EVALUATION OF
INDIGENOUS HIP HOP PROJECTS

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Background

This is the evaluation report of Indigenous Hip Hop Projects (IHHP), conducted by Kurongkurl Katitjin, Centre for Indigenous Australian Education and Research, Faculty of Education and Arts, Edith Cowan University, on behalf of beyondblue: the national depression initiative.

Indigenous Hip Hop Projects (IHHP) has worked for the past 18 months with beyondblue: the national depression initiative, hereafter referred to as beyondblue, to raise awareness among Indigenous communities, especially young people and young adults, about depression, anxiety, and related disorders to promote active, and healthy lifestyles.

This report presents the findings of stages one, two and three of the evaluation conducted between September and November 2009. Overall, the evaluation aimed to:

- Examine the extent to which young people in regional and remote communities respond positively to the health promotion messages of Indigenous Hip Hop Projects.
- Identify the relationship between young people’s knowledge of beyondblue’s key messages and their preventive behaviours such as supporting one another, seeking help and choosing appropriate life strategies.
- Evaluate the change in profile of beyondblue and health services as a result of the IHHP visit.
- Describe and measure the impact of activities implemented by IHHP.

Evaluation project

This project aimed to determine the effectiveness and impact of Indigenous Hip Hop Projects (IHHP) on young people in selected sites in the Kimberley and Pilbara regions of WA which have participated in IHHP over the past 12 months.

The evaluation was conducted over three stages, using a combination of qualitative methods including questionnaires; one-on-one interviews and focus groups:

- Stage one measured the activities of IHHP; participant satisfaction toward IHHP; and the immediate impact of IHHP’s key messages;
- Stage two determined how well the messages of IHHP were retained after four weeks; and any changes of behaviour / service provision during this time;
- Stage three examined the recall of IHHP’s key messages by visiting communities that had engaged in the program six months previous.
Indigenous Hip Hop Projects

**Indigenous Hip Hop Projects** are a team of artists who use traditional Indigenous culture fused with hip-hop, rap, beat boxing and break dancing to foster positive thinking and leadership skills in remote Australian communities. They promote self-expression through movement, music and art, boosting morale and confidence.

Through workshops in dance skills and performance events, IHHP aims to deliver messages about social and emotional well-being, and the importance of a healthy lifestyle, with the focus being on a proactive, preventative approach to the issues of depression and anxiety. This approach aims to contribute positively to the well-being of the whole community by building individual and community capacity, and building morale.

**The overall aims of IHHP are to:**

- Spread the mental health key messages of look, listen and talk and seek help
- Spread culturally appropriate messages of self respect, building confidence and reducing shame
- Raise awareness of depression and anxiety among young people
- Focus on mental and physical health
- Work towards creating leaders within communities

The IHHP offers a range of programs in areas of media, arts, entertainment and event production. Communities can arrange a program, in consultation with IHHP, for a negotiated cost. The cost of the program will differ depending on the length of the program, and the numbers of young people participating. For example: In Derby, IHHP was conducted at Derby District High School as an intensive full week program. The program included a dance program and a music program. The cost of IHHP was met by the school. After school sessions were held at the Derby Youth Centre; in Broome, IHHP was conducted over a week which was spread out over the week throughout various locations including two days at Broome Primary School; one day at St Mary’s College; and community services organisations such as such as the Broome Drop-in Centre. The cost of IHHP was met by community sponsorship.

**Description of the operation of IHHP**

Generally, the IHHP team is made up of three to five members depending on the size of the community in which the team is working. This can include dancers and a music specialist. Each team is made up of at least one female member, and one Indigenous member. Team members are identified through either participation in IHHP itself, or by audition. Team members are selected on the basis of personality, the ability to work with young people, confidence, and leadership abilities rather than on the basis of dance ability alone.

For example, in Derby, IHHP was conducted as a dancing and music program. Each program session involved a group of between 20-30, Indigenous and non-Indigenous participants. Males and females participated as one group, or were split into separate groups depending on group dynamics. Everyone was encouraged to participate. The program involved two separate areas of focus, namely dance and music.
The dancing sessions are conducted as a larger group. It involves the entire IHHP Team who each rotated the lead throughout the session. Participants were taught a series of dance moves divided into four different components:

- An introduction session (‘the rules’)
- Partner work (puppet / puppet master)
- Team work (freestyle dance off)
- Confidence circle

The messages of IHHP and beyondblue were integrated throughout each session using a call and repeat technique. Excerpts from an IHHP dance session, conducted at Derby District High School, have been provided as part of this report [Appendix One].

The music program encouraged young people to incorporate the messages of IHHP into songs about themselves and their local community. The music program was conducted over a two hour period. Participants were provided with one hour to write and one hour to record a song which was then be performed to the school / local community at the completion of IHHP in each location.

**Population sample**

This evaluation was conducted over three stages, using a combination of qualitative methods including questionnaires; one-on-one interviews and focus groups. It involved four main populations of interest:

- Young people (aged 10-20 years) who had participated in IHHP

  A total of 76 young people aged between 10-17 years participated in Stage one of the evaluation, during the first week of the IHHP’s visit.

  A total of 47 young people aged between 10-15 years participated in Stage two of the evaluation. In most cases, the young people who participated in Stage one of the evaluation also participated in Stage two of the evaluation.

  A total of 41 young people aged between 9-15 years participated in Stage three of the evaluation, six months following the IHHP visit. As in the earlier stages of the evaluation, to be eligible, participants must have participated in IHHP. In the Stage three site all participants were Indigenous.

- School personnel (administrators and teachers) and community organisations

  Initial planning proposed a series of interviews based on a similar questionnaire to that used for IHHP participants. In situ, it was determined that fewer but more in depth interviews would result in richer information being secured. A total of 10 in-depth interviews were conducted with community organisations and school personnel in Derby and Broome, during stages one and two of the evaluation.

  A total of seven in-depth interviews were also conducted during Stage three of the evaluation with community organisations and school personnel in Roebourne six months following the IHHP visit.

- Indigenous Hip Hop Projects team

  A total of five members of the IHHP team participated in a one-to-one interviews
Research findings

Response to the health promotion messages of IHHP

Young people appear to respond well to the health promotion messages of IHHP. There was some recall of the messages relating to depression and self-respect, as well as the key messages of look; listen; talk; and seek help. While there did not appear to be a specific unprompted recall of discussion about depression and/or anxiety amongst young people six months following the IHHP visit, young people did express “feeling good about themselves” as a result of some of the IHHP activities. In addition, activities which were part of IHHP such as the recording of songs produced by the young people (which have since been played on a local radio station in Derby), and the painting of a wall at a school in Roebourne, appear to have had some impact on self-esteem, behaviour and respecting each other.

Response to the health promotion messages of beyondblue and key messages - look; listen; talk; and seek help

Young people appear to have some understanding of what depression is, although this appeared to be strongest in the week of the IHHP visit. Young people appear to be less familiar with the concept of anxiety. There is an apparent disconnect between health service provision for physical health and mental health, although this is not a focus of IHHP and beyondblue key messages.

Increased understanding of “risk factors” or things to look for in another person

Young people appear to have some awareness of some of the signs associated with depression. The ability of young people to identify the signs to look for when someone they know is feeling down or depressed appeared to improve as a result of IHHP. Young people were able to recall signs which were clearly defined, and more specific. These symptoms of high recall included change in mood; restlessness; difficulties with weight and diet; and wanting to be alone.

Changed ability and confidence to talk about tough times with their friends / peers

As a result of IHHP, young people became more comfortable listening to a friend or family member who was experiencing tough times. The majority of young people appear to be comfortable talking with friends or family if they (personally) were experiencing tough times. However, there were still a large number of young people who said they remain uncomfortable with this. Trust appears to be one of the greatest factors determining the level of confidence and comfort. Young people were also unsure about the right time to approach a friend. Six months after IHHP, young people continue to have some awareness of the need to talk about what is going on when a person is down or depressed, and of the need to talk with friends and family if they were experiencing tough times.
Increased willingness to help (or listen to) their friends and family

Young people appear to be comfortable seeking help if they need it. In most cases, help would most likely be sought from their parents, a teacher or the police.

Changed knowledge of “visiting health services”

The majority of young people do not appear to be aware of health services in their local area or, where they are aware, these services were considered relevant for physical health only. However, awareness of health services and community services and willingness to tell friends or family about the available services was better in Broome. There may be two reasons for this:

1) the services / facilities available for young people are more limited in Derby
2) the delivery of IHHP was predominately community-based in Broome whereas in the other sites, IHHP centered on the schools

During Stage three of the evaluation, the awareness of young people about local health services in Roebourne was considerably lower.

Changes in attitude to accessing health services / willingness to attend / or increased attendance rates

Attitudes about attendance at health services and local community services appeared to increase during the IHHP visit, and this attitude was maintained four weeks following the visit. Service providers suggest that “ANY interaction with the kids is positive and helps to further strengthen the relationship with the kids.”

The majority of young people appear to be confident to seek help if they need it. However, young people appear to be more likely to seek help from a member of their family in the first instance or someone they know, rather than from a health service.
Analysis of any other benefits of the visit by IHHP

Participation of females and young people with special needs

The participation of females in IHHP is encouraged and taken very seriously by the IHHP team. However, the participation of females can present some challenges for the team. Shyness of the girls is one issue to be overcome.

A potential challenge for IHHP is the ‘sexualisation’ of the girls’ dance styles. The behaviour of females in this way presents a major challenge to IHHP but is an area where specific strategies have been developed including modifying the IHHP activities into a workshop presentation that facilitates girls learning and practising dance moves that are not sexualised.

Young people with special needs are provided with opportunities to participate in IHHP activities. This includes young people with hearing impairment, physical disability; and literacy problems. While this inclusive program may require some planning and consultation with school personnel prior to a visit, positive feedback was received from all sites in the evaluation.

Working with schools

School personnel and service providers suggest a strong need for programs to help address the problems faced by young people including at home. School personnel also discussed the levels of anxiety and depression including in very young children, and the additional source of stress on young people caused by testing, such as the Western Australian Literacy and Numeracy Assessment (WALNA).

School personnel and young people expressed a high level of satisfaction with IHHP which was seen as one program offering support strategies for young people. However, the whole-week intensive program which took place at the school, and involved local services visiting the school was the preferred style of program delivery, as opposed to a program that is spread out throughout various locations within a community.

Preparation of the school and teachers could enhance the program. With more notice, teachers told us that they would have prepared displays and activities to reinforce the IHHP and beyondblue key messages. They also advised of their preparedness to continue the program and reinforce of its messages if additional support was provided such as a DVD. Therefore, consideration should be given to developing better engagement / inclusion strategies for teachers. One option may be the development of a school kit to help teachers develop classroom activities to complement IHHP, before, during and following the IHHP visit, which may help with the recall of the key messages.
Sustainability

Team selection, training and capacity building of the IHHP team helps to ensure sustainability and leadership qualities. Team members who travel with IHHP to work with young people are recruited by a combination of auditions, and selection of young people participating in the program. Team members identify leadership qualities such as personality, team work, the ability to work with young people, and confidence through the ‘Confidence Circle’. Greater emphasis is placed on these attributes than the ability to dance.

Recruitment of young people who have participated in IHHP provides the opportunity to develop local talent, which helps engage young people in the program in each location. Consideration should be given to the level of support provided to IHHP in terms of counselling or duty of care, particularly in terms of providing the team with the necessary skills and / or support to enable them to deal with crisis / emergency situations. This is particularly important in terms of the level of stress / anxiety expressed in the communities visited and could be addressed through a closer relationship with health services in the particular locations.

While a situation such as this did not occur during the evaluation process, IHHP team members did express some concern regarding the level of rapport established between IHHP team members and young people during an IHHP visit, and the disclosure about their circumstances by young people to IHHP team as a result. This can present two main issues:

- The welfare of young people
- The welfare of IHHP team members

In order to address this, there may be a need to clearly define the role and / or responsibility of IHHP team members regarding duty of care when working with young people; and then subsequently determine the level of support or training required to enable IHHP team members to fulfil this role.

‘Hip Hop’ and culture

In some areas, mention was made of some parents and Elders having some concern over the use of ‘Hip Hop’ as a medium. Where this was raised, it was noted as a question generally rather than being specific to IHHP. Additionally, field observations and responses in the interviews and questionnaires suggest that IHHP provides a positive experience for young people, and importantly a medium that allows young people to express themselves.

For Indigenous communities, it also provides the opportunity to articulate a certain cultural perspective. Teachers did express the need for a dictionary to help them understand some of the new terms introduced to the young people during IHHP.
Self esteem

The IHHP had a positive impact for young people with literacy problems. While the dance program provides the opportunity for most children to participate, the music program also provides additional opportunities to engage with children, including those who have literacy problems. The music program provides young people with an opportunity to express how they feel about themselves, and the towns in which they live. The positive tone of the songs is one example of the benefits of the program; working with the IHHP team to produce the songs they have written, provides the opportunity for young people to express themselves in a non-threatening way. In addition, the songs have been played on local radio stations; burned to CD and provided to students and parents; and played as ring tones on mobile phones, all of which has benefited the young people’s self esteem and general community standing.

Merchandise and branding

The IHHP logo is effective particularly in its use of the colours of the Aboriginal flag. Young people and school personnel provided positive feedback about beyondblue messaging, particularly the simple four-point message. Program support by beyondblue is acknowledged in many ways; t-shirts, wrist bands, banners, posters and the IHHP script. The IHHP wrist bands received very positive feedback, and four weeks following the IHHP visit the young people were still wearing them. However, there may be more effective opportunities to reinforce the four messages by including more t-shirts as participant prizes. This may also help with retention of the messages. Suggestions were also made as to possible other merchandise with bucket-hats being one such suggestion. Some challenges arise through the basic logistics of transport of the merchandise. Additional support may be required to help alleviate the costs of freighting merchandise. School personnel suggested the development of an instructional DVD by IHHP to be provided to the teachers to use after the visit so they can continue the program and reinforcement of key messages. This could be part of the teacher’s kit if that recommendation is adopted.
Program delivery

1. IHHP should continue to be supported as a program that provides positive experiences for young people especially in remote communities where opportunities are limited.

2. Where possible, IHHP should be delivered as a whole week intensive program which incorporates a collaborative program between the schools and local services. Additional financial support may be required to enable implementation of this recommendation.

3. beyondblue is encouraged to consider programs complimentary to IHHP that specifically target education about depression and anxiety, and the raising of awareness about mental health and the local services available for support. As part of these complimentary programs, more information should also be provided to young people about when to approach a friend or family member who may be in need.

4. beyondblue is encouraged to consider supporting the development of resources to build the capacity of school personnel to help them deal with the impact of home-life experiences of some young people.

5. beyondblue is strongly encouraged to broaden their program aims and reach by including programs to address a younger age group that will help to build capacity of younger people to deal with the levels of stress they face as early in life as Year one (six years of age).

6. beyondblue is encouraged to consider programs complimentary to IHHP where such programs build the capacity of parents, teachers, and young people to help each other may help address the lack of services available to young people in regional areas; and the reluctance of young people to approach local services.

7. beyondblue is investigate ways to help build programs that support the culture of the school, as well as the school curriculum.

8. beyondblue is encouraged to support the development of a ‘school kit’ to build teachers’ confidence in the program and to help teachers develop classroom activities and displays to complement IHHP, before, during and following the IHHP visit. This may also help with recall of key messages.

9. IHHP be encouraged to consider the development of an instructional DVD to be provided to the teachers to use after the IHHP visit so they can continue the program and the reinforcement of key messages.

10. IHHP should continue to encourage and foster the incorporation of culture, stories and cultural learning in IHHP, including through the IHHP music component of the program.

11. IHHP should continue to stringently apply the IHHP ‘rules’ and their strict consideration of song choice.

12. beyondblue is encouraged to either directly support the provision of particular equipment such as radio microphones or to partner with other potential sponsors to provide this support as a means of enhancing the delivery of IHHP programs.

13. beyondblue is encouraged to support a more intensive IHHP program delivery where either sites are part of a regular annual visiting cycle and / or IHHP visits are more frequent in the yearly cycle.

14. beyondblue is encouraged to clearly define the role and / or responsibility of IHHP team members regarding duty of care when working with young people; as well as determine the level of support or training required to enable IHHP team members to fulfil this role.
The participation of females and young people with special needs

15. IHHP should continue to strive to have at least one female team member as part of their strategy to encourage the participation of females and to provide dance style alternatives for female participants.

16. IHHP planning and consultation with school personnel prior to a visit should specifically seek advice about students with special needs, including physical disabilities, to strengthen IHHP’s inclusion of special needs children in the program.

Partnerships

17. Where possible, IHHP program planning and delivery should involve local young people in the process as this may have a greater chance of impact, including in the longer term.

18. IHHP planning with schools and other service providers should take place sufficiently in advance of proposed visits to enable schools to obtain funding and to build IHHP into school and community programs.

19. As part of the program planning, IHHP should provide earlier notice for teachers so they can prepare the classroom / or develop class activities that reinforce beyondblue and IHHP messages. Advice should also be provided on such things as dress requirements most suitable to the IHHP activities.

20. Trust appears to be one of the greatest factors determining the level of confidence and comfort of young people. Therefore, the IHHP visit should incorporate a collaborative program between the schools and local services to encourage a greater level of engagement between young people and the local services as well as aiding the building of trust and confidence in these services as support mechanisms.

21. Greater consultation with the local Aboriginal Health Medical Service is required prior to and during each IHHP visit, and it is suggested that relevant personnel from the Medical Service should be invited to collaborate with IHHP including through attending IHHP delivery.

22. IHHP should continue their close liaison with the local Indigenous communities to ensure their consideration of Cultural and seasonal impacts in their planning and scheduling of visits.

23. IHHP’s increased early planning and collaboration with local service providers should include the local services being encouraged to address some of the negative connotations of Hip Hop that may be held by some members of the community.

24. IHHP are encouraged to work more closely with existing local services so that key messages and IHHP ‘rules’ are consistent with protective behaviour programs, particularly when working with female participants.

25. As part of their planning with schools and other service providers, IHHP is encouraged to provide these partners with a list and meaning of some of the terms used in Hip Hop to better enable these key personnel to prepare prior to, and follow-up after, the IHHP visit.

26. beyondblue is encouraged to consider possible partnerships with carriers to lessen the financial impact of shipping / carrying merchandise used through IHHP.
Merchandise and branding

27. *beyondblue* should continue to supply merchandise to be used as prizes for IHHP participants as this proved to be an effective way to reinforce messages of IHHP and *beyondblue* at all three stages of this evaluation.

28. IHHP should continue to use wrist bands as these as appropriate and popular. However, the environmental impact of the wrapping of the merchandise could be lessened, and messages included could be refined for greater effect.

29. *beyondblue* and IHHP should reinforce the four messages by including more t-shirts for participants at competitions.

30. *beyondblue* and IHHP are encouraged to jointly explore opportunities for double-badging on merchandise as an effective way to reinforce messages of IHHP and *beyondblue*.

Research considerations

31. *beyondblue* is requested to note that the tight timeframes associated with evaluation can present some difficulties in terms of the demands already placed on schools concerning such things as school holidays, camps and testing regimes. Where possible, future evaluative work will benefit from greater lead times.

32. Whilst beyond the scope of this project, *beyondblue* may wish to consider specific research addressing the influence of the Church, religious teachings; and parent’s affluence on help-seeking behaviour.

33. *beyondblue* is encouraged to consider further evaluation and follow-up in Derby and Broome to assess the impact of the implementation of these recommendations and to enable the immediate, interim and longer-term impacts to be measured.
This is the evaluation report of Indigenous Hip Hop Projects (IHHP), conducted by Kurongkurl Katitjin, Centre for Indigenous Australian Education and Research, Faculty of Education and Arts, Edith Cowan University.

This report presents the findings of stages one, two and three of the evaluation, with a primary focus on the outcomes and impact of IHHP.

Background

**Indigenous Hip Hop Projects (IHHP)** are a team of artists who use traditional Indigenous culture fused with hip-hop, rap, beat boxing and break dancing to foster positive thinking and leadership skills in remote Australian communities. They promote self-expression through movement, music and art, boosting morale and confidence.

Through workshops in dance skills and performance events, IHHP aims to deliver messages about social and emotional well-being, and the importance of a healthy lifestyle, with the focus being on a proactive, preventative approach to the issues of depression and anxiety. This approach aims to contribute positively to the well-being of the whole community by building individual and community capacity, and building morale.

The overall aims of IHHP are to:

- Spread the mental health key messages of look, listen and talk and seek help
- Spread culturally and youth appropriate messages of self respect, building confidence and reducing shame
- Raise awareness of depression and anxiety among young people
- Focus on mental and physical health
- Work towards creating leaders within communities

**Description of Hip Hop as a medium**

Literature and programs relating to Hip Hop as a medium for dealing with depression and anxiety in young people has been provided on pages 78 to 84 of this report.
Hip Hop as therapy

The concept of ‘Hip Hop Therapy’ with high-risk youth was first explored and documented in a by Tyson (Tyson EH, 2002). Tyson proposed that because rap music had become increasingly popular among youth, under a specific set of conditions the use of rap music would improve the therapeutic experience and outcomes for youth (Tyson EH, 2002).

Hip-Hop Therapy has since evolved into an innovative, culturally-sensitive technique infused with established therapeutic approaches such as music therapy, behavioural therapy, and narrative therapy. Allen suggests that use of hip hop music and lyrics stimulates discussion, and promotes the examination of life issues, struggles, and experiences in a way that participants experience as relevant to their own lives (Allen NT, 2005). According to Wilkins "rap music and the hip-hop culture represent the pulse, the thoughts, values, and experiences of youth worldwide today," (Wilkins N, 1999, p. 108). Wilkins suggests, “when we listen and talk to them, we get a look into and an understanding of their challenges and perceptions of the world. Only when we build these types of relationships will we be able to break down the barriers. A key component is learning to listen to their music,” (Wilkins N, 1999, p. 112).

In the US, the use of Hip Hop therapy has also proven to be successful with other population groups. Early research shows that Hip Hop Therapy is a potentially powerful method of reaching and engaging Hispanic and African American youth in treatment (Tyson EH, 2004). In debriefing sessions conducted after an 8-week treatment program, participants communicated preference for group counselling that included hip-hop music, indicated they looked forward to coming to therapy and “begged” the therapist to continue to practice HHT (Tyson EH, 2002).

‘Hip Hop’ and culture

There is growing consensus that Hip Hop therapy can be particularly effective with any racial or ethnic group familiar with and / or affected by Hip-Hop music and culture. It is educational, creative, culturally-sensitive, engaging, empowering, and therapeutic (Allen NT, 2005 ; Jones C et al., 2004 ; Kobin C and Tyson EH, 2006). According to some authors, Hip Hop can act as a catalyst for culturally relevant self-expression. At the very least, engagement in culturally competent practices could increase the likelihood of building good rapport with clients and might improve the chances for positive treatment outcome (Kobin C and Tyson EH, 2006, p. 346). Furthermore, Hip-Hop’s commercial success provides a natural hook for programs seeking to get kids thinking about the future.

The influence of the culture…coupled with its strong roots among the urban poor make it an enticing vehicle for youth engagement. (Kelly, 2003, p. 15) (Hicks Harper PT et al., 2007). However, while Hip Hop therapy has proven effective in dealing with high risk youth, rap music has been presented very negatively by the media and there are some that argue that the genre is materialistic, misogynistic, violent, and sexist (Allen NT, 2005 ; Tyson EH, 2002). Therefore, consideration should be given to identifying and investigating positive aspects of rap music to avoid some of the negative connotations associated with Hip Hop music (Wilkins N, 1999). According to Hicks Harper (2007) “despite the controversial nature of Hip-Hop, many youth development and engagement, education, and prevention experts have advocated its use as an effective vehicle for enhancing youth development efforts, facilitating cognition, and promoting healthy lifestyles among America’s most at-risk youth” (Hicks Harper PT et al., 2007, p. 11).
Hip Hop lyrics and song choice

While some people interpret rap music as offensive, others have noted that constructive and optimistic lyrics found in some rap music, particularly when delivered by artists admired by their young listeners, can have the effect of indoctrinating youth with a positive frame of reference with respect to their racial self-concept, sense of belonging, and education and health outcomes (Hicks Harper PT et al., 2007). Kobin and Tyson argue that the lyrics could be thought of as a poetic narration of years of black history and speak to the values, dreams, goals and feelings of many people from various populations that have been oppressed (Kobin C and Tyson EH, 2006).

Coinciding with the growing awareness of positive attributes of Hip-Hop culture has been its use in social science and human services research with youth development and engagement programs and in health promotion and disease prevention, including smoking prevention (Sussman S et al., 1995), cardiovascular disease prevention and obesity prevention (Fitzgibbon ML et al., 2002), violence prevention (Bruce HE and Davis BD, 2000), substance abuse prevention and HIV / AIDS prevention (Hicks Harper PT et al., 2007; Stephens T et al., 1998).

According Hicks Harper, President of the Youth Popular Culture Institute:

“Regardless of one’s point of view, there is no question that Hip-Hop is a dominant and pervasive influence in the lives of America’s young people. In light of this reality, it becomes imperative that those who work for, with, and in the best interest of youth have at least some understanding of the popular culture so that they may effectively explore and implement culturally appropriate… strategies” (Hicks Harper PT et al., 2007, p. 7).

“Definitely the most successful program for Indigenous kids that has come to Derby.”
Hip-Hop culture can play an important role in constructively engaging young people, thus leading them to positive personal, social, educational, and spiritual development.

According to Hicks Harper, Hip-Hop is:

• **Boundary-Less** – Hip-Hop is not age, socioeconomic status, race, gender, sexual orientation, nor geographic location specific.

• **Positive and Negative** – Hip-Hop can be violent, misogynistic, fun, engaging, real, drug free, abrasive, emotional, political, corporate, expensive, cheap, inclusive, and educational.

• **Environmentally Unbiased** – International, rural, urban, suburban, inner-city, schools and universities, spiritual institutions, corporations, foundations, governments, and homes are examples of environments within which elements of Hip-Hop culture exist.

• **More than Music** – Hip-Hop is cultural, political, spiritual, corporate, entrepreneurial, intellectual, social, artistic, economic and mental.

• **Music Within Musical Genres** – Styles and elements of Hip-Hop can be found in gospel, jazz, country, blues, rhythm n’ blues, rock, neo-soul, bluegrass, reggae, and alternative music.

• **Communication** – Poetry / Spoken Word, visual art, fashion, music, media, rap, verbal and non-verbal coded jargon, slang, technology, and kinaesthetic movements all describe messaging mediums within the Hip-Hop culture.

(Hicks Harper PT et al., 2007).
The social and emotional wellbeing of Aboriginal children and young people

Conducted in 2001 and 2002, the Western Australian Aboriginal Child Health Survey (WAACHS) was a large scale survey of health and well being of 5,289 Western Australian Aboriginal and Torres Strait Islander children (Zubrick SR et al., 2005).

The main aim of WAACHS was to identify the developmental and environmental factors that enable competency and resiliency in Aboriginal children and young people aged 0–17 years. This section presents some of the findings from WACCHS Volume Two: The social and emotional wellbeing of Aboriginal children and young people (2005).

The Western Australian Aboriginal Child Health Survey found:

**Emotional and behavioural difficulties**

- More than 20% of Aboriginal children aged 4–17 years were at high risk of significant emotional or behavioural difficulties (compared to 15% of WA's general population).
- Conduct problems and hyperactivity were significantly more common than in non-Aboriginal children. More than 30% of Aboriginal children were at high risk of clinically significant conduct problems (compared with 16% of non-Aboriginal children).

**Overuse of alcohol**

- Around 15% of Aboriginal children aged 4–17 years were living in households in which overuse of alcohol caused problems.
- More than 35% of Aboriginal children living in households affected by overuse of alcohol were at high risk of emotional or behavioural difficulties. The association between overuse of alcohol causing problems and risk of emotional or behavioural difficulties was observed for both younger and older children. Life stress events.
- More than 20% of Aboriginal children aged 4–17 years were living in families where seven or more major life stress events had occurred over the preceding 12 months. [Life stress events can include illness, family break-up, arrests or financial difficulties.]
- As the number of life stress events occurring within families with Aboriginal children increased, so too did the proportion of children at high risk of clinically significant emotional or behavioural difficulties.

"Home life can be miserable - some won’t even have a home."
Aboriginal children aged 4–11 years were less resilient to the impact of family stresses. For these children: 15% where at high risk of emotional or behavioural difficulties where two or fewer stressful events had occurred; 25% in families experiencing three–six stressful events; and 42% in families experiencing seven or more such events.

The 2006 Census found that 30 out of every 1,000 Indigenous children aged between 0–17 years were on Care and Protection Orders as a result of abuse (Pink B, 2008). Furthermore, in the National Aboriginal and Torres Strait Islander Social Survey conducted in 2002, 41% of Indigenous people in remote areas had reported violence, and 17% had reported sexual assault (Pink B and Allbon P, 2008).

In order to prevent violent and abusive behaviour towards young people, there are a number of services which offer ‘protective behaviour’ education for young people in Roebourne. Protective behaviour programs aim to teach young people a range of skills and strategies to help prevent and reduce child abuse and violence. These programs empower children to apply preventative strategies in a non-threatening and non sexual way (Protective Behaviours WA Inc).

Younger children

Younger Aboriginal children (aged 4-7 years) are 62% more likely to be at high risk of significant emotional or behavioural difficulties than children aged 15–17 years.

More than 25% of Aboriginal children aged 4–11 years were at high risk of emotional or behavioural difficulties, compared with 20% of children aged 12–17 years. A further 13% of Aboriginal children aged 4–11 years were at moderate risk compared with 9% of Aboriginal children aged 12–17 years.

Proportions of Aboriginal children at high risk of emotional or behavioural difficulties declined with increasing age — with a particularly dramatic drop for young people aged 15–17 years.

You must start before age 12; teach protective behaviours... there is a definite need to sell the message earlier.
• Around 4,830 (or one in five) Aboriginal children live in homes rated poor in terms of family functioning. Children in these circumstances were more than twice as likely to be at high risk of emotional or behavioural difficulties when compared to children living in families with very good family functioning. Aboriginal children aged 4–11 years were found to be less resilient to the impact of poor family functioning.

• The quality of parenting by carers of Aboriginal children was strongly associated with the levels of risk of emotional or behavioural difficulties of their children. More than 30% of Aboriginal children were at high risk of emotional or behavioural difficulties if their primary carer’s parenting was rated as poor. For children aged 4–11 years, parenting quality presented a slightly higher risk of emotional or behavioural difficulties than it did for children aged 12–17 years.

Use of services

• Despite the high proportion of Aboriginal children at high risk of emotional and behavioural difficulties, very few children have had contact with Mental Health Services: less than 1% of children under 4 years of age and 4% of children aged 4–11 years. Extreme isolation may help protect against high risk of emotional or behavioural difficulties. Aboriginal children living in the most isolated areas of WA were significantly less likely to be at high risk of emotional or behavioural difficulties than Aboriginal children living in the Perth. While there are a number of factors influencing this finding, it is nevertheless evident that in areas of extreme isolation, adherence to Aboriginal culture and traditional ways of life may be protective against high risk of emotional or behavioural difficulties (Zubrick SR et al., 2005).

However, cultural and seasonal factors may be worth considering in terms of the scheduling of IHHP visits.

For example, areas such as Derby in the Kimberley experience the wet season from November to March. Excessive rainfall can cause flooding to roads making access in and out of the town difficult. Cultural ceremonies and ‘lore time’, particularly in the remote traditional communities in the Kimberley, Pilbara and Desert regions should also be taken into account. ‘Lore’ is an integral part of Aboriginal culture which refers to the customs and stories the Aboriginal peoples learned from the Dreamtime. It provides rules on how to interact with the land, kinship and community (Muswellbrook Shire Council Community Services). Lore time occurs from November to March each year, during which time Aboriginal families may leave town to go ‘bush’. During such times, access to school and other services will not be possible and may leave some young people feeling isolated.
Facts and figures about depression, suicide and education

**Depression**

In Australia, depression is one of the five leading specific causes of the disease burden experienced by Indigenous males, accounting for 18% of the Indigenous male burden together with Type 2 diabetes and suicide. For Indigenous females, the leading specific cause of the disease burden was anxiety and depression, accounting for 10% (Pink B and Allbon P, 2008).

**Suicide in Western Australia**

From 1986 to 2006, more than 300 suicides were recorded for Indigenous people in Western Australia. Of these suicides, 261 were men and 43 were women. More than 60% of Aboriginal men who completed suicide were under the age of 30, compared to 32% for non-Aboriginal men (Department of Health WA - Mental Health Division, 2009).

For the period 2001–2005, deaths due to external causes, such as accidents, intentional self-harm (suicide) and assault accounted for 16% of all Indigenous deaths, compared with 6% of all deaths among non-Indigenous Australians. Intentional self-harm was the leading cause of death from external causes for Indigenous males (35%), and the second leading cause of death for females (Pink B and Allbon P, 2008). External causes were also the leading cause of death among Indigenous children, and occurred at three times the rate for non-Indigenous children (Department of Health WA - Mental Health Division, 2009). For Indigenous males aged 0–24 years, the age-specific rates were three times the corresponding age-specific rates for non-Indigenous males respectively. The suicide rate for Indigenous females aged 0–24 years was five times the corresponding age-specific rates for non-Indigenous females (Pink B and Allbon P, 2008).

**Kids Help Line – Western Australia (1994–2003)**

Between 1994 and 2003 over 44,000 counselling calls from children and young people residing in Western Australia were responded to by Kids Help Line counsellors. While the majority of callers came from Perth and the surrounding metropolitan area (73%), a total of 17% came from rural areas and 11% from remote regions of Western Australia. Seventy-five percent of callers were females, compared to 25% males. Just over half of the callers were aged 10 to 14 years (52%) with 42% aged 15 to 18 and 6% aged 5 to 9 years (Freemantle J et al., 2004). Regardless of geographical location, relationships with family, peers and partners are the main reasons young people from Western Australia contacted Kids Help Line during the last ten years.

The Kids Help Line identified a number of traumatic events (including child abuse, family breakdown leading to homelessness, bullying not being dealt with effectively and social isolation leading to loneliness) as significant traumatic events.

These events had the potential to lead to poor mental health outcomes including anxiety and psychoses, drug and alcohol usage and unwanted behaviours. The traumatic events reportedly impact on unwanted pregnancies and risk-taking behaviours that led to accidental injury, death and suicide (Freemantle J et al., 2004).
Education

Resilience and protective factors including education, strong family relationships, sport and exercise and social participation and connection were identified as important by the respondents of the 2003 Youth Survey. Twenty percent of the respondents believed that education, employment and career would make the biggest impact on their lives in the next ten years (Freemantle J et al., 2004).

Between 2001 and 2006, there was a slight increase in the proportion of Indigenous people aged 15 years and over (excluding those still at school) that had completed Year 12 (from 20% to 23%), with the largest increases in major cities and very remote areas (4% between 2001 and 2006). Indigenous males and females had similar rates of Year 12 attainment (22% compared with 24%). In comparison, almost half (49%) of non-Indigenous Australians had completed Year 12 in 2006. Levels of educational attainment among Indigenous people aged 15 years and over (excluding those still at school) were lower in geographically remote areas. In 2006, almost one-third (31%) of those living in major cities had completed Year 12 compared with 22% of Indigenous people living in regional areas and 14% in remote areas (Pink B and Allbon P, 2008).
Project aims

This evaluation aimed to determine the effectiveness and impact of Indigenous Hip Hop Projects (IHHP) on Indigenous young people in selected sites in the Kimberley and Pilbara regions of WA.

In particular, the evaluation examined the long term impact on, and the efficacy of, IHHP in relation to the social and emotional well-being in the communities visited, and broader issues such as the recall of IHHP key messages, the community capacity building work undertaken, and partnerships developed with local organisations and support services.

The IHHP has worked for the past 18 months with beyondblue: the national depression initiative (hereafter referred as beyondblue) to raise awareness among Indigenous communities, especially young people and young adults, about depression and anxiety, and to promote active, healthy lifestyles.

This report presents the findings of stages one, two and three of the evaluation conducted between September and November 2009.

Overall, the evaluation aimed to:

• Examine the extent to which young people in regional and remote communities respond positively to the health promotion messages of Indigenous Hip Hop Projects.

• Identify the relationship between young people’s knowledge of beyondblue’s key messages and their preventive behaviours such as supporting one another, seeking help and choosing appropriate life strategies.

• Evaluate the change in profile of beyondblue and health services as a result of the IHHP visit.

• Describe and measure the impact of activities implemented by IHHP.

“
It’s positive and exciting. There is a very strong relationship between arts and health.”

THE KIMBERLEY

The Kimberley region is the most northern region of Western Australia. The region consists of four local government areas, namely the Shires of Broome, Derby-West Kimberley, Halls Creek, and Wyndham-East Kimberley. The main population centres of the Kimberley include Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra and Wyndham. There are also approximately 200 Aboriginal communities of various population sizes located throughout the Kimberley.

In 2006, the estimated resident population of the Kimberley was 29,296. At the time of the 2006 Census, the estimated Indigenous population of the Kimberley was 41% (Australian Bureau of Statistics, 2007).

Climatic conditions have a substantial influence on lifestyle and the economy in the Kimberley. The region has a tropical monsoon climate with hot and humid conditions during ‘the wet’ season which extends from November to March. The dry season extends from May to October and is typified by sunny days and cooler nights (Department of Local Government and Regional Development and the Kimberley Development Commission, 2006).

The Kimberley region is boosted by an expanding economy which is supported by tourism, retail, pearling, agricultural, pastoral, mining and service industries (Department of Local Government and Regional Development and the Kimberley Development Commission, 2006).

Derby

The town of Derby is located on tidal mud flats on the edge of the King Sound. It has the highest tidal range of any port in Australia. Derby is located 2,383 kilometres north of Perth and 221 kilometres from Broome. In 2006, the estimated population of Derby was 3,200. At the time of the 2006 Census, the estimated Indigenous proportion of the population of Derby was 44% (Australian Bureau of Statistics, 2007).

The town of Derby services the pastoral, mining and tourism industries with a high proportion of the population employed in State and Commonwealth Departments, and in providing services to outlying Aboriginal communities. Mining in the region encompasses minerals found in the hinterland include oil at Blina, diamonds in the Phillips Range, and facing stone from the King Leopold Ranges (Combined Universities Centre for Rural Health, 2009).
Broome

Broome is located in the Kimberley region, approximately 2,230 kilometres north of Perth.

In 2006, the estimated resident population of the Broome was 4,170. At the time of the 2006 Census, the estimated Indigenous proportion of the population of Broome was 29% (Australian Bureau of Statistics, 2007).

Broome is an internationally recognised tourist destination. During the peak tourist season, (June to August) Broome’s population swells to over 45,000 per month. Broome’s major industries include tourism, pearling, fishing, aquaculture, pastoral and horticulture (The Broome Visitor Centre, 2009).

THE PILbara

The Pilbara communities are situated 1,200 kilometres north of Perth in Western Australia. The region covers a total area of 507,896 sq kilometres (including offshore islands), incorporating pastoral and mining communities together with coastal communities that have strong fishing and tourism industries. The region has four local government areas including the Shires of Ashburton, East Pilbara, Roebourne and the Town of Port Hedland. The major towns of the region are Port Hedland and Karratha. Other towns are Roebourne, Dampier, Onslow, Pannawonica, Paraburdoo, Tom Price, Wickham, Newman, Marble Bar and Nullagine.

In 2006, the estimated resident population of the Pilbara was 41,001. At the time of the 2006 Census, the estimated Indigenous proportion of population of the Pilbara was 14% (Australian Bureau of Statistics, 2007).

The Pilbara provides two of Western Australia’s largest export revenue earners - iron ore and liquefied natural gas (WA Country Health Service, 2009).

Roebourne

The Shire of Roebourne is located on the Central Pilbara Coast and is approximately 1,500 kilometres from Perth. The Shire of Roebourne, along with Port Hedland, make up the two major export outlets for the enormous amounts of Iron Ore, Salt and Natural Gas (Shire of Roebourne, 2009).

In 2006, the estimated resident population of Roebourne was 921. At the time of the 2006 Census, the estimated Indigenous population of Roebourne was 63% (Australian Bureau of Statistics, 2007).

Wickham

Wickham is located in the Shire of Roebourne and was established to accommodate the workforce for the Robe River Iron Associates facilities at Cape Lambert (Shire of Roebourne, 2009). In 2006, the estimated resident population of Wickham was 1,824. At the time of the 2001 Census, the estimated Indigenous proportion of the population of Wickham was 16% (Australian Bureau of Statistics, 2007).
Socio-Economic Indexes for Areas (SEIFA)

Socio-Economic Indexes for Areas (SEIFA) provides a summary of measures that have been created from 2006 Census information. The indexes are used to explore different aspects of socio-economic conditions by geographic areas. For each index, every geographic area in Australia is given a SEIFA number which shows how disadvantaged that area is compared with other areas in Australia. The table below presents the index of relative socio-economic advantage and disadvantage. The scores provided in the table, presents a relative measure of disadvantage (out of 1000); the higher the score, the lower the level of disadvantage. The variables used to create these scores are related to both advantage and disadvantage, for example household with low income and people with a tertiary education. * The table below presents the scores for the three main sites involved in the evaluation, with Roebourne scoring the most favourably, and Derby scoring the least favourable.

Table 1. Statistical Local Area Name (SLA) Index of Relative Socio-economic Advantage and Disadvantage (2006)

<table>
<thead>
<tr>
<th>2006 Statistical Local Area Name (SLA)</th>
<th>Ranking within Australia</th>
<th>Ranking within WA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score</td>
<td>Rank</td>
</tr>
<tr>
<td>Roebourne (S)</td>
<td>1053</td>
<td>1047</td>
</tr>
<tr>
<td>Broome (S)</td>
<td>977</td>
<td>722</td>
</tr>
<tr>
<td>Derby-West Kimberley (S)</td>
<td>835</td>
<td>80</td>
</tr>
</tbody>
</table>

(Australian Bureau of Statistics, 2006)

* The concept of relative socio-economic disadvantage is neither simple, nor well defined. SEIFA uses a broad definition of relative socio-economic disadvantage in terms people’s access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, SEIFA does not represent the individual situation of each person. Larger areas are more likely to have greater diversity in the variables (Australian Bureau of Statistics, 2006). In terms of the variables used, use of SEIFA should be used with caution in reference to Indigenous populations (Kennedy B and Firman D, 2004).
Rural, Remote and Metropolitan Areas (RRMA) Classification

Shire of Broome: Rural zone R2: Small rural centres (urban centre population 10,000-24,999)
Shire of Roebourne: Rural zone R2: Small rural centres (urban centre population 10,000-24,999)
Shire of Derby-West Kimberley: Rural zone R3: Other rural areas (urban centre population < 10,000)
Town of Wickham: Remote zone Rem2: Other remote areas (urban centre population < 5,000)

(Australian Institute of Health and Welfare 1994)
This evaluation involved three locations in the Kimberley and Pilbara regions of Western Australia, namely Derby, Broome and Roebourne which had participated in Indigenous Hip Hop Projects (IHHP) over the previous 12 months. Each site was identified in consultation with beyondblue.

**Ethics**

Ethics approval was obtained from the ECU Human Research Ethics Committee (HREC) Project 4122. This has been provided as [Appendix Two].

In accordance with ECU ethics requirements, all staff working on this project held a valid ‘Working with Children’ card.

**Procedure**

This evaluation was conducted over three stages, using a combination of qualitative methods including questionnaires; one-on-one interviews and focus groups. It involved four main populations of interest:

- Young people (aged 10-20 years) who had participated in IHHP.
- School personnel (administrators and teachers).
- Community organisations and service providers in each region.
- Indigenous Hip Hop Projects team.

“\[I think the concept is fantastic - effective way to engage the kids.\]”
Research questions

The evaluation sought to address four research questions, namely:

1. To what extent do young people in regional and remote communities respond positively to the health promotion messages of the Indigenous Hip Hop Projects?

2. What is the relationship between youth’s knowledge of beyondblue’s messages and their preventive behaviours such as supporting one another, seeking help and choosing appropriate life strategies?

3. Is there a change in profile of beyondblue and health services as a result of the IHHP strategy?

4. What is the impact of activities implemented by IHHP on youth outcomes, such as ongoing participation, attendance at school and reduction in self-harm?

Stage One

Stage one of the evaluation involved a process which measured the activities of IHHP; participant satisfaction toward IHHP; and the immediate impact of IHHP’s key messages.

- Interviews were conducted in Derby and Broome with young people aged between 10-20 years who had participated in IHHP. Participants were recruited through school centres where IHHP had been conducted. The ECU research team visited both sites at the same time as IHHP and worked in conjunction with the team within the schools and community facilities. Depending on preference, the research questions were asked in two different formats using questionnaires and focus groups. In most cases, responses to questions were unprompted. A copy of the evaluation materials have been provided as [Appendix Three].

  The research questions to young people were asked in two different formats using questionnaires and focus groups. Questionnaires were administered interview-style to participants of IHHP (aged over 12 years). Focus groups were conducted where participants were younger (aged between 10-12 years). Focus groups were conducted over four sessions, with up to 15 participants in each session.

  Questionnaires were administered by a member of research team to each participant in an ‘interview style’. Each interview took around 10 minutes to complete.

  Focus groups were conducted where time was more limited, or the ages of the children were younger. In these cases, questions were asked by a member of the research team with either one or two other members of the research team recording responses, depending on the size of the focus group. Each focus group session took around 30 minutes to complete.
**Stage Two**

Impact evaluation measured the effect of IHHP after a four week period. The aim of Stage two of the evaluation was to determine how well the messages of IHHP were retained after this time; and any changes of behaviour / service provision during this time.

Permission to return to the schools was obtained from the school principal by the ECU research team. This was achieved through email correspondence and by telephone.

The research questions from Stage one of the evaluation were repeated in order to determine if / how the responses differed. Where possible, the same individuals interviewed in Stage one of the evaluation were approach for data collection for Stage two. However, the scheduling of Stage two of the evaluation, four weeks following the IHHP visit, created some logistical problems as this visit coincided with end of term camps which restricted access to some of the original participants.

The procedures involved in Stage two were conducted as per Stage one.

**Stage Three**

Follow-up post interviews were conducted in Roebourne and Wickham six months following the IHHP visit to the region. The aim of this follow-up was to examine recall of IHHP’s messages. To fit the timeframe of the evaluation, the Roebourne/Wickham site was selected because IHHP had visited some six months prior – neither Roebourne nor Wickham was included in Stage one or Stage two data collection.

Once again, permission to visit the schools was obtained from the school principal by the ECU research team through email correspondence and by telephone.

The research questions from Stages one and two of the evaluation were repeated in order to determine if / how the responses differed. The procedures involved in Stage three were conducted as per Stages one and two.

**Data Collection**

Data was also obtained using field notes based on the observations of the ECU research team. Debriefing sessions were held with all members of the research team to discuss initial thoughts and observations. To substantiate field observations, one session of IHHP was recorded and transcribed by a member of the ECU research team.

A selection of songs developed as part of the Project was provided to the ECU research team. These songs were also transcribed.
Analysis

Data from both the questionnaires and the focus groups was extracted and collated for each question. Data obtained using the two different formats of questionnaires and focus groups did not appear to be different.

Data obtained from interviews, field notes and song lyrics were analysed individually using a phenomenological methodology. The procedural steps are as follows:

- Significant statements, phrases and sentences were extracted from each description that directly pertains to the questions. Statements containing the same or nearly the same meaning were eliminated.

- Significant statements, phrases and sentences, were investigated in order to try and discover various contexts of each question.

- Clusters of themes were formed from the meaning to allow for the emergence of themes common to all of the participants responses.

- An interpreted theme describes a response which has been present in the results as a main response, however was not the direct response provided by the participant for example, when asked, ‘What are the signs to look for if a person is feeling down or depressed,’ a participant may have said “spaced out; or being upset” and this is presented in the results as “showing a change in mood.”

So that a geographical comparison is not made between the sites visited for Stages one and two, the data from both sites is combined in the analysis which is presented to differentiate between the stages noting if the data was collected on during the first week or four weeks following the IHHP visit. Because Stage three of the evaluation took place in a quite different location, it is difficult to compare the results to the other sites. Therefore, the Stage three results are presented separately.

“ You could hear them talk about the issues. There was definite use of language and themes for a couple of weeks following. ”
This evaluation describes and measures the impact of activities implemented by IHHP by examining the extent that young people in regional and remote communities respond positively to the health promotion messages of IHHP, as well as their knowledge of beyondblue’s messages and preventive behaviours such as look; listen; talk; and seek help.

In addition, this evaluation also evaluates the longer term impact on, and efficacy of, IHHP in relation to social and emotional wellbeing in the communities visited, and broader issues such as recall of IHHP key messages, community capacity building work undertaken, and partnerships developed with local organisations and support services.

**Young people involved in Indigenous Hip Hop Projects evaluation**

A total of 76 young people, aged between 10-17 years participated in Stage one of the evaluation (week one of the IHHP visit). A total of 47 young people, between aged 10-15 years participated in Stage two of the evaluation (four weeks following the IHHP visit). In most cases, the young people who participated in Stage one of the evaluation also participated in Stage two of the evaluation, but this was not set as a condition of participation. However, scheduling for Stage two of the evaluation (four weeks following the IHHP visit) created some logistical problems as this visit coincided with end of term camps which restricted access to some of the original participants. To be eligible, participants must have participated in IHHP, but were not specifically Indigenous, Indigenous status is presented as Figure 2.

![Figure 2. Indigenous status of young people participating in the evaluation](image)
The following section presents the results of the questionnaires, focus groups and interviews from Stages one and two of the evaluation. The research questions have been italicised and presented in ‘single quotation marks.’ Specific quotes from participants have been italicised and presented in “double quotation marks”. Results have been combined for Derby and Broome.

1. Examine the extent that young people in regional and remote communities respond to the health promotion messages of the Indigenous Hip Hop Projects.

Participants were asked ‘can you tell me what Indigenous Hip Hop Projects is about?’ Responses to this question were unprompted. The results are presented as Figure 3.

**Figure 3.** Can you tell me what Indigenous Hip Hop Projects is about?

![Graph showing responses to question](image)

* * Responses were unprompted. Results presented include direct responses and/or interpreted themes.

On week one of the IHHP visit, most participants said that IHHP was about “dancing” and described their experience of it as being “fun.” However, participants were also able to identify IHHP’s messages such as “being comfortable; confidence; not to be shame; and communication.”

Participants were able to identify a specific association between IHHP and “depression,” particularly in relation to messages about “helping your friend/s or family; what to do if someone is feeling down; what to do if you are feeling down; and respecting other people.” Participants identified Youthbeyondblue as a “sponsor” of IHHP, as well as a “place to go find help.”
Four weeks following the IHHP visit, participants were again asked ‘can you tell me what Indigenous Hip Hop Projects is about?’ Once again, the responses to this question were unprompted. At this stage of the evaluation, there is evidence of recall for specific IHHP messages. This is particularly the case for Derby, where participants were able to recall messages relating to “depression; and confidence; and what to do if someone you know if feeling down.” In Broome, the participants’ ability to recall messages of IHHP were more evenly dispersed around the concepts of “anxiety; confidence; helping your friends and family; not being ashamed; respecting other people; and stepping up.”

2. Identify the relationship between youths' knowledge of beyondblue's messages and their preventive behaviours.

Increased understanding of depression and anxiety

Participants were asked about their awareness about depression, what causes depression and who can get depression. Respondents were asked to answer ‘yes; no; or maybe.’ Responses to this question were unprompted. The results are presented as Figure 4a and 4b.

Figure 4. Awareness of the facts about depression

4a. Do you know what depression is?

* Response options were yes, no, or maybe.

On week one of the IHHP visit when asked, ‘do you know what depression is?’ the majority of participants responded ‘yes’ (81%). Four weeks following the IHHP visit, when participants were once again asked this question, awareness had remained the same at 80%.
On week one of the IHHP visit when asked, ‘do you know who can get depression?’ the majority of participants responded ‘yes’ (82%). Four weeks following the IHHP visit, when participants were once again asked this question, awareness had increased to 90%.

**Awareness of beyondblue’s messages: look; listen; talk; seek help together**

Participants were asked ‘what should you do if you think someone you know is feeling down or depressed?’ Responses to this question were unprompted. The results are presented as Figure 5.

**Figure 5. What should you do if you think someone you know is feeling down or depressed?**

On week one of the IHHP visit, the majority of participants were able to strongly identify four specific messages; “talk to friends (42%); and seek help (28%); listen to what’s going on; (20%) and look for the signs of depression” (13%).
Participants who said that they would “talk about what’s going on” explained that they would “sit with them and try to cheer them up; comfort them; keep them company; let them get it all out; or make them feel happy and laugh.” Participants also said that they would “try to determine if they were sad; ask them what was wrong; or if they needed help; make sure they were safe. Some participants said that they would “try and give them advice; or let them feel important by teaching you something.”

For those who said that they would “seek help,” participants discussed the need to “tell others” and not “take matters into their hands.” Most participants suggested that they would “advise them to see their parents or someone for help; or tell Mum, she will do something about it; or tell someone who cares about them.” Most participants said that they would seek help from either “family or friends; a teacher; or the police.” One participant said that they would “tell the Kids Helpline.” There was some discussion about how soon to ask if someone seems sad/ down / depressed with the majority of participants suggesting that they would not “push them straight away, but would not leave them too long either.”

Four weeks following the IHHP visit, participants were once again asked ‘what should you do if you think someone you know is feeling down or depressed?’ At this stage of the evaluation, the participants’ recall of all four messages had declined as they did not specifically mention ‘look’ or ‘listen’ as they had done in the earlier visit. Participants said that they should either “talk about what’s going on; or seek help” (39%). Only 17% of participants said they would “listen to their experiences.”

On week one of the IHHP visit, when asked ‘did you know this before today’ 23% of participants responded ‘no’ they did not know what to do if someone was feeling down or depressed prior to the IHHP visit.

**An increased awareness of “risk factors” or things to look for in another person**

Participants were asked ‘do you know what signs to look for if a person is feeling down or depressed?’ Responses to this question were unprompted. The results are presented as Figure 6.

**Figure 6. What are the signs to look for if a person is feeling down or depressed?**

*Responses were unprompted. Results presented include direct responses and/or interpreted themes.*
On week one of the IHHP visit, the majority of the responses were related to “showing a change in mood.” Most participants described a mood change as being “quiet; or looking sad”. Some participants discussed a “behaviour change or voice change; acting differently; they don’t fit in; or being more shamed than anyone else.” A behaviour change was described as “sitting alone; and not wanting to talk / communicate.”

Participants were also able to describe other signs such as “doesn’t want to see friends or family; losing an interest in things; being alone; and having difficulties with sleeping.” Some participants described a person who is feeling down or depressed as “being angry or mad; hurting themselves; wanting to hurt others; suicidal; taking off / walking away; making themself go silly; losing it; spaced out or stressing out; red and swollen eyes; or their head is down.” Some participants associated the signs with “a death in the family” or “being bullied,” this included “cyber-bullying.”

Four weeks following the IHHP visit, participants were once again asked ‘do you know what signs to look for if a person is feeling down or depressed?’ At this stage of the evaluation the participants appeared to have greater awareness of a larger number of the signs associated with depression. Once again, the majority of responses were associated with “showing a change in mood.” Participants described this as being “restless or on edge.” However, participants were also able to describe more specific signs such as experiencing “difficulties with weight and diet; wanting to be alone; not wanting to see friends and family; and losing an interest in things.”

On week one of the IHHP visit, when asked ‘did you know this before today’ more than 75% of participants responded ‘yes’ they knew the signs to look for if a person was feeling down or depressed prior to the IHHP visit. Four weeks following the evaluation, when asked ‘did you know this before participating in Indigenous Hip Hop Projects’ this had decreased slightly with to 71% of participants who responded ‘no’.
How would you feel talking with friends if THEY were experiencing tough times?

Participants were asked ‘how would you feel about talking with your friends and family if THEY were experiencing tough times?’ Respondents were asked to answer if they felt ‘comfortable,’ or ‘not comfortable.’ The results presented as Figure 7.

Figure 7. How would you feel about talking with your friends and family if THEY were experiencing tough times?

![Bar graph showing responses to the question](image)

*Response options for this question were comfortable or not comfortable

On week one of the IHHP visit, when asked, ‘how would you feel about talking with your friends and family if THEY were experiencing tough times,’ the majority of participants said they would be ‘comfortable’ (72%).

Four weeks following the IHHP visit this remained consistent with 73% of participants who said they felt ‘comfortable’ talking with your friends and family if they were experiencing tough times.

For those participants who said that they would feel comfortable, the majority said that they would be more comfortable talking “with friends,” while others said that they would “only talk with friends.” Responses included “they’re your friends. You love each other. You support each other; and they’re friends / family. You love them. They’d do the same with/for you.” Others suggested that how they feel would depend on “who it is; or what it is.”

Participants who responded that they were ‘not comfortable’ with talking to their friends and family explained that they “would want to help, but wouldn’t know what to say,” or that they were “not sure if I can help, I would need to get someone else.” Some participants said that they were not “good at talking and listening” or that they “were not sure what/where to start.” One participant suggested that it was not their place to ask questions as it was “other people’s business.”
Changed ability and confidence to talk about tough times with their friends

Participants were then asked ‘how would you feel about talking with your friends and family if YOU were experiencing tough times?’ The results are presented as Figure 8.

Figure 8. How would you feel about talking with your friends and family if YOU were experiencing tough times?

On week one of the IHHP visit, when asked, ‘how would you feel about talking with your friends and family if YOU were experiencing tough times,’ the majority of participants said they would be ‘comfortable’ (72%). However, for those who said they would feel ‘comfortable’, participants still admitted “it would be hard.”

Participants said that it would “depend on how close they are,” or that they would only speak to “someone you trust, but this would be different for different people,” with most participants saying that they would talk to someone, but “only with friends; maybe with family,” and that if this was the case, it would “probably [be] with mum.” Most participants said that it “would depend on what it was about.” One participant said that they would speak to someone, but not to their friends because “they might make it worse.” Others responded “they listen, and you get it out of your system.” One participant said that they “probably wouldn’t [speak with someone], but I’m not sure - I’ve never experienced it.”

“It was good. Especially for Aboriginal kids who feel shame and don’t feel comfortable. We learnt – get out of your comfort zone, and everyone likes music.”
Four weeks following the IHHP visit, the response to this question remained the same with 70% of participants who said they would be comfortable talking to a friend or family member if they personally were experiencing tough times.

However, despite this positive result, of the remaining participants 28% still said that they were ‘not comfortable’ about talking with your friends and family if they (personally) were experiencing tough times on week one of the IHHP visit, and this number had increased slightly to 30%, four weeks following the IHHP visit. Responses provided included “they might be busy; they won’t understand; or that they have enough on their plates.” Some participants felt that other people “might be dismissive or not take it seriously,” one suggesting “they might tell you to lie down.” Others said that “they could laugh at you or tease you.”

Seek help together

Participants were asked ‘if you or someone you know was feeling down, would you know where to seek help if you needed it?’ Respondents were asked to answer ‘yes’ or ‘no.’ The results are presented as Figure 9.

On week one of the IHHP visit, when asked, ‘if you, or someone you know was feeling down, would you know where to seek help if you needed it,’ the majority of participants responded ‘yes’ (82%).

Four weeks following the IHHP visit, when participants were once again asked this question the participants’ awareness of ‘where to seek help if you need it’ had increased to 89%.

For those participants who responded ‘yes,’ participants were then asked ‘where would you go.’ Responses to this question were also unprompted. The results are presented as Figure 10.
On week one of the IHHP visit, when asked, ‘if you or someone you know was feeling down, where would you go to seek help if you needed it?’ the majority of participants said that they would go to their parents first (30%).

Participants also identified a range of other people / services they would go to including their teacher or local youth centre (11%), a doctor, the Kid’s Helpline (9%), or the local health service such as their local Aboriginal Medical Service (7%). Participants also said that they would go to a clinic (6%) or hospital (4%). One participant said that they would go to the beyondblue website.

Four weeks following the IHHP visit, participants were once again asked if they knew ‘where to seek help if you needed it’. Responses to this question became quite specific, with a higher percentage of responses recorded for specific services, although participants still said that they would that they would seek help from their “parents” first (19%). The same percentage of participants also said that they would also seek help from their “teacher; local Aboriginal Medical Service; or see a counsellor.” In addition, the number of participants who said that they would seek help from their “friends” increased from 2% on week one of the IHHP visit, to 10% four weeks later.
Changed knowledge of “visiting health services”

Participants were asked ‘are you aware of any health service in the area which may be able to help anyone who needed help if they were down?’ Respondents were asked to answer ‘yes’ or ‘no.’ The results are presented as Figure 11.

Figure 11. Are you aware of any health services in your area which may be able to help anyone who needed help if they were feeling down?

On week one of the IHHP visit, when asked ‘are you aware of any health service in the area which may be able to help anyone who needed help if they were down’ only 48% of participants responded ‘yes.’ Four weeks following the IHHP visit, when asked ‘are you aware of any health service in the area which may be able to help anyone who needed help if they were down,’ awareness remained about the same with 47% of participants responding ‘yes.’

However, it is important to note that in relation to this question, there were significant differences between the responses for Derby and Broome. Therefore, the results for these individual towns are presented in Figure 12.

Figure 12. Individual town results: Are you aware of any health services in your area which may be able to help anyone who needed help if they were feeling down?

* Response options for this question were yes or no
On week one of the IHHP visit, when asked ‘are you aware of any health service in the area which may be able to help anyone who needed help if they were down,’ in Derby 61% of participants responded ‘yes.’ In Broome, awareness was low with just 38% of participants who responded ‘yes.’

Four weeks following the IHHP visit, when asked again, ‘are you aware of any health service in the area which may be able to help anyone who needed help if they were down,’ awareness in Derby had declined with just 18% of participants who responded ‘yes.’ However, in Broome awareness had increased with 76% of participants who responded ‘yes.’

This difference is important and may be related to the difference in the way the IHHP was delivered between these two towns. In Derby, the IHHP visit was conducted at Derby District High School as an intensive full week program. The program included a dance program and a music program. The cost of the IHHP visit was met by the school. After school sessions were held at the Derby Youth Centre. In Broome, the IHHP visit was conducted over a week which was spread out over the week throughout various locations including two days at Broome Primary School; one day at St Mary’s College; and community services such as such as the Broome Drop-in Centre. The cost of the IHHP visit was met by community sponsorship.

For those participants who responded ‘yes,’ participants were then asked ‘if so, where would you go?’ Responses to this question were unprompted. The results are presented as Figure 13.

Figure 13. If so, where would you go?

* Responses were unprompted. Results presented include direct responses and/or interpreted themes.
On week one of the IHHP visit, when asked ‘if so where would you go,’ in Derby, the majority of participants said that they would go to the “hospital (39%); Derby Aboriginal Health Service (18%); local health clinic (14%); local mental health service (7%); or Derby Youth Centre (4%).” In Broome, the majority of participants said that they would go to the “Broome Regional Aboriginal Medical Service (10%); the local mental health service (6%); the local health clinic (4%); or the local youth centre (4%).” Participants also discussed a range of other services including community services such as drop in centers, the school nurse, Kids Helpline, and the Ambulance service. One participant attending St Mary’s Primary in Broome said that they would go to their church.

Four weeks following the IHHP visit, when asked the same question, awareness of local health services had declined in Derby. Only a few participants were able to identify the “local youth centre (5%); the local health clinic (5%); and the Derby Aboriginal Health Service (5%); as the local health services they would go to if they needed help. In Broome, awareness of local health services appeared to increase. Participants identified the “local health clinic; hospital; and Broome Regional Aboriginal Medical Service,” (8%) although it is likely that the local health clinic and the Aboriginal Health Service are the same. Participants were also able to identify “local community services” such as “Burdekin” and “Headspace” specifically (8%).

“"It was very good, full on! Participation was huge, it introduced the centre to the new kids that hadn’t been before, and now they continue to come."
Choosing appropriate life strategies

Participants were asked ‘do you know about healthy life choices?’ Respondents were asked to answer ‘yes; no; or maybe.’ The results are presented as Figure 14.

Figure 14. Awareness about healthy life choices

* Response options for this question were yes, no or maybe

Participants appeared to be aware of healthy life choices and were able to discuss the benefits of physical activity and a healthy diet. There was a slight increase when asked again four weeks following the IHHP visit.

3. To evaluate the change in profile of beyondblue and health services as a result of the IHHP strategy.

Changes in attitude to accessing health services for a friend or family member

Participants were asked ‘would you tell a friend/family member about these services if you thought THEY needed it.’ Respondents were asked to answer ‘yes; no; or maybe.’ The results are presented as Figure 15.

Figure 15. Would you tell a friend/family member about these services if you thought THEY needed it?

* Response options for this question were yes, no or maybe

On week one of the IHHP visit, when asked ‘would you tell a friend / family member about these services if you thought THEY needed it,’ the majority of participants responded ‘yes’ (77%). Four weeks following the IHHP visit, when asked the same question, the number of participants who said that they would tell a friend or family member about these services if they thought they needed had increased to 93%.
Changes in attitude to willingness to attend health services for self

Participants were then asked ‘would YOU approach these services if YOU needed it’. Respondents were asked to answer ‘yes; no; or maybe.’ The results are presented as Figure 16.

Figure 16. Would YOU approach these services if YOU needed to?

![Bar chart showing responses to willingness to approach health services.]

* Response options for this question were yes, no or maybe

On week one of the IHHP visit, just 66% of participants said ‘yes,’ to whether they would approach these services if they personally needed it, and just 17% of participants responded either ‘no,’ or ‘maybe.’

Four weeks following the IHHP visit, when asked the same question, just 56% of participants ‘yes’. Almost 10% of participants responded ‘maybe.’ However, the number of participants who responded ‘no’ increased to 35%.

“It was very good, especially in a remote community. It was lots of fun and I learnt how you can help get rid of depression and get confidence.”}

School
Personnel

One-to-one interviews were conducted with school personnel including the school principals / administrators and teachers. School personnel were asked questions regarding their perception of IHHP; the status of depression within the school / local community; services available in the community; and behaviour change resulting from IHHP.

Perceptions about IHHP

- School personnel are very supportive of IHHP. When asked ‘how do you feel about the Indigenous Hip Hop Projects,’ school personnel discussed the “vibe” of the school during the IHHP visit, “the kids looked forward to it; and the kid’s were itching to get to school that week.”

“It’s well targeted to kid’s wants ... and it draws parallels to life, a positive approach. The Aboriginal focus is positive and engaging. The youth centre here in Derby is effective, but it’s only until close [5pm]. There is a need for something that is supervised and safe ... I really liked the affirming messages, and they had great interactions with the kids.”

- School personnel also discussed the reluctance of some young people to participate at first, “the kids seem to love it - albeit a few don’t participate, a return visit may pick up some of them, but also maybe lose others.”

“Look; listen; talk; seek help - is a clear and simple message and it brought the message through well. It’s a good activity – and a repeat exposure is likely to capture others.”

- School personnel discussed the appropriateness of IHHP, not only in dealing with the Aboriginal students, but also those with special needs,

“The Welcome to Country start was perfect - coming from community owned by the kids. The IHHP is definitely one of the highlights of the year.”

Behaviour change

- When asked ‘what is the status of depression in your community,’ school personnel also discussed some of the challenges faced by young people,

“Home life can be miserable - some won’t even have a home. Despair = Don’t care. The highest suicide rates in Australia are in the Kimberley and we also have cuts and burns. Some copy cat. There’s not enough support.”

“It’s fairly significant. Lots of kids who deal with horrendous life events from poor parenting through to abuse. Not much about what is possible.”

“Habits of mind - skills and strategies. Depression even as young as Year one - especially in boys. 10% seem obvious and others are under the radar. Boys are vulnerable - they model the ‘not talking about it pattern’.”
- School personnel also discussed the need to start programs such as IHHP earlier in life, “You must start before age 12; teach protective behaviours ... there is a definite need to sell the message earlier.”

- School personnel discussed the need for programs like IHHP to help deal with some of the challenges faced by the schools in supporting young people,

> “Many of the behavioural issues in school require continual support. I’d say at least 50% [of issues] are emotionally linked.”

> “There are a few kids at this school particularly at risk who have really responded to IHHP – kids with previous behavioural problems.”

- School personnel also discussed the need for “fun and engagement; respect; and individual pursuit” for young people in school, and the importance of external programs to be consistent with those run in the school. “The positive messages [of IHHP] exemplify the ‘you can do it program’ at the school.” Likewise, school personnel saw the benefit of IHHP to tie with other school programs.

### Availability of services

- School personnel discussed the challenges relating to the availability of services in regional communities, “There is some time lag. For example, the school psych only visits on Mondays - it’s too little, too long coming. Kids generally open up to a particular teacher.”

> “There are social problems generally without much support. The facilities and services are generally lacking.”

### Impact on the school community

- School personnel discussed the impact of the IHHP visit on the school community as a whole, “Our school community felt lifted. It was definitely the right decision to get involved.”

> “As a school community we were really satisfied. No negative feedback from staff, parents, or cleaners.”

### Challenges

- School personnel discussed some of the challenges faced by the schools in terms of organising schedules and budget constraints,

> “There is some impact of the time in schools being so busy, but worthwhile if some good comes out of it for some of the kids.”

> “We would definitely be involved again, but possibly offsite. Some of the costs can be prohibitive.”

> “There is a need to look at alternate funding sources, perhaps earlier planning around budgets and fundraising, or maybe corporate sponsorships. Once a year is enough if it’s a saturated program (around weather constraints) organise more in advance.”
Further comments

School personnel discussed some of the other positive outcomes of IHHP,

- “The wristband mechanising was popular and appropriate.”
- “The kids are still wearing wrist bands. They are still talking about it, as well as dancing and rapping – it’s still in their minds. The wristbands are a winner, hats would be perfect - bucket hats rather than caps. A DVD would be fabulous.”
- “Music program with IHHP has been really successful- profile recognition for some of the kids with radio airtime.”
- “The CD/music program, linked to various projects and kids have requested copies for parents and it even been played on the radio.”

“Depression even as young as Year one - especially in boys. 10% seem obvious and others are under the radar. Boys are vulnerable - they model the ‘not talking about it’ pattern.”
Service Providers

One-to-one interviews were conducted with relevant community organisations including health services and youth specific organisations. Service providers were asked questions regarding their perception of IHHP; the status of depression within the local community; services available in the community; and behaviour change resulting from IHHP.

Community

Service providers discussed some of the main issues impacting their communities, and the need to support young people.

“Our main issues? Boredom, overcrowding, peer pressure – our youth are trying to find their own identity and they have so much to deal with. With overcrowding there are issues with safety, food and nourishment, sleep, witnessing violence, noise.”

“We need to reconnect with culture – cultural identity, but there’s little done.”

“Engagement is difficult; it’s hard to get people to come in when their homes are so dysfunctional.”

Service providers discussed the “transitional needs as kids move through school; the need for mentoring; suicide response team”; and services like the “Kid’s Helpline; Rural link number; and Headspace.”

Service provision

Services providers also explained some of the challenges in service provision.

“The mental health nurse visits from Broome every second week.”

“We are not specifically about child health; we are about advocacy and social support. We are more adult based – so family based from that respect, so have some engagement.”

“We provide support through ‘Bringing them home’ but we do not specifically provide a mental health service ... we would refer on.”

Perceptions about IHHP

In general, service providers were very positive about IHHP. Service providers discussed the increase in attendance since the IHHP visit,

“It was very good, full on! Participation was huge. It introduced the centre to new kids that hadn’t been before, and now they continue to come. We’d usually have 20 or more kids coming into the centre, but now we have between 35 and 45.”

“I think the concept is fantastic - effective way to engage the kids. As the program grew every day, more kids want to get involved.”
“It’s positive and exciting. There is a very strong relationship between arts and health.”

“ANY interaction with the kids is positive and helps to further strengthen the relationship with the kids, so this was a good opportunity. Between the programs we ran during the school holidays, and IHHP, attendance is definitely up.”

“Definitely the most successful program for Indigenous kids that has come to Derby.”

Further comments

Some service providers did raise some concerns about IHHP:

“We became involved in the program at very short notice after another funding source had fallen through. Therefore, we had very little communication with the group. We would usually work with organisations to build a program, or extend existing programs. We usually build programs with local people, but we felt that IHHP came into the community with a program, and we had little control. It should perhaps be more ‘service provision’ focussed - not have full control, but listen to the needs of the community. In saying that, the programs were very effective.”

“There were some concerns about the group, showing up/finishing on time. Structure / rules are important when working with the kids. Rules were in place when Dion was there, but became a little skewed when left with the team.”

In general, service providers discussed the positive aspects of IHHP, such as the impact on the females participating in IHHP:

“There were girls and boys groups. I think it’s a cultural thing. It’s a bit different for the girl’s to get up like that - it was great to see them get really into it at the Centre.”

The positive impact of the IHHP visit on self esteem:

“The IHHP produced a cd/dvd and the songs are being played on the Derby radio station 6DBY. It’s been great to see the number of kids attending the centre, and the songs being played on the radio.”

The cultural appropriateness of IHHP, and it effectiveness, “the four point messages clear regardless of cultural background. IHHP logo/ t-shirt have got Aboriginal colours. Co-brand more beyondblue and IHHP. Definitely start early life, in early intervention, build on skills and structures.”

“There are a few kids at this school particularly at risk who have responded to IHHP - kids with previous behavioural problems.”
Field observations

The IHHP team rotate the lead throughout the session and share the microphone. This is done with seamless transition. The team wear an IHHP shirt with the beyondblue messages on the back. Signage is set up around the assembly and performance area.

Participation of the young people is often slow to start. The majority of the IHHP team participates from the start, but some individuals need to be encouraged by the team and the teachers. Participation and enthusiasm increases as the session progresses. Students who appeared shy had joined in unprompted by the time of the ‘Confidence Circle’. Some students are invited from the crowd to work with members of the IHHP team on the stage. Teachers participated in the session voluntarily.

The participants responded very positively to local Indigenous team members such as Dallas, a young Indigenous man from Wyndham. Some comments from IHHP participants:

“It was very good, especially in a remote community. It was lots of fun and I learnt how you can help get rid of depression and get confidence.”

“It was good. Especially for Aboriginal kids who feel shame and don’t feel comfortable. We learnt – get out of your comfort zone, and everyone likes music.”

“It was very good. Cool. I felt alright – proud. It was about respect. It was a really good experience.”

“I was nervous, but it was fun. I felt shame, then joined in. I got used to the moves and the music. Seeing that others were doing it, and being taught the steps, and it was a good choice of music.”

Song lyrics

The song lyrics are provided as examples in this report aimed to demonstrate the influence of the IHHP messages and the music program and the positive impact this has on self-esteem [Appendix Four]. While the dance program provides the opportunity for most children to participate, the music program provides young people to express how they feel about themselves, and the towns in which they live. Working with the IHHP team to produce the songs they have written provides the opportunity for young people to express themselves in a non-threatening way. The song lyrics “stepping over drunks at the IGA, you know we will never be that way” demonstrate the influence of the IHHP messages.

The positive tone of the songs is one example of the benefits of the program. The benefits of IHHP can also be seen with reference to female participants, and young people with literacy problems. In addition, the songs have been played on local radio stations; burned to CD and provided to students and parents; and played as ring tones on mobile phones, all of which has benefited the young people’s self esteem and general community standing.
Results: Six months following IHHP visit

Stage three of the evaluation was conducted in Roebourne and Wickham, six months following the IHHP visit to the region. The aim of this follow-up was to examine the recall of IHHP’s key messages after that period of time.

In Roebourne, a total of 41 young people aged between 9-15 years participated. As in the earlier stages of the evaluation, to be eligible, participants must have participated in IHHP. However in the Stage three site, all participants were Indigenous, which is representative of the population of Roebourne District High School.

In Roebourne, the IHHP visit was coordinated by the then Youth Officer from the Roebourne Youth Centre. The IHHP was conducted over one week and was funded by a combination of community funding sources. The program was conducted at Roebourne District High School. Young people from Years three to twelve participated in the program during school hours, and IHHP was also run after school hours.

This stage of the evaluation took place in a location where participant views had not been ascertained in either the week of IHHP or four weeks later as had been the case in the other sites. Therefore it is not possible to determine change over time, and difficult to compare the results directly to those obtained from Derby and Broome. For that reason, these results have been presented separately.

Despite the differences which necessitated the results being presented differently, the research procedures and questions used in Stage three of the evaluation were similar to those used in Stages one and two. As in the earlier stages, the responses for all questions were unprompted meaning participants answered as they saw fit or as first occurred to them. The unprompted nature of the questions, in some instances lead to responses which may not reflect the actual recall of the subject matter. An example of this was when the young people were asked if they remembered “what IHHP was about?” the recall for this question what that IHHP was about “dancing; and winning prizes.” The recall about depression and anxiety was not tested with this specific question, as this was asked later in the interview.

Information obtained from interviews with school personnel from Wickham Primary School has been included in this report. However, IHHP visited the Wickham for just half a day (once in 2008, and again in 2009) so young people from Wickham Primary School were not interviewed as part of this evaluation.
1. Examine the extent that young people in regional and remote communities respond to the health promotion messages of the Indigenous Hip Hop Projects.

Participants were asked ‘can you tell me what Indigenous Hip Hop Projects is about?’ Responses to this question were unprompted. The results are presented as Figure 17.

**Figure 17.** Can you tell me what Indigenous Hip Hop Projects is about?

![Graph showing responses to the question: 'can you tell me what Indigenous Hip Hop Projects is about?']

*Responses were unprompted. Results presented include direct responses and/or interpreted themes.*

When asked ‘can you tell me what Indigenous Hip Hop Projects is about?’ more than 90% of participants responded “dancing.” Some participants said “winning prizes” (8%). While there was not specific discussion about depression and/or anxiety, there was some discussion about competitions and winning prizes as part of the IHHP visit and the young people did express “feeling good about themselves” as a result.

2. Identify the relationship between youths’ knowledge of beyondblue’s messages and their preventive behaviours.

**Increased understanding of depression and anxiety**

Participants were asked about their awareness about depression, what causes depression and who can get depression. Respondents were asked to answer ‘yes; no; or maybe.’ The results are presented as Figure 18.

**Figure 18.** Do you know what depression is?

![Graph showing responses to the question: 'Do you know what depression is?']

*Response options for this question were yes or no*
When asked ‘do you know what depression is’ more than 70% of participants in Roebourne responded ‘no.’ Just 27% of participants said they knew what depression was. Participants in Roebourne were not able to respond to further questions about depression and / or anxiety i.e. ‘who can get depression?’

**Awareness of beyondblue’s messages: look, listen, talk, seek help together**

Participants were asked ‘what should you do if you think someone you know is feeling down or depressed?’ Responses to this question were unprompted. The results are presented as Figure 19.

**Figure 19.** What should you do if you think someone you know is feeling down or depressed?

* Responses were unprompted. Results presented include direct responses and/or interpreted themes.

In Roebourne, recall of all four messages was minimal. Participants said that they would either “talk about what’s going on’ (15%); and seek help” (5%). Participants also said they would try to “cheer them up” (2%).

**An increased awareness of “risk factors” or things to look for in another person**

Participants were asked ‘do you know what signs to look for if a person is feeling down or depressed?’ Responses to this question were unprompted. The results are presented as Figure 20.

**Figure 20.** What are the signs to look if a person is feeling down or depressed?

* Responses were unprompted. Results presented include direct responses and/or interpreted themes.

Participants in Roebourne appear to have some awareness of some of the signs associated with depression. Participants described “facial expressions; or a sad face” as the biggest sign they would look for to see whether a person was feeling down or depressed (50%). Participants were also able to describe a “change in mood (37%); or doesn’t want to see friends or family” (12%) as signs to look for.
An increased willingness to help (or listen to) their friends / another person

Participants were asked ‘how would you feel about talking with your friends and family if THEY were experiencing tough times?’ Respondents were asked to answer ‘comfortable,’ or ‘not comfortable.’ The results presented as Figure 21.

Figure 21. How would you feel about talking with your friends and family if THEY were experiencing tough times?

More than 80% of participants in Roebourne said they would be ‘comfortable’ talking with friends and family if they were experiencing tough times.

Changed ability and confidence to talk about tough times with their friends

Participants were then asked ‘how would you feel about talking with your friends and family if YOU were experiencing tough times?’ Respondents were asked to answer ‘comfortable,’ or ‘not comfortable.’ The results are presented as Figure 22.

Figure 22. How would you feel about talking with your friends and family if YOU were experiencing tough times?

The majority of participants in Roebourne said that they would also feel ‘comfortable’ talking to a friend or family member if they personally were experiencing tough times (90%).
Seek help together

Participants were asked ‘if you or someone you know was feeling down, would you know where to seek help if you needed it?’ Respondents were asked to answer ‘yes’ or ‘no’. The results are presented as Figure 23.

Figure 23. If you, or someone you know was feeling down, would you know where to seek help if you needed it?

![Bar chart showing responses to the question with most responses indicating that they would know where to seek help.]

* Response options for this question were yes or no

When asked this question, the awareness of participants in Roebourne of ‘where to seek help if you need it’ was 93%. For those participants who responded ‘yes,’ participants were then asked ‘where would you go?’ Responses to this question were unprompted. The results are presented as Figure 24.

Figure 24. If so, where would you go?

![Bar chart showing responses to the question with most responses indicating going to parents first.]

* Responses were unprompted. Results presented include direct responses.

When asked, ‘if you or someone you know was feeling down, where would you go to seek help if you needed it?’ the majority of participants said that they would go to their parents first (36%). Participants also identified a range of other people/services they would go to including the police (21%), or the hospital, a doctor, the Department for Child Protection, community members, or call an Ambulance (7%).
Changed knowledge of “visiting health services”

Participants were asked ‘are you aware of any health service in the area which may be able to help anyone who needed help if they were down?’ Respondents were asked to answer ‘yes’ or ‘no.’ The results are presented as Figure 25.

Figure 25. Are you aware of any health services in your area which may be able to help anyone who needed help if they were feeling down?

![Bar chart showing number of responses]

* Response options for this question were yes or no

Six months following the IHHP visit, only 5% of participants in Roebourne were able to identify their local health services which could help anyone who need help if they were down. For those participants who responded ‘yes’, participants were then asked ‘if so, where would you go?’ Responses to this question were unprompted. One participant said that “they would speak to a community member”. Another participant said that they would “go to a chemist”.

3. To evaluate the change in profile of beyondblue and health services as a result of the IHHP strategy.

Changes in attitude to accessing health services for a friend or family member

Participants were asked if they knew about any health services that could help a friend or family member who was feeling down ‘would you tell a friend / family member about them if you thought THEY needed it?’ Respondents were asked to answer ‘yes’ or ‘no’. The results are presented as Figure 26.

Figure 26. Would you tell a friend / family member about available services if you thought THEY needed it?

![Bar chart showing responses]

* Response options for this question were yes or no
When asked if they knew about any services ‘would you tell a friend / family member about these services if you thought THEY needed it’, the majority of participants responded ‘yes’ (94%).

Changes in attitude to willingness to attend health services for self

Participants were then asked ‘would YOU approach these services if YOU needed it?’ Respondents were asked to answer ‘yes’ or ‘no’. The results are presented as Figure 27.

**Figure 27. Would YOU approach these services if YOU needed to?**

![Graph showing responses](image)

* Response options for this question were yes or no

Six months following the IHHP visit, when participants were asked whether they would approach these services if they personally needed it, 84% of participants ‘yes’ and 16% of participants responded ‘no.’

“The positive messages [of the IHHP] exemplify the ‘you can do it program’ at the school...”
School Personnel

One-to-one interviews were conducted with school personnel including the school principals / administrators and teachers in Roebourne and Wickham. School personnel were asked questions regarding their perception of IHHP; the status of depression within the school / local community; services available in the community; and behaviour change resulting from IHHP.

Need for services

School personnel discussed the need to start programs like to address mental health earlier in life. School personnel discussed some of the main issues affecting the kids,

“Bullying, separation anxiety, and then there’s their home life. Probably from around 9, 10, 11 [years of age] even before it definitely needs to start with the younger kids.”

“They have a great deal of exposure to services such as the police, the Department for Child Protection, and other family and community members.”

“There’s a high prevalence of child abuse. The kids here see the police as safe people.”

“There is a high proportion of juvenile offending like B&E [break and enter], theft, destruction but I think that has more to do with boredom.”

School personnel also discussed the lack of services available to address mental health issues. “There’s a school psych who visits once a fortnight, our Admin team has undergone training and have also noticed an increase in the 9-11 (years) age group, and it’s more prevalent than we first thought.”

Behaviour change

School personnel believe IHHP is very effective particularly in the weeks following IHHP. School personnel discussed behaviour change especially in terms of relaying the messages, self-esteem, behaviour in general, and school attendance.

“You could hear them talk about the issues. There was definite use of language and themes for a couple of weeks following.”

“The kids talked about it for days after.”

“The health messages are positive. You can see self-esteem lift, especially with the competitions. It gives them the chance to show off who they are, and then they win and that means success.”

School personnel discussed how areas within the school which were decorated as part of the IHHP visit have not been touched.
“I think it’s about ownership. The kids were made a part of it. It’s their hand prints that have been painted on the wall. They feel really good about it therefore it has not been touched.”

School personnel also discussed increased attendance at school during IHHP.

“It’s the main incentive for trying to get a three year program set up. We use it as an incentive – no school, no participation. It fits in with other community incentives, such as access to the swimming pool, and the Youth Centre. There isn’t much going on here. The swimming pool isn’t always open, and the Youth Centre has been closed which severely affected the kids.”

**Impact on the school community**

School personnel discussed the need to build programs that support the culture of the school, as well as the school curriculum.

“It’s a good idea to take it on again, but it needs to be consistent and build on programs in place in the school.”

“It a great initiative but would I’d like it to be on a more consistent and sustained approach, maybe a month, to several months.”

“The messages of the Hip Hop program are embedded in our culture. It’s important to build programs that not only fit with the school, but that also complement the school curriculum, particularly around the areas of literacy, numeracy and health.”

“Messages are what the school would look to be able to carry on rather than the dancing - dance is the conduit.”

“The Health Nurse at our school has included mental health studies as a result.”

**Perceptions about IHHP**

School personnel are very supportive of IHHP. When asked ‘how do you feel about Indigenous Hip Hop Projects,’ school personnel discussed the IHHP visit as a major highlight for young people, “it’s fantastic, the kids love it; it really does engage the kids.”

“It’s innovative. It gets the kids interested, even the ones who are disengaged.”

However, school personnel discussed the need for more intensive, frequent visits. “Over the longer term, there’s not much effect. It needs to be more intensive, not a one off. There needs to be follow up, and longer contact.”

“We would be involved in the program again – but not as a one off. If they revisited on a regular basis, retention of the message would be better, otherwise it died off after a few weeks.”
Further comments

Challenges

School personnel discussed the challenge of acquiring funds for IHHP

“There was an initial approach, the Shire contributed, but it was only for half a day.”

“When you look at getting the team here, and accommodation and there’s not much available here, we’d be looking at $20,000 for a week. We are looking at a possible partner.”

School personnel raised some further comments,

“Any mental health program needs to involve the school AND family community if it going work.”

“There is definitely a need for prior planning. Pre / post activity which would help match the curriculum.”

“They should provide a kit for schools, maybe materials to use in classes and few weeks before, and after, and even in between.”

“This is the responsibility of everyone in the school and community, not just one person.”

“It’s innovative. It gets the kids interested, even the ones who are disengaged.”
Service Providers

One-to-one interviews were conducted with relevant community organisations including health services and youth specific organisations in Roebourne. Service providers were asked questions regarding their perception of IHHP; the status of depression within the local community; services available in the community; and behaviour change resulting from IHHP.

Programs available for young people in Roebourne

Service providers discussed the number of health promotion programs that visit the towns in a 12 month period, the problem with one-off visits, and the need for programs to be culturally appropriate.

“Hep C, sexual health, Yirra Yakin, men’s health, there are just so many programs.”

“It won’t work if it’s a one off thing. It needs ongoing follow-up and it needs more than one week.”

“Program should have cultural, peer interaction. It should connect with what they do. The way Aboriginal people communicate, who they communicate with; like in families.”

The need for services

Service providers discussed the need for services to address the mental health issues,

“It’s poverty stricken. Sub-standard housing, alcohol and drugs, sexual abuse. The children feel loved and valued when they go to school. School is a safe place, but some of the kids are not at school by age 10. Attendance at the school is not good.”

“There are services in town and in the school which teach protective behaviour.”

“It’s the responsibility of the whole community, you know, like domestic violence.”

Service providers also discussed the lack of other services:

“The Shire required payment for use of the football oval. A junior football team can’t afford that kind of money [$14,000 per year], so they took out the goal posts and stopped servicing the toilets.”

“The kids wander the streets at night. They’re not committing crimes, just sitting on the side of the road. They are just bored, or some just don’t want to be at home.”

“The aquatic centre is only open from 1-5[pm], and the youth centre was closed.”
Response to the health promotion messages of IHHP

- Young people appear to respond well to the health promotion messages of Indigenous Hip Hop Projects (IHHP). While the majority of young people who participated in IHHP identified it as a dance program, they were still able to recall messages relating to depression and self-respect, as well as the key messages of look; listen; talk; and seek help. Some of the comments made by participants included:

  “It was very good, especially in a remote community. It was lots of fun and I learnt how you can help get rid of depression and get confidence.”

  “It was good. Especially for Aboriginal kids who feel shame and don’t feel comfortable. We learnt – get out of your comfort zone, and everyone likes music.”

  “Be yourself, confident. Don’t feel shame. Help others in trouble by listening, talking and seeking help.”

- While there did not appear to be a specific recall of discussion about depression and / or anxiety amongst young people six months following IHHP, there was some discussion about competitions and winning prizes as part of IHHP and the young people did express “feeling good about themselves” as a result.

- Additional activities which were part of the IHHP visit also appear to have had some impact on self-esteem, behaviour and respecting each other. For example, a wall at Roebourne District High School was painted (graffiti style). This wall is one of only a few that has not been defaced.

  “I think it’s about ownership. The kids were made a part of it. It’s their hand prints that have been painted on the wall. They feel really good about it, therefore it has not been touched.”

Response to the health promotion messages of beyondblue and key messages - look; listen; talk; and seek help together

Understanding of depression and anxiety

- Young people appear to have some understanding of what depression is, although this appeared to be strongest on the first week of the IHHP visit. Young people appear to identify depression as being quiet; alone; or looking sad. Young people appear to be less familiar with the concept of anxiety.
- There is an apparent disconnect between physical health and mental health. For example, a likely response when asking a young person if they would tell a friend or family member about the health services available: “it would depend if they are sick.”

- Young people were less familiar with what causes depression. Young people associated depression with a death in the family, or being bullied.

- Young people appear to have some understanding of who can get depression. Anecdotally, young people spoke about one of their parents having depression, or how they had helped a friend at school who had cut themselves.

- After six months, awareness about depression; its causes; and who can get depression was considerably low. Very few young people in Roebourne were able to respond to any of these questions. One young person said the depression was “when you press something down.”

**Increased understanding of “risk factors” or things to look for in another person**

- The ability of young people to identify the signs to look for when someone they know is feeling down or depressed appeared to improve as a result of IHHP.

- While the majority of participants believed that they knew the signs to look for prior to participating in IHHP, the responses recorded four weeks following the IHHP visit appear to be more clearly defined, and more specific in terms of mood change; restlessness; difficulties with weight and diet; and wanting to be alone.

- A large number of participants said that they had learnt about the signs associated with depression as a result of participating in IHHP.

- Young people appear to have some awareness of some of the signs associated with depression six months following IHHP. Participants were able to describe “facial expressions” or a “sad face” as the biggest sign they would look for to see whether a person was feeling down or depressed. Participants were also able to describe a “change in mood; or doesn’t want to see friends or family” as other signs to look for.

**Changed ability and confidence to talk about tough times with their friends / peers**

As a result of IHHP, young people became more comfortable listening to a friend or family member who was experiencing tough times. In most cases, this would more likely be with friends; however, for some young people this would depend on what the problem was. Some young people appear to lack confidence, or believe they lack the skills to listen; know what to say; or how to deal with the problem. Young people were also unsure about the right time to approach a friend.

The majority of young people appear to be comfortable talking with friends or family if they (personally) were experiencing tough times. However, a large number of young people said they remain uncomfortable with this. Trust appears to be one of the greatest factors determining the level of confidence and comfort.

For example, a young person who responded that they would be comfortable to talking to friends or family said: “You know they’ll help you, they love you and you can trust them.”
In comparison, a young person who said that they would be not comfortable said; “No, they might get angry. I don’t trust them”. Another said “they could laugh at you or tease you” or “I’m scared of what they might think of me.”

- Six months following the IHHP visit, young people in Roebourne appear to have some awareness of the need to talk about what is going on when a person is down or depressed. Young people are also aware of the need to seek help, although awareness appears to be very low, with very few participants able to provide a response. Six months following the IHHP visit, young people appear to be very comfortable with talking with friends and family if they were experiencing tough times, or if they personally were experiencing tough times.

**Increased willingness to help (or listen to) their friends and family**

- Young people appear to be comfortable seeking help if they need it. In most cases, help would most likely be sought from their parents, a teacher or the police.

- Six months following the IHHP visit, the majority of young people appear to be confident to seek help if they need it. However, once again, young people appear to be more likely to seek help from their parents in the first instance.

- Young people in Roebourne also identified other services, and / or community services that they would approach for help. Service providers in Roebourne suggest that this would be due to the fact that “young people have a great deal of exposure to services such as the police, the Department for Child Protection, and other family and community members.”

**Changed knowledge of “visiting health services”**

- The majority of young people do not appear to be aware of health services in their local area or, where they are aware, these services were considered relevant for physical health only. However, awareness of health services and community services appears to be better in Broome where participants were able to identify specific local services by name. Willingness to tell friends or family about the available services had also increased in Broome.

In Derby, awareness of local health services had declined four weeks following the IHHP visit. In addition, willingness to tell friends or family about the available services had also declined. There may be two reasons for this:

1) The services / facilities available for young people are more limited in Derby;

2) The delivery of IHHP was predominately community-based in Broome, whereas in the other sites, the IHHP visit centered on the schools.

The awareness about local health services for young people in Roebourne was considerably low. Very few participants in Roebourne were able to identify their local health services which could help anyone who need help if they were down. Of these, one participant said that they would speak to a community member, and another said that they would go to a chemist.
Changes in attitude to accessing health services / willingness to attend / or increased attendance rates

- Attitudes about attendance at health services and local community services increased during the week of the IHHP visit and this attitude was maintained four weeks following the IHHP visit. Services providers attributed the increased attendance to IHHP - “It was very good, full on! Participation was huge. It introduced the centre to new kids that hadn’t been before, and now they continue to come. We’d usually have 20 or more kids coming into the centre, but now we have between 35 and 45.”

- Service providers suggest that “ANY interaction with the kids is positive and helps to further strengthen the relationship with the kids, so this was a good opportunity. Between the programs we ran during the school holidays, and IHHP, attendance is definitely up.”

- The majority of young people appear to be confident to seek help if they need it. However, young people appear to be more likely to seek help from a member of their family in the first instance or someone they know, rather than from a health service.

“
There are social problems generally without much support. The facilities and services are generally lacking.
”

Analysis of any other benefits of the visit by IHHP

Participation of females

- The participation of females in IHHP is encouraged and taken very seriously by the IHHP team. The gender of young people participating in the evaluation is presented as Figure 28 – this is representative of the gender of those participating in IHHP for the towns which we visited.

Figure 28.  Gender of young people participating in the evaluation
According to one of the IHHP co-coordinators, “girls have to be included - in too many other programs girls can get neglected.” However, the participation of females can present some challenges for the team.

The IHHP co-coordinator explains: “Sexualisation is an issue. From a young age, girls are encouraged to dance in a certain way that is regarded - when they are young - as cute - funny. However, when the girls get older, their dance styles are no longer considered appropriate as there are sexual overtones.”

The behaviour of females in this way presents a major challenge to IHHP but is an area where specific strategies have been developed including modifying IHHP activities into a workshop presentation that facilitates girls learning and practising dance moves that are not sexualised. Additionally, a female team member is always present to work with the girls.

If necessary, girls are separated from boys to create ‘dance workshops’. Female member/s of IHHP show girls they can still dance even when the style is a bit different to the style practised by the boys.

- Shyness is another issue to overcome. To deal with this the IHHP co-coordinator explains: “Sometimes there are special girls groups to help overcome shyness. It can be harder for girls. But all boundaries are broken down at the beginning, we promote equality, and there are strong messages of confidence and respect.”

- Observations by the research team can provide some evidence towards participation of females in IHHP. As we watched the dance session, there were some groups of girls who stayed at the back and did not initially participate.

As the session went on, their body language noticeably changed, their posture shifted. It was obvious they wanted to participate – some did. By the time of the ‘Confidence Circle’ all the girls were in the centre. Later in the week, some of these girls had participated in the music program and produced the songs ‘Skudda Girls’ and ‘DBYC’. A copy of a sample of song lyrics have been provided below, and as [Appendix Four].

**Skudda Girls**

When I say skudda you say girls, skudda girls Spears in my hand and we’re hunting a goanna

We slam dunk at the basketball courts Leapt at a tree then a gotta bring a ladder

We catch a barramundi when I’m fishing off the port Skudda girls are the best in Derby

At the disco see us dancing to the beat No one in the town can hurt me

We’re killing the beat so can you dance like me
DBYC

DBYC you know you like us
So sweet so smooth you make a better move

Keep on playing hating the girls it’s no fuss
Move move move yep yep

People getting jealous having fun is number one
DBYC we’ve got something to prove

And at least think twice before you ever try to dis
Oh oh

Hunting and fishing beat the Derby town thing
We’re the DBYC we’re in the blood city

Family comes first it’s a wonderful thing
We’re in the back streets and we’re looking so pretty

Mess with us you get the whole thing
Too much fighting is giving me chills

Never looking mangy see us in our bling
Step to me and I’ll give you a thrill

Participation of young people with special needs

- Young people with special needs are provided with opportunities to participate in IHHP activities. This includes young people with hearing impairment, physical disability, and literacy problems. While this inclusive program may require some planning and consultation with school personnel prior to a visit, positive feedback was received from all sites in this evaluation.

- For example, for the session attended by the research team [Appendix One], a male student was invited to join the team on the stage during the puppet / puppet master routine. The boy did very well, and was congratulated for stepping up. Later, when speaking with school personnel, it came to our attention that the male student is deaf. The staff at the school commented on how impressed they were with the interaction and outcome.

- Three students attending a participating school in Broome have physical disabilities. When we asked school personnel how this was handled, the principal said “IHHP was very inclusive, they enable the wheelchair bound kids to participate in the program.”

Working with schools

- School personnel discussed the lack of safety for some young people at home; the experiences of some young girls barricading themselves in their rooms at night; or some young people being on the streets at 2am because it was safer than being at home. School personnel also commented on the degree of self-harming behaviour in young people which included cutting and burning. Some suggesting that “for some kids, school will be the only safe place in their lives.”

- Interviews with school personnel and service providers suggest a strong need for programs such as IHHP to not only help address the problems faced by young people at home; but to also provide them with a positive experience - “The advantages of these kids having just one good day, cannot be underestimated.”
- School personnel also discussed the levels of anxiety and depression in young people suggesting “the number of kids with obvious signs is at least 10%, and there are those with signs which are not obvious, but there’s evidence there is a whole other level.”

- School personnel discussed the need to recognise cultural and seasonal periods, during these times there will be greater need to build resilience.

- School personnel also discussed the levels of anxiety and depression including in very young children, and the additional source of stress on young people caused by testing such as the Western Australian Literacy and Numeracy Assessment (WALNA) which takes place in years three, five and seven. School personnel indicated “there’s definitely a need to start programs at a younger age, by 12yrs it is too late. They shouldn’t be ignored - there is a need to build capacity / resilience of younger children to deal with depression / anxiety before they get older.”

- School personnel and young people expressed a high level of satisfaction with IHHP which was seen as one program offering support strategies for young people.

- School personnel and young people prefer the whole-week intensive style of program delivery. This would help ensure that young people have the opportunity to participate in both the music and dance programs.

- Field observations suggest that the level of the enthusiasm and energy displayed by the teachers has some influence on the initial engagement of young people.

- Preparation of the school and teachers could enhance the IHHP visit. With more notice, teachers told us that they would have prepared displays and activities to reinforce the messages. They also advised of their preparedness to continue the program and reinforcement of IHHP and beyondblue messages if additional support was provided such as a DVD.

- Young people also suggested that they would have been more appropriately dressed, “it was really good fun, but it would have been better if I wasn’t in a skirt.”

- Scheduling of the IHHP program (and any work involving schools – such as fieldwork) requires a great deal of flexibility. Therefore flexibility of time is an important consideration.

- Young people expressed a great deal of satisfaction regarding the puppet / puppet master aspect of the routine, and the ‘Confidence Circle.’ However, field observations did highlight the need for specific equipment. This was supported by comments from young people such as “don’t like always having their back to us.”

Many of the behavioural issues in school require continual support. I’d say at least 50% [of issues] are emotionally linked.
Sustainability

- The IHHP team is led by Dion Brownfield who is incredibly enthusiastic and energetic. It raises the question the importance of Dion’s role within the team, and would there be sustainability without him? Field observations suggest that the level of depth amongst the IHHP team would enable it to function should Dion not be available for whatever reason. Fieldwork in Broome reiterated this when Dion was not present.

- Team selection, training and capacity building helps ensure sustainability and leadership qualities. Recruitment of team members is a mixture of auditions, and selection of young people participating in the program.

- Team members identify leadership qualities through the ‘Confidence Circle’ with personality, team work, the ability to work with young people, and confidence being more important attributes than the ability to dance. For example, a young person, Peter has been built up as a leader, and took over as dance coach. During the dance performance, the lead role is rotated between the team members located at the front, back and within the crowd with seamless transition. Each member can lead a different routine.

- Recruitment of young people who have participated in IHHP provides the opportunity to develop local talent, which helps engage young people in the program in each location.

  This could be seen in the response to ‘local champions’ such as Suri who was recruited in Derby to be part of IHHP in Broome, and Dallas who was recruited in Wyndham to be part of the team in Derby and in Broome.

- Consideration should be given to clearly define the role and / or responsibility of IHHP team members regarding duty of care when working with young people; as well as determine the level of support or training required to enable IHHP team members to fulfil this role. This is particularly important in terms of the level of stress / anxiety expressed in the communities visited.

- In addition, opportunities to meet with the IHHP team would not only provide the opportunity for the IHHP team to debrief after each tour; it would also provide beyondblue with the opportunity to gain valuable insight into the immediate experience of each community or region.

- There is a significant amount of work required prior to visiting each community. The IHHP team display a clear knowledge of local services when executing the program’s messages, evidenced by their use of the specific names of the local services.

  The localised aspect of IHHP helps make it more engaging for young people. Likewise, the level of reporting required following a visit may detract the team from the actual task of delivering the program.

‘Hip Hop’ and Culture

In some areas, mention was made of some parents and Elders having some concern over the use of ‘Hip Hop’ as a medium. Where this was raised, it was noted this is a question generally rather than being specific to IHHP. Hip-hop began as a cultural movement in the 1970s to highlight social problems in urban New York.
Since then there has been a long, ongoing debate as to whether hip hop has a negative or positive influence on its participants. Literature and programs relating to Hip Hop as a medium for dealing with depression and anxiety in young people has been provided on pages 78 to 84 of this report.

Field observations and responses in the interviews and questionnaires suggest that IHHP provides a positive experience for young people, and importantly a medium that allows young people to express themselves.

One of the service providers we spoke to said that when older members of the community expressed concern about the use of hip hop, she would reply “you may not like it, but the kids do.”

For Indigenous communities, it also provides the opportunity to articulate a certain cultural perspective. For example, in the lyrics of a song produced in Derby, express “once upon a time in the dreamtime we’re telling our stories with a mean rhyme.”

Other examples of songs already provided throughout this report also resonate aspects of culture “we catch a barramundi when I’m fishing off the port; hunting and fishing beat the Derby town thing, family comes first it’s a wonderful thing.”

The rules of “no touching; no rude signs; take it in turns” are stated early; and reinforced which also helps to alleviate negative connotations associated with Hip Hop.

In addition, the song choice to which the dance program is run is made available on the IHHP website prior to their visits. The song choice for IHHP was described by the young people and school personnel interviewed as appropriate, despite the young people themselves not being part of the song selection.

Teachers did express the need for a dictionary to help them understand some of the new terms introduced to the young people during IHHP.

**Self Esteem**

IHHP had a positive impact for young people, including those with literacy problems. While the dance program provides the opportunity for most young people to participate, the music program also provides additional opportunities to engage with young people who have literacy problems. One male student with literacy problems was engaged in the music program and produced the song ‘Chikka Chikka’ – lyrics provided:

**Chikka Chikka**

Chikka Chikka yeah my name is ... [repeated] Stepping over drunks at the IGA

Yo this is our first class, you just can’t disguise us You know we will never be that way

But we rap for a living but we never stop giving My mind moves fast but my mad moves slow

Let the beat play, let the beat play Don’t start this girls can’t stop me flow, Sick

- The music program provides young people to express how they feel about themselves, and the towns in which they live. The song lyrics “stepping over drunks at the IGA, you know we will never be that way” demonstrate the influence of the IHHP messages.
The song lyrics are provided as examples in this report aimed to demonstrate the influence of the IHHP messages and the music program and the positive impact this has on self-esteem [Appendix Four];

The positive tone of the songs is one example of the benefits of the program.

Working with the IHHP team to produce the songs they have written provides the opportunity for young people to express themselves in a non-threatening way.

The songs have been played on local radio stations; burned to CD and provided to students and parents; and played as ring tones on mobile phones, all of which has benefitted the young people’s self esteem and general community standing.

Merchandise and branding

The IHHP logo is effective particularly in its use of Indigenous colours. Young people and school personnel provided positive feedback about beyondblue messaging, particularly the simple four-point message.

Program support by beyondblue is acknowledged in many ways; t-shirts, wrist bands, banners, posters and the IHHP script.

The IHHP wrist bands received very positive feedback, and four weeks following the IHHP visit the young people were still wearing them. However, there may be more effective opportunities to reinforce the four messages by including these as part of the wristband messages. This may also help with retention of the messages.

Suggestions were also made as to possible other merchandise with bucket-hats being one such suggestion.

Packaging and logistics is an area for concern. For example, the wrist bands are wrapped in cellophane. This packaging is unnecessary and raises issues relating to the environment and rubbish, although the IHHP team ensured that all performance areas were left as tidy as when they started so at least the clean-up of areas was not an issue.

In addition, some challenges arise through the basic logistics of transport of the merchandise. Additional support may be required to help alleviate the costs of freighting merchandise.

School personnel suggested the development of an instructional DVD by IHHP to be provided to the teachers to use after the visit so they can continue the program and reinforcement of key messages. This could be part of the teacher’s kit if developed.

“ The songs are being played on the Derby radio. It’s been great to see the number if kids attending the centre, and the songs being played on the radio. ”
Case Studies

Recruitment of young people participating in the IHHP provides the opportunity to develop local talent. This helps engage young people into the program in each location.

DALLAS WOODS

Dallas Woods, age 17 years – was a participant in an IHHP workshop in Wyndham and decided to take part in a dance class for adults. The IHHP recognised leadership potential and invited him to be part of the team.

Dallas toured with the team for the first time this year, and in doing so developed his own capacity not only as a leader as part of the dance program, but on a personal level, Dallas had to learn how to travel with others; share; and do his share of the cooking.

In September 2009, Dallas was awarded the ‘Outstanding Individual Leadership (Junior)’ at the Annual East Kimberley Aboriginal Achievement Awards (EKAAAs). This Award recognises and rewards positive achievements and role models in the East Kimberley.

PETER SETTE

Peter Sette, age 19 years has been with IHHP since May 2008. Peter had danced with a family member of the IHHP team and was soon identified as a leader and invited to be part of the team. Now an integral member of the IHHP, Peter helps lead the dance program; as well as assists in training other IHHP dance facilitators.

Develop self-esteem and confidence

Songs played on the radio and blue-toothed to mobile phones

Young people with special needs (physical disabilities) are included in the activities

Activities which involve young people, such as painting a mural on a wall creates a sense of ownership
These photos represent the IHHP dance program in action. Consent for public use of these photos has not been provided.
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<th>Author/s</th>
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<tr>
<td>Allen NT</td>
<td>2005</td>
<td>Exploring hip-hop therapy as a therapeutic intervention with high-risk youth</td>
<td>The concept of “Exploring Hip Hop Therapy (HHT) as a Therapeutic Intervention that Engages High Risk Youth” is a relatively new approach to treatment in the social work profession. More approaches that address youth apprehension and engagement are necessary. Work with youth should be inclusive and sensitive of their culture. Rather than being apprehensive of youth culture, it is important for practitioners to attempt to understand the culture of our youth without judging its value. Taking interest in youth culture may add to the engagement of their therapeutic experience.</td>
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<tr>
<td>Allen NT</td>
<td>2005</td>
<td>Exploring hip-hop therapy with high-risk youth</td>
<td>This article explores a new approach in the field of social work entitled Hip-Hop Therapy (HHT). HHT uses Hip-Hop music and culture to engage youth and address their issues in therapy by encouraging them to reflect on Hip-Hop lyrics as they relate to the youths’ own life experiences. Analysing Hip-Hop lyrics engages participants, stimulates discussion, and promotes critical examination of life issues, struggles, and experiences. HHT also embodies the person-in-environment (PIE) approach that is a central component of social work practice and explores the social, cultural, and environmental orientations and contexts of participants. Using HHT allows practitioners to embrace youth culture while simultaneously attempting to deconstruct negative attitudes, beliefs, and behaviors held by the youth and replace them with healthy and positive goals and objectives.</td>
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<td>Baker F &amp; Bor W</td>
<td>2008</td>
<td>Can music preference indicate mental health status in young people?</td>
<td>Studies have found a relationship between various genres of music and antisocial behaviours, vulnerability to suicide, and drug use. However, some studies reject that music is a causal factor and suggest that music preference is more indicative of emotional vulnerability. A limited number of studies have found correlations between music preference and mental health status. More research is needed to determine whether music preferences of those with diagnosed mental health issues differ substantially from the general adolescent population.</td>
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<td>Ballard ME &amp; Coates S</td>
<td>1995</td>
<td>The immediate effects of homicidal, suicidal, and nonviolent heavy metal and rap songs on the moods of college students</td>
<td>The authors examined the impact of homicidal, suicidal, and nonviolent heavy metal and rap songs on the moods of male undergraduates under the guise of administering a memory for lyrics test. There were no effects of song content or music type on suicidal ideation, anxiety, or self-esteem. The nonviolent rap song elicited higher Beck Depression Inventory (BDI) scores than the violent rap songs. And, rap songs elicited significantly more angry responses than heavy metal songs.</td>
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<td>Bruce HE &amp; Davis BD</td>
<td>2000</td>
<td>Slam: Hip-hop meets poetry—a strategy for violence intervention</td>
<td>We, like many of our colleagues, are daunted by the increasingly hostile, disruptive, and violent culture intensifying in the schools in which we work. In this article we explain our thinking and share our experiences in attempting to develop a Hip-hop-influenced slam poetry curriculum that teaches for peace</td>
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<td>Bruscia KE</td>
<td>1998</td>
<td>Defining music therapy</td>
<td>An in-depth look at the unique problems of defining music within a therapeutic context and defining therapy within a musical context. 40+ definitions of music therapy are examined and compared with a new definition to address the myriad issues raised and to embrace the diversity of clinical practice.</td>
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<td>Davoli CB</td>
<td>2009</td>
<td>Reaching urban youth exposed to violence through music therapy: A literature based study</td>
<td>The purpose of this literature review was to examine and analyse the uses of music, including music therapy, aimed at reducing the negative outcomes and social pathologies that may occur from youths exposure to violence. This was to help inform music therapy practitioners as well as others as to the uses of music and music therapy in reducing the psychological effects of trauma and providing youth with emotional and cognitive resources for coping with their experiences within clinical and non-clinical settings. Through comparative analysis it was found that there was a variety of approaches and goals that met the criteria for helping urban youth exposed to violence. In some cases, the process within the music experience was beneficial enough for youth to get something tangible out of the experience and in some cases, having a product at the end of their music experience gave them more tools in coping with their exposure to violence. The literature cited in this thesis has demonstrated that music therapy can provide a safe and structured environment to assist youth in identifying alternatives that may diminish the cycle of violence.</td>
<td>Drexel University, Available from: <a href="http://hdl.handle.net/1860/2990">http://hdl.handle.net/1860/2990</a></td>
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<td>Fitzgibbon ML, Stolley MR, Dyer AR, VanHorn L, &amp; KauferChristoffel K</td>
<td>2002</td>
<td>A community-based obesity prevention program for minority children: Rationale and study design for hip-hop to health Jr.</td>
<td>The primary aim of Hip-Hop to Health Jr. is to alter the trajectory toward overweight/obesity among preschool African-American and Latino children. This 5-year randomized intervention is conducted in 24 Head Start programs, where each site is randomized to either a 14-week dietary/physical activity intervention or a general health intervention. This paper presents the rationale and design of the study. Efficacy of the intervention will be determined by weight change for the children and parent/caretaker. Secondary measures include reductions in dietary fat and increases in fibre, fruit/vegetable intake, and physical activity. Baseline data will be presented in future papers.</td>
<td>Preventive Medicine, vol.34, no.2, pp.289-297. Available from: <a href="http://www.sciencedirect.com/science/article/B6WPG-4575RVM-7/2/7a3145d320c8269633f62707bd5d050c250c">http://www.sciencedirect.com/science/article/B6WPG-4575RVM-7/2/7a3145d320c8269633f62707bd5d050c250c</a></td>
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<td>Funahashi A &amp; Carterette EC</td>
<td>1985</td>
<td>Musical empathy (Einfühling)</td>
<td>In this paper an “alpha-effect” is defined as a plethysmograph amplitude increase to the hearing of music concurrently with strong affinity for music, pleasurable feeling and reported empathy. This paper aims to give a theoretical account of the efficacy of music and to explicate the underlying psychophysiological mechanisms of that efficacy. The model may also help clinical psychologists who want to use music as a therapeutic tool in arranging optimal programs suited to the individual needs, experience, and background of a patient.</td>
<td>Journal of Auditory Research, vol.25, no.1, pp.47-65. Available from: <a href="http://www.ncbi.nlm.nih.gov/pubmed/3836595">http://www.ncbi.nlm.nih.gov/pubmed/3836595</a></td>
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<td>Hicks Harper PT, Rhodes WA, Thomas DE, Leary G &amp; Quinton S</td>
<td>2007</td>
<td>Hip-hop development. bridging the generational divide for youth development</td>
<td>This study examined the knowledge of and attitude towards Hip-Hop by educators who participated in a Hip-Hop 101 workshop. Results revealed that workshop participants significantly increased their Hip-Hop knowledge. They also demonstrated significantly more favourable attitudes toward Hip-Hop and its use for youth development. Findings suggest that the workshop promoted an environment conducive to bridging the generation gap between youth who embrace Hip-Hop, and educators who have a less favourable view. This research provides insight into Hip-Hop Development as a core component for establishing the kinds of youth-adult partnerships necessary for today’s Hip-Hop generation’s self-growth, skill enhancement, and leadership development.</td>
<td>Journal of Youth Development, vol.2, no.2 Available from: <a href="http://jps.ran.org/files/JYD_HiP_a00E3xkXvPwx0W2Y_w200_yuhu00E3xkXvPwx0W2Y_w200.pdf">http://jps.ran.org/files/JYD_HiP_a00E3xkXvPwx0W2Y_w200_yuhu00E3xkXvPwx0W2Y_w200.pdf</a></td>
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<td>Jones C, Baker F &amp; Day T</td>
<td>2004</td>
<td>From healing rituals to music therapy: bridging the cultural divide between therapist and young Sudanese refugees</td>
<td>In music therapy literature and popular culture alike, music is often hailed as a universal language. It is appropriate then that music therapy is included within the services offered at a high school catering specifically to non-English-speaking students. The music therapy program described in this paper encourages students to explore and express their feelings by playing instruments, singing, writing songs, listening to music and talking about song lyrics.</td>
<td>The Arts in Psychotherapy, vol.31, no.2, pp.89-100. Available from: <a href="http://www.sciencedirect.com/science/article/B6V9J-4CDS0G7-1/2/07d46ba329f10c852ce67e63e47b8c62">http://www.sciencedirect.com/science/article/B6V9J-4CDS0G7-1/2/07d46ba329f10c852ce67e63e47b8c62</a></td>
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<td>Kobin C &amp; Tyson EH</td>
<td>2006</td>
<td>Thematic analysis of hip-hop music: Can hip-hop in therapy facilitate empathic connections when working with clients in urban settings?</td>
<td>The purpose of this article is to offer readers and clinicians a general understanding of the relevance of hip-hop in social work and empowerment practice with many clients of ethnic and cultural backgrounds who are from urban settings. We propose using rap lyrics as the impetus for the therapeutic dialogue and the facilitation of empathic connections between clients and therapists. Analysis of rap lyrics in therapy could be used to deconstruct racial barriers and diffuse power dynamics between the therapist and the client, leading to a more client-centred focus and expediting the formation of the therapeutic alliance. Several examples of rap lyrics and their interpretative value to treatment are presented and future directions in research and practice are discussed.</td>
<td>The Arts in Psychotherapy, vol.33, no.4, pp.343-356. Available from: <a href="http://www.sciencedirect.com/science/article/B6V9J-4K5JBH7-1/2/d880f07ab9627a24b36cd7cd5ceb74d7">http://www.sciencedirect.com/science/article/B6V9J-4K5JBH7-1/2/d880f07ab9627a24b36cd7cd5ceb74d7</a></td>
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<td>Miranda D &amp; Claes M</td>
<td>2009</td>
<td>Music listening, coping, peer affiliation and depression in adolescence</td>
<td>This study was conducted with 418 French-Canadian adolescents from Montreal (Canada). The results of a peer nomination procedure indicated that music preferences and depression levels of participants are related to those of their peers. In girls, problem-oriented coping by music listening is linked to lower depression levels, whereas avoidance/disengagement coping by music listening is linked to higher depression levels. In boys, emotion-oriented coping by music listening is linked to higher depression levels. Finally, metal music listening is related to higher depression levels in girls only if they affiliate with peers that are more depressed. The implications of the research regarding the music listening and psychosocial development and adjustment in adolescence are discussed.</td>
<td>Psychology of Music, vol.37, no.2, pp.215-233. Available from: <a href="http://pom.sagepub.com/cgi/content/abstract/37/2/215">http://pom.sagepub.com/cgi/content/abstract/37/2/215</a></td>
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<td>Morrell E &amp; Duncan-Andrade J</td>
<td>2002</td>
<td>Promoting academic literacy with urban youth through engaging hip-hop culture</td>
<td>As classrooms across the country become increasingly diverse, determining how to connect in significant ways across multiple lines of difference may be the greatest challenge facing teachers today. Morrell and Duncan-Andrade discuss the use of hip-hop culture and music to promote academic literacy with urban youth.</td>
<td>English Journal, vol.91, no.6, pp.88. Available from: <a href="http://0-proquest.umi.com/library.ecu.edu.au/pqdweb?did=144333501&amp;Fmt=7&amp;clientId=7582&amp;RQT=309&amp;VName=PQD">http://0-proquest.umi.com.library.ecu.edu.au/pqdweb?did=144333501&amp;Fmt=7&amp;clientId=7582&amp;RQT=309&amp;VName=PQD</a></td>
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<td>Stavrias G</td>
<td>2003</td>
<td>Droppin’ conscious beats and flows: Aboriginal hip hop and youth identity</td>
<td>Hip hop culture is significant in Aboriginal youth identity formation. This article examines the culture of ‘conscious’ Australian hip hop as practised by three hip hoppers from the East Coast: Little G and MC Wire, both Aboriginal, and Morganics, a Settler who conducts hip hop workshops for Aboriginal youth. In dispelling the myth of American cultural imperialism, the author argues that hip hop’s critical appropriation has as much to do with its internal logic of sampling, representin’ and flow as with the oppositional politics it often serves as a vehicle.</td>
<td>University of Melbourne. Available from: <a href="http://tyb.unsw.edu.au/PDFs/aas05_02_stavrias.pdf">http://tyb.unsw.edu.au/PDFs/aas05_02_stavrias.pdf</a></td>
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<td>Stephens T, Braithwaite RL &amp; Taylor SE</td>
<td>1998</td>
<td>Model for using hip-hop music for small group HIV/AIDS prevention counseling with African American adolescents and young adults</td>
<td>The aim of this conceptual effort is to present a HIV/AIDS preventive counselling protocol developed for use with AA young adults that makes use of hip-hop music, a form of music popularized by young AAs. The authors contend that an increased understanding of the relationships that many AA young adults have with hip-hop music may be used by disease prevention personnel to educate these populations about protective factors for HIV. Making use of hip-hop music is one strategy for integrating counselling in prevention and health maintenance. The overall implications of using hip-hop music in health promotion are unlimited. First, this method makes use of cultural relevant materials to address the educational and health needs of the target community. Second, it is grounded in an approach that serves to stimulate cooperative learning based on peer developed content. Moreover, the use of this medium can be applied to other health promotion activities such as violence/ harm reduction and substance abuse prevention, upon reviews of songs for appropriate content. The authors contend that such an approach holds heuristic value in dealing with HIV/AIDS prevention among AA young adults. Additional testing of the intervention is warranted in the refinement of this innovative intervention.</td>
<td>Patient Education and Counseling, vol.35, no.2, pp.127-137. Available from: [link](<a href="http://www.sciencedirect.com/science/article/B6TBC-3TN9W9/85-523">http://www.sciencedirect.com/science/article/B6TBC-3TN9W9/85-523</a> OPTIONAL: <a href="http://www.sciencedirect.com/science/article/B6TBC-3TN9W9/85-523">more info</a>)</td>
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<td>Stubbs JK</td>
<td>2004</td>
<td>The effects of rap music on the reckless behaviour of college students</td>
<td>The impact of rap music on college undergraduate student’s reckless behaviour was examined in the following study. When compared with rock music listeners, subjects that reported rap as being their preferred genre of music reported significantly higher results when engaging in driving over 80 mph (miles per hour), driving greater than 20 mph over the speed limit, and having sex without contraception. Overall significant responses by music preference were discovered for 5 of the 10 survey questions with rock music listeners being significantly higher in cocaine use and casual sex. It was concluded that music alone, more specifically rap music, was not the sole determining factor for students engaging in reckless behaviour. Rap music may be a way to reach different races and genders to educate them on important issues and the importance of safety when driving, drinking, having casual sex, or encountering violent situations.</td>
<td>Florida State University. [Online] Available from: <a href="http://etd.lib.fsu.edu/theses/available/etd-06302004-120730/unrestricted/RapThesisHeaderJuly2004.pdf">link</a></td>
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<td>Sussman S, Parker VC, Lopes C, Crippens DL, Elder P &amp; Scholl D</td>
<td>1995</td>
<td>Empirical development of brief smoking prevention videotapes which target African-American adolescents’</td>
<td>Two studies are described which provide evaluations for two brief videotapes developed as supplemental materials in the prevention of tobacco use among African-American adolescents. The results of the two studies indicated few differences in receptivity to the two videotapes among primarily African-American and Latino young adolescents. The rap videotape was rated as more accurate in its depiction of the African-American lifestyle, although both videotapes were equally liked. When shown together, the videotapes were not found to be superior in decreasing behavioural intention to smoke compared to a discussion group control. No change in trial of smoking was observed within or across conditions measured over a pre-post summer interval. These data suggest that “culturally sensitive” videotapes have no more of a short-term effect on youth than do other types of brief interventions which involve minority implementers.</td>
<td>Substance Use &amp; Misuse, vol.30, no.9, pp.1141-1164. Available from: <a href="http://informahealthcare.com/doi/bibs/10.3109/10826089509055832">link</a> OPTIONAL: <a href="http://informahealthcare.com/doi/bibs/10.3109/10826089509055832">more info</a></td>
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<td>Tyson EH</td>
<td>2002</td>
<td>Hip hop therapy: An exploratory study of a rap music intervention with at-risk and delinquent youth</td>
<td>This article presents the results of an exploratory study of the therapeutic potential of a rap music intervention in group work with youth. “Hip-Hop Therapy (HHT)” is an innovative synergy of rap music, bibliotherapy, and music therapy. A pretest-posttest experimental design with random assignment to groups was used to compare outcomes of youth that attended HHT sessions (n = 5) and youth that attended comparison group therapy sessions (n = 6) at a residential facility for at-risk and delinquent youth. Post-hoc qualitative data are also presented to provide depth to our understanding of the experiences of the youth in the HHT group. Because rap music has become increasingly popular among youth, it was expected that under a specific set of conditions rap music would improve the therapeutic experience and outcomes for youth. Taken together, the quantitative and qualitative results partially supported the hypothesis. Implications for clinical practice, as well as future directions in research are noted.</td>
<td>Journal of Poetry Therapy, vol.15, no.3, pp.131-144. Available from: <a href="http://dx.doi.org/10.1023/A:1019795911358">http://dx.doi.org/10.1023/A:1019795911358</a></td>
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<tr>
<td>Tyson EH</td>
<td>2004</td>
<td>Rap music in social work practice with African-American and Latino youth: A conceptual model with practical applications</td>
<td>This article presents an innovative intervention model that incorporates rap music in social work practice with youth, particularly African-American and Latino youth. The model draws from traditional social work principles, as well as two established therapeutic models. A summary of the hip hop culture and various terms used to describe rap music is presented. Moreover, a review of previous research on rap music is included. Results from a practical application of the rap music intervention are presented. The article concludes with a discussion of further applications of the rap music intervention model, as well as future directions for research.</td>
<td>Journal of Human Behavior in the Social Environment, vol.8, no.4, pp.1 - 21. Available from: <a href="http://www.informaworld.com/10.1300/J137v08n04_01">http://www.informaworld.com/10.1300/J137v08n04_01</a></td>
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<tr>
<td>Tyson EH</td>
<td>2006</td>
<td>Rap-music attitude and perception scale: A validation study</td>
<td>This study tests the validity of the Rap-music Attitude and Perception (RAP) Scale, a 1-page, 24-item measure of a person’s thoughts and feelings surrounding the effects and content of rap music. The RAP was designed as a rapid assessment instrument for youth programs and practitioners using rap music and hip hop culture in their work with young people, their families, and their communities. The study found that the RAP has sound psychometric properties, and its utility as a research and assessment tool for scholars and practitioners is promising.</td>
<td>Research on Social Work Practice, vol.16, no.2, pp.211-223. Available from: <a href="http://rsw.sagepub.com/cgi/content/abstract/16/2/211">http://rsw.sagepub.com/cgi/content/abstract/16/2/211</a></td>
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<td>Wilkins N</td>
<td>1999</td>
<td>Hip-hop generation/youth in high-risk environments</td>
<td>This article describes some of the characteristics of the hip-hop generation, and the implications of some of these youth characteristics for recreation programmers. Teens are being drawn in record numbers to the hip-hop and rap culture by the media for economic purposes. Recreation and leisure providers need to understand rap and the hip-hop culture and begin to create opportunities that encourage teenagers to use creative expressions. Community centres could be attractive locations for teenagers to hone their writing, poetry, and other creative skills. Teenagers are one of a large demographic force with great economic power. Consideration should be given to programs such as fashion shows, creative writing, poetry, computer technology, video production, rites of passage, car shows, concerts, self-expressions, and opportunities to see and be seen in parks and recreation facilities. Additionally, we should be careful in condemning rap music because young people see the contradiction. Recreation and leisure-service providers need to understand that not all rap is negative and that, instead of viewing hip-hoppers as losers, we should see them as potential achievers in need of direction.</td>
<td>Journal of Park and Recreation Administration, vol.17, no.2, pp.107-112 Available from: <a href="https://www.sciencespace.com/book/chapter3.htm">https://www.sciencespace.com/book/chapter3.htm</a></td>
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<td>Related programs</td>
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<td><strong>AUSTRALIA</strong></td>
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<td><strong>HC Youth Hip-Hop Workshops</strong></td>
<td>HC Youth Hip-Hop Workshops provide music recording programs for community services Australia wide. Sounds on the Hip-Hop workshops have proven to be a highly successful way to engage and empower Culturally and Linguistically Diverse (CALD) young people. Services are now commonly using Hip-Hop to attract young people to their centres, and utilising the medium as a platform to explore issues of health, welfare and employment Hip-Hop workshops are conducted for local youth centres, community services, and Juvenile Justice centres. This program is catered for working with marginalised and at-risk young people, from 12-25 years of age.</td>
<td>HC Hip-Hop Workshops <a href="http://www.hardcoreclassic.com/youth">http://www.hardcoreclassic.com/youth</a></td>
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<td><strong>Deaf Can Dance</strong></td>
<td>Hip Hop Dance workshops are for deaf and hard of hearing youth, their friends and others interested. Workshops are by Deaf Can Dance, a group of Hip Hop dancers who have performed at the Melbourne Fringe Festival.</td>
<td>Deaf Arts Network <a href="http://www.deafchildrenaustralia.org.au/deafcandance">http://www.deafchildrenaustralia.org.au/deafcandance</a></td>
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<td><strong>Connect</strong></td>
<td>Connect is based on the premise that the arts are a powerful medium to connect with youth. The main principle of Connect is to encourage positive youth participation in the Community. Connect involves active mentoring and leadership to enhance the lives of young people in Victoria. It provides the necessary skills and experience and is an important step in creating opportunities for young people in the process of resettlement and their advancement in our community. • Connect reflects an authentic contemporary youth voice in Melbourne. • Connect develops young people so they have increased self esteem enables youth to participate in the decision making process. • Connect addresses the disadvantage for refugee and multicultural youth. • Connect celebrates and promotes the diversity of our community and encouraging greater cultural awareness, appreciation and collaborative participation in cultural activity by CALD youth from new and emerging communities through the Arts. Connect is facilitated and driven by young people from culturally diverse backgrounds. Connect has established many successful projects including Fresh, New Scoul Rulez and Do the Right Thing</td>
<td>CONNECT <a href="http://www.multiculturalarts.com.au/connect.html">http://www.multiculturalarts.com.au/connect.html</a></td>
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<td><strong>NESB Youth Hip Hop Project</strong></td>
<td>The underlying principles in this project are to promote youth with a non-English speaking background (NESB)culture through positive images such as Hip Hop, and a creative approach to deal with real issues NESB youth face in today’s society and link up with cultural identity and self identity. A project such as this provides young people the opportunity to incorporate popular culture and let them take charge of it, in a transformative process for them. By allowing young people to produce a community owned project it’s a starting point to get young people to have hope that they can change their individual situation and take control of their own representation. By providing young people with the opportunity to participate and be part of a cultural development project such as the production of a CD, young people will come to an awareness of their own power as culture makers and thus employ that power to solve problems and address issues of deep concern to themselves and their communities. The process of this work embodies a critical relationship to culture, individual identity, community identity and social change. Ultimately, the young people have been involved in identifying of the project and they will be represented in the steering committee and involved in all decision making.</td>
<td>Macarthur Migrant Resource Centre <a href="http://www.lgaq.asn.au/web/guest/home/content/-/journal_content/56_INSTANCE_aW08/10136/d43d996/da85337bfcb8867c7ad92dza">http://www.lgaq.asn.au/web/guest/home/content/-/journal_content/56_INSTANCE_aW08/10136/d43d996/da85337bfcb8867c7ad92dza</a></td>
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<td><strong>Australian Children’s Music Foundation</strong></td>
<td>The Australian Children’s Music Foundation (ACMF) has music programs operating in 14 of the 16 Juvenile Detention Centres across Australia where we provide free weekly music tuition and free instruments. Juvenile Detention Centre music programs consist of weekly 1.5 to 2 hour music sessions. They include songwriting, musical instrument tuition (including guitar, bass, keyboard and drums) or rap/hip hop style tuition. It aims to divert young offenders from further drug use and reoffending by providing specialist assistance with their health, social, educational, offending and accommodation problems. The Program uses a range of services, ensuring a holistic approach to addressing young people’s problems and needs.</td>
<td>Australian Children’s Music Foundation <a href="http://www.acmf.com.au/youth-at-risk.html">http://www.acmf.com.au/youth-at-risk.html</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### INTERNATIONAL

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Location</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Break-dance Project, Uganda!</strong></td>
<td>Break-dance for positive social change: The aim of this project is to empower the youth &amp; children using break-dance (hip hop).</td>
<td>Uganda</td>
<td><a href="http://www.myspace.com/breakdanceprojectuganda">http://www.myspace.com/breakdanceprojectuganda</a></td>
</tr>
<tr>
<td><strong>The Hip-Hop Therapy Project</strong></td>
<td>Using Hip-Hop Music and Culture to Engage, Educate, Understand, Heal, and Unite! The Hip-Hop Therapy Project, LLC supports and promotes youth initiatives and programs that use Hip-Hop music and culture to address self concept, life skills, emotional, behavioural, and delinquency issues amongst youth and young adults.</td>
<td>USA</td>
<td><a href="http://www.hiphoptherapyproject.com/">http://www.hiphoptherapyproject.com/</a></td>
</tr>
<tr>
<td><strong>Tha’ Hip-Hop Healthy Coalition</strong></td>
<td>Tha’ Hip-Hop Healthy Coalition are health industry and community partners who have joined Tha’Hip-Hop Doctor in educating teens and young adults on health issues using interactive workshops, health fairs, concerts and empowerment seminars. With hip-hop culture having such a large influence on young adults, Tha’ Hip-Hop Healthy Coalition brings artists, celebrities and athletes, along with a fun and inviting atmosphere, to effectively reach such a highly influenced group. Tha’ Hip-Hop Doctor and Tha’ Hip-Hop Coalition stand as advocates, empowering a generation using the culture of hip hop—a mesmerizing format of beats, styles, and lyrics—to infuse messages on healthy living and conscious decision making.</td>
<td>USA</td>
<td><a href="http://h2doc.com">http://h2doc.com</a></td>
</tr>
</tbody>
</table>
Key Stakeholders

*Beyondblue: the national depression initiative*
Indigenous Hip Hop Projects (IHHP)

**Derby**
Derby District High School and Primary
Derby Youth Centre - Shire of Derby, West Kimberley
Derby Aboriginal Health Service (DAHS)
Derby Hospital
Derby Police

**Broome**
Broome Primary School
St Mary’s College and St Mary’s Secondary College (Broome)
Kimberley Mental Health and Drug Service (Derby and Broome)
HYPE (Helping Young People Engage) - Shire of Broome
Headspace
Kimberley Mental Health Service
Burdekin Youth in Action
Broome Drop-in Centre
Kimberley Aboriginal Medical Services Council (KAMSC)

**Roebourne**
Roebourne District High School
Wickham Primary School
Marwamkarra Aboriginal Health Service (Roebourne)
Professor Colleen Hayward

Professor Colleen Hayward is a senior Aboriginal woman of the Noongar nation in the south-west of Western Australia and has recently been appointed as Head of Centre of Kurongkurl Katitjin at the Edith Cowan University. For more than 30 years, Professor Hayward has provided significant input to policies and programs on a wide range of issues, reflecting the needs of minority groups at community, state and national levels. She has an extensive background in a range of areas including health, education, training, employment, housing, child protection and law and justice as well as significant experience in policy and management. Among her many achievements, Colleen was last year recognised for her long-standing work for and on behalf of the Aboriginal and Torres Strait Islander communities across Australia by being named a finalist in the national Deadlys Awards in the category of Outstanding Achievement in Aboriginal & Torres Strait Islander Health and by winning the National NAIDOC Aboriginal Person of the Year Award. Colleen is the 2009 inductee into the WA Department of Education & Training’s Hall of Fame for Achievement in Aboriginal Education.

Daniel McAullay

Daniel McAullay is an Indigenous Australian who will submit his PhD in the next few months. He has senior level agency policy experience as well as practical experience in the Aboriginal community controlled sector. He has a national profile for his work developing standards for the conduct of ethical research on Indigenous issues.

Mr McAullay also has a growing track record in terms of invited presentations, publications and grants. His advice and guidance on such matters as research methodology, the formulation of evaluation and review instruments is exemplary.

Heather Monteiro

Heather Monteiro has a Masters degree in Public health and has significant experience in working with organisations from all sectors of business including government, private, corporate and not-for-profit. She has highly effective time management and organisational skills and is capable of meeting stringent deadlines while managing several tasks simultaneously. She also has highly developed written and verbal communication skills with significant experience in liaising with a wide cross section of people together with a highly developed level of accuracy and attention to detail. Ms Monteiro’s most recent experience has seen her leading a significant project worth $1m over two years for a corporate partner together with a practical involvement in an evaluation project sponsored by the Cancer Council of WA.
Jason Barrow

Jason Barrow is a Noongar man with extensive family ties throughout the South West of Western Australia and a proud husband and father of two. Jason is employed at the Kurongkurl Katitjin Centre for Indigenous Australian Education and Research at Edith Cowan University as a Cultural Awareness Officer. Jason was recruited from the Telethon Institute of Child Health Research where he worked on number projects with the Kulunga Research Network as well as becoming a graduate of the Australian Indigenous Leadership Centre’s residential scholarship program in 2008.

Tracey-Lee Edwards

Tracey-Lee Edwards is a young Indigenous woman with an extensive public relations and event management background. Having worked in Indigenous Affairs for 8 years, she has become deeply involved in the health, education and welfare of Indigenous people across Western Australia. Tracey-Lee has managed significant communication and events strategies in Aboriginal child health research and is currently involved with the promotion and marketing of Kurongkurl Kattjin, Centre for Indigenous Australian Education and Research at Edith Cowan University.

Darren O’Malley

Darren O’Malley has an extensive communications and marketing background. He has practical experience in both market research and community consultation for organisations including the Fire and Emergency Services and Landgate. Darren has also worked with Aboriginal communities specifically within the area of Native Title for Department of Land Information.

Jocelyn Jones

Ms Jones has extensive knowledge and experience working in the health industry. She is currently a senior research officer at the Telethon Institute of Child Health Research but recently held a management role at Office of Aboriginal Health. Ms. Jones has had an ongoing involvement with various professional committees including WAAHIEC (Ethics Committee), NHMRC Indigenous Health research panel and, National ATSI Health Workforce Working group. She was portfolio manager for Kimberley Aboriginal Health Planning Forum.
# Schedule of Activities

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Location</th>
<th>Proposed</th>
<th>Status</th>
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<tr>
<td></td>
<td>Secure ethics approval</td>
<td></td>
<td>10/08/09</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>Finalise proposal &amp; contract</td>
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<td>17/08/09</td>
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<td>Develop &amp; finalise evaluation instruments</td>
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<td>17/08/09</td>
<td>Complete</td>
</tr>
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<td>One</td>
<td>Negotiate bookings</td>
<td>All sites</td>
<td>17/08/09</td>
<td>Complete</td>
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<tr>
<td></td>
<td>Schedule institutional and organisational interviews</td>
<td>All sites</td>
<td>17/08/09</td>
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<td>Conduct interviews</td>
<td>Derby &amp; Broome</td>
<td>20/08/09</td>
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<td>Stage 1 report</td>
<td>Derby &amp; Broome</td>
<td>07/09/09</td>
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<td>Develop &amp; finalise evaluation instruments</td>
<td></td>
<td>24/08/09</td>
<td>Complete</td>
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<td></td>
<td>Schedule interviews</td>
<td>All sites</td>
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<td>Derby &amp; Broome</td>
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<td>Stage 2 report</td>
<td>Derby &amp; Broome</td>
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<td>Three</td>
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<td>31/08/09</td>
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<td>Conduct interviews</td>
<td>Roebourne</td>
<td>05/10/09</td>
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<td></td>
<td>Stage 3 Report</td>
<td>Roebourne</td>
<td>12/10/09</td>
<td>Complete</td>
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<td></td>
<td>Data analysis and write-up of report</td>
<td>All sites</td>
<td>09/11/09</td>
<td>Complete</td>
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<tr>
<td></td>
<td>Second Report draft to <em>beyondblue</em></td>
<td>All sites</td>
<td>09/11/09</td>
<td>Complete</td>
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<tr>
<td></td>
<td>Incorporate <em>beyondblue</em> input and finalise Report</td>
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<td>09/11/09</td>
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<tr>
<td></td>
<td>Submission of final report</td>
<td></td>
<td>17/11/09</td>
<td>Complete</td>
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</table>
Correspondence from other IHHP sites

---------- Forwarded message ----------
Date: 2009/10/22
Subject: IHHP at Beagle Bay
To: info@indigenoushiphop.com

Michael Farah and Dion Brownfield,

Our secondary class is made up of students from years 7 to year 11 with emotional ages from much younger to 16 years old. With the spread in ages and abilities there can be a lot of division and friction within this group, with distractions where students are stealing each other’s learning opportunities.

The Indigenous Hip Hop project has helped enormously with our ongoing attempts to raise student’s concepts of self worth, the worth in their peers and in being able to work together. Some of the beginning readers and writers in this group have also started to take risks in class and attempt tasks independently. The week that IHHP were at Beagle Bay we were able to also reengage a couple of the older students in attending school and being involved in the education process. It has been great to see students, who were previously too shy to stand out from their peers, stand up and perform and encourage each other to do the same.

Many thanks IHHP

Secondary teacher,
Sacred Heart School,
Beagle Bay
References


7. Department of Health WA - Mental Health Division. 2009, Western Australian Suicide Prevention Strategy 2009 – 2013; Everybody’s business, Government of Western Australia, Department of Health,

8. Department of Local Government and Regional Development and the Kimberley Development Commission. 2006, Kimberley Economic Perspective,


Appendicies

One: Excerpt from an IHHP dance session, conducted at Derby District High School

Two: Ethics approval obtained from the ECU Human Research Ethics Committee

Three: The evaluation materials

Four: A sample of song lyrics from IHHP visit (Derby)
Freestyle Dance Off

- So, I’m going to give you the rules. There are rules for your little dance off ok?

When two teams come together to dance off, these are the rules:

Absolutely no touching another member of your team. You can’t knock their hat off. You can’t belt their shoes. You can’t touch them at all. As soon as we see another team touch another physical we’ll go ‘thank you, go back to class, very good, thank you very much’ all right?

We are very, very serious about these rules. There’s too many fights and things and I will not tolerate anybody touching anybody else.

So first rule everybody say ‘no touching’ [Participants respond - no touching].

Second rule: No rude signs. We know what they are, it’s not going to beat the other team. All right? Everybody say, rule two ‘no rude signs’ [Participants respond - no rude signs].

Rule number three. You must take it in turns. Each side must take it in turns. We can’t have the same group of six coming up. You gotta take it in turns. So rule three everybody say ‘take it in turns’ [Participants respond - take it in turns].

And rule four is, at the end of the dance contest you must come together and high five each other, or shake hands, or say well done. That’s all about being a good sport and showing good sportsmanship.

- There is no shame in having confidence; showing leadership and dancing in front of your mates and in front of your community. What you mob should be ashamed of is fighting with each other. Showing disrespect. Stealing, drugs, alcohol. That’s shameful.

But there’s no shame in having fun and stepping up in your community.

- This brother here. This is what he just demonstrated to me and to the whole school.

He doesn’t care what anyone thinks of him. He is proud of who he is.

Now brother I have to ask you - Are you sick? Dying? Do you have to go to hospital now?

Then why is everyone so scared to come in and have a dance and have some fun?

Some people even pushing each other in. Stop worrying about the person next to you and trying to make them go in. Step up and shake it.

- I’m looking for your leader to step up. I’ve got a question for you mob – ‘in a few years time, when all the teachers retire; when the people who make the water come out of the tap retire; when the people that run the police station retire, who do you think in this community is going to be the next to step up?’ [Participants respond – Temika]
One person? We’ve got one girl here that’s going to be the only one to run the whole community? You’ve got no choice. Step up.

My crew over here, you are going to be the future leaders of this community. You are going to run everything. Are you ready to step up and show us all your dance moves? [Participants respond – yeah]

Confidence Circle

- This exercise is called the ‘Confidence Circle’. Everybody say ‘confidence circle’ [Participants respond – confidence circle].

We are very, very lucky at Indigenous Hip Hop Projects, we’ve got a number one sponsor that basically when we go to every school in the country, when it comes to this point, we have to talk very serious about a particular illness that is happening in our communities. Actually, believe it or not, is affecting one in five people in this school. Ok. So, what this is - two big words - depression and anxiety. Some of you will probably go ‘well what’s that?’ All it means is that when we are feeling sad, lonely, upset, or when we are going through a tough time with each other, ok, it is an illness. It is a condition that happens to people. It affects little kids, and it affects elders as well. However, I am talking to you guys about it now. Whether or not suffer from it yourself, which there will be people here that do, or whether it is one of your family that suffers from it. Ok. We are very passionate about talking about it. Now, here we go. The company that we are talking about is beyondblue. Everybody say ‘beyondblue’ [Participants respond – beyondblue].

- What they want us to talk to you mob about

Look – what that means is look for the signs. When is someone is alone and sitting by themselves. Acknowledge and see them. Go up and offer some help. All of us have a job including teachers and parents, and that is to stop and listen to each other. Listening to your friends experiences is one of the most important things.

- The next thing is talk. Everybody say ‘talk’ [Participants respond – talk]. One of the most important things about talking is it makes you feel a whole lot better.

- Now the bottom line is seek help. Everybody say ‘seek help’ [Participants respond – seek help]. Now where you go around here is the clinic, the AMS here if you don’t know where it is, let me know and I will tell you where it is. But also, look at your teachers around here, elders. You can go to each other. Too many young people do really silly things to themselves when they are upset, or when they are going through depression. Some people need to take medication for it. I just want to put it out there, it is everybody’s responsibility to look after everyone in this community and this school. You don’t see someone who is upset and go ‘oh, they will be alright’. You go and you help them and you talk to them. Alright.

- So, what this circle is about is stepping up, and having confidence, and not being scared. Same things as not being afraid to seek help.

In our lives, what we have is that we are confronted everyday with things. Whether it is one of the teachers here saying ‘I need you to get up and make a speech’ or whether it is ‘can you help me out, I need a bit of a hand here’ or whatever it is. Some people feel a bit of shame or lack of confidence, or both.
Well here we go. This circle represents what goes on for us in our school. We are standing here next to our mates going ‘I’m so cool’ yeah, yeah ‘I’m on top of the world’. Waiting for someone else to step up. We saw it just before, this is what happens ‘shame’ ‘shame’ ‘you go, you go sister’ ‘shame’.

No - what we want to do now is we are going to put some

music on. We are going to have a particular group of people that are going to start us off, and we are going to come right to the middle of this circle. In group of five, or six, or seven right? And we are going to dance. And we are going to have fun. And each of us are going to support whoever is in the middle and say ‘go for it, go for it’. Now this is what I mean. Dallas is going to come up to show you [cheering].

Whatever you want - You can come out and act like a kangaroo or an emu. You can do whatever dance you want to do. Come out together. But we want everyone coming in and having fun. I’m looking for a leader at this school who want to start off with their group. [Participants respond - Cheering and clapping]
Dear Daniel

Project 4122 MCAULLAY

Evaluation of the performance of the Indigenous Hip Hop Program (IHHP)

Funding Source: Beyondblue

The ECU Human Research Ethics Committee (HREC) has reviewed your application and has granted ethics approval for your research project. In granting approval, the HREC has determined that the research project meets the requirements of the National Statement on Ethical Conduct in Human Research.

The approval period is from 14 August 2009 to 30 November 2009.

Formal notification of this approval will follow shortly, and we will also notify the Office of Research and Innovation. Please note that recruitment of participants and/or data collection cannot commence until formal notification has been received.

The National Statement indicates that the HREC is required to retain on file a copy of each approved research project. Please forward one signed paper copy of your finalised application, including all attachments, to the ethics office (if this has not already been done).

Please note the following conditions of approval:

The HREC has a requirement that all approved projects are subject to monitoring conditions. This includes completion of an annual report (for projects longer than one year) and completion of a final report at the completion of the project. An outline of the monitoring conditions and the ethics report form are available from the ethics website:


You will also be notified when a report is due.

Please feel free to contact me if you require any further information.

Regards

Kim

Kim Gifkins
Research Ethics Officer
Edith Cowan University
270 Joondalup Drive
JOONDALUP WA 6027
Phone: (08) 6304 2170
Fax: (08) 6304 2661
Email: research.ethics@ecu.edu.au
## INDIGENOUS HIP HOP PROGRAM EVALUATION

My name is __________________________ from Edith Cowan University (ECU).

We are here today to find out if the IHHP is working. We also want to find out how the IHHP program can be further improved in schools and in the local community.

Can we please take a few minutes of your time? Can I ask you to please sign this consent form?

### QUESTIONS FOR YOUNG PEOPLE (AGED 12-20)

1. Are you Aboriginal and / or Torres Strait Islander?  
   - YES □₁  
   - NO □₂  

2. Are you participating in the Indigenous Hip Hop Program?  
   - YES □₁  
   - *NO □₂  
   * If NO, do not continue

3. Age  
   - 12-13 □₁  
   - 16 to 17 □₂  
   - 14-15 □₃  
   - 18+ □₄

4. Gender  
   - Male □₁  
   - Female □₂

5. Is English your first language?  
   - Yes □₁  
   - *No □₂
   
   a. *If NO, what is the MAIN language you speak? __________________________

6. Where do you normally live?  
   - Town: __________________________  
   - Suburb: __________________________  
   - Postcode: __________________________

7. Can you tell me what the Indigenous Hip Hop Program is about?  
   - YES □₁  
   - NO □₂
   
   Do NOT read options - Record ALL responses

   - Depression □₁  
   - Anxiety □₃  
   - Youth Beyond Blue □₂  
   - Beyond Blue □₄  
   - Helping your friend/s or family □₅  
   - Dancing/Music/Entertainment □₆  
   - What to do if you are feeling down □₇  
   - What to do if someone you know is feeling down □₈

   Other: __________________________
   
   Other: __________________________
8. Did you know about the Indigenous Hip Hop Program before today?
   - YES □ 1  *NO □ 2
   a. If so, how did you know about it?
      * If NO, go to Q 9.
      Do NOT read options  Record ALL responses
      - School □ 1
      - Friends □ 2
      - Aboriginal Medical Service □ 3
      - Brochures □ 4
      - Internet □ 5
      - Other health service □ 6
      Other:
      Other:

9. Answer yes, no, or maybe to the following questions. Do you know:
   a. What depression is?
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   b. What causes depression?
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   c. Who can get depression?
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   d. Signs to look for when a person may be feeling down or depressed?
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   e. What to do if someone you know is feeling down?
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   f. What to do if you are feeling down?
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   g. Where to seek help if you or someone you know is feeling down
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3
   h. Healthy life choices (physical activity, diet)
      - YES □ 1
      - NO □ 2
      - MAYBE □ 3

Record comments

10. Do you know what signs to look if a person is feeling down or depressed? If so, what are they?
    - YES □ 1
    - NO □ 2
    - MAYBE □ 3
    Do NOT read options  Record ALL responses
    - Difficulties with sleeping □ 1
    - Lost interest in things □ 2
    - Restlessness or on edge □ 3
    - Don’t want to see friends or family □ 4
    - Difficulties concentrating □ 5
    - Don’t want to go to school □ 6
    - Difficulties with diet and weight □ 7
    - Has trouble starting and completing assignments or work □ 8
    - Unexplained aches and pains, or tense and sore muscles □ 9
    - Shows a change in mood (tired, irritable, or upset most of the time) □ 10
    Other:
    Other:

a. Did you know this before TODAY?
   - YES □ 1
   - NO □ 2
11. What should you do if you think someone you know is feeling down or depressed?

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<thead>
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<tr>
<td>Look for the signs of depression</td>
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<tr>
<td>Leave them alone</td>
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</tr>
<tr>
<td>Tell them to go on a holiday</td>
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</table>

Other: 
Other:

a. Did you know this before TODAY? [ ] YES [ ] NO

12. How would you feel about talking with your friends and family if THEY were experiencing tough times?

| Comfortable | □ 1 | Not very comfortable | □ 2 |

Please record use of any other terms/ language used here:

a. Did you feel this way before today? [ ] YES [ ] NO

13. How would you feel about talking to your friends and family if YOU were experiencing tough times?

| Comfortable | □ 1 | Not very comfortable | □ 2 |

Record comments:

a. Did you feel this way before TODAY? [ ] YES [ ] NO

14. If you, or someone you know was feeling down, would you know where to seek help if you needed it? If so, where would you go?

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<td>General Practitioner (GP)</td>
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<tr>
<td>Lifeline</td>
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</tr>
<tr>
<td>Kids Help Line</td>
<td>□ 5</td>
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</table>

Other: 
Other:

a. Did you know this before TODAY? [ ] YES [ ] NO
15. Are you aware of any health services in your area which may be able to help anyone who needed help if they were feeling down?  
| YES □ 1 | NO □ 2 | MAYBE □ 3 |

Record ALL responses

---

16. Would you tell a friend/family member about these services if you thought THEY needed it?  
| YES □ 1 | NO □ 2 | MAYBE □ 3 |

a. Did you feel this way before TODAY?  
| YES □ 1 | NO □ 2 |

17. Would YOU approach these services if YOU needed to?  
| YES □ 1 | NO □ 2 | MAYBE □ 3 |

a. Did you feel this way before TODAY?  
| YES □ 1 | NO □ 2 |

18. Did you find the messages you heard today in the Hip Hop Program believable?  
| YES □ 1 | NO □ 2 | MAYBE □ 3 |

19. Did you find the messages of the Indigenous Hip Hop Program personally relevant to you?  
| YES □ 1 | NO □ 2 | MAYBE □ 3 |

20. Describe in your own words how you feel about the Indigenous Hip Hop Program?  
Record ALL responses

---

21. In your opinion, is the Indigenous Hip Hop Program:

| a. Interesting | YES □ 1 | NO □ 2 |
| b. Informative | YES □ 1 | NO □ 2 |
| c. Helpful | YES □ 1 | NO □ 2 |
| d. Entertaining | YES □ 1 | NO □ 2 |

22. Did you learn anything new from the Indigenous Hip Hop Program? If so, what?  
| YES □ 1 | NO □ 2 |

Record ALL responses
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<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Can you tell me what you know about Beyond Blue/ Youth BeyondBlue?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24. Do you have access to a computer which can access the Internet?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25. Have you visited the Youth BeyondBlue website?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26. Have you visited the BeyondBlue website?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27. We will return again in a few weeks. We will be able to speak to you again when we return?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28. Can I please have your name so we can contact you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for participating
INDIGENOUS HIP HOP PROGRAM EVALUATION

My name is _______________________________ from Edith Cowan University (ECU).

We are here today to find out if the IHHP is working. We also want to find out how the IHHP program can be further improved in schools and in the local community.

Can we please take a few minutes of your time? Can I ask you to please sign this consent form?

QUESTIONS FOR THE INDIGENOUS HIP HOP TEAM

1. Age
   - ≥12 □ 1
   - 16 to 18 □ 2
   - 13-15 □ 3
   - 19+ □ 4

2. Gender
   - Male □ 1
   - Female □ 2

3. What has been the response to the Indigenous Hip Hop Program in (town)?
   - Positive □ 1
   - Negative □ 2

4. In terms of organising this visit, were the participating organisations
   - Supportive □ 1
   - Unsupportive □ 2

5. In terms of recruitment, have participants been
   - Interested in participating □ 1
   - Not interested in participating □ 2

6. Participation numbers for (town)
   - ≥10 □ 1
   - 11-20 □ 2
   - 21-30 □ 3
   - 31-40 □ 4
   - 41-50 □ 5
   - 51-60 □ 6
   - 61-70 □ 7
   - 70+ □ 8

7. What is the main goal you hope to achieve through the Indigenous Hip Hop Program?
8. **What activities will you use to achieve this?**


9. **Will you use a specific strategy/ies to identify volunteer youth leaders?**

   *If so, what are they?*

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

10. **Have you used a specific strategy to increase the number of females participating in the program?**

   *If so, what are they?*

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
INDIGENOUS HIP HOP PROGRAM EVALUATION

My name is _______________________________ from Edith Cowan University (ECU).

We are here today to find out if the IHHP is working. We also want to find out how the IHHP program can be further improved in schools and in the local community.

Can we please take a few minutes of your time? Can I ask you to please sign this consent form?

**QUESTIONS FOR COMMUNITY**

1. Are you Aboriginal and / or Torres Strait Islander?  
   - YES ☐ 1  
   - NO ☐ 2

2. Are you aware of the Indigenous Hip Hop Program?  
   - YES ☐ 1  
   - *NO ☐ 2

* If NO, do not continue

3. Age  
   - 18 to 24 ☐ 1  
   - 25 to 29 ☐ 2  
   - 30 to 34 ☐ 3  
   - 35 to 39 ☐ 4  
   - 40 to 44 ☐ 5  
   - 45 to 49 ☐ 6  
   - 50 to 54 ☐ 7  
   - 55 + ☐ 8

4. Gender  
   - Male ☐ 1  
   - Female ☐ 2

5. Where do you work?  
   Organisation:  
   Position:

6. Where do you normally live?  
   Town:  
   Suburb:  
   Postcode:

7. Can you tell me what the Indigenous Hip Hop Program is for?  
   - YES ☐ 1  
   - NO ☐ 2

   Do NOT read options  
   Record ALL responses
   - Depression ☐ 1  
   - Anxiety ☐ 2  
   - Finding help for friend/s or family ☐ 3  
   - Other:  
   - Other:

   - Youth Beyond Blue ☐ 4  
   - Beyond Blue ☐ 5  
   - Dancing/Music/Entertainment ☐ 6

8. How do you feel about the Indigenous Hip Hop Program?


9. In your opinion, is the Indigenous Hip Hop Program:
   a. Interesting YES □_1 NO □_2
   b. Informative YES □_1 NO □_2
   c. Helpful YES □_1 NO □_2
   d. Entertaining YES □_1 NO □_2

10. In your opinion what is the status of depression/anxiety amongst youth aged 12-20 in your community?

11. To your knowledge, are there any other programs in this community aimed to address depression/anxiety amongst youth aged 12-20 in your community?

12. Do you have access to a computer which can access the Internet? YES □_1 NO □_2

13. Have you visited the Youth BeyondBlue website? YES □_1 NO □_2

14. Have you visited the BeyondBlue website? YES □_1 NO □_2

15. Please provide any further comments about the Indigenous Hip Hop Program

16. We will return again in a few weeks. We will be able to speak to you again when we return? YES □_1 NO □_2

17. Can I please have your name so we can contact you?

Thank you for your participation
Students’ Consent Form

Edith Cowan University (ECU) is carrying out a research project to review the Indigenous Hip Hop Program (IHHP) for the national depression initiative, the beyondblue organisation. The research has been approved by ECU’s Human Research Ethics Committee – approval number TBC.

The Indigenous Hip Hop Program (IHHP) has worked for the past 18 months with beyondblue to raise awareness among Indigenous communities, especially young people and young adults, about depression and anxiety, and to promote active, healthy lifestyles. In particular, IHHP focuses on the key messages of youthbeyondblue:

- Look for the signs of depression
- Talk about what’s going on
- Listen to your friends’ experiences
- Seek help together.

We have been asked to carry out a research project to find out if the IHHP is working well and how this program is helping to achieve better outcomes for Aboriginal students. We also want to find out how the IHHP program can be further improved in schools and in the local community.

We would like to invite you to participate in an interview about the IHHP program at your school. As part of this research project we will also be interviewing the principal, AIEO and teachers at the school. The interviews will be recorded on a digital recorder so that the researchers can concentrate on what people are saying and not have to take notes. The interview will take approximately 30 minutes.

You do not have to take part in the project if you do not wish to. If you do not want to take part, then do not complete the consent form below. The decision to participate is yours to make. Once you have decided to participate, you can change your mind at anytime, even if the project has finished. The information that you have given to us will be destroyed and not used, unless you tell us that we may still use it. We will not use your name in any written reports that we produce as a result of this study.

If the project has already been finished and the report published at the time you decide to withdraw, your contributions that were used in the reporting of the project will not be able to be removed from the publication. The research team may also use information gathered from the project to write academic papers and journal articles, but no schools and/or individuals will be identified in such a paper.

We will store the information gathered from interviews in a lockable cabinet in a research office at Edith Cowan University. We will store the information for 5 years and then we will destroy it by shredding all paperwork and will erase all recorded information.

Any questions concerning the project entitled Review of the Indigenous Hip Hop program can be directed to Ms Heather Monteiro, Project Leader, on 08-9370 6536 or Mr Daniel McAullay, Chief Researcher on (08) 9370 6771. If you wish to speak with an independent person about the conduct of the project, please contact Kim Gifkins, Research Ethics Officer, on (08) 6304 2170.

Consent for participation in the research.

I have read the information above and any questions I have asked have been answered to my satisfaction. I know that I may withdraw at anytime. Please tick the parts below that you agree to, and then sign this form.

☐ I wish to participate in this activity.

☐ I agree that the research data gathered for this study may be published provided I am not identified.

Your name__________________________________________

__________________________________________ Date__________________________

Your signature
Appendix Four: A sample of song lyrics from IHHP visit (Derby)

<table>
<thead>
<tr>
<th>DBYC</th>
<th>DBYC you know you like us</th>
</tr>
</thead>
<tbody>
<tr>
<td>We’re the DBYC we’re in the blood city</td>
<td>Keep on playing hating the girls it’s no fuss</td>
</tr>
<tr>
<td>We’re in the back streets and we’re looking so pretty</td>
<td>DBYC you know you like us</td>
</tr>
<tr>
<td>Too much fighting is giving me chills</td>
<td>Keep on playing hating the girls it’s no fuss</td>
</tr>
<tr>
<td>Step to me and I’ll give you a thrill</td>
<td>People getting jealous having fun is number one</td>
</tr>
<tr>
<td>You’ve never seen something like this before</td>
<td>And at least think twice before you ever try to dis</td>
</tr>
<tr>
<td>The DBYC is going to tear up the floor</td>
<td>Hunting and fishing beat the Derby town thing</td>
</tr>
<tr>
<td>The girls put it down and we’re counting around</td>
<td>Family comes first it’s a wonderful thing</td>
</tr>
<tr>
<td>And you can’t mess with us we’re the kids of the town</td>
<td>Mess with us you get the whole thing</td>
</tr>
<tr>
<td>DBYC you know you like us</td>
<td>Never looking mangy see us in our bling</td>
</tr>
<tr>
<td>Keep on playing hating the girls it’s no fuss</td>
<td>So sweet so smooth you make a better move</td>
</tr>
<tr>
<td>DBYC you know you like us</td>
<td>Move move move</td>
</tr>
<tr>
<td>Keep on playing hating the girls it’s no fuss</td>
<td>Yep yep</td>
</tr>
<tr>
<td>Here comes the girl introducing the new kid</td>
<td>DBYC we’ve got something to prove</td>
</tr>
<tr>
<td>Jackie comes first in her mouth is a toothpick</td>
<td>Oh oh</td>
</tr>
<tr>
<td>See her on the dance floor breaking it down</td>
<td>DBYC you know you like us</td>
</tr>
<tr>
<td>Moves so smooth show them how to groove</td>
<td>Keep on playing hating the girls it’s no fuss</td>
</tr>
<tr>
<td>Here comes [ ?] and these are the tunes of the town</td>
<td>DBYC you know you like us</td>
</tr>
<tr>
<td>Showing them all how them Solomon chicks get down</td>
<td>Keep on playing hating the girls it’s no fuss</td>
</tr>
<tr>
<td>DBYC with them people on the mikes</td>
<td>Spin Derby time in a wacked up manner</td>
</tr>
<tr>
<td>SKUDDA GIRLS</td>
<td>CHIKKA CHIKKA</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>When I say skudda you say girls skudda girls skudda girls</td>
<td>Sick</td>
</tr>
<tr>
<td>When I say skudda you say girls skudda girls skudda girls</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>We slam dunk at the basketball courts</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>We catch a barramundi when I’m fishing of the port</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>At the disco see us dancing to the beat</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>We’re killing the beat so can you dance like me</td>
<td>You’re not going to catch me give me a break</td>
</tr>
<tr>
<td>Spears in my hand and we’re hunting a goanna</td>
<td>Super charged from my hideaway licence plate</td>
</tr>
<tr>
<td>Leapt at a tree then a gotta bring a ladder</td>
<td>Yeah man give me some years</td>
</tr>
<tr>
<td>Skudda girls are the best in Derby</td>
<td>I get one finger while I’m switching gears</td>
</tr>
<tr>
<td>No one in the town can hurt me</td>
<td>Chikka Chikka yeah my name is []</td>
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<tr>
<td>Chikka Chikka yeah my name is []</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>Yo this is our first class</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>You just can’t disguise us</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>But we rap for a living but we never stop giving</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>Let the beat play let the beat play</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>Stepping over drunks at the IGA</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>You know we will never be that way</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>My mind moves fast but my mad moves slow</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>To don’t start this girls can’t stop me flow</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>Sick</td>
<td>Chikka Chikka yeah my name is []</td>
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<tr>
<td>Chikka Chikka yeah my name is []</td>
<td>Chikka Chikka yeah my name is []</td>
</tr>
<tr>
<td>DREAMTIME</td>
<td>Once upon a time in the Dreamtime, we’re telling our stories with a mean rhyme</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>It was December 24 on [hallow’s dawn ?]</td>
<td>Once upon a time in the Dreamtime, we’re telling our stories with a mean rhyme</td>
</tr>
<tr>
<td>I’ve seen a man chilling with a dog in the park</td>
<td></td>
</tr>
<tr>
<td>I go very slowly with my heart full of fear</td>
<td></td>
</tr>
<tr>
<td>Oh my God it’s a [?] reindeer</td>
<td></td>
</tr>
<tr>
<td>Sitting with Santa when I almost had a [tear ?]</td>
<td>Woke up the next day and I went to the store</td>
</tr>
<tr>
<td>I looked down beside me and I saw a spear</td>
<td>Promised I’d be there as a part of my chores</td>
</tr>
<tr>
<td>I went to go chase a goanna with a spanner</td>
<td>Boss man said I had to clean the floors</td>
</tr>
<tr>
<td>Then it went in a bush and it wasn’t so clear</td>
<td>With a rag and a bucket and so much more</td>
</tr>
<tr>
<td>So I went to the show when I heard a cheer</td>
<td>Went to clean the shelf and I hit my jaw</td>
</tr>
<tr>
<td>Stepped on the stage when the girls were near</td>
<td>Kept on crying was so sore</td>
</tr>
<tr>
<td>Saw the magicians disappear then I saw an emu reappear</td>
<td></td>
</tr>
<tr>
<td>Laid an egg and it bit my hand</td>
<td></td>
</tr>
<tr>
<td>I know someone called Peter Pan</td>
<td></td>
</tr>
<tr>
<td>He was a man with the coolest plan</td>
<td></td>
</tr>
<tr>
<td>He was fighting with a man with a hook for a hand</td>
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<tr>
<td></td>
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<td>Once upon a time in the Dreamtime, we’re telling our stories with a mean rhyme</td>
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<tr>
<td>Went to clean the shelf and I hit my jaw</td>
<td></td>
</tr>
<tr>
<td>Kept on crying was so sore</td>
<td></td>
</tr>
<tr>
<td>Needed pocket money I was poor</td>
<td></td>
</tr>
<tr>
<td>Never was to steal or break the law</td>
<td></td>
</tr>
<tr>
<td>Went to the veggie store and the veggie was raw</td>
<td></td>
</tr>
<tr>
<td>Didn’t really care, didn’t want no more</td>
<td></td>
</tr>
<tr>
<td>Walked out the store with the veggies in my hand</td>
<td></td>
</tr>
<tr>
<td>Went back home and mamma put them in a pan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td>Once upon a time in the Dreamtime, we’re telling our stories with a mean rhyme</td>
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