

Towards best practice during COVID-19: A responsive and relational program with remote schools to enhance the wellbeing of Aboriginal and Torres Strait Islander students

School Psychology International

2023, Vol. 44(2) 214–235

© The Author(s) 2022



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/01430343221137717

journals.sagepub.com/home/spi



Janya McCalman 

Nicole Caelli

Central Queensland University, Australia

Helen Travers

Youth Empowered Towards Independence, Australia

Veronica Graham

Ernest Hunter

James Cook University, Australia

Abstract

Purpose: From 2018, the Schools Up North (SUN) programme worked with three remote Australian schools to enhance their capability and resilience to support the wellbeing and mental health of Aboriginal and Torres Strait Islander students and staff. This paper explores the implementation of SUN during the first two years of COVID-19 (2020–2021). *Method:* Using grounded theory methods, school staff, other service

Corresponding author:

Janya McCalman, Jawun Research Centre, Central Queensland University, cnr Shields and Abbott Sts, Cairns, QLD 4870, Australia.

Email: j.mccalman@cqu.edu.au

providers and SUN facilitators were interviewed, with transcripts and programme documents coded and interrelationships between codes identified. An implementation model was developed. *Results:* The SUN approach was place-based, locally informed and relational, fostering school resilience through staff reflection on and response to emerging contextual challenges. Challenges were the: community lockdowns and school closures; (un)availability of other services; community uncertainty and anxiety; school staff capability and wellbeing; and risk of educational slippage. SUN strategies were: enhancing teachers' capabilities and resources, facilitating public health discussions, and advocating at regional level. Outcomes were: enhanced capability of school staff; greater school-community engagement; student belonging and engagement; a voice for advocacy; and continuity of SUN's momentum. *Conclusions:* The resilience approach (rather than specific strategies) was critical for building schools' capabilities for promoting students and staff wellbeing and provides an exemplar for remote schools globally.

Keywords

Indigenous, First Nations, remote, grounded theory, mental health promotion

Introduction

Schools in Australia's remote communities are generally small and government-run, and they have a history of cultural mismatch and teachers poorly prepared for remote work (Bottrell & Knipe, 2020). Consequently, they have struggled to maintain student attendance rates and educational outcomes (Bottrell & Knipe, 2020). In part, school functioning is compromised by the risk factors that characterise many remote communities, such as poor access to health services, limited employment, high rates of chronic disease, overcrowded housing and shorter lifespans for residents compared to people living in urban areas (Australian Institute of Health and Welfare, 2022; Crooks et al., 2020). The vast distances in the Australian context add to this marginalisation, where communities retain distinct language and social practices, and schools and other services are accountable to centralised offices many hundreds of kilometres away.

In Australia, the proportion of Aboriginal and/or Torres Strait Islander people (Australia's two distinct Indigenous populations and hereafter respectfully termed Indigenous) increases with remoteness, with 32% of Indigenous students living in remote or very remote Australian communities (compared to 1.9% of the Australian population) (Australian Bureau of Statistics, 2017). Indigenous students' strengths include more than 75% reporting being happy all or most of the time, and of those living in remote areas, more than 80% knowing their traditional homelands and participating in cultural activities (Australian Institute of Health and Wellbeing, 2018). Building on these strengths is crucial, because young Indigenous people are also Australia's most socially and educationally disadvantaged and least healthy adolescent population (Australian Government, 2020; Azzopardi et al., 2018). By contrast to non-Indigenous

Australians, Indigenous youth must contend not only with a history of discriminatory legislation and practices that radically undermined the salience of family relationships and responsibilities, and restriction in access to the means of social mobility – including school, but also the relative deprivation of disrupted social structures, inadequate housing, barriers to employment, and racism in the present. By the middle school years, Indigenous school attendance in remote Northern Territory and Queensland communities is at a variable 32–80% (Robinson et al., 2016), and by Year 12, just 38% of Indigenous students from very remote areas nationally achieved year 12 completion (Australian Government, 2020). Furthermore, 43% of Indigenous youth aged 15–19 years nationally identified that they felt stressed either all or most of the time in the past four weeks, and close to half (47%) reported that they had been treated unfairly in the past year (Tiller et al., 2021).

In 2017, a mental health needs assessment conducted by the Northern Queensland Primary Health Network (NQPHN) identified youth mental health as a priority in the remote Cape York and Torres Strait Islander communities of north Queensland; Indigenous people comprise 56% of the Cape York population and 92% of the Torres Strait Islands populations. The NQPHN considered schools, primary healthcare services and youth services as sites for prevention and early intervention; ideally these sectors work together to support students' wellbeing. They opted for schools as the best placed sites for reaching students with prevention and early intervention prior to the onset of most mental disorders from the early teens to the mid-20s (McGorry et al., 2007). A school-based mental health programme, the Schools Up North (SUN) project, was thus developed in response. A general shortage of qualified psychology professionals and particular difficulty in attracting psychologists to remote schools meant that the task of developing and implementing SUN fell to an external non-government youth organisation, Youth Empowered Towards Independence (YETI) based in the regional city of Cairns, and funded from 2018 to work with two and later three remote Queensland secondary schools to support the wellbeing of their Indigenous students (aged ~11 to 18 years) and staff, and to address early mental health difficulties.

Background to SUN

The initial SUN programme logic rested on three pillars: the importance of student school engagement to mental health and wellbeing; the centrality of positive relationships between students and teachers to consolidating student engagement (and retention of teachers and students), and that relevant knowledge, skills, experiences and relationships empower teachers to maintain that engagement and increase their educational agency. To that end, SUN commenced with workshops specifically designed to elicit from remote-community-experienced teachers, personal and professional mechanisms to address classroom and community challenges, which were then rescripted in peer-to-peer workshops with new teachers. Subsequent meetings introduced a range of external providers and, after local consultation, identified priority needs were addressed with training workshops led by experts in a range of topics including classroom management techniques and trauma informed practice. From the outset, seeking to forward plan in the spirit

of codesign and in response to local needs, additional directions were embraced without losing sight of the original intent and resulted, for instance, in engaging with students and community directly, developing community-specific orientation resources, conducting workshops with service providers to improve systems capacity to recognise, support and refer Indigenous students in need of more intensive care, and enlisting teachers in a range of career enhancement activities (Graham et al., 2019).

Just two years into developing and implementing the SUN approach, the Coronavirus Disease 2019 (COVID-19) pandemic was declared. Globally, COVID-19 disrupted educational continuity and students' social contact with peers, reduced access to mental health resources and supports, and exacerbated notifications of neglect and abuse, with lasting mental health effects (Lee, 2020). Stressors for students related to: the prolonged duration of the pandemic; substantial changes to their daily routines; fears of infection; frustration and boredom; uncertainty and inadequate information; lack of contact with classmates, friends, and teachers; lack of personal space at home; family financial loss; and exposure to large amounts of information and high levels of stress and anxiety in the adults around them (Guido et al., 2020). In remote Australian communities, the initial impact of COVID-19 occurred abruptly in March 2020 when a government Human Biosecurity Emergency Determination locked Indigenous communities down for almost three months to protect vulnerable populations (Crooks et al., 2020; Eades et al., 2020; McCalman et al., 2021). Boarding school students were sent home and community-based schools closed for five weeks. With compromised capacity, teachers were stretched to provide continuity of educational engagement and respond to the different needs of various students (McCalman et al., 2021). With the easing of restrictions in June 2020, further challenges emerged, such as the re-transitioning of boarding school students back to schools, retention of school staff, and the maintenance of student and teacher wellbeing.

SUN as a tool for systemic resilience enhancement

While also challenged by the unanticipated epidemic and unprecedented responses to it, SUN was well placed to respond flexibly, building on its existing approach. However, the onset of the COVID-19 pandemic in January 2020 necessitated a shift in focus from mental health promotion to systemic resilience enhancement. That is, the focus of SUN shifted to explicitly prepare and plan for the adaptation to the adverse event by school, other youth-focused services and community systems under stress (Cutter, 2016; Ungar, 2021). Ungar (2021, p. 31) claims that, though challenging, "the more the concept of resilience is described multi-systemically, with all its complexity, the more the concept will be of use to scholars, policymakers, and those designing individual, institutional, and environmental interventions". This paper examines the SUN approach to identify how it sought to enhance the capability and resilience of remote schools and teachers to support the wellbeing and mental health of Indigenous students and teachers through the (COVID-19) pandemic – and beyond.

Capability, defined here as the higher level of ability that could be demonstrated under the right conditions, is a necessary resource for promoting resilience. In the context of

remote communities' exposure to the effects of the COVID-19 pandemic, resilience is both the capacity of school staff, other service providers and students and community members to "*navigate* their way to the psychological, social, cultural, and physical resources that sustain their wellbeing, and their capacity individually and collectively to *negotiate* for these resources to be provided and experienced in culturally meaningful ways" (Ungar, 2008, p. 225). Resilient schools are those that function well despite systemic risks, with resilience demonstrated through indicators such as student pass rates, reputation for academic excellence, and the capacity to reduce disengagement from schooling (Masten, 2014; Peguero et al., 2016; Theron, 2021). Resilient teachers demonstrate "positive adaptation and ongoing professional commitment and growth in the face of challenging circumstances" (Beltman et al., 2018, p. 4). In turn, resilient teachers (along with resilient families, communities and governments) can support student resilience (Theron, 2007). However, championing student resilience through the prolonged challenges of the Covid pandemic created fatigue in teachers, with costs for their wellbeing and long-term commitment to the profession (Wosnitza et al., 2018).

Despite its challenges, the COVID-19 pandemic provided an opportunity to seek improvements to interacting networks of school, youth and healthcare supports for student wellbeing and mental health in remote communities through a purposeful response designed to enable and sustain their functionality (Theron, 2021; Ungar, 2011). Evidenced school-based resilience approaches have included teacher resilience training programmes at pre- and in-service levels, and the provision of support services (such as those provided by educational psychologists or chaplains) to teachers challenged by difficult or needy students (Beltman et al., 2018; Theron, 2021). However, remote Australian schools are also the least likely to have access to appropriate evidence-informed interventions and supports or in-school resources for their implementation (Robinson et al., 2016). Hence schools were keen to embrace the expertise provided by the externally provided SUN intervention.

The current study

Based on school and service provider perspectives, the research question for this study was: how did SUN work to enhance the capability and resilience of remote Australian schools to support the wellbeing of Indigenous students and staff during the first two years of COVID-19 (2020–2021)? Sub-questions were: (1) What contextually specific factors influenced the implementation of SUN; (2) what strategies did SUN use to enhance the capability and resilience of remote schools to support student and staff wellbeing; and (3) what outcomes were sought and achieved?

Methods

This research builds on longstanding research partnerships with education, primary healthcare, and youth research partners, built through prior research (McCalman et al., 2016). The project was governed by an Indigenous-led project management group. One researcher is Indigenous (NC), the other four are non-Indigenous practitioner/

researchers with many years of health promotion (JM and HT), school education (VG) and psychiatry (EH), all with experience working with remote Indigenous communities.

Remote community and school settings

SUN worked with three diverse government-run schools in Cape York and Torres Strait communities (Figure 1). The first school is responsible for primary education in seventeen Torres Strait outer islands as well as primary and secondary education on

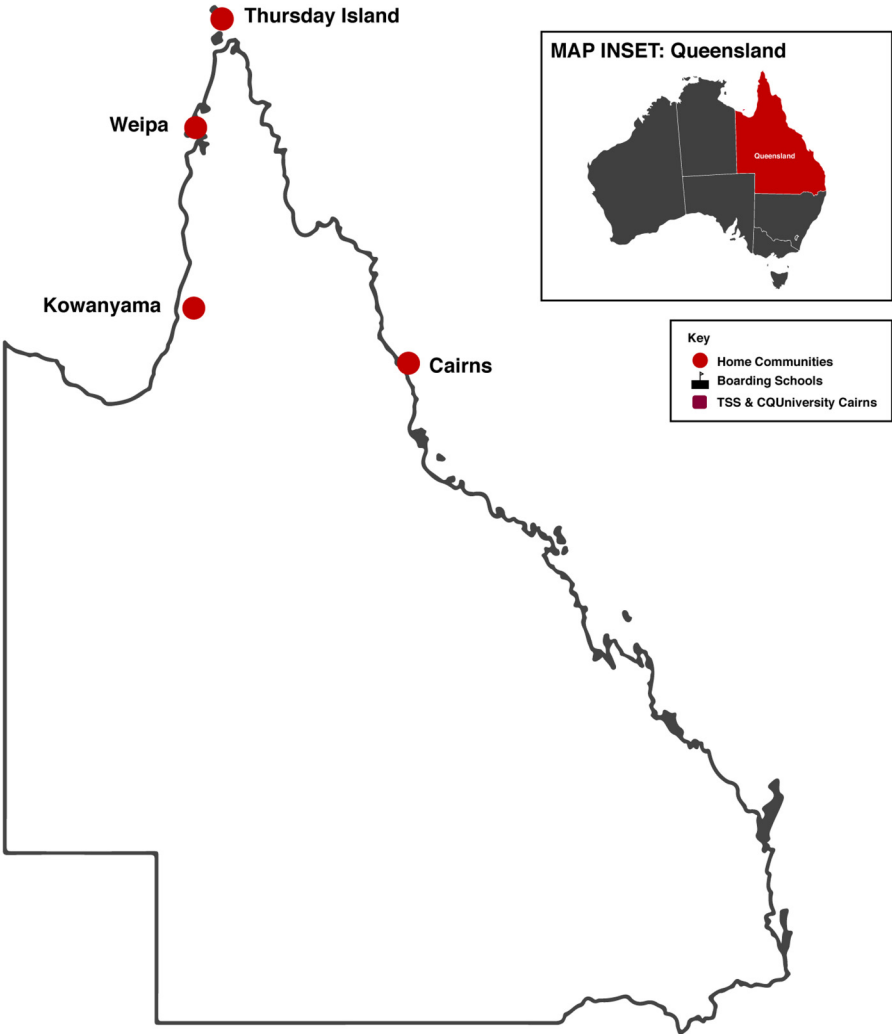


Figure 1. Locations of participating schools.

Thursday Island. More than 90% of students are Torres Strait Islanders and academic learning is merged with cultural identity and language. The second school, on the western side of Cape York, has a 60% Aboriginal and Torres Strait Islander student enrolment, with the Indigenous and non-Indigenous students separated by some of the widest economic and social disparities for any single school catchment in Queensland. This school also provides a residential facility for students from communities across Cape York and the Torres Strait. The third school, in a remote community of Cape York, provides education to students from Kindergarten to Year 9, more than 90% of whom are Aboriginal. The proportions of Indigenous staff also vary markedly across the three schools.

Primary healthcare services are provided by Queensland Health, the community-controlled Apunipima Cape York Health Council and/or non-government providers such as the Royal Flying Doctor Service. Queensland Health also provides integrated hospital, outpatient, and emergency services in Weipa and Thursday Island. There are few youth services. Even before COVID-19, schools and services acknowledged that they struggled to provide culturally capable, integrated and evidence-based mental healthcare for their Indigenous students/adolescent clients.

Data collection and analysis

Grounded theory methods were used to collect and analyse data (Bainbridge et al., 2019; Charmaz, 2014). The practical application of grounded theory methods followed an ongoing process of theoretical sampling, data collection and analysis using open, axial and selective coding (Charmaz, 2014). With informed, written consent, qualitative interviews were conducted with school/education, health service, youth service and SUN facilitators (a psychiatrist and health promotion practitioner) to elucidate understandings of the aims, objectives, activities, implementation enablers and barriers, and anticipated consequences of the SUN COVID-19-specific approach. SUN programme documents were also analysed. They included minutes of: three SUN meetings held in situ at remote schools in April and August 2020, a school-based COVID-19 resource group meeting in May 2020, a regional meeting in Cairns involving schools and intersectoral service providers in November 2020; and a SUNstainability workshop in Weipa in February 2021, held to examine the challenge of sustaining the school-based mental health approach in the three extant schools and transferring it to a potential fourth school.

All interviews were recorded by JM and NC and transcribed. The transcriptions and documents were imported into NVIVO-12 software and open-coding commenced upon receipt of the first transcripts. It was done segment-by-segment to ensure deep analysis and to capture the critical elements involved in SUN implementation. Open-codes or concepts were generated by asking: What is really going on here related to the capability and resilience of remote Australian schools to support the wellbeing of Indigenous students and staff? (Glaser, 1978). The identified concepts shaped future sampling, data collection and analysis until data saturation was reached.

In all, 13 school/education, health service, youth service and SUN facilitators were interviewed and seven documents were included. The minutes of the documented

meetings represented the views of 53 school education providers, 4 health service providers and 4 youth service providers who participated in these meetings. Student voices were not sought because we considered that they would have insufficient understanding of the implementation or effects of the SUN strategies, as distinct from other school responses, to be able to meaningfully contribute to this research.

In axial coding, the new data from subsequent transcripts or documents were compared (by JM) to existing concepts for similarities and differences. Any new concepts were identified along with the relationships between concepts. Concepts that identified events, incidents, actions and interactions and that were related in meaning were identified by grouping similar codes and labelling the grouping as a higher order concept termed a category (Strauss & Corbin, 1998).

Selective coding involved integrating and refining the categories and their sub-categories into a theoretical model that explained the SUN implementation process (JM and NC). The theoretical model itself became a set of relational statements about the categories concerning what is going on in the implementation process (Strauss & Corbin, 1998). This process continued until a core process, and the constructs representing the background contextual factors, strategies, and outcomes were identified. The analysis was fed back (by JM) to SUN facilitators and school staff to confirm trustworthiness of the analysis.

Results

Based on the grounded theory approach, the core process of implementing the SUN intervention through COVID-19 will be explained first. Following this, the five aspects of the remote school contexts that enabled or created barriers to the relational practice, the three SUN strategies and the five outcomes of the SUN COVID-19 response with remote schools will be explained (Figure 2).

Core process

At the core of the SUN COVID-19 approach was provision of a place-based reflective, responsive and relational practice to strengthen schools' capability to promote the wellbeing of Indigenous students and school staff. The core process refers to SUN's facilitation of place-based workshops where school leaders and staff, and health and youth service providers, were asked to reflect, identify the local student and staff wellbeing issues that were most pressing in each school site, and respond by developing relational strategies with students, families and other remote community members, and other services for their unique school contexts, rather than identifying generalisable mechanisms that could be applied across sites (Discussion paper document). SUN facilitators incorporated issues relevant to the pandemic, responding to the priorities and contexts of each school.

“Fairly early in the piece, we recognised that working across two different sites, we needed to be attentive to local factors... it was responsive, and it became more so as we went along”
(SUN facilitator).

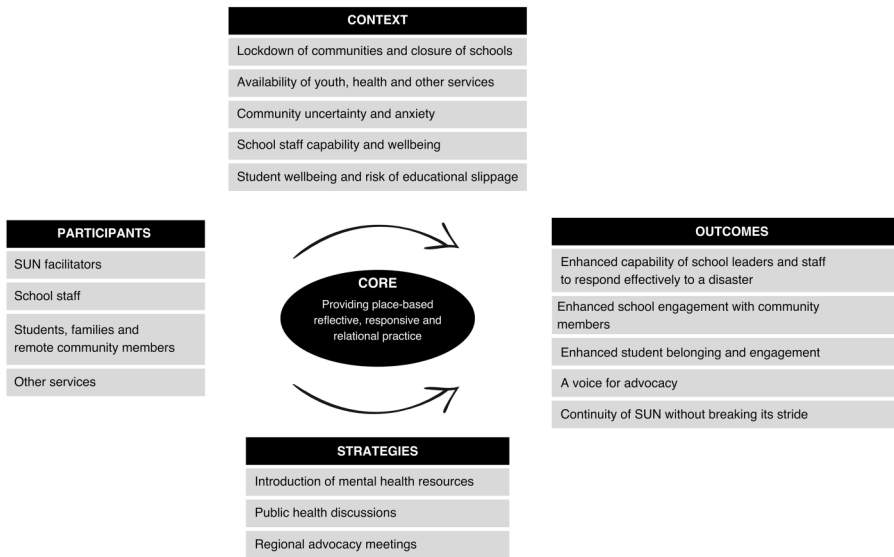


Figure 2. The grounded theory model of SUN implementation.

Facilitation of regular workshops provided school staff with space to listen, reflect on what they were doing, and then discuss the issues.

“Being able to talk about students’ mental health or social and emotional wellbeing... and be able to then... go away and think about things and come back and go, ‘hey, what about this?’ (School leader).

If strategies were found to be ineffective, the in-built flexibility of the responsive approach allowed for pivoting to better meet school needs (SUNstainability workshop document).

*“We’ve always been able to go, ‘that hasn’t worked ...’ and ‘let’s take it in this direction...’.
“We’ve actually, I believe, built something far better and far more sustainable because it’s been organic and we’ve been able to respond” (School leader).*

From the start, the strengthening of relationships was encouraged, including between SUN facilitators and school leaders, and school staff with students and families/communities, other services, and each other.

“When there’s really strong relationships, we’re going to have better opportunities to focus on wellbeing and staff and student wellbeing. That also includes ... relationships between our school staff and health facilities in our communities” (Education provider).

Context

There were five contextual factors that each affected SUN's COVID-19-specific approach: (1) Lockdown of communities and closure of schools; (2) Availability of youth, health and other services; (3) Community uncertainty and anxiety; (4) School staff capability and wellbeing; and (5) Student wellbeing and risk of educational slippage.

Lockdown of communities and closure of schools. Remote Queensland Indigenous communities were locked down for three months from March-June 2020, with schools closed for five weeks in term two. There was a rush to return boarding students to home communities, with remote state schools tasked with engaging all students with continuity of learning.

“(Name of healthcare provider) was getting in people’s ears and saying, ‘get those kids back home’. Coz very shortly they won’t be able to, and then what are you going to do?”
(Aboriginal healthcare provider).

Some remote schools had limited capacity to support additional students. In one small remote community, for example, 45 returned boarding students (years 7–12) joined the 45 enrolled local secondary students.

Families were required to provide home-based learning for their children, including those who were normally boarding. With literacy challenges, and the already overcrowded housing situation made more dire by the return of boarding students, families also experienced additional stressors (Roundtable notes document).

“The parents were tearing their hair out. The kids were tearing their hair out. It was tough! I really felt sorry for those kids” (Healthcare provider).

With local schools closed, teachers and teacher aides distributed laptops and/or paper-based educational resources to students at their family homes, and in one community, started an innovative pop-up school. Boarding schools also attempted to support their students, but communication was hampered by inconsistent internet connections.

“[Community name] really has got to have some of the worst internet in the world. ... Kids in remote communities are digital learners as much as their non-remote counterparts. So to then going back to popping a text book on the desk and saying, ‘here, rip into that!’ ain’t gonna work!” (Education provider).

Lockdowns ended in June 2020, but the support by school staff of home-based learning (e.g., through home visits, taking school to the community) helped to strengthen school-community relations, and improvements continued.

Availability of youth, health and other services. School closures enhanced the need for planned youth activities and health services to maintain routines, provide diversion, ensure social connectedness and preserve educational readiness. However, while the need increased, the availability of services decreased. Health directives meant that many fly-in fly-out services were unavailable.

“The services that could meet the needs of young people who were not in school but in community, they disappeared too. It was just the worst thing!” (SUN facilitator).

With limited training, resources and/or support, school staff undertook increasingly demanding collateral roles to support the mental health needs of students.

“A teacher ... they were quite uncomfortable about having to fill in for [service name] ... teachers already had a lot of responsibility ...” (SUN facilitator).

Overall, there was limited capacity to provide mental health services to youth.

“I don’t even think we begin to even understand ... what adolescents are going through. ... there’s no particular programs or nobody with those skills ... nothing happens” (Health service provider).

Community uncertainty and anxiety. Credible information about COVID-19 was less accessible in remote than urban Australian communities, creating ongoing uncertainty for school staff, local families and students. Uncertainty undermined capability, engendered distrust and reinforced anxiety.

“The fear of COVID is very real – either contracting COVID or being impacted by a lockdown imposed at very short notice” (Education provider).

Teachers described the early COVID-19 response as: ‘*living press conference to press conference*’, watching closely and interpreting changing information and opinions. As the pandemic progressed, the changing nature of messaging continued.

“I think that would support community to feel safer as well if it was more continual rather than the stop, start” (Healthcare service provider).

School staff capability and wellbeing. Most teachers in remote schools work on contract, and there is normally a very high turnover of teaching staff. COVID-19 lockdowns and border closures exacerbated staff instability and increased a reliance on short-term workers.

“It’s people, not positions that make a difference... You can have the same positions but if they’re different every year, kids don’t engage” (SUN facilitator).

Community members appreciated those teachers who stayed in communities during the holiday breaks (and hence reduced the potential for introducing the virus), and those who returned following quarantine periods.

“The communities are still very concerned about COVID coming in. It really created a divide for staff that were doing the right thing – staying in community” (Education provider).

Teachers had limited access to reliable resources to address their own personal emotional and social needs (SUNstainability workshop document).

“As a local, you can’t switch off from school or student issues – we need a focus on staff wellbeing” (SUNstainability workshop document).

School leadership and teacher agency were both identified as critical components of the COVID-19 response within complex school environments.

“... the Principal is young, and wanting to make this kind of change and he’s well liked within the school and by the kids ... so he’s able to lead this kind of change” (SUN facilitator).

Student wellbeing and risk of educational slippage. Risks for remote-dwelling Indigenous students of reduced wellbeing and educational engagement and attainment were elevated by the effects of COVID-19. There were differential impacts on student population sub-groups. Those most at risk were youth who were already disengaging from education and those with existing mental health and special educational needs. Youth with complex needs increased in number after the advent of COVID-19, and the burden of need also increased.

“It’s the quiet kids... kids with internalising disorders, I think, are a particular risk in the context of COVID” (SUN facilitator).

Following health directives, boarding school students sent home during the three-month community lockdown period also experienced significant disruption to their education. Most returned to boarding schools once lockdowns ended, but parents were concerned about the COVID-19 risks, and transitions back were inconsistent.

“Most kids went back to school eventually... there were kids who went back ... and simply didn’t settle again, so they disengaged.” (Education provider).

Finally, senior students and those on an academic pathway were also disadvantaged, with completion jeopardised.

“it was extraordinarily stressful. A lot of our kids take their engagement with school very, very seriously and the level of disadvantage that they experienced ... People just assume that every kid’s got an office or got a bedroom at home with a desk and a working computer ...” (Education provider).

Strategies

Three strategies were undertaken by SUN to adapt its place-based, reflective, responsive and relational approach to address COVID impacts. They were: (1) the introduction of

mental health resources; (2) public health discussions; and (3) regional advocacy meetings.

The introduction of mental health resources. Consistent with its core principles, SUN facilitators responded quickly to support school-community capabilities and resilience. Initially SUN aimed to address teacher needs for mental health resources and activities that they could adapt and integrate into their practice through online workshops, held (April 2020) to promote teacher agency in the face of a pandemic that many experienced as disempowering. Teachers were introduced to electronic mental health resources from a trove of resources targeting specific age groups, that had been previously used by the SUN facilitator with workers in Pacific Island nations as a lever to engage teachers to assess the need for adaptation for use locally.

“Obviously not culturally adapted...[but] it’s simplified enough as it is. It’s a very clear message” (Teacher).

Teachers considered the resources to be relevant and helpful.

“[This is a] real opportunity to establish direct engagement with families” (School workshop document).

Teachers were then invited to seek a new resource and present it to other teachers at a second workshop with recommendations about how it might be adapted or used, and to post additional resources to a Facebook group, accessible to all three schools (School workshop document). Busy teachers then proposed a wider focus on school leadership to further build teacher agency.

Public health discussions. An assumption among various teachers was that COVID-19 would pass within months, or with the imminent development of a vaccine. Recognising that as overly-optimistic, SUN facilitators initiated a public health training response to provide teachers and school leaders with some basic principles in relation to what to expect from COVID-19. Interactive discussions were held about future scenarios for local impacts of COVID-19.

“We then pivoted and decided to run basically a public health communicable disease 101 session with schoolteachers, pointing out that ... this is far from over” (SUN facilitator).

In August 2020, SUN facilitated face-to-face interactive discussions, exploring possible scenarios: (1) we’ve dodged a bullet and things will go back to normal in a little while; (2) we’ll live in a quasi-weird situation for a long time, but things won’t get out of control; (3) we’ve dodged a bullet for now and this has given us time to prepare for what’s coming, but the worst is still ahead (COVID-19 review discussion document). Teachers’ experiences were compiled into a set of observations that could then be presented to other remote communities and sectors.

Regional advocacy meetings. Reflections on the likely trajectories of staff turnover at the end of 2020 then led to regional meetings focusing on broader education system and cross-sectoral advocacy., SUN facilitators convened regional meetings over two days in Cairns, that brought together the remote school leaders with regional education, health, child safety and youth sector representatives. Discussions emphasised the opportunities presented by COVID-19 to think differently, and the need for integrated interventions across mental health and education.

“When the crisis hit, education’s trying to figure out its problems, health was trying to figure out its problems. Child Safety, etcetera. So I don’t think that that kind of child family centric approach ... has been in the forefront there’s a lost opportunity there” (SUN facilitator).

The findings were summarised in a discussion paper which was distributed via several electronic platforms. It hypothesised that the challenge of COVID-19 might be considered in terms of *radical preparedness*. “Radical preparedness demands a capacity to consider questions that begin with: *What if...*” (Discussion paper document).

Continuing to pivot. Prompted by the response to the original three SUN COVID-based strategies increasing capability enabled schools to continue to try new SUN-facilitated approaches -. First, SUN provided scholarships for eleven school leaders to undertake postgraduate studies in trauma-aware education to strengthen leadership capacity development to manage trauma in each of the participating schools. Second, SUN ran workshops and produced tailored DVDs with residents of each community to enhance socio-historical awareness by school staff of the impacts of government policies on Indigenous students’ neurodevelopment and current behaviour. Third, SUN facilitators piloted a social and emotional learning curriculum in two remote schools that had been developed for remote-dwelling Indigenous students. Finally, SUN facilitators led a SUNstainability workshop to examine the challenge of sustaining the school-based mental health approach and potentially transferring it to a fourth school.

Outcomes

The effects of the SUN project’s COVID-19 response cannot easily be disentangled from the non-COVID-19-specific SUN project effects. However, five outcomes of the COVID-specific strategies were identified: (1) enhanced capability of school leaders and staff to respond effectively to a disaster; (2) enhanced school engagement with community members; (3) enhanced student belonging and engagement; (4) a voice for advocacy; and (5) continuity of SUN.

Enhanced capability of school leaders and staff. Effective early intervention to support young Indigenous people’s mental health in remote communities depends on teachers with a deep understanding of their professional context, as well as agency for local families and community members to participate in supporting early intervention. School staff grew to feel supported by the SUN approach and gained a sense of control, agency and

capability. This approach was appreciated by school leaders and built trust, mutual respect, capability and enduring engagement.

“I’ve been able to grow as a leader ... in my ability to understand student support and well-being, engagement of non-government agencies, the health sector. Being able to break down barriers that’s stopping kids from accessing education” (School leader).

One school leader also credited SUN with the retention of school leadership.

“We’re still working on this five years later and I haven’t changed jobs, and (SUN facilitator) hasn’t changed jobs. ... There’s no other setting that I’m aware of where there’s the same Principal that was there five years ago” (School leader).

Schools’ enhanced engagement with community members. SUN highlighted the importance of relationships between school staff and community members. Relationships are particularly for supporting vulnerable students and families, and were brought into sharp focus during the pandemic.

“We’ve got ... deep connections with parents. That’s what I’m immensely proud of ... a parent can ring a teacher and say, ‘my child doesn’t have lunch today’ and the teacher will say, ‘just send them to school. We’ll sort it.’ That’s connection. That’s trust” (School leader).

Enhanced student belonging and engagement. These enhanced relationships contributed to making the school environments more supportive for Indigenous students.

“...I think we’re finally starting to get that place where our Aboriginal, Torres Strait Islander kids feel like this is their place. This is their school. This is their home. They’re not coming to a foreign environment every day. There’s familiarity, there’s love and belonging, there’s a sense of success, there’s people that care” (School leader).

Improved school environment flowed on to improved student’ outcomes.

“We have increased the number of local Aboriginal and Torres Strait Islander staff ... Last year sixty per cent of our graduating students were Aboriginal and Torres Strait Islander” (School leader).

Similarly, schools’ efforts to strengthen connections with other services had improved the support available to students with mild or moderate mental health issues.

“We were able to bring in a coordinated care model... And now we’ve got that young person back into that agency and back into getting that support.... And then to have that young person’s grandma sit at a table with the agencies there, and say, ‘this is a weight off my shoulders that I have never thought I’d be able to remove’. That’s the work” (School leader).

A voice for advocacy. The COVID-19 pandemic highlighted the importance of inter-sectoral collaboration at local and regional levels. At local community levels, formalised inter-agency and inter-sectoral knowledge-sharing mechanisms were established, particularly for meeting the needs of high-risk youth (Discussion paper document).

“How do we identify students with mental health issues. And then what’s that referral pathway so they get the best support ... and how do we want it so that that support has been the right support?” (Education provider).

Participants at the regional meeting also advocated for broader systems change at regional, state and Commonwealth levels. Critical issues included broad questions about the viability of boarding school arrangements for remote-dwelling students.

“COVID’s a reality now ... it probably presents the single biggest threat to ... boarding as an option for remote kids, as anything in my lifetime. Nothing even comes close” (Education provider).

Education staff also identified the opportunity to improve data collection and sharing to better support student educational engagement and wellbeing.

“It [COVID-19] highlighted the need for there to be tracking to answer the following questions: ‘Is a child at school? If so, where? If not, why not and where are they and who’s tracking them?’ ... COVID has had a bit of a silver lining in that space” (Education provider).

Finally, advocacy contributed to the development of new regional support models to improve the educational continuity and wellbeing of remote-dwelling Indigenous students.

“Since SUN has been in place, they’ve [education department] also set up Centres for Learning and Wellbeing (CLAW) across Queensland. ... CLAW are the ones that go out and source the best. They fund it. They provide resources ... that’s exactly what [SUN facilitator] did. For us” (School leader).

Continuity of SUN. SUN’s COVID-19-specific strategies bolstered and intensified its original approach. The place-based, responsive and relational approach was flexible enough to respond to those schools in an unprecedented crisis, demonstrating SUN’s flexible, highly credible approach to supporting capability and resilience in remote schools. SUN continues in its trajectory of developing place-based strategies.

“Over time, they and we have come to think about the COVID work as another customised project. That early preparatory was kind of done, and the relationship building around it. Some good things happened out of it. Other things clearly didn’t work. People have had the opportunity to talk about it and reflect on it and ... to make some changes (SUN facilitator).

Discussion

This paper explored the SUN programme's implementation to enhance the capability and resilience of remote Australian schools to support the wellbeing of Indigenous students and staff during the first two years of COVID-19 (2020–2021). Mental health-based responses to previous emergencies and crises had largely foregrounded individualised approaches, such as mental health first aid training, focusing on psychoeducation about normative student reactions and coping strategies (Guido et al., 2020). In contrast, in response to the COVID-19 pandemic, this study affirms the utility of a systemic capability and resilience-enhancing approach in the context of remote Australian schools that was place-based, reflective, responsive and relational.

The COVID-19 pandemic threatened the capacity of remote Australian school systems and significant adaptation was required to maintain their functioning. Schools struggled to maintain their support for the wellbeing of staff and students. The closure of schools to comply with health directives highlighted the structural inequalities that shape risks of educational disengagement and poorer outcomes for Indigenous students by showing what happened in the absence of school (McCoy & Carroll, 2021). These included the lack of space conducive to learning in overcrowded houses, lack of access to reliable internet connections, poor access to services and local secondary educational options, and the lack of stability of professional staffing in remote communities (Crooks et al., 2020; McCalman et al., 2021).

Evidence from this study suggests that the resilience approach of SUN supported the building of school and school staff capabilities and resilience, and to a lesser extent, those of other youth-focused services, students and community members. SUN supported the persistence and adaptability of school systems by supporting adaptation and change in school-community relationships in ways that led to improved student belonging and engagement (McCoy & Carroll, 2021; Mohan et al., 2021). School leaders and staff, and other community services used their agency and the available resources to respond to COVID-related stressors. The SUN programme harnessed these local strengths and facilitated processes that further enhanced school staff capacity and supported schools to meet the additional provider demands and stresses. There is evidence from other Australian studies that post-lockdown, SUN, like other remote school wellbeing investments, have somewhat mitigated the impact of educational disadvantage and enhanced the school environment as a place where students want to be (McCoy & Carroll, 2021).

The participating schools could have chosen to invest in internal resources or programmes other than SUN, and this would likely have shifted the locus for change. However remote school leaders were appreciative of the place based, responsive programme that advanced the relational capacities of school leaders and other staff with community members. In contexts where school psychologists are scarce or absent, the SUN approach showed that other human capital was effective in mitigating the scarcity of locally available school psychologists. Hence, perhaps in countries where Indigenous and otherwise historically marginalised students are under-served, there is potential for school psychologists to reconceptualise the traditional role (i.e., on-site school-based support) to include advocacy for co-development or scale up of programmes like SUN

that could support schools to cope with unusually high amounts of stress. The principles of resilient systems as open, dynamic, and complex; promoting connectivity; demonstrating experimentation and learning; and including diversity, redundancy, and participation were consistent with local strengths-based approaches and worked well in the Indigenous community contexts. At the start of 2022, with relatively low vaccination rates in remote communities and the prospect of the more virulent COVID-19 Delta and Omicron strains, the reflective, responsive and relational practice is increasingly relevant.

However, resilience produces trade-offs within local contexts between systems and opportunities that privilege solutions of one kind over another. The challenges caused by two years of unprecedented COVID-19 disruption showed that improving the equity of educational continuity and wellbeing for remote-dwelling Indigenous students cannot be solved by the education system alone. Indigenous community-driven integrated approaches are needed, with schools liaising closely with families and youth and healthcare services (McCoy & Carroll, 2021). Globally, the escalating incidence of pandemics and disasters makes the study of resilience increasingly relevant with such threats likely to have greater impact for disadvantaged communities (Masten, 2014, 2018).

Examples of interventions such as SUN provide a way forward in thinking about how systemic approaches can be facilitated within local contexts to harness and build the capabilities of local school and other systems, and to create sustained change. The familiar pyramid of primary to tertiary intervention and whole of school approaches are normalised in school policies related to behaviour or social and emotional wellbeing, but further trials and evaluations of innovative whole of community outreach and parent engagement models are needed. Integrated service models of health and education that are more comprehensively accountable to the people and places that they serve are best developed in-place. Forward planning for preservation of such practices is essential to resist erosion of effective and reliable processes once they are developed. This might be achieved by feeding back into policy and funding structures and embedding direct feedback from remote service experience into the tertiary education of up-and-coming practitioners.

Responding in real time to address needs arising from unanticipated and unprecedented events presents obvious problems for project evaluation. The primacy of flexibility and SUN's iterative nature further constrain evaluation of project impact.

This study was limited by the absence of a student voice. Further research is also needed to examine the perceptions of young Indigenous Australians about the interventions that they would value, and how resilience approaches can be implemented to influence the multiple systems with which they interact in ways that ameliorate risk and advance their wellbeing.

Conclusion

Given what will likely be an enduring environment of uncertainty, this study highlights the importance of the place-based reflective, responsive and relational practice to build school leaders' and teachers' capability to promote the wellbeing and mental health of

Indigenous students and school staff - rather than the identification of specific strategies themselves. Key contextual factors were the lockdown of communities and closure of schools; availability of youth, health and other services; community uncertainty and anxiety; school staff capability and wellbeing; and student wellbeing and risk of educational slippage. SUN's COVID-19-specific strategies were enhancing teachers' capabilities and resources through online workshops, public health discussions, and regional advocacy meetings. The outcomes were the enhanced capability of school leaders and staff to respond effectively to a disaster; enhanced school engagement with community members; enhanced student belonging and engagement; a voice for advocacy; and continuity of SUN. The SUN model could be adapted globally for other remote schools and has relevance for school psychologists and/or youth organisations, with the goal of supporting teachers and school leaders to support student wellbeing.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Advance Queensland Industry Fellowship.

Ethical approval

Ethical approval was provided by Central Queensland University (0000022591) and Queensland Education (550/27/2393).

ORCID iD

Janya McCalman  <https://orcid.org/0000-0002-3022-3980>

References

- Australian Bureau of Statistics. (2017). Census of population and housing - counts of aboriginal and Torres Strait Islander Australians. Canberra: ABS. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/census-population-and-housing-counts-aboriginal-and-torres-strait-islander-australians/latest-release>
- Australian Government. (2020). Closing the gap targets and outcomes. Canberra: National Cabinet and National Federation Reform Council. <https://www.closingthegap.gov.au/everyone-enjoys-long-and-healthy-lives>
- Australian Institute of Health and Welfare. (2018). Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018: in brief. AIHW.
- Australian Institute of Health and Welfare. (2022). Rural & remote Australians. Canberra: Australian Government. <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>

- Azzopardi, P. S., Sawyer, S. M., Carlin, J. B., Degenhardt, L., Brown, N., Brown, A. D., & Patton, G. C. (2018). Health and wellbeing of Indigenous adolescents in Australia: A systematic synthesis of population data. *The Lancet*, *391*(10122), 766–782. [https://doi.org/10.1016/S0140-6736\(17\)32141-4](https://doi.org/10.1016/S0140-6736(17)32141-4)
- Bainbridge, R., McCalman, J., Redman-MacLaren, M., & Whiteside, M. (2019). Grounded theory as systems science: Working with Indigenous nations for social justice. In A. C. K. Bryant (Ed.), *Sage handbook of grounded theory* (pp. 611–629). Sage.
- Beltman, S., Mansfield, C. F., Wosnitza, M., Weatherby-Fell, N., & Broadley, T. (2018). Using online modules to build capacity for teacher resilience. In M. Wosnitza, F. Peixoto, S. Beltman, & C. F. Mansfield (Eds.), *Resilience in education: Concepts, contexts and connections* (pp. 237–253). Springer International Publishing.
- Bottrell, C., & Knipe, S. (2020). Remote and very remote schools in Australia: Overlooked and neglected. https://www.researchgate.net/publication/339163295_Remote_and_Very_Remote_Schools_in_Australia_Overlooked_and_Neglected
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Crooks, K., Casey, D., & Ward, J. S. (2020). First Nations peoples leading the way in COVID-19 pandemic planning, response and management. *Medical Journal of Australia*, *213*(4), 151–152.e151. <https://doi.org/10.5694/mja2.50704>
- Cutter, S. L. (2016). Resilience to what? Resilience for whom? *The Geographical Journal*, *182*(2), 110–113. <https://doi.org/https://doi.org/10.1111/geoj.12174>
- Eades, S., Eades, F., McCaullay, D., Nelson, L., Phelan, P., & Stanley, F. (2020). Australia's First Nations' response to the COVID-19 pandemic. *The Lancet*, *396*(10246), 237–238. [https://doi.org/10.1016/S0140-6736\(20\)31545-2](https://doi.org/10.1016/S0140-6736(20)31545-2)
- Glaser, B. G. (1978). *Theoretical sensitivity: advances in the methodology of grounded theory*. Sociology Press.
- Graham, V., Travers, H., & Hunter, E. (2019). Schools Up North mental health learning program evaluation 2018-19.
- Guido, C. A., Amedeo, I., Avenoso, F., Bruni, J., Zicari, A. M., Loffredo, L., & Spalice, A. (2020). Risk factors and mental health promotion strategies in children during COVID-19. *Frontiers in Public Health*, *8*, 580720–580720. <https://doi.org/10.3389/fpubh.2020.580720>
- Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*, *4*(6), 421–421. [https://doi.org/10.1016/S2352-4642\(20\)30109-7](https://doi.org/10.1016/S2352-4642(20)30109-7)
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, *85*(1), 6–20. <https://doi.org/10.1111/cdev.12205>
- Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, *10*(1), 12–31. <https://doi.org/10.1111/jftr.12255>
- McCalman, J., Bainbridge, R., Russo, S., Rutherford, K., Tsey, K., Wenitong, M., Shakeshaft, A., Doran, C., & Jacups, S. (2016). Psycho-social resilience, vulnerability and suicide prevention: Impact evaluation of a mentoring approach to modify suicide risk for remote Indigenous Australian students at boarding school. *BMC Public Health*, *16*(1), 98. <https://doi.org/10.1186/s12889-016-2762-1>
- McCalman, J., Longbottom, M., Fagan, S., Fagan, R., Andrews, S., & Miller, A. (2021). Leading with local solutions to keep Yarrabah safe: A grounded theory study of an aboriginal community-controlled health organisation's response to COVID-19. *BMC Health Services Research*, *21*(1), 732. <https://doi.org/10.1186/s12913-021-06761-1>
- McCoy, S., & Carroll, E. (2021). All in this together? *Ireland's Education Yearbook*, 176–179.
- McGorry, P., Purcell, R., Hickie, I., & Jorm, A. (2007). Investing in youth mental health is a best buy. *Medical Journal of Australia*, *187*(7), S5. <https://doi.org/10.5694/j.1326-5377.2007.tb01326.x>

- Mohan, G., Carroll, E., McCoy, S., Mac Domhnaill, C., & Mihut, G. (2021). Magnifying inequality? Home learning environments and social reproduction during school closures in Ireland. *Irish Educational Studies*, 40(2), 265–274. <https://doi.org/10.1080/03323315.2021.1915841>
- Peguero, A. A., Merrin, G. J., Hong, J. S., & Johnson, K. R. (2016). School disorder and dropping out: The intersection of gender, race, and ethnicity. *Youth & Society*, 51(2), 193–218. <https://doi.org/10.1177/0044118X16668059>
- Robinson, G., Leckning, B., Midford, R., Harper, H., Silburn, S., Gannaway, J., Dolan, K., Delphine, T., & Hayes, C. (2016). Developing a school-based preventive life skills program for youth in a remote Indigenous community in North Australia. *Health Education*, 116(5), 510–523. <https://doi.org/10.1108/HE-09-2015-0026>
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Sage Publications.
- Theron, L. (2021). 232C13learning about systemic resilience from studies of student resilience. In M. Ungar (Ed.), *Multisystemic resilience: Adaptation and transformation in contexts of change* (p. 0). Oxford University Press.
- Theron, L. C. (2007). Uphenyono ngokwazi kwentsha yasemalokishini ukumelana nesimo esinzima: A South African study of resilience among township youth. *Child and Adolescent Psychiatric Clinics of North America*, 16(2), 357–375. <https://doi.org/10.1016/j.chc.2006.12.005>
- Tiller, E., Greenland, N., Christie, R., Kos, A., Brennan, N., & Di Nicola, K. (2021). Youth survey report 2021. <https://apo.org.au/node/315340>
- Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, 38(2), 218–235. <https://doi.org/10.1093/bjsw/bcl343>
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17. <https://doi.org/10.1111/j.1939-0025.2010.01067.x>
- Ungar, M. (2021). 6C1modeling Multisystemic resilience: Connecting biological, psychological, social, and ecological adaptation in contexts of adversity. In M. Ungar (Ed.), *Multisystemic resilience: Adaptation and transformation in contexts of change* (p. 0). Oxford University Press.
- Wosnitza, M., Peixoto, F., Beltman, S., & Mansfield, C. F. (2018). *Resilience in education. Concepts, contexts and connections*. <https://doi.org/10.1007/978-3-319-76690-4>

Author biographies

Janya McCalman is a Professorial Research Fellow at the Jarwun Research Centre at Central Queensland University. She is a NHMRC public health research fellow who researches the interactions between Aboriginal and Torres Strait Islander Australians and schools, workplaces, health services and other community contexts which enable resilience, empowerment and wellbeing.

Nicole Caelli is an Indigenous Youth Research Officer at the Jarwun Research Centre at Central Queensland University. Her interests lie in Indigenous youth empowerment and wellbeing practice and research.

Helen Travers is Coordinator of the Skills for Life Programme at Youth Empowered Towards Independence (YETI). She has a 30-year track record of working with Indigenous communities to advance mental health promotion approaches.

Veronica Graham is a secondary school teacher and early career researcher in Indigenous education. She evaluated the early strategies of the SUN programme using participatory action research methods.

Ernest Hunter is an adult, child and cross-cultural clinical psychiatrist and public health academic. As Regional Psychiatrist with Queensland Health (Cape York and Torres Strait Islands) and Professor of Public Health (Mental Health) with University of Queensland, he has consistently focused on Indigenous mental health spanning more than three decades.