



**“A safe haven to support me”:
An evaluation report on the
Central Coast
Family Wellbeing Program**

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Report overview

A significant proportion of young people in Australia including the NSW Central Coast region are not engaged in school, work and other social systems. The consequences of disengagement can be profound and are linked to higher rates of social and mental health problems, including suicide and alcohol and drug use. Being male and Indigenous are amongst the key factors identified as being risks for youth disengagement.

This report presents an analysis of the Family Wellbeing (FWB) program on the NSW Central Coast. FWB implementation on the Central Coast is designed to enhance the social and emotional wellbeing of young Aboriginal men and improve engagement in education, employment and other social and cultural participation. Facilitators specifically tailored the program to engage the young men by integrating the FWB foundation topics with physical and cultural activities such as swimming, football, basketball, traditional body painting and dance as well as visits to cultural sites with local Elders to listen to stories. A private Facebook page was set up as a means of communication.

Since 2014, 327 mostly young men have participated in the program. In addition, 51 service providers and family members of the young people attended the FWB skills development workshops designed to build local capacity to better support young people using a common practice framework. Apart from the 3-year funding commitment from 2013-2015, funding has been unpredictable and short-term, secured for between 5 and 12 month periods.

A formal evaluation was not funded as part of the program however the facilitators endeavoured to collect evaluation data where possible through pre-post surveys and open-ended feedback from participants across three periods – 2014/15, 2016 and 2017/18. Thus, there were limitations in the capacity to plan and collect data, especially post training data from a mostly at-risk group of FWB participants.

The overall findings suggest, across different periods, a consistent value or benefit from the FWB program to participants. The report documents significant changes in the lives of the young men involved. Typically, these young men had experienced very difficult family circumstances and had suffered significant grief and loss. Through FWB, they not only

developed self-awareness and relationship skills but also built a sense of Aboriginal identity, hope and supportive relationships. From this strengthened position, many reengaged with family and schools, apprenticeships and employment and started to take control of their drug and alcohol use.

The positive findings of this report must be viewed against the alternative strategies to support the needs of a high profile at-risk cohort – and recognize that such strategies are limited in both their availability and value. FWB operates more as a preventative tool – meaning that as well as avoiding the very high known costs associated with medical treatment and/or criminal interventions, it offers the opportunity that participants instead improve their health and wellbeing and potentially make positive contributions to society through work and other social participation.

Despite insecure funding, the program had positive impacts on participants' social and emotional wellbeing, showing the adaptability of the program to the needs of different communities. The report draws attention to the need for more sustainable funding for promising programs such as the Central Coast FWB including properly resourced long-term evaluation. Insecurity and loss of funding means a loss of opportunity for future participants to be supported, mentored and engaged in learning and employment. It will also impact on those who have completed FWB and who rely on the FWB network for ongoing support. If the program were to end due to lack of funding, valuable momentum is at risk of being lost.

This report recommends a long-term funding commitment based on achievement of agreed short, medium and longer-term outcomes. Ongoing financial support would enable sustainable implementation and evaluation to demonstrate that investment in FWB, with proven capacity to engage young people towards greater participation in culture, education and employment, not only improves health and wellbeing for young people and their families, it also saves taxpayer money in terms of reduced health care and criminal justice costs.

Introduction

The Family Wellbeing Program (FWB) has been implemented on the NSW Central Coast since 2013; however, the nature of funding has resulted in only short-term appraisals, with limited opportunity to undertake a longer-term rigorous evaluation of the program impact. This report draws on year-by-year program data to provide a more comprehensive assessment of the process of implementing the FWB program on the Central Coast over the past six years and its impact on participant health and wellbeing.

While the available data is limited, the overarching question being asked is has the use of FWB been of value, what evidence supports this conclusion, and does FWB offer a good strategy to manage the issues into the future? To address this question, this report responds to three issues:

- (i) **The use of FWB to date:** To understand the scope to which FWB has been applied in the Central Coast area, with the associated evaluation details undertaken as an unfunded element of those interventions
- (ii) **What does the assessment data collected tell of the program impact?** and;
- (iii) **Future planning:** how does this information inform future decisions regarding the use of FWB and strategies for further evaluation. In addition to recommending the continued application of FWB in work with the Indigenous youth, the value of a more consistent approach to the collection of data to support an impact evaluation is strongly recommended.

Background

The Central Coast context

A group of services located on the NSW Central Coast - Yerin Aboriginal Health Service, Nunyara, Aboriginal Health Unit within the Central Coast Local Health District (CCLHD) and the Central Coast NSW Medicare Local (CCNSWML)¹ - had long been concerned about the engagement of Aboriginal youth in the region. The rate of participation in education by Aboriginal youth was notably lower than that of non-Aboriginal youth. In the Gosford local area, 67% of Aboriginal youth aged 15-19 years were attending an educational institution compared to 73% of non-Aboriginal students; with corresponding figures in the adjacent Wyong local area of 60% compared to 67% (Whiteside et al., 2016; Yerin Aboriginal Health Services Inc., Central Coast NSW Medicare Local, & Central Coast Local Health District, 2013). This disengagement occurred within a broader context of relatively lower socioeconomic circumstances, higher unemployment, higher representation in the criminal justice system, higher rates of preventable chronic diseases, and lower life expectancy for Aboriginal Central Coast residents overall (Whiteside et al., 2016; Yerin Aboriginal Health Services Inc. et al., 2013). The local health services group (the group) identified young Aboriginal men as the critical 'at risk' group for suicide prevention. The group viewed young Aboriginal people as the community leaders and parents of tomorrow, and believed investment in their social and emotional wellbeing would support a stronger, brighter and more resilient Aboriginal community into the future (Gabriel, 2017).

The CCNSWML knew that to be successful, the type of program selected for delivery would need to be appropriate for this community with characteristics that demonstrated strong community partnership and designed to address real issues, providing a sustainable approach to community empowerment. Researching appropriate program models, the CCNSWML read an article that guided the way forward: *Evaluating Aboriginal empowerment programs: The case of Family Wellbeing*. *Australian and New Zealand Journal of Public Health* (Tsey & Every, 2000). When contacted by the CCNSWML, co-author Tsey agreed to mentor the group in FWB implementation (Gabriel, 2017).

¹A primary health care network established by the Australian government to coordinate primary health care delivery and tackle local health care needs and service gaps.

In 2012-13, under the auspices of the CCNSWML, the group applied for, and received funding to pilot the Family Wellbeing (FWB) program to address the mental health needs of local Aboriginal youth at risk of dropping out of school and/or entering the juvenile justice system. The Australian government at the time had released the *Mental Health: Taking Action to Tackle Suicide (TATS)* package that promoted services for vulnerable populations including Aboriginal and Torres Strait Islander people.

FWB is an Aboriginal healing program developed in 1993 by the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment (Tsey et al., 2019). FWB is a well-documented tool for engaging Aboriginal Australian adults to take greater control of and responsibility for their health and social and emotional wellbeing (SEWB; Tsey et al., 2019; Tsey et al., 2010; Whiteside, Tsey, Cadet-James, & McCalman, 2014), and was seen as highly appropriate for adaption to this situation. This report presents findings from FWB participants across the period 2014 to 2018.



Methods

Program delivery

CCNSWML recruited two Aboriginal male community workers, passionate and committed to the program and population group and with excellent networks within the local Aboriginal communities, to adapt and facilitate FWB course content, for example incorporating cultural knowledge and sporting activities. A steering committee was established with Aboriginal representatives from key local agencies including Aboriginal health, drug, and alcohol services; the police; housing; education; child protection; and the youth sector. With lengthy experience in delivering and evaluating FWB, co-author Tsey provided training and ongoing mentoring to the local facilitators including evaluation support.

Facilitators specifically tailored the program to engage the young men. The 10 FWB foundation topics (Table 1) were integrated with physical and cultural activities such as swimming, football, basketball, and visits to cultural sites with a local Elder. A private Facebook page was set up as a means of communication.

Table 1. FWB foundation topics

Basic human needs	Beliefs and attitudes
Caring for ourselves	Conflict resolution
Coping with grief and loss	Human qualities
Human relationships	Learning to set boundaries/group agreement
Understanding and managing crises	Understanding and managing emotions

Funding and participants

Tables 2 and 3 presented here provide respective overviews of the sources of funding for FWB implementation and the number of participants attending the program between 2014 and 2019. Apart from the 3-year funding commitment from 2013-2015, funding has been unpredictable and short-term, secured for between 5 and 12 month periods.

Since 2014 a total of 327 mostly young men have participated in the program; in addition a total of 51 service providers and family members of the young people attended the FWB

skills development workshops designed to build a community of practice that can better support young people using a common practice framework across the region.

Table 2. FWB funding history 2014-2019

Year	Funder	Contract period
2013-2014	Department of Health (<i>TATS</i> package)	Initially 3 years
2014-2015	Department of Health (<i>TATS</i> package)	
2015-2016	Hunter New England Central Coast Primary Health Network (HNECCPHN)	12 months – contract novated from Department of Health to PHN
Jul 2016-Jan 2017	HNECCPHN	7 months
Feb 2017-Jun 2018	HNECCPHN	5 months
2018-2019	HNECCPHN	12 months

Table 3. FWB participants 2014-2019

Year	Program participants	Participant supporters
2014	30	2
2015	68	6
2016	65	11
2017	48	23
2018	88	-
2019 ^a	28	9
Total	327	51

^a 2019 School Term 1 only

Data collection

Data was collected through pre-post surveys and interviews with participants in the study across three periods – 2014/15, 2016 and 2017/18. In addition to demographic and background material on individuals collected in all periods, the first two periods collected details of change in psychological distress (through the Kessler 5 (K5) scale) and also in the post survey, a self-assessment of perceived benefit of involvement in FWB. In the 2017/18 period, the focus was on levels of drug taking and use, identified among the earlier cohorts as a major problem for young people in the region. Additional open response

options, which provided the capacity to capture some personal perspectives from participants, were included in all the surveys.

Formal evaluation was not funded as part of the program however the facilitators endeavoured to collect evaluation data where possible through pre-post surveys and open-ended interviews with participants across the three periods 2014/15, 2016 and 2017/18. Thus, there were limitations in the capacity to plan and collect data, especially post training data from a mostly at-risk group of FWB participants.

Selection of participants for this report

Period 1-2014/2015

In 2014, a group of disenfranchised high school students, some of whom were in the juvenile justice system, engaged in a FWB intervention as a strategy to use empowerment to improve both immediate school engagement and future life outcomes. Participants were 30 young men, none of who had completed Year 12 and only six had completed Year 11. Eleven participants indicated they had achieved some level of technical training but details of this training are unknown. Participants were invited to complete questionnaires prior to the start of the program and three months after program completion. The questionnaire comprised five parts (demographics; the Kessler-9 scale; nine post-program progress items; and two open-ended items).

Period 2-2016

Participants were 88 students (79 male; 9 female). Most students were in junior high school (57 students in Years 8 to 10) with only a small number reporting they were in Years 11 or 12. The 2014/2015 survey was used. In assessing the effect of this training, the focus was on understanding at the individual level, the experience, and determining if there had been a significant change in the participant on a factor such as psychological distress.

Period 3-2018

Participants were 49 males from three school groups, the juvenile justice system and a drug and alcohol rehabilitation centre. Most were aged 13 to 18 years and in Year 10 or below. Eight participants from the alcohol rehabilitation centre were aged over 18. The focus of this third and final evaluation data was to determine the feasibility of the recognised Alcohol

Smoking and Substance Involvement Screening Tool (ASSIST) as an additional evaluation outcome measure, given evidence suggesting drug use as a major issue for the FWB participants.



Findings

Despite the different participants, a general finding is the overall success of the program and the value placed on it by participants. The following section presents and discusses the key areas of effect from involvement in the program, including results from recognised scales (the K5), self-report assessments on levels of benefit from involvement in FWB, and some open response comments relating to perceived benefit and change.

Wellbeing

A consistent improvement in psychological distress occurred across both the Period 1 and 2 programs (Figure 1).

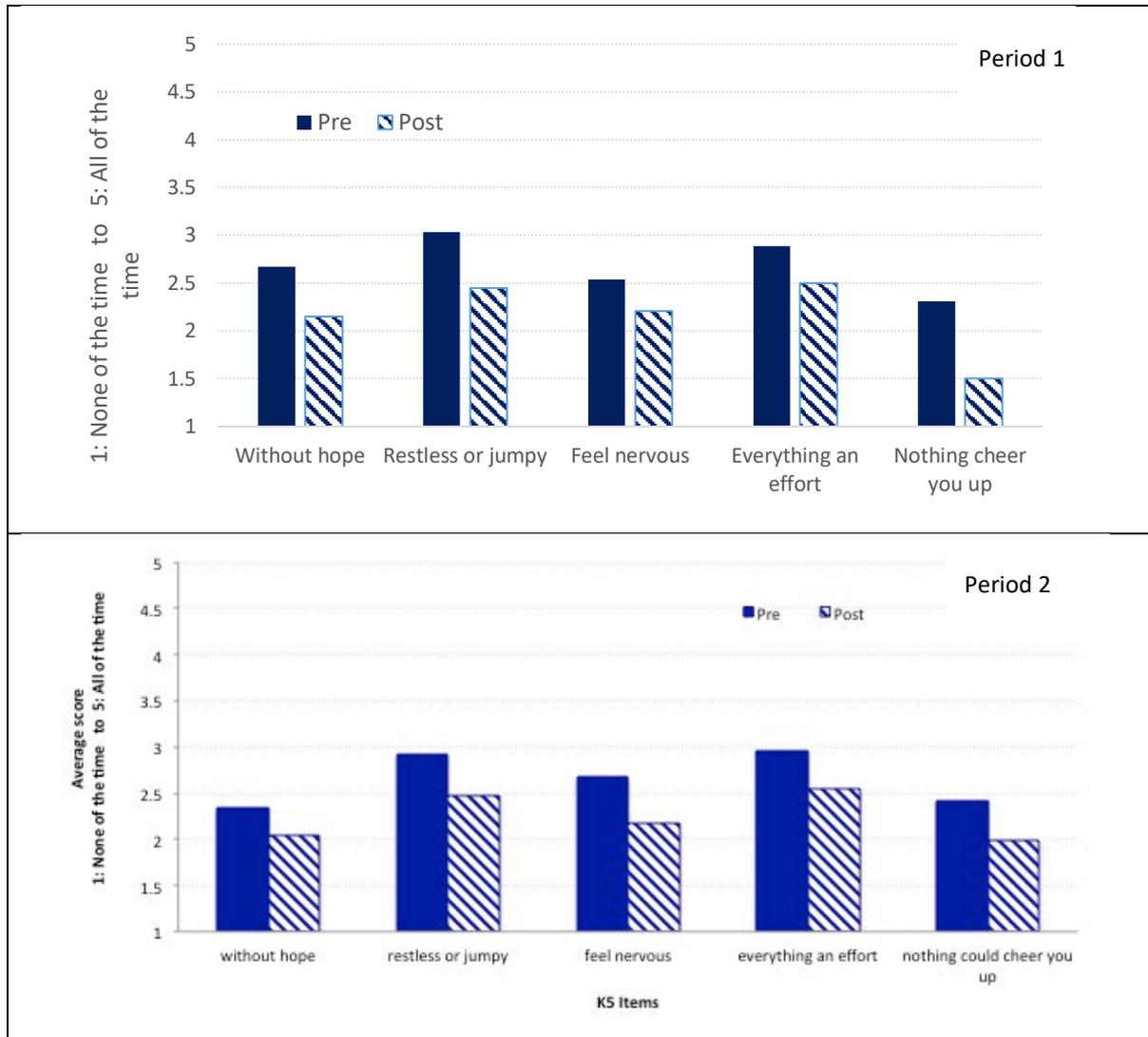


Figure 1. Average scores on the five K5 items for pre and post responses

There were improvements on each of the K5 items in Periods 1 and 2, reflecting improved psychological wellbeing. This was reinforced by the highly significant improvement seen on the paired t-tests undertaken on each study. A paired t-test of the K-5 total score assessed the 13 complete pre-intervention and post-intervention responses in Period 1. This showed a highly significant reduction in psychological distress across the time of the study ($t=3.67$, $df=12$, $p=.003$) with a very strong effect size ($d= 1.02$). For Period 2, a similar effect was observed, with a significant decrease in the aggregated scores across the K5 items

($t=3.943$, $df=47$, $p < .001$, $d = 0.5691$), with the effect size indicating a medium to high effect.

Effect of intervention

Information on how the intervention impacted various aspects of life was collected through two mechanisms. Self-report assessments on nine items related to the FWB program were collected in the post survey for Periods 1 and 2 (Figure 2).

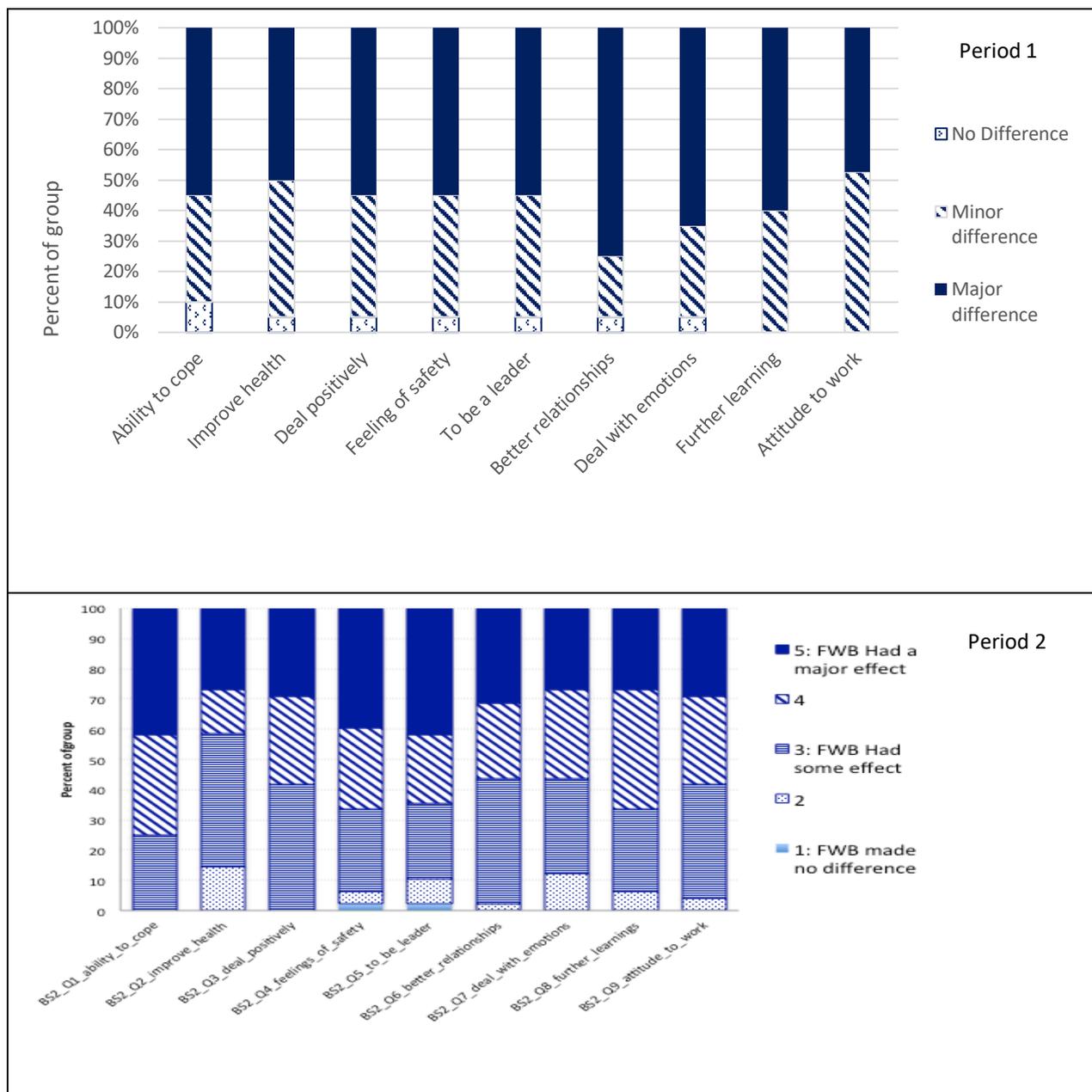


Figure 2. Participant assessments of the benefit of the program through a rating of nine items post survey.

Drug use among respondents

Respondents to the Alcohol Smoking and Substance Involvement Screening Tool (ASSIST) were from three participating school groups as well as from the Frank Baxter Juvenile Justice Centre (FBJJC) and The Glen Rehabilitation Centre, the only male specific drug and alcohol rehabilitation centre on the Central Coast. The respondents were all males, with most (84%) aged 13 to 18 years and in Year 10 or below. Eight participants from The Glen were aged over 18. Most (92%) respondents identified as Aboriginal with limited cultural exposure. Most participants (58%) reported having been suspended or expelled from school at some time. Learning disabilities were reported by 12% of respondents, highest among respondents from The Glen (100%). Most respondents (84%) identified alcohol and drug use. The following section provides an overview of patterns of use of identified substances among respondents.

Amphetamines: Responses indicated 29% of respondents had used amphetamines. Age of first use ranged from 10-14 years for respondents from FBJJC while respondents from The Glen indicated first use between 20-28 years of age. Usage patterns were reported as high as daily. Respondents also reported difficulty in attempts to minimise their usage.

Marijuana/cannabis: Responses indicated 60% of respondents had used marijuana/cannabis. There were generally wider patterns of use but also a younger age of first use at 13-14 years. Usage was reported as weekly, with no reported difficulties in stopping use.

Heroin: Responses indicated 8% of respondents had used heroin. There was no reported use by school participants. One user was from FBJJC and three users were from The Glen. Age of first use was 20 years of age and over, highlighting a future risk for school participants. Usage patterns were identified as every few months, with an average three hits per use: only one respondent reported usage in the previous year and one respondent reported usage in the previous month. No respondents reported difficulties in stopping use.

Alcohol: Responses indicated 73% of respondents had used alcohol: 42% school, 80% FBJJC and 100% The Glen. Age of first usage ranged from 8-18 years, typically in the early teens. Responses indicated 37% of respondents had used alcohol in the previous year but

not the previous month, including 100% of respondents from school groups and FBJJC, and 63% of respondents from The Glen. Responses indicated generally high consumption patterns and very regular usage (daily or 5-6 times a week), with some reasonable and some very high rates across all groups (16-19 drinks per session).

Tobacco: Responses indicated 45% of respondents had used tobacco. Responses indicated tobacco use was highest among respondents from The Glen (100%) and FBJJC (90%) and mixed among the school groups (75% at School 1 and 0% at Schools 3 and 4).

Other drugs: Responses indicated 10% of respondents had used other drugs including MDMA (6%), cocaine (4%), acid (1%), DMT (1%), Fantasy (1%) and Seroquel (1%). Respondents from The Glen reported usage of several drugs.

Table 6 provides a summary of the alcohol and other drug use by groups. Given the wide variety in personal circumstances, four cases – two from school students; one from the FBJJC and one from The Glen - illustrate some patterns across drug use.

It is evident the diversity of drug use differs between participants at school and those in juvenile justice or rehabilitation. Amphetamine use was reported by only one (3%) school student participant, but by over 60% of participants in juvenile justice and 88% of participants in rehabilitation. Participants reported a lower use of heroin by participants, with no use by school students, one user in FBJJC and three users in The Glen. Conversely, high levels of use of cannabis, alcohol and tobacco were reported, although all had slightly lower usage in school students than in those in juvenile justice or rehabilitation.

Table 6. Summary of alcohol and other drug use by participant groups, noting specific details of a small subset of participants who demonstrated diverse usage

Group	Amphetamines	Cannabis	Heroin	Alcohol	Tobacco	Other	Comment
3 School - 18 /31 suspended or expelled							
All 31 cases	1	11	0	20	6		Other Drugs: MD, MA
Example 1	Y	Y		Y	Y	MDMA	Age 17. Year 9, expelled. ADHD, OC, anxiety, depression. High usage.
Example 2		Y		Y	Y		Age 15. Year 10, suspended. ADHD. High usage.
Frank Baxter Juvenile Justice Centre – 10/10 suspended or expelled							
All 10 cases	6	10	1	8	8		Other Drugs: Acid, MD, MA
Example 3	Y	Y		Y	Y	Acid MDMA	Age 18. Year 10, suspended, TAFE. ADHD, anxiety and depression (meds). Unemployed, in a home, time in juvenile detention, own issues. Started amphetamines daily at 11; cannabis at 9.
The Glen Rehabilitation Centre – 6/8 suspended or expelled							
All 8 cases	7	8	3	8	8		Other drugs: Cocaine, MDMA, DMT Fantasy, Speed, Seroquel
Example 4	Y	Y	Y	Y	Y	Speed	Age 49. Non-Aboriginal. Suspended from school. Currently employed. Police record, AVO. Started alcohol at 8, meth at 14, and heroin at 20. High regular use of alcohol (e.g. 20 drinks/day).

Summary of open-ended responses

The qualitative results provide strong evidence of learning, empowerment and change, as demonstrated below in comments from facilitators or participants:

Period 1

- One young man who had a habit of intimidating others learned to relate to peers more constructively. Some participants, where possible and helpful for them, reconnected with their families: “he rekindled things back at home and is kicking goals now like there’s no tomorrow” (Facilitator 1)
- One young man recently released from juvenile detention enrolled in a preparation for university program. Some gained employment: “...one of our young guys ...ended up getting a job on an NBN construction line going around New South Wales earning \$1,400 a week” (Facilitator 2)
- Some young men reduced their drug taking and/or entered rehabilitation. Others sought mental health treatment where this was required and felt “...more composed and in control... and a lot more at ease and comfortable in their skin” (Facilitator 1)
- There were also reports of young men reducing their drug usage: “... he’s joined a gym, he’s given up cigarette smoking and I don’t think he does drugs and he looks really healthy...” (Facilitator 1)

Period 2

Participants spoke of achieving significant changes in their lives after attending FWB.

These changes included: (i) enhanced personal confidence and self-esteem; (ii) ability to control emotions; (iii) reduction in drug and alcohol use; (iv) improved relationship skills and relationships; (v) planning for a better life; and (vi) engagement in training and employment.

- “Before I started the group I was a bit antisocial and lackin[g] confidence and certain communication skills” (M:73)
- “The FWB program has brought me into their safe haven to support me” (M:81)
- “I have found a lot of support and nurturing since coming to the family wellbeing program” (F:50)
- “In this it helped me be myself without fear” (M:74)
- “...provide me and the other boys how to deal with problematic situations” (M:81)

- Family wellbeing program helped me so much with dealing with problems such as family, friends, drugs, relationships. They help me to overcome what I felt down about. Before coming into the program, I bottled all my emotions and feelings up but now I know that it's better to talk to someone and know that you're not alone. It has impacted my life so much and I love this program (F:55)
- "Have improved my relationship with my mum and family" (M:44)
- "The family wellbeing program has helped me be more mature and be a role model to others and the community" (M:45)
- "Helped me get back into school. I'm now in a leadership program" (M:44)
- "I'm doing TAFE, my Year 10 course and Cert 2 and 3 in Construction" (M:26)

Period 3

School

- "I learned to use my voice, so I am a lot more confident to speak to people and crowds"
- "I learned more about my culture and made new friends. Also learned respect and to behave like young men"
- "Meet some new friends, great people, people to talk to about life. Learned about respect and culture. I could connect with Matt and Nigel, always have someone to talk to now, and get in less trouble"
- "I don't get in trouble anymore, and now I know so much more about my culture"

Juvenile Justice

- "How to get through hard things in life, and new life skills"
- "I learned about positive role models"
- "It was good to know that I have support in the community"
- "I learned about the importance of basic human needs"

Rehabilitation

- "Communicating with family and friends better"
- "Loved the Smoking Ceremony"
- "I found I related to all the ideas of this program, things I can use as tools to help me on my journey"

- “I have learned a lot of knowledge about going back into the community and triggers and steps on how to deal with those”



Implications for the future

The overall findings evidence, across different applications, a consistent value of FWB to participants. This also must be viewed against the alternative strategies to support the needs of a high profile at-risk cohort and recognize that such strategies are limited in both their availability and value. FWB operates more as a preventative tool – meaning that as well as avoiding the very high, known costs associated with medical treatment and/or criminal interventions, it offers opportunity for participants to instead enhance their health and wellbeing and potentially make positive contributions to society through work and other social participation.

This evaluation also highlights an opportunity potentially lost. The data in this report was collected not as a part of a formal evaluation process but informally by those running the program. A key implication of the findings is a focus on the future: the value of continuing the delivery of FWB and the embedding of a consistent evaluation process to ensure collection of rigorous data to add to the capacity to refine and communicate the findings from this strategy.

The Central Coast FWB program has now been running since 2014 and some 300 mostly young men and 50 service providers and parents of the young people have participated. Significant changes in the lives of the young men involved is evident. Some had experienced very difficult family circumstances and had suffered significant grief and loss. Through FWB, they not only developed self-awareness and relationship skills but also built a sense of cultural identity, hope and supportive relationships. From this strengthened position, many reengaged with family and schools, apprenticeships and employment and started to take control of their drug and alcohol use. The quantitative and qualitative evaluation results presented here suggest that FWB has the capacity to engage young Aboriginal men and make a marked contribution to their SEWB. Improvement in most aspects of psychological distress as indicated by the Kessler Scale scores were reinforced by respondent self-assessment, which indicated a very strong improvement in, for example, their capacity to manage relationships, engagement in education and employment, and other mental health and physical health aspects. Thus, not only do diagnostic measures of impact show significant improvement, the young men themselves perceived improvement and could see how they were supported. Program facilitators and the steering group witnessed these outcomes. Future FWB evaluation targeting at-risk young men such as the Central Coast participants should consider incorporating the Alcohol Smoking and Substance Involvement Screening Tool (ASSIST) as additional outcome measure.

The results confirm other mixed methods pre and post evaluations of FWB in multiple sites across Australia and internationally (Onnis, Klieve, & Tsey, 2018; Tsey et al., 2018; Whiteside et al., 2017; Whiteside et al., 2018; Yan, Yinghong, Lui, Whiteside, & Tsey, 2019). These evaluations have shown that participation in FWB enhances people's self-awareness, sense of hope and optimism, family and community relationships, and an overall capacity to take control of their lives. These changes were demonstrated in the agency of participants in areas including engagement in training and employment, family life, reduced alcohol and drug use and interactions with the police (Gabriel, 2017; Whiteside et al., 2014).

Sustained demand for, and spread, of the FWB program to more than 60 sites across Australia and beyond, especially in the past 10 years has been premised on two key factors: Aboriginal development and control of the program and research evidence of its empowering effects. These two factors have combined to create perceptions among

frontline workers that FWB is a relevant and credible empowerment tool for people to exert greater influence over the factors affecting their health and wellbeing. The Central Coast program is part of an Australia-wide FWB community of practice and similar positive outcomes are evident in other settings including Yarrabah, North Queensland, the Mallee District Aboriginal Service, Victoria, and the Act for Kids child and family support service in North Queensland. The program results have received national attention; for example, a case study of the Central Coast FWB program was documented as a successful model of primary health care in the 2019 Australian Human Rights Commission Close the Gap Report.²

The primary concern not only for Central Coast FWB delivery but also for communities and organisations employing FWB across Australia is a lack of sustainable funding. Facilitators and managers are very concerned that the Central Coast FWB project does not have funding to continue. This means loss of opportunity for future participants to be supported, mentored and engaged in learning and employment. It will also affect those who have completed FWB and who rely on the FWB network for ongoing support. This support is critical for young men to maintain change over time. Facilitators share a deep commitment to the program.

Without investment in programs evaluated to show they lead to critical change in a community, the alarming cost will be business as usual for Aboriginal and Torres Strait Islander people. The gap between Indigenous and non-Indigenous lives will continue to deepen. The suicide rate for Indigenous Australians will continue to be almost twice the rate for non-Indigenous Australians. This rate will continue to be higher for 15–19 year olds who have a suicide rate five times more than the non-Indigenous rate. Almost one-third (30%) of Indigenous adults will continue to be assessed as having high or very high levels of psychological distress and 2.7 times more likely to have these levels of distress than non-Indigenous adults. Indigenous Australians' disproportionately high levels of contact with the justice system will continue: 44% of young people aged 10–17 under youth justice supervision and 27% of the total adult prisoner population are Indigenous³.

² See <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-report-our>

³ See <https://www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents>

This report recommends a long-term funding approach. Ongoing financial support would enable sustainable implementation and evaluation to demonstrate that investment in FWB, with proven capacity to engage young people towards greater participation in culture, education and employment, not only improves health and wellbeing for young people and their families, it also saves taxpayer money in terms of reduced health care and criminal justice costs.

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