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Aboriginal and Torres Strait Islander perspectives on what works in social and emotional wellbeing programs

Cammi Murrup-Stewart, Mandy Truong and Anagha Joshi

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Australian Institute of Family Studies
Level 4, 40 City Road, Southbank VIC 3006 Australia
Ph: (03) 9214 7888 Web: aifs.gov.au

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Aboriginal and Torres Strait Islander perspectives on wellbeing programs

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Dr Murrup-Stewart draws on her cultural heritage, research expertise and lived experiences to guide research practices that honour Aboriginal knowledge, traditions and perspectives. Her work emphasises cultural integrity, community engagement and ethical research practices.

Dr Mandy Truong and Anagha Joshi are committed to allyship and cultural humility. They collaborate respectfully with Aboriginal and Torres Strait Islander researchers to support and uphold Indigenous knowledge systems and self-determination.

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Overview

Social and emotional wellbeing (SEWB) is a holistic concept that is the foundation for mental and physical health for Aboriginal and Torres Strait Islander peoples. It recognises the importance of connection to Country, culture, spirituality and ancestry.

This paper summarises the evidence on Aboriginal and Torres Strait Islander people's experiences of a range of diverse programs that address social and emotional wellbeing. It also looks at what the success factors were for participants in these programs.

The paper provides some considerations for practitioners and other professionals working to support Aboriginal and Torres Strait Islander people's health and social and emotional wellbeing. These general considerations may be applied to a variety of health, social and wellbeing programs and services.

Key messages

- Improving non-Indigenous services and organisations' engagement with Aboriginal and Torres Strait Islander peoples is critical to helping address the ongoing social, economic and health inequities experienced by Aboriginal and Torres Strait Islander peoples.
- A key aspect of improving service responses to Aboriginal and Torres Strait Islander peoples is understanding Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) models and integrating them into practice.
- The research evidence, from the perspectives of Aboriginal and Torres Strait Islander people, highlights the importance of designing and delivering SEWB programs that are:
 - culturally safe
 - holistic
 - take a strengths-based approach.
- Program activities that contribute to positive SEWB include:
 - arts-based programs
 - connection to culture activities
 - activities that provide opportunities for yarning/storytelling, mentoring from Elders or other community members and skills building.

Introduction

This resource aims to support non-Indigenous practitioners and organisations who are seeking to address social and emotional wellbeing (SEWB) in programs for Aboriginal and Torres Strait Islander people.

The resource is based on an updated systematic review of the research evidence on Aboriginal and Torres Strait Islander people's experiences of SEWB programs. The original review was published by Murrup-Stewart in 2019 and included studies published between 2002 and 2017. The updated review focused on recent evidence published between 2018 and 2023.

Listening to and understanding Aboriginal and Torres Strait Islander people's experiences of programs – including what they think works well – not only helps future design and implementation but ultimately supports improved SEWB.

Murrup-Stewart and colleagues' (2019) original review found that non-Indigenous programs and services were commonly less culturally appropriate and less accessible than Indigenous-led programs. Participants in SEWB programs emphasised the need for greater inclusion of Aboriginal perspectives in the design, implementation and evaluation of programs (Murrup-Stewart et al., 2019).

Since this time, there has been a substantial increase in the number of studies on SEWB programs. This growing evidence base not only reinforces the themes found in the original review but also provides new insights, which have been incorporated into this resource.

The following research questions guided the review (and this resource):

- What are Aboriginal and Torres Strait Islander people's experiences of SEWB programs?
- What do Aboriginal and Torres Strait Islander people perceive as the success factors for SEWB programs?

Relevant studies from the research literature were identified from several databases (See the [Appendix](#) for details on the review methods, including search strategy and data analysis.)

Background to this resource

Before colonisation, Aboriginal and Torres Strait Islander peoples thrived on their land and had strong relationships with family, community and Country. Aboriginal and Torres Strait Islander peoples' identity and sense of self and belonging was fostered by strong kinship networks and connection to culture, family, language and Country (Smallwood, Usher et al., 2023; Walsh et al., 2023).

However, colonisation, racism and intergenerational trauma have significantly affected the social, emotional, physical and spiritual wellbeing of Aboriginal and Torres Strait Islander peoples (Paradies, 2016; Smallwood, 2023; Smallwood et al., 2021; Thurber et al., 2021).

Further, intergenerational trauma (such as disconnection from family, kinship systems, Country and cultural practices) can be passed on to future generations and contribute to challenges such as disconnected families, fractured relationships and issues such as violence, suicide and substance use (Gee et al., 2014; Human Rights and Equal Opportunity Commission [HREOC], 1997).

There is widespread recognition that Aboriginal and Torres Strait Islander peoples experience persistent social, economic and health inequities compared to non-Indigenous Australians (National Indigenous Australians Agency [NIAA], 2024). The overwhelming majority of these are due to ongoing systemic factors – institutional policies, cultural biases and socio-economic disparities – that contribute to inequitable outcomes for Aboriginal and Torres Strait Islander people.

This inequity includes deeply embedded racism and discrimination in health and social systems, denial of Aboriginal and Torres Strait Islander peoples' sovereignty and self-determination, lack of culturally appropriate services and the enduring impacts of historical trauma and ongoing colonisation (Dudgeon et al., 2014). These factors perpetuate barriers to quality health and social care, contributing to higher rates of mental health issues (Truong & Moore, 2023).

Obstacles to effective health and social care for Aboriginal and Torres Strait Islander peoples

In addition to the systemic factors noted above, there are a number of specific contextual factors that contribute to ongoing inequities in Aboriginal and Torres Strait Islander peoples' wellbeing.

Our review of the literature showed that the following practices and barriers are detrimental to the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples:

- **Ongoing barriers to accessing appropriate services:** This includes a lack of cultural safety (e.g. service is unwelcoming and intimidating), being inflexible (e.g. restrictive rules and eligibility criteria, long waiting lists), communication challenges between providers and service users (e.g. use of complex or impersonal language, lack of interpreter services), racism and discrimination (e.g. not being heard or believed) and a lack of trust (e.g. due to a fear of children being taken away) (Austin, 2023; Bernardes et al., 2022; Dawson et al., 2023; Farnbach et al., 2021; Heard et al., 2022; Mithen et al., 2021).
- **Lack of Aboriginal self-determination, governance and/or leadership:** Programs and services run by mainstream services often fail to respond to Aboriginal and Torres Strait Islander peoples' priorities and approaches or do not involve Aboriginal and Torres Strait Islander leaders in decision-making processes (Dudgeon et al., 2020).
- **Deficit-focused approaches to social and health care:** Services tend to focus on deficits rather than strengths. This can undermine the inherent resilience, strengths and capacities of Aboriginal and Torres Strait Islander communities and cultures (Fogarty et al., 2018; The Lowitja Institute, 2018).

- **Lack of sustainable funding:** Short-term funding and a lack of long-term financial support for programs/ services for Aboriginal and Torres Strait Islander people limit their effectiveness and sustainability (Nolan-Isles et al., 2021).
- **Failure to recognise Aboriginal and Torres Strait Islander concepts of health and wellbeing:** Programs developed and implemented by non-Indigenous organisations are often based on Western concepts of health and wellbeing, which can be inadequate and inappropriate for Aboriginal and Torres Strait Islander people (Thurber et al., 2021).

As a result, there is a need for better understanding and incorporation of Aboriginal and Torres Strait Islander people's perspectives on what works to improve their social and emotional wellbeing. This can include cultural knowledge and practices that Western models of service delivery do not often consider or include in services and programs.

What is SEWB and why is it important?

The 2000 [National Agreement](#) on Closing the Gap acknowledges the need for Australian governments and Aboriginal and Torres Strait Islander organisations (i.e. the Coalition of Aboriginal and Torres Strait Islander Peak Organisations) to 'work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians'.

Likewise, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing argues that:

Social and emotional wellbeing provides a foundation for effective physical and mental health promotion strategies. Promoting social and emotional wellbeing is about maximising the benefits of the protective factors that connect and support wellbeing, while minimising exposure to risk factors and particularly those that are also risk factors for mental health conditions (Department of Prime Minister and Cabinet [PM&C], 2017, p. 7).

Hence, health and social programs and services that address Aboriginal and Torres Strait Islander social and emotional wellbeing have the potential to reduce the health and social inequities described in the previous sections.

A key aspect of improving service delivery to Aboriginal and Torres Strait Islander peoples is understanding social and emotional wellbeing (SEWB) models from an Aboriginal and Torres Strait Islander perspective and integrating this understanding into service delivery. SEWB is a holistic concept that is the foundation for mental and physical health for Aboriginal and Torres Strait Islander peoples (Gee et al., 2014). It recognises the importance of connection to Country, culture, spirituality and ancestry.

According to Gee and colleagues (2014), the following domains are sources of wellbeing and connection that support strong and positive Indigenous identity:

- body
- mind and emotions
- family and kin
- community
- culture
- Country
- spirituality and ancestors.

A variety of programs and services can include SEWB elements (hereafter described as 'SEWB programs') including arts-based programs, physical activity and health, early childhood, and suicide prevention (Murrup-Stewart et al., 2019). They may be specifically focused on improving SEWB or include SEWB alongside other elements. For example, family and parenting programs may include both health checks and health promotion activities that promote SEWB (Campbell et al., 2018). Further, research evidence shows that Aboriginal and Torres Strait Islander people value holistic and strengths-based approaches that align with Indigenous ways of 'knowing, doing and being' (Austin, 2023; Dawson et al., 2023; Murrup-Stewart et al., 2019).

What does the evidence tell us about SEWB programs for Aboriginal and Torres Strait Islander people?

This section summarises what the research evidence says about Aboriginal and Torres Strait Islander people's experiences of SEWB programs and what they perceive as the success factors for SEWB programs. The evidence is drawn from programs and services in areas including child and family services, health, education and justice. Therefore, these insights aim to have broad relevance and applicability to a variety of programs and services for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people's perspectives on what works in programs that included social and emotional wellbeing elements

This section outlines the characteristics of SEWB programs that have been viewed positively by Aboriginal and Torres Strait Islander participants, have facilitated engagement in programs and positively contributed to Aboriginal and Torres Strait Islander participant SEWB.

It is important to note that the findings are highly interrelated and some topics overlap with others. Quotes from Aboriginal and Torres Strait Islander program/service participants are used to illustrate examples of positive characteristics and experiences. In particular, participants across various programs appreciated and preferred programs that were designed, led and/or delivered by Aboriginal and Torres Strait Islander staff and community members.

Cultural safety

Participants across various studies described cultural safety¹ as being an essential element of a program that promotes SEWB. Participants' reflections on cultural safety were related to issues of staffing, use of respectful language, trust between staff and participants, and the need for programs to include recognition of the impact of history and intergenerational trauma. These are described in more detail below.

Feeling respected and listened to by program staff was an important factor for participants. For example, young people who were participants in a cultural strengthening program emphasised the importance of cultural safety and feeling that their voice was heard:

Sometimes people say, 'oh, yeah, we're listening'. But this is a space where I actually felt like my voice was being heard and that whatever I contributed was valuable. (Black et al., 2024, p. 7)

Programs that were designed and governed by Aboriginal and Torres Strait Islander people were typically more effective at incorporating Aboriginal and Torres Strait Islander knowledges and practices, which led to greater acceptability and effectiveness. In a creative writing program for Aboriginal and Torres Strait Islander men in prison, participants described how they appreciated that Elders led and facilitated the program, which enabled them to feel safe and trust it:

Interviewee: It's obviously a lot easier run by Aboriginal people. But if it was run by an officer or a school teacher like that, it wouldn't be the same.

Interviewer: Why is that? Can you just explain a bit more?

Interviewee: Well, when say white fellas didn't relate. Blackfella is funny. He looks at them ... you're going to think 'oh these white fellas, they're trying to make money or something', you know. It's another blackfella

¹ Cultural safety provides an environment that is safe for people, where there is no assault, challenge or denial of their Aboriginal and Torres Strait Islander identity and experience. It is about shared respect, shared meaning, shared knowledge and experience of learning together with dignity and true listening. Cultural safety is about creating and maintaining an environment where all people are treated in a culturally respectful manner. (Aboriginal Partnership Forum Working Group, 2017, cited in Department of Health and Human Services, 2018, p. 31)

trying to help another brother you know. That's just how you are. It's just the way people have been brought up. (Hanley & Marchetti, 2020, Findings, Motivations to attend the program subsection)

This quote also illustrates a theoretical and practical shift away from 'cultural competency' to 'cultural safety' within health and social care. Many definitions and frameworks of cultural competency focus on non-Indigenous people learning about the characteristics, beliefs and practices of different minority groups (e.g. Indigenous peoples) and how to navigate cultural differences between practitioners/services and service users (Curtis et al., 2019).

In contrast, cultural safety more explicitly recognises the power differences between practitioners and service users and emphasises the need for a shift towards critical self-reflective practice (Curtis et al., 2019). Cultural safety is determined by Aboriginal and Torres Strait Islander peoples (Australian Health Practitioner Regulation Agency [AHPRA], 2020).

Building trust and communication was discussed in some studies as being a key factor in participants' engagement and satisfaction with a program. For example, participants in a diabetes lifestyle program noted the importance of communication – having a program facilitator who understood the people in the program and could speak 'the lingo' allowed trusting relationships to be developed with clients (Power et al., 2021). The facilitator's open, accepting communication style helped clients engage with the program.

It gives you the ability to be really open with him and not be scared to say, if I haven't had a great week. You can just be honest with him and he doesn't dismiss you. (Power et al., 2021, p. 146)

In situations where programs were delivered by non-Indigenous people, participants appreciated when non-Indigenous workers demonstrated cultural respect towards them and showed 'considerate communication and supportive actions which empowered participants' self-determination for their own wellbeing' (Urquhart et al., 2024, p. 7).

... but the boys [non-Indigenous exercise physiologists], they're so considerate and they don't force you to do things you can't do. That's what I love about them. [They] will say, 'Oh just do what you can do Aunt' and so to me, I respect him for that. (Urquhart et al., 2024, p. 8)

In some situations, participants may want Aboriginal staff to be involved in programs because they feel it would increase the accessibility and cultural responsiveness of programs (Gibson et al., 2020), whereas, in other circumstances, non-Indigenous staff may be viewed as more appropriate to address cultural protocols and privacy. In some cases, this may take priority over the need for Aboriginal staff.

Strengths-based approaches

Program approaches and activities that focus on the strengths² of Aboriginal and Torres Strait Islander identity, knowledges and cultures were beneficial to participants' SEWB.

For example, Aboriginal and Torres Strait Islander young people who participated in a cultural strengthening program, the Narrun Yuna art collective (established by the Victorian Aboriginal Child Care Agency (VACCA), described how participating in strengths-based programs in childhood and adolescence has had a significant impact on their SEWB, development of cultural pride and strengthening of cultural identity. These programs also built young people's resilience (e.g. to cope with racism) and had potential lifelong benefits of increased access to community and support and a sense of belonging.

Since I was put into those programs from an early age, now I know people, know their parents ... It's because they [VACCA] connected me in with the Victorian community, to the point where this community down here is my family. This is my home, even though I'm not from Victoria ... this community is all I've ever really known. And there's people in this community that I love dearly, that I will go to whenever I need some help or some guidance. (Black et al., 2024, p. 6)

² Strengths-based approaches include a variety of approaches – for example, asset-based approaches, resilience, empowerment, decolonisation methodology and social determinants of health (Fogarty et al., 2018). A key reason for adopting strengths-based approaches is to correct or counterbalance negative stereotypes and deficit discourses around Indigenous peoples' health and wellbeing (Fogarty et al., 2018)

Relational approaches that foster connection and belonging

Programs that were broader than the individual and instead reflected the collectivist and relational³ cultures of Aboriginal and Torres Strait Islander peoples were viewed as beneficial because they fostered stronger family and community connection and feelings of belonging.

A participant described their appreciation for the relational and family-based approach of the Aboriginal Cradle to Kinder (AC2K) home-visiting and advocacy program, which focused on maternal and child health and was delivered by VACCA:

I would recommend AC2K to other people as well because it is more family-based than a support kind of thing, which is a good thing. You feel like you are talking to a family member instead of a worker. You have those who come out for support and who don't often get the full connection, but with the AC2K programme, they are not just working with the child, they are working with the entire family. (O'Donnell et al., 2020, p. 309)

Holistic programs

Participants appreciated holistic interventions that addressed different aspects of social, emotional, cultural, spiritual and physical wellbeing. This included complementary and wraparound services and programs that connected participants to other support services (e.g. health and medical, financial aid, parenting classes, housing support).

For example, the Spring into Shape fitness program enabled participants to engage with other health service providers and supports. The program provided improved access to services and built participants' confidence, knowledge and agency, which allowed them to take control of their own health and wellbeing.

But knowing that you've always got the doctor at Galambila as backup to go and see, which is connected with the Spring into Shape program, it's just great, you know. Yeah, that's what I love about it. (Urquhart et al., 2024, p. 7)

Holistic programs were also perceived as going beyond a focus on individuals and recognising the importance of participants' families and communities. An attendee of the Her Tribe/His Tribe Aboriginal-designed empowerment program (with a focus on mental health, social and emotional wellbeing, community connection) appreciated the inclusiveness of the program because it allowed family and other community members to be involved:

I really liked it because it, it catered for all ages like Elders and young people and you could bring your kids. (Gee et al., 2022, p. 11)

Further, holistic programs provided practical support to participants, including help to navigate day-to-day activities and other support services. For example, artists in Aboriginal and Torres Strait Islander community-controlled art centres were provided with practical support for a variety of activities, including meals, medication and paying bills:

Keeping spirit strong, telling story of Country. We help with meals and laundry, medication, medicine. Even money story and stuff, Centrelink, like the art centre is good to help all the old people for all that stuff ... Their own, like business, you know. Like Centrelink, funerals, pay for funerals, help pay for, you know, bills if they need something or family members need help with the payment going somewhere, like getting bus fares. (Mackell et al., 2023, p. 298)

³ Collectivist and relational approaches prioritise the wellbeing of the group above one's own individual needs (Garvey et al., 2021).

Types of program activities

This section outlines the types of activities used in programs that address SEWB and have been successful in engaging Aboriginal and Torres Strait Islander participants. Quotes from Aboriginal and Torres Strait Islander participants are used to illustrate examples of these activities and their benefits.

Yarning and storytelling

The inclusion of yarning⁴ and storytelling in programs was valued by participants in a range of programs. Yarning is central to Aboriginal culture and can be used by service workers to strengthen communication and develop mutually agreed on solutions to issues (Murrup-Stewart et al., 2019). Participants from various programs described how sharing their experiences helped them to build their SEWB (Gibson et al., 2020; Gidgup et al., 2022; Sarovich et al., 2024; Wilmott et al., 2023). It helped them to understand they were not alone and fostered a sense of belonging through shared experiences:

[This camp is about] coming together with others who have been in your situation, be able to probably listen to them, their stories. [...] Listening to their [stories], and [...] a process [of] healing for us, because I think to myself, well, I'm not the only one who has been through this. (Wilmott et al., 2023, p. 7)

Elders, role modelling and mentoring

Participants often enjoyed programs that included connecting with Elders and/or that had a mentoring or role-modelling component and described how this enabled them to learn new knowledge and skills that contributed to stronger connections to culture and community. An Elder and program participant described the role she plays in sharing knowledge for the future wellbeing of the Aboriginal community:

... we're putting it out there for the next generation. Like for our children, our grandchildren our great grandchildren. So that means going back to the wellbeing and the healthy mind and the healthy body and healthy eating. (Urquhart et al., 2024, p. 7)

In some instances, participants felt a new responsibility to 'encourage' and 'motivate' others and to be a positive role model within their communities by 'teaching the next generation' and 'build [ing] community strength'. This also contributed to an increased sense of wellbeing because they were supporting others (Dudgeon et al., 2022).

Skill building

Participants valued the inclusion of capacity building in programs for SEWB. For example, a participant in a creative writing program for Aboriginal and Torres Strait Islander men in prison described how they developed skills related to self-expression, writing and storytelling:

It gives you, well obviously in learning how to write, put pen to paper, that helps a lot. It's good that you've got other fellas there who are writers themselves. Aunty Barb and the other lads and that, that know what they're doing, can come and sit with you and help you write properly. Because we just write. We don't know where full stops go and punctuation and stuff like that. We don't know stuff. I mean, where to put a comma and that. We don't know that, you know? So, we just keep writing. We don't know paragraphs and that. So, it's good to have them there. It gives you that bit of confidence that way. I think the more you do that course, the better you become at it. If you're a long term, it helps a lot, because it can help in them ways. (Hanley & Marchetti, 2020, p. 297)

⁴ Yarning is an Aboriginal and Torres Strait Islander way of communication and meaning-making that has been practised by Australian Aboriginal people for thousands of years and is integral to Aboriginal peoples' ways of understanding and learning (Atkinson et al., 2021; Murrup-Stewart et al., 2022). For more information on yarning, see here: [Yarning Circle Meaning and Importance for Australian Indigenous Culture | Evolve Communities Pty Ltd \(evolves.com.au\)](https://www.evolve.com.au)

Arts-based activities

Participants endorsed creative activities such as art therapy because it was a way to share their stories and experiences and connect with others and to culture (Bennett-Levy et al., 2020; Black et al., 2024). Young people who participated in an art mentoring program described how connection to culture through art practice contributed to a sense of empowerment and healing and helped them experience a range of SEWB benefits including relaxation and emotional regulation:

So I'm not a very patient person, so I thought I wouldn't be able to sit, wouldn't be able to do that [create art] for so long, but it really just helped calm me ... it also took my mind off things that I didn't need to focus on in that time. It gave me a break from all that emotional stress. (Black et al., 2024, p. 7)

Connection to culture activities

Connection to culture plays a profound role in enhancing SEWB. Many of the activities described above, such as yarning and arts-based activities, were interconnected with the concept of connecting to culture and either implicitly or explicitly part of a focus on connecting to culture and Country. More generally, program participants frequently described the benefits of cultural activities such as spending time on Country, learning about culture (e.g. cultural knowledge and practices) and spending time with Elders.

Participants (who were survivors of the Stolen Generation) in a cultural camp in New South Wales described how being on Country gave a sense of reconnection and cultural pride as well as bringing a sense of belonging and healing that had benefits for their SEWB:

To bring them back to Country you can heal them. See what kind of life Country can give to them, on a clear night, you can see a sky like this here, see the stars out. You don't see that much in the city. No one's looking up there, they looking down on the ground, and they are lost. (Yashadhana et al., 2023, p. 5)

Connection to Country and culture was also significant for young Aboriginal and Torres Strait Islander people. For example, a young person described the benefits of connecting to culture as: 'culture in itself can be healing' and 'culture is grounding' (Black et al., 2024, p. 8)

(For further details on the importance of connection to culture to social and emotional wellbeing for young urban Aboriginal and Torres Strait Islander people, read this [resource](#).)

Considerations for practitioners and services

Improving Aboriginal and Torres Strait Islander people's social and emotional wellbeing requires services and programs to be culturally safe and responsive, respect self-determination, and acknowledge and attempt to address the systemic challenges that exist within Australia. This is a critical first step to take before services and programs can begin to include activities that address SEWB.

Since 2019, there appears to have been a shift towards more culturally safe/responsive, strengths-based and self-determined programs and services. Recent research highlights that non-Indigenous programs and services are most successful and beneficial for Aboriginal and Torres Strait Islander people when they listen to and work with Aboriginal and Torres Strait Islander communities (Black et al., 2024; Gidgup et al., 2024).

Based on our review of the research evidence, some general considerations for practitioners and services are provided below. These considerations are general principles that apply across all types of services and programs that engage with Aboriginal and Torres Strait Islander people:

- If you're seeking to include SEWB in a program or service, the research summarised in this resource shows that cultural safety is critical (as determined by Aboriginal and Torres Strait Islander people). This relates to recruitment of staff, recognising community norms, respecting cultural values and sharing decision-making power. (Further guidance on cultural safety can be found in the [Further reading and resources section](#).)
- Take a holistic approach to understanding social, emotional and spiritual wellbeing and be open to different conceptualisations of what good SEWB looks like. Experiences of SEWB can be different for individuals, families and communities due to differences in culture, experiences of colonisation, geographic location (e.g. urban, regional, remote), economic conditions and levels of access to services (Murrup-Stewart & Truong, 2024).

- When working with Aboriginal and Torres Strait Islander participants/clients/patients, provide space and time for yarning/storytelling and utilise ways that better reflect Indigenous cultural practices.
- Provide the option of whole-of-family/community approaches and respect the voices of Elders.
- Be led by, and incorporate, voices from the local Aboriginal or Torres Strait Islander community to determine their needs and design appropriate programs.
- Ensure Aboriginal and Torres Strait Islander community members lead implementation of services and programs that contribute to positive SEWB.
- Build into programs, activities that involve culture and connection to Country and that aim to address SEWB. This should be done in consultation with Aboriginal and Torres Strait Islander staff and community.
- Make programs accessible by avoiding jargon, reflecting local language(s) and hiring Aboriginal and Torres Strait Islander staff.
- Consider including practical and skill-building elements to programs.
- Consider holistic and wraparound service provision and avoid working in silos.

Further information on how practitioners and services can improve their cultural safety and better support Aboriginal and Torres Strait Islander people's SEWB is provided below.

Further reading and related resources

AIFS

- [First Nations care leavers: Supporting better transitions](#)
- [Understanding culture and social and emotional wellbeing among young urban Aboriginal people](#)
- [Improving cultural safety: Recommendations for child protection practitioners](#)
- [Resources to support culturally safe service delivery to Aboriginal and Torres Strait Islander peoples](#)

Emerging Minds

- [Positive partnerships: Working alongside Aboriginal Community Controlled Health Organisations to support Aboriginal and Torres Strait Islander social and emotional wellbeing](#)
- [Courses to support Aboriginal and Torres Strait Islander families](#)
- [Supporting Aboriginal and Torres Strait Islander children](#)
- [Aboriginal and Torres Strait Islander children's wellbeing](#)

Other

- [Social-and-Emotional-Wellbeing.pdf \(healingfoundation.org.au\)](#)
- [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 \(NIAA\)](#)
- [Lowitja Library - Lowitja Institute, for example:](#)
 - [Cultural Safety in Australia](#)
 - [Aboriginal Health and Wellbeing Services: Putting community-driven, strengths-based approaches into practice](#)
 - [Social and Emotional Wellbeing: A Review](#)
- [Social and Emotional Wellbeing - Health Topics - Australian Indigenous HealthInfoNet \(ecu.edu.au\)](#)

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Appendix: Review methods and included studies

How this review was conducted

The method used to conduct this review was based on the review methods used by Murrup-Stewart and colleagues (2019) in their systematic review.

This review focuses on the perspectives of Aboriginal and Torres Strait Islander program participants (i.e. direct quotes cited in the included studies were analysed). The perspectives of researchers and program or service staff are not included.

Our summary is based on the findings from 29 studies conducted across diverse settings including: art/creative, pre-natal and early childhood, physical activity and health, healing and cultural, smoking cessation, drug and alcohol rehabilitation, suicide prevention, land and sea management, empowerment and mindfulness programs. Some studies explored participants' reflections on multiple services or service systems, specifically: hospital care, aged care, mainstream health services and Aboriginal Community Controlled Health Organisation programs. Some of these programs and services were provided by non-Indigenous organisations and some were provided by Aboriginal community-controlled organisations.

Search strategy and search terms

The research question, search strategy and inclusion criteria focused on studies that included the following 3 concepts: Aboriginal and Torres Strait Islander, programs/intervention and social and emotional wellbeing.

Systematic searches of the peer-reviewed literature (published January 2018–January 2024) were conducted in January 2024 to identify relevant evidence. Databases searched were: Informit-Indigenous Collection, ProQuest Central, PubMed, Scopus, Ovid PsycINFO and Web of Science Core Collection. Grey literature sources that were searched included the Lowitja Institute and Australian Policy Observatory.

Data screening and extraction

Search results were uploaded to Covidence (app.covidence.org), an online research review tool that was used to manage the review process.

To reduce the risk of bias, independent double screening was completed for 10% of search results (title and abstract and full text). Researchers used the study selection criteria (Table 1) to independently screen studies. Discrepancies were resolved by discussion between the reviewers.

Data from included studies (Table 2) were extracted to an Excel spreadsheet. Extracted data comprised the characteristics of each study, including population characteristics, program characteristics and participant quotes/perspectives.

Table 1: Study selection criteria

Inclusion criteria	Exclusion criteria
Studies were included in the review if:	Studies were excluded from the review if:
Participants included Aboriginal and Torres Strait Islander populations	Participants included non-Indigenous populations
The program/intervention focused on SEWB	Programs/interventions did not include elements related to SEWB
The study included qualitative data providing direct perspectives (e.g. quotes) from Aboriginal and/or Torres Strait Islander people involved in the program/intervention	Studies reported findings describing community campaigns (e.g. health promotion messages or social media apps)
Study designs were qualitative, mixed methods or case study	
Published in English	
Published in peer-reviewed journals January 2018–January 2024	

Data analysis

Extracted data from included studies were exported and analysed in Microsoft Excel and Miro board to identify key themes and patterns among study characteristics and participants' qualitative perspectives (i.e. participant quotes). Quotes from Aboriginal and Torres Strait Islander program participants were assigned to existing themes and subthemes from the systematic review by Murrup-Stewart and colleagues (2019). Quotes that did not fit into existing subthemes were coded and allocated initial codes. Authors grouped these initial codes into existing subthemes and new subthemes. Themes and subthemes were reviewed and refined by the authors.

Risk of bias assessment and quality appraisal of studies was not conducted. Therefore, the quality of the studies included in the review was not assessed and considered in the synthesis of findings.

Ethics and governance of included studies

The governance and ethics sections of included studies were examined. Of the 29 included studies, 23 studies described how Indigenous ethical principles were applied as part of the research process, and/or had applied for ethical clearance through an Indigenous Ethics Committee. Researcher positionality was described in 22 of the studies, which refers to when the researcher clearly states their assumptions and potential biases in relation to the research topic and methods, including whether the research team included Aboriginal and Torres Strait Islander researchers.

The following table provides information about the research studies included in the review and the programs they evaluated. Where the information is available, we have included the name of the program, its years of operation, the setting and location of the program, an outline of the program and links to the program's website (where applicable).

Table 2: Characteristics of included studies

First author, year	Program/service name, years of operation, website where available ^a	Setting	Geographical region	Outline of program OR program aim	Program participants
Barblett, 2020	KindiLink Current program For more details see here.	Early childhood education	Western Australia (remote, regional and metropolitan)	A playgroup program aimed to develop sense of belonging at school. Children attend with a parent/carer for 6 hours a week and it is free for families.	Aboriginal children and families
Bennett-Levy 2020	Arts-Based Compassion Skills Training (ABCST) Project period 2019–23	Aboriginal health service	Regional New South Wales	Pilot study of an Indigenous-adapted model of compassion focused therapy that aimed to enhance the SEWB of program participants	Aboriginal adults
Berry, 2022	n/a	Residential drug and rehabilitation services	New South Wales	Using cultural activities in existing drug and alcohol residential treatment programs	Aboriginal men
Black, 2023	Narrun Yana youth art collective cultural strengthening program For more details see here.	Aboriginal child and community organisation	Victoria	Art mentoring program for young people that is a safe space for participants to work together in a creative environment and have access to professional development opportunities	Young Aboriginal people aged 15+
Campbell, 2018	Baby One Program Since 2014 For more details see here.	Maternal and family health	Queensland (Cape York remote communities)	Family-centred child health promotion in remote Australian Aboriginal communities. Developed by Apunipima Cape York Health Council	Aboriginal clients and families
Cox, 2022	Closing the Gap programs	Aboriginal community culture centre	Remote region of Tasmania	Various government-funded Closing the Gap programs, targeting health, education and justice	Aboriginal people, including Elders
Davies, 2020	We Yarn workshop (2016–19)	Suicide prevention	Rural New South Wales	Suicide prevention skills training for Aboriginal people and for those who work with Aboriginal communities	Aboriginal people
Dudgeon, 2022	Cultural, Social, and Emotional Wellbeing Program	Community centres	Perth, Western Australia	The program aims to empower Aboriginal and Torres Strait Islander people and strengthen family and community connections and cultural identity. It is an education program consisting of understanding SEWB, life skills to support positive change (i.e. problem-solving, conflict resolution, communication, goal setting), positive parenting, family structures, and local and national Aboriginal and Torres Strait Islander history. Connection to community groups, mentorship and leadership are also emphasised. Yarning and story-telling techniques are included.	Aboriginal adults
Gee, 2022	Her Tribe and His Tribe Aboriginal-designed empowerment programs	Community health centres	Melbourne, Victoria	Programs designed to support Victorian Aboriginal people to strengthen mental health, social and emotional wellbeing and community connection, and to reduce psychological distress. Her Tribe is a 16-week program for Aboriginal and Torres Strait Islander women. Topics included resilience, self-determination, leadership, fitness and women's health. His Tribe is a 12-week program for Aboriginal and Torres Strait Islander men. Topics included resilience, diet and lifestyle, health, self-determination, fitness and exercise.	Aboriginal adults

First author, year	Program/service name, years of operation, website where available ^a	Setting	Geographical region	Outline of program OR program aim	Program participants
Gibson, 2020	Social and emotional wellbeing services for family and community.	Not stated in the article	Wiradjuri country (Central New South Wales)	Services included medical services, mental health, primary health care, aged care, palliative care and rehabilitation.	Aboriginal people
Gibson, 2022	United Health Education and Learning Program (UHELP) (2017)	Suicide prevention	Inala, Queensland	Indigenous-specific suicide prevention program based on culturally valid models of wellbeing and mental health promotion	Young Aboriginal people
Gidgup, 2022 Gidgup, 2024	Ironbark physical activity program (2019–present) For more details, see here.	Aboriginal organisations	Noongar Country, Western Australia	Falls prevention program, consisting of weekly exercise and yarning circle. Generally runs in 6-month blocks.	Older Aboriginal people, including Elders
Hanley, 2020 Marchetti, 2020	Dreaming Inside program	Prisons	Australia-wide (originated in New South Wales)	Creative writing prison program specifically designed for Aboriginal and Torres Strait Islander men in prison. Arts-based programs aim to improve self-confidence and learning retention and strengthen cultural identity and wellbeing.	Aboriginal and Torres Strait Islander men in prison
Hodgkinson, 2023	The Warrior Within program (2018)	Aboriginal organisations	Queensland	The program aimed to connect young Aboriginal people with their culture during school holiday period. It included cultural and sport activities designed to increase resilience and build self-confidence, cultural knowledge and leadership skills.	Young Aboriginal people
Larson, 2019	Indigenous Land Management program For more details, see here.	Aboriginal organisations	Ewamian traditional country, North-Western Queensland	The Ewamian Ranger Program focuses on delivering conservation outcomes based on traditional knowledge of country and includes education, training and development for rangers.	Aboriginal and Torres Strait Islander people
Lavrencic, 2021	Ngarraanga Giinganay culturally grounded mindfulness-based program	Aboriginal communities and organisations	New South Wales	Pilot study of a program aiming to support wellbeing with potential to reduce the impacts of stress and promote resilience and coping. It consisted of 8 sessions on topics such as mindfulness, exercises, stories/poems.	Older Aboriginal and Torres Strait Islander adults
Mackell, 2023	n/a	Aboriginal community-controlled art centres	Geographically remote Australian locations	Aboriginal community-controlled art centres are diverse and often in geographically remote areas. They have creative practices including painting and textiles and allow artists to exercise their authority, responsibility and relationship to their Country.	Aboriginal and Torres Strait Islander people
McNiven, 2022	Queanbeyan Deadly Runners group For more details, see here.	Aboriginal community	Regional New South Wales	This is a community running group whereby participants train together several times per week. Running groups aim to improve physical activity and quality of life, which includes social and emotional wellbeing.	Aboriginal adults
Mithen, 2021	n/a	Mainstream health services (non-Aboriginal community controlled)	Darwin	This study sought to understand Aboriginal patients' experiences of hospital care and what socio-emotional supports they received.	Aboriginal and Torres Strait Islander people
O'Donnell, 2020	Cradle to Kinder program For more details, see here.	Aboriginal child and community organisation	Victoria	A home-visiting and advocacy program focused on promoting Aboriginal maternal and child health during both pre- and post-natal stages of parenthood.	Aboriginal and Torres Strait Islander families

First author, year	Program/service name, years of operation, website where available ^a	Setting	Geographical region	Outline of program OR program aim	Program participants
Parrella, 2022	n/a	Aboriginal communities and organisations	Rural and remote locations in South Australia	This study sought to understand the views of older Aboriginal adults on culturally safe aged care services.	Older Aboriginal adults
Power, 2021	Too Deadly for Diabetes For more details, see here.	Aboriginal organisation	New South Wales	A diabetes lifestyle program designed for urban Aboriginal people.	Aboriginal and Torres Strait Islander adults with diabetes
Sarovich, 2024	n/a	Aboriginal community	Remote location, Far North Queensland	This study evaluated a co-designed student-assisted community rehabilitation service.	Older Aboriginal and Torres Strait Islander adults
Sivak, 2019	Language reclamation activities of the Bargarla peoples For more details, see here.	Aboriginal community	Eyre Peninsula, South Australia	Language reclamation activities and processes aim to reclaim, re-learn, document and transmit languages to the next generation. They may also have a positive impact on social and emotional wellbeing.	Aboriginal and Torres Strait Islander people
Tane, 2018	Yaka Ngarali' program For more details, see here.	Aboriginal organisation	East Arnhem Land	The Yaka Ngarali' program aims to promote awareness of the health effects of tobacco use and its association with chronic illness to encourage participants to quit smoking.	Aboriginal and Torres Strait Islander people
Urquhart, 2023	Spring into Shape program For more details, see here.	Aboriginal health service	New South Wales	A community-driven exercise, nutrition and wellbeing program that aims to improve the lives of participants with chronic disease.	Aboriginal and Torres Strait Islander people with chronic disease
Wilmott, 2023	Healing camps (2021–22)	Non-Indigenous organisation	South Australia	An Aboriginal and Torres Strait Islander led and designed program that aimed to heal Indigenous trauma and included Western and Indigenous approaches to healing.	Members of the Stolen Generation
Yashadhana, 2023	Cultural camp (walaay) (2022)	Aboriginal organisation	New South Wales	Delivery of a walaay (ceremonial camp in cultural landscapes) that aimed to foster reconnection to Country, intergenerational healing and wellbeing.	Older Aboriginal adults who were survivors, family members or descendants of the Stolen Generation

Notes: Not an exhaustive list. Please refer to the original reference for further details. ^a Information is included where available.