



100 kids, a green shed, endless red dirt, and a few stray camels— reconsidering health in the heart of Australia

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I would firstly like to begin by thanking the people of Walungurru, especially the young people that I worked with and their parents, and the local council for their generous giving of time, friendships, and permission to present this paper. I also thank the young people for the sharing of stories that allowed me to realise how much I may have otherwise missed and made me both laugh and cry.

Setting the context

In 2005, I deferred medical studies at university to take up a position as Children, Youth, Sport and Recreation Officer in a remote Central Australian community, over 500km from Alice Springs. This community has a population of approximately 250, with more than 50% of these being aged 20 years old or younger.

Early life experiences

It is well known that the health effects of disadvantage and the social environment begin early in life, with the young people at the greatest risk of potential negative outcomes being those who have had an impoverished and disadvantaged childhood.

The community in which I worked reflected the disadvantage experienced by many Aboriginal young people, with overcrowded and inadequate housing, little participation in employment, poor literacy, significant rates of rape and domestic violence, low income, and high rates of involvement in the justice system (so that at least 20 people are seen on the monthly 'court days', including many adolescents). I was given a harsh insight into this world in my first month when some older women asked me to take them to the cemetery, and they proceeded to explain the graves—sisters, brothers and parents of every young person I worked with.

Health disadvantage

It is also well known that Aboriginal children suffer from disadvantage in terms of health. Infections are more prevalent, there is a growth differential, approximately 20% of remote Aboriginal children are anaemic¹, and chronic otitis media rates range up to 40%.² 79% of Northern Territory children have a hearing disability and only 15% of Indigenous students progress from Year 8 to Year 12, compared to 80% of non-Indigenous students.³

Substance misuse

A major issue identified by community members was substance misuse amongst young people, including alcohol, marijuana and petrol sniffing. In January 2005, approximately 40 young people were known to the police as sniffers, ranging in age from 11 to 24, and 20% of teenagers had been caught in possession of petrol. Research shows that sniffing has extremely serious consequences in terms of health, social functioning, family cohesion, and educational performance.⁴ Young people who sniff were seen as 'shame job' and further excluded from participation, entrenching a cycle of risk behaviour and marginalisation even more deeply.

Petrol sniffing is a complex issue and there are probably many interrelated causes, particularly the lack of recreational, employment and life options on remote communities (National Aboriginal Health Strategy 1989). It is for this reason that there has been much focus on diversionary and educational activities. It is difficult, however, to develop activities which provide enough excitement and fulfilment to compete with sniffing.

The scope of health

Another important context in which to consider the youth program is the linkage of health to every aspect of community life. Jackson and Ward have demonstrated the need for a wide range of strategies when considering or trying to improve Aboriginal health.

Aboriginal health is not just the domain of the healthcare system. By accepting the need for an approach that is multifaceted and covers all aspects of people's lives, including housing, education, employment and social justice, we can then understand that physical and symptomatic relief of disease will not in itself redress the burden of Aboriginal ill-health.⁶

It therefore makes sense that many community issues affecting health may fall outside the traditional scope of the health sector and health clinic model, though their links are well understood by the community itself.

Youth worker positions

Within this context, Children, Youth, Sport and Recreation Officer and Substance Abuse Officer positions are funded by the NT and Commonwealth Governments in order to address issues of boredom, petrol sniffing behaviours and generally poor well-being amongst young people. My role as the Youth Officer involved managing the Youth Centre and organising youth activities; and the Substance Abuse Officer position involved substance related education, individual case management and support of high risk young people and their families.

Creating a youth program

The youth centre project had many components, which were implemented over the course of 2005, taking advantage of stability in terms of staff at all community services, and is continuing in 2007. This presentation covers a small number of these components only due to time constraints. The youth centre, otherwise known as the 'green shed', was based on principles of a collaborative and intersectoral approach to health for young people; encompassing all aspects of well-being.

While the Youth Officer and Substance Misuse Officer positions were funded through the local council, the positions in reality provided a link between different community services involved in the well-being of young people, such as the primary and high schools, health centre, women's centre and police.

Creating a safe place

Early 2005 was spent in re-establishing the youth centre as a place for young people to attend in the community – in previous years, less than 20 young people had attended the youth centre per day, a narrow range of activities had been provided, there were no local workers and little co-ordination with the school or health centre.

The first step was to clean and redecorate the youth centre, and to begin to engage young people in its running. Picture this: a large corrugated iron shed with grey walls, brown floor, a broken pool table and no other furniture – how would this attract or meet the needs of any young people, particularly those who are vulnerable because of their social context?

Leftover house paint became a strategy to get young people involved and slowly the inside and outside of the shed was painted as these pictures show. Within three weeks, 50 young people were accessing the youth centre each day, and by March the numbers had increased to 70–80 per day, which remained the average for the rest of 2005. Other simple strategies were all completed at low cost, such as setting up tables using old doors, posting of photos and paintings around the walls, birthday charts, establishing a kitchen, a community newsletter and compilation of a variety of craft and sporting resources.

Listening to young people

Some key local staff were identified and began work in the youth centre, and two youth committees were established two months after opening the youth centre, one for young women, and one for young men. These committees met monthly and discussed issues concerning them in the community,



particularly sniffing. They also provided advice on the running of the youth centre, what activities should be provided, and how these should evolve.

These activities encompassed a range of interests and ages, from 3 to 24 year olds, and sporting, physical recreation, art, craft, cooking, games, educational, and music. We realised that different young people needed different strategies to truly engage.

Projects ranged from a mural involving 180 wooden panels (all completely designed and finished by the kids themselves and then fixed onto the walls) to the creation of a BMX track to the formation of several bands and songwriting workshops leading to production of a CD. Video and animation specialists helped to produce multiple videos, including one by the teenage boys about healthy food and being together.

A month long artist in residence project leading up to Christmas focused on building resilience and pride amongst teenagers to be able to resist substance misuse over the high risk summer holiday period, when boredom, traditional cultural commitments, and stretched family incomes became significant. This project had many components, all targeted at different ages and attempting to further develop supportive relationships.

Sport and recreation programs saw young people trained as coaches and umpires in football and softball, and training in physically active games through the Australian Sports Commission. These games encouraged all ages to be involved, have fun in a non-competitive atmosphere, and to get fit.

Linking to other services—intersectoral collaboration

School

One of the most important aspects of the youth centre was its links to the school and health centre. A 'no school, no green shed' policy was put in place to encourage school attendance and many of the specialised green shed projects crossed into school time or required support from the teachers.

As part of my role, I worked at the school two afternoons a week giving substance use and health promotion classes and producing photo booklets on various health topics, featuring and produced by the young people.

The National Rural Health Network visited the community in March, and ran various health workshops through the school and green shed, based around promoting school retention and health careers, nutrition, physical activity and healthy lifestyles.

Health clinic

The youth centre was also closely linked to the health clinic, and was used as the base to find high school age young people for the annual health screening.

Kungka nights

Kungka nights for teenage girls and young women were also introduced mid year.

These were quite unstructured, being aimed at developing relationships and allowing young women to have their own space and express themselves. While the nights were aimed at introducing new skills, such as personal care, knitting and healthy cooking, a critical part of their success was the presence of a clinic nurse. She became a magnet for the young women to approach to ask questions and discuss issues that they were too shamed to go to the clinic about—losing weight, contraception, sexual health information, smoking, sniffing and diabetes were all discussed and later lead to more formal education sessions being introduced.

The young women appreciated the chance to have their blood pressure, haemoglobin and sugar checked, and it was a very non-threatening way to provide health care, while also emphasising that the clinic was not just for when you were sick. The nights effectively developed new relationships between the clinic staff and young people, particularly through the belly dancing program.

Ula and wati nights

Nights for teenage boys and young men were also introduced when the boys and young men clearly articulated that they were keen despite there being no male youth worker. These became as successful as the kungka nights, with approximately 25 ula and wati attending each session. These nights had a slightly different structure, with cooking sessions (an overwhelming request), a focus on resilience and trust training, and again the presence of a clinic nurse. We believed that many young men sniffed because of low self-esteem and isolation from each other, and so trust games, such as with parachutes and blindfolds, were introduced and were very popular.

Going walkabout

Another collaborative project with the school and clinic involved taking the high school age young people to another community 1000km away for a week of sport, recreation and health promotion activities. This aimed to develop relationships between young people, staff and elders, and to reinforce positive health messages through a fun but challenging experience. It also provided an opportunity to get to know people in a different way and for the young people to link into a community that had largely overcome its substance abuse issues in recent years.

Police

The youth program was also closely linked to the police, attempting to break down barriers through the involvement of officers through pool competitions and discos. They also had a close involvement in the petrol sniffing targeted interventions. The Substance Misuse Officer and myself often sat in with young people when they faced court and helped liaise between the families and justice and welfare services.

Challenges

The challenges involved in implementing the youth program were numerous and sometimes seemingly insurmountable.

Numbers and training

Staff numbers were based on an assumption that less than 20 young people would attend each day. While this was disproved within the first few weeks, funding levels did not change and an unacceptable situation in terms of duty of care to the young people and staff evolved.

Often I was the only staff member to organise activities and monitor the well-being of 80–100 kids at one time. While we then received additional funding to employ local young people, I was expected to train and mentor these staff at the same time as looking after the children and teenagers in my care. While these young people had huge potential and skills, it was difficult to support them appropriately.

Are we on common ground?

As mentioned earlier, another challenge was being a female youth worker – I was very aware that I was not meeting the needs of young men adequately, and their health concerns could only be incompletely addressed at wati nights due to shame.

Community priorities were very much centred on petrol sniffing while the youth committees and myself understood this to be only one issue. It was also an internal challenge to shift the power balances within myself in order to truly meet young people 'where they were at' and to acknowledge their needs, which sometimes did not fit in with my ideas or understandings of the world.

Cultural issues could completely change the implementation of a planned program and it was necessary to become very used to 'going with the flow' and dealing with instant changes in plan, or seeming chaos. Reading between the lines or listening to what was not said became a valuable asset. I realised very quickly how little I knew or would ever understand, and how my ideas of a youth centre were based on my own, rather than the community's experiences. It was also difficult to create change and real alternatives to sniffing, in the absence of effective education and employment pathways.



The first youth committee meeting was quite enlightening as discussion turned to petrol sniffing and what effect it had. I had been trained in use of the brain story, the accepted health promotion tool in use in the NT (and a very useful resource) but physical health effects were not mentioned once by these young people. Instead they told me about petrol causing fighting, making problems in families, making school difficult, not being able to play football and losing friends.

If we targeted our intervention on the physical health then we would have had very little success – instead the social worker tried to discover the individual motivations for sniffing and then collaborate to work on these – for some boys, a focus on their lack of muscle strength and inability to be a good footballer was enough motivation to stop when given support. For others, resilience training with their families was the critical step. Hidden issues within the community, such as sexual health and abuse, were also very difficult to deal with, and were part of the reason for the emphasis on resilience and health education at the teenager nights.

Isolation

Isolation was obviously a huge issue, both in terms of the issues we were attempting to address and in delivering a youth program and organising events. Any equipment involved a delay in delivery, difficulty in storing and maintaining, while the understanding from funding bodies was often that a youth program could act in isolation from the community in which it was set. Politics and territorial clashes between different services and the inability of governments to see the need for intersectoral approaches and funding were other difficult issues.

Assessing the impact

Successes

Despite these challenges, the youth program did and continues to have a significant impact. From January to December 2005, numbers attending the youth centre and associated activities increased from less than 20 per day in previous years to an average of 80 young people per day. The proportion of young people known to engage in sniffing behaviours who accessed youth activities increased from 15% to 85%. As a combined result of many community initiatives and work from many different services, rates of petrol sniffing decreased by 50% from January to December 2005 and continued to decrease in 2006 with the introduction of Opal Fuel. This reflected in a high level of community satisfaction with the program.

Creating a safe place

The youth centre came to be seen as a safe place, with young people waiting outside for it to open each day, almost 100% attendance of those present in the community at any one time, and the surrounding area becoming a gathering place even when the centre was closed. It was also a place that young people had to make a choice to come to, as they were not allowed if sniffing or intoxicated. The program's close links to community and to other services meant that young people's priorities were listened to, were advocated for to other services, and services began to collaborate and discuss the needs of young people, bringing their varying perspectives.

Most importantly, when discussing the need for a slogan or logo for the youth program, a group of young people and elders decided on green shirts (to match the green shed) with a picture of the hill directly behind the youth centre and the words "Tjurrirringku-payi green house tjungka – in English, this means 'Everyone Coming Together at the Green Shed' – if this was the community's perception, then we had achieved the most important measure of the youth program's success.

Where to from here?

Reflecting on the experience

Like several remote communities, Walungurru faces problematic issues. It is, however, also a strong community with many inspiring and resilient people who are achieving great things – such as fundraising for a swimming pool through producing magnificent artworks, implementing a remote

dialysis machine, three high school students winning a national constitution competition in Canberra or the primary school receiving a national Heart Foundation award for their nutrition program.

Many people initially questioned my decision to defer university and move—‘why on earth would you want to do that?’ was a common expression and I suppose there were several times during those twelve months when I echoed their thoughts. While I had worked in Central Australia previously as a student, living in a remote community longer term pushes a person further out of their comfort zone. It made me question many of my assumptions and perspectives, and to face difficult aspects of myself. The barriers that I put up around myself often needed to be confronted as the young people showed me that these barriers prevented real relationships.

Learning what I do not know

I learnt to come to terms with seeming chaos and my endless mistakes and questioning. In fact, the issues now seem more complex and I am even less sure of where I stand and what I believe—however, I believe that this journey is healthy and necessary and so I recently completed two months of elective placements back in remote communities in a health clinic capacity to try to process some of these issues.

Many times, whilst the chaos of 80–100 kids surrounded me and 70 hour weeks became the norm, I questioned my understandings of health and how well we listen to the stories of those we live and work with—even in 40+ heat, when pool balls were ricocheting around the youth shed, when a school holiday trip was delayed thanks to a cracked radiator and a bogged car, when twenty kids all wanted a drink of water ‘now’, when I was accidentally hit in the head with a rock, when I was feeling burnt out, or when making a paper mache camel became slightly more difficult than expected!

Priceless experiences

But then there were the other experiences—the ones which helped me to realise what a privilege it was to work in the community and in such a setting. Driving over a sand dune and watching a desert sunset; putting on a Christmas parade complete with aforesaid camel, fairies, goanna and kangaroo; being part of the fanatical Kintore Hawks fan club; watching the kids work on producing a film; collecting witchety grubs; dancing for some of the boys going through men’s business; belly dancing sessions at teenage girls’ nights; seeing the pride in young men that have learnt to cook; laughing at the ‘shimmying’ of the kids at discos dancing to ‘Wooly Bully’ or the Kintore bands; an Easter egg treasure hunt around the bushes; painting the youth shed a myriad of colours; seeing the kids’ faces when we put the Christmas lights up; being given a skin name and understanding where I fit in; the smiles on the kids’ faces and their laughter at my attempts to learn Luritja; a billy cart relay going out of control due to some slight (!) navigational problems of the boys; the little kids’ continual inability to pronounce my name; talking with teenagers about sniffing; working with some inspirational elders and staff; camping out under the seemingly neverending stars; sharing stories around a campfire; or receiving a hug and a joke from a child when they have sensed you needed it most. These were the unforgettable moments that made me so sad to leave and have given me a wish to return upon graduation.

Returning to ‘health’ studies

So—to answer that initial question of ‘why on earth?’—I am so thankful for this experience, even if many others struggle to understand it or see it as completely unrelated to health. And people’s questions since I have returned to my university studies demonstrate their bewilderment—‘was it good?’, ‘did you enjoy the break?’—how do I even begin to explain my journey of questioning, to explain the range of emotions, to describe the jokes and funny experiences that have little meaning without a context?

I have learnt to question my concepts of health and well-being, to see that in remote communities health is and encompasses everything. While many would think that my position was seemingly unrelated to medicine, I learnt much about health and the importance of meeting people where they are at, of health promotion, the complexities of health and social issues, and the need for solutions to be community developed and based. I feel that all students need to look for these kind of experiences and to see the reality of health far beyond a hospital or clinic.



I have become convinced that health professionals and students need to continue to ask questions of ourselves and to re-evaluate our work – do we look beyond the surface to see the deeper issues; are we willing to work in messy situations, in circumstances that are beyond our comfort zones; do we make an attempt to collaborate with other services and on wide scope health programs, do we speak up about injustices; does sharing and listening to stories always stay important; and do we focus on building relationships at the centre of everything?

Recommendations

My experiences have indicated the need for two main changes to current practice:

- That university health course curriculum incorporates formal opportunities for students to engage in intersectoral community health projects and community development training, so as to develop student understandings of health and build the skills necessary to effectively meet community needs.
- That health professionals continue to advocate not only for multi-disciplinary teamwork and increased resources, but actively collaborate with other community services in providing health programs, through joint meetings and projects, moving beyond the health clinic.

In conclusion, I learnt more from this so called ‘year off’ than I could ever have anticipated – that health is really about ‘everyone coming together’ and that, as health professionals, we need to think out of the square and understand the roles of other sectors. I also learnt to question, to listen, to collaborate and to let go.

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Presenter

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