Towards an Indigenous Youth Led Strategy: building research capacity in vulnerable youth

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Preamble

This paper is a result of grass roots research collaboration between Palm Island Aboriginal community members with local Aboriginal Community Controlled Health Organisations and the Higher Education sector. Palm Island, also known as Bwgcolman Country, is a discrete Aboriginal and Torres Strait Islander community situated 65 kilometres north-west of Townsville on the east coast of Queensland, Australia. Home to the Bwgcolman and Manbarra people, Palm Island’s history has been shaped by punitive government policies and practices, coercive displacement from mainland Aboriginal communities, dispossession and violence. Palm Island is now a community of approximately 2500 people, with fifty three percent of the population under 24 years of age. Despite its challenging and at times grim history, the Palm Island community in 2018 will celebrate a remarkable century of survival and resilience. However, social factors such as employment, housing, and education are still not adequately addressed, so too youth drug and alcohol risk taking behaviours place additional burdens on community life¹ which demanded a response from community members. Hence the development of the research collaboration and the study ‘The social impact of drug, alcohol and volatile substance misuse among young Aboriginal and Torres Strait Islanders and their family on Palm Island: A community survey informing a Palm Island Youth Strategy’ which aimed to investigate this phenomena in the 14–24 year old youth population where the behaviour was believed to be most prevalent. The content of this paper and this conference presentation specifically focuses on the methodology derived from this study, and capacity building in a cohort of Palm Island youth trained as research assistants.

Acknowledgments

We acknowledge the Traditional Owners and Elders of Cairns, the Gimuy Walubara Yidinji People and the Yirranydjji, People on whose Country this conference is being held. We also acknowledge the deadly young people of Palm Island who gave us their trust and participated in this their first exposure to research of this kind. We particularly acknowledge and thank the Palm Island Research Assistants who were integral to the success of the research process—Rachel Cummins, Victor Parker, Donovan Cannon, Catherine Inkerman, Christine Cannon, Kane Cummings, and Heath Lacey. We also acknowledge and thank the Palm Island Aboriginal Shire Council for their support, Garcia Nallajjar and staff of Ferdy’s Haven Rehabilitation Aboriginal Corporation Palm Island who shared their work space with us, and Kathy Anderson and staff of the Townsville Aboriginal and Islander Health Service, who provided the funding for the project and supported the research team with iPad computers for the survey platform. Thank you also to Dr. Daniel Lindsay our JCU HDR Stats Help Advisor who assisted us in uploading the survey questions on to the Qualtrix platform in the iPads.

Background

The current health status of young Aboriginal and Torres Strait Islanders between the ages of 15–24 years (respectfully referred to from here on as Indigenous) is cause for widespread concern. These
problems are exacerbated in a community such as Palm Island where there is geographical isolation, problems with service delivery and a history of social/political unrest that continue to impact the health of the community. Social and Emotional Wellbeing (SEWB) is a key issue in many communities and Palm Island is not an exception, with community leaders and service providers expressing concern about this, particularly in relation to young people. This is not something new to this community, or to many other Indigenous communities in Queensland or indeed across Australia. Rather, this is a long standing crisis where there is no evidence that things are improving despite efforts at service delivery. Anecdotal evidence on Palm Island suggests a youth and young adult’s culture that includes the use of recreational drugs, alcohol and other substances giving rise to current community concerns on the social cost of these behaviours to young people and families and the ‘fabric’ of the community for the future. Nevertheless, on the other hand, there is an argument that distinct communities like Palm Island offer an opportunity to do things differently and get things right, and other communities can learn from this process.

A significant issue for Palm Island is that policies and legislative practices have been developed and imposed on the community over the years in the absence of ongoing reliable research evidence. Furthermore, for almost two decades Palm Island community governance has been inundated with specific policies and practices developed and implemented mainly by non-Indigenous government organisations and groups. These uncompromising practices inform the development of human services for the community, however many of these documents still contain recommendations that have not been acted upon by governments. For example, the Palm Island Vision Plan\textsuperscript{3}, The Dillion Report\textsuperscript{4}, Palm Island Select Committee Report\textsuperscript{5}, Palm Island: Future Directions\textsuperscript{6}, the Palm Island Agreement\textsuperscript{7} and The Report of the Palm Island Integrated Services Modelling Project.\textsuperscript{8}

Palm Island people know what the problems are and must reliably document the community needs through research processes that are congruent to Indigenous ways of being and doing.\textsuperscript{9} Youth and young people’s health and wellbeing are continuous themes within existing policies that continue to be a key point of discussion at all levels of governance today. Currently, the Palm Island Aboriginal Shire Council is developing a strategic health plan which extends the existing ‘Palm Island Health Action Plan 2010–2015’\textsuperscript{10} towards the establishment of a comprehensive primary health care service in the community. This community health model has the potential to be a platform to springboard an evidence based focus specific to Palm Island youth. Evidence-based health service delivery informed by local Indigenous led research is central to the efficacy of community health development in Indigenous communities. Robust research that investigates a community driven issue with the involvement of community members from the outset is one of the principal tenets of Indigenous research.\textsuperscript{11} When researchers genuinely work with the local Indigenous community on a community identified need the research process is imbued with valuable qualities such as Indigenous intellectual and cultural ownership and bicultural learning through the relationship between the researchers and the community members.

A community identified issue—the research genesis

This particular research initiative began out of community concerns regarding a period of acute petrol sniffing in 2013. Community members and human service providers met in regular local forums to develop an initial crisis response whilst strategising a longer term community driven solution. From 2013 to 2015 the Palm Island human service organisations met regularly under an informal collaboration initially called Camp Opal, which later developed to Community Acton Mentoring Services Network (CAMSN). These forums provided space for judicious discussion amongst
community members and service providers that became the genesis for the development of a research focus on strengthening youth and family support services for the Palm Island community. There was and continues to be unanimous support from local government and service providers that youth health related behaviors, such as decision making, risk taking, and relationships and their associated outcomes need to be urgently addressed. CAMSN sought to build a knowledge base to strategically develop a needs based service delivery model for Palm Island informed by the issues that were prioritised by the Palm Island people. One of the key issues arising from these forums was the identified lack of evidence/fundamental knowledge about youth and youth issues on Palm Island; hence, the framework for the research began from this community driven stance in response to their level of identified need.

In 2015 a research partnership consortium was established by James Cook University (Geia) with Kathy Anderson, CEO of the Townsville Aboriginal and Islander Corporation for Health Services (TAIHS), and Carcia Nallajar, Program Manager of Ferdy's Haven Rehabilitation Aboriginal Corporation Palm Island. The aims of the research are congruent with ongoing community strategic health plans, the practical outworking realised through committed cross-party support from the Palm Island Aboriginal Shire Council, the Townsville Aboriginal and Torres Strait Islander Corporation for Health Services who funded the study, and local Queensland Health Joyce Palmer Health Service who supported the study ‘in-kind’. The significance of this study is that it is the first of its kind undertaken on Palm Island by Palm Island people and was developed through a process of ongoing discussions over two years.

As mentioned, the core aim of this study was to engage Palm Island young people between the ages of 14-24 years and their families on the issue of alcohol, drugs and other substance use and the subsequent SEWB outcomes experienced by the young people and their families. Included also is the development of a long term strategy led by young people and families to address the identified issues. The design of the study was based on the recent groundbreaking Indigenous GOANNA Study, which was “…the first national survey of Aboriginal and Torres Strait Islander people aged 16–29 in relation to sexually transmitted infections and blood borne viruses, with an emphasis on young people’s levels of knowledge, risk behaviours and health service utilisation.”12,13 With permission from Mr James Ward’s GOANNA Study team, the GOANNA survey instrument was modified for use in this current study. Central to the study was the working relationship between the researchers, the community and the young people. This was a fundamental strength of the research design, wherein Palm Island youth were approached and engaged as research assistants in the fieldwork phase of the project. This process ensured that research initiatives and outcomes are locally driven and not externally imposed upon the community.

How did we go about it? The research process

Western knowledge systems are incongruent to Indigenous peoples’ enduring ways of knowing and doing; however, the credibility of this prevailing Indigenous knowledge system continues to be questioned in the western research arena.14 Indigenous researchers in Australia and in international Indigenous academia have forged very different pathways of research where Indigenous researchers draw from their culture, identity, and lived experience to develop anticolonial epistemologies and methodologies. Engaging in anticolonial or decolonising research process re-presents Indigenous knowledge and culture through a research shift away from the current western research paradigm; therefore an essential and intrinsic aim of being an Indigenous researcher is to be a catalyst for change. The unique insider standpoint
of an Indigenous researcher affords a critical space for privileging the voice of Indigenous people from within academia to affect or disrupt the present western Indigenous health discourse. This moves the research and the researcher to a unique position where research boundaries merge with clarity to an active stance of engaging in an inclusive process toward a paradigm shift in research, and its efficacy in the community to a standpoint of strength and emancipation. The insider standpoint brings a different perspective to ‘traditional’ research which can result in different conclusions than a non-Indigenous outsider research standpoint.

A further strength (and challenge) of this study is that it works across a number of different sectors. Drs. Lindsay and Geia are employed within the Higher Education sector (JCU). The study was funded by the Federal Government via the Townsville Aboriginal and Islander Health Service and supported by the Palm Island Local Government, with in-kind support provided by the State Government funded Joyce Palmer Health Service on Palm Island. Members of the research team are employed at Ferdy’s Haven on Palm Island. Hence, the study demonstrates Government inter-sectoral collaboration, a characteristic of primary health care research. Moreover, this study provides a useful case study of the ways in which higher education, government departments and frontline health service delivery can work together to bring about meaningful change. The following points provides a brief insight into building research capacity:

**Researcher standpoint**

Akin to much ethnographic research, an element of this mixed methods project has been the emic (insider reality, or perspective), and etic (outsider reality or perspective) interpretations of the various phenomena within this study. As Whitehead, Dilworth & Higgins have identified, ‘an ethnographic researcher may have access to both perspectives…’ and this is certainly the case with the Principal Investigator Dr. Lynore Geia, who is a Palm Islander but has lived in Townsville for many years and works at James Cook University. The research assistants, as residents of Palm Island, possess an emic perspective of the phenomena, particularly given that their age group is a focus of this study. Furthermore, the collaborative research team that undertook the primary research combined novice and experienced researchers, with a view to mentoring and building research capacity among members of the research team. Dr. David Lindsay possesses an etic perspective given his outsider perspective of Palm Island culture and social relationships. The community-based fieldwork conducted on Palm Island during this study primarily involved people with emic perspectives, and this is a strength of this project as they were accepted, trusted and culturally ‘grounded’ in terms of their language and social and familial relationships. An important issue to recognise and acknowledge in relation to emic positioning within ethnographic research is the potential for subjective understandings, orientations and nuances to shape the descriptions and associated meanings and understandings of the information gathered. As interpretive researchers, sensitivity to this ‘tension’ is essential throughout this research process. As a non-Indigenous researcher, Dr. Lindsay was involved in the initial workshop held on Palm Island with the research team. Facilitated principally by Dr. Geia, Dr. Lindsay was introduced to the group and his role within the study outlined. He subsequently facilitated several focus groups on Palm Island involving Indigenous men, in conjunction with a local Palm Island man as a ‘cultural broker’. Dr. Lindsay’s etic perspective enabled him to gain understandings of the focus group information through the lens of an outsider, without any socio-culturally influenced pre-conceptions, biases or interpretations.

**Method**

This study involved a mixed method approach of quantitative data collection within an Indigenous epistemological and ontological framework of what is known in western research as narrative inquiry
and in an Indigenous research context as ‘yarning or story telling’. The Indigenous research perspective aligns with ethical principles that nurture consensus among people in a relational accountability that highlights the responsibility of the researcher and the participants to each other and the rest of the community in a reciprocal research and cultural relationship. A mixed method approach can meet the need quantitative need of government, from an Indigenous insider status the qualitative data brings the stories to contextualise the statistics which meets the need of the community. We argue that the two approaches are interdependent in this research and draws together the numbers and the narratives in a richer interpretation of data.

Ethics

Dr Geia began the ethics process initiating community awareness by about the research in order that individuals, families and service providers were informed of the proposed study; this included allowing time for answering community queries about the research. A culturally appropriate information sheet that outlined the study aims and the role of participants was provided to each participant, including detailed information about a support pathway for participants should they become distressed during the study. For example, the following was included in the Participant Information Sheet and the Informed Consent Form “If sharing your story upsets you in any way; you can stop at any time and we will make sure that you get some counselling support from a person of your choice on the Island.” Those people who chose to participate in the research were offered two options for consent: one a culturally clear and sensitive paper-based consent form to sign prior to the collection of data, and the other via selecting the relevant consent button on an iPad. The study was also congruent with the relevant guiding principles and within the NH&MRC National Statement on Ethical Conduct in Human Research.

Community inclusiveness

Palm Island youth were part of developing and refining the research tool through iterative consultations with groups of young people over many months. As mentioned, a vital component of this study are the Palm Island young people and their close-knit peer groups, among whom verbal communication, ‘Murri Talk’, is a highly functional method of sharing information between peer groups in the community. Taking time to discuss research questions in the context of Palm Island youth culture was central to developing a culturally sensitive data collection tool.

Research training

Research training included the meaning of research and data collection from western research perspectives within a two-way learning space. The Palm Island research assistants had the opportunity to talk about the issues and share information with the researchers on their ‘Murri’ perspectives. A further aim of the research process was to contribute to capacity building of the research assistants who may subsequently wish to be involved in future research projects on Palm Island or within other Indigenous communities. The study also provided short term paid employment to those research assistants who were unemployed at the time.

Recruitment and data collection

The data collection was undertaken after school hours and on a weekends where necessary. The research assistants approached youth/young people with an invitation to participate in the survey; the participant information was given to the potential survey participant with time allowed for queries and clarification of the study and data collection process. Informed consent was then obtained before the participant engaged with the survey tool. **Significant to the study was confidentiality and privacy for participants.** This was made clear in the recruitment of participants and also the de-identified data that was collected via the survey tool on an iPad. Participation in the study was entirely
voluntary. As a gesture of thanks for their time, participants were offered a $30 phone recharge voucher.

Where are we now

The research team is currently attending to the data analysis process, through the research methodology process we have shared knowledge with Palm Islanders, and gained knowledge. This is an important process that is still ongoing in this analysis stage. What is also valuable is that this study has demonstrated the importance of inter-sectoral collaboration and grassroots involvement of people within the target group to engage in action-oriented, community development research. Building the capacity of Indigenous youth and emerging adults to take ownership of meaningful and sustained change is an enormous challenge, yet with appropriate mentorship and support this study has demonstrated that it can be achieved. Currently there is a moratorium on the findings until the report is released, however it is anticipated that the study findings will be used to inform a long term youth strategy led by Palm Island youth/young people, inclusive of a level of commitment from community, service providers and governments. To that end, we look forward to reporting the findings of this study at the next NRHA Conference.

Recommendation

That Ferdy’s Haven Rehabilitation Aboriginal Corporation Palm Island be resourced provide a more comprehensive and strengths-based service to the Palm Island people and undertake further research to support service development.

References


6. McDougall S. Palm Island Future Directions Resource Officer Report. Aboriginal and Torres Strait Islander Policy, Brisbane. 2006


Glossary

Bwgcolman The name Bwgcolman is recorded as being given by Aboriginal Elders who were initially relocated to the island from the cyclone damaged Hull River mission approximately 50 kilometers north of the Queensland mainland town of Ingham. Bwgcolman generally means people of many tribes or by some account newcomers. The Bwgcolman people consist of the descendants of the Manbarra tribe, and the descendants of other Aboriginal tribes historically transported to Palm Island during its inception as a government reserve and penal settlement in the early 1900s.

Deadly An adjective colloquially used by Aboriginal and Torres Strait Islanders meaning something or someone is ‘real good’ or ‘excellent’. It carries an opposite meaning to fatal.

Indigenous research Research conducted by Aboriginal and Torres Strait Island scholars from their unique perspective.

Murri This is the colloquial terminology used to identify Aboriginal people who are born in the State of Queensland, Australia.

Presenters

Dr Lynore Geia is an Aboriginal and Torres Strait Islander woman born and raised on Palm Island, home to the Bwgcolman people. Lynore has over 30 years’ experience as a nurse and midwife with her most extensive practice being in rural and remote health, particularly in Aboriginal women’s health and birthing in Central Australia. Lynore supports Aboriginal community controlled health and is committed to developing effective research and education in nursing and midwifery that impacts on health praxis; in particular ‘Closing the Gap’ in Aboriginal and Torres Strait Island health. This has led to a passion for working with community to develop support strategies to strengthen Aboriginal and...
Torres Strait Islander youth health and families through best practice. The passion to work with community has extended into the use of social media for public health activism and advocacy such as #IHMayDay an annual 15 hour Twitter event convened and moderated by Lynore in collaboration with public health journalist Melissa Sweet and other health professionals. Lynore is currently the Academic Lead for Aboriginal and Torres Strait Islander Health and Indigenous Futures Research Lead in the Centre for Nursing and Midwifery Research, at the College of Health Care Sciences, James Cook University.

Assoc Prof David Lindsay is a registered nurse and an experienced nurse academic and researcher within the School of Nursing, Midwifery and Nutrition at James Cook University, Townsville. He has a long-standing interest and involvement in rural nursing and rural nurse education in Australia, and has been a past national President of the (then) Association for Australian Rural Nurses. His professional interests include nurse practitioner/advanced practice nursing roles in rural areas of Australia and across the western Pacific, the politics and practice of rural health and rural nursing, and the utilisation of evidence within nursing practice. Dr Lindsay is a Fellow of the Australian College of Nursing and a Friend of the National Rural Health Alliance.