Connection to Culture: Literature Review for the Yarra Ranges Council and Healesville Indigenous Community Services Association

Pauline Zardo
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For citation: Zardo, P. 2015, Connection to Culture: Literature Review for the Yarra Ranges Council and Healesville Indigenous Community Services Association, Onemda VicHealth Group, The University of Melbourne, Melbourne.

Note on terminology: In this report the term ‘Aboriginal people’ is used to identify the First Peoples of Australia and is inclusive of both Aboriginal and Torres Strait Islander peoples, the two unique Indigenous populations in Australia. The term ‘Indigenous’ refers collectively to the First Peoples of Australia, New Zealand, North America and other countries around the globe. ‘Non-Indigenous’ is used to refer to those who do not identify as a member of the community of First Peoples of their respective countries.

About this review: This literature review was commissioned by the Steering Committee for the Yarra Ranges Council and the Healesville Indigenous Community Services Association ‘Connection to Culture Research Project’ to inform project development and evaluation.
Overview

For all human beings our health and wellbeing is bound up with our social experience. Identity is formed through our relations with and within our families, communities and culture. In Australia, colonisation and the forced removal of children, and the racism that underpins these issues, can negatively affect Aboriginal and Torres Strait Islander peoples’ opportunity and ability to engage in cultural practice, and to learn about and teach their culture and history within their communities.

Programs that support Aboriginal communities to engage with, share, learn about and teach culture have been found to have a positive impact on the health and wellbeing of Aboriginal people living in both remote and urban settings. Culturally focused programs that have been most effective in improving health and wellbeing outcomes are those that have been identified, developed and delivered by, or in collaboration with, the Aboriginal community in which the program is to be implemented.

The relationship between culture, identity, health and wellbeing

Cultural experience is critical to identity, health and wellbeing for all people

Research and theory from the fields of social science and psychology demonstrate that, for all human beings, health and wellbeing is bound up with our social experiences (Haslam et al. 2009; Eckersley, Dixon & Douglas 2001; Kitayama & Markus 2000). Humans have always lived in groups and throughout history have formed communities. Our individual and cultural identity develops through the relations and interactions we have with our families and communities, and with formal institutions such as schools, governments, religious or spiritual bodies and health care systems (Kitayama & Markus 2000; Suh 2002). We develop a sense of our place and role in the world, of what is normal and what is possible for ourselves through observing, learning about, experiencing and internalising the behaviour, practice and experiences of relatives, friends and teachers (formal and informal) and of the broader community (Haslam et al. 2009; Suh 2002). As Haslam et al. (2009) explains we are ‘social beings whose well-being and intellect is bound up with [our] ability to lead fulfilling social lives’.

Our sense and understanding of our cultural identity develops from the particular way that our knowledges, practices, products, beliefs and norms are created and lived by our families, our communities and ourselves. This means that our ideas and experiences about health and wellbeing are shaped and affected by our relations with our families and communities. Through their research on wellbeing and happiness, Kityama and Markus (2000) found that:

... to feel good or to live a good life requires being able to realize culturally mandated ways of being. Wellbeing then is very much a collaborative project, one can’t experience wellbeing by one’s self; it requires engaging a system of consensual understanding and practices and depends on the nature of one’s connections and relations to others.

This has been found in research with different cultural groups around the world (Eckersley, Dixon & Douglas 2001). Our experience of happiness, health and wellbeing is affected by our experience of identity and culture, which is in turn shaped by and intertwined with our relations with our families and communities. Put simply, to experience positive health and wellbeing we need to have positive cultural experiences that help us to develop a positive self-identity.
The effects of colonisation on culture, identity, health and wellbeing for Indigenous peoples

For Indigenous peoples the world over, the experience of colonisation has had devastating negative effects on health and wellbeing (Gracey & King 2009; Stephens et al. 2005; Stephens et al. 2006). It has led to them being forced off and denied access to land and traditional ways of living, including their practice of culture and use of language. Colonisation resulted in rapid population decline through murder, disease and ineffective and inappropriate government policies that restricted or blocked rights and access to adequate food, housing, education, health care and employment (Cunningham & Stanley 2003; Broome 2005).

As a result of the experience of colonisation over the past 250 years in Australia, including the forced removal of children from their families and communities, Aboriginal and Torres Strait Islander peoples often experience poorer health and wellbeing (Broome 2005; Atkinson 2002; Reading & Wien 2009; Sherwood 2013). It has led to a significant gap between non-Indigenous and Aboriginal Australians on all indicators of health and wellbeing, such as life expectancy and chronic disease rates (Gracey & King 2009; Steering Committee for the Review of Government Service Provision 2011; Waterworth et al. 2014). It has also been shown that Aboriginal Australians experience poorer health outcomes than Indigenous peoples in other colonised countries.

Lack of recognition and respect for Aboriginal history and culture and the impacts of colonisation and racism on health and wellbeing have affected Aboriginal people’s ability and willingness to access mainstream health, education, employment, housing and other private and public services (Broome 2005; Hayman & Armstrong 2014; Osborne, Baum & Brown 2013; Aboriginal and Torres Strait Islander Social Justice Commissioner 2013). While there have been significant efforts and advances toward recognising Aboriginal history, addressing the trauma and loss caused by colonisation and the Stolen Generations and supporting contemporary needs and issues research shows that racism and intergenerational trauma continue to affect the everyday lives of Aboriginal people (Ziersch et al. 2011; Paradies, Harris & Anderson 2008). Past and continued colonisation, and the racism that underpins these issues, can negatively affect Aboriginal Australians’ opportunity and ability to engage in cultural practice and to learn and teach Aboriginal culture and history within their communities (Broome 2005; Ziersch et al. 2011; Alfred & Corntassel 2005).

Despite the continual challenges, Aboriginal people have fought to protect and practise their culture, and to integrate and adapt it to new experiences in ways that are culturally appropriate and acceptable (Broome 2005). As such, Aboriginal culture remains strong, relevant and present for Aboriginal people (Aboriginal and Torres Strait Islander Social Justice Commissioner 2013). By engaging in cultural activities with respected Aboriginal community leaders, Elders and kin, Aboriginal people continue to build on their knowledge, expertise and successes to improve the health and wellbeing of their communities (Osborne, Baum & Brown 2013).

Culture, identity and health and wellbeing for contemporary Australian Aboriginal people

Culture has been increasingly recognised as a key social determinant of health and wellbeing in public, academic and government spheres (Department of Health and Ageing 2013; Osborne, Baum & Brown 2013; Anderson, Baum & Bentley 2007). Morrissey et al. (2007), for example, have explored and critically reflected on culture as a social determinant of health for Australian Aboriginal people. They found that:

- the concept of culture is difficult to define;
definitions and understanding of Aboriginal culture are affected by the ideas and constructions of culture by dominant groups in society; and

records and reflection on Aboriginal culture tend to ignore the last 25 years of history in which experience of life, health and wellbeing for Aboriginal people has radically shifted (Morrissey et al. 2007).

As a result they specifically do not attempt to define or describe all Aboriginal culture(s) – that is for Aboriginal people to do with and within their communities – and this review follows that direction. As Morrissey et al. (2007) explain that:

*Aboriginal culture, like any other, is not static and Aboriginal people neither become bereft of culture when they ‘lose’ the traditional, nor are they suddenly transformed into non-Aborigines. Any real attempt to respond to Aboriginal culture must be based on creating a social space in which the lived reality of Aboriginal culture can assert itself over and against the social construction of that reality by non-Aborigines.*

These ideas link to the findings of a review of the social and emotional wellbeing of Australia’s Aboriginal and Torres Strait Islander peoples by Garvey (2008). The review identifies that there is a need for Indigenous peoples to ‘gain acknowledgement in contexts that have otherwise excluded them’ and to ‘promote identity and culture in settings that have otherwise devalued them’. Garvey (2008) notes that:

*... ruptures to significant relationships and markers of identity including access to culturally significant sites and socially significant persons can serve to compromise the quality of an individuals or communities social and emotional wellbeing.*

Connection to land, kin and community are central to Aboriginal culture traditionally and remain so in contemporary contexts. Garvey (2008) explains that ‘social and emotional wellbeing is determined and supported by the quality of the nexus of relationships in which Indigenous people locate themselves’. Cultural strengthening programs and activities led by Elders and respected community members, therefore, provide critical opportunities and sites for Aboriginal people to build positive relationships and to connect to or practise culture (Osborne, Baum & Brown 2013; Morrissey et al. 2007). Garvey’s (2008) review highlights that Aboriginal people’s individual experiences of health and wellbeing are bound up with the health and wellbeing of the whole community. This means that opportunities to engage with others in the community provide critical support for the development of positive health wellbeing.

This also suggests that cultural strengthening activities must be determined and led by Aboriginal people and can be supported by those who are non-Indigenous. Governments and other organisations can assist by providing funding, community centres and other resources that support Aboriginal people to develop and/or reclaim social spaces to practise and assert cultural ways of knowing, being and doing (Osborne, Baum & Brown 2013; Morrissey et al. 2007; Martin 2003).

**Culture and identity for young Aboriginal people and those living in urban environments**

In urban environments, experiences and practice of culture and belonging can be complicated by a range of different factors (Hansen & Butler 2013). Formal bureaucratic constructions of ‘Aboriginality’ are currently centred on one’s Aboriginal and/or Torres Strait Islander descent, and identification, and acceptance by one’s community, as an Aboriginal an/or Torres Strait Islander person (Hansen & Butler 2013). However, as Hansen and Butler (2013) have argued, non-Indigenous
people have constructed views of Aboriginal identity as illegitimate or ‘less authentic’, particularly with regard to those living in urban settings. This has resulted from false perceptions such as that urban Aboriginal people have ‘lost’ culture and connection to land and language, are not dark skinned and do not perform traditional ‘Aboriginality’ as expected (Hansen & Butler 2013).

As such, it has been suggested that Aboriginal people residing in urban locations are not as deserving of social and economic support as those living in remote communities, and that any health and welfare issues they experience are due to ‘individual pathologies’ rather than the effects of the social determinants of health. Hansen and Butler (2013) explain:

*The myth that Aboriginal people ‘aren’t around anymore’ or, worse, that ‘they’re not real Aborigines’ continues to play out in public and private settings every day, nowhere more so than in our town and cities.*

However, research by Yamanouchi (2013) and Thompson (2013) shows that despite these barriers, Aboriginal people living in urban environments develop and utilise organisations, programs and initiatives to come together and support or strengthen culture and identity. These studies also show that Aboriginal people who come to urban environments from other locations are part of the community and kinship in the place from which they come, as well as in the urban places in which they reside and visit (Yamanouchi 2013; Thompson 2013). In Thompson’s research, Aboriginal people describe how Redfern, in inner-suburban Sydney, has provided a community for Aboriginal people from all over Australia as both residents and visitors (Thompson 2013). Yamanouchi found that the experience of community for Aboriginal people in western Sydney was centred on shared communication and participation (Yamanouchi 2013). Both these studies show the crucial role played by Aboriginal organisations and programs focused on building skills, strength, knowledge and positive identity for Aboriginal people in urban environments through connection with culture and community (Yamanouchi 2013; Thompson 2013).

Wexler (2009) has also discussed how positive connections with culture are critical to positive self-identity and health and wellbeing for young Indigenous peoples. These young people are often significantly affected by the trauma of colonisation visited on past generations, without having directly experienced it themselves (Wexler 2009; Atkinson 2002). Wexler (2009) explains that engaging with culture, and building an identity connected to culture and history, provide young people with a framework to understand their current location and experience in relation to the present, past and future. People who understand how past conflict and trauma has affected their families and communities are able to situate themselves in a larger picture of reality and possibility. It allows them to shift focus from their individual experience to a broader socio-cultural context that has more readily explains their present situation (Wexler 2009).

In other words, for young people experiencing disadvantage, hardship and/or racism being connected to and learning from culture, community and history helps them both to see why and how they have come to experience disadvantage and to understand that the causes of this are not internal or ‘their fault’ (Wexler 2009). Engaging with culture and community also provides the opportunity for positive role models and experiences of strength, resilience, success and survival to influence their self-identity and self-esteem (Osborne, Baum & Brown 2013).
The value of cultural strengthening initiatives as a mechanism for strengthening culture and wellbeing

Culture at the centre of government and Aboriginal community controlled health plans

The federal government Department of Health’s National Aboriginal and Torres Strait Islander Health Plan 2013–2023 places culture at the centre of priorities aimed at improving Aboriginal people’s health and wellbeing (Department of Health and Ageing 2013). The four key principles of the plan include:

- a health equality and human rights approach;
- Aboriginal and Torres Strait Islander community control and engagement;
- partnership; and
- accountability.

In Victoria, the State government Department of Health (DoH) has delivered Koolin Balit, a strategic plan covering the period 2012–2022, to support and improve the health of Victorian Aboriginal and Torres Strait Islander peoples (Department of Health 2012). Koolin Balit targets areas where the gaps between Aboriginal and non-Indigenous people health are largest, including life expectancy and early childhood. It is emphasised throughout the Plan that culturally appropriate planning and delivery of services are critical to improving health, and that Aboriginal communities and groups are best placed to inform and lead initiatives in this area (Department of Health 2012).

The centrality of culture to health and wellbeing is also reflected in the Victorian Aboriginal Community Controlled Health Organisation’s (VACCHO) strategic plan for 2013–2016. Ensuring that the diverse cultures of Victorian Aboriginal people are reflected in all aspects of its activity is VACCHO’s number one goal. Keeping culture central in all aspects of its work, and the programs and services delivered to the community by and through VACCHO, is expected to strengthen and support ‘inclusion, understanding and health’ of Victorian Aboriginal people (VACCHO 2013).

Australian government and Aboriginal community controlled health plans consistently reflect the belief by Aboriginal and Torres Strait Islander people that their health and wellbeing outcomes are intertwined with cultural experience and identity. This has been supported by research that has explored and empirically demonstrated the impact on, and associations between, culture and identity and health and wellbeing for Indigenous peoples around the world. This will be discussed in detail in the following sections.

Current cultural strengthening programs and initiatives

Reflecting the increasing awareness and strong evidence base as to the critical role that culture plays on the development of identity and improving health and wellbeing, a range of cultural strengthening initiatives has been developed and led by Aboriginal communities, government and non-government, private and not-for profit organisations. Community development programs that build cohesion within communities, cultivate leadership and assist local Elders both to support cultural diversity and to serve as community advocates have been identified as a key strategies for combatting racism (Paradies, Harris & Anderson 2008). In the following sections we describe and detail a broad range of programs that have focused on cultural strengthening and engagement to improve health and wellbeing in Australian Aboriginal communities.
The Australian Indigenous HealthInfoNet (HealthInfoNet 2014) provides links and details of many cultural strengthening projects across Australia, all of which centre on culture and culturally appropriate and safe service delivery as key supports for improving the health and wellbeing of Aboriginal people and communities. The programs listed on the HealthInfoNet are currently underway and, therefore, have not been evaluated. They do, however, provide a valuable source of information and ideas around how Aboriginal culture informs and drives programs that seek to improve health and wellbeing. Examples of Victorian cultural strengthening projects include:

- **Brutha’s day out program**: Aboriginal men come together in a culturally safe space to build stronger connections between men from different areas in Victoria. Topics discussed in the program include culture, health, healing, relationships, alcohol, drugs and gambling. The aim is to improve self-esteem, health outcomes and family relationships.

- **Bundji Bundji partnership program**: An outreach support program for young Aboriginal people who have been involved with the youth justice system.

- **Healing program**: A partnership program between Western medicine and Aboriginal culture that seeks to link spirituality with conventional treatments to address cycles of despair and addiction.

- **Healing ways – art with intent**: A collaborative project between the Dax Centre at the University of Melbourne, the Lowitja Institute and Desart exploring the role of art in promoting emotional healing and wellbeing in Aboriginal communities. The program seeks to facilitate discussions around past and present artistic and cultural practice. The program includes development of a symposium, exhibition and online materials.

- **Wathaurong alcohol and other drugs program**: This program provides intensive case management and support for Aboriginal people and families with complex needs through supporting access to culturally appropriate services.

**Programs with evidence of effectiveness**

In 2013 the Australian Institute of Health and Welfare (AIHW) released a report on a review of actions that have been undertaken to ‘close the gap’ in health outcomes between Aboriginal and non-Indigenous Australians (Osborne, Baum & Brown 2013). In it, connection to culture, community, family and Country is recognised as a key social determinant of Aboriginal health and wellbeing that must be addressed if we are to ‘close the gap’. The review, ‘What works? A review of actions addressing the social and economic determinants of Indigenous health’, examined and summarised the results from a range of evaluations of programs that aimed to strengthen Aboriginal health and wellbeing by supporting and enabling such connection.

The programs reviewed in the report included (but were not limited to) activities such as: healing camps; life skills training; men’s and women’s gatherings; weekly art groups; youth drop-in centres; family wellbeing services; art and narrative therapy; clinical services; Elder-led trips to Country for young people; leadership support; the use of technology to document and ‘map’ culture; culture, language and bush skills development; employment skills and support; nurturing respect for Elders; individual and family counselling for specific issues, such as being a member of the Stolen Generations and family violence; and services to support family tracing and reunions.

Key characteristics of programs that had successfully supported connection to culture, community, family and Country include:

- being delivered by organisations with a clear direction, planning and vision;
- being locally driven and led and owned by Aboriginal communities working in collaboration with community organisations;
- building on traditional approaches and activities as pathways from healing;
- involving Elders in the teaching of traditional culture and skills;
- drawing on land and Country as a means to heal; and
- building on the strengths of Aboriginal Australians and cultures to enable healing (Osborne, Baum & Brown 2013).

The AIHW report is a recent and valuable source of information that has drawn together the limited numbers of programs that have been formally evaluated with published evidence of their effectiveness. That there remains limited high-quality data on program effectiveness is not unusual, however, as organisations delivering community-based programs often lack the resources and funding required to follow up and evaluate programs rigorously. The best program evaluations include the collection of data throughout the life of the project and evaluation project planning and budgets (Rossi, Freeman & Lipsey 1999; Weiss 1998).

**Group and organisations involved in cultural strengthening projects**
The programs listed on the HealthInfoNet, and also those reviewed by AIHW (Osborne, Baum & Brown 2013), indicate that there are many groups and organisation involved in cultural strengthening projects. In addition, these projects are often developed and implemented through collaborations and partnerships between different types of organisations, such as:

- charity organisations
- football clubs
- government – federal, State and local, often health, justice and environmental related departments
- research organisations – universities and research centres institutes
- not-for-profit organisations – e.g. Oxfam
- arts centres
- Aboriginal community controlled organisations
- Aboriginal-specific centres and organisations (not necessarily community controlled)
- educational institutes and providers
- health providers and health centres
- youth centres
- schools – secondary and primary
- courts and justice organisations.

**Successes and effects of cultural strengthening programs**
The AIHW report (Osborne, Baum & Brown 2013) provides both an excellent overview of the characteristics of programs that have been effective and a small number of case studies detailing those programs. To describe the effects and success of cultural strengthening programs in more detail, and how these have been measured, the following section focuses on papers collected as part of systematic reviews of research on the effectiveness of programs based on cultural knowledge, strengthening and engagement to improve health and wellbeing for Aboriginal people. These systematic reviews are currently being developed by the Onemda VicHealth Group and have not been published at the time of writing.

In the following table are examples of the research-based program evaluations that have been systematically collected by Onemda. The studies selected for inclusion all had a clear description of a culturally focused program that had been implemented and strong evidence of data collection and analysis regarding program effectiveness. The table provides a snapshot of these successful programs, the methods used to evaluate them and their results.
<table>
<thead>
<tr>
<th>Program and publication details</th>
<th>Program focus</th>
<th>Success and effects</th>
<th>How effects were measured</th>
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<tr>
<td>Keepin yah mob healthy: Aboriginal community participation and Aboriginal Health Worker training in Victoria (Adams &amp; Sprang 2001)</td>
<td>Development of accredited Aboriginal Health Worker program – developed and delivered by Aboriginal people.</td>
<td>Aboriginal Health Workers successfully trained to Certificate III level. Extensive community consultation supported the outcomes.</td>
<td>Qualitative data analysis collected through feedback form. Training completion rates</td>
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<td>Use of participatory research and photo-voice to support urban Aboriginal healthy eating (Adams et al. 2012)</td>
<td>Collaboration with an urban Aboriginal community to understand meanings of food and food insecurity, and strengthen responses to this issue.</td>
<td>Indigenous knowledge was a preferred and effective way of promoting understanding about food security and healthy eating responses.</td>
<td>Action research methods.</td>
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<td>Improving access to hard-to-reach services: A soft entry approach to drug and alcohol services for rural Australian Aboriginal communities (Allan &amp; Campbell 2011)</td>
<td>Program to increase individual and community control over the delivery of drug and alcohol interventions through access to a human services worker with specialist knowledge.</td>
<td>Substantially increased the number of Aboriginal and non-Aboriginal women accessing drug and alcohol services.</td>
<td>Quantitative and qualitative evaluation.</td>
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<td>Growth and empowerment for Indigenous Australians in substance abuse treatment (Berry et al. 2012)</td>
<td>Research on the degree to which service users value the cultural components of substance abuse treatment programs.</td>
<td>Culturally relevant therapeutic activities were perceived as more helpful among Indigenous peoples.</td>
<td>Quantitative survey at baseline and two follow-up time points.</td>
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<td>Milbibbah and spirit healing: Fostering safe, friendly spaces for Indigenous males in Australia (Bulman &amp; Hayes 2011)</td>
<td>Program sought to build the capacity of men, their organisations and their communities to articulate the health and wellbeing of Aboriginal men in ways that are culturally relevant and appropriate. It also sought to build the confidence and trust required to access the resources and services necessary for dealing with the chronic conditions experienced by many of the participants.</td>
<td>Found that safe, well-facilitated spaces foster and further respect while they diminish lateral violence and its consequences.</td>
<td>Participatory action research.</td>
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<td>Maternity care with the Women’s Business Service at the Mildura Aboriginal Health Service (Campbell &amp; Brown 2004)</td>
<td>The Women’s Business Service based at the Mildura Aboriginal Health Service is a program providing personalised care that takes a holistic view of health during pregnancy, and reflects an Indigenous knowledge and approach to health and wellbeing.</td>
<td>Aboriginal women using the program were significantly more positive about many aspects of their care than those attending other rural public maternity services.</td>
<td>Qualitative interview.</td>
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<td>A qualitative study of a social and emotional well-being service for a remote Indigenous Australian community: Implications for access, effectiveness, and sustainability (Carey 2013)</td>
<td>Social and emotional wellbeing service to address serious events such as suicides and relationship violence in a remote Aboriginal community.</td>
<td>The evaluation indicated that the service had been experienced by users as an effective local response to serious problems.</td>
<td>Qualitative interview.</td>
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<td>Aminina Nud Mulumuluna (&quot;You gotta look after yourself!&quot;): Evaluation of the use of traditional art and language for Aboriginal people in the Kimberley region of Western Australia (Davis et al. 2004)</td>
<td>Preventive health resources developed using traditional art and language for Aboriginal people in the west Kimberley region.</td>
<td>The resources were well accepted, fostered health discussions and contributed to the pride and self-esteem of local people. Collaboration and the integration of traditional and modern health knowledge contributed to a contemporary view of Aboriginal health.</td>
<td>Qualitative interview.</td>
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<td>Build it and they will come: outcomes from a successful cardiac rehabilitation program at an Aboriginal Medical Service (Dimer et al. 2013)</td>
<td>The program involved weekly exercise and education sessions (through ‘yarning’) for Aboriginal people with, or at risk of, cardiovascular disease at an Aboriginal Medical Service.</td>
<td>“Yarning” helped identify and address a range of chronic health issues including medication compliance, risk factor review and chest pain management.</td>
<td>Cardiovascular clinical health indicators measurement (e.g. heart rate, BMI, etc.).</td>
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<td>Didgeridoo, songs and boomerangs for asthma management (Eley, Gorman &amp; Gatley 2010)</td>
<td>Program undertaken in 2007 and 2009 offered music lessons to Aboriginal children with asthma in a junior school, a senior school, an Aboriginal Medical Service and a community centre. Males were taught the didgeridoo and females singing and clap sticks. Associated activities of painting and boomerang throwing were also offered with the goal of improving asthma and wellbeing outcomes.</td>
<td>Respiratory function improved in males and both males and females reported increased wellbeing. The offering of music lessons is a culturally appropriate and enjoyable intervention to alleviate asthma, and promote general health awareness and engagement with medical services.</td>
<td>Respiratory clinical health measurement and qualitative analysis of feedback.</td>
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<td>The Napranum Social and Emotional Wellbeing Week (Hartman et al. 2009)</td>
<td>A week-long intensive outreach project to the Aboriginal community of Napranum in Far North Queensland was undertaken by a Community Forensic Mental Health Service with the aim of developing the capacity for primary and secondary prevention of forensic mental health problems.</td>
<td>This form of community engagement can contribute to the destigmatisation of mental illness in Aboriginal communities, increased engagement between communities and mental health service providers, and increased cohesion and morale in these communities.</td>
<td>Qualitative interview.</td>
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<td>Study Title</td>
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<td>Traditional Indigenous Games promoting physical activity and cultural connectedness in primary schools – Cluster randomised control trial</td>
<td>Traditional Indigenous Games were introduced to improve physical activity and cultural connectedness among primary school students in the community renewal areas of Townsville in North Queensland. The Games, delivered in primary schools every week over a period of three months, did not contribute to any statistically significant improvement in physical activity levels or cultural connectedness among the control groups. A cluster randomised control trial based on baseline and post-implementation surveys.</td>
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<td>Evaluation of a community-driven preventive youth initiative in Arnhem Land, Northern Territory, Australia</td>
<td>A community-driven initiative established to prevent substance misuse and increase respect for culture and their elders among young people in a group of remote Aboriginal communities in Arnhem Land, the program provided a range of training, recreational and cultural activities. Community-driven preventive initiatives offer enhanced youth resilience and connectedness in remote Aboriginal communities and alternatives to substance use. Qualitative interview and pre- and post-analysis of data on youth school attendance, apprehension and substance use rates.</td>
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<td>Work In progress: Creative recovery to creative livelihoods</td>
<td>Creative recovery project is an innovative community-based Arts in Health initiative. The Arts in Health model is both a culturally appropriate and sustainable model for the meaningful engagement of Aboriginal people living in remote communities experiencing mental health problems. These types of projects offer unique opportunities for social enterprise, utilising creativity as the tool for social inclusion. Feedback from participants.</td>
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<td>Safe Dreaming trail to school: Community participation and Indigenous culture</td>
<td>The project involved fostering collaborative links between health, education, local service providers and community members; providing information on community safety and Aboriginal culture; developing a process for positive action on community safety hazards; and encouraging increased understanding and respect for different cultures using art and Dreaming stories as the medium. Increased understanding for and respect of all Indigenous cultures was enhanced for children and staff at the school. Equally, the Aboriginal artist gained exposure and confidence as she worked with students, teachers, parents and community health nurses. These benefits demonstrate the value of using art to portray a health message. Feedback from participants.</td>
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<td>Appreciative inquiry: A method for measuring the impact of a project on the well-being of an Indigenous community</td>
<td>Indigenous Youth Arts and Culture Project involved young people from the Aboriginal community working with Elders and professional artists to create contemporary performances of local Dreamtime stories for festivals and events to celebrate and promote Aboriginal culture. The project aimed to support and develop pride, self-esteem, skills, creativity and leadership. The project fulfilled the aim to support and develop pride, self-esteem, skills, creativity and leadership in the local Aboriginal community. Family and social connectedness, cultural identity, pride and social competence improved. Appreciative inquiry workshop involving qualitative methods.</td>
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<td>Empowerment and human rights in addressing violence and improving health in Australian Indigenous communities</td>
<td>Indigenous Family Wellbeing Empowerment program (FWB) FWB aims to increase empowerment, through self-exploration and support, and to enable participants to take greater control over their lives. FWB was also intended to develop community-based skills and capacity in order to complement existing advocacy work, particularly that being undertaken by Aboriginal community-run organisations. FWB program was successful in developing increased personal capacity, collective action and enhanced motivation to challenge structural barriers to wellbeing in Aboriginal communities. Qualitative interview.</td>
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<td>Evaluation of an Aboriginal health promotion program: A case study from Karalundi</td>
<td>The Peer Support and Skills Training Program was adapted to suit the needs of Karalundi students. &quot;It aimed to reduce or delay the uptake of smoking, drinking and other drug use by providing students with positive communication and decision-making skills that would enable them to recognise and resist social influences to use drugs.&quot; Outcomes for the students included: enhanced self-confidence; greater empowerment of female participants; increased awareness of health and substance use issues; reinforcement of existing positive beliefs about health matters; reduced use of analgesics within the community; and an outlet for student creativity. Volunteers and staff also developed skills in program implementation. Qualitative interview.</td>
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<td>Evaluating Aboriginal empowerment programs: The case of Family Wellbeing</td>
<td>The Family Wellbeing Program focuses on the empowerment and personal development of Aboriginal people through the sharing of stories, discussing relationships and identifying goals for the future. Workshops are held with both adults and children to highlight the various health and social issues experienced by Aboriginal communities and the steps that can be implemented to deal with these issues. Achievements for participants included: high levels of personal empowerment; enhanced sense of self-worth, resilience, ability to reflect on root causes of problems and problem-solving ability; belief in the mutability of the social environment; modest, but significant, improvements in general sense of wellbeing. Evaluation showed importance of resourcing Aboriginal people to develop their own programs addressing trauma and other issues. Theory-driven analysis of literature and project documentation; participant observation; and analysis of course participants’ personal narratives.</td>
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<td>Effectiveness of a participative community singing program to improve health behaviours and increase physical activity in Australian Aboriginal and Torres Strait Islander people</td>
<td>A one-year community singing program aimed at increasing healthy behaviours, including exercise and social support to improve health and activity behaviours. The program achieved the following improvements: decreased social isolation; reduced smoking rates; increased participants’ social support; greater participation in exercise and art activities. Pre- and post-quantitative survey analysis.</td>
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How Indigenous ways of knowing, being and doing informs this area of research: Lessons to learn and apply

Indigenous ways of knowing, being and doing is a concept and a research framework that has been defined by Karen Martin in a seminal paper published in 2003. In it Martin (2003) highlights that research on Indigenous peoples has been conducted without a proper understanding of, and respect for, Aboriginal culture and knowledge. Her framework highlights that research with Indigenous peoples and communities should include:

- a recognition of our worldviews, our knowledges and our realities as being both distinctive and vital to our existence and survival;
- honouring our social mores as an essential processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when on the lands of other Aboriginal people;
- an emphasis on social, historical and political contexts which shape our experiences, lives, positions and futures; and
- privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands.

Indigenous ways of knowing, being and doing are described as an ontology, epistemology and methodology for Indigenous cultures and life. Martin (2003) defines Indigenous ways of knowing as being:

... specific to ontology and Entities of Land, Animals, Plants, Waterways, Skies, Climate and Spiritual systems of Aboriginal groups... learned and reproduced through processes of: listening, sensing, viewing, reviewing, reading, watching, waiting, observing, exchanging, sharing, conceptualising, assessing, modelling, engaging, applying. Ways of Knowing also entails processes that allow it to expand and contract according to social, political, historical and spatial dimensions of individuals, the group and interactions with outsiders. So this incorporates the contexts as well as the processes. It is more than just information or facts, but is taught and learned in certain contexts, in certain ways at certain times.

Ways of being are ‘about the rights we earn by fulfilling relations to Entities of country and self’. Martin (2003) explains that:

Our Ways of Being evolve as contexts change. For instance relations change amongst people at particular times such as movement from one life stage to another, or with a birth or death of a member. Relations amongst Entities are also effected in this same way hence the passion and determination behind protection of the Land, Waterways, Skies and Spirits and all Entities.

Ways of being are learned and exercised through relations with Country and kin, in particular through Elders, and are described as understanding and establishing one’s identity, interest and connections through and by relations with other Aboriginal people. As a result of colonisation Indigenous peoples now engage with those from different Country and kin. Martin (2003) explains that:

in these circumstances we draw upon what we know and have been taught from our Elders and family members as proper forms of conduct. Through this, our Ways of Being shape our Ways of Doing.
Martin (2003) describes Indigenous ways of doing as:

... a synthesis and an articulation of our Ways of Knowing and Ways of Being. These are seen in our: languages, art, imagery, technology, traditions and ceremonies, land management practices, social organisation and social control. Again these are life stage, gender and role specific... Our Ways of Doing express our individual and group identities, and our individual and group roles... we are able to show (Do), respectfully and rightfully (Being) what we know (Knowing).

Both the reviews undertaken by the AIHW and the papers systematically collected for review by Onemda demonstrate that programs focused on cultural engagement and strengthening vary widely. This is because the issues that are considered important – and how best to utilise and incorporate cultural ways of knowing, being and doing – and how programs should be implemented and evaluated, varies between communities.

This reflects and emphasises that Aboriginal communities from around Australia are culturally, linguistically, socio-economically and historically diverse and, as such, there is no ‘best practice’ cultural strengthening program. However, while the focus, delivery and evaluation of programs do vary widely there are some key lessons to be learned from these evaluations. Two of these key concepts supporting the development of programs that have effectively incorporated Indigenous ways of knowing being and doing are outlined below.

**Community informed, engaged and controlled:** Reviews of evidence arising from evaluations of programs that seek to improve health and wellbeing through connection to culture, community, family and Country show that programs informed and led by local Aboriginal communities are the most effective. To achieve this, local Aboriginal people must be consulted with and engaged in the process of design, implementation and evaluation of programs that seek to build health and wellbeing through cultural strengthening. Only they can provide the cultural knowledge and information needed to develop culturally relevant, appropriate and safe programs for their community. Indigenous ways of knowing, being and doing vary between communities, and this reflects the need for programs to be locally informed and adapted to the needs and culture of individual communities.

Many of the evaluations used qualitative interview and participatory action research approaches that allow Aboriginal participants to describe in their own words and in their own way their experience of a program and their views on what the program has achieved and why. Privileging Aboriginal voices, knowledges and practices in the process of program development is critical to developing programs that are relevant to communities, that individuals want to engage in and that both individuals and communities can benefit from.

**Capacity and sustainability:** The programs reviewed and discussed above highlight that organisations and initiatives that have been effective have built capacity within communities to support local Aboriginal people to inform, lead and engage with the programs. They also show that Aboriginal individuals and communities demonstrate excellent capacity to drive improved health outcomes when supported by the necessary resources that programs provide. Thus, the concept of capacity building is critical to ensuring that program effects can be sustained over time, which is an important issue to consider in the development of cultural strengthening programs.

Planning how programs can continue beyond the funding timeframes also needs to be considered if a program seeks to be sustainable and to continue. The AIHW report found that even programs that
have shown effectiveness, after clearly demonstrating health and wellbeing benefits, have had their funding cut (Osborne, Baum & Brown 2013). Many of the programs reviewed link up with other services and organisations, and also focus on forging links between Elders and young people. Supporting the building of links between both members of the Aboriginal community and different organisations working with Aboriginal people can support program sustainability. As described by Martin (2003) Indigenous ways of knowing and being are learned from kin and Elders so programs that support increased and improved connection of Aboriginal people within their communities provide a greater opportunity to learn and to benefit from Indigenous ways of knowing, being and doing.

Programs and the resources they provide also allow Aboriginal people and communities to showcase their capability, knowledge, strength, talents, achievements and community contributions. Several programs built on initiatives that began organically within communities or were based on ideas arising from community members. It is important to reflect on the fact that capacity and program sustainability can build more readily from an already strong and positive base. As such, program funders, developers and researchers should not make assumptions that Aboriginal communities or individuals are lacking the capacity needed to develop and implement culturally focused health and wellbeing programs. Any program that seeks to improve health and wellbeing through Indigenous ways of knowing, being and doing must be based on a deep, respectful and informed understanding of local Aboriginal community needs, priorities and preferences.
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