**Yarning On: making a difference to the health of young Aboriginal people**

**Susan Arwen¹, Bianca Mark¹**  
¹Shine SA

**Summary**

‘Aboriginal people having sexual and reproductive health outcomes that are equal to the best’ is the goal of Yarning On. Funded for three and half years through the National Indigenous Partnerships to develop and deliver ‘Sexual Health Education Programs Targeting Aboriginal Young People’ in 17 rural and remote Aboriginal communities in South Australia, the Yarning On model builds the capacity of schools and communities to deliver respectful relationship and sexual health education both within and outside of the school system.

There are two programs within Yarning On—the Aboriginal Focus Schools program and the Investing in Aboriginal Youth program. Both utilise workforce development training programs combined with local knowledge and solutions within the context of school-based curriculum and community education activities to address the issues of teenage pregnancy, sexually transmitted infections and low birth weight babies for teenage Aboriginal young people which are significantly higher than for non-Aboriginal young people.

**Background**

In 2002, the share—(sexual health and relationships education) program, now known as the Focus School program, was a piloted in 15 South Australian schools. The program was evaluated by program partner La Trobe University¹ and independently by Prof Bruce Johnson University of South Australia.² The outcomes of these evaluations, secured ongoing funding and for the expansion of the program. This program has been based on best practice relationships and sexual health education and has been described as:

> 'The Sexual Health and Relationships Education (SHARE) program run in South Australia by SHine SA, has been comprehensively and positively evaluated in recent years and is an obvious example. Its whole-school approach and integrated curriculum-based content, piloted with the support of the South Australian Government, make it one of the most extensively developed programs in the country.'³

It is also one of the best documented and analysed.³

Evaluations from students, teachers and parents from Focus Schools, show high levels of satisfaction with the program. The program is designed to develop the skills and knowledge of young people to keep safe, make healthy choices in their personal lives and build healthy relationships. The curriculum is mapped out in line with the Keeping Safe Child Protection Curriculum and SACSA. The Focus School program is now in 118 South Australian schools in rural and metropolitan areas.

The funding received In January 2010 for a three and half year period, through the National Indigenous Partnerships (Indigenous Early Childhood Development and Close the Gap on Indigenous Sexual and Reproductive Health) was to develop and deliver ‘Relationship and Sexual Health Education Programs for Aboriginal Young People’. This enables Anangu and Aboriginal schools to have the same opportunities to access comprehensive relationships and sexual health education best practice that is available to other SA students. The Aboriginal Focus Schools program has been developed for students in years 5–10. Running along side the Aboriginal Focus School program is a community capacity building program, based on the Investing in Aboriginal Youth program developed in 2002 as a 1 year project. This focuses on training workers in Aboriginal communities to use a peer education approach to recruit, train and develop community based projects with young people 12–24 years out of the school system.
These two capacity building approaches aim to develop a whole community approach to identifying and working positively to reduce relationship and sexual health issues for young Aboriginal people in their own communities.

Some facts
Aboriginal people in South Australia have poorer and inequitable sexual and reproductive health outcomes with approximately 1 in 4 Aboriginal births in South Australia is to a teenage mother, compared with 1 in 20 non-Aboriginal births. Pregnant Aboriginal teenagers are less likely to attend as many antenatal appointments with low birth weights three-times higher for Aboriginal women of all ages. Sexually Transmitted Infection rates are 5 to 10 times higher for Aboriginal people with rates of Chlamydia, Gonorrhoea and Syphilis considerably higher than the population average. The consequences for this are severe, as repeat infections are the leading cause of pelvic inflammatory disease (PID) which can result in chronic pelvic pain, ectopic pregnancy and infertility. It may also make the transmission of HIV more likely.  

Reach of the program
The original brief targeted 17 rural and remote South Australian Aboriginal communities. Over the life of the project, as opportunity occurred and linkages were made, this broadened and the following table reports those communities involved in the program.

APY Lands communities and communities
- Amata
- Ernabella
- Fregon
- Indulkana
- Mimili
- Murptja
- Oak Valley
- Pipalyatjara
- Watarru

Rural and remote Aboriginal communities and schools
- Copley and Nepabunna
- Kaurna Plains
- Koonibba
- Marree
- Oodnadatta
- Point Pearce
- Port Augusta
- Raukkan
- Yalata

Schools with high numbers of Aboriginal students
- Augusta Park Primary School
- Flinders View Primary School
- Meningie Area School
- Murray Bridge High School
- Leigh Creek Area School
• Port Lincoln High School
• Mintabie Area School

Other programs/targets
• Aboriginal Community Education Officers–Port Augusta, Adelaide Hills and Southern region
• South Australia Aboriginal Sports Training Academy (SAASTA)
• Anangu Teaching Education Program (AnTEP)

Ensuring cultural relevance and appropriateness
The programs, although based on best practice models, needed to be culturally suitable and age appropriate. There was no intent to take over from families, communities and other agencies but to complement the work they do. A reference committee with a wide representation of agencies and community provided valuable guidance and cultural knowledge. Each school and community who participated was included in consultation on content and often involved in resource development and training to ensure the program was culturally suitable and the Aboriginal community voice clearly included.

Early in the program development, a conscious decision to name the program Yarning On and remove ‘sexual health’ from the title was made. The rationale was that the word sexual health often was a barrier to engaging Aboriginal people and Yarning On was a term that many were familiar with. Workers also wore shirts with the name which clearly identified the program. These two strategies facilitated access and gained recognition in many communities.

Relationships
Central to the development of this unique program has been relationship building with Anangu and Aboriginal key community members, communities and agencies. This resulted in extensive consultation, collaboration and partnerships to ensure culturally and age appropriate curriculum, resources and training programs.

The initial approach was to identify all key stakeholders, both community and agency and initialise a meet and greet approach to explain the program and what it aimed to achieve. This approach of not wanting anything or action other than consideration of the project and its possible benefit to the community has resulted in each community approving permits where required and allowing the program into their community.

Engagement with community councils, key community members and agencies and a partnership with the Department Education and Child Development resulted in not only promotion and support of the program throughout Anangu and Aboriginal schools and communities but the approval of the Pitjantjatjara Yankunytjatjara Education Committee (PYEC). Their approval and support enabled the program to be developed and rolled out in all the APY Lands schools.

Underpinning documents
A literature review and program logic model underpins the programs development, implementation and evaluation. Developed by the Yarning On team was the aspirational goal “Aboriginal people having sexual and reproductive health outcomes that are equal to the best”.

Short-term outcomes are:
• an increased level of knowledge and skills in the community
• an increased capacity to recognise and foster respectful relationships
• an increased use of contraception to assist in making choices on having children
• an increased rate in testing for STIs.
Longer term outcomes:
- to contribute to equity in health literacy, equity in access to health services. This is based on the principle that all Aboriginal and Anangu children have access to comprehensive, age and culturally appropriate, respectful relationships and sexual health education programs in school, beginning in early primary years and delivered by trusted and trained teachers.
- to contribute to a reduced rate of teenage pregnancy and a decreased prevalence in positive results for STIs.
- to contribute to a reduced incidence of sexual violence.

The South Australian Community Health Research Unit at Flinders University was the major evaluation partner and the program is also part of the SA Health evaluation of Close the Gap programs with Synergistic a Victorian based service.

The programs

Investing in Aboriginal Youth targets workers and key community members who work with young people 12–24 years outside of the school system. The program offers a flexible 2 day training program with the resources to enable workers to work with young people and the support of a worker to deliver local programs to young people out of the school system. Training is supported with a peer education manual and tub of teaching resources.

Aboriginal Focus Schools Program targets Anangu Education Workers, teachers, Aboriginal Community Education Officers and other school staff who work with students in years 5–10. The program offers a flexible 2 day training program tailored to the workers needs and capabilities. Each training and school is provided with a relationships and sexual health resource/curriculum for years 5–10 and resource packs and tubs with all the resources required to deliver the curriculum.

Evaluation

The evaluation by South Australian Community Health Research Unit (SACHRU) was guided by the following questions:
- How, and by what processes, is Yarning On developing the capacity of Health, education and community workers, and local Aboriginal communities, to promote sexual and reproductive health, wellbeing and safety for Young Aboriginal people? How does this vary in different community contexts?
- What progress is being made by Yarning On to achieving the short-term outcomes as identified in the program logic model?
- How sustainable are any positive outcomes arising from Yarning On, and how does this vary in different community contexts?

Methodology

In order to address the evaluation questions, SACHRU used both qualitative and quantitative data from different sources. Ethics approval was gained from Flinders University and the Aboriginal Health Council of South Australia before commencing the evaluation. Two forms of data collection were utilised: an online questionnaire completed by teachers and school principals to evaluate the Aboriginal Focus School Program, and case studies from three Aboriginal communities to evaluate the Investing in Aboriginal Youth program. Qualitative data was collected in each of these communities through informal interviews, a focus group and observational techniques. SACHRU also interviewed staff at the commencement of the program and again towards the end.
Conclusions
The findings of the SACHRU evaluation suggested that "the Yarning On programs are building significant capacity among individuals, organisations and communities to promote sexual health, well-being and safety for young Aboriginal people. Achieved through the training and resources provided by each program, and the relationships and partnerships which developed through both streams of Yarning On."

SACHRU found evidence that progress has been made in achieving all the short term outcomes with:

- a perception that Aboriginal students had:
  - increased their usage of contraception
  - uptake of STI testing
- in the case study communities the following examples where given in relation to positive change
  - increased testing among young people for STIs
  - after attending a women’s camp, two young women sought out and received contraception to prevent pregnancy
- additional data suggested positive outcomes such as:
  - reducing the shame and taboo experienced by young people about talking about sexual health issues
  - anecdotal reports of reduced violence after the program had been running
  - men who had undertaken Investing in Aboriginal Youth training advised one male member of their community to stop being violent towards his partner
  - evidence was found that the Yarning On program had increased knowledge and skills in the case study communities, and had resulted in an increased capacity to talk about sexual health and well-being, safety and respectful relationships with young people.

A strong recommendation from SACHRU was that long term funding was required:

‘In regard to sustainability, we conclude that, if Yarning On were to cease at this stage, the changes described above are largely not sustainable. It is possible that, as a result of having undergone training, some workers may be able to continue informally spreading their knowledge through their existing networks, however if they left the community, this knowledge would not continue. The disillusionment and disappointment that would be felt in communities if Yarning On were to stop completely would be significant.

This is particularly important given that the communities participating in Yarning On all are coping with significant and ongoing legacies of oppression, disempowerment and the lateral violence that results from such oppression. All participants we spoke to reported needing more years into the future to work on this issue.’

Learning
The Yarning On teams experiences and learnings have been overwhelmingly positive. Administrative and at times logistical issues have been viewed as something to mange rather than as a barrier. Time lines were often stretched as the unrealistic and often ignorantly set timeframes where challenging. However, time taken to develop solid relationships with communities, agencies and key people enabled the program to meet its targets in the long term. The constantly changing workforce within rural and remote communities and the transience of some key community members’, required constant
reengagement and re training. High staff turnover in Aboriginal communities has hindered efforts and deaths and other community business required staff to be flexible.

Cultural sensitivity of the issues resulted in having to utilise a different approach to training of Anangu workers. This was lengthy but the end result is a curriculum document and activities which is culturally relevant and appropriate for Anangu and Aboriginal young people.

**Recommendations**
Evaluation clearly articulates the need for long term investments by governments to effectively reduce the sexual health inequities in Aboriginal communities.

**References**


