



# Big Buddy

## PROJECT BRIEF 2019

*Empowering Indigenous youth to achieve  
their full potential and thrive through  
improving Social Inclusion, Mentorship,  
Promoting Life skills and Education (SIMPLE)*



## OUR VISION

To improve the health and well-being of Aboriginal and Torres Strait Islander people to a standard at least equal to that of the wider Australian community by providing holistic health care and medical services that meet best practice standards.

## OUR MISSION

To equip the organisation with the appropriate medical facilities and resources to deliver programs in a culturally appropriate and sensitive manner to improve the health and well-being of all Aboriginal and Torres Strait Islander people in the service region.

## OUR VALUES

COOPERATION

RESPECT

QUALITY

LEARNING

DIVERSITY

INNOVATION

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## QUALITY ACCREDITATION CERTIFICATION

Institute for Healthy Communities (IHCA), Certificate # QMS 0137 (AS/NZS ISO 9001:2015)

AGPAL Accredited General Practice,

Dalby Practice Id # 3516

AGPAL Accredited General Practice, St George Practice Id # 6830

AGPAL Accredited General Practice, Oakey Practice Id # 9968

Qld Dept of Transport and Main Roads, Transport Operator Accreditation Certificate # 900379673

Quality Assurance for Aboriginal & Torres Strait Islander Medical Services (QAAMS)

## REGISTERED TRAINING PRACTICES

Generalist Medical Training (GMT)

Generalist Practice Training Queensland (GPTQ)

Remote Vocational Training Scheme (RVTS)

## ACKNOWLEDGEMENTS

We respectfully acknowledge the Traditional Owners of the land on which Goondir Health Services are physically located and where services are provided across its service region.

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*For the purposes of this report, the Darling Downs region described in this report refers to the Darling Downs Hospital and Health Service catchment which incorporates six main Local Government Areas - Cherbourg Shire, Goondiwindi Region, South Burnett, South Downs, Toowoomba Region and Western Downs.*

*Report initially prepared by Shirley-Anne Gardiner, Darling Downs Hospital and Health Service and updated by Goondir Executive Team - August 2019.*





# Program Potential

**The Big Buddy Program was developed to break the vicious cycle of poverty and disadvantage through a youth program designed to create intergenerational change. The key to this strategy is to empower our youth to achieve their full potential and thrive from participating in the programs' planned activities.**

This innovative program will give traction to Closing the Gap with its holistic approach by addressing health and the social determinants of health effecting our Indigenous youth in our communities, and including those youth within the wider Australian population.

The following case scenario shows how we believe this program can assist to close the gap.

If hypothetically our program activities inspire two of our program youth to attend university and gain a tertiary qualification, the following flow on effects can be realised such as:

- 1) Become more employable hence breaking down one of the biggest barriers associated with creating the viscous cycle our Indigenous population experience.
- 2) Having two good tertiary incomes will assist them to:
  - a) put healthy food and plenty of it on their tables and prevent chronic conditions such as obesity, diabetes, heart diseases etc;
  - b) break down access barriers by affording the cost of public transport or the ability to purchase their own transport to get to and from their health service treatments whether that be for their physical, mental or oral healthcare. This early intervention also reduces the costly back end services; and
  - c) address environmental health issues such as over crowding, spreading of influenza, wet areas, water quality, animal control etc;
- 3) Become role models to their children, nephews, nieces which in turn:
  - a) leads to positive social behaviour;
  - b) leads to reducing the associated costs on the policing, court, juvenile justice and prison systems.

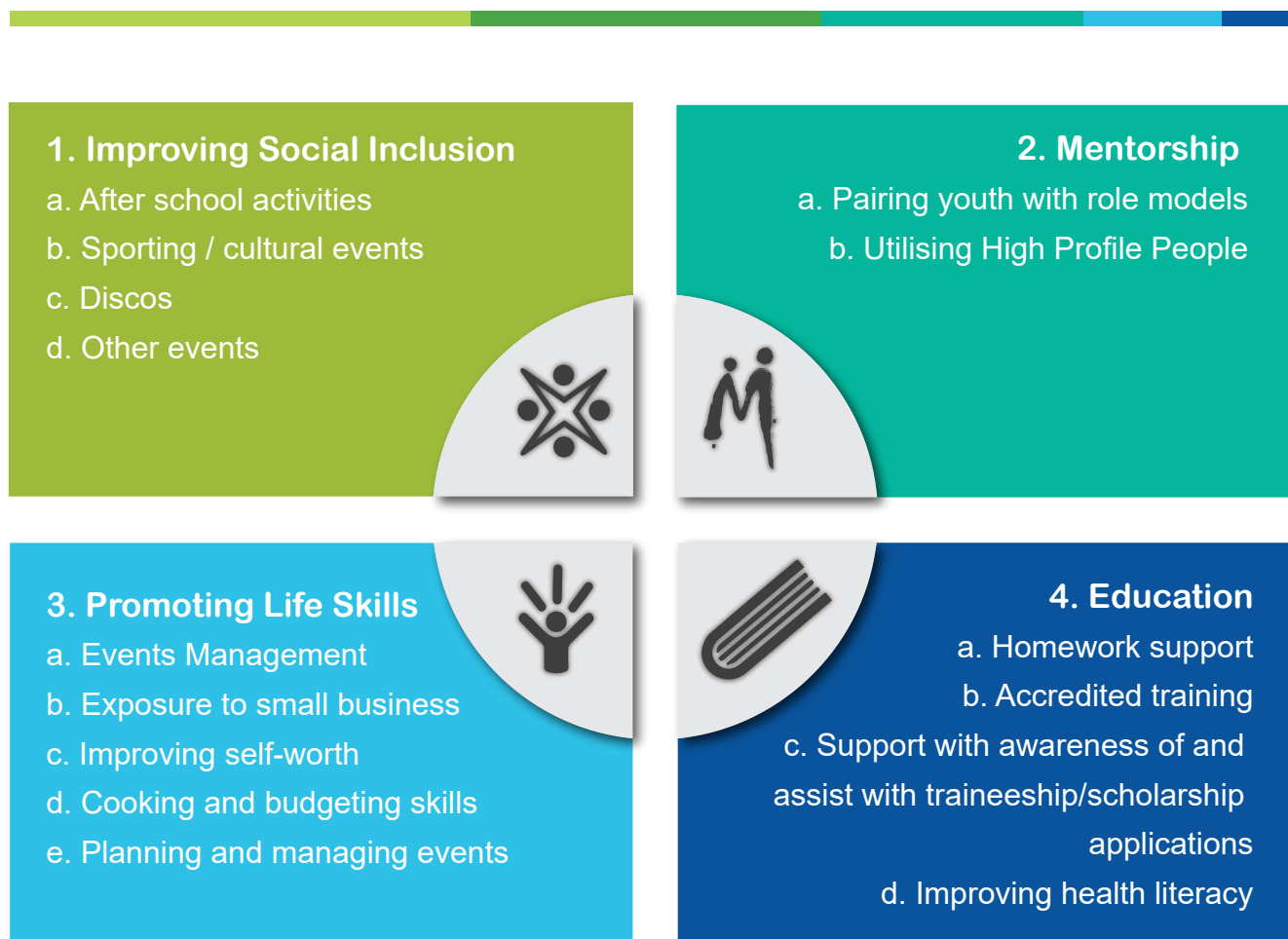
These are just some of the outcomes that can be achieved from this one SIMPLE program. By reading the rest of this project brief, hopefully, you will gain an appreciation of what the Big Buddy Program can do for our youth of today and our leaders of tomorrow.

# Introduction

The Big Buddy Program is a platform developed in response to identified social and economic determinants of health issues that affect Indigenous youth in today's society. The program is designed around four (4) key components to:-

Empower Indigenous youth to achieve their full potential and thrive through improving SOCIAL INCLUSION, MENTORSHIP, PROMOTING LIFE SKILLS and EDUCATION (SIMPLE)

The Big Buddy Program targets youth aged 12-17 years across the Darling Downs Indigenous communities (currently Oakey, St. George and Dalby) through the following activities:



Having already experienced success at both pilot sites to date, additional funds will allow us to enhance the Big Buddy program and extend it to the wider Darling Downs region.



Empowering Indigenous youth to achieve their full potential and thrive through improving Social Inclusion, Mentorship, Promoting Life skills and Education (SIMPLE)

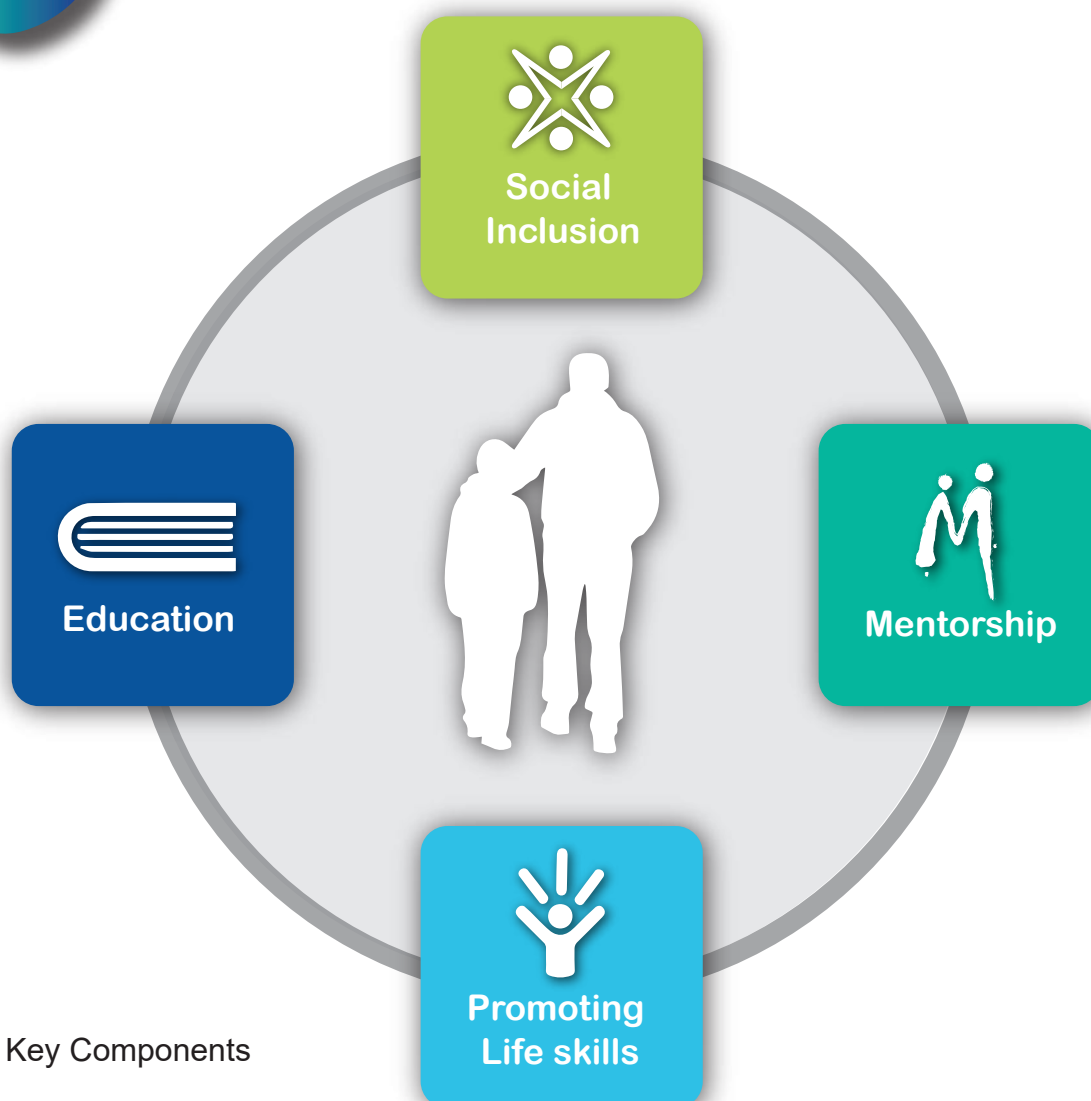
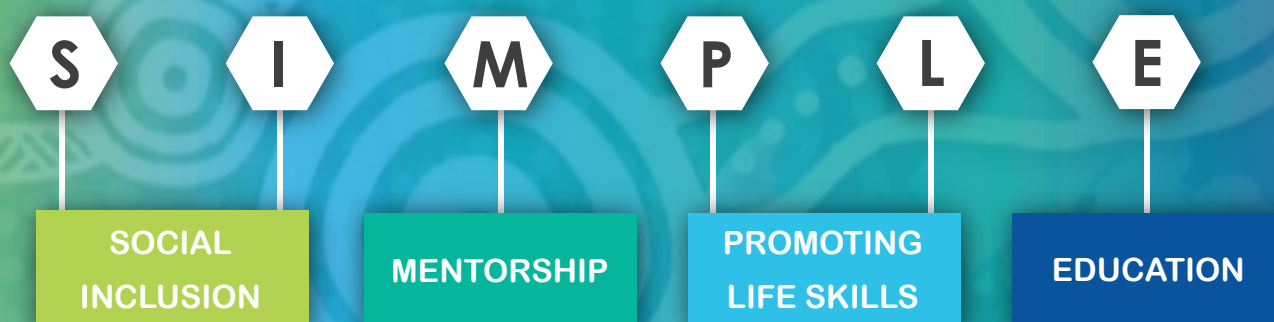


Figure: 01 Key Components

Big Buddy Program is designed around the following four key components





Big Buddy Volunteers serving drinks  
(Frappe, Slushies, Hot Chocolate)  
at NAIDOC Miles, 2018.

# BIG BUDDY BENEFITS

## KEY BENEFITS

- + **Increases self-esteem**
- + **Improves relationships**
- + **Helps keep Indigenous youth**
  - In school
  - Away from drugs and alcohol
- + **Helps improve employment options**
- + **Provides valuable and practical life skills**
  - Sense of purpose
  - Sense of pride
  - Sense of worth
  - Enhanced work ethic

*For detailed benefits of the Big Buddy Program, see next page.*

# BENEFITS

## Benefits of the Big Buddy Program:

The Big Buddy program is expected to achieve the following benefits for indigenous youth in the community:

- 1 Ending disparity through provision of local training and 'on site' education;  
- Offering local vocational training and education opportunities
- 2 Increasing high school graduation rates
- 3 Improving attitudes about school
- 4 Helping to create aspirations in higher education in Secondary, VET and Tertiary Education
- 5 Improving employment options and opportunities
- 6 Creating good work ethics
- 7 Assisting low socio-economic change
- 8 Improving indigenous health status and outcomes through addressing determinants of health
- 9 Increased awareness of available services;  
*Evidence from Goondir staff indicates that male youth do not regularly access Goondir services. It is anticipated that an outcome of the program will be increased male youth attendance.*
- 10 Healthier relationships and lifestyle choices
- 11 Enhancing self-esteem, self-worth and self-confidence
- 12 Improving behaviour, both at home and at school
- 13 Building stronger relationships with parents, teachers, and peers
- 14 Improving interpersonal skills
- 15 Decreasing likelihood of initiating drug and alcohol use<sup>1</sup>
- 16 Creating social interaction, guidance and encouragement
- 17 Creating a sense of being respected by others for contributing to society and good citizenship
- 18 Providing valuable, practical life skills
  - o Sense of purpose
  - o Sense of pride
  - o Sense of worth

# Strategic Approach

## Consolidated Positive Reinforcement

The Big Buddy program is built around a model of Consolidated Positive Reinforcement. This recognises that positive and lasting benefits can only be achieved through consistent reinforcement of learning principles to Indigenous youth in all key environments:

1. Home Environment

2. School Environment

3. Big Buddy Environment

By working together instead of separately (Isolated Positive Reinforcement), parents, schools and the Big Buddy program aim to maximise the positive impacts of the program in the lives of participants.

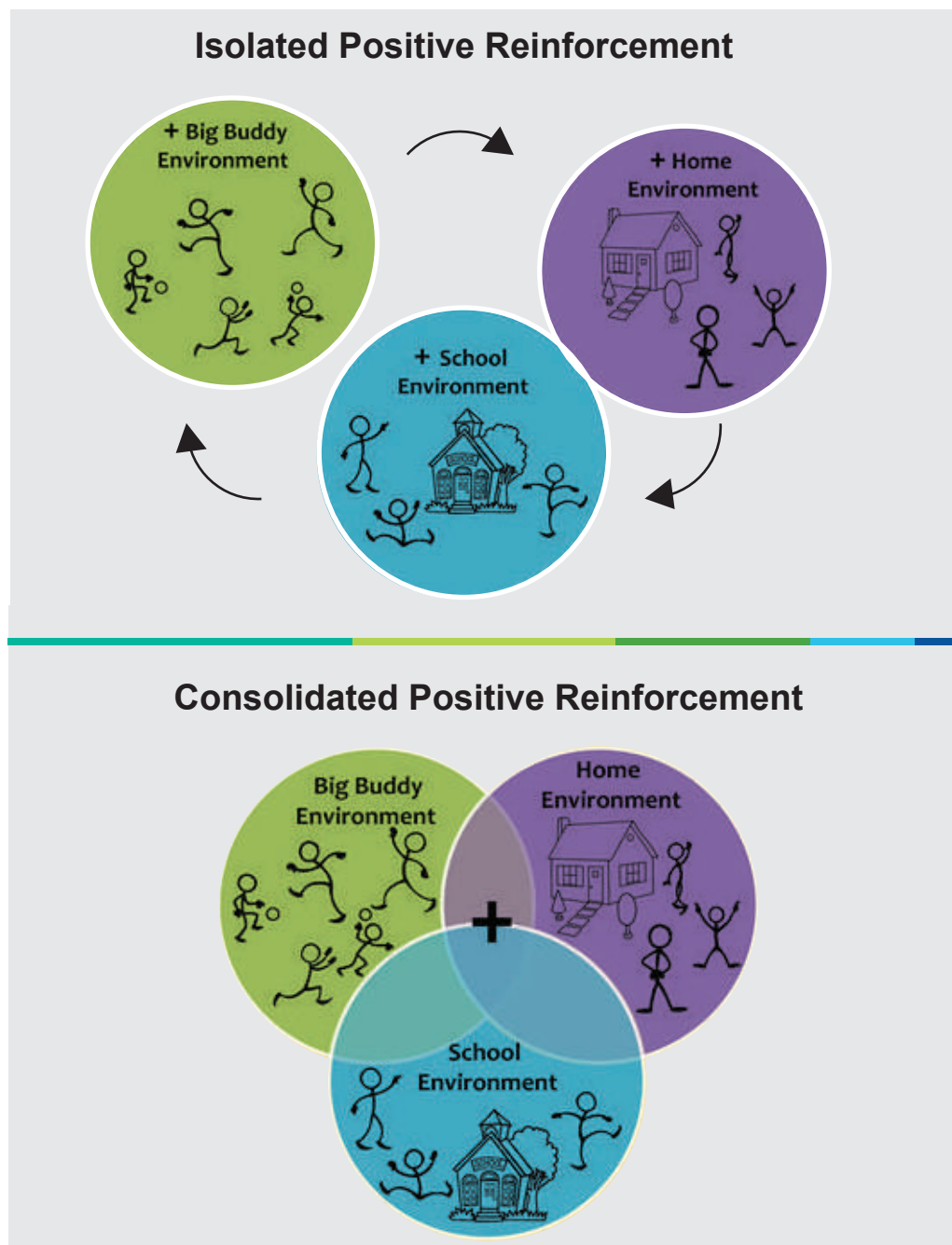


Figure: 02 Positive Reinforcement

## Reward and Recognition

**Meeting the programs goals and objectives through the application of reward and recognition system**

Youth are engaged in the program and rewarded through an incentives program which encourages their attendance, participation, positive behaviour and contribution to the program outcomes.

Incentives include apparel (shirts, footy shorts, leggings, cap etc) on joining the program and rewards include excursions to theme parks, high profile football games etc.

### Point System

1 Point - Arriving before 3:30pm

1 Point - Attending Big Buddy afternoon session

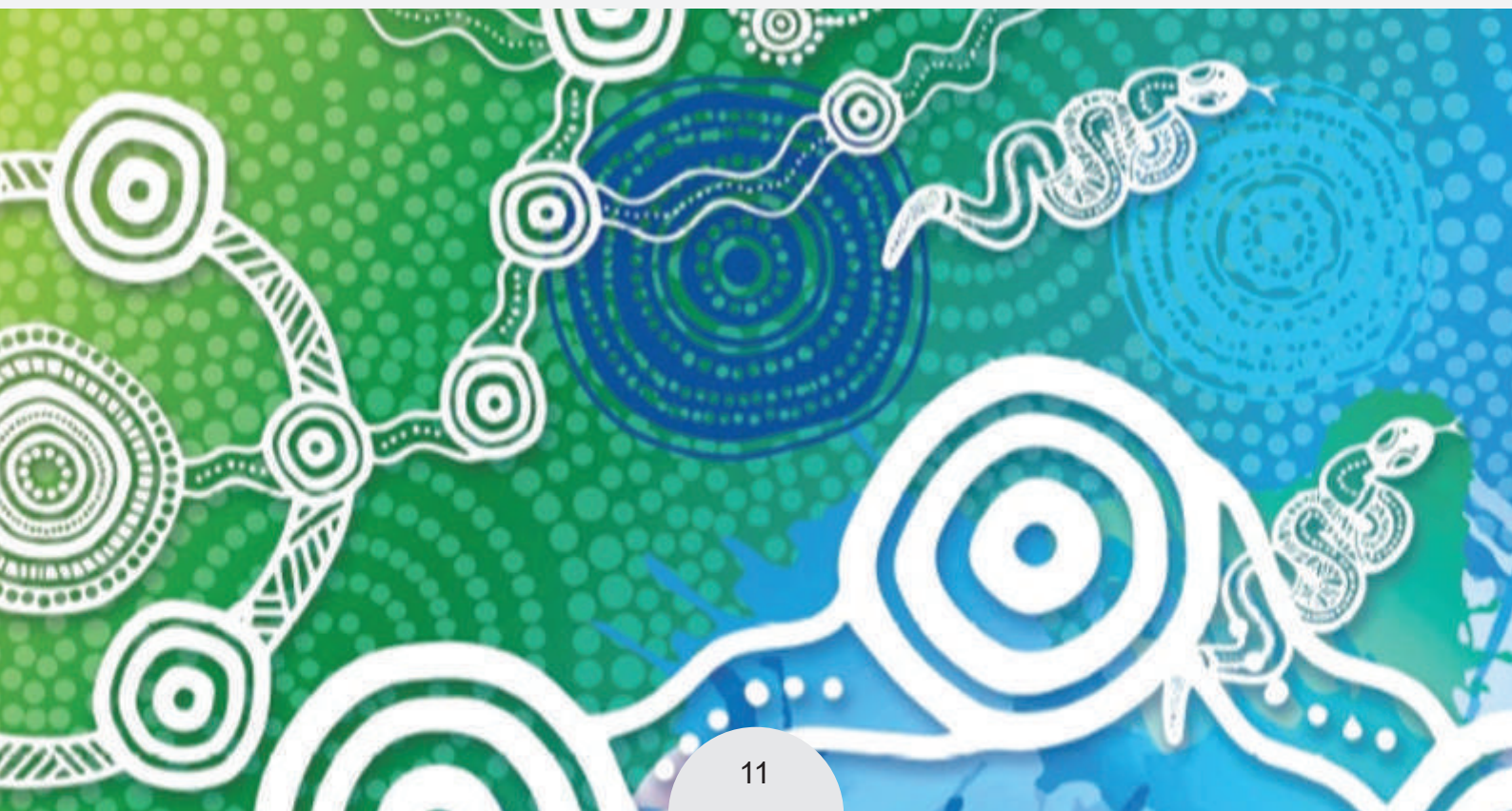
1 Point - Staying for the entire session

2 points - Playing in touch team/after school job

5 Points - Attending motivational speaker session

20 Points - Volunteer at an event for 2 hours (Extra 10 points for clean-up)

**A total of 100 points is required to be eligible for the end of term award.**



# Strategic Alignment

This project aligns to a number of local, State and National priorities including the Creating Parity – The Forrest Review Report as well as Minderoo’s focus on improving indigenous education and training.

On the National agenda, this project aligns to the following National Closing the Gap objectives:

1. To close the gap in life expectancy within a generation (by 2031);
2. To halve the gap in employment outcomes between Indigenous and other Australians by 2018;
3. To halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates by 2020.

According to Queensland Health (2016), evidence indicates that to make sustainable gains in achieving Council of Australian Governments (COAG) close the gap targets, the most effective interventions will be those that focus on:

- **health promotion and health education to prevent risky health practices and target the risk factors for poor health outcomes that together contribute to one-third of the health gap;**
- **attention to the needs of urban populations and those living in discrete communities;**
- **complementary action in other social policy areas (such as housing and education) to improve health outcomes.**
- maternal and child health, early childhood development, parenting support, adolescent health;
- efforts across the whole health system to improve cultural capability and continuity of care;

*The three actions in bold above are strategically aligned to the core functions of the Big Buddy program.*

# Key Stakeholders and Partners

To date, Goondir Health Services have received overwhelming support for the Big Buddy program from the following key stakeholders:

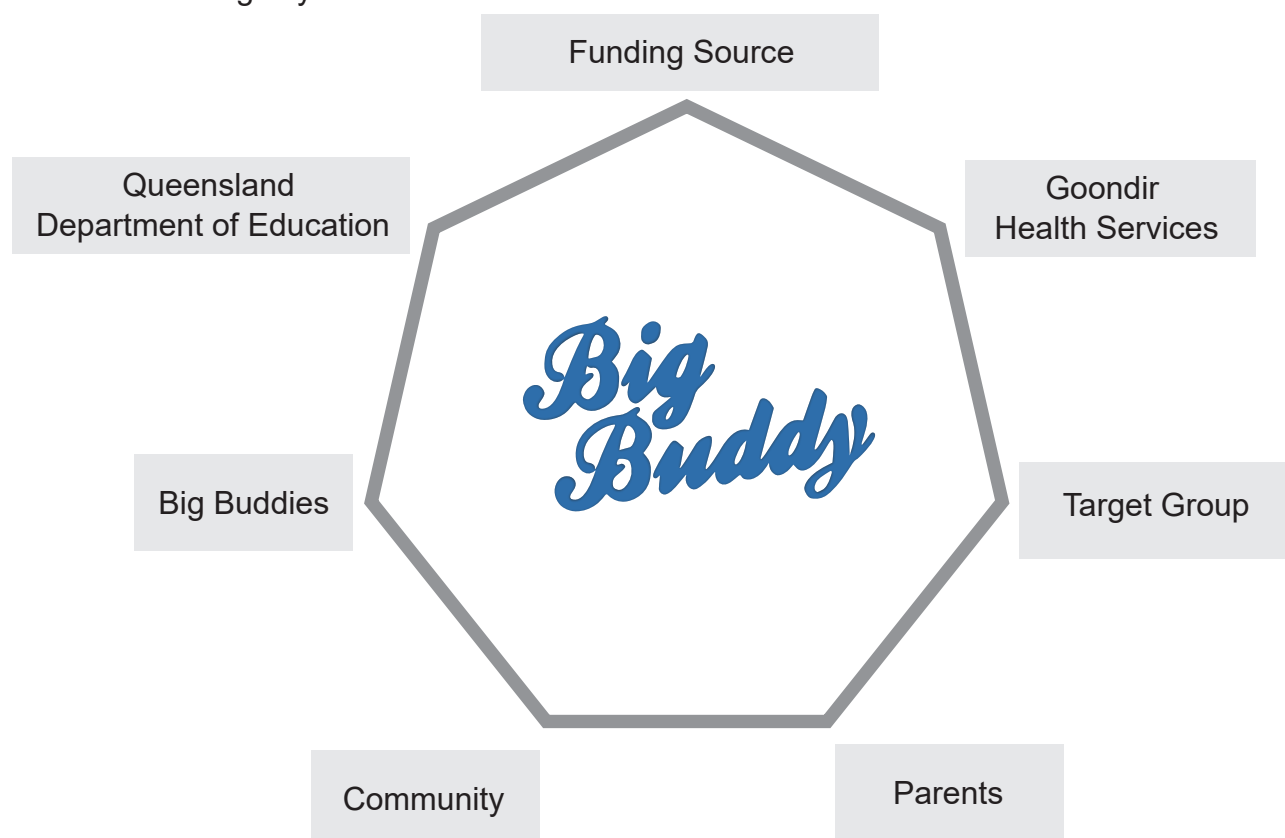


Figure: 03 Key Stakeholders and Partners

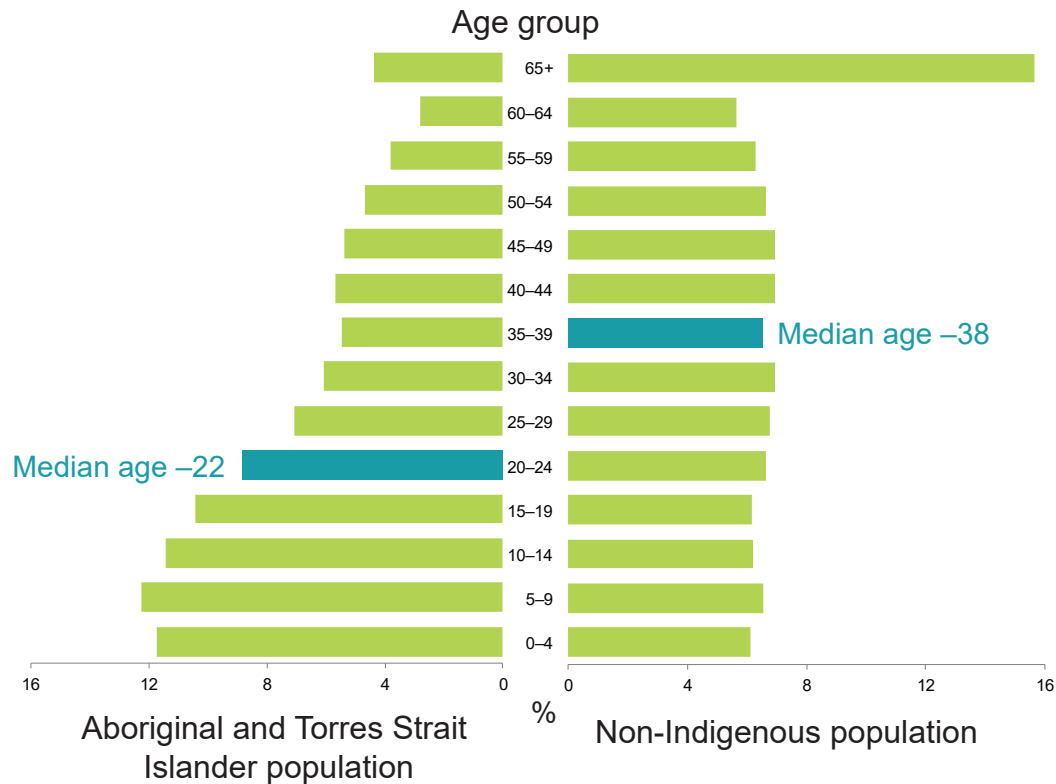
It is expected that as the project progresses, additional partners will be identified and will contribute to the success of the project.

## Indigenous Population in the Darling Downs and South West Qld Region

In 2016, the 13,228 Indigenous people that lived in the Darling Downs and South West region (5.0% of the population) was higher than the Queensland rate of 4.0% Indigenous.<sup>2</sup>

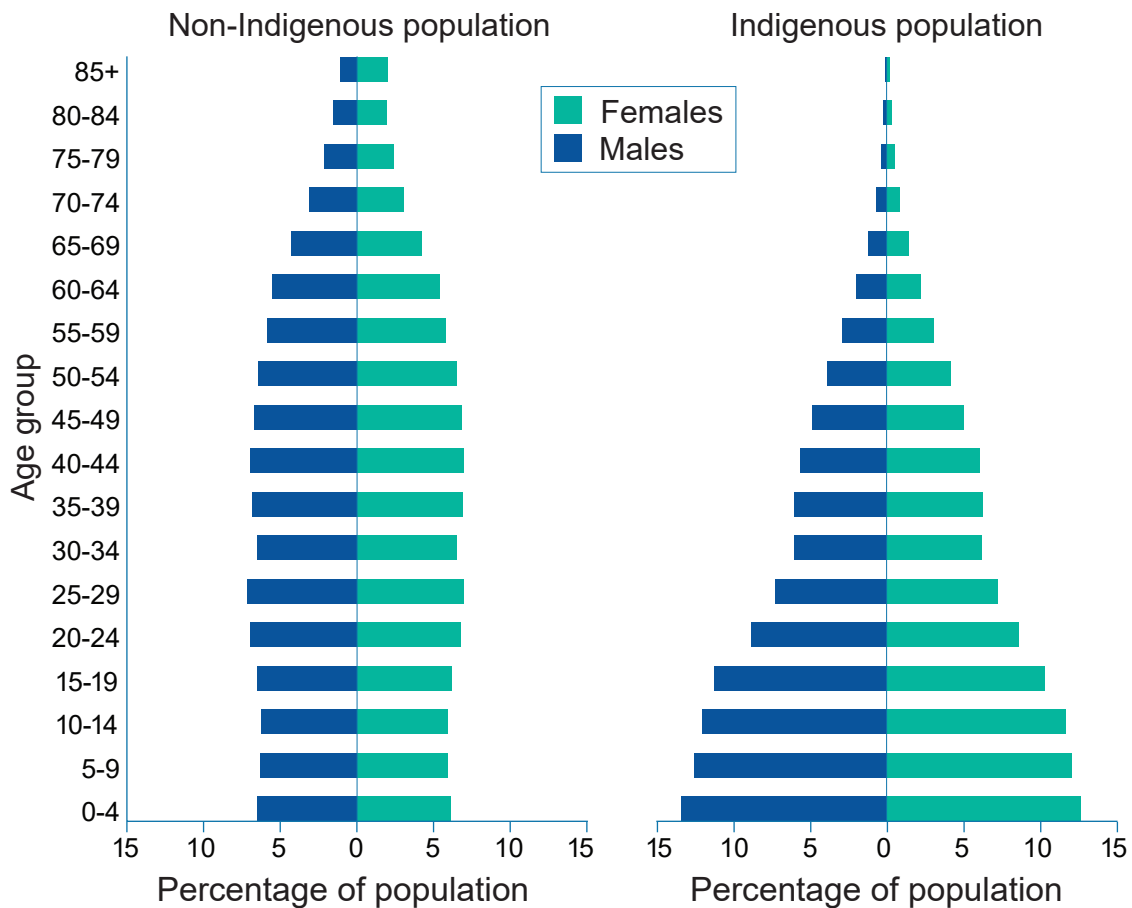
The Indigenous population in Darling Downs and Queensland are significantly younger than the non-indigenous population. According to Queensland Health (2014) Indigenous Queenslanders have a higher fertility rate and a higher death rate across all ages, resulting in a considerably younger age profile. The median age of Indigenous Queenslanders was 22 years in 2016, 16 years less than non-Indigenous Queenslanders (38 years)<sup>3</sup>. In 2016, 35.4% of Indigenous Queenslanders (around one-third) were aged under 15 years compared to 18.9% of non-Indigenous<sup>4</sup>.

Figure: 04 Age profile by Indigenous status, Queensland<sup>3</sup>



Source: ABS 2002.0, Census of Population and Housing, 2016, Table I03

Figure: 05 Population by Indigenous status, age and sex, 2011<sup>5</sup>



# Key challenges for Indigenous Youth

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 highlights the importance during the adolescent years of health enablers including positive role models and healthy behaviours. Unfortunately, this period can be very difficult for adolescents who have a number of influencing factors including families experiencing reduced housing, education and employment opportunities, as well as home lives which may be affected by substance use, domestic violence, and welfare dependency.

The Big Buddy Project aims to assist youth to identify enabling behaviours which will deter them from drugs and other substance use and focus them on a positive and healthy future. It is important that at risk youth are adequately supported to assist in health-seeking behaviours, and to maximise health, employment and social opportunities. Evidence from the Forrest review indicates that Indigenous Australians who complete year 12 or receive equivalent qualifications are employed at the same rate as other Australians.<sup>5</sup>

Stakeholders who have advised of drugs and other substance use include school, police and health representatives. School consultation included a school-led workshop in March 2014 with Principals and Deputy Principals from across the region. The focus of these discussions included the State transitional funding provided to assist in the transition of individuals from home, to early learning, primary and high school studies. While plans to implement the funding were progressed, it was noted among participants that transitional activity to the employment and vocational training sector is limited. Some transitional activity occurs following students completing year 10, however intervention activities prior to this period is difficult.

## Living Conditions <sup>6</sup>

**37%**

of Indigenous Queenslanders live in the most disadvantaged areas

*compared with*

**9%**

of the non-Indigenous population

## 2011 Census Analysis <sup>6</sup>

**Every area**

Indigenous Australians had higher levels of socio-economic disadvantage compared with the non-Indigenous population of the area.

**No single area**

in Australia where the Indigenous population had better or even relatively equal outcomes compared with the non-Indigenous population

## Drugs and Other Substance Abuse



**41%**  
tried drugs

**1.5x**  
likely

to use drugs  
compared with  
non-Indigenous  
Australians

**70-90%**  
of assaults

committed under  
the influence of  
alcohol/drugs



**31%**  
used drugs

- In 2014-15 Social Survey data, substance use was more prevalent among Indigenous males, of whom 41% had tried drugs in the last 12 months.<sup>6</sup>
- In 2014, almost one-third (31%) of Indigenous peoples aged 15 years and over had used substances in the last 12 months.<sup>6</sup> Higher rates of drug use are related to poorer health status and higher levels of psychological distress.<sup>1</sup>
- Indigenous Australians aged 14 years and over were 1.5 times likely used an illicit substance in the last 12 months compared with non-Indigenous Australians.
- According to the Office of the Status of Women there is a correlation between domestic violence, and drug and alcohol use in Indigenous communities, with 70% to 90% of assaults being committed under the influence of alcohol and/ or other drugs.<sup>1</sup>

## Education, Employment and Training

**80%**  
attendance

required  
at school

**10.5%**

people in  
Darling Downs did  
not go to school

**60%**

of 17-24 year old  
Indigenous students  
leave school

**3 years**  
behind by the age

of 15 years -  
Indigenous students

- Children require a minimum of 80% attendance at school for education to be effective
- Indigenous students are approximately 3 years behind by the age of 15 years.<sup>5</sup>
- More than 60% of 17-24 year old Indigenous Australians leave school without connecting to further study or work compared to 25% of other young Australians.<sup>5</sup>
- Indigenous Australians are less than half as likely to be in full-time work or study.<sup>5</sup>

- 23% of training qualifications commenced by Indigenous Australians are completed.<sup>3</sup>
- Education and employment have the capacity to end the disparity which exists between Indigenous and non-Indigenous Australians.<sup>3</sup>
- When Indigenous people have an education, an apprenticeship or above, they have employment parity.<sup>3</sup>
- Higher proportions of people in the Darling Downs region did not go to school or reached year 8 or below (10.5% compared to Queensland's average of 6.6%).
- Fewer people in the Darling Downs have a qualification (bachelor degree or higher, diploma or certificate) – 48.4% compared to Queensland's 54.2% (Figure 06).

Figure: 06 Education and schooling within Darling Downs region <sup>7</sup>

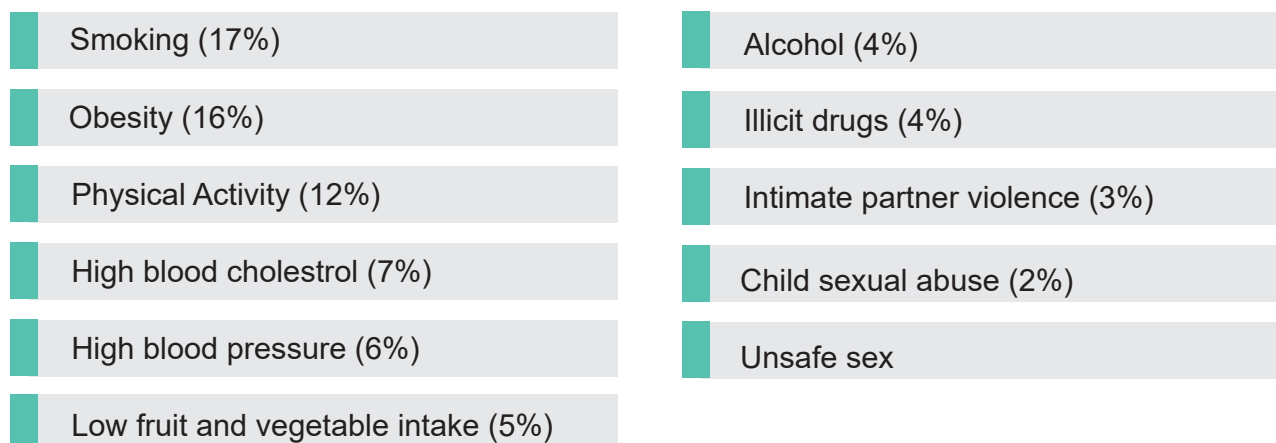
Local Government Area (LGA)	Did not go to school or year 8 or below	Year 11 or 12 or equivalent	Education-bachelor degree or higher	Persons with a qualification (bachelor degree or higher, diploma or certificate)
Cherbourg (Shire)	17.9%	31.7%	0.4%	25.3%
Goondiwindi	10.6%	43.1%	9.6%	46.2%
South Burnett	13.2%	37.5%	7.7%	45.1%
Southern Downs	11.4%	40.5%	9.1%	44.7%
Toowoomba	9.5%	48.5%	13.9%	50.8%
Western Downs	11.7%	40.7%	8.3%	45.3%
<b>Darling Downs</b>	<b>10.5%</b>	<b>44.9%</b>	<b>11.6%</b>	<b>48.4%</b>
<b>Queensland</b>	<b>6.6%</b>	<b>55.3%</b>	<b>15.9%</b>	<b>54.2%</b>

## Personal behaviours – Risk Factors for Disease

According to Schroder<sup>8</sup> :

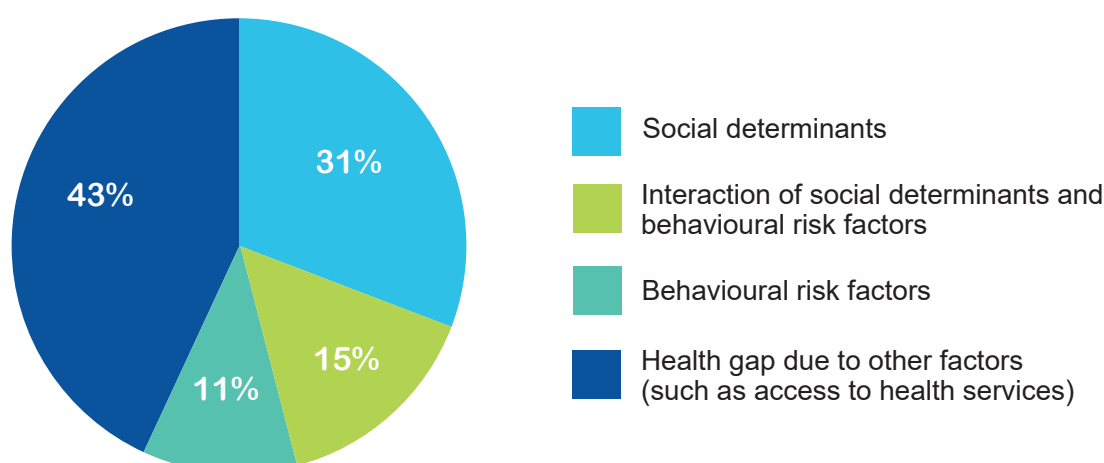
“The single greatest opportunity to improve health and reduce premature deaths lies in personal behaviour.”

It is believed that 49% of the Aboriginal health gap can be explained by 11 behavioural risk factors: <sup>9, 10, 11</sup>



A large proportion of the health gap can be addressed through the changing of personal behaviours and through addressing the social determinants of health (Figure 07)

Figure: 07 Proportion of the Health Gap Explained <sup>8</sup>



- Obesity and smoking are the largest cause of health loss for indigenous Queenslanders, contributing 12.1% and 11.6% respectively to the difference between the Aboriginal and Torres Strait Islander burden of disease and those for the general population. <sup>12</sup>
- In 2011–12, 23% of Australians living in the most disadvantaged areas were current daily smokers – compared to 9.9% Australians living in the least disadvantaged areas.
- Research found that about 80% of the life expectancy difference in Australia is due to preventable chronic conditions, such as type 2 diabetes and cardiovascular disease. <sup>13</sup>
- Disadvantaged areas have up to six times as many bottle shops per person than wealthier neighbourhoods. <sup>14</sup>
- In Queensland, the life expectancy gap between Indigenous and non-Indigenous Queenslanders is 10.4 years for males and 8.9 years for females.

# Social Exclusion

Social exclusion is a broad concept used to describe social disadvantage and lack of resources, opportunity, participation and skills. According to the World Health Organization (2016) exclusion consists of:

*“dynamic, multi-dimensional processes driven by unequal power relationships interacting across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country and global levels. It results in a continuum of inclusion/exclusion characterised by unequal access to resources, capabilities and rights which leads to health inequalities”.*<sup>15</sup>

**1 in 25**

children at  
high risk

**2 in 5**

experience  
social exclusion

**4.2%**

Indigenous death  
accounts to Suicide

**21.4** per

100,00 Indigenous  
suicide rate

Research has shown that more than one in every 25 Australian children are at high risk of social exclusion because of where they live and the average risk of child social exclusion increases with remoteness.

- Australian children living in small areas with a high risk of child social exclusion have, on average, worse health outcomes than children living in other areas.
- Almost 2 in 5 Indigenous Australians experience social exclusion (38%) compared to 23% of all Australians.<sup>16, 17</sup>
- Suicide accounts for 4.2% of all indigenous deaths compared to the 1.6% national suicide rate.<sup>18</sup>
- The standardised indigenous suicide rate from 2001 to 2010 was 21.4 per 100,000, more than double the non-Indigenous rate (10.3 per 100,000).

Figure 08: Social exclusion among selected groups in Australia, 2012

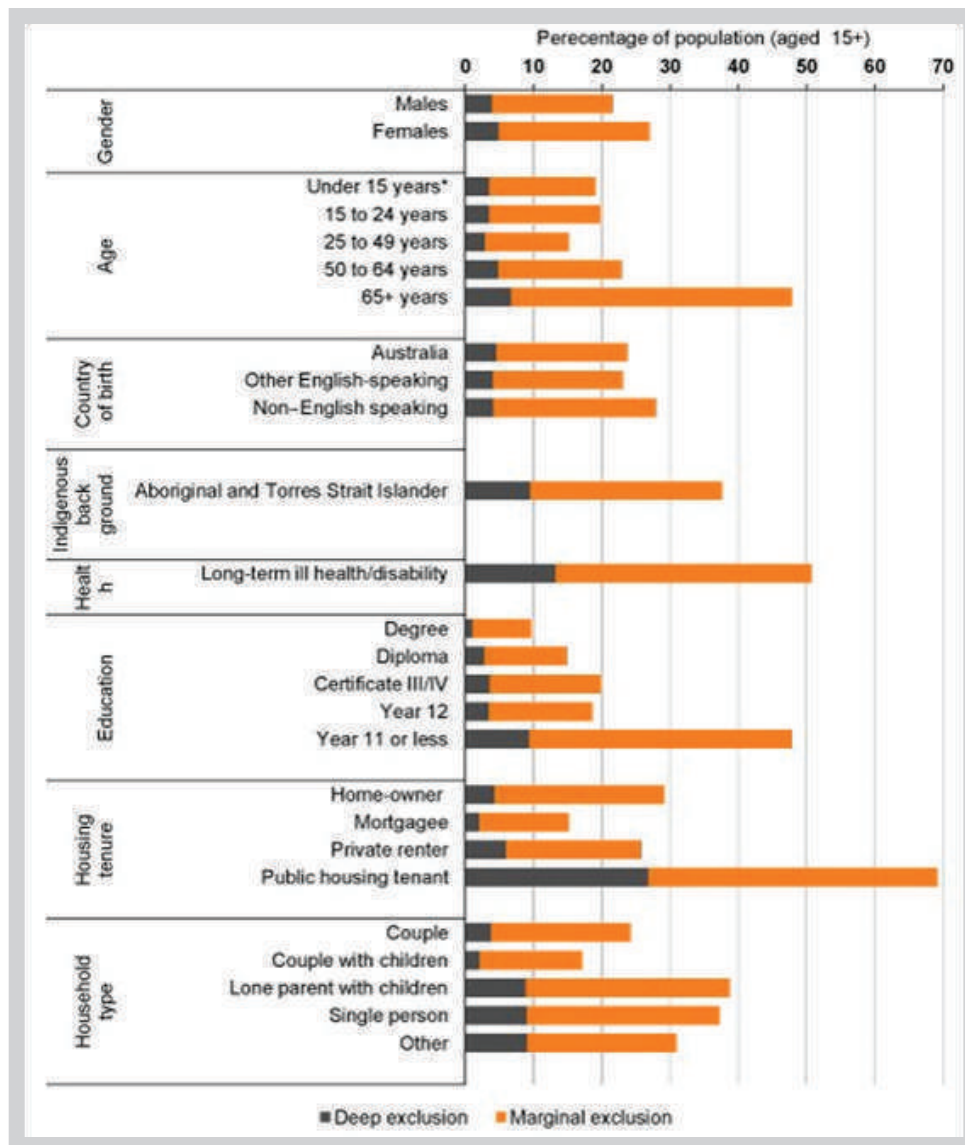
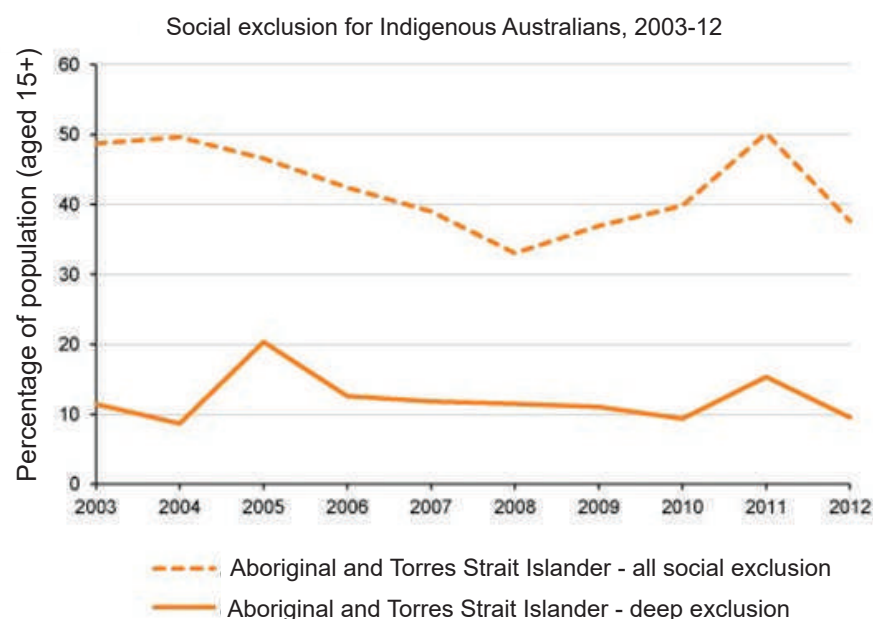


Figure 09: Social exclusion for Indigenous Australians, 2003-12



# Chronic Disease



- The largest contributor to the gap in Health Adjusted Life Expectancy (HALE) between the Aboriginal and Torres Strait Islander people (ATSI) and total Queensland population was cardiovascular disease (CVD) followed by diabetes.<sup>19</sup>
- People with unmanaged diabetes could die up to 15 years younger.<sup>19</sup>
- Diabetes Queensland Prevalence maps show that in 2011, the DDHHS region has much higher rates of Type 2 diabetes and diabetes requiring insulin compared to State and National rates (across all six Local Government Areas (Figure 10))<sup>20</sup>
- Aboriginal and Torres Strait Islander people are three times more likely to develop type 2 diabetes than non-indigenous Australians.

Diabetes Prevalence Rates in DDHHS Compared to National and State Rates						
	TOTAL	Type 1	Type 2	Gestational	Insulin requiring	TOTAL - Difference compared to
National	4.5%	0.6%	3.9%	0.1%	1.5%	
Queensland	4.7%	0.6%	4.0%	0.1%	1.6%	0.2%
Toowoomba	5.2%	0.6%	4.5%	0.1%	1.8%	0.6%
Southern Downs	5.3%	0.6%	4.7%	0.1%	1.9%	0.8%
Goondiwindi	4.9%	0.6%	4.3%	0.1%	1.7%	0.4%
South Burnett	5.8%	0.7%	5.1%	0.1%	2.2%	1.3%
Western Downs	5.5%	0.6%	4.8%	0.1%	1.9%	1.0%
Cherbourg	19.4%	1.6%	17.6%	0.2%	9.9%	14.9%

Figure 10: Diabetes prevalence rates in Darling Downs compared to National and State rates

# Key Components of the Big Buddy program

Big Buddy Program activities aim to address the key components of social and economic determinants of health. These activities are delivered in partnership with parents and schools to ensure that positive reinforcement of program principles can occur in all key environments for participants.

Some of the Big Buddy activities are set out below that address the key components of the Big Buddy Program which include:



**Social Inclusion**



**Mentorship**



**Promoting Life skills**



**Education**

## Activities

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| 1) Music                              | 10) Kayaking                        |
| 2) Exposure to Small Business         | 11) Gym                             |
| 3) Healthy Lifestyle and Food Choices | 12) Boxing                          |
| 4) Workshops                          | 13) Fishing                         |
| 5) Worksite Visits                    | 14) Motivational Speakers           |
| 6) Career Days                        | 15) Adventure Camping               |
| 7) Blue light disco                   | 16) Cultural practice and education |
| 8) Logistics - event management       | 17) Golf                            |
| 9) Health Promotion                   | 18) Team Sports                     |

## Improving Social Inclusion

There is no universally accepted definition of social inclusion. The Australian Social Inclusion Board defines social inclusion as having the resources, opportunities and capabilities to:

- Work (e.g. participate in employment, unpaid or voluntary work including family and carer responsibilities);
- Have a voice (influence decisions that affect them).
- Learn (e.g. participate in education and training); and
- Engage (e.g. connect with people, use local services and participate in local, cultural, civic and recreational activities),<sup>21</sup>

WORK

HAVE A VOICE

LEARN

ENGAGE

To meet these objectives the program aims to achieve this through social interaction such as but not limited to trips to National Rugby League matches, golfing clubs, kayaking, fishing, camping, disco's after school sports activities. A recent camp to Emu Gully at the foot hills of Toowoomba in South East Queensland, focused on character based learning which emphasised success in life and character building. That is; "The real you" and the way you handle the circumstances of life, whether they be good or bad. All participants had the opportunity to challenge themselves both individually and as a team. They were required to learn problem solving skills, work as a team, demonstrate leadership qualities, voice their opinions and engage with each other.



Picture: Youth from both Dalby and Oakey communities participating in a 3 day Adventure Camping Program at Emu Gully



FUN RUN, 2019

Big Buddies participating in

FOOD EVENT, 2018



## Mentorship - utilising high profile people

According to Philip (2000),<sup>22</sup> mentoring is now a key element within national and local strategies for working with young people, especially those who are regarded as ‘socially excluded’.

Studies have shown<sup>23, 24, 25</sup> that mentoring programs hold great promise for fostering competency in disadvantaged youth leading to higher competency levels in Family Bonding; Relationships with Adults; School Bonding; and Life Skills.



As part of the Big Buddy Program, Goondir is pairing youth with role model volunteers in the community. To date, over fifty people have signed up to be role models on the Bid Buddy program.

It is not just the indigenous youth who benefit from mentoring. According to Youth.org (2016), benefits for mentors include:

- + Increased self-esteem;
- + A sense of accomplishment;
- + Creation of networks of volunteers;
- + Insight into childhood, adolescence, and young adulthood; and
- + Increased patience and improved supervisory skills<sup>26</sup>



**Local NRL star Ashley Taylor, half back for the Gold Coast Titans, has given his support as Program Ambassador.**

Pictue: Ashley Taylor, Gold Coast Titans NRL star – supporter of the Big Buddy Program

*“Mentoring, at its core, guarantees young people that there is someone who cares about them, assures them they are not alone in dealing with day-to-day challenges, and makes them feel like they matter”*

Mentoring.org



## Kayaking Activity at St. George, 2018

## Promoting Life skills

*“Life skills play a key role in promoting educational and occupational success in early life”<sup>27</sup>*

Building various skill sets to increase participant’s future employment and further education and training options is a key focus of the program. The activities under promoting life skills are sub-divided into:

- 1) Events management
- 2) Exposure to small business (Barista/Food Training)
- 3) Improving self-worth

### Promoting Life skills - Events management

Event Management activities assist with the development of a whole range of skills such as planning, logistics, communication, promotion, time management, stock control, managerial and others. The Big Buddy program aims to build these skills by undertaking events such as touch carnivals, show and shine meets, cultural festivals, discos and youth gatherings.

The program also adopts strategies that youth relate to and have an interest in, as well as, introducing them to activities they may never have considered. This sometimes requires the introduction of unique activities such as a mobile coffee service at events that cater to the wider public. Through acquiring a range of skills, our youth are equipped to book, manage and host events with support from their Big Buddies.



Picture: Big Buddy youth operating the Chevy coffee van at the Cherbourg Rodeo



Big Buddy Volunteers serving food and drinks at NAIDOC Activity, 2018.



## Promoting Life skills - Exposure to Small Business (Barista/Food Training)

Morley outlines research demonstrating that:

***“Developing business skills within Indigenous communities has been shown to have a significant, positive impact in terms of community development.”<sup>28</sup>***

In September 2016 a fully operating 1928 Chevy Truck was purchased for the Big Buddy Program and converted into a coffee van. The van is used by youth to sell hot and cold drinks to members of the public at Goondir events or invited events. The van, which was used as a bakers truck in Beechworth, Victoria was transformed in time for the September 2016 Toowoomba Carnival of Flowers.

In addition to identifying future training options with Service Training Providers, many Indigenous youth have already completed a Food Handling Course which complements the Barista training. The training ensures that youth are confident when providing food products from the programs Five meter food van. Completing both courses creates a choice for youth to work the coffee van or food van. Adding more training and extending the involvement of the youth aims to create a sense of complete ownership of the Big Buddy program activities.

Working on the coffee van and food van will give indigenous youth invaluable experience in not just making and serving drinks and food, but also money handling, basic finance, customer service and logistics.



Picture: The 1928 Chevy Coffee Van on parade at the Toowoomba Carnival of Flowers, 2016



*Big Buddy*

Picture: 1 Youth at the Food Handling Course

Picture: 2 Five Metre Food Van

***“Those with a high self-esteem (or self-concept) can cope more efficiently with life’s challenges; they feel valued, respected and generally lead happy and productive lives.”<sup>29</sup>***

Indigenous youth are encouraged to remain in school and contribute positively to society through the use of a reward and recognition system. Indigenous youth are informed that restored program vehicles will be made available for grade 12 students for graduation. Although an incentive is applied, it is through the accomplishment of graduating that the program aims to help build self-worth.

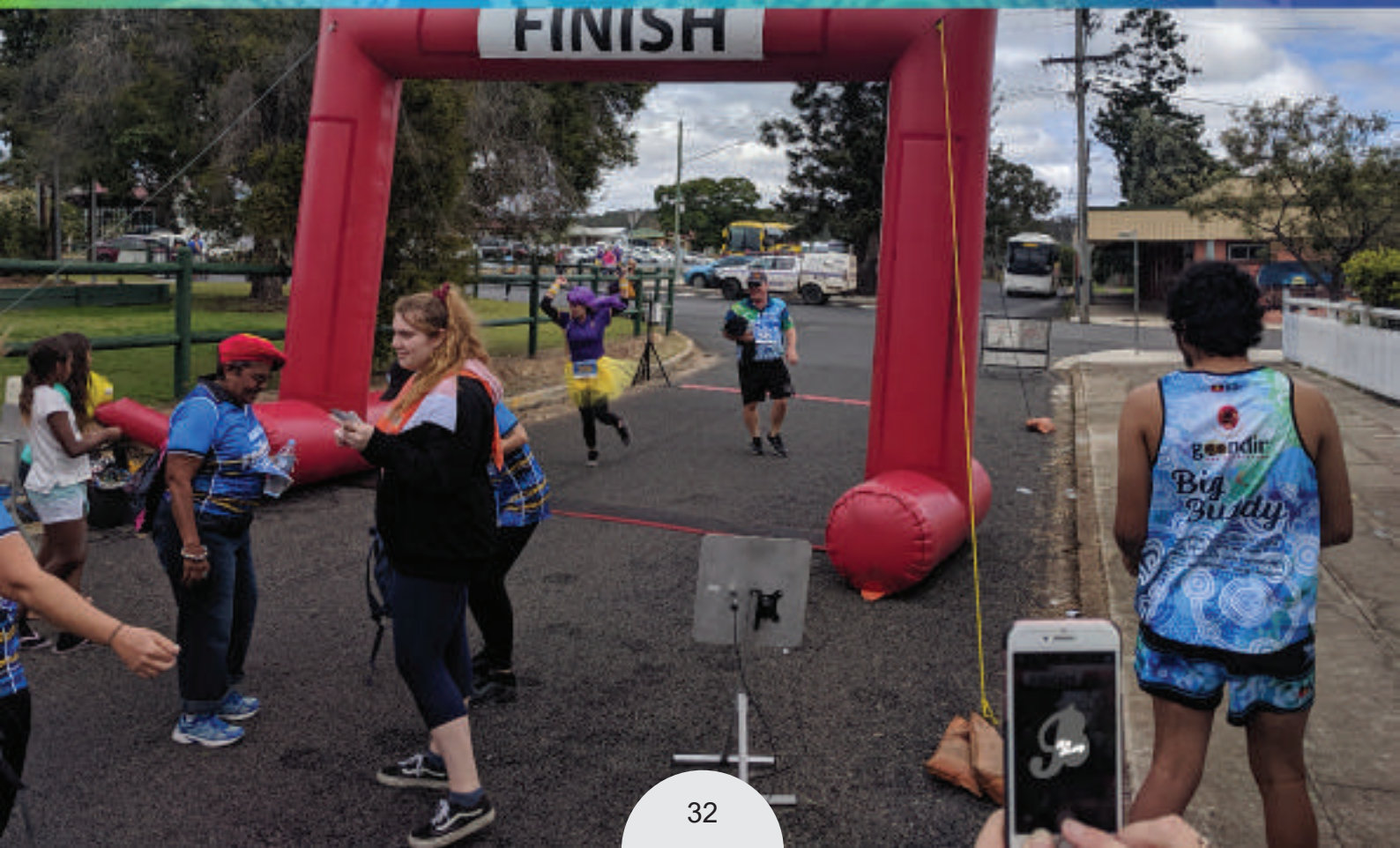
Another approach adopted is to ensure youth undertake meaningful tasks that contribute to service provision in communities and at organised events. This approach to improving self-worth will be realised by youth operating the organisations Health Promotion & Education Trailer. The fully equipped mobile unit includes on-board power, extra-large BBQ plate (prepare healthy meals), large esky, 2 large plasma screens (Wii physical activities), 3 monitors with sound proof hearing devises (to promote health through IBERA) with quick and easy set up. Through educating and demonstrating to the public about the importance of good health, and nutrition, the activity aims to allow youth to experience a strong sense of self-worth.



Picture: Big Buddy's 1962 EK Holden



## Big Buddy Youth Kayaking and participating in Fun Run, 2018



# Education - Improving Health Literacy

## About Health literacy

Health Literacy is defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions".<sup>30, 31</sup>

***"Poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race".***

American Medical Association Report (1999)<sup>32</sup>

Australians with low health literacy are upto

**THREE**

times more likely to experience an adverse outcome

<sup>33, 34, 35, 36</sup>

**59%**

of Australians aged 15-74 assessed as less than adequate health literacy skills

Those facing the biggest health literacy barriers are:

- older people;
- **Indigenous and minority groups;**
- **those with low qualifications;**
- those without English as a first language;
- **those outside of major cities**
- **those with low job status; and**
- **those in the poverty trap.**

In 2010 an Australian study found that health literacy improved in 74% of risk factor interventions.<sup>37</sup>

In August 2014 Australian, state and territory Health Ministers endorsed the Australian Commission on Safety and Quality in health Care's National Statement on Health Literacy as Australia's national approach to addressing health literacy. In the National Statement, the Commission proposed a coordinated approach to health literacy based on:

- embedding health literacy into systems
- ensuring effective communication
- integrating health literacy into education.<sup>38</sup>

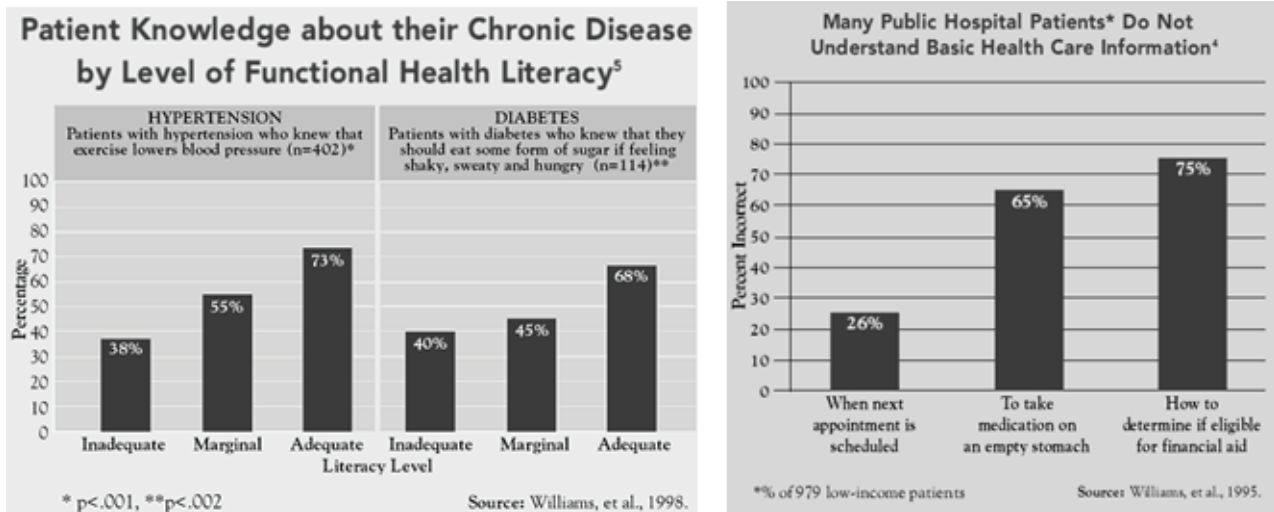


Figure 11: Relationship between health literacy and patient knowledge of diseases

## About IBERA

An Australian study by Thomacos & Keleher (2009) found that one of the early interventions health professionals can do to improve health literacy is the use of diagrams and models to aid in explaining and discussing concepts.<sup>39</sup>

Goondir Aboriginal Health Service has purchased software licenses for a health education tool called "IBERA".

IBERA is a state-of-the-art multi-platform tool, designed to make it easy for all health practitioners and teachers to educate patients and students of all ages by using animation and audio to assist with the interactive content on the human body.<sup>40</sup>



Picture: IBERA Screenshot

According to Thomacos & Keleher (2009) a range of educational modules for people from low socio-economic backgrounds have been successfully implemented including topics such as medications, medical terminology, basic anatomy and physiology, orientation to medical forms, and communication.<sup>40</sup> IBERA software will be taught to the youth from around the region by giving access to user friendly health education software that will improve health literacy and change personal behaviours, ultimately improving health and wellbeing. This will also be viewed as an extension to building the self-worth and self-esteem of the youth.

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# APPENDIX

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Outcomes											
Activities	Healthy Choices	Educational/Business	SEWB	Health	Career Pathway	Event Management	Social Inclusion	Self-Worth, Self Esteem, Self-Respect	Promotion	Teamwork	Pride in their Work
Health Promotion	Increases health knowledge	Delivering Health Knowledge	Allow them to have an in-depth understanding on their health and to be able to identify when they are feeling unhealthy	Increases health knowledge  IBERA is an animated and interactive health education promotion tool.	Health Workers RN Doctor Counsellors Psychologists Social Worker	Improves organisational skills	Ability to recognise non-inclusion in others	Boosts kids self-esteem, self-worth & self-respect		An opportunity to work in team environment	Achieve a sense of pride in their work
	Act as a healthy mentor	Inspires motivation in the audience	Teaches awareness on their SEWB issues	Leads to positive health outcomes	Any	Time management skills	Promotes social inclusion and self-identity	Boosts kids self-esteem, self-worth & self-respect		Leadership Skills	
Music	Develops physical skills	Improves academic skills  Refines discipline & patience	Connects youth to culture  Enhances emotional development	Improves respiratory condition  Brain works harder	Musician  Degree at University	Teaches organisational & managerial skills	Cultivates social skills  Learn positive friendship skills	Boosts kids self-esteem, self-worth & self-respect	Kids recording and promoting their love for & enjoyment of music by sharing with others	Improves teamwork	Develops a sense of pride
	Increases IQ	Improves test scores  Improves language development	Improve motivation  Enhances resilience	Improves spatial temporal skills							
Food Events	Increase knowledge around healthy lifestyles/choices	Improves time management skills  Improve budget and money handling skills	Teaches active listening  Improves Social Perceptiveness - Aware of others' reactions and understanding why they react as they do	Improves coordination skills  Enhances critical thinking skills	Open doors into the hospitality industry, aged care and hospital facilities	Teaches complex problem solving skills  Improving management of resources	Enhances communication skills - how to talk to others to convey information effectively	Boosts kids self-esteem, self-worth & self-respect	Develop awareness into how promotional activities can improve the outcome of an event		Develops a sense of pride in good service, quality product, presentation & cleanliness
	Learn quick and easy way to prepare healthy meals	Improves collaboration and negotiation skills				Teaches monitoring skills - how to order when low in stock			Teaches advertising skills		

Outcomes											
Activities	Healthy Choices	Educational/Business	SEWB	Health	Career Pathway	Management	Social	Self-Worth, Self Esteem, Self-Respect	Promotion	Teamwork	Pride in their Work
Worksite visits & Career days			Improving capabilities to choose a career pathway based on their SEWB perspective		Allows an informed decision to be made in regards to chose career pathway			Boosts kids self-esteem, self-worth & self-respect			
Workshops	Allows for self-growth & development	Promotes education and awareness into broader social perspectives re: Safe ATODS use, Domestic Violence etc.	Allows for informed decisions to be made in regards to what is socially appropriate and how to be safe				Enhances communication skills	Boosts kids self-esteem, self-worth & self-respect			
	Allows for informed decisions to be made in regards to what is considered as healthy lifestyles choices										
Event Management such as car/motorbike shows		Creates ownership over the program and specifically the event			Event Management  Logistics Manager	Improves management of resources  Planning and problem solving skills	Having a role in the event and learn to work within a team to make the event a success	Boosts kids self-esteem, self-worth & self-respect	Networking with community and the attendees from far and wide	Working together, using their individual strengths to play their part in coordinating/planning the event	Attention to detail
Physical Activities such as - Kayaking, Gym, Camping, Boxing, Fishing, Golf, Team sports	Develops physical skills	Cultivates technical skills	Teaches awareness on their SEWB issues	Leads to positive health outcomes	Any	Teaches complex problem solving skills  Improves management of resources  Teaches leadership, organisational & managerial skills	Enhances communication skills  Participating as a team and learn to work within a team to successfully complete the activity	Boosts kids self-esteem, self-worth & self-respect		An opportunity to work in team environment	Develops a sense of pride
	Increase knowledge around healthy lifestyles/choices	Refines discipline	Enhances emotional development	Brain and body works harder							

Outcomes											
Activities	Healthy Choices	Educational/Business	SEWB	Health	Career Pathway	Management	Social	Self-Worth, Self Esteem, Self-Respect	Promotion	Teamwork	Pride in their Work
Cultural Education & Practice		Understanding of culture	Connects youth to culture Enhances SEWB	Improves coordination skills	Cultural Trainer  Indigenous Liason Officer		Promotes social inclusion and self-identity	Boosts kids self-esteem, self-worth & self-respect	Opportunity to perform and share culture	An opportunity to work in team environment	Cultural Pride
Camping	Allows for self-growth & development	Cultivates technical skills  Refines discipline	Allows for informed decisions to be made in regards to what is socially appropriate and how to be safe  Enhances SEWB	Leads to positive health outcomes  Brain and body works harder	Adventure camping and tourism	Improves management of resources  Planning and problem solving skills	Enhances communication skills  Participating as a team and learn to work within a team to successfully complete the activity	Boosts kids self-esteem, self-worth & self-respect		Working together, using their individual strengths to play their part	Develops a sense of pride
Reward and Recognition such as excursions etc	Increase knowledge around healthy lifestyles/choices	Life Experience	Enhances SEWB		Any	Improves management of resources  Planning and problem solving skills	Enhances communication and social skills	Boosts kids self-esteem, self-worth & self-respect			Develops a sense of pride



## Our Vision

To improve the health and wellbeing of Aboriginal and Torres Strait Islander people to a standard at least equal to that of the wider Australian community by providing holistic health care and medical services that meet best practice standards.

## Our Mission

To equip the organisation with the appropriate medical facilities and resources to deliver programs in a culturally appropriate and sensitive manner to improve the health and wellbeing of all Aboriginal and Torres Strait Islander people in the service region.

## Our Values

Cooperation  
Respect  
Quality  
Learning  
Diversity

# goondir health services

## Strategic Plan 2016-2021

Goondir is an Aboriginal Community Controlled Health Service delivering primary health care and related health services to the local Aboriginal and Torres Strait Islander communities from Oakley in near South West Queensland, to St George in far South West Queensland, an area of approximately 71,000km<sup>2</sup>. This area covers the Toowoomba Regional Council, Western Downs Regional Council and Balonne Regional Council. Health care is provided from our 4 clinics - Oakley, Dalby, St George, mobile service. Other communities of interest include Jandowae, Dirranbandi, Thallon, Chinchilla, Miles, Tara and their surrounding areas.

## Our Vision and Mission will be achieved through the following Strategic Objectives

1. Apply Effective Corporate Governance	2. Apply Effective Clinical Governance	3. Apply Effective Financial Resources Governance	4. Apply Effective Resource Governance
<p>1.1 Effectively plan, implement and review services to respond to current and emerging health needs and trends</p> <p>1.2 Implement community and consumer engagement processes</p> <p>1.3 Engage and collaborate with all levels of government, non-government, and private sector to efficiently deliver services</p> <p>1.4 Adhere to robust and effective corporate governance systems processes and regulatory frameworks</p> <p>1.5 Ensure the organisation has the flexibility and capacity to respond to opportunities</p>	<p>2.1 Deliver holistic primary health care services that are client-centered</p> <p>2.2 Provide culturally appropriate, safe and sensitive services</p> <p>2.3 Remove service access barriers</p> <p>2.4 Implement services according to best practice frameworks</p> <p>2.5 Deliver services and support initiatives and providers that contribute to closing the health gap</p>	<p>3.1 Maintain transparent systems and processes</p> <p>3.2 Plan, monitor and review current services and capitalize on opportunities that value-add to services</p> <p>3.3 Pursue funding opportunities that enhance or expand operations</p> <p>3.4 Comply with funding and other agreements</p> <p>3.5 Maximise Medicare income</p>	<p>4.1 Provide training in cultural capability practices that ensure internal and external service providers practice culturally appropriate, safe and sensitive services.</p> <p>4.2 Effectively plan, manage, maintain and review facilities, vehicle and equipment to ensure their appropriateness to the organisation's needs</p> <p>4.3 Implement workforce planning system to effectively recruit and retain skilled personnel</p> <p>4.4 Implement workforce plan that ensures the level and experience of staff meets the service requirements.</p> <p>4.5 Implement annual staff appraisal and development system to monitor the performance, effectiveness and upskilling of staff.</p>

*Goondir in local Aboriginal language translates to Medicine Man*



Big  
Budget

# WHAT WE KNOW



**41%**  
tried drugs

**1.5x**  
likely

to use drugs  
compared with  
non-Indigenous  
Australians



**31%**  
used drugs

**70-90%**  
of assaults

committed under  
the influence of  
alcohol/drugs

**10.5%**

people in  
Darling Downs did  
not go to school

**80%**  
attendance

required  
at school

**60%**

of 17-24 year old  
Indigenous students  
leave school

**3 years**  
behind by the age

of 15 years -  
Indigenous students

**1 in 25**

children at  
high risk

**2 in 5**

experience  
social exclusion

**4.2%**

Indigenous death  
accounts to Suicide

**21.4** per  
100,00 Indigenous  
suicide rate

**37%**  
of Indigenous  
Queenslanders live in the  
most disadvantaged areas

Indigenous Australians are  
**THREE**  
times likely to develop  
type-2 diabetes

People can die  
**15 YRS**  
younger if diabetes  
unmanaged

Largest contributor to the  
gap in HALE between ATSI  
and total Qld population is  
**CVD**

# Big Buddy

*Empowering Indigenous youth to achieve their full potential and thrive through improving Social Inclusion, Mentorship, Promoting Life skills and Education (SIMPLE)*

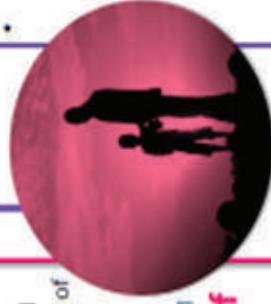


# Big Buddy – What We Know



## Education, Employment & Training

- Children require a minimum of **80%** attendance at school for education to be effective.<sup>2</sup>
- Indigenous students are **approximately 3 years behind** by the age of 15 years.<sup>2</sup>  
More than 60% of 17-24 year old Indigenous Australians leave school without connecting to further study or work compared to 25% of other young Australians.<sup>2</sup>
- Indigenous Australians are **less than half as likely** to be in full-time work or study.<sup>2</sup>
- **23%** of training qualifications commenced by Indigenous Australians are completed.<sup>2</sup>
- **Education and employment** have the **capacity to end the disparity** which exists between Indigenous and non-Indigenous Australians.<sup>2</sup>
- When Indigenous people have an education, an apprenticeship or above, they have **employment parity**.<sup>2</sup>



- In 2008, substance use was more prevalent among Indigenous males, of whom **51% had tried drugs**.
- In 2008, almost one-quarter of Indigenous peoples aged 15 years and over had used substances in the last 12 months. Higher rates of drug use are related to poorer health status and higher levels of psychological distress.<sup>1</sup>
- Around **23%** of Indigenous students aged 12-15 years had used an illicit substance in their lifetime, compared with 11% of all 12-15 year old students.
- According to the Office of the Status of Women there is a correlation between domestic violence, and drug and alcohol use in Indigenous communities, with **70% to 90% of assaults** being committed **under the influence of alcohol and/ or other drugs**.



## Drug & Other Substance Abuse

# Big Buddy Apparel



## Big Buddy Footy Shorts



## Big Buddy Polo



## Big Buddy Cap



Big Buddy Vest



Big Buddy Apron



Big Buddy Lanyards



Big Buddy Bow



Big Buddy Table Cloth



Big Buddy Tear Drop



Big Buddy Canopy



Big Buddy Leggings



Big Buddy Marquee



Walls

## THE BIG BUDDY PROGRAM

The Big Buddy Program is open to any Dalby and Oakey Indigenous Youth aged 12-17 years. Outcomes focused:

1. Promoting Life Skills
  - a. Events Management
  - b. Exposure to small business
  - c. Improving self-worth
  - d. Catering and budgeting skills
2. Mentorship
  - a. Pairing youth with role models
  - b. Utilizing High Profile People
3. Education
  - a. Homework support
  - b. Accredited training
  - c. Support with awareness of and assist with traineeship / scholarship applications
  - d. Improving health literacy
4. Improving Social Interaction
  - a. After school activities
  - b. Sporting / cultural events
  - c. Discos
  - d. Other events



# Big Buddy Program

## Dalby & Oakey, Qld



**Empowering Indigenous youth to achieve their full potential & thrive through Promoting Life Skills, Mentorship, Education & Improving Social Inclusion**

Goondir acknowledges all support provided by the Australian Government

Doc587 V9 Published March 2019

**For further information contact our Big Buddy Support Officer on**  
**Phone: 07 4662 0291**  
**Mobile: 0437 327 441 or 0436 472 473**  
**Freecall: 1800 GOONDR**  
**or check us out on Facebook**



[www.goondir.org.au](http://www.goondir.org.au)  
[facebook.com/goondir](https://facebook.com/goondir)

## THE BIG BUDDY PROGRAM (BBP)

The BBP aims to assist youth identify enabling behaviors which will deter them from drugs and other substance use and guide them towards a positive and healthy future.

The focus group are Indigenous youth residing in Dalby and Oakey who are aged between 12 -17 years old.

The BBP focuses on the 4 key components;

1. Promoting Life Skills;
2. Mentorship;
3. Education; and
4. Improving Social Inclusion.

## PROMOTING LIFE SKILLS

Our Indigenous youth will be provided with invaluable skills and experience in food handling and small business exposure. This includes events planning, money handling, customer service and catering skills.



## MENTORSHIP

It is not just Indigenous youth who benefit from mentoring. According to Youth.org (2016), bene-

- o Increased self-esteem;
- o A sense of accomplishment;
- o Creation of networks of volunteers;
- o Insight into childhood, adolescence, and Young adulthood; and
- o Increased patience and improved supervisor skills



Ashley Taylor, Gold Coast Titans  
NRL star - supporter of the Big

*"Mentoring, at its core, guarantees young people that there is someone who cares about them, assures them they are not alone in dealing with day-to-day challenges, and makes them feel like they matter"*

## EDUCATION

IBERA is a state-of-the-art health tool, designed to make it easy for all health practitioners and teachers to educate patients and students of all ages by using an animated and interactive app to understand the human body.



## IMPROVING SOCIAL INCLUSION

The Big Buddy Program aims to achieve this objective through social interaction, such as trips to National Rugby League matches, camping out, disco nights and after school sports activities.

The organised camps will focus on character development and leadership qualities with an emphasis on self worth and defining individual success.

All participants have the opportunity to challenge themselves as an individual and as a team member. Activities focus on problem solving, team building, leadership and communication.



## CATERING TO YOUR EVENT

Goondir's food and drinks vans are located in Dalby.

Please call to see if we can attend your event!



07 4662 0291 - 0437 327 441 - 0436 472 473

We are eager to be part of your event.  
Our team of Big Buddy superstars are ready and waiting to cater to your needs.



For further information contact

Big Buddy Support Officer

Phone: 07 4662 0291

Mobile: 0437 327 441 or 0436 472 473

Freecall: 1800 GOONDR

or check us out on Facebook



: [www.goondir.org.au](http://www.goondir.org.au)



: [facebook.com/bigbuddygoondir](https://facebook.com/bigbuddygoondir)



Accredited  
General Practice



# Big Buddy Program

## Food & Drinks Van

## Available for Events



**Invite us to your next event!**

Empowering Indigenous youth to achieve  
their full potential & thrive through  
Promoting Life Skills, Mentorship,  
Education & Improving Social Inclusion

Goondir acknowledges all support provided  
by the Australian Government

Doc647 V4

Published February 2019

Proudly served to you by our Big Buddy Kids

## SUPPORT OUR YOUTH

Support our youth by booking our vans for your functions and events. Your support will help the Big Buddy youth improve their future prospects through training and work experience.

Our Big Buddy Kids are fully trained in barista service and food handling to ensure a great service is delivered to you.

**Call us today and invite us to your next function - you'll be glad you did!**

## CHANGING

## MINDSETS & MENTALITIES

Help us to  
**'Break the Cycle'**  
& build a  
brighter future  
for our youth



## HOT & COLD FOOD VAN

Our food van is equipped to cater for any event and is guaranteed to be a crowd pleaser.

We offer a variety of tasty treats such as healthy, wholesome homestyle cooked curries, stews, casseroles, and much more.

Call us for our complete menu.

**Enquire now  
07 4662 0291**

Offering a wide range of  
delicious foods and  
drinks including  
nutritious options



## HOT & COLD DRINKS VAN

Our coffee van is fully fitted with top brand machines and appliances.

Let us satisfy your cravings with our wide selection of delicious coffees, creamy frappes and ice-cold slushies.

**Yummy!**

With our devilishly delicious drinks and our competitive prices we are the perfect choice for your next event.

**Call 07 4662 0291 to book our  
Chevy drinks van**



## THE BIG BUDDY PROGRAM

The Big Buddy Program is open to any St George Indigenous Youth aged 12-17 years. Outcomes focused:

1. Promoting Life Skills
  - a. Events Management
  - b. Exposure to small business
  - c. Improving self-worth
  - d. Catering and budgeting skills
2. Mentorship
  - a. Pairing youth with role models
  - b. Utilising High Profile People
3. Education
  - a. Homework support
  - b. Accredited training
  - c. Support with awareness of and assist with traineeship / scholarship applications
  - d. Improving health literacy
4. Improving Social Interaction
  - a. After school activities
  - b. Sporting / cultural events
  - c. Discos
  - d. Other events



# Big Buddy Program

## St George, Qld



For further information contact  
our Big Buddy Coordinator on  
Phone: 07 4625 5040 or 0436 689 843  
Freecall: 1800 GOONDR  
or check us out on Facebook



[www.goondir.org.au](http://www.goondir.org.au)



[facebook.com/goondir](https://facebook.com/goondir)



Empowering Indigenous youth to achieve  
their full potential & thrive through  
Promoting Life Skills, Mentorship,  
Education & Improving Social Inclusion

Big Buddy St George is proudly funded by the  
Western Queensland Primary Health Network

Doc705 V2

Published March 2019

## THE BIG BUDDY PROGRAM (BBP)

The BBP aims to assist youth identify enabling behaviors which will deter them from drugs and other substance use and guide them towards a positive and healthy future.

The focus group are Indigenous youth residing in St George who are aged between 12 -17 years old.

The BBP focuses on the 4 key components;

1. Promoting Life Skills;
2. Mentorship;
3. Education; and
4. Improving Social Inclusion.

## PROMOTING LIFE SKILLS

Our Indigenous youth will be provided with invaluable skills and experience in food handling and small business exposure. This includes events planning, money handling, customer service and catering skills.



## MENTORSHIP

It is not just Indigenous youth who benefit from mentoring. According to Youth.org (2016), bene-

- o Increased self-esteem;
- o A sense of accomplishment;
- o Creation of networks of volunteers;
- o Insight into childhood, adolescence, and Young adulthood; and
- o Increased patience and improved supervisor skills



Ashley Taylor, Gold Coast Titans  
NRL star - supporter of the Big Buddy Program

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# Big Buddy Branding

## Big Buddy Marquee



## Big Buddy Bus



**Administration**

4 Jimbour Street  
PO Box 559  
Dalby QLD 4405  
Ph: 07 4679 5966

**Dalby Clinic**

4 Jimbour Street  
PO Box 559  
Dalby QLD 4405  
Ph: 07 4679 5900  
Fax: 07 4669 6071

**St George Clinic**

127 Victoria Street  
PO Box 246  
St George QLD 4487  
Ph: 07 4625 5040  
Fax: 07 4625 5070

**Oakey Clinic**

110 Campbell Street  
PO Box 517  
Oakey QLD 4401  
Ph: 07 4691 3372  
Fax: 07 4691 3926

**Mobile Medical Clinic**

C/- 4 Jimbour Street  
PO Box 559  
Dalby QLD 4405  
Ph: 07 4679 5900  
Fax: 07 4669 6071

**Goondir Programs**

51 Mary Street  
PO Box 559  
Dalby QLD 4405  
Ph: 07 4662 0291

**UQ Dental Clinics**

Dalby: Ph: 07 4669 7378

St George: Ph: 07 4625 5040