

'We care about culture, connection, and making girls feel amazing': A program evaluation using the RE-AIM framework



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Abstract

This study evaluated a health and wellbeing program for First Nations girls and young women implemented by an Aboriginal community-controlled health organisation. The evaluation used the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework.

In-depth, semi-structured interviews were conducted with 39 key informants, including program participants and implementers. The program reached 59% of the target group. The design and implementation were grounded in Indigenous philosophies of collective and relational flourishing. Through participation, individuals strengthened connections and established trusting relationships. Storytelling and yarning enabled participants to locate themselves in an ongoing narrative that mapped their family and community history. Schools with aspirations aligned with the program goals adopted it, although implementation was hampered by COVID-19 restrictions. The program applied a sophisticated understanding of strengths-based practice, relationality, and the role of resistance and resilience to meet the participants' needs.

The evaluation provides evidence supporting the effectiveness of the program and highlights the factors contributing to its success. The findings highlight that effective programs for young women in urban settings embed connection to culture and identity at their core. It illustrates the value of Aboriginal community-controlled service delivery. When implementing or funding similar programs, two main insights should guide decisions. Firstly, the focus must be on cultural continuity and empowerment. Secondly, success depends on removing practical barriers and engaging participants through interactions that are affirming, fun and inspiring.

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The leadership and knowledge of Aboriginal collaborators throughout the research and writing process were key to producing a rigorous and relevant evaluation.

Keywords: First Nations; Health; RE-AIM; Adolescent; Strengths-based; Program evaluation

Highlights

- This evaluation provides evidence supporting the effectiveness of a health program for First Nations young women.
- The findings identify the factors affecting results.
- The results show that the culture and community-based program increased access to primary healthcare.
- The community's trust in the Aboriginal community-controlled health organisation enhances program accessibility and engagement.
- The program was underpinned by strengths-based and relationship-building approaches, which helped participants feel good about themselves.

Introduction

Indigenous peoples¹ in Australia draw strength from deep cultural foundations that sustain communities through dispossession and oppression. Health is understood as a holistic concept that includes physical, mental, social, emotional, cultural and spiritual wellbeing. The complex and interconnected factors determining health and wellbeing are deeply intertwined. They operate at the individual and community level and are inseparable from culture, country and family, reflecting a holistic and relational view (Dudgeon et al. 2014; Zubrick et al. 2014; Salmon et al. 2019). However, colonisation's ongoing legacy of injustice, loss, trauma and racism continues to drive health disparities across generations (Azzopardi et al. 2018; Priest et al. 2021; Sherwood and Geia 2021).

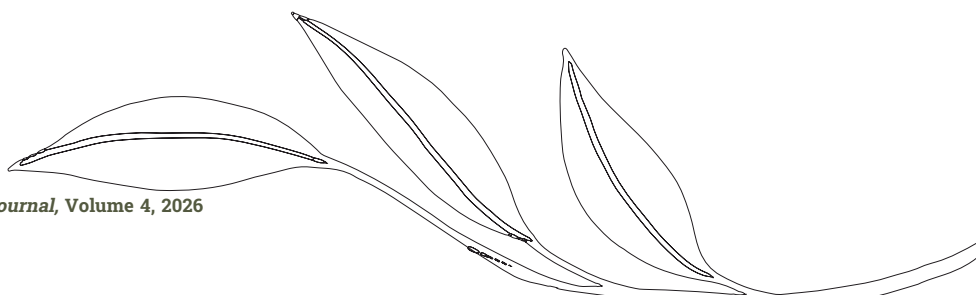
Health initiatives developed without Indigenous peoples' input often fail to recognise the centrality of

culture and community connection to wellbeing (McLennan and Khavarpour 2004; Mackean et al. 2022), and programs that overlook community strengthening and ownership are less likely to succeed (Mitchell et al. 2021). To effectively support Indigenous young people, programs must strengthen cultural and relational foundations, foster belonging and pride, and support connections and relationships within communities (Anderson et al. 2022).

An Aboriginal community-controlled health organisation (ACCHO) is a primary healthcare service in Australia established and managed by the local Aboriginal and Torres Strait Islander community it serves. ACCHOs provide culturally safe primary care that reflects the holistic concept of health and addresses the broad determinants of health (Cullen et al. 2020; Pearson et al. 2020).

Appropriate and effective support during adolescence can be beneficial immediately and across the life course (Furumoto-Dawson et al. 2007; Verbunt et al. 2021). Evidence suggests that benefits continue to pay

¹While acknowledging the diversity of Aboriginal and Torres Strait Islander peoples, this document will use 'Indigenous peoples' as an inclusive term. 'Aboriginal' will be used when directly referencing the community involved in this study, in accordance with their wishes.





off into adulthood, and positively impact the health of the next generation (Azzopardi et al. 2019; Sweeny et al. 2019). However, despite agreement on the need for more evidence of what works for Indigenous youth in real-world settings, few health programs have been rigorously evaluated (Blignault et al. 2016; Gupta et al. 2020; Brown et al. 2022).

Established evaluation theory and frameworks emphasise systematic collection and interpretation of evidence to produce evidence of program value and actionable insights to inform decision-making (Stufflebeam and Coryn 2014; Patton and Campbell-Patton 2022). For ACCHOs, evaluation can strengthen accountability, guide program improvement, inform resource allocation, and ensure that programs respond to the priorities and realities of Indigenous peoples (Kelaheer et al. 2018). However, while evaluation has the potential to inform practice and improve health outcomes, it is usually harmful and destructive if not conducted 'by, for and with Indigenous people' (Ward and Fredericks 2021).

To be relevant and beneficial, evaluation must reflect the cultural lens, social and cultural contexts, and self-determination of the communities involved. This requires Indigenous leadership and involvement of community members throughout the evaluation process, from defining questions to interpreting findings (Kushnier et al. 2023). However, evaluation often relies on practices that perpetuate colonisation and power imbalances rather than respecting sovereignty and fostering self-determination (Bainbridge et al. 2015; Harfield et al. 2020). Culturally responsive and decolonising approaches to evaluation recognise this history and consciously redress it by embedding community leadership, relational accountability, and collective benefit at the core of the process (Kelaheer et al. 2018; Chandna et al. 2019).

The program

Waminda, an ACCHO in New South Wales, was funded for an initial three-year period through the Australian Government's Indigenous Australians' Health Programme to design and implement the Bulwul Balaang program. The program is grounded in community-defined priorities and aims to optimise the health and wellbeing of young Aboriginal women aged 12 to 24 years (hereafter referred to as participants). The program is integrated into Waminda's comprehensive support for Aboriginal women and children on their lifelong journey of healing from ongoing colonisation and racism. The program provides:

- opportunities to be involved in physical activities, dance and group outings
- spaces for cultural connection, expression and sharing
- practical support for developing health literacy and life skills that support self-determination
- culturally safe pathways to health, wellbeing and medical services
- advocacy and strengths-based case management to increase access to supportive services and opportunities.

Youth workers from the local Aboriginal community engage young women in weekly group activities, including arts, crafts, song, dance and workouts delivered at the ACCHO outside school hours, and through outreach sessions implemented at local schools. They also assume the role of cultural mentors and role models, who nurture leaders and model Aboriginal women as successful, responsible and reliable leaders. The program offers choice and flexibility, allowing participants to access activities and support according to their preferences and needs (South Coast Women's Health and Welfare Aboriginal Corporation Waminda 2020; South Coast Women's Health and Welfare Aboriginal Corporation Waminda 2022).





Research leadership, governance and approach

Waminda invited the university research team to collaborate with them to evaluate the program. Study governance was provided by an evaluation management group (EMG), which reported to Waminda's Research Committee. The EMG was established to ensure that Aboriginal community perspectives and cultural oversight were embedded throughout all stages of the evaluation ([National Health and Medical Research Council 2018](#)). The group brought together both Indigenous and non-Indigenous program staff and researchers. Of the eight EMG members, half were Indigenous women.

The EMG guided and oversaw the study's design, implementation and management. Indigenous members of the group led decisions on data collection, analysis and interpretation, to ensure that the entire process respected Indigenous knowledge systems and cultural protocols to generate culturally relevant and credible evidence. Reporting to the ACCHO's research committee ensured accountability to the community and reinforced Aboriginal leadership, decision-making and participation in the research process.

Key governance principles included protection for Indigenous cultural and intellectual property, Indigenous data sovereignty and governance (embedded in the Memorandum of Agreement between the university and Waminda), the use of culturally grounded methods and strengths-based approaches in all aspects of the study ([Kukutai and Taylor 2016](#); [Kukutai et al. 2020](#)).

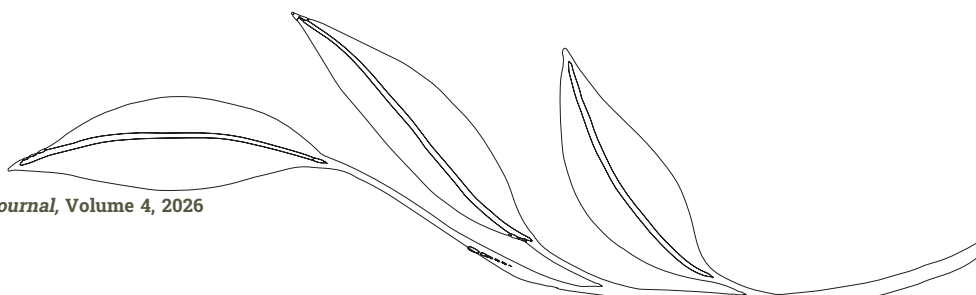
For this evaluation, this involved:

- Establishing a governance group: the EMG provided oversight and direction, and ensured that the research was aligned with community priorities and values.

- Adhering to cultural protocols: Waminda's Cultural Manager provided cultural orientation and ongoing mentorship to the research team. She ensured all the researchers were familiar with and adhered to local cultural protocols for engaging with program participants, Elders and the community. This was essential for maintaining respectful relationships and ensuring that the study met community expectations.
- Regular reporting: regular reporting to Waminda's Research Committee ensured transparency, accountability and continuous community oversight.

The study was designed after a period of 'warming the ground'. This is a process described by Valda Napurrula Shannon Wandaparri as the preparatory work that researchers must undertake to gain trust, build rapport and relationships, and establish mutual respect before performing collaborative research with the community ([Martin 2006](#); [MacGibbon 2016](#)). Within Indigenous research traditions, warming the ground serves as a relational practice that ensures research takes place from a foundation of trust, reciprocity and respect for community leadership and processes.

The project allowed time for researchers to gain an understanding of local protocols, cultural norms and community priorities, and to demonstrate cultural sensitivity, accountability and respect for Indigenous self-determination. For the EMG, warming the ground was prioritised to ensure that no research proceeded without the community's consent, and that the community had adequate time to get to know the researchers and assess whether they were appropriately prepared to work safely and respectfully with Aboriginal women and girls in a research context. This preparatory phase also provided space for community members to determine whether Charles





Darwin University (CDU) was the right partner for the evaluation. Through this approach, warming the ground reinforced the ethical principles of research with Aboriginal peoples and communities, and allowed the team time to develop and ensure the cultural safety, mutual respect and relational accountability that underpin Indigenous research practice (Ward and Fredericks 2021).

In this study, warming the ground involved extensive relationship building before designing the evaluation. This foundational work included workshops, meetings with community leaders and Waminda's Research Committee members, attending community meals and gatherings, and undertaking cultural orientation. The EMG created opportunities for open discussion about the role of Waminda in cultural continuity, the organisation's model of care, the program's goals and community expectations. These early engagements helped build mutual understanding and fostered the trust necessary for meaningful collaboration. Through this careful preparation, the evaluation was based on the community's perspectives and priorities.

Together, these governance and relational processes ensured that the evaluation was Indigenous community-led, culturally safe and methodologically grounded in Indigenous worldviews.

Ethics approval was provided by the Charles Darwin University Human Research Ethics Committee (reference number H20071) and the New South Wales Aboriginal Health & Medical Research Council (AH&MRC) Human Research Ethics Committee (reference number 1679/20).

Setting

This evaluation was set in an ACCHO in Nowra, New South Wales, Australia. Waminda, the ACCHO, has a

holistic approach, providing culturally-informed and safe services that address the diverse needs of urban women and their Aboriginal families at all stages of life (South Coast Women's Health and Welfare Aboriginal Corporation Waminda 2022).

Recruitment and sampling

To recruit respondents, a purposively selected matrix sampling method was used to achieve maximum variability (Campbell et al. 2020). The sample drew on program participants, current or former Waminda staff and cultural leaders, and external Aboriginal stakeholders, including parents and school-based Aboriginal education officers familiar with the program. Informed consent (written or verbal) was obtained from all participants.

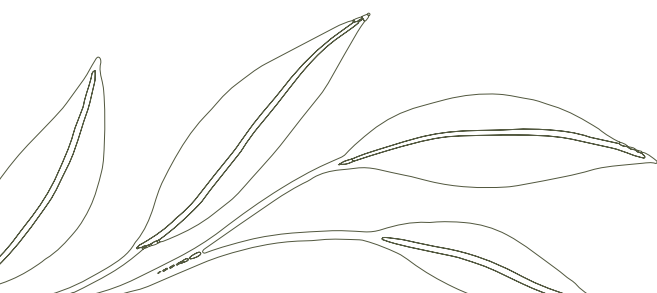
Evaluation design and questions

The evaluation was explicitly requested by Waminda to document and strengthen the Bulwul Balaang program and to:

1. provide evidence of program effectiveness for accountability to the community and the funder
2. deepen understanding of the factors contributing to the program's success
3. provide actionable findings to inform program improvement and planning.

In 2020–21, the EMG held workshops to define program goals and objectives, develop evaluation questions, and assess the quality and availability of data. The results informed the evaluation design (Patton 2008; Stufflebeam and Coryn 2014). Waminda wanted to understand who the program was reaching, and how to build on the program's strengths to improve the program and expand availability in local schools.

Based on this understanding of Waminda's information needs, the evaluation referenced the





RE-AIM framework. Originally developed in the 1990s, RE-AIM has become one of the most widely used frameworks because it expanded traditional evaluation to assess effectiveness in the real world (as opposed to in controlled research settings) and factors crucial for successful implementation and sustainability (Holtrop et al. 2021; Glasgow et al. 1999; Allen et al. 2011). The framework includes five interacting dimensions: reach (R), effectiveness (E), adoption (A), implementation (I) and maintenance (M) (Glasgow et al. 1999; Glasgow et al. 2019). RE-AIM dimensions have remained constant but measures have evolved (Holtrop et al. 2021).

The framework was chosen because it explicitly evaluates program impact at the individual and broader community level, and for its emphasis on identifying worthwhile interventions that are sustainable because they are adopted by the community. It was also chosen because by encouraging evaluators to systematically assess who programs reach, how well they are implemented and whether they are sustainable, RE-AIM strengthens accountability for program relevance and impact and helps ensure that programs benefit those who need them most (Harden et al. 2018; Kwan et al. 2019; Glasgow et al. 2020; Shelton et al. 2020).

A mixed-method design (Creswell and Plano Clark 2017) was adopted to identify program results and explore the factors that impact program reach, effectiveness, adoption, implementation and maintenance. Qualitative and quantitative data were collected and analysed simultaneously. The results were synthesised to develop the findings.

The evaluation answered the following questions, structured according to the five RE-AIM dimensions:

Reach

- To what extent did the program reach the intended target population?
- Were there any groups who were not engaged? Why?

Effectiveness

- How effective was the program in meeting its objectives?
 - linking participants to primary healthcare services and providing case management and support.
 - increasing participants' engagement in cultural, social and life skills activities.
- What factors contributed to these outcomes at both the individual and community level?

Adoption

- How many schools adopted and implemented the program within the period under review?
- What were the characteristics of the schools that chose to adopt the program?

Implementation

- To what extent did program delivery align with the original program design?
- Were there adaptations made during delivery and if so, why?

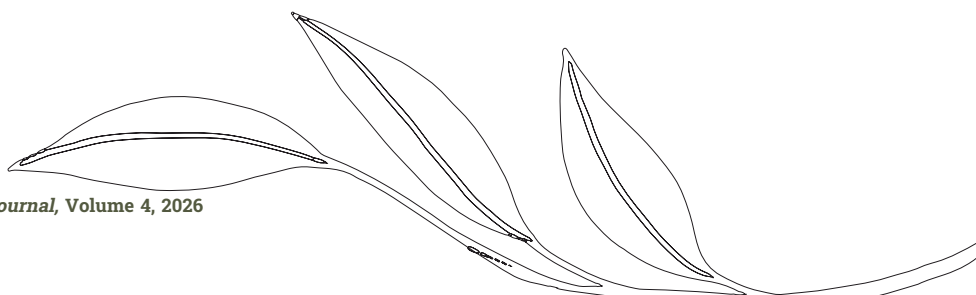
Maintenance

- To what extent is the program integrated into the ACCHO's ongoing programming, suggesting potential for long-term sustainability?

Data collection and analysis

Data were collected through a desktop review of program-related documents and database entries; multiple, semi-structured and informal interviews with participants, youth workers and managers (Lokot 2021), and direct participant observation.

Quantitative data were collected by the staff as part of their usual duties and stored in a central database. All data were deidentified prior to analysis and reporting.





Additional data came from program records stored in Google Forms. Client data were cleaned and analysed using Stata (StataCorp, College Station, TX, USA) to generate descriptive statistics (n, %) by investigators (YG, SK, JR).

Qualitative data were collected using semi-structured interviews and observations recorded in field notes. JR conducted key informant interviews periodically over two years from February 2020 to February 2022. JR and HL conducted direct and participant observation to observe program entry points and activities, the support provided to clients, group sessions, and case management activities. Field notes were taken or voice recorded and then transcribed verbatim. Qualitative data were analysed using collaborative and reflexive thematic analysis (Braun and Clarke 2006; Braun and Clarke 2019; Braun and Clarke 2021) using the software program NVIVO 12 (QRS International, Burlington, USA). JR generated the initial codes and assembled them into candidate themes. All authors further coded and derived themes together to develop a richer and more nuanced reading of the data. The collaboration supported reflexive discussions as themes were further refined. A final validation process was mainly conducted online due to COVID-19 restrictions on gatherings.

Results

Thirty-nine key informants were interviewed as described in Table 1. All the staff involved in managing and implementing the program were interviewed multiple times in an iterative process to promote clarification, discussion and analysis. This also allowed researchers to develop relationships with key informants over time. All respondents were female, and all except one member of staff were Indigenous women.

Respondent	Number
Program manager, current and former staff implementing the program	6
Program participants (aged 12–24 years)	17
External stakeholders (Aboriginal education officers, parents)	8
Internal stakeholders	8
Total	39

Each RE-AIM component was evaluated. The Results section of this article is organised according to each element.

Table 1: Types of key informants included in the evaluation and the number of respondents

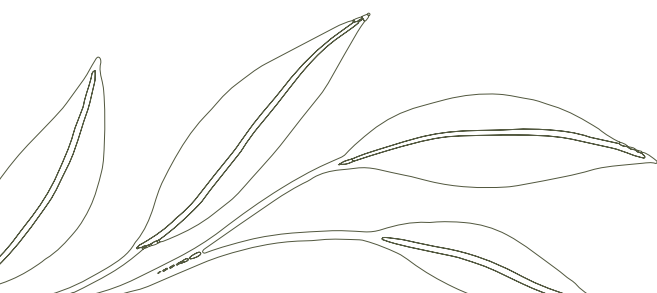
Reach

Over the three years from July 2018 to June 2021, the program reached a total of 501 young women, 59% of the target population. Reach dropped to 31% in year two due to COVID-19 restrictions but rebounded in year three to 52%. The participants were more likely to be aged 12 to 17 years, attend a local school, and the majority lived within 8 km of central Nowra. The desire to be with other Aboriginal people was a key reason given for wanting to join Bulwul Balaang. Others went because they needed help to navigate services or wanted to have fun and do exciting things, including art and dancing. Many respondents said that they joined to make new friends and meet old ones.

Factors impacting reach

Most of the participants and external stakeholders pointed to the positive role that the trust of the Aboriginal community in the organisation plays in their willingness to access the program. For example, a participant mentioned, 'My mum knows that Waminda is a safe place for us, so she brings us for the girls' program, the gym, or doctor's appointments.'

The participants appreciated the range of social, cultural, physical activity and life skills activities available to them. A youth worker explained where the commitment to flexibility comes from: 'We care about culture, connection and making girls feel amazing. We





teach them traditional dances and do things that interest them.'

The participants observed that the variety, and the chance to join in Aboriginal community events, have fun and choose the activities all contribute to their choice to participate. They also reported feeling good about themselves because the program fostered relationships, providing opportunities to give and receive support and connect with peers and trusted adults. This environment of trust and connection encouraged open communication, as one participant shared, 'seeing each other and doing things together every week got us opening up about everything.' This sentiment was echoed in statements like, 'I feel good knowing I can be myself and say what's on my mind,' 'Here, I can have fun and make friends' and 'She helped me see myself in a good way.'

Effectiveness

Relational support and case management

The feedback from participants, schools and staff was consistently positive. Effectiveness was demonstrated in participants' reported improvements in connection to Aboriginal culture and community and valuing Aboriginal identity as a source of strength and resilience. Participants reported high levels of willingness to engage in cultural events and practices, deep appreciation for and understanding of the historical and contemporary acts of resistance to colonisation, and strengthened social connections. Participants indicated that the program helped them understand who they were in relation to other people and their community, especially when they have the chance to interact with a range of adults. This gave them a sense of belonging (Yeo 2003; Milroy 2014; Gee et al. 2020).

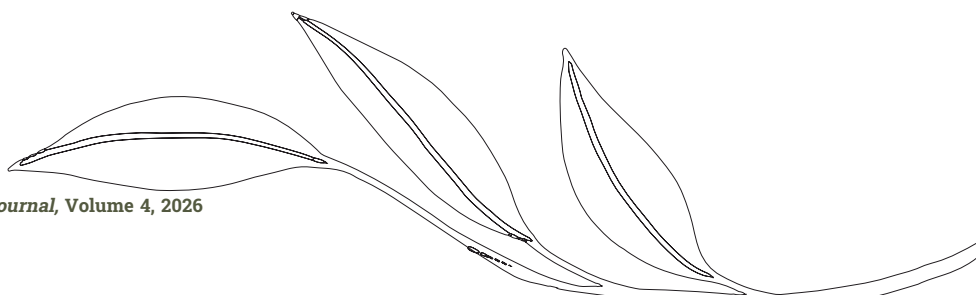
All participants were supported to identify and work towards their personal goals. Overall, 71% received

support from a case manager, who helped them understand their options, develop plans, and access safe, timely, effective care and services. This is consistent with culturally grounded strategies encouraging connections to safe people and places, and, by extension, safe conversations, to promote wellbeing and build resilience (Gee et al. 2020). The program advocated directly on behalf of 42% of participants to other services and attended regular case conferences for 11% of participants.

The program offered person-centred community-based care and support to address the social and cultural determinants of health. Youth workers facilitated access to training, education, employment, housing, transport, income and food security services. The case management approach was strengths-based, responsive to self-identified needs, and empowerment-oriented. Youth workers facilitated access to information and identify opportunities for participants, for example one youth worker said:

I go with the girls to government departments like Centrelink and Housing and help them get all their papers together before we go. Sometimes the rules are hard to follow, and people don't know why they have been taken off waiting lists or have to pay something back. I support them to speak up and get what they need.

Youth workers also facilitate access to mainstream opportunities and are active in youth and social service networks. Collectively, these case management and support approaches are consistent with the approaches recognised as necessary to establish or restore individuals and the Aboriginal community's control over their lives (Wexler and Gone 2012; Bovill et al. 2019).





Linking participants to primary healthcare services

The program aims to facilitate access to primary healthcare and social care in the community. Health assessments, an entry point to primary healthcare, are recommended annually for Aboriginal and Torres Strait Islander peoples. To facilitate access to healthcare, the program makes health assessments available at the youth centre. As shown in Table 2, during the three-year evaluation period, 88 of the 182 (48%) participants received at least one health assessment at Waminda. The annual records indicate that 64 (63%) of the 101 participants enrolled in the first year of the program (2018–19) received a health evaluation. This is a significant achievement, as only five (2.9%) participants had completed a health assessment with Waminda in the year before joining the program.

Engaging participants in cultural, social and life skills activities

The evaluation examined how and to what extent participants engaged in cultural, social and life skills building activities, as described in the program objectives. Table 3 shows that the program met its targets related to outcomes that involve engaging participants in cultural, social and life skills activities, a key program objective.

Evaluation question: How effective was the program in linking participants to primary healthcare services?	
Indicator	Result
# and % of participants enrolled in healthcare with Waminda who had a health assessment recorded within the three-year period	88 (48.35%)
# and % of participants enrolled in healthcare with Waminda who had a health assessment recorded per year	2018–19 = 64 2019–20 = 9 2020–21 = 10

Table 2: Effectiveness of the program: Results measured by links to primary healthcare

Evaluation question: How effective was the program in engaging participants in cultural, social and life skills activities?	
Indicators	Results
# of participants engaged in cultural, social and life skills activities	2018–19 = 277 participants 2019–20 = 144 participants 2020–21 = 244 participants
# of culture camps on Country	1 camp (4 planned and 3 cancelled due to COVID-19)
# of participants attending culture camps	18 participants attended
# of events participated in	Participants attended 16 local community cultural events

Table 3: Effectiveness of the program: Results measured by participants' engagement in activities

Factors influencing effectiveness

Relationality

Relationality is at the heart of how the program provides care and support and is a critical factor driving program success. Wilson (2008) emphasised that ‘As Indigenous people, we are our relationships with other people.’ Every aspect of the program emphasises the centrality of culture, relationships and the processes of connection. A youth worker exemplified this:

I don't get caught up filling out assessments and taking notes on the girls. I'm thinking about what's happening for them, what they want to talk about. I'm building the relationship so when they need something, they'll come to me.

The participants regard the relationships they form with each other and with the youth workers as the key to making them feel amazing. A participant explained:

I didn't know anyone from Dad's side of the family. Mum didn't keep up with them. I was talking with [youth worker], asking her about my mob. She told me who my uncles are. One of them is really well-known in the community; he does a lot. [Youth worker]





connected me, and I met up with them. I know where I fit now. I've made so many friends here; I see my cousins here all the time.

Youth workers recognise that cultural sources of strength are valuable resources that exist within families (Garrett et al. 2014).

The program supports participants in complex situations without reinforcing a deficit discourse. Many issues the participants face are long-standing, difficult to resolve and involve dealing with multiple agencies. Participants reported that they sometimes feel overwhelmed and want to give up but the support makes them feel strong and youth workers motivated them to achieve their goals. A participant summarised it as follows:

I just wanted to give up on [the Department of] Housing so many times. It's so complicated and they were telling me to move back home with my mum, but I can't live there with her boyfriend. So, I stay with my boyfriend, but it's not my home. I try to be quiet and small there. I'm living with his family and if they say I don't live there, I can't get [financial support]. Without money, I can't go to my training college. This place is my home, here with my mob, [gestures around the youth centre] but the government agency does not understand that – they need an address.

The youth worker helped her obtain all the documents she needed, went to the public housing authority with her multiple times to progress her housing application, and shared her knowledge of referral systems and eligibility criteria. This practical support is helpful, but it is the relationship that makes the real difference. The participant said that she felt like she could stand up for herself better with someone standing beside her. She explained that her youth

worker knows her well and believes that she will finish her course, get a job and be able to afford a house of her own, so she also began to believe this.

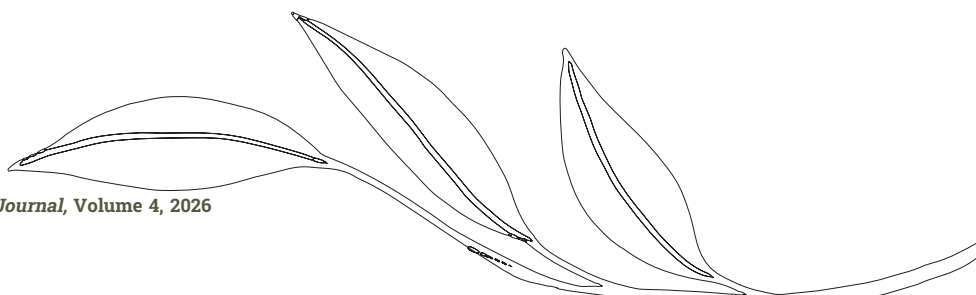
Another youth support worker described how she supported a girl who had dropped in two or three times recently. They went and sat by the river and did some drawing together. The youth worker explained:

After a while she asked me if I had ever been through something similar to her situation: there's a lot of family conflict. She was trying to work out how to stay close to family but out of the line of fire. I asked her to tell me more about what she was going through and how she is getting things done for herself. Then we talked about fire, how a fire is comforting but it can burn you. We both drew pictures of fire. There are Aboriginal ways of dealing with this sort of fighting, so I did a picture showing that. I was drawing so she could see how, for our mob, the answer isn't to get away from your family. It's not about leaving the fire; it's about drawing on your culture and community to stay strong.

Connecting with people and places is a determinant of health (Reilly et al. 2008) and the program supports participants as they build connections and trusting relationships.

Storytelling

The design and implementation of the program centre Indigenous healing practices, most notably deep listening, storytelling and yarning (Atkinson 2002). Storytelling and yarning enable the participants to locate themselves in an ongoing narrative that maps their family and community history (Atkinson 2002). This storytelling style allows time for building relationships and developing trust. Storytelling and yarning invoke and share cultural memory to build a





dynamic, ongoing conversation that blends past, present and future narratives to make sense of lived experiences (Geia et al. 2013; Cooper and Driedger 2019). Sharing knowledge and wisdom with younger generations through storytelling and yarning is important for cultural continuity (Barton and Barton 2017).

Youth workers model deep listening, which Brearley (2014) has described as ‘a way of learning, working and togetherness that is informed by the concepts of community and reciprocity.’ Participants are introduced to Elders from their community who share stories that describe how stress and trauma manifest, the many ways people cope with hardship, and the places and processes for healing in the community. Creating opportunities for storytelling is acknowledged as an effective strategy for healing (Quayle and Sonn 2019). Young women said they feel connected, happy and calm when participating in yarning and storytelling. One participant recounted:

When I heard that story I ran down to the water and stood with my feet in the sea. I felt everything. I could stand in the sea grass and know who I am.

Many linked deep listening, yarning and storytelling to their feelings of belonging and pride in their Aboriginal identity.

During a session observed in a school setting, a story of family connections unfolded. Two participants shared stories of their families’ resilience in the face of adversity. One spoke of her ancestors being among the first to encounter colonisers, yet their cultural knowledge and practices stayed strong despite cultural disruption, racism and dispossession. Another girl described the painful legacy of the Stolen Generations when her ancestors were imprisoned at

Bomaderry Children’s Home. She indicated that they are Elders now, and she finds strength in learning her language and stories from them. (Field Notes 7–11 June 2021)

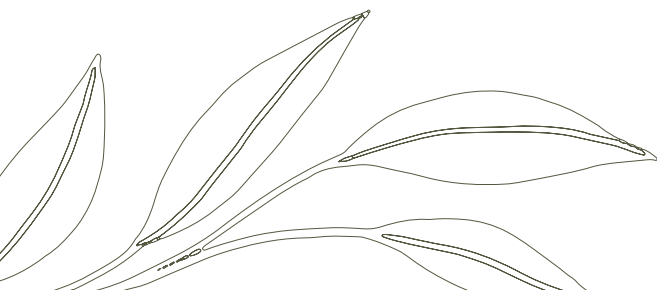
One participant reflected on how the program has helped fill in some gaps in her knowledge:

I feel like I need to know more about myself, about culture, and the more you learn, the more you realise what you don’t know. Sometimes when I get asked a question, I feel unprepared. I know who I am, but I only know so much, and I want to learn my culture. Now I am learning more and more, it gives me confidence.

As youth workers and participants make jewellery, paint, dance or share a meal together, they share stories of resisting past injustices and combatting erasure as Indigenous people. This storytelling is also encouraged because:

Telling the old stories is important because they tell girls who they are, who they come from. We are connecting to our culture through the stories. The girls want to know their culture, they don’t get to hear it at school, and stories are good. (Youth worker)

While yarning, youth workers and participants challenge the dominant deficit narratives that participants are exposed to. They constructed yarns embodying the shared lived experiences of the young women, their families and community. Youth workers were observed emphasising that young Aboriginal women have the right to feel amazing and take pride in their culture and identity. These practices are all recognised as being essential for flourishing, social change and decolonisation (Dudgeon and Walker 2015; Quayle and Sonn 2019; Bullen et al. 2023).





Adoption

There are 28 public schools in the local government area, including 24 with ≥ 150 Aboriginal students (Aboriginal Affairs Unit 2017). Of these, one primary school, two out of five high schools, and three independent schools adopted the program (six of 28). Nine other schools indicated that they wanted to host the program but could not have external providers on the grounds due to COVID-19 restrictions.

Factors influencing adoption Alignments in values and aspirations

Schools with aspirations aligned with the program goals adopted the program, although implementation was hampered by COVID-19 restrictions. Positive links with local schools and their Aboriginal education officers are essential to adoption. The most common reasons given for adoption were: the content is relevant and very useful to the Aboriginal students at their school; the program aligns with the values and aspirations of the school; the youth workers understand what young women are experiencing and know how to support and empower them; and hosting the program sends a message that the school recognises and creates space for the local Aboriginal culture.

Aboriginal education officers familiar with Bulwul Balaang rated it as valuable because the program reinforces and contributes to the way that Aboriginal parents strive to protect and meet the needs of their children, while counteracting the effects of colonisation and racism. An Aboriginal education officer described how hearing program staff share a story during a school session about the restoration of cultural practices made her feel.

I had been getting the kids to draw a sacred area in the local landscape. All local Aboriginal people know this place, it is an important place for women. The [youth

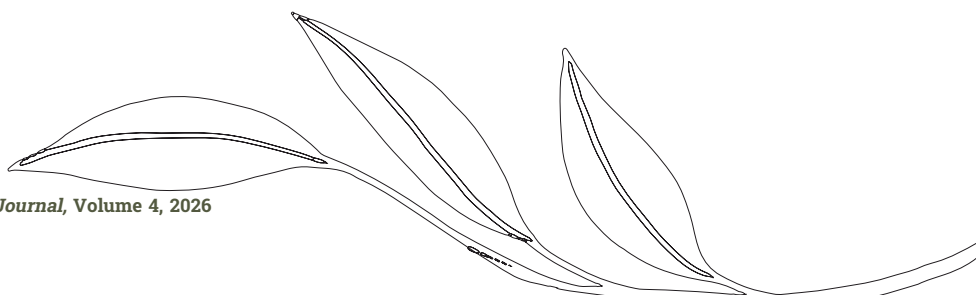
workers] saw the pictures on my wall here and started telling the girls how that place is where our mob used to do the ceremony and how they did a smoking ceremony for babies not long ago like they used to do in the old days. To hear about this, Waminda doing a smoking ceremony, it made me proud. I went on about that with the girls for weeks afterwards (external stakeholder).

Implementation

As understanding of the needs of the participants grew during implementation, the program expanded and deepened the activities designed to support healing from historical and ongoing trauma. Participants indicated that they welcomed opportunities to develop their sense of identity in an affirming environment. Young women described being erased by the colonial account or judged against non-Aboriginal ideals; experiences they understandably did not typify as amazing. For example, a young woman described how her teachers speak from their colonial perspective in every lesson and often, distressingly, refer to Aboriginal history and culture as a mythical time or a romantic memory:

At school, they teach the Dreamtime as history, like ancient Greek and Roman history. But it's living, our culture is living. It's not history. It's our culture. We are living it now. They are really saying that our culture is basically dead. This is typical, everything taught at school is so whitewashed. It's awful for me to hear teachers talk like this.

The program reinforced connection to the Dreamtime and recognised its centrality to the life of people today, just as it was to their ancestors (Lohoar et al. 2014). Youth workers added more program activities to affirm identity and share stories of resilience. They created culturally safe environments where





participants discussed and made sense of their realities and healed. For example, four modules were developed and integrated into group sessions, including:

- *Making a connection*
Objective: Build relationships between participants and youth workers.
- *Identity and culture*
Objective: Promote pride in the Aboriginal identity by sharing Aboriginal cultural knowledge that illustrates the importance of land, family and community.
- *Understanding healthy relationships*
Objective: Provide tools for healthy relationships, including boundary definition, self-esteem, consent, coercion and controlling behaviours, interpersonal violence, and effective communication.
- *Resilience and resistance*
Objective: Help participants understand and connect with the ways their Elders have shown resistance and resilience.

The program provided opportunities for young women to connect with Elders and aunties, who are recognised for the key role they play in supporting both individuals and their broader community. Through storytelling and yarns, respected knowledge holders offered empowering insights into historical struggles and the many ways that Indigenous women have always and continue to demand justice and exert sovereignty. The participants appreciated hearing stories of strength and self-determination. By embracing the wisdom of Elders and aunties, this program fostered cultural continuity and, importantly for health, went beyond individual support. It created a powerful space for collective healing, learning, empowerment and continuing the community's active effort to restore,

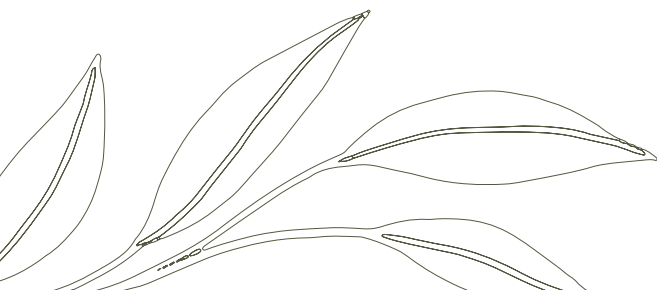
protect and practice culture and support flourishing and resilience within the community.

Consistent with established good practice, the program also provided participants with opportunities to see Indigenous women succeed in positions of responsibility and respect, in leadership roles, and staying strong in their culture (Milroy et al. 2014). Activities focused on empowering young women with leadership skills that reflect Indigenous ways of knowing, being and doing, to create future community leaders who will continue to promote holistic wellbeing.

Social distancing, home schooling and lockdowns were in place to prevent the spread of COVID-19. They also resulted in widespread social isolation. Participants were physically separated from their friends, extended families and community networks. They experienced significant stress, frustration and anxiety as they adapted to learning at home. Social isolation and stress had significant consequences, and the rates of anxiety and depression rose among adolescents in Australia (Magson et al. 2021; Sicouri et al. 2023).

To maintain contact with participants, youth workers were observed calling the participants and talking with them about their lives and their families. Support services also changed from face-to-face to virtual platforms.

...we had to be very creative and really think about how the whole organisation could support our community. Waminda already had a client-centred, wrap-around approach, so we found new ways to keep staff safe while staying in close contact with the girls (internal stakeholder).





The program had begun to establish peer networks during after-school and holiday groups, and this continued as the program encouraged participants to share experiences and offer each other support and advice through social media platforms and messaging apps. Youth workers quickly switched to using social networks and online platforms to connect with participants. They assembled packages with games, art and craft supplies, seeds and plant pots, and personal care products and delivered them to participants. One youth worker explained:

When we were dropping things off, they told us how the entire family was going. We reminded them to keep in touch on social media (internal stakeholder).

Youth workers conducted art and craft sessions using video conferencing platforms. They used these tangible supports to hold conversations on virtual platforms. The participants shared how they used the craft materials or how their seedlings were growing with each other and the youth workers. Waminda prepared and delivered wellness and food packets to 75 young women and their families affected by bushfires, floods and then COVID-19.

Factors affecting implementation **Aboriginal community control**

A critical factor affecting implementation was the program's association with an ACCHO. Participants and stakeholders really appreciated this because of the cultural safety it offered.

The program explicitly acknowledged ongoing colonisation. All participants were linked to cultural mentors and role models, and the modules that guided the yarning sessions explicitly addressed the history and impact of colonisation on Indigenous peoples.

Cultural safety was provided by delivering the program in an environment where the participant's identity, experiences and needs were respected and affirmed. This developed as the program evolved, and created multiple layers and support systems connecting participants with women from their community. Participants reported feeling confident that they could access support when they wanted it and that they trusted that their situations, fears and priorities would be understood and respected. One participant said: 'I know I can talk about anything here and no one will shame me.' Community control was also at the heart of creating a skilled, culturally safe workforce.

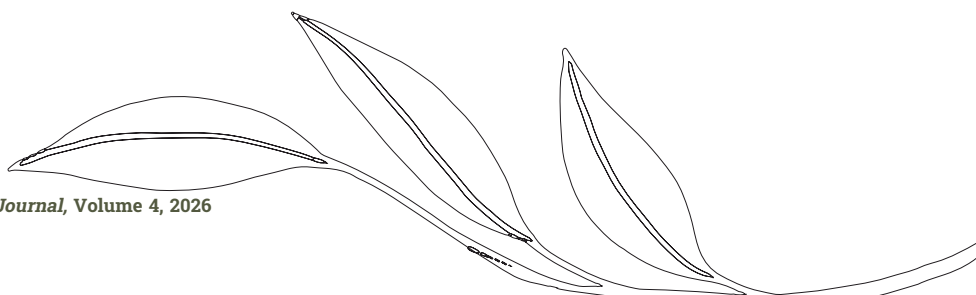
Strengths-based approach

Youth workers demonstrated a sophisticated experiential understanding of strengths-based practice. While this approach has emerged in the mainstream as a critique of the deficit-based discourse, it was not new or novel for the program. A youth support worker described what a culturally safe, strengths-based approach meant to them:

We just know that everyone has many strengths inside them, and we think of our community as rich in resources. I think it is my role to be a support person and facilitator and not an expert on them and what they need to change. We are not about telling them how to get better or be someone they are not.

Maintenance

Maintenance at the institutional level refers to the extent to which the program can be sustained. The program has been fully integrated into the organisation's programming and reflects the strengths-based model of care. The high level of acceptability to the target group and Aboriginal





education officers from local schools indicate that the program is feasible and sustainable.

To maintain the program, ongoing funding support is required. To recoup the dynamism of the program after COVID-19, all planned project activities must be implemented, including the reintroduction of activities targeting young women of post-secondary age. This age group needs support as they transition to independence, training and other employment pathways. To secure ongoing and expanded funding, the evaluation recommended negotiating a revised set of key performance indicators, better use of data to support and demonstrate program effectiveness and a continued emphasis on connection to culture and community to mitigate the impacts of colonisation and racism.

Discussion

This article presents a comprehensive evaluation of a community-based program to optimise the health and wellbeing of Indigenous girls and young women.

The Indigenous-led, collaborative approach enabled evaluation questions to be shaped and the RE-AIM dimensions to be explored through an Indigenous lens. The collaboration ensured that the process led to findings grounded in the community's perspective.

The program's value stems from its holistic and relational approach. By creating safe, supportive spaces and providing multiple levels of support for young women, it strengthens connections to culture and community, fosters pride in identity and a sense of belonging. The program's emphasis on intergenerational mentoring and relationships with Elders, coupled with strengths-based frameworks, drives program effectiveness and extends current evidence on the significance of culturally safe and

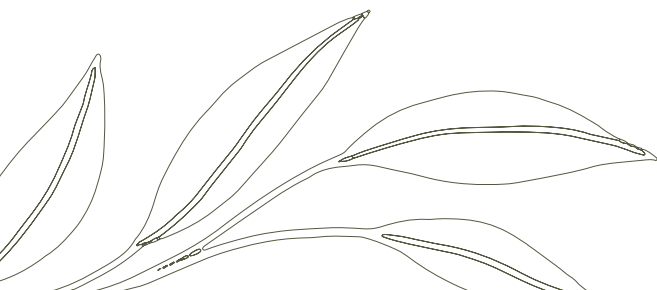
relevant interventions ([Simpson et al. 2020](#); [Marriott and Reibel 2021](#); [Yunkaporta 2023](#)).

These findings are consistent with evidence that programs are most effective when they establish connections and work with schools, and activities are engaging, relational and fun. Bulwul Balaang provides creative spaces and activities where young women feel amazing because they learn, share and heal together ([Blignault et al. 2016](#)).

The program is grounded in Aboriginal ways of knowing, being and doing

The design and implementation of the program are grounded in Aboriginal knowledges and addresses many of the factors that enable flourishing, by building strong relationships, a sense of belonging, and connection to people and place ([Butler et al. 2019](#); [Salmon et al. 2019](#)). This is evidenced by the use of strengths-based assessment tools and approaches developed by Waminda. The relational approach to implementation is evidenced by activities that incorporate cultural practices and connection to people and places ([Reilly et al. 2008](#)). The program plays an important role in helping participants build these connections and establish trusting relationships ([Dudgeon et al. 2023](#)).

Storytelling and yarning enabled participants to locate themselves in an ongoing story that mapped their family and community history ([Atkinson 2002](#)). This storytelling style allows time for building relationships and developing trust. Storytelling and yarning invoke and share cultural memory to build a dynamic, ongoing conversation that blends past, present and future history to make sense of lived experiences ([Geia et al. 2013](#); [Cooper and Driedger 2019](#)). Sharing knowledge and wisdom with younger generations through storytelling and yarning is





important for cultural continuity (Barton and Barton 2017).

Youth workers modelled deep listening, which Brearley (2014) has described as ‘a way of learning, working and togetherness that is informed by the concepts of community and reciprocity’. Participants were introduced to Elders from their community who share stories that describe how stress and trauma manifest, the many ways people cope with hardship, and the places and processes for healing in the community. Creating opportunities for storytelling is acknowledged as an effective strategy for healing (Quayle and Sonn 2019). Young women said they felt connected, happy and calm when participating in yarning and storytelling.

Many linked deep listening, yarning and storytelling to their feelings of belonging and pride in their Aboriginal identity.

Through storytelling and yarns, respected knowledge holders offer empowering insights into historical struggles and the many ways that Aboriginal women have always and continue to demand justice and exert sovereignty. The participants appreciated hearing stories of strength and self-determination. By embracing the wisdom of Elders and aunties, this program fosters cultural continuity and, importantly for health, goes beyond individual support. It creates a powerful space for collective healing, learning, empowerment and continuing the resistance and resilience cycle within the community.

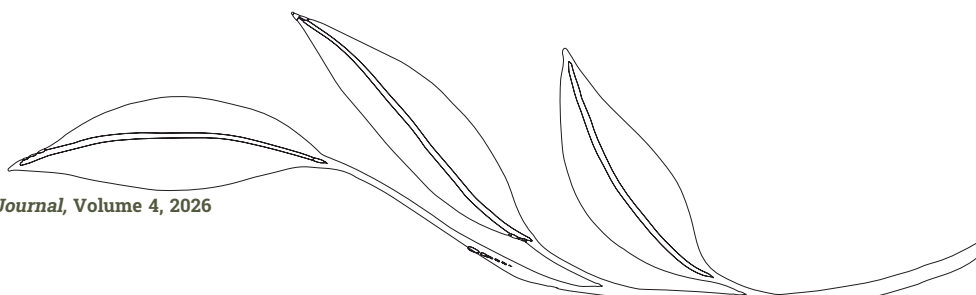
Aboriginal community control

ACCHOs emerged in Australia in the 1970s as a community-led response to systemic racism and culturally unsafe healthcare in health facilities operated without concern for cultural considerations.

ACCHOs provide culturally grounded primary health and wellbeing services that embrace an Aboriginal concept of health. Therefore, the Bulwul Balaang program supports the social, emotional, mental, physical and cultural wellbeing of individuals and the whole community. At the heart of this service design is community control, with locally elected Aboriginal boards providing cultural and strategic governance to reclaim agency, empower communities and exercise self-determination (Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) 2020; Pearson et al. 2020). This evaluation of the Bulwul Balaang program clearly demonstrates how these core values translated into tangible program strengths. The findings on cultural identity and community connection were not incidental; they were a direct and natural outcome of a program purposefully designed to reflect these principles.

The program’s explicit acknowledgement of the ongoing impacts of colonisation, coupled with its focus on linking participants to cultural mentors and role models, directly address the historical dispossession and limits on cultural expression that continue to affect Aboriginal communities. These approaches are consistent with those recognised as necessary to establish or restore individuals and the Aboriginal community’s control over their lives (Wexler and Gone 2012; Bovill et al. 2019).

The program’s success in fostering a strong sense of identity and community was deeply rooted in its commitment to cultural safety and cultural security. By creating an environment where participants’ identities, experiences and needs were respected and affirmed, the program demonstrated sustainable outcomes for participants likely to benefit the community. The development of multiple layers of





support systems, connecting participants with women and family from their own community, cultivated a profound sense of belonging and kinship. This process allowed the program's strengths to naturally emerge, as the participants themselves identified these connections as the most impactful feature of their experience. The consistency between the ACCHO's values, the program's design and the participants' experiences is therefore not a coincidence: it provides evidence of the power of a genuinely community-controlled and culturally responsive approach to health and wellbeing.

Reflections on RE-AIM's relevance to this indigenous context

RE-AIM's strength lies in its capacity to assess impact at both individual and community levels while emphasising sustainability through community adoption. By systematically examining reach, implementation and maintenance, it promotes accountability and equity. Despite these strengths, scholars have observed that RE-AIM's structured design and emphasis on measurable indicators can limit its ability to capture contextual, relational and cultural dynamics, particularly in Indigenous and community-led settings (Shelton et al. 2020). The framework's dimensions don't specifically reflect Indigenous worldviews; however, consistent with impressions reported by others, RE-AIM provided a practical, useful and easily understood structure (Kwan et al. 2019). The recognition of the interdependence between individual and collective wellbeing and impact at both levels was appreciated. By adopting the same methods employed by the program, such as storytelling, deep listening and relational accountability, the overall evaluation reflected local worldviews. The leadership, authority and knowledge of Aboriginal collaborators throughout the research and writing process were key to

producing a rigorous and relevant evaluation. RE-AIM provided an organising framework for inquiry, but the collaboration and Indigenous lens provided the interpretive depth needed to ensure that findings were meaningful and contextually relevant.

Limitations

Planning for this evaluation had just begun when the COVID-19 pandemic was declared in 2020. The evaluation team transitioned to using online platforms when necessary. Participant numbers were influenced by budget and time constraints, which fell within the parameters of a rapid participatory evaluation. Due to COVID-19 restrictions, the evaluation limited the number of interviews with external stakeholders and conducted most of them remotely via telephone.

Conclusions

This is one of the only reported evaluations of a multicomponent, community-based and culturally-grounded program for young Indigenous women in Australia. This study demonstrates that effective programs for Indigenous girls and young women in urban settings are those that embed culture and identity at their core. The program's success is driven by its holistic, culturally grounded, strengths-based and relational approach. This community-controlled model is essential for providing culturally grounded care that addresses the needs of participants while mitigating the impact of ongoing colonisation and racism.

The program deliberately prioritises building strong relationship bonds among participants and with youth workers and then uses these relationships as the framework for learning, support and engagement. These relationships, and the commitment to making participants 'feel amazing', facilitate connection to culture and community and a sense of belonging.





Key insights for implementing and funding programs

When implementing or funding similar programs, two main insights should guide decisions. Firstly, the focus must be on cultural leadership and empowerment. The program's success stems from its ability to holistically support young women by enabling connections to culture and reinforcing the community's cycle of strength, resistance and resilience. This directly translates into positive health and wellbeing outcomes for participants. Secondly, the program maximises choice and flexibility, creating a safe environment where young women can make choices and feel self-motivated to try new things. Success is further secured by removing practical barriers, and engaging participants through interactions that are fun and inspiring. Noticing and affirming young women's strengths and achievements builds a powerful foundation to support continued success. These findings underscore the value of supporting Aboriginal community-controlled services to increase knowledge and drive culturally appropriate program success for young Indigenous women and girls.

Data sharing

Data not available: The data that support the findings of this study are held by the Molly Wardaguga Institute for Indigenous Birth Rights, but restrictions apply to the availability of these data. Neither the organisation's Research Committee nor the study respondents gave consent for their data to be shared publicly. Therefore, due to the sensitive nature of the research and potentially identifiable data, the supporting data is not available.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships

that could have appeared to influence the work reported in this paper.

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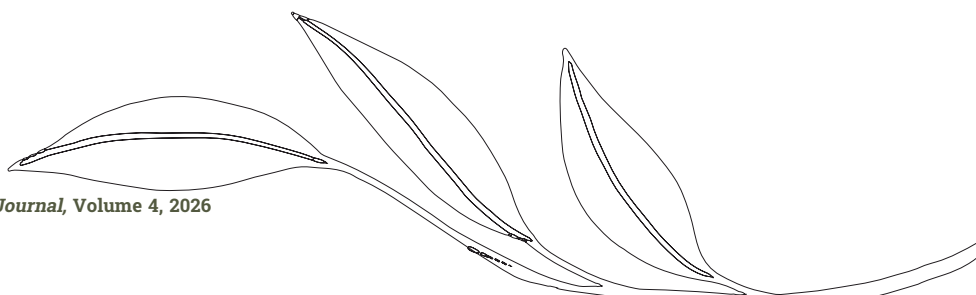
An Australian Government Research Training Program (RTP) scholarship for JR supported this research. The research was carried out as part of the employment of all other authors. The employers are the Charles Darwin University and Waminda, South Coast Women's Health and Welfare Aboriginal Corporation. There was no involvement of anyone other than the authors who: i) had an interest in the outcome of the work; ii) were affiliated to an organisation with such an interest; or iii) were employed or paid by the program's funder, in the commissioning, conception, planning, design, conduct, or analysis of the work, the preparation or editing of the manuscript, or the decision to publish.

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References

[Aboriginal Affairs Unit, 2017. Community Portrait: Shoalhaven LGA, A portrait of the Aboriginal community of Shoalhaven,](#)



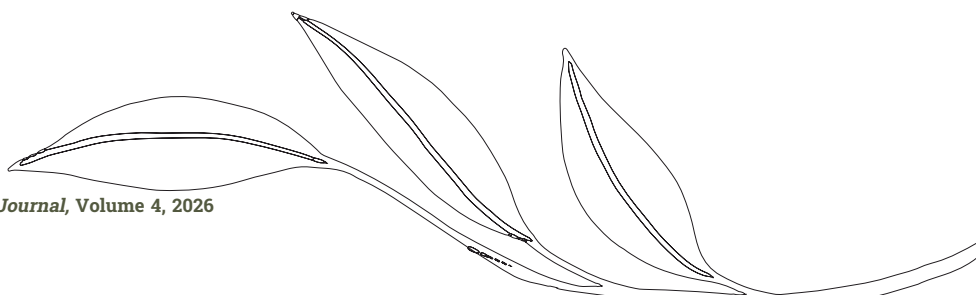


- compared with NSW, from the 2016 and earlier Censuses. Education, Aboriginal Affairs Unit.
- Allen, K., Zoellner, J., Motley, M., Estabrooks, P.A., 2011. Understanding the internal and external validity of health literacy interventions: a systematic literature review using the RE-AIM framework. *J Health Commun* 16 (Suppl 3), 55–72.
- Anderson, K., Elder-Robinson, E., Gall, A., Ngampromwongse, K., Connolly, M., Letendre, A., Willing, E., Akuhata-Huntington, Z., Howard, K., Dickson, M., 2022. Aspects of wellbeing for Indigenous youth in CANZUS countries: a systematic review. *Int J Environ Res Public Health* 19 (20), 13688.
- Atkinson, J., 2002. *Trauma trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia*. Spinifex Press, North Melbourne.
- Azzopardi, P.S., Hearps, S.J.C., Francis, K.L., Kennedy, E.C., Mokdad, A.H., Kassebaum, N.J., Lim, S., Irvine, C.M.S., Vos, T., Brown, A.D., Dogra, S., Kinner, S.A., Kaoma, N.S., Naguib, M., Reavley, N.J., Requejo, J., Santelli, J.S., Sawyer, S.M., Skirbekk, V., Patton, G.C., 2019. Progress in adolescent health and wellbeing: tracking 12 headline indicators for 195 countries and territories, 1990–2016. *Lancet* 393, 1101–1118.
- Azzopardi, P.S., Sawyer, S.M., Carlin, J.B., Degenhardt, L., Brown, N., Brown, A.D., Patton, G.C., 2018. Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data. *Lancet* 391, 766–782.
- Bainbridge, R., Tsey, K., McCalman, J., Kinchin, I., Saunders, V., Watkin Lui, F., Cadet-James, Y., Miller, A., Lawson, K., 2015. No one's discussing the elephant in the room: contemplating questions of research impact and benefit in Aboriginal and Torres Strait Islander Australian health research. *BMC Public Health* 15, 696.
- Barton, G., Barton, R., 2017. The importance of storytelling as a pedagogical tool for indigenous children. In: Garvis, S., Pramlin, N (Eds.), *Narratives in early childhood education: communication, sense making and lived experience*. Routledge, Milton Park, pp. 45–58.
- Blignault, I., Haswell, M., Jackson Pulver, L., 2016. The value of partnerships: lessons from a multi-site evaluation of a national social and emotional wellbeing program for Indigenous youth. *Aust N Z J Public Health* 40, S53–S58.
- Bovill, M., Chamberlain, C., Bar-Zeev, Y., Gruppetta, M., Gould, G. S., 2019. Ngu-ng-gj-la-nha (to exchange) knowledge. How is Aboriginal and Torres Strait Islander people's empowerment being upheld and reported in smoking cessation interventions during pregnancy: a systematic review. *Aust J Primary Health* 25 (5), 395–401.
- Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual Res Psychol* 3 (2), 77–101.
- Braun, V., Clarke, V., 2019. Reflecting on reflexive thematic analysis. *Qual Res Sport Exercise Health* 11 (4), 589–597.
- Braun, V., Clarke, V., 2021. One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qual Res Psychol* 18 (3), 328–352.
- Brearley, L., 2014. Deep listening and leadership: an Indigenous model of leadership and community development in Australia. In: *Voyageur, C., Brearley, L., Calliou, B. (Eds.), Restoring Indigenous Leadership: Wise Practices in Community Development*. Banff Centre Press, Banff, Alberta, Canada, pp. 91–128.
- Brown, A., Crengle, S., Tewhaiti-Smith, J., Westhead, S., Bingham, B., Brown, N., Cassidy-Matthews, C., Clark, T., Finlay, S.M., Hansen, K.L., Harwood, M., Nii, K.S.H., Iversen, K.N., Knapp, J.M.F., Kvernmo, S., Lee, C., Watts, R.-L.T., Nadeau, M., Pearson, O., Azzopardi, P., 2022. The health and wellbeing of Indigenous adolescents: a global collective for an equitable and sustainable future. *Lancet* 399, 341–343.
- Bullen, J., Hill-Wall, T., Anderson, K., Brown, A., Bracknell, C., Newnham, E.A., Garvey, G., Waters, L., 2023. From deficit to strength-based Aboriginal health research—moving toward flourishing. *Int J Environ Res Public Health* 20 (7), 5395.
- Butler, T.L., Anderson, K., Garvey, G., Cunningham, J., Ratcliffe, J., Tong, A., Whop, L.J., Cass, A., Dickson, M., Howard, K., 2019. Aboriginal and Torres Strait Islander people's domains of wellbeing: A comprehensive literature review. *Soc Sci Med* 233, 138–157.
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., Walker, K., 2020. Purposive





- sampling: complex or simple? Research case examples. *J Res Nurs* 25 (8), 652–661.
- Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020. Aboriginal community controlled health organisations in practice: sharing ways of working from the ACCHO sector. Wardliparingga Aboriginal Health Equity Theme. South Australian Health and Medical Research Institute, Adelaide.
- Chandna, K., Vine, M.M., Snelling, S.J., Harris, R., Smylie, J., Manson, H., 2019. Principles, approaches, and methods for evaluation in Indigenous contexts: a grey literature scoping review. *Can J Prog Eval* 34 (1), 21–47.
- Cooper, E., Driedger, S.M., 2019. 'If you fall down, you get back up': Creating a space for testimony and witnessing by urban Indigenous women and girls. *Int Indig Pol J* 10 (1).
- Creswell, J.W., Plano Clark, V.L., 2017. *Designing and conducting mixed methods research*. Sage Publishing, Thousand Oaks.
- Cullen, P., Mackean, T., Worner, F., Wellington, C., Longbottom, H., Coombes, J., Bennett-Brook, K., Clapham, K., Ivers, R., Hackett, M., Longbottom, M., 2020. Trauma and violence informed care through decolonising interagency partnerships: a complexity case study of Waminda's Model of Systemic Decolonisation. *Int J Environ Res Public Health* 17 (20), 7363.
- Dudgeon, P., Bray, A., Walker, R., 2023. Embracing the emerging Indigenous psychology of flourishing. *Nat Rev Psychol* 2 (5), 259–260.
- Dudgeon, P., Milroy, H., Walker, R. (Eds.), 2014. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Second ed. Commonwealth of Australia, Canberra.
- Dudgeon, P., Walker, R., 2015. Decolonising Australian psychology: discourses, strategies, and practice. *J Soc Pol Psychol* 3 (1), 276–297.
- Furumoto-Dawson, A., Gehlert, S., Sohmer, D., Olopade, O., Sacks, T., 2007. Early-life conditions and mechanisms of population health vulnerabilities. *Health Affairs* 26 (5), 1238–1248.
- Garrett, M.T., Parrish, M., Williams, C., Grayshield, L., Portman, T. A.A., Torres Rivera, E., Maynard, E., 2014. Invited commentary: fostering resilience among Native American youth through therapeutic intervention. *J Youth Adolesc* 43, 470–490.
- Gee, G., Lesniowska, R., Santhanam-Martin, R., Chamberlain, C., 2020. Breaking the cycle of Trauma–Koori parenting, what works for us. *FPCFR* 15 (2), 45–66.
- Geia, L., Hayes, B., Usher, K., 2013. Yarning/Aboriginal storytelling: towards an understanding of an Indigenous perspective and its implications for research practice. *Contemp Nurse* 46 (1), 13–17.
- Glasgow, R.E., Battaglia, C., McCreight, M., Ayele, R.A., Rabin, B.A., 2020. Making implementation science more rapid: use of the RE-AIM framework for mid-course adaptations across five health services research projects in the Veterans Health Administration. *Front Public Health* 8.
- Glasgow, R.E., Harden, S.M., Gaglio, B., Rabin, B., Smith, M.L., Porter, G.C., Ory, M.G., Estabrooks, P.A., 2019. RE-AIM planning and evaluation framework: adapting to new science and practice with a 20-year review. *Front Public Health* 7.
- Glasgow, R.E., Vogt, T.M., Boles, S.M., 1999. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health* 89 (9), 1322–1327.
- Gupta, H., Tari-Keresztes, N., Stephens, D., Smith, J.A., Sultan, E., Lloyd, S., 2020. A scoping review about social and emotional wellbeing programs and services targeting Aboriginal and Torres Strait Islander young people in Australia: understanding the principles guiding promising practice. *BMC Public Health* 20, 1625.
- Harden, S.M., Smith, M.L., Ory, M.G., Smith, R., Estabrooks, R.L., P.A., Glasgow, R.E., 2018. RE-AIM in clinical, community, and corporate settings: perspectives, strategies, and recommendations to enhance public health impact. *Front Public Health* 6.
- Harfield, S., Pearson, O., Morey, K., Kite, E., Canuto, K., Glover, K., Gomersall, J.S., Carter, D., Davy, C., Aromataris, E., 2020. Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander quality appraisal tool. *BMC Med Res Methodol* 20 (1), 79.



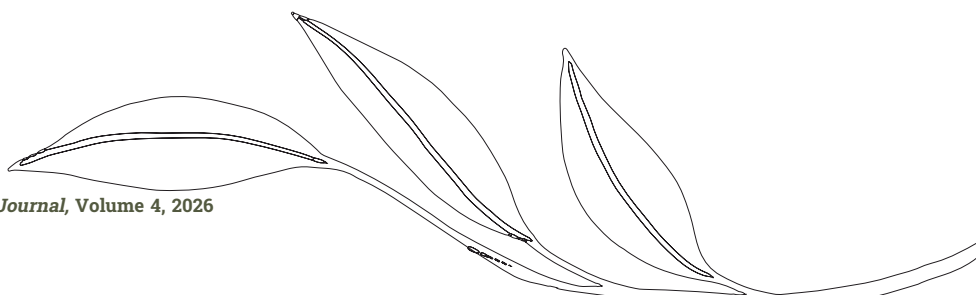


- Holtrop, J.S., Estabrooks, P.A., Gaglio, B., Harden, S.M., Kessler, R. S., King, D.K., Kwan, B.M., Ory, M.G., Rabin, B.A., Shelton, R.C., Glasgow, R.E., 2021. Understanding and applying the RE-AIM framework: Clarifications and resources. *J Clin Transl Sci* 5 (1) e126–e126.
- Kelaher, M., Luke, J., Ferdinand, A., Chamravi, D., Ewen, S., Paradies, Y., 2018. An evaluation framework to improve Aboriginal and Torres Strait Islander health. The Lowitja Institute, Melbourne.
- Kukutai, T., Russo Carroll, S., Walter, M., 2020. Indigenous data sovereignty. In: Mamo, D. (Ed.), *The Indigenous World 2020*. Eks-Skolen Trykkeri, Copenhagen, pp. 654–662.
- Kukutai, T., Taylor, J., 2016. Data sovereignty for indigenous peoples: current practice and future needs. In: Kukutai, T., Taylor, J. (Eds.), *Indigenous data sovereignty: toward an agenda*, First ed. ANU Press, Canberra, pp. 1–22. <https://doi.org/10.22459/CAEPR38.11.2016.01>.
- Kushnier, L., Nadin, S., Hill, M.E., Taylor, M., Jun, S., Mushquash, C. J., Puinean, G., Gokiert, R., 2023. Culturally responsive evaluation: a scoping review of the evaluation literature. *Eval Prog Plan* 100, 102322.
- Kwan, B.M., McGinnes, H.L., Ory, M.G., Estabrooks, P.A., Waxmonsky, J.A., Glasgow, R.E., 2019. RE-AIM in the real world: use of the RE-AIM framework for program planning and evaluation in clinical and community settings. *Front Public Health* 7, 345.
- Lohoar, S., Butera, N., Kennedy, E., 2014. *Strengths of Australian Aboriginal cultural practices in family life and child rearing*. Australian Institute of Family Studies, CFCA Paper No 25.
- Lokot, M., 2021. Whose voices? Whose knowledge? A feminist analysis of the value of key informant interviews. *Int J Qual Methods* 20, 1609406920948775.
- MacGibbon, L., 2016. *Gaining Access - Warming the Ground*. Office of the Pro Vice Chancellor, Australia.
- Mackean, T., Shakespeare, M., Fisher, M., 2022. Indigenous and non-Indigenous theories of wellbeing and their suitability for wellbeing policy. *Int J Environ Res Public Health* 19 (18), 11693.
- Magson, N.R., Freeman, J.Y.A., Rapee, R.M., Richardson, C.E., Oar, E.L., Fardouly, J., 2021. Risk and protective factors for prospective changes in adolescent mental health during the COVID-19 pandemic. *J Youth Adolesc* 50 (1), 44–57.
- Marriott, R., Reibel, T., 2021. Resilience, renewal and hope in Australian Indigenous-led primary health care initiatives. *Prim Health Care Res Dev* 22, e65.
- Martin, K., 2006. *Please knock before you enter: Aboriginal regulation of outsiders and the implications for researchers*. PhD. James Cook University.
- McLennan, V., Khavarpour, 2004. Culturally appropriate health promotion: its meaning and application in Aboriginal communities. *Health Promot J Aust* 15 (3), 237–239.
- Milroy, H., 2014. Understanding the lives of Aboriginal children and families. In: Dudgeon, P., Milroy, H., Walker, R. (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Second ed. Commonwealth of Australia, Canberra, pp. 373–382.
- Milroy, H., Dudgeon, P., Walker, R., 2014. Community life and development programs—Pathways to healing. In: Dudgeon, P., Milroy, H., Walker, R. (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Second ed. Commonwealth of Australia, Canberra, pp. 419–436.
- Mitchell, A.G., Diddo, J., James, A.D., Guraylayla, L., Jinmarabynana, C., Carter, A., Rankin, S.D., Djorlom, G., Coleman, C., Scholes, M., 2021. Using community-led development to build health communication about rheumatic heart disease in Aboriginal children: a developmental evaluation. *Aust N Z J Public Health* 45 (3), 212–219.
- National Health and Medical Research Council, 2018. *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders*. Department of Health, Canberra.





- Patton, M.Q., 2008. Utilization-focused evaluation. Sage Publications, Thousand Oaks.
- Patton, M.Q., Campbell-Patton, C.E., 2022. Utilization-focused evaluation. Sage Publications, Thousand Oaks.
- Pearson, O., Schwartzkopff, K., Dawson, A., Hagger, C., Karagi, A., Davy, C., Brown, A., Braunack-Mayer, A., Leadership Group guiding the Centre for Research Excellence in Aboriginal Chronic Disease Knowledge and Exchange, 2020. Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. *BMC Public Health* 20 (1), 1859.
- Priest, N., Guo, J., Doery, K., Perry, R., Thurber, K., Jones, R., 2021. Racism, racial discrimination and child and youth health: a rapid evidence synthesis. VicHealth, Melbourne, Australia.
- Quayle, A.F., Sonn, C.C., 2019. Amplifying the voices of Indigenous Elders through community arts and narrative inquiry: stories of oppression, psychosocial suffering, and survival. *Am J Commun Psychol* 64 (1–2), 46–58.
- Reilly, R.E., Doyle, J., Bretherton, D., Rowley, K.G., Harvey, J.L., Briggs, P., Charles, S., Calleja, J., Patten, R., Atkinson, V., 2008. Identifying psychosocial mediators of health amongst Indigenous Australians for the Heart Health Project. *Ethnicity Health* 13 (4), 351–373.
- Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R., Lovett, R., 2019. Defining the indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' cultures and their links to health and wellbeing. Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, Canberra, Australia.
- Shelton, R.C., Chambers, D.A., Glasgow, R.E., 2020. An extension of RE-AIM to enhance sustainability: addressing dynamic context and promoting health equity over time. *Front Public Health* 8, 134.
- Sherwood, J., Geia, L.K., 2021. Historical and current perspectives on the health of Aboriginal and Torres Strait Islander peoples. In: Best, O., Fredericks, B. (Eds.), *Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care*. Cambridge University Press, Cambridge, UK, pp. 6–33.
- Sicouri, G., March, S., Pellicano, E., De Young, A.C., Donovan, C.L., Cobham, V.E., Rowe, A., Brett, S., Russell, J.K., Uhlmann, L., 2023. Mental health symptoms in children and adolescents during COVID-19 in Australia. *Aust N Z J Psychiatr* 57 (2), 213–229.
- Simpson, A., Abur, W., Charles, J., 2020. An exploration of interventions for healing intergeneration trauma to develop successful healing programs for Aboriginal Australians: A literature review. *Australian Indigenous Health Bulletin* 1 (1). <https://doi.org/10.14221/aihjournal.v1n1.1>
- South Coast Women's Health and Welfare Aboriginal Corporation Waminda, 2020. Waminda Strategic Plan 2020–2025. South Coast Women's Health and Welfare Aboriginal Corporation.
- South Coast Women's Health and Welfare Aboriginal Corporation Waminda, 2022. Annual Report 2021–2022. South Coast Women's Health and Welfare Aboriginal Corporation.
- Stufflebeam, D.L., Coryn, C.L., 2014. Evaluation theory, models, and applications. John Wiley & Sons, Hoboken.
- Sweeny, K., Friedman, H.S., Sheehan, P., Fridman, M., Shi, H., 2019. A health system-based investment case for adolescent health. *J Adolesc Health* 65, S8–S15.
- Verbunt, E., Luke, J., Paradies, Y., Bamblett, M., Salamone, C., Jones, A., Kelaher, M., 2021. Cultural determinants of health for Aboriginal and Torres Strait Islander people – a narrative overview of reviews. *Int J Equity Health* 20 (1), 1–181.
- Ward, R., Fredericks, B., 2021. Indigenous-led qualitative research. In: Best, O., Fredericks, B. (Eds.), *Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care*. Cambridge University Press, Cambridge, UK, pp. 236–255.
- Wexler, L.M., Gone, J.P., 2012. Culturally responsive suicide prevention in Indigenous communities: Unexamined assumptions and new possibilities. *Am J Public Health* 102 (5), 800–806.





Wilson, S., 2008. *Research is ceremony: Indigenous research methods*. Fernwood Publishing, Black Point, N.S., Canada.

Yeo, S.S., 2003. Bonding and attachment of Australian Aboriginal children. *Child Abuse Rev* 12 (5), 292–304.

Yunkaporta, T., 2023. Aboriginal pedagogy: integrity in academic and cultural practice. *HER* 3 (1).

Zubrick, S.R., Shepherd, C.C., Dudgeon, P., Gee, G., Paradies, Y., Scrine, C., Walker, R., 2014. Social determinants of social and emotional wellbeing. In: Dudgeon, P., Milroy, H., Walker, R. (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Second ed. Commonwealth of Australia, Canberra, Australia, pp. 93–112.

