Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Cairns

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The Integrated Atlas of the social and emotional wellbeing services for children and youth in Cairns is part of the research project titled: *Systems Integration to Promote the Mental Health of Indigenous Children and Youth*

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This Atlas is a research collaboration between:

Central Queensland University, Jawun Research Centre

Australian National University | University of Canberra

Deadly Inspiring Youth Doing Good (DIYDG), Cairns

Gurriny Yealamucka Health Services Aboriginal Corporation, Yarrabah

Disclaimer:

The language used in some of the service categories mapped in this report (eg outpatient, day care, non-acute) may read as being very hospital- centric, especially for Indigenous wellbeing approaches, or advanced community- based mental health services, which are recovery oriented and highly developed. However, these terms reflect the category nomenclature employed within the Description and Evaluation of Services and Directories in Europe for Long Term Care (DESDE-LTC) classification system rather than a description of services. The consistent application of standardised category labels, which have been used for some years in Europe for health service mapping studies, provides a common language for meaningful comparisons of service across regions (nationally and internationally).

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DEADLY INSPIRING YOUTH DOING GOOD

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Abbreviations

Abbreviation	Name
ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
BSIC	Basic Stable Input of Care
CYMHS	Queensland Health - Child and Youth Mental Health Service
CQI	Continual Quality Improvement
CQU	Central Queensland University
CYAG	Community Youth Advisory Group
CYJMA	Queensland Department of Children, Youth Justice and Multicultural Affairs
DIYDG	Deadly Inspiring Youth Doing Good
DESDE	Description and Evaluation of Services and DirectoriEs
FTE	Full Time Equivalent
FAIT	Framework For Assessment Impact and Translation
GIS	Geographical Information System
GP	General Practitioner
HHS	Hospital and Health Services
HREC	Human Research Ethics Committee
ICD-10	International Classification of Diseases, Tenth Revision
ICF	International Classification of Functioning, Disability and Health
MHN	Mental Health Nurse
MTC	Main Type of Care
NIAA	National Indigenous Australians Agency
NGO	Non-Government Organisation
NQPHN	North Queensland Primary Health Network
PCYC	Police and Citizens' Youth Club
PHN	Primary Health Network
RSAS	Remote School Attendance Scheme
RN	Registered Nurse
SEWB	Social and Emotional Wellbeing
YLF	Yarrabah Leaders' Forum

Executive summary

This *Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Cairns* provides, for the first time, baseline data to inform decision making about social and emotional wellbeing (SEWB) service delivery in Cairns. The Atlas responds to the need to promote and protect the mental health and social and emotional wellbeing of young Aboriginal and Torres Strait Islander people (herein respectfully termed Indigenous) in Cairns. Achieving this requires the availability and accessibility of a comprehensive range of services providing culturally and clinically appropriate programs and supports.

Current evidence states that Indigenous peoples' social and emotional wellbeing (SEWB) is influenced by protective factors identified by the *Gayaa Dhuwi* (Proud spirit) Declaration (1). The seven interconnected domains of social and emotional wellbeing collectively identified - country, culture, spirituality, community, family and kinship, mind and emotions, and body represent "a cultural understanding of Aboriginal and Torres Strait Islander relationality, identity, and holistic individual, family, and community health" (2).

Gathering evidence on how services address and embed these protective SEWB factors into Indigenous child and youth program delivery, and how they influence outcomes, is challenging, especially as the current system of mental health and SEWB services and supports is complex, inefficient and fragmented (3).

Indigenous community leaders' priorities for improvement of mental healthcare services and systems have met with limited government support and resourcing (4). In one remote Queensland Indigenous community, for example, evaluators found a complex and disjointed network of 39 distinct programs delivered by 21 providers to the community's 330 children, with little evidence of service delivery coordination or case management. Federal and State Governments' competitive and short-term funding structures compel service providers to 'stick to their own turf'; and the overall effects of children's programs (positive or negative) could not be determined (5).

There is a clear need for a comprehensive system of Indigenous youth service provision based on appropriate community models of care. The Queensland Mental Health Commission strategic plan advocates that "a more balanced approach requires a shift towards the community as the key place where mental health …services and support are provided..." (6) (p.31). The first and necessary step in the planning and provision of such a system is to know what the current picture of service provision is: that is, to identify and map the services available in a region, what they are doing, and where the strengths and gaps in the system lie. This requires a holistic approach that includes the mapping of services for young people not only in the health sector, but also across all sectors of care - education, social care, housing, justice, community and cultural, as well as other relevant sectors of service provision.

An Integrated Atlas provides a snapshot of the whole health and social care system in a defined region using a healthcare ecosystem approach (7). Key to this approach is the service classification instrument-Description and Evaluation of Services and DirectoriEs for Long Term Care (DESDE-LTC or DESDE), which provides a standardised and validated method of describing and classifying services in all care sectors (8). The use of a standardised tool enables comparison, both with other jurisdictions, and in the same jurisdiction over time.

Integrated Atlases developed by the DESDE research team have mapped patterns of service provision for mental health, psychosocial support, services for chronic health conditions, and for people experiencing homelessness, in 20 Primary Health Network (PHN) regions in Australia, including the Kimberley region and Far West New South Wales. The DESDE instrument has also been used to map service provision for people living in remote areas overseas, including Nunavik (Canada) and Lapland as part of the "Glocal" (Global and Local Observation and mapping of CAre Levels) project (https://www.canberra.edu.au/research/institutes/health-research-institute/glocal). These projects include a data repository on local service provision collected using DESDE and its antecedent, the European Service Mapping Schedule (ESMS). This atlas, *The Integrated Atlas of Mental Health and Wellbeing Services for Indigenous Children and Youth in Cairns* describes and classifies the services across all sectors that are available for Indigenous young people between the ages of 5 and 18 years in Cairns, Far North Queensland.

The *Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Cairns*, and its companion, the *Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Yarrabah* constitute the service mapping component of the Systems Integration to Promote the Mental Health of Indigenous Children and Youth research project (SIP). The SIP aims to conceptualise, co-design and evaluate community-driven systems-level integration to promote the mental health and wellbeing of Indigenous school-aged children and youth (5-18 years). Systems integration is defined as the development of a spectrum of effective, community-based services and supports that are organised into a coordinated network that build meaningful partnerships with families and address their cultural and linguistic needs, to help children and youth to function better at home, in school, in the community, and throughout life (9). Research for these Atlases has been done in collaboration with the community based research partners. In Yarrabah the SIP research partner is Gurriny Yealamucka Health Services. In Cairns, the research partner is Deadly Inspiring Youth Doing Good (DIYDG), an Indigenous youth empowerment organisation.

Data for the Cairns and Yarrabah Atlases were collected between July 2021 and February 2022. Data were obtained for the Cairns Atlas from interviews with service managers of organisations, or leaders of programs, providing mental health and/or social and emotional wellbeing programs or support to Indigenous young people in Cairns and the surrounding region. This included health, education, justice, child protection, social services and the community services sectors. The Atlas maps those services that are universally available to the population; that is, it does not map fee-for-service care, or services which require a significant out of pocket cost.

The five key issues for consideration for communities and planners of Indigenous health and wellbeing services that have emerged from this research are:

- Gaps that have been identified in service availability in both Cairns and Yarrabah: including in relation to the availability of residential services and education or employment related services
- The extent to which services are Aboriginal Community Controlled in each region
- The extent to which available services support young people "upstream" to prevent the need for more high intensity "downstream" support

- Workforce composition, in particular the representation of Indigenous people in the health workforce
- Implications for service delivery and accountability of funding patterns

The information in this Integrated Atlas can be used in:

- strategic service planning
- modelling for system development
- analysis of strengths and gaps in the system

The Integrated Atlas also provides a baseline from which future comparison can be made to evaluate the effects of policy and planning interventions.

Introduction

Aboriginal and Torres Strait Islander social and emotional wellbeing: historical and cultural context

Aboriginal Community Controlled Health Organisations (ACCHOs) had already been providing primary health care services to their communities for nearly two decades, when the landmark National Aboriginal Health Strategy in 1989 (10) became the first national policy document to recognise and articulate an Indigenous holistic world view. This Strategy acknowledged the importance of Aboriginal decision making and self-determination: of "the local community having control of issues that directly affect their communities"; and of the concept of health and wellbeing "in all aspects of life - including control over the physical environment, of dignity, of community self-esteem and of justice", with a focus on spiritual, cultural, emotional, social and physical wellbeing, and the connection between health and land"(p.xiv).

A series of reports over the next decade highlighted the impact on Aboriginal health and wellbeing of past and present social policy and actions. These reports included the 1991 Royal Commission into Aboriginal Deaths in Custody (11), which expressed the urgent need to address Indigenous mental health and overrepresentation in the justice system; the 1993 Burdekin Inquiry (12) describing the impact of dispossession of land, the removal of children from their families and of continuing social and economic disadvantage; and the 1997 Bringing Them Home report (13), which highlighted the consequences of child removal, and the inadequacy and inaccessibility of appropriate services.

The Way Forward in 1995 (14) was the first policy response to acknowledge the historical aspects of colonisation and dispossession on Indigenous mental health. The associated Action Plan Ways Forward, the Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (1996-2000) was introduced in 1996, creating a policy framework that aimed to ensure a coordinated approach to service delivery. Drawing from this first Plan, Strategic Frameworks (15,16) have progressively articulated the following principles for the delivery of health and wellbeing support to Aboriginal and Torres Strait Islander Peoples:

- Emphasis on a holistic view of health
- Importance of self determination
- Culturally valid understandings shaping service provision
- The impacts of inter-generational trauma
- A human rights-based approach
- Ongoing effects of social and economic disadvantage and of racism, and
- Centrality of Aboriginal and Torres Strait Islander family and kinship

The importance of Aboriginal and Torres Strait Islander leadership, and of cultural respect in service delivery was echoed in the 2016 National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (17). This report called for partnership and collaboration between all levels of government, and between health and other sectors in the planning and delivery of child and family health services. It stressed the importance of keeping the child at the core of an integrated multidisciplinary collaborative service delivery system. This system should be built around a holistic primary health care model, providing continuity of care and the ability to access the services required: not just health services but also comprehensive educational and social

support services.

Several of these goals had already been set out eight years earlier in the Coalition of Australian Governments (COAG) 2008 National Indigenous Reform Agreement-Closing the Gap (18). Its target of closing the life expectancy gap within a generation included:

- Halving the gap in mortality rates for Indigenous children under five within a decade
- Ensuring access to early childhood education for all Indigenous children aged four years living in remote communities within five years
- Halving the gap in reading, writing and numeracy achievements for children within a decade
- Halving the gap for Indigenous students in year 12 attainment rates by 2020
- Halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade

Specifically, the specific areas of early childhood, schooling, health, economic participation, healthy homes, safe communities and governance and leadership were seen as key to achieving these aims.

By 2019, only two Closing the Gap targets had been met, and the National Indigenous Australians Agency was established to take over its responsibilities, in partnership with Indigenous Australians. In 2020 a new National Agreement (19) was developed with a revised framework. This had four priority areas and 16 new targets, including increasing education levels and employment, reducing detention, reducing out of home care, and decreasing suicide rates. These reforms aim to build the Community Controlled sector; adapt government organisations to work better with Aboriginal and Torres Strait Islanders; and improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

Targeted outcomes of the National Agreement include to:

- Reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent by 2031
- Reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by 30 per cent by 2031
- Achieve significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero
- Provide Aboriginal and Torres Strait Islander people with access to information and services enabling participation in informed decision-making regarding their own lives

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (20), developed in consultation with Aboriginal and Torres Strait Islander health leaders, has also set a target for Aboriginal and Torres Strait Islander people to represent 3.43% of the national workforce by 2031.

Queensland Aboriginal and Torres Strait Islander social and emotional wellbeing: policy context

Intersectoral collaboration is a key goal of the Queensland Aboriginal and Torres Strait Islander Mental Health Strategy 2016-21 (21). The Strategy also acknowledges the effectiveness of ACCHOs in providing primary health

care. It targets outcomes including: the strengthening of relationships between Hospital and Health Services (HHS) and primary health care providers, especially ACCHOs; continuity of care; addressing needs and service gaps; and increasing the quality and availability of data.

The key population health priorities for North Queensland PHN include: maternal and child health; chronic disease management and prevention; sexual health; healthy ageing; Aboriginal and Torres Strait Islander health; and multicultural health (22). The PHN's stated objectives are to work to improve people's health and wellbeing throughout their lifespan and focus on addressing both health and social determinants which lead to poor health outcomes.

The most recent report of the Queensland Mental Health Select Committee acknowledged the intergenerational trauma and harm done by colonisation and subsequent government policies, and recommended the funding of a scholarship to support the accreditation of Aboriginal and Torres Strait Islander peoples in mental health and drug and alcohol service workforce roles (23).

National Mental Health and Suicide Prevention Plans and the role of Primary Health Networks (PHNs)

The 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (24) articulated several goals including reducing the incidence and impact of suicide and suicidal behaviour; adequate resources for prevention strategies; addressing specific risk factors; and increasing Aboriginal and Torres Strait Islander presence in the mental health workforce. These goals should be achieved through actions such as building the capacity of Aboriginal and Torres Strait Islander communities, supporting children and families, in particular, in ways of building social and emotional competencies; provision of targeted suicide prevention services; and co-ordination between state and federal governments, and between the different social sectors, to provide a coordinated and integrated system of services.

The Fifth National Mental Health and Suicide Prevention Plan 2017-2022 (The Plan) (3) identified mental health and suicide prevention in Aboriginal and Torres Strait Islander populations, and the provision of services across the stepped care spectrum including social, emotional and wellbeing services for both the well population and those at risk of mental illness, as key priorities.

The Plan acknowledged the importance of strong Aboriginal Community Controlled Health Organisations (ACCHO), and of Indigenous leadership in mental health services, as fundamental to building culturally capable models of care: …."ACCHOs can play a vital role in: prevention and early intervention in mental health, providing access to primary and specialist services, and of community-based social support services, the transition of consumers through the primary/specialist system, and working with mainstream services to improve their cultural capability"(p.31). Building a culturally competent service system requires a well-supported Indigenous mental health workforce.

A key plank of The Plan is the development of a stepped care model of service provision. This is a hierarchy of interventions from the least to most intensive care, matched to individual need. However, a fully implemented integrated care system, that has no major gaps in service delivery, is necessary if a stepped care model is to achieve its aims and not produce further fragmentation. This model needs to include the provision of a range of different types of services, and include the capacity for young people to move easily between these services as needed, rather than the development of a system marked by the division of services into separate defined layers

or “steps”.

PHNs and Local Health Networks have been tasked to develop integrated, whole-of-community approaches to suicide prevention, and to work together to map providers across the service system, develop stronger referral pathways and build community knowledge of the range of available services and how to access them. This requires a whole systems approach, to identify all the services available and the critical relationships and connections within a system.

Research Project: Systems Integration to Promote the Mental Health of Indigenous Children and Youth

This *Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Cairns*; and its companion, the *Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Yarrabah* constitute the service mapping component of the Systems Integration to Promote the Mental Health of Indigenous Children and Youth project (SIP) (9). The research project is being conducted through the Jawan Research Centre, Central Queensland University, Cairns Campus, and led by Professor Janya McCalman. It is a five-year (2019 – 2024) NH&MRC funded project.

In partnership with Indigenous Primary Health Care (PHC) services in two diverse communities, and an Indigenous youth leadership organisation, the SIP study aims to conceptualise, co-design and evaluate community-driven systems-level integration to promote the mental health and wellbeing of Indigenous school-aged children and youth (5-18 years). The three partners on this research project are: Gurriny Yealamucka Health Services, Yarrabah, Far North Queensland; Bulgarr Ngaru Medical Aboriginal Corporation, Northern NSW; and, Deadly Inspiring Youth Doing Good (DIYDG), Cairns, Far North Queensland.

A first principle of the project’s governance structure is that Aboriginal and Torres Strait Islander co-leadership is active across all levels of the research, project functions and community partnership for the life of the project.

Taking a placed-based approach with each community partner, the aim of the SIP is to co-design and evaluate interventions that integrate services and systems between organisations, and across sectors, to support the wellbeing and mental health of Indigenous children and youth.

The research activities and engagement with research participants has been through the key activities outlined below:

- Yarning Circles: Community-based yarning circles were held with community health services, community members – children, youth, families - and other child and youth service providers. Information was gained about the services and supports that currently exist to promote child and youth mental health and ideas on how these could be improved
- Community Youth Advisory Groups: A critical element of the research is for it to be youth-informed and proactively seek, listen and include youth voices. Each research partner invited youth to participate in their Community Youth Advisory Groups (CYAG). Several group meetings were held in each community, and each was facilitated by a Deadly Inspiring Youth Doing Good (DIYDG) representative. CYAGs will continue to be held with youth for the life of the project

- Service evaluation: Using the DESDE-LTC evaluation measure, quantitative data about service availability and capacity was collected through individual interviews with identified service providers.

- Health and other data: the research partner PHC services and schools have agreed to provide data on their child and youth mental health and wellbeing activities and systems
- Culturally Responsive, trauma informed care systems assessment tool (CRTIC-SAT) will be used to identify the appropriateness and integration of child and youth wellbeing services
- Framework for Assessment of Impact and Translation (FAIT) will be used to assess the impact and economic effects of the project

A complete summary of the systems integration project can be found in Annex C of this report.

The collective findings from these research activities will be used to inform the co-design of agreed strategies to improve the integration of child and youth mental health and wellbeing services and supports. The co-design of an integrated youth mental health and wellbeing service model will be specific to each community. The outcomes of each community's co-designed systems integration model will then be evaluated using CQI tools.

Deadly Inspiring Youth Doing Good (DIYDG) - Youth Empowering Youth

DEADLY INSPIRING YOUTH DOING GOOD

Founded in 2016, Deadly Inspiring Youth Doing Good (DIYDG) is an Aboriginal and Torres Strait Islander Corporation in Cairns. DIYDG aims to Inspire, Equip and Empower the next generation to take action that changes their world.

A majority of DIYDG members identify as Aboriginal and/or Torres Strait Islander. However, DIYDG does not discriminate, and has a deep respect and connection to others that exist beyond bloodlines. DIYDG acknowledges the vast diversity of community and extend their membership to include and empower young people of all nations.

First Nations families have traditionally been a collaboration of clans composed of mothers, fathers, uncles, aunties, sisters, brothers, cousins and others: in today's terms it is known as an extended family. For First Nations people, families provide psychological and emotional support which is critical to wellbeing.

The DIYDG belief is that every young person, regardless of the path they walk, has a place in their family. DIYDG actively embraces difference, practises inclusion, and celebrates diversity. As an organisation and through its programs, DIYDG provides connection and belonging for young people and community members.

A core value at DIYDG is that everyone should feel that their world is a safe place, that people care about their wellbeing, they feel respected and supported and are empowered to work through their life's challenges. DIYDG actively meet these needs so youth can develop a sense of belonging and know and feel stronger about their place in the world.

DIDYG: Programs and principles

DIYDG strives to engage young people in their own life circumstances and what they are facing; in a transformative (life changing) way so what they experience can enrich their decisions and future life journey and wellbeing.

Each DIYDG program approaches this in different way. A key foundation is to be responsive to a young person's individual circumstances, their strengths, hopes and needs, and to be inclusive of their families and their community. This approach provides a platform for young people to co-design and lead their own programs. This is achieved by applying DIYDG values and program principles – *the DIYDG Way*.

DIYDG is…..

An Aboriginal and Torres Strait Islander Corporation, founded in 2016 by Indigenous young people, with the aim to Inspire, Equip and Empower the next generation to take action that changes their world.

A majority of DIYDG members identify as Aboriginal and/or Torres Strait Islander, but DIYDG doesn't discriminate and has a deep respect and connection to people who extend beyond bloodlines. DIYDG acknowledges the diversity of community and membership extends to include and empower young people of all nations.

DIYDG actively embraces difference, practises inclusion, and celebrates diversity.

As an organisation and through its programs, DIYDG provides connection and belonging for all young people and community members. As First Nations people, DIYDG knows that families provide psychological and emotional support which is critical to a person's wellbeing. The DIYDG belief is that every young person, regardless of the path they walk, has a place in the DIYDG family.

A core value at DIYDG is that everyone should feel that their world is a safe place, that people care about their wellbeing so they feel respected and supported and are empowered to work through their life's challenges. DIYDG strives to engage young people in their own life circumstances, and what they are facing, in a transformative (life changing) way so what they can enrich their decisions and future life journey and wellbeing.

The DIYDG Roots

Our Roots	Connection is at the core of DIYDG's foundations. It is the solid stable structure bringing together our values and our ambitions for a connected community
Innovation	Ideas produced by young people for young people
Culture	Is the way we strengthen our spirit
Empower	Is how we showcase our success as we continue to reach for the sky

The DIYDG Way

Vision: One Day Every Young Person Will Discover Their Power to Make a Difference

Mission: To Inspire, Equip and Empower Young People to Take Action and Change the World

Values:

FAMILY | We create, extend, and strengthen family, to provide connection and belonging for young people. We know that family strengthens our spirits and identity

LEADERSHIP | We empower young people to develop resilience and empower others to achieve success, in order, to create change in our world

OPPORTUNITY | Young people deserve a chance to feel acceptance and be given an opportunity to develop their potential and fulfill their aspirations

WELLBEING | We empower our spirits and identity through self-awareness, healthy relationships, and cultural connections

GROWTH | Growth comes when our mind, body and spirit are strengthened. We have stability in our lives, and we are able to make sound decisions for ourselves, our families and community

The DIYDG programs…….Inspire, Equip and Empower

DIYDG have developed a range of services that will have a positive impact on a youth's life and their communities. The programs focus on healing Indigenous people, through connection, innovation, culture and empowerment.

A key foundation of each DIYDG program is to be responsive to a young person's individual circumstances, their strengths, hopes and needs, and be inclusive of their families and their community. This approach provides a platform for young people to co-design and shape their own program. DIYDG can tailor approaches and expectations that help youth to aim high, feel positive possibilities and aspirations, and channel their energy toward incremental and realistic change over time.

At the core of all DIYDG programs is the application of the doctrine of 'many ways, many paths'; employing diverse mechanisms to engage youth in a transformative experience and facilitate positive transition through gains in self-esteem, cultural identity, voice, choice, empowerment and autonomy in engagement, process and direction-setting.

Embedded in DIYDG programs is an authentic application of principles of Indigenous knowledge and worldview. Aboriginal and Torres Strait Islander 'ways of being' and 'ways of doing' within relationships are core foundations across all programs.

The DIYDG approach to service delivery is based on 3 aspirations - *Inspire, Equip and Empower*

Inspire - Engagement | Identity | Support
We empower young people to recognize that their problems and challenges are not their identity, and work closely with each individual to find their strengths and create opportunity for them to discover themselves.

Equip - Understand | Build | Motivate | Experience
After finding their identity, young people are given the opportunity to grow, internal and external to DIYDG. We encourage our young people to give back to community to empower themselves by capitalizing on their passions and skills. With our team at DIYDG, our young people and volunteers are vital to our service delivery and strengthen our connections with community from a ground level.

Empower - Opportunity | Approach | Action
By creating an environment that allows us to be available listen, provide guidance and self-reflection, we can support change in our young people. We provide the platforms for success and connect our young people and wider community to opportunities wherever possible. We celebrate all our successes regardless of how significant they may seem, and we encourage our next generation to continue to give back to the communities they were able to lift themselves up from. The DIYDG Capabilities Statement, which includes a list of all DIYDG services current at the time of publication of this Atlas, is in Annex F.

DIYDG partnerships

DIYDG knows that it *takes a village to raise a child*. As a youth-led organisation, DIYDG, on its own, cannot achieve goals without working with others who share the DIYDG vision of building a village to support young people.

Partnerships with organisations and individuals who connect with the DIYDG way are fundamental to strengthen the DIYDG vision and the contribution to youth achieving their goals and changing their world. Partnerships help DIYDG turn dreams into a youth's reality of an Inspired, Equipped and Empowered new world.

Partnership and support assists DIYDG achieve the BIG dreams it has for young people, their families, and their communities. Working in true partnership is valued and welcomed at DIYDG.

Integrated Atlases of Health Care

Introduction

The *Integrated Atlas of the social and emotional wellbeing services for Indigenous children and youth in Cairns* is a tool co-created and developed for planners of youth services in the region. It includes detailed information on social and demographic characteristics and health-related needs, as well as data on service availability and care capacity. The maps and graphics which are used as a main form of presenting the data allow policy planners and decision makers to strengthen linkages and partnerships between the different sectors.

The information about youth services provided in this Atlas has been developed to support DIYDG and other decision makers to: more comprehensively understand the landscape in which they work; make connections between the different sectors to improve the alignment of services to meet local needs; and identify duplications and gaps in the system. The information can also support decision making about the balance of services across the spectrum of prevention, early intervention and treatment/care; and between Community-Controlled, non-government and/or government services. This information is vital for future integrated care planning.

It is expected that the *Integrated Atlas of social and emotional wellbeing services for Indigenous children and youth in Cairns* will promote more holistic, systems-based approaches to planning, and thus improve the provision of care by facilitating increased integration and coordination of services. Ultimately, this expectation will be reflected in assessments of the quality of care provided in the region, and in the longer term, improved health and wellbeing outcomes for youth in the Cairns region.

In this context, it is crucial to provide policy and service decision makers with every tool and opportunity to make informed choices about future investments in mental health care. This includes knowing which services are needed and where, and how they can be most effectively delivered. In other words, what is needed is a map to help guide services through the reform journey. This Atlas has been designed as a tool to help in this process.

A total of 20 atlases using this method have been completed across Australia since 2015, including the 2020 Integrated Atlas of Youth Mental Health Care in the Australian Capital Territory, and the Integrated Atlas of Mental Health of the Kimberley region. The DESDE instrument which is used to describe and classify services in this Atlas has also been used to describe and compare the pattern of mental health service provision in Kimberley region, Nunavik (Canada) and Lapland (Norway). These are just a few of the 585 uses of the DESDE system (and the earlier ESME system) in 34 different countries to describe services at local, regional and national levels. The DESDE/ESME-system's metric properties have been extensively analysed, and the usability of the system has been demonstrated around the world (25).

This Atlas, and *the Integrated Atlas of the social and emotional wellbeing services for Indigenous children and youth in Yarrabah,* are the first global Integrated Atlases of social and emotional wellbeing services for Indigenous youth using the DESDE instrument. They will provide a valuable snapshot of the services available to young people in these regions, along with the opportunity to assess strengths and gaps in the system; to evaluate the availability of services in relation to state and national policy objective; and to inform advocacy for service delivery for Indigenous youth.

Method

Unlike systems of service classification which focus only on health services, the “whole system” or “ecosystem" approach of the DESDE model allows for the classification and description of services in any sector of care. This holistic approach makes it uniquely suitable for providing a description of the pattern of care following a social and emotional wellbeing model. The standardised model compares “like for like” services, and thus will provide a unique opportunity to compare with other patterns of social and emotional wellbeing care in other Indigenous communities, both in Australia and overseas. Additionally, it provides a baseline picture of service availability from which the impact of future service planning and policy initiatives can be assessed.

DESDE Instrument

The instrument used for data collection was the Description and Evaluation of Services and DirectoriEs for Long Term Care (DESDE-LTC or DESDE), an internationally validated instrument for the standard description and coding of services (8). DESDE-LTC offers a multi-level way of classifying and coding the services and types of care that are provided to the target population in any relevant care sector. It organises these classifications according to six main branches of care types (Residential, Outpatient, Day Care, Self-help and Voluntary Care, Information and Assessment, and Accessibility to services), and according to characteristics such as acuity, mobility, and intensity of service provision; to provide a finely detailed description of the type of care provided by care teams working within services.

These teams of professionals (known as Basic Stable Inputs of Care or BSICs) are the lowest units of production of care. In providing a common unit of analysis, this method addresses methodological problems inherent in mental health services research : (i) terminological variability (different terms may be used for the same type of service and vice versa); and (ii) a commensurability bias (different units of analysis may be used which do not provide true like for like comparison). The use of a common unit of analysis thus enables cross country, cross regional and longitudinal comparison of service provision at the local level.

Once BSICs are identified, the Main Types of Care (MTC) they provide are examined and classified. Each BSIC is classified by using one or more codes based on the MTC they deliver. Some services might include a principal MTC code (for example a ‘Residential’ code) and an additional MTC code (for example, a ‘Day Care’ code), where the service provides more than one Main Type of Care according to DESDE criteria.

There are six main classifications of care within the DESDE-LTC, as described below. (See Annex D for detail of the DESDE-LTC taxonomy and Annex B for a glossary of terms)

1. Residential Care - used to classify facilities which provide beds overnight for clients for a purpose related to the clinical and social management of their health condition. These include inpatient hospital wards, crisis shelters, residential rehabilitation services and inpatient withdrawal units. Residential Care is divided into Acute and Non-Acute branches
2. Day Care - used to classify facilities which: (i) are normally available to several clients at a time (rather than delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to long-term care needs (e.g. providing structured activities or social contact/and or support); (iii) have regular opening hours during which they are normally available; and (iv) expect clients to stay at the facility beyond the periods during which they have face to face contact with staff: these include the more traditional long-stay day programs

3. Outpatient Care - used to code care provided by service delivery teams which: (i) involves contact between staff and clients for some purpose related to the management of their condition and associated clinical and social needs; and (ii) is not provided as a part of delivery of Residential or Day services. These include outreach services. Quite often, Outpatient Care also involves the provision of information and support to access other types of care
4. Accessibility to Care - classifies service delivery teams whose main function is to facilitate access to care for clients with long- term care needs. These services do not provide any therapeutic care, and include Care Co-ordination services
5. Assessment and Information for Care - used for service delivery teams whose main function is to provide clients with information and/or assessment of their needs. Services providing information are not involved in subsequent monitoring/follow- up or direct provision of care. These include telephone information and triage type services
6. Self-Help and Voluntary Care - used for teams which aim to provide clients with support, self- help or contact, with un- paid staff that offer any type of care as described above (ie Residential, Day, Outpatient, Accessibility or Information).

Inclusion criteria

Inclusion criteria for services providing mental health care to young Indigenous people in Cairns were as follows.

The service:

- Targets children, adolescents, or young adults up to the age of 18 years or their families/carers
- Fits within the Social and Emotional Wellbeing framework: that is, supports the SEWB of Indigenous youth in the region
- Provides direct care or support to the target population
- Is located within the Cairns region
- Is universally accessible: without significant out-of-pocket expenses or under a fully private insurance scheme

Data collection

Ethics approvals were submitted by the CQU research team and granted as per the following:

- Central Queensland University (0000021644)
- Queensland Education Research Inventory (550/27/2319)
- Queensland Department of Children, Youth Justice and Multicultural Affairs, Child Safety (04458-2021)
- Queensland Department of Children, Youth Justice and Multicultural Affairs, Youth Justice (02361-2021)
- Queensland Health, Cairns Hinterland Hospital Health Service (1557 / 04458-2021)

DESDE Data collection commenced in July 2021 and was completed in February 2022. The CQU researchers (McCalman, McDonald) in consultation with the research partner team, identified eligible services meeting the inclusion criteria. The CQU team made initial contact by phone and email with service providers/managers to request a face-to-face interview. Written consent from interviewees for interview and recording was obtained at, or prior to, the interview.

Initial face to face interviews in Cairns and Yarrabah in July and August 2021 were conducted by members of the ANU/UC team (Salvador-Carulla, Furst), supported by the CQU team. Subsequent interviews were conducted by CQU primarily face to face, or when requested (or required to meet COVID regulations) by phone or Zoom Video. All interviews were recorded and securely electronically stored in line with the CQU data management protocols. Following interview, interviewees were sent summaries of the interview for their confirmation that the recorded data was accurate.

The following information was requested at interview:

- Team name, location and area of coverage
- Main Type of Care provided by the team including its target population, acuity, mobility and intensity of service provision as described above.
- Workforce providing direct support, in Full Time Equivalents
- Links with other services

Using the DESDE system, the information that is used to assess and code the type of care a service provides is gathered from the managers of the services themselves. The "bottom up" information collected in this way thus provides the real picture of the care or support currently provided by the service.

Data coding

The data collected from services was entered into a master spreadsheet for each region, analysed, and allocated a DESDE code (where the service delivery team meets the inclusion criteria) by the UC team.

The Main type of Care delivered by each service delivery team was coded following the criteria defined in the DESDE-LTC, according to the main type of care the service provided. Codes can be split into four different components and follow a standard format:

i) Target population

This first part of the DESDE code represents the main target population for whom the service is intended, or by whom it is currently accessed. There are two elements to this part of the code: (a) the age group of the people for whom the service is primarily intended or accessed; and (b) their diagnostic category, or SEWB related reason for using the service.

(a) Target population according to age group.

The following letter codes are used to represent the specific age groups to whom the service provides support

GX	All age groups
CX	Child & Adolescents (eg, 0 - 17 years)
CC	Only children (eg, 0 -11 years)
TC	Transition from child to adolescent (eg, 8 - 13 years)
CA	Only adolescent (eg, 12 - 17 years)
CY	Adolescents and young adults (eg, 12 – 25 years)
AY	Young adults (eg, 18 – 25 years)
TA	Transition from adolescent to adult (eg, 16 – 25 years)
AX	Adults 18 – 65 years

An additional letter is added to the age code where a service is for a specific population: if the service is gender specific; for example, GX[M] is used to indicate a service is specifically targeted at males of any age; or GX[IN] where a service is specifically for Aboriginal and Torres Strait Islander people.

(b) Target population code according to the person's diagnosis or to the reason related to the individual's SEWB for accessing the service.

This second element of the target population code is described using the International Classification of Diseases (ICD-10) Code. The ICD is a coding system which describes mental and physical illnesses, as well as a range of social or psychosocial situations which describe the main reason an individual may seek support from a health or social support service. ICD-10 codes appear in brackets after the age group code in the final DESDE code. If the client of the service is a child, but the professional is working with the family, or if the service is for carers, or the family, the code [e310x] (immediate family or carers) from the International Classification of Functioning (ICF) is used. The target population codes used in this report are described in Table 1 below:

TABLE 1 ICD-10 DIAGNOSTIC CODES USED IN THIS ATLAS

Diagnostic code	Explanation of code
F00-F99	**All types of mental disorders**
Z55.9	**Support of education and literacy**
Z62	**Support with upbringing of children**
Z62.21	**Support of family with child in Welfare Custody including maintenance of connection to culture**
Z65.0	**People who have a conviction in criminal or civil proceedings**
Z65.9	**Wellbeing support for people in unspecified psychosocial circumstance**
Z72.81	**Persons demonstrating antisocial behaviour**
ICD	**Used to indicate general health services**

ii) Main Type of Care

The next part of the DESDE code describes the Main Type of Care the service provides (MTC).

As explained above in the description of the DESDE instrument, the services were classified according to their Main Type of Care. This Main Type of Care is represented by the following letters:

- R Residential care
- D Day care
- O Outpatient care
- A Accessibility to care
- I Information for care
- S Self-help and voluntary care

iii) Extension codes (also called Qualifiers)

In some cases, a fourth component may be added to the final DESDE code to facilitate a quick appraisal of those characteristics of the services which may be relevant to local policy. Not all available qualifiers have been relevant for use in this Atlas. The qualifiers used in this report are:

b - bundled**:** This qualifier describes episode-related care provision, usually provided for non-acute patients within a time limited plan (eg, three months of brief psychotherapy).

g - group: This qualifier refers to outpatient services where most of the support is provided through group activities (typically over 80% of their overall care activity).

J - justice: This qualifier describes facilities whose main aim is to provide care for crime & justice users. This qualifier can also be used for youth detention, where the provider may be related to child safety rather than a correction service.

m - management: This qualifier describes services whose main aim is defined as management, planning, coordination or navigation of care but which also include several forms of clinical care as part of the coordination of their activity (e.g., the care team typically provides therapeutic counselling as part of its case management activities)

v - variable: This qualifier is used when the code applied could vary significantly in the near future (for example from acute outpatient care to non-acute). For example, a crisis accommodation team may fluctuate in its capacity to provide acute care within 24 hours depending on the demand and the availability of places. This code can be also applied to services under transition due to a health reform, a change in the whole financing system of health or social care, or the development of a new disability scheme. This variability in the pattern of service provision is independent of the time continuity of the service. For example, a continuous service can have a 'v' code due to a health reform while a care program limited to two years may show organisational stability during the period when it is funded.

Example of a DESDE code

The figure below (figure 1) shows the components of a code to demonstrate how a service may be coded

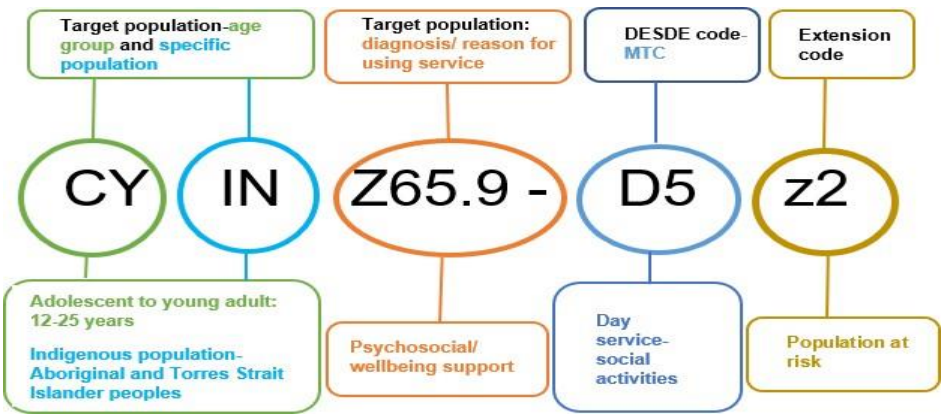

FIGURE 1 EXAMPLE OF A DESDE CODE

Analysis

The availability of service provision in the region was analysed according to the Main Types of Care provided by care teams (BSICs). Availability is defined as a service being operable upon demand to perform its designated or required function. The availability rate for each MTC in Cairns was calculated per 100,000 people under 18 years of age. Data was coded according to the DESDE coding system.

To understand the balance between the different types of care offered in an area, a radar chart tool, also referred to as a spider diagram, is used. The spider diagram is essentially a tool to visually depict the pattern of care in an area.

Each of the 21 points on the radius of the diagram represents the number of MTC for a particular type of care per 100,000 population.

Figure 2 is an example of a spider diagram describing and comparing the pattern of care in the Australian Capital Territory and Western Sydney PHN regions in New South Wales.

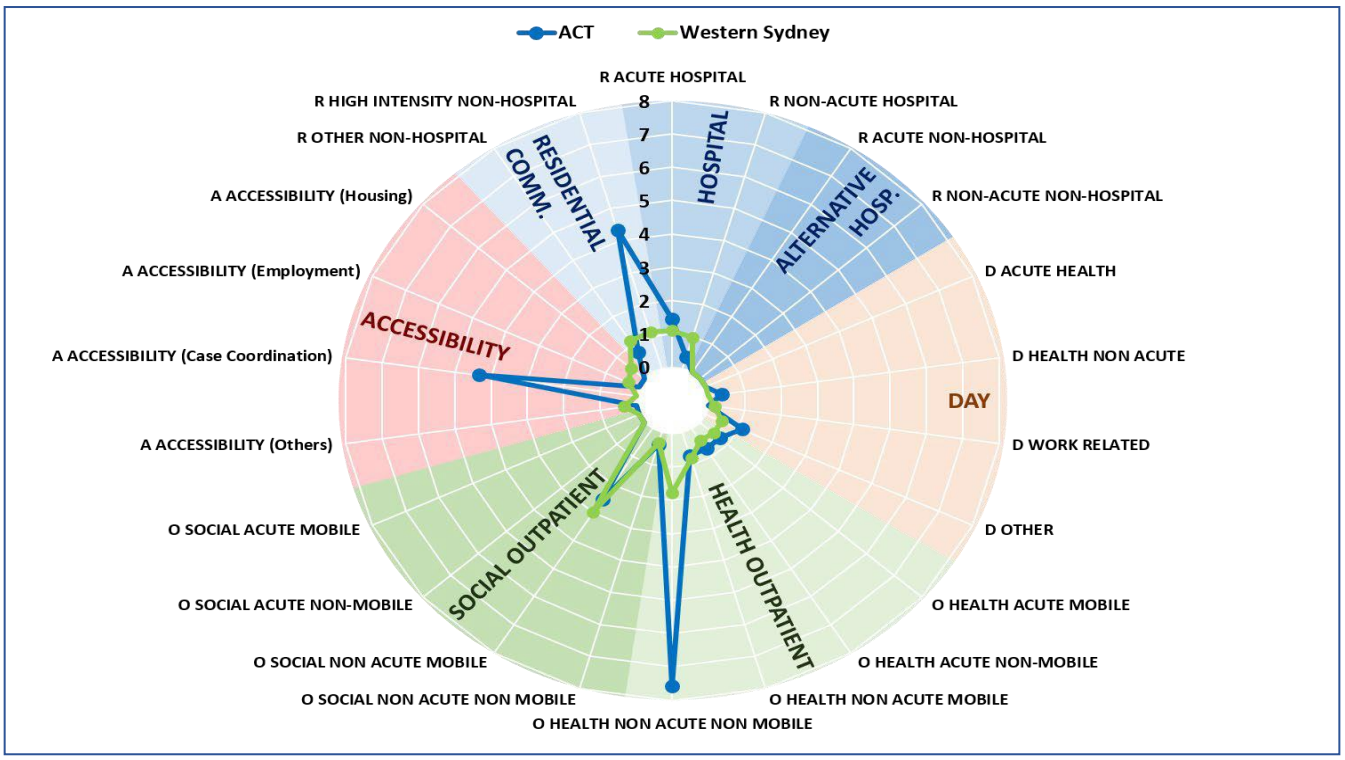

FIGURE 2 DISTRIBUTION OF MAIN TYPES OF CARE: COMPARISON ACT 2016 AND WESTERN SYDNEY 2015

How an Atlas is developed

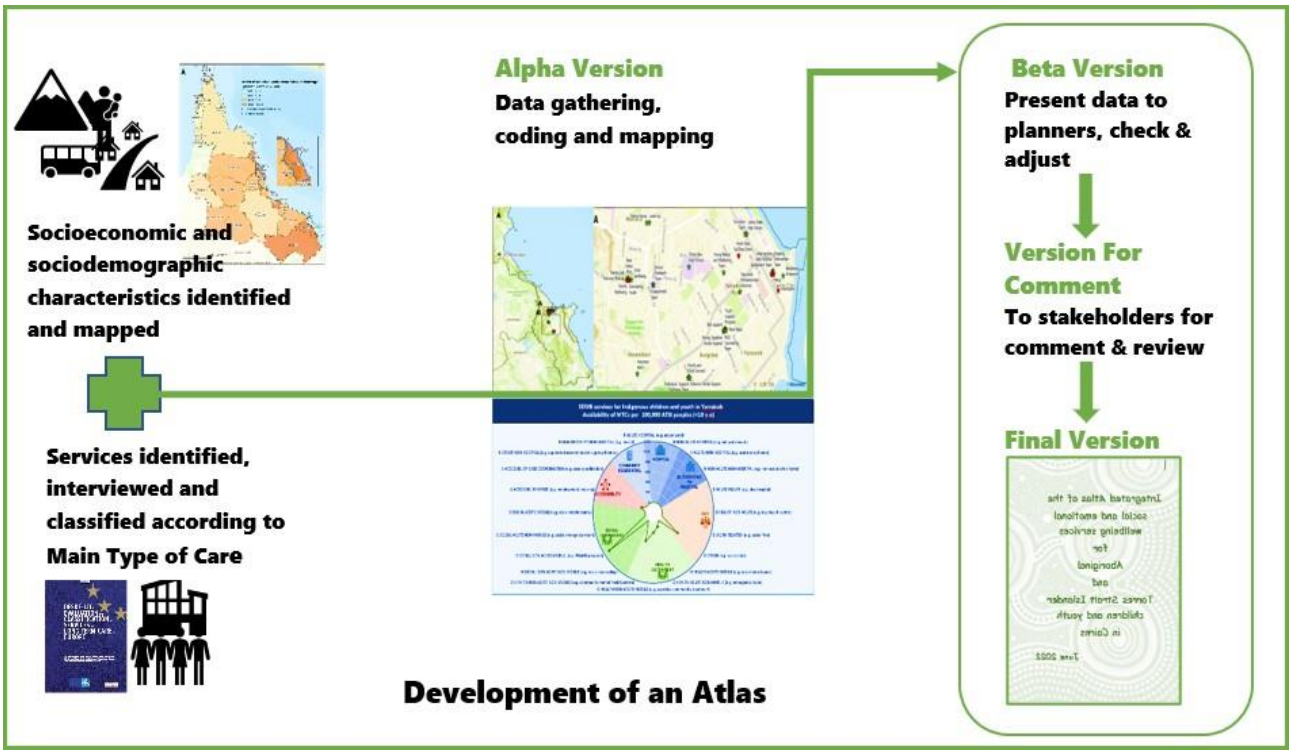

FIGURE 3 DEVELOPMENT OF AN ATLAS

Figure 3 shows the process of developing an atlas. Following the coding of the services and development of a draft Atlas (Phase 1 or Alpha version), the Atlas is presented to planners or research partners in order for them to review and adjust the data or codes presented when necessary (Phase 2, or Beta version). The Draft is then prepared by the research team for release to stakeholders. Time is allowed for stakeholders to review the service data and coding and provide any further comment. After further revision based on the received feedback, a Final Version is released.

Results

The following sections provide the findings of this research as follows:

Mapping the area

- The Social and Demographic Context

Mapping the Services

- Description of Service Availability in Cairns: Overview
- Tables of Services Coded with DESDE
- Description and Comparison of the Overall Pattern of Care

Discussion

Mapping the Area
Social and Demographic Context

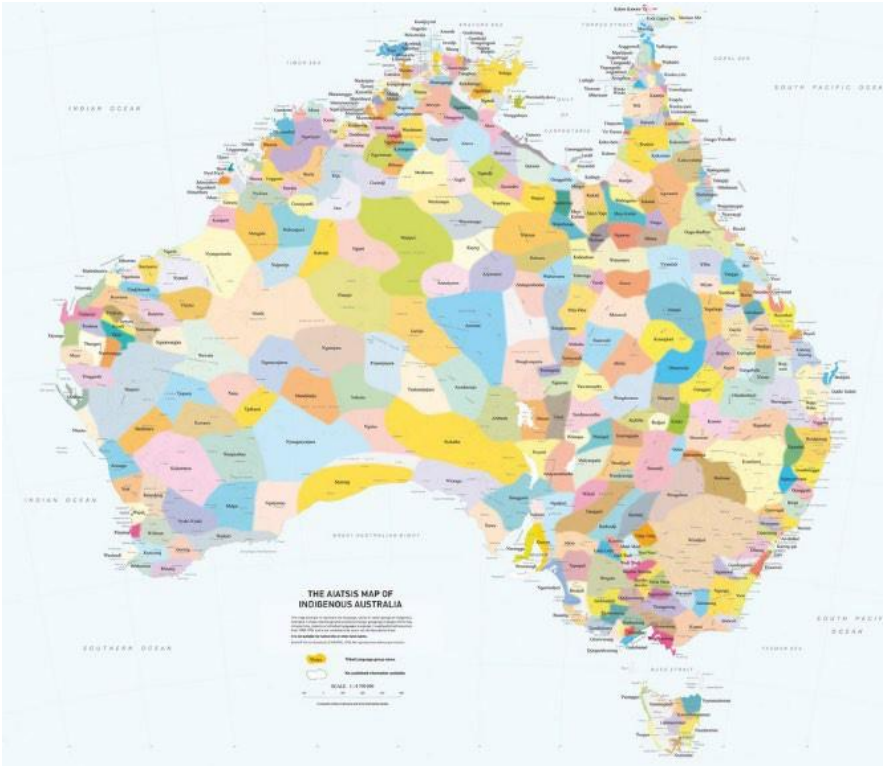

FIGURE 4 MAP OF INDIGENOUS AUSTRALIA

The Cairns and Hinterland Hospital and Health Service (HHS) area, a part of Queensland Health, covers 142,900 square kilometres from Tully in the South to Cow Bay in the north and Croydon in the west; and is responsible for providing hospital services to the approximately 253,000 people across the region.

Aboriginal and Torres Strait Islander residents (n=29,729) accounted for 11.8 per cent of the Cairns and Hinterland HHS population in 2016. The Aboriginal Controlled Health Service providing primary care in the Cairns region is Wuchopperen Health Service Ltd. For young people, Deadly Inspiring Youth Doing Good (DIYDG) is the Cairns based Aboriginal & Torres Strait Islander Corporation focusing on the wellbeing and empowerment of the next generation.

The following section provides a series of figures and maps showing the social, demographic and economic context of the Aboriginal and Torres Strait Islander population in Cairns, sourced from the Australian Bureau of Statistics 2016 census.

Figure 5 shows **the proportion of the population in Cairns aged less than 20 years of age.**

Cairns population

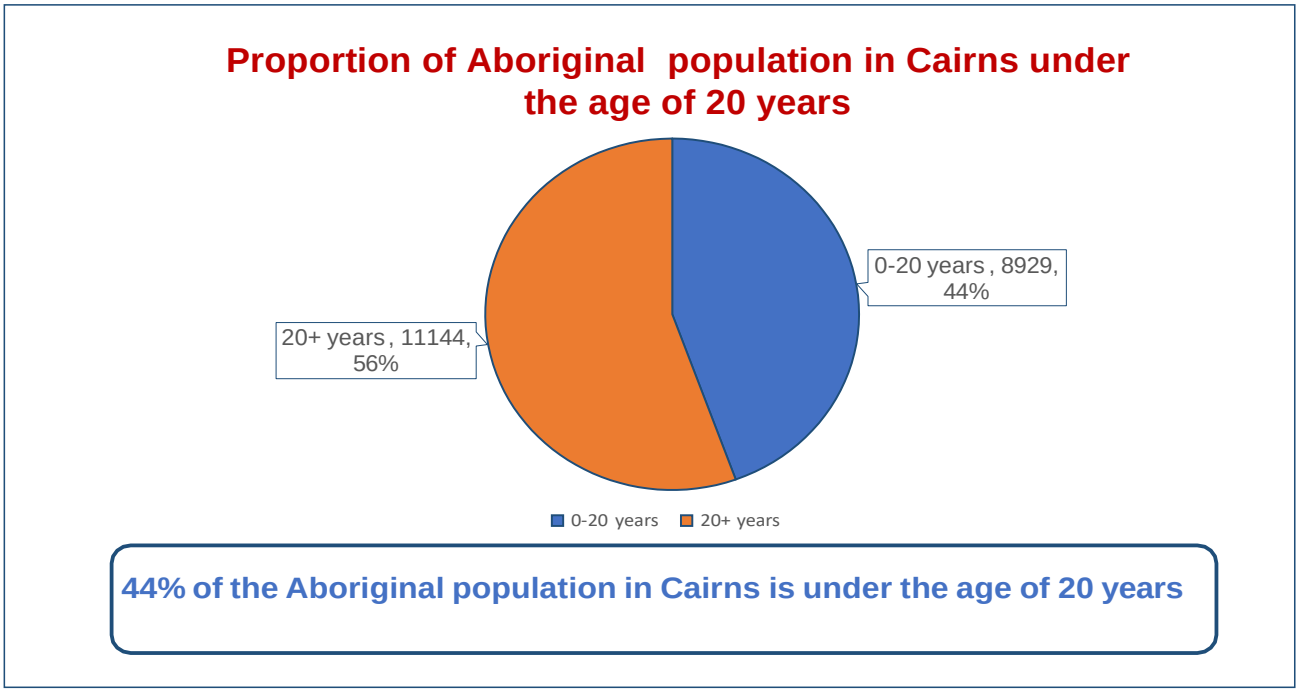

FIGURE 5 PROPORTION OF INDIGENOUS POPULATION < 20 YEARS, CAIRNS

Figure 6 shows the **number of Indigenous people in Cairns according to age and gender**

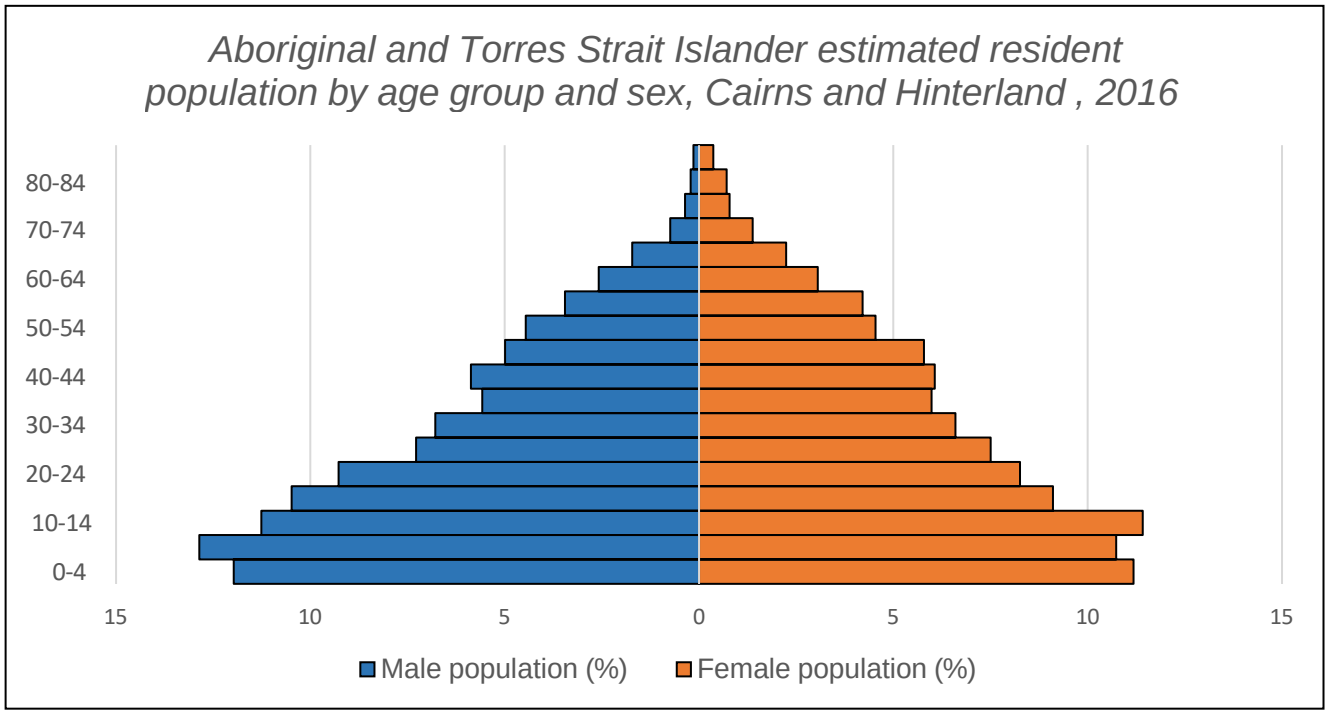

FIGURE 6 CAIRNS INDIGENOUS POPULATION DISTRIBUTION ACCORDING TO AGE AND GENDER

Figure 7 shows the **number of Indigenous people in relation to the non-Indigenous population by age group.**

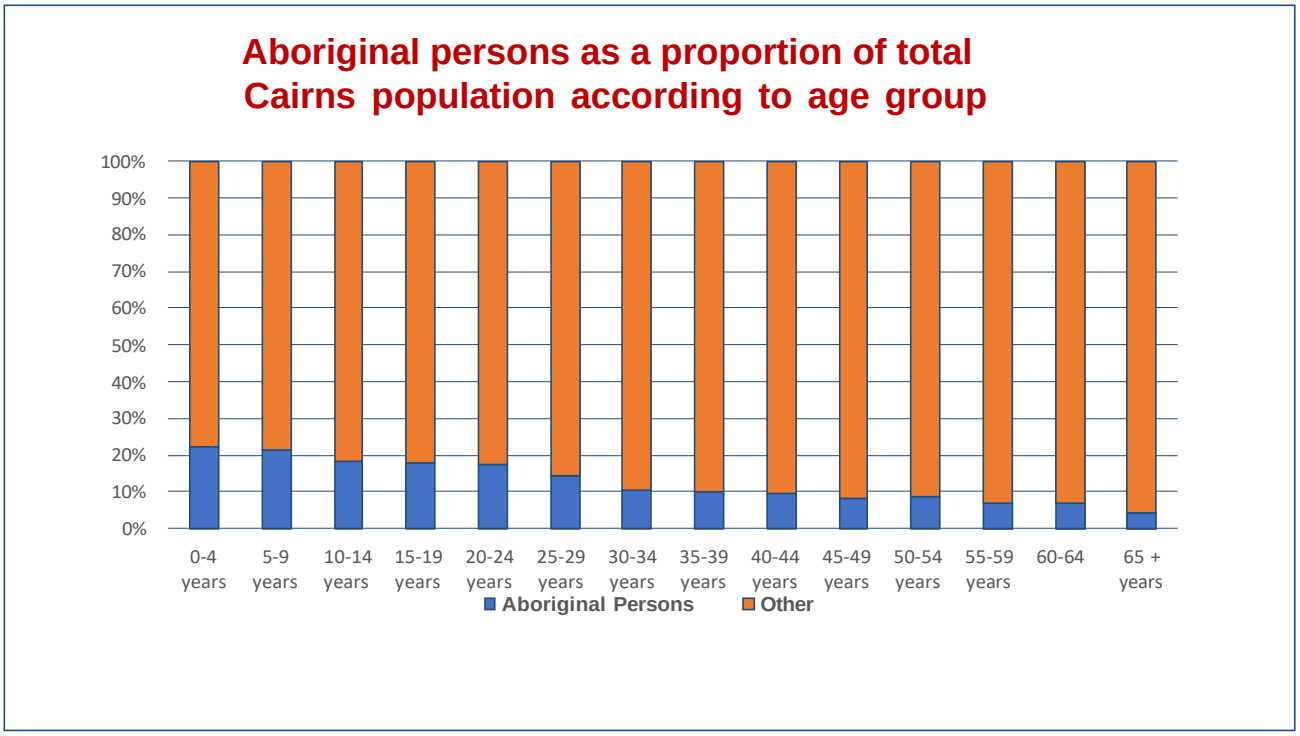

FIGURE 7 ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AS A PROPORTION OF THE TOTAL POPULATION, CAIRNS

Figures 8-11 in the following pages **map a range of socio-economic indicators in the region.**

Distribution of relevant indicators of childhood and adolescent development and mental health and wellbeing in Yarrabah (inset), Cairns and other regions of the Far North Queensland PHN.

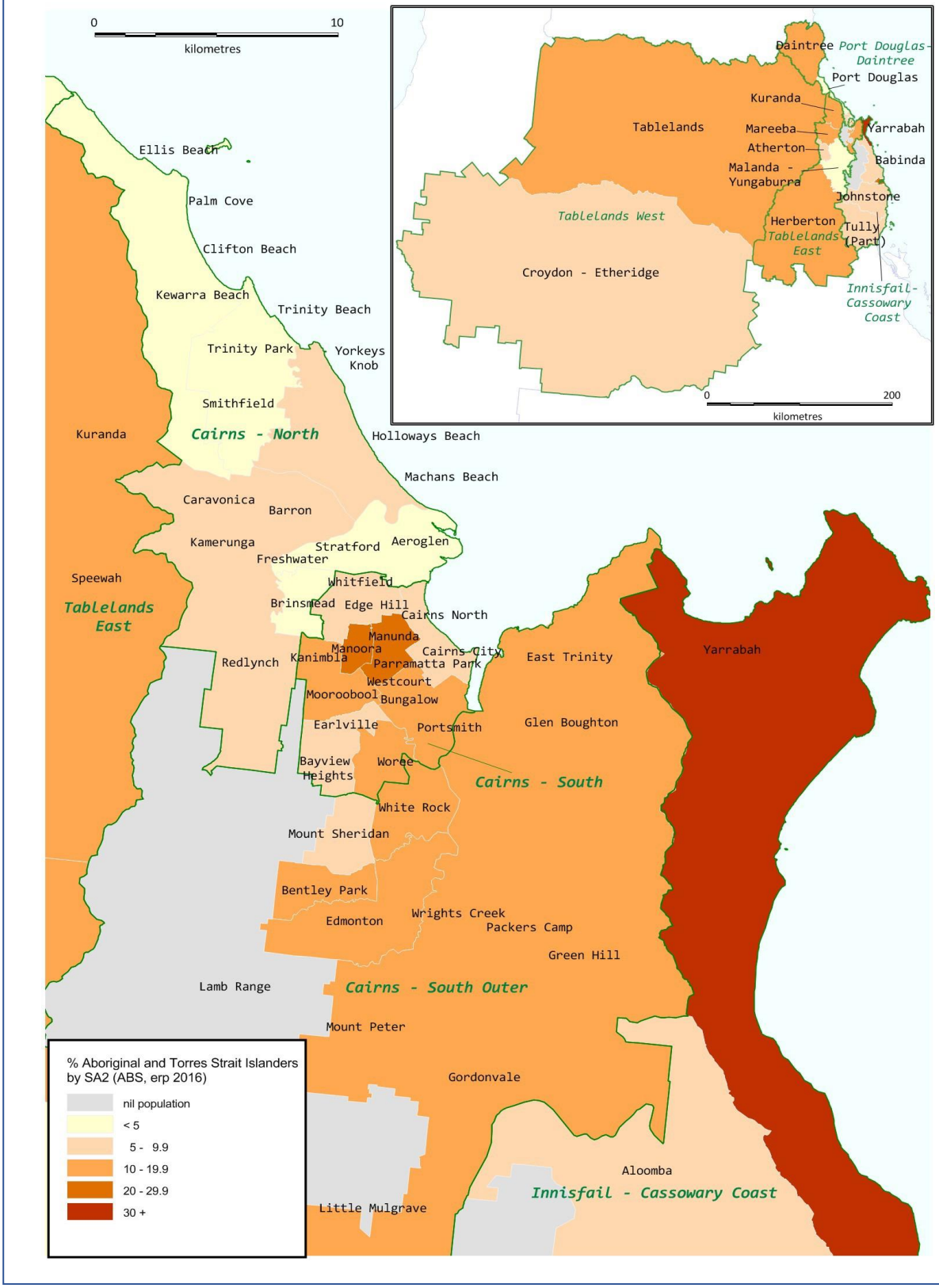

Figure 8 Percentage of Aboriginal and Torres Strait Islander by SA2 area

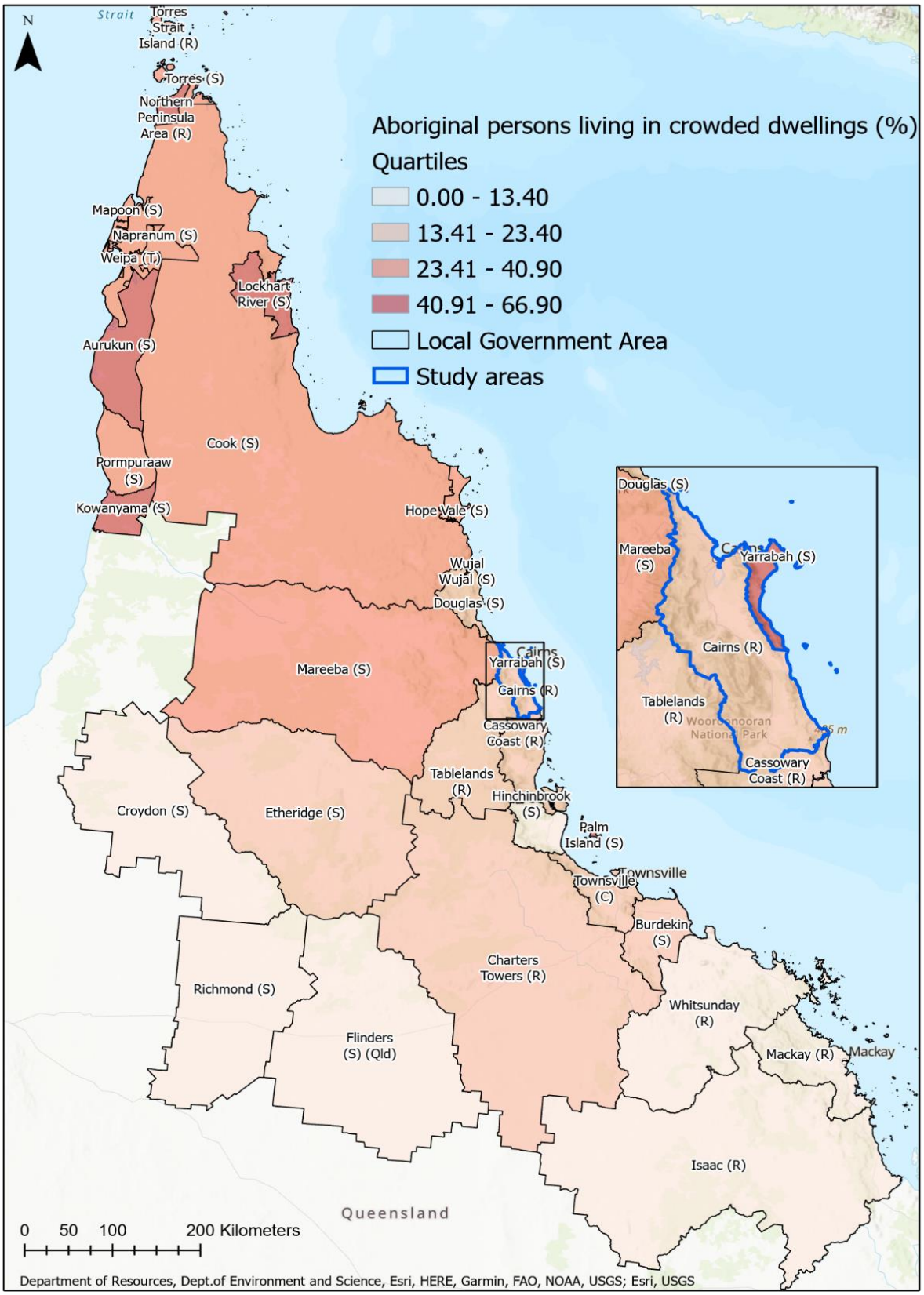

FIGURE 9 ABORIGINAL AND TORRES STRAIT ISLANDER PERSONS LIVING IN CROWDED DWELLINGS

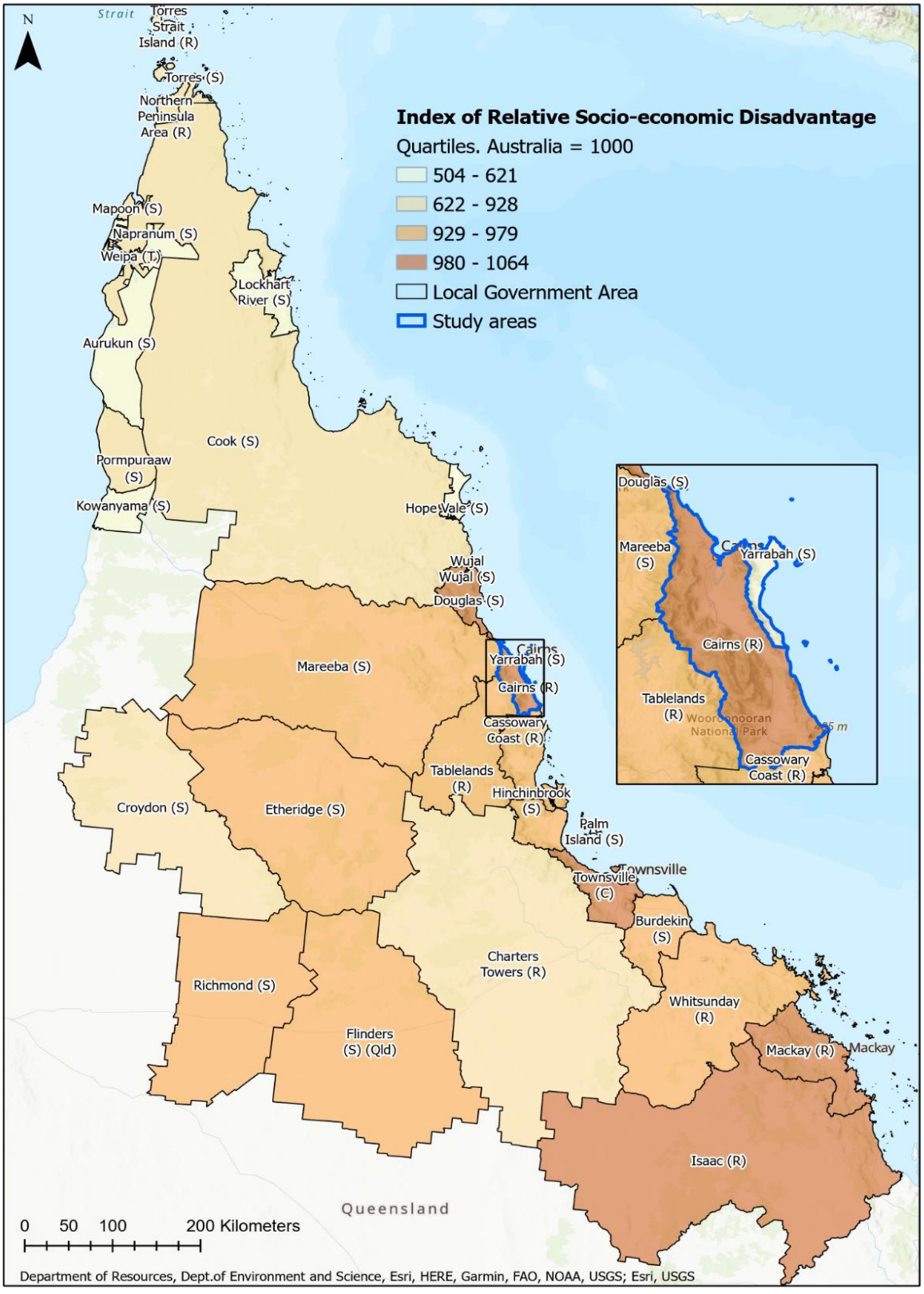

FIGURE 10 INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

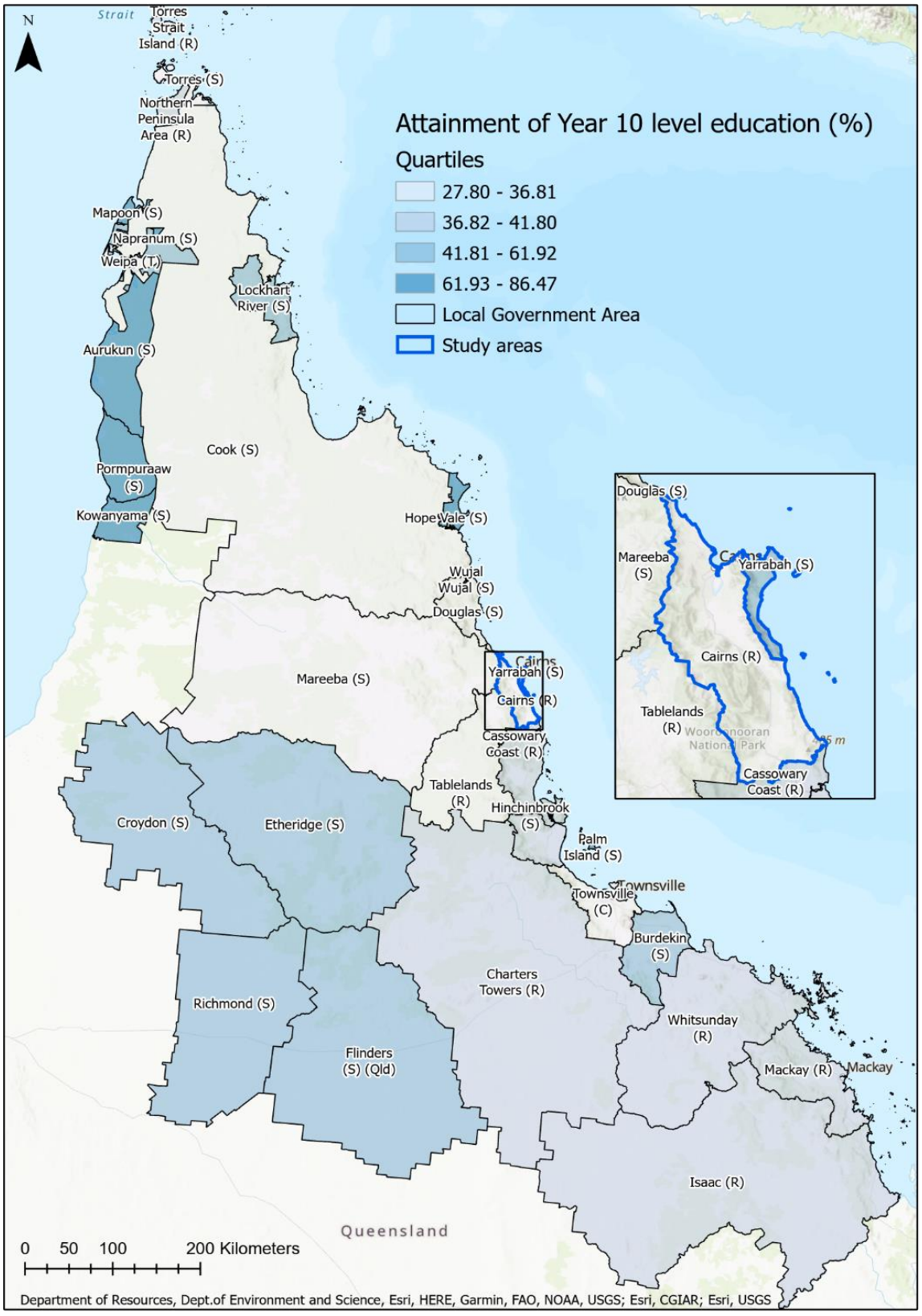

Figure 11 Level of attainment of Year 10 (%)

Mapping the Services

Description of Service Availability in Cairns: Overview

Sixteen service providers were identified in Cairns, these services provide 43 care teams (or BSICs).

The 43 care teams provide 48 Main Types of Care (MTCs) to young people up to the age of 18 years.

Five of the 48 MTCs provide support to people of all ages; and 43 provided support specifically to young people (figure 12).

The diversity of care, or number of different unique DESDE MTC codes, is 11.

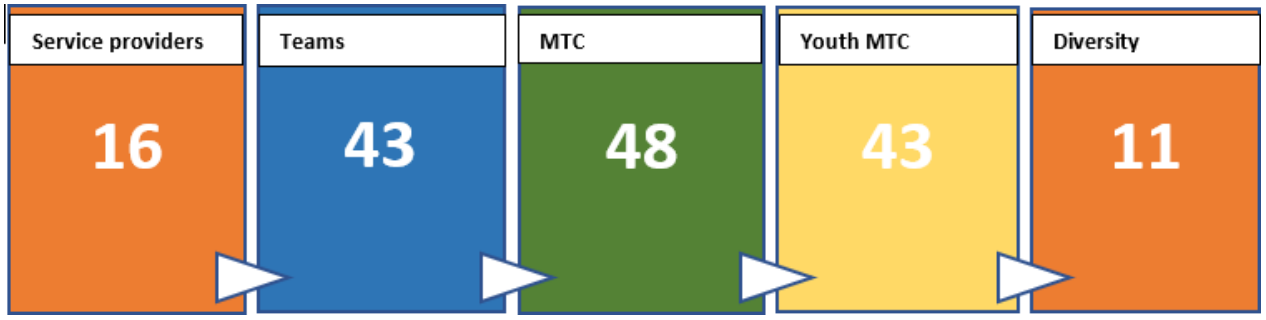

FIGURE 12 NUMBER OF SERVICES INCLUDED IN THE RESEARCH

In most of the figures below, the information provided is for:

(i) all 48 MTCs (including both services for people of all ages and those specifically for young people)

(ii) only those services that are specifically targeting young people (youth specific services)(43 MTCs)

Of the 48 MTCs – (as shown in figure 13):

- 26 (54 %) were provided by Non-Government Organisations (NGOs)
- 12 (25%) were provided by Aboriginal Community Controlled Organisations
- 5 (11%) were provided by the Queensland Department of Children, Youth Justice and Multicultural Affairs (CYJMA) (one related to youth justice and four to child protection)
- 4 (8%) were provided through Queensland Health
- 1 (2%) was provided through the education sector (Queensland Department of Education)

Looking at youth specific services only (figure 14):

- NGOs comprise a slightly lower proportion of the services available (51% compared to 54% of all ages services)
- Community Controlled organisations provide 26 percent of care, up from 25 percent

- Public sector services (delivered by the Queensland Departments of CYJMA; Health; and Education) make up 23 percent of the services delivered specifically to young people in Cairns, compared to 21 percent when including the services that are available for people of all ages.

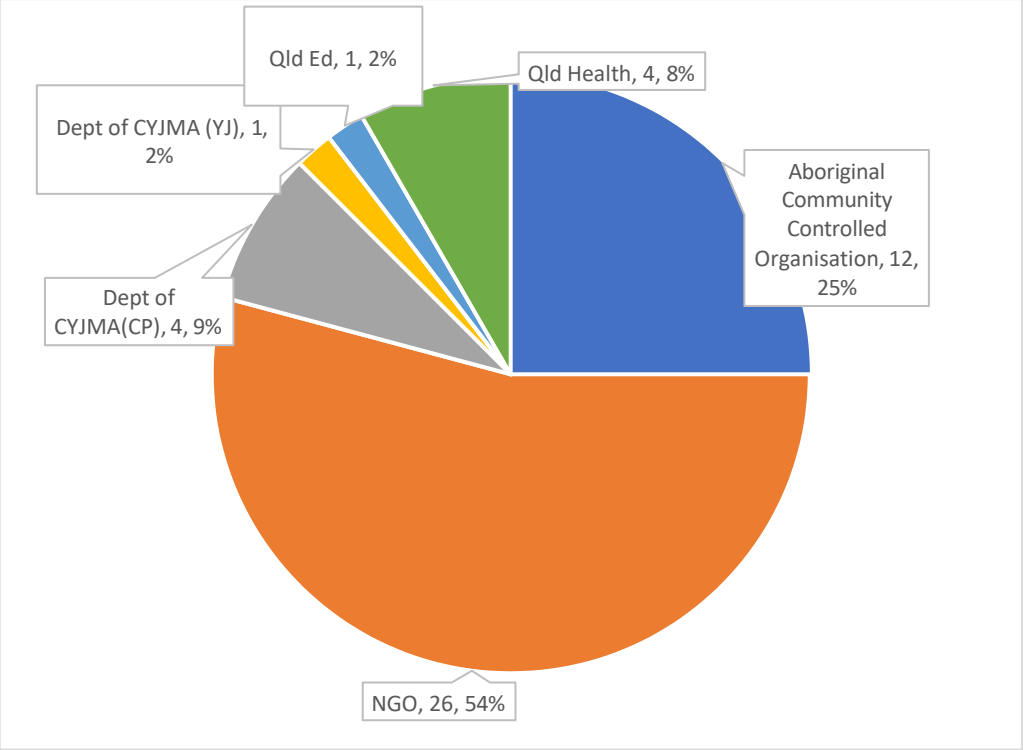

FIGURE 13 TYPE OF PROVIDER DELIVERING SERVICES-INCLUSIVE OF SERVICES FOR ALL AGES

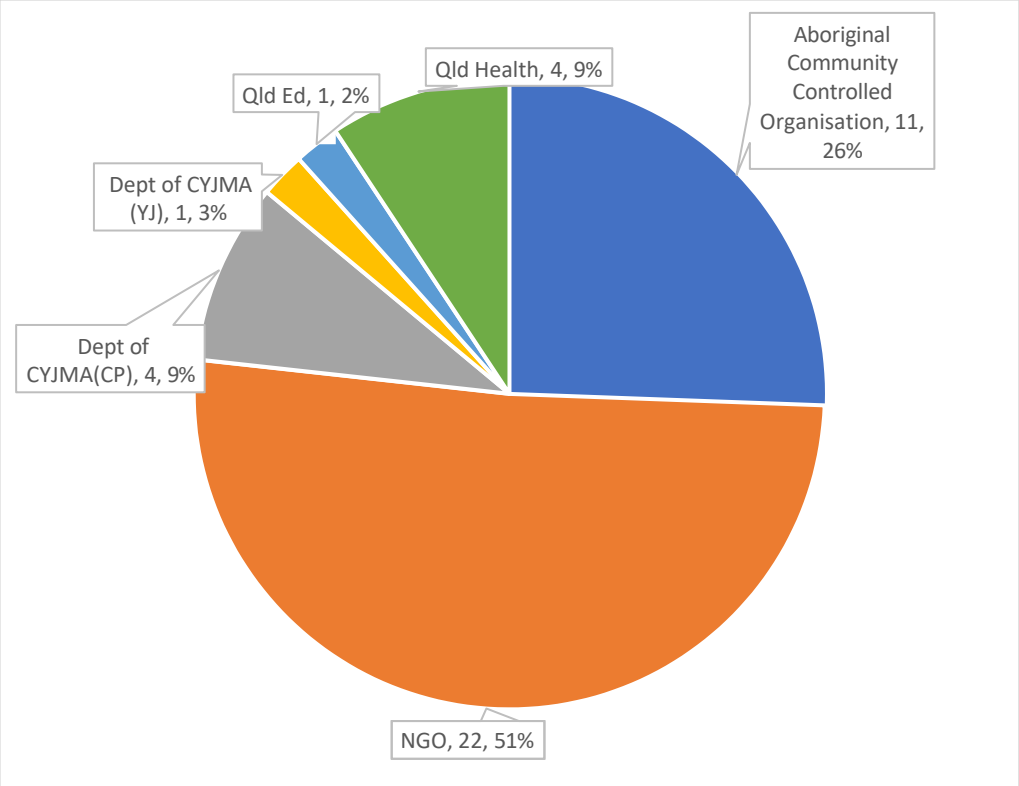

FIGURE 14 TYPE OF PROVIDER DELIVERING SERVICES-YOUTH SPECIFIC SERVICES ONLY

Services providing non-health related outpatient care were the most common type of care, followed by day services, then health related outpatient care (figures 15 & 16).

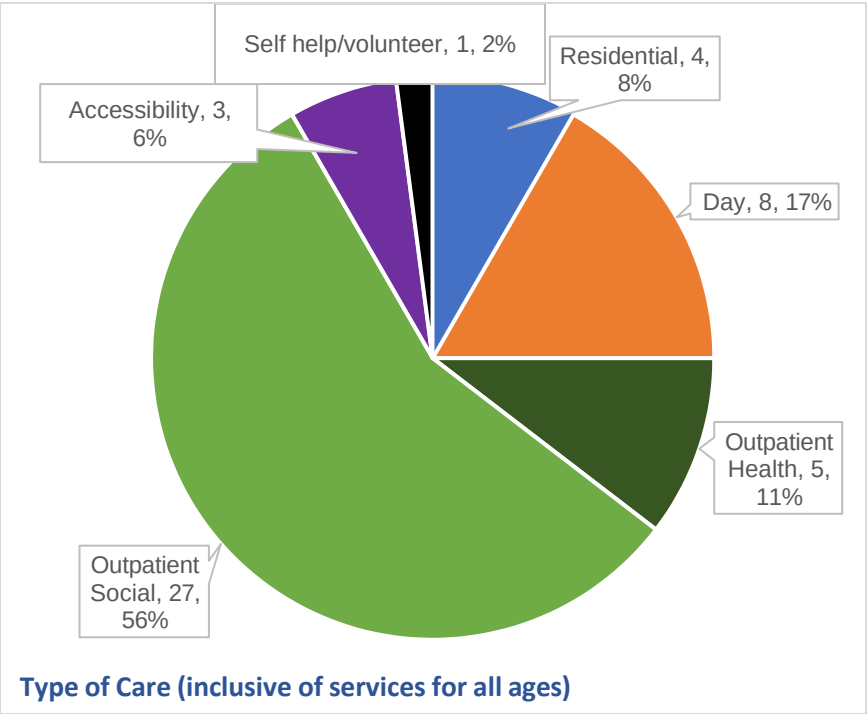

FIGURE 15 NUMBER AND PERCENTAGE OF SERVICES ACCORDING TO MAIN TYPE OF CARE

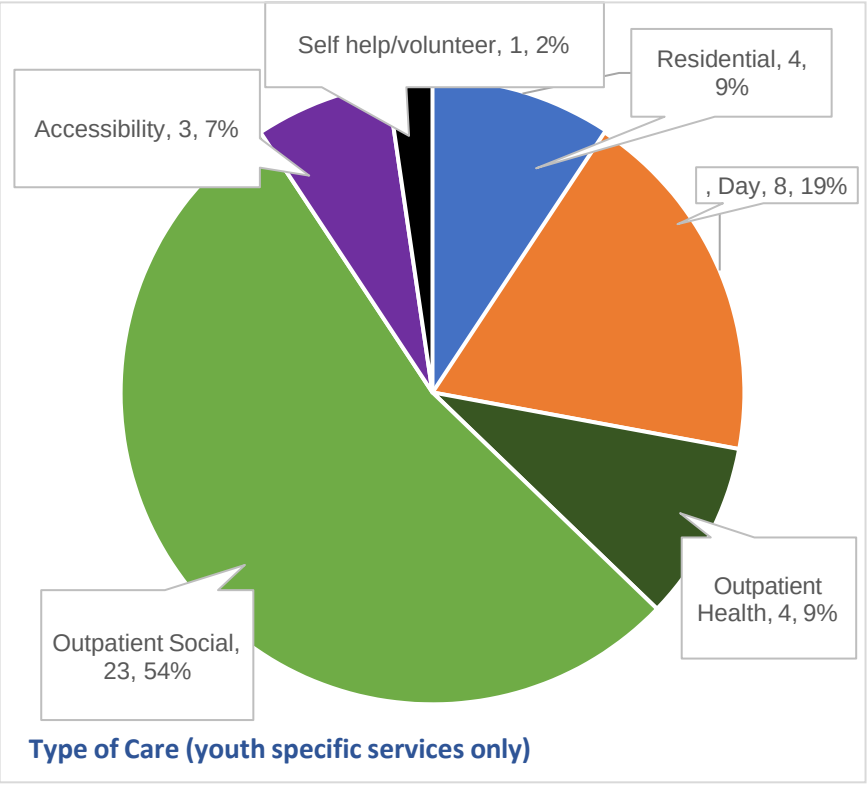

FIGURE 16 NUMBER AND PERCENTAGE OF SERVICES ACCORDING TO MAIN TYPE OF CARE -YOUTH SPECIFIC SERVICES

The proportion of services whose direct care staff includes at least 10 percent registered health professionals with a minimum of 3 years' tertiary health training (eg nurses, doctors, psychologists) make up 12 percent of all services available to Indigenous young people in Cairns (14% of youth specific services) (figures 17 & 18).

The remaining services are delivered by a range of direct care staff including youth workers, community workers, health support staff, and counsellors.

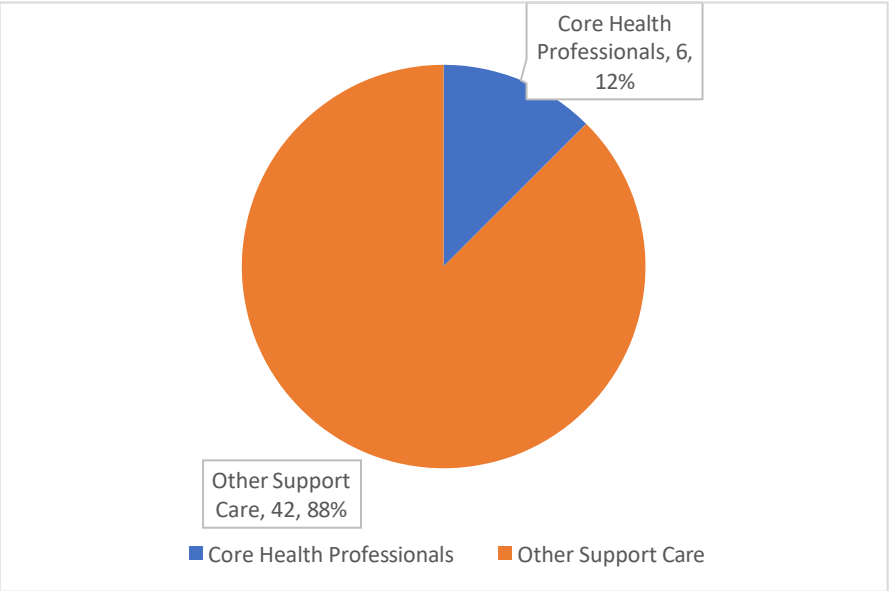

FIGURE 17 BALANCE OF CARE: NUMBER OF SERVICES STAFFED BY PROFESSIONALS OR BY OTHER SUPPORT STAFF-INCLUSIVE OF SERVICES FOR ALL AGES

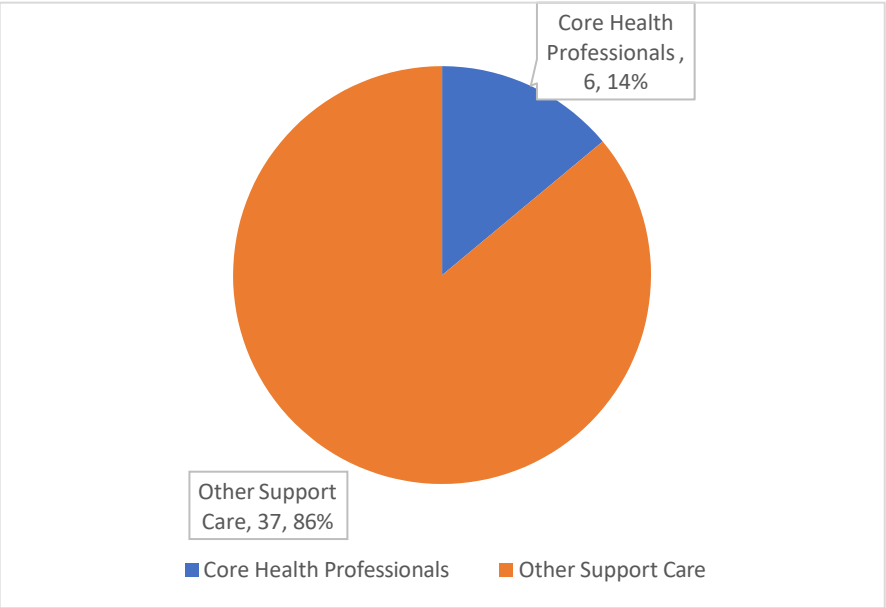

FIGURE 18 BALANCE OF CARE: NUMBER OF SERVICES STAFFED BY HEALTH PROFESSIONALS OR BY OTHER SUPPORT STAFF-YOUTH SPECIFIC SERVICES

40 percent of services are provided to the target population of adolescents aged 12-18 years. 27 percent of services are provided for children and young people 0-17 years. There is one service (2%) for younger children aged 0-11 years, four services for adolescents and young adults aged 12-25 years, (8%) and six services (13%) are for young adults aged 16-25 years (figure 19).

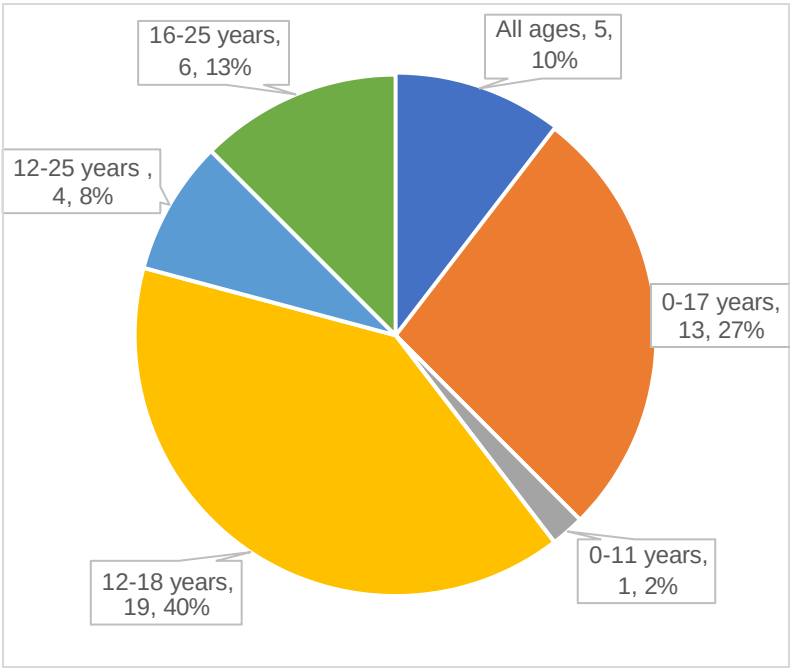

FIGURE 19 NUMBER OF MAIN TYPES OF CARE ACCORDING TO AGE GROUP

Services providing unspecified psychosocial/wellbeing support were most common, followed by those related to a child's upbringing (these services are primarily supporting children and families in the child safety system) (figure 20). Nine services were for young people in contact, or at risk of contact, with the justice system. There was one education related service.

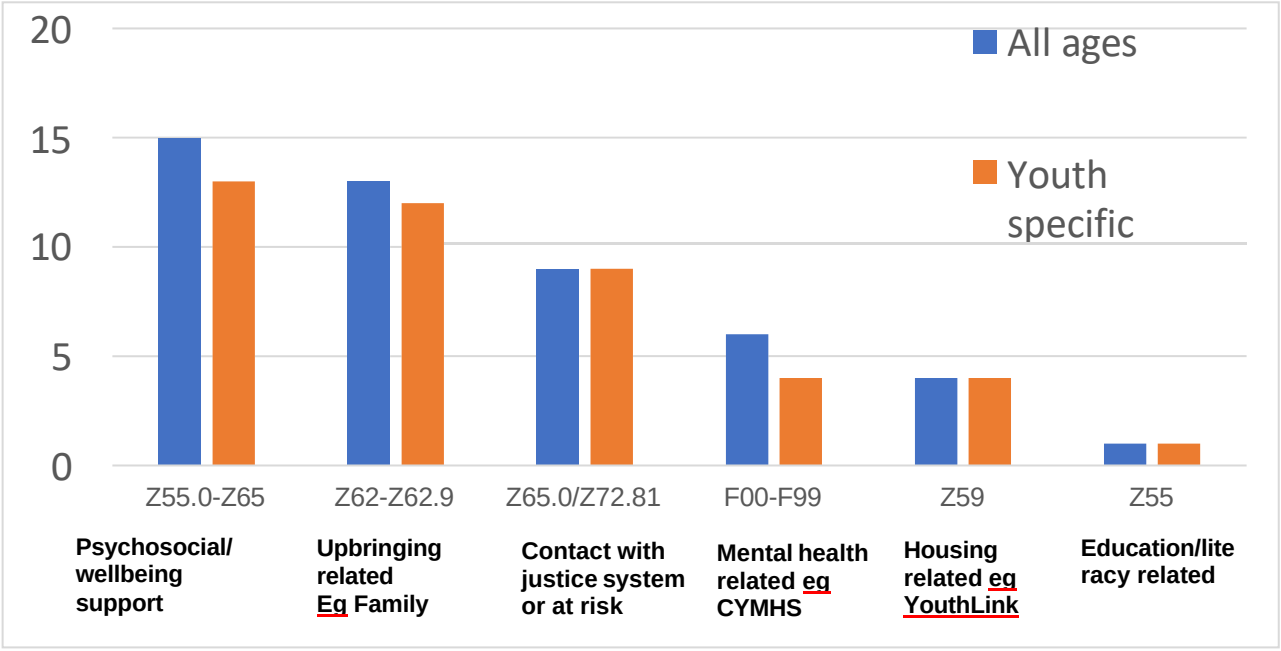

FIGURE 20 TARGET POPULATION DIAGNOSIS/REASON FOR ENGAGEMENT WITH SERVICE (ICD-10 CATEGORIES)

Aboriginal Community Controlled Organisations provided services to all age groups except the 0-11 year age group (figure 21). Six of the 18 services were for youth aged 12-18 years; four of the 13 services for children and youth aged 0-17 years; and one of the seven services for young people aged 16-25 years was provided by Aboriginal Controlled Organisations.

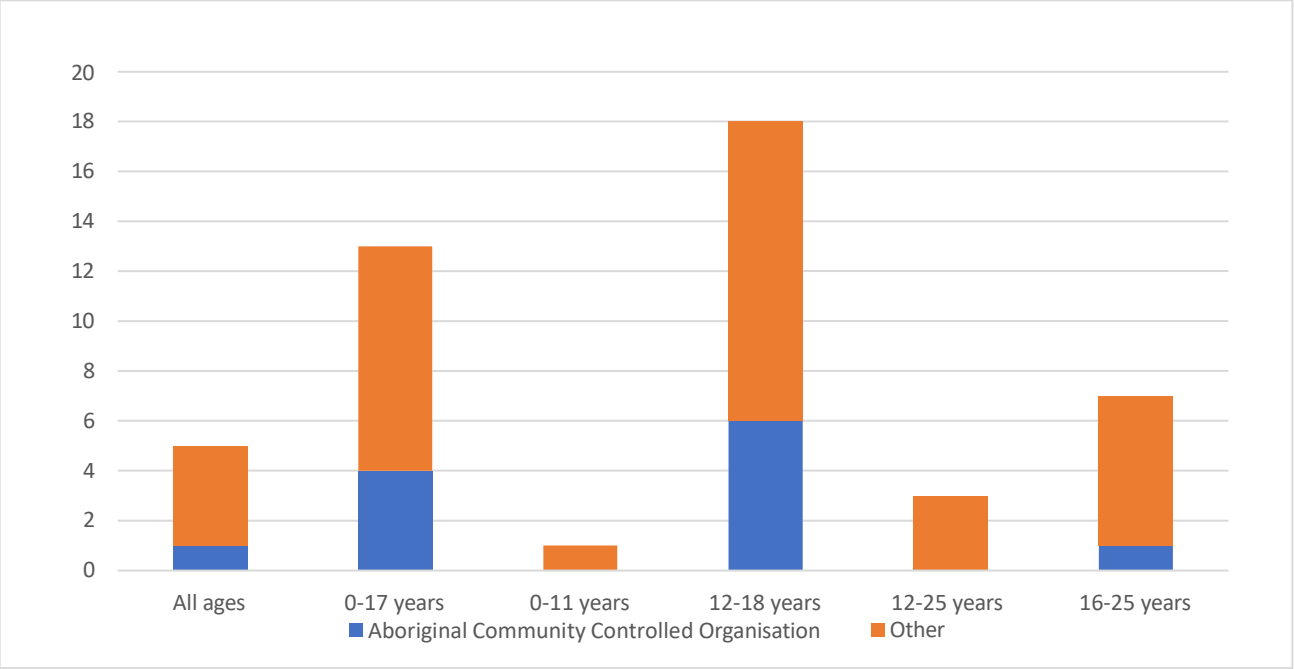

FIGURE 21 NUMBER OF SERVICES PROVIDED BY ABORIGINAL CONTROLLED ORGANISATIONS

The most common type of care provided by Aboriginal Community Controlled Organisations in Cairns was justice related care (figure 22).

NGOs were most likely to provide general psychosocial/wellbeing (preventive) type support, followed by child safety related services.

Mental health related services were provided by the NGO sector and Queensland Health. When looking at youth specific services (figure 23), the pattern remains the same.

Service type and provider – all ages

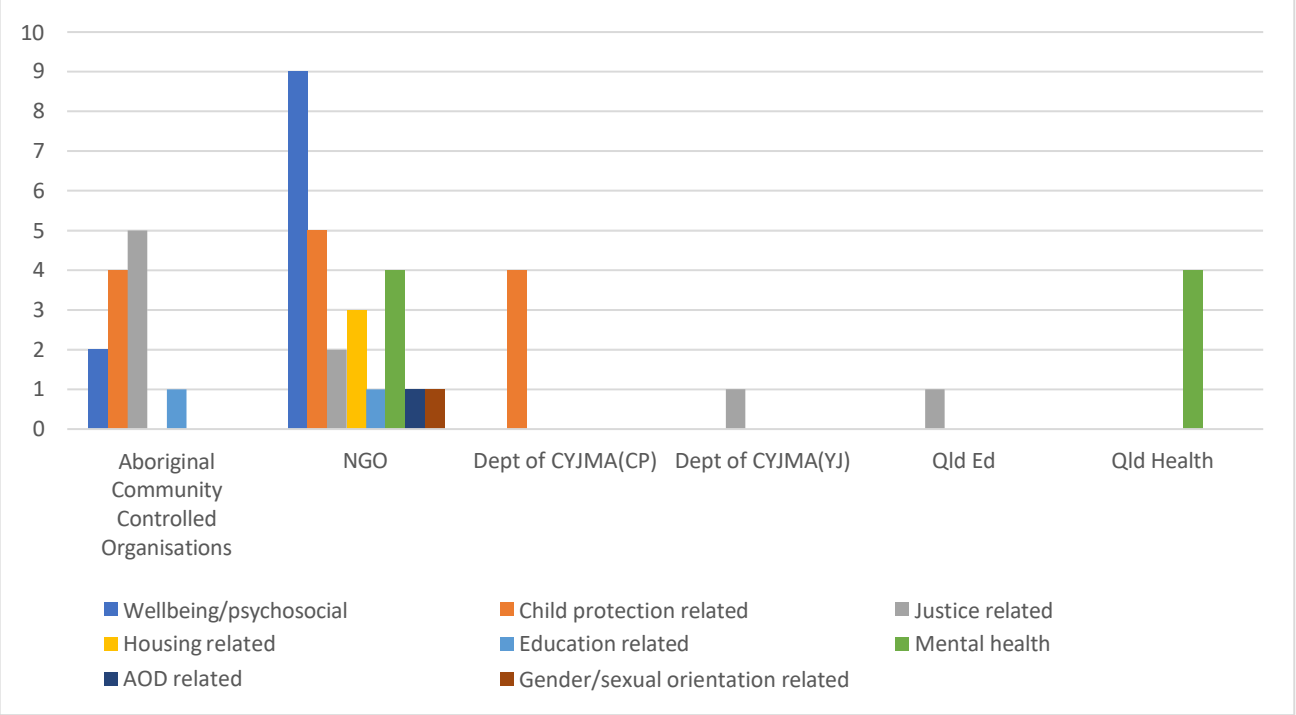

FIGURE 22 DIAGNOSIS/REASON FOR USING SERVICE ACCORDING TO TYPE OF SERVICE-INCLUSIVE OF SERVICES FOR ALL AGES

Service type and provider – youth specific

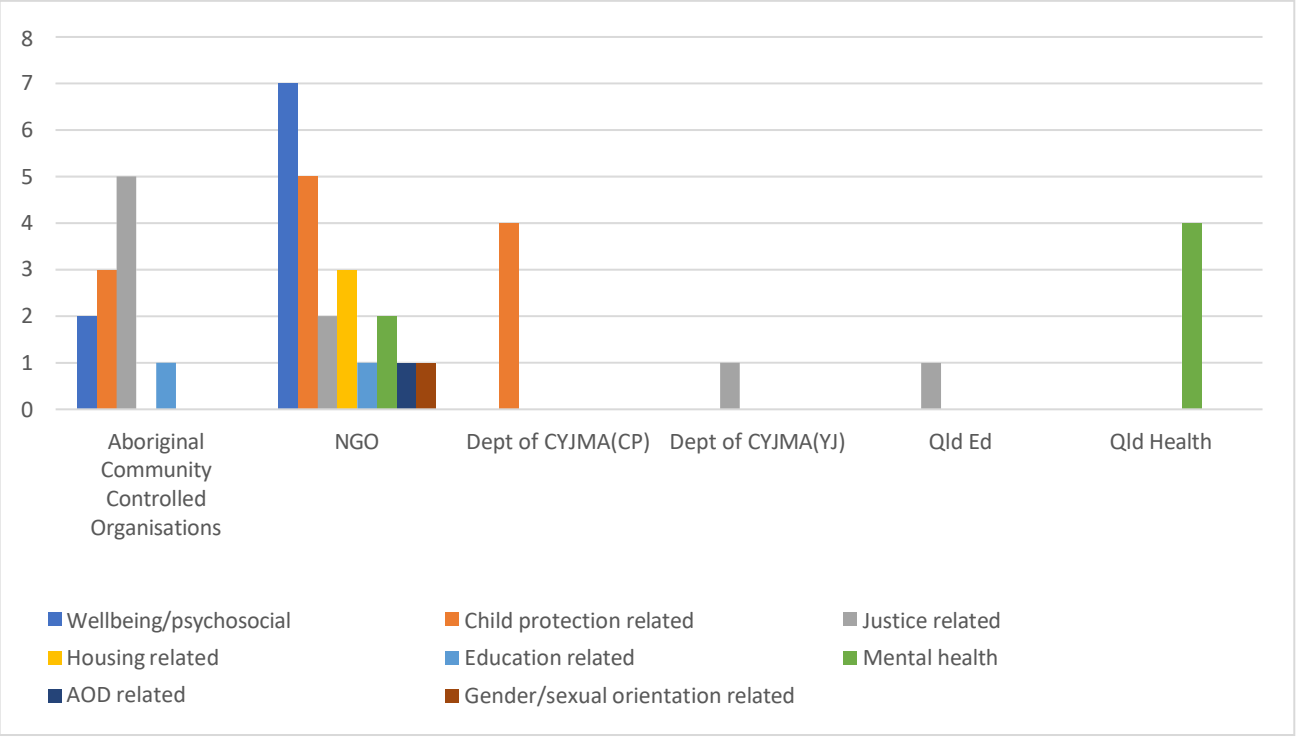

FIGURE 23 DIAGNOSIS/REASON FOR USING SERVICE ACCORDING TO TYPE OF SERVICE-YOUTH SPECIFIC SERVICES ONLY

Tables of Services coded with DESDE

Residential services

Four residential services were identified (tables 2 &3): two of these are provided by **Aboriginal Controlled Organisations (shown in red text)**:

DIYDG - Pamle Pamle Program is funded by Child Safety, who determine the program outcomes. It provides crisis accommodation (funding auspiced through Evolve), which provides acute residential support within a three hour turnaround for young children and youth aged 0-18 years in need of crisis accommodation. DIYDG arrange and book the accommodation, and provide a youth worker for 24 hour support. The length of stay may be anything from 24 hours to three months. The **Pamle Pamle** team also provide **Outreach** to children aged 12 years + on the street refusing accommodation – also contracted by Child Safety. The Outreach youth worker engages with the young person, tries to build a relationship with them. Youth workers work on shift rotation nights/days (not 24 hour support). The youth worker connects with the young person three to six days a week.

Jabilbina On-Country Program is a cultural mentoring program funded through Youth Justice for young people aged 10-17, most of whom have had contact with the justice system. Young people are referred by Youth Justice, Co-Responders program (Qld Police), Child Safety, education, other service providers, and families. The program is based around taking children out on country on camps, and comprises four weeks of pre-camp preparation, including day trips to the camp area, meeting the rangers, and practical camp preparation; followed by the three day camp, and a post-camp period. Camps provide meaningful, purposeful activities; develop cultural strengths; and work with kids around, for example, learning what their totems are, where they come from, their family trees, changing their mind frames, and building their identity. Elders also go out on camp. The post camp period is nominally four weeks, but engagement with kids is actually for as long as needed- may be 12 months or longer. Kids are slowly transitioned out around the age of 18.

Youthlink Specialist Homelessness Team. Funded by the Department of Housing, this team provides transitional and supported accommodation for young people aged 16-20 years. Transitional accommodation is provided for up to 12 months in units leased from the Department of Housing, along with case management to prepare young people to become more independent. Supported accommodation (Housing and Information program) provides an exit point from the Transitional Housing Program. Youth Link has the head lease on private rental properties which are sublet to clients, and in addition support young people in public rentals through the Same House Different Landlord Program. In both programs young people are educated and supported in developing the skills to maintain their own tenancies, and to practice independence in maintaining a rental, so that after a few months they can take over the tenancy themselves. The Specialist Homelessness Team also provide a Day Service. The Cairns Centre (Drop-In service), provides kitchen, bathroom, and laundry facilities for young people aged from 12-24 years. This service also assists young people to link with other services they may need. An additional Outreach service provided by this team (Mobile Support Service) provides case management to support young people in maintaining their accommodation, whether that be in their own home, in private, social, other housing; in temporarily living situations; or living rough.

Step Up/Step Down Residential – this team is provided by Queensland Health, providing a service with six beds for young people aged 16-21 years. This service is mostly for people coming out of hospital-in the

absence of an acute unit, the level of acuity can be high. It is provided in partnership with Stride who provide peer workers, youth workers, team leader, and psychosocial support staff. Stride (mental health service) have operational responsibility for the house and provide a house program along with residents' individual plans and support the young people's day to day living needs. The average length of stay is one to two weeks, with four weeks the maximum, although where needed it may be longer, for six to eight weeks. Approximately 75 percent of residents identify as Aboriginal and/or Torres Strait Islander.

TABLE 2 RESIDENTIAL SERVICES-AVAILABILITY

Provider	Name	Main DESDE code	Additional code	Location	Area of Coverage
DIYDG	Pamle Pamle	CX[IN]Z62.21-R3.1.2v	CY[IN][Z59]-O5.2vm	Cairns	Cairns
Jabilbina Aboriginal Corporation	On Country program	CA[IN][Z65.0]-R8.1bj	CA[IN][Z65.0]-O5.2j	Mossman	
Qld Health	Youth Step Up/Step Down	TA[F00-F99]-R8.2		Cairns	
Youthlink	Specialist Homelessness Service	TA[Z59.812]-R9.2	CY[Z59]-D5.2; TA[Z59.1]-O6.2	Cairns	To Cairns northern beaches - south to Gordonvale

TABLE 3 RESIDENTIAL SERVICES-WORKFORCE CAPACITY

Provider	Name	FTE Total	Psychiatrist	Registrar	Psychologist	RN/MHN*	Support Worker	Cultural Mentor	Other
DIYDG	Pamle Pamle	7	0	0	0	0	7	0	0
Jabilbina Aboriginal Corporation	On Country Program	5.5	0	0	0	0	0	2	3.5
Queensland Health	Youth Step Up/Step Down	5.7	0.5	0.4	1	3.8	0	0	0
Youthlink	Specialist Homelessness Service	8	0		0	0	7.25	0	0.75

*Registered Nurse/Mental Health Nurse

Day services

Seven Day services were identified (tables 4&5).

DIYDG operates **Level Up**, which is the only Indigenous youth service in this category provided by an Aboriginal Controlled Organisation; it is funded by the Youth Justice service stream. It targets the 10-16 year cohort and provides an alternative learning style. Young people using the service have contact with the justice system, some level of criminal justice exposure. Referrals come from Police, Youth Justice and Child Safety. The Level Up program focus is about empowering youth so they can return to mainstream education providers/system. The focus is on developing youth's resilience, supports and correcting behaviours.

Clontarf foundation provided five Clontarf Academies in schools across the region. Clontarf provides support for young Aboriginal and Torres Strait Islander boys. The Cairns based programs are for high school students in grades 7 – 12. The programs' operational structure has 6 pillars: Education; Sport; Wellbeing; Employment; Leadership; and Partners (eg school, families, business community; and funders).

Clontarf teams are based on school grounds and have their own space in the school. Space is generally open from 7.30 am until 4pm and boys can use it in breaks, before and after school. Food and computers are freely available. Clontarf staff and programs are independent of the school curriculum but work with the school, especially if a child has particular needs. Staff can pick up and deliver boys from school including early starts on mornings where there is training (within school and Clontarf processes); they also run overnight camps.

Cairns West State School Engagement Team: the student population of Cairns West Primary School is comprised 70 percent of Indigenous children. To address family and students' high level of needs, the school introduced place-based services. The school currently works with 27 external agencies who provide programs to the students, families and school. Some child and family agencies work directly from the school, and community and family support services such as a food banks are provided. The Engagement Team, work in Engagement Hubs - one senior (grades 4-6); one junior (Prep-grade 3). These are spaces in the school for children in most need of support with issues such as emotional regulation, some of whom are unsafe to be in a regular classroom. Children may be in the Engagement Hub full- or part-time. Most children supported by the team would be in the Child Protection system.

TABLE 4 DAY SERVICES-AVAILABILITY

Provider	Name	Main DESDE code	Location	Area of Coverage
Clontarf Foundation	Clontarf Academy	CA[IN][M][Z65.9]-D4.3z2	Bungalow	Cairns
Clontarf Foundation	Clontarf Academy	CA[IN][M][Z65.9]-D4.3z2	Bentley Park College	
Clontarf Foundation	Clontarf Academy	CA[IN][M][Z65.9]-D4.3z2	Gordonvale	
Clontarf Foundation	Clontarf Academy	CA[IN][M][Z65.9]-D4.3z2	Trinity Bay High School	
Clontarf Foundation	Clontarf Academy	CA[IN][M][Z65.9]-D4.3z2	Woree	
DIDYG	Level Up	CA[IN][Z55]-D4.2jv	Cairns	
Queensland Department of Education-Cairns West State School	Engagement Team	CC[Z72.81]-D4.2	Manunda	

TABLE 5 DAY SERVICES-WORKFORCE CAPACITY

Provider	Name	FTE Total	Educator	Youth Worker	Other
Clontarf Foundation	Clontarf Academy-Bentley Park College	10	0	0	10
Clontarf Foundation	Clontarf Academy-Cairns State High School	7	0	0	7
Clontarf Foundation	Clontarf Academy-Gordonvale	7	0	0	7
Clontarf Foundation	Clontarf Academy-Trinity Bay	4	0	0	4
Clontarf Foundation	Clontarf Academy-Woree	3	0	0	3
DIDYG	Level Up	2	0	2	0
Queensland Department of Education	Cairns West State School-Engagement Team	5	1	0	4

Outpatient Services (health related)

Six health related Outpatient teams were identified (tables 6&7)

Queensland Health - Child and Youth Mental Health Service (CYMHS) provided three teams:

CYMHS Community Team provides mostly centre-based support, with some outreach, for young people up to the age of 18 years. For young people aged 15-18 years with more complex needs, the Assertive Mobile Youth Outreach Service (AMYOS) provides a high level of engagement: up to three times weekly if needed. The CYMHS Forensic Team operates two streams of services: the day-to-day liaison with young people in the watch house or who need follow up; as well as a stream assessing a youth's fitness for trial. Target age is up to 18 years but can be as young as 10 years if the young person is at risk. Engagement is usually short term, with a lot of the work related to court liaison.

Act For Kids provides the Individual Support Packages Team for families on orders where there is a refusal to go to residential care and/or who are self-placing. High level support is targeted, with staff and program flexibility to achieve specific aspects of a care plan.

headspace provides mental health support to young people aged 12 to 25 years with mild to moderate mental health concerns. headspace has four core streams: mental health; physical health including sexual health; AOD and Jobspace, a vocational support program. It provides a mixed model-core; the practice process is client intake, assessment, then a referral to an appropriate practitioner or service within headspace. If a client is unable to be supported through headspace, they are referred to another service.

Ngak Min is an Aboriginal Medical Service which operates as a public clinic located in the grounds of Djarragun College. Djarragun College is operated by Cape York Partnerships and offers a day school for local Aboriginal and Torres Strait Islander students, as well as boarding facilities for students across the country. Ngak Min currently provide a psychologist funded by NQPHN for two days a week specifically for Djarragun students, although this position is not ongoing. Ngak Min funds two specific positions for Djarragun students: a student counsellor for a minimum of three days a week; and an Occupational Therapist two to three days a week.

TABLE 6 OUTPATIENT SERVICES (HEALTH RELATED)-AVAILABILITY

Provider	Name	Main DESDE code	Location	Area of Coverage
Act For Kids	Individual Support Packages Team	CX[Z62][e310x]-O5.1.2m	Cairns	Cairns, Yarrabah to Gillies Range and Cow Bay
headspace	headspace	CY[F00-F99]-O9.1	Cairns	
Ngak Min	Ngak Min (Djarragun)	CX[IN]F00-F99]-O9.1	Gordonvale	
Queensland Health-CYMHS	Assertive Mobile Youth Outreach Service (AMYOS)	CA[F00-F99]-O5.1	Cairns	Cairns and to approx 1-1.25 hours drive from Cairns-includes Mossman, not to Cow Bay. South to Innisfail.
Queensland Health-CYMHS	CYMHS Community Team	CX[F00-F99]-O6.1	Cairns	Cairns to Cow Bay, Kuranda, Yarrabah, Gordonvale . Around 1.5 hours distance from Cairns north and south
Queensland Health-CYMHS	CYMHS Forensic Team	CX[F00-F99]-O5.1j	Cairns	Cairns, also Cooktown to Cape-can travel to assess fitness for trial

TABLE 7 OUTPATIENT SERVICES (HEALTH RELATED)-WORKFORCE CAPACITY

Provider	Name	FTE Total	General Practitioner	Psychiatrist	Occupational Therapist	Counsellor	RN/ MHN*	Social Worker	Psychologist	Speech Pathologist	Aboriginal Health worker	Other
Act For Kids	Individual Support Packages	15	0	0	0	0	0	0	0	0	0	15
headspace	headspace	14.2	0.2	0	0	0	0	0	0	0	0	14
Ngak Min	Ngak Min Djarragun	2.2	0	0	0.6	0.6	0	0	1	0	0	0
Qld Health	Assertive Mobile Youth Outreach Service	2.2	0	0	0.2	0	1	1	0	0	0	0
Qld Health	CYMHS	12	0	2	0	0	0	1	7	1	1	0
Qld Health	Forensic CYMHS	4	4.1	0	0	0	1	0	2	0	1	0

*Registered Nurse/Mental Health nurse

Outpatient Services (non-health related)

25 teams were identified providing non-health related outpatient care (tables 8 & 9).

Seven teams were delivered by Aboriginal Community Controlled Organisations. Three teams **(DIYDG -** Pamle Pamle Outreach**, Jabilbina** On-Country pre- and post-camp programs, and Youthlink Outreach) have been included in the Residential section, as they are the secondary Main Types of Care of a team whose primary care provision is residential care.

Wuchopperen Youth service provides Connecting Youth**:** a cultural and activity based mentoring program funded by Youth Justice for youths aged 10-17 years. The program also conducts four Cultural Healing camps a year.

The **Wuchopperen** Child and Family Wellbeing Service has two programs:

1. Child Wellbeing Team**:** this team takes referrals from Youth Justice for youths aged 12-17 years who are in the youth justice system. The team provides case management, and works directly with the young person and their family. The Team has a cultural mentor to ensure that the child's cultural needs are met, and works with family around cultural connection and support.
2. Family Wellbeing Team**:** this is an outreach team funded by Child Safety to work with families whose child is in the Child Safety system. The team provides SEWB support, runs wellbeing counselling programs, and can assist with issues such as housing/homelessness.

Djarragun College Wellbeing Team is comprised of Integrated Case Managers and a Program Coordinator. Students are provided direct support, or linked with external programs if needed. Djarragun also provides a range of universal and targeted wellbeing programs.

Act For Kids provides two teams in this category. Family and Child Connect is funded by CYJMA Child Safety, and aims to prevent people entering the Child Safety system. The period of engagement with the child and their family is usually four to six weeks. Intensive Family Support is also Child Safety funded**.** This service provides multidisciplinary case management to families at risk of entering the child protection system (but not currently on orders).

Clontarf Foundation Transition Team supports boys transitioning from school, including those dealing with challenges such as relationship or family issues. The MaraWay School Outreach Team is at Cairns West Primary School five days/week: they provide a range of support to children and families, including assisting with Centrelink support, housing support, birth certificates, and obtaining ID.

Mission Australia provide a Family Support Service for Cairns South Community to walk alongside families who need assistance, as well as the South Cairns Specialist Counselling Service.

Queensland Department of Children, Youth Justice and Multicultural Affairs (CYJMA) Child Safety Service Centres in Cairns and Edmonton provide Intervention with Parental agreement Teams to assist children to remain at home, and to make referrals where needed to other support services. The Ongoing Intervention Teams become involved if an application has been made to place the child into out of home care and the child is subject to orders, and in kinship/foster/care. It works towards reunification with family and carers. Engagement with the service may be short term (eg six months to two years), particularly if the child is not

in care, or longer term (two years +-up to adulthood) where the child is in care. CYJMA also provide a Youth Justice Team based in Cairns.

Resilience Enterprise provides therapeutic support to people of all ages, and has a large clientele of Aboriginal and Torres Strait Islander youth. The service provides therapeutic programs around emotional regulation, complex trauma, and navigating systemic oppression. Although a private practice, the service supports people with funding (NDIS etc), or who are referred through medical or social service agencies.

YETI provides five teams in this category:

1. Alcohol and Other Drugs (AOD) counselling is funded by Queensland Health and provides two streams-psychosocial interventions funding, and Icebreaker funding, for youth aged 18-25 years. It also provides practical support to the therapeutic counselling team. This team also provides a LGBTIQ+ program, funded by the NQPHN: this is a weekly social group at YETI for youth aged 15-21 years.
2. The Diversionary program**,** funded by Youth Justice, transports youths to school and to court, and checks on their wellbeing in the watch house. On Thursday-Saturday evenings between 4pm-10pm the bus drives around getting kids home safely.
3. Stronger Together Family Support. Funded by Youth Justice, this is a program supporting families whose children are in, or at risk of entering, the youth justice system. Youth Bail Support**,** also funded by Youth Justice, provides case management and practical support to assist youth meet their bail conditions and keep them out of detention.
4. Youth Bail Support, funded by Youth Justice. Provides case management, practical support to keep kids out of detention. YETI also subcontract a team at Gindaja in Yarrabah.
5. The Youth Support Program, funded by Child Safety, is an outreach program for vulnerable young people aged 11-18 years, with a focus on connecting young people to school, employment, and health services.

Youthlink Young Parent and Youth Wellbeing Team operates for young people aged 12-21 years. It is now funded by Child Safety and provides case work as well as information, referral, and advocacy for vulnerable young people, helping them to engage with mainstream providers.

TABLE 8 OUTPATIENT SERVICES (NON-HEALTH RELATED)-AVAILABILITY

Provider	Name	Main DESDE code	Additional code	Location	Area of Coverage
Act For Kids	Family and Child Connect	CX[Z62.0][e310x] -O7.2bm		Bungalow	Cairns
Act For Kids	Intensive Family Support	CX[Z62.0][e310x] -O5.2.1		Bungalow	
Clontarf Foundation	Transition Team	CA[IN][M][Z65.9] -O5.2		Cairns	
Djarragun College	Wellbeing Team	CX[IN]Z65.9]-O9.2z2		Gordonvale	
MaraWay	School Outreach Team	GX[Z65.9]-O8.2		Manunda	
Mission Australia	Family Support Service	GX[Z55-Z65] [e310x]-O6.2		Edmonton	
Mission Australia	South Cairns Specialist Counselling Service	GX[F00-F99][e310x]-O6.1m			
Department of Children, Youth Justice and Multicultural Affairs	Intervention with Parental Agreement Team	CX[Z62-21[e310x] -O6.2		Cairns	
Department of Children, Youth Justice and Multicultural Affairs	Intervention with Parental Agreement Team	CX[Z62-21][e310x] -O6.2		Edmonton	

Provider	Name	Main DESDE code	Additional code	Location	Area of Coverage
Department of Children, Youth Justice and Multicultural Affairs	Ongoing Intervention Team	CX[Z62][e310x] -O6.2		Cairns	
Department of Children, Youth Justice and Multicultural Affairs	Ongoing Intervention Team	CX[Z62][e310x] -O6.2		Edmonton	
Department of Children, Youth Justice and Multicultural Affairs	Youth Justice Service	CA[Z65.0; Z72.81] -O6.2jm		Cairns	Cairns and South Cairns
Resilience Enterprise	Resilience Enterprise Counselling	GX[F00-F99]-O9.2		Cairns	
Wuchopperen Health Service Ltd	Child Wellbeing	CA[IN][Z65.0]-O6.2j		Manoora	Cairns region
Wuchopperen Health Service Ltd	Connecting Youth	CA[IN][Z65] [Z72.81]-O6.2jv		Manoora	Cairns region
Wuchopperen Health Service Ltd	Family Wellbeing	GX[IN][Z62.21] [e310x]-O6.2		Manoora	Cairns region
YETI	AOD Counselling Team	TA[F10-F19]-O6.2m	CA[LGBTIQ+][Z70]-o10.2g	Bungalow	Cairns region
YETI	Diversionary program	CA[Z65][Z72.81]-O5.2j		Bungalow	Cairns region
YETI	Strong Together Family Support	CA[Z65][Z72.810] [e310x]-O5.2j		Bungalow	Cairns region
YETI	Youth Bail support	CA[Z65.0]-O5.2j		Bungalow	Cairns region
YETI	Youth Support Program	CA[Z62][e310x]-O6.2		Bungalow	Cairns region
Youthlink	Young Parent and Wellbeing Team	CY[Z55-Z65]-O6.2		Cairns	

TABLE 9 OUTPATIENT SERVICES (NON-HEALTH RELATED)-WORKFORCE CAPACITY

Provider	Name	FTE Total	Child Safety Officer	Child Safety Support Officer	Social Worker	Support Workers	Peer Worker	Aboriginal Worker	Educator	Speech Pathologist	Aboriginal Health workers	Other
Act For Kids	Family and Child Connect	10	0	0	0	0	0	0	0	0	0	10
Act For Kids	Individual Family Packages	15		0	0	0	0	0	0	0	0	15
Clontarf Foundation	Transition Team	3	0	0			0	0	0	0	0	3
Djarragun College	Wellbeing Team	4.5	0	\0	0	0		0	0	0	0	4.5
MaraWay	School Outreach Team	NA	0		0	0	0	0	0	0		0
Mission Australia	Family Support Program	NA	0	0	0	0	0	0		0	0	0
Mission Australia	South Cairns Specialist Counselling Service	NA										
Dept of Children, Youth Justice & Multicultural Affairs	Intervention with Parental Agreement-Cairns	NA										
Dept of Children, Youth Justice & Multicultural Affairs	Intervention with Parental Agreement-Edmonton	5	3	2								
Dept of Children, Youth Justice & Multicultural Affairs	Ongoing Intervention Team-Cairns	NA										

Dept of Children, Youth Justice & Multicultural Affairs	**Ongoing Intervention Team-Edmonton**	**14**	**12**	**2**								
Dept of Children, Youth Justice & Multicultural Affairs	Youth Justice	NA										
Resilience Enterprise	Resilience Counselling	2	0	0	2	0	0	0	0	0	0	0
Wuchopperen Health Service	Child Wellbeing	5	5	0	0	5	0	0	0	0	0	0
Wuchopperen Health Service	Connecting Youth	NA	0	0	0	0	0	0	0	0	0	0
Wuchopperen Health Service	Family Wellbeing	10	0	0	0	0	0	0	0	0	0	10
Youth Empowered Towards Independence (YETI)	AOD Counselling	4.2	0	0	3	0.1	0.1	1	0	0	0	0
YETI	Diversionary Program	2.2	0	0	0	0	0	1	0	0	0	1.2
YETI	Strong Together	3	0	0	0	0	0	2	1	0	0	0
YETI	Youth Bail Support	3	0	0	0	0	0	0.5	0	0	0	2.5
YETI	Youth Support Program	3	0	0	0	0	0	0	0	0	0	3

Accessibility Services

Three teams providing Accessibility services were identified (tables 10 &11):

Two of these teams were provided by Aboriginal Controlled Organisations.

Family Led Decision Making**,** provided by the **Wuchopperen** Youth program, is an early Intervention program to engage with siblings and family members of offenders who are also at risk. It is for young people aged 10-18 years. **Wuchopperen** and YETI both provide a Next Steps program funded by Child Safety, which supports young people aged 15-25 (particularly 17-19 years) transitioning out of care.

TABLE 10 ACCESSIBILITY SERVICES-AVAILABILITY

Provider	Name	Main DESDE code	Location	Area of Coverage
Wuchopperen Health Service Ltd	Family Led Decision Making	CA[IN][Z65][Z72.81]e310x-A4jv	Manoora	
Wuchopperen Health Service Ltd	Next Steps Plus	TA[IN][Z62.21]-A4m	Edmonton	
YETI	Next Steps Plus	TA[Z62.21]-A4	Bungalow	

TABLE 11 ACCESSIBILITY SERVICES-WORKFORCE CAPACITY

Provider	Name	FTE Total	Youth Engagement Officers	Community Services Worker	Social Worker	Educator	Aboriginal Worker	Other
Wuchopperen Health Service	Family Led Decision Making	2	2	0	0	0	0	0
Wuchopperen Health Service	Next Steps Plus	1	0	1	0	0	0	0
YETI	Next Steps Plus	3	0	0	0.75	0.75	0.75	0.75

Self Help/Volunteer services

DIYDG's team of volunteers provide three Volunteer run programs (tables 12&13). These individual programs are coded together as a **Volunteer Services Team.**

1. Good Vibrations - DIYDG's signature youth peer-to-peer support program. A cohort of young people come together on a regular, mainly weekly, basis to do various activities. Young people between the ages of 16-30 participate. The program engages people in a safe place and in a fun way, so they feel and are connect with one another.
2. Kunjar Mens Collective is a weekly yarning circle created to support men and youth in the community – specifically focussing on suicide prevention and empowering young men.
3. YouDoYou supports young people with the planning and development of an idea, auspicing funds when required, and helping young people to gain an understanding of what is required to deliver a community based project. It connects young people with like-minded volunteers, and provides a platform to fundraise and receive funds to deliver the project.

TABLE 12 SELF HELP/VOLUNTEER SERVICES-AVAILABILITY

Provider	Name	Main DESDE code	Location	Area of Coverage
DIYDG	Volunteer Services Provided	CX[IN][Z65.9]-S1.3gvz2	Cairns	

TABLE 13 SELP HELP/VOLUNTEER SERVICES-WORKFORCE CAPACITY

Provider	Name	FTE Total
DIYDG	Volunteer Team	3

Workforce-summary

Table 14 below is a summary of the size of the direct care workforce in the teams identified in Cairns.

Most teams in Cairns were small, providing between one and six Full Time Equivalent direct care staff. There were no very small or very large teams.

TABLE 14 TEAM SIZE

Size of Team	Very small > or = 1 FTE	Small: 1.1-5.9 FTE	Medium 6-20 FTE	Large 20+ FTE
Number of Services	0	16	4	0

Table 15 shows the number of people according to occupational type.

The number of Aboriginal workers here only includes Aboriginal Identified Positions. The actual number of Aboriginal and Torres Strait Islander people occupying positions will be significantly higher. However, it may be that most, if not all, direct care staff in Aboriginal Controlled Organisations are Aboriginal or Torres Strait Islander. Workforce figures should be interpreted with caution, as not all services were able to provide disaggregated information, and eight services did not provide workforce data. Thus, the number of most categories will be higher than that shown here, and the absence of a particular job title here may not indicate its absence from the workforce.

Additionally, due to the number of different occupational and job titles, the "other" category includes a range of job descriptions without necessary formal qualifications such as support workers, youth workers, case managers, operations officers. The number of Aboriginal Identified staff reflects only those positions expressed as such and not the total Indigenous workforce.

TABLE 15 WORKFORCE DISTRIBUTION BY OCCUPATION

Occupation	Aboriginal Worker	Peer worker	Psychiatrist/ registrar	Psychologist	Mental Health Nurse	Occupational therapist	Other professional	Aboriginal Identified Worker	Other
Number of staff	5.25	0.1	2.54	11	5.84	0.8	38	7.25	126

Geographic Map of Services

This map (Figure 24) locates services in Cairns and the immediate surrounding area by name and whether they are health, social or education related.

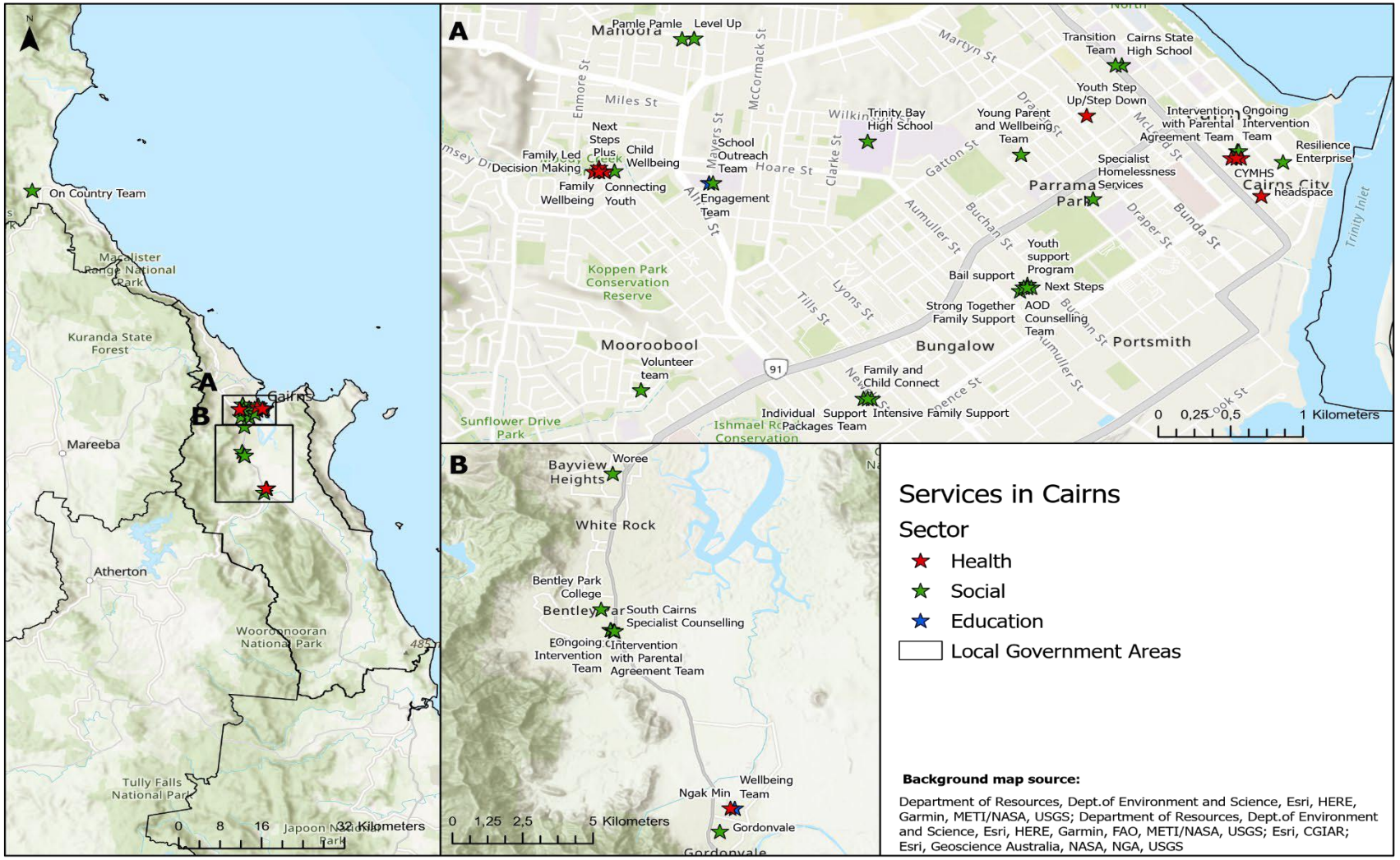

FIGURE 24 MAP OF SOCIAL AND EMOTIONAL WELLBEING SERVICES FOR INDIGENOUS YOUTH IN CAIRNS

Description and Comparison of the Overall Pattern of Care

Figure 25 shows the pattern of mental health and wellbeing care availability for Indigenous youth up to the age of 18 years in Cairns, according to the DESDE main branches of care. Each coloured sector represents a main branch of care in the DESDE classification system.

This shows that non-health related (social) outpatient services are the most available type of care, followed by social type Day services and health related outpatient services (those staffed by health professionals).

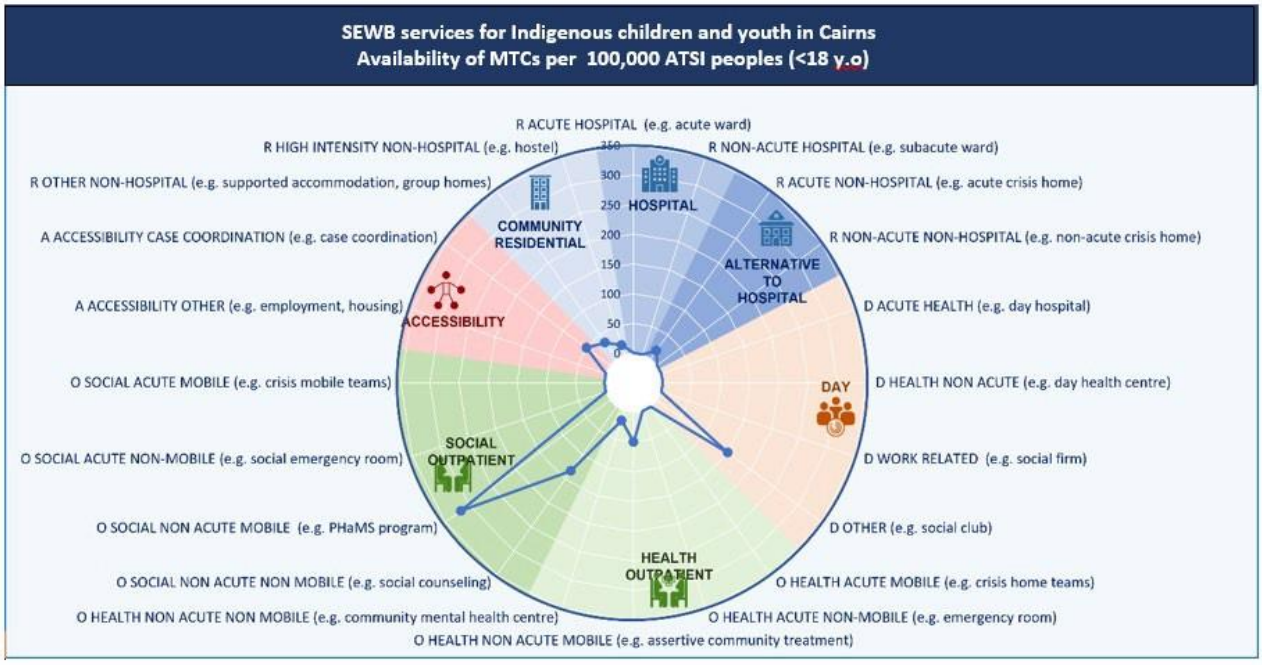

FIGURE 25 AVAILABILITY OF SOCIAL AND EMOTIONAL WELLBEING SERVICES FOR INDIGENOUS CHILDREN AND YOUTH IN CAIRNS-MTCS PER 100,000 PEOPLE AGED < 18 YEARS

When compared to Yarrabah (figure 26), the patterns of care are quite similar. Outpatient, day services and accessibility services only were available in Yarrabah, while in Cairns there were also some residential, and self help/volunteer services.

Although Cairns, with a larger number of services, provided a greater diversity of types of care, the overall pattern of care in terms of rate of service per 100,000 people is similar in both Yarrabah and Cairns. Outreach non-health related outpatient services are most common, and there are gaps in work and education related day services, accessibility services and residential care of all types. Significantly, there was no acute youth residential mental health care in Cairns or Yarrabah.

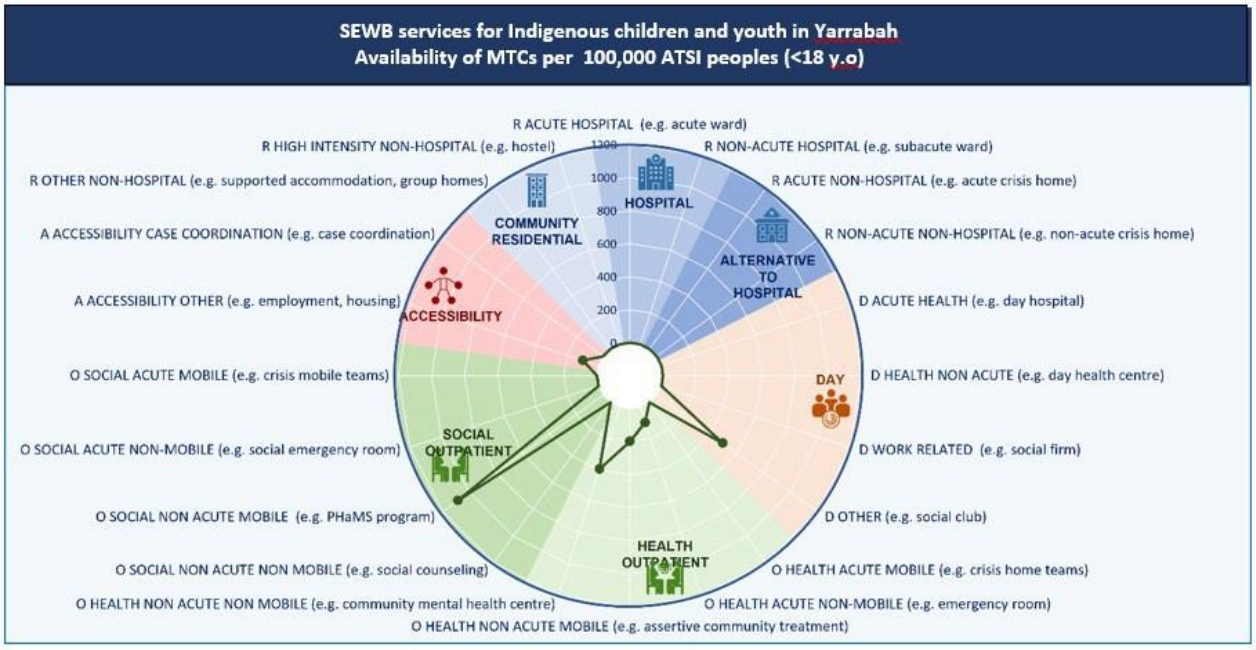

FIGURE 26 AVAILABILITY OF SOCIAL AND EMOTIONAL WELLBEING SERVICES FOR INDIGENOUS CHILDREN AND YOUTH IN YARRABAH- MTCS PER 100,000 PEOPLE AGED < 18 YEARS

Figure 27 below shows the pattern of care of mental health services for adults in Nunavik, Canada, Lapland, Norway, and Kimberley, Australia. The pattern of care is seen to differ markedly from the services in Cairns and Yarrabah, and each region has quite a different pattern of service provision. Residential and health related care are more common in all three international areas than in the Queensland areas in this study; and day services are relatively less common. However, it is important to bear in mind that this graph shows mental health specific services only; in addition, the services in this graph are adult services.

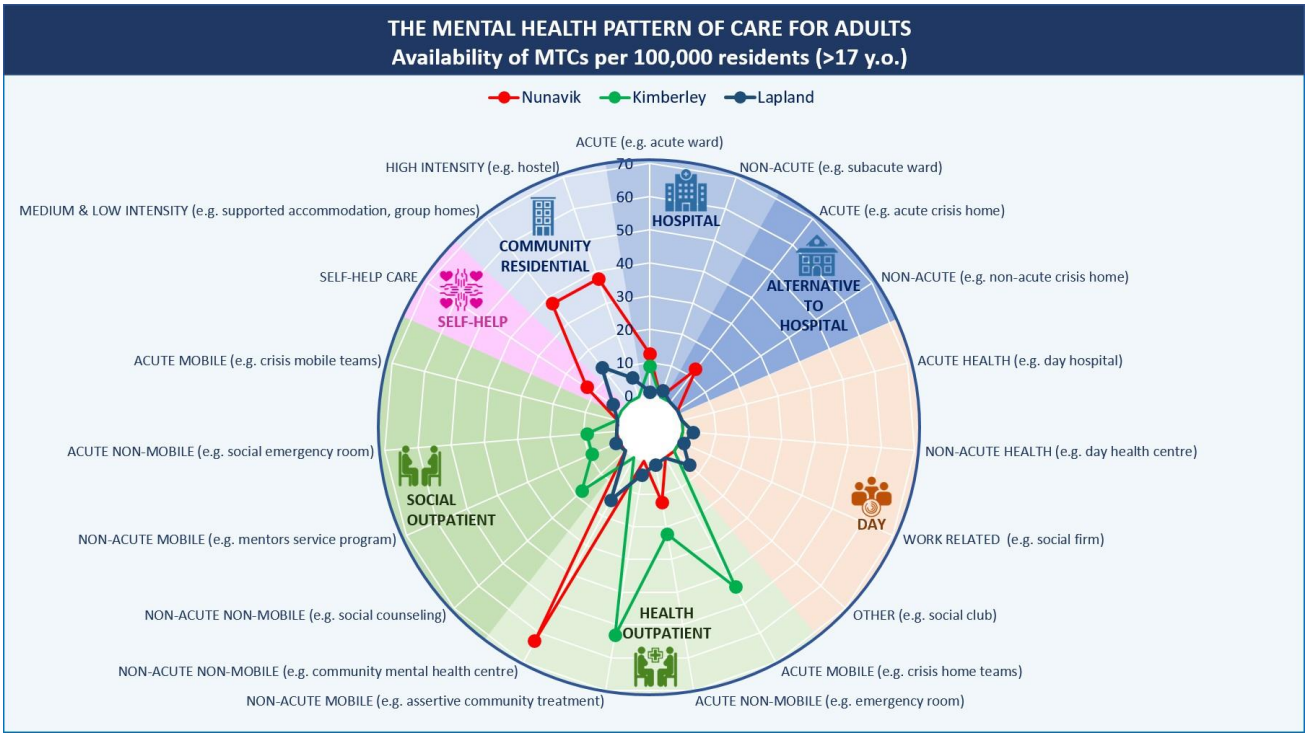

FIGURE 27 MENTAL HEALTH PATTERN OF CARE-COMPARISON NUNAVIK, KIMBERLEY, LAPLAND (AGES > 17 YEARS)

Figure 28 compares the number of services in Cairns and Yarrabah provided by Aboriginal Community Controlled Organisations for young Indigenous people by Main Branch of Care. As would be expected with the larger population, there is greater diversity of services in Cairns: however, when looking at the availability of services in relation to the size of population (figure 29), Yarrabah has significantly higher availability of day and outpatient services.

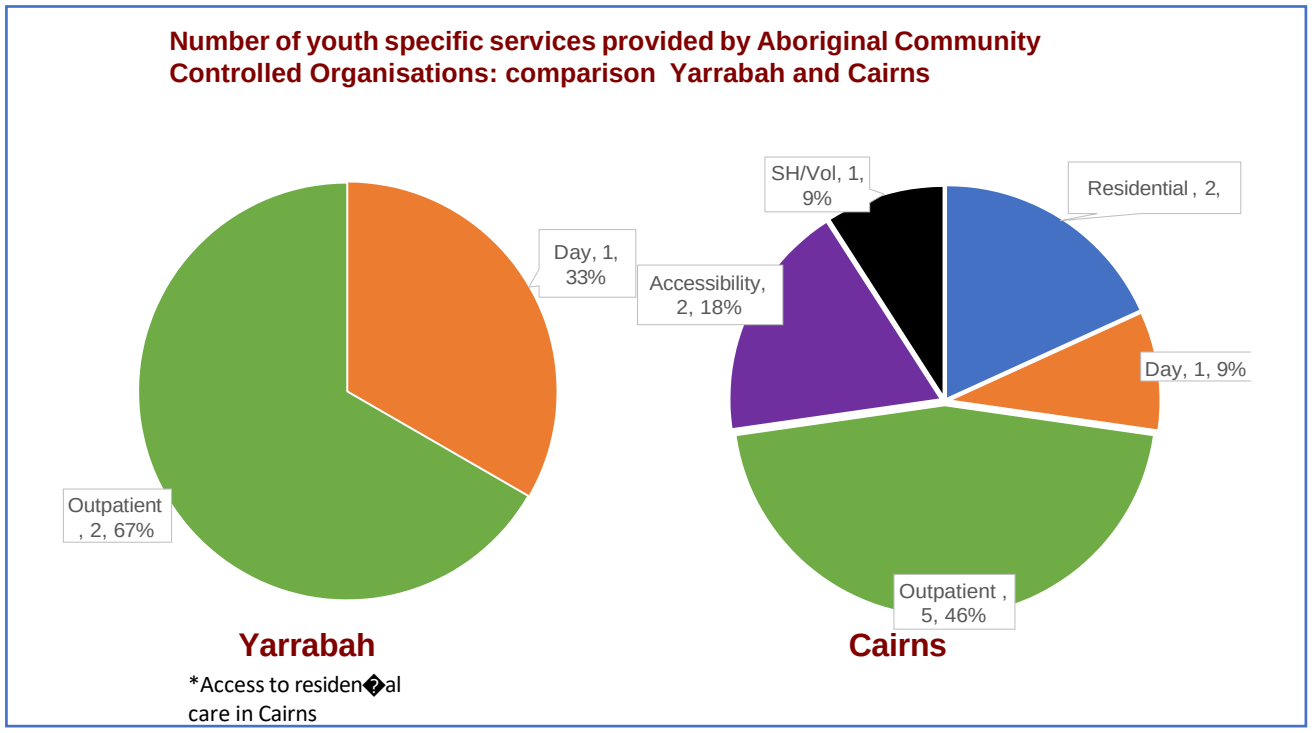

FIGURE 28 YOUTH SPECIFIC SERVICES BY MAIN TYPE OF CARE: COMPARISON CAIRNS AND YARRABAH

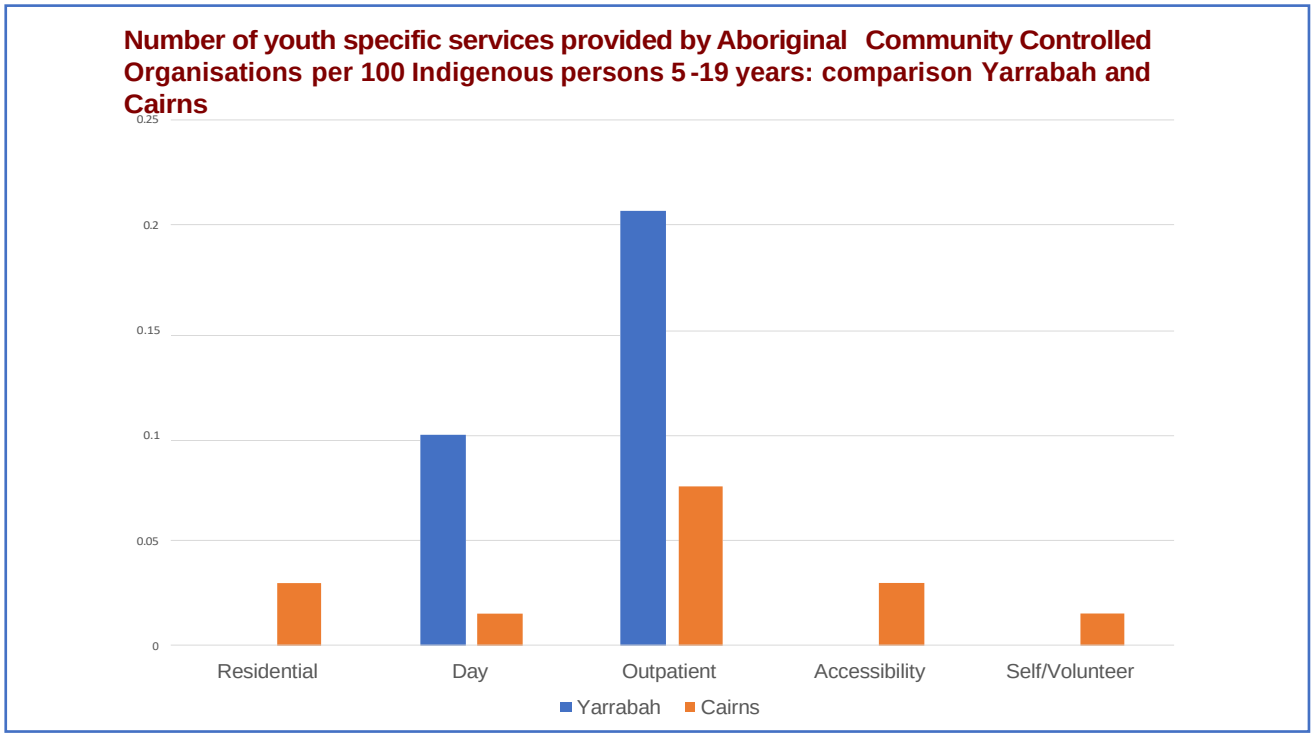

FIGURE 29 RATE OF YOUTH SPECIFIC SERVICES AS A PERCENTAGE BY MAIN TYPE OF CARE: COMPARISON CAIRNS AND YARRABAH

Discussion

This Atlas, the *Integrated Atlas of the social and emotional wellbeing services for Indigenous children and youth in Cairns* and the partner *Integrated Atlas of the social and emotional wellbeing services for Indigenous children and youth in Yarrabah* are the first Atlases of services with, and for, Aboriginal and Torres Strait Islander communities using the Description and Evaluation of Services and DirectoriEs (DESDE) classification instrument. The holistic view of Indigenous health means that any assessment of the availability of health and wellbeing services must include services not only in the health sector but in any relevant human services sector (10). DESDE's ecosystems approach means it is uniquely placed to provide this assessment of services.

Integrated Atlases are conceptually founded on a health ecosystems or whole systems model (7). Using this approach, health and wellbeing systems are seen to include all domains of human experience that have an influence on health: the places and communities in which we live; the broader social determinants of wellbeing such as the social and demographic characteristics of the environment; and behaviours and lifestyles, including religious and cultural belief systems and practices. Together, these elements form a complex and interactive system, in which interventions or behaviours in one part can have significant and unexpected consequences in another. However, this complexity creates a high level of uncertainty within the system which can confound attempts to model and plan policy interventions. The more knowledge and information about the different domains and how they interact with each other, then, the more it is possible to reduce the uncertainty about system behaviour, and to increase the accuracy and effectiveness of modelling and interventions to create change.

A scoping review of methods of mental health service classification found that DESDE was the only validated instrument available able to classify services across all sectors using a "bottom-up" approach: that is, looking at the teams actually providing care at the meso or local level, and not at an aggregated regional or national level (26). DESDE identifies care teams (Basic Stable Inputs of Care), which are the smallest unit of care production, and describes them by the Main Type of Care they provide, using a standardised terminology. This allows DESDE to provide a detailed picture of the pattern of care in a region, and to make valid comparisons across sectors, regions and over time, making it a unique aid to planning. Geographic Information Systems and other visualisation tools are used in Integrated Atlases to provide social and demographic context, and to present sometimes complex data in more readily understandable ways.

A total of 58 teams (Basic Stable Units of Care) were assessed as providing mental health and wellbeing support to young Indigenous children and youth in Yarrabah and Cairns. Yarrabah was served by 23 teams providing 24 Main Types of Care; and the Cairns region was served by 43 teams providing 48 Main Types of Care. Five public sector teams and three NGO teams based in Cairns providing youth justice, child safety and community mental health care are represented in both Atlases but are counted individually in each.

Five key areas for consideration that emerged from this research were:

- Overall pattern of care and gaps identified in overall availability of services
- Availability of care delivered by Aboriginal Community Controlled Organisations
- Type of care delivered by Aboriginal Community Controlled Organisations
- Size and nature of the Indigenous workforce
- Funding and accountability of Indigenous youth mental health and wellbeing services

Patterns of care-including gaps or duplications in service availability.

The most common type of care in both Cairns and Yarrabah was outreach type services providing non-health related care. These services provided support to a range of different target populations, and included, for example, YETI's Youth Support Program funded by Child Safety (Department of CYJMA) for vulnerable adolescents and their families, and Wuchopperen's Family Wellbeing service for adolescents in contact with the justice system in Cairns. In Yarrabah, Gindaja's Youth Bail Support provided this type of care.

The next most frequently identified type of care in both Cairns and Yarrabah was day type care: services such as Clontarf that provide social type support. A relatively high availability of social (non-health related) day services was identified in both regions, providing support for sport, leisure and skills development. However, in this research/assessment, no education or employment related day services were identified. Education and employment are key priority areas of the National Agreement, and the 2016 National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families also stressed the importance of educational support for children. In this study, only two teams delivered by the Education Department were identified: the Engagement Team delivered by Cairns West Primary School, and the school nurse in Yarrabah High School.

Few residential care services were available for Indigenous youth in Cairns, and none in the Yarrabah area. The nearest dedicated acute residential mental health care for all young people in Cairns and Yarrabah is in Townsville, although young people requiring acute inpatient support may be admitted to a general adolescent ward in Cairns. The CYMHS Step Up/Step Down sub-acute mental health unit in Cairns estimated that 14 percent of service users were Aboriginal or Torres Strait Islander young people, although this service was not identified in the referral pathways by any services in this study. In Cairns, DIYDG provided crisis care for children in the child safety system, and Jabilbina ran cultural mentoring camps for Indigenous youth in contact with the justice system. Youthlink, also in Cairns, provided specialist homelessness residential services. While Youthlink is not an Indigenous provider, the organisation estimated that around 75 percent of its service users were Indigenous youth.

In Cairns, Next Steps provided by YETI and Wuchopperen worked with young people to access the supports they need as they transition from living in care; and Wuchopperen's Connecting Youth similarly supports young people who are referred primarily through the child safety and youth justice systems. Participants in the Yarrabah Yarning Circles cited a need for safe and confidential points of access and better availability of information, but no youth specific accessibility or information services were identified in Yarrabah.

These findings suggest a need for partner organisations to work with Governments or PHNs to review how the current service mix meets the needs of Indigenous children and youth in the region.

Proportion of care delivered by Aboriginal Community Controlled Organisations

The development of the Aboriginal Community Controlled sector has been prioritised in the National Agreement (19). Despite recognition in National Policy Frameworks of the key role that Aboriginal Community Controlled Organisations play in Indigenous health and wellbeing, the data in this research indicates that currently around 80 percent of the services available specifically for young people in Yarrabah, and 75 percent of those for young people in Cairns, are delivered by non-Indigenous community controlled service providers. Approximately half of all available services were delivered by NGOs, and up to a third

delivered by the public sector, comprising the Department of Children, Youth Justice and Multicultural affairs, Queensland Health and Queensland Education.

This report provides a baseline from which the outcomes of policy objectives such as this can be measured, and data for use in advocacy aimed at improving service delivery.

The high proportion of NGOs providing services for Indigenous youth, compared to those provided by Aboriginal Community Controlled Organisations, raises concerns about equity, and how culturally safe and appropriate services are being delivered. It also raises questions about whose voices are being heard in governance or decision making in services designed and delivered for Indigenous youth. Further exploration is warranted into how community voices are included in accountability and monitoring processes in the NGO sector which currently dominates Indigenous service provision. Other critical questions this report has raised revolve around the need to address the disconnected and fragmented way that programs and services for Indigenous youth are delivered and monitored; and to build stronger relationships and partnership based decision making led by community controlled organisations.

The spectrum of care available, and the type of care Aboriginal Community Controlled Organisations are funded to deliver

ACCOs provide proportionally more high intensity services- ie those related to youth justice, child safety or mental health- than they do the general, wellbeing type services. These more general, preventative type services, which are more closely aligned with a SEWB model of care, are more likely to be delivered in both regions by non-Indigenous NGOs.

Approximately two thirds of services available to young Indigenous people in Cairns, and only slightly less than that in Yarrabah, are high intensity services providing support to young people who are already experiencing difficulties related to either youth justice, child safety, or mental health. Services provided by Aboriginal Community Controlled Organisations provide proportionally more of this “downstream” type of support than they do the more “upstream” or general wellbeing type support: that is, although ACCOs provide less than a quarter of services overall in Cairns, they currently provide more than a third of high intensity services. In Yarrabah, the picture differs slightly, with ACCOs providing proportionately fewer of these high intensity services. The visiting public sector teams (Department of CYJMA, CYMHS) were represented more strongly in the provision of this type of care.

Around a third of services available in Cairns and Yarrabah provide general wellbeing and preventative type support. This type of support is aligned with SEWB models of care, and is important in reducing the need for more higher level intensity services. In Cairns and Yarrabah this type of support includes social, housing, and education related support. However, the majority (80%) of this type of care is provided by NGOs, despite their representing around 50 percent of services available. ACCOs which are providing this general wellbeing support include DIYDG’s Level Up program in Cairns, and Gurriny’s Youth Hub and RSAS teams in Yarrabah.

ACCOs were originally established to address the absence of culturally safe services for Indigenous peoples in regional areas, and have evolved to provide the type of wellbeing/early interventions services needed.

This data indicates, however, that despite policy recognition of the importance of SEWB models of care for Indigenous youth, and of ACCOs in their delivery, ACCOs are primarily being tasked with providing the more intensive higher level services rather than services at the preventative, wellbeing level of care-services which are better aligned with the SEWB model. Additionally, NGOs providing services without Indigenous or community control governance do not necessarily have the requisite decision-making processes and practices that are needed to provide culturally safe services for Indigenous youth.

Workforce

The data available to map Indigenous workforce data were limited by incomplete data and inadequate identification of Indigenous staff within the workforce data systems available to this research. Not all services were able to provide or to disaggregate this information into Full Time Equivalents according to occupation; some workers who were Indigenous were not identified as such in the workforce information provided; and the workforce data for the population and the workforce data is specific for the youth workforce only. Although the figures presented should be viewed with caution, they are concerning due to: (i) the workforce caring for young Aboriginal and Torres Strait Islander people, even in a discrete community, being largely not Indigenous; (ii) the lower levels of tertiary qualifications in the Indigenous workforce; and (iii) the possible power imbalance that this data may suggest, with regard to Indigenous input into decision making in services for Indigenous youth.

Although workforce figures are imprecise and may under-represent Indigenous workers, current data suggests that in Cairns, Indigenous workers comprised approximately 25 percent of the youth specific workforce: the majority (75%) of these were employed in ACCOs. The others, three of whom were tertiary qualified (with at least three years' training) were employed primarily in NGOs. Two Indigenous workers were employed in the public sector services.

In Yarrabah, and even assuming that direct care staff in ACCOs are Indigenous, approximately only 14 percent of the youth specific service workforce were Indigenous, most (approx. 63%) of whom were employed in ACCOs, and the remainder (37%) in NGOs. None were identified as tertiary qualified. Culturally safe and qualified practitioners are needed to help youth navigate service systems. These skills currently are provided by the largely unqualified Indigenous workforce.

Tertiary qualified workers comprised just under 50 percent of the workforce in youth specific services in Cairns and approximately 65 percent of those in Yarrabah, and were employed almost exclusively either by an NGO, or, to a lesser extent, the public sector.

Within their funding requirements, NGO and other organisations have a responsibility to deliver capacity building components to the community based organisations and services with whom they work. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (20) states: "To have true ownership and autonomy of health and social and emotional wellbeing, Aboriginal and Torres Strait Islander peoples must have equal representation in all roles, levels and locations across Australia's health, education and training sectors" (p.10). It has set a target of achieving 3.43 percent Aboriginal and Torres Strait Islander representation in the health workforce by 2031. To achieve this target, not only should the ACCO sector- the primary employer- be significantly developed, but NGOs and public sector services should also be funded both to provide support to Indigenous people and to greatly increase the number of Indigenous workers they employ at all levels. Achieving Closing the Gap targets to increase the number of Indigenous young people in tertiary education and in the health

professions require the availability of Indigenous role models and mentors working across a range of occupations and professional levels.

Funding and accountability

The relatively high number of services providing youth justice and child safety support in Cairns and Yarrabah reflects the National Agreement commitment to significantly reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care, and in detention by 2031. In addition to the CYJMA teams providing direct support; in Cairns, eight NGO services and nine ACCO youth specific services were funded by CYJMA; while in Yarrabah, three NGO and one ACCO youth specific services were funded by CYJMA. This finding raises two fundamental questions: 1) whether funding at this downstream level is the most effective way of delivering services for the best outcomes; and 2) what level of community control is possible where Key Performance Indicators are tied to funding from agencies whose models of care are not derived from an Indigenous perspective. This second point leads to questions of accountability for Indigenous funded programs and services delivered by non-Indigenous agencies. Questions include: who is making the decisions around how the funding is best used; and around what Indigenous youth services outcomes are valued most by service funders and non-Indigenous service providers?

Conclusion

This report provides important baseline information, and a critical first step, for further investigation into issues such as the equity, effectiveness and accountability of the service system in Cairns and Yarrabah. The findings have already raised a number of issues and questions relevant to ongoing planning and delivery of Indigenous youth mental health and wellbeing services in these communities.

The pattern of care in both Cairns and Yarrabah is very similar, as described above. However, there is a need to identify what this means specifically for each of the communities of Yarrabah and Cairns. That is: does it accurately reflect what is needed in Indigenous communities, or is it driven by other factors? Nearly all teams provided only one Main Type of Care: does this suggest that there may be inefficiencies in the system (ie that it could be more efficient for some main types of care to be combined and delivered by the same team rather than by two separate teams)? What is the role of eHealth in both communities? Comparison with patterns of care of remote communities in Norway, Canada and the Kimberley region shows quite different patterns of care: however, this comparison is limited, given the data in these other regions represents adult mental health services only.

The strengths of the approach taken in this project lie in the use of an ecosystems model, and the standardised and functionally operationalised components of analysis of the DESDE instrument and taxonomy. These enable data across all types of services, regardless of sector or of type of service delivery, to be collected and validly described and classified.

Using the data collected, all teams (BSICs) in the study were able to be identified, and their Main Types of Care coded, using DESDE. The target population component of the DESDE coding system describes the diagnosis/condition of the service user -that is the specific reason that an individual is accessing the service (eg mental health; people using the service for physical health related reasons; for skills development, and so on). The “Z” section of the International Classification of Diseases was applied to services providing social or nonspecific psychosocial related circumstances, along with a new DESDE code qualifier “z2”, when the target population was a population at risk. However, there is a clear need for a specific coding system based on a social and emotional wellbeing model for the most appropriate collection of target population data for Indigenous health and wellbeing services.

While the results of this research report provide promising data for service planning in the region and suggest promising new area for future development of the tool, it should be noted that some services in Cairns used by young Indigenous people may not have been included. In addition, DESDE has not been tested in Indigenous service delivery contexts before and has been developed from a more Westernised concept of health systems: one in which some of the domains of Indigenous wellbeing such as connection to land, or the importance of particular family and kinship systems, are not typically acknowledged or represented.

Since the 1980s, national and state health and wellbeing policies for Aboriginal and Torres Strait Islander peoples have acknowledged the critical role and effectiveness of place-based Aboriginal Community Controlled services in promoting and achieving positive health and wellbeing outcomes for Indigenous people, and the need for more integrated systems of service delivery. Current frameworks have called for increased data availability in support of this. This report provides data from a snapshot of the current system of service provision for young Indigenous people in Cairns and Yarrabah.

It has shown the critical role played by Aboriginal Community Controlled Organisations in Cairns and Yarrabah through a range of services supporting the wellbeing of their local communities, and the dominance of the NGO sector; identified gaps and strengths in the pattern of care delivery and stimulated questions; and provided reflection about current progress towards key policy goals. In doing so, the findings provide critically important baseline data to inform planning, and a foundation for further research.

Next Steps should include:

Addressing the next steps related to these findings through research and through collaboration/partnership building with ACCOs should include:

- Social Network Analysis-mapping of referral pathways and links between organisations
- Mapping of the financial networks
- Analysis of unmet needs
- Analysis of models of care and Key Performance Indicators and co-design with community-based partner organisations of improved systems of care

Limitations

Not included in this report were services that required a significant out of pocket cost. The inclusion of private providers in the mapping of universally accessible services could distort the results. These services could be included in a future analysis.

The assessment of the services was made through interviews with the managers of the services. Some information may not be accurate and should be objectively confirmed (eg the percentage of activities made outside the office in order to be classified as a mobile service).

We have only included services in Cairns or operating within the Cairns region. We acknowledge that some services outside the area may also be used by people in Cairns.

The comprehensiveness and accuracy of workforce capacity data are limited by the availability of this data and by the lack of reliable and standardised data to categorise the various roles, particularly in the non-registered professional workforce. These results however provide a baseline of workforce capacity from which analyses of future need can be monitored.

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Annex A List of service providers and teams (BSICs)

Provider	Name
Act for Kids	Family and Child Connect
Act for Kids	Intensive Family Support
Act for Kids	Individual Support Packages Team
Clontarf Foundation	Academy-Trinity Bay High School
Clontarf Foundation	Academy-Bentley Park College
Clontarf Foundation	Academy-Woree
Clontarf Foundation	Academy-Gordonvale
Clontarf Foundation	Academy-Cairns State High School
Clontarf Foundation	Transition Team
DIYDG (Deadly Inspiring Youth Doing Good)	Pamle Pamle
DIYDG (Deadly Inspiring Youth Doing Good)	Level Up
DIYDG (Deadly Inspiring Youth Doing Good)	Volunteer team
Djarragun College	Wellbeing Team
headspace	headspace
Jabilbina Aboriginal Corporation	On Country Team
The MaraWay	School Outreach Team
Mission Australia	South Cairns Specialist Counselling
Mission Australia	Family Support Service
Ngak Min Health	Ngak Min
Qld Health	Youth Step Up/Step Down
Qld Health	CYMHS
Qld Health	**Assertive Mobile Youth Outreach Service (AMYOS)**
Qld Health	CYMHS Forensic Team
Department of Children, Youth Justice & Multicultural Affairs	Ongoing Intervention Team
Department of Children, Youth Justice & Multicultural Affairs	Intervention with Parental Agreement Team
Department of Children, Youth Justice & Multicultural Affairs	Ongoing Intervention Team
Department of Children, Youth Justice & Multicultural Affairs	Intervention with Parental Agreement Team
Department of Children, Youth Justice & Multicultural Affairs	Justice team
Queensland Department of Education-Cairns West State School	Engagement Team
Resilience Enterprise	Resilience Enterprise
Wuchopperen Health Service Ltd	Child Wellbeing
Wuchopperen Health Service Ltd	Family Wellbeing
Wuchopperen Health Service Ltd	Family Led Decision Making
Wuchopperen Health Service Ltd	Connecting Youth
Wuchopperen Health Service Ltd	Next Steps Plus
Youth Empowered Towards Independence (YETI)	AOD Counselling Team
Youth Empowered Towards Independence (YETI)	Youth support Program
Youth Empowered Towards Independence (YETI)	Next Steps
Youth Empowered Towards Independence (YETI)	Strong Together Family Support
Youth Empowered Towards Independence (YETI)	Diversionary program
Youth Empowered Towards Independence (YETI)	Bail support
Youthlink	Young Parent and Wellbeing Team
Youthlink	Specialist Homelessness Services

Annex B Glossary

Broad category	Description	Other common terms	Main Type of Care (MTC)
RESIDENTIAL	Facilities which provide beds overnight for users for a purpose related to the clinical and social management of their health condition	Accommodation, Hospital, Residential	R
Hospital	ACUTE. Users are admitted to hospital typically within 24h because of their crisis condition. Surveillance level and length of stay varies depending on the code	High Dependency Inpatient; Acute Care Unit; Intensive Care Unit; Psychiatric Assessment and Planning Unit	R1-R3.0
Hospital	NON-ACUTE. Facilities which do not satisfy acute conditions. It can be time limited or indefinite depending on the code.	Sub-acute; Community Care Units; Extended Care Mental Health Rehabilitation Unit; Extended Treatment	R4,R6
Alternative to hospital	ACUTE. Facilities with 24-hours physician cover outside the location of a registered hospital	Crisis homes;	R0, R3.1
Alternative to hospital	NON-ACUTE. Facilities with 24h medical support on site. It can be time limited or indefinite depending on the code	Therapeutic Communities	R5, R7
Community	HIGH INTENSITY. Facilities with 24h (non-medical) support. Length of stay (4weeks to indefinite) varies depending on the code.	Step up-Step Down (SUSD); Prevention and Recovery Care (PARC); Rehabilitation residences; Supported accommodation	R8,R11
Community	MEDIUM AND LOW INTENSITY. Facilities with a range of support that varies from daily to fewer to 5 days a week depending on the code. Length of stay (4weeks to indefinite) varies depending on the code.	Psychiatric Hostel; Group Houses; Supported Accommodation	R9;R10,R12,R13
DAY SERVICES	Facilities available to several users at a time that provide some combination of planned treatment for users'	Day services	D
	needs, with regular opening hours during which they are normally available and expect users to stay at the facilities beyond the periods during which they have face-to-face contact with staff.		
Day	ACUTE HEALTH. Users are admitted to the service to because of their crisis condition. Admittance varies typically from 72h to 4 weeks, depending on the code	Day Hospital services (non-existent in Australia)	D0-D1
Day	NON-ACUTE HEALTH. Typically, at least 20% of staff are qualified health professionals with at least a four year university degree. Depending on the code it can be high (equivalent to 4 half days) or low intensity	Recovery Services; Rehabilitation Services, Therapeutic Day services (eg education services with clinical support)	D4.1,D8.1
Day	WORK RELATED. Facilities which provide users with the opportunity to work. The salary varies depending on the code: normal wage; 50% of typical wage; not paid or symbolic pay.	Disability Enterprises; Social firms; Workers Coop; Occupational centres; Integration workplace; sheltered work	D2-D3, D6-D7
Day	OTHER. Facilities providing education, social or other non-health related care. Depending on the code it can be high (equivalent to 4 half days) or low intensity.	Social Clubs; Club Houses; Vocational training;	D4.2-D4.4; D8.2-D8.4; D5;D9; D10

	Structured (activities available more than 25% o opening hours) or non-structured.	psychiatric drop-in centre, Day centres	
OUTPATIENT	Facilities providing contact between staff and users for some purpose related to management of their condition that are not provided as a part of delivery of residential or day and structured activity care teams, as defined below.	Community or ambulatory care; psychosocial support	OUTPATIENT care
Health	ACUTE MOBILE. The service provides assessment and initial treatment in response to a health related crisis, typically same day response during working hours or at least within 72 hours after the care demand. At least 50% of contacts take place outside the service (eg user's home). Depending on the code it ca be 24h or limited hours.	Crisis and Assessment Teams; Assertive Community Treatment	O1.1, O2.1

Health	ACUTE NON MOBILE. The service provides assessment and initial treatment in response to a health related crisis, the purpose is to treat the user in the service, in no case mobile attention exceeds 50% of overall activity. Depending on the code it ca be 24h or limited hours.	Emergency Units or Depts, Psychiatric Emergency; Psychiatric Liaison	O3.1, O4.1
Health	NON-ACUTE MOBILE. The service does not fulfil criteria for acute care. At least 50% of contacts take place outside the service (eg user's home). Depending on the code it can be high intensity (3times/week), medium intensity (once a fortnight), low intensity (once a moth o less)	Mobile Support and Treatment Team; Community Outreach,	O5.1, O6.1, O7.1
Health	NON-ACUTE NON MOBILE. The service does not fulfil criteria for acute care. The purpose is to treat the user in the service, in no case mobile attention exceeds 50% of overall activity. Depending on the code it can be high intensity (3times/week), medium intensity (once a fortnight), low intensity (once a moth o less)	Outpatients; Clinic services, Dual Diagnosis; Community Care/Continuing Care,	O8.1, O9.1, O10.1
Social	NON-ACUTE NON MOBILE. As in non-acute non mobile health but providing other type of care different than health (social, work)	Daily Living, Living Skills Development or Support eg: Art therapy classes, financial or budgeting support (centre based)	O8.2, O9.2, O10.2
Social	NON-ACUTE MOBILE. As in non-acute mobile health but providing other type of care different than health (social, work)	Personal Helpers and Mentors; Psychosocial outreach support	O5.2, O6.2, O7.2
Social	ACUTE NON MOBILE. As in acute non mobile health but providing other type of care different than health (social, work)	Family and sexual violence crisis services	O3.2, O4.2
Social	ACUTE MOBILE NON-HEALTH. As in acute mobile health but providing other type of care different than health (social, work)		O1.2, O2.2

Accessibility	Facilities which main aim is to facilitate accessibility to care for users with a specific condition		ACCESSIBILITY
	Services that facilitates the access to information; Services that facilitates physical mobility; services that facilitates personal accompaniment; Services that facilitates case coordination; Services that facilitates access to employment or housing.	Partners In Recovery (now ceased), Access to Employment services; Tenancy Support	A1-A5
Information	Facilities that provide users from the defined target group with information and/or an assessment of their needs. Does not entail subsequent monitoring/follow-up or direct care provision		INFORMATION
	Guidance and assessment. Information	Telephone triage; Intake & Assessment; Support helplines; Lifeline; Hotline, Information services; Leaflets; Websites	I1-I2
Self Help Volunteer		Self help groups	
Basic Stable Input of Care BSIC	A Basic Stable Input of Care (BSIC) is best described as a team of staff working together to provide care for a group of people. It could also be described as a service delivery or care team. These teams must have time stability (typically they have been funded for more than three years or have funding secured for three years) and structural stability. Structural stability means that they have administrative support, and two of the following: their own space (which can be in a shared office); their own finances (for instance a specific cost centre); and their own forms of documentation (i.e. they collect data and produce reports on their service activities).	The healthcare team on a Hospital ward -including all health professionals and allied health professionals, and other direct care staff	
Main Type of Care MTC	The main type of care provided by a BSIC. It is the care type that defines the team	The MTC of the above team is acute hospital based residential care	

Annex C Systems Integration to Promote the Mental Health of Indigenous Children and Youth

Project summary

In partnership with Indigenous Primary Health Care (PHC) services in two diverse communities, and an Indigenous youth leadership organisation, this study aims to conceptualise, co-design and evaluate community-driven systems-level integration to promote the mental health and wellbeing of Indigenous school-aged children and youth (5-18 years). The three partners on this research project are: Gurriny Yealamucka Health Service, Yarrabah, Far North Queensland; Bulgarr Ngaru Medical Aboriginal Corporation, Northern NSW; and, Deadly Inspiring Youth Doing Good (DIYDG), Cairns, Far North Queensland.

The research project is being conducted through the Jawan Research Centre, Central Queensland University, Cairns Campus and lead by Prof Janya McCalman. it is a five year (2019 – 2024) NH&MRC funded project. The research project management team, which has oversight of the community-based research activities and engagement with the research partners, is chaired by Chief Investigator, Prof Yvonne Cadet-James and includes representatives from each research partner organisation.

Research governance

The project is governed by a project management team and the research activities are informed by the community research partners, the Community's Youth Advisory Group and a community-based project research officer in each site. A first principle of the project's governance structure is that Aboriginal and Torres Strait Islander co-leadership is active across all levels of the research, project functions and community partnership for the life of the project. The project also provides funds for the employment of a part-time community-based research officer who is the in-community communication link, especially for the engagement with youth and community organisations.

Research methods and activities

Indigenous communities have called for new responses to the high and increasing rates of Indigenous youth mental health and illnesses. But there is little evidence of what best practice Indigenous mental health services are, or how current services can be improved to provide optimal care to Indigenous children and youth.

Taking a placed-based approach with each community partner, the aim of this research is to co-design and evaluate interventions that integrate services and systems between organisations and across sectors to support the wellbeing and mental health of Indigenous children and youth.

Organisations and service providers in Yarrabah were invited to participate in yarning circles and young people were invited to participate in an advisory group and yarning circle. These participants were invited to share their stories and perspectives about the current state of mental health and wellbeing services and supports and give their suggestions on how these could be improved.

A continuous quality improvement (CQI) process is being used throughout the project and applied across all the research activities. Research findings are progressively shared with the community services and youth, and their feedback is sought to inform each stage of the research.

The project is working across multiple sectors. In addition to the community primary healthcare partners, it includes youth mental health, youth intervention programs, education, child, youth and family safety, youth justice and community cultural programs. It engages with community controlled organisations, government agencies, non-for-profit and non-government organisations and services and philanthropic programs.

The research activities and engagement with research participants has been through the key activities outlined below:

- Yarning Circles: Community-based yarning circles were held with community health services, community members – children, youth, families - and other child and youth service providers. Information was gained about the services and supports that currently exist to promote child and youth mental health and ideas on how these could be improved

- Community Youth Advisory Group: A critical element of the research was for it to be youth-informed and proactively seek, listen and include youth voices. Each research partner invited youth to participate in their Community Youth Advisory Groups (CYAG). Several group meetings were held in each community, and each was facilitated by a Deadly Inspiring Youth Doing Good (DIYDG) representative. CYAGs will continue to be held with youth for the life of the project

- Service evaluation: Using the DESDE-LTC evaluation measure, quantitative data about service availability and capacity, was collected through individual interviews with identified service providers

- Health data: the research partner PHC service have agreed to provide data on their child and youth mental health and wellbeing activities and systems

- CRTIC-SAT will be used to identify the appropriateness and integration of child and youth wellbeing services

The collective findings from these research activities will be used to inform the co-design of agreed strategies to improve the integration of child and youth mental health and wellbeing services and supports. The co-design of an integrated youth mental health and wellbeing service model will be specific to each community.

The outcomes of each community's co-designed systems integration model will then be evaluated using CQI tools, administered in collaboration with the community and service providers. The key performance improvements that will be assessed are the:

- availability of services that are community-driven, youth-informed and culturally competent
- identification by primary healthcare services of children and youth social and emotional wellbeing concerns
- the appropriateness and integration of child and youth wellbeing services

Community research engagement

Youth participation: The youth living in Yarrabah were invited to participate in a number of research activities, all held in Yarrabah in a culturally safe and familiar environment. The initial connection with children and youth was through their participation in a Yarning Circle. Following this Gurriny, through the Youth Hub, invited youth 16 – 24 years to be a member of the Community Youth Advisor Group (CYAG). The breakdown of the participates involvement in these activities is shown in the table below.

Yarrabah youth meetings	Number of participants	Age range	Gender	
			Female	Male
Youth yarning circle	12	11-16	11	1
CYAG 1	6	18-24	2	4
CYAG 2	9	16-24	5	4
CYAG 3	5	16-24	3	2
TOTAL	47	11 - 24	30	17

Service providers participation: Yarrabah based service providers of child and youth mental health and wellbeing services were invited to a number of meetings that was held in Yarrabah. The initial invitation was to participate in a Yarning Circle. The findings from this meeting and from the youth meetings was presented to service providers. Each service provider was invited to participate in an individual interview.

Yarrabah service provider engagement	Number of service providers	Indigenous	Non-Indigenous
Yarning circle participants	10	8	2
Community Service provider consultations	5	4	1
CYAG Service provider consultations	4	4	0
DESDE organisation interviews	13	2	11
Totals	32	18	14

Service provider | organisation interview

The DESDE interviews with organisations were arranged by the CQU research team and conducted in collaboration and partnership with the DESDE research team from the Australian National University and University of Canberra. The interviews were face to face, although to adhere to the Covid safe practices of one organisation, this interview was completed via video link.

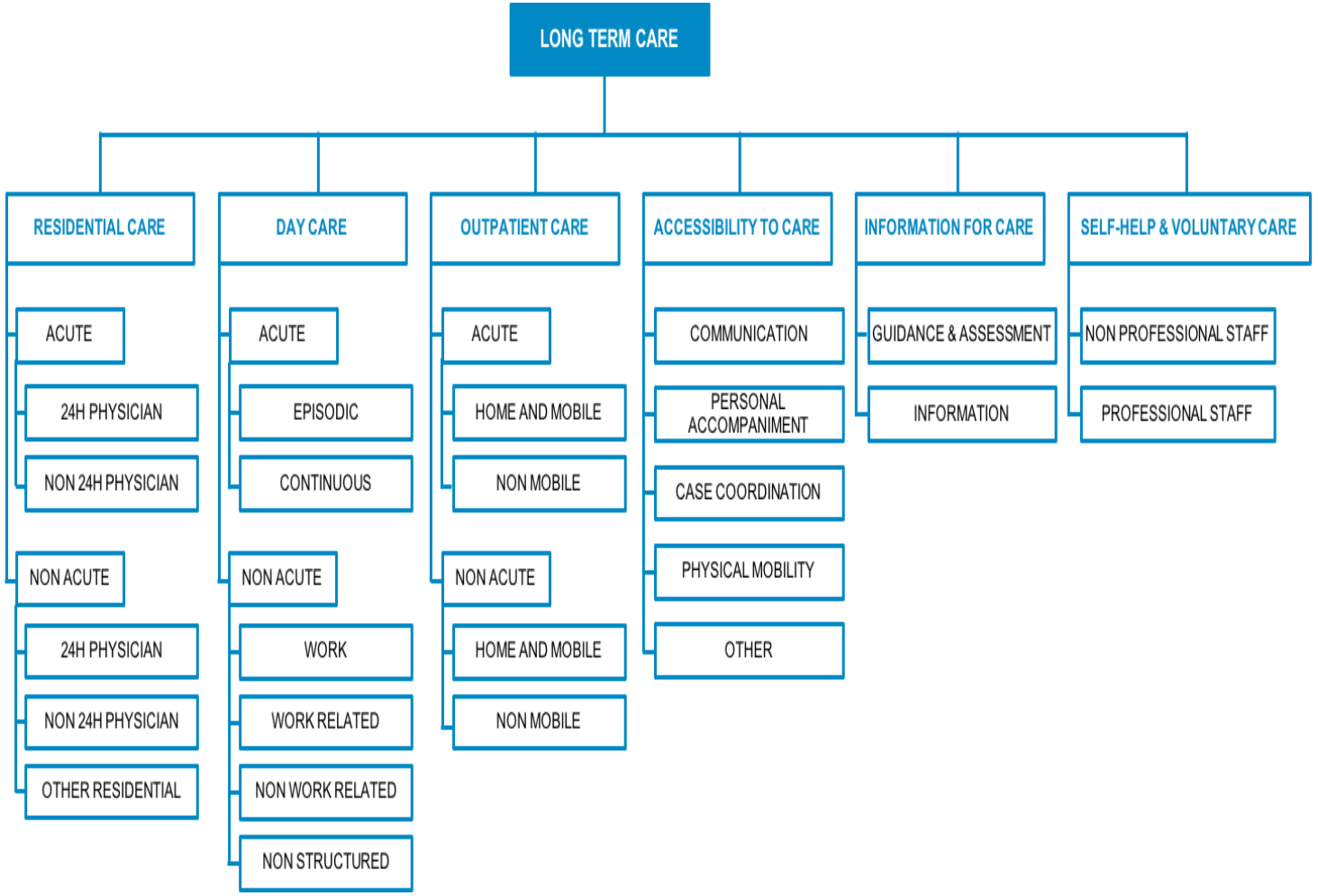
Thirteen organisations participated in interviews however, some organisation had multiple teams providing different programs. Two organisations were community controlled (Gurriny and Gindaja) that offered a number of community, family or health and wellbeing or referral programs. The other eleven organisations were conducted by agencies funded to provide services in or to the community. For example, the school is located in community and funded by Queensland Education while other agencies visit the community, for example Act for Kids is funded to visit the community to provide child safety services.

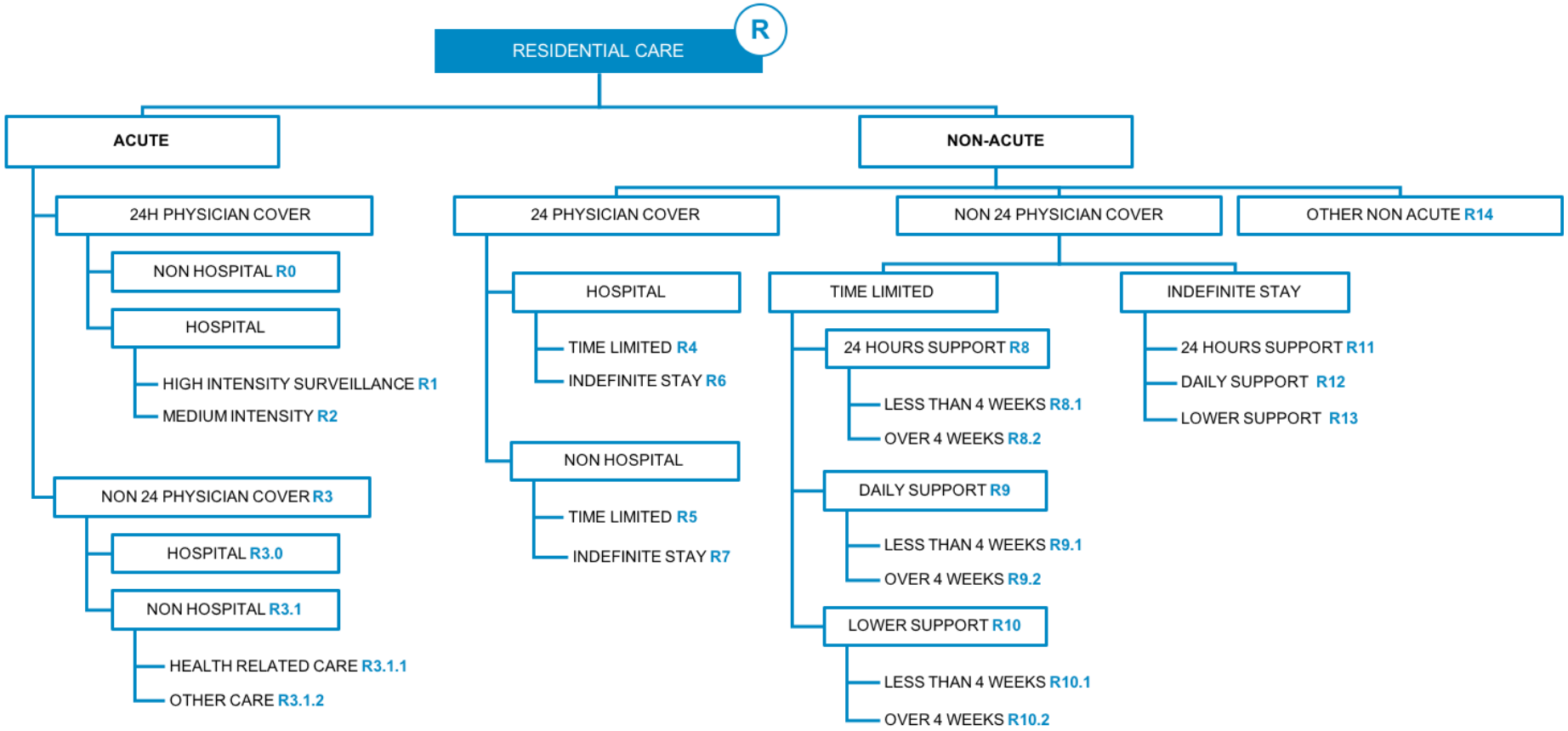
Benefit of the Research

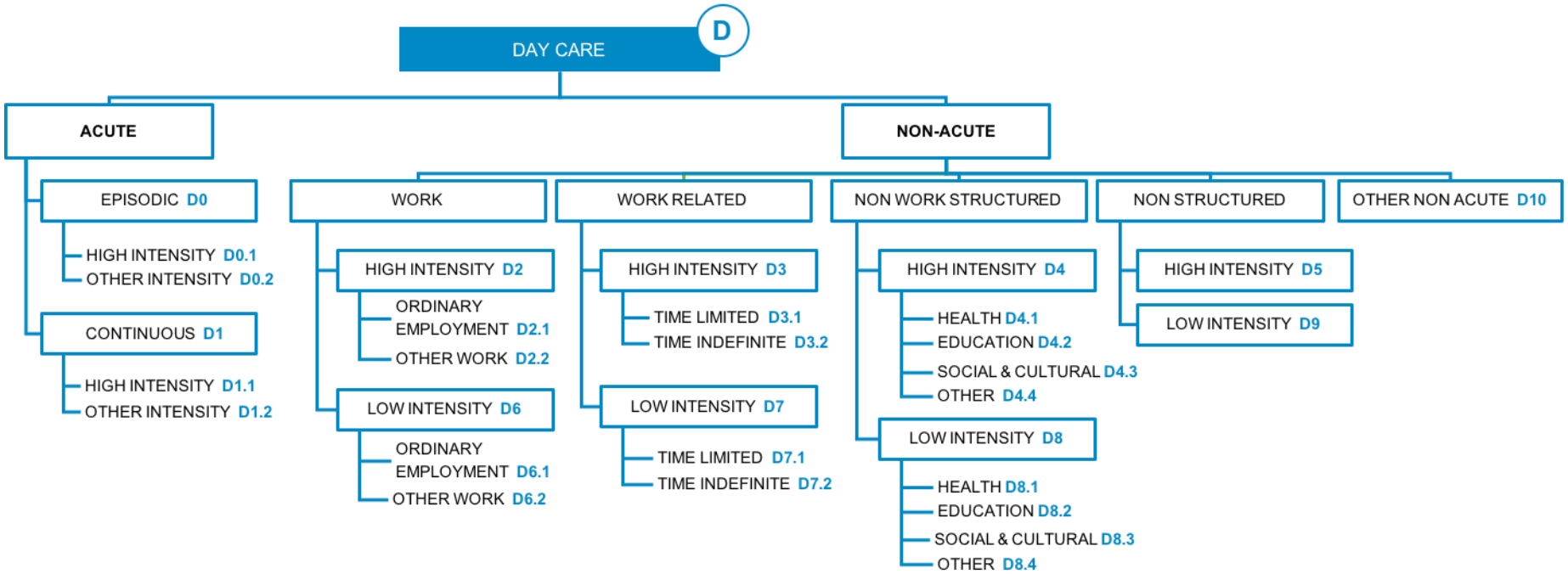
This study will contribute to the development of Indigenous family and community, primary healthcare and government agendas for quality improvements in Indigenous youth mental health and wellbeing services and supports. It provides evidence of youth-informed, community-driven, and tested co-designed models that can be used for implementing systems integration to promote the mental health and wellbeing of Indigenous children and youth. It will identify the situational enablers and barriers that impact systems integration and determine the extent to which the Indigenous co-design approaches can improve child and youth mental health service availability, appropriateness and integration.

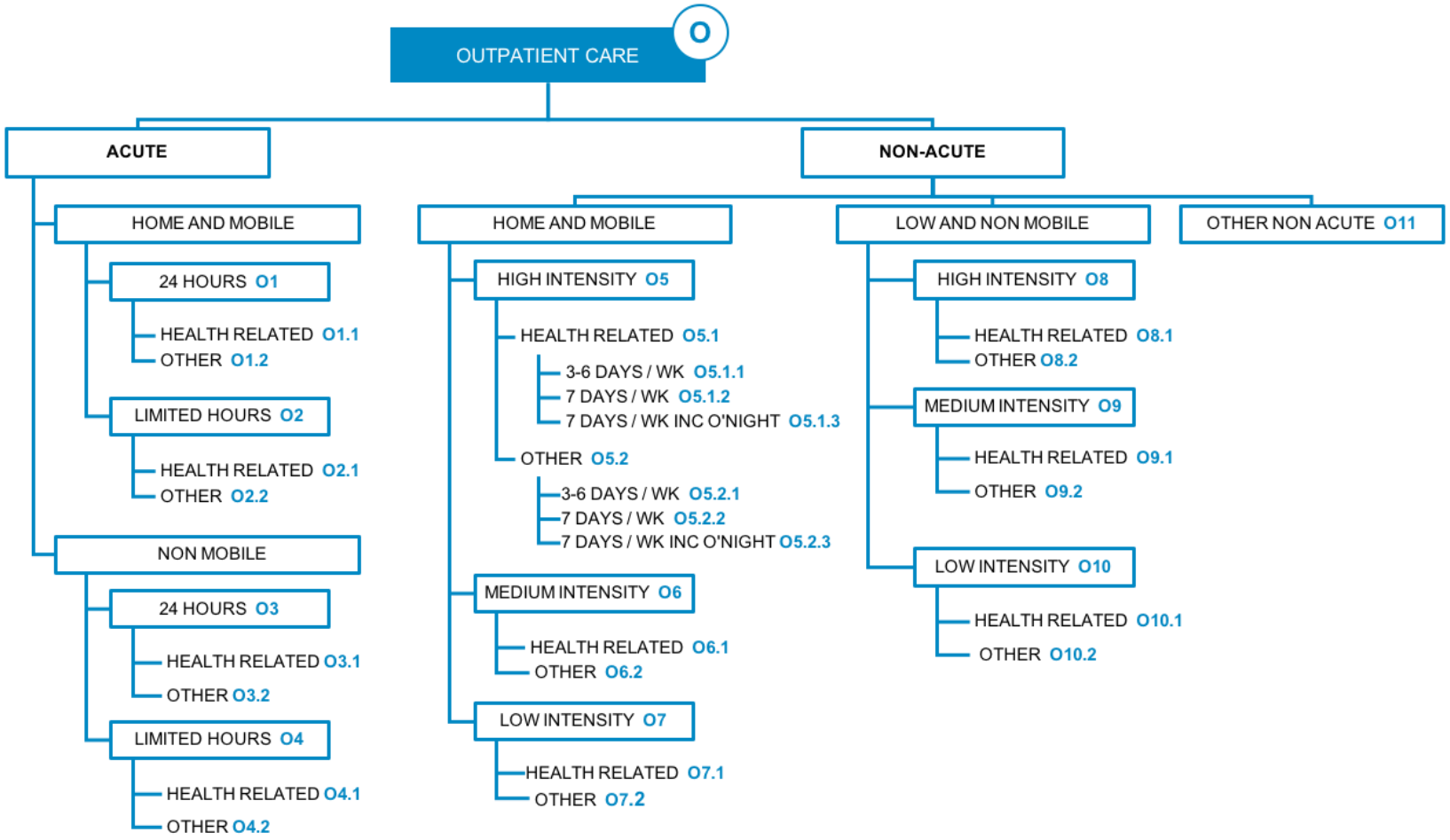
The study identifies new models for community-based and integrated youth mental health promotion and early interventions that are based on knowledge produced from each of the communities and thereby contributes to supporting and enhancing Indigenous children's and youth mental health. These improvements are underpinned by partnerships, engagement, collaboration, agreed values, participatory CQI, and systems integration approaches.

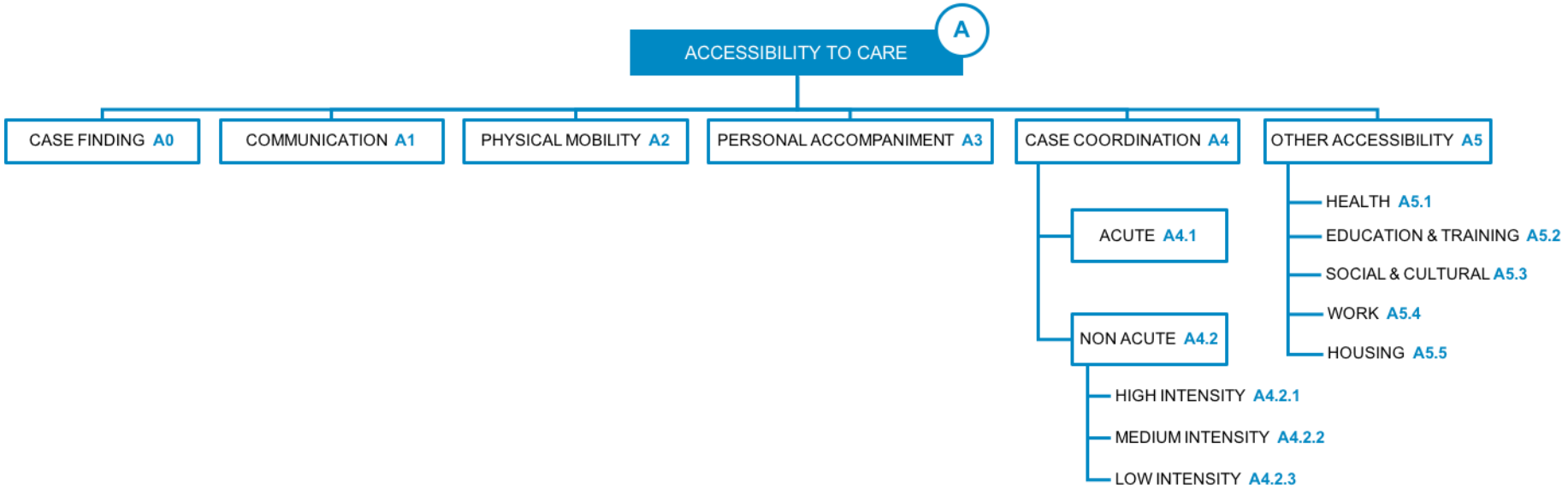
Annex D DESDE-LTC Main branches of care

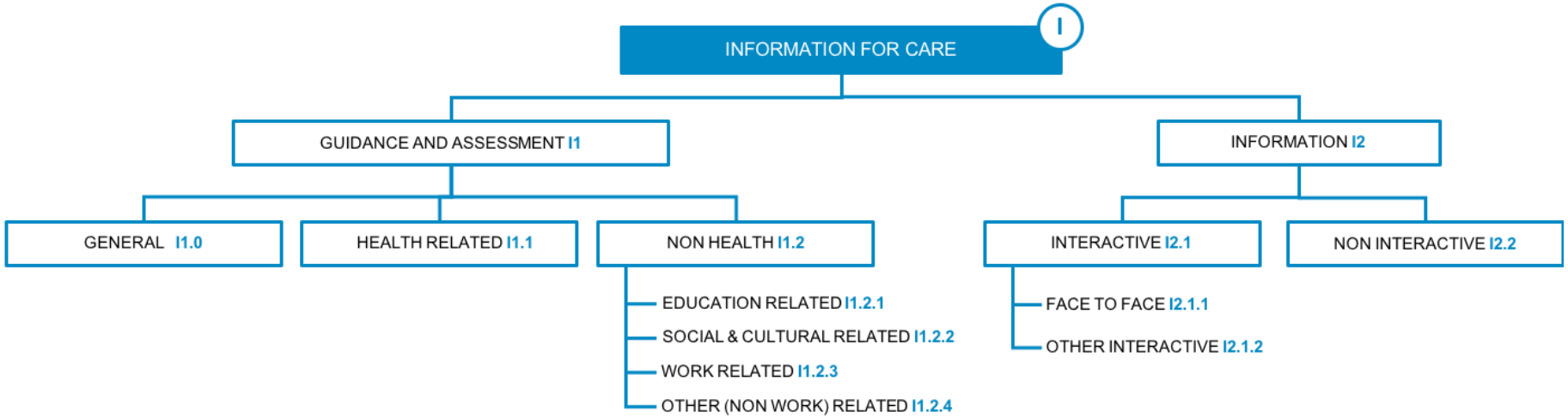


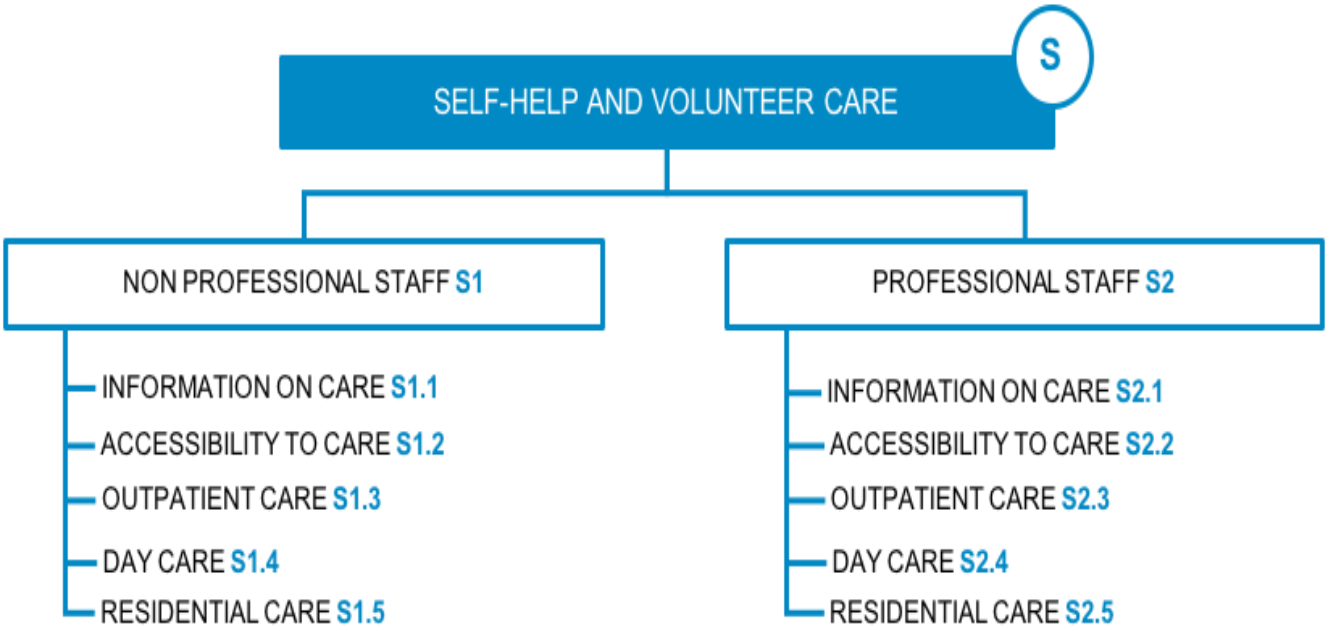

R
RESIDENTIAL CARE
ACUTE
NON-ACUTE
24H PHYSICIAN COVER
NON HOSPITAL R0
HOSPITAL
HIGH INTENSITY SURVEILLANCE R1
MEDIUM INTENSITY R2
NON 24 PHYSICIAN COVER R3
HOSPITAL R3.0
NON HOSPITAL R3.1
HEALTH RELATED CARE R3.1.1
OTHER CARE R3.1.2
24 PHYSICIAN COVER
HOSPITAL
TIME LIMITED R4
INDEFINITE STAY R6
NON HOSPITAL
TIME LIMITED R5
INDEFINITE STAY R7
NON 24 PHYSICIAN COVER
TIME LIMITED
24 HOURS SUPPORT R8
LESS THAN 4 WEEKS R8.1
OVER 4 WEEKS R8.2
DAILY SUPPORT R9
LESS THAN 4 WEEKS R9.1
OVER 4 WEEKS R9.2
LOWER SUPPORT R10
LESS THAN 4 WEEKS R10.1
OVER 4 WEEKS R10.2
INDEFINITE STAY
24 HOURS SUPPORT R11
DAILY SUPPORT R12
LOWER SUPPORT R13
OTHER NON ACUTE R14


DAY CARE
D
ACUTE
NON-ACUTE
EPISODIC D0
HIGH INTENSITY D0.1
OTHER INTENSITY D0.2
CONTINUOUS D1
HIGH INTENSITY D1.1
OTHER INTENSITY D1.2
WORK
HIGH INTENSITY D2
ORDINARY EMPLOYMENT D2.1
OTHER WORK D2.2
LOW INTENSITY D6
ORDINARY EMPLOYMENT D6.1
OTHER WORK D6.2
WORK RELATED
HIGH INTENSITY D3
TIME LIMITED D3.1
TIME INDEFINITE D3.2
LOW INTENSITY D7
TIME LIMITED D7.1
TIME INDEFINITE D7.2
NON WORK STRUCTURED
HIGH INTENSITY D4
HEALTH D4.1
EDUCATION D4.2
SOCIAL & CULTURAL D4.3
OTHER D4.4
LOW INTENSITY D8
HEALTH D8.1
EDUCATION D8.2
SOCIAL & CULTURAL D8.3
OTHER D8.4
NON STRUCTURED
HIGH INTENSITY D5
LOW INTENSITY D9
OTHER NON ACUTE D10


O
OUTPATIENT CARE
ACUTE
HOME AND MOBILE
24 HOURS O1
HEALTH RELATED O1.1
OTHER O1.2
LIMITED HOURS O2
HEALTH RELATED O2.1
OTHER O2.2
NON MOBILE
24 HOURS O3
HEALTH RELATED O3.1
OTHER O3.2
LIMITED HOURS O4
HEALTH RELATED O4.1
OTHER O4.2
NON-ACUTE
HOME AND MOBILE
HIGH INTENSITY O5
HEALTH RELATED O5.1
3-6 DAYS / WK O5.1.1
7 DAYS / WK O5.1.2
7 DAYS / WK INC O'NIGHT O5.1.3
OTHER O5.2
3-6 DAYS / WK O5.2.1
7 DAYS / WK O5.2.2
7 DAYS / WK INC O'NIGHT O5.2.3
MEDIUM INTENSITY O6
HEALTH RELATED O6.1
OTHER O6.2
LOW INTENSITY O7
HEALTH RELATED O7.1
OTHER O7.2
LOW AND NON MOBILE
HIGH INTENSITY O8
HEALTH RELATED O8.1
OTHER O8.2
MEDIUM INTENSITY O9
HEALTH RELATED O9.1
OTHER O9.2
LOW INTENSITY O10
HEALTH RELATED O10.1
OTHER O10.2
OTHER NON ACUTE O11


A
ACCESSIBILITY TO CARE
CASE FINDING A0
COMMUNICATION A1
PHYSICAL MOBILITY A2
PERSONAL ACCOMPANIMENT A3
CASE COORDINATION A4
OTHER ACCESSIBILITY A5
ACUTE A4.1
NON ACUTE A4.2
HIGH INTENSITY A4.2.1
MEDIUM INTENSITY A4.2.2
LOW INTENSITY A4.2.3
HEALTH A5.1
EDUCATION & TRAINING A5.2
SOCIAL & CULTURAL A5.3
WORK A5.4
HOUSING A5.5


I
INFORMATION FOR CARE
GUIDANCE AND ASSESSMENT I1
INFORMATION I2
GENERAL I1.0
HEALTH RELATED I1.1
NON HEALTH I1.2
INTERACTIVE I2.1
NON INTERACTIVE I2.2
EDUCATION RELATED I1.2.1
SOCIAL & CULTURAL RELATED I1.2.2
WORK RELATED I1.2.3
OTHER (NON WORK) RELATED I1.2.4
FACE TO FACE I2.1.1
OTHER INTERACTIVE I2.1.2


S
SELF-HELP AND VOLUNTEER CARE
NON PROFESSIONAL STAFF S1
INFORMATION ON CARE S1.1
ACCESSIBILITY TO CARE S1.2
OUTPATIENT CARE S1.3
DAY CARE S1.4
RESIDENTIAL CARE S1.5
PROFESSIONAL STAFF S2
INFORMATION ON CARE S2.1
ACCESSIBILITY TO CARE S2.2
OUTPATIENT CARE S2.3
DAY CARE S2.4
RESIDENTIAL CARE S2.5

Annex E Detailed description of DESDE codes identified in Cairns

TABLE 16 DETAIL OF SERVICES ACCORDING TO INDIVIDUAL DESDE CODES

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
RESIDENTIAL: Facilities that provide beds overnight for purposes related to the clinical and social management of their long term care								
R0	Acute, 24 hours physician cover, non-hospital	0	0	0	0	0	0	0
R1	Acute, 24 hours physician cover, hospital, high intensity	0	0	0	0	0	0	0
R2	Acute, 24 hours physician cover, hospital, medium intensity, very short stays	0	0	0	0	0	0	0
R2.1	Acute, 24 hours physician cover, hospital, medium intensity	0	0	0	0	0	0	0
R3	Acute, non-24 hours physician cover	0	0	0	0	0	0	0
R3.1.1	Acute, non-24 hours physician cover, non-hospital	0	0	0	0	0	0	0
R3.1.2		0	0	0	0	0	1	1
R4	Non-acute, 24 hours physician cover, hospital, time limited	0	0	0	0	0	0	0
R5	Non-acute, 24 hours physician cover, non-hospital, time limited	0	0	0	0	0	0	0
R6	Non-acute, 24 hours physician cover, hospital, indefinite stay	0	0	0	0	0	0	0
R8.2	Non-acute, non-24 physician cover, time limited, 24 hours support, over 4 weeks	1	0	0	0	0	0	1
R9	Non-acute, non-24 physician cover, time limited, 24 hours support, less than 4 weeks	0	0	0	0	0	0	0

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
R9.1	Non-acute, non-24 physician cover, time limited, 24 hours support	0	0	0	0	0	0	0
R9.2	Non-acute, non-24 physician cover, time limited, daily support, over 4 weeks	0	1	0	0	0	0	1
R10.2	Non-acute, non-24 physician cover, time limited, lower support, over 4 w.	0	0	0	0	0	0	0
R11	Non-acute, non-24 physician cover, indefinite stay, 24 hours support	0	0	0	0	0	0	0
R12	Non-acute, non-24 physician cover, indefinite stay, medium support	0	0	0	0	0	0	0
R13	Non-acute, non-24 physician cover, indefinite stay, lower support	0	0	0	0	0	0	0
R8.1	Other residential care	0	0	0	0	0	1	1
TOTAL R		**1**	**1**	**0**	**0**	**0**	**2**	**4**

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
DAY CARE: Facilities that involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties								
D2.1	Non-acute, work, high intensity, ordinary employment	0	0	0	0	0	0	0
D2.2	Non-acute, work, high intensity, other work	0	0	0	0	0	0	0
D3.1	Non-acute, work related care, high intensity, time limited	0	0	0	0	0	0	0

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
D4.1	Non-acute, non-work structured care, high intensity, health related care	0	0	0	0	0	0	0
D4.2	Non-acute, education related care, high intensity	0	0	0	0	1	1	2
D4.3	Non-acute, social & cultural related care, high intensity	0	5	0	0	0	0	5
D5	Non-acute, non-structured care, high intensity	0	0	0	0	0	0	0
D5.2	Other day care, high intensity, non-structured care	0	1	0	0	0	0	1
D7.1	Non-acute, work related care, low intensity, time limited	0	0	0	0	0	0	0
D8.1	Non-acute, non-work structured care, low intensity, health related care	0	0	0	0	0	0	0
D8.2	Non-acute, education related care, low intensity, health related care	0	0	0	0	0	0	0
D8.3	Non-acute, non-work structured care, low intensity, social and cultural related care	0	0	0	0	0	0	0
D8.4	Non-acute, non-work structured care, low intensity, other non-work structured care	0	0	0	0	0	0	0
D9	Non-acute, non structured care, low intensity	0	0	0	0	0	0	0
D10	Other non-acute day care not classified anywhere else	0	0	0	0	0	0	0
TOTAL D		**0**	**6**	**0**	**0**	**1**	**1**	**8**

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
OUTPATIENT: Facilities that involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties								
O1.1	Acute, mobile, 24h, health related care	0	0	0	0	0	0	0
O2.1	Acute, home and mobile, limited hours, health related care	0	0	0	0	0	0	0
O3.1	Acute, non-mobile, 24h, health related care	0	0	0	0	0	0	0
O4	acute, non-mobile, time limited	0	0	0	0	0	0	0
O4.1	acute, non-mobile, time limited, health related care	0	0	0	0	0	0	0
O5.1	Non-Acute, Home & Mobile, High Intensity	2	0	0	0	0	0	2
O5.1.1	Non-Acute, Home & Mobile, High Intensity, 3 to 6 days a week care	0	0	0	0	0	0	0
O5.1.2	Non-Acute, Home & Mobile, High Intensity, 3 to 6 days a week care	0	1	0	0	0	0	1
O5.2	Non-Acute, Home & Mobile, High Intensity, other care	0	4	0	0	0	2	6
O5.2.1	Non-Acute, Home & Mobile, High Intensity, other care, 3 to 6 days a week care	0	1	0	0	0	0	1
O5.2.2	Non-Acute, Home & Mobile, High Intensity, 7 a week care	0	0	0	0	0	0	0
O6.1	Non-Acute, Home & Mobile, Medium Intensity	1	0	0	0	0	0	1
O6.2	Non-Acute, Home & Mobile, Medium Intensity, other care	6	0	4	1	0	3	14

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
O7.1	Non-Acute, Home & Mobile, low Intensity	0	0	0	0	0	0	0
O7.2	Non-Acute, Home & Mobile, low Intensity, other care	1	0	0	0	0	0	1
O8.1	Non-Acute, non-mobile, High intensity , health related care	0	0	0	0	0	0	0
O8.2	Non-Acute, non-mobile, High intensity , other care	0	1	0	0	0	0	1
O9.1	Non-Acute, non-mobile, Medium intensity , health related care	0	1	0	0	0	0	1
O9.2	Non-Acute, non-mobile, Medium intensity , other care	0	2	0	0	0	1	3
O10.1	Non-acute, non-mobile, low intensity, health related care	0	0	0	0	0	0	0
O10.2	Non-Acute, Home & Mobile, Medium Intensity, other care	0	1	0	0	0	0	1
O11	Other non-acute care	0	0	0	0	0	0	0
TOTAL O		**10**	**11**	**4**	**1**	**0**	**6**	**32**

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
ACCESSIBILITY: Facilities whiCG main iam is to provide accesibility aids for users wiwth long term care needs								
A1	Communication	0	0	0	0	0	0	0
A3	Personal Accompaniment by non-care professionals.	0	0	0	0	0	0	0
A2	Physical Mobility	0	0	0	0	0	0	0
A4	Case Coordination	0	1	0	0	0	2	3

MTC	Definition	Sector						
		Health	NGO	Child Safety	Justice	Education	Aboriginal Controlled	TOTAL
A4.1	Case Coordination: Acute care	0	0	0	0	0	0	0
A4.2	Case Coordination: Non-acute care	0	0	0	0	0	0	0
A4.2.1	Case Coordination: Non-acute care, High intensity	0	0	0	0	0	0	0
A4.2.2	Case Coordination: Non-acute care, medium intensity	0	0	0	0	0	0	0
A5	Other accessibility care	0	0	0	0	0	0	0
A5.2	Other accessibility care - Education & training related	0	0	0	0	0	0	0
A5.3	Other accessibility care - Social & culture related	0	0	0	0	0	0	0
A5.4	Other accessibility care - Work related	0	0	0	0	0	0	0
TOTAL A		**0**	**1**	**0**	**0**	**0**	**2**	**3**

VOLUNTARY CARE: Facilities which main aim is to provide users with long term care needs with support, self-help or contact with un-pain staff that offers accessibility, information, day, outpatient and residential care (as described above), but the staff is non-paid								
S1.1	Non-professional staff, information on care	0	0	0	0	0	0	0
S1.2	Volunteers providing access (personal accompaniment)	0	0	0	0	0	0	0
S1.3	Non-professional staff outpatient care	0	0	0	0	0	1	1
TOTAL S		**0**	**0**	**0**	**0**	**0**	**0**	**1**
TOTAL		**11**	**19**	**4**	**1**	**1**	**12**	**48**

Annex F DIYDG Capabilities Statement

DEADLY INSPIRING
YOUTH DOING GOOD

Capability Statement

A leading Indigenous, youth focused agency. Inspiring, Equipping and Empowering the next generation to change the world through creating safe spaces and a platform for youth voices.

Youth Empowering Youth

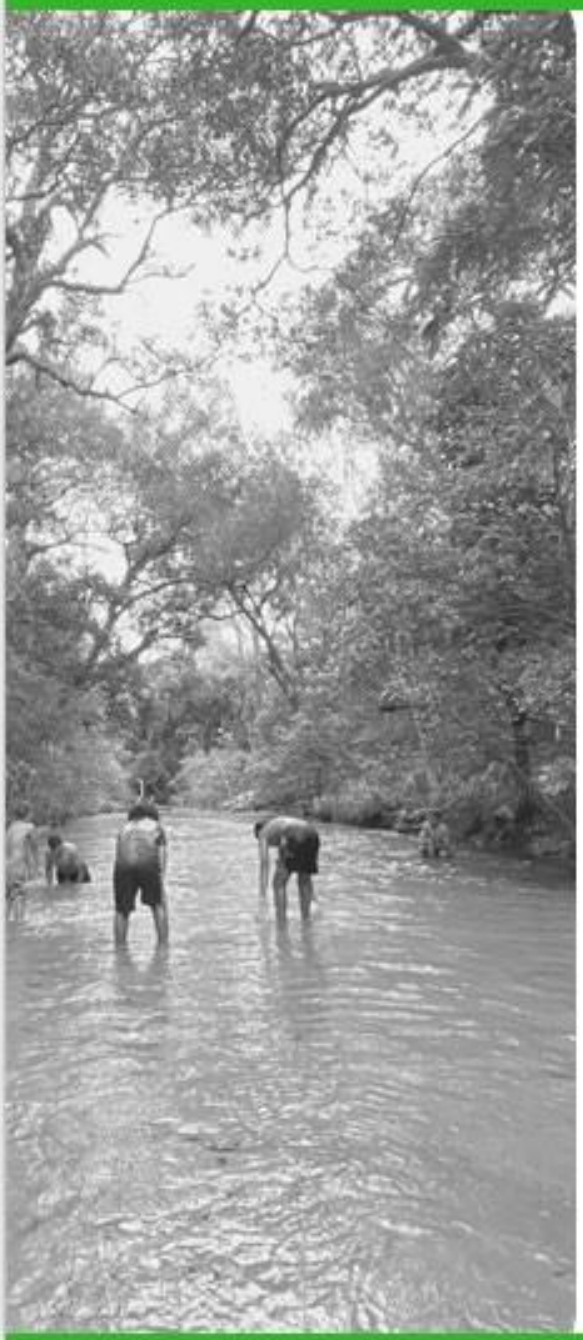
Thank You

As we forge our way to a stronger future, we embody the millennia of footsteps that came before us. We feel the presence of our ancestors and their guidance, as we navigate our continued responsibility to the lands and seas in which we connect to. Their spirit will carry on in the generations to come as we inspire, equip and empower our people and our community.

Our keepers of local knowledge


Who are We?
Deadly Inspiring Youth Doing Good (DIYDG) is an Aboriginal & Torres Strait Islander Corporation founded by our young people and inclusive of all nations. DIYDG believes that every young person regardless of the path they walk has a place in our family. We embrace our differences and celebrate our diversity in all we do.
We aim to demonstrate, not just with our words but our actions, that the cultural values that have been instilled in us by our families and our Aboriginal & Torres Strait Islander community is what underpins and defines our success... in our way.
How did we get here?
In 2015 the group received a small grant of $5000, auspiced by a local organisation, to deliver community engagement activities as part of a healing collective support our community. The group developed 6 months worth of activities which included
Painting our local community centre
Delivering basketball sessions for all of community
Hosting a sharing cultures experience
Engaging young people in the process of preparing Kup Mari
Hosting family fun days
After experiencing the challenges of managing funds, auspiced through another entity, the group decided to take charge and form our corporation as it is known today.
Advocacy
Network
DIYDG
Empire
- Hubs
- Sites
Capability Statement | www.diydg.org.au

Our Way



OUR VISION

One Day Every Young Person Will Discover Their Power To Make A Difference.

OUR MISSION

To Inspire, Equip And Empower Young People To Take Action And Change The World.

OUR VALUES

FAMILY
We create, extend, and strengthen family, to provide connection and belonging for young people. We know that family strengthens our spirits and identity.

LEADERSHIP
We empower young people to develop resilience and empower others to achieve success, in order, to create change in our world .

OPPORTUNITY
Young people deserve a chance to feel acceptance and be given an opportunity to develop their potential and fulfill their aspirations.

WELLBEING
We empower our spirits and identity through self-awareness, healthy relationships, and cultural connections.

GROWTH
Growth comes when our mind, body and spirit are strengthened. We have stability in our lives and we are able to make sound decisions for ourselves, our families and community.

Deadly Inspiring Youth Doing Good

Services Guide

DIYDG Have developed a range of services that we believe will have impact on our community. We are blessed to have supporters who know our strengths and have allowed us to test our ideas for a better future. DIYDG are actively seeking funding to bring our vision to fruition.
If you can assist with our vision, please contact us at whichway@diydg.org.au

Pamle Pamle

Pamle Pamle is our youth support service with a unique family based approach. We give our young people the opportunity to connect with inspiring positive role models and form lasting relationships with members of our community.

Operating on a fee for service model. Seeking full investment

Lift Leadership

Lift Leadership provides leadership development opportunities for young people across remote, regional and urban areas. Our youth empowerment approach builds on the notion of collective action to overcome challenges and affect change. Lift Leadership is built on strong foundations of Culture, Identity, Justice and Action to empower the next generation of resilient leaders across our schools, our families and our communities. **Operating on a fee for service model. Seeking full investment**

Kunjur First Nations Mens Collective

Kunjur First Nations Mens Collective comes together weekly to share stories in a supported brotherly space. Created by men, for men to come together to share strength, laughter and knowledge for a new destiny.
Funded by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Naytive Mentorship

Naytive Mentorship offers community-based programs that are created and delivered by professional songwriter/lyricist Naomi Wenitong. Projects range from dance parties, songwriting workshops to the 10 week intensive program building young self-sufficient artists.
Operating on a fee for service and volunteering model. Seeking full investment

Youth and Cultural Respect Training

How do all Australians embrace our national history, our present stories and future aspirations? Our interactive session provides a safe space for all participants to reflect and build their own awareness, skills and confidence to engage in a meaningful way across First Nations communities. Our combined lived experience and knowledge of the services sectors impacting our people, will leave participants with great respect and understanding for our First Nations families and youth. **Operating on a fee for service model.**

Wanna Know

A challenge every researcher has is engaging and connecting with young people to gain true representations of data. Wanna Know offers facilitation support for those seeking to connect with young people for the purpose of research and development.

Operating on a fee for service model. Seeking full investment

Good Vibrations

Good Vibrations is designed by young people, for young people. Culture, identity, love, respect, safety, positivity and most of all a sense of belonging are all things that we as young people need to thrive. Good Vibrations' builds safe environments in a culture that enables young people to explore themselves, build positive peer connections, develop support structures that are both personal & professional and to always provide a space where young people belong. **Seeking full investment**

Level Up

DIYDG aim to provide a transition to education support service for young people disengaged, or at risk of disengaging from education, training and employment. DIYDG hopes to connect young people with positive role models, develop a sense of identity, build resilience and develop their emotional intelligence.

Seeking full investment

YouDoYou Projects

YouDoYou offers young people the opportunity to bring their ideas to life. We are offering young people and community the opportunity to: Be supported with the planning and development of the idea, Gain understanding of the minimum requirements needed to deliver a community-based project, Connect with like-minded volunteers who can contribute to the facilitation of the idea, and have a platform to fundraise and receive funds to deliver the project. **Seeking full investment**

Uluru Statement From The Heart Advocacy Training

Learn about the Uluru Statement from The Heart by accepting the invitation to walk with us for a better future. Our training aims to inspire you with an understanding, equip you with tools to have a conversation about the statement and empower your advocacy journey. All funds generated are reinvested into advocacy training & development opportunities for young people. Spots are limited, so book now! **Fee for service**

Youth Outreach Response - YOR

YOR aim to provide support services to young people, primarily aged 10-17 years of age (although some under 10 year may be included), who are currently in the youth justice system or at risk of entering the youth justice system. This service will provide outreach support, outside of hours to those in need, in an attempt to re direct them from offending. DIYDG aim to link identified young people into established programs internally and the wider youth sector. **Seeking full investment**

INSPIRE, EQUIP, EMPOWER

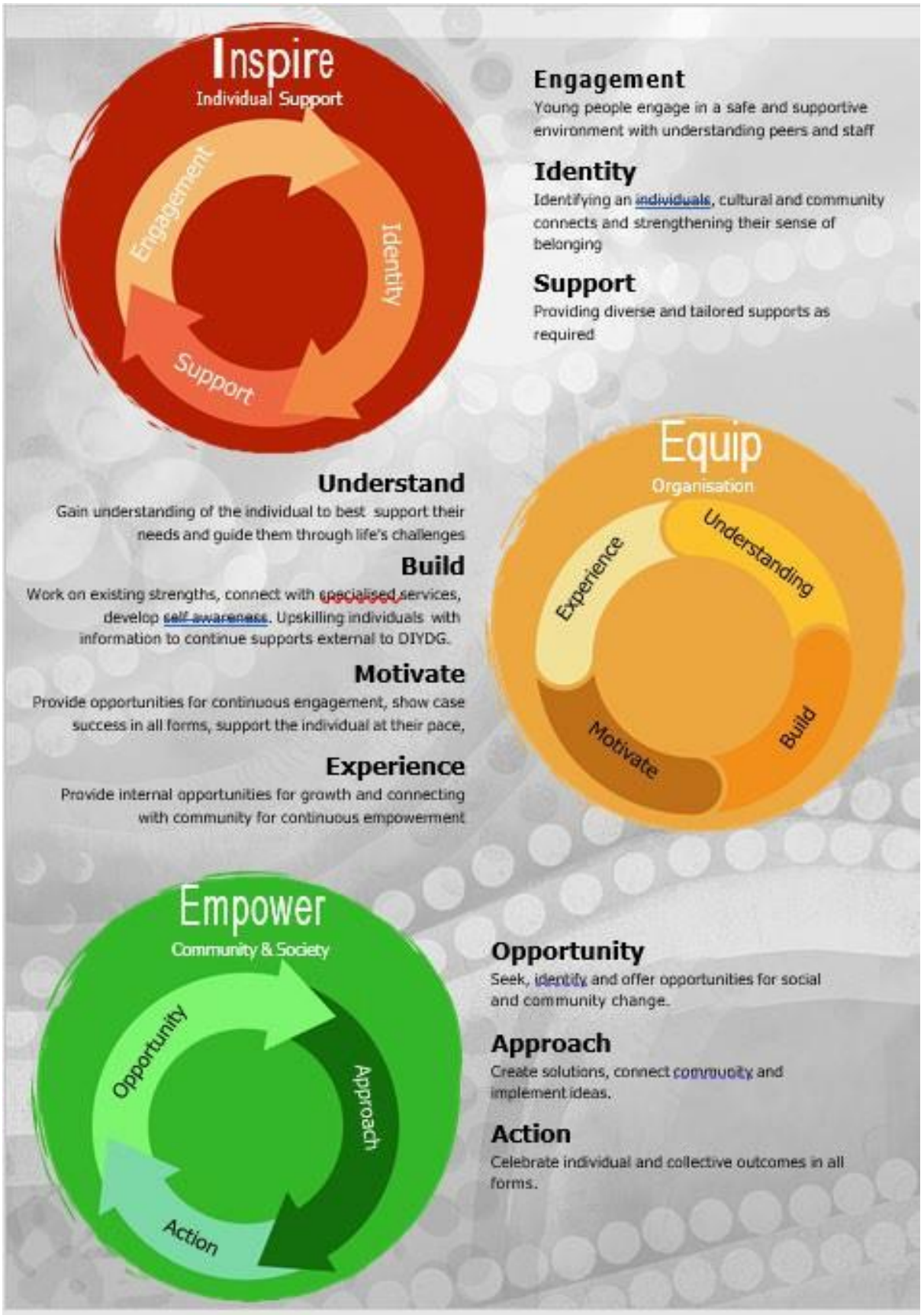
The Deadly Inspiring Youth Doing Good's approach to service delivery is based on 3 aspirations - Inspire, Equip and Empower

Inspire – We empower young people to recognize that their problems and challenges are not their identity and work closely with each individual to find their strengths and create opportunity for them to discover themselves.

Equip – After finding their identity, young people are given the opportunity to grow, internal and external to DIYDG. We encourage our young people to give back to community to empower themselves by capitalizing on their passions and skills. With our team at DIYDG, our young people and volunteers are vital to our service delivery and strengthen our connections with community from a ground level.

Empower – By creating an environment that allows us to be available listen, provide guidance and self-reflection, we can support change in our young people. We provide the platforms for success and connect our young people and wider community to opportunities wherever possible. We celebrate all our successes regardless of how significant they may seem and we encourage our next generation to continue to give back to the communities they were able to lift themselves up from.

"MY NAME IS KYLE. I'M 17, IM IN CHILD SAFETY AND I'M A VOLUNTEER PARTICIPANT AT DIYDG. I LOVE COMING TO DIYDG AND BEING PART OF IT BECAUSE ITS A PLACE WHERE I CAN ACTUALLY BE MYSELF AND BE PART OF THE FAMILY. MY COUSIN DANIEL, HOOKED ME UP WITH DIYDG AND GOT ME TO BE PART OF DIYDG AND SO FROM THE FIRST TIME I PARTICIPATED IN THE GOOD VIBRATIONS I ENJOYED IT AND STARTED COMING EVERY WEEK. BEING A PART OF DIYDG HELPED ME. I WANT TO ENCOURAGE OTHER PEOPLE TO COME TO DIYDG AND TELL THEM WHAT DIYDG IS ABOUT AND WHAT WE DO, SO THEY CAN TELL THEIR PEOPLE. I'VE BEEN AT DIYDG FOR A WHOLE YEAR AND ITS BEEN A GREAT EXPERIENCE AND GREAT MEETING AND WORKING WITH THESE MOB." .


Inspire
Individual Support
Engagement
Identity
Support
Engagement
Young people engage in a safe and supportive environment with understanding peers and staff
Identity
Identifying an individuals, cultural and community connects and strengthening their sense of belonging
Support
Providing diverse and tailored supports as required
Equip
Organisation
Experience
Understanding
Build
Motivate
Understand
Gain understanding of the individual to best support their needs and guide them through life's challenges
Build
Work on existing strengths, connect with specialised services, develop self awareness. Upskilling individuals with information to continue supports external to DIYDG.
Motivate
Provide opportunities for continuous engagement, show case success in all forms, support the individual at their pace,
Experience
Provide internal opportunities for growth and connecting with community for continuous empowerment
Empower
Community & Society
Opportunity
Approach
Action
Opportunity
Seek, identify and offer opportunities for social and community change.
Approach
Create solutions, connect community and implement ideas.
Action
Celebrate individual and collective outcomes in all forms.

OUR WAY

DIYDG Programs and Service Collaborators:

- Understand and acknowledge both the big-picture and local challenges facing youth in their everyday life
- Meet the young person where they are; tailor approaches and expectations with these in mind
- Apply the doctrine of 'many ways, many paths' – i.e., employing many mechanisms to engage youth in a transformative experience and facilitate positive transition through gains in self-esteem, cultural identity, voice, choice, empowerment and autonomy in engagement, process and direction-setting
- Authentically apply principles of Indigenous knowledge and worldview by embedding Aboriginal and Torres Strait Islander 'ways of being' and 'ways of doing' within relationships across all programs
- Help youth to aim high, feel positive possibilities and aspirations, and channel the energy toward incremental and realistic change over time
- Provide culturally safe processes within programs, and facilitate access to other appropriate programs
- Create and maintain a safe and supportive program home environment for the workforce based on Aboriginal and Torres Strait Islander ways
- Taking the time and space to find the right path with the community
- Having a vision of the program's full potential and a determination to continue

Our Roots

Connection

Connection is at the core of DIYDG's foundations. It is the solid stable structure bringing together our values and our ambitions for a connected community

Innovation

Innovation is ideas produced by young people for young people

Culture

Culture is the way we strengthen our spirit

Empower

Empower is how we showcase our success as we continue to reach for the sky

WHY GOOD VIBES WORKS

Nicole Caelli:
"After graduating high school, I was disorientated. I didn't know who I was, my identity or what I was doing with my life. I didn't have many friends after high ~~school~~ and I struggled to find my own voice. In 2013 a few months after graduating, I was given the opportunity to join a small group of young people who met weekly to be social and have fun while giving back to the community (which is now known as Good Vibrations). Over the years of participating and contributing to DIYDG, I have gained many skills and learnt more about my culture and identity and who I am and what I want to be. With the skills I learnt I was able to go ~~from a participant,~~ to a volunteer to now the Good Vibrations program coordinator.

> OUR GOAL IS TO INSPIRE, EQUIP & EMPOWER OUR PEERS

See Nicole share her story here

Everyone needs to feel that their world is a safe place where people care about their wellbeing, feel respected, feel supported, and are empowered to work through life's challenges.

We know when these needs are met that we develop a sense of belonging and know our place in the world.

Good Vibrations is our ~~peer to peer~~ support program targeting young people aged 16-30. Good Vibrations is designed simply for young people to have fun in a positive environment, connect with ~~like minded~~ people and empower ~~each others~~ journey regardless the path we walk.

We do this through engaging in interactive activities every week, such as sports, educational workshops, yarning circles, playing games (because we all have an inner child).... Anything and everything!

The Good Vibrations' crew will tell ~~you,~~ the night is always filled with fun, food, laughter and meaningful connections.

GOOD VIBRATIONS I WWW.DIYDG.ORG.AU I WHICHWAY@DIYDG.ORG.AU

EMPOWERED BY DIYDG

Naytive MENTORSHIP

Created & delivered by Naomi Wenitong (formally of the Aria nominated duo Shakaya & currently a member of the multi Deadly Award winning hip-hop trio The Last Kinection). Naomi was inspired to build Naytive Mentorship to pass on the insurmountable knowledge and experience that she has gained from over 30 years in the professional music industry.

The aim of Naytive Mentorship is to assist the participant in developing the necessary skills to succeed as a self-sufficient artist. Created specifically for aspiring Songwriters/ Lyricists/ Rappers/ Singers and Performers who want to operate at an advanced level.

HIP HOP IS HEALING

With demonstrated threaputic outcomes, Naytive Mentorship aims to offer young aspiring artists the opportunity and platform to express themselves through hip hop.

NAYTIVE MENTORSHIP I WWW.DIYDG.ORG.AU I WHICHWAY@DIYDG.ORG.AU

EMBEDDING CULTURE

IMPROVING WELLBEING

By our Men, for our Men

In 2015-2019 approximately 221 people, averaging 15-25 years of age in Cairns and surrounding region felt their only solution to life's challenges was taking their own life. The ripple effects of suicide can be felt for years following a death and in many different forms. The heartache from losing a strong man, inspired founder and facilitator Bernard Sabadi to establish the Kunjur First Nations Mens Collective.

The inspiration that prompted Bernard into action came at the unfortunate loss of his friend/brother. It was the questions we all ask ourselves during those times 'What could I have done? What could I have said?' What doesn't exist for Men in our region?

A place for Men to talk,
to be heard and to support each other.

To honour our late Brother Kawanji Brady of Western Gugu Yalanji origin, Bernard asked Kawanji's family if they could provide a name for this Men's Support Group. Click here to see Uncle Vincent Brady explain the meaning behind Kunjur.

The group of volunteers plan, market and deliver community engagement activities within the Cairns and surrounding region. With limited resources, the group actively seek donations from partnering organisations and self-fund their weekly gatherings to ensure a consistent safe place is provided for those in need.

Since establishing Kunjur First Nations Men's Collective (KFNMC) over 120+ individuals have participated in events or connected each week around a fire to share their stories. Many of whom are, or have battled their own inner demands.

KFNMC have facilitated a variety of events with limited to no budget, drawing upon each volunteer facilitators commitment to the program. Events include:

- Mental Health Awareness with Brothers Leagues Football Juniors
- Father and Son outings
- On Country Mens business and traditional cooking classes
- Mens Self-care events
- Yarning circles & Mental health awareness sessions for men

It is our vision to see this program have a wider reach and gain stability and consistency.

KUNJUR FIRST NATIONS MENS COLLECTIVE I WWW.DIYDG.ORG.AU I WHICHWAY@DIYDG.ORG.AU

KNOWLEDGE IS KEY

Conversation topics are chosen by the group and skilled facilitators and mentors provide culturally appropriate health and wellbeing activities to explore those challenges identified at our yarning circles.

Our ties to our traditional owners within Cairns and surrounding region, guides us culturally and spiritually, giving us confidence in our commitment to upholding our cultural authority and protocols.

Professional facilitators provide specialised support to guide our mental health discussions. Where necessary, members are supported with referrals to our partnering organisations for intensive supports.

> I AM THE FOUNDATION FOR A STRONGER FUTURE

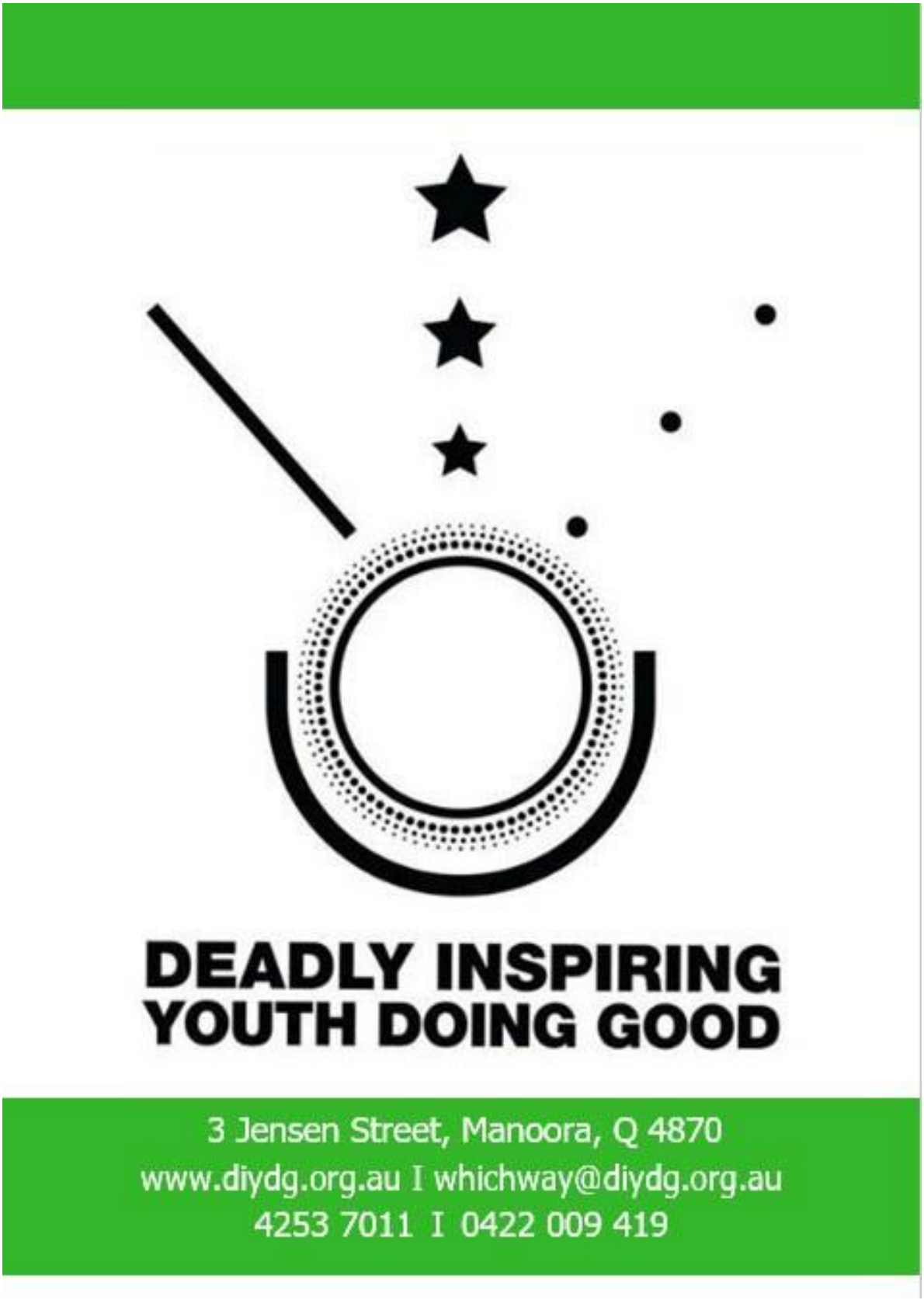
KUNJUR MANTRA

The men of KFNMC created a mantra we tell ourselves and each other each week.

"I will from this day know that I am worthy! That I am respected! and that I have a role to play! That I am a man who is strong spiritually, mentally, culturally, and physically!
I am a leader for my family, and for my community!
I'll give back to my family and my community
I am the foundation for a stronger future."

KUNJUR FIRST NATIONS MENS COLLECTIVE | WWW.DIYDG.ORG.AU | WHICHWAY@DIYDG.ORG.AU


Partnerships are key to our success!
DIYDG members have BIG dreams for our young people, our families and our community. We recognise that everything we want to achieve cannot be done alone.
We value our partnering organisations and individuals who connect with us and strengthen our vision for a better future.
Keen to partner with us?
We know that it takes a village to raise a child, and as youth-led organisation, we are always striving to do things the right way. We cannot achieve our goals without working with others who share our vision of building a village to support our young people.
If you are keen to partner with us on a project, contact us today!
Working Together
Wuchopperen
HEALTH SERVICE LTD
Intelliteq
CAIRNS NAIDOC WEEK
FROM THE HEART
Jabalbina
KING&WOOD MALLESONS
金杜律师事务所
CQUniversity
AUSTRALIA
NINTIRINGANYI
Cultural Training Centre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Electronic copies of the Atlas are available at the research partner's website

DEADLY INSPIRING YOUTH DOING GOOD

https://diydg.org.au/our-partnerships

CQUniversity AUSTRALIA

https://www.cqu.edu.au/research/organisations/jawun-research-centre/publications

UNIVERSITY OF CANBERRA

https://www.canberra.edu.au/research/institutes/health-research-institute

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DESDE – LTC: Prof Luis Salvador-Carulla, University of Canberra: E: Luis.Salvador-Carulla@canberra.edu.au

Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Cairns

June 2022