to meet the specific needs of its local community, while being underpinned by the principles of being Accessible, Acceptable, Appropriate and Sustainable.

headspace National – Provides centres with resources, training and technical support and oversees and implements the headspace model.

Lead Agency – Each headspace centre is led by a Lead Agency.

Consortium – Each headspace centre is advised by a Consortium which is made up of a diverse range of local youth service providers.

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer+ (LGBTIQ+)

The National Aboriginal Community Controlled Health Organisation (NACCHO) – The peak body for ACCHOs in Australia.

National Aborigines and Islanders Day Observance Committee (NAIDOC) – A week of celebrations held across Australia each July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

Social and Emotional Wellbeing (SEWB) – A holistic health discourse which recognises cultural, political, social and historical factors to wellbeing. Can encompass Aboriginal and Torres Strait Islander connection to land, sea, culture, spirituality, family and community.



Young People's voices front and centre

The voices of Aboriginal and Torres Strait Islander young people are front and centre of this Report, and the work that led to it. The consultations for the Project were carefully scheduled to ensure we spoke to a variety of young people, in different parts of the country – rural, remote and urban – and of different age groups, from 12 – 25 years old.

Throughout this Report we have included as many direct quotations from young people as possible to ensure their opinions on these important issues come through. When we were collating the data from all the consultations, it was amazing to see that young people were speaking to the exact issues identified by leading health care professionals, Aboriginal and Torres Strait Islander psychologists and headspace centre staff – in their own words.

Here are some of the things we heard from young people throughout the Project:

"I like it that there is Aboriginal staff at reception, it makes me feel welcome."

– Arrente Country (Alice Springs)

"If I'm talking to a psychologist and it sounded like they were interviewing me, I would leave. I would want to have a cup of tea and a yarn."

– Yuggera Country (Brisbane)

"First time a lot of Indigenous YP interact with the mental health system is in crisis. It's common belief that it's not until you're suicidal that you seek mental health support."

– Naarm (Melbourne)

"Tailored programs should be community led and Aboriginal led. I definitely feel safer when it's Aboriginal led."

– Naarm (Melbourne)

"Need to develop strong engagement with community before there is trust - 'If you want to support the community you have to become part of the community'."

– Yidinjdji Country (Cairns)

"I was welcomed as LGBTQI+ and Indigenous at headspace and sometimes I get judged for both of these things. headspace made me feel really accepted."

– Eora Country (Sydney)

"Having a space to go hang out at headspace after school hours is great."

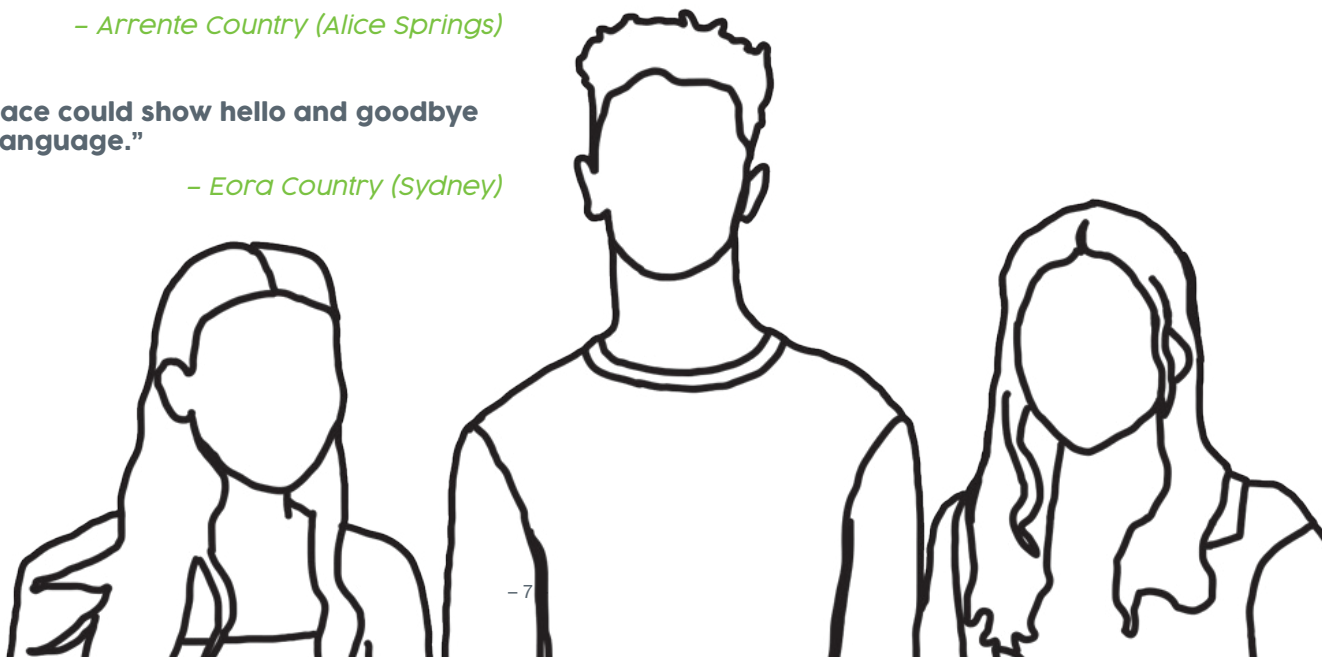
– Arrente Country (Alice Springs)

"I would like to see headspace include culture in my care plan."

– Wiljali Country (Broken Hill)

"headspace could show hello and goodbye in local language."

– Eora Country (Sydney)





“We feel proud to be Aboriginal but also sadness because of the stereotypes and labels we get called druggos and so on. We end up copying because that’s what’s expected of us.”

– Wiljali Country (Broken Hill)

“Culturally safe means building relationships and community, trusted and safe spaces, expressing who you are, helplines, non-judgement, feeling welcomed, family and elders, expressing your culture.”

– Tommeginne Country (Devonport)

“As a white presenting Aboriginal person, I’ve had comments not at headspace but in other medical contexts from professionals like ‘you don’t look Aboriginal’ and these can happen directly or in microaggressions. It made me feel uncomfortable, very weird and adds to my anxiety. The way they invalidated my identity made me feel really crappy and I’d hate for that to happen to someone else.”

– Yuggera Country (Brisbane)

“After school groups for First Nations YP as an opportunity to connect with others would be really valuable.”

– Eora Country (Sydney)

“I just decided to talk to the counsellor here, to give it a go. She would be around in our classes and told who she was. It didn’t worry me that she’s not Aboriginal. I trust her, she knows how to be with me and just lets me talk, slowly slowly, she didn’t ask any big questions. She just let me share.”

– Arrente Country (Alice Springs)

“Early intervention is complex for First Nations YP. With intergenerational trauma young children are already aware of the suffering. They come to get help for navigating the world with a hurt heart.”

– Eora Country (Sydney)

“headspace marketing material should say that YP should access headspace before they feel like they really need help. More emphasis on early intervention support. When you are young, early intervention isn’t front of mind but rather YP only decided to deal with it/get help when they’re in crisis.”

– Eora Country (Sydney)



Background

In early 2020 headspace National Youth Mental Health Foundation (**headspace National**) began the Project, which aims to inform and develop resources that will drive better access and engagement for Aboriginal and Torres Strait Islander young people in headspace centres across Australia. Cox Inall Ridgeway (**CIR**) is an Aboriginal social change agency engaged to undertake the Project in partnership with headspace.

The Project is undertaking a review of the headspace centre model to identify access and engagement barriers with the aim of improving cultural safety and cultural and clinical practices within the model. Broad consultation with key stakeholders is at the core of this process and was undertaken from April 2020- September 2021.

This Project also builds on CIR's previous work with headspace National to explore ways to embed cultural safety and practice into the headspace framework, namely the centre Network Survey completed between 14 August 2020 and 27 September 2020.

Methodology

A mixed methods approach was implemented in the research. The data collection and analysis involved a strong qualitative component with the aim of gathering an in-depth understanding of experiences and perspectives from a range of program stakeholders using culturally appropriate, co-designed data collection tools. The initial phase of the project relied on key informant interviews and the implementation of a nationwide survey.

In order to gain a better understanding of experiences and perspectives of program stakeholders, CIR led semi-structured interviews, both one-on-one and in small groups in phase 2. The interviews were segregated by cohorts and were conducted in indoor, outdoor and virtual settings, depending on what the participant/s were comfortable with, and lasted approximately 45 minutes each. The Aboriginal and Torres Strait Islander young people and key stakeholders were provided gift cards for their time.

The purpose of using a mixed method approach was to deepen the analysis and strengthen the reliability of the findings of program impact. Utilising a mixed methods approach enhanced the research by balancing limitations of each type of data with the strengths of another.

The Human Research Ethics Application was sought at the onset of the project and provided by the Aboriginal Health and Medical Research Council (AH&MRC)

The process implemented in the project was as follows:

- Literature review and audit of culturally safe tools and programs for Aboriginal and Torres Strait Islander young people
- Co-design areas of inquiry with Aboriginal and Torres Strait Islander staff and advisory group at headspace
- Design and implementation of youth, staff, PHN and key stakeholder national survey
- Analysis and reporting on findings from survey
- Design and implementation of discussion guides for face-to-face consultations with young people, headspace centre staff and key stakeholders
- Coding and analysis of results
- Drafting of report
- Finalisation of report



About this Report

The purpose of the What We Heard Report (**Report**) is to convey the stories and words of the hundreds of Aboriginal and Torres Strait Islander young people, headspace centre staff and other stakeholders that have spoken to us throughout consultations for the Project. This report has been drafted from consultation notes and aims to capture in as much detail and accuracy the key messages and take-aways relating to cultural safety and practice in headspace's model. We have used as many direct quotations as possible to capture the voices of the people we spoke to in their own words. All direct quotations have been de-identified for privacy reasons.

This report is divided into nine key themes based on the most threads that came through in our conversations: Access, Outreach and Community, Knowledge Gaps, Trust and Reputation, Employment, Model of Care, Partnerships, Identity and Belonging and Racism. It's important to note that these themes are not stand-alone; there are many interconnections and overlaps between them which are highlighted throughout the Report. Where possible, we have integrated examples of innovation and best practice that was shared by stakeholders or has been identified as part of the recommendations and next steps.

This Report will form the basis of future work for the Project, including the development of Recommendations and an Implementation Strategy based on these findings.

About Aboriginal and Torres Strait Islander Young People and Mental Health

It is important to recognise the context of working with Aboriginal and Torres Strait Islander young people in the mental health space. Westerman and Vicary (2004) outline the statistics relating to Aboriginal and Torres Strait Islander disadvantage, highlighting the greater levels of poverty, unemployment, inadequate housing, access to clean water, education and waste disposal compared to the general population.¹ The historic weight of dispossession, along with disconnection from Country, culture and family, continue to cause cycles of intergenerational substance abuse as well as physical and mental health issues. Systemic removal of Aboriginal and Torres Strait Islander children continues to this day. Previous studies show that 20% of Aboriginal and Torres Strait Islander youth have diagnosable mental health issues, while 25-30% of 5-14 year olds have substantial behavioural problems.² The suicide rate among Aboriginal and Torres Strait Islander communities is over twice that of other Australians.³

Hunter (1993) highlights that while there may be a similar frequency of diagnosable mental health issues between Aboriginal and Torres Strait Islander young people and the general population, the former is often **unable to access appropriate services**.⁴ The mental health issues of Aboriginal and Torres Strait Islander young people are also compounded by reactions to racism, dispossession, disadvantage and perceived oppression.

Given these factors, when young people do present to health services for support, they often do so at a point of crisis, with complex presentations beyond the level of early intervention support provided by the headspace model.

However, a new paradigm is emerging led by experts in the field such as Tracy Westerman, Patricia Dudgeon and Vanessa Edwige. **An evidence base is emerging to support the effectiveness of integrating cultural values and perspective on healing into the Western mental health model.** While it is beyond the scope of this Report to explore this work in detail, it is an important context from which to consider headspace's Project.

1 Westerman T and Vicary D (2004). "That's just the way he is": Some implications of Aboriginal mental health beliefs. Australian e-journal for the Advancement of Mental Health, Vol 3, Issue 3.

2 Ibid.

3 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-deaths-suicide-in-aboriginal-and-torres-strait-islander-people>

4 Hunter, E. (1993). *Aboriginal Mental Health Awareness: An overview, Part II*. Aboriginal and Islander Health Worker Journal 17(1): 8-10.



Edwige and Gray (2021) write:⁵

Conceptualisations of wellbeing, and therefore efforts for healing and rehabilitation, are intrinsically tied to culture, with Indigenous perspectives of wellbeing and healing reflecting holistic worldviews that consider connections between physical, social and emotional wellbeing, individual and collective wellbeing, and the impact of social, political and historical factors.

Culture, connection to culture, and self-determination are therefore central to understandings of Aboriginal and Torres Strait Islander wellbeing, and the achievement of optimal outcomes for social and clinical programs and services for Aboriginal and Torres Strait Islander individuals, families and communities.

Who we spoke to

Over the past 18 months there has been extensive engagement with staff internally at headspace National along with Aboriginal and Torres Strait Islander young people, communities, stakeholders and headspace centre staff. The range of stakeholders that we engaged is outlined below.

Initial and ongoing engagement:

- Aboriginal and Torres Strait Islander headspace staff
- headspace Aboriginal and Torres Strait Islander advisory group
- headspace executive

Phase 1 of project: Online survey

- Aboriginal and Torres Strait Islander young people
- Key stakeholders, including ACCHO's and consortium partners
- Members from the headspace network: including Lead Agency representatives
- Primary Health Networks members

Phase 2 of project: Site consultations

- Total: 29 communities engaged
- headspace centre staff
- Aboriginal and Torres Strait Islander young people
- Aboriginal and Torres Strait Islander key stakeholders
- Other key stakeholders

Infographic 1 on page 12 provides a snapshot of the engagement undertaken as part of the project.

5 Edwige V and Dr Gray P. (2021). *Significance of culture to wellbeing, healing and rehabilitation*. Available online at <<https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf>>



Infographic 1: Engagement overview

ENGAGEMENT

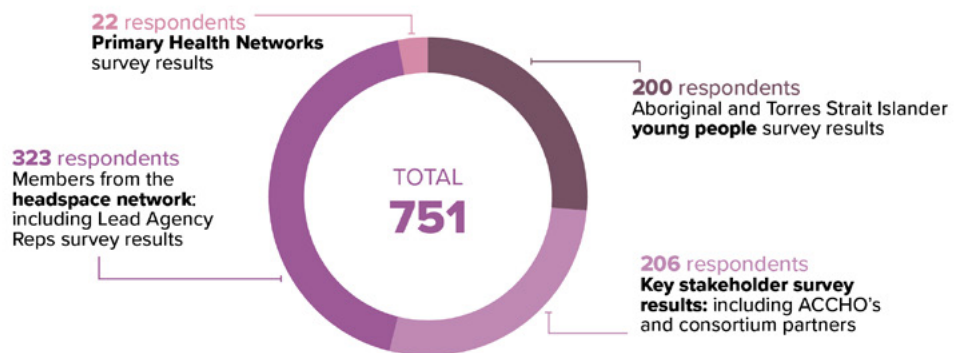
ABORIGINAL AND TORRES STRAIT ISLANDER STAFF HEADSPACE **35**

HEADSPACE ABORIGINAL AND TORRES STRAIT ISLANDER ADVISORY GROUP

HEADSPACE EXECUTIVE



Online Survey (phase 1)



Site Consultations (phase 2)

TOTAL COMMUNITIES **29**



OVERALL TOTAL NUMBER OF STAKEHOLDERS CONSULTED IN PHASE 1 AND 2

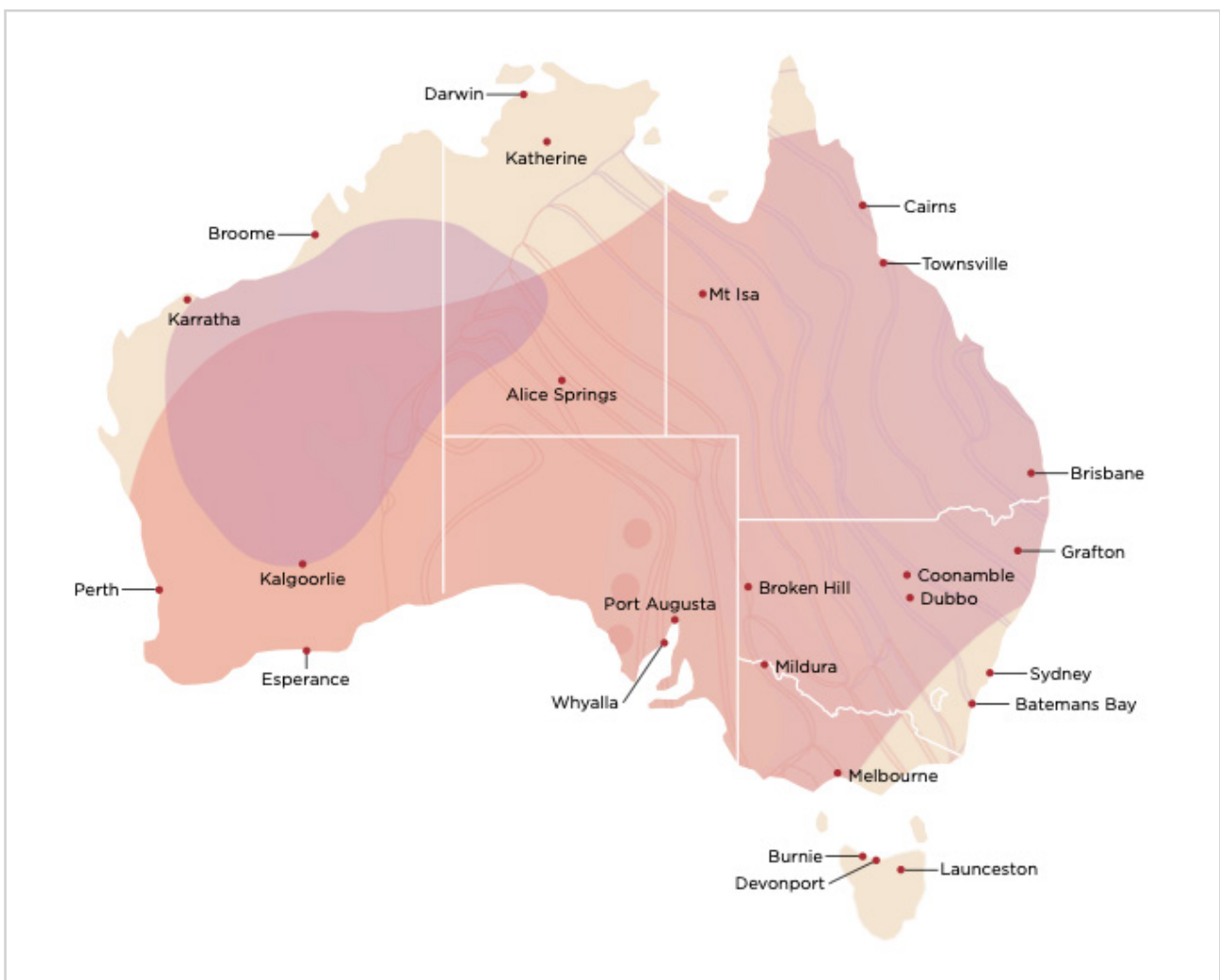
1320



Refer to **Appendix 1** for detailed breakdown of consultation by demographic for phase 2

The consultations as part of phase 2, were organised in order to speak to a broad diversity of young people, headspace centre staff and other stakeholders which included local Aboriginal and Torres Strait Islander health services and organisations, Lead Agencies and other stakeholders. Locations were also chosen to ensure a mix of rural, remote and urban areas, across all States and Territories. **Figure 1** below identifies all communities we consulted with, noting that at capital cities we engaged with a number of headspace centres and community representatives.

FIGURE 1: Location of consultations across Australia for phase 2





Executive Summary

In the past year, CIR and headspace National staff have travelled across Australia and consulted hundreds of young people, headspace centre staff and key stakeholders to gain their insight, perspectives and experiences that can inform how headspace can embed cultural safety and practice into their model of care. Throughout this Report, we aim to capture what we heard in those conversations in as much detail as possible, keeping true to the voices and words of the people we spoke to.

In collating and organising this data, we were struck by how consistently certain themes and ideas came up. While some issues are localised and depend on each community, it's clear that many exist regardless of location across the country and across headspace as an organisation.

We have divided this Report into the most common themes which arose throughout consultations: Access, Outreach and Community, Knowledge Gaps, Trust and Reputation, Employment, Model of Care, Partnerships, Identity and Belonging and Racism. These themes are not mutually exclusive but have clear linkages and interconnections between them; they also have clear linkages with aspects of the HMIF model.

Overwhelmingly, we heard that there is a desire across the headspace network to find ways to embed cultural safety and practice into the headspace model. This is urgently needed to better engage and provide support to young Aboriginal and Torres Strait Islander people, who don't respond well to the clinical nature of headspace services. We heard that cultural healing and safety is central to the holistic nature of wellbeing in Aboriginal and Torres Strait Islander communities; an essential part of the mental health challenges facing young people today.

There is strong interest across the network and from Aboriginal and Torres Strait Islander young people to

find ways to incorporate cultural practice into the current headspace model in a culturally safe way. Young people told us that they want to learn more about their culture; headspace staff told us they would like to incorporate cultural learning and outcomes into care plans. Aboriginal and Torres Strait Islander community organisations told us that young people's mental health issues are framed by the context of colonisation, child removal policies and disconnection from Country, family and culture. Strengthening young people's sense of identity and belonging is fundamental to the type of holistic healing crucial to improving their mental health and wellbeing. Targeted programs based on cultural activities in partnership with Elders and Aboriginal and Torres Strait Islander organisations were one of the most common suggestions for meeting young people's needs. These issues go to the heart of this Project and fall under the Model of Care theme in this Report (22%⁶ of comments related to this theme).

We also heard about the challenges in delivering culturally appropriate mental health services. headspace centre staff need guidance and training in developing cultural competencies and to learn how to incorporate cultural outcomes in the workplace. headspace National, Lead Agencies and PHNs have a role to play in driving this change and leading the way forward in partnership with Aboriginal and Torres Strait Islander communities. Resourcing, employing more Aboriginal and Torres Strait Islander staff and the development of culturally appropriate assessment tools and guides have all been brought up as suggestions for improving practice.

Young people's access to headspace services is a central theme and one of the most common that we heard about (17% of comments related to this theme). Young people told us that they prefer casual, comfortable environments with familiar faces. They told us they prefer a cup of tea and a yarn and that the intake process can be confronting, enough to put them off returning to headspace.

6 Statistics take into account both feedback from the consultations for this Project and survey data from the centre Network Survey.





The enduring stigma around mental health and the shame felt by young people is still stopping them coming through the door to headspace. The wait list to access headspace services is a major barrier, with young Aboriginal and Torres Strait Islanders more likely to present during a crisis in need of immediate support. We heard from many people that headspace would have more success in engaging young people if there was flexibility in how to approach them; including building in soft entry points like ‘hang out’ or ‘grab a feed’ timeslots at headspace centres.

Offering outreach services and building connections to the community is another major theme, accounting for almost 22% of comments. We heard that there is a need to go out and meet young people where they are comfortable through outreach services – outdoors, in their homes, at skate parks, community events and schools. This was often spoken about hand in hand with building trust and relationships with local Aboriginal and Torres Strait Islander communities, which came up recurrently across the country. Having consistent, stable and on-going relationships between headspace centres and the local community is the foundation from which engagement, partnerships and healing can be built on.

We heard that there are significant opportunities to increase partnerships with Aboriginal and Torres Strait Islander organisations and service providers, including co-facilitating, co-locating and co-design of programs (13% of comments related to Partnerships). One of the most common suggestions is to build relationships and partnerships between headspace centre staff and local Elders, who are a source of local cultural knowledge and leadership. The potential role for Elders is vast and there were many suggestions for this, such as providing cultural awareness training and cultural supervision, informing and guiding headspace on community needs, running targeted programs on Country and mentoring young people. Such roles can be defined as an ‘Elders in residence’ program for headspace centres.

Employment is another significant theme (21% of comments). We heard about the major benefits brought to headspace centres by Aboriginal and Torres Strait Islander staff, including cultural awareness, lived experienced, community ties and the ability to engage with young people. There is unequivocal support to increase numbers

of Aboriginal and Torres Strait Islander staff across headspace centres in all roles, from admin to youth workers, clinicians to upper management level. Increasing the flexibility of headspace centres to hire staff based on suitability for the role (and without rigidly requiring formal qualifications) would greatly increase uptake. We also heard about the need for Aboriginal and Torres Strait Islander staff to have cultural support at work, with burn out and high staff turn-over common in workplaces where there is only one Aboriginal and Torres Strait Islander worker delegated sole responsibility for cultural work.

The Knowledge Gaps (13% of comments) theme covers what training and skill gaps exist for headspace centre staff which prevent them meeting the needs of Aboriginal and Torres Strait Islander young people. Improving the cultural awareness training offered by headspace was a major focus of what we heard, with headspace centre staff asking for training to be localised, on-going and face-to-face. There is also a demand in the network for specialised upskilling in practices that could be used in a cultural context, such as narrative therapy and Aboriginal and Torres Strait Islander mental health training.

The Trust and Reputation theme (6% of comments) looks at what we heard about headspace’s reputation in the community and the factors which contribute. We overwhelmingly heard that headspace Centers have a very good reputation in the general community, although Aboriginal and Torres Strait Islander communities and young people are a glaring exception. This was backed up by what we heard from young people, many of whom were not familiar with headspace or saw it as a “white person’s” service.

Identity and Belonging (4% of comments) and Racism (1% of comments) are themes that were less commonly raised yet centrally important to the Project. We heard about how strengthening identity and belonging is core to the mental health and wellbeing of young people, as well as the on-going impact of racism in their lives and communities. We heard from young people how their experiences of racism in medical environments affects future decision-making to access services – reinforcing the need for staff to have solid cultural awareness training and engagement skills.





These themes are discussed in detail in the following sections. We have identified 13 key recommendations based on the findings from the consultations. These are:

Key Recommendations

1. Development of a headspace National Cultural Safety Framework
2. Implementation of Cultural Safety and Capability Training + culturally safe support tools for staff and young people
3. Implementation of Cultural Healing Programs
4. Development of an Elder-in-Residence Program and recruitment of Elders by headspace centres
5. Development of a cultural supervision model
6. Relationship and Partnership building and maintenance + outreach as a core component of service delivery
7. Development and implementation of peer support programs
8. Integrating Cultural Care into Mental Health Care Plans
9. Implementation of group programs and therapy
10. Implementation of family therapy
11. Implementation of single session therapy
12. Creation of safe drop-in spaces at all centres
13. Creation of identified positions at all centres

The recommendations are discussed in detail in the report. We are grateful to the young people, headspace centre staff and stakeholders who took the time to speak to us about these issues. Going forwards, these consultations will be the foundation for a series of recommendations for how headspace can begin to embed cultural safety and practice within its framework to better support young people across Australia. More than anything, through our consultations we have heard that there is an enormous groundswell of support and interest in this work moving forward.





themes



Themes:

Access

The creation of safe places where people can talk and access support is a crucial first step in the healing process. – Vanessa Edwige & Dr Paul Gray (2021)⁷

Access relates to the factors which affect Aboriginal and Torres Strait Islander young people approaching, engaging with and using headspace as a service, including the barriers that stop them doing so. CIR's Internal Rapid Audit and Literature Review (2020)⁸ highlights that mental health services are accessed at low rates by Aboriginal and Torres Strait Islander young people, relative to their level of need. Aboriginal and Torres Strait Islander children and youth are also often disadvantaged in that they are not able to access appropriate services.⁹

Access was one of the most commonly raised themes throughout the consultations, with approximately 17% of comments relating to an aspect of access. Key issues related to this theme included the factors that make headspace centres safe and welcoming environments for young people and having soft entry points to headspace services.

Common barriers to access that were raised included the enduring community stigma around mental health, transport in most areas (urban and remote), the wait list and the perception that headspace is a service for white people.

7 Edwige and Gray (2021), above n4, page 19.

8 Cox Inall Ridgeway (2020) *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework.*

9 Westerman and Vicary (2004), above n 1.



FIGURE 2: The figure below illustrates current touch and entry points to headspace centres as identified by Aboriginal and Torres Strait Islander Young People, key stakeholders and headspace centre staff.

THE RANGE OF SERVICES AND ACCESS POINTS TO A HEADSPACE CENTRE



FIGURE 3: The figure below illustrated touch and entry points for headspace to play an integral role in supporting and working with Aboriginal and Torres Strait Islander young people. As identified by Aboriginal and Torres Strait Islander young people, key stakeholders and headspace centre staff.



Centre environment and safety

The physical environment of headspace centres plays an important role in enabling young people to feel comfortable and safe, affecting how likely they are to access and return to headspace as a service. Aboriginal and Torres Strait Islander people are more likely to access and will experience better outcomes from services that are respectful and culturally safe places.¹⁰ The majority of young people consulted told us that cultural safety includes feelings of safety and comfort, which was associated with strongly visual elements such as seeing an Acknowledgment of Country, Aboriginal and Torres Strait Islander artworks, flags and posters which are representative and include language (in areas where language is spoken). Including these prominent visual elements in headspace centres could contribute towards changing the perception of headspace as a service for white people:

“headspace is all white, you walk in there and think it’s a white person’s clinic. Especially here because a lot of people speak language. The new clinic doesn’t have anything in language or art.” – Aboriginal young person, rural area.

Some young people noted the need for artwork, posters and other visuals to avoid being tokenistic:

“Aboriginal artwork is good but sometimes it’s a bit of a red flag depending on how it’s handled.” – Aboriginal young person, metro area.

“Sometimes there’s too many posters of mob who don’t work there. There are all these Aboriginal people on the walls but no Aboriginal people that actually work there and it makes me think it’s just a marketing tool.” – Aboriginal young person, metro area.

“Acknowledgement of Country signs – I feel so much more welcome once I see a sign or hearing it at events. But only if it’s genuine because sometimes an ingenuine acknowledgement comes across as ticking a box.” – Aboriginal young person, metro area.

“Need to make sure it’s not some graphic print off the internet but a local artist and the story behind it is told.” – Aboriginal young person, metro area.

Promoting a sense of **identity and belonging** is central to cultural safety, for example having Aboriginal and Torres Strait Islander staff or young people greeting young people at entry: *“I knew the receptionist and so I felt welcome.” – Aboriginal young person, rural area.* When young people listed other places they felt safe, they told us that having known people, existing relationships and the generational nature of community all contributed. Some centres **employ Aboriginal and Torres Strait Islander young people as youth ambassadors** to be a first point of contact, and some headspace centre staff recommended these programs be expanded.

These factors can be seen as playing a protective role against feelings of **shame** which stopped young people feeling comfortable in headspace centres. The design and layout of headspace centres plays an important role in protecting against shame. Big, wide, open spaces were seen by young people as: *“very confronting and uncomfortable, a little bit shameful,” “I get confused as to who to talk to in the building.” – Aboriginal young person, regional area.* There was a preference for a back entrance option, smaller rooms and one on one engagement to protect privacy and confidentiality. Couches, games, tea and snack areas were frequently mentioned as things that made young people feel comfortable and relaxed, making spaces more casual and less clinical. Having outdoor spaces such as fire pits or yarning circles were also suggested as types of spaces to include at headspace centres. This speaks to the open-door policy of headspace shifting to providing a safe ‘hang out’ space for Aboriginal and Torres Strait young people, or in fact any young person to access rather than a formal solely appointment based model which is explored further in soft entry points.

10 Cox Inall Ridgeway (2020) above n 7.



Walk in / Single Session Therapy

The need for immediate support and responding to young people in crisis has been acknowledged by the majority centres we spoke with. Many centres spoke of the need for flexible walk-in support for young people. One regional centre has begun training all staff in single session therapy and narrative therapy. The aim was to have a staff member on rotation available for walk ins and crisis support. The need for single session therapy for families was also identified. In one remote community a family came to seek support for their young person and required family support which the centre was able to provide for them.

Soft Entry Points

headspace centre staff and stakeholders spoke about the importance of having soft entry points for young people: programs and timeslots to come and simply hang out before starting the official intake process. This links to the need to build trust with young people before they will be willing to access or engage with services: *“[non-Aboriginal services] go straight into business. There is little to no relationship and trust building or just having a yarn. You’ll get through to the kids more if you take the time to connect before getting straight into business.”- Aboriginal community organisation, regional area.*

The idea of having soft entry points ties strongly with what we heard from young people about wanting to do more activities, which is covered in more detail in the Outreach and Community section of this Report, as well as common barriers raised with the intake process, covered in the Model of Care section.

Young people told us that they want safe places they can hang out after school hours. Having opening hours suited to school aged and other young people was raised, including the importance of having evening and weekend availability for headspace centres. A common example of a potential soft entry point involved providing a meal for young people: *“Putting out paintings and the Aboriginal flag isn’t enough, what you should be saying is we’re putting on a stew today, and they’ll come. Some of them do not have food, their parents are drug addicts, alcoholics. On this day we have free food. Coffee and tea stations are nice.” – Aboriginal young person, metro area.*

Having group programs which are more social than clinical were raised by headspace centre staff, who reflected that these programs “open doorways” which can lead to young people continuing to access clinical services at headspace. Group programs were also seen as valuable in and of themselves, being less confronting for young people who have faced trauma: *“A lot of kids involved in the group programs are often unsociable so the therapy side of it is just being in the room,” “Group work is where the best work is done – mix of cognitive behaviour and cultural connections.” – headspace centre staff, regional areas.*

Some young people we spoke to accessed headspace due to a partnership between headspace and a school where headspace staff were based at the schools a few days a week. There were examples of such partnerships in regional and remote areas. Some staff were permanently based at schools. It was suggested that staff could be based flexibly at a range of schools to support access to headspace as a soft entry point. Similar sentiments were expressed by Aboriginal and Torres Strait Islander young people who attended TAFE and University.

Soft entry points such as timeslots for hanging out and group programs were described as building young people’s familiarity and trust with headspace which leads to improved access of headspace services.

Stigma around mental health

All stakeholder groups spoke about the enduring stigma around mental health as a barrier to access: *“There is a stigma associated with mental health, so young people do not access the service as they don’t want to be seen coming in and out from the building because headspace is exclusively a mental health service.” – Aboriginal community organisation, regional area.*

Building community awareness and capacity to deal with mental health issues was often raised as a way of reducing the stigma around mental health. In our consults with young people, we heard a real desire to learn more about mental health issues, such as workshops or classes on how to help a friend who is feeling down, safe intimate relationships for young people and general information on anxiety and depression.



The **Take a Step**¹¹ Campaign has contributed to supporting help seeking and raising awareness of mental health, along with reducing stigma and shame related to mental health. There are a range of culturally appropriate support tools that have been developed to support the campaign that can be further used by centres and key stakeholders. The campaign design was developed with best practice principles of co-design and being led by Aboriginal and Torres Strait Islander young people.

Waitlists/times and the need for crisis support

headspace's wait list is a major barrier to young people accessing services: *"Waitlist is definitely a deterrent for young people. Once you hit a brick wall it's hard to get the momentum back to get help."* – Aboriginal young person, metro area. This is compounded when young people are in crisis by the time they seek professional help: *"The first time a lot of Indigenous young people interact with the mental health system is in crisis. It's common belief that it's not until you're suicidal that you seek mental health support."* – Aboriginal young person, metro area. Specific experiences of being put on a long wait list to access headspace services have put young people off using headspace as a service:

"When I was feeling very down and in crisis I went to headspace and they told me they have a 3 month wait list." – Aboriginal young person, metro area.

"headspace is the only service that is relatively accessible for young people, it was good for a while but when it became a waiting list situation it was too hard. I went from being able to book in whenever to having to wait for every 3 months." – Aboriginal young person, metro area.

"I didn't expect the 20 minute questionnaire (intake) I had to fill out when I was in crisis. It made me think now I really know I feel shit but I can't do anything about it because there was a wait list." – Aboriginal young person, metro area.

We also heard that stakeholders can be reluctant to provide referrals to headspace because of this issue: *"Wait times are too long – a lot of our Indigenous clients who need help are in crisis – our young people can't wait 4 weeks for an appointment."* – headspace centre staff, rural area. The lack of support for a young person while they are on the wait list to access services was seen as a risk to their health and wellbeing, which stopped referrals being made to headspace.

Young people and headspace centre staff pointed to the need for centres to provide better crisis support in order to address this issue: *"It would be great to be able to speak with someone when presenting in the crisis, having someone to talk to then and there and support through a really difficult time. It would have made a world of a difference at the time."* – Aboriginal young person, metro area. Some headspace centres are providing staff for crisis support or moving towards an increase in single session therapy. Alternatively, it was suggested that headspace could refer-on young people in crisis to other services with capacity to address their immediate needs.

Other barriers

Transport was raised as a key barrier to access. The ability of young people to have continuous and consistent methods of travel to and from headspace centres is a critical issue especially in remote areas where small communities may be geographically far from the nearest town, services or headspace Centre. Providing community transport such as a mini-bus or scheduled pick-ups and drop offs to and from appointments was raised as a potential solution, though may be difficult to implement. One example given was in a remote area where young people often requested transportation to be brought to the centre, a service unable to be offered due to the agreement between the centre and Lead Agency. The danger was losing the young person in need: *"if we turn them away then, they'll never come back."* – headspace centre staff, regional area.

It is important to note that transport was a key issues of concern raised in the vast majority of consultations and was experienced in urban and regional centres as well. In a metro area, Aboriginal young people spoke about not accessing headspace as the centres were not easily accessible and there was an absence of a centre in the city centre. They gave examples of other youth services that provided transport to social and cultural events and recommended headspace implement a similar transport system.

11 <https://headspace.org.au/takeastep/>



The development and use of more engaging promotional materials was recommended, including increased use of interactive audio/visual formats, more use of storytelling and representation of Aboriginal and Torres Strait Islander people and the use of language where appropriate. We also heard it would help to simplify the language used in promotional materials (and across headspace services in general), making it less clinical and more accessible to young people. Particularly noting current language used implies a level of education that some young people may not have. We also heard of the need to consider how best to engage and promote to the 18 – 25 year age group, as there was a view by some that headspace tends to target under 18s.

There were mixed views about providing headspace services online or through apps. Some expressed a preference for face-to-face engagement, saying the use of online sessions is “not appropriate.” However, others said they had accessed headspace services using the chat function on the app and enjoyed the privacy and access aspects of this. The Beyond Blue app was an example given by some young people of a culturally appropriate mental health service: *“I use the Beyond Blue app because it has an option to make it more culturally safe and changes the entire app with artwork and different language.” – Aboriginal young person, metro area.*

Innovation by staff members

A range of innovative programs and initiatives were evident at headspace centres across the country. The majority of these initiatives were reliant on staff developing new ideas or bringing experience with them to headspace. Examples included:

- Commencing the development of an adventure therapy program. This concept came from a headspace staff member’s overseas experience in the implementation and success of adventure therapy
- Use of narrative therapy, usually by senior experienced clinicians
- Pet therapy: having a headspace pet that provided comfort for young people. In this centre the pet was a rabbit
- Outreach programs through the success of supplementary funding through local PHNs
- ImpaRa program – Aboriginal and Torres Strait Islander suicide prevention program

Importantly, many key stakeholders were keen to support and be part of joint initiatives and programs. In one remote community an external stakeholder offered the local headspace centre free computers for young people to use and have access to. The centre declined the offer and has struggled with maintaining access and engagement at the centre. This relates to the importance of building and fostering good partnership discussed further under *Partnership* from page 48.



Innovation by staff members

headspace Mildura – ACCHO / AMS SEWB Worker based on site

Prior to the opening of headspace Mildura, the Mildura community and key Organisations were advocating for a local headspace centre and demanded the centre work collaboratively. Mallee District Aboriginal Services (MDAS) was an active part of this drive and became an early member of the headspace consortia. MDAS wanted to continue this support and were able to provide a youth worker to provide services from headspace.

A MDAS SEWB worker is onsite at the centre one day per week to provide direct client care, secondary consultation to staff, as well as facilitate referrals from MDAS to headspace and from headspace to MDAS where appropriate. As well providing services at headspace Mildura, the MDAS SEWB workers is also given the opportunity to participate in headspace team training/education when possible, attend multidisciplinary clinical meetings and receive supervision with either Clinical Lead/centre Manager and/or Engagement & Assessment Clinician.

The partnership has been ongoing and strengthened over time. Headspace Mildura have benefited from improved trust and safety in the headspace centre, with many young people preferring/requesting support from the centre, when they may not have without with the warm referral from MDAS. The centre is now seen as a starting point for MDAS staff to seek consultation and facilitate referrals to more appropriate services and where possible, adopt a shared care model that facilitates a more holistic approach for the young person and even their family.

The staff at headspace have found that through the partnership, they have been able to consult with MDAS on culturally appropriate service delivery and work better with Aboriginal and Torres Strait Islander young people.

There is a strong commitment from MDAS and headspace to foster this relationship and develop the partnership further and are hoping to co-facilitate any groups/activities, stay involved in NAIDOC week activities MDAS may run and to run a group to support breaking down barriers to help seeking and familiarisation with the headspace centre.

KEY TAKE-AWAYS:

- ➔ Young people told us that cultural safety includes seeing visual representations of Aboriginal and Torres Strait Islander culture in headspace centres, including Acknowledgements of Country, artworks, flags and posters in language
- ➔ Promoting a sense of identity and belonging is an important element of cultural safety, including having Aboriginal and Torres Strait Islander staff to greet young people at headspace centres
- ➔ Design features in headspace centres can help to promote a sense of comfort and safety for young people, including spaces with couches, games and snacks, a back-entrance option, outdoor spaces and smaller rooms
- ➔ Having soft entry points – programs and timeslots to come and hang out at headspace ‘no strings attached’ – would build trust with young people and improve access
- ➔ Young people see headspace’s wait list as a major barrier to access. Many Aboriginal and Torres Strait Islander young people only seek help when they are in crisis – providing more crisis support at headspace centres would help meet this need.
- ➔ Opening hours which align with after-school hours and weekends would improve access
- ➔ Other key barriers to young people accessing headspace include the enduring stigma around mental health, wait times, transport and providing more engaging promotional materials





Outreach and Community

Outreach and Community includes the comments we heard around providing services outside of headspace centres and building trust and relationships with local communities. 22% of comments fall under this category. We heard about the need for headspace to go out and talk to young people “where they are,” as well as of building stronger and closer-knit ties with local communities and community organisations. This was seen as central to headspace’s ability to engage with and design effective solutions to the mental health issues affecting young people.

There is evidence to suggest that a common success factor in community-based interventions or responses to Indigenous mental health issues is their development and implementation through Indigenous leadership and in partnership with Indigenous communities.¹² With community ownership and investment, such responses are also likely to be sustained over time. Edwige and Gray (2021) also comment that:

Healing and rehabilitation approaches must be culturally grounded, and require community-level, rather than simply individual-level, responses that build on the strengths of community and culture to revitalise connections to community and culture.¹³

Outreach

We heard large numbers of young people, headspace centre staff and stakeholders saying that **headspace needs to offer outreach services**: “go and talk with youth out where they are,” where they feel comfortable and safe, as opposed to inside headspace centres. Some commented that “community won’t come to the centre,” and there was an overall sense that **headspace was missing out on engaging Aboriginal and Torres Strait Islander young people because of a lack of outreach services**: “headspace should engage more with the community. Missing a lot of young Aboriginal people who would not step foot in here. Our [Aboriginal and Torres Strait Islander] workers connect with them through sports, but they won’t come here because of clinical things and stigma.” – headspace centre staff, regional area.

“Young people do not feel comfortable in accessing headspace centres, so they need to come up with programs (outreach), sit with the young people outside maybe somewhere in the park or river bank so they feel comfortable sharing information.” – Aboriginal community organisation, regional area.

“They need to come into the young person’s space before the young person will come into headspace.” – Aboriginal community organisation, rural area.

Examples of potential outreach included having a cup of tea with young people and their families at their homes, in parks and other outdoor or on Country locations and connecting with young people at schools, sports days and skate parks. Other examples of outreach services that would meet needs in the community included taking young people to appointments, especially in rural and remote communities: “Check in on kids, home visits, go get the kids, pick them up and take them to a café.” – Aboriginal young person, rural area.

Importantly, outreach in the context spoken by young people and community included engaging with family and community. This is in line with Aboriginal worldviews and placement of ‘self’ in an extended family and community that is strongly interconnected, which is vastly different to the general western concept of a nuclear family and concept of self as independent from family.

12 Cox Inall Ridgeway (2020), above n 7, page 12.

13 Edwige and Gray (2021) above n 4, page 5.



There was a strong desire from all stakeholders for headspace centres to run more **activity-based programs** targeted at Aboriginal and Torres Strait Islander young people located outside of headspace centres. Young people overwhelmingly said they would like to see headspace run activities and outings ranging from cultural activities and programs “like weaving, tool making, painting” to more general activities such as “sports, dance, movie nights, bus tours to interesting places”. Young people told us that (especially in regional and remote areas) “there is not much to do here besides drinking and drugs,” which may explain the demand for activity-based programs. Some young people requested that activities such as weaving be run by Elders in their community so they can learn more about their culture. Some Aboriginal and Torres Strait Islander young people shared that their parents had mental health and/or drug and alcohol struggles and through that process they had not been able to learn or connect to their culture as much as they would like to, and so, saw the role of Elders in bridging that gap in connecting and knowledge sharing.

Such views were supported by headspace centre staff and stakeholders who spoke about a desire to create targeted programs involving going out on Country, bush skills and cultural learning/healing. They highlighted the importance of co-design with Elders and local Aboriginal and Torres Strait Islander organisations (more on this below and in the Partnerships section): *“True participation happens off site – on Country.” – headspace centre staff, regional area.*

Barriers to providing outreach services that we heard about included: limited time and resources of existing staff, a lack of Aboriginal and Torres Strait Islander staff, the need for guidelines (privacy, safety) to support this type of work and a KPI model which does not integrate outreach. One headspace centre staff member described it as a tension between providing outreach services and reducing the wait list for headspace services: *“We need to recognise that outreach is invaluable to the work we do and must continue, even with the wait list and other demands.” – headspace centre staff, regional area.*

Building links with the Aboriginal and Torres Strait Islander community

As described by Vanessa Edwige and Professor Gray, the interconnectedness and role of family and community in Aboriginal and Torres Strait Islander cultures differs greatly from Anglo-Saxon Australian concepts of family:

Aboriginal and Torres Strait Islander cultures are considered to be collectivist, emphasising relationships and interconnectedness between community members, and shared obligations to each other. This includes a key role for family and extended family, as well as a focus on kinship and community relationships beyond direct biological relationships.¹⁴

In line with the role of family and community, young people told us that when they are feeling down, they are most likely to reach out to friends, family and well-respected members of the community. They also told us that **they would like to see headspace out in the community more**, having a presence at community events like NAIDOC week, sports days and other cultural events. There was also a desire for headspace to build stronger relationships with known and respected figures in the community.

These sentiments were overwhelmingly echoed by headspace centre staff and stakeholders we spoke to, who talked about the need for headspace to “be out in the community more,” attending community events such as sports days. **Relationship building with community groups was seen as central to building the trust needed to provide services:** *“If you want to support the community you have to become part of the community.”- Aboriginal young person, regional area.* This was also seen as important given the cultural importance of family/kinship ties and the community-oriented nature of Aboriginal and Torres Strait Islander people.

An important reason given for building stronger community ties was to allow local context to inform the priorities and programs of headspace centres. Cultural protocols and community needs differ according to local context, which requires grassroots relationships to determine the needs and best service delivery approach in each community. Many headspace centre staff spoke of needing more input from local Aboriginal and Torres Strait Islander communities and young people in order to inform targeted programs and engagement processes: *“We need to work with community to help direct our work in the community.”- headspace centre staff, regional area.*

“We have been trying to engage with the community but there’s a disconnect in terms of needs and expectations from the community, and the services the centre delivers.” – headspace centre staff, regional area.

14 Edwige and Gray (2021), above n. 4.



Elders-in-Residence Initiative

headspace Katherine

Elder Aunty MW provides cultural support to headspace Katherine in a number of ways. She attends headspace Katherine's consortium meetings and is available for cultural consultations, smoking ceremony, cultural activities and yarnning circles as requested when needed. Aunty MW recently participated in the Governor General visit with headspace Katherine; she was touched by their visit and sent a gift of a Holy Bible translated in Kriol (she was part of the translating team).

Aunty MW is also a cultural consultant for the Banatjarl Strong Women Group (BSWG) and continues to work in partnership with the headspace Katherine team through the delivery of the BSWG & headspace Katherine Cultural Healing Programs. BSWG also provides us with support and links us up with other elders from all over the region.

As headspace Katherine services several remote communities, it was acknowledged that it would be difficult to have one Elder appointed who can provide support and advise on all communities, therefore they continue to engage with local elders within the respective communities during their visits each week. They are supported by the community and other strong local leaders as well as their SEWB worker and social work student who also have connections to the communities they support.

Aunty MR has had a long history with headspace Katherine and remains involved, however, participation in various activities has reduced significantly since the beginning of the pandemic. Other Elders remain in contact and when able to, headspace Katherine hopes engagement with Elders will recommence in the near future.

There are two main families/tribes within the Katherine region and it is critical that headspace Katherine are respectful and engage with both. Aunty MW and Aunty MR represent both groups.

Many headspace centre staff spoke of the need for input from Aboriginal and Torres Strait Islander young people to inform targeted programs and headspace priorities. Some headspace centres had youth reference groups for this purpose, but not all reference groups had representation by an identified young person.

While headspace was seen as generally having a good reputation and good relationships with local community organisations and services, many spoke of a need to improve relationships with local Aboriginal and Torres Strait Islander organisations. headspace centre staff often spoke of a **desire to build relationships with and collaborate with local Elders**, who were seen as a source of guidance, advice and connection to community needs. Many saw Elders as playing a potential role at headspace through providing cultural leadership and healing, cultural awareness training and other targeted programs:

"Elders-in-residence could be part of each centre as mentors and a connection to the community." – Aboriginal community organisation, metro area.

"Elders could be a source of support and advice – paid to come in on a fortnightly or monthly basis to support staff." – headspace centre staff, rural area.

"We need to connect more with local Elders who can inform headspace of community need." – headspace centre staff, rural area.

"We need to use Elders as peer support workers."- headspace centre staff, regional area.

"There is definitely a headspace role for Elders, Aunts or Uncles. We could build Aboriginal services capacity or run training through them, so they are teaching [the community] coping mechanisms and how to have conversations about mental health."- Aboriginal organisation, metro area.



“An Elders in Residence program needs to be well thought-out, but it’s a good idea to ensure cultural factors are considered in the care of young people at headspace.” – headspace centre staff, regional area.

“Every time we go into a community and do not listen to local Eldership, we undermine it.” – headspace centre staff, rural area.

The use of Elders in Residence has been supported by Professor Patricia Dudgeon, who has advocated for the advice of Elders to form the foundation of how service providers work with Aboriginal and Torres Strait Islander people:

They (Elders) are our wisdom keepers ... They are the vital bridge between the modern world and Aboriginal culture. They are the leaders of our communities, to whom we continue to rely on for guidance and counselling.¹⁵

Building stronger trust and relationships with the community was linked with positive outcomes such as: better engagement with Aboriginal and Torres Strait Islander young people, receiving input regarding targeted headspace programs, building community literacy around mental health including reducing stigma and building community capacity to support with mental health issues.

Barriers to building trust and relationships with the community that we heard included: limited time and resources for staff to undertake this work (not reflected in KPIs and community engagement driving more referrals where wait list is already an issue), a lack of skills for engaging Aboriginal and Torres Strait Islander organisations and community members and the need for guiding frameworks to support this work: *“Most centres don’t seem to have a clear engagement plan with community.” – headspace centre staff, rural area.*

KEY TAKE-AWAYS:

- ➔ Offering outreach services would greatly increase the young people headspace engages with
- ➔ Suggestions for potential outreach services include meeting young people outside in their homes, parks and on Country and running more activity-based programs outside of headspace centres
- ➔ Young people are most likely to talk to friends, family members and respected community members when they feel down. They would like to see headspace out in the community more, having a presence at events like NAIDOC week, sports days and cultural events, building these community relationships
- ➔ headspace centre staff would like to build closer relationships with communities and local Elders, who could be a source of guidance, advice and connection to community needs
- ➔ headspace centres would benefit by having a mechanism to allow identified young people to provide input into targeted programs and headspace priorities
- ➔ Barriers to outreach and community engagement include staff time and resources, a need for more Aboriginal and Torres Strait Islander staff and the current KPI system

15 Professor Patricia Dudgeon (2014) The Elders’ Report into Preventing Indigenous Self-Harm and Youth Suicide, page 7.





Knowledge Gaps

This theme captures what we heard about the gaps that exist in the knowledge or skills of headspace centre staff which affect their ability to provide services to Aboriginal and Torres Strait Islander young people. 13% of comments related to Knowledge Gaps. The key area discussed was cultural awareness training, but other knowledge gaps raised included clinical and engagement upskilling.

The Australian Indigenous Doctor's Association provides some context to the provision of cultural awareness training:

Cultural safety is viewed on the continuum of care with cultural awareness being the first step in the learning process (which involves understanding difference), cultural sensitivity being a next step (where self-exploration occurs) and cultural safety being the final outcome of this process.¹⁶

Cultural awareness training

There were a wide variety of responses when we asked headspace centre staff about the cultural awareness training they had received. While many said they had received training and that it was useful to some degree, the majority reported that their training had been lacking, poor or not appropriate in some way. Key issues raised included the regularity of training (with some staff reporting not having had training for stretches of 3 years or more) and appropriateness of form/content. Online cultural awareness training was the most common form undertaken and seen as lacking, being described by words such as “generic”, “tick the box” and “hit and miss”: *“An online suite of videos isn't going to help me.” – headspace centre staff, regional area.* Staff across the country overwhelmingly told us that **the current cultural awareness training they receive is not adequate to prepare them to meet the needs of Aboriginal and Torres Strait Islander young people.**

Staff across the board are open to receiving more cultural awareness training, although a few said they would struggle to fit it into their busy workloads. We heard that staff considered headspace to be an organisation supportive of continuous learning. Training provided varied according to location, with both Lead Agencies and headspace National playing a role in organising training. In some areas, we heard examples of Lead Agencies partnering with local Aboriginal and Torres Strait Islander organisations to provide training.

With regard to how to improve cultural awareness training offered to staff, the three key points raised consistently were:

1. **Provide a local context** – we heard a “cookie cutter” approach to cultural awareness does not work, because of the large variations in cultural norms and customs from place to place. Frequent suggestions included having local Elders or Aboriginal and Torres Strait Islander organisations run the training, which would also help to build relationships with the local community: *“The cultural awareness training must not be tokenistic. If it is to be meaningful it needs to be an ongoing approach. The learning from the training needs to be embedded. Would be really useful to have local Elders and community participate.” – headspace centre staff, regional area.*
2. **Face to face training:** *“Face to face, local cultural training works better and should be embedded into headspace.” – headspace centre staff, rural area.*

16 Cox Inall Ridgeway (2020) above n 7, page 10.



3. **Ongoing training that is recurrent or regular:** *“Half-day to day session run local by local community to understand the community. Should be done at induction and then yearly refreshers.” – headspace centre staff, rural area.*

We also heard that training should **have a strong youth component** rather than being generalist. headspace centre staff mentioned the following health professionals/organisations’ programs/courses as ones they have found useful in the past (many are location-specific): Tracy Westerman, centre for Remote Health, Central Australian Aboriginal Congress, Youth Empowered Towards Independence (YETI), Young Aboriginal Support Program (YASP), Marathon Health – On-Country, Marumali training (Stolen generations training) and Maari Ma Health.

Specialised clinical training

As well as improved cultural awareness training for all staff, we also heard a demand for specialised training that may be more specifically targeted according to role. Suggestions for training that could be helpful in providing services to young people included: narrative therapy in a cultural context, Aboriginal and Torres Strait Islander mental health, the Stolen Generations/intergenerational trauma training and culturally specific work skills including developing culturally specific care plans. Cultural healing is also a new concept for many in the network and some have commented that training to support this would be essential.

Some headspace centre staff recounted how in the absence of training, they are relying on their personal experience or advice from Aboriginal and Torres Strait Islander colleagues at their organisation to guide how to be culturally sensitive and flexible. Some said there was a need for guidance from Lead Agencies and headspace National on these issues.

Engagement skills and cultural competencies

There is also a strong demand for practical training on how to engage better with local Aboriginal and Torres Strait Islander communities and young people. It was clear that many staff members are not confident in these skills and seek training or guidance to upskill themselves: *“[A lot of staff] really want to work in Indigenous communities but have no idea how to start,” “centre staff do work well with Aboriginal people, but there are some things (cultural practice and protocols) that they are not sure about.” – Lead Agency, regional areas.*

Young people also made it clear how important it is to have **staff that are well trained and respectful when it comes to issues of cultural identity**. Many young people recounted culturally unsafe experiences with medical professionals which affected their future decisions around seeking professional help: *“I like to bring up cultural stuff really early and if they handle it terribly, I won’t come back. If people can’t handle my cultural stuff then I won’t go back,” “There should be more cultural awareness training so that white medical professionals don’t ask so many questions. I’ve had experiences where I spent the whole session educating them about my identity, culture and life. You’re there to seek help, not be the help.” – Aboriginal young people, metro area.* This is discussed in further detail in the section on Racism.

Having ongoing cultural awareness training for clinicians and service providers working with Aboriginal and Torres Strait Islander people is viewed as integral to providing culturally competent and safe psychological interventions and treatment.¹⁷ Studies by Westerman and Vicary (2004) have found that poor knowledge and understanding of Aboriginality was considered a barrier to intervention by most Aboriginal and Torres Strait Islanders, who identified a non-racist attitude and sound knowledge of Aboriginality as being two of the core components required by non-Aboriginal therapists.¹⁸

How to build relationships with Aboriginal and Torres Strait Islander communities was one of the most commonly raised knowledge gaps for headspace centre staff who struggled to communicate with and navigate local politics among Aboriginal and Torres Strait Islander communities and organisations: *“It’s sometimes difficult to manage the local politics of services.” – headspace centre staff, rural area.* Some framed this as **a need for senior cultural leadership within headspace**, with some observing that Lead Agencies did not know how to navigate these issues either.

headspace centre staff talked about the specific skills they wanted to build. Many related to **cultural competencies**:

17 Edwige and Gray (2021) above n4.

18 Westerman and Vicary (2004) above n1, page 7.



“[centre staff] would like to understand how to take a conversation with an Aboriginal and Torres Strait Islander young person to incorporate their connection to their community and culture.” – headspace centre staff, rural area. One suggestion was the development of **cultural conversationalist guides**. One experienced clinician commented that her personal work experience had taught her *“to identify when and how to be culturally sensitive and flexible in the way she is conducting the intake process, for example changing it to be more conversational/having a yarn.”- headspace centre staff, regional area.* Other experienced intake staff also spoke about prioritising the young person presenting and speaking to what their priorities and needs were and worrying about completing the HEADS assessment at a later date. Some Centers had also begun offering single session therapy to provide young people presenting with a triage plan and tools to support them immediately. This is especially important for Aboriginal and Torres Strait Islander young people who often seek help later and more often in crisis.

There is a gap in culturally appropriate resources to support headspace staff in talking to, assessing and supporting Aboriginal and Torres Strait Islander young people. There is an opportunity to build on the resources developed as part of the Take a Step campaign, once headspace staff are appropriately trained.

KEY TAKE-AWAYS:

- ➔ There is a wide variety of cultural awareness training being provided across headspace centres, but the majority of staff told us it is not preparing them to meet the needs of Aboriginal and Torres Strait Islander young people
- ➔ headspace centre staff are open to receiving more cultural awareness training, especially training that provides a local context, is face-to-face and is on-going or recurs regularly
- ➔ There is a demand from headspace centre staff for specialised upskilling and in-depth training according to role, including developing culturally specific work skills
- ➔ There is a strong demand from headspace centre staff for upskilling in engagement with local Aboriginal and Torres Strait Islander youth and communities
- ➔ There is a move in some centres to offer single session therapy and for this to be available for walk in appointments





Trust and Reputation

Trust and Reputation captures comments relating to the community's perception and trust of headspace. 6% of comments related to Trust and Reputation. While headspace centre staff overwhelmingly reported having a positive reputation in the community, in some areas we heard that this does not extend to Aboriginal and Torres Strait Islander communities, where there is a need to build trust. The need to build trust and reputation was especially clear when it came to young people.

headspace's general reputation

Stakeholder comments regarding trust and reputation varied widely depending on who was surveyed. **headspace centre staff across the country overwhelmingly said that headspace had a good or very good reputation with the community.** The only exceptions were Dubbo, where staff considered their reputation with the community to be "improving," and Grafton, where many staff believed headspace did not have a good reputation.

Factors which centre staff thought indicated or contributed to headspace's positive reputation included: positive relationships, feedback and number of referrals received from services providers and local organisations, having return clients re-engaging with the service over time, stakeholders approaching the centre and Lead Agency, having experienced staff with established community networks, positive feedback from ACCHOs and the opening of more centres/outreach sites.

Some comments noted the positive impact of the headspace National brand: *"The national perspective is done very well and helps with our community awareness and reputation. There is consistency and a strict, carefully thought-out brand."* – headspace centre staff, regional area.

The most frequent issue raised by headspace centre staff impacting reputation was **wait times**, which affects peoples' ability to access headspace services. Other issues raised included the reputation of the centre's Lead Agency and the centre's capacity to undertake community engagement work. Some centres noted a positive relationship between community engagement work and headspace's reputation: *"In the community headspace has a good reputation. Community teams get the message out. Schools are getting more proactive messaging about mental health which flows into headspace."* – headspace centre staff, regional area.

Reputation with Aboriginal and Torres Strait Islander communities

The exception to headspace's overall positive reputation was noted by many to be Aboriginal and Torres Strait Islander communities. **A number of headspace centre staff indicated that while headspace's general reputation is positive, this is mostly with regard to servicing young people from higher socio-economic demographics**, "the mainstream community," or "middle class people." When asked what headspace's reputation was with Aboriginal and Torres Strait Islander communities, responses from centre staff varied. Responses were divided between staff saying they did not know, to saying this was an area that needed improvement, to stating outright that headspace does not have a good reputation with Aboriginal and Torres Strait Islander people: *"headspace Grafton doesn't have a good reputation, Aboriginal people perceive it as a white service, it's seen as a clinical place."* headspace centre staff, regional area.

This view was reinforced by what we heard from young people and local Aboriginal and Torres Strait Islander organisations. Although some young people had accessed headspace services, **most young people surveyed said they had never been to or had not heard of headspace.** In some areas, young people said **they would not**



recommend headspace to a friend because it did not have a good reputation in their community.

CIR's Internal Rapid Audit and Literature Review (2020) has found that word-of-mouth promotion or validation through trusted sources within the community, particularly ACCHOS and Aboriginal and Torres Strait Islander health services increases the level of trust and likelihood that Aboriginal and Torres Strait Islander people will access a health service.¹⁹ Similarly, Westerman and Vicary (2004) have shown the importance of "vouching" in Aboriginal and Torres Strait Islander communities (members of that community conveying positive information about a therapist or health service), with 92% of respondents in one study saying they would not see a non-Aboriginal practitioner unless another Aboriginal or Torres Strait Islander person had vouched for them.²⁰

headspace's reputation with young people was somewhat better in urban areas, with some commenting positively on it being no-cost and a judgement-free environment. Young people often judged headspace's reputation from the stories of their peers, remarking that they were more likely to access headspace if they are referred by friends or family: *"I wouldn't listen to a random person's experience, but I would listen to my friends."* – Aboriginal young person, metro area.

Both young people and Aboriginal and Torres Strait Islander community organisations commonly said that headspace had a reputation as being a "service for white people," or being a "clinical place." This was commonly spoken about in relation to local headspace centres not being well connected to the local Aboriginal and Torres Strait Islander community and servicing low numbers of Aboriginal and Torres Strait Islander people. In Darwin we heard that *"most Aboriginal and Torres Strait Islander young people won't walk through the door unless they have been referred."* – headspace centre staff, regional area. headspace centre staff commented that they would like to have a better reputation with local Elders and Aboriginal community organisations. This is strongly linked with the themes raised throughout and covered in other sections of this Report, including: Access, Outreach and Community, Knowledge Gaps and Model of Care.

Trust

Trust was most often raised in the context of **developing relationships with the local community**, community engagement and outreach services: *"Clinical aspect is the biggest barrier for engagement. Need to be out in community so that community gets to know headspace and they can build trust and respect."* – headspace centre staff, regional area.

Words to the effect of needing to "build trust and rapport in the community" were frequently used by headspace centre staff and stakeholders including local community organisations. Some commented that building trust is the foundation that allows you to do healing work and create partnerships: *"Need to build relationship with community, build trust, before you begin any design/change work."* – headspace centre staff, rural area. Building trust and relationships with respected Elders or community leaders was seen as a way of improving relationships and access to young people in need.

A recurring theme was that **building trust with community takes time** and the importance of not rushing these relationships. This was spoken about both with regard to building community relationships and with regard to processes for engaging young people. There was a sense that the current headspace model does not allow flexibility to build rapport and trust with young people but rather "goes straight to business," for example through the current intake process. Young people associated trust with cultural safety and comfortable spaces, with "having a yarn." Others commented that the current model *"does not support engagement and opportunities to build trust."* These issues are explored in more detail in the Model of Care section of this Report.

Key barriers identified include the time and resources that it takes to build trust and reputation in communities, the difficulty in measuring trust building and how to integrate these issues into the current KPI system/headspace model.

19 Cox Inall Ridgeway (2020) above n7.

20 Westerman and Vicary (2004), above n1.



KEY TAKE-AWAYS:

- ➔ headspace centre staff believe their reputation with the general community is overwhelmingly considered to be 'good' or 'very good'
- ➔ headspace centre staff believe their reputation with Aboriginal and Torres Strait Islander communities either needs improvement or is poor
- ➔ Many Aboriginal and Torres Strait Islander young people and community members told us that they considered headspace to be a "service for white people"
- ➔ There is a need for headspace to build trust and relationships with the Aboriginal and Torres Strait Islander community to improve its reputation.
- ➔ Key barriers include the time and resources needed for building ties with communities, difficulty in measuring trust building and integrating these issues into the current KPI system

Outreach to remote communities

headspace Katherine

The outreach model of care has been embedded into headspace Katherine's services in response to a recommendation from NT Mental Health Coalition. Since September 2019, the outreach model has continued to develop, grow and change with each year that their service is operational. While the team may be small, it is an expectation that all staff employed by headspace Katherine support community outreach work.

Outreach trips occur every week on a Wednesday and every second Thursday. Outreach work is coordinated and staffed by up to 3 headspace team members on a rotational basis. Their identified positions are an integral component of the outreach model as they ensure that their service remains culturally responsive to the needs of local Aboriginal young people and their communities. Their SEWB and Aboriginal Community Engagement Workers support the team to coordinate outreach trips and integrate two ways learning and cultural practices. This ensures that western clinical interventions are weaved together with traditional practices and healing approaches to support the wellbeing outcomes of young people accessing the service. Furthermore, all staff complete comprehensive and regular cultural competency training to ensure that they work in a culturally safe, sensitive and appropriate way.

The frequency and consistency of their weekly visits has supported the development of strong relationships in the communities. These relationships include Elders, community members and young people, Aboriginal Controlled health organisations (that manage the remote clinics), schools and local councils. With the support from their in-community partners, they can deliver on all of their core streams from the mobile outreach clinic. They do this through the delivery of culturally responsive mental health services, integrated AOD support provided through individual therapy (brief episode of care, single session work, narrative therapy) and group programs (such as Holyoake Drumbeat Program, cultural healing programs and creative arts). Other activities also include community-based projects (painting of murals etc) and education and awareness campaigns. The team also use the Menzies Stay Strong apps and resources. headspace Katherine continue to support young people with work and study assistance by referring them through to the *Digital Work and Study Program*. They also continue to ensure the physical and sexual health needs of young people are met through their strong ongoing partnerships with Aboriginal Medical Services, who prioritise headspace referrals.

With the word about headspace centre in Katherine spreading, they are receiving referrals from other remote Aboriginal communities outside of Katherine, such as Gapuwiyak, Barunga, Mataranka, Ngukurr, Boorooloa and Lajamanu. While they do not have a physical presence in all of these communities, their team have been responsive to these referrals and have provided (where possible and given the geographical location) mental health support via their telehealth platform. Support includes family members and often the health clinics within these areas. An increase in these referrals demonstrates that there is a significant need for specialist youth mental health outreach services.





Employment

Employment covers the demand for and benefits of having Aboriginal and Torres Strait Islander staff at headspace centres, including what barriers exist to increasing employment. 21% of responses related to this theme. Recent data shows that 28% of headspace centres currently employ an Aboriginal and Torres Strait Islander staff member.

Studies have shown that visible involvement of Aboriginal and Torres Strait Islander people in employment and governance increases the level of trust and likelihood that Aboriginal and Torres Strait Islander people will access a health service.²¹ Respondents in Westerman and Vicary's study (2004) also believed that western service delivery to Aboriginal and Torres Strait Islander people could be improved with the widespread use of identified cultural consultants as co-therapists.²²

Demand for Aboriginal and Torres Strait Islander staff in headspace centres

The multidisciplinary nature of the headspace workforce was viewed positively by centre staff and a positive part of working for headspace. Having a variety of roles, skill sets and lived experience at each centre was seen as allowing tailored support to be provided to young people.

We heard that headspace centres across the country employ Aboriginal and Torres Strait Islander people in various roles including Aboriginal mental health workers, case workers and administrative staff. It was more common for these roles to be based around case work or community outreach and in comparison there were less clinical roles filled by Aboriginal and Torres Strait Islander people, such as clinicians, psychologists and GPs.

Across the board, we were told that **headspace centres need more Aboriginal and Torres Strait Islander workers in all areas of the organisation** – admin, case workers, clinicians, management and Board level: *“Would be ideal to have Aboriginal staff in every team in the centre, to support cultural work, program development and decision making,” “We need more Aboriginal staff who can act as an interface between clinical approach and cultural practice.”* – headspace centre staff, regional and rural areas. The largest need was in relation to community liaison/youth worker roles, to support expanding outreach and engagement with Aboriginal and Torres Strait Islander young people and communities. Some centre managers told us they would like to avoid tokenistic recruitment, ensuring there are clear roles outlined for identified staff and avoiding having one staff member responsible for all cultural engagement and knowledge.

We heard about the **benefits** of having Aboriginal and Torres Strait Islander staff in headspace centres. The **cultural awareness, lived experienced, community ties and ability to engage with young people** were listed as major benefits brought to headspace centres by Aboriginal and Torres Strait Islander staff. Examples of successful programs in the community or strong community relationships driven by individual staff members were recounted: *“one Indigenous staff member has lived in [town] for 30 years and he’s well known with strong family ties”* – headspace centre staff, regional area. Others spoke of a noticeable improvement in engagement of young people due to staffing profile: *“Need more Aboriginal and Torres Strait Islander staff – one has just started, and headspace has already seen an increase in Aboriginal and Torres Strait Islander young people engaged.”* – headspace centre staff, regional area.

Conversely, centre staff told us that **high staff turn-over affected continuity of relationships with community and programs**. In some areas, high staff turn-over was related to the transient nature of workers in regional and remote areas. In other cases, staff turn-over was related to issues of workload, burn out and lack of support (more on this below).

21 Cox Inall Ridgeway (2020) above n7.

22 Westerman and Vicary (2004) above n1.



Overall, employing more Aboriginal and Torres Strait Islander staff was seen as critical to better engagement with young people, local communities/organisations and building cultural competencies internally within the headspace network.

Young people said they would like to see more Aboriginal and Torres Strait Islander staff at headspace, which makes the service more relatable, community-oriented and culturally safe. This sentiment was echoed by headspace centre staff: *“It would make it more culturally safe if headspace could have someone (identified position) who can engage with the young people, be willing to sit and talk to them privately in a safe comfortable environment.”* – Aboriginal community organisation, regional area.

Employment pathways for young people to work at headspace was also raised by all stakeholders, as well as the importance of young people having input into headspace at a centre and higher level through representative committees.

In some areas, demand for identified workers was gender-specific. For example, in a rural area we frequently heard that there was a need for more Aboriginal male counsellors: *“Young Aboriginal men won’t come unless there are male staff at headspace who they can connect with and trust, the same goes for young Aboriginal women and female staff.”* – headspace centre staff, rural area. In these areas, **having a gender mix of identified staff was seen as crucial to servicing the needs of the community** in a culturally appropriate way.

Barriers to employing and retaining Aboriginal and Torres Strait Islander staff

One of the most significant barriers to employment we heard from headspace centres is a **skill shortage**, especially affecting remote and regional areas. We heard that this is a general issue affecting workplace planning but especially applies Aboriginal and Torres Strait Islanders where skilled workers are “snapped up” immediately. This leads to recruitment further afield. In Tasmania, particularly northern Tasmania, there are limited tertiary courses offered for psychology, so headspace centres have had to recruit from the mainland or even overseas to fill these roles. This exists in tension with the importance and benefits of employing people familiar in the community, which bring the benefits of local networks and an understanding of community needs.

Another barrier to general staff employment and retention frequently raised was **salary/remuneration levels**, which headspace centre staff told us were often lower than comparable positions in other organisations or government. The impact of lower salaries in practice results in many staff at headspace centers being new graduates and not having the work experience to respond to complex needs of Aboriginal and Torres Strait Islander young people and or other young people who present in crisis.

The need for specific, formal qualifications was a commonly listed barrier to the employment of Aboriginal and Torres Strait Islander workers. We heard that the headspace model strictly outlines qualifications required for each role, which can be a barrier to hiring otherwise capable staff with valuable lived experience. headspace centre managers suggested that flexibility to bring staff on board as community workers while they are supported in obtaining qualifications would be a potential solution. Traineeships, workforce strategies and co-funded or shared employment roles with other community organisations were also raised as possible pathways or solutions to help attract and retain Aboriginal and Torres Strait Islander workers. Some staff spoke of the need for leadership from Lead Agencies and headspace National on these issues, for example in the form of a national Aboriginal and Torres Strait Islander recruitment strategy.



Example of identified positions and change

NSW Health Aboriginal Mental Health Workforce Training Program²³

The program aims to employ and train Aboriginal people as mental health professionals and is designed to develop a highly skilled and professional Aboriginal mental health workforce that provides mental health services to Aboriginal and non-Aboriginal people. The trainees undergo supervised workplace training and clinical placements over three years, while concurrently completing a bachelor's degree.

A formal evaluation found that the program was effective in increasing staff knowledge and understanding of Aboriginal mental health, cultural issues and improved the capacity of public health services to provide accessible and relevant services. Aboriginal workers gained valuable skills and a tertiary qualification to work as mental health professionals, support their communities, and be role models for others.

Need for better support for Aboriginal and Torres Strait Islander staff²³

While headspace centres were commonly described by staff as offering a positive and inclusive work environment, some commented that being in a “white workplace” can be challenging for Aboriginal and Torres Strait Islander staff and that some headspace centres are not culturally safe environments. Some commented on the need for better cultural awareness training and internal discussions to challenge assumptions and unconscious bias within the organisation, in order to build cultural safety in the workplace: *“We have no Aboriginal and Torres Strait Islander staff at all, it’s difficult to retain staff. When we have had identified staff it has made such a difference to engaging young people. Our staff need to have a better cultural understanding of the challenges of cultural staff. I don’t believe the centre is a culturally safe place, culturally it’s a white workplace where the social norms and values are ‘white’.”* – headspace centre staff, regional area.

We heard that there is a **need for headspace to better support Aboriginal and Torres Strait Islander staff**. Many spoke of the burden, stress and workload placed on these workers, especially if they are the only Aboriginal and Torres Strait Islander worker at the centre: *“there are too many expectations on a solo worker to manage all community issues – if there is only one identified worker they are set up to fail.”* – headspace centre staff, regional area.

“The centre needs to be aware of the cultural burden that the centre places on Aboriginal staff, whether it be for events, their cultural knowledge and expertise to support the centre. This is often outside of role descriptions.” – headspace centre staff, rural area.

“Acknowledging that if you have an identified Aboriginal and Torres Strait Islander staff member on the team, that they cannot be the sole conduit and resource for all things.” – headspace centre staff, regional area.

“Aboriginal and Torres Strait Islander staff may feel like ‘tokens’ if they are the only identified staff member on the team and are expected to all of the cultural activities and relied upon for cultural knowledge.” – headspace centre staff, regional area.

Some also noted the difficulty faced by Aboriginal and Torres Strait Islander staff to “switch off” after work when living and working in small communities. A number of Aboriginal and Torres Strait Islander staff felt their life and cultural experience could be better leveraged by headspace through providing input through e.g. working groups. We also heard that there is potential to expand the role of identified admin workers, who play an important role in being the first point of contact for young people coming to centres.

Support for Aboriginal and Torres Strait Islander staff was framed in terms of **providing cultural safety and supervision for staff**. In some instances, we heard of informal support relationships being formed (for example if there is a senior Aboriginal and Torres Strait Islander staff member at the centre), but there was a clear need for this to be formalised

23 <https://www.health.nsw.gov.au/mentalhealth/professionals/Pages/aborig-mh-wrkforce-prog.aspx#:~:text=Aboriginal%20Mental%20Health%20Workforce%20Training,concurrently%20completing%20a%20bachelor's%20degree.>



or consistent across centres. Ideas for improvement and potential solutions broached included **the use of cultural advisors or cultural supervision**: *“Look at having an Aboriginal and Torres Strait Islander reference group to help support the identified staff. It could look at including an Elder, government person, AMS staff member and community influences.”- Aboriginal community organisation, metro area.*

Westerman and Vicary (2004) suggest there are benefits of providing cultural supervision for non-Aboriginal practitioners through “developing an Aboriginal supervision group who could provide input into the therapeutic process and culturally validate the therapists work with Aboriginal clientele.”²⁴

KEY TAKE-AWAYS:

- ➔ The headspace network currently employs Aboriginal and Torres Strait Islander staff across a variety of roles. headspace centre staff and young people would like to see increased numbers of Aboriginal and Torres Strait Islander people employed in all roles across the organisation
- ➔ Major benefits brought to headspace centres by Aboriginal and Torres Strait Islander staff include cultural awareness, lived experience, community ties and the ability to effectively engage with young people
- ➔ Having a gender mix of Aboriginal and Torres Strait Islander staff is important to meeting the needs of the community, especially in some remote areas
- ➔ The key barriers to increasing employment of Aboriginal and Torres Strait Islander staff include a skills shortage across the country and inflexibility to hire workers without the required qualifications
- ➔ Aboriginal and Torres Strait Islander headspace staff need better support – potentially in the form of cultural supervision – and can’t be expected to be the only resource of cultural knowledge in a headspace centre

24 Westerman and Vicary (2004) above n1, page 12-13.





Model of Care

Cultural wounds require cultural medicines. – Vanessa Edwidge & Dr Paul Gray (2021)²⁵

Culture has become life-giving medicine for our people, closing the wounds of the past and standing us strong to face the future. – Professor Patricia Dudgeon (2014)²⁶

The Model of Care theme encompasses the ways that headspace works with young people to address mental health through the headspace framework. We overwhelmingly heard across stakeholder groups the need for cultural outcomes to be accommodated through the headspace model and the benefits this would provide for young people, including that headspace must find a way to bring together clinical and cultural outcomes. 22% of comments related to this theme.

Clinical nature of headspace model and the need for cultural safety

We spoke to all stakeholders about what parts of headspace’s model could be improved in order to better engage with and provide mental health services to young Aboriginal and Torres Strait Islander people. One of the most common issues raised was **the clinical nature of the headspace model, which is described as a major barrier to engagement.** As the sections of this Report on Access and Trust and Reputation discuss, Aboriginal and Torres Strait Islander stakeholders often use the word “clinical” to describe headspace services in a negative way. Young people cited the clinical nature of headspace as off-putting and a reason they haven’t engaged with headspace: “[the space] seems very white-washed and clinical” – Aboriginal young person, regional area. headspace centre staff were also aware of this issue, with recurring comments along the lines of “Clinical aspect is the biggest barrier for engagement.” – headspace centre staff, regional area.

Examples provided of clinical aspects of the headspace model included: inflexibility (such as a ‘three strikes and you’re out’ policy for closing cases), not allowing time to build trust/relationships with young people and community before engaging in formal processes and alienating young people through off-putting engagement processes (asking too many questions, use of jargon).

An example frequently used was the intake process. In one area, a few young people who had been to headspace before told us they were put off returning because the intake process was too lengthy. Many spoke about feeling shame and discomfort when talking to strangers, preferring more informal talks and settings. Young people summed it up like this: “If I’m talking to a psychologist and it sounded like they were interviewing me, I would leave. I would want to have a cup of tea and a yarn.” – Aboriginal young person, regional area.

“I saw a counsellor once, that was too interview-ey. It felt like giving a witness account at a police station. I understand they need to get information to categorise, but it’s up to the individual to decide what they want to share.” – Aboriginal young person, metro area.

“I wanted the psychologist to get to know me to listen to me is what I wanted when I went into headspace. But she kept pushing and it was too much for me. I don’t like be asked questions.” – Aboriginal young person, rural area.

25 Edwidge and Gray (2021), above n1, page 10.

26 Dudgeon (2014) above n13, page 7.



Young people's experiences of the intake process were, at times, culturally unsafe, stressful and triggering:

"Background questions can be really overwhelming and triggering especially when struggling during that moment, particularly family questions. I wasn't expecting all the questions all out once and the stress of it all." – Aboriginal young person, metro area.

"Intake process involved a lot of questions and going over the same content. Very repetitive and it's retraumatizing having to talk about it over and over again." – Aboriginal young person, metro area.

"Answering lots of questions can be a barrier especially when I'm not doing well mentally because I struggle to get simple tasks done. Young people might think this is all too hard and that they have to give too much information about themselves." – Aboriginal young person, metro area.

These sentiments are reinforced by the work of Edwige and Gray (2021), who have found that Western therapies that force or push people to open up when they aren't ready can cause further harm and re-traumatise the person seeking help:

Rebuilding trust, regaining confidence, returning to a sense of security and reconnecting to culture and community is seen as crucial elements for healing.²⁷

What works with intake and assessment

A relaxed informal approach was highlighted as required when working with all young people who access headspace. The need for conversation, activities such as walking, having a cup of tea, doing some artwork were all suggested as ways of assisting young people to regulate their nervous system, relax a little and speak about why they were there without feeling intimidated or being in a formal clinical setting and being interviewed.

There were **numerous staff that spoke of trying to adapt the intake process to be more flexible and adaptable** because there was *"a risk of disengaging young people who walk in the door when intake process is too clinical."* - headspace centre staff, regional area. One senior headspace staff member related this to a shortage of senior experienced workers, observing that funding encouraged junior clinicians who sometimes lacked the skills to tailor conversations based on the needs of the young person: *"We are trying to work with junior clinicians to put the paper away and to converse with people. It takes some time, permission and confidence. Conversations should be about the young person instead of trying to address what's on the paper."* – headspace centre staff, regional area.

headspace centre staff recounted similar challenges regarding the intake process from a different perspective. While some staff believed the intake process was culturally safe or said they were not sure whether it was, many said that it wasn't.

Other notable comments included:

"It is challenging when we have parameters such as intake process that aren't culturally appropriate. I try to adjust accordingly, for example not taking notes in a session and remembering to fill it out after. Or instead of writing goals out, we might draw out the goals." – headspace centre staff, regional area.

"I don't think the intake process is culturally appropriate and safe. There needs to have some sort of flexibility in delivering or facilitating intake process and Aboriginal staff or a familiar face in this position." – headspace centre staff, regional area.

27 Ibid, page 39.



“We need more opportunities to engage with young people outside of the centre, to build rapport, trust and a relationship before you begin the assessment/counselling sessions.” – headspace centre staff, rural area.

“Wait lists tend to drive the assessment where staff could feel pressure to get through the questions in the assessment quickly rather than spreading it over time and having more of a yarn with the young person.” – headspace centre staff, rural area.

“One idea would be to conduct the intake assessment over 3-4 sessions – allowing the young person to speak their mind in each session.” – headspace centre staff, rural area.

“In town Aboriginal kids don’t like the hAPI, it turns them off coming here. In school it’s more spontaneous. You lose your rapport if you start using the tool, it’s a very white fella way to ask the questions.” – headspace centre staff, rural area.

“Young people do not respond to the clinical approach, majority of the referrals from Aboriginal clients are forced – they are coming from home care, juvenile justice. So kids just come to tick the box and get out of here, and they don’t want to come back. That’s why it’s important to put the clinical stuff aside, and look at engagement with the kids, meet them somewhere outside the centre where they feel comfortable.” – headspace centre staff, regional area.

In citing these examples, many spoke of **a need to embed cultural safety within the headspace model and a need for flexibility in how to implement the headspace framework**. Cultural safety has been defined as calling for a shift from providing care regardless of difference, to care that takes account of peoples’ unique needs.²⁸ Potential solutions raised to improve the intake process include using culturally appropriate intake assessment processes, moving towards a more conversationalist style for intake and assessment (*“less structure and more narrative to your approach”*) and training staff on how to make this adaption, having more Aboriginal and Torres Strait Islander staff members and increasing outreach and engagement activities to build trust and rapport with young people before formal intake.

Westerman and Vicary (2004) found that while western style therapy was not in and of itself seen as problematic by Aboriginal and Torres Strait Islander people, the process applied by some western therapists was considered culturally inappropriate.²⁹ A narrative approach (yarning) was considered more appropriate, with many Aboriginal and Torres Strait Islanders stating they felt it was rude when clinicians interrupted to summarise or ask questions without first listening to the whole story.

Additionally, more centres are looking at providing single session therapy for walk in appointments that focuses on listening to the young person and providing some immediate strategies to support the young person presenting. This approach is in line with what many young people we spoke with wanted to receive.

Bringing together cultural and clinical outcomes

We heard from stakeholders that **there is a need to acknowledge and address the specific factors driving Aboriginal and Torres Strait Islander mental health issues, including intergenerational trauma, disconnection from culture, identity and belonging which lead to cycles of alcohol and drug use in communities**: *“For treating children it’s important to remember context – lack of identity, intergenerational trauma, removal policies. What they need is quite simple.”- Aboriginal community organisation, metro area.*

According to Aboriginal and Torres Strait Islander headspace staff and local Aboriginal community organisations we spoke to, **there is a need for a more holistic model of health which takes into account factors related to Social and Emotional Wellbeing, including culture, wellbeing and spirituality**: *“Will headspace ever get the balance right between clinical and social and emotional wellbeing? Because if you can’t, you won’t ever meet the needs of Indigenous young people and their holistic understanding of health.” – headspace centre staff, regional area.*

“People use drugs and alcohol to ease the pain in my community. They have lost their culture, their language.” – Aboriginal young person, rural area.

28 Cox Inall Ridgeway (2020) above n7.

29 Westerman and Vicary (2004), above n1.



“Mainstream has a view that they can heal Aboriginal people, they can’t – they don’t understand our spirituality.”- Aboriginal community organisation, metro area.

“How do you count the worth of yarning?” – headspace centre staff, regional area.

“You’ll get healing done in community, our healing is done in groups, sitting around and yarning.” – Aboriginal community organisation, metro area.

“[Biggest issue with mainstream services is that they] don’t understand the grief of Aboriginal people and how it’s handed down.” – Aboriginal community organisation, regional area.

“[Risk for Aboriginal and Torres Strait Islander people to be] automatically diagnosed with psychosis [when talking about their spirituality in a clinical setting].” – Aboriginal community organisation, regional area.

“Not here to be diagnosed and give our young people a label.”³⁰ – headspace centre staff, rural area.

Aboriginal and Torres Strait Islander conceptualisations of wellbeing and healing are inextricably bound to cultural understandings of connectedness: our sense of self, identity, and sense of belonging to family, community and Country.³¹

From young people, we heard a huge interest to learn more about their culture and to do cultural activities, including learning about culture and language, activities based on traditional knowledge and craft, going on Country and healing with Elders and family. This is also covered in the Outreach and Community section of this Report. Group narrative therapy in the form of yarning circles, young women and men’s groups using art, culture and nature were also suggested by young people are being a form of support and engagement they would like to participate in. This approach differs from the clinical individual western therapeutic approach that is still valid but needs to be complemented by First Nations approaches to wellbeing and connection. Edwige and Gray (2021) note:

As well as strengthening a sense of identity and connectedness, neuroscience demonstrates that cultural practices such as dance, art, song and storytelling stimulate the part of the brain that manages emotion and memory.³²

There was strong interest and willingness from headspace centres to integrate cultural outcomes into the current headspace model. This could be partially addressed through specialised cultural competency training, as discussed in the section on Knowledge Gaps. Staff overwhelmingly said that headspace as an organisation is open to change and alternative ways of working with Aboriginal and Torres Strait Islander young people. It was clear that this was happening in an informal way across the network, or at least being considered by staff: *“We have an idea to have a competition where young people do a short film on cultural healing – working with community to bring together cultural and clinical practice.” – headspace centre staff, regional area.*

Many headspace centre staff spoke of their desire to include cultural outcomes such as healing and connection to Country in care plans: *“We need to be able to formulate a care plan that addresses both the clinical and cultural goals of a young person.” – headspace centre staff, rural area.* Others raised the potential of integrating flexible approaches such as single session therapy, narrative therapy, peer-based models of support and Social and Emotional Wellbeing methods according to the needs of the young person.

However, many saw the current headspace framework as inflexible and a barrier to change, perceiving headspace National and Lead Agencies as driving a strictly clinical model. Supportive processes from Lead Agencies and headspace National are considered essential to change moving forwards. Centre staff gave examples of the KPI model and funding framework leading to pressure for clinical outcomes, limiting staff time for building relationships with young people and community. **There was a demand amongst the network for tailored resources, training and guidance from Lead Agencies, headspace National and PHNs on how the network can bring together clinical and cultural outcomes going forwards.**

30 This is reinforced by Edwige and Gray (2021):

31 Edwige and Gray (2021) above n4, page 19.

32 Ibid, page 20.



Healing Program Examples

Ngangkari traditional cultural healers³³

- Ngangkari are cultural healers from Central Australia that have looked after First Nations people's physical and emotional health for centuries
- Cultural healers now practice across Australia and work alongside doctors in hospitals and have their own clinic days
- "Their spirits are out of sorts, and not positioned correctly within their bodies. The Ngangkari's job is to reposition their spirits and to reinstate it to where it is happiest"

Red Dust Healing³⁴

- Aboriginal men's program that focuses on 4 core values that have been irreparably changed due to the impact of colonisation on culture and lifestyle. These are:
 - Identity
 - Responsibilities
 - Relationships
 - Spiritually
- This holistic, culturally relevant and strengths-based approach has achieved immediate and lasting change in the lives of the participants and their families and communities

The Marumali Journey of Healing³⁵

- Program that seeks to restore the social and emotional wellbeing of all those who have been impacted by the Stolen Generations
- Central focus of healing program is reconnection to culture, community, Country, spirituality, family and rebuilding identity

Saltwater Freshwater Culture Camps for Aboriginal teenagers³⁶

- Culture camps consist of youth and adult camps and can be either overnight camps or day camps involving groups of up to 20 individuals.
- Each group pulls together peers, mentors, cultural leaders, artists and Elders creating a treasured opportunity for teenagers to spend quality time forming friendships, immersing themselves over three days and nights in Aboriginal culture and learning a vibrant program of skills.
- Key to these is dance. Mentored by regional Aboriginal dancers to build their dance skills and then performing for the wider community following the camps, participants play a key role in the revitalisation of dance and join a chain of cultural custodians who can pass down knowledge to the next generation. Young dancers are challenged to not only explore dance, but take on leadership roles, develop personal discipline and work as a team.

33 Vanessa Edwige and Dr Paul Gray, *Significance of Culture to Wellbeing, Healing and Rehabilitation*, page 28, <https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf>

34 Ibid, page 29

35 Ibid, page 29

36 <http://www.saltwaterfreshwater.com.au/program/cultural-camps/>



Healing Program Examples *(continued)*

Yarning Circles

Yarning Circles provide an opportunity for Aboriginal and Torres Strait Islander voices to be heard, on issue that affect them, in a culturally safe place 'A Yarning Circle is the practice of talking and listening from the heart.'³⁷ are the practice of Yarning Circles can be gender based, aged based on mixed across generations. Refer to *What are Yarning Circles* (page x) for more information. Yarning Circles can assist in healing and working through trauma. There are opportunities for headspace to host yarning circles or to partner with Aboriginal organisation who are running Yarning Circles. Examples of Yarning Circles being run are:

- Bourke High School: Partnership with Bourke High School and the Healing Foundation supporting students and families affected by trauma through Healing Programs. Students participate in Yarning Circles weekly with staff members providing a range of Trauma informed activities to address a range of issues that impact on the lives of students.
- Reconciliation NSW: Guide on Yarning Circles³⁸

37 <https://www.schoolsreconciliationchallenge.org.au/activities/yarning-circle/>

38 Ibid.



A question was also raised by some stakeholders and centre staff as to whether headspace is the best placed organisation to fill this role. Alternatively, it was suggested that headspace could build the capacity of local communities to support their own people and/or increase partnerships with local Aboriginal and Torres Strait Islander service providers already doing this work and play a referring role. This issue is also raised in the Partnerships section of this Report. It is also supported by the work of Edwige and Gray (2021), who state that:

Culturally appropriate programs to enhance social and emotional wellbeing need to be developed from community, with community protocols and community governance structures.³⁹

Healing and rehabilitation approaches must be culturally grounded, and require community-level, rather than simply individual-level, responses that build on the strengths of community and culture to revitalise connections to community and culture.

KEY TAKE-AWAYS:

- ➔ Aboriginal and Torres Strait Islander young people and community members don't respond well to the clinical nature of the headspace model – it is a significant barrier to engagement
- ➔ It is important to build trust and rapport with young people before starting the intake process
- ➔ Most young people prefer to engage through informal talks (yarning) and casual spaces. Direct questioning can bring up feelings of shame and make young people feel culturally unsafe
- ➔ headspace centre staff would like more training and flexibility to adapt the intake process to meet the needs of the young person
- ➔ There is a need to embed cultural safety and cultural outcomes within the headspace model, for example including cultural outcomes in care plans if important to the young person
- ➔ There is a need to acknowledge and address the specific factors driving Aboriginal and Torres Strait Islander mental health issues, such as intergenerational trauma and disconnection from culture, identity and belonging, which is driving cycles of alcohol and drug use in communities
- ➔ Aboriginal and Torres Strait Islander communities would like to see headspace adopt a more holistic model of health which recognises culture, wellbeing and spirituality
- ➔ There is a huge interest from young people as well as headspace centre staff to integrate cultural outcomes and activities into the headspace framework
- ➔ headspace National, Lead Agencies and PHNs have a key role in providing guidance, training and support to centres on how the headspace model can bring together clinical and cultural outcomes going forwards. These issues should be developed in partnership with Aboriginal and Torres Strait Islander people.

39 Ibid, page 25.



What is yarning?

In Aboriginal and Torres Strait Islander cultures, yarning is so much more than just “having a chat.” While yarning is about conversation, it implies creating a space of mutual reciprocity, cultural safety and respect.⁴⁰ Leeson et al. (2016) describe it as “representing a form of purposive and culturally appropriate conversation.”⁴¹

Relationship is central to yarning – it is a two-way process. This is a stark contrast to some aspects of Western medical models, with objectivity/neutrality central to the role of many medical professionals: “yarning and its focus on relationships demand reciprocity on behalf of the researcher, unable to sit outside of the data as an objective observer.” (Leeson et al. 2016). Leeson et al. goes on to describe how yarning would position researchers or clinicians as learners, journeying with the participant, with Aboriginal and Torres Strait Islander peoples as authority of their knowledge.

There are many types of yarns and many aspects of yarning – it can also include storytelling, social and therapeutic aspects.⁴²

Bessarab and Ng’andu (2010)⁴³ describe:

Social yarning – Creates a space through which rapport and relationships can be developed between those engaging in the yarn, based on comfortable dialogue that may include gossip, news, humour or advice. Builds trust.

Purposeful yarn – A way of gathering information, often grounded in stories. Is being used more in research projects as a way of integrating cultural knowledge.

Therapeutic yarn – Conversations that evolve through the relation of stories and memories that are intensely personal, emotional and/or traumatic. Support is needed through affirming the experience and/or making sense of the story. May allow for the creation of meaning and empowerment through re-imagining difficult experiences.

40 Leeson, Smith and Rynne (2016) *Yarning and appreciative inquiry: The use of culturally appropriate and respectful research methods when working with Aboriginal and Torres Strait Islander women in Australian prisons*. Methodological Investigations, Volume 9.

41 Ibid.

42 Bessarab, D, Ng’andu, B (2010) *Yarning about yarning as a legitimate method of indigenous research*. International Journal of Critical Indigenous Studies 3(1): 37–50.

43 Ibid.





Partnerships

“Working in partnership with communities to develop programs that reinforce self-determination, are strength-based, recognise the impacts of colonisation, and that are culturally safe and continue to work within the SEWB framework for Aboriginal people are imperative for ongoing healing and recovery.”⁴⁴

We heard about the various types of Partnerships taking place between headspace centres, service providers and local community organisations. 13% of comments related to the theme of Partnerships. We often heard that headspace centres would like to have more consistent and on-going partnerships with Elders and Aboriginal and Torres Strait Islander community organisations. We heard about what sorts of partnerships are already happening, what is there a demand for and what barriers are getting in the way.

What partnerships are currently in place?

There were mixed accounts of headspace centre’s relationships with other local community organisations. Some areas described these relationships as good, with descriptors used such as “well connected,” “warm referral process,” and “good on the ground working relationships.” In other areas this was seen as an area for improvement, “we could be doing more.” A **variety of partnership arrangements** were described, ranging from formal to informal agreements and on-going or one-off programs. Some partnerships were being driven organisationally at a higher level through the Lead Agency and consortium process. At an operational level, partnerships were highly localised and depended on relationships between headspace centres and service providers/community organisations in each area. Common examples of such partnerships included co-locating services and running events/programs with local schools, PCYC youth event nights and neighborhood centre after-school programs.

Examples were provided by a number of headspace centres of partnerships or programs that have been run with Aboriginal and Torres Strait Islander people, Elders or organisations. Again, these ranged greatly in level of formality, success and whether they were one-off or on-going. Working relationships were described in some areas with local Aboriginal and Torres Strait Islander organisations including Youth Empowered Towards Independence (**YETI**), Deadly Choices, Clontarf, Riverwood, the Young Aboriginal Support Program (**YASP**) and the Port Augusta, Townsville and Katherine AMS⁷. These relationships ranged from co-facilitating and co-locating of programs, to assisting headspace centres with recruitment and tender processes, to working relationships that headspace centre staff saw had the potential to evolve into partnerships. It is important to note that some Centers felt they had a working relationship with the local ACCHO, however this was not seen as accurate when we spoke to the ACCHO. There were a lesser number of grassroots driven partnerships with local Aboriginal and Torres Strait Islander community members, such as an Uncle coming in and holding art sessions, or setting up a local rugby league club mental health program. Many headspace centre staff described partnership arrangements as **ad hoc** and **strongly personnel driven**, with success varying from case to case.

44 Edwige and Gray (2021) above n4, page 12.



Partnering with an Aboriginal Community Controlled Health Service

headspace Mildura

Prior to the opening of headspace Mildura, the community and key organisations were advocating for a local headspace centre and demanded the centre work collaboratively. Mallee District Aboriginal Services (MDAS) was an active part of this drive and became an early member of the headspace consortia. MDAS wanted to continue this support and were able to provide a youth worker to provide services from headspace.

A MDAS SEWB worker is onsite at the centre one day per week to provide direct client care, secondary consultation to staff, as well as facilitate referrals from MDAS to headspace and from headspace to MDAS where appropriate. As well providing services at headspace Mildura, the MDAS SEWB workers is also given the opportunity to participate in headspace team training/education when possible, attend multidisciplinary clinical meetings and receive supervision with either Clinical Lead/centre Manager and/or Engagement & Assessment Clinician.

The partnership has been ongoing and strengthened over time. Headspace Mildura have benefited from improved trust and safety in the headspace centre, with many young people preferring/requesting support from the centre, when they may not have without with the warm referral from MDAS. The centre is now seen as a starting point for MDAS staff to seek consultation and facilitate referrals to more appropriate services and where possible, adopt a shared care model that facilitates a more holistic approach for the young person and even their family.

The staff at headspace have found that through the partnership, they have been able to consult with MDAS on culturally appropriate service delivery and work better with Aboriginal and Torres Strait Islander young people.

There is a strong commitment from MDAS and headspace to foster this relationship and develop the partnership further and are hoping to co-facilitate any groups/activities, stay involved in NAIDOC week activities MDAS may run and to run a group to support breaking down barriers to help seeking and familiarisation with the headspace centre.

Demand for partnerships

There was a strong demand from all consulted to **increase partnerships between headspace centres and Aboriginal and Torres Strait Islander organisations/Elders** and improve **consistency and stability** of such partnerships. Some staff also commented that headspace should be aiming to **drive strategic community development** in partnership with local service providers and organisations: *“We need to create ongoing lasting, strategic partnerships,”* *“Look at what’s happening, how do we combat this together rather than I do this and that.”- headspace centre staff, rural and regional areas.*

Co-facilitation of programs, co-locating with other local organisations and co-design with Aboriginal and Torres Strait Islander organisations were all commonly raised as examples of partnerships headspace centres should be pursuing. Many headspace centre staff expressed their desire to have stronger relationships with local Elders and community members, partly to be more informed of the needs of the local community and youth. This was seen as pivotal to headspace’s ability to create targeted programs to support the needs of Aboriginal and Torres Strait Islander young people, including informing staffing profiles: *“The positions advertised don’t reflect the needs of the community.”- Aboriginal community organisation, metro area.*

Partnerships were often raised in the context of improving engagement with the local community, and/or running outreach services (see sections in this Report on Access and Outreach and Community). There was a sense that



partnerships should ideally be borne from relationships and dialogue with local communities, as this will enable programs to be most tailored to local needs: *“No one framework works for all different communities.”* – headspace centre staff, metro area. This process would allow for nuanced approaches to address the specific issues in each community, for example one community stakeholder suggested: *“For harder communities: pick up the kids, take them to the hall, keep them safe and feed them etc.”* – Aboriginal community organisation, metro area.

Some headspace centre staff saw benefits in pursuing a **holistic approach to partnerships** and service provision, in recognition of the inter-connected nature of social welfare issues with youth mental health. Suggestions included forming Memorandum of Understandings (**MOUs**) with services from the justice sector, centrelink and affordable housing providers, and assisting clients and their family members to navigate these processes.

The importance of partnerships between health services and Aboriginal and Torres Strait Islander communities to facilitate healing is well recognised in the literature, for example Westerman and Vicary (2004) state:

*Aboriginal communities and groups should be encouraged and assisted to design culturally appropriate mental health services in partnership with non-Aboriginal practitioners. Such services may ultimately be a blend of Indigenous and western psychologies delivered by Aboriginal and non-Aboriginal practitioners, with variants in management and delivery options reflecting the local context.*⁴⁵

Co-design with community and role of headspace

Some headspace centre staff and stakeholders expressed a desire for partnerships to be **built through co-design and co-development processes** with young people, communities and local organisations, and to support existing work being undertaken by the community: *“We need to involve the community in co-designing those [targeted] programs.”* – headspace centre staff, regional area.

A recurring comment was whether headspace should **“strengthen relationships/support existing Aboriginal-lead programs rather than adding further.”** – headspace centre staff, regional area. Questions were raised as to what headspace’s role should be in supporting cultural healing work, and whether it might be more appropriate for headspace to play a supporting role in this space as a referral service: *“Mainstream has a view they can heal Aboriginal people – they can’t, they don’t understand our spirituality.”* – headspace centre staff, regional area. This issue is also raised in the Model of Care section.

Consortium

There were a variety of accounts regarding how the consortium works in driving partnerships for each headspace centre. In some areas, we heard that the consortium was not active or well represented. In other areas, it is very active and said to be effective in building strategic programs and partnerships.

Given that the consortium model is the major component of establishing and maintaining partnerships for headspace centres, there needs to be more effort and structure in the maintenance of relationships and partnerships. Largely, there was inconsistency in how frequently meetings occurred, inconsistent attendance and a sentiment that rather than leaning in, headspace should lean out and participate in inter-agencies and other community or ACCHOS run working groups. Often stakeholders reported consortiums working well when a centre was being established but then the role, purpose and functionality waning down the track. A common suggestion was for **consortiums to have representation by Aboriginal and Torres Strait Islander organisations** and ensuring the partnerships and relationships were around two way support and learnings.

45 Westerman and Vicary (2004) above n1, page 10.



Barriers

We heard from headspace centre staff that there is a need for guidance and training from headspace National and Lead Agencies to **upskill staff on how to co-design with communities**, as well as *“a stronger organisational commitment to true co-design and planning.”* – headspace centre staff, rural area. There was also a skill gap for headspace centre staff in engaging with Aboriginal and Torres Strait Islander communities and youth (see the section of this Report on Knowledge Gaps for more detail). Other barriers cited included **not having the time/resources to develop partnerships** and **inflexibility in the headspace model/KPI system**:

“Regarding new partnerships – a lot of programs require constant involvement, which headspace cannot commit to due to time and resource restraints.” – headspace centre staff, regional area.

“KPIs need to be reviewed to reflect the time required to build trust and relationships.” – headspace centre staff, regional area.

“When we ask for time to build partnerships with community, other organisations and bringing young people in, the response to staff is ‘yes, great idea,’ but when will you be able to do it with the expectations from the PHN, KPIs and the model?” – headspace centre staff, regional area.

“There is a high expectation on low funded centres to have flourishing partnerships and when we don’t have the time or money, these partnerships fail. It’s unrealistic. There aren’t resources there for relationship management.” – headspace centre staff, regional areas.

KEY TAKE-AWAYS:

- ➔ headspace centres currently undertake a variety of partnerships, from high-level strategic partnerships spearheaded at a consortium-level to localised partnerships with community services and organisations
- ➔ Many headspace centre staff described local partnerships as ad hoc and personnel-driven
- ➔ We heard of a range of partnerships with Aboriginal and Torres Strait Islander organisations and community members. There is a huge demand to increase the frequency, stability and consistency of these partnerships
- ➔ There is potential to increase co-facilitation, co-location and co-design with Aboriginal and Torres Strait Islander organisations, built on increasing trust and engagement with local communities
- ➔ Major barriers to increasing partnerships include a lack of time and resources for this work, the need to upskill staff on co-design and engagement and inflexibility in the headspace model/KPI system



What is co-design?

We have to get beyond participation. It has to be Indigenous-led to ensure Indigenous knowledge is respected the whole way...Indigenous services have to be driven by Indigenous people. We don't want to be consulted; we want to be at the table.⁴⁶ (2018, Angie Abdilla.)

The core characteristic of co-design as opposed to engagement is **shared decision-making**, usually about the design and implementation of a policy or program. Recently, there has been momentum in the Indigenous Affairs space towards processes using co-design as a benchmark, as opposed to the lower benchmark of engagement.

According to Dillion (2021), “the requirement for First Nations participation through codesign has emerged as a key prerequisite of policy legitimacy in the Indigenous policy domain.”⁴⁷ It is clear that momentum towards co-design is building across Australia and is mirrored in similar developments such as the NSW Government Architect’s Connecting with Country Framework.

In the health and cultural healing space, The Healing Foundation’s partnership with the Murri School is a best practice example.⁴⁸ A co-design process was facilitated to create and implement an Indigenous-led evaluation framework for an intergenerational trauma project. This involved a series of yarning circles being held with Aboriginal staff, local community, youth and families. Co-design for the project was considered essential to ensure cultural validity and that Indigenous knowledge systems were taken into account:

Western empirical research practice poses a particular challenge for evaluating healing strategies and programs designed to address Aboriginal and Torres Strait Islander intergenerational trauma. This is because healing can impact on a number of domains and therefore outcomes rarely align to simple or siloed quantitative performance measurement frameworks. Given these frameworks rarely acknowledge nor align with Indigenous knowledge systems, many Indigenous practitioners and communities do not accept that such methods of evaluation are required. An overreliance on these measures ... has discounted Indigenous knowledge systems, so it's important to reset this balance. (2017, Healing Foundation)

46 Abdilla, Angie. (2018). *Designing with Indigenous communities*. University of Technology, Sydney, Australia. 24 April 2018.

47 Dillion, M. C. (2021) *Codesign in the Indigenous Policy Domain: Risks and Opportunities*. Centre for Aboriginal Economic Policy Research, ANU College of Arts and Social Sciences. Caepr Discussion Paper No. 296/2021.

48 Australian Government Institute of Family Studies, (2017) *Collaboration and co-design when evaluation intergenerational trauma projects*. Healing Foundation 9 May 2017. Available at <https://aifs.gov.au/cfca/2017/05/09/collaboration-and-co-design-when-evaluating-intergenerational-trauma-projects>



What is co-design? (continued)

Benefits of co-design processes can include:

- Allows community members to identify their priorities and indicators of success
- Improved program effectiveness
- Inclusion of cultural and holistic factors into program design

A key requisite for successful and efficient co-design processes is the effective design of those processes themselves, in partnership with Aboriginal and Torres Strait Islander peoples: “the effectiveness of codesign is dependent on its process, including which users are involved, and how their involvement is facilitated.”⁴⁹ Trischler et al. (2019). Other key factors which affect the effectiveness of co-design include:⁵⁰

- Design factors of co-design processes, including the inclusivity and representativeness of participants, demographic legitimacy of the process and deliberativeness of process
- The creation of a framework for ongoing engagement and collaboration
- Power imbalances between stakeholders
- History of stakeholder interactions (whether negative or positive)

49 Trischler, J., Dietrich, T., & Rundle-Thiele, S. (2019). *Co-design: From expert- to user-driven ideas in public service design*, Public Management Review, 21(11), 1595–1619.

50 Dillion, M. C. (2021) *Codesign in the Indigenous Policy Domain: Risks and Opportunities*. Centre for Aboriginal Economic Policy Research, ANU College of Arts and Social Sciences. CaepR Discussion Paper No. 296/2021.





Identity and Belonging

Identity and Belonging was a common theme especially among the young people we spoke to. This theme is central to the issues at the heart of the Project, with many speaking of the central importance of identity and belonging to the wellbeing of young people, and how these could be strengthened through the headspace model. 4% comments related to Identity and Belonging.

What young people told us about identity and belonging

Identity and belonging are central to young people's sense of cultural safety and willingness to seek help/access services. When young people were asked what cultural safety means to them, a common response was being comfortable with your cultural identity. This went hand in hand with representation of Aboriginal and Torres Strait Islander culture in the form of artwork, flags, language et cetera.

Having a sense of belonging came up as an important aspect of young people feeling a safe, which allows them to engage: *"When you sit down and talk to someone you want to have a sense of belonging – not easy to start to talk to a stranger."* – Aboriginal young person, rural area.

Belonging was also associated with more casual spaces and conversational styles, such as having a yarn or two-way exchange between people: *"[Cultural safety means] ... if they are opened up to me as much as I have opened up to them."* – Aboriginal young person, regional area.

We heard that building a sense of identity and belonging can be complex and conflicting for young people, who struggle with negative stereotypes of Aboriginal and Torres Strait Islander people and experience racism in their communities. In some areas, we heard that young people can be conflicted about whether to identify as Aboriginal and Torres Strait Islander: *"Some young people are disconnected to community and culture so even though they may identify and 'tick the box' they don't actually know what it means for them."* – headspace centre staff, regional area.

An issue we heard about specific to an area of Australia was young people being afraid to identify because of confusion around the requirements to "prove their Aboriginality." This is the result of policies of some institutions that require proof of local Aboriginal heritage to access services, which we heard has an ongoing effect on young people. These issues are also explored in the section of this Report on Racism.

A few young people commented positively **that headspace was a service that made them feel welcome for being both Aboriginal/Torres Strait Islander and LGBTIQ+:** *"I was welcomed as LGBTIQ+ and Indigenous at headspace and sometimes I get judged for both of these things. headspace made me feel really accepted."* – Aboriginal young person, metro area.



Integrating Identity and Belonging into the headspace model

Issues relating to identity and belonging are seen as central to the mental health issues affecting young people today, interrelated with historic factors stemming from colonisation including displacement, disconnection from culture/ Country/family and the Stolen Generations.

Helping young people connect with and strengthen their identity and belonging was a major theme in suggestions for how to improve headspace services. Studies have shown that a strong cultural identity is associated with a sense of purpose and belonging, increased social support, self-worth, confidence and security.⁵¹ People from all stakeholder groups suggested that **the headspace model should integrate cultural outcomes** and offer more programs based on fostering a sense of identity and belonging. These topics are covered in more detail in the sections of this Report on Access, Outreach and Community, Model of Care and Partnerships but include suggestions such as headspace running cultural programs/activities and working closely with local Aboriginal and Torres Strait Islander community organisations.

“headspace should do an Indigenous program, there’s not a lot for us. They should do it with Maari Ma, because I like to do stuff to learn about my culture.” – Aboriginal young person, rural area.

“Our children do not know who they are, they don’t know where they belong, until they know this, they will not be able to go any further in life.”- Aboriginal community organisation, rural area.

“Suicide in Aboriginal communities – underneath all of that is just trauma, identity and belonging.”-headspace centre staff, rural area.

“For treating children important to remember context – lack of identity, intergenerational trauma, removal policies. What they need is quite simple.”- Aboriginal community organisation, metro area.

“Young people have a lack of identity and connection to culture and Country.” – headspace centre staff, rural area.

“We need to bring together clinical outcomes and cultural healing outcomes into one care plan.” – headspace centre staff, regional area.

51 Edwige and Gray (2021) above n4.



Young Warriors Program

headspace Broome

In partnership with the Broome Youth and Families Hub (BYFH), the Young Warriors' Program is now in its sixth year, and it involves weekly trips on-Country for a group of up to fifteen primarily disengaged Aboriginal males aged 12-18 in Broome, WA. Headspace Broome support this program by providing a Social and Emotional Wellbeing (SEWB) Worker to pick up the young people and on any given Friday and take the young boys on a trip might involve spear fishing, hunting or yarning. The young males are given the space to teach and learn from each other – things like how to catch mud crabs without losing fingers, and how to skin and cook goannas.

Headspace Broome recognise this is a program their SEWB Worker, Jacob Smith, had been involved in prior to joining headspace and encouraged him to continue supporting the program. The benefit of this program is it works with at-risk Aboriginal young males who are generally disengaged from schooling. Jacob has worked hard to build relationships and rapport with the young boys and has been able to show them around headspace, introduce them to the staff and build their understanding of how headspace can support the young males, not only as a counselling service, but also with GP and employment services as well.

Since joining the program, Jacob has been able to consistently engage with the young people and create a safe, supportive environment that empowers the young boys to learn and embrace their culture and interact in a fun manner. This has taken a long time to build and required BYFH and Jacob to keep turning up consistently. However, because of this, Jacob has built rapport and trust with the young boys and through this program, has been able to provide brief interventions with them, in the program or even on the drive home. Headspace Broome have received many referrals to the GP service and employment program, breaking down a lot of the stigma of headspace with Aboriginal young males.

Jacob hopes to build the program to include 18-25 Aboriginal young adults and recognises the value this program has had for the community. He hopes that those who have been engaged as participants, go on to become youth workers and advocates!

KEY TAKE-AWAYS:

- ➔ Identity and belonging are central to young people's mental health, sense of cultural safety and ability to engage
- ➔ Young people face complexity and conflict in navigating issues of identity and belonging
- ➔ headspace services should help young people connect with and strengthen their identity and belonging, including integrating cultural outcomes into the headspace model





Racism

Racism was raised throughout the consultations in a number of ways, from explicit or overt racism to more subtle forms of unconscious bias. 1% of comments referred to racism. From young people we heard ways that racism impacts their mental health, while from headspace centre staff we heard about the need to address unconscious bias in order to create more culturally safe working environments.

Racism affecting young people

We heard that **racism is a significant issue affecting Aboriginal and Torres Strait Islander young people**: “Racism is a massive issue in this town. Aboriginal people witness this racism and it impacts their identity as ‘it’s embarrassing’ to identify as Aboriginal.” – Aboriginal community organisation, regional area.

Westerman and Vicary’s work (2004) draws a link between experiences of racism and mental illness:

Some behaviours and mental illness (e.g., depression and anxiety) may be reactions to racism, dispossession, disadvantage and perceived oppression.⁵²

A few of the ways that we heard racism is directly impacting young people included police racial profiling/targeting of young people and negative stereotypes. These situations contribute to feelings of otherness, shame and disconnection for young people: “We feel proud to be Aboriginal but also sadness because of the stereotypes and labels we get – druggos and so on. We end up copying because that’s what’s expected of us.” – Aboriginal young person, rural area.

Young people also spoke about their **experiences of racism by medical professionals**, which affected their trust of and future decisions to seek help from services:

“As a white presenting Aboriginal person, I’ve had comments (not at headspace but in other medical contexts) from professionals like ‘you don’t look Aboriginal’ and these can happen directly or in microaggressions. It made me feel uncomfortable, very weird and adds to my anxiety. The way they invalidated my identity made me feel really crappy and I’d hate for that to happen to someone else.” – Aboriginal young person, metro area.

“In medical contexts Aboriginal people are often labelled in negative ways and stereotyped.” – Aboriginal young person, metro area.

“A negative experience seeking support from a psychologist on university campus impacted any future decision to go back or seek support again for a long time.” – Aboriginal young person, metro area.

Conversely, positive experiences with medical professionals and health services created beneficial impressions for young people: “Medical situations that have made me feel good are validating and do not question me or blame culture or family for problems.” – Aboriginal young person, metro area. This reinforces the need for staff to have robust training in cultural awareness and engagement, covered in more detail in the Knowledge Gaps section of this Report.

52 Westerman and Vicary (2004) above n1, page 4.



Whether to identify

There are mixed views regarding asking Aboriginal and Torres Strait Islander young people to identify (especially in forms). A few of those consulted speculated whether having programs directly targeted at Aboriginal or Torres Strait Islander young people was good policy, as it may cause feelings of shame. Some of the comments below illustrate the complexities of this issue, with some questioning whether targeted programs amounted to discrimination:

“There is a need for Indigenous targeted programs but there is also a shame response of being singled out and separated into a different group – it’s a gamble – ‘us vs them’. Some people would not attend because they are being singled out. Can a program still meet the needs of the young person without exclusively targeting them? Think about what they want in a program, if they want to meet under a tree let’s do that.” – headspace centre staff, regional area.

“People are directly disadvantaged by identifying as Aboriginal – disadvantaged on an employment basis. Put into a certain box. Judged.” – Aboriginal community organisation, regional area.

“[Re: question on form about whether they identify] This question can often be confronting, and some don’t often know their mob.” – Aboriginal community organisation, metro area.

“Imposter syndrome is felt amongst Aboriginal and Torres Strait Islander young people in this region– they don’t feel like they identify ‘enough’, they can’t prove Aboriginality and so they struggle to access Aboriginal services.”- headspace centre staff, regional area.

“Young people don’t want to identify because they don’t want to be put into another box, if I identified then people would just assume I’m a druggo and then we end up just living up to what they think.” – Aboriginal young person, regional area.

headspace and racism

We heard that headspace should have an advocacy role in educating the broader community to reduce racism.

Some headspace centre staff noted that headspace provides a positive work culture where racism is not tolerated, and that this would help attract Aboriginal and Torres Strait Islander staff. However, some centre staff commented that the workplace culture of headspace was very white, and there is a need for internal discussions to challenge assumptions and stereotypes that lead to unconscious bias (this topic is also covered in the Employment section of this Report). This is reinforced by Edwidge and Gray (2021):

To ensure culturally safe and respectful practice, health practitioners must acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.⁵³

KEY TAKE-AWAYS:

- ➔ Racism is a significant issue affecting young people and their mental health
- ➔ Young people have commonly experienced racism in medical contexts, which affects future decision making to seek help from professional services. headspace staff training is crucial to avoid interactions which make young people feel uncomfortable, questioned or judged in their cultural identities
- ➔ There are mixed views regarding asking young people to identify and whether this is too confronting
- ➔ headspace should have an advocacy role in reducing racism in the broader community
- ➔ headspace centres may benefit from having open discussions that challenge assumptions and stereotypes that lead to unconscious bias amongst staff

53 Edwidge and Gray (2021) above n4, page 12.





key take-aways



Summary of Key Take-Aways

Access:

- Young people told us that cultural safety includes seeing visual representations of Aboriginal and Torres Strait Islander culture in headspace centres, including Acknowledgements of Country, artworks, flags and posters in language
- Promoting a sense of identity and belonging is an important element of cultural safety, including having Aboriginal and Torres Strait Islander staff to greet young people at headspace centres
- Design features in headspace centres can help to promote a sense of comfort and safety for young people, including spaces with couches, games and snacks, a back-entrance option, outdoor spaces and smaller rooms
- Having soft entry points – programs and timeslots to come and hang out at headspace ‘no strings attached’ – would build trust with young people and improve access
- Young people see headspace’s wait list as a major barrier to access. Many Aboriginal and Torres Strait Islander young people only seek help when they are in crisis – providing more crisis support at headspace centres would help meet this need.
- Opening hours which align with after-school hours and weekends would improve access
- Other barriers to young people accessing headspace include the enduring stigma around mental health, wait times, transport and providing more engaging promotional materials

Outreach and Community:

- Offering outreach services would greatly increase the young people headspace engages
- Suggestions for potential outreach services include meeting young people outside in their homes, parks and on Country and running more activity-based programs outside of headspace centres
- Young people are most likely to talk to friends, family members and respected community members when they feel down. They would like to see headspace out in the community more, having a presence at events like NAIDOC week, sports days and cultural events, building these community relationships
- headspace centre staff would like to build closer relationships with communities and local Elders, who could be a source of guidance, advice and connection to community needs.
- headspace centres would benefit by having a mechanism to allow identified young people to provide input into targeted programs and headspace priorities
- Barriers to outreach and community engagement include staff time and resources, a need for more Aboriginal and Torres Strait Islander staff and the current KPI system



Knowledge Gaps:

- There is a wide variety of cultural awareness training being provided across headspace centres, but the majority of staff told us it is not preparing them to meet the needs of Aboriginal and Torres Strait Islander young people
- headspace centre staff are open to receiving more cultural awareness training, especially training that provides a local context, is face-to-face and is on-going or recurs regularly
- There is a demand from headspace staff for specialised upskilling and in-depth training according to role, including developing culturally specific work skills
- There is a strong demand from headspace staff for upskilling in engagement with local Aboriginal and Torres Strait Islander youth and communities
- There is a move in some centres to offer single session therapy and for this to be available for walk in appointments

Trust and Reputation:

- headspace centre staff believe their reputation with the general community is overwhelmingly considered to be 'good' or 'very good'
- headspace centre staff believe their reputation with Aboriginal and Torres Strait Islander communities either needs improvement or is poor
- Many Aboriginal and Torres Strait Islander young people and community members told us that they considered headspace to be a "service for white people"
- There is a need for headspace to build trust and relationships with the Aboriginal and Torres Strait Islander community to improve its reputation
- Key barriers include the time and resources needed for building ties with communities, difficulty in measuring trust building and integrating these issues into the current KPI system

Employment:

- The headspace network currently employs Aboriginal and Torres Strait Islander staff across a variety of roles. headspace centre staff and young people would like to see increased numbers of Aboriginal and Torres Strait Islander people employed in all roles across the organisation.
- Major benefits brought to headspace centres by Aboriginal and Torres Strait Islander staff include cultural awareness, lived experience, community ties and the ability to effectively engage with young people
- Having a gender mix of Aboriginal and Torres Strait Islander staff is important to meeting the needs of the community, especially in some remote areas
- The key barriers to increasing employment of Aboriginal and Torres Strait Islander staff include a skills shortage across the country and inflexibility to hire workers without the required qualifications
- Aboriginal and Torres Strait Islander headspace staff need better support – potentially in the form of cultural supervision – and can't be expected to be the only cultural knowledge resource in a centre



Model of Care:

- Aboriginal and Torres Strait Islander young people and community members don't respond well to the clinical nature of the headspace model – it is a significant barrier to engagement
- It is important to build trust and rapport with young people before starting the intake process
- Most young people prefer to engage through informal talks (yarning) and casual spaces. Direct questioning can bring up feelings of shame and make young people feel culturally unsafe
- headspace centre staff would like more training and flexibility to adapt the intake process to meet the needs of the young person
- There is a need to embed cultural safety and cultural outcomes within the headspace model, for example including cultural outcomes in care plans if important to the young person
- There is a need to acknowledge and address the specific factors driving Aboriginal and Torres Strait Islander mental health issues, such as intergenerational trauma and disconnection from culture, identity and belonging, which is driving cycles of alcohol and drug use in communities
- Aboriginal and Torres Strait Islander communities would like to see headspace adopt a more holistic model of health which recognises culture, wellbeing and spirituality
- There is a huge interest from young people as well as headspace centre staff to integrate cultural outcomes and activities into the headspace framework
- headspace National, Lead Agencies and PHNs have a key role in providing guidance, training and support to centres on how the headspace model can bring together clinical and cultural outcomes going forwards. These issues should be developed in partnership with Aboriginal and Torres Strait Islander people.

Partnerships:

- headspace centres currently undertake a variety of partnerships, from high-level strategic partnerships spearheaded at a consortium-level to localised partnerships with local community services and organisations
- Many headspace centre staff described local partnerships as ad hoc and personnel-driven
- We heard of a range of partnerships with Aboriginal and Torres Strait Islander organisations and community members. There is a huge demand to increase the frequency, stability and consistency of these partnerships
- There is potential to increase co-facilitation, co-location and co-design with Aboriginal and Torres Strait Islander organisations, built on increasing trust and engagement with local communities
- Major barriers to increasing partnerships include a lack of time and resources for this work, the need to upskill staff on co-design and engagement and inflexibility in the headspace model/KPI system

Identity and Belonging:

- Identity and belonging are central to young people's mental health, sense of cultural safety and ability to engage
- Young people face complexity and conflict in navigating issues of identity and belonging
- headspace services should help young people connect with and strengthen their identity and belonging, including integrating cultural outcomes into the headspace model



Racism:

- Racism is a significant issue affecting young people and their mental health
- Young people have commonly experienced racism in medical contexts, which affects future decision making to seek help from professional services. headspace staff training is crucial to avoid interactions which make young people feel uncomfortable, questioned or judged in their cultural identities.
- There are mixed views regarding asking young people to identify and whether this is too confronting
- headspace should have an advocacy role in reducing racism in the broader community
- headspace centres may benefit from having open discussions that challenge assumptions and stereotypes that lead to unconscious bias amongst staff





recommendations



Recommendations

The following recommendations are put forward for consideration to address the needs identified by Aboriginal and Torres Strait Islander young people, community members, stakeholders, and headspace centre staff in order to deliver safe and responsive service delivery to First Nations young people and communities.

1. Development of a headspace National Cultural Safety Framework
2. Implementation of Cultural Safety and Capability Training + culturally safe support tools for staff and young people
3. Implementation of Cultural Healing Programs
4. Development of an Elder-in-Residence Program and recruitment of Elders by headspace centres
5. Development of a cultural supervision model
6. Relationship and Partnership building and maintenance +outreach as a core component of service delivery
7. Development and implementation of peer support programs
8. Integrating Cultural Care into Mental Health Care Plans
9. Implementation of group programs and therapy
10. Implementation of family therapy
11. Implementation of single session therapy
12. Creation of safe drop-in spaces at all centres
13. Creation of identified positions at all centres

The recommendations are discussed in detail below.



Recommendation #1: Cultural Safety Framework

Actions:

- Provision of immediate Cultural Capability and Safety Training for the headspace National Executive and Board
- Development of a National Cultural Safety Framework
- Development of implementation plan
- Provision of Cultural Capability and Safety Training for all headspace National staff
- Mandatory localised Cultural Capability and Safety Training for all headspace centre staff

What is Cultural Safety?

The Australian Institute of Health and Wellbeing found *“The concept of cultural safety has been around for some time, with the notion originally defined and applied in the cultural context of New Zealand. It originated there in response to the harmful effects of colonisation and the ongoing legacy of colonisation on the health and healthcare of Maori people—in particular in mainstream health care services.”*⁵⁴

*“Cultural safety is not defined by the health professional but is defined with reference to the experience of the health care consumer’s experience, of the care they are given, their ability to access services and to raise concerns.”*⁵⁵

What is a Cultural Safety Framework?

A Cultural Safety Framework provides guidance and actions on how to implement a cultural safety/respect policy. The purpose of the framework is to ensure that all staff can engage and support Aboriginal and Torres Strait Islander people (both staff and end users), communities in a culturally safe way.

Some of the essential features of Cultural Safety Framework include addressing an understanding of one’s culture; an acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of this difference; and the ability to recognise, address and prevent racism. The presence or absence of cultural safety is determined by the experience of the recipient of care and is not defined by the caregiver.⁵⁶

In Canada, the Aboriginal Nurses Association of Canada state that cultural safety considers the “social, political and historical contexts of health care”.⁵⁷ The National Collaboration centre for Indigenous Health noted that culturally safe health care systems and environments are established by a continuum of building blocks:

1. Cultural awareness;
2. Cultural sensitivity;
3. Cultural competency; and
4. Cultural safety⁵⁸

54 <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/monitoring-framework>

55 Papps, E, & Ramsden, I 1996, ‘Cultural Safety in Nursing: the New Zealand Experience’, International Journal for Quality in Health Care, vol. 8, no. 5, pp. 491-497.

56 http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf

57 https://cna-aiic.ca/~media/cna/page-content/pdf-en/first_nations_framework_e.pdf

58 https://www.nccih.ca/495/Cultural_Safety_in_First_Nations,_Inuit_and_M%C3%A9tis_Public_Health.nccih?id=88



Why Cultural Safety Frameworks are important

Cultural Safety Frameworks are essential tools in enabling change to create culturally safe and responsive workplaces. *'A culturally responsive workplace environment is one that acknowledges, respects and accommodates difference.'*⁵⁹ Frameworks oversee and embed a range of activities such as cultural safety and capability training programs, strategies and transforming workplace tools and initiatives into workplaces so they become business as usual and as part of the organisation's fabric. A number of the recommendations such as an Elder-in-Residence Program may fall within The Framework.

Best Practice principles

The following best practice principles have been identified from the National Aboriginal and Torres Strait Islander Health Worker Association Cultural Safety Framework.⁶⁰ As stated in The Framework, the principles enable change and *"are the pre-requisites for ensuring effective and sustainable transformational change within the health system whereby cultural safety strategies are embedded within the processes and policies to increase health outcomes for Aboriginal and Torres Strait Islander peoples."*⁶¹ The principles are:

- Aboriginal Self Determination
- Social and Restorative
- Justice
- Equity
- Negotiated Partnership
- Transparency
- Reciprocity
- Accountability
- Sustainability
- Political Bipartisanship
- Cultural Contextuality

Examples of Cultural Safety Frameworks

- National Aboriginal and Torres Strait Islander Health Worker Association Cultural Safety Framework⁶²
- National Respect Framework for Aboriginal and Torres Strait Islander Health⁶³
- Gidgee Healing Cultural Safety Framework
- Western NSW Primary Health Network Cultural Safety Framework⁶⁴
- Health and Human Services Victorian Government, Aboriginal and Torres Strait Islander Cultural Safety Framework⁶⁵

59 https://www.naatsihwp.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf p5

60 https://www.naatsihwp.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf

61 ibid:4

62 ibid

63 http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf

64 http://www.wnswphn.org.au/uploads/documents/corporate%20documents/WHAL%20Cultural%20Safety%20Framework_Part1.pdf

65 <https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework>



Recommendation #2: Cultural Safety and Capability Training and the development of culturally safe support tools for staff and young people

Actions:

- Provision of immediate Cultural Capability and Safety Training for the headspace National Executive and Board
- Provision of Cultural Capability and Safety Training for all headspace National staff
- Mandatory localised Cultural Capability and Safety Training for headspace centre staff

What is Cultural Safety and Capability Training?

Cultural safety and capability training aims to improve the quality of service delivered by health care providers to Aboriginal and Torres Strait Islander people and the experience of service for Aboriginal and Torres Strait Islander people. Ultimately, cultural safety training should lead to better health outcomes for Aboriginal and Torres Strait Islander people. Cultural safety training is a continuum of learning which begins with foundational cultural awareness training, which is the building block for further education and experiential learning towards cultural safety.

Why is Cultural Safety and Capability Training important?

To close the gap and work towards eliminating health inequalities between Aboriginal and Torres Strait Islander peoples and the rest of the nation requires addressing determinants of health inequalities, such as institutionalised racism and accessibility to quality care. Senior staff who drive and manage an organisation must also ensure that their actions and decision-making create a system that enables all staff responsible for service delivery can provide appropriate and equitable care.⁶⁶ And so, there is importance and urgency in ensuring cultural safety and capability at both individual and organisational levels in delivering equitable health care.

Best practice

To ensure culturally safe and respectful practice, through completion of all units of training, staff must:⁶⁷

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
- Recognise the importance of self-determined decision making, partnership and collaboration in healthcare which is driven by the individual, family and communities
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues

66 <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3>

67 Australian Health Practitioner Regulation Agency. Aboriginal and Torres Strait Islander health strategy. Melbourne: AHPRA, 2020. Available at www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx



Recommendation #3: Cultural Healing Programs

Actions:

- Development of cultural healing program resource: how to partner and deliver cultural healing programs
- Provide funding to implement cultural healing programs

What are healing programs?

Healing programs are holistic in nature, culturally grounded and respect the cultural perspectives and worldview of the First Nations people involved in the program.⁶⁸ These programs acknowledge the relationship between culture and healing and recognise that an Indigenous understanding of wellbeing and healing incorporate not only physical health of individuals but also social, emotional, and spiritual healthy as well as the cultural wellbeing of the community.⁶⁹

Why healing programs are important

Healing programs are tailored approaches that promote social and emotional wellbeing and enable culturally appropriate treatments to facilitate healing. These programs are important ways for First Nations people to connect to culture, which ultimately promotes resilience and healing.⁷⁰

Best practice principles

Best practice principles for healing programs include:

- Self-determination and a recognition that First Nations people themselves are best placed to design, develop and deliver healing programs.⁷¹
- Culturally strong programs that are developed and driven at the local level.⁷²
- Understanding of the impact of colonisation and transgenerational trauma and grief.⁷³
- Understanding and valuing of a community's unique history, culture and family and community structure.⁷⁴
- Ability to adjust program goals and therapies to individuals.⁷⁵
- Approaches that are effective in one community or context may not be appropriate or effective in other contexts.⁷⁶

It is important to recognise that there is no singular model of best practice in terms of healing programs, rather the most successful programs are locally derived models and are effective for the community and context they run in.⁷⁷

68 Vanessa Edwige and Dr Paul Gray, Significance of Culture to Wellbeing, Healing and Rehabilitation, <https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf>

69 "Community Healing", Healing Foundation, <https://healingfoundation.org.au/community-healing/>

70 Vanessa Edwige and Dr Paul Gray, Significance of Culture to Wellbeing, Healing and Rehabilitation, <https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf>

71 Ibid.

72 "Community Healing", Healing Foundation, <https://healingfoundation.org.au/community-healing/>

73 "Healing: Promising practice", Australian Indigenous HealthInfoNet, <https://healthinonet.ecu.edu.au/learn/health-topics/healing/promising-practice/>

74 Ibid.

75 Healing Foundation, Aboriginal and Torres Strait Islander Healing Programs: A Literature Review, <https://healingfoundation.org.au/app/uploads/2017/02/Aboriginal-and-Torres-Strait-Islander-Healing-Programs-A-Literature-Review.pdf>

76 Vanessa Edwige and Dr Paul Gray, Significance of Culture to Wellbeing, Healing and Rehabilitation, <https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf>

77 Healing Foundation, Aboriginal and Torres Strait Islander Healing Programs: A Literature Review, <https://healingfoundation.org.au/app/uploads/2017/02/Aboriginal-and-Torres-Strait-Islander-Healing-Programs-A-Literature-Review.pdf>



Recommendation #4: Elder-in-Residence Program

Actions:

- Develop what Elder-in-Residence Programs can look like, EOI and supporting resources
- Employ Elder/s at each centre

What are Elders-in-Residence programs?

The Elder-in-Residence model aims to facilitate unique support and learning across the organisation by embedding senior cultural knowledge holders to guide and advise the organisation. In practice, this usually involves having an Elder embedded into the organisation on a semi-regular basis, whose role also includes supporting and meeting with members of the organisation (either in a drop-in model or by appointment).

These promote and legitimise the role of Elders as supportive pillars and cultural knowledge holders within an organisation. This model is an avenue for the provision of cultural knowledge and advice whilst promoting the education of First Nations culture and knowledge. The role of an Elder can include:

- Providing high-level advice and support for First Nations cultural activities in the organisation.⁷⁸
- Enhancing cultural perspectives, sharing wisdom and teachings, and promoting awareness of cultural traditions, traditional language and ceremony.⁷⁹
- Acting as a mentor to individuals and the wider organisation community by providing guidance and consultation.

Aunty Glendra Stubbs, UTS' Elder in Residence, described the program as “a person you can talk to when you don't know who else to talk to. It is someone that has your best interests at heart, is not going to be judgmental, and has life experience to back up their support”.⁸⁰

Why Elders-in-Residence programs are important

Engaging Elders in a formal structure such as an Elder-in-Residence program acknowledges the value of Elders as wisdom and knowledge holders of First Nations culture.⁸¹ Elders bring a wealth of cultural knowledge and experience that is beyond measure. These programs celebrate the continued practice and dynamism of First Nations cultures and knowledge and are an opportunity to understand and amplify Indigenous voices within organisations.

Best practice principles

There has been little development of best practice principles in terms of Elder-in-Residence programs. Key elements of best practice can be derived from best practice of First Nations community engagement in general. These include:

- Elders should represent the First Nations community they mentor and guide as well as having background experience that aligns with the organisation they're apart of
- Elders should receive remuneration for their knowledge and time, which can vary from a salary payment or payment per service
- There must be organisation wide cultural awareness and competency, which can be developed through mandatory training. This is important to ensure Elders are working in a culturally safe environment.

78 “Elder-in-Residence”, ECU, <https://www.ecu.edu.au/centres/kurongkurl-katitjin/cultural-leadership/elders-in-residence>

79 “Role Model & Elders In Residence”, School District No.85 (Vancouver Island North), <http://www.sd85.bc.ca/wordpress/elders-in-residence-program/>

80 “Meet Aunty Glendra Stubbs”, UTS, <https://www.uts.edu.au/partners-and-community/initiatives/social-justice-uts/news/meet-aunty-glendra-stubbs>

81 “The Wollotuka Institute: Elders in Residence”, The University of Newcastle. <https://www.newcastle.edu.au/our-uni/indigenous-collaboration/the-wollotuka-institute/about/elders-in-residence>



Elders in Residence program examples

*Monash University*⁸²

- Program is situated within a department in the university, the William Cooper Institute of the Office of the Pro Vic-Chancellor (Indigenous)
- The Elder in Residence is recognised as the ‘cultural link and knowledge base’ for this department as well as the wider University community
- The current Elder in Residence is Aunty Diane Singh, a Yorta-Yorta/Wemba-Wemba Elder. She has been associated with Monash University for close to 30 years, first as a mature aged student.

*Edith Cowan University (ECU)*⁸³

- ECU’s Elder in Residence is on campus 2 days a week and available to meet with staff and students by appointment
- The current Elder in Residence is Dr Roma Yibiyung Winmar, a Noongar Elder. She is an accomplished artist and a passionate advocate for Indigenous education, language and arts

*SBS*⁸⁴

- SBS’ Elder in Residence provides cultural guidance to the management and leadership teams working across SBS and NITV
- The initial term of the Elder will be one-year period, with the option to extend for a further two years
- The inaugural Elder in Residence is Aunty Rhoda Roberts, a Widjabul Wia-bal women, who has been heavily involved in the media sector as an actor, director and arts executive.

82 “William Cooper Institute: Elder in Residence”, Monash University, <https://www.monash.edu/indigenous-australians/about-us/our-people/elder-in-residence>

83 “Elder-in-Residence”, ECU, <https://www.ecu.edu.au/centres/kurongkurl-katitjin/cultural-leadership/elders-in-residence>

84 Emily Nicol, “Rhoda Roberts announced as inaugural SBS Elder in Residence”, NITV, 16 September 2021, <https://www.sbs.com.au/nitv/article/2021/09/16/rhoda-roberts-announced-inaugural-sbs-elder-residence-1>



Recommendation #5: Cultural Clinical Supervision for identified staff

Actions:

- **Connect with the Australian Indigenous Psychologists Association (AIPA) and or Indigenous Allied Health Association (IAHA) to seek Aboriginal psychologists who would be willing to undertake cultural supervision for non-Aboriginal psychologists working at headspace**

What is cultural supervision?

‘(Cultural) supervision is the process of being with a skilled, experienced and wise person who respectfully, caringly and honestly supports a worker to reflect on their work in a meaningful way, learn and grow as an Aboriginal worker in the context of working with community.’⁸⁵

Why Clinical Cultural supervision is important

headspace clinicians working within Aboriginal communities and or with Aboriginal clients require cultural competence. As non-Aboriginal clinicians working with Aboriginal people, being able to present their cases to an Aboriginal clinical supervisor can build knowledge and skills in Aboriginal social and emotional wellbeing and how the history of colonisation continues to impact on their client’s wellbeing. This is seen as integral to culturally responsive counselling, as well as cultural safety and competence. An Aboriginal psychologist can assist by providing ongoing guidance and reflective practice to guide non-Aboriginal psychologists in understanding differing cultural practices and beliefs and that these are upheld, respected and acknowledged within counselling contexts. An Aboriginal psychologist can also provide a cultural framework from which the non-Indigenous psychologist can form culturally responsive and safe treatments.

Research in this area indicates that a lack of appreciation for the highly personal nature of culture can lead to emotional misunderstandings and disagreements and can lead to the early termination of therapy. “Mental models are deeply held internal images of how the world works, images that limit us to familiar ways of thinking and acting. Very often, we are not consciously aware of our mental models or the effects they have on our behaviour” (Peter Senge). Cultural supervision allows for reflecting on our worldviews and how this may impact on therapy with clients and recognising our position of privilege and the impact this has on our therapeutic relationships. There is little research in cultural supervision for non-Indigenous psychologists being supervised by Aboriginal psychologists. There is, however, research being undertaken in the efficacy of cross-cultural supervision.

Best Practice Principles

- Offering guidance and explicit discussion of culture-specific issues,
- Bringing awareness, knowledge, and skills needed to work with Aboriginal people who are culturally different from themselves in meaningful, relevant, and productive ways
- Understanding of within-group differences
- Having collaborative supervisors with diverse skillsets
- Cultural clinical supervision is a process of professional support and learning in which non-Aboriginal psychologists are assisted in developing their practice through regular supervision time with experienced and knowledgeable Aboriginal psychologists to reflect on their practice when working with Aboriginal clients
- For non-Aboriginal psychologists to develop their clinical cultural competence and knowledge base
- It encourages safe, reflective practice where the clinician is more aware and sensitive to the client’s needs and always factors in cultural determinants to enhance the social and emotional wellbeing of Aboriginal people.

85 Our Healing Ways: A Culturally Appropriate Supervision Model for Aboriginal Workers: <https://healthinonet.ecu.edu.au/healthinonet/getContent>.



Recommendation #6: Relationship Building

Actions:

- Build effective and ongoing relationships and partnerships with Aboriginal and Torres Strait Islander communities, organisations and groups that represent or service First Nations young people and communities.
- Embed outreach as a core component of relationship and partnership building activities

What is relationship and partnership building?

Relationship and partnership building with Aboriginal and Torres Strait Islander communities is the creation of an equal, mutually beneficial relationship that is built on trust, respect and shared decision making, power and responsibility.

Why relationship building and partnerships are important

Genuine partnerships between Aboriginal and Torres Strait Islander organisations and non- Indigenous service providers are important because they can support the creation of an environment in which Aboriginal and Torres Strait Islander peoples and communities can work towards self-determination. Self-determination is anchored in the collective right of peoples to determine and control their own destiny and is explained in *The Bringing Them Home* report as:⁸⁶

Self-determination requires more than consultation because consultation alone does not confer any decision-making authority or control over outcomes. Self-determination also requires more than participation in service delivery because in a participation model the nature of the service and the ways in which the service is provided have not been determined by Indigenous peoples. Inherent in the right of self-determination is Indigenous decision-making carried through into implementation (Commonwealth of Australia, 1997).

Developing robust relationships and partnerships enable organisations to identify priorities, understand cultural beliefs and practices, and involve Aboriginal and Torres Strait Islander people in determining their own health practices. This in turn improves an organisation's capacity to plan and deliver services for Aboriginal and Torres Strait Islander young people and overall cultural safety.

'When Aboriginal and Torres Strait Islander people are marginalised and not engaged in decision-making, the result is ineffective use of resources, both human and financial, with limited improvement in outcomes.'⁸⁷

86 [php?linkid=572183&title=Our+Healing+Ways%3A+supervision%3A+a+culturally+appropriate+model+for+Aboriginal+workers&contentid=24027_1](http://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf)

87 <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf> p4



Best practice principles

As outlined in the National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health, working in partnership with Aboriginal and Torres Strait Islander communities to bring about change is likely to succeed if the following principles are understood and observed:⁸⁸

- Gaining trust and building relationships is central to Aboriginal and Torres Strait Islander life; therefore, this should be the starting point for partnerships
- More can be achieved when relationships and partnerships are equitable and built on mutual benefit
- Relationships will be more respectful if efforts are made to identify the right community individuals and groups to approach, and enquiries about key leaders and points of contact in the community are routine
- Aboriginal and Torres Strait Islander communities are diverse, and this diversity needs to be adequately represented
- Community responsibilities and obligations that have an impact on the community's and individuals' ability to participate need to be understood, and strategies should be implemented to minimise the burden on individuals, community organisations and the community more broadly
- Communication strategies need to be clear and interactive to enable culturally appropriate ways of working and sharing understandings
- English may be a third, fourth or even fifth language for an Aboriginal or Torres Strait Islander person
- Relationships that are respectful of culture should:
 - have clear and interactive communication to enable shared understandings
 - adhere to cultural protocols (for example, considerations of gender)
 - respect Aboriginal and Torres Strait Islander knowledge
- Time and resources should be invested to ensure that relationships are effective and sustainable
- Partnerships can be strengthened when they are developed at all levels of the organisation and include decision-making bodies

Examples

SNAICC Creating Change Through Partnerships: An introductory guide to partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations in child and family services.⁸⁹

The Australian Institute for Health and Welfare: Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities. Issues paper.⁹⁰ From the consultations with young people and key stakeholders, we know that outreach was an integral component of the provision of culturally safe and responsive service delivery which is based on the development and maintenance of strong and durable relationship.

Examples of outreach programs included outreach to:

- Schools
- Youth services
- ACCHOs
- Aboriginal and Torres Strait University centres
- TAFEs
- Sporting clubs

88 <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf> p7

89 https://www.snaicc.org.au/wp-content/uploads/2020/02/1148_SNAICC_PartnershipBook_LR-Final.pdf

90 <https://www.aihw.gov.au/getmedia/7d54eac8-4c95-4de1-91bb-0d6b1cf348e2/ctgc-ip05.pdf.aspx?inline=true>



Recommendation #7: Peer Support Programs

What are peer support programs?

Peer support programs are a popular way of sharing information with young people and are well suited for First Nations communities.⁹¹ These programs support the teaching and sharing information, values and behaviours by members of similar age or status group and aim to enhance self-esteem, self-efficacy, coping and problem-solving skills.⁹² These programs draw on the resources of other young people that have similar experiences and can occur one-on-one or in group settings and take the form of informal discussions between peers or can be more structured.⁹³

Why peer support programs are important

The advantages of peer support programs include the high level of interaction with one another and the ability for peers to impart information in relatable ways. These programs are considered particularly useful for educating young people about sensitive topics that may cause fear or embarrassment if discussed with adults.⁹⁴ These programs have proven to be effective early intervention strategies as they normalise the process of speaking to others about difficult things and seeking help.⁹⁵

Best practice principles

Best practice principles for the development of peer support programs in First Nations communities include:⁹⁶

- Creation of a comfortable and supportive environment
- Avoiding making assumptions
- Culturally competent content covered in the program
- Partnering with trusted First Nations organisations in the community
- Cultural awareness and competency training for program facilitators

91 “Indigenous Youth Peer-Led Health Promotion in Canada, New Zealand, Australia and the United States”, *frontiers in Public Health*, <https://www.frontiersin.org/articles/10.3389/fpubh.2018.00031/full?report=reader>

92 “Peer support”, *My-Peer Toolkit*, <https://mypeer.org.au/planning/what-are-peer-based-programs/program-types/peer-support/>

93 “Indigenous Youth Peer-Led Health Promotion in Canada, New Zealand, Australia and the United States”, *frontiers in Public Health*, <https://www.frontiersin.org/articles/10.3389/fpubh.2018.00031/full?report=reader>

94 *Ibid.*

95 “Peer support”, *My-Peer Toolkit*, <https://mypeer.org.au/planning/what-are-peer-based-programs/program-types/peer-support/>

96 *PeerConnect*, *Tips for setting up Peer Support Networks in Aboriginal communities*, https://www.peerconnect.org.au/files/3115/1537/2726/Establishment_Tips_for_setting_up_PSN_in_Aboriginal_communities.pdf





Peer support program examples

*Young Deadly Free – Peer Education Program*⁹⁷

- Program involved training young people from remote communities to run community peer education on STIs and blood borne viruses using the organisation’s Peer Education Toolkit

*Karalundi Aboriginal Education centre – peer support and skills training program*⁹⁸

- Program aimed to reduce or delay the uptake of alcohol and other drug use and increase self-esteem amongst young people
- This program involved strategies including the provision of a supportive environment, development of leadership and communication skills and development of culturally appropriate content and promotional materials
- Benefits of this program included an increase in awareness of drug and alcohol related health issues, enhance self confidence and reduce drug use

*National Diabetes Services Scheme – online peer support program*⁹⁹

- Peer support volunteers interact online to encourage participants to share their stories and experiences with diabetes

97 “Peer Education Program”, Young Deadly Free, <https://youngdeadlyfree.org.au/for-young-people/peer-education/>

98 “Evaluation of the Karalundi peer skills training and support program”, National Drug Research Institute, <https://ndri.curtin.edu.au/research/project-detail/94>

99 “Aboriginal and Torres Strait Islander communities program”, NDSS, <https://www.ndss.com.au/services/support-programs/community/>



Recommendation #8: Integrating Cultural Care into Mental Health Care Plans

Actions:

- Undertake further work to develop and test how cultural care can be integrated as part of mental health care plans.
- Look at work that has taken place as part of the 'Take a Step' campaign and supportive tools such as the wellbeing wheel.
- Develop and deliver training on how to use the wheel and have conversations related to the wellbeing wheel.

What are cultural care plans?

For an Aboriginal or Torres Strait Islander young person, his or her family, community, traditions and customs are integral to the connection and development of their sense of identity. Connections to these elements of community and culture impact significantly on the young person's social, emotional, health, educational and psychological development and shape who they become as they progress into adulthood. Cultural care plans are individualised plans that addressed these elements and support the young person to retain or develop their connection to culture.¹⁰⁰

In Australian contexts, the development of a cultural care plan is predominantly used to support Aboriginal and Torres Strait Islander young people in out of home care. The cultural care plans are developed in partnership with the child, when age and developmentally appropriate, the family, the family group meeting participants, community Elders and local Aboriginal or Torres Strait Islander workers.¹⁰¹

Why are they important?

Cultural care plans ensure that culture is acknowledged and incorporated in the context of mental health and social and emotional wellbeing. Cultural care plans aim to ensure that culture is considered in the context of the therapeutic framework and that planning, and decision making are culturally appropriate and responsive.

What are best practice principles?

The NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 outlines the below guidelines for integrating cultural outcomes into Aboriginal and Torres Strait Islander health services:

- Strengths-based, Aboriginal led co-design
- Cultural capability and safety
- Trauma informed holistic healing.
- Connected care¹⁰²

Examples

- Developing a cultural support plan for an Aboriginal or Torres Strait Islander child¹⁰³
- Child Protection Care Plans/Out of home care plans
- Further development and training of supporting resources developed for the *Take a Step Campaign*

100 <https://www.dsdsatsip.qld.gov.au/resources/childsafety/practice-manual/pr-developing-cultural-support-plan-atsi.pdf>

101 Ibid

102 <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/aborig-mh-wellbeing-2020-2025.pdf>

103 Ibid



Recommendation #9: Family therapy offerings and programs

Actions:

→ **Develop resource and guide for family therapy. This could tie into cultural plans**

What is Family Therapy for Aboriginal and Torres Strait Islanders?

There is very little research in this area with regards to Aboriginal and Torres Strait Islander families. Family therapy involves family members coming together to support one another around specific issues that are impacting on the family as a whole and recognising that families operate as a system that constantly change and develop. Some reasons why families may come together are around:

- Loss and Grief
- Impacts of intergenerational trauma

Family Therapy programs

In South Australia, the Family Wellbeing (FWB) program was established in 1993 is now being increasingly incorporated into a range of health interventions across Australia. The *“program aims to empower individuals, families, organisations and communities to take greater control of the conditions affecting their lives, to participate fully in education and employment, and improve their health and wellbeing. Experience and evaluation of the FWB program provides growing evidence of a promising and practical way to help bridge the gap between Australia’s First Peoples and the mainstream population.”*¹⁰⁴

In Queensland, the Department for Child Safety, Youth and Women developed a Family Wellbeing Services program, developed to draw on the cultural authority and experience of Aboriginal and Torres Strait Islander community organisations. The Aboriginal and Torres Strait Islander Family Wellbeing Services offer Aboriginal and Torres Strait Islander families a coordinated mix of services to address multiple levels of need to build family and community capacity to safely care for and protect children experiencing vulnerability. From early intervention responses, right through to supporting children where ongoing Child Safety Services (Child Safety) intervention is required.

Examples

- Family Wellbeing Program¹⁰⁵
- Workin’ with the Mob – Family healing¹⁰⁶
- The Family Wellbeing Services program¹⁰⁷

104 https://familychildconnect.org.au/ARC/Program-Guidelines_ATSI-Family-Wellbeing-2017.pdf

105 Monson-Wilbraham, L. 2014, Watering the Garden of Family Wellbeing: Empowering Aboriginal and Torres Strait Islander people to bloom and grow, The Lowitja Institute, Melbourne.

106 <https://www.bouverie.org.au/the-indigenous-program/workin-with-the-mob-therapeutic-family-work-for-aboriginal-families>

107 Ibid



Recommendation #10: Group programs and therapy

Actions:

- Enable the provision of group program and group therapy at all headspace centres. Provide a guide and range of models that can be implemented.

What are group programs and group therapy?

Aboriginal programs for young people are diverse and can be created and delivered in a range of settings from outdoors, on country, with sport, with arts, they can be formal or informal, gender specific or mixed groups and across age groups. What is most important is that they are designed with an in the communities they are working in to ensure the structure and method is right for the First Nations young people who are attending.

Why group programs and therapy are important

Group programs and therapy are culturally safe and responsive ways of supporting First Nations young people and their families work through often complex situations and trauma. As noted in the report, group yarning circles, regular activities and connection to other First Nations young people, country and Elders has been requested across the country.

An example of this is with Stolen Generation Organisations such as Kinchela Boys Home (KBH)(located in Kempsey and Redfern) who have identified the significant need for trauma informed therapy for Stolen Generation decedents. This has been requested by the Uncles of KBH who are witnessing the impact of intergenerational trauma on their family members. It is acknowledged that culturally responsive and trauma informed therapy is important when working with Aboriginal people who have experienced trauma and intergenerational trauma. It is important to note that models such as this are not limited to Stolen Generation descendants but any young person who has suffered trauma, be that recent or intergenerational.

Based on the work of LaBoucane-Benson, Sheron and Yerichuk (2017) 'there are three conditions for the building of family and community resilience and for healing from the effects of historic trauma: reclaiming an interconnected relationships-based worldview and legal tradition; reconciliation of damaged relationships; and recovering the power to respectfully self-determine'^[1]. They further reported that 'providing holistic family services grounded in culture and healing theory and programs that include historical context, culture; connectedness and centre culture concepts in healing' ^[2] as central to the social and emotional wellbeing of Aboriginal people.

Returning to cultural practices such as art, weaving, dance and storytelling not only enhance a sense of cultural identity and connectedness but also regulate the brain through rhythm and repetition. Tyng et al (2018) reports that 'emotion has a substantial influence on cognitive processes in humans. Including perception, attention, learning, memory, reasoning and problem solving'^[3]. The use of art to restore a dysregulated brain to then be able to engage in talking therapy is evidenced in Neuroscience research where it explicitly discusses regulating activities such as art, drumming, weaving, etc to help the brainstem increase its window of tolerance to stress.

Further readings around this area; Playful Approaches to serious Problems by Jennifer Freeman, David Epston and Dean Lobovits (1997), Creative Interventions with Traumatized Children by Cathy Malchiodi (2015) and Trauma Informed Practices with Children and Adolescents by William Steele and Cathy Malchiodi (2017).

It is recommended that young men and young women's yarning circles be funded with sessions occurring weekly for approximately 2-3 three hours in duration. The yarning circle would be facilitated by a trauma-informed and culturally responsive psychologist who is preferably Aboriginal and a co-facilitator who is Aboriginal with expertise in the area of mental health. It is recommended that the yarning circle incorporate ages from 16 years on.



Other group programs can be joined by headspace staff if partnerships with other organisations are created. Existing and recognised Aboriginal youth programs include:¹⁰⁸

- Youth Mentor Program: Young Aboriginal children are allocated a mentor who aims to meet with them fortnightly to discuss relevant issues such as school or sport;
- Oz Tag, the only true non-contact form of Rugby League, where a tackle is affected when a tag is removed from the side of a player's shorts;
- Horse Whispering, where young Indigenous people learn about using trust instead of fear when they manage horses at the Redfern Mounted Police centre;
- Sea skills: teaching Aboriginal youth sea skills,
- Community BBQs,
- Young women and young mens groups with interchangeable activities

Recommendation #11: Single Session Therapy (SST)

Actions:

- ➔ **Enable the provision of SST at all headspace centres. Provide a guide on the models currently in place and options for centres to consider**

What is SST?

SST is best conceptualised as a process rather than an event that assists workers to make the most of the first, and what may be the only, session for a young person who presents to a headspace centre. The young person may be a walk in or may call in crisis asking if they can urgently see someone. SST can also be delivered as part of family therapy which has been requested by some First Nations young people.

Why SST is important

SST is important because it is a targeted session with a young person that is focused on addressing and providing immediate support and strategies focused on the reason the young person has presented. It addresses their concerns immediately. Given long wait lists at some headspace centres SST provides opportunities for making the service more accessible. Given that many First Nations young people present in crisis, rather than being turned away they can be seen and immediately supported.

108 Source: Aboriginal youth programs can work – Creative Spirits, retrieved from <https://www.creativespirits.info/aboriginalculture/law/aboriginal-youth-programs-can-work>





Best practice principles

Best practice principles on delivering SST are outlined below:¹⁰⁹

- Celebrate the power of ‘now’ and create a realistic expectation for SST/OAAT therapy.
- Ask the client how you may best help them.
- Develop an end-of-session goal.
- Agree on a focus for the session.
- Keep on track.
- Identify and utilise client strengths.
- Encourage the client to use environmental resources.
- Identify and utilise the client’s previous attempts to deal with the problem.
- Negotiate a solution.
- Encourage the client to rehearse the solution.
- Encourage the client to reflect on the session, digest what they have learned, act on it, let time pass before seeking further help.

109 Single-Session One-At-A-Time Therapy: A Personal Approach <https://doi.org/10.1002/anzf.1424>



Recommendation 12: Identified positions

Actions:

→ Create an identified position at each headspace centre

Note: Where there is not a significant Aboriginal and Torres Strait Islander population, that role should be CALD specific, or whichever population groups needs support with representation and access

What are identified positions?

Identified positions are positions that may only be filled by an Aboriginal or Torres Strait Islander person. Identified positions recognise cultural identity, knowledge and connections as unique skills and attributes that are essential to meet the requirements of a role. It is lawful under the Anti-Discrimination Act 1991 to discriminate on the basis of race if it is a “genuine occupational requirement” that the work can only be done by a person who identifies as Aboriginal or Torres Strait Islander.¹¹⁰ This applies particularly to the delivery of specific services to Aboriginal and Torres Strait Islander people and communities. The employer may ask applicants to confirm their eligibility to apply for identified positions.

Why identified positions are important

There is significant evidence that Aboriginal and Torres Strait Islander staff are best placed to provide quality, culturally appropriate care to Aboriginal and Torres Strait Islander people. Evidence suggests this is because of their ability to effectively communicate and engage with the client borne from shared lived experience as well being able to leverage community connections to provide responsive referrals and support systems. Identified positions facilitate greater access to the service for Aboriginal and Torres Strait Islander people as they foster trust and rapport with the local community and encourage local endorsement of the centre as a safe, comfortable, and relevant place. Identified positions can also enhance the cultural safety and suitability of the service by helping non-Indigenous staff members to understand the needs of Aboriginal and Torres Strait Islander clients and community members and appropriate ways to respond.

Identified positions create benefits in all roles and at all levels within headspace centres, spanning frontline service delivery, administration and reception, clinical roles, and senior management.

There is a priority to focus on growing a skilled and diverse Aboriginal and Torres Strait Islander workforce across the headspace network, and the creation of identified positions is a key strategy. There is a particular need for community liaison/youth worker roles to support expanding outreach and engagement with Aboriginal and Torres Strait Islander young people and communities. A gender mix of frontline staff in each centre is desirable, to provide clients with safety and choice.

110 Queensland Human Rights Commission <https://www.qhrc.qld.gov.au/your-responsibilities/for-employers/recruitment/identified-positions>



Best practice principles

Best practice principles for creating, attracting and supporting identified positions include:

- Becoming an employer of choice for Aboriginal and Torres Strait Islander people by providing a culturally safe environment where cultural knowledge and skills are valued.
- Creating clear position descriptions for identified roles to avoid tokenistic recruitment and pressure being placed on a single staff member for all cultural engagement and knowledge.
- Providing competitive pay and flexible working conditions, (including leave allowances for cultural responsibilities including “Sorry Business”) to attract experienced people.
- Applying flexible approaches to recruitment and selection that recognises lived experience and community connection as highly as other formal qualifications. Allow people to communicate their experience through conversation, and seek references from within local community networks to identify the right person for the job.
- Establishing employment pathways for young Aboriginal and Torres Strait Islander people, such as through offering paid internships or work experience opportunities.
- Where possible, ensuring there is more than one identified worker in every service to avoid isolation and burnout. Where this is not possible, facilitating staff to integrate into relevant external networks to create opportunities for knowledge sharing and joint problem sharing. This may include connecting with identified staff in other headspace centres or creating partnerships with external local organisations.
- Establishing systems for cultural supervision and mentorship of all Aboriginal and Torres Strait Islander staff to support them to manage the unique complexities of their roles and competing community responsibilities. Cultural supervision and mentorship may be provided by appropriate people external to headspace.
- Actively encouraging Aboriginal and Torres Strait Islander employees to identify their training and support needs and access training and support on an ongoing basis.
- Establishing systems to support centres to confirm eligibility for identified positions. Eligibility is typically defined as someone who: is of Aboriginal and/or Torres Strait Islander descent; and who identifies as Aboriginal and/or Torres Strait Islander; and who is accepted by their community as being Aboriginal and/or Torres Strait Islander.

Recommendation #13: Drop-in safe spaces

Action:

- ➔ **Create a safe drop-in space for young people at all headspace centres.**

What is a drop-in safe space?

A drop-in safe space is a casual, non-clinical chill out space where young people can come to relax, feel comfortable and have an informal conversation. It might have bean bags and couches, free Wi-Fi, cold drinks, snacks or tea/coffee, pool tables or video games. Information resources, advocacy and support and referral and linkage services, and group activities may be available. The space would be staffed at all times by suitable trained workers who are willing and able to link young people in with appropriate staff and services as required. There must be a focus on providing a culturally sensitive space, that encourages and promotes cultural practice and community connection.

Why drop-in spaces are important

Drop-in spaces provide soft entry points that encourage young people to build familiarity, trust and engagement with a service before an official intake or crisis. Having an open-door policy and welcoming environment enables services to address barriers to engagement caused by waiting lists, intake processes, and stigma in accessing support. Drop-in spaces also create direct benefits for users by fostering a sense of belonging, stronger connections, facilitate wellbeing, and increased awareness of services. They also provide opportunities for early intervention and preventive care.



Best practice principles

Creating culturally safe and engaging drop-in spaces should be underpinned by the following:

- Having opening hours suited to school aged and other young people, including in evenings and weekends. These might take the form of 'hang out' or 'grab a feed' sessions rather than being open at all times.
- Working with local young people to identify their needs, interests and desires about the space and service offerings. Create systems for young people to provide feedback and suggestions.
- Ensuring staff are appropriately trained and supported.
- Promoting broadly to the community when Aboriginal and Torres Strait Islander staff are available.
- Exploring options for transport to support access.
- Ensuring culturally specific and appropriate information and support resources are available.
- Engaging with local organisations, Elders, and community groups to provide culturally specific program options.

Examples of drop-in safe spaces

3 Bridges Community Youth Centre in Hurstville¹¹¹

This centre provides a walk-in chill-out room, with 1:1 support available through Case Management and youth development staff. There is a focus on hanging out with friends in a welcoming and positive environment, to build relationships, confidence and resilience.

Gugan Gulwan Youth Aboriginal Corporation, ACT¹¹²

The Gugan Gulwan Drop-In program operates daily during centre hours, Monday to Thursday from 10am to 3pm.

The program is a soft entry point for young people who may be experiencing exclusion due to behaviours of concern or other challenges. The program is responsive to community needs and is a dedicated safe space for young people to gather with immediate support available to them.

Drop-in support includes mental health information and support, drug and alcohol information sessions, nutritional information and healthy meals, harm minimisation strategies and information, referral and linkages.

Next Steps

CIR will be developing an Implementation Plan once recommendations are affirmed. A Community Summary Report will be sent to all those who participated in consultations.

111 <https://3bridges.org.au/children-youth-and-families/youth-zone>

112 <https://gugan-gulwan.com.au/group-programs/drop-in/>





appendix

Appendix 1: Consultation breakdown by demographic: phase 2

LOCATION	HEADSPACE STAFF	YOUNG PEOPLE	YP NOTES	OTHER	KEY STAKEHOLDER NOTES	TOTAL
Brisbane Forum (4 centres)	9	4		2		15
Mt Isa	11	0		20	Meetings at community event	31
Townsville	7	13		0		20
Cairns	8	9		0		17
Grafton	7	16		4		27
Dubbo/ Coonamble	7	0		3	SEWB workers in Coonamble AMS	10
Batemans Bay	0	22		0		22
Sydney	5	0		0		5
Broken Hill	5	7		5	Local AMS Staff	17
Mildura	6	0		2	Staff from local high school	8
Melbourne Forum (4 centres)	7	0		0		7
Darwin	6	0		0		6
Katherine	4	0		0		4
Alice Springs	6	10		10	Local Key stakeholders	26
Launceston/ Devonport/ Burnie	9	13		2		23
Perth Forum (3 centres)	7	0		0		7
Kalgoorlie/ Esperance	12	0		5	Clontarf & STARS Foundation staff	17
Pilbara	7	0		0		7
Broome	8	0		2	Lead Agency staff	10
Port Augusta/ Whyalla	6	0		0		6
Virtual	0	9	5x Melbourne 3x Sydney 1x Adelaide	0		9
TOTAL	129	103		53		294

