

# Strong Culture Strong Young People

Embedding Aboriginal culture in services and programs



**Final Report**

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**Aboriginal Communities and Families Health Research Alliance**

**SAHMRI**

This report was produced for the Department of Human Services South Australia, the Office for Women, and Safer Family Services units and the Inclusion and Reform unit in the Early Intervention Research Directorate (EIRD) by the Aboriginal Communities and Families Health Research Alliance (ACRA) in the South Australian Health and Medical Research institute (SAHMRI) Women and Kids Theme.

### Artwork story

The artwork on the front of this report was designed by Karl Telfer and his daughter Jakirah Telfer.

**Artwork title:** Living Health, Living Family, Living Spirit, Strong Communities: A journey of systems change, for healthier generational outcomes of our peoples.

**Living Health:** the green represents our lands and the sacred support from our ancestors, when our lands are cared for with respect, the land responds and listens to us. It also shares the gifts of regeneration and renewal. Caring for our lands and culture is caring for ourselves.

**Living Family:** Women, Children, Men and Babies are represented here on the land (Women Purple, Men Green, Children Orange and Babies Yellow). They are looking towards their journey lines, leading towards the large community circle of healers and modern health practitioners for better health outcomes for our Grandparents, Mothers, Fathers, Children, and babies.

**Living Spirit:** The river lines (Two in Blue) bring a flow of understanding our historical journey towards healthier generational outcomes and hold the sacred knowledges we need as a community together. This is to ensure we support each other in achieving strong health outcomes to bring about a renewed quality of life. The three blue pools represent the equity of the many healing knowledges that come together to support and nurture our healing spirits.

**Strong Communities:** When we come together to share and support one another through cultural care, we foster relationships on our journey which lead to better health outcomes for us, our families, and our communities. Strong Spirit, Strong Song. A strong vision of positive holistic generational wellbeing.

### Acknowledgements

SAHMRI acknowledges and respects Aboriginal and Torres Strait Islander people as the first peoples of Australia and as the longest continuous living culture in the world. Whilst we recognise the injustices of the past and the consequences of this and understand that currently Aboriginal and Torres Strait Islander people do not experience the same equality of rights and life expectancy as other Australians. We also recognise and respect the resilience and strengths of Aboriginal and Torres Strait Islander people in the face of adversity and seek to encourage and support Aboriginal and Torres Strait Islander people in all contexts.

SAHMRI acknowledges the support and contributions of Aboriginal Community Controlled Organizations and community members in the development of this report, the Ceduna Youth Hub staff and young people, the metropolitan group, and all those involved with the engagement. SAHMRI team acknowledge the support, and guidance and valuable contributions of Elder Ms Sandra Miller, SA Elder of the year 2023 an Aboriginal Elder with cultural and extensive experience and expertise in policy, program and service development.

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## Acronyms

ACRA	Aboriginal Communities and Families Health Research Alliance
CANZUS	Canada, Australia, New Zealand, United States
CBITS	Cognitive Behaviour Intervention for Trauma In Schools
CBPR	Community Based Participatory Research
CBT	Cognitive Behaviour Therapy
CFSS	Child and Family Support Services
DHS	Department for Human Services
DV/FV	Domestic violence/Family violence
EIRD	Early Intervention Research Directorate
OFW	Office for Women
SAHMRI	South Australian Health and Medical Research Institute
SEWB	Social and Emotional Wellbeing
TF-CBT	Trauma Focused – Cognitive Behaviour Therapy
TIMHW	Transforming Indigenous Mental Health and Wellbeing
TRCB	Trauma Responsive Capacity Building Framework

## Key terms and language

Language used throughout this report reflects the language use throughout the included studies of the rapid review. Language used throughout studies referring to the First peoples reflects the language used in those countries of origin. These are: Indigenous, Aboriginal and/or Torres Strait Islander, Māori, American Indian/Alaska Native, Native Canadian, Inuit, and First Nation.

Australia has two first nations peoples Aboriginal, and Torres Strait Islander. For the report the terminology will hereafter be collectively referred to as 'Aboriginal'. That is unless both groups have been referred to in the material drawn upon.

The age range focus for this report is about 10 – 14 years, as there is a paucity of literature about this age group. Some studies in the rapid review included a broader age range. The young people are referred to as: young people, youth, adolescent, children, and youth., children, and young people.

With reference to the geographic areas or land that Aboriginal peoples belong to or are connected to are referenced as: land, on country, out bush, homelands, and/or the name of the First people who are connected to the area e.g., Kurna land.

Yarning – is a way Aboriginal people share information, connect, and relate to each other to make connections before business and can be done. Yarning can include storytelling and is also a recognized qualitative research methodology.

Indigenous story telling is often through circular diagrams that demonstrate holistic and the interconnectedness of life and experiences that is continuous rather than using a linear framework

with a start and ending. The Social and emotional wellbeing model uses the circular wheel approach to reflect the interconnectedness of domains.

## Executive summary

Adolescence is a key developmental life stage, of particular importance is the formation of identity. Exposure to trauma from family and or domestic violence and underlying historical intergenerational trauma can impede identity formation and can lead to identity crises or mental health issues. For some time, Indigenous peoples of the world have looked to culture as a protective factor, keeping people strong in the face of adversity (Allen 2018).

For Aboriginal and Torres Strait Islander young people, programs and policies that focus on protective factors such as positive wellbeing and resilience, include cultural elements that strengthen their identity, sense of belonging and connectedness to family, community, and country. There is a paucity of studies that give us clear programs and pathways for young Aboriginal and Torres Strait Islander people's wellbeing. This report *Strong Culture, Strong Young People: embedding Aboriginal culture in services and programs* addresses this gap by identifying cultural elements in programs leading to positive outcomes, hearing from young people about how they experience culture contributing to their social and emotional wellbeing, and alignment of current policies and outcomes to better understand and suggest ways to implement cultural and trauma informed programs.

## Recommendations

### *For Policy/Funders*

Establish an Aboriginal decision-making governance process, defined and led by Aboriginal young people, and facilitated and supported by a nominated group, this could be the South Australian Aboriginal Community Controlled Organization Network group (in the absence of a 'Voice'). Once established the Young peoples' group can provide advice and a voice, make decisions and recommendations to policymakers and funders about their wellbeing needs, and the cultural elements of the programs to meet the needs of Aboriginal young people.

Leaders, policymakers, and funders to review their practice to ensure sustainability of successful Aboriginal young people's Social and Emotional Wellbeing and Cultural focussed services and programs, noting that:

- Sustainability is more viable when there is provision of adequate time for community processes, such as co-designing programs and tools, and longer-term funding, up to five years or more.
- Program, evaluation, and implementation costs should be included core funding.
- Sustainability through resource support to ensure effectiveness, maintenance and growth are critical success factors identified in SEWB programs, and SEWB programs have an important role in securing and extending the gains achieved through other specific policy efforts, including Close the Gap.

Leaders and policymakers in the Department of Human Services, Child Protection, the Department for Education and Aboriginal Affairs and Reconciliation Division collaborate and agree to develop policy direction that reflects the strength, protective and resilient nature of Aboriginal and Torres

Strait Islander peoples and culture. Further, there is a need for:

- Trauma-informed practices and programs for Aboriginal young people that are developed with Aboriginal communities through the lens of Indigenous ways of Knowing, Being and Doing, ensuring culture and cultural and emotional safety are strengthened.
- Cultural interventions, where culture is seen as a ‘treatment’ or as a ‘protective factor’, and Indigenous traditional knowledge and wisdom are used in the development of intervention strategies.
- An all generation focus on policy and programs - Aboriginal and Torres Strait Islander people continue experiencing intergenerational trauma, and therefore the impact of parent and carer mental health and trauma flows on to young people.

Policymakers address workforce development through:

- Attending and participating in existing intersectoral Workforce development strategies addressing workforce shortages.
- Providing scholarships for Aboriginal people to attend trauma-informed care training and education.
- Providing a range of online, webinar and other digital training and education opportunities for all staff working with Aboriginal young people accessible to metropolitan, regional, and remote areas.
- Including development of a community of practice (network a community addressing the same topic to share ideas, build capacity) valuing cultural knowledge and clinical knowledges equally.

### *For further research*

There is a need for research that understands how embodied and relational healing practices that reflect Aboriginal cultural values and concepts such as connectedness, collectivism, and diversity is incorporated into Indigenous wellness frameworks. Hence, these will need to be better utilised or adapted for Indigenous young people, particularly for those who have been maltreated and/or are in the youth justice system.

Further research is needed to critically examine youth mental health and cultural healing intervention models and the philosophical and cultural assumptions implicit in their delivery. Long term monitoring or understanding of the participants in these studies and ongoing evaluations are needed to contribute to a robust evidence base.

Another priority is to actively enable Aboriginal young people’s voices in research. Moreover, research that explores young peoples’ attitudes, experiences, and opinions about healing and recovery from trauma of family/domestic violence in the context of their Aboriginal cultural experience of family and community, and the impacts on their wellbeing in a cultural context. How young people would like to access support when growing up around violence.



### *For services/organisations*

Staff attend on-going trauma-informed training through a variety of ways: formal education, digital training including webinars and interactive workshops face to face and virtual. Once off training is insufficient without systems change or support for staff to change practice, and this does little to deliver trauma responsive practice.

Capability building of staff working within a cultural framework, through a community of practice or peer learning circle that meets over a number of months facilitated by a skilled facilitator is crucial. This will ensure that the different paradigms that teams of workers operate in is clearly understood, a team comprised of for example therapists, clinicians, Aboriginal community worker, Aboriginal support worker and a team leader constantly need to check their shared understanding and that they are all working toward the same goal respecting each other's skills and experience.

Another critical factor is management support and understanding. What do managers need to support them to support staff doing this important work, of learning how to do things differently, and with an Aboriginal cultural framework?

Support the development of culturally adapted programs through co-design, and/or documenting through evaluation of existing programs for Aboriginal young people, particularly in the age group 10 – 14 years.

Assist therapists to understand the degree of affiliation young people have with cultural practices, including:

- Record cultural resources that work and in which circumstances.
- Document through organizational reports how families and the young people and therapists value cultural practices and the positive outcomes of therapies tied to those cultural practices.

With adequate resourcing, partner in implementation projects for young Aboriginal people aged 10 – 14 using culture as a strength, progressing knowledge and evidence gained through this report.

Highlight the strengths and capabilities of Aboriginal young people rather than only focusing on gaps. This could be done by describing and documenting best practices in how Aboriginal young people and community lead the organization's services and programs.

Consider the mental health needs of parents as this may contribute to disconnectedness of Aboriginal young people, and influence the young people's mental health, and their access to services.

### **Introduction**

This project was commissioned and funded by the South Australian Department of Human Services (DHS). It connects to three policy and program areas within the DHS; two units, within the Community and Family Services Directorate, namely, the Office for Women, and the Safer Family Services units; And the Inclusion and Reform unit within the Early Intervention Research Directorate (EIRD). Safer Family Services unit, which funds services and implements policy for young people, identified a gap in culturally appropriate services for Aboriginal young people aged 10 – 14 years. The Early Intervention Research Directorate, which provide evidence and policy support across DHS, co-designed, with Aboriginal communities, a trauma responsive framework.

The Aboriginal Communities and Families Health Research Alliance (ACRA) at the South Australian Health and Medical Research Institute (SAHMRI) agreed to undertake the project. The project expands on the trauma responsive framework and focuses on the cultural and safety elements for young Aboriginal people in this age group. The project comprises four main parts: i) rapid review of the program cultural elements, ii) Using the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing wheel (SEWB Wheel), as a strength based Aboriginal tool to identify culture and safety for young people, iii) and compare the DHS frameworks to the SEWB wheel, iv) yarning with Aboriginal young people and service provider staff, and v). identification and discussion of possible ways to address cultural gaps for service implementation and improvement and formulate an implementation plan.

## Background and Overview

This is a DHS Community and Family Services funded project. The work aligns with the National partnerships on COVID-19 Domestic and Family Violence Responses, in recognition of increased risk factors for family and domestic violence, financial hardship, housing stress and poor mental health associated with COVID lockdowns. It is also recognized that service responses to Aboriginal children and young people who have experienced and continue to experience domestic and family violence are critical, and that such exposures heighten their vulnerability to multiple layers of intergenerational trauma and ability to cope with further traumas. (See Appendix A National Partnership).

### *This project*

This project is part of a broader research program within Aboriginal Communities and Families Health Research Alliance (ACRA) at SAHMRI women and kids theme, focusing on wellbeing and strengths approaches. The current research projects include identifying and providing practical supports with pregnant Aboriginal women and their key support people during pregnancy and the early years, a current application for a longitudinal study follow up of Aboriginal young people, and a project about lateral violence, racism and trauma as experienced by Aboriginal young people.

This “Strong Culture Strong Young People” report presents the findings from this project. These findings identify Aboriginal cultural elements for evidence based ‘best practice’ service approaches to support Aboriginal young people aged 10 to 14, who may have experienced trauma from family / domestic violence. Aboriginal culture has been identified as a protective factor and strength and is conveyed in many services and projects to address adversity and wellbeing for many Indigenous young people. (Gee et al). For this age group, it is critical to address health, identity, and social and emotional wellbeing within a holistic framework that empowers them to identify and voice their own needs. Hence, this report focuses on the cultural elements and initiatives to the healing of trauma, mental health issues, wellbeing, and identity development. These findings are presented in this report, including implementation plan.

## Project Objectives

There were five main objectives to this project.

1. A rapid review using systematic methods to identify and discuss cultural elements in Indigenous adolescent programs using evidence from Indigenous healing approaches across Australia, Canada, United States and New Zealand (CANZUS nations).

2. The SEWB Wheel introduced and used as the Aboriginal cultural frame of reference for the project.
3. To determine the extent of alignment and connection across Department for Human Services policy and program directions through the Child and Family Support System Program Level Outcomes Framework and the EIRD Trauma Responsive Capacity Building Framework with the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Wheel.
4. Interactive yarning groups with Aboriginal young people and services staff with young people in a remote and a metropolitan setting.
5. Develop implementation plan.

### ***Project governance***

Two levels of project governance were established to ensure accountability. One level involved departmental senior officers and Aboriginal Community Controlled Organization senior staff. The other level involved the key staff who provide services to the Aboriginal and Torres Strait Islander young people. SAHMRI team members attended all governance processes.

### **Objective 1: Rapid Review**

A rapid review was undertaken to evaluate the evidence regarding healing programs, especially those that pertain to health and Social and Emotional Wellbeing (SEWB) outcomes for Indigenous young people in Canada, Australia, New Zealand, and the United States (collectively referred to as the CANZUS nations). These groups have similar lived experiences of racism, discrimination and intergenerational trauma,<sup>2</sup> which is deeply embedded in historical and contemporary oppressive colonialism.

### ***Rationale and design***

Prevention of, and healing from, family and domestic violence is a national priority for Aboriginal communities (Betterhealth Vic 2022) including impacts on children and young people from Child and youth development, health, and well-being are deeply impacted by the caregiving environment. Young people are particularly vulnerable to family and domestic violence; witnessing and experiencing violence can be internalized and normalized at a very young age, leaving children and adolescents at risk emotionally, mentally, spiritually, and physically. (Aboriginal and Torres Strait Islander Social Justice Commissioner 2011, Clark 205, Svetaz,).

Culturally appropriate healing programs aim to address impacts by building self-worth, self-identity, and cultural connection, to prevent and repair the effects of violence and trauma. Intergenerational, holistic, and strength-based healing for Aboriginal people, including young people, is on the agenda in Australia. (National preventive health strategy) The National Aboriginal and Torres Strait Islander Healing Foundation and Emerging Minds have created a holistic approach that brings together best practice child development theory and Aboriginal knowledge systems to better understand parenting through a trauma-aware, healing-informed lens. (Healing Foundation).

## **Methods**

1. Development of a research protocol (available on request).
2. Research questions and search criteria were limited to Indigenous cultures across the CANZUS nations, age, trauma-informed and/or domestic or family violence lived experience.
3. Search strategy included three databases: PSYCINFO, CINAHL and PubMed.
4. Files were uploaded into Zotero (a reference management tool) to help organise material and for easy access.
5. The search criteria was input into Covidence (a tool to streamline the review process) to screen the references (transported from Zotero)
6. Minimum of two independent reviewers used Covidence by selecting and extracting data from studies agreed by consensus discussion to prevent bias (and minimum of one Aboriginal researcher).

## **Synthesis of main findings**

Findings were structured around themes with sub-themes identified in the literature (see Appendix 3). The underlying method of eliciting themes was via six -phases including familiarization of the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes and data analysis. The result is a rich description of both recurring and unique patterns of information across the identified articles selected in the review (Braun & Clarke, 2006; 2013). Twenty-nine studies were included in the rapid review for this project see Appendix 7.

## **Some common features across the studies**

Common and recurring features were evident across the assessed studies.

Many studies featured a **circular healing and wellbeing framework**, such as the SEWB wheel, medicine wheel and four connections framework which shaped their programs (Morsette 2009, Salvador 2016, Ritchie 2014, Barraza 2016, Faller 2019). These were holistic in nature, and the circles incorporated cultural considerations through the relational, emotional, cognitive, physical, spiritual components. Circles are also used in ceremonial practices within the programs themselves such as smudging, smoking, prayers, talking circles (Barudin 2021, Robbins 2017, Le 2013). Practical applications of circles and wheels was incorporated across other contexts, such as youth ageing out of the out of home care system, Child Protection, and Youth Justice (Barudin 2021), using co-design methods and community ownership.

Many of the programs described in the articles discuss **connections and relationships** as important to Indigenous world views. Strengthening relationships and connections improve wellbeing and empower young people to connect to others, the environment, their bodies, community/peers, spirituality and ultimately to themselves (Coffin 2019, Barudin 2021, Faller 2019, Gibson 2022, Barudin 2021, Morsette 2009, Le 2013). This included various programs indicating the importance of the location to instil many elements of wellbeing, for example in a forest, on country, in a camp setting and excursions with activities on country learning about culture, language, caring for country and cultural skills (Janelle 2009, Blignault 2013, Tingey 2016, Barnett 2020, Healey 2016, Barraza 2016, Allen 2018).

Most programs discussed the incorporation of **cultural safety** – ensuring safe places to be, talk and express yourself and voice emotions and considered gender (Fanian 2015). Flexibility in programs to make cultural safety a priority and enough time to build trust among young people in groups and individually; make safe spaces available for young people to talk and connect with therapist, and, with each other. The venue may be school or in community where young people found out about services in their area (Gibson 2022, Louth 2021, Wicks 2018, Salvador 2016, Barraza 2016 Allen 2018, Coffin 2019, Robbins 2017).

Some programs focussed on **addressing trauma** to improve wellbeing such as mindfulness and yoga and equine assisted learning (Ivanich 2020, Healey 2016). Other programs provide resources, such as providing parents with information about impacts of trauma on their children through talking and other written materials; included information on intergenerational trauma n; and, support services. Some programs that focused on connecting and strengthening the bond between young people and families including community and extended family, has an impact to decrease suicidal thoughts,((Fanian 2015, Gibson 2022, Barudin 2021, Morsette 2009, Le 2013,Ritchie 2014, Goodkind 2012).

Some of the programs were developed and **owned by Indigenous communities**.. These programs included peer educator suicide intervention model in the Kimberleys (Tigue 2012), An Australian Family Wellbeing model which developed modules to address domestic and family violence (Kowanko 2008, McCalman 2010, Tsey 2000), and the Inuit 8 Ujarait/rocks model (Healey 2016). There were other studies from the United States that were grounded in local Indigenous culture and built the programs or adaptations out from this. These cultural program titles and their module titles are listed in Appendix 5. Another Community Based Participatory Research (CBPR) project was a combination of Plains Cree kinship methodology and ethnogenesis western methodology. Within this cultural safety took time to build, using Indigenous reciprocity and relational accountability methods (Robbins 2017). Some outcomes from these programs were young people’s personal empowerment, reduced likelihood of reoffending, engagement in further study, improved employment outcomes.

Various studies successfully **adapted existing tools and therapies**, both western and Indigenous, for use with Indigenous young people. Adaptions occurred through engagement and capability building with researchers, services, and communities, so that particular tools and therapies could be used with the programs. Examples include: Cognitive Behaviour Therapy, a western based therapy, was adapted to use with Indigenous young people through Community Based Participatory Research CBPR Bigfoot 2010). This resulted in tribal specific cultural elements individual young people could relate to; in another study, the medicine wheel was used to adapt the Personal Balance Tool by a Youth Council over two years (Barraza 2016);another example was local Indigenous people in two different sites (US and Canada) adapted the Indigenous Strengthening Families Program for Parents and Youth (SFP10 – 14) iteratively, incorporating local culture; and all featured Indigenous **time and strong collaborations** (Ivanich 2020). Other adaptions discussed were through providing strategies individually for **emotional regulation and calming the brain** (McNichols 2017). A case study used CBPR within an Indigenous framework to develop a compendium of information in various practices. The SFP 10 – 14 was an intervention to prevent smoking, the adaptation process resulted in one community using it with a trauma focus for suicide prevention and to prevent substance misuse. Themes arising from the studies included intergenerational trauma and its impact on identity development.

Many of the programs talked about **strengthening and empowering** young people by enabling protective factors. Some examples included mechanisms that could give a voice to young people (through social and community media) (Gibson 2022); young people become advocates (local

government put in bike lanes) (Faller 2019,); and through making posters and videos for their community as audience (Barraza 2016, Allen 2018, Poelina 2004, Barraza 2016).

**Skill mastery**, by having a focus and being intentional about activities, ‘learning in the mind of doing things in a masterful way’ (Barraza 2016, Allen 2018, Faller 2019). Using mindfulness in an adapted suicide prevention program resulted in less wandering of the mind for young people (Le 2013).

Some suicide prevention programs had an educational focus or incorporated elements of **education**, including the sharing of **historical knowledge and past trauma**. Conducting the gathering in a Council style (i.e., sitting in a circle), smoking ceremony and check-in rituals (Le 2013). Others used storytelling to share elements of culture and identity such as the meaning of being Aboriginal; which improved school attendance, pro-social behaviours and relationships with peers and families (Gibson 2022, Louth 2021, Ivanich 2020, Barraza 2016, Allen 2018, Le 2013, Tigue 2012).

The importance of the **skills of all staff and volunteers** was described in many programs as a contributor to achieving programs outcomes. These skills included **Cultural competency**—staff members and mentors, volunteers, and community people on country, needed to be competent and knowledgeable in cultural crafts and activities (Salvador 2016, Barudin 2021, Fanian 2015, Goodkind 2012, Coffin 2019); and **support mechanisms**- skilled in being able to provide support to ensure the activities went smoothly including multiskilled facilitators, mentors, Elders, Aboriginal people, peer supports (Gibson 2022, Ivanich 2020, Louth 2021).

### **Outcomes**

Not all literature gave a timeframe for the assessment of outcomes, and outcome measurement varied. Methodologies included the use of surveys, observation, psychometric and/or other measuring tools.

#### **Short-term outcomes**

Short-term outcomes in this report are those assessed up to 12 months after the intervention.

One study included an intensive mental tele-health service piloted in a remote area who would not otherwise receive mental health services. Three community visits were made prior to commencing the play therapy for under 12-year-olds, and therapy was an average of 15 sessions over a period of 10 days.. The program needed sufficient supports, specifically trained staff and additional training, staff coaching and supervision via phone to the United States. Data was collected a month apart, before and two weeks after the program. Parents reported many difficulties diminishing over time particularly, emotional problems (Wicks 2018). In other studies, while interventions are running, an indirect benefit (short term outcome) was wages for local community people (Tsey 2000).

#### **Long term outcomes**

In the long term (beyond 12 months) the following process outcomes were identified: scalability (available more broadly), partnerships (interagency collaborations), and dose (frequency and persistence of benefits). Other long-term outcomes included improvements in young people’s identity; at the individual, family and community level, there was increased connectedness to culture, land, spirituality, and Ancestors. At the practitioner and organizational level, identification of enablers and barriers to implementing trauma responsive services.

**Scalability** was described as programs being available more broadly based on costs, practicalities, and applicability to other communities. One study based in schools recommended the program also be available in the community and involving Elders and other community members (Blignault 2013). Some projects were very small but the potential for practical application in other contexts such as youth justice, child protection, and ageing out of the out of home care (Barudin 2021) was evident. The authors of a strengths-based bike program in a single location in Hawaii suggested that the program may be scalable to other geographic locations (Faller 2019). Another study about a community-based healing program suggested that various healing programs could and should also be available through schools (McCalman 2010).

**Partnerships** and interagency collaborations with relevant government, non-government, funding agencies and community resulted in Indigenous participation and ownership of projects, a focus on young Aboriginal people and recognition that multiple solutions were required to meet many community needs, given that community perceptions of the benefits are important (Poelina 2004). In another Australian setting, a Youth Justice Unit was established, resulting in more training opportunities, increased recreational and other activities in partnership with agencies and community volunteers, community input into programs increased interagency approaches (Lee 2008). Other partnerships included Indigenous community involvement in the interventions, such as local Indigenous people with cultural knowledge and skills would participate and, in some cases, volunteer their time transferring cultural skills. This project found that Indigenous young people were highly motivated, demonstrated co-operative pro-social behaviours and pride (Janelle 2009). Community partnerships are also important in co-designing programs, involvement, capability building and community understanding and for ongoing success (Louth 2021).

**Dose**, although a medical term implying medication, was also used in this context in relation to social health interventions, as a way of describing the benefits to young people in relation to the frequency of intervention and the persistence of benefits following interventions. Measurement of these factors was based on observations and feedback by family and school staff. A suicide prevention program with several cultural modules was trialed in two sites, with higher dose (more activities and modules) compared with lower dose (fewer activities and modules), found that higher dose and a minimum of seven sessions was required to see benefit (Barraza 2016, Allen 2018).

### ***Other long-term outcomes***

A study which adapted Cognitive Behaviour Intervention for Trauma In Schools (CBITS) to the local culture and language for Indigenous adolescents living in a rural reservation, used seven case studies from this school-based program for students who presented with Post Traumatic Stress Disorder (PTSD). This adaptation of the measure demonstrated that a 'manualized' (a program manual to guide the sequence and steps) CBIT for 10 weeks has potential for helping some children with PTSD. Students who completed the program volunteered to participate even though they had to make up lesson time. The pre and post-test outcomes and staff observations showed that young people had improved their peer relationships. (Morsette 2009).

Another 'on country' program took young people on 6 camps over a 2-year period and used an Indigenous framework of the 8 Ujarait/rocks model (Appendix 5). Application of the model with broad participation, positively impacted family and community relationships and promoted enduring Inuit values such as connection to family, community, and the land (Healey 2016).

Two equine assisted learning (EAL) programs, one assessed at five time points over an 18-month period, found that young people's identity, spirit, emotions, and wellbeing was strengthened in the US (Goodkind 2012). The 6-week Australian study had overwhelming evidence that EAL programs

improve the social and emotional wellbeing of youth. The results showed reductions in antisocial behaviours and increase in positive behaviours and body language, such as increased school attendance as recorded from teachers, parents, and caregivers (Coffin 2019). Youth felt horses were non-judgemental and was a safe space.

### **Strengthened young people's identity**

Many studies had a focus on identity, critical at this life stage, and the elements that provided strong cultural identities. Longitudinal follow-up five years later with young Aboriginal people who had mapped their educational and career aspirations were still 'empowered by their identity rather than constrained'. Participation in 'on country' programs was beneficial for personal growth through gaining independence, interaction with others and contributes to success at school (Ritchie 2014). Taking a strengths-based approach, these programs connected young people to their ancestral heritage and taught young people how having a sense of self and ethnic identity provides a strong foundation for being entrepreneurs (Tingey 2016, Barnett 2020). And through cultural activities and games young people could find out about their own culture identity, where and how they belong and to begin to establish their responsibilities in their own communities. (Gibson 2022).

### **Individual, Family and Community level impact of interventions**

Many programs described interventions that strengthened young people's connectedness with their family (and extended family). Youth learning from Elders, and Elders learning from youth in focus groups about historical events such as removal of Aboriginal children from their families, and lived family violence experiences, led to the young people participating leadership at school and other activities. This work resulted in development of educational and promotional resources, video, brochures, and posters where young people had a voice into community (Kowanko 2008). Young people's participation and voice into community also strengthened community perspectives of young people and enabled young people's understanding of technology and media (Poelina 2004).

### **Connectedness to culture, land, spirituality, and Ancestors**

Connectedness to culture, land, spirituality, and Ancestors, occurred both on country and in the rituals and ceremonies conducted in programs in schools, in community (Barudin 2021, Robbins 2017, Le 2013). Culture is central to individuals and is core to any interventions (McNichols 2017). Valuing Aboriginal people and culture was central to developing a program identifying and planning career aspirations, and that after five years identity, sharing culture, motivation and future education aspirations were continuing (Louth 2021).

### **Organisational gaps identified**

Through these studies, organizational gaps were identified. Workforce capacity shortfalls were identified, such as the need for local training and support (McCalman 2010 ) as well culturally and clinically competent staff and volunteers (Barudin 2021). Emphasis was placed on the need to include young people in any Community Based Participatory research CBPR (Gibson 2022) and for community to be involved in selecting any evidence-based programs (Ivanich 2020).



## Practitioners

Through community-based partnerships, using Indigenous principles of reciprocity, community learned about therapeutic interventions and were concerned that not all practitioners were reciprocating about the importance of culture, as some saw inclusion of culture as optional and not mandatory (McNichols 2017). The cultural adaption of yoga and mindfulness programs helped inform and connect staff, facilitators, mental health supports and administrative staff (Barudin 2021).

## Summary

Common elements of successful programs identified in the literature include: cultural immersion; work from strengths and not seeking to problematise and correct deficits; pay careful attention to content and process; understand local context; engage broader community (Elders, role models); and, ensure relevant skills from non-Indigenous people. Common outcomes and impacts include improvements in connectedness and improved relationships between young people and their family, community and with country. Summary of the critical success factors at a systems level were that SEWB programs have a critical role in securing sustainability of gains achieved through specific policy efforts including Close the Gap. Strong and consistent policy, implementation and management, and resource support to ensure effectiveness, sustainability, and growth. Recognition of the power of one-on one and group youth development efforts, whether through mentoring, arts, caring for country, cultural celebrations, school programs or any combination of programs is critical.

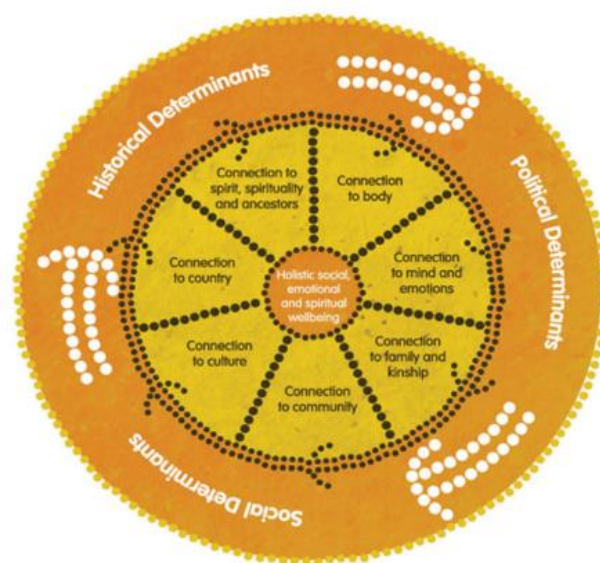
### *Common study features relating to Aboriginal and Torres Strait Islander young people in Australia.*

To explore the common features across all of studies above (which include Australian studies) with Australian Aboriginal and Torres Strait Islander young people, an Aboriginal wellbeing framework is essential. The success of deepening understanding of SEWB and translation into policy and practice for Aboriginal young people led to this project using the Aboriginal and Torres Strait Islander SEWB Wheel.

## Objective 2: The Aboriginal and Torres Strait Islander Social and Emotional Well Being Wheel

The Aboriginal and Torres Strait Islander Social and Emotional Well Being Framework, hereafter called SEWB Wheel, was chosen by the study team as the most appropriate cultural framework to inform the project. The National Aboriginal Health Strategy (1989) and the Ways Forward Report (1995) underpinned the principles of Aboriginal wellbeing that led to the development of the SEWB model and wheel diagram. The current wheel, led by Gee (Gee et al, 2014), was discussed and developed through co-design research by Psychologists from the Australian Indigenous Psychologist Association (AIPA). Since then, it has collectively been discussed in many forums across Australia (See Transforming Indigenous Mental Health and Wellbeing (TIMHW)).

Aboriginal people view health and healing is holistic, that is collective and relational involving the physical, social, environmental, mental emotional and spiritual aspects of health and wellbeing, Therefore the sense of self (identity) represented at the centre of the diagram is intrinsically entwined and connected to the seven domains in the wheel, along with outer domain that is referred to as the eighth domain in this report. These connections are to 1. Body, 2. Mind and emotions, 3. Family and kinships, 4. Community, 5. Culture, 6. Country, 7. Spirit, spirituality, and ancestors, 8. The social, historical, and political determinants (see figure 1). Hence the wheel and framework advocates that the greater and stronger the connection, through various behaviours, processes, and activities, to the SEWB Wheel domains the stronger the sense of self and greater wellbeing.



© Gee, Dudgeon, Schultz, Hart and Kelly, 2013  
Artist: Tristan Schultz, RelativeCreative.

**Fig 1** Aboriginal and Torres Strait Islander SEWB Wheel

The common elements from the rapid review align with the strengths based SEWB Wheel approach of this project. This SEWB Wheel is **circular**, holistic and the cultural relational, emotional, cognitive, physical, spiritual components are all present. **Connectedness and relationships** to people, self, community, culture including spirituality and land is evident in this SEWB Wheel. **Cultural safety** is important and enables a process for people to safely connect with these domains and aligns here with connection to other people (family and kin and community) and culture. **Community ownership** of programs and **adaptations** that respectfully involve local and regional Aboriginal people of programs and tools, also fit with this SEWB Wheel. Ownership and adaptation are a good fit because they **strengthen and empower** people to overcome the repeated historical ‘one size fits all’ or a top-down models of determinants of health. Strengthening and empowering Aboriginal people, particularly in informed decision making, to have ‘agency’ is a key component of self-determination and is foundational to wellbeing. **Skill mastery**, involves having a focus and being intentional about activities, and is about connection to the wellbeing aspects of mind, emotions, and the physical body, is also pertinent. This is also exemplified by one’s emotional regulation and **calming the brain**, to self-regulate and have focus and greater self-awareness.

**Education and knowledge** sharing, via storytelling and yarning about the positive and negative aspects and impacts of history and every-day life, might address various features of the historical, cultural and political components of this SEWB wheel. Education was used as a prevention strategy for suicide, intergenerational trauma and/or racism prevention in Australia (Gibson 2022, Tigue 2012). **Cultural competency**, the knowledge and awareness about cultural matters with the ability and skills to carry out daily and longer-term activities and processes is also a necessary component of the SEWB wheel. For example, those without cultural competency, nor being guided by culture and knowledge holders and language speakers, might struggle with their wellbeing. The **support mechanisms** that facilitated activities and programs, particularly from local Indigenous people, helped with cultural safety, connections to the community and connection to culture by sharing their cultural knowledge, skills, and strengths-based approach to address trauma, and is congruent with the SEWB Wheel. **Addressing trauma** which was evident in the rapid review spans all domains of the SEWB Wheel including the outer circle, historical, social, and political determinants, and is therefore an essential element.

### *Summary*

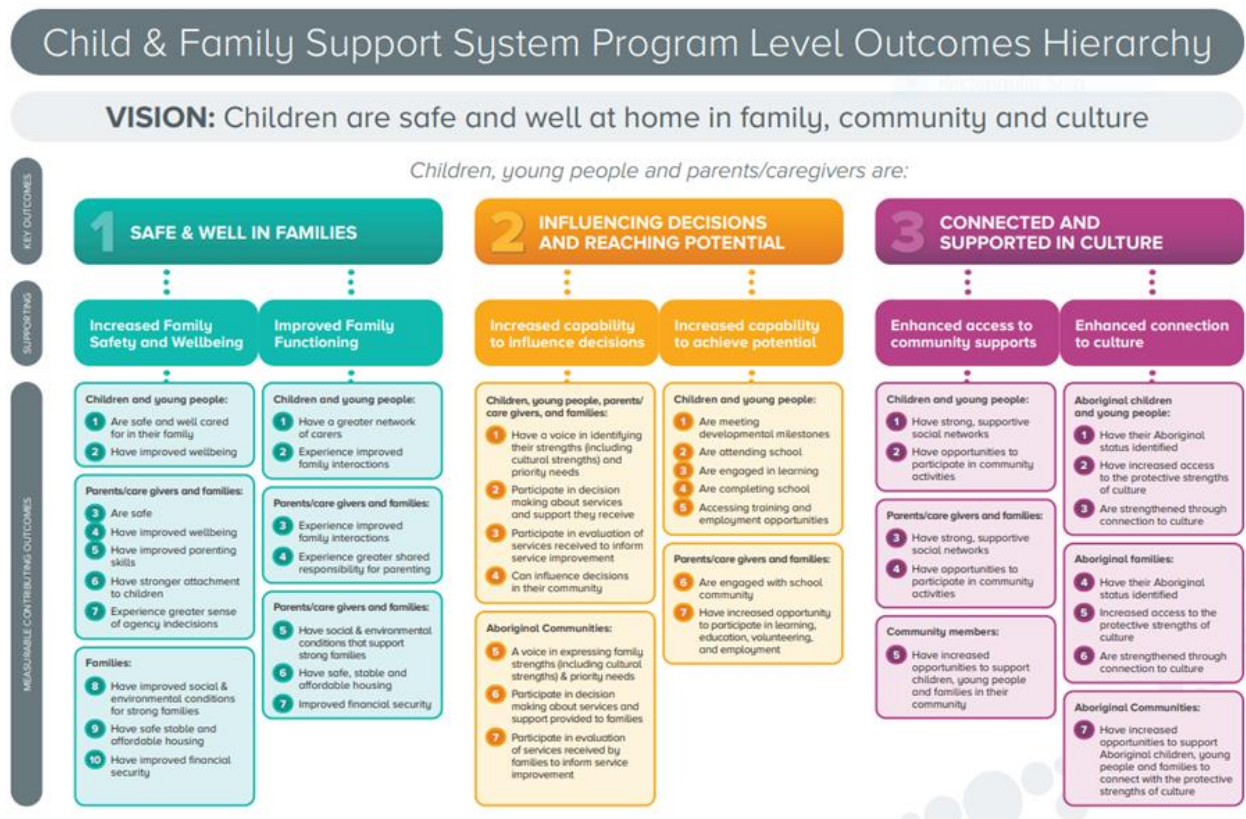
These common features and themes identified in the rapid review are linked to the domains in the SEWB Wheel, which all link to each other in a relational and circular way. For example, to **address trauma**, a **safe space** and **knowledge** is required by both young people and the staff. Most programs were **activity** based, whether **outside on country**, or practicing mindfulness, **riding horses**, or participating in **cultural activities** such as **beading, hunting, or painting**, and all took a supportive and strengths-based approach. To achieve these activities, staff need to have sound **skillsets** and **cultural competency**. Finally, the importance of family and community acceptance and involvement and support of initiatives, whether therapeutic or other programs involving young people.

### **Objective 3: Extent of alignment between study findings, DHS Frameworks and SEWB Wheel**

This section brings together the DHS program and policy support frameworks to demonstrate how they align with the review literature and SEWB Wheel. The SEWB Wheel is used as the framework to describe the Aboriginal cultural elements in the literature as they relate to the young people, and we are extending this to show that there is a good 'fit' with DHS policy and program frameworks. By doing this we hope to ensure Aboriginal culture and connections are central to outcomes for Aboriginal young people.

## Child and Family Support System outcomes framework (CFSS)

The outcomes of this project align with the Child and Family Support System outcome framework (CFSS). It was developed and co-designed with Aboriginal stakeholders, by the Safer Family Services Unit in DHS. (fig 2 CFSS outcome framework). The primary aim of the CFSS is to respond to the needs of all children at risk of entering the child protection system with the vision to support children to remain well and safely at home, within family, community, and culture.

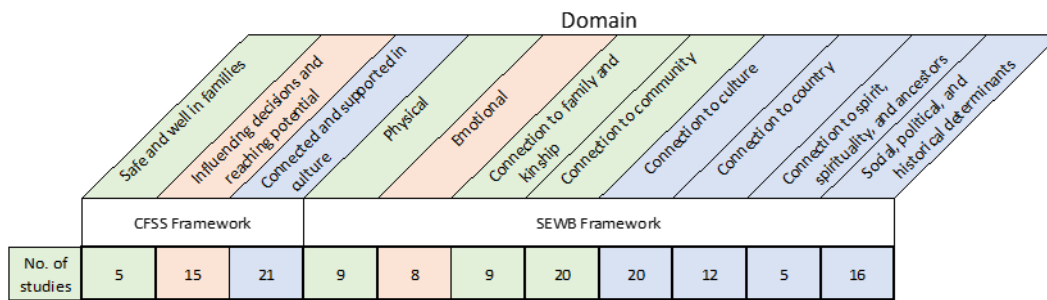


**Fig 2** Child & Family Support Systems Program Level outcome framework)

This CFSS framework in itself has a cultural and Aboriginal specific lens, across the three key outcome areas. There are many commonalities when this is compared with the SEWB Wheel (see Fig 1).

Every study in the rapid review covered culture within the domains and covered more than one domain in the SEWB Wheel. For comparison, the first outcome area of Safe and Well in Families, there were commonalities with the SEWB Wheel domains of physical; connection to family and kinship; and connection to community (colour-coded green). The second outcome area of Influencing Decisions and Reaching Potential had common examples with the SEWB Wheel domain of Emotional (colour-coded orange). The third outcome area of Connected and Supported in Culture had most commonalities with SEWB domains of Connection to culture; Connection to country; Connection to spirit, spirituality, and Ancestors. The SEWB Wheel domain of Social, Political and Historical determinants is common across all three outcome areas but is more closely reflected in the cultural

outcome due to ongoing lived experiences of past and ongoing policies and practices (colour-coded blue). See Appendix 6 for the studies.



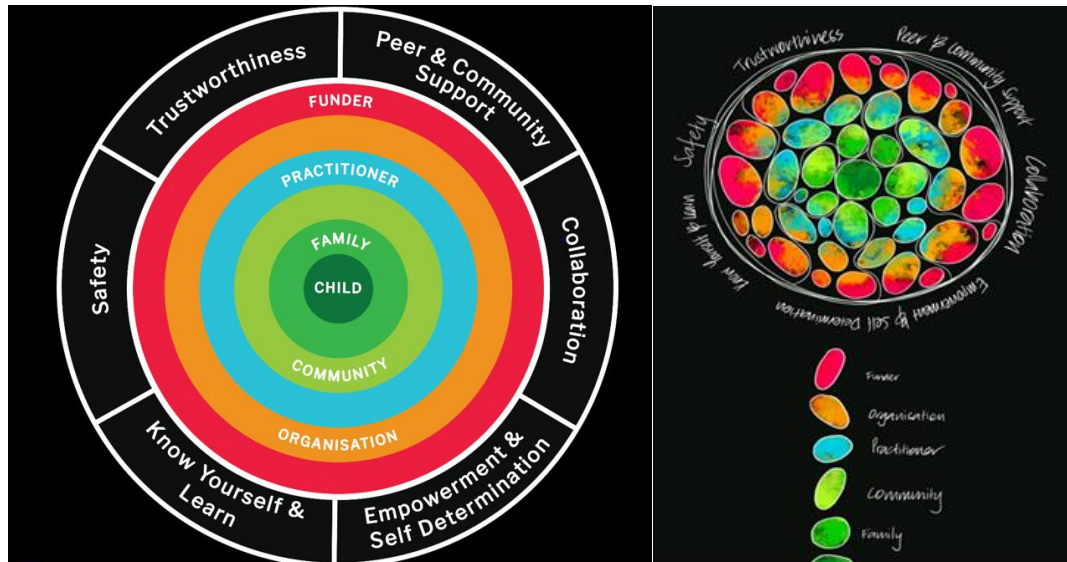
**Fig 3:** Alignment between SEWB Wheel and CFSS outcomes framework.

### Trauma Responsive Capacity Building Framework Wheel and Attributes

The DHS Trauma Responsive Capacity Building (TRCB) Framework provides the foundation to support implementation of the CFSS Outcomes Framework and seeks to embed trauma responsiveness to create a safety system for families and children. Again, this provides an opportunity to apply an additional Aboriginal lens through the SEWB Wheel, and by drawing upon the cultural elements from the rapid review literature.

The TRCB Framework is comprised of two main complementary parts. Firstly, the inner Wheel, made up of four levels: i. Child (centre), Family and Community together, ii. Practitioners, iii. Organisation and iv. Funders. Secondly, the outer wheel comprises attributes of Safety, Trustworthiness, Peer & Community Support, Collaboration, Empowerment & Self Determination, and Know Yourself & Learn. Together, these two parts make up a systems approach to trauma responsiveness that interacts at all levels.

As part of the co-designed development of the TRCB framework a symbolic design accompanies the framework (see figure 4). It represents the same TRCB Wheel and is the Aboriginal artwork version showing pathways for Aboriginal families through services and systems that are not linear, with pathways changing direction, going forwards, backwards, to the sides and around.



**Fig 4:** Trauma Responsive Capacity Building Framework Wheel and Attributes/Principles – both are representative and the version on the right is depicted in Aboriginal artwork.

**Cultural alignment of framework with SEWB Wheel Alignment of SEWB Wheel**

The Attributes in the Trauma Responsive Capacity Building (TRCB) Framework mostly align across the SEWB Wheel. There are many Attributes which align to more than one SEWB wheel domain, we have only shown one interpretation here as examples of alignment, (readers may have other interpretations) and are highlighted in Fig 5, (in orange, green, blue, and yellow).

SEWB Wheel physical and emotional domains align with the TRCB attribute of Know Yourself and Learn (blue), rapid review examples included that after learning new cultural skills, young people felt better in themselves and had increased ability to deal with stress.

TRCB Comparison with cultural SEWB Wheel domains

Domain	Physical	Emotional	Connection to family and kinship	Connection to community	Connection to culture	Connection to country	Connection to spirit, spirituality and ancestors	Social, political and historical determinants	Child, Family, Community	Practitioner	Organisation	Funder	Safety	Trustworthiness	Peer & Community Support	Collaboration	Empowerment & Self Determination	Know Yourself & Learn	
	SEWB Framework												EIRD framework wheel				EIRD F/work attributes		
No. of studies	9	8	9	20	20	12	5	16	29	8	6	4	14	8	11	7	5	13	

**Fig 5:** Comparison SEWB Wheel with Trauma Responsive Capacity Building Wheel and Attributes

Cultural connections are in green, Aboriginal people whether individuals, children, families, and the local Aboriginal community are connected to the SEWB Wheel domains about connectedness to

family, community, culture, country, and spirit. Most studies in the rapid reviews referred to the young people in the context of their family and community. The Practitioners may also be part of the connection to family and community, as they may be a part of the Aboriginal community either locally or from elsewhere. The rapid reviews spoke about community people being connected to and co-designing the research and/or the interventions for young people, and for role models to be authentic. The organization, similarly, may be located within the community and if it is an Aboriginal Community Controlled Organization, will have an Aboriginal Board with local representation. The attributes of peer and community support and collaboration are green as they are also about connectedness. In the rapid review, the connectedness examples included support for each other such as when young people were relocated through child protection from rural areas to an urban area, being embraced in cultural ways, a 'grandmother' role in the program endured after the program was completed. And collaborations across government, non-government, Elders and Aboriginal leaders to bring a focus on improving access to training and activities for young people.

From a cultural perspective, the Funder is in the outer domain 8 of the SEWB Wheel, as part of the social and political determinants. An example in the rapid review was of the community finding its voice and being heard in joint planning for the Youth Development Unit, these are in yellow.

Safety, Trustworthiness and Empowerment and Self Determination are the attributes that Aboriginal young people experience. The rapid review had many examples of the ways these attributes occur, and it is through connectedness to community and culture, including through safe environments, trusted and culturally skilled staff and where being Aboriginal and Aboriginal culture is valued. These are orange, as they could fit both connectedness and/or social determinants, depending on the experience of the young person.

### *Systems alignment*

In addition to cultural alignment, the TRCB Wheel components of Practitioner, Organization and Funders have key systems functions. Systems roles and responsibilities are related to service delivery, workforce, information systems, access to essential treatments and interventions, financing, and leadership/governance (WHO, 2010). These key TRCB systems responsibilities and attributes lead to the program level outcomes in the CFSS outcomes framework.

When applying the SEWB Wheel systems lens in the TRCB Wheel, Practitioner has responsibility involving:

- Workforce - skills, knowledge and experience, teamwork, leadership, understanding client need;
- information systems - careful and thorough documentation of assessment, client notes.

The rapid review literature gave examples of researchers working together with community and services to co-design the adaptation of therapies and tools – and the importance of selecting the correct therapies and/or tools required for young people to address the need.

At the organizational level, systems responsibilities include:

- leadership and governance - viability of the agency, directions and priority setting including change management to embed trauma responsive services, relationships with external organizations and funders, ensuring management support for appropriate workforce,

clinical and cultural safety for workforce, clients, and community.

- workforce - support workforce development including access to ongoing training, recruitment, and retention of clinically and culturally skilled workforce including volunteers.
- information systems – establishment of capable, secure, and confidential client management systems.
- access to essential treatments and interventions - up to date with current knowledge and understanding of essential treatments and interventions and reciprocal learning across staff, community, and young people.
- financing - allocation of resources for priorities such as change management when introducing new initiatives such as trauma responsive services and programs.
- service delivery – appropriate services and programs for young people.

The rapid review literature included the collaborations necessary with communities in providing cultural camps, leadership in communities about value of Aboriginal culture and this permeating at all levels of the organizations. Another example was organizations managing change toward new programs such as a trauma informed approach, will need to consider building in workforce training and education capacity including with Elders and community members who have cultural skills.

At the funder level, adequate time, and funding for trauma responsive service implementation, including time and cost for co-design, research, and evaluation. Time for co-design with community and young people, and adaptation of tools and therapies could take from two to four years to be fully embedded. There could be costs for license fees for particular therapies, programs and/or resources. Most peer reviewed research papers, and programs in the literature acknowledge the funding source, usually from government.

Examples of systems and cultural outcomes from the rapid review literature are noted in the following common cultural findings related to the SEWB Wheel.

### ***Common cultural findings across the studies in relation to systems***

#### ***Practitioners***

Practitioners delivering therapeutic services need a high level of cultural competency that includes skills and qualifications appropriate to the role, and to engage with Aboriginal communities (Wicks 2018, Salvador 2016). Local community facilitators with cultural skills, knowledge and experience should be involved, and clear understanding by everyone that culture is central to practice (Barraza 2016, Allen 2018, Morsette 2009, Bigfoot 2010, Ritchie 2014, Tsey 2000,) and not an 'add on'. Documenting and recording sensitive client records, decision making processes and interactions between practitioner and client requires secure technology and practices. Local community facilitators in some instances include modelling authenticity and vulnerability (Le 2013).

#### ***Organisation***

At the organisational level, evaluation of programs is important for improved outcomes and to provide an evidence base of what works well. Part of this should include documentation of processes, implementation science and/or research about the organisation's practices. Co-designed programs with local communities (bottom-up approaches) have higher success than top-down approaches.



Organisations need to bear in mind scalability, especially when successful evidence of improvement is found. Youth typically prefer informal meetings and settings such as ‘talking, not paper, too much like school’. Inclusion of outdoor and ‘on country’ programs (Bigfoot 2010, Morsette 2009, Ritchie 2014, McCalman 2010, Barraza 2016, Coffin 2019) is an organization level decision and has workforce and funding implications. Workforce shortages across the globe and in particular, mental health and trauma-informed workforce means innovative practices, pilots, and trials (Wicks 2018). Working with Indigenous community workers can be time intensive due to cultural differences in beliefs, skills, and experiences, and therefore time needs to be factored in for delivery. Mentoring and support is critical to job satisfaction, continuity, and program sustainability for all staff (Poelina 2004). Gender is also a consideration as there may be instances for providing gender specific programs (Barraza 2016, Allen 2018, Fanian 2015, Le 2013). Careful and thorough documentation, including evaluation of workforce and service delivery initiatives is crucial.

### ***Funder***

Funders may also have policy, monitoring, and commissioning roles. Funding operational programs also means employment of local people (Coffin 2019). Investment levels influence types and frequency of activities (Poelina 2004). Community perceptions of program benefits are important with a bottom-up approach as opposed to a top-down approach, with resourcing to Aboriginal people to develop their own programs (McCalman 2010). Long term approach to empowerment includes longitudinal studies, school based and community-based services (Tsey 2000), and to identify gaps in services requiring funding (Le 2013).

### ***Summary***

The Trauma Responsive Capacity Building Framework Wheel and Attributes are well aligned to support the Child and Family Support System program level hierarchy. The SEWB Wheel is comprised of Aboriginal cultural elements, which were used to draw out the cultural elements in the literature. Although not all programs in the literature described every cultural domain, common cultural themes emerged. The common cultural themes were then described at both program level and systems level outcomes for young people.

Appendix 6 is a table with the headings: CFSS three key outcome areas, SEWB Wheel domains, cultural element/s used , and trauma or family violence responsive. Examples from rapid review studies to illustrate which CFSS key outcome area, which SEWB Wheel domain/s, the cultural elements used and whether the study was trauma and/or family violence informed. Note that all studies had an Indigenous healing focus and not all were trauma informed. This table can be used to demonstrate gaps across the CFSS program outcomes framework.

## **Objective 4: Interactive yarning groups with young people and staff**

### ***Yarning with young people***

The importance of hearing young people’s voices is a vital component of any research. Yarning with young people and staff at the Youth Hub in Ceduna, on Wirangu country, and with young people and staff participating in a metropolitan SA Aboriginal Sports Training Academy Basketball event on Kurna country provided the opportunity for young people and staff to have input into the cultural elements associated with the SEWB Wheel.

### *What is the Youth Hub and what does it do?*

The Youth Hub is part of the Ceduna Aboriginal Corporation, a not-for-profit Aboriginal Community controlled corporation on South Australia's west coast. The Youth Hub is a service whose primary purpose is to provide engagement services such as Remote School Attendance Strategy, Youth Leadership, Services to Aboriginal Youth and Work for the Dole. A mainstay in service delivery for the Youth Hub is school holiday programs and after school drop in for young people aged 8 – 17 years. In the last 6 monthly reporting period (June-Dec 2022) the Youth Hub engaged with 226 individual young people and recorded a return attendance of over 2600 contacts. Average engagement numbers are 150-210 weekly attendances. The Youth Hub provides a safe space and environment for the youth attending; however, it does not provide specialist services for young people at risk of or homeless, or specifically for young people who have been traumatized from family violence. The Youth Hub was therefore not deemed an 'essential' service and was closed during COVID lockdowns, even when schools were open. The Youth Hub acts as a conduit to service engagement through strong relationships with service providers in the health, wellbeing, and education sectors to attend and provide information and awareness about their service, and to support young people learn new skills. Discussions between researchers and Youth Hub staff agreed in late December that this project would go ahead between January and June 2023. Because of the short timeframe would not be able to fulfill all parts of the original project proposed (Appendix 1).

### *Cultural elements at the Youth Hub*

As the hub is part of an Aboriginal Community Controlled Corporation, Aboriginal culture is present and immersive throughout the location and the physical environment. The staff, resources, the activities, and participation by the young people in Youth Hub is engaging. For example, the young people developed their own sign (see photo A)



**Photo A:** Youth Hub interactive artwork project sign

The Youth Hub is located on a large corner double block and comprised of a house, large outdoor area, and a large new shed. The growth of the Youth Hub program means that it has moved out of the house and into the new refurbished shed. The house is still used for small group activities. The outdoor area is welcoming and well maintained and has shaded lawn and pathways with outdoor seating benches, undercover seating areas with tables for eating together and a well-used basketball court for games. The large new shed is fully lined, and the open plan provides indoor spaces including a kitchen, flexible seating with couches and cushions, folding tables and chairs, and TV's and computers in the electronics corner. An office, storage space and toilets are partitioned off. Outside is a veranda with tables and

chairs. Staff commitment and high attendance by young people has led to successful funding bids resulting in the new, multifunctional space.

The programs and resources inside and outside are responsive to the needs of the young people, and the flexible layout means furniture can be moved outside for example and packed up at the end. There are quiet spaces and noisy spaces. Images around the inside show that it is an Aboriginal space with much pride. Programs are also flexible, and directed by needs of the young people. Shared cooking and food preparation and clean up, leading to opportunities to discuss food and other topics the young people are engaged in such as working in food outlets. The Youth Hub have organized for young people to attend 3-day camps within the region at a regional Aboriginal Homeland. Aboriginal people with cultural skills were teaching the young people cultural skills from that area. Another camp occurred that was held near Alice Springs and was attended by both Aboriginal and non-Aboriginal young people. This camp meant going to a different Aboriginal group and learning about their culture and also enabled non-Aboriginal participants to understand diversity of Aboriginal cultures. Feedback from the youth and staff was that they enjoyed it and learned a lot from the camp experience. Sport is a very important part of young people's lives in Ceduna, and the bus to transport them to training picks the players up from the Youth Hub. Conversations young people were having with each other and with staff included discussing information about extended family members and events staff were familiar with, which indicated that young people had mutual trust and respectful relationships with staff.

Staffing was across a range of ages, and mainly a young (under 35's) workforce and gender balance. Staff are part of the local community and are connected to local Aboriginal families.

### ***Ethical considerations***

Ethics was sought and approval depended on the questions to be asked. As the original plan was about a specific program, and the change was made to use the Tree of Life and SEWB Wheel, the questions were not finalized in time to meet the ethics committee timeframe in early 2023. This project was therefore used as a preconsultation process to test the level of engagement and usefulness of the SEWB Wheel and Tree of Life. This qualitative element is for the purposes of this report, and not for the purposes of peer reviewed journal publication.

The youth who participated in the project were under 18 years of age, and therefore needed supervision with known adults for their safety and wellbeing, as the researchers were strangers to them. This yarning process amalgamated the two interactive models (the SEWB wheel and Tree of Life) to gather information for this project. Any future activities like this would first gain parent and caregiver consent.

To ensure safety the researchers discussed options with and made a safety plan with the Youth Hub and SAATA staff in case the youths were triggered, and distress arose. Given that the Youth Hub staff know all the youth very well the distress protocol outlined that the staff would follow up with any concerns when the researchers returned to Adelaide. Consequently, there were no distress incidents during the week from the workshops or afterwards. Participation by the young people was voluntary and their information would be kept anonymous, and this was conveyed to them by both the staff and the researchers.

The Youth Hub starts after school, and staff work hard to ensure that it is a safe space and not an extension of school (no formal structures and teaching), and visitors are invited regularly. On advice

from staff, researchers provided ingredients for the youth to cook a snack and fresh fruit, a favourite part of their day. The food was available to all young people, and not only for the participants. At the SAASTA basketball event, researchers made the information table inviting with colourful pamphlets about the project, and the hand drawn SEWB Wheel on the wall. Young people were told by staff that we were there, and young people were welcome to come and look and have a chat if they wanted to.

Again, on advice from the staff, researchers ensured that the yarning was wound up within an hour, so as to leave some free time for socializing and other priorities the young people had at the Youth Hub. SAASTA will be checking with families and invite researchers to attend a parent gathering where we may provide information.

### ***Yarning groups with young people at the Youth Hub***

#### **Method**

Around 50 youth voluntarily participated in the yarning groups, about 25 young people at the first yarning group and then the following afternoon, another group of 26 young people at the second yarning group held, before bus pick up for training. The aim was to provide a voice for young Aboriginal people and to draw out any cultural elements and protective factors that might connect with their social and emotional wellbeing. The Tree of Life (Dulwich Centre) and The SEWB wheel (Gee et al, 2014) tools were used as Yarning tools (Bessarub, 2010) (described below).

#### **Research Tools**

In the two workshops with young people, we chose the Tree of Life and the SEWB Wheel as they are interactive and non-threatening. The Tree of Life has had good traction with Aboriginal people (mainly adults) via the Dulwich Centre. We had the opportunity to explore both processes with young people within a safe, supportive, and trusting environment at the Youth Hub. We also used Indigenous Yarning which is a validated research tool that is a culturally respectful way of communicating with Aboriginal people.

We ensured that our methodology was interactive including Yarning and was creative (Milroy, 2013) by encouraging inspiration by supplying textas and different shaped and coloured cutouts and cards. Yarning at the beginning of each session helped build rapport with the young people, including talking about family relationships and connectedness to family, country/ land, and the people and organizations the researchers had met with around town, who some of the young people were related to, or had part time employment with.

Based on the above methodological approach (Tree of Life and SEWB Wheel), we designed the following questions.

#### **Qualitative Research Questions**

##### ***Tree of Life***

Q If you were a tree, what would make you strong if you were:

- a. The roots, holding the tree up and feeding it? (the foundations keeping you strong?)
- b. The trunk, standing tall and swaying in the sunny, windy, rainy, lightning weather? (standing strong when happy, horrible, dangerous, sad things happen in your life?)
- c. The branches, the different supports you receive from all directions? (services, people, programs, places)
- d. What are your favourite things that you do that make you feel happy and well?

### **SEWB Wheel**

For the Aboriginal and Torres Strait Islander Social and Emotional Well Being framework, the researchers gave some examples of barriers for each domain, (Gee et al, 2014) and then the question asking young people what they do to stay strong for each domain:

Q What do you do to be strong in these SEWB domains?

- a) Connection to physical health – some barriers are chronic disease, poor diet, smoking, what do you do to stay strong?
- b) Mind and emotion – some barriers are experience racism, mental health, unemployment, trauma, what do you do to stay strong?
- c) Connection to family and kinship – some barriers are absence of family members, family violence, child neglect and abuse, what do you do to stay strong?
- d) Connection to community – some barriers, family feuding, lateral violence, lack of local services, what do you do to stay strong?
- e) Connection to culture – examples of barriers, Elders passing away before talking about culture, languages no longer spoken, services not culturally safe, what do you do to stay strong?
- f) Connection to country (out bush)/ land – some barriers restricted access to bush/land/country, not living on or close to your country, what do you do to stay strong?
- g) Connection to spirit, spirituality and ancestors – some barriers are connections to spirituality, what do you do to stay strong?

### **Historical, political, and social determinants**

There were no specific questions asked for these determinants; however, when they came up in the yarning conversation, they were recorded by the researchers.

## Data collection

Both the Tree of Life and the SEWB Wheel had elements of storytelling and youth could continue the yarning process. The Tree of Life exercise was able to draw on recent severe storms with high winds and rapid rain downpour in the area and the consequences of blown over and bending trees. This was used as a metaphor to discuss their continuing strength and survival against all odds- that is despite the bending and damaged trees they were surviving. The youth spoke about some of the parts of the tree representing what they might see in their lives as strengths and supports. Butchers paper with a hand drawn tree was used (Photos B and C).

**Photo B:** Tree of Life and responses



**Photo C:** Example of creative response



The SEWB Wheel was hand drawn on butcher's paper, and the central circle had themselves at the centre and the domains around the outside related to them, (see Photo D). The researchers began by yarning about the SEWB Wheel and its domains and chose the physical domain first, and the group discussed and wrote responses, and then repeated this process with the second domain, mind and emotions and then the young people voluntarily pointed to the domains they were interested in yarning about., which started with domains 6 connection to land (out bush with Nannas taking care of country), domain 5 culture (language, storytelling with Nannas and family) and domain 7 spirituality (creation stories and prayers), to yarn about next. The yarning group addressed all domains in the SEWB wheel.

Data collection for both the Tree of Life and the SEWB framework took the form of giving coloured card in leaf or circle shapes and coloured textas to the young people. The young people were asked to think about the questions and encouraged to write down their responses on the cards, and then place the coloured card either on the appropriate part of the tree, (Tree of Life) see Photo B, or on the specific domain (SEWB Wheel) (see Photo D).

Some of the young people discussed the questions with their friends, and then wrote their own responses, some of the young people asked the researchers to write the responses on their behalf on the leaves and circles. Leaves and circles with responses were then taped to the butcher's paper.

**Photo D: SEWB Wheel and young people's responses.**



### Yarning at a SA Aboriginal Secondary Training Academy (SAASTA) youth Basketball event

A second pre-consultation occurred with a group of Year 10 students attending an interschool Basketball event organized by the South Australian Secondary Training Academy (SAASTA). Approximately 80 students attended from three metropolitan schools. Staff and some parents attended. For these young people to attend the program, their school attendance must be at least 80% and their grades at a pass level.

The venue for the basketball event was at a local Basketball stadium with additional off court and inviting spaces to do painting and art activities. In this space the researchers set up an information table and put the SEWB Wheel on the wall as a talking point. The researchers showed and explained domains in the SEWB Wheel to young people in pairs and groups, and asked the young people 'What do you do to be strong, in any of these domains?' Young people then identified domains they were interested in and started yarning. Young people mainly chose the culture, family, community, land, and spiritual domains. Many spoke about connections they had to culture, where their families were from. Others spoke about their family and extended families. All spoke English languages at home. Many liked being part of SAASTA because they loved the sports and felt connected to their friends and teachers at school. Others were disconnected from family because they were new to the area and school and didn't know many people. Others were not so keen on sport, but the program found other ways to include them.

## Analysis

The data analysis was a deductive process and was guided by an a priori framework developed around Aboriginal young people staying strong using cultural elements. The researchers coded the data from the leaves and circles into a word document the following day and discussed them, formulating codes. The two researchers then made lists of codes, followed by further discussion until agreement was reached. Further discussion took place as to how the responses might best fit the staying strong through culture.

The researchers then went through a process of discussing the responses and grouping and re-grouping the responses from both the Tree of Life and SEWB yarnning groups. There was an overarching theme of *young people's connectedness through culture*, and two themes of *young people's connectedness to themselves, people and places* and *young people's activities*. The ways connections through culture occurred was through *relationships with other people and places*. Some examples included young people were connected to their physical domain through sport, including fishing and going to the jetty, with friends and relatives, and their emotion domain of calming effects of water and being with favourite friend or relative, and then taking the fish or crabs home to be cooked and eaten together with favourite family members, parents and grandparents' family and kinship domain. Travelling with family members such as Dad or Nanna and siblings and going out bush, and hearing creation stories about places while walking around doing tasks, connected young people to domain 7. Young people in metro area going to a playground or skate park with friends and family and then talking about it at home with parent/s caregivers about a new achievement connected them to their physical domain.

## Key Findings

Many of the youth from the Ceduna and West Coast region were connected to their culture. Some had recently moved to Ceduna and had very limited connections to extended family and community and were connected to other young people through the Youth Hub and school. Young people had a range of strategies to keep their wellbeing strong. Several spoke their own language at home and go camping with their family, and with Elders such as grandparents who tell local cultural stories. Other activities included 'going bush' with family and doing activities such as hunting and fishing, 'helping Nanna to clean up rock holes and learn about past culture'. There was some feedback about the social and historical determinants of health in terms of being relocated or not coming from Ceduna, or had family living elsewhere, or from stolen generation. These presented as challenges to connections and links with family and community. For others, a barrier to connections involved a lack of transport resulting in 'we can't go out bush' and be connected to country.

Young people at the Youth Hub were connected to people through family and kinship relationships and spoke about immediate family and extended family members, 'Mum', 'Dad', 'Nanna', 'family', Aunt, Mum's brother, and one parent who was living elsewhere. Many told us they had 'a close connection' with their family. Youth also spoke about grief and loss when family members may have passed away and how they could sit together 'with another family member and think of good memories' of the person who has passed. There may be some favourite activity a particular member or members of the family did together such as 'cooking together', and relatives who may have done something and were famous who they were proud of, such as a family member playing in the AFL, or family starring in a movie.



Youth were connected to other people external to family such as at school, in sport and at the Youth Hub. School was a place where they 'liked learning something new' and liked their 'classroom'. Young people also spoke about caring, 'adults, teachers and coaches, friends and classmates, mentors at school and at Youth Hub who cared for them'. They also indicated that their, 'friends are there for me when I need them'. Several commented that they liked being 'at the Youth Hub, seeing staff and visitors and the people here' and that they knew they were 'cared for and respected' and 'people to talk to (adults) who care for me'. Sports was a connecting activity to community for most too, playing for 'Mission [Koonibba Mission]', and 'playing for different clubs, playing with new people'. Some youth spoke about coaches being someone they 'could talk to'.

'loving each other and caring and helping other people' is important

Some of the young people spoke about relocating to other places where they were disconnected from family, culture, and country. For some young people, they were making connections through the Youth Hub, friends at school and their parent/s. Young people spoke about difficulties with transport, which meant missing out on things like visits with family and extended family, and visits 'out bush'.

Many of the conversations by young people in the metropolitan area, resembled the discussions from Ceduna regional area. That is young people who had relocated from either a regional area or from another suburb, found school a place of connections with other young people, with friends and trusted teachers, and through sports which meant they were connected as part of a team. The metropolitan group indicated that they could also connect with other young people attending this event who were from other schools and now considered as friends and family. Some young people enjoyed the Aboriginal cultural focus and would like more cultural classes in school, young people felt the environment was 'more friendly and considerate'. Others felt there should be more programs outside of sport, like art and different kinds of sport. Another quote: 'schools need to think about getting kids excited to attend and learn outside of sporting events and excursions' or 'need to incorporate more sports (other than footy, netball and basketball)'.  
*SAASTA gives us connection to culture and friends, it is more fun'*

'more classes in school about our Aboriginal culture. It is more friendly and considerate'

The youth talked about some of their wellbeing needs and how they dealt with them, including their connections to their emotions such as happy, sad, bad, angry and patience. Some their strategies involved being distracted by sport which helped to take their mind of other 'stuff that is frustrating'. Other strategies included ignoring and walking away 'if someone says something offensive, ignore them and walk away', 'controlling emotions' and 'calm down' by 'counting down from 10'. For some, other issues like bullying. Sometimes youth wanted to 'talk to an adult' or 'someone you trust', and 'someone who encourages me' when young people are trying to overcome issues. And for us to 'help each other'.

if someone says something offensive, ignore them and walk away'

Others relayed that 'sleeping and relaxing takes things off my mind'. For some young people, who were part of the stolen generation, finding connections to extended family and 'country' was difficult, particularly if the young people's families were not accepted by their home community – young people and their family were impacted by lateral violence. For young people experiencing lateral violence from one side of their family, they felt sad about this, and others spoke about aspirations of being welcomed by other family members from another branch of their family.

being proactive and to 'learn about it (the issue)'

Young people spoke about how they stay well and strong. Having 'regular health checks', 'drink water', 'keep a healthy diet, not unhealthy foods and junk food'. And being physically active, by 'going to the gym, swimming, walking, going to training and playing sport'. Playing sports and 'learning new sporting skills', going to the and playground'. Other fun activities include doing 'art', others liked food such as 'pizza, fish and chips'. Others 'like YouTube'. As Ceduna is on the coast and the metropolitan area was not, 'snorkelling, going to the beach and jetty, fishing' were things young people liked to do to stay strong.

### ***Yarning with staff at the Youth Hub and metropolitan area***

Staff provided feedback and information during phone discussions before the researcher visit in preparation for our visit. In Ceduna we also met in person at a team meeting and engaged in a debrief each of the yarning groups with young people. At the basketball event, staff were introduced and came to the stand and spoke during the afternoon. Staff are Aboriginal and non-Aboriginal with diverse work and skills backgrounds. Yarning with staff was about what works, challenges and potential new service ideas in their experience and in the context of being in Ceduna and in the metro area.

### **What works**

Staff have intimate knowledge of the youth involved in their programs and are aware of their strengths, skills, worries and difficulties and support them to manage their issues and problems and encourage growth. Staff said they actively discuss any issues with the young people before taking action with individuals and groups, depending on the nature of the issue at the Youth Hub, similarly with metro program. There seems to be a higher turnover of students in the metro area.

As the Youth Hub has an organizational learning approach, staff are wanting to upskill themselves about trauma responsive care and best ways to support staff when dealing with complexities and trauma experienced by youth. The staff deal with topical issues as they arise in the community and as raised by youth, such as the topic of bullying, see bullying sign developed by youth (see Photo D).

***Photo D : Bullying sign***



## Challenges

While Youth Hub staff have had success with camps, there are associated challenges with financial, staffing and time costs. As the numbers of young people at the Youth Hub is so high, not everyone can attend the camps at the same time, this is because of high bus transport costs with limited capacity of the buses, along with the legal requirements of numbers of staff required per number of young people attending. This was addressed by attending camps in 'waves' which means that there is not a single camp with everyone at once. The number of camps is low and infrequent because of the costs and is often dependent on securing additional funding. Another challenge involves training and the remote location. For example, travel to Adelaide for staff training means staff are away for long periods of time which can affect the service operations.

Students have difficulty with transport to the various services they are trying to access. Similarly, sporting events like this basketball one has their challenges in getting everyone there from their school, there are higher numbers of staff present.

## Other ideas and suggestions

Youth Hub staff are confident with their Aboriginal cultural skills, and connections to local Aboriginal people and resources needed to ensure their services are culturally safe. Staff would like to find out more about trauma informed training opportunities, particularly access to on-line training that has introductory components, as well as ongoing training opportunities, is interactive, and provides opportunities to learn together with others who may be located elsewhere, forming a community of practice. Particularly important to consider would be the availability of the online training for half - days over more than one day, and in various formats such as webinars, podcasts, and interactive. The metropolitan based staff working with young people spoke about a large number of young people not knowing who their family and kinship connections were, and which country they belong to. Staff suggested programs to focus on this and work with young people to assist with this as it is key to their identity. If funding was available exchange programs between metro and regional youth groups for camps and/or sports.

## Summary

Staff in both regions identified the importance of Aboriginal culture and the young people's identity and connectedness to each other, their families, and communities (Aboriginal communities, school and sports or other teams). For some young people, the connectedness happened through all the domains in the SEWB Wheel, and for others, there were disconnections. In both regions, without directly asking, historical, social, and political determinants came through, lack of transport limited opportunities to travel to visit family and country, or young people and their family had been disconnected through forced removals, as part of the stolen generation.

### *Key considerations arising from this report*

Although it was difficult to only focus on young people aged 10-14, we can confidently say that this age group was well represented within the literature and through our yarning with young people. We know that this age is a key life-stage and is a critical period for identity development where life experiences and choices continue to be strongly shaped by adult trajectories. This report found that culture and connectedness to family, community and land is very important for young people's identity and development. Taking a strengths-based approach, using culture in all its domains, as protective factors enabled innovation in program approaches which was more meaningful, relevant and engaging for young people in the studies. Facilitating innovative approaches by aligning young people to culture and connectedness within a safe space created opportunities for tackling sensitive and potentially traumatic issues such as family violence and youth.

Young people missed seeing each other outside of school during the COVID lockdowns and were very happy when they were able to resume sport and attend the Youth Hub.

Community ownership and self-determination continues to be important to the success of programs for young people. Any work in developing programs needs co-design with local communities and a voice and participation by young people who the program is for. In building capability of young people to have a voice, strength through cultural identity and cultural connectedness is important, as evidenced in the Youth Hub programs, located in an ACCO. And efforts to be inclusive of young people in SAATA who have interests other than sport.

Aboriginal young people are not a homogenous group and therefore all have diverse cultural and connection needs as well as different challenges faced regardless of location. Programs need co-designing for the young people involved to ensure trauma from historical, social and political determinants are considered and addressed.

Practical applications of circles as part of cultural and holistic health, healing and wellbeing models as well as co-design and community engagement and ownership can be shared across many contexts such as youth ageing out of out of home care, Child Protection, and Youth Justice (Barudin 2021). Schools are a vital community resource that is accessed by a particular young age group during working hours; however, not all young people engage well in schools and therefore school-based programs may best be accessed by young people who are well engaged in school. Hence, there is a need for community-based programs to complement schools and cater for broader cultural activities, particularly for Aboriginal young people, to help with community and cultural connectedness.

Studies with Aboriginal young people may have small numbers of participants; however, still produce relevant information that can be scaled up for use in other geographic or service delivery settings.

Not all programs are funded to concurrently evaluate processes, effectiveness, and implementation. Increasingly, services are required to provide evidence to support funding proposals about the value and effectiveness of their program and their knowledge of the community they serve. Evaluation must be seen as core business, and funding provided for that purpose with program resources and funding.

Adapting tools using a Community Based Participatory Research approach takes time but was shown to be efficient.

## Objective 5: Implementation Planning

### *Introduction*

The previous parts of this report identified evidence of the common Indigenous cultural elements found in the literature, and examples of how aligned they are with the SEWB Wheel and the DHS frameworks. Included also were the voices of Aboriginal young people from two programs of how they see themselves connected to their wellbeing and identity. Staff in both programs provided contextual insights about the young people's wellbeing. All of these valid sources of evidence are synthesised to inform , the next step to implement into programs and practice. This Implementation plan is for all parts of systems relating to children and young people and their families, including DHS staff and service providers.

### *Background*

This implementation plan builds on to the work that was led by EIRD, progressing the Trauma Responsive Capacity Building (TRCB) Framework through two literature scans from 2021.

The first EIRD literature scan produced by Connected Self Wellbeing, was at a time when DHS was shifting to the new trauma responsive care approach and searching for evidence of capacity building when working with families and children. The scan outlined key principles, components, and barriers. The key principles for capability building across all service levels were: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and choice, and cultural, historical and gender. Very similar principles to the (TRCB) framework attributes. Key components of implementing services included the 'three R's' – Realizing need, Recognizing the signs, and Responding without re-traumatizing to enable optimal care. Further components were that practitioners, organizations, and system needed to work together to implement the trauma responsive approach. The barriers identified in implementing trauma informed care included high caseloads, inadequate supervisor support, high levels of staff turnover, and training needs not met. These will be picked up in the sections ahead.

The second EIRD literature scan was to understand how to implement organizational change and what practice transformation tools are available across different contexts such as child protection, education, disability, and mental health sectors (all parts of child focussed systems and subsystems). A range of national and international models were identified that resonated with the TRCB attributes of safety, trustworthiness, peer and community support, collaboration, empowerment, and self-determination, & know yourself and learn. However, only the Australian examples included the voices of those with lived experiences, and this was deemed important to include in any implementation. The other key areas to be addressed included: at the practitioner level – early identification and trauma screening and assessment, evidence-based treatments, and access to tertiary education curriculum. At the organizational level: leadership, workforce development, resistance to change and data systems. And funder perspectives: targeted evidence-based trauma informed prevention, and early intervention and to not only focus on tertiary initiatives.

This fifth objective focusses culture as a protective factor in trauma responsive approaches, to support the CFSS outcomes framework, in an Aboriginal young people context (within their families and community). This framework can be used at all levels, by practitioners, organizations, funders, and in settings consisting of government, non-government, or Aboriginal community-controlled organizations.

## Implementation planning

Implementation does not occur organically; it must be planned and is a process. Shared understanding by the people involved – staff, community, community board at the outset and throughout the process. Shared understandings so staff know what the purpose of the implementation is, what their role is in implementation, and development of mechanisms for communications across the team, organization, and community. There are no short cuts to successful implementation, and it will take time.

*‘Implementation is the carrying out of planned, intentional activities that aim to turn evidence and ideas into policies and practices that work for people in the real world. It is about putting a plan into action; the ‘how’ as well as the ‘what’.*

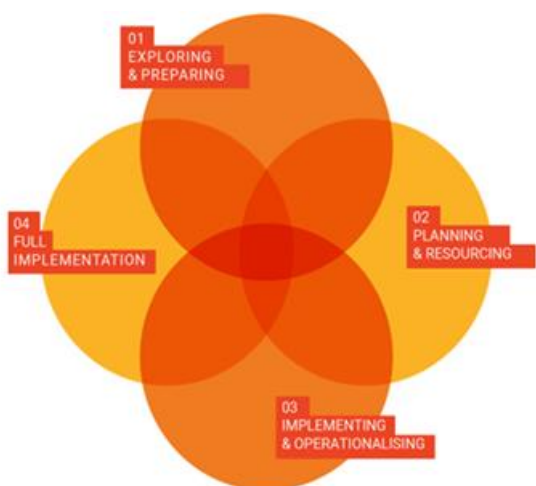
(Centre for Effective Services Guide to Implementation)

Implementation science is a growing body of knowledge, processes and methods and can include the take up of formal education, documenting practical efforts or providing best practice information into plans. For the purposes of this implementation plan, the researchers sought to identify potential modes which could be used in the South Australian context by DHS and the organizations they fund. There are several implementation models and useful tools freely available on reputable organizations’ websites. Two models identified here are as follows:

## Implementation Models

### 1. Centre for Effective Services Model

The Centre for Effective Services (CES), an international agency, based in Belfast has an implementation model. The CES implementation model is shown in Figure 6, the stages overlap and not necessarily linear. The four stages are explained in Table 1. including a link to their website, and additional information in Resource box 1. CES – Guide to implementation.



**Figure 6:** CES model for implementation

Implementation is about putting a plan into action; the ‘how’ and the ‘what’.

1. Exploring & preparing. Fundamental questions are answered
2. Planning & resourcing. The foundation for effective implementation is laid.
3. Implementing & operationalising. The intervention is implemented for the first time.
4. Full implementation.

The intervention is fully operational and integrated into the setting.

<https://implementation.effectiveservices.org>

**Table 1:** CES model explanation

## Resource box 1

### Centre for Effective Services (CES) Guide to Implementation

Implementation Frameworks | Implementation (effectiveservices.org)

<https://implementation.effectiveservices.org/frameworks>

Implementation strategies are methods or actions that aim to overcome implementation barriers, increase the pace and effectiveness of implementation, and sustain interventions over time.

#### Five types of implementation strategies

Implementation strategies can form the basis for an implementation plan that maps out the implementation process. Implementation strategies have been categorised into the following groups (Leeman et al., 2017):

**Dissemination strategies** target staff and stakeholder knowledge, awareness, attitudes and intentions to adopt the innovation. Key messages and materials are developed and shared with relevant audiences.

**Implementation process strategies** enable an innovation to be planned and delivered over the different stages of implementation. These include assessing the context, engaging with key stakeholders, and monitoring implementation and making improvements.

**Integration strategies** are aimed at integrating a specific innovation into a specific setting. For example, if you want staff to introduce a new practice, staff roles and responsibilities may need to be revised and updated, and record systems may need to be modified.

**Capacity-building strategies** increase the motivation and capability of people to engage in implementation, such as the delivery of training.

**Scale-up strategies** aim to build capacity to implement policy, practice or services in multiple settings. Examples include train-the-trainer initiatives and developing system infrastructure such as data systems.

Understanding the stage of implementation and implementation enablers and barriers helps to identify strategies that may be most useful and effective in a specific context. For example, access to data may emerge as a barrier in the early stages of implementation, and you may decide to conduct a needs assessment to address this. Or, in the later stages of implementation, you may need to focus on communication and stakeholder engagement to avoid losing valuable political support. You need to tailor your implementation strategy to specific contexts and use both top down and bottom up strategies.

And a range of tools available that can be used to support the implementation of a policy, practice, program or service. With information about each tool to help you decide which would be most appropriate for your needs.

Needs assessment

Theory of change and logic modelling

The Hexagon tool

Implementation Plan

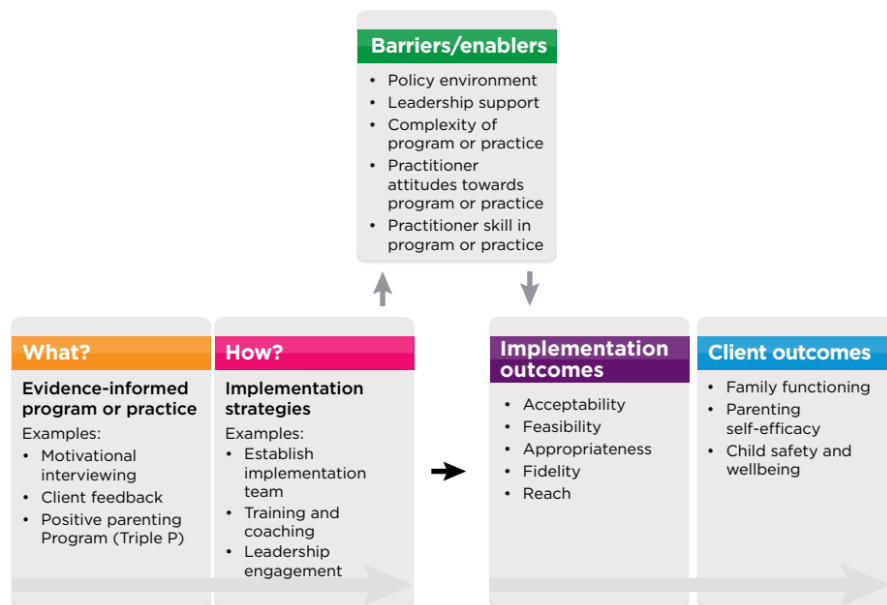
## 2. Australian Institute of Family Studies Model

The AIFS Implementation in action – A guide to implementing evidence-informed programs and practices is another model for implementation. *A guide to implementing evidence-informed programs and practices* <https://aifs.gov.au/resources/practice-guides/implementation-action>, link is included, and you may like to print your own copy, as the research team use the guide for the rest of this implementation plan objective 5

The AIFS implementation in action model includes tools and is for services working with children and families in Australia. It is useful for staff at all levels, who have varying levels of experience, and valuable when introducing new or for sustaining existing programs and services in organizations. The outcomes in Fig 7 align with the CFSS program outcomes.

### Overview of the AIFS Implementation in action guide

AIFS and other implementation experts identify the importance of not only taking notice of evidence informed programs, but also contemplate the barriers and enablers that help with implementation. Often, promising programs are implemented, only to fail, because only the ‘what’ and ‘how’ were considered, but not the barriers and enablers (see fig 7).



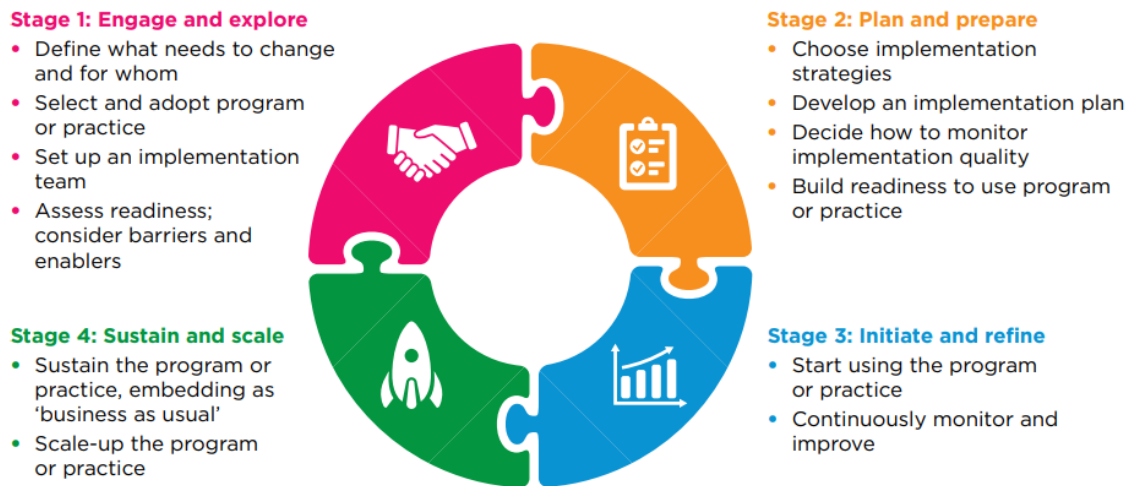
Source: Adapted from Lewis (2017), Lyon and Bruns (2019), Proctor et al. (2011)

**Fig 7** from *AIFS Implementation in action* (2019) p8

The AIFS guide, is comprehensive and provides a step-by-step guide to the stages along with helpful questions and strategies for implementation. It also has a range of tools, diagrams and templates to help with self-evaluation, discussions, planning and decision making.

Implementation in the AIFS model is a process and comprises four stages (See Fig 8). Although the stages are labelled 1 – 4, stage 1 is the getting started stage, the decision-making stage about exploring what you want to do, who will help, is your organization ready, and what are the barriers and enablers. It is recommended that barriers and enablers be checked at every stage of implementation.





**Fig 8:** AIFS stages of implementation from AIFS Implementation in action (2019) p9

Stages 2, 3 and 4 in the AIFS guide work through developing your implementation plan, you can use the template at appendix E in the guide, completing this record throughout the process. Tools and information is available for each stage, and questions to prompt your thinking, with references to resources available to help. Tools for monitoring for continuous quality improvement are suggested, and you may be providing an existing service that you want to adapt or commence a new service. Finally, will be embedding the program and ways to sustain it or scale it up across your organization more broadly.

The AIFS guide can be accessed in hard copy or downloaded electronically with action and working templates documents that can be saved and filed, for further implementation or discussions with your implementation team in meetings. It can also be used to track communications and provide updates across the broader organization.

These AIFS implementation processes align with the rapid review literature which outlined implementation of new and adaptations of other programs as well as scales and tools for measuring social and emotional wellbeing. The rapid review literature contained cultural elements in various forms in a variety of contexts, which related to young people’s wellbeing. These cultural and social and emotional wellbeing elements can be incorporated into any program you are implementing, including trauma responsive programs and services.

## Recommendations

### *For Policy/Funders*

Establish an Aboriginal decision-making governance process, defined and led by Aboriginal young people, and facilitated and supported by a nominated group, this could be the South Australian Aboriginal Community Controlled Organization Network group (in the absence of a 'Voice'). Once established the Young peoples' group can provide advice and a voice, make decisions and recommendations to policymakers and funders about their wellbeing needs, and the cultural elements of the programs to meet the needs of Aboriginal young people.

Leaders, policymakers, and funders to review their practice to ensure sustainability of successful Aboriginal young people's Social and Emotional Wellbeing and Cultural focussed services and programs, noting that:

- Sustainability is more viable when there is provision of adequate time for community processes, such as co-designing programs and tools, and longer-term funding, up to five years or more.
- Program, evaluation, and implementation costs should be included core funding.
- Sustainability through resource support to ensure effectiveness, maintenance and growth are critical success factors identified in SEWB programs, and SEWB programs have an important role in securing and extending the gains achieved through other specific policy efforts, including Close the Gap.

Leaders and policymakers in the Department of Human Services, Child Protection, the Department for Education and Aboriginal Affairs and Reconciliation Division collaborate and agree to develop policy direction that reflects the strength, protective and resilient nature of Aboriginal and Torres Strait Islander peoples and culture. Further, there is a need for:

- Trauma-informed practices and programs for Aboriginal young people that are developed with Aboriginal communities through the lens of Indigenous ways of Knowing, Being and Doing, ensuring culture and cultural and emotional safety are strengthened.
- Cultural interventions, where culture is seen as a 'treatment' or as a 'protective factor', and Indigenous traditional knowledge and wisdom are used in the development of intervention strategies.
- An all generation focus on policy and programs - Aboriginal and Torres Strait Islander people continue experiencing intergenerational trauma, and therefore the impact of parent and carer mental health and trauma flows on to young people.

Policymakers address workforce development through:

- Attending and participating in existing intersectoral Workforce development strategies addressing workforce shortages.
- Providing scholarships for Aboriginal people to attend trauma-informed care training and education.
- Providing a range of online, webinar and other digital training and education opportunities for all staff working with Aboriginal young people accessible to metropolitan, regional, and remote areas.
- Including development of a community of practice (network a community addressing the same topic to share ideas, build capacity) valuing cultural knowledge and clinical knowledges equally.

### *For further research*

There is a need for research that understands how embodied and relational healing practices that reflect Aboriginal cultural values and concepts such as connectedness, collectivism, and diversity is incorporated into Indigenous wellness frameworks. Hence, these will need to be better utilised or adapted for Indigenous young people, particularly for those who have been maltreated and/or are in the youth justice system.

Further research is needed to critically examine youth mental health and cultural healing intervention models and the philosophical and cultural assumptions implicit in their delivery. Long term monitoring or understanding of the participants in these studies and ongoing evaluations are needed to contribute to a robust evidence base.

Another priority is to actively enable Aboriginal young people's voices in research. Moreover, research that explores young peoples' attitudes, experiences, and opinions about healing and recovery from trauma of family/domestic violence in the context of their Aboriginal cultural experience of family and community, and the impacts on their wellbeing in a cultural context. How young people would like to access support when growing up around violence.

### *For services/organizations*

Staff attend on-going trauma-informed training through a variety of ways: formal education, digital training including webinars and interactive workshops face to face and virtual. Once off training is insufficient without systems change or support for staff to change practice, and this does little to deliver trauma responsive practice.

Capability building of staff working within a cultural framework, through a community of practice or peer learning circle that meets over a number of months facilitated by a skilled facilitator is crucial. This will ensure that the different paradigms that teams of workers operate in is clearly understood, a team comprised of for example therapists, clinicians, Aboriginal community worker, Aboriginal support worker and a team leader constantly need to check their shared understanding and that they are all working toward the same goal respecting each other's skills and experience.

Another critical factor is management support and understanding. What do managers need to support them to support staff doing this important work, of learning how to do things differently, and with an Aboriginal cultural framework?

Support the development of culturally adapted programs through co-design, and/or documenting through evaluation of existing programs for Aboriginal young people, particularly in the age group 10 – 14 years.

Assist therapists to understand the degree of affiliation young people have with cultural practices, including:

- Record cultural resources that work and in which circumstances.
- Document through organizational reports how families and the young people and therapists value cultural practices and the positive outcomes of therapies tied to those cultural practices.

With adequate resourcing, partner in implementation projects for young Aboriginal people aged 10 – 14 using culture as a strength, progressing knowledge and evidence gained through this report.

Highlight the strengths and capabilities of Aboriginal young people rather than only focusing on gaps. This could be done by describing and documenting best practices in how Aboriginal young people and community lead the organization's services and programs.

Consider the mental health needs of parents as this may contribute to disconnectedness of Aboriginal young people, and influence the young people's mental health, and their access to services.

## Resources

Hateley-Browne J Hodge L, Polimeni M , Mildon R 2019

Implementation in action: A guide to implementing evidence-informed programs and practices

[Implementation in action | Australian Institute of Family Studies \(aifs.gov.au\)](#)

Changing the story: Turning around lateral violence – Reach Out Parents

<https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fparents.au.reachout.com%2Fskills-to-build%2Fwellbeing%2Fthings-to-try-aboriginal-and-torres-strait-islander-parents-and-teenagers%2Fchanging-the-story-turning-around-lateral-violence&data=05%7C01%7CKaren.Glover%40sahmri.com%7C2957a8f288724815d11308db9fbf2eaf%7Ca264755d215f486fb5bb00cd4b3a5058%7C0%7C0%7C638279415688213194%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=F2vov0j6%2FugXzULgv57lDF394oS7bhTkAQyGM6xtkQ%3D&reserved=0>

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies

<https://www.bing.com/ck/a?!&&p=ffd39d9e0663767aJmltdHM9MTY5MTYyNTYwMCZpZ3VpZD0yMjUxYzUzMS04NDUyLTZhODctMzNhOS1kNzA1ODAxMjZjMGUmaW5zaWQ9NTIxOQ&ptn=3&hsh=3&fclid=2251c531-8452-6a87-33a9-d70580526c0e&psq=WHO+systems+fram&u=a1aHR0cHM6Ly9hcHBzLndoby5pbmQvaXJpcy9iaXRzdHJlYW0vaGFuZGxlLzEwNjY1LzI1ODczNC85Nzg5MjQxNTY0MDUyLWVuZy5wZGY&ntb=1>

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## **Appendices**

### ***Appendix 1: National Partnership on COVID-19 Domestic and Family Violence Responses***

The National Plan to End Violence against Women and Children 2022-2032

On 17 October 2022, the Australian, state and territory governments released the *National Plan to End Violence against Women and Children 2022–2032* (National Plan).

The National Plan is the overarching national policy framework that will guide actions towards ending violence against women and children over the next 10 years.

It highlights how all parts of society, including governments, businesses and workplaces, media, schools and educational institutions, the family, domestic and sexual violence sector, communities, and all individuals, must work together to achieve the shared vision of ending gender-based violence in one generation.

Find out more about the purpose,

The National Plan outlines what needs to happen to achieve the vision of ending violence in one generation. This includes building the workforce and strengthening data collection systems. It also includes increasing accountability for people who choose to use violence and providing person-centred and holistic responses to support victim-survivors through their recovery and healing.

Actions across four domains (Prevention, Early intervention, Response and Recovery and healing)

Objectives and outcomes of the National Plan here:

[\*National Plan to End Violence against Women and Children 2022–2032.\*](#)

( [The National Plan to End Violence against Women and Children 2022-2032 | Department of Social Services, Australian Government \(dss.gov.au\)](#))

### ***Appendix 2. Summary of the direction changes that occurred during this project***

#### ***Original Aim***

To develop and deliver, through co-design, an evidence-based trauma responsive therapeutic support model (aligns with outcomes work in the Early Intervention Research Directorate (EIRD) for Aboriginal Adolescents, to identify and incorporate Aboriginal cultural elements for 'best practice' service approaches to support young people aged 10 to 14 who have experienced trauma from family / domestic violence.

#### ***Original Objectives***

The specific objectives of this project were to:

1. Undertake a rapid review of the literature, including grey literature;
2. Provide a voice for young Aboriginal people about their wellbeing needs to determine the cultural elements of the programs to meet those needs;
3. Explore young peoples' attitudes, experience and opinions about family /domestic violence in the context of their Aboriginal cultural experience of family and community, and the impacts on their wellbeing in a cultural context;
4. Explore views from staff at all levels about what works, what does not work and potential ways to provide best practice services to Aboriginal young people with lived experience of trauma/ domestic/ family violence;

5. Develop a model, for successfully engaging and supporting Aboriginal young people regarding trauma services, in particular trauma from family and domestic violence, using Aboriginal cultural principles as protective factors. Then trial it and evaluate it.

### ***Changes to the project***

The initial aim of this project was, [South Australian Health and Medical Research Institute \('SAHMRI'\)](#) was engaged to conduct a literature review for analysis of cultural elements for Aboriginal and/or Torres Strait Islander children and adolescents in relation to therapeutic interventions addressing trauma and, to work alongside an Aboriginal Community Controlled Organization (ACCO) providing these services, to adapt through co-design, one of their existing programs using the literature review findings; run the adapted program and evaluate the service model.

Two ACCO's were approached, both continued to provide services during Covid-19 to vulnerable young people accessing services during lockdowns. Covid-19 directly impacted service capability, capacity, and ability to recruit staff. Service provision changed by taking account of safety precautions such as social distancing and wearing masks and therefore services had to adapt by reducing the numbers of family members, and shortened appointments attending at any one time. This meant that SAHMRI were unable to engage with young people during this time and therefore the first ACCO declined the research partnership in 2021. The second ACCO regretfully declined, as it was not resourced to participate and the timeframe was too short for a co-design process, mid to late 2022.

Fortunately, from December 2022 until June in 2023 SAHMRI was able to engage with youth in two independent processes. The Ceduna Aboriginal Corporation - Youth Hub program staff in Ceduna agreed to participate during this period. This meant that there was insufficient time to co-design, implement and evaluate a new or adapted existing service. And the second was engaging at the SAASTA Basketball carnival, which was opportunistic and successful in gaining the voices of Aboriginal young people about their wellbeing.

These changes were discussed and agreed between the DHS and SAHMRI team.

*Appendix 3: Cultural element themes and sub-themes from rapid review*

Themes	Sub-themes	comments	examples
<b>Circular wellbeing and holistic frameworks</b>		Various circular wellbeing frameworks have been utilised to develop programs for Indigenous young people.	(Faller 2019); Bigfoot 2010); (Salvador 2016)
	SEWB		
	Medicine wheel		(Ritchie 2014); (Barraza 2016)
	4 connections framework (PilinahA)		
	Ceremonial circles		(Barudin 2021); (Robbins 2017); (Le 2013);
<b>Indigenous connection and relationships to wellbeing elements strengthens their identities</b>		Many of the programs described in the articles discuss connections and relationships as important to Indigenous world views- this is evident if the frameworks are aligned with the circular SEWB models. Strengthening relationships and connections improve wellbeing and empower young people to connect to others, the environment, their bodies, community/peers, spirituality and ultimately to themselves.	(Gibson 2022); (Barudin 2021); (Ivanich 2020); (Coffin 2019); (Barnett 2020); (Faller 2019); (Wicks 2018); (Tingey 2016) (Barnett 2020)
	country		Most – camps and visiting programs (Janelle 2009), (Ritchie 2014) six over 2 years
	culture		most
	Elders		Most – knowledge and wisdom holders
	Family/kin		(Coffin 2019)
	Self		(Coffin 2019)
	Mind and body		(Barudin 2021); (Coffin 2019); (Faller 2019)
	ancestors		(Coffin 2019)
	community		most
	Peers		(Gibson 2022)
	spirituality		
	Country/land/environment		(Coffin 2019)

	language		(Barudin 2021); (Ivanich 2020); (Morsette 2009);(Le 2013); (Janelle 2009)
	medicines		(Barudin 2021)
	Gender (i.e., males, females)		(Faller 2019); (Louth 2021)
<b>Cultural activities are used to strengthen wellbeing and empower, also advocacy for communities and self (How and what)</b>	Equine, hunting, singing, dancing, smoking ceremonies, painting, traditional Indigenous games, beading, art, media	Many of the programs describe activities, particularly cultural activities as a mechanism of connecting to various wellbeing domains and elements.	(Gibson 2022), (Barudin 2021); (Louth 2021); (Coffin 2019); (Barnett 2020); (Faller 2019); (McNichols 2017); (Tingey 2016), (Barnett 2020)
<b>Therapeutic alliances, models, and cultural methods to strengthen wellbeing and empower (How)</b>	Mindfulness, CBT, yarning, storytelling, art therapy, yoga, video vignettes, films, photography; equine assisted learning model ((Coffin 2019); Gestalt ((Coffin 2019), outsider witness (mother (Coffin 2019)	Various programs utilise particular therapies to assist with the program. Many of these are aligned with cultural ways of doing and being. Others such as CBT (as a western model) has been incorporated with cultural elements. Many of the articles referred to mindfulness and reflection and storytelling as part of their cultural methods of understanding themselves and connecting them to wellbeing.	(Louth 2021); (Ivanich 2020); (Coffin 2019); (Wicks 2018); (Faller 2019); (Morsette 2009); (Barraza 2016) ; (Healey 2016); (Ritchie 2014).
<b>Cultural locations and settings to strengthen wellbeing</b>	On country, traditional lands, camps	Various projects indicated the importance of the location to instil many elements of wellbeing. For example, in a forest, on country, in a camp setting	(Blignault 2013); (Faller 2019); (Tingey 2016) (Barnett 2020); (Barnett 2020); (Healey 2016); (Barraza 2016); (Allen 2018); (Janelle 2009);
<b>Addressing trauma</b>		Some programs focuses on addressing trauma as a way to improve wellbeing and provide resources.	(Ivanich 2020); (Fanian 2015);
<b>Educating and sharing knowledge (How)</b>	Sharing historical knowledge, cultural knowledge	Some projects had an educational focus or incorporated elements of education –i.e., about sharing historical knowledge and trauma. Others used storytelling to share elements of culture and identity i.e., meaning of being Aboriginal; prevention	(Gibson 2022); (Louth 2021); (Ivanich 2020); (Barraza 2016); (Allen 2018); (Le 2013); (Tigue 2012).
<b>Support mechanisms to strengthen wellbeing</b>	Multiskilled facilitators, mentors, Elders, Aboriginal people, peer support		(Gibson 2022); (Louth 2021); (Ivanich 2020);

<b>Cultural safety</b>	Flexibility, trust, safe place to talk, connecting with therapist, connecting with each other	Most programs talked about incorporating safety- as a safe place to be, talk and express yourself- is aligned with connection to other people and culture.	(Gibson 2022); (Louth 2021); (Wicks 2018); (Salvador 2016); (Barraza 2016); (Allen 2018); (Coffin 2019); (Robbins 2017).
<b>Cultural competency</b>		Staff members and mentors, volunteers, and community people on country	(Ivanich 2020); (Salvador 2016); (Barudin 2021); (Fanian 2015); (Goodkind 2012); (Coffin 2019).
<b>Cultural ownership</b>	Programs owned by community wholly and through CBPR adapted programs		(Tigue 2012);(Kowanko 2008); (McCalman 2010); (Tsey 2000); FWB; (Goodkind 2012).
<b>Sharing food, resources, and nutritional advice</b>	A healthy meal	Interactions over a meal,	(Gibson 2022), (Ivanich 2020) on res camp pre dinner
<b>Leadership</b>	Cultural,		(Coffin 2019), (Ritchie 2014)
<b>Strength, empowerment, and protective factors</b>		Many of the programs talked about strengthening and empowering young people by enabling protective factors. Some examples included mechanisms that could give a voice to young people (through media); and advocacy (local govt bike lanes)	(Barraza 2016); (Allen 2018); (Poelina 2004); (Faller 2019); (Barraza 2016).
<b>Skill mastery</b>		Having focus and being intentional about activities, 'learning in the mind of doing things in a masterful way'. (Barraza 2016)(Allen 2018,	(Barraza 2016); (Allen 2018); (Faller 2019).
<b>Emotional regulation and calming the brain</b>			(McNichols 2017); (Le 2013).

**Appendix 4: Short- and Long-Term Outcomes from rapid review**

Theme	Sub theme	Evaluation	Examples
<b><i>Short – term (up to 12 months)</i></b>			
<b>Intervention pilot</b>	Remote area covers service gaps		(Wicks 2018)
<b>Indirect benefits to community</b>	Community wages		(Tsey 2000)
<b><i>Process outcomes</i></b>			
<b>Scalability</b>	Work more broadly in community not just schools.		(Blignault 2013), (Reher 2010)
	Small sites could try in other places and contexts e.g., child protection, youth justice		(Barudin 2021), (Faller 2019)
<b><i>Long term (12 months or more)</i></b>			
<b><i>Process outcomes</i></b>			



<b>Dose</b>	Minimum of 7 sessions to see benefit , comparison high and low intensity interventions.	Measurement tools and process	(Barraza 2016), (Allen 2018),
	Manualized CBT for 10 weeks helps some children with PTSD		(Morsette 2009)
<b>Interagency partnerships</b>	More work and activity opportunities		(Poelina 2004)
<b>Benefit over 2 years post intervention</b>	6 camps over 2 years		(Healey 2016)
	Spirit, emotions, and wellbeing strengthened		(Goodkind 2012), (Coffin 2019)
<b><u>Impact levels</u></b>			
<b><u>Impact at individual level</u></b>	Youth learning from Elders; Elders learning from youth		(Kowanko 2008)  (Poelina 2004)
	Identity		(Louth 2021)
	Pro social behaviours		(Janelle 2009)
<b><u>Impact at family level</u></b>	Connectedness strengthened		(Blignault 2013), (Healey 2016),(Ritchie 2014)
<b><u>Impact at community level</u></b>	Strengthens Community perspectives of young people		(Poelina 2004)

	Connectedness strengthened		(Blignault 2013), (Healey 2016),(Ritchie 2014)
	Identify organizational and community level needs		(McCalman 2010)
	Fosters cultural pride and pro-social behaviour		(Janelle 2009)
	Culture is central to individuals and is core to any interventions	Community learned about therapeutic interventions, Concern that not all practitioners saw inclusion of culture as mandatory and not optional	(McNichols 2017)
	Connectedness to land		(Blignault 2013), (Healey 2016),(Ritchie 2014)
	Co design and CBPR community learning from their participation		
	Peer educators, Local known people, language, community owned , modelling help seeking		
<b>Ongoing adaptation of tools to suit local contexts and Aboriginal groups</b>	Since 1996 most recent is 2017,		(Ivanich 2020)
<b>Efficient to adapt therapeutic tools</b>			(Ivanich 2020)

<b>Valuing Aboriginal people and culture</b>	5 years later – identity, sharing culture, motivation, and future education aspirations		(Louth 2021)
<b>Disconnection through forced relocation away from home community</b>	Connectedness to new community through Elder grandmother role		(Robbins 2017)
<b>Short Term</b>			
<b>Benefit up to 12 months post intervention</b>	Resilience measured		(Ritchie 2014)
<b>Implementation</b>			
<b>Engaging young people</b>	Cultural content and environment based on feedback; tangible recommendations based on young people’s advice; Provide enough space and supplies for activities;		(Tingey 2016), (Barnett 2020) (Salvador 2016)  (Gibson 2022) (Barraza 2016)

*Appendix 5: Table of studies, activity, cultural elements, findings/results, aim, focus*

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
Allen 2018	camp	12-18 yrs.	Elders' knowledge and leadership Modules developed through a Yupik worldview Community facilitators	Promising approach to prevent suicide risk in rural Yupik community youth begin to benefit after 7 sessions. Males more involved, specifically targeting activities and cultural knowledge males find appealing	To compare the effectiveness of high intensity intervention in one community, contrasted to lower intensity intervention in a second community (comparison)	Suicide prevention
Barnett 2020	Weeklong culture camps	13-18 yrs.	Elders sharing cultural knowledge and stories, teaching traditional skills. Group activities – beading.	Positive psychosocial outcomes related to wellness and suicide risk. Increased sense of belonging.  Youth reported feeling better at the end of the camp than at the beginning. Reported increased ability to cope with potential stressors  Pre and post did not document significant changes in perceptions of mattering to others, self-esteem, or perceived support for coping with life stressors from friends or family.	Provide evidence and support for culture camps as health promotion intervention. Improve psychosocial outcomes in youth culture camps	Suicide prevention
Barraza 2016	CBPR adapting the Personal Balance Tool	12-18 yrs.	Medicine Wheel	Program led to stronger connections with community and access to spiritual and cultural activities. Challenging engaging with youth language, skills, and experience. Adolescents preferred informal meetings and settings	Describe the process used by the Youth Council to adapt and develop a self-assessment tool. Highlight the community-driven evidence base of Gathering of Native Americans (GONA) that has	Strengths based assessment s

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
				e.g., talking, not paper (too much like school).	been the guiding framework. Act as a forum to begin raising awareness of the importance of strength-based assessment	
Barudin 2021	Explore trauma-informed yoga;	13-17 yrs.	Beading , Music, Staff,	Possible scalability other contexts e.g., youth ageing out of OOHC, DCP, youth justice. Providing cultural adaptation. Inform and connect admin, staff, facilitators, mental health supports	Strengths-based community strategy for relational healing to promote cultural connectedness, safety, and resilience.	Trauma-Informed, Ritual, breathe, concentrate .
BigFoot 2010	Case description	n/a	Circle concept, medicine wheel, hoop, colours, symbols, animals, language, prayers, rituals	Example of how HC-MC tools can help identify and describe tribal specific cultural practices relevant to a child's and family's healing process. Assist therapist and family in recognizing and understanding how traditional cultural practices have value and application within TF CBT	Partnering with tribal programs to identify, design, test, and refine the Honouring Children, Mending the Circle program (HC-MC)	Trauma informed Trauma focussed CBT
Coffin 2019	EAL CBPR	6- 25 yrs.	Project run by Aboriginal led team of EAL qualified practitioners. Elder support – naming project.	Conclusive evidence that EAL programs improve SEWB of youth, Observed reductions in antisocial behaviours, increase in positive behaviours and body language. Increased school attendance from teachers, parents, caregivers. Youth felt horses were non-judgemental and was a safe space School attendance vastly improved during program.	To develop a pilot Equine Assisted Learning program with at risk Aboriginal youth to determine the effectiveness of EAL in improving social and emotional wellbeing in this demographic	Alternative therapy for Aboriginal youth trauma

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
				Phenomenological e.g., some horses responded to or interacted with particular individuals		
Faller 2019	Repair and ride pushbikes	Youth Parents and families	Naming, Culture circles, Call Ancestors Four Connections Framework	Youth become co-creators in their health, part of healing community then narrative of themselves becomes medicinal, creating path to change IGT to regenerative energy. Scalability?	A pedagogical model for programs to engage underserved youth who suffer from displacement and historical trauma via colonization. To uplift, affirm, and dignify youth experiences and identity by focusing on strengths from a history of hope and resilience.	Trauma informed, Tools to address mental health and wellbeing.
Fanian 2015	Interactive art workshop exploring community issues	13-22 yrs.	Mentorship opportunity for youth to learn artistic and personal skills from local Indigenous artist and from their peers	Youth found workshops culturally relevant and felt comfortable, Female preferred female participants and facilitators, Gained something positive made new friends and art skills would like to continue. Young people confidence and desire to share and disseminate artwork.	Evaluate a creative arts workshop for youth who explored critical community issues and found solutions. Build confidence and personal/artistic skills among youth participants. Connecting youth with one another and to positive role models. Demonstrating to youth how art can be a way to express oneself and to deal with various issues in our lives and communities.	Grounded in Tlicho values and traditions
Gibson 2022	Community -based participatory research	n/a	Dancing, painting, learning about totems, includes Elders, IGT,	Participants reported program helped them. Positive impacts. Increased connectedness to peers, facilitators, culture, and community.	A culturally informed suicide prevention program.	Suicide prevention

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
	(CBPR) framework		Physical activities, Indigenous games, find out about own culture, Self-identity.	Gained knowledge about service providers. Students sought more time.		
Goodkind 2012	Equine Assisted Learning	7- 17 yrs.	Adapted from Anishinaabe (Ojibwe) listening to one another addressing historical inequities while emphasizing traditional culture and community strengths	Participants increased use of positive coping strategies including increase in their use of positive coping strategies for handline stress. And their acquisition of skills for understanding and managing their anger. even after 1 year. Showed promise for improvements for youth short term and long-term mental health. More connected to and valued culture, language	To develop a non-stigmatizing intervention in collaboration with community that addresses the realities of AI youths' lives, including the legacies of past oppression and current inequities.	Process of healing, Indigenous program
Blignault 2009	Healing camp Systematic review SEWB up to 2010, Review national and state policies Six case studies Cross case analysis.	12-24 yrs.	Aboriginal cultural and spiritual dimensions, cultural identity, and respect for Elders, Caring for country Storytelling sharing wisdom	Bottom-up approach, work from strengths, not seek to correct deficits, pay careful attention to content and process, local context, holistic approach, even when working with individual, strengthening community and culture and establish and re-establish connection with family and country. Engage broader community Elders, role models, and relevant skills from non-Indigenous people	Provide evidence and analysis to inform public policy and planning devise strategies for programs to improve Indigenous youth SEWB. To obtain deeper and broader understanding of SEWB and translate to enhance policy, resource allocation decisions and practice.	Strengths based approach , Can be influential in policy and close the gap.

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
Healey 2016	Camp Partnership Model local research centre, action for community priorities	n/a	The eight Ujarait/Rocks model	Impact on individuals involved beyond their immediate participation . positively impacted family and community relationships and promoted enduring Inuit values such as connection to immediate and extended family, community, and the land.	To form an evidence base for interventions to promote mental health and wellness among youth in Nunavut	Indigenous research framework based on Inuit philosophy Piliqatigiini iq, Community health research
Ivanich 2020	Group meal, youth and parent sessions separate, Games and activities, videos to depict typical family situations	10– 14 yrs.	Using language, Cultural materials and local people used in community videos	BZDDD recognized importance of community ties and significance of extended families, traditional ways, and values. TG tribal language transmit and preserve culture, value of teaching language as way of connecting youth and families to their culture	Documenting the adaptation process for cultural content to create a model whereby key constructs could be culturally adapted across various Indigenous communities, Adaptation of measurement tool for Strengthening Families and Parenting	Trauma Framework adaptation Substance abuse prevention, suicide prevention
Janelle 2009	Isolated and remote forest	14 – 17 yrs.	Local people with cultural skills, teach traditional practices, language build shelter, hunting, and	Highly motivated, Demonstrated co-operative and pro-social behaviours, as well as pride. Mutual helping in activities	To increase self-esteem by exposing teenagers to demanding situations. To reinforce culture and encourage the use of pro-social behaviour among participants. To	Reinforce culture



Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
	camp 5 weeks Evaluative study		game preparation storytelling.	Community and family also showed support and travelled to the site. Young people regularly voiced satisfaction with their accomplishments	mobilise community and encourage families to get actively involved.	
Kowanko 2008	Evaluation of FWB Youth leadership program in school partnership	n/a	Family Wellbeing (FWB) Australian designed program	Engagement of school principals and working in partnerships with senior teachers, Aboriginal Education and Health workers is critical	Develop effective responses to family violence that address the levels of complexity within Aboriginal families and communities in the Central Eastern/Western metropolitan region of Adelaide.	Family violence
Le 2013	Class conducted 'Council style', circle,	15 - 20 yrs.	Practice speaking and listening from the heart. Mindfulness content had Indigenous content and language, smudging, prayer, check in, check out prayer	Intervention is acceptable to this group of youth, positive indications of better self- regulation, less mind wandering, and decreased suicidal thoughts. Youth reported acquiring greater ability to focus attention, greater awareness of their thoughts and emotions, being able to sit with difficult emotions and thoughts. Community facilitators required to model authenticity and vulnerability	Engage in translation of a mindfulness curriculum for cultural relevancy with Native American traditions and spiritual practices. To conduct a feasibility study of the culturally adapted curriculum with a sample of Native American youth from a Native American school.	Suicide prevention Intergenera tional trauma, racism, suicide frameworks
Lee 2008	Interagenc y and community partnership s,	Adults and youth 6-16 yrs.	Combined cultural and educational elements appealing to youth. Bush hunting and excursions, technology to record traditional music,	Youth Development Unit established, greater training opportunities, increased recreational and other activities, Potential to prevent substance use, Strengthened young people's connection with culture and community	To evaluate a community-driven initiative established to prevent substance misuse and increase respect for culture and their Elders among young people.	Substance use prevention and respect for Elders and culture

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
Louth 2021	Longitudinal study Drawing learning journeys and circles of influence, mapping educational pathways,	14-18 yrs.	Elders' storytelling, men's, and women's business	Cultural identity – empowered by identity rather than constrained, Sharing culture, motivation, and future educational aspirations.	Review the long-term effectiveness of an educational aspirations and careers program.	strengths based. Value Aboriginal people, culture, knowledge
McCalman 2010	Literature review and analysis, personal observations, focus group	n/a community approach youth involved	FWB program developed by local Aboriginal people	Improved educational attainment and outcomes, reduced mental illness. Need bottom-up approaches, top down are imposition – and to inform national policy development. Training and support needed locally. Personal empowerment – greater self-awareness, confidence and self-esteem, sense of belonging, connectedness. Healing to also be available through schools.	To increase understanding of the sustainability and benefits of the Family Wellbeing program in Alice Springs.	Grief, loss, family violence and other trauma
Morsette 2009	Adapted CBITS for Indigenous adolescents living in rural reservation	11-12 yrs.	Traditional spiritual leaders attending, prayer, language. Helpers and healers taught words, prayers, practices rituals and	7 case studies demonstrate 'manualized' CBT for 10 weeks has potential for helping some children with PTSD Student completers volunteered even though had to make up for lost study time. School personnel noticed completers improved peer relationships.	Examine the school-based treatment program for adolescents who presented with PTSD and symptoms of depression.	School based Find tool to measure depression

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
			ceremonies help connect physical with spiritual world for wellness, balance, and harmony	Pre and post-test probe suggests improvement from CBITS		
Poelina 2004	Processes for youth engagement in CBPR, to find appropriate ways of discussing family violence, making videos and case studies	n/a	Local Aboriginal researchers,	Increased Indigenous participation and ownership of project. Recognize more than one solution required, 1 solution cannot meet all community needs. Level of resources investment influence types and frequency of activities. Community perceptions of benefits to community are important. Engaging, enabling, and developing capacity of Indigenous community workers as equal partners is challenging. Working with Indigenous community workers is time intensive – beliefs, skills, experiences. Mentoring critical to job satisfaction, continuity, and program sustainability.	To increase awareness and understanding of domestic violence in community. To develop and implement culturally appropriate strategies for the intervention of domestic violence through active participation in communities. To provide a model for the intervention of domestic violence.	Domestic and family violence young people involvement
Reher 2010	Using camera and producing film	13-14 yrs.	Passing the drum, or 'Granny medicine' (Granny gives positive feedback).	Films inspired and informed by the sometimes unspoken, unseen, truths that rarely reveal unless given safe, magical space and dynamic medium	To help these kids to feel the joy of who they are as unique individuals to know their own strengths and bright qualities, and to believe in these and go forward with them in their hearts. To help the kids find	Strengths based creative approach to ongoing

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
	Using music imagery using Bonny Method of guided imagery				their 'mojo' so that they could operate from a place of Spirit rather than from their heads (cognitively).	effects of colonization
Ritchie 2014	Camp and outdoors Questionnaires, Mental Component Score SF – 12v2, Resilience Scale (RS-14)	12-18 yrs.	Medicine wheel, local workforce, and mentors with cultural knowledge, Talking circles around the campfire	Beneficial for personal growth (gain independence), interactions with others, contributes to success at school Positive impact on resilience Scalability – younger children, gender, families.	Evaluate impact of an outdoor adventure leadership experience (OALE) on the resilience and wellbeing of First Nations adolescents from one reserve community. Explore whether this impact was sustainable, and whether any other intervening factors may have influenced the impact.	Resilience focus
Robbins 2017	Film production Inter-disciplinary and community collaboration with regional Indigenous	n/a	Elders Focus groups and talking circles.  Refers to Australian SEWB Wheel	Considerations of cultural safety when conducting ethnogenetic processes in research. Kinship, facilitator role of older sibling and Elder continued beyond program	To examine the positive effects that a grassroots film creation and production program in a major urban centre (youth not located on country and may be disconnected from country, family, and community) in Saskatchewan, Canada, had on participating Indigenous youth.	Used a conceptual framework that considers the relationship between ethnogenesis and

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
	research centre					Indigenous methodolog ies
Salvador 2016	NT-BHC has Bison Room at a school – safe place for youth, families, and staff	12- 18 yrs.	Indigenous staff trained by Indigenous mentors and clinical supervision by staff from Indigenous services, environment is culturally appealing. Wellness wheel	Youth in middle and high school would talk to family and friends when they needed help, and teachers they liked and trusted. Lack of services available Not enough staff and concerns about confidentiality	To understand awareness and use of school- and community-based behavioural health services/supports, including the Native-Tailored and -staffed school-based Behavioural Health Centre (NT-BHC). To learn about perceptions of the NT-BHC.	School based awareness and understandi ng of youth use of services
Tighe 2012	Peer educators, weekly youth subcommit tee meetings after football training	n/a	Program wholly owned by local group. Attached to local Football club.	The program allowed men to talk about their experiences of grief and loss, in a supportive environment from peers and also from mentors, learned and implemented healthy coping behaviours and teach others these protective behaviours. The peer educators helped dismantle stigma of help seeking by modelling help seeking.	To address the growing suicide epidemic amongst Indigenous youth in the Kimberley by presenting key process factors of AKG that may lead to a sustained and successful intervention for this population in the future.	Suicide prevention Peer education for young males
Tingey 2016	Cultural camp CBPR	12- 18 yrs.	Teach young people their ancestral heritage as Apache's and teaches them how having self and ethnic identity	Entrepreneurship positive youth development approach with promise to promote protective factors identified as meaningful to Indigenous youth, prevention of substance us and suicide	To evaluate the efficacy of an entrepreneurship education program for American Indian (AI) youth being conducted within a tribal reservation context.	Identity strengths- based approach

Lead Author Year Published	Activity/ method	Age range	Cultural elements	Findings/ results	Aim	Framework Priority focus
			provides a strong foundation for being entrepreneurs.	prevention at individual, peer, and community levels.		
Tsey 2000	Literature review Participant observation Focus groups	20 – 60 yrs.	Includes SEWB elements physical, emotional, mental, and spiritual domains.	Effectiveness of FWB shows importance of resourcing Aboriginal people to develop own programs that address trauma from colonization and other issues. Need Aboriginal facilitators, Put skills learned into practice.	To evaluate the effectiveness of a Family Wellbeing empowerment course.	Family violence
Wicks 2018	Three registered therapists delivered the play therapy sessions. Trained in iCCPT program and supervision from US.	7-11 yrs.	Pre visits to community to build relationships and discuss the program.	Teachers and parents reported total difficulties diminished after the program. Emotional problems decreased over time (teachers) iCCPT may be culturally relevant therapy to Aboriginal children and families by providing mental health services to children in remote communities who otherwise cannot access therapy.	To determine the effectiveness of an intensive child-centered play therapy (iCCPT) program in a remote Aboriginal community with children who have experienced adversity.  Author recommender training for teachers, school staff and families pre and in the middle if initiative was repeated.	Pilot to meet mental health service gap in remote area who otherwise would not have an intervention  15 sessions over 10 days, pre and post measures.

## **Appendix 6: Cultural Models**

These models are listed here as they were developed from Indigenous culture and initiated and evaluated locally. They are examples of best practice

### **The 8 Ujarait/Rocks Model, Inuit (Healey 2016)**

The eight evidence-based modules or Ujarait are the following:

- 1: Strengthening Coping Skills
- 2: Building Healthy and Harmonious Relationships
- 3: Nurturing Awareness of the Body, Movement, and Nutrition
- 4: Crafting and Exploring Creativity,
- 5: Fostering Personal and Community wellness,
- 6: Self-discovery and Future Planning,
- 7: Understanding Informed Choices and Peer Pressure,
- 8: Connecting Knowledge and Skills on the Land

### **Yupik Indigenous theory of change, US (Barraza 2016, Allen 2018,)**

1. Learning in the mind of doing things in a masterful way (Individual)
2. Nurturing family Our community, One who leads (peer influence)
3. Strategies that vitalize key protective elements of culture.
4. Reflecting a way to live a very good, beautiful life.
5. Elders for knowledge and leadership

### **Adapted from Anishinaabe (Ojibwe) Listening to One Another, US (Goodkind 2012)**

1. Recognizing/healing historical trauma,
2. Reconnecting to traditional culture,
3. Parenting/social skill-building,
4. Strengthening family relationships through equine-assisted activities.

### **Native Tailored and staffed school-based Behavioural health Centre (NT-BHC) US (Salvador 2016)**

Uses interactive Wellness Wheel grounded in Indigenous knowledge

1. Intellectual,
2. Physical,
3. Social/emotional, and
4. Community/relationships

### **Fresno American Indian Health project Adaptation using Medicine Wheel US, (Barraza 2016)**

Four directions support individuals, families and broader community maintain health and balance.

1. Born in the east, closely connected to spiritual while learning how they belong in the world
2. South represents the child that is closely connected to the emotional where they learn how to master the environment.
3. West represents adulthood and increased responsibilities of supporting both youth and Elder parents. Closely connected to physical and learning how to live in interdependence with others.
4. North is Elderhood, closely connected to the mental and a time when the individual is very generous, giving back wisdom to the community.

**Appendix 7: Comparison studies and framework elements**

Table with CFSS three key outcome areas, SEWB Wheel domains, cultural element/s and whether the study was trauma responsive or family violence responsive, and examples from studies to illustrate alignments common features and gaps.

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
(Gibson 2022			1,2 Peers, facilitator culture c'ty	Indig activity games				Dance paint totem Elder				Transgenerati onal trauma	Elders' games connection to others Skills to do cultural activities	yes
(Barudin 2021			3pt 2 beading focus, concentrat e	Improved sleep	Mindful moving concentrati on		Connect to peers	Languag e bush medicine				Safe space	Beading Language bush medicines	Yes fv
(Louth 2021		2pt2 attend and complete school	3pt2 build sense of self and id inc conf and pride Ab				Connection to other youth	Sharing culture gave more confiden ce & influen decisions				Elders' storytelling Men & women business	Drawing Learning journeys Elders chose mentors	
(Ivanich 2020		2.2 help adapt and design program w service providers	3.2 and 3 through increase involveme nt w culture and Elders			Connect to family by adaption	Community links through adapt process	Access to Elders and cultural activities					Local Elders, culture, and language teachers	trauma
(Faller 2019		2,4 influence decision to	3,1 strong network	Physical activity lose			Better connected		Cultural cultivati ng land			Address colonization impact e.g.,	Check in in culture circle	Tools address mh and wellbeing



Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
		have cycle paths on roads	peers and workers 3,2 participate in c'ty activities	weight over time			to community					gender roles hope and resilience	Storytelling Caring for country	4 connections framework
(Blignault 2013			3.1 on country 3. 2 & 3 Strengthened through connection to land					Camp setting learn from Elders and role models	Healing through caring for country	Cultural and spiritual domains	Strength's focus Focus on past and present	Cultural celebrations Elders Storytelling Sharing wisdom		
(Healey 2016	1.2 positive impact family and c'ty r'ships connected to fam & extended fam		3.1 3.2 & 3 beyond immediate promotes enduring Inuit values and culture	Physical activity	Stress and coping, Mh and wbeing	Strengthen fam and kin r'ship	Peer supports and r'ships	8 rocks	Connecti on to land			8 rocks model Camping on country	igtrauma	
(Barraza 2016(Allen 2018	1.1 reduced risk of suicide when attending 7 activities		3,2 attending cultural values are protective factor	Physical activity in seal hunt			Ongoing community involvement Connected to community	Cultural activity and Elders	Go on country teaching 'seal hunt' safety, teamwork			Seal hunt Elders and skilled community members Gender toward males – interest and attendance	Suicide prevention	

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
(Morsette 2009	1.2 have language for emotions				ID and express emotions						Traditio nal healers help to connect physical world with spiritual world	history	Traditional healers and spiritual leaders met before and after program, prayer in language, storytelling ceremony	CBITS for PTSD Loss in differed tribes' history
Bigfoot 2010		2.2 ID the tools to use in therapy				Extent of affiliation with culture help with therapy	Extent of affiliation with culture help with therapy				Medicin e wheel Indigeno us healers, language prayers, practices , rituals, and ceremon ies	Blend science with culture	Medicine wheel Indigenous healers, language prayers, practices, rituals, and ceremonie s	Adaptation of TF-CBT within wellbeing framework enhance healing
(Ritchie 2014		2.1 gaining independe nce 2.2 attending engaging and completing homework	3.2 felt increased independe nce working with others		leadership		Connect with peers and others at school			On country activities		Medicine wheel	Medicine wheel local workforce and mentors with cultural nolj Talking circles	Resilience focus  RS 14 Short term improvement s not consistent long term

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv
	1	2	3	1	2	3	4	5	6	7	8		
(Fanian 2015)		2.1 confidence built new skills and to continue art to address communit y issues	3.1 & 3.2 Cult relevant connected to others in communit y	Gained new skills artistic and personal			Art as medium to connect with community issues	Art used in ways relevant to culture Ticho values				Some gender considerati ons e.g., female part work with female facilitator Ticho values	Create safe space
(Poelina 2004)		2.1 youth contribute to health promotion message in DVD re: FV	3.1 involveme nt in dvlp DVD about FV	Physical safety			Part of c'ty response to improve u'standing and safety about FV	Dvlp cultural relevant rersourc es posters, dvd FV		Connect ed to local cultures and region	Regional experience, remote	Connected to local cultures and region	Separate yg women, FV program C'ty partic research with yg ppl and services, schools
(Kowanko 2008)		2.1 L'ship in WB at school	3.1 & 3.2 involved in FWB c'ty prog				Connect through schools outside WG –		Schools interest ed in yg males on country visits with Elders collect wood & for carving			Young men and women dance groups Talking circles using message stick, L'ship young women WG school Pairs of co- facilitators	Address FV through FWB L'ship and WB in WG school

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
(McCalman 2010)		2.1 voice setting priority FWB addressed by FV		Connected to all SEWB domains	Personal empowerment – confidence, self esteem		Youth part of broader c'ty priority setting and address FV as priority					Collective level id strengths and healing	Participate in community	FWB to address FV Explore FWB through schools and ACCOs WG school
(Tsey 2000)		2.1 voice setting priority FWB addressed by FV		Connected to all SEWB domains								Historical context included	All domains of life past and present, content draws heavily on cultural traditions	FWB appropriate as Suicide prevention
(Le 2013)		2.1 could sit with difficult emotions and thoughts			Better self-regulation, less mind wandering and less suicidal thoughts,		Better connection to school through facilitator peers	Smudging prayer check ins					Safe space for discussions Culturally skilled staff from community	Held in school  Mindfulness cult competent IG trauma, racism suicide
(Tigue 2012)	1.1 improved wellbeing from helping others	2.1 16 young men became peer educated dismantling stigma of	3.1 participate in c'ty activities, footy				Acceptance into team connect to a group, Become part of peer					Past and present	Doing things 'our way' in local Kimberly region Program wholly	Suicide prevention

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv
	1	2	3	1	2	3	4	5	6	7	8		
		help seeking					educator group					owned by c'ty Tackling masculinity	
(Goodkind 2012)		2.2 engagement and retention improved	3.2 increased culture and lang and teaching reduced anger			Strengthen family connection		Strength culture	EAL		Past and present	Equine assisted, Family approach parents and others and youth, Developed by Ojibwe teachings and staff	Healing from trauma, reconnect to culture
(Janelle 2009)	1.1 improved wellbeing achieve success cultural accomplishments		3.2 protective strengths success from cultural activity participation			Extended family links strengthened	Promoted self-help and help seeking peer development, collaboration Welcoming visitors	Participated despite difficult condn and demands	On country			On country 5-day camp with activities, hunting, trapping, game prep, storytelling	Healing from trauma
(Lee 2008)(Lee 2008)			Strength yg ppl connect to culture and community					Elders music	Hunting , excursions			Elders, bush excursions, music	Reduce youth problems

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
(Salvador 2016		2.2 having own space improves engagein in learning and attendanc e	3.2 increased cultural practice strengthen ed yth			Improved connection to family	Improved community relationshi ps/ school and others, connection to grief and loss	Cultural activities , prayer					Bison room for cultural activities	School based Behaviour health centre Must be confidential
(Tingey 2016(Bar nett 2020		2.2 shift to 13 – 16 yo for learning engagt and attendanc e	3.2 self and ethnic identity provides strong foundation to be entrepren eurs				Inter connected ness included	Cultural camp	On country				Strengths based approach needed co designed with community Indig staff	Located on reservation, 5-day camp Entrepreneur ship education promote protective factors re: substance use and suicide
(Barnett 2020			3.2 on country and strengthen ed culture through cultural activities beading		Improved Internal ability to handle stressor, more positive mood after camp		Increased senses of belonging	Cultural camp with activities , Elders	On country				5-day camp Elders sharing cultural knowledge , and stories, teaching traditional skills, beading	MMS, general mattering scale, rosenburg self-esteem scale 5-day camp
(Barraza 2016		2.1 Youth council		All aspects of SEWB			Let to strongest						Medicine wheel –	Personal Balance Tool,

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
		voice and involved in development, piloting, and adaptation of the tool Circle of care, approval					connections with community						circles of care CBPR	Recommend strength-based approach
(Reher 2010)			3.2 presented films to school and communities	Self-identity				Granny medicine , Passing the drum, Deep listening and opening rituals		Assisting connect with spirit through music and imagery	Colonization talk	Granny medicine , Passing the drum, Deep listening and opening rituals	Trauma processed and portrayed through films created	
(Coffin 2019)		2.2 re-engagement and improved attendance and higher socialization skills at school		SEWB sessions or leader led sessions Improvements in sleep	Improvements in confidence and self-regulation	Reduced anti-social behaviours and improvements reported by parents/ carers			EAL		Historical and Political determinants	Regional historical Aboriginal people worked with horses	EAL Addressing trauma from Aboriginal lived & historical experiences  Cultural and age-appropriate adaption of SDQ	

Study	CFSS framework Key outcomes			SEWB Domains								Cultural element	Trauma inform fv	
	1	2	3	1	2	3	4	5	6	7	8			
(Wicks 2018		2.1 chn participate and parents and teachers report improvements (still higher cf other popn.				Children connected to family	Improved connected to school						Grounded in connections to community , spirituality and envt and family/ kin	Child Centred play therapy Need professional dvlpt for staff, school educators , principals and mh workers.
(Robbins 2017			Culturally safe space			Kinship connections strengthened in urban envt – extended family		Art,			Elder linking past and present	Elders, Culturally safe space through kinship: Elder, researchers, participants manager facilitator		



**Appendix 8: Table of included studies in rapid review**

Lead Author Year Published	Setting	Age range	Participant details	Method/ Study Design	Aim	Framework
Allen 2018	USA /Rural	12-18 yrs.	138 Yup'ik Alaskan indigenous youth	Direct intervention effects variables of protective factors at the influence levels that lead to later change on the ultimate prevention outcome variables.	To compare the effectiveness of high intensity intervention in one community, contrasted to lower intensity intervention in a second community (comparison)	Suicide prevention
Barnett 2020	USA/ Rural	13-18 yrs.	111 Alaska Native youth	Quantitative pre & post survey design to examine the outcomes of self-esteem, emotional states, belongingness, mattering to others, and coping skills among participants.	Provide evidence and support for culture camps as health promotion intervention. Improve psychosocial outcomes in youth culture camps	Suicide prevention
Barraza 2016	USA/ Metro	12-18 yrs.	50 Native youth in San Francisco	A community based participatory research (CBPR) model. Youth Personal Balance Tool Assent Process.	Describe the process used by the Youth Council to adapt and develop a self-assessment tool. Highlight the community-driven evidence base of GONA that has been the guiding framework. Act as a forum to begin raising awareness of the importance of strength-based assessment	Medicine Wheel as the Personal Balance Tool Framework
Barudin 2021	Canada/ Rural	13-17 yrs.	8 Indigenous girls from rural and remote Inuit communities in Quebec	12 yoga sessions over 2018 and 2019 with eight Indigenous girls. Yoga & mindfulness; Indigenous yoga teacher.	Explore trauma-informed yoga; strengths-based community strategy for relational healing to promote cultural connectedness, safety, and resilience.	Trauma-Informed

BigFoot 2010	USA Canada	n/a	American Indian and Alaska Native Tribal programmes	Using the American Indian/Alaska Native Affiliation Model	Partnering with tribal programs to identify, design, test, and refine the Honouring Children, Mending the Circle program (HC-MC)	Trauma informed
Coffin 2019	Australia	6- 25 yrs.	270 Aboriginal youth	Equine assisted learning (EAL). Qualitative examination to capture the lived experiences of the participants throughout the program. Adaptation of the Strength and Difficulties Questionnaire. Community participatory action research approach	To develop a pilot Equine Assisted Learning program with at risk Aboriginal youth to determine the effectiveness of EAL in improving social and emotional wellbeing in this demographic	Alternative therapy for Aboriginal youth trauma
Faller 2019	USA/ Rural	Parents and families	In Kalihi Hawaii, 93% of the 50,000 residents have Native Hawaiian, Asian, and/or Pacific Islander ancestry	Everyday check-in with a culture circle. Open with breathing and mindfulness exercises. Stating their name and home and call to mind an ancestor who will help the youth to be intentional.	A pedagogical model for programs to engage underserved youth who suffer from displacement and historical trauma via colonization. To uplift, affirm, and dignify youth experiences and identity by focusing on strengths from a history of hope and resilience.	Trauma informed, Tools to address mental health and wellbeing. Four Connections Framework
Fanian 2015	Canada/ Rural	13-22 yrs.	9 youth were Tłı̨chǫ and from the community of Behchokǫ, NT	Partnership: collaborative evaluation of community-based research project Evaluation framework: Identify successes and challenges of program, Data collection: Mixed-methods, observational field notes, focus	Evaluate a creative arts workshop for youth who explored critical community issues and found solutions. Build confidence and personal/artistic skills among youth participants. Connecting youth with one another and to positive role models.	

				groups, questionnaires, and reflective practice. Data analysis: de-identified, analysed using an adapted version of the triangulation protocol	Demonstrating to youth how art can be a way to express oneself and to deal with various issues in our lives and communities.	
Gibson 2022	Australia	n/a	30 Aboriginal and Torres Strait Islander young people	Community-based participatory research (CBPR) framework, surveys, pre and post focus groups and eval questionnaires	A culturally informed suicide prevention program.	Community-based participatory research (CBPR) framework Suicide prevention
Goodkind 2012	USA	7-17 yrs.	18 American Indian youth	Mixed-method quantitative and qualitative within-group longitudinal design with five time points over a period of 18 months Researchers partnered with local community members to develop intervention.	To develop a non-stigmatizing intervention in collaboration with community that addresses the realities of AI youths' lives, including the legacies of past oppression and current inequities.	historical
Blignault 2009	Australia	12-24 yrs.	Indigenous Young people	Systematic review of the existing literature SEWB up to 2010. Review current policies. Complete six in-depth case studies of programs with evidence of success and capacity to scale up. Cross-case analyses identifying themes and generating messages to advance theory & impact.	Provide evidence and analysis to inform public policy and planning devise strategies for programs to improve Indigenous youth SEWB. To obtain deeper and broader understanding of SEWB and translate to enhance policy, resource allocation decisions and practice.	
Healey 2016	USA	n/a	48 youth	A literature review was conducted. Then presented to parents, elders, and youth for	To form an evidence base for interventions to promote	Indigenous research framework

			participants, 8 youth peer leaders, and 15 facilitators	discussion. A Model was piloted as a camp program to validate core concepts. The model was implemented in a series of youth camps delivered six times in five communities in Nunavut between 2011 and 2013.	mental health and wellness among youth in Nunavut	based on Inuit philosophy called the Piliriqatigiiniq Partnership Model for Community Health Research.
Ivanich 2020	Canada USA	10– 14 yrs.	Indigenous families	Seven weekly sessions. Videos used to depict typical family situations to teach content and spark discussion. Games and activities fostered interaction and chances to practice skills. The approaches of two research teams and the resulting programs are compared, and critical elements of adaptation in partnership with Indigenous communities discussed.	Documenting the adaptation process for cultural content to create a model whereby key constructs could be culturally adapted across various Indigenous communities	Trauma Framework
Janelle 2009	Canada	14 – 17 yrs.	6 males from the Manawan community	Mixed methodology consisting of two self-esteem scales and participatory observation of interpersonal behaviour and the use of a comparison group.	To increase self-esteem by exposing teenagers to demanding situations. To reinforce culture and encourage the use of pro-social behaviour among participants. To mobilise community and encourage families to get actively involved.	
Kowanko 2008	Australia	n/a	22 interviews adults and children	Evaluation plan: collection of qualitative and quantitative data using mixed methods, including and	Develop effective responses to family violence that address the levels of complexity within Aboriginal families and	Family violence

				interviews and review of documents. FWB is Aboriginal designed program	communities in the Central Eastern/Western metropolitan region of Adelaide.	
Le 2013	USA/ Rural	15 - 20 yrs.	8 youth members of the CSKT of the Flathead Reservation located in rural northwestern Montana	Guided by the adaptation process model, a mindfulness youth suicide prevention intervention developed and implemented in a Native American school.	Engage in translation of a mindfulness curriculum for cultural relevancy with Native American traditions and spiritual practices. To conduct a feasibility study of the culturally adapted curriculum with a sample of Native American youth from a Native American school.	Intergenerational trauma, racism, suicide frameworks
Lee 2008	Australia/ Rural	Adults and youth 6-16 yrs.	73 interviews Arnhem Land, Northern Territory (NT).	Qualitative and quantitative measures were used to assess acceptability and effectiveness in the initiative's first 2 years of operation.	To evaluate a community-driven initiative established to prevent substance misuse and increase respect for culture and their Elders among young people.	disconnectedness
Louth 2021	Australia/ Rural	14-18 yrs.	6 participants central Queensland coast (Fraser Coast)	Longitudinal study. Semi-structured interviews. Participants reflect on impact on confidence and self-efficacy.	Review the long-term effectiveness of an educational aspirations and careers program.	
Mccalman 2010	Australia	n/a	28 interviewed including young people in Alice Springs	Meta-synthesis of four papers. Interviews and Focus Groups. Literature review. Analysis of Census data. Personal observations. Discussions. Experience of the authors.	To increase understanding of the sustainability and benefits of the Family Wellbeing program in Alice Springs.	Grief, loss, family violence and other trauma frameworks
Morsette 2009	USA/ Rural	11-12 yrs.	7 selected and 4 completed the programme	Evaluate the feasibility and acceptability of a cultural adaptation of CBITS. Generate preliminary information on its effectiveness with a different	Examine the school-based treatment program for adolescents who presented with PTSD and symptoms of depression.	Adapted CBITS for Indigenous adolescents living in rural reservation

				population, adolescents living on a rural American Indian reservation.		
Poelina 2004	Australia	n/a	Families involved in research processes	Qualitative: principles and characteristics of participatory action research including filmmaking and case studies.	To increase awareness and understanding of domestic violence in community. To develop and implement culturally appropriate strategies for the intervention of domestic violence through active participation communities. To provide a model for the intervention of domestic violence.	Domestic and family violence
Reher 2010	Canada/ Rural	13-14 yrs.	The participants were the youth from a Grade 8 class in a small rural school, soon to be graduating.	Adapted Bonny Method and aspects of First Nations ritual were used to create an opportunity for students to make autobiographical video shorts. These films were inspired and informed by the sometimes unspoken, unseen truths that we rarely reveal, unless given a safe, healing magical space and a dynamic medium through which to work.	To help these kids to feel the joy of who they are as unique individuals to know their own strengths and bright qualities, and to believe in these and go forward with them in their hearts. To help the kids find their 'mojo' so that they could operate from a place of Spirit rather than from their heads (cognitively).	
Ritchie 2014	Canada/ Rural	12-18 yrs.	73 youth from Wikwemikong participated	Mixed-method design to evaluate the 10-day OALE impact on resilience. The quantitative approach guided the project, and the embedded qualitative approach provided a	Evaluate impact of an outdoor adventure leadership experience (OALE) on the resilience and wellbeing of First Nations adolescents from one reserve community. Explore whether this impact was	

				supplemental explanatory purpose.	sustainable, and whether any other intervening factors may have influenced the impact.	
Robbins 2017	Canada/ Metro	n/a	Talking circles/focus groups and one on one interviews were conducted with urban youths.	Through interdisciplinary and community collaboration, this study was completed using a combination of Western and Indigenous methodologies.	To examine the positive effects that a grassroots film creation and production program in a major urban centre in Saskatchewan, Canada, had on participating Indigenous youth.  Refers to the Australian SEWB Wheel	Used a conceptual framework that considers the relationship between ethnogenesis and the generation and sustainability of culturally safe spaces.
Salvador 2016	USA/ Metro	12-18 yrs.	38 youth all identified as being American Indian (AI) based in the San Francisco Bay area	Community-based participatory research (CBPR) approach. Interviews and focus groups. Data collection and data analysis.	To understand awareness and use of school- and community-based behavioural health services/supports, including the Native-tailored and -staffed school-based behavioural health centre (NT-BHC). To learn about perceptions of the NT-BHC.	
Tighe 2012	Australia/ Rural	n/a	16 young men from the Kimberly	Pilot study focusing on positive factors. Every week after football training, the youth sub-committee would undertake holistic suicide prevention training. Program is wholly owned by an Indigenous community	To address the growing suicide epidemic amongst Indigenous youth in the Kimberley by presenting key process factors of AKG that may lead to a sustained and successful intervention for this population in the future.	Suicide prevention

Tingey 2016	USA	12- 18 yrs.	A group of approximately 50 Native youth	Participatory research approach. Evaluation Design using a 2:1 (intervention : control) randomized controlled design.	To evaluate the efficacy of an entrepreneurship education program for American Indian (AI) youth being conducted within a tribal reservation context.	Medicine Wheel as the Personal Balance Tool Framework
Tsey 2000	Australia/ Metro	20 – 60 yrs.	Stage 1, which started with 31 participants then Stage 4, which had 12 participants	Theory-driven analysis of the literature and other relevant information. Participant observation. Analysis of standard Family Wellbeing course. Analysis of personal narratives and focus group discussions.	To evaluate the effectiveness of a Family Wellbeing empowerment course.	Family violence
Wicks 2018	Australia/ Rural	7- 11 yrs.	9 children and their parents	Pre- and post-measures, utilizing Goodman’s (1997) Strengths and Difficulties Questionnaire, were collected from parents and teachers. Semi structured interviews were conducted with parents who participated in the program after the intervention ended. Nine child participants attended an average of 15 sessions in a 10-day format.	To determine the effectiveness of an intensive child-centered play therapy (iCCPT) program in a remote Aboriginal community with children who have experienced adversity.	Three registered therapists delivered the play therapy sessions.