THE SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL CHILDREN AND YOUNG PEOPLE

KULLARI (BROOME) ATSIC REGION

SUMMARY OF FINDINGS FROM VOLUME TWO OF THE WESTERN AUSTRALIAN ABORIGINAL CHILD HEALTH SURVEY

This booklet summarises information from the second volume of the Western Australian Aboriginal Child Health Survey: *The Social and Emotional Wellbeing of Aboriginal Children and Young People*. The purpose of this profile is to provide data and information specific to the ATSIC region of Broome.

To protect the confidentiality of individuals and families, the information provided in this profile can only be given at the Broome ATSIC regional level. Unless otherwise stated, data in this publication refer to Aboriginal or Torres Strait Islander children in the Broome ATSIC region.

About the survey

THE Telethon Institute for Child Health Research (the Institute) conducted the survey in conjunction with the Kulunga Research Network to obtain information about Aboriginal and Torres Strait Islander children aged from 0–17 years. The aim of the survey was to provide evidence to develop strategies that promote and maintain healthy development and the social, emotional, academic, and vocational wellbeing of Aboriginal and Torres Strait Islander children.

To obtain this information about these children the survey was divided into three parts:

- Household survey that visited 2,000 households and obtained information on 5,300 Aboriginal and Torres Strait Islander children aged 0–17 years, as well as information about their carers and other relatives living in the homes
- Youth self report survey for young people aged 12–17 years
- Schools survey where information about children was obtained from school teachers and principals.

In Volume Two, analysis was focussed on describing the social and emotional wellbeing of children aged 4–17 years. At the time of the survey, there were 1,200 4–17 year-olds in the Broome ATSIC region representing 5% of 4–17 year-olds in WA. Almost two-thirds (63%) of these children were living in areas of moderate isolation and the remainder were in areas of high isolation. Approximately 5% of the state's 9,100 Aboriginal young people aged 12–17 years were living in the Broome ATSIC region.

Consultation

ALL phases of the survey, including its development, design and implementation, were under the direction of the Western Australian Aboriginal Child Health Survey Steering Committee. The Steering Committee comprises senior Aboriginal officers from a cross section of agencies and settings, and has the ongoing responsibility to control and maintain:

- the cultural integrity of the survey methods and processes
- employment opportunities for Aboriginal people
- data access issues and communication of the findings to the Aboriginal and general community and
- appropriate and respectful relations within the study team, with participants and communities, with stakeholders and funding agencies and with the governments of the day.

Measuring social and emotional wellbeing

CARERS were asked about any difficulties their children might have with emotions, feelings and behaviours, specific episodes of self-harm or attempted suicide, cultural and spiritual engagement and family experiences of grief, loss and trauma. As well as these issues, a version of the Strengths and Difficulties Questionnaire (SDQ) was used to measure emotional and behavioural difficulties. This version was adapted for Aboriginal children in the WAACHS.

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire comprises 25 questions looking into five areas of emotional and behavioural difficulties: Emotional symptoms, Conduct problems, Hyperactivity, Peer problems and Prosocial behaviour. Responses from the 20 questions related to the first four of these areas are combined to produce a Strengths and Difficulties Total Score which can range from zero to a maximum of 40. For the Western Australian Aboriginal Child Health Survey the maximum score was 38 and the average was 11.

The Strengths and Difficulties Total Score was grouped into three ranges to indicate the risk of mental health problems:

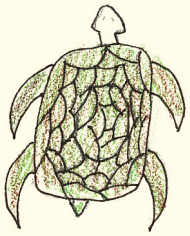
- Low risk (score 0–13)
- Moderate risk (score 14–16)
- High risk (score 17–40)

Therefore, children scoring in the range 17 to 40 are referred to as being at *high risk of mental health problems*.

Prosocial Behaviour

The prosocial behaviour score, which was not included in the total difficulties score, is a measure of problems with social skills. A very small proportion (4%) of 4–17 year-olds in WA were assessed from their carer reports as being at high risk of problems with prosocial behaviour. In the Broome ATSIC region, 3% were at high risk of such problems.

Accuracy of the estimates



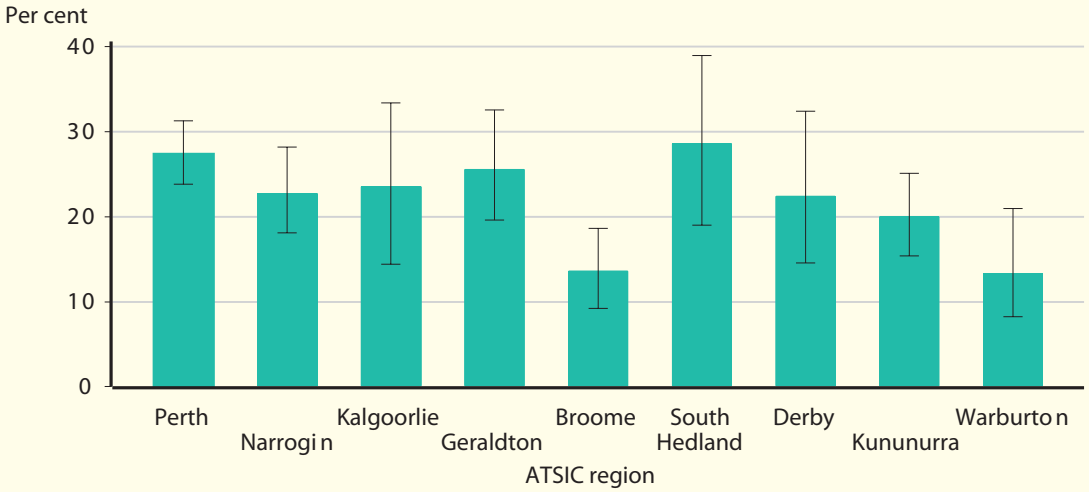
ALL figures in this booklet are approximations because not all families in the region were included in the survey. As such they may be different from figures that would have been obtained if everyone had been included in the survey. The data have been calculated at a 95% level of confidence. This means that there is a 95% chance that the full population figures would be within the range shown by the confidence interval. In a graph the extent of confidence in an estimate is presented by means of vertical confidence interval bars (⌶). The bars show that there is a 95% chance for the true value for a data item to lie between the upper and lower limits of the bar. Sometimes, where the populations might be very small it may not be possible for accurate estimates to be made. In these cases, the bars in the graph will have very large confidence interval bars. The smaller the confidence interval bar the better the estimate.

Furthermore, when comparing two data items in a graph it may appear that there is a sizeable difference between the two. However if the confidence interval bars for these items overlap, no true difference can be assumed. A difference can only real if there is no overlap of confidence interval bars.

Emotional and behavioural wellbeing

AT the time of the survey there were 22,900 Aboriginal children in WA aged 4–17 years. One quarter (24%) of these children were at high risk of mental health problems. In the Broome ATSIC region 14% of children were at high risk. This was similar to the proportion in the WA non-Aboriginal population (15%).

Children aged 4–17 years — Proportion at high risk of mental health problems, by ATSIC region

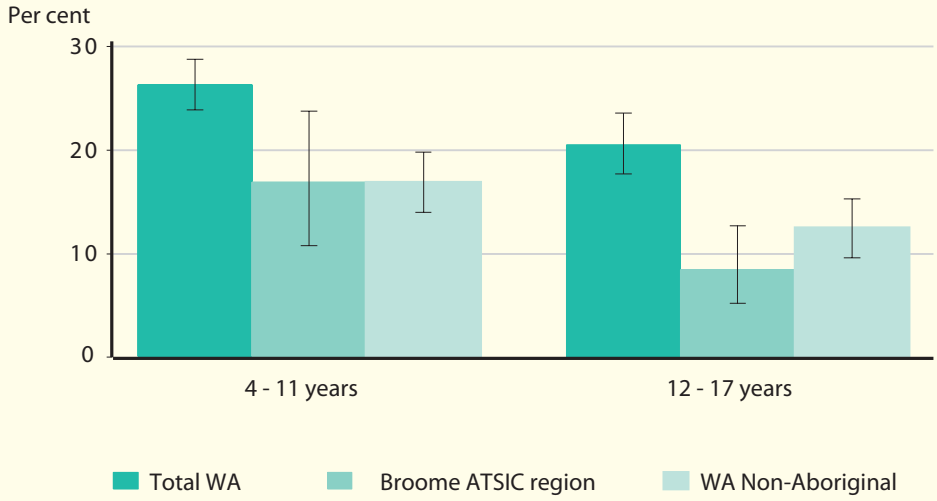


Age

In the Broome ATSIC region, 17% of children aged 4–11 years were at high risk of mental health problems. This was much lower than for the whole state where one-quarter (26%) of children were at high risk and the same as for the WA's non-Aboriginal population at high risk (17%).

For teenagers (12–17 years) in WA, 21% were at high risk of mental health problems. This was much higher than for teenagers in the non-Aboriginal population (13%) and the Broome ATSIC region (8%).

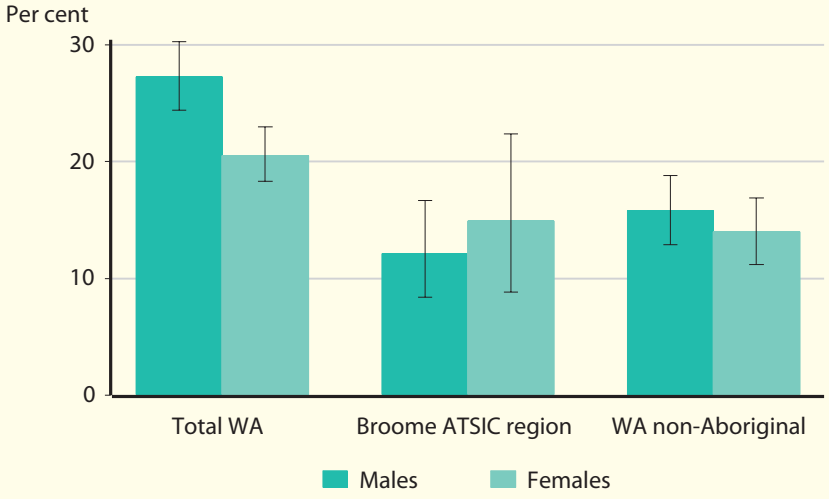
Children aged 4–17 years — Proportion at high risk of mental health problems, by age group



Sex

In WA, over one quarter of males (27%) were at high risk of mental health problems. This was much higher than for females (21%). In the Broome ATSIC region and in the non-Aboriginal population, there was little difference between males and females. In the Broome ATSIC region 12% of males and 15% of females were at high risk of mental health problems.

Children aged 4–17 years — Proportion at high risk of mental health problems, by sex



The table below shows how many children were at high risk difficulties in each of the items of the total difficulties score (mental health problems) and problems with prosocial behaviour. These items include emotional symptoms, conduct problems, hyperactivity, peer problems. In each item, fewer children in the Broome ATSIC region were at high risk of difficulties than for the whole state. For example in the Broome ATSIC region, 22% of males were at high risk of conduct problems compared with 39% of males in WA.

Children aged 4–17 years — Proportion at high risk mental health problems, Broome ATSIC region compared with total WA

	Broome ATSIC region			Total WA		
	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)	Total (%)
High risk of clinically significant —						
total difficulties	12	15	14	27	21	24
emotional symptoms	7	15	11	23	24	23
conduct problems	22	23	23	39	29	34
hyperactivity	7	3	5	18	12	15
peer problems	17	20	19	28	28	28
problems with prosocial behaviour	3	3	3	5	3	4

Factors associated with mental health problems in Aboriginal children and young people

THERE are many social circumstances, health conditions and lifestyles experienced by children, their carers and families that may be linked to mental health problems.

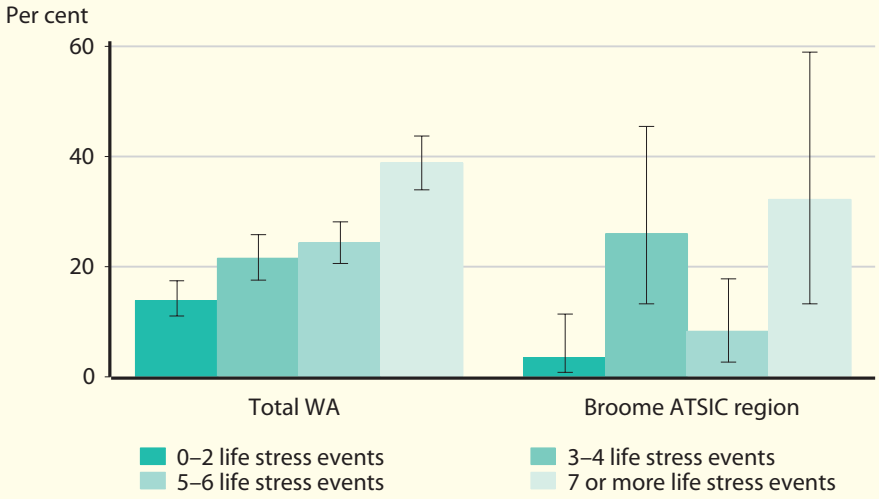
Life stress events

Children living in homes where there have been many life stress events are at greater risk of mental health problems. Some of the events that can affect families are chronic illness, family break-up, arrests or financial difficulties. The WAACHS found that in WA, as the number of life stress events increased, so did the number of children at high risk of mental health problems.

In WA, the carers of over one-fifth (22%) of children said that their families had had 7 or more life stress events. Four out of ten (39%) of these children were at high risk of mental health problems. In families where there were 0–2 life stress events only 14% of children were at high risk.

For children in the Broome ATSIC region, 14% were in families with 7 or more life stress events affecting their families. Almost one-third (32%) of these children were at high risk of mental health problems compared with 4% of children living in families with 0–2 life stress events.

Children aged 4–17 years —Proportion at high risk of mental health problems, by number of life stress events



Quality of parenting

Carers were asked in the survey how often they hit or smack their children and how often they laugh together with their children and how often they praise their children. From their answers to these question carers were grouped into four equal sized categories of parenting quality. These were labelled: poor, fair, good and very good.

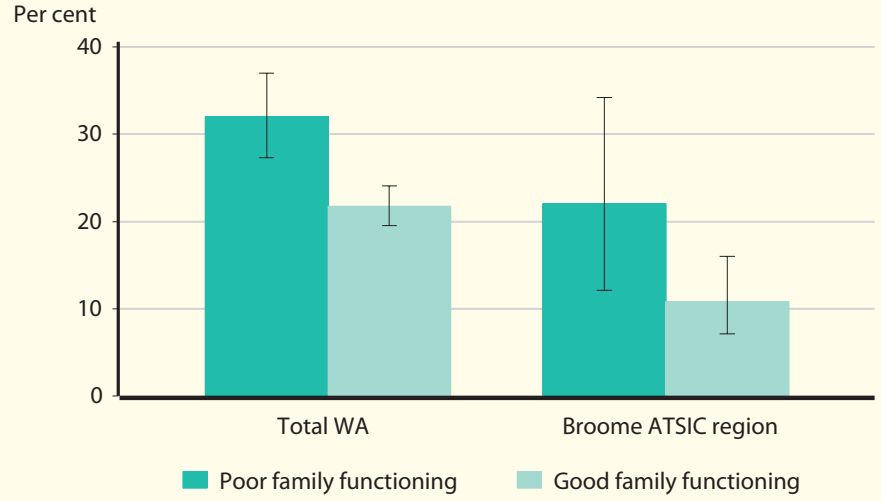
Children living in families with poor quality of parenting were almost four times as likely to be at high risk of mental health problems than children living in families with very good quality of parenting. Around one in four children (25%) in WA and one in five (19%) children in the Broome ATSIC region were living in families with poor quality of parenting.

Family functioning

Family disharmony is associated with poorer child development outcomes. Children exposed to family disharmony are less likely to have a good sense of emotional wellbeing. Responses to the nine questions used to determine how well families functioned were split into four categories of family functioning: poor, fair, good and very good.

About one-fifth (21%) of children in WA live in families where family functioning is poor. Of these children, 32% were at high risk of mental health problems compared with 22% of children at high risk in families with good family functioning. In the Broome ATSIC region, approximately 23% of children live in families with poor family functioning with 22% of these children at high risk of mental health problems.

Children aged 4–17 years — Proportion at high risk mental health problems, by quality of family functioning



Family care arrangements

Children cared for by a sole parent were almost twice as likely to be at high risk of mental health problems than children living with both their original parents. At the time of the survey, 34% of children in WA and 37% of children in the Broome ATSIC region were looked after by a sole parent.

Children cared for by a person other than an original parent (such as aunts and uncles) were over twice as likely to be at high risk of mental health problems. In the Broome ATSIC region and in WA 14% of children were in the care of someone other than an original parent.

Mobility

Children who had lived in 5 or more different homes since they were born were one and a half times as likely to be at high risk of mental health problems than children who had lived in less than 5 homes. In the Broome ATSIC region, 17% of children had lived in 5 or more different homes since they were born. This was much lower than for the whole state (27%).

Speech impairment in the child

There were 2,240 Aboriginal children in WA who had difficulty saying certain sounds and almost half (45%) of these children were at high risk of mental health problems. In the Broome ATSIC region, 60 children had difficulty saying certain sounds and of these children 20% were at high risk of mental health problems.

Children with runny ears

Throughout the state, children who had ever had runny ears had a much higher percentage at high risk of mental health problems than those who had never had runny ears (32% compared with 22%). In the Broome ATSIC region there was little difference between those who had ever had runny ears and those that had not (13% compared with 14%).

Physical health of the carer

Children living with a primary carer who had a limiting health condition were three and a half times more likely to be at high risk of mental health problems. Throughout WA, 15% of children were living with a primary carer who had a limiting health condition compared with 7% in the Broome ATSIC region.

Forced separation from natural family, forced relocation from traditional country or homelands, and social and emotional wellbeing of Aboriginal children and young people

THE survey found associations between the social and emotional wellbeing of children aged 4–17 years and the effects of past policies and practices of forced separation of Aboriginal people from their natural families on their carers and on their children. At the time of the survey, the carers of about 2,800 children in WA had been forcibly separated from their natural family by a mission, the government or welfare. In the Broome ATSIC region the carers of 180 children had been forcibly separated.

Aboriginal carers who were forcibly separated from their natural family were more likely to live in households where alcohol or gambling caused problems. They were twice as likely to have been arrested or charged with an offence and less likely to have someone with whom they could discuss their problems. These carers were also one and a half times more likely to have had contact with Mental Health Services. These events contribute to life stress events that have been shown to have a negative effect on the emotional and behavioural wellbeing of children and young people.

Among children in WA whose primary carers had been forcibly separated from their natural family, one-third (33%) were at high risk of mental health problems compared with one-fifth (22%) of those whose primary carer had not been separated. In the Broome ATSIC region, 27% of children whose primary carer had been forcibly separated were at high risk compared with 11% of children whose carer had not been forcibly separated.

Children whose carers had been forcibly separated from their natural family

- were more than twice as likely to be at high risk of mental health problems after adjusting for age, sex, LORI and whether the primary carer is the birth mother of the child
- were more likely to be at high risk of emotional symptoms, conduct problems and hyperactivity
- had levels of both alcohol and other drug use about twice as high as children whose Aboriginal primary carer had not been forcibly separated from their natural family.

Youth Risk Factors – self reported by 12–17 year-olds

YOUNG people aged 12–17 years were asked to complete a Youth Self Report (YSR) questionnaire which contained a range of questions about activities and behaviours, including whether they had used alcohol, tobacco and other drugs, their sexual knowledge and experience, whether they had done any physical exercise or participated in organised sports, or whether they had been bullied at school or treated badly because they were Aboriginal.

Smoking

Over one-third (35%) of young people in WA smoke regularly compared with 42% in the Broome ATSIC region. In the Broome ATSIC region over half (58%) of females smoked regularly. This was much higher than for females in the whole state (40%). Among males, there was little difference between the Broome ATSIC region (25%) and WA (31%).

Young people were almost twice as likely to smoke regularly if their parents smoke. Throughout WA, the parents of two-thirds (66%) of 12–17 year-olds smoke. In the Broome ATSIC region the parents of 87% of 12–17 year-olds smoke.

Smoking is related to being at high risk of mental health problems. In the Broome ATSIC region about one-fifth (21%) of young people who smoked regularly were at high risk compared with only 3% of young people who did not smoke.

Alcohol consumption

Alcohol had been drunk by 27% of Aboriginal young people aged 12–17 years with 12% who had drunk to excess (had drunk so much that they had vomited at least once in the past six months). In the Broome ATSIC region, 42% had drunk alcohol and 22% had drunk to excess. Almost half (48%) of females in the Broome ATSIC region had drunk alcohol. This was much higher than figures for females who had drunk alcohol in the whole state (27%).

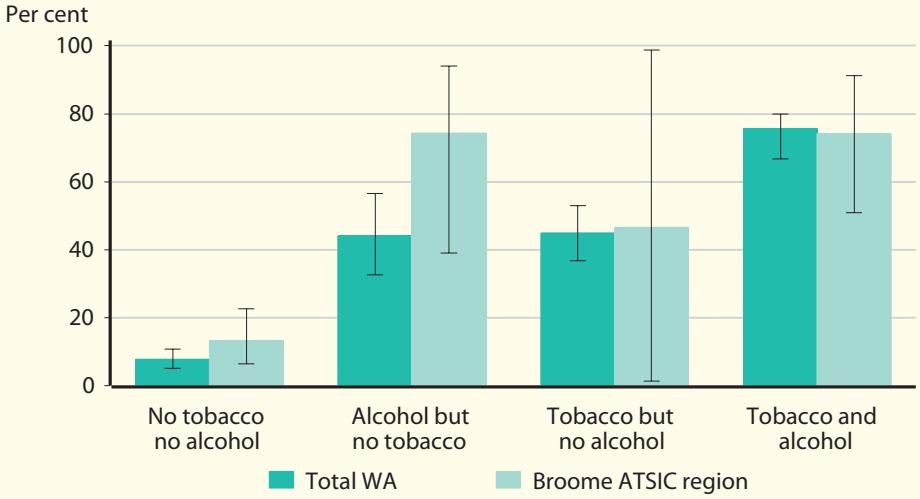
Marijuana use

In the Broome ATSIC region, 42% of young people had used marijuana at some time compared to 30% state-wide. It was used at least weekly by 17% of young people in the Broome ATSIC region and 12% of young people state-wide. In WA, 45% of 17 years-old males and 21% of 17 year-old females used marijuana at least weekly. In the Broome ATSIC region, almost all 17 year-old males and 23% of females used marijuana at least weekly.

Combined drug use

The combined use of marijuana, tobacco and alcohol was higher in the Broome ATSIC region (23%) than in the state as a whole (11%). The percentage of females using all three substances (29%) was higher in the Broome ATSIC region than in WA (11%). For males however, there was little difference between the Broome ATSIC region (16%) and WA (11%).

Young people aged 12–17 years — Proportion who use marijuana, by use of alcohol and tobacco



Physical activity and organised sport

In WA, 28% of young people had *not* done strenuous physical exercise in the week prior to the survey compared with 16% in the Broome ATSIC region. Throughout WA, many more females (36%) than males (20%) did not do any strenuous exercise. This was not the case in the Broome ATSIC region where there was little difference between the sexes with 18% of males and 14% of females not doing any strenuous exercise.

In WA, almost two-thirds (63%) of young people had taken part in organised sports in the 12 months prior to the survey. This was similar to the figures for the Broome ATSIC region where 61% participated in organised sports. In WA and in the Broome ATSIC region more many more males than females participated in organised sports. In WA 70% of males and 56% of females participated in organised sports compared with 76% of males and 46% of females in the Broome ATSIC region.

Bullying

Almost one-third (31%) of young people in WA who still went to school had been bullied at school. In the Broome ATSIC region, 40% of young people who still went to school had been bullied. Students who smoked cigarettes regularly were over twice as likely to have been bullied. Over one quarter (28%) of young people in WA who still go to school also smoke regularly compared with 33% in the Broome ATSIC region.

Racism

Over one in five Aboriginal young people (22%) in WA and in the Broome ATSIC region had been treated badly or refused service because they were Aboriginal.

Sexual knowledge and experience

In WA, over one-quarter (28%) of 12–17 year-olds have had sex and three-quarters (75%) of 17 year-olds have had sex. In the Broome ATSIC region 38% of all 12–17 year-olds and almost all 17 year-olds have had sex. One in ten (10%) young people who had had sex were found to have a limited understanding of sexual health and contraception.

Young people were six times more likely to have had sex if they were no longer attending school, four times more likely if they smoked regularly and four times more likely if they drink alcohol. They were also over six times more likely to have had sex if they used marijuana weekly or daily than those who had never used marijuana.

Youth self reported self-esteem and suicidal behaviour

THE following sections apply only to 12–17 year-olds (young people) who completed a youth self report.

Self-esteem

Low self-esteem is a risk factor for health risk behaviours, as well as for mental health problems. In WA, more females (32%) had low self-esteem than males (21%). In the Broome ATSIC region 23% of females and 17% of males had low self-esteem.

Young people who do a lot of physical exercise tend to have higher self-esteem than those who do very little exercise. Throughout the state, one-third (35%) of young people who had not done strenuous exercise had low self-esteem compared with a much lower 24% with low self-esteem among those who had done exercise. In the Broome ATSIC region however there was little difference in the percentage having low self-esteem between those who had not done strenuous exercise (18%) and those who had (21%).

Smoking cigarettes was also linked to low self esteem. In WA 32% of young people who smoked cigarettes had low self-esteem compared with 24% who did not smoke. In the Broome ATSIC region 30% of young people who smoked regularly had low self-esteem compared with 13% who did not smoke.

Suicidal behaviour

A particular concern to Aboriginal people, communities and health professionals is the prevention, early intervention and clinical management of children with suicidal tendencies.

Throughout WA 16% of young people said that in the 12 months before to the survey, they had seriously thought about ending their own life with 39% of these actually attempting suicide. In the Broome ATSIC region 22% thought about ending their own life and 22% of these made a suicide attempt.

Discussion

THE WAACHS is the most comprehensive study ever conducted describing the many factors that contribute to the social and emotional wellbeing of Aboriginal children and their families. The survey findings highlight the magnitude and urgency of the mental health problems faced by many Aboriginal children and families. In the Broome region 14% of children were at high risk of mental health problems.

A number of factors were related to mental health problems in children, the most significant of which were the number of life stress events experienced by the household, level of family functioning and quality of parenting. These inter-related factors highlight the degree to which the wellbeing of children is influenced by the environment in which they live. This suggests that a key to preventing emotional and behavioural difficulties lies in building strong, positive and supportive family and community environments to reduce the negative effects of multiple family life stress events.

The survey data also demonstrate the negative effects that the past practices of forcibly separating children from their families are now having on the children of those people who were separated.

Also documented in the WAACHS was the extent to which young people in the Broome ATSIC region engaged in of health risk behaviours was similar to that of Aboriginal young people as a whole in WA. The survey found that in the Broome ATSIC region 42% of young people smoke, 42% drank alcohol and 42% used marijuana. Some 38% of young people have had sex. Of concern is the fact that one in ten (10%) of these indicated they had only a limited understanding of sexual health and contraception. Some 22% of Aboriginal young people in the Broome ATSIC region had seriously thought of ending their own life in the year prior to the survey.

The survey has demonstrated that physical health, of both the child and of the carers, affects social and emotional wellbeing. Actions taken to address the disparities in physical health in both Aboriginal children and adults can thus have important flow-on benefits for the social and emotional wellbeing of children. These data indicate that significant benefits could be achieved through further actions to foster and support parenting skills in carers.

In terms of clinically significant emotional and behavioural difficulties, children and young people in the Broome ATSIC region are doing generally better than their counterparts elsewhere in WA. The WAACHS data show that this is linked to their relatively lower exposure to family and community risk factors. This include lower average levels of family stress, better quality of parenting, lower family mobility and generally better carer physical health. This suggests that future programs and strategies should seek to extend the benefits for children which derive from lower levels of these family and community risk factors. Additionally, for young people 12–17 years, efforts are needed to reduce the high levels of tobacco, alcohol and marijuana use and early sexual activity. Strategies to buffer children from the effects of multiple stresses affecting the family and reducing bullying and racism in schools and the community are also likely to bring significant benefits for the social and emotional wellbeing of Aboriginal children and young people.

Proportion at high risk of mental health problems and specific difficulties, by carer report and youth self report — Broome ATSIC region compared with Total WA

	Carer report		Youth self report	
	Broome ATSIC region (%)	Total WA (%)	Broome ATSIC region (%)	Total WA (%)
Proportion at high risk of clinically significant —				
total difficulties	14	24	11	11
emotional symptoms	11	23	11	11
conduct problems	23	34	7	23
hyperactivity	5	15	10	15
peer problems	19	28	6	5
problems with prosocial behaviour	3	4	10	6

Carer reported factors affecting the emotional or behavioural wellbeing of children and young people — Broome ATSIC region compared with total WA

	Broome ATSIC region (%)	Total WA (%)
7 or more family stress events	14	22
Quality of parenting —		
Very good	52	34
Good	20	26
Fair	10	15
Poor	19	25
Family functioning		
Poor	23	21
Good	75	76
Family care arrangements		
Both original parents	39	42
Sole parent	37	34
One parent and new partner	9	9
Other (aunts uncles etc)	14	14
Lived in 5 or more houses since birth	17	27
Difficulty saying certain sounds	5	10
Runny ears	22	22
Vision problems	9	8
Carer health – limiting health condition	7	15
Household occupancy – High	43	29
Primary carer separated from family	15	12

Youth reported factors affecting the emotional or behavioural wellbeing of children and young people — Broome ATSIC region compared with total WA

	Broome ATSIC region (%)	Total WA (%)
Still attending school	73	74
Strenuous Exercise - lack of	16	28
Organised sport	61	63
Smoking	42	35
Alcohol - had drunk to excess	22	12
Marijuana - used weekly or more often	17	12
Ever had sex	38	28
Bullied at school (school attendees only)	40	31
Racism experiences	22	22
Suicidal thoughts	22	16
Attempted suicide	5	7

How to obtain a copy of the main report

A copy of the report *The Social and Emotional Wellbeing of Aboriginal Children and Young People* can be purchased for $80 (plus postage & handling) from:

Telethon Institute for Child Health Research
Telephone: (08) 9489 7777.

A PDF version of the main publication can also be downloaded from our website:

www.ichr.uwa.edu.au

Further information

If you would like further information about the Western Australian Aboriginal Child Health Survey:

call our information line on (08) 9489 7777, OR

email: waachs@ichr.uwa.edu.au

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