

# CHAPTER 16

## Community strategies: Addressing the challenges for young people living in rural Australia

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*'Getting a life' is a challenging process for all young Australians. Young people growing up in rural areas and isolated areas face particular challenges because structural change to the rural economy has dramatically affected the very fabric of their communities. Recent research on the health and wellbeing of young people in rural communities reveals that there are recurring themes, despite the wide variations across rural communities. Commonly identified challenges in young people's lives are the lack of access to transport, accommodation, education, and training opportunities. Social isolation and social division are important factors. Negotiating gender relations and sexuality are also significant themes, and researchers are increasingly seeking to answer questions about the relationship of these issues to suicide. This chapter is about the barriers to health, wellbeing and participation which face young people in rural Australia, and the responses by rural communities to these issues.*

### Introduction

Our discussion focuses on the strategies that are being developed in rural communities to address the needs of their young people. It draws on the findings of recent research projects undertaken by the Youth Research Centre on young people in rural Australia (Wyn, Stokes & Stafford 1998) and on the processes which inform different types of inter-agency collaboration (Stokes & Tyler 1997). These projects involved an extensive review of the literature and focus group interviews with young people and youth workers in rural communities. In this work we identified key issues and challenges which face young people in rural Australia, the effects of which are reflected in rates of youth suicide, high unemployment, lower rates of educational participation, and lack of access to health services. Our research found that, despite the difficulties they face, many young people nonetheless place a high value on the positive aspects of rural life, including a feeling of belonging, access to the environment, and a commitment to self-sufficiency.

Many communities are actively engaged in the process of meeting the challenges of rural restructuring and changes to the economy. We focus on the ways in which communities are acknowledging and addressing young people's needs. There is increasing interest in documenting strategies and identifying their successful elements and processes. The active involvement of young people in shaping community responses is a key element. Collaboration between agencies to enhance their service provision to young people is also significant. In the following sections, we briefly summarise what is known about the challenges to the health and wellbeing of young people in rural Australia, as a background for the discussion of the different ways in which these challenges are being met in various rural communities.

## **Issues for young people's wellbeing**

Their social, economic, and physical environments, especially in the context of rapid social change, profoundly affect young people's health and sense of wellbeing. Although young people in rural Australia grow up in very different environments, they share common challenges such as isolation, and the effects of the changing rural economy. For young Aboriginal people, in addition to these issues, the historical struggle for land rights continues to play a significant role in their lives. Young people in rural areas also share common challenges, related to the social relationships that characterise rural communities. For example, close social networks and adherence to traditional values, while providing security and certainty to some, are detrimental to others, especially in relation to gender relations, sexuality, and sexual identities. Our research, involving focus group discussions with young people and youth workers in a number of rural locations, found that the issues they identified fell into two categories. One category was the external factors, imposed on young people through bureaucratic or historical arrangements (structural), and the other was the more personal, everyday or face-to-face interactions with people (cultural).

## **Structural issues**

The things that limit young people's full participation in society are inevitably the lack of access to transport, health, education and community services, accommodation and employment. They are often interrelated in young people's experience; so that for example, lack of accommodation affects access to education, and transport difficulties have an effect on the accessibility of employment opportunities.

### *Transport*

[W]ithin towns there was some public transport, but outside of towns, people relied on cars. Links between towns were maintained by public transport, but bus services operate infrequently, and rail links have been scaled down. People in the north west, including towns like Mildura were as likely to access services in South Australia as in Victoria, because of the difficulties of transport, and people in towns along the Murray were likely to access services across the river in NSW (Wyn, Stokes & Stafford 1998).

This description could have applied to a number of rural communities in Australia. Lack of transport into rural towns' provincial centres is a common problem, especially for young people. Without adequate transport, young people have very limited access to health services, to education and employment opportunities, and to leisure facilities. Until they are able to drive, young people are reliant on others for transport. This can cause its own problems. For example, relying on someone else for transport may make it difficult to ensure discretion and confidentiality about a visit to the local health centre. Other researchers have suggested a link between the reliance of girls on older boys for transport and the institutionalisation of rape, in which sex is an accepted 'payment' for transport (Hillier, Warr & Haster 1996). The lack of access to alternative leisure has been linked to the dominance of the local 'footy club' as the only source of entertainment. Binge drinking at other local venues is also seen as a form of entertainment.

### *Health and community services*

Access to appropriate health services is a common theme across many rural communities. Hillier, Warr & Haster (1996) found that young people in rural communities thought health services were very difficult to access. The issue is not simply one of access; the

way in which services are offered is also important. Young people place a high priority on services that are confidential and private, and on being treated as adults. Having access to bulk billing, and being able to enter a health centre discreetly were also seen as crucial. This means that the local health centre is not necessarily seen as an option. Young people in our study said that they would rather travel to a regional centre or to a metropolitan practice than risk embarrassment at the local practice. The focus groups revealed that lack of information might also be a factor. In some cases, young people were not aware of the existence of services that would meet their needs.

The health of young Aboriginal people is an urgent issue (Commonwealth Department of Human Services and Health 1995). Health for many young Aboriginal people involves spiritual dimensions, including the ability to complete their traditional initiation ceremonies, living on traditional land, and hunting. The appropriateness and relevance of services to their needs is a central issue. The annual death rates for young Aboriginal people in Western Australia, South Australia, and the Northern Territory are double that of young Australians of the same age for Australia as a whole (Bhatia & Anderson 1994). Wyn, Stokes and Stafford (1998) concluded that:

Primary health care for some Aboriginal communities remains a fundamental issue. Simple public health provisions such as clean water, adequate and appropriate accommodation, and treatment and prevention of gastric, eye, ear and other infections remain a serious concern (Gray & Atkinson 1990). Brady's research on the health of young Aborigines confirmed that young Aboriginal people in rural and remote areas face the same issues as other young rural people, but that their health is often more seriously compromised by their circumstances, especially those living in remote communities. Brady reports that one Aboriginal health service, assessed the major health problems of young Aboriginal people as: sexually transmitted diseases, alcohol related problems, poor nutrition, skin disease, problems associated with pregnancy and domestic violence (Brady 1993; Brady 1991, p. 8).

Research on the health of young Aboriginal people reaches a consensus that the National Aboriginal Health Strategy and its recommendations should be strongly supported, including the principles of community control of primary health care, with the States retaining responsibility for secondary level, and other, health services (Brady 1991). Brady also emphasises that both the National Aboriginal Health Strategy and the Royal Commission into Aboriginal Deaths in Custody stressed the special role of Aboriginal community-controlled organisations. In our focus groups in several communities, it was suggested that sometimes Aboriginal people are unwilling to access any government service through mistrust and fear.

Models of preventive care are especially relevant in rural areas. A decade ago it was suggested that in rural communities, a medical model of health care dominated. Today, while 'the hospital' still provides a focus for health concerns, it is clear that health promotion and preventive medicine is a more acceptable model, as many communities are now defining what this means in their particular situation. Often, this means the emergence of partnerships between different types of health service. However, the evidence from the focus groups suggests that the effect of this change is yet to be felt outside of regional centres.

### *Accommodation*

Access to affordable accommodation is just as important to young people living in rural areas as it is to young people in the city. Young people in rural areas often have to move from their parents' home for work, or for their education, and in many areas there is a scarcity of public housing stock which young people can rent. Quixley's report on young people's housing needs in rural Australia remains the most comprehensive study (Quixley 1992). Her report shows the interrelationship between education, employment, and housing, and how they can combine to have a significant effect on young people's well-being.

### *Education*

The increased importance of educational credentials in the job market has hit young people in rural communities especially hard, because in order to gain post-compulsory education or training credentials, it is common for rural young people to have to leave home and move to metropolitan or regional centres. There has been some improvement in areas served by university campuses and TAFEs. However, because of the lack of jobs and the restricted choices for study, students in rural areas tend to be denied the opportunity to develop the kinds of 'mixes' of school and work that are now becoming common for urban students (Wyn, Stokes & Stafford 1998).

Difficulty of access to education for rural youth at both a secondary and tertiary level is well documented and many reports have identified this as a significant source of disadvantage to young people in rural areas (e.g. Human Rights and Equal Opportunity Commission 1999; Stevens & Mason 1992; Robson 1991; Department of Employment, Education and Training 1990). However, this negative general picture is tempered by the fact that teachers in rural areas also develop innovative and alternative forms of education in order to respond to the particular needs of their community. This is especially evident in the literature on the education of young Aboriginal and Torres Strait Islander youth.

### *Employment*

For young people, the lack of job opportunities in their local areas is a serious issue. Our focus group interviews reveal that there is a significant proportion of young people who would rather continue to live in their hometown, but feel 'forced' to leave by the lack of employment opportunities. This includes lack of job opportunities in towns, and the difficulty that farm families in some areas have in making a living from the land. Unemployment contributes directly to the destruction of rural communities, as the young make an exodus from their communities to towns and cities, and it places greater strains on the provision of support services for those who remain. Unemployment rates are higher in rural areas, and in some Aboriginal communities, as high as 95 per cent (Commonwealth Department of Human Services and Health 1994). Although recorded rates of unemployment amongst both Aboriginal and non-Aboriginal rural youth are high, many are not recorded. In areas where seasonal work is common, young people's unemployment is masked by the jobs they do for part of the year, to tide them over.

### **Social and cultural issues**

Young people's health and wellbeing are closely related to how they see themselves and the quality of relationships they have with significant others. The social and cultural issues discussed here are linked to the structural factors we have outlined above.

### *Gender relations*

'Gender issues' are increasingly being recognised as one of the key social factors that needs to be taken into account in developing health promotion strategies for young people. The effects of domestic violence are compounded by the lack of alternative accommodation, the lack of professional help and the tendency for local police to be influenced by the community values which 'turn a blind eye' to violence in domestic relationships (Coorey 1990). In some instances, women face the added stress of victimisation from an intolerant community if they leave their husbands (Iley 1993). The issue of domestic violence is also now being openly discussed in some Aboriginal communities. This is an especially sensitive area, given the history of the violent treatment of Aboriginal people by whites (Brady 1993). For example, Brady points out the effect of the institutionalisation of young Aboriginal people on missions, as a factor affecting the quality of relationships between men and women in this generation.

Narrow conceptions of masculinity and femininity are also of concern. Our focus group interviews revealed that the strong commitment to sports such as football and netball tended to reinforce gender stereotypes. Although sport was a positive aspect of their lives, some were less enthusiastic about the expectation that football frequently included a heavy ('macho') drinking culture. Associated with this culture is the practice of 'bonnet surfing' and 'dirt surfing' in some communities, which put young men's health at risk. The focus on gender should not imply however, that rural women are victims within traditionally conservative communities. Women often constitute a formidable, if unacknowledged, political force in rural communities.

### *Suicide*

The very tradition of self-sufficiency may prevent young men in rural communities from seeking help when they need it (Graham 1994).

The research literature is divided on the issue of whether suicide rates for young people are higher in rural than in urban areas. For example, Dudley et al. (1992) showed that the rate of suicide in rural areas of New South Wales has increased, whereas a Queensland study (Cantor & Coory 1993) found similar rates of suicide for young men in rural and urban areas—although they found that there were higher rates of male suicide in all areas of Queensland compared with New South Wales.

The decline of the rural economy and the consequent stress this has placed on the health of rural people, is linked to the high rate of male suicide in rural New South Wales (Lawrence & Williams 1990). The effects of unemployment, of poor educational opportunities, and poverty itself, contribute to the high suicide rate. There is evidence that 'rural youth experience higher levels of domestic violence and homicides' and 'consume more alcohol and have readier access to firearms than their urban counterparts' (Graham 1994, p. 409). There is also evidence linking suicide with community intolerance for gay people. The following extract was originally quoted in a local newspaper. It is about:

[T]he tragic story of Nicolas, a young gay man who failed to come to terms with his sexuality in a country town .... He explained that he couldn't live up to the role of a 'typical country Catholic boy'. He knew that he would never be accepted for what he really was. 'You're shunned in the Catholic Church if you are a homosexual' a friend said. Nicholas felt his place in the church, family, school and local community would no longer exist and therefore his life was not worth living because these things were so important to him (quoted in Green 1996, pp. 85–86).

## **Social isolation and youth culture**

Young people in Australia's rural communities have an enormous amount in common with the older people in their communities, because they share the same environment and in both Aboriginal and non-Aboriginal communities, young people have a lot to learn from the 'older generation', associated with both survival in 'the bush' and with the enjoyment of the rural environment. Sport continues to be an important source of solidarity between the generations. Yet, at the same time, young people have different interests and needs from the older people in their communities. Summed up in the inadequate term 'entertainment', this issue is raised as a concern by young people over and over again (Wyn, Stokes & Stafford 1998).

Young people would like to go to movie theatres (that show current movies), to see live theatre that is relevant to young people, and to participate in dances, discos or other forms of youth community entertainment. The alternatives to these forms of entertainment and sociability are often an early engagement with 'pub culture' and a reliance on the drinking which frequently accompanies sports such as football. Young people in our focus groups were frank about the extent to which binge drinking occurs because of a perceived lack of alternatives.

Without legitimate space of their own, young people are seen as a threat if they gather in public places, such as the main street, the football oval, or other places where, officially, they do not have a reason to gather. The focus group interviews found, for example, that young people in one rural town were not gathering in town to be part of the 'druggie' groups, but because they had nowhere else to be.

The recognition and acceptance of 'youth cultures' in rural communities is important because of the positive place of young people in the cultural life of rural Australia. It is as important as the creation of jobs for young people, and as their educational opportunities. In the context of the changes that have affected many of Australia's rural communities, the creation of stronger youth-oriented communities can contribute significantly to young people's wellbeing and to their own ability to construct meaningful futures.

## **Social division**

The social divisions that exist in rural communities can seriously limit options for young people. We have already discussed the effects of gender divisions on young people. Both race and social class also have a considerable impact on young people's wellbeing and their options for the future.

Not everyone in rural communities belongs to the community in the same way. In focus group discussions, young people mentioned divisions between the 'aristocracy' (the traditional land-owning families) and the 'landless' (seasonal workers). It was suggested that 'to belong, be respected and get a job in town, you need to have a surname that matches the street names'. These older divisions are sometimes the source of more contemporary divisions. For example, in recent times, the relocation of people needing public housing, from big regional and metropolitan centres to the available public housing stock in rural areas and isolated regional centres, has created an added demand on already stretched services. People who move into this situation are often in distressed social circumstances, and the lack of public transport and employment only exacerbate their problems. In many towns they form a separate group, whose dependence on income support clashes with local traditions of self-reliance.

For many young people, the best thing about living in the country is ‘the security of knowing most (if not all) of the people in your town and the sense of being far removed from the problems of the city’ (Hillier, Warr & Haster 1996, pp. 10–11). Yet this idyllic experience of rural life is not always matched by the reality. The effect of social class in rural areas is to replace a real sense of belonging with a sense of exclusion.

### **Community strategies**

Many communities acknowledge the issues outlined above, and have developed strategies which address them in a way that is sensitive to local circumstances and concerns. Despite the uniqueness of each community and the variation in response, it is possible to identify a number of processes that are associated with successful outcomes. Here we document a range of strategies and highlight the processes, which are in each case seen to be integral to their success.

#### *Young people’s involvement*

Many rural communities across Australia are holding youth forums that allow young people to have a voice and speak out about the issues that concern them. For young people to be regarded as an important part of the community and then to regard themselves as important to the community, their views on issues need to be heard. An example is an initiative undertaken at the Youth Services Centre in Wodonga, Victoria. A group of 16 year olds meet weekly to discuss and initiate strategies around the issues of suicide, unemployment, and pathways for school leavers. This group was set up after the young people attended a youth forum in Canberra (organised by young people) which was attended by 400 youth. The Canberra forum would meet again in six months to discuss strategies from the different communities, nationally. In order to contribute to this, the young people in Wodonga organised a regional forum to find out the views of other young people in the area, which will lead to the development of strategies to address the identified issues.

The step from ‘being heard’ (youth voice) to generating ‘action’ is an important one. As Holdsworth (1998) emphasises, ‘a simple focus on being heard can merely serve to make it appear that young people are active participants; it may, in fact serve as a “safety valve” to ease pressure for real changes in decision making.’

In the Goulburn North Eastern region of Victoria there has been recognition of the need to move from voice to action. Throughout 1997 there were four forums held called ‘Teenroar’ that gave visibility to issues identified by local young people. In 1998 a new phase started with ‘Teenaction.’ The facilitator, Jan Osmotherly from the Country Connections Project, describes how ‘The idea is to build on what we know and rather than just “roar”—’act on implementation of programs which will positively address relevant issues in the youth culture.’

‘Teenroar’ and ‘Teenaction’ have involved nine secondary colleges over a 300-kilometre radius in the Goulburn North Eastern region. Project workers from Country Connection worked intensively for two days a week over a ten week, time frame with young people from the particular school that was organising ‘Teenroar’ to develop all aspects of the program including the agenda, catering, advertising, and the budget. Young people evaluate the event and recommendations are given to the staff and school council regarding issues identified at ‘Teenaction’ and ‘Teenroar’.

The move from voice to action is shown through the role that young people take in working with policy to bring about change at a systemic level. An example of this is work on youth suicide prevention. To access the State government Youth Suicide Prevention money, schools have to have a policy in place by June 1998. But at the schools involved in 'Teenaction', the young people had not been asked for their ideas on the policy. So the young people have put together a number of recommendations at 'Teenaction'. They recommended the need for:

- students to be trained as peer mediators
- a counsellor who is not a teacher in a youth-friendly space on the school sites
- teachers to receive professional development on youth issues
- an anti-homophobic campaign, as young people identified the link between the lack of acceptance of homosexuality and suicide.

Communities can also identify how young people can be directly involved in service provision, and the development of links between agencies and young people. For example, in response to a lack of youth-specific health services in the Mandurah area, the Peel Health Centre has established a network of practising peer health educators for adolescents. Twenty peer leaders were identified from the local schools and youth programs to be trained over a series of 12, two-hour sessions on youth health issues, leadership and life skills. They were then employed at the Health Matters Shop in the local shopping complex one night a week as health educators, to circulate among the young people who frequent the centre in order to establish a link between the young people and the health service (Mukherjee, Stokes & Holdsworth 1997).

### *Local involvement*

The involvement of local communities in planning, developing, controlling, managing, and providing services and programs is now regarded as integral to their success by practitioners in rural areas (Cheers 1992). A number of researchers have commented that 'most Australian policy formulators, service planners, and practitioners are socialised, trained and work in an urban context, and are informed by urban-based research and literature from Australia and overseas' (Cheers 1992, p. 13). While concepts and models which are developed in urban areas offer important insights, it is important to recognise that they cannot necessarily be applied directly to rural communities. Cheers notes that 'many urban-based welfare services are also unsuited to rural settlements because of their high public visibility because staff roles are defined too narrowly, or because of inappropriate funding and resourcing principles'.

In addition, funding decisions which are made on the basis of the 'broad picture', can be especially inappropriate in particular rural settings. For example, changes to the Youth Allowance have made young people dependent on families for a longer period. The effects of this are especially punitive to young people and families in rural areas in which the added high costs of transport, lack of employment, and poverty make the cost of supporting young people even harder to bear (Wyn, Stokes & Stafford 1998; Dwyer et al. 1998).

At Beechworth Secondary College there has been an emphasis on how to engage a group of Year 9 and 10 female students as full citizens, including them in decisions about themselves, with a community-based response to problem solving (Semmens & Stokes 1997). The students perceived a lack of information and support for young people's health issues from the local health agencies. In response to this the students formed the Young

Women's Project and developed a poster resource with assistance from the school and the Goulburn North Eastern Women's Health Service (NEWomen). The resource is entitled *This is where it's at* and will be promoted and used throughout Victorian schools with support from the health service who will facilitate workshops for students to use the resource.

### *Collaboration*

There is substantial evidence that collaboration amongst agencies such as schools, health workers, youth workers, police, recreation workers and others has the potential to enhance the level of support a community can give to its young people (Stokes & Tyler 1997). Young people's health and wellbeing, in particular, benefits from intersectoral collaboration to:

- identify and address the gaps and duplication in service provision, and
- empower and enhance the community through their direct involvement, with an emphasis on the role of young people in this process.

Many rural areas have community network meetings once a month to share information about the services that are available. In the smaller towns, all agencies attend the one meeting, while in the bigger regional centres the meetings tend to focus on specific areas such as health, youth, and Koori issues, which are attended by smaller interest groups. Despite this, representatives of agencies in regional centres expressed the desire to have more across-agency meetings, especially in the education sector. An example is found in the Stawell area of Victoria, where people who work with adolescents and young adults, work collaboratively to assist and support each other and to proactively address local young people's needs (Mukhurjee, Stokes & Holdsworth 1997).

There is increasing recognition that agencies outreaching from the regional centres can join together to fund a single multi-skilled outreach worker. This worker is then able to spend time in one particular area, rather than having each agency send an outreach worker one day a week to a number of different areas. An example of this was being organised in Murray Bridge in South Australia. There are also a number of difficulties and barriers to these kinds of initiatives. One of the major barriers is the way in which funding criteria foster competition for funding. Compulsory, competitive tendering can create tensions between agencies, instead of fostering collaboration.

It has been noted that the development of intersectoral collaboration has been hindered by the competitive tendering process between councils, agencies and community groups which all rely on the ever-diminishing supply of government funding for their survival and for the provision of services (Stokes & Tyler 1997). In one regional area, our researchers were informed that there would be tenderers from all the different services for a particular part of a service, competing against each other. In particularly poor communities some services can be so keen to retain their clients (and therefore their access to funding) that they will not necessarily refer a client on to the most appropriate agency (see Stokes & Tyler 1997, p. 46). It has also been suggested that in cases where large private metropolitan service providers tender for rural service provision, they are tempted to sacrifice services to remote and difficult-to-reach areas.

Despite these tensions, there is also evidence of extensive collaboration. For example, in the Goulburn North Eastern region of Victoria, the Ovens and King Community Health Centre and Bright Secondary College are collaborating. They are developing a five-year

program, looking at structural, community, and curriculum issues related to self-esteem and resiliency development with students, teachers, and families. In its developmental stage, this project involves inter-agency meetings between teachers, parents, school council, community health and students to develop a response to issues and to link with the school council structure. The aim of the program is to bring about a reorientation of school structure and culture in order to increase the opportunities for young people to have input into their school direction and community decision-making. At this stage this is being implemented through a change in the home group structure, as well as the development of orientation programs for new staff.

The program has positive outcomes for both the school and the community health service through the development of closer links between teachers and health workers, providing improved referral services for students and families. The collaboration process has involved the negotiation of the following issues:

- the lack of adequate and flexible funding for the program development on the school site has meant that the school and the health centre find funds from already stretched budgets;
- the differences in approach to welfare, health, and discipline issues with the need for undergraduate training to address a team approach in both disciplines, and
- the need for a quick fix to problems rather than the understanding of the need for long-term structural change (Mukherjee, Stokes & Holdsworth 1997).

### *Diversity*

While there are many common challenges faced by rural communities in providing for young people's health and wellbeing, the picture to emerge is one of local diversity and of specific needs. The only way in which this diversity will be met is through ensuring that local people are partners in all the stages of program and service provision. Because the problems are complex, spanning both social and structural issues, so the strategies to address them will need to be flexible and multifaceted (Wyn, Stokes & Stafford 1998).

The following examples illustrate how two rural communities have developed very different strategies to attempt to address their concerns about young people's use of alcohol. The examples draw on information obtained for the report *The Nature of Health Service-School Links in Australia* (Mukherjee, Stokes & Holdsworth 1997).

In Launceston, Tasmania, an inter-sectoral project entitled 'Remember the Time We Had Last Night' was developed. This project was designed in response to the tradition for students at the end of Year 10 to engage in excessive alcohol consumption, especially in the events surrounding the end-of-year 'Leaver's Dinner'. Three members of the Drug Education Network (DEN), Alcohol and Drug Services and the Tasmanian Police worked together to develop and deliver a program towards the end of Year 10 in two Launceston high schools. One of the facilitating factors in this case was the relatively small size of the community, enabling workers from different agencies to network effectively.

The program emphasised safer ways to celebrate and have a good time, while avoiding the negative social outcomes, legal implications and health consequences of excessive alcohol use. It used the perceptions and knowledge of the students as a key part of the program. A parent evening was arranged to let parents have their say, and professional development of teachers was offered in the use of the *Rethinking Drinking* alcohol education program.

Although the program was judged a success, especially with the parents (who formed a support group as a result of the meeting, to address wider issues around drugs and alcohol), continuation of the program still depends on the resources to be made available.

At Yirrkala in East Arnhem Land in the Northern Territory, a group of Aboriginal women called the Sober Women's Group deliver the message about alcohol consumption to the young Aboriginal people. The Yolngu (Aboriginal people) in East Arnhem Land define real knowledge as that which derives from older men and women in their community and is based on Gurrutu (kinship system). Unless the health messages are taught by Yolgnu, using traditional methods then the messages received at school are regarded as having been imposed by Balanda (non-Aboriginal) and are not important.

Educating Yolngu young people about alcohol and nutrition are two examples of culturally-determined and appropriate health messages. The education is based on Gurrutu, which is the kinship system for the extended family and the behaviour that is necessary to maintain the kinship systems. When alcohol was discussed it was placed in reference to Gurrutu. All children at the Yirrkala School were placed in groups to describe and discuss Gurrutu and their skin groups and the importance of Gurrutu to Yolngu (Aboriginal people). It was then shown that alcohol 'puts shyness to sleep' and that people then go off and live with the wrong related kinship group. This is wrong for Yolngu culture as it breaks down the kinship system. The health effects of alcohol were shown to the children by cooking a wallaby. When a wallaby is cooked its liver becomes hard. This was related to alcohol to show the effect that alcohol has on peoples' livers.

The diversity that is needed in different communities is further shown by responses of different communities to the issue of petrol sniffing. In South Australia and in Central Australia programs and resources developed to try to prevent petrol sniffing are based on the relationship of the young people to their land. In Indulkana in South Australia, Anangu (traditional Aboriginal) young boys who had not yet taken up 'sniffing' were taken on a trip during the Christmas holidays to Yalata and the Great Australian Bight with the theme of the trip being 'What will Indulkana be like in twenty years time?' The aim of the trip was to reinforce the virtues of not taking up sniffing and to emphasise the role that they need to play in their own community (Mukherjee, Stokes & Holdsworth 1997). Focus group interviews in western New South Wales revealed that petrol sniffing is also an issue for young Kooris. However, different strategies need to be devised to address their needs, because many of these Koori people are part of the stolen generation who have been transported to where they live and do not have the same relationship to the land and country (Wyn, Stokes & Stafford 1998).

### *Sustainability*

Young people's wellbeing will be most strongly fostered in communities in which there is a sense of continuity, and in which young people feel they can depend on the established services and personnel. Unfortunately, many good initiatives are short-term because they are so directly linked to funding provision. Community strategies need to be based on a realistic assessment of the amount of time needed to develop collaborative processes that will be sustainable. Structural support at either a regional, State or national level is often important in enabling community processes to get started. The successful collaboration relating to the management of health care needs of students in schools initiated by the Departments of Education and Health in South Australia, for example, took around four years to develop (Mukherjee, Stokes & Holdsworth 1997).

An example of programs being devised at a local level, but funded at a State level, is the Health Promoting Schools initiative in Queensland. Here, different local programs are being developed in Brisbane and south east Queensland, the population centres along the coast and the hinterland as well as in some inland regional and remote areas. The Queensland Department of Health has taken the lead in developing Health Promoting Schools by providing one position in the Queensland Education Department and providing some resources to Public Health Units across the state. Of particular interest is the Public Health Unit at Maroochydore developing the program on the Sunshine Coast. It has aimed to take a whole school approach to Health Promoting Schools by working in collaboration with schools, the Department of Education, and health professionals. Their initial work has been aimed at educating schools, education department officials and health professionals about Health Promoting Schools. The Unit has taken a developmental approach to Health Promoting Schools, beginning with whole-school change rather than the identification of critical issues.

## Conclusion

In response to a range of adverse circumstances, many rural communities are developing strategies that promote young people's health and wellbeing. Based on an extensive review of the available literature and on original research, this chapter has described some key characteristics of community strategies that are meeting young people's needs. One of the most common elements is the linking of agencies that support young people. Many services in rural areas need to collaborate to survive in a climate of declining populations and funds. It is important that the goal of collaboration is not simply to prevent young people from falling through the gaps of lack of service provision. Community strategies also need to develop an active role for young people, in order to be relevant to their needs and to affirm the positive value placed on youth in rural communities. Sustainable strategies are developed to address local needs (rather than departmental priorities) and within realistic timeframes that are conducive to the participation of young people.

Finally, it is in the interests of all Australians to find ways to support the development of rural and remote communities, because rural Australia is an important part of our society. The health and wellbeing of young people will need to be a central component of any strategy to build viable rural communities. Young people hold the future of these communities, but more importantly, they have vitality, optimism, and knowledge to contribute now.

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