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‘...Country Can’t Hear English...’

A guide supporting the implementation
of cultural determinants of health
and wellbeing with Aboriginal and
Torres Strait Islander peoples

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Through these processes, a considerable amount of information about contemporary Aboriginal and Torres Strait Islander cultural determinants of health, and where and how they can be implemented, was able to be shared at the June 2019 Lowitja Institute Conference in Darwin. In 1.5 hour-long sessions, using the roundtable ‘facilitated development approach’ refined by the Institute’s predecessor organisation the Cooperative Research Centre for Aboriginal Health, the team from Karabena Consulting and the Lowitja Institute worked with more than 60 participants who contributed their ideas in specially designed workbooks. Their collective advice was analysed and synthesised to consolidate and articulate a broad platform of activity that could see the implementation of cultural determinants for all age groups in both community and mainstream settings. Further to these roundtables, 10 participants were interviewed on camera to speak at a personal level about what cultural determinants mean to them. This Guide would not have been possible without the wisdom of all these contributions.

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Abbreviations

ABN	Australian Business Number
ABS	Australian Bureau of Statistics
ACCOs	Aboriginal Community Controlled Organisations
ACCHSs	Aboriginal Community Controlled Health Services
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AMA	Australian Medical Association
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
CSIRO	Commonwealth Scientific and Industrial Research Organisation
IBA	Indigenous Business Australia
ILSC	Indigenous Land and Sea Corporation
IP	intellectual property
IPP	Indigenous Procurement Policy
LGBTI	lesbian, gay, bi-sexual, trans and/or intersex
LHN	local health network
MBS	Medical Benefits Scheme
NAIDOC	National Aboriginal and Islander Day of Observance
NITV	National Indigenous Television
PBC	Prescribed Bodies Corporate
PHN	primary health network
RAPs	reconciliation action plans
SHE	Science as a Human Endeavour
SI	Science as Inquiry
SU	Science as Understanding
TAFE	Technical and Further Education
UN	United Nations
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples



Glossary of Terms

Australian Indigenous Estate	Aboriginal and Torres Strait Islander peoples hold a rich base of assets and rights, which are collectively referred to as the Indigenous Estate. They now own or have controlling interests in some 40 per cent of the Australian landmass under various forms of Native Title and legislation. In the last 40 years the repossession and growth of the Indigenous Estate by Aboriginal and Torres Strait Islander peoples has been significant.
Indigenous Estate assets	<p>Include tangible assets – the land and waters of the Estate, and the resources located on or within it, and intangible assets – cultural and intellectual property (IP) rights, as they exist in forms of expression (arts, dance, music, language), traditional cultural, environmental and bioscience practices, and other forms of traditional knowledge.</p> <p>The Indigenous Estate continues to grow through:</p> <ul style="list-style-type: none"> – the acquisition, development and management of land; – the flows of funds from royalties and rents from resources, land use and other agreements, and the investment of those funds, both domestically and internationally; – the development and growth of Indigenous businesses; and – the revitalisation or enhancement of intellectual and cultural property and knowledge, and new forms of expression and works. <p>Implementing the cultural determinants of health, as laid out in this Guide, is inextricably linked to the Australian Indigenous Estate, as detailed by Indigenous Business Australia (IBA) and the Indigenous Land and Sea Corporation (ILSC).</p>
Biodiversity	An abbreviation of biological diversity. Biodiversity means the variability among living organisms from all sources, including inter alia, terrestrial, marine, and other aquatic ecosystems and the ecological complexes of which they are a part. This variability includes diversity within species, between species and of ecosystems.
Biological integrity	Unbroken inter-related biological systems of food webs, energy chains and photosynthesis.
Bio-region	A naturally occurring region made up of comparatively self-contained biological systems, such as a valley or a lake.
Ecohealth	Addresses health and sustainability challenges within diverse settings, ranging from public health practice and human and veterinary medicine, to conservation and ecosystem management, to rural and urban development and planning.
Ecosystem	A dynamic complex of plant, animal and micro-organism communities and the non-living environment acting as a functional unit.
Ecosystem services	The benefits provided by ecosystems that contribute to making human life possible and worth living. Examples of ecosystem services include products such as food and clean water, regulation of floods, soil erosion and disease outbreaks, and non-material benefits such as recreational and spiritual benefits in natural areas. The term services is usually used to encompass the tangible and intangible benefits that human beings obtain from ecosystems, which are sometimes separated into goods and services.
Cultural knowledge holders	Those who have been bequeathed, through oral traditions, specific details and aspects or areas of cultural knowledge that are particular to that individual or family group. While the broader community may be aware of general features or elements of that knowledge, it is not common practice within Aboriginal and Torres Strait Islander societies for detailed cultural knowledge to be vested in the broad community or in organisations. Rather, they defer to particular individuals or family groups who have been taught knowledge for this generation, and who are required to pass that knowledge on generation to generation (Andrews et. al. 2006).
Cultural mentors and cultural educators	Aboriginal and Torres Strait islander people who work across different institutional contexts, and provide education and mentoring services to workforces engaged in the delivery of health and wellbeing services to their communities. They may also be employed in services such as primary schools to provide cultural training and support to teachers and students. See, for example, the National Cultural Educators and Cultural Mentors' Network, comprising staff from Registered Training Organisations (RTOs) who deliver cultural education or mentor GP registrars during their training.



Life course approach	The life course concept recognises both the opportunity to prevent and control diseases at key stages of life from pre-conception through pregnancy, infancy, childhood and adolescence to adulthood. In this Guide, the term is also used to describe the key periods of time in a person's life that have specific cultural significance, and herald new relationships, obligations and responsibilities.
Kincentric ecology	A view where people can see themselves and nature as part of an extended ecological family that shares ancestry and origins. The interactions that result from this kinship ecology enhance and preserve ecosystem functioning and create sustainability.
Kincentric workforce	A strategy that reactivates the roles and responsibilities within kinship systems as a place-based workforce. This is imagined as an ABN (Australian Business Number) workforce that is funded through meeting the Indigenous Procurement targets in each State and Territory. This workforce will reinvigorate cultural determinants of health and wellbeing by being attentive to, and learning about, the cultural relationships, obligations and responsibilities that family and extended families have to each other and future generations. These workforce roles and responsibilities will be particular to clans, lineage, kinship and language-based affiliations, and be guided by family governance arrangements to facilitate, engage with and transmit cultural knowledge between and across generations to support health and wellbeing. Aligned with cultural determinants, this workforce would become the language revivalists, the birth and end-of-life Doulas, the genealogists, the artisans, carvers and dancers and their children's first teachers.
Mayi Kuwayu	The national longitudinal study of culture, health and wellbeing for Aboriginal and Torres Strait Islander people. Based at the Australian National University, the study has identified six core cultural determinants including connection to Country, knowledge and beliefs, language, self-determination, kinship and cultural expression (Salmon et. al. 2019).
Megatrends	<p>A megatrend is a significant shift in environmental, economic and social conditions that will play out over the coming decades. The Commonwealth Scientific and Industrial Research Organisation or CSIRO has identified seven megatrends:</p> <ol style="list-style-type: none"> 1 Limited natural resources with rising demand 2 Growing pressure on biodiversity and ecological habitats 3 A shifting world economy powered by a developing Asia 4 An ageing population with a retirement savings gap and growing health care expenditure 5 The rise of online retail, teleworking and collaborative consumption patterns 6 A new and rising consumer demand for experience over products 7 The innovation imperative – accelerating technological advancement and the importance of innovation.
One Health	An approach to designing and implementing programmes, policies, legislation and research in which multiple sectors work together for better public health outcomes. This approach is relevant in food security, the control of zoonoses (diseases that can spread between animals and humans, such as flu, rabies and Coronavirus), and combatting antibiotic resistance.
Planetary health	The achievement of the highest attainable standard of health, wellbeing and equity worldwide through judicious attention to the human systems – political, economic and social – which shape both the future of humanity and the natural systems that define the Earth's safe environmental limits within which humanity can flourish. Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends (Whitmee et. al. 2015:1).
Social–ecological systems	Natural systems do not exist without people and social systems cannot exist totally in isolation from nature. These systems are truly interconnected and co-evolve across spatial and temporal scales.
Traditional Owner or Owners	Direct descendants of the tribe or ethnic group that occupied a particular region before European settlement, especially when that occupation is recognised by Australian law. Although there are various statutory definitions of a Traditional Owner(s), for the purposes of this Guide, Traditional Owners are a local descent group of Aboriginal and Torres Strait Islander peoples who have common spiritual affiliations to a site on the land, and are entitled through tradition to have rights over that land.



‘Country Can’t Hear English’: Why this title

During a panel session at the 2019 Lowitja Institute Conference ‘Thinking, Speaking, Being’, held in Darwin, Northern Territory, a Traditional Owner from the Pitjantjatjara Homelands in central Australia was on stage. She had with her a light-coloured blanket. At the commencement of her presentation, conducted in Pitjantjatjara with the assistance of an interpreter, she stood strong, gesturing all around her body, talking in a confident voice about her ancestors, connection to Country and lived experience.

Slowly, as she continued her presentation, she pulled the blanket over herself and crouched down on the floor, covering her entire body and head until only her eyes, nose and mouth were visible. As she crouched down her voice transformed into a whisper. Through her interpreter, she explained that the blanket was non-Indigenous people’s worldviews, and how they impacted her, her family and Country through poorly implemented policy and programs founded on the principle of integration with ‘mainstream society’. She demonstrated to us, in a tangible way, how these worldviews were smothering her so that the only space she had left to enact her worldview was the little peephole in front of her face.

What the audience came to understand, by her actions and translated words, was that people who had power from a distance to influence her life failed to see her in her entirety. Her way of being in the world was smothered. Those responsible for smothering could not recognise or respond to her assertions, language, her connection to Country and the intimacy of that relationship. Her worldview, her culture and the responsibilities and obligations to other humans and beings on Country needed to be communicated in a language capable of facilitating the exact nature of her relationship to the land and all beings that make up her land community. She then said, from this crouched down, blanket cover position, that ‘...Country can’t hear English...’.

English is a language of colonial expression and expansion, prestige and civilisation, which gives access to all domains of human achievement. It is the language of wider communication in formal public domains worldwide and is valued for its usefulness as an instrument for international contact and communication. The purpose and value of English is as the primary mode of comprehending, contextualising and communicating multiple realities in Australia. Yet English doesn’t know, nor can it fully inform or assist monocultured English speakers to understand, the intimacy of the lives of people who speak First Nations’ languages.

Contained in the way First Peoples speak, and what we choose to talk about, are powerful messages that exude cultural and moral codes. These codes tell people how to traverse the terrain they inhabit, their cultural, social and religious practices, their economic activities – all of which contribute to the development of a language.

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) has developed a language map (AIATSIS 2019), based on the work of Horton (1996), of more than 250 languages and dialects. These are centred around intimate on-Country relationships that show cultural, language and trade boundaries and interactions between groups. Watershed basins and ecosystems define First Peoples’ lived experience across the Australian landscape. These ecological boundaries are vastly different from the contemporary jurisdictional and administrative boundaries that are used in policy formulation and agreement making.

Facilitated by the knowledge contained in languages, Aboriginal and Torres Strait Islander peoples lived full and abundant lives in an intense consciousness of their lands and waters. For generations, Aboriginal and Torres Strait Islander lore and customary practices have shaped environments across Australia, maintaining ecosystems in a state of managed equilibrium for more than 60,000 years (Arabena 2008). The land, the Country, is the primary context for identity.



These intimate ways of living the best life have been replaced or co-exist alongside policy and programming propositions embedded in the English language, a language that values the primacy of economics and education systems heading away from, rather than towards, a land ethic (Leopold 1949). But once intimate concepts are taken out of their place and replaced by English concepts, it isn't easy for Aboriginal and Torres Strait Islander peoples to assert this level of connectedness.

This sentiment was reflected by Michael Cooke (1990) who tried to describe the algorithms embedded in Yolgnu mathematics to teach Western mathematics to classrooms of Yolgnu children. He noted that from the eighteenth century until the mid-twentieth century, non-Indigenous researchers were primarily concerned with quantities. They studied Aboriginal and Torres Strait Islander Australians' use or lack of use of numbers, with the general assumption being that they belonged to an impoverished version of a number system (Cooke 1990). It wasn't until the 1960s that ethno-mathematics became more broadly focused on what exists in Indigenous cultural knowledge, and that it could be considered a mathematical approach to the world (Rudder 1983). Through a process of co-exploration of Indigenous and non-Indigenous mathematical understandings, Cooke came to appreciate that Yolgnu numeric systems not only facilitated a multitude of individual and community relationships but formed the basis of all known relationships, including those in physical and metaphysical domains. He noted that:

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...by removing words, concepts, and structures from their Aboriginal context and putting them into a European box called 'mathematic', I have inevitably lost much of the full significance of their meaning and have certainly not done justice to the intricacy and complexity of the Yolgnu world.
(Cooke 1990)

The phrase, 'Country can't hear English' may well be applied to the contemporary policy production processes in Indigenous affairs. Since the abolition of the Aboriginal and Torres Strait Islander Commission in 2005, successive governments have reassigned all policy and programming responsibilities to centralised mainstream departments and introduced a policy framework of whole-of-government service delivery. These two changes have become the bedrock of contemporary Aboriginal and Torres Strait Islander affairs, in which cultural determinants of health are widely discussed but rarely well implemented (Sullivan 2011).

This Guide asserts that the implementation of cultural determinants needs to emerge from within living systems, cognisant of the health and wellbeing requirements of people and creatures that reside within those systems. It supports the implementation of cultural determinants by being responsive to relevant local community needs, cultural knowledge and aspirations. In doing so, the Guide provides support for cultural practices that promote lifelong health and wellbeing for Aboriginal and Torres Strait Islander peoples.



About this Guide

Aboriginal and Torres Strait Islander peoples have long stated their embodiment, and the capacity to be embodied, in the experiences of Country as a living system of which we are a part:



When ngapaki come to Bawaka, we ask Bawaka Country to welcome you. Bawaka is alive; it talks to us and cares for us. We welcome you so that the land and the sea, the tides, the currents, the plants, the animals, the winds, the rocks, the songs and the dreams recognise you. And we are Bawaka Country too, Yolŋu people, our ancestors and our unborn children, with our Yolŋu languages (dhäruk), our Yolŋu knowledge and our Yolŋu Law (Rom). People are Country too.

(Wright 2014 quoting Laklak Burarrwanga)

Aboriginal and Torres Strait Islander peoples have a holistic conception of physical and mental health and wellbeing that is underpinned by core cultural values and perspectives, healing practices and traditions designed to strengthen collective identities and cultural continuity. These conceptions encompass factors that promote resilience, foster a sense of identity and support the health and wellbeing aspirations of individuals, families and communities. These are known as cultural determinants of health.

This Guide attempts to describe, by focusing on six domains, how to implement what is commonly understood to be contemporary cultural determinants of health. These have relevance not only for Aboriginal and Torres Strait Islander peoples, but for all Australians interested in achieving health outcomes and linking these achievements to healthy natural environments. Referencing the Social and Emotional Wellbeing Model and the Mayi Kuwayu: The National Longitudinal Study of Aboriginal and Torres Strait Islander Wellbeing Project (Salmon et. al. 2018), this Guide promotes six key elements as necessary for achieving health and wellbeing:

- 1 Connection to Country** – closely related to identity and attachment with the physical environment, this element facilitates a sense of belonging and connection.
- 2 Indigenous beliefs and knowledge** – include relationships, identities and cultural traditions, and incorporates healing, traditional medicine and gendered knowledge systems and practices.

3 Indigenous language – includes verbal, written and body language as a vehicle for expressing culture and teaching it to others; language is the basis for cultural knowledge, economies and trade.

4 Family, kinship and community – knowing and being part of a community and having responsibilities, obligations and duties in extended families, community life, local initiatives and political issues.

5 Cultural expression and continuity – actions taken to express attitudes, beliefs, customs and norms often in the form of dances, songs, storytelling, ceremony and the sharing of food, celebrations and the representation of values.

6 Self-determination and leadership – facilitates control over decision making and resources and assists collective thinking and actions that benefit people influenced by the decisions made.

Cultural determinants are premised on extensive and well-established knowledge networks that exist within communities and in the community-controlled sectors. The implementation of these is consistent with themes in the United Nations Declaration on the Rights of Indigenous Peoples or UNDRIP (UN 2007) and Australia's commitments to meeting the 2030 Sustainability Targets (UN 2015).

This Guide positions families, home, community and Country as central sites in which cultural determinants are lived, experienced, expressed and reinforced. Policies, programs and services must, therefore, ensure a strengths-based approach that supports individuals, families and communities to exercise choice and control, thereby contributing to greater resilience and wellbeing. It also advocates for communities:

- ▶ to reinvigorate cultural roles and responsibilities particular to clans, lineage, kinship and language-based affiliations;
- ▶ to structure governance arrangements to facilitate, engage with and transmit cultural knowledge between and across generations to support health and wellbeing;
- ▶ to establish cultural clan-based workforces, family and clan-based plans, local and regional plans; and
- ▶ to build on the principles of reciprocity and caring that is fundamental to communitarian societies.

The adoption of a life course perspective in this Guide aims to identify underlying biological, behavioural and psychosocial processes that operate across a life span, and recognises age-appropriate, culturally determined sensitivities in family engagement. This sensitivity requires communities to promote intergenerational involvement in health and



wellbeing, in understanding and in responding to dynamic expressions of family, especially during crucial transition points in a person's life. Much of this approach will be contained in social and cultural movements, and lies outside of health service system policy and programming.

The Guide recreates learning ecologies to reconnect cultural knowledge systems and enact different elements of cultural determinants over time and in place, thus generating health and wellbeing benefits for families and communities, for ecosystems and for all who live in them. These learning ecologies are based in the locations where people live or gather, involve family members as teachers and students, and co-create knowledge transfer, recognition of cultural pride and healing.

Living systems boundaries are critical to enacting cultural determinants of health and wellbeing strategies, aligning with First Nations language groups and cultural connections. Regionally tailored activities ensure that cultural stewards can implement programs locally while being supported regionally. This Guide advocates for achieving cultural determinants through implementation architecture that is robust and location specific.

Also recognised is the significant investment needed to reorient policymakers and programmers to change their view of Aboriginal and Torres Strait Islander peoples from one of deficit to one of strength, which would give true meaning and value to self-determination and to communities in control. To ensure alignment of policy and programming with community aspirations, we advocate for all health policy to be ethical, to consider the impact of environmental concerns, and to support the growth of local and regional coalitions to sustain collective impact.

Implementing cultural determinants starts with the identification of family aspirations. Aboriginal and Torres Strait Islander peoples want to achieve their goals and gain confidence in practising culture. Implementing cultural determinants requires an investment in new forms of implementation architecture to facilitate self-governance, self-regulation and shared cultural conceptions within families, and in organisations and ecosystems that are looked after by local and regional custodians. This approach is theorised as cultural continuity. It advocates for a shared and persistent identity that is protective, particularly during turbulent times, by 'enhancing social support, encouraging healthy interpersonal relationships, supplying spiritual tranquillity and ultimately providing tangible strategies for living and surviving in the world' (Oster et al. 2014).

All implementation activities advocated for in this Guide need to be informed by, and be responsive to, cultural authority and cultural leadership, particularly that which engages with Elder wisdom. Aboriginal and Torres Strait Islander societies are Elder wisdom led, with cultural knowledge coded and transmitted through adherence to protocols and forms of

cultural leadership that are informed, credible, strategic, connected and sustainable. The successful implementation of cultural determinants will require people engaged in the process to address power imbalances at the community and local levels, to work on co-design and the development of protocols, and to build the competence of families to deliver cultural health and wellbeing.

Health service interventions, health education, macroeconomic and social policies can improve health dramatically, and require the uptake of culture-led practices through change-ready and active collaborations and partnerships. Activities need to empower families and community by building skills and effective social networks capable of mobilising person-centred empowerment methodologies embedded in the experience of culture and culture-led services, and including people as both students and teachers. Also promoted are governance arrangements born from kinship systems, processes that enhance transparency and equity, and the facilitation of data sovereignty that includes re-defining jurisdictional boundaries to those affiliated with language groups, living systems and songlines.

All implementation strategies focus on revitalising language, culture and connection. Co-design and co-implementation will be critical, particularly for those strategies that draw on the many perspectives, expertise, disciplines and sectors in local and regional areas. Preparation will be essential to this approach as the engagement hub operates at a range of scales, including at the household level. Alongside this, the advancement of cultural determinants is a reinvestment in understanding Aboriginal and Torres Strait Islander economies – trade routes, exchange programs and seasonal engagements in products and goods. This entrepreneurship needs the support of Chambers of Commerce and agencies committed to growing businesses that align with Aboriginal and Torres Strait Islander peoples' cultural values and reignite participation in, or can globalise, Indigenous economies. Arguably, implementing cultural determinants will challenge the status quo. This is because cultural determinants are an expression of Indigenous science, which is non-linear and patterned, and influenced by seasons and locations. The Indigenous Implementation Science agenda advocated for in this Guide will need to be embedded in public sector innovation.

This Guide is an innovation agenda, premised on cultural authority, cultural ingenuity, cultural governance and accountability, and cultural entrepreneurship. Written in five sections, it focuses on concepts and strategies, Indigenous implementation science and the development of cultural workforces. Cultural determinants connect Aboriginal and Torres Strait Islander peoples to their wellbeing, connect them to their health services, and connect all of us to the wealth inherent in the tangible and non-tangible assets of the Indigenous Estate.



Background

This Guide acknowledges the centrality of culture, the role of cultural determinants and how these align with the Aboriginal and Torres Strait Islander community's holistic understanding of health, wellbeing and safety.

Further, it prioritises the importance of applying a cultural determinants approach as an effective way for families, community organisations and services to coordinate efforts in implementing cultural protection for children and families. The links between culture and wellbeing has been affirmed by evidence that shows positive links between the practice of culture and self-esteem. Numerous culturally oriented programs have generated beneficial and measurable outcomes for Aboriginal and Torres Strait Islander peoples (Burgess et al. 2009; Lovett et al. 2017).

Although many have articulated the importance of culture, the fullness of cultural expression has been challenging to describe and even more difficult to build into health and wellbeing programs as a stand-alone determinant (Hunt 2013a; Hunt 2013b; Morley 2015; Closing the Gap Clearinghouse 2013). Cultural determinants originate from and promote a strengths-based perspective that builds stronger individual and collective identities. In so doing, they create a sense of pride, resilience and improved outcomes across the other determinants of health, including education, economic stability and community safety (Brown 2013).

Culture is both a set of rules or behaviours and a set of standards that guide how to view the world (OAH 2003). There are public and private cultural practices, some of which are gender-specific, while others are inter-generational. Culture links people across places, songlines and with totems. Culture is not static; it is changing, dynamic and expressed by people irrespective of where they live. While cultural aspirations, traditions and experiences differ across the nation, all Aboriginal and Torres Strait Islander peoples have a right to a cultural life and a responsibility to ensure cultural continuity for this and future generations.

This Guide seeks to describe how to implement cultural determinants of health. To do so, it proposes a framework to be used as a companion resource to the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan (Australian Government 2017a). This Guide is unlikely to meet the needs of everyone who deserves to have their cultures respected. However, it aligns to a long-term and continued call from Aboriginal and Torres Strait Islander peoples for the freedom to maintain, transfer and revitalise their cultures and to practise culture in ways determined by families, communities and First Peoples' nations.

The challenge

In Australia, 40 per cent of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians is attributable to the social determinants of health, including the physical, social, emotional and cultural wellbeing of individuals and their community. This gap rises to 53.2 per cent when combined with behavioural risk factors such as tobacco and alcohol use, dietary factors and physical inactivity (Australian Government 2017a:3). It is proposed that an antidote to this experience is the adoption of a whole-of-life view that encompasses regeneration and renewal, health and wellbeing and an acknowledgment of the vitality that culture provides Aboriginal and Torres Strait Islander peoples.

Governments, community organisations and health agencies have attempted to implement consistently culturally safe services. However, some practitioners have found themselves with few resources to call on for help, advice or an immediate response. This can leave both community members and practitioners feeling vulnerable, particularly in places where people have not been able to live their full cultural life. Some of this can be attributed to the lack of a definitive resource providing a comprehensively grounded framework for implementing cultural determinants of health. It is also rare to see individuals, families and communities engaging with cultural determinants as a set of principles, practices and activities. Policy makers, therefore, have mostly had to navigate and interpret a diverse health literature and assemble disparate messages into policy options (Lutschini 2005:2–15).

Facilitating and implementing cultural determinants of health and wellbeing requires a shift in emphasis from attitude to behaviour from those in the health system and in society more generally. Cultural actions and activities are diverse, as they can be:

- ▶ age and gender specific;
- ▶ funded (e.g. festivals, exhibitions, mentoring and repatriation);
- ▶ formal (e.g. health service delivery, ethical research, natural resource management);
- ▶ informal (e.g. caring for children in extended family arrangements, advocacy and political protest); and
- ▶ obligatory (e.g. food sharing, storytelling, genealogical recording, teaching language, and ceremonial such as Welcoming Babies to Country).



A respectful and responsive health system will contribute to improved outcomes, efficiencies and equity by working with individuals, families, communities and the workforce:

- ▶ to recognise and restore cultural strength;
- ▶ to facilitate Aboriginal and Torres Strait Islander people's control over decision-making with regard to cultural activities; and
- ▶ to implement strengths-based, sophisticated, enduring and adaptive place-based interventions founded on Indigenous-centred science and relationships (OAH 2003).

The sources and adequacy of the principles involved in implementing cultural determinants of health will depend on:

- ▶ the social and cultural priorities of families and communities (self-determination);
- ▶ the current and future environmental impacts on living systems in Australia; and
- ▶ the responsibilities of the health service system in Australia to be culturally safe.

This work will necessarily identify gaps in knowledge and opportunities to support Aboriginal and Torres Strait Islander peoples to achieve their goal of living a culturally enriched life, as no one agency or group can accomplish this goal on their own. Even though collaborative approaches to implementing cultural determinants of health are desirable, the conclusion is that significant changes in perspectives and behaviours are required to accomplish this outcome for all Aboriginal and Torres Strait Islander peoples in current and future generations. The adoption of cultural determinants requires health services and Aboriginal and Torres Strait Islander families to acquire new skills and strategies, with a strong focus on relationships. Effective interventions to improve both population and individual health require environmental change as well as strategies that target individual behaviours and clinical factors.

Transformations advocated for in this Guide are already occurring despite the ongoing effects of colonisation making the physical and social environments particularly detrimental for Aboriginal and Torres Strait Islander people's health and wellbeing (Johnston et al. 2013). The interpretive skills and strategies needed to facilitate cultural determinants of health and wellbeing make up the content of this Guide. While a cultural determinants approach to Aboriginal and Torres Strait Islander health is increasingly evident in health research literature, the design and evaluation of such programs require a breadth of experience including the provision of local cultural infrastructure and services, access to resources, and engagement with local Indigenous knowledge.

The task

This Guide seeks to address the overall question: How can policymakers and programmers support families and communities to experience the benefits of cultural determinants of health?

In September 2016, the Commonwealth Department of Health established the Implementation Plan Advisory Group to work in partnership with the Aboriginal and Torres Strait Islander health leaders. This partnership reviews, assesses and guides action under the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (Australian Government 2017a).

In 2017, the Australian Government's My Life My Lead consultations highlighted the importance of positioning culture as central to future implementation efforts, and the necessity of a strategic approach informed and underpinned by the following principles:

- ▶ Secure connections to culture and family are vital for good health and wellbeing.
- ▶ Genuine partnerships with communities produce the best results.
- ▶ A recognition that intergenerational trauma leads to poor health outcomes.
- ▶ Systemic racism and low cultural capability and cultural safety remain barriers to systems access and prosperity (Australian Government 2017b).

Aboriginal and Torres Strait Islander peoples express cultural determinants of health in a myriad of ways. Evidence of cultural determinants are embedded in on-Country activities; family connections and relationships with ancestors; language, art, food preparation and consumption; dance, songs and ceremony; healing, spirituality, belonging and self-determination (Salmon et al. 2019; Sivak et al. 2019; Shibasaki et al. 2019; Kingsley et al. 2018; Lui et al. 2016; Gee et al. 2013; Johnston et al. 2013; Biddle & Sweet 2012; Grieves 2009; Rowley et al. 2008). Aboriginal and Torres Strait Islander cultures are diverse and continue to thrive across metropolitan, regional and remote areas of Australia. In 2016, more than one-third of the Aboriginal and Torres Strait Islander population reported living in capital city areas, with a contemporary sense of belonging, along with traditional ties, reinforced through kinship and family networks (ABS 2016).

The My Life, My Lead consultations identified a necessary change in practice for policymakers and programmers in funded services. Key elements of this change included better planning and coordination between governments, communities and service sectors – including mainstream services – to meet the needs of individuals, families and communities. Participants also identified that embedding cultural determinants in policies and programs will likely address the impacts of racism and intergenerational trauma on individuals and families, improve access to quality services, and generate new knowledge to inform government and community action.



Achieving the goal

Cultural determinants of health can be achieved by improving government engagement with individuals and organisations and by implementing cultural safety frameworks such as the Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health (AHMAC 2016). But these actions on their own will not be enough. Implementing cultural determinants is complex, achieved through localised knowledge of a region's natural history coupled with complex layers of personal and family experiences and a deep link to Aboriginal and Torres Strait Islander identity via traditions, stories, customs and beliefs.

The implementation of cultural determinants is supported by community aspirations to revitalise culture, the practice of culture, protecting people's rights to culture through funded services and organisations and the Australian Government's commitment to a range of international treaties and obligations, including those signed under the Declaration on the Rights of Indigenous Peoples (UN 2007), Convention on the Rights of the Child (UN 2009) and the 2030 Agenda for Sustainable Development (UN 2015). Implementing cultural determinants of health will need a commitment by policymakers, programmers and community leaders to broaden their practice so that it includes matters of:

- ▶ living sustainably;
- ▶ listening to multiple perspectives;
- ▶ being grounded in collaborative frameworks;

- ▶ acknowledging various forms of evidence;
- ▶ facilitating cultural governance;
- ▶ embracing innovation; and
- ▶ managing people's health and wellbeing in healthy Country.

These types of practices – those that replicate Aboriginal and Torres Strait islander people's connection to Country – are vital to the implementation of cultural determinants of health and wellbeing. Caring for the land, maintaining a cultural life, identity, individual autonomy and sovereignty all have implications for the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

The much-cited definition of Country, first coined a quarter of a century ago, forms the basis of this Guide:

Country is multidimensional – it consists of people, animals, plants, Dreamings; underground, earth, soils, minerals and waters, air... People talk about Country in the same way they would speak of a person: they speak to Country, sing to Country, visit Country, worry about Country, feel sorry for Country and long for Country (Rose 1996:7).

Ultimately, the implementation of cultural determinants is intrinsic to Aboriginal and Torres Strait Islander peoples' aspirations for 'a good life'. In an Australian context, more than material living conditions, the Australian Bureau of Statistics (ABS) concept of a good life relates to how people evaluate their lives, and whether their lives are worthwhile. In 2012 the ABS revised its set of aspirations to link them to broad social themes, as outlined in Table 1.

Table 1 ● Social statistics theme – Aspiration

Family and community	Australians aspire to a society that nurtures relationships and where people support each other
Health	Australians aspire to good health for all
Learning and knowledge	Australians aspire to a society that values and enables learning
Work	Australians aspire to satisfying and rewarding work
Economic wellbeing	Australians aspire to a fair society that enables everyone to meet their material needs
Housing	Australians aspire to have secure places to live that provide a sense of belonging and home, and are adequate to their needs
Crime and justice	Australians aspire to a society where people are safe and feel safe; where justice systems are fair and accessible
Culture and leisure	Australians aspire to value all aspects of life that are important to people and enrich their lives
Governance	Australians aspire to a free society where governance processes are trusted and everyone is able to participate in decision making which affects their lives
Information and communication technology	Australians aspire to be well informed and connected
Built and natural environment	Australians aspire to healthy natural and built environments, which they connect to, benefit from, care for and sustain for future generations
Population	The characteristics of Australia's population (such as its size and composition) influence, and in turn are influenced by, many aspects of wellbeing



Cultural determinants can be mapped to each of these aspirations and are particularly pertinent to the themes of the built and natural environments, culture and leisure, governance, and family and community. Adopting these ABS domains does not, however, suffice as a way to describe what ‘a good life’ means for Aboriginal and Torres Strait Islander peoples. Rather, what is being advocated for is the opportunity for all Aboriginal and Torres Strait Islander peoples to consider what a good life is for them, one that takes into account the varied locations in which they live and the different circumstances in which they find themselves.

Methods used in the development of this Guide

Led by Lowitja Institute Consulting, this Guide focuses on the implementation of six cultural determinants of health through policy production and programming processes in consultation with community leaders and families. It also embeds enabling concepts such as empowerment, sovereignty and connectedness in the implementation model of the seven priority areas identified in My Life My Lead (Australian Government 2017b):

Priority area 1	Culture at the centre of change
Priority area 2	Success and wellbeing for health through employment
Priority area 3	Foundations for a healthy life
Priority area 4	Environmental health
Priority area 5	Health and opportunity through education
Priority area 6	Health service access
Priority area 7	Healthy living and strong communities.

This Guide specifically relates to Priority area 1: Culture at the centre of change. To direct our work, we completed a literature review focusing on cultural determinants, implementation science and disciplinary texts aligned to each of the cultural determinants’ domains. In addition, we held a series of community consultations, including roundtable discussions, surveys and individual interviews. Indigenous science was used to describe the adaptive transformation approaches needed to implement cultural determinants of health and wellbeing. A life course approach was adopted to acknowledge the particular relevance that specific life transitions have, and the cultural responses that are particular to these periods.

The Guide also recognises two specific periods that can significantly impact a person’s life. The first is from pre-conception until a child’s second birthday (commonly referred to as the first 1000 days) and the second is adolescence. The framework it proposes acknowledges these life stages as being critical periods during which culture is the protective factor. These combined approaches have implications for models of practice across the health and wellbeing sector.

Our perspective

Developing this Guide has made us realise that we are promoting not merely the learning of new knowledge and skills, but much more. We are advocating for a significant change in mindset – the taking on of a new worldview and the adoption of an alternative paradigm. The recommendations in this Guide require a different approach to engagement. We are asking people to step outside their bounded intellectual and cultural silos and reach toward transdisciplinary and multi-stakeholder consensus. We are respectfully building upon positivist scientific methods, particularly those that closely align with Aboriginal and Torres Strait Islander scientific traditions, philosophies and worldviews. We hope this new perspective will bring about the change in mindset that we feel must occur for cultural determinants to be recognised, valued and made a reality.

Opportunities and cautions

There is large potential in this work. Implementing cultural determinants of health combines important themes and tensions, theory and empirical evidence to address one of the significant challenges of our time: namely, the achievement of ecologically sustainable and desirable patterns of human development. We urge people and institutions to link health service delivery with the broader issues of sustainability, while acknowledging that this approach is not an easy road. Working with cultural determinants requires us all to take on different and challenging dimensions of practice that are essential, unresolved and deserve further attention and integration of efforts and knowledge.

The challenge for policymakers is to ensure that policy works over the longer term by incorporating environmental, social and economic concerns, encouraging broader participation, and handling uncertainty constructively. Innovation can and will occur when we experiment with new policy instruments and processes, and there are opportunities for cultural determinants of health to be taken up across different institutional settings. Issues of scale will need to be clarified to reallocate these shared responsibilities across geographic and administrative boundaries while encouraging mutual understanding and on-going learning.

The levers for implementing cultural determinants include:

- ▶ Investing in research, knowledge production and policy discourses that bring rigorous, often theoretical, academic analyses together with cultural values and actions.
- ▶ Exploring the ‘best scales’ at which to manage resources, research and policy formulation. This will move policy production from defining and establishing regional scales towards the more confronting questions of democratic legitimacy, administrative capacity, and finding the necessary financial, human, informational and other resources.

- ▶ Reworking theoretical design components from service design thinking to help bridge the conceptual and methodological divide between policy and praxis, with a particular focus on enabling Aboriginal and Torres Strait Islander Australians and communities to become stronger agents in their own agenda for change (Fiocco 2019).
- ▶ Innovating cultural knowledge, beliefs and practices to revitalise language, relationships, governance and accountability.
- ▶ Identifying opportunities to support access to cultural healing and family-to-family engagement through cultural and entrepreneurial endeavours that promote good health and wellbeing.

The positive prospect of implementing cultural determinants is greater flexibility, productive partnerships, and the coordinated placement of responsibilities on those best placed to fulfil them. Optimum scales at which to implement this work are those facilitating and enabling Indigenised (decolonised) design practices that support and celebrate Aboriginal and Torres Strait Islander Australians on their own cultural journey (Fiocco 2019). The negative prospects are the abrogation of responsibilities, inadequately enabled arrangements at non-traditional scales of governance, fragmentation and lack of communication.

Approaches to implementation are premised on trusting relationships and quality partnerships. For implementation strategies to succeed, all players need to be open, honest and have access to resources that support cultural determinants as life-long protective factors. Transforming institutional frameworks so that service providers can meet the demands of culture-led policy and practice will require time, encouragement and investment.

We do not know how to do these things yet. It is a very different way of conducting our affairs. Instead of working through a lens of competition, centralisation and siloed action, our new lens will see implementers building on local innovations, entrepreneurial thinking and action, and ensuring that efforts are interconnected rather than fragmented. These integrated approaches are especially useful when they allow insights into underlying challenges, and facilitate our exploration of the demands of sustainable health policy and practice.

Scope of work

Finally, it can be useful to say what this Guide does not do. It is not a reference list or a step-by-step manual on how to implement cultural determinants of health. Nor is it a technical resource, with grids cross-referencing risk factors and responses. Cultural determinants are interactive components of a dynamic system. On offer are a range of ways to address changes in the system, including open learning, team building, strategic frameworks, knowledge synthesis, systems thinking, advocacy and leadership. These are vital skills not only for people working in Australia's health system, but also for individuals, families and communities.

To implement cultural determinants of health is to recognise the importance of, and the enduring relationship between, Aboriginal and Torres Strait Islander peoples and lands, seas and waterways. This is a non-negotiable aspect of the work. Aboriginal and Torres Strait Islander peoples have managed lands and seas for millennia, with the objective of promoting ecological, spiritual and human health. Care for Country is a community-driven movement aiming for long-term social, cultural, physical and sustainable economic development that will simultaneously contribute to the conservation of globally valued environmental and Australian cultural assets (Morrison 2007).

Implementing cultural determinants necessitates engagement by health care providers with ecological concepts. This will lead to ecologists, natural resource managers and science institutions, in an Australian context at least, becoming more involved in producing environments conducive to human health and wellbeing. This co-joined action will move the health care system from being human-centric to being inclusive of ecosystem-centric approaches to health and wellbeing for this and future generations. This task is particular to our age, and one being asked for by so many young people who are advocating for the Australian Government to act on environmental issues for this and future generations, now.

Exceptional Action for an Exceptional Time

Australia, partitioned for millennia from all other landmasses by sea, produced a vast number of endemic species that supported Aboriginal and Torres Strait Islander civilisations to establish trade, social and spiritual relationships within and between Indigenous peoples in Australia, Asia and Oceania (Langton 2011; Keen 2006; Thomson 1949). Our nation's lands and waters were shaped by its First Peoples to ensure abundance and predictability – the foundation of Aboriginal and Torres Strait Islander peoples' cultural life, health and wellbeing (Gammage 2012; Pascoe 2018).

Founded on the legal fiction of terra nullius, despite 65,000 years of human habitation, in 1901 the federation of British colonies ushered in a new nation, one which privileged ideological, political, social and scientific beliefs that subjected generations of Aboriginal and Torres Strait Islander peoples to forced removals, massacres, exclusion and discrimination. The legacies of these experiences are still evident, requiring our First Peoples to assert human rights agendas in international arenas, address inequities through community-controlled organisations, and politicise the burden of ill health across and between multiple generations of Aboriginal and Torres Strait Islander peoples.



For Aboriginal and Torres Strait Islander Australians, the concept of health means



...not just the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community.

(NACCHO 2006)

Thus, improving the health and wellbeing of our people requires policymakers, programmers and practitioners to extend biomedical models to include the social and cultural determinants of health and wellbeing. This imperative to broaden the concept of health and wellbeing is emphasised in public discourses and strategic initiatives, as exemplified by this statement from Lowitja Institute Chairperson Pat Anderson (1996):



Our identity as human beings remains tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spirituality, and to our methods of resource ownership and exchange. Destroy this relationship, and you damage – sometimes irrevocably – individual human beings and their health.

Although our people clearly make the connection between health and the state of ecological integrity, there appear to be only isolated reactions on behalf of Australia's mainstream health care system towards ensuring this environmental integrity (Brown 2007). Long-term protection and prevention have always been the focus of health care in Australia, and the adoption of cultural determinants of health parallels the increasing awareness among health professional associations about the need to protect local environmental life-support systems (Torres & Monteiro 2002; McMichael, Blanski & Karoly 2007; AMA 2019).

Such a reorientation of health care delivery in Australia is nothing new. Health services have always been the first respondent to challenges in the biophysical landscape (Department of Health 2019). Public health, in particular, trains practitioners to act for the public good when there is a risk too significant to ignore, even before the evidence is all in and the public is aware of the risks – as has been the case in responses to disease outbreaks (e.g. Severe Acute Respiratory Syndrome or SARS and COVID-19), natural disasters and states of emergency (e.g. long-term droughts, cyclonic weather, flooding).

Increasingly, health care providers are becoming aware of global megatrends that are likely to impact on our future in Australia (Hajkowicz, Cook & Littleboy 2018). By 2050, these megatrends will both set the foundations for our life in the 21st century, recognising that humans are an integral part of the Earth's system, and, more importantly, collectively shape its future. This awareness has the potential to equip us to transform our shared knowledge cultures in Australia, based on principles essential for the health of all Australians and species endemic to our nation.

This Guide aims to stimulate health care workers in recognising the connections between the health of the ecosystem and the health of the population as a first step in promoting cultural determinants of health and wellbeing for Aboriginal and Torres Strait Islander peoples in Australia. This recognition aligns with the aspiration, held by so many Aboriginal and Torres Strait Islander young people, to develop a new relationship with our local environments (SEED 2020), and amplifies calls from younger people around the world to care for the integrity of our bio-systems (Brundtland Commission 1987; Belam 2019).

Purpose and structure of this Guide

This Guide has a three-fold purpose:

- 1 To support the effective implementation of cultural determinants through the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 Implementation Plan.
- 2 To orient policymakers to First Nations' cultural determinants by considering strategies that overcome those systemic issues preventing Aboriginal and Torres Strait Islander peoples living an authentic life.
- 3 To address pervasive knowledge gaps by refocusing attention on cultural governance, cultural measurement mechanisms and the possibilities for cooperation at scale.

The Guide is in five sections:

Section 1	Conceptualising Cultural Determinants: The Evidence
Section 2	Community Voices: Implementing Cultural Determinants
Section 3	Indigenous Implementation Science
Section 4	Improving Implementation Outcomes: Models and Strategies
Section 5	The Implementation Framework



Section 1 Conceptualising Cultural Determinants: The Evidence

An ecological approach to cultural determinants aligns with the way in which many Aboriginal and Torres Strait Islander peoples in Australia conceive of their health and wellbeing – as is well illustrated in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023 (DPM&C 2017).

Endorsed by the Australian Health Ministers’ Advisory Council, the model expresses social and emotional wellbeing (SEWB) as the joining of physical and mental health (connection to body/connection to mind and emotions) with cultural determinants (to family, kin, community, cultural, Country and spiritual life) to form an ecology of determinants that support wellbeing. This ecology includes social, historical and political dimensions, many elements of which act as protective factors (as outlined in the inner circle in Figure 1). It also includes several elements – such as political disempowerment, racism and poverty – that are corrosive to wellbeing.

The emphasis in this and other models of wellbeing is the importance of connection to Country as a place-based approach to implementing cultural determinants. Where people live shapes, for better or for worse, their physical and mental health, family and community life. It also determines their access to effective health care services, sense of connectedness, quality of relationships and capacity to enact their cultural responsibilities.

In addition to SEWB determinants of health, cultural determinants adopted in this report correlate with those identified in Mayi Kuwayu: The National Longitudinal Study of Aboriginal and Torres Strait Islander Wellbeing Project. This literature review conducted by Salmon et al. (2018) identified factors relevant to the individual and collective health and wellbeing of Aboriginal and Torres Strait Islander peoples. Collectively, these six determinants and their sub-categories form the basis of cultural determinants used in this Guide (see Table 2, p.12).

Figure 1 ♦ A model of social and emotional wellbeing



© Gee, Dudgeon, Schultz, Hart & Kelly 2014. Original artwork by Tristan Schultz, RelativeCreative



Table 2 ● Cultural determinants domains

Cultural determinant	Links to SEWB model	Description
Connection to Country	Connection to Country Connection to body	Country and connection to land is closely related to identity, attachment with the physical environment, and a sense of belonging. In Aboriginal and Torres Strait Islander cultures, people have both physical and spiritual relationships and responsibilities to look after and maintain the Country.
Indigenous beliefs and knowledge	Connection to spirit, spirituality and ancestors	Knowledge and belief systems include concepts of relational identity, spirituality and cultural traditions. Thoughts and experiences of spirituality stem from the Dreaming (creation) and include how these beliefs are communicated through various mediums (art, songs and ceremony or corroboree). Also incorporated are elements of healing, traditional medicines and gendered knowledge systems and practices.
Indigenous language	Connection to culture	Aboriginal and Torres Strait Islander verbal, written and body language is communicated as a vehicle for expressing culture and teaching it to others including transmitting cultural knowledge to the next generation.
Family, kinship and community	Connection to family and kinship	Kinship includes knowing and being part of the community and the perception of oneself. Being a part of the community may entail various responsibilities and obligations that confirm and reinforce membership and belonging. Membership includes duties to extended family, and being involved and active in community functions, initiatives and political issues.
Cultural expression and continuity	Connection to community	Cultural expressions are actions taken to express attitudes, beliefs, customs and norms. Expression can often take the form of artefacts, symbols, dances, songs, art and ceremony, storytelling, use of language, family relations, sharing of food and celebrations, and representation of values.
Self-determination and leadership	Connection to mind and emotions	Self-determination facilitates leading or, at a minimum, involvement in decision making at individual, family, community, organisational and political levels. It is also how Aboriginal and Torres Strait Islander peoples do business and involves power and influence through a collective form of decision-making.

NB: These domains are based on the work of based on Salmon et al. 2018.

Cultural determinants are premised on extensive and well-established knowledge networks that exist within communities and in community-controlled sectors, human rights and social justice frameworks. The embedding of cultural determinants into every-day practices embraces ideals that include individual and collective rights, and freedom from discrimination, assimilation and destruction of culture. It also sets up opportunities for Aboriginal and Torres Strait Islander peoples to live their best life.

Currently, the Implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 is informed by various frameworks, approaches and service models used across the Australian health service delivery system (Australian Government 2017a). Drawing on individual, family and community contexts a culture-informed ‘common elements approach’ has been developed for implementation, further refinement and testing. We say common as there are universal cultural determinants of health and wellbeing that need to be locally applied through adaptation, risk



mitigation and the uptake of innovation into practice. Each of these cultural domains have discrete techniques or sets of strategies that draw on evidence from multiple sources to engage clients, and to facilitate changes in behaviours that generate better health and wellbeing outcomes.

Based on a review of evidence and informed by consultation with community people at the Lowitja Institute, we focus on six cultural domains that are relevant and meet a range of specific, implementation-focused criteria. Embedding these common elements into a system-wide practice framework will require strong implementation support, involving managers and practitioners assessing, planning, embedding, and maintaining processes and practices that support their uptake. This implementation framework combines purposeful, active and integrated approaches to implementation designed to improve services and, ultimately, improve outcomes for service deliverers and community people.

The collective application of these common elements across the system, supported by an implementation framework, will promote a shared understanding of culture-led practice to increase the frequency of their use and the quality of their delivery. This application is expected to result in a more integrated service response for anyone who has multiple system interactions across a range of services.

Additional domains and activities will be decided upon in different locales across the nation. For example, the Kimberley Aboriginal Caring for Culture Project (KALACC 2019) has included domains that specifically relate to service provision and orientation, learning and exchange, and research and collaborations. The Strengthening our Spirit model developed by the Darwin National Suicide Prevention Trial, for example, represents Aboriginal ways of knowing, which advocate for systems reform based on the elements of fire, land, water and air. Thus, the model incorporates strategies to engage external agencies in utilising cultural knowledge and lived experiences when creating local innovation, safe spaces and building capacity for community-led and delivered initiatives (PHN NT 2019).

Cultural activities relating to determinants of health

Broadly speaking, culture is comprised of a group's ideas and self-concepts – e.g. artefacts, attitudes, beliefs, customs, norms, symbols and values – and the lived experience of these in different contexts (Jones, Thurber & Chapman 2018). Culture also includes historical events and standards of behaviour that evolve and change over time (Bessant & Watts 2007). An evidence paper developed by the Mayi Kuwayu Study (Salmon et al. 2018) linking Aboriginal and Torres Strait Islander culture and wellbeing against the cultural determinants has identified the following core elements.

Connection to Country

- ▶ Improved procedures for Native Title and land claims.
- ▶ Increased Aboriginal and Torres Strait Islander management of Country.
- ▶ A focus on holistic relationships between societies and their Country by incorporating more programs such as Caring for Country to reinvigorate links between health and environment.
- ▶ People returning to Country when unwell to reinvigorate links between health and environment.
- ▶ Other strategies supporting the hunting and gathering of food on Country that benefits individuals by promoting physical activity and the community through food sharing, and encouraging non-Indigenous peoples, particularly health practitioners, to gain an understanding of the importance of Country.

Indigenous beliefs and knowledge

- ▶ Practising holistic care and healing programs that incorporate culture and combine Aboriginal and Torres Strait Islander healing methods with biomedicine.
- ▶ Funding and developing Aboriginal and Torres Strait Islander cultural knowledge centres.
- ▶ Providing children with cultural experiences and knowledge through family interactions, community collaborations and school influences, such as involvement in NAIDOC (National Aboriginal and Islander Day of Observance Committee).
- ▶ Assisting people affected by forced removal programs with family tracing and reunion services, and a Journey of Healing to restore connections to identity and SEWB through Aboriginal and Torres Strait Islander knowledge systems.
- ▶ Keeping young people out of detention and child protection services by using Aboriginal-led programs that provide spiritual guidance and support from Elders and other mentors.

Research shows that the employment of Aboriginal grandmothers providing care to Aboriginal mothers in metropolitan Perth has improved the health of babies (Bertilone & McEvoy 2015). Similarly, a 2010 study of Aboriginal people with cancer showed that Indigenous healing processes were preferred by some because they helped with reconnection to heritage, land, culture and ancestral spirits (Shahid et al. 2010).



Indigenous language

Evidence suggests that there is a positive relationship between language and improved wellbeing, one that is associated with better physical health, social and emotional wellbeing, healing for intergenerational trauma, community interconnectedness, cultural continuity and higher bush food consumption. This relationship can be encouraged by:

- ▶ community members attending, participating and using language in ceremonies, particularly those involving songs;
- ▶ providing adequate funding to assist access to language resources, including children's books, combined with a strong family and community focus on storytelling and reading in language;
- ▶ more radio and TV broadcasting in language; and
- ▶ bilingual models of education.

Family, kinship and community

A strong sense of community exists within many places. Work with Torres Strait Islander communities, for example, has shown there is a strong connection with family and kinship even for those who had never been to the Torres Strait (Salmon et. al. 2018). With intrinsic responsibilities and obligations that confirm and reinforce membership, kinship has positive effects on maintaining cultural knowledge, particularly for children, by:

- ▶ restoring, promoting and maintaining health with community-based programs;
- ▶ using family and kinship networks to pass on knowledge about health information;
- ▶ ensuring they are raised in a safe and happy environment where their wellbeing, education and safety are shared with older family members and community;
- ▶ addressing inequity in the social determinants of health such as access to education, employment and housing; and
- ▶ maintaining social and cultural structures which strengthen connection to kinship, family, culture and land.

School sporting programs also help in a number of ways, by improving children's school attendance, attitudes toward learning, social and mental skills, physical and mental health and wellbeing, social inclusion and cohesion, and connection to culture while also reducing their involvement in crime.

Cultural expression and continuity

The Mayi Kuwayu Study (Salmon et al. 2018) recognises that resistance and resilience are as much a part of a contemporary Aboriginal and Torres Strait islander culture and identity, as are the effects of colonisation. Strategies to encourage these include:

- ▶ reclaiming history with the support of therapy;
- ▶ transmitting culture and connection through ceremonies, art and singing;
- ▶ holding Welcome to Country ceremonies;
- ▶ having creation stories, smoking ceremonies, artefact making and painting;
- ▶ supporting Aboriginal and Torres Strait Islander young people as artists, performing stories through hip hop and rap;
- ▶ playing musical instruments in both Aboriginal and non-Indigenous settings;
- ▶ maintaining and learning about culture to help children with identity and education; and
- ▶ connecting with land and learning from Elders, e.g. collecting, eating and sharing bush tucker.

Creating cultural spaces has also been key. For example, art centres have social and cultural benefits as well as positive effects on the economic, physical, psychological and emotional development of both individuals and communities, while playing football has been found to provide a contemporary space for some Aboriginal men to maintain and develop hunting techniques.

Self-determination and leadership

This domain relates specifically to reclaiming and using governance structures that contribute to the healthy patterns of individual, family and community life. Identified strategies that are linked to better wellbeing include:

- ▶ participating in leadership programs;
- ▶ introducing culture-based governance models;
- ▶ developing and supporting youth leaders and role-models;
- ▶ having culturally safe policies and practices such as those that bring cultural considerations into policy development, planning and training; and
- ▶ ensuring Aboriginal and Torres Strait islander control.



Special considerations

As with all cultural determinants, there needs to be special considerations for those people who are disconnected from their culture, or who have experienced racism as a result of identifying as an Aboriginal and Torres Strait Islander Australian. For Aboriginal and Torres Strait Islander peoples who may identify as LGBTI (lesbian, gay, bi-sexual, trans and/or intersex), policy and processes that recognise and support their representation are key to building the capacity of communities and individuals to understand their rights and entitlements and encouraging the development of peer workforces. Research found that, when appropriate policies and processes were in place, LGBTI rates of participation in cultural and community activities were on par with other Aboriginal and Torres Strait Islander peoples. This creates a positive impact on people's health and wellbeing and has been a protective factor that moderates some of the harm they experience in daily life (Avery 2018).

For Aboriginal and Torres Strait Islander peoples living with disabilities, a large number of children, young people and adults are not eligible for the National Disability Insurance Scheme so require the strategies that facilitate culture as inclusion, and access to culturally appropriate, disability friendly services. The First Peoples Disability Network has advocated for a whole-of-community approach that endorses

peer-to-peer leadership, implements inclusive education and employment programs, and recognises and values the existing skills, knowledge and experiences within the Network so they can lead engagement with other members of the community themselves (FPDN 2018).

More Aboriginal children are being placed in out-of-home care arrangements than ever before and in some States and Territories the number of children in care has tripled in recent years (Commission for Children and Young People 2019). Increasing too are the numbers of young people overrepresented in incarceration, suicide and mental health statistics. SNAICC, the national voice for Aboriginal and Torres Strait Islander children, has advocated for the full implementation of the elements in the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) focusing on prevention (Tilbury et. al 2013). It includes protecting the child's right to grow up in family, community and culture, partnerships that ensure the participation of community representatives, and maintaining and supporting connections to family, culture, community and the Country to which the children belong. Additional elements include placements being done in accordance with a hierarchy privileging kinship placement as a first option, and the participation of children and families in decisions regarding the care of children. Strategies to guide the implementation of these elements are listed in Table 3.

Table 3 ● Strategies guiding the implementation of ATSICPP

Prevention	Each child has the right to be brought up within their own family and community	<ul style="list-style-type: none"> ▶ Supporting families and communities to care safely for their children ▶ Ensuring equitable access to quality services and supports including: <ul style="list-style-type: none"> — culturally safe universal early childhood, education, health and other social services; — targeted and intensive supports to promote healing, and address issues in family functioning and parenting, including trauma, substance misuse, mental health, family violence and poverty; — adequate and appropriate housing; — culturally safe family violence prevention, legal and support services; — alternative intake and referral pathways to early intervention prior to families engaging with child protection systems; and — an integrated and holistic service system that provides families experiencing vulnerability with the full range of culturally safe service supports they require.
Partnerships	Ensure participation of Aboriginal and Torres Strait Islander community representatives are engaged in all manner of child protection decision making	<p>Protecting the rights of representative participation includes:</p> <ul style="list-style-type: none"> ▶ capacity for Aboriginal and Torres Strait Islander organisations to lead holistic and integrated interventions based on knowledge of local needs; ▶ resourced roles to inform the design of child and family welfare policy and service models; ▶ a resourced legislative role for participation in all child protection decisions; ▶ empowering community organisations to facilitate family decision making, promote safety and wellbeing and drive local early intervention and prevention; and ▶ building capacity in the sector and ensuring access to culturally safe services.



Table 3 ● Strategies guiding the implementation of ATSICPP (cont.)

Placements	<p>Prioritise children being placed with families, relatives or extended family members, members of community or carers, and maintaining contact with and/or being in close geographic proximity to their family</p>	<ul style="list-style-type: none"> ▶ Ensuring the highest level of family and community connection is maintained for children; ▶ Family members are consulted, and community can provide independent advice on the most appropriate care options; ▶ Children's voices are heard with regard to their placement options; ▶ Building staff capacity to implement effective family mapping, searching for and finding family carers, family link ups and engaging community so that children can participate in community events; and ▶ Implementing procedures that ensure children's Aboriginal or Torres Strait Islander status is identified at the earliest possible opportunity so that placements connected to culture are explored.
Participation	<p>Ensuring Aboriginal and Torres Strait Islander children, parents and family members participate in decision making</p>	<p>Effective decision making about children's placements requires:</p> <ul style="list-style-type: none"> ▶ high levels of cultural competency with professionals engaging families in child protection decision making processes; ▶ family participation in case planning and quality family decision making processes, including taking into account the expressed wishes of a child. This may involve accessing child advocates to ensure adequate representation for Aboriginal and Torres Strait Islander children; and ▶ procedures and professional capacity building to support participation of children in child protection decision making.
Connection	<p>Children in out-of-home care are supported to maintain connection to their family, community, Country, especially when placed with non-Indigenous carers</p>	<p>To protect the identities of children in out-of-home care, and to stop the intergenerational effects of dislocation from family and community as Stolen Generations, it is important to implement:</p> <ul style="list-style-type: none"> ▶ cultural care plans that are resourced and implemented for every child; ▶ carers being accountable to their commitment to maintaining cultural connections for children; ▶ cultural care arrangements that are regularly reviewed and updated to demonstrate an enduring commitment to maintaining connections, and ensuring that reunification and reconnection occurs as soon as practicable; and ▶ decisions relating to permanency of care that do not cause harm by severing the potential for Aboriginal and Torres Strait Islander children to enjoy future cultural connections.

Developed drawing on ATSICPP (Tilbury et al. 2018)

Significant efforts have been made by government, Aboriginal and Torres Strait Islander community service organisations, the community-controlled sector and businesses to improve the cultural safeguards for those who have been disconnected from culture and who have been prevented from practising or achieving self-determination. Implementation strategies will need to tailor cultural supports in line with the aspirations of individuals, families and communities, and within the timeframes advocated for by people who are most impacted by this work.



Conclusion: Enabling cultural transformation

Aboriginal and Torres Strait Islander Australians have continually advocated for the reclamation, revitalisation, preservation and promotion of cultural practices. Agencies such as the CSIRO recognise the value of the ecosystem-sustaining knowledge embedded in Aboriginal and Torres Strait Islander languages and are committed to protecting and promoting traditional knowledge. Indigenous Business Australia and the Indigenous Land and Sea Corporation also recognise the rich base of assets, rights and interests attached to the Indigenous Estate – the 40 per cent of the Australian land mass held by Aboriginal and Torres Strait Islander peoples under various forms of title and legislation (Taylor & Fry 2016). The Indigenous Estate contains tangible and intangible assets including property and cultural rights, biosocial practices and Indigenous knowledge. The work involved in realising its potential needs an enabling framework that matches economic and cultural actions with aspirations and opportunities identified by Aboriginal and Torres Strait Islander Australians. Major economic institutions want to support the ignition of the Indigenous economy through the revitalisation of cultural property and knowledge, and new forms of expression and works (Taylor & Fry 2016). Implementing processes such as those advocated for by CSIRO, IBA and ILSC has challenged the status quo in those agencies, and collaborative, on-the-ground practices have improved as a result.

The health sector and Aboriginal and Torres Strait Islander affairs more broadly have policy environments conducive to implementing cultural determinants of health through investing in innovation. Professor Ernest Hunter of James Cook University, for example, noted that ‘the social determinants of Aboriginal and Torres Strait Islander ill health in the 1970s’ led to an ‘increasing empowerment of Aboriginal and Torres Strait Islander health organisations in the 1980s and 1990s’ (Hunter 1997). This recognition that improving community capacity with enhanced civic participation, leadership resources and stronger interorganisational relationships leads to improved health generally within communities (Veazie et al. 2001) is important for policy development. Dillon and Westbury identified a number of ways that government can strengthen capacity within Aboriginal and Torres Strait Islander communities by acknowledging the ‘tough’ social and cultural environment surrounding Aboriginal and Torres Strait Islander health issues and a commitment to build sustained, effective support. This includes investments in cultural safety, cross-cultural communication and governance capacity, better connected government approaches, and comprehensive regional programs underpinned by commitments to long-term development (Dillon & Westbury 2007).

Although not new, policy initiatives that engage with, support and promote the cultural aspirations of people in communities have enduring relevance. To this end, the Kimberley Aboriginal Caring for Country Project (KALACC 2019) has identified the following five key action items:

- ▶ invest in Aboriginal Community Controlled Organisations (ACCOs) to maintain, celebrate and prioritise culture in all its forms;
- ▶ target investment in Aboriginal languages;
- ▶ support the provision of regular regional and local forums to share cultural knowledge;
- ▶ develop cultural outcome indicators and measures defined by the community; and
- ▶ advocate for the Western Australian Government to respond to calls for cultural determinants in multiple reports.

Embracing cultural determinants calls for a transition from using a deficit discourse on Aboriginal and Torres Strait Islander issues to one of strength – one that promotes adaptability and innovation and provides communities with the opportunity to create data sources and programs that privilege cultural strengths and family aspirations. This change in practice and focus will, of course, cause more than a few technical problems for those in public administration working with Aboriginal and Torres Strait Islander communities. It is challenging for public administrators to form workplace practices based on Indigenous epistemologies. Yet it is these epistemologies, and the science that underpins them, that will see the successful implementation of cultural determinants of health and wellbeing. The Mayi Kywayu Study (Salmon et al. 2018), for example, is currently investigating the first community-derived measures of culture and creating quantitative evidence regarding Aboriginal and Torres Strait Islander cultural expressions and contexts at the national level. This work is enabling the first large-scale investigation of the relationship between culture and wellbeing for Aboriginal and Torres Strait Islander adults (Jones, Thurber & Chapman 2018).

At a policy level, the Indigenous Productivity Commissioner is developing an Indigenous Evaluation Strategy that is seeking to increase Aboriginal and Torres Strait Islander input into policy processes as a core objective. To date, more than 112 submissions have been received from community individuals and organisations working with Aboriginal and Torres Strait Islander peoples, with most articulating the need for the co-design of policies and programs and a deeper consideration of those systems that impact Aboriginal and Torres Strait Islander communities. Recommendations include localising implementation and evaluation efforts to align with language and ‘Country’ boundaries, people’s existing relationships and the extent to which programs preserve or strengthen a person’s cultural identity and personal security.



There are several ways in which the effective implementation of cultural determinants could be enhanced, including:

- ▶ Local ethics committees considering all policies and programs developed outside of the community and without local community leadership prior to their implementation. Membership of local ethics committees would include cultural leaders to ensure policies and programs align with Aboriginal and Torres Strait Islander people's desire for cultural continuity, and to facilitate equity, reciprocity, respect and responsibility (AIATSIS 2012; NHMRC 2018).
- ▶ Developing and promoting local cultural principles and protocols – such as leadership from Elders or culturally strong people in heritage protection – for facilitating, negotiating and overseeing the implementation of contracts, agreements, workforce orientation and development, representative and advisory committee structures, training courses and guidelines to enhance cultural security.
- ▶ Providing untied funds to community organisations to progress the maintenance or revitalisation of cultural determinants to reflect local Aboriginal and Torres Strait Islander priorities, perspectives and voices, and elevate local power over their governance, design and delivery (Williams 2018).
- ▶ Committing resources to ensure culturally relevant knowledge translation, that is aligned both to cultural governance and Elder wisdom structures, can occur throughout the implementation process.

- ▶ Ensuring multigenerational and intergenerational considerations are accounted for in the implementation process to ensure knowledge transmission, learning and exchange.
- ▶ Facilitating learning and exchange strategies across and between local and regional language groups, organisations and individuals to drive the creation, development, production and distribution of cultural works.
- ▶ Supporting locally driven research that is completed by local community researchers.
- ▶ Negotiating IP rights.
- ▶ Embedding resources that facilitate people's connection to Country and language development in all policies and programs relating to Aboriginal and Torres Strait Islander peoples.

Ultimately, all cultural determinants will need to facilitate and support community members to achieve their individual and collective autonomy, and promote empowerment, healing and relationship strengthening. Not only are these approaches likely to improve health and wellbeing outcomes, but they can also positively impact other social determinants (education, employment, housing) that are essential to supporting Aboriginal and Torres Strait islander people to live their best life.



Section 2 Community Voices: Implementing Cultural Determinants

This Section is a compilation of feedback from the community roundtables, interviews and consultations conducted at the 2019 Lowitja Institute conference in Darwin.

Contained are reflections and advice from more than 60 participants on activities, strategies and opportunities to deliver cultural determinants of health and wellbeing using a life course approach and mapping them against the cultural determinants identified in Section 1. Participants echoed the importance of working within and between cultural determinants and generations, an approach that is not only important for health and wellbeing but is also deemed as an appropriate response to addressing the adverse effects of colonisation.

Cultural determinants are viewed as intrinsic to individuals and families having strengths and purpose. Founded on worldviews and built on Indigenous science knowledge, cultural determinants are acknowledged as the key to Aboriginal and Torres Strait Islander peoples finding belonging. While there was widespread agreement of their importance in closing the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians, participants also recognised the value of cultural determinants as supporting communities to thrive, creating wealth by unlocking the potential in the Indigenous Estate and empowering individuals, families and communities.

Cultural determinants are also viewed more as a social, entrepreneurial and cultural movement than a series of programs. Participants discussed the multitude of benefits stemming from Aboriginal and Torres Strait Islander peoples coming together to share knowledge and experiences, work through challenges, execute solutions and exercise agency as sovereign peoples with rights to cultural health and wellbeing. People want the opportunity to plan, implement and evaluate outcomes based on what will be useful in their family and community contexts. Essential to the development and delivery of processes embedded in cultural determinants are the concepts of healing and its benefits flowing between generations; creating efficiency with multiple benefits; and enabling collective approaches to unify Aboriginal and Torres Strait Islander peoples in their actions and their celebrations.

How do you implement cultural determinants?

In considering how to implement cultural determinants, community members discussed the following strategies as being critical:

Pre-engagement activities – To foster healthy and trusting relationships in which Aboriginal and Torres Strait Islander knowledge, perspectives and networks can support and sustain the uptake of cultural knowledge and cultural determinants. This can be achieved by:

- ▶ Engaging male and female cultural mentors or cultural educators, Traditional Owners and cultural knowledge holders to build a network of cultural support within the community. This will enhance collective decision making and provide a safe space for debriefing, engagement and consideration of issues of importance in their communities.
- ▶ Supporting cultural leaders to identify public and private cultural information and IP issues in the community contexts where cultural determinants will be used.
- ▶ Developing resources based on library searches, historical documents and knowledge held by the Elders in communities to understand cultural expectations within kinship systems, and dissemination strategies that strengthen cultural information and the uptake of knowledge into new forms i.e. digitisation, NITV documentaries.
- ▶ Spending time and talking with community Elders and knowledge holders, and taking trips back to Country.
- ▶ Identifying strategies that are critical to ensure governance, accountability and reciprocal information-sharing strategies that support cultural knowledge, processes and attitudes.

Local-level engagement activities – To safeguard and protect people's interests and knowledge, to ensure the respectful engagement of cultural knowledge holders, and to support those people whose cultural connections have been weakened over time. Each of these strategies has resource implications that will need to be factored into policy and programming development.

These activities can be achieved by developing engagement protocols that:

- ▶ Support and involve local people's participation and engagement in co-design, co-development and co-production of policies and programs.
- ▶ Identify community aspirations, hopes and needs.



- ▶ Involve local people in the delivery and governance of programs.
- ▶ Recognise and co-create culturally safe and enabling places where people can safely practise cultural activities with privacy so that cultural transmission can occur; e.g. culturally safe rooms where family can visit with Aboriginal and Torres Strait Islander children living in out-of-home care arrangements.
- ▶ Acknowledge and respect the roles that Elders, and cultural knowledge holders have in the implementation of cultural determinants.
- ▶ Defer to local ways and patterns of knowing, being and doing, and how this information is taught across and between generations.
- ▶ Identify strategies to ensure equity and power sharing.
- ▶ Invest in community governance, knowledge translation and intergenerational transmission strategies prior to commencing negotiations for program implementation.
- ▶ Facilitate truth telling around recognition of continuing connection to Country, the extent and ferocity of the massacres and the ongoing impacts of intergenerational trauma.

Keeping culture strong – To disrupt the current net-deficit conversations about Aboriginal and Torres Strait Islander peoples and to recognise our history, connections, strengths and resilience. This can be achieved by:

- ▶ Promoting local truth telling in educational settings, health services and through local history projects.
- ▶ Tailoring cultural determinants work to the needs of local communities, clans and families.
- ▶ Designing and delivering cultural services that are led by local community groups and ratified by Traditional Owners and Prescribed Bodies Corporate (PBC) agencies.
- ▶ Learning about and engaging with local cultural economies – through bartering, exchange, cultural gifts – and acknowledging these different economies in the development of work, programs and practices.
- ▶ Promoting storytelling by Elders.
- ▶ Inviting and promoting cultural performances to be delivered in schools and supporting the teaching of languages, language books and language revitalisation projects.
- ▶ Supporting parents with cultural knowledge and information so they can care for their children in ways that keep culture strong and use culture as a protective factor for communities.

Promoting and supporting communities being in control

– To develop responses that recognise and value the contributions of community-controlled organisations, that facilitate opportunities for intergenerational knowledge transfer, and that support the application of local protocols. This can be achieved by:

- ▶ Advocating for community-controlled organisations and resourcing them to develop and deliver cultural programs that are appropriate for community.
- ▶ Engaging Elders and cultural knowledge holders to lead community consultations using culturally appropriate networks and methods of sharing, and communicating in appropriate language or through artworks.
- ▶ Facilitating governance and staff meetings in language and on Country rather than in offices and in English.
- ▶ Making efforts to ensure that health and other community services focus on supporting people to achieve their aspirations and having a culturally inclusive workforce.
- ▶ Facilitating large numbers of people to participate in service or program ideation through design, delivery and evaluation.
- ▶ Promoting different types of planning – family plans, clan plans – and ensure that agencies in the region respond to these plans in the development of their own.
- ▶ Fostering culturally safe leadership opportunities that are guided by Elders and older people and underpinned by cultural determinants.
- ▶ Ensuring all agencies meet their procurement targets while supporting Indigenous businesses to build their capacity to become part of domestic and international supply chains.
- ▶ Embedding cultural determinants of health in organisational and business governance arrangements, in constitutions, in program delivery, in human resources (i.e. recognising cultural leave), in contracts and in negotiated agreements.
- ▶ Linking community development, cultural health promotion, action research and participatory strategies in communities with the implementation of cultural determinants of health and wellbeing.
- ▶ Resourcing support networks for Aboriginal and Torres Strait Islander staff in community and mainstream organisations.
- ▶ Seeking engagement between mainstream and community-controlled organisations and Indigenous businesses to deliver the cultural components of programs in communities.



Building a culturally safe workforce – To develop cultural safety and engagement frameworks and set targets to achieve a large Aboriginal and Torres Strait Islander workforce, inclusive of ABN holders. This can be achieved by:

- ▶ Having Elders in the community educate the workforce to understand and appreciate cultural determinants of health.
- ▶ Ensuring personal staff employment contracts have a clause stating they must work with and respect local cultural engagement frameworks and pay respects to cultural knowledge leaders in the community.
- ▶ Making funding conditional on approval from local elders and cultural knowledge holders that cultural plans have been effectively implemented and targets have been met. If the plan is not reported on, or is not engaged with, then funding will not be provided.
- ▶ Supporting cultural liaison officers in mainstream organisations to do the work they need to do, without being micromanaged, by providing them with adequate resources and making sure institutions recognise that the work they do can be 24/7.
- ▶ Ensuring community and other organisations have employment parity with the local population.
- ▶ Embedding cultural practices into staff meetings, program design and delivery, and in the assessment of accreditation standards, reconciliation action plans (RAPs) and cultural accountabilities, staff support and in engagement with men and women in communities.

Promoting partnerships, two-way engagement and inclusion – To build capacity in the implementation of cultural determinants of health and to be accountable for RAPs and other governance commitments made by organisations. This can be achieved by:

- ▶ Ensuring mainstream health organisations are led by Aboriginal Community Controlled Health Services (ACCHSs) in the design and implementation of cultural programs in their services.
- ▶ Creating a role for Elders and cultural knowledge holders in the recruitment and retention of staff, including co-designing position descriptions, accountability frameworks and innovation opportunities.
- ▶ Having Elders-in-residence at services, staff networks and cultural training days, staff meetings and in mainstream service delivery.
- ▶ Employing Elders and knowledge holders to develop regionally applicable cultural training, supports and promotional materials, and to build the confidence of people to state their aspirations with regard to cultural determinants.
- ▶ Promoting meaningful partnerships between communities, clans and services by recognising and valuing each family's Elders and knowledge holders, and asking them to participate in education, training and employment.

- ▶ Inviting Elders to mentor the workforce and have them as learned Elders on training and induction courses and in disciplinary streams within universities and other educational institutions.
- ▶ Recognising the Aboriginal and Torres Strait Islander workforce as having cultural connections, responsibilities, obligations and accountabilities that need to be supported within institutions by the implementation of cultural leave and cultural safety, the elimination of racism and the introduction of two-way educational programs and service delivery.
- ▶ Embedding trauma-informed practices in all elements of service delivery.

Promoting data collection that progresses Aboriginal and Torres Strait Islander interests – To ensure that data are relevant, useful and facilitate cultural strengthening, family empowerment and respect for the role and contribution of cultural determinants in positive outcomes in health and wellbeing. This can be achieved by:

- ▶ Training Elders as community researchers and/or have them support community-driven research programs.
- ▶ Identifying cultural strategies for feeding back information to community.
- ▶ Taking a life course approach to research agenda setting, implementation, knowledge translation and reporting outcomes of research.
- ▶ Ensuring that program design and reporting occurs against each of the cultural determinants of health.
- ▶ Developing culturally affirming mechanisms to ensure the voices of Aboriginal and Torres Strait islander peoples get into policy production processes.
- ▶ Supporting the implementation of cultural data collection tools from within communities and with the support of Elders.
- ▶ Having conversations with Aboriginal and Torres Strait Islander peoples about the future of the nation and what is important about 'living their best life'.

Implementing an innovation agenda – To promote equality and equity through shared decision making, reducing the impact of siloed approaches to health and wellbeing, and using technological advances to improve health and wellbeing outcomes across all ages. This can be achieved by:

- ▶ Promoting systems transformation and innovation across all implementation scales – local, regional, State/ Territory, national – to facilitate the types of outcomes that support and engage younger generations in the positive experiences of cultural determinants and on-Country initiatives.



- ▶ Engaging Elders and on-Country specialists through skype and video conferencing, and investing in innovation agendas that promote business and entrepreneurial activities.
- ▶ Employing strategies that operate from the bottom-up to engage individuals, families and community in the formulation of policy and programs.
- ▶ Creating longer term funding cycles that reinforce generational change and transformation.
- ▶ Developing and encouraging the use of relatable Aboriginal and Torres Strait Islander languages in all aspects of business development, program implementation and health promotion strategies.
- ▶ Engaging the support of high-profile role-models, mentors and champions for doing work 'our way'.
- ▶ Developing the capacity of local reference groups to work within, and refer to, cultural knowledge and authority.
- ▶ Identifying strategies (and with an awareness of consent issues) for cultural information to be recorded in ways that acknowledge and draw upon cultural authority structures, leadership and ways of knowing, being and doing.

What strategies are needed to embed cultural determinants?

In considering how to implement cultural determinants, community members determined the strategies outlined in Table 4 as being critical.

Table 4 ● Critical strategies for implementing cultural determinants

Consulting with community	<ul style="list-style-type: none"> — Listening to what people want and incorporating their needs and aspirations into all possible health approaches. — Identifying community leaders and knowledge holders/Elders who can facilitate discussion and yarning circles both for input into a plan but also to implement strategies and priorities. — Identifying and connecting with local Elders and or leaders. — Consulting – two-way yarning. — Practising Dadirri – a deep listening strategy. — Facilitating workshops, roundtables, focus groups, yarning circles, justice reinvestment, and other committees, advisory structures and representative groups. — Having face-to-face meetings that provide supports and follow-ups. — Holding community celebrations, parties and events throughout the year, not just during peak days on Aboriginal and Torres Strait Islander people's calendar. — Making trauma counselling available.
Organisational capacity building	<ul style="list-style-type: none"> — Being culturally sensitive and acknowledging cultural determinants in RAPs. — Instigating formal agreements between mainstream services and local communities. — Training and development for all non-Indigenous staff including around history and culture. — Brokering hubs for non-Indigenous organisations to access support/advice on becoming culturally safe, i.e. acting as a point of contact to link with services.
Engaging Aboriginal and Torres Strait Islander peoples in built design	<ul style="list-style-type: none"> — Developing Aboriginal and Torres Strait Islander design principles to guide new housing and capital works projects so that buildings and health facilities include strategies for implementing cultural determinants and facilitating cultural relationships, and for involving local people in the development of guidelines on how to consider the needs of their community. — Ensuring Aboriginal and Torres Strait Islander people partner with civic and other construction companies so that local workforces are able to contribute to the building of houses and capital works, thereby ensuring employment, pride and confidence. — Having local performances when opening buildings, including cultural spaces, and ensuring artworks and other forms of recognition are included in buildings.
Using creativity	<ul style="list-style-type: none"> — Developing strategies to uptake and include new technologies in implementing cultural wellbeing and getting creative in the ways we deliver cultural programs, e.g. apps with stories from Elders to share. — Developing a metric that encompasses local cultural practices, i.e. decolonising methodology and evaluation processes. — Building knowledge systems into local enterprises to facilitate cultural transmission, cultural knowledge, and business and employment opportunities.



Effective communication and participation	<ul style="list-style-type: none"> — Setting up phone services to connect to Elders, particularly those in hospital away from family and community. — Supporting communities to self-determine how to achieve priorities stated in cultural and other plans. — Working in equal partnership with agencies and across generational activities. — Using Indigenous research methodologies and philosophies. — Employing technological strategies to cross distances, e.g. telehealth, Skype, Zoom.
Developing change-capable networks	<ul style="list-style-type: none"> — Finding like-minded people who want to be involved in being part of change. — Supporting communities of practice and other intentional communities. — Instigating and signing petitions, participating in political activities and being active on social media. — Finding out what people's aspirations and motivations are for their own future.
Cultural authority and leadership	<ul style="list-style-type: none"> — Upskilling Aboriginal and Torres Strait Islander local people for succession planning. — Using existing local decision-making processes and strategies. — Identifying and supporting community champions to promote implementation. — Having a cultural governance model in place, with Aboriginal and Torres Strait Islander peoples positioned at all levels of programs/research, including co-leading tasks and groups. — Getting direction from parents and Elders before discussing issues with men and women and youth groups. — Asking the question – what determines success? – and spending time cultivating relationships to develop localised indicators of success.
Enhancing cultural practices in organisations	<ul style="list-style-type: none"> — Implementing national, State and locally developed cultural safety frameworks and building key strategies into service providers' contracts, plans and key indicators. — Learning how to show respect by acknowledging the protocols specific to each place — Teaching health workers about both cultural and social determinants in the health curriculum. — Developing cultural competency standards.
Localising education and employment opportunities	<ul style="list-style-type: none"> — Involving program staff within communities in the design as well as the implementation of programs. — Developing education and career pathways to support improved community capacity to design, implement, monitor and evaluate programs, and seeking input from subject matter experts as required. — Ensuring resourcing and accountability. — Providing more bi-lingual resources.
Acting with compassion	<ul style="list-style-type: none"> — Putting indicators in place – e.g. trust, engagement, access, culture, rates, workforce, language. — Learning from programs already being delivered: e.g. Danila Dilba's support for long-grassers by providing showers and food; Tasmanian health centre sending people back to Country for 'green prescribing'; and engaging community in strategies such as rafting and camping.
Enhanced decision making	<ul style="list-style-type: none"> — Establishing systems for local government and health bodies to share integration and data with local community-controlled services. — Putting in measures for how cultural determinants are implemented – i.e. how do we know implementation has been achieved? — Having a conversation in language, not just a few words or a Welcome to Country. — Focusing women's business on ceremony and sense of ceremony – not just focusing on menstrual cycles and menopause (white women's focus). — Rejoicing in the small things through to the big things. — Encouraging non-Aboriginal people managers and leaders to make space and/or give up space for cultural determinants to be operationalised. — Reinvesting, re-prioritising and disinvesting \$\$.



Measures advocated for by community members

Implementing cultural determinants will require a shift from top-down, centrally managed planning procedures to participatory, bottom-up, community-driven processes. This change will enable locals to act collectively and promote an enhanced engagement, cultural continuity, a revitalisation of traditions and increased empowerment (Wahid et al. 2016). Additional benefits will include corporate and environmental innovation, healthier ecosystems and entrepreneurial action.

The following changes will be relevant for systems and institutions wanting to implement cultural determinants:

- ▶ Eliminating institutional obstacles together with introducing beneficial policies that lead to improved incentives.
- ▶ Improving access by community members to opportunities and resources that facilitate cultural determinants according to their needs and priorities.
- ▶ Engaging Indigenous businesses.
- ▶ Including cultural knowledge holders on Boards or involving them in decision-making positions within organisations.
- ▶ Supporting cultural determinants work.
- ▶ Assessing the extent to which agencies have supported the implementation of cultural determinants, built coalitions and changed and/or improved their work practices (e.g. cultural safety).
- ▶ Measuring organisations progress/capacity (e.g. cultural safety).

Building capacity at a local level is an important ingredient for the sustainable implementation of cultural determinants, as it not only provides local stakeholders with an opportunity to participate in decision making but also enables community ownership, a key component of empowerment. Other indicators will be on a more personal level, such as:

- ▶ greater self-assurance in their cultural abilities;
- ▶ increased alertness and sharing of views;
- ▶ the sharing of information with their children; and
- ▶ being able to have a conversation in language for one hour with other members of their family.

This is because cultural determinants characterise empowerment as a deliberate and continuous process that is grounded in the community. It includes empathy, collective action, critical reflection, and reciprocal respect – a process that gives those with a lesser share of important resources better opportunities for accessing and managing such resources. Bennet (2002) adds that empowerment involves strengthening the capacity of communities and individuals to participate in, direct and hold accountable those institutions that influence their lives.

For individuals, empowerment includes processes that help them to manage their resources, develop their decision-making abilities, and work cooperatively with others.

Approaches involving social mobilisation are frequently classified as empowerment, implying that this is an ongoing process rather than an isolated event. Bennet (2002) calls this ‘mobilization empowerment’, a process that extends the connections, capabilities and information necessary for lifelong empowerment. This process can give communities a fresh understanding of themselves and also increase cohesion and the potential for cooperation.

Healey (1998) emphasises the importance of collaborative approaches for public participation and for increasing the legitimacy of decisions. As a collaborative approach can bring diverse stakeholders together, it can assist to solve complex problems like climate change by reducing conflicts and helping to build consensus. What is also needed is a tolerance for Indigenous innovation. This is because the successful implementation and uptake of cultural determinants may be particular to Indigenous knowledge systems, embedded in Indigenous implementation science and not easily identifiable by people outside of the community. Thus, both trust-building exercises and empowerment will be key.

Developing measurements for the implementation of cultural determinants is best understood as a weaving together of many threads. Culture is embedded in policy, procedures and organisational structures. Although there is a genuine commitment to implementation, measuring its impact needs to occur at the intersection of a range of cultural ideals and experiences. In addition to the usual qualitative strategies (e.g. informant interviews, focus groups) and quantitative measures (e.g. funds expended on cultural activities, numbers of participants), the following have been identified as additional ways of measuring the successful implementation of cultural determinants.

Process of developing measurements

- ▶ Ask community how they would measure success then develop metrics that reflect community success with both implicit and explicit measures.
- ▶ Self-report against existing wellbeing metrics and the development of ongoing measurement through community-led consultations.
- ▶ Instigate developmental evaluation – i.e. find out how many families contributed to programs and facilitated action to progress improvement of outcomes in the community.



Strengths-based indicators

- ▶ Establish key performance indicators that are strengths based for example:
 - + babies being born within a healthy weight;
 - + pregnant mothers receiving antenatal care;
 - + adults completing a health check (MBS 715);
 - + the number of babies and mothers being smoked after birth;
 - + the amount of time adults are able to have a conversation in their local language;
 - + the number of four-year-olds able to do an Acknowledgment of country; and
 - + the value to the community of its members participating in ceremonies to mark life transitions.
- ▶ Introduce a wellness measure incorporating domains of cultural determinants.
- ▶ Devise locally relevant measures of wellness, connection and empowerment.

Sustainability measures

- ▶ Recognise that intergenerational trauma cannot be ‘healed’ in the short-term but requires long-term holistic programs to address language group-specific cultural determinants.

Demonstration of culture-embedded practices occurring

- ▶ Increasing language use and comprehension.
- ▶ Growing the number of Elders involved in teaching language in schools and playgroups.
- ▶ Introducing ‘oral evaluations’ in language, through artworks and in stories.

Qualitative data collection

- ▶ Utilise arts and performance practices to inform methods of implementing cultural determinants and indicators that are appropriate for particular communities.
- ▶ Introduce strengths-based questions to measure health and wellbeing.
- ▶ Consider anecdotal evidence/story telling as a credible measure.

Successful implementation measures

- ▶ An on-Country trip would yield the following information:
 - + Connection to Country through on-Country visits – how many, how often?
 - + Beliefs and knowledges – what knowledge was exchanged? How many generations of people were involved? What is the flow-on effect from action on other determinants?

- + Kinship – who was involved in the trip? Was it representative of families, Traditional Owner groups and/or community?
- + Expression – what activities happened? What opportunities existed for engagement?
- + What ecological knowledge was shared? What was the on-Country activity – hunting, fire burning, turtle tagging?
- + Language – was it used and if so how?
- + Self-determination – ask how people felt being on Country?
- ▶ How do we know when cultural determinants have been implemented?
 - + Everyone wants to be part of the discussion
 - + People keep coming back as they want to know more
 - + Elders feel that the younger ones are gaining from the talks and knowledge being passed onto them.
 - + Language from that Country being spoken in every school.
 - + Every child being able to do an Acknowledgment of Country.

Successful implementation will see communities experience a decrease in indicators that demonstrate a disconnect from cultural determinants (e.g. child protection notifications, poor mental health and high incarceration rates).

Data sovereignty

As stated previously, the implementation of cultural determinants will need to be done by Aboriginal and Torres Strait Islander peoples and be relevant to the communities in which the strategies will be implemented. A range of Indigenous methodologies will be used to achieve these outcomes, including cultural networking to adopt and adapt the benefits of such an approach. Participants at the roundtables identified the following strategies as important considerations in the implementation of cultural determinants:

- ▶ Ongoing evaluation throughout the project that is led by local Aboriginal and Torres Strait Islander cultural evaluation teams.
- ▶ Asking community what they would like to measure, and how this should be done.
- ▶ Using narrative methods – including storyboards, closed and open-ended questions in interviews – and monitoring and evaluation techniques that recognise value ‘beyond’ quantitative data and ‘most significant change’ methods.
- ▶ Collecting personal stories of change as indicators, including the healing or strengthening of intimate and family relationships.



- ▶ Increasing the use of community-led surveys and focus groups based on locally relevant indicators and national priorities.
- ▶ Involving community members in the audit of a community organisation's progress toward achieving cultural safety and being part of organisational accreditation assessment teams.
- ▶ Asking people to identify what their experience is of cultural determinants before and after the implementation, and how they feel about the changes.
- ▶ Measuring how many Elders' circles, language courses, bush foods and medicines information sessions, site visits, storytelling, yarning circles, heritage trails, men's camps, women's camps and youth forums are held and how many people attend.

Self-determination measures

- ▶ A rise in participation on community organisation Boards.
- ▶ Cultural determinants are enshrined in the constitutions and RAPs of community and mainstream organisations.
- ▶ Gender equity as a principle is embedded in constitutions and enacted through employment processes, policy development and programming.
- ▶ An increase in the number of Aboriginal and Torres Strait Islander councillors and employees on local councils
- ▶ A growing number of on-Country trips being taken by community members
- ▶ Greater involvement in entrepreneurship and employment
- ▶ Higher numbers of people in secure housing.
- ▶ Quarantined seats for Aboriginal and Torres Strait Islander peoples introduced into the Australian Government Senate.

Development and uptake of cultural education, entrepreneurial and employment opportunities

- ▶ Education and career pathways developed and promoted.
- ▶ An increase in the recruitment of Aboriginal and Torres Strait Islander evaluators and community researchers.
- ▶ Aboriginal health programs managed by Aboriginal directors.
- ▶ Immersion of Torres Strait Islander women in leadership – generational change, succession planning – and teaching in leadership courses.
- ▶ More Island Kai Kai (traditional and culturally prepared food) through an increase in cultural cafés, street food vans and celebrity chefs.

Taking cultural determinants programs to scale

To achieve population-wide improvement, programs and activities that are found to be effective can usually be scaled up for wider implementation. However, the pathways through which cultural determinants activities can be scaled up are not well characterised or understood outside of local community contexts. The policy and practices needed to facilitate a successful scaling up of programs will have a two-fold purpose – to benefit more people and to foster lasting policy and program development. In some instances, scaling up is determined by the effectiveness of the program, its potential reach, its appropriateness in other communities, and the costs of taking it to scale.

The principles underpinning scalability efforts have been identified in the consultations as:

- ▶ effective partnerships, i.e. the capacity of regional coalitions to embed new ideas, practices and concepts in individual and collective organisational processes;
- ▶ dissemination strategies that align to cultural and kinship networks and relationships;
- ▶ moving beyond pilot programs and engaging in longer term funding solutions to intergenerational concerns and opportunities; and
- ▶ having community leadership at all phases of the scaling-up process.

Partnerships operate best when community-controlled organisations are resourced to lead the work, and cultural-strengthening opportunities are embedded in the scale-up plan. Scaling up is best done on a regional scale to mirror community relationships, songlines and ceremonial relationships. The purpose of any scaled-up activity is to empower local communities, implement holistic and appropriate health and wellbeing strategies, look for exemplars and break down silos. Considerations for scaling up cultural determinants, as identified by participants at the roundtables and interviews, are as follows.

Respectful consultation, leadership, reciprocity

Participants were agreed that local leadership and ownership is imperative. To facilitate this, they suggested taking a delegation from one community to consult with other communities and share opportunities and challenges early on in the process of scaling up. People in the regions understand the kinship structures in communities and what needs to be activated at a family- or clan-based level to make a difference, e.g. identify who the Elders are, what the kinship structures are and who can form part of a community cultural workforce.



Implementing these strategies from the start are likely to progress cultural continuity, community leadership and ownership. In addition, cultural determinants implementation frameworks will need to be activated through:

- ▶ Co-design and co-development with community around core principles and using local coordinators.
- ▶ Collaboration and communication in language to reinforce local ownership and control.
- ▶ Taking as much time as needed to do consultation well, as it can take up to two years to develop the level of trust required for implementing cultural strategies.
- ▶ Working with communities to identify specific programs that have achieved positive short-, medium- and long-term outcomes, and asking how these should be adopted and adapted in scaled-up initiatives.
- ▶ Ensuring community buy-in through listening to family and clan groups as to whether the initiative will be appropriate for their families, and the cultural authority needed for this to work.
- ▶ Institutes and organisations learning from their Aboriginal and Torres Strait Islander employees how to scale-up along cultural lines and responsibilities.

Resourcing scaled-up initiatives

Investments are needed in platforms that can showcase our culture-based programs. Regions could share funding and discuss programs relevant both for their language groups and for other language groups along their songlines. As this often occurs across administrative boundaries, there will need to be flexibility and strategies implemented across program-funded boundaries, including:

- ▶ Training and supporting a network of local, regional and national implementers and program operators, and forming communities of practice that enable transmission of knowledge, provide supports across different language groups, and ensure that funds allocated to scale-up programs are shared between communities.
- ▶ Establishing a clearinghouse for knowledge exchange resources that can be adapted and used for free.
- ▶ Changing current systems to enable culture to be taught in community and mainstream schools, identifying local community champions and leaders, and facilitating opportunities for them to engage schoolchildren to build cultural pride.
- ▶ Investing in and sharing the experiences of these local champions and role-models to see if there is relevance for other communities.

Funding initiatives

Participants advocated for funding cycles to be a minimum of two years so as to support people in their cultural determinants work. Also called for was a reduction in the burden of reporting in funding contracts, and an increase in untied funds to support the implementation of cultural determinants. In addition:

- ▶ Service funding contracts/guidelines to include requirements for working with Aboriginal and Torres Strait Islander organisations, or ideally being led by them
- ▶ Cultural determinants brokerage funds to be made available.
- ▶ IBA business loans might be needed to start entrepreneurial activities in communities.
- ▶ More opportunities for people and organisations to get together and share learnings to build relationships that allow scaling up.
- ▶ Pooling \$\$ and working on priorities.
- ▶ Travelling together on charter flights instead of three services all going separately to the same community on the same day.

Considerations in sharing information, skills and knowledge

As with most cultural information, there are public and private domains, and male and female specific information. Of critical importance will be intellectual property considerations, but participants also highlighted the need for:

- ▶ Developing 'tool kits' so programs can be localised to suit local communities.
- ▶ Ensuring that success stories and programs are written up, shared and made available to everyone.
- ▶ Teaching cultural awareness programs that are relevant for specific community and clan group, as these will be important in orientation and workforce programs.
- ▶ Researching cultural determinants of health and wellbeing from a community perspective, and ensuring this work is led by community and brings community people into employment.
- ▶ Empowering communities to do co-design and implement cultural determinants.
- ▶ Allowing people to make mistakes and learn the lessons of implementation.
- ▶ Developing cultural determinants literacy projects and resources.



- ▶ Sharing skills learned through implementation support networks and communities of practice.
- ▶ Creating accredited courses to support the implementation of a kincentric workforce.
- ▶ Linking with ACCHSs and partnering with mainstream services to embed programs that can be utilised across all areas.

Intergenerational and multigenerational scale issues

Of critical importance to participants was the need to recognise intergenerational trauma, and that the reason why we would implement cultural determinants in community is to address its impact – violence, suicides, lateral violence, etc. – and facilitate healing. In addition, the Mayi Kuwayu Study has identified a growing resilience in communities around Australia, particularly among younger generations.

In each of the cultural determinants domains, respondents determined that there are both social and ecological elements in cultural frameworks that need to be accounted for, and that community engagement in this work should not only result in the setting up of a committee or governance structure. Rather, what is needed is a whole-of-system shift to supporting people in their homes as the mechanism through which we do engagement. The qualities of people involved in this work will be those who are positive and engaging, and who can hold regular meetings, increase inclusion and strengthen community awareness and community engagement at a household level. In this way families must determine who their Elders are, who they want to learn from and who they can rely on to support their cultural experience.

Any initiative, then, must engage Elders and be:

- ▶ well organised and run by community;
- ▶ available to multiple generations at the same time;
- ▶ flexible enough to adapt to specific local needs;
- ▶ comprehensive of differences across local, regional and urban environments; and
- ▶ locally driven, coming from a community perspective and endorsed by those who have the cultural authority to permit this work being done within their families.

Determining who to engage in the implementation process

Participants discussed the importance of everyone being engaged in the implementation of cultural determinants. Recognising the diversity of lived experience among contemporary Aboriginal and Torres Strait Islander families and communities, the implementation strategies will need to be unique and reference the lived experience of people. This is because some will be connected through geography (urban, rural, remote), some through experience (institutionalised children and people), and some by intention (LGBTBQI communities). The principles will necessarily be rights based and developed from within particular communities, and will identify who will be:

- ▶ primary implementers, i.e. those responsible for hands-on implementation and coordination within family groups;
- ▶ secondary implementers, i.e. those who will support primary implementers through professional roles in organisations, coalitions, communities of practice, curriculum designers and developers, regional coordinators; and
- ▶ tertiary implementers, i.e. government and non-government funders, policy writers, program designers and research institutions.

Primary implementers

Tier one: Members of the kincentric workforce

Elders, families and community members, parents, young people and children; Traditional Owners, traditional ecological knowledge holders, clan leaders, people with cultural authority; community developers, facilitators, role-models, champions, coordinators, carers; artisans, singers, dancers, weavers, language holders and teachers, cultural mentors; Native Title claimants, members of PBCs, entrepreneurs and business owners; Link Up people and family historians, genealogists, Indigenous scientists, healers, and those with plant and medicinal knowledge.

Tier two: Aboriginal and Torres Strait Islander community people engaged in housing, health and wealth creation and able to work in ecological paradigms, including the following professions:

youth workers, health workers, school teachers, life coaches, trauma counsellors, doctors, nurses, allied health staff, playgroup and early education specialists, community-based researchers and evaluators, community service leaders, council and agency managers, town planning designers, and community members invested in community-controlled organisations across different sectors – health, education, environment, science, industry, archaeology, land care and traditional on-Country management.



Secondary implementers

Tier one: All community people who have varying lived experiences and who can learn about cultural determinants from members of families and communities, those who are part of intentional communities, are members of representative bodies and who are affiliates of associations, and politically active people in community with a hereditary connection to Aboriginal and Torres Strait Islander peoples. Secondary implementers will learn skills, share information and teach others in their families and communities.

Tier two: A consortium of agencies invested in taking on and reflecting the aspirations of local people with regard to cultural determinants of health. These individuals and agencies will act responsively and not be prescriptive in the way that cultural determinants programs are developed and delivered. Members of this group may include community leaders, services, agencies, program staff, government and non-government agency staff, not-for-profit organisations, community service organisations funding the implementation of cultural determinants, and/or anyone delivering and developing services and programs. These agencies must embrace Indigenous innovation, cultivate real Aboriginal and Torres Strait Islander leadership, and be prepared to accept Indigenous ways of knowing, being and doing.

Tertiary implementers

Research institutions and other mainstream organisation that are yet to achieve parity in their employment of Aboriginal and Torres Strait Islander peoples.

As with all elements of cultural determinants, these three groups – the primary, secondary and tertiary implementers – are not fixed, but are fluid and dynamic. Other considerations will be:

- ▶ the proximity of implementers to where the strategies are being implemented;
- ▶ an organisation's capacity and motivation to change its practice to work with cultural determinants of health; and
- ▶ the ability of organisations to support and resource the uptake of these determinants over a long period of time.

Community-imagined actions and activities

At the workshops, participants were given 1.5 hours to discuss in small groups the opportunities of implementing cultural determinants of health using a life course approach. A workbook was developed to support the collection of this information. Participants determined where they would sit, who would scribe and then shared, from their own experiences, what could be done to implement activities across all the domains. While not an exhaustive list, there are strategies that can be implemented at low or no cost, some that will require organisational support and funding, and others that will develop into knowledge networks and form the basis of coalitions.

Each of the domains are separated into early childhood (from preconception until a child's second birthday), childhood (age 3–10), youth (age 11–17), adulthood (age 18–60) and Elderhood (60+). The ages are not definitive; rather these categories were useful in determining the cultural life of a person across their lifetime.

Imagined actions and activities to connect to Country

Some community-wide undertakings

- ▶ Truth telling about massacre sites and sharing stories about Country.
- ▶ Facilitating small cultural grants rounds (\$5,000–\$10,000) so families can have reunions on Country.
- ▶ Establishing a family reunion week with a program of activities that includes Elders and family representatives yarning, walking and singing Country, cultural talks and heritage walks, hunting, bush medicine collecting.
- ▶ Implementing Care for Country programs and excursions to Country.
- ▶ Supporting repatriation.

Early childhood activities to connect to Country

- ▶ Hosting annual Welcome Baby to Country ceremonies on 4th August – National Aboriginal and Torres Strait Islander Children's Day.
- ▶ Holding regular naming ceremonies where Elders give names to babies from their language.
- ▶ Providing tribal birth certificates.
- ▶ Supporting pregnant mothers to choose their place of birth and their language group and start to sing language stories about Country; this can be done by members of the immediate family.
- ▶ Encouraging Elders to attend playgroups, early childhood centres and perform cleansing or smoking ceremonies upon birth.



- ▶ Children being able to access bush tucker, foods and medicines.
- ▶ Mothers and fathers, sisters and cousins choosing to support a new mother to have a belly cast that represents her connection to Country.
- ▶ Undertaking on-Country actions including maternity photographic shoots, hand and foot plastering for babies.
- ▶ Having a man's roles and responsibilities during pregnancy and his contribution to pristine pregnancies recognised and supported by other men in the community.
- ▶ Working together with the family to identify and heal intergenerational trauma through on-Country healing practices.
- ▶ Holding nature-based playgroups, publishing storybooks of importance to the community with 'on-Country themes.
- ▶ Learning to 'be still' on Country.

Childhood activities to connect to Country

- ▶ Participation in rites of passage, ceremonies, dance troupes, and learn language.
- ▶ Have young people yarnning circles involving Elders and others, on Country.
- ▶ Language taught or accessible in kindergarten.
- ▶ Embed return to Country in cultural care plans for children in out-of-home care.
- ▶ Children going on Country with Elders and trusted adults to learn about culture.
- ▶ Families activate a respect for the relationship young people have for Country and emphasise cultural literacy and on-Country literacy and written numeracy and literacy.
- ▶ Identify their totem and the sounds that animals make so they can identify them by their English and language name.
- ▶ Children accessing sites and education programs relevant to that site or region.
- ▶ Food collection, naming bush tucker, understanding bush survival skills, and supporting on-Country activities within classroom and digital media, curricula and programs.
- ▶ Identify symptoms of intergenerational trauma and support young people addressing them.
- ▶ Support young people to develop a cultural plan and have them access support from cultural mentors.
- ▶ Support them understand how to be respectful of Elders and how to take care of Elders and themselves as 'future Elders'.

Youth and adolescence activities to connect to Country

- ▶ Accessing Country through camps, programs and Elder-led walks.
- ▶ Elders teaching young ones how to approach their own Country, and that of others.
- ▶ Implementing 'mini ranger' programs as part of school holiday programs.
- ▶ Creating training opportunities to care for the environment through protest, action on Country.
- ▶ Developing peer educators, peer researchers and apprentice traditional ecological knowledge supporters through science-based training and on-Country initiatives.
- ▶ Take young ones to significant archaeological sites and sacred places.
- ▶ Showing youth how to participate in truth telling through songs, stories and through social media.
- ▶ Teaching people on-Country meditation and how to learn 'signs' that means Country is talking.
- ▶ Doing family histories and genealogies and supporting them to develop tattoos that replicate their totems and to understand the lifecycle and contribution of their totem to their Country.
- ▶ Learning traditional cultural healing modalities and implementing mediation strategies; e.g. Wayapa Wuurrk¹ and Uti Kulintjaku and Smiling Mind guided meditations.²
- ▶ Using modern technology to connect to Country – e.g. drones, videos, films, and other activities that show the history of people and place.

Adulthood activities to connect to Country

- ▶ Running cultural camps on Country.
- ▶ Holding workshops to understand cultural responsibility.
- ▶ Working out how to recognise the need to go home to Country and having strategies to enable people to go home for spiritual refuelling.
- ▶ Training opportunities for adults to learn about maintaining the land so they can be employed to educate others.
- ▶ Setting up treatment programs on Country to enable people to become sober on their Country.
- ▶ Rehabilitating lands after mining works and applying to ILSC for land holdings to experience the cultural benefits of caring for Country.
- ▶ Establishing on-Country enterprises and developing business and other plans aligned with Traditional Owners and PBC holder aspirations.

1 An Aboriginal-conceived wellness modality. More information is available at: <https://wayapa.com>.

2 The Uti Kulintjaku meditations are created and recorded by Pitjantjatjara and Ngaanyatjarra speakers and piloted through schools in the APY Lands. More information is available at: <https://www.npywc.org.au/news/uti-kulintjaku-and-smiling-mind-guided-meditations-launched/>.

- ▶ Developing a cultural plan for families and clan groups.
- ▶ Creating opportunities to work with Native Title groups.
- ▶ ‘Giving back’ to community by being cultural mentors, community researchers or on-Country advocates.
- ▶ Supporting children engaged in education (e.g. at boarding school or university) with opportunities to connect to Country.
- ▶ Telling children stories, learning to sing lullabies, engaging in ceremonial observances that are relevant to your family.
- ▶ Revisiting Country with children or by yourself to connect your family with cultural knowledge, cultural heritage and family connections.
- ▶ Continuing cultural learning and connection, particularly if there has been no previous ability to connect.
- ▶ Engaging with Link Up and other organisations that can strengthen your identity and support you in knowing who you are, to whom you are connected and what your ‘place’ is in a kinship system.

Elder activities to connect to Country

- ▶ Ensuring both genders are involved in leading groups to go bush.
- ▶ Participating in ceremonies, attending childcare centres and teaching child protection workers about the ‘proper way’ to engage with the local community.
- ▶ Taking up governance and leadership positions that hold cultural responsibilities in communities.
- ▶ Participating in justice reinvestment strategies.
- ▶ Having early childcare centres within aged care centres to engage multiple generations in health and wellbeing.
- ▶ Maintaining connection to Country and supporting the quality of life for others in the family.
- ▶ Having the right to be buried on Country.

Imagined actions and activities to progress Indigenous beliefs and knowledge

Some community-wide undertakings

- ▶ Establishing cultural learning and knowledge hubs within ACCOs.
- ▶ Learning about our history through truth telling and embedding Indigenous histories, science and languages in school curriculums and local programs.
- ▶ Valuing our ways of knowing, being and doing by acknowledging Country, trusting our cultural leadership and learning our language.

- ▶ Teaching our ways to students focusing on health and wellbeing and taking them on Country to collect bush medicine.
- ▶ Making bush medicine available in clinics by building local people into the supply chain, i.e. having the ingredients collected by a local enterprise and paid for by local clinics.
- ▶ Instituting organisational statements that recognise and acknowledge the importance of cultural beliefs, knowledges and the value of having choices in how you live.
- ▶ Acknowledging Country at the beginning of every meeting.
- ▶ Inviting dance troupes to primary schools to showcase local culture and have them ask the young ones up with them to celebrate culture.
- ▶ Supporting Aboriginal and Torres Strait Islander parents’ groups, playgroups, early learning centres and preschool.
- ▶ Keeping children in kinship care and ensuring their cultural plans are actively engaged.
- ▶ Building a workforce of cultural mentors to work with young people – e.g. those coming out of detention centres or children who find it hard to participate in school – and with their parents where appropriate.
- ▶ Employing healers in all hospitals and primary health care centres to provide cultural care (aka pastoral care) and healing practices.

Early childhood activities to progress Indigenous beliefs and knowledge

- ▶ Parents talking language to young children (start young).
- ▶ Speaking in mother tongue and supporting the socialisation of babies in extended family networks
- ▶ Listening to Elders.
- ▶ Storytelling in early childhood centres.
- ▶ Nature based pre-school programs.
- ▶ Dressing in traditional clothes, being painted up, and having performances with instruments.
- ▶ Being taken to performances and family fun days.
- ▶ Teaching parents cultural parenting skills and supporting them to use these skills with their babies.
- ▶ Having cleansing and smoking ceremonies in day care centres.
- ▶ Running cultural awareness training for early childcare workers and introducing Aboriginal and Torres Strait Islander toys, games and language books to early childhood centres.
- ▶ Holding Welcome Baby to Country ceremonies at which children may get kangaroo or possum skins, hand-made headbands, clap sticks and certificates.



- ▶ Having the young ones participate in naming ceremonies led by Elders from their community.
- ▶ Participating in community activities relevant to Aboriginal and Torres Strait Islander Children's Day.
- ▶ Supporting the mothers and or fathers of these young ones to reduce the use of alcohol, drugs and violence and help them get secure housing for their children.

Childhood activities to progress Indigenous beliefs and knowledge

- ▶ Having cultural after school care a couple of days a week that is run by Aunties and Uncles.
- ▶ Employing cultural mentors to work with children in school environments.
- ▶ Exposing all children to language, Indigenous science and other traditional ecological knowledge as subjects.
- ▶ Having parents and children go out to Country on camping trips.
- ▶ Holding family reunions, connecting children to family tracing agencies and supporting them to build a strong cultural identity.
- ▶ Creating opportunities for children to learn culture – e.g. art, painting, dance, songs, playing a musical instrument.
- ▶ Getting children involved in all aspects of food security – e.g. growing gardens, catching fish, going hunting, wrapping food and getting rocks for Kup Mari (earthen food cooking).
- ▶ Dealing with truth telling and bullying in schools, working with school counsellors on cultural trauma.
- ▶ Supporting Aboriginal parent networks that keep children in school and providing relief and support to parents through culture centres, etc.
- ▶ Assisting single parents to access cultural mentorship and supports for their children, and the funds for them to facilitate their children's engagement in sporting activities, on-Country trips, etc.
- ▶ Supporting children to access cultural healing practices.

Youth and adolescence activities to progress Indigenous beliefs and knowledge

- ▶ Providing access to team sporting clubs, sporting carnivals and events and resourcing them so they are sustainable.
- ▶ Participating in community events and spending time with cultural mentors, role-models and champions.
- ▶ Getting young people into natural environments – e.g. hold classes that support school age young people to access traditional ecological knowledge.
- ▶ Using truth telling and accessing cultural supports that can affirm or reaffirm young people's cultural identity.

- ▶ Providing supports for young people to learn about and participate in the performance arts – e.g. slam poetry, stage shows, roleplays and telling stories about their lives – to help them through adolescence and any trauma they may have experienced.
- ▶ Using technology to enable young people's access to cultural supports and cultural healers.
- ▶ Supporting young people in need of rehabilitation to access mentoring programs.
- ▶ Holding cultural awareness programs that strengthen young people's identity.
- ▶ Working with educators and educator training programs to integrate Aboriginal knowledges.
- ▶ Providing culturally safe and sensitive sexual and reproductive health courses to young people.
- ▶ Participating in rites of passage to ready them for the next stage of life, i.e. shaving ceremonies, kindergarten graduations in preparation for primary school, ceremonies to support young men become first-time fathers.
- ▶ Learning about, participating in and supporting cultural ceremonies and practices.
- ▶ Exposing young people to role-models who are proud of their culture.
- ▶ Teaching young people about their totem and supporting them to learn language, their history, traditional agricultural practices, and the longevity of Aboriginal and Torres Strait Islander peoples' presence on this land.
- ▶ Learning about Indigenous business opportunities and ways that people can make a good income through cultural activities.

Adulthood activities to progress Indigenous beliefs and knowledge

- ▶ Having non-Indigenous people attend knowledge-sharing sessions.
- ▶ Participating in courses at TAFE (Technical and Further Education) institutes and universities to further understand Aboriginal and Torres Strait Islander issues.
- ▶ Attending conferences that promote cultural safety.
- ▶ Being employed in jobs that ensure cultural connections.
- ▶ Establishing businesses to support the rest of the family to engage in cultural knowledge.
- ▶ Accessing mentors or becoming mentors, coaches of teams and/or members of community boards.
- ▶ Maintaining or developing a connection to Country, under guidance if needed.



Elderhood activities to progress Indigenous beliefs and knowledge

- ▶ Becoming a mentor or providing advice to cultural mentors.
- ▶ Participating in storytelling, school visits and other Elders' groups – e.g. justice reinvestment.
- ▶ Supporting the development of cultural connection and supports for the family – e.g. help make a family tree, have stories recorded of your life.

Imagined actions and activities to support Indigenous language

Some community-wide undertakings

- ▶ Enabling mainstream agencies to use examples of resources and content made by Aboriginal people.
- ▶ Supporting local communities to develop technology, e.g. language apps and programs.
- ▶ Upskilling community to be able to teach their language to each other.
- ▶ Reinvigorating language in schools and in after-school programs.
- ▶ Teaching adult's 'everyday' language so they can pass it on to their children.
- ▶ Recognising family linguists.
- ▶ Researching strategies to revitalise languages that have been lost.
- ▶ Setting a target for all Aboriginal and Torres Strait Islander peoples to be able to do a Welcome to Country, or an Acknowledgment of Country, and introduce themselves in their own language.

Early childhood activities to support Indigenous language

- ▶ Learning language in foster care situations, especially if children are living in a non-Indigenous carer's home, by accessing language books, participating in language classes or attending an Aboriginal or Torres Strait Islander playgroup.
- ▶ Having access to childhood-specific songs that are relevant to that community by teaching parents' lullabies to sing to their children.
- ▶ Investing in the development of playgroup resources, such as traditional songs, dances and stories.
- ▶ Ensuring children hear language around them as much as possible – in the home, in the school, at public events – as this will help build cultural pride.
- ▶ Immersing community members in language nests.
- ▶ Developing a childhood 'dictionary' for each of the language groups – either as an online or storybook-styled resource.

- ▶ Have lesson plans available to parents and carers to support them in teaching their children singing, dancing and stories.
- ▶ Developing cultural connections and creating pathways to language and learning acquisition.
- ▶ Learning the on-Country names for animals, plants, etc.
- ▶ Finding ways in language of being able to communicate emotion and having language-based meditation strategies to support young ones keep their calm.

Childhood activities to support Indigenous language

- ▶ Having language taught in the school curricula or having Elders visit to teach the students.
- ▶ Holding parents' days at kindergartens and providing learning opportunities that support parents and children to learn language together.
- ▶ Engaging all Australian children in learning languages by building on the New Zealand experience of teaching Maori language to all children.
- ▶ Supporting schools and Aboriginal and Torres Strait Islander entrepreneurs to access funding to develop language apps and other resources for teaching in schools.
- ▶ Delivering language on Country so children understand their intimate connection to place.
- ▶ Teaching children to do Acknowledgments of Country and to introduce themselves in language.

Youth and adolescence activities to support Indigenous language

- ▶ Putting in place holistic learning strategies so that children learn language as part of all these cultural determinants combined.
- ▶ Teaching language to young children and learning language from others in their clans and communities.
- ▶ Participating in bi-lingual education.
- ▶ Developing programs for the maintenance of language acquisition.
- ▶ Visiting places like AIATSIS and/or supporting the digitisation of language programs so that all Aboriginal and Torres Strait Islander peoples can access their languages and have knowledge about their places.
- ▶ Getting young people to make signs in the language name of the places in which they live.
- ▶ Having young people engaged in cultural mentoring programs so they can better understand who they are and where they belong.
- ▶ Teaching language as part of a cultural pride program.



Adulthood activities to support Indigenous language

- ▶ Continuing to learn about language and increasing language use in community.
- ▶ Developing an accreditation for teacher qualifications so that adults and others can teach language as part of a community cultural workforce.
- ▶ Being able to speak in language for an hour at a time about ordinary things.
- ▶ Connecting to land through dance, singing, storytelling.
- ▶ Using research to rediscover and use language.
- ▶ Teaching families and kinship networks language skills.

Elderhood activities to support Indigenous language

- ▶ Developing aged care resources in language.
- ▶ Having young children come to aged care homes to have a playgroup with Elders.
- ▶ Embedding language and cultural considerations around dying in service frameworks.
- ▶ Providing opportunities for Elders to leave legacies by passing on stories and reclaiming language.

Imagined actions and activities to foster family, kinship and community

Some community-wide undertakings

- ▶ Ensuring that our families experience quality relationships, interconnectedness and interrelatedness.
- ▶ Participating in networks and activities that support people's cultural identity – e.g. National Family Day Care Week, Picnic in the Park on a National Wellbeing Day, proactive positive healing circles – as belonging is key.
- ▶ Learning and knowing about your kinship system.
- ▶ Supporting family members through life coaching and mentoring to keep their children home with them, not in out-of-home care.
- ▶ Working towards all Australians addressing racism and sharing positive stories about Aboriginal and Torres Strait Islander peoples in our community.
- ▶ Having shared decision making that involves all family members.
- ▶ Developing family and kinship plans to support the uptake of cultural roles and responsibilities.
- ▶ Creating models of care that recognise its importance across the life course and between different generations in communities.
- ▶ Involving Elders and having their blessing to participate in organised activities – e.g. sports and other club activities.

Early childhood activities to foster family, kinship and community

- ▶ Having access to community midwives when birthing.
- ▶ Attending cultural parenting courses so parents can better understand their cultural roles and responsibilities when caring for the children in their family.
- ▶ Ensuing connection with family members through Link Up services, family reunions and recognising extended family members in Welcome Baby to Country ceremonies.
- ▶ Inviting family and community to meet new babies and have them spend time with family including aunts, uncles and siblings.
- ▶ Having spaces where families can connect, particularly in child protection services.
- ▶ Talking language around baby as often as possible.
- ▶ Offering Welcome Baby to Country ceremonies as a standardised option in care.
- ▶ Working towards the health care system providing care and services based on models of cultural practices that are inclusive of males, females and family.
- ▶ Creating reverence for cultural connection by facilitating ceremonies and pristine pregnancies.

Childhood activities to foster family, kinship and community

- ▶ Holding family and culture days at school.
- ▶ Listening to stories and reading cultural books.
- ▶ Introducing children to cultural protocols – e.g. instilling respect for Elders, learning about their family totem and how to care for it as well as the difference between men's and women's totems.
- ▶ Participating in traditional food collection or group/family cooking.
- ▶ Introducing children to mentors and role-models.
- ▶ Having schools keep complete records of extended families and access training to support workers (in justice, Child Protection and health) understand a child's connection to family members and the different level of care responsibilities each member has towards that child.
- ▶ Building culturally appropriate childcare centres with a largely Aboriginal and Torres Strait Islander workforce and have culturally safe school programs and trained staff.
- ▶ Instituting local language programs.
- ▶ Facilitating truth telling and healing and working one-on-one with children to help them understand trauma, how to deal with racism and how to stand up for yourself and your family.
- ▶ Participating at events like Survival Day, marches, protests and other activities with family members.



Youth and adolescence activities to foster family, kinship and community

- ▶ Focusing on strengths and supporting local initiatives started for and by young people.
- ▶ Teaching and learning about genealogy at libraries, Link Up services, child support agencies and Aboriginal organisations.
- ▶ Involving young men in men's programs, and young women in women's business.
- ▶ Developing systems of support for people in the same kinship group to learn language, be involved in cultural tourism ventures, etc.
- ▶ Holding initiation and other Coming of Age ceremonies on Country.
- ▶ Understanding roles, responsibilities and cultural obligations relevant to age and understanding.
- ▶ Investing in youth centres and supporting the growth of intentional communities either face-to-face or online – e.g. LGBTI, young mothers'/young fathers' groups – and have different generations involved in these initiatives – e.g. 'Elders, uncles and aunties' for the LGBTI community.
- ▶ Working with the entire family to develop pathways for young people to deal with any trauma and to engage in healing practices.

Adulthood activities to foster family, kinship and community

- ▶ Teaching and learning about genealogy.
- ▶ Taking part in and prioritising culture.
- ▶ Starting to teach language and kinship lines and looking after young people.
- ▶ Having parties, events and family gatherings to bring people together and keep people engaged in knowing who they are, and where they come from.
- ▶ Creating opportunities for people to understand what it means to be a 'cultural aunty' or a 'cultural uncle' to others within Country.
- ▶ Supporting strategies to heal from conflict – e.g. lateral violence, family feud.
- ▶ Providing advice to young people about their connections so those wishing to get married can be informed if it is a 'right way' or 'wrong way' relationship.
- ▶ Being trained to look after Elders.

Elderhood activities to foster family, kinship and community

- ▶ Acknowledging Elders' cultural knowledge and be available for cultural transmission strategies particular to that group.
- ▶ Supporting people in the family and in their kinship line regarding their roles and responsibilities during community events – e.g. burials, performing, singing.
- ▶ Sharing beliefs and knowledge and clarifying with other Elders who transmits what knowledge and who the knowledge needs to go to.
- ▶ Defining and determining cultural connections among people and extended family groups.
- ▶ Participating in Elder groups and assisting members of their kinship group with justice matters.
- ▶ Being involved in the case planning and management of children in out-of-home care arrangements.
- ▶ Becoming the spokesperson for the family.

Imagined actions and activities to facilitate cultural expression and continuity

Some community-wide undertakings

- ▶ Decolonising our diets.
- ▶ Participating in dance groups, arts, music and language.
- ▶ Prioritising funding to small business and supporting them to become part of the supply chain by hiring their services or buying their products.
- ▶ Learning and sharing information, ceremonial observances and connections between people on the same songlines.
- ▶ Providing support to prepare properly for the afterlife.
- ▶ Learning dance and songs in school.

Early childhood activities to facilitate cultural expression and continuity

- ▶ Having a pristine pregnancy and women supporting women, men supporting men.
- ▶ Breastfeeding babies and instilling cultural parenting practices.
- ▶ Maintaining traditional ceremonies and normalising ceremonies in contemporary times.
- ▶ Singing, dancing, storytelling and art using totems and other strategies to develop cultural connections.
- ▶ Developing pathways for cultural connection among family groups – e.g. on-Country trips, storytelling, understanding family totems and collecting medicine.



Childhood activities to facilitate cultural expression and continuity

- ▶ Knowing cultural foods and planting a bush tucker garden.
- ▶ Creating opportunities to learn about language, Indigenous science, sky astronomy and how to care for the family totem.
- ▶ Reclaiming history with the support of local documentaries and discussion groups.
- ▶ Developing resources to share local creation stories.
- ▶ Sharing hip hop and rap music and messages on YouTube video channels.
- ▶ Having Elders teach cultural immersion programs in schools to help children with identity and education.

Youth and adolescence activities to facilitate cultural expression and continuity

- ▶ Having the opportunity for expression in mainstream society by being in a choir and singing songs in language.
- ▶ Participating in rites of passage – e.g. Coming of Age ceremonies, being an older sibling at a Welcome Baby to Country ceremony.
- ▶ Being able to showcase culture to the world through culture-based companies, family dance troupes and community enterprises such as eco-tourism.
- ▶ Becoming a mentor in school.
- ▶ Encouraging Aboriginal and Torres Strait Islander young people as artists and performers to reinforce positive images on TV and in the media, thereby strengthening culture.
- ▶ Promoting how to have respectful relationships in communities – e.g. between young people and their parents/carers, between groups of young men and groups of young women.

Adulthood activities to facilitate cultural expression and continuity

- ▶ Taking on leadership roles in community organisations and mainstream organisations.
- ▶ Monitoring children's use of Facebook and helping them to use it wisely.
- ▶ Promoting healthy eating, exercise and healing.
- ▶ Understanding family connections.
- ▶ Knowing at family gatherings and other events that young children are watching and learning from you, and behaving accordingly.

- ▶ Supporting access to on-Country activities.
- ▶ Becoming teachers and mentors in the community.
- ▶ Leading art sessions and cultural practices in different settings – e.g. youth detention centres.
- ▶ Advocating on behalf of young people in your kinship system, writing references for them and supporting them to have their best life.

Elderhood activities to facilitate cultural expression and continuity

- ▶ Taking people on Country to connect them to their family, kinship system and community.
- ▶ Teaching people dances and songs and telling stories from the past to help people understand their connection.
- ▶ Providing Elder wisdom in different situations – Child Protection panels, youth justice cases.
- ▶ Becoming Elders-in-residence at boarding schools and universities, and visiting children in your kinship line who are at these institutions.
- ▶ Recording languages and making them available for people in your kinship system.
- ▶ Practising truth telling to inform the development of resources and strategies.
- ▶ Providing cultural guidance and authority for the clans in the regions.
- ▶ Helping solve disputes among family members.

Imagined actions and activities to further self-determination and leadership

Some community-wide undertakings

- ▶ Building on any practice that works with strengths, acknowledges and values community self-determination, and allows community and individuals to determine priority areas.
- ▶ Working with service providers to rethink their perspectives and expectations of community.
- ▶ Seeing Indigenous businesses as self-determining opportunities – what you put in is what you get out.
- ▶ Encouraging small businesses and programs not only to develop community programs but to facilitate easier access to funding for families.
- ▶ Nurturing Aboriginal and Torres Strait Islander excellence; by setting the expectation and providing the support for it happen.
- ▶ Privileging Aboriginal and Torres Strait Islander voices and engaging with community in the co-design and development of resources.



- ▶ Ensuring leadership programs are tailored to assist with understanding how to function in Western societies.
- ▶ Providing women with access to contraception so they can practise birth spacing options.
- ▶ Reducing violence in our communities – it is not our culture, not our way.
- ▶ Lobbying COAG (Council of Australian Governments) to support an Aboriginal and Torres Strait Islander Leadership Roundtable.

Early childhood activities to further self-determination and leadership

- ▶ Carrying children in pristine pregnancies and having them born free from alcohol, drugs and violence.
- ▶ Giving parents traditional birthing options.
- ▶ Ensuring that both mothers and fathers are engaged in culturally safe antenatal care.
- ▶ Providing culturally safe spaces for breastfeeding.
- ▶ Caring for children experiencing difficulties in their families within kinship relationships.
- ▶ Ensuring access to playgroups that are led and designed by Aboriginal and Torres Strait Islander families.
- ▶ Facilitating Welcome Baby to Country ceremonies.

Childhood activities to further self-determination and leadership

- ▶ Participating in ceremonies.
- ▶ Livestreaming Garma Festival so that young people can see our leaders making decisions.
- ▶ Learning about Aboriginal and Torres Strait Islander histories from Elders and leaders.
- ▶ Creating pathways for leadership starting in primary school.
- ▶ Developing leadership and public communication skills so that children are equipped with the expertise needed to enter high school.
- ▶ Supporting cultural knowledge and pathways for connection to family and community leaders and to Elders.

Youth and adolescence activities to further self-determination and leadership

- ▶ Teaching young people there is power in being Black and in being a future Elder.
- ▶ Facilitating two-world learning with them by understanding the Indigenous world, domestically and internationally.
- ▶ Fostering young leaders and giving them real opportunities to lead – e.g. school parliaments, local government sittings, accessing and using technologies, agriculture and building principles founded on cultural concepts.
- ▶ Embedding positions on community and mainstream organisations' Boards that need a youth voice.
- ▶ Developing and investing in peer researcher strategies to help young people have a voice in what happens to them in their lives.
- ▶ Creating and implementing leadership roles in schools through sport, education and employment opportunities.

Adulthood activities to further self-determination and leadership

- ▶ Increasing participation on both community and mainstream organisations' Boards.
- ▶ Providing local-level leadership in the development of RAPs.
- ▶ Promoting gender equity as a principle.
- ▶ Participating in 'on-Country' trips, caring for Country and teaching others about Country.
- ▶ Getting involved in entrepreneurship and employment and providing secure housing options to people so they can sustain their self-determination.
- ▶ Increasing the number of people engaged in Australian politics at all levels.

Elderhood activities to further self-determination and leadership

- ▶ Being able to live and die your own way, surrounded by those who make you feel safe.
- ▶ Leading culture-based governance models.
- ▶ Advising on the development and support of youth leaders and role-models in communities.
- ▶ Increasing the amount of land owned and controlled by Aboriginal and Torres Strait Islander peoples.



Community considerations: Implementing cultural determinants

Workshop participants identified other considerations to be addressed while implementing policies, programs and strategies that have a cultural basis and are important in contemporary times. Although the following list of identified needs is not definitive, they are all ideas that can be embedded easily into local and regional programming.

- ▶ To develop programs that build resilience against bullying and harassment, lateral violence and 'feuding'.
- ▶ To invest in building culturally sustainable life skills, in addressing racism and discrimination, and in supporting young people to 'figure out life, feel understood and grow in confidence'.
- ▶ To recognise and support people to 'regain what was lost' – i.e. cultural knowledge, language and connections.
- ▶ To introduce and support cultural programs that address issues of boredom in different community contexts.
- ▶ To support men's and women's business and build strong identities to overcome destructive behaviours by focusing on building self-control and self-discipline through:
 - + acknowledging anger and finding safe ways to get it out of ourselves; and
 - + talking about feelings as having no control, no outlet and not being able to talk leads to destructive behaviour.
- ▶ To consider embedding cultural determinants into organisational visions, values, programs, services and procedures to allow the creation of a culturally safe workspace/workforce.
- ▶ To work within cultural authority and engage cultural governance by leading, guiding, facilitating health and wellbeing at all levels.
- ▶ To support Aboriginal and Torres Strait Islander peoples walk in two worlds – in both Aboriginal and Torres Strait Islander and non-Indigenous communities – to find their place and have a role in both.
- ▶ To promote the need for choice by teaching people they have choices and creating options for them to choose better health and wellbeing.
- ▶ To recognise that implementing gender equity principles are likely to be disruptive, and we need to understand how to resolve or reconcile conflicts when the status quo is challenged, e.g. male and female leadership opportunities in the Torres Strait.
- ▶ To take control of local solutions when there is no agenda, resources or political will – e.g. climate change – this will need to be discussed and mobilised through various strategies.
- ▶ To think carefully about encouraging women into leadership roles when it conflicts with currently understood gendered roles and responsibilities in communities; there is a whole-of-community, whole-of-services education program that needs to happen so women are not set up to fail.
- ▶ To document contemporary cultural experiences as well as those from the past – culture is ever evolving and we need to document these changes through different mediums.
- ▶ To embed cultural determinants and inform non-judgmental practices.
- ▶ To promote circles of security around all people trying to make a change in communities.
- ▶ To teach young people, in particular, how to socialise in cultural ways through programs targeting youth that promote respect for boundaries, and the importance of respectful relationships and having trusted adults with whom to talk.
- ▶ To educate non-Indigenous kids to promote the positive strengths of culture.
- ▶ To institute safe spaces to learn about culture, feel good about identity, understand the different ways of teaching culture, and acknowledge/respect other ways of learning information.

Conclusion

Of all the community comment, the need for culture to support the provision of safe, stable and loving environments in which people are supported to be the best they can be was the most enduring need identified. Communities cannot implement cultural determinants through siloed departmental offerings, nor can their implementation be piecemeal, dependent on short-term funding rounds and delivered through inexperienced or ill-equipped organisations that are not engaged in cultural governance. Trauma-informed (or healing-informed) practice is critical to the implementation of cultural determinants and should be widely available to Aboriginal and Torres Strait Islander families regardless of where they live. This will require a testing and refinement of models that engage and support families as cultural leaders in their own lives, the lives of others in their kinship systems and, ultimately, across and between generations. This can best be achieved through three related strands that will be considered in the next Section:

- ▶ Indigenous implementation science;
- ▶ activating cultural roles and responsibilities in families; and
- ▶ policy innovation.



Section 3 Indigenous Implementation Science

Indigenous science is holistic and founded upon principles of interconnectedness, reciprocity and respect for nature (Popp 2018). Traditional ecological knowledge is essentially the cumulative body of knowledge associated with ecological relationships, which is handed down through generations by Indigenous peoples the world over (Diver 2017).

These knowledge systems have provided valuable insights into environmental change, wildlife population monitoring, sustainable harvesting practices, behavioural ecology, ecological relationships and much more (Bennett et al. 2018). There has also been an increased effort to merge interdisciplinary research and build collaborative links between humanities/social sciences and the physical/natural sciences, which will impact the quality and calibre of the work done by professionals in place-based activities (Barthel & Seidl 2017).

Indigenous science and cultural determinants of health

Aboriginal and Torres Strait Islander peoples have strong traditions of both social sciences and STEM – Science, Technology, Engineering and Maths. Both traditional and contemporary forms of science knowledge is expressed in cultural ways of knowing, being and doing through ceremony and lore, kinship systems, language, stories, art, agriculture, aquaculture and astronomy. Contemporary Aboriginal and Torres Strait Islander cultures have influenced social, political and legal events that have changed the course of Australian history through leadership in civil and political rights, issues and debates. Throughout history, Aboriginal and Torres Strait Islander peoples have maintained a strong and enduring connection to Country, a connection that is manifest in their relationships with, and care of place, and the maintenance of land, language and culture. Advocacy through the United Nations (UN) resulted in the UN Declaration on the Rights of Indigenous Peoples (UN 2007), which details the legacy of rights through which all Aboriginal and Torres Strait Islander peoples can maintain and protect Country and culture.

Aboriginal and Torres Strait Islander peoples in Australia have holistic concepts of health and wellbeing that underpin and facilitate self-determination. Despite having long engaged with the ‘modern world’ and dominant paradigms that juxtapose Western modernity with Aboriginal and Torres Strait

Islander traditions, Indigenous science has maintained and is revitalising the four STEM platforms that contribute to cultural expression:

- ▶ **Astronomy and Sky Knowledge:** using stars to inform social practices, sacred law, ceremony, navigation, calendars, hunting, fishing and gathering, and identity and spirituality.
- ▶ **Environmental and Landscape Knowledge:** weather, climate, land and seas with a focus on food economics and resource management as well as understanding how Earth system knowledge is developed and encoded in oral traditions and material culture.
- ▶ **Ecological and Medicinal Knowledge:** the traditions related to bush foods, medicine, animal behaviour and ecology and their relationship to subsistence survival and land resource management.
- ▶ **Mathematical and Technological Knowledge:** numerical counting systems and algorithms for kinship and marriage classes based, in part, on group theory.

Science knowledge is embedded in modern forms of cultural expression and can be seen in eco-poetry, fiction, art and film, social movements, representative bodies, industry and in entrepreneurial activities. To progress Indigenous knowledge through the implementation of cultural determinants of health, and allowing for local and regional variations, there are three universal science strands embedded in Indigenous knowledge systems being implemented across Australia (ACARA 2019). These three strands progress the educational goals in the Melbourne Declaration, which identifies Aboriginal and Torres Strait Islander cultures as key areas that benefit individuals and Australia as a whole (MCEETYA 2008).

- 1 Science as a human endeavour (SHE)** – Strategies that are typically embedded into processes of learning, knowledge exchange between generations and for use in innovation and entrepreneurship. These types of exchanges can progress over several years.
- 2 Science as inquiry (SI)** – Often referred to as Indigenous methodologies and include reference to skills, behaviours, attitudes and norms embedded in community consultation and/or co-design, on-Country collaborations and coalition building, research or developing locally specific evaluation techniques and processes.
- 3 Science as understanding (SU)** – Incorporates an understanding of organising ideas, personal and social capabilities, critical and creative thinking, ethical understandings and Intercultural exchange.



Each of these strands has the capacity to encompass and extend disciplinary knowledge, skills and understandings, generational capabilities and to support local priorities. Wherever possible, the focus on implementation should facilitate the integration of cross-strand strategies, particularly those that relate to the comprehension of Indigenous ways of knowing, being and doing and how they relate to health and wellbeing. Indigenous science-based knowledge has relevance for the implementation of cultural determinants of health, as outlined in the Table 5.

Table 5 ● Supporting the implementation of Indigenous science

Science strand	Community-focused endeavour	Elaborating through Indigenous science
SU Biological Sciences	Explaining biological and ecological health concepts (e.g. acquiring infections, the relationship between dog and human health).	Exploring how Aboriginal and Torres Strait Islander peoples' observations of external features of living things are mimicked and replicated in traditional dances.
	Transmission of heritable characteristics from one generation to the next involves DNA and genes.	Investigating Aboriginal and Torres Strait Islander peoples' knowledge of heredity as evidenced by adherence to kinship systems and family structures, especially marriage laws.
	The theory of evolution by natural selection explains the diversity of living things and is supported by a range of scientific evidence.	Examining some of the structural and physiological adaptations of Aboriginal and Torres Strait Islander peoples to the Australian environment.
SU Physical Sciences	Both push and pull mechanisms affect how an object moves or changes shape.	Investigating the push and pull mechanisms and movements of traditional Aboriginal and Torres Strait Islander instructive toys.
SU Chemical Sciences	Everyday materials can be physically changed in a variety of ways (e.g. bush mechanics).	Exploring how Aboriginal and Torres Strait Islander peoples apply physical changes to natural materials to render them useful for particular purposes.
SU Earth and Space Sciences	Observable changes occur in the landscape (e.g. floods, extended drought) and how these apply to health and wellbeing.	Recognising the extensive knowledge held by Aboriginal and Torres Strait Islander peoples of daily and seasonal changes in weather patterns and landscape.
	Predictable phenomena on Earth, including seasons and eclipses, are caused by the relative positions of the sun, Earth and moon.	Researching Aboriginal and Torres Strait Islander peoples' oral traditions and cultural recordings of solar and lunar eclipses, and investigating similarities and differences with contemporary understandings of such phenomena.
	Earth's resources are used in a variety of ways.	Understanding how Aboriginal and Torres Strait Islander peoples live in regions with scarce resources or in sensitive environments.
SHE Nature and Development Sciences	Strategies that involve observing, asking questions and describing changes in objects and events.	Acknowledging and learning about Aboriginal and Torres Strait Islander peoples' ways of representing and sharing observations.
	Science involves testing prediction by gathering data and using evidence to develop explanations of events and phenomena and reflects historical and cultural contributions	Investigating how Aboriginal and Torres Strait Islander peoples test predictions and gather data in the development of technologies and innovations.
	Science involves observing, asking questions and describing changes in objects and events.	Recognising how Aboriginal and Torres Strait Islander peoples observe and describe developmental changes in living organisms and answer questions about when to harvest certain resources.



Science strand	Community-focused endeavour	Elaborating through Indigenous science
SI Evaluating	Comparing observations with those of others.	Consulting with Aboriginal and Torres Strait Islander peoples to incorporate comparisons on observations and identification on findings.
SI Communicating	Represent and communicate observations and findings using formal and informal representations, and the safe use of appropriate materials and equipment.	Acknowledging and exploring Aboriginal and Torres Strait Islander peoples' ways of communicating information about anatomical features of organisms. Consulting with Aboriginal and Torres Strait Islander peoples to guide the planning of investigations including safety and fieldwork.
SI Questioning and Predicting	With guidance, identify questions in familiar contexts that can be investigated scientifically and make predictions based on prior knowledge	Consulting with and using existing knowledge held by Aboriginal and Torres Strait Islander peoples to guide the formulation of investigable questions regarding interventions.
SHE Use and Influence of Science	Scientific knowledge is used to solve problems and inform personal and community decisions.	Discussing how modern approaches to fire ecology in Australia are being informed by Aboriginal and Torres Strait Islander peoples' traditional ecological knowledge and fire management practices.

Implementing cultural determinants necessitates an understanding of a) how to approach Indigenous science, and b) how to approach all knowledge, Indigenously (Arabena 2015). An implementation process for cultural determinants that is framed on, and/or is inviting contributions from, Indigenous science provides an opportunity to connect pattern thinking and ideas of 'systems of systems' (Yunkaporta 2019). Such an approach is a way to formally, yet creatively, consider the interactions between the engineered and built environments, social and natural environments, and intergenerational health and wellbeing, and is totally different to the implementation practices that are currently endemic in Aboriginal and Torres Strait Islander affairs.

How to approach Indigenous science

The relationship between people and the environment also forms an essential foundation for the organisation of Indigenous culture, the categorisation of life experiences, and the shaping of attitudes and patterns of thinking (Yunkaporta 2019). Because human identity is an extension of the environment, there is an element of inseparability between people and the natural world. The individual is a part of all creation, and the idea that the world or nature exists for human domination and exploitation is absent from Indigenous worldviews (Durie 2004).

Links between the physical and social environments emphasise resources as collective and intergenerational, and affirm the importance of land for health and wellbeing (Gee et al. 2013). The basis for knowledge creation is in the

relationships that arise from the interaction of people with the environment, different generations with each other, and social and physical connections. Relationships form the substrate for Indigenous knowledge and the three most distinguishing features of Indigenous knowledge are that it is a product of a dynamic system, it is an integral part of the physical and social environment of communities, and it is a collective good (Durie 2008).

By implication, concern about the health standards of Aboriginal and Torres Strait Islander peoples needs to take into account the broader perspective of a fractured worldview. Alienation of people from their environment – from the natural world – may be as closely linked to the host of health problems that beset indigenous peoples as the more familiar life-style risks of modern living. While Indigenous knowledge is valuable because of its traditional qualities, a creative and inventive capacity forms the core of an Indigenous knowledge system (Durie 2008). The perception of Indigenous knowledge and culture as being applicable only to the distant past misses the thrust for development that is part of the Indigenous journey. Arising from the creative potential of Indigenous knowledge is the prospect that it can be applied to modern times in parallel with other knowledge systems. Different cultural communities will employ different processes to achieve health and wellbeing – through healing practices, revitalisation and restoration – and can create new bodies of knowledge through integrating traditional science-based knowledge and Western approaches to health and wellbeing (Mafile'o, Mitara & Mila 2019).



How to approach all knowledge, Indigenously

Aboriginal and Torres Strait Islander peoples' knowledge systems syndicate theology, philosophy, science, the arts, ethics and the law through patterned thinking, such that being and knowing equals interconnection and interrelatedness with the physical, human and sacred world (Foley 2003).



Aboriginal science is a mode of knowledge production which has evolved to allow human beings to fit into, rather than outside of the ecology. It is a science in which all human dimensions, the social, economic, religious and political, are integrated and interpreted within, and in terms of, the rest of the physical Universe.
(Christie 1990:56–7)

To approach all knowledges, Indigenously, implementers will need to find social and political spaces outside of the current cultural restrictions associated with 'traditional' Indigenous scholarly pursuits and strategic initiatives. This will include reducing a reliance on methodologies made permissible by, and in response to, colonialism, Eurocentricity, modernity, empire and imperialism (Arabena 2015).

Shifting to diversity as a mode of thought and a context for action

'Equality in diversity' is a strategy that promotes synthesising knowledge into ecological and Indigenous paradigms (Arabena 2015). Knowledge is embodied in multiple individuals, embedded in structures and relationships, and affected by place and time (Foley 2003:45). Shifting focus from what we know to what we could know, and by allowing a diversity of views to be held equally, gives rise to multiple stories, choices and alternatives. Evidence of how Indigenous knowledge systems are being used in different settings, and contributing to future initiatives, includes the use of Indigenous knowledge systems in the development of new technologies, such as robotics and artificial intelligence (Abdilla & Fitch 2017).

Understanding and using the memory code

Over many millennia, Aboriginal and Torres Strait Islander peoples have been recording vast scores of knowledge to memory and passing it on to successive generations (Hamacher 2016). This complex information is highly detailed and has been able to survive, accurately, for tens of thousands of years. It has long been known that Aboriginal and Torres Strait Islander peoples have catalogued masses of information about animals – including species types, physical features, behaviour, and links to food and plants – information that was encoded in knowledge systems through song, dance, story and place (Hamacher 2016). Custodianship of Indigenous knowledge is transmitted through strict, compressed oral lore to ensure its veracity, reverence, relevance and ability to sustain all life (Janke 2012). This can be conceived of as being akin to code or coding.

This form of knowledge transmission values a history of previous experience that is encoded in ways that are trusted, timely and relevant to the present. It has long been known that the human brain has evolved to associate memory with place, referred to as the method of loci (Heerema 2007) in which we associate memory with a location. For Aboriginal and Torres Strait Islander Australians, this refers to landscape, ceremonial sites, abstract designs – anything with distinct features where information can be linked to memory. Sites such as Uluru and Gabarnmung Narwala are memory spaces, where those who have passed the highest level of initiation are able to hold the deepest level of knowledge (Fitzsimmons 2016). This memory code is shared through ceremony. It is in these places that loci expand from landscape to the sky – where stars, and the spaces in between, are memory spaces – facilitating trade and long distance travel, food propagation and ceremony (Fitzsimmons 2016).

Working with songlines

Songlines act as an oral map. Songlines impart knowledge while concurrently providing meaning and an ethical framework to all life and beings. The same song would be sung throughout one's life, the knowledge embedded through the songline and the act of 'singing up Country' unlocking the door in one's consciousness (Abdilla & Fitch 2017). This can be conceived of as next level intelligence. As a field of science, it could potentially shape the compartmentalisation of Western science into another realm of Country-based interrelationships and interconnectedness. Australia is mapped by thousands of songlines, intersecting and crossing at intervals, a network of routes for trade, initiation, seasonal hunting, birthing and death. Vicki Grieves (2009:200) explains:



For Aboriginal people, each of the songlines represents the law or knowledge that prescribes these connections and provides the blueprint for ensuring they continue.

Songlines can be used in policymaking through the development of coherent datasets that map health and wellbeing along songlines, and influence changes in administrative jurisdictional borders to those used by language groups. Working within these songlines is critical: Aboriginal and Torres Strait Islander knowledge and language systems are important assets in natural and cultural resource management, biodiversity conservation, art and creative industries, new and emerging economies (e.g. carbon farming), and the knowledge economy generally (e.g. research, linguistics and climate change adaptation) (Expert Working Group on Indigenous Engagement with Science 2013).

Implementing cultural determinants is a process not in becoming decolonised, but rather uncolonised: that is, to not be referent to colonisation as an experience or a dominant paradigm (Arabena 2010). The reason we need to adopt this approach in implementing cultural determinants is because beyond the experience of colonisation, our identities are



universe referent in that we have a relationship with the universe and all it contains. This is a cosmological view that is incorporated into the lives of Indigenous peoples across the world and has most often found expression on the periphery of monocultures (Berry 1999).

Working with complexity

Implementation of health programs has a core aim – to get evidence into practice and meet the needs of the highest number of people in target populations. This form of universalism is constructed in linear terms, through a knowledge pipeline moving from evidence created in university environments (research, laboratory testing, clinical trials, etc.) into health care systems (primary health care, hospitals, alcohol and drug recovery units). Straight-line thinking for the implementation of cultural determinants is naïve at best and derives from a mechanistic and linear approach to science. Although this approach has delivered huge advances in medicine over the past two centuries, it is limited in its application to complex social systems such as those inherent in Aboriginal and Torres Strait Islander cultures (Braithwaite et al. 2018).

Complexity science, however, represents an alternative and increasingly useful conceptual framework for implementation. In complexity-informed approaches to implementation, it is not enough to leverage facilitators or eliminate barriers. Rather, the focus shifts from the fidelity of a program to its effective adaptation (Braithwaite et al. 2018). This will necessarily involve strategies that:

- ▶ harness the capacity of the self-organising and sense-making capacities of local people;
- ▶ focus on bottom-up processes that may adapt cultural determinants to their specific practices, knowledge systems and contexts;
- ▶ work with implementation iteratively, over time; and
- ▶ embed human health in the context of ecosystems health and wellbeing.

The attributes of complexity science embedded in implementation frameworks and change processes are demonstrated in the formation of emerging ideas, iterative approaches, feedback mechanisms, interdependencies, building momentum over time, dynamic communication with multiple stakeholders and systems perturbation. All implementation of cultural determinants requires extensive coalition building over multiple years and a tolerance for varied forms of implementation sequencing in the real-world circumstances in which people live.

However, although complexity science adds a multidimensional appreciation of cultural determinants and its density and dynamics, it doesn't make it easier to effect change – in fact, the opposite is true. Even if this makes our ambitions infuriatingly more difficult, we must grapple with the world we actually inhabit, not the one we wish we did (Braithwaite et al. 2018).

Indigenous science, families and kincentric workforces

Aboriginal and Torres Strait Islander families understand 'what works' to keep their families safe, to raise their children and to become active contributors to family and community life. For many families, engaging in cultural practices and reclaiming a sense of cultural identity is paramount in overcoming the experience of disconnection and marginalisation that has, in some cases, impacted them for generations (Lohar, Butera & Kennedy 2014). The kinship systems that underpin Aboriginal and Torres Strait Islander families are founded on the Indigenous science of relationality. This is a form of social organisation and family relationships that determines how people relate to each other and their roles, responsibilities and obligations in relation to one another, to ceremonial business and to land custodianship. Classifications inherent in these systems determine who can marry, and the ceremonial relationships relating to funeral roles and patterns of behaviour. Each person in these classificatory systems has inherent rights and regulations to follow, ones that encompass relationships to Country, family, community, culture and spirituality. All these ways of being are connected to land and, despite significant disruption, the knowledge systems are important in restoring social and emotional wellbeing and activating cultural determinants in families and kinship groups (Dudgeon & Bray 2019).

In her historic speech, 'Because of Her We Can', June Oscar AO, the first woman Aboriginal and Torres Strait Islander Social Justice Commissioner, spoke of knowledge and resistance and recognising the importance of women who, 'for millennia, have birthed and nurtured centuries of our people into existence', stating that kinship systems 'value intergenerational learning, care and responsibility of land, our families and communities' (Oscar as quoted in Dudgeon & Bray 2019). Embedded in these responsibilities are the values and intrinsic lessons of complex structures and cultural practices. All of these have the capacity to teach families about collective leadership, collaborative and inclusive decision making, negotiation, cooperation and the reciprocal sharing of resources, life-long education, and the foundational understanding that an individual's health and wellbeing is intimately attached to the health of Country, our surrounding environment and our families and communities (Oscar as quoted in Dudgeon & Bray 2019).

Founded on this understanding of the role that kinship systems have played in protecting the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples, cultural determinants are best implemented through kincentric systems that offer opportunities for family, leadership, empowerment and strengthening.



Kincentric workforce: First responders, cultural leaders and teachers

There are programs that acknowledge the roles and responsibilities of families to support their children to achieve developmental milestones prior to school entry. Families as First Teachers programs, for example, recognise that parental skills and capacities, and the environments in which children are raised, can positively or adversely affect people's health and wellbeing outcomes across a lifetime. While many workforce initiatives focus on building the cultural capacity of agencies through Aboriginal and Torres Strait Islander employment opportunities, few have considered how to optimise and engage kinship networks to increase the capacity of the overall workforce to achieve positive health and wellbeing outcomes. A solution, then, is to develop kincentric workforces that work on behalf of the extended family network by activating the roles and responsibilities inherent in kinship systems to embed cultural determinants of health.

This could be achieved through family, kinship and clan-based planning to support the development of health knowledge, literacy, Indigenous science, connections to Country and cultural parenting strategies into the primary Aboriginal and Torres Strait Islander workforce – our families. It is these groupings that have all the responsibilities but few of the resources available to them to exercise the forms of care and relationships that have stood families and communities in good stead for millennia. Bruce Pascoe's *Dark Emu* (2018), for example, details a rich history in agriculture, architecture, building design and construction, aquaculture, journeying, trade, philosophy, physics, innovation and religion. Providing opportunities to reactivate these skills in families and extended family networks in the promotion of wellbeing will reposition families as first teachers and first responders, and relegate primary health care and other services as support agencies for family and kincentric workforces. Some examples of kincentric roles and responsibilities in the family/clan-based plan could include the following.

Kincentric birth and end-of-life Doulas

Birth – traditionally a Doula was a woman offering non-medical support and information to other women and their partners during pregnancy, birth and the post-natal period. Kinship Doulas could provide support and information to anyone navigating their way through pregnancy, as well as access to cultural and other supports needed during this time. Doulas are there from the first breath until the last and, as such, can play an important role in death and dying. They can also offer non-medical support and information throughout all of life's transitions and be a cultural support for their family members.

Kincentric language revivalists and teachers

Language has been continually stated as an important cultural determinant and a key marker for health and wellbeing, with the International Year of Languages in 2019 highlighting the worldwide erosion of the languages spoken by Indigenous and minority populations. However, there is another pattern emerging, that of individuals and communities striving to strengthen or regain aspects of their heritage cultural languages in a movement away from cultural annihilation. People in this kincentric workforce could work with children and parents to create after-school 'language nests' and run 'home-schooling' sessions to revitalise languages. They could also work with the last language holders in their kinship groups to identify within their families who should speak language and what patterns of communicating will need to be adopted; how they can make and create resources of relevance to their families; and how to share what they know? Kincentric language revivalists and teachers can transmit teaching and learning strategies that complement the family's communication patterns.

Kincentric cultural mentors

The role of the cultural mentor is to provide cultural and/or safety education and training, particularly for those whose kin are justice engaged, involved with child protection services or have drug and alcohol issues. These cultural mentors can raise awareness of historical and contemporary circumstances that have impacted their family's health and wellbeing, connect people to Country, and engage them in strategies to foster strong identities by supporting them during difficult times and accompanying family members to health and other services as required. They can also facilitate the teaching of songs, dances and stories and be an important intergenerational connector in family groups.

Kincentric cultural parenting supporters and teachers

Recognising there is no one way to raise children, Aboriginal and Torres Strait Islander cultural parenting supporters will undertake research to ascertain the cultural parenting practices from both the mother's and the father's lineage and support the new parents, from conception, to engage with their child. They will do this by helping them to understand family values, encouraging the uptake of skills and the importance of attending appointments, advocating for parents' wishes re birthing options, introducing cultural games, facilitating family playgroups, supporting Families as First Teacher strategies, and introducing language and other resources developed by the language teacher in the kinship group.



Kincentric care for Country specialists

These members of the kinship system will take on the responsibility of caring for Country by nurturing their family's relationship to and knowledge of the land. These care for Country specialists will build the capacity of their kin by strengthening their cultural connections, teaching traditional ecological knowledge and practising healthy Country burning. They can also work with them on changing herd management practices, managing pests and supporting visitor engagement with Country. The people affiliated with these clans and their estates may also be eligible for membership to Land Corporations and other hereditary associations. These land care management processes could benefit from visits by health service staff, university students, ecologists and corporates, thus generating enough funds for the kinship group to support other on-Country initiatives.

Kincentric researchers

These members are nominated as the researchers within a kinship group, and are given training to conduct research within their own families. Kincentric researchers can be engaged as consultants by educational and research institutions to co-design the research by providing information about the kinship group's research priorities, and nominating the knowledge translation and other dissemination strategies that will maximise the research's impact. They can also be engaged by external agencies as peer researchers to ensure that the quality and methods of any research undertaken meets the kinship group's values and aligns with their identified research priorities.

Kincentric trauma-informed counsellors

Understanding the impact that trauma has on families and communities, kincentric trauma-informed counsellors would be trained to support people through difficult times, create environments in which members of their kin feel physically and emotionally safe, and adopt practices and language styles that acknowledge and respect the roles, responsibilities and relationships within their family groups. They can refer members of their kinship groups to healing practices, to drug and alcohol recovery and SEWB services and support their family members to access appointments. They can share information among their kinship network about the impacts of trauma, promote safety, ascertain the cultural competence of people providing their family with services, ensure the decisions of the kinship group take into account their experience of trauma, and support integrated care that aligns with the values of the family and kinship group.

Kincentric official visitors

The kinship group can nominate their family members who are the official visitors on behalf of families and community members. They may support family members who are being treated in hospital involuntarily or work with members of their family under community orders.

Funding kincentric workforces

There are many more options for people to activate workforces within their family, extended family and community groups. Workforces can be partially funded through the Indigenous Procurement Policy (IPP), in which a percentage and target value of State and community procurement contracts are awarded to Indigenous businesses (those that are 50 per cent or more Aboriginal and/or Torres Strait Islander owned). Workforces can be developed through holding ABNs and people can be remunerated by the health system through meeting different State and Territory procurement targets. The IPP has targets for the number of contracts to be awarded to Indigenous businesses. It has also identified participation requirements for Indigenous employment and/or supplier use in contracts valued at \$7.5 million or more in specific sectors. Kincentric workforces could facilitate better opportunities to work with cultural determinants, and alleviate hardship for families who cannot find employment.

Indigenous implementation science and policy innovation

An implementation agenda that is founded on complexity, and is deeply embedded in, and supportive of cultural determinants, requires entrepreneurial and energetic policymakers who can promote significant policy change (Luetjens 2017). This will need to be done through developing strategies that both address and mitigate perceptions of risk, and build change-ready coalitions to implement cultural determinants of health and wellbeing.

Policy entrepreneurs

Policy entrepreneurs distinguish themselves by being prepared to promote policy approaches that are new within specific contexts. The concept of policy entrepreneurs was introduced by John W. Kingdon in 1984, who claimed they:

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... could be in or out of government, in elected or appointed positions, in interest groups or research organisations. But their defining characteristic, much as in the case of a business entrepreneur, is their willingness to invest their resources – time, energy, reputation, and sometimes money – in the hope of a future return.

Policy entrepreneurs often promote innovations by telling new stories, creating new frames, or making arguments that break down more traditional alignments of interests (Minstrom & Luetjens 2017).



Strategies used by policy entrepreneurs

The work of Minstrom and Luetjens (2017) has identified the following specific strategies that policy entrepreneurs can pursue to increase their chances of influencing change:

- ▶ re-framing problems and redefining policy solutions.
- ▶ using and expanding networks.
- ▶ creating a guiding advocacy coalition.
- ▶ leading by example; and
- ▶ building momentum and scaling-up the change efforts.

Personal attributes of policy entrepreneurs

While anyone can and may pursue these strategies in pursuit of policy change, there are particular personal attributes associated with highly effective policy entrepreneurs. These attributes, as identified by Minstrom and Norman (2009), include ambition, social acuity, credibility, sociability and tenacity.

Rights-based actions and synthesis strategies

Policy entrepreneurs know that health is a universal human aspiration and a basic human right. Despite these rights, there are people across Australia who may never achieve good health. Policy entrepreneurs are justice driven and work to address inequity by representing people connected to the natural world, transforming service delivery systems, building capacity within organisations and changing the way mainstream communities interact with Aboriginal and Torres Strait Islander peoples. Others have developed key educational, practice-oriented clinical tools and resources to engage people with their own and their community's health and wellbeing.

Policy entrepreneurs articulate the capacity for positive developments in Aboriginal and Torres Strait Islander people's health to inform and strengthen efforts over time. In developing strategies to implement cultural determinants of health, policy entrepreneurs will also promote justice and equity for the shared lands and waters that are the primary context for Aboriginal and Torres Strait Islander peoples' cultural health and wellbeing. This will reorient the use of language – from one of human-centric deficit to one of ecological strength – in the Australian Public Service, within communities and in health service delivery agencies.

Reorientation of language

For too long, Aboriginal and Torres Strait Islander peoples have been described as having problems that are too big and complex to be solved within and by their own communities (Hunt 2013a). However, Aboriginal and Torres Strait Islander peoples are now 'writing back' against these descriptions by changing the collective story from one of deficit to strength (Fogarty, Bulloch, et al. 2018). This process of writing back is, at times, a health promotion exercise, and a call to which culturally sensitive researchers, policymakers and programmers are starting to respond (Arabena, Rowley & MacLean 2014). What needs to be shared in these writings are the innovations, the sense of empowerment and the excitement for the future happening across Aboriginal and Torres Strait Islander urban, rural and remote communities (Arabena, Rowley & MacLean 2014).

Celebrating and documenting success

Policy entrepreneurs take the responsibility of co-creating health and wellbeing seriously. This may require them to work alongside Aboriginal and Torres Strait Islander workers who are often employed in chronically under-resourced contexts, are time poor and not actively encouraged and supported to showcase the success of their work. This is where learnings from the implementation of cultural determinants of health need to be supported. Strategies that will enhance this reorientation in local communities include:

- ▶ working with families in communities to identify their aspirations;
- ▶ co-developing strategies that start with the identification of things people do well, despite their circumstances; and
- ▶ shifting language from describing people to recognising their experience and practising mindfulness when writing policy positions, so that:
 - + 'vulnerable children' become 'children experiencing vulnerability'.
 - + 'disadvantaged families' become 'families experiencing disadvantage'.
 - + 'marginalised communities' become 'communities experiencing marginalisation'.

Cultural determinants need to be celebrated, for example:

- ▶ Writing up implementation strategies in peer-reviewed journals so that the evidence of effectiveness is readily available for others to see and use. Cultural knowledge holders and organisations should take primacy in ensuring that local and public knowledge is shared and there is a consensus about authorship and contribution.
- ▶ Welcome Baby to Country ceremonies can be filmed and photos taken by a professional photographer, e.g. to be made into a calendar for families.
- ▶ Sharing stories of success through radio and TV interviews and on social media.



The role of policy entrepreneurs is to take these stories of success into the policy production pipeline and ensure that evidence of Aboriginal and Torres Strait Islander excellence is represented in working with cultural determinants. Their role is also to ensure that these new culture-led discourses will no longer position Aboriginal and Torres Strait Islander peoples as having a 'deficit identity'. This approach also facilitates an empathetic engagement between policy developer, policy implementer and end-user, and enhances social connectedness, the effectiveness of workplaces and the capacity of the mainstream to engage effectively with 'the other'. Recognising the experience of others facilitates greater empathy, thereby making policy writers and program deliverers less strategically invulnerable and more understanding of the importance of self-determination.

Working across multiple institutions

It is important to note that cultural determinants will be implemented not only through the primary health care sector, but also by addressing employment discrimination, working with sporting clubs and other local organisations, in communities, within families, via Indigenous businesses and at community events such as NAIDOC. Policy entrepreneurs understand that community is the context, the method, the program, the focus and, ultimately, the solution. The multidisciplinary of these approaches also makes them distinctive, with policy developers, policy implementers and end-users starting from strength, working with complexity, and cultivating an appreciation for the contributions of multiple groups in the co-creation of a future in which we can all be proud.

Reducing the impact of perverse incentives in policy

Policy entrepreneurs will also work to eradicate any measures, policies or practices that are harmful for families, communities and Country. These might include inappropriate government subsidies or other measures, laws or practices that, once identified, will need to be removed, phased out or reformed, and their negative impacts mitigated through appropriate means.

Responding to individual cultural determinants domains

Ultimately, to respond to cultural determinants of health and wellbeing is to facilitate the rights of Aboriginal and Torres Strait Islander peoples by recognising their strong attachment to and respect for culture. Participants in the My Life My Lead consultations noted that 'all things flow from our culture', which has variously been described as 'sacred', 'essence', well-being, 'livelihood', 'balance', respect, 'way of life', and 'everything' for this and future generations (Australian Government 2017b). For policy entrepreneurs to be able to promote the centrality of culture and all the domains underpinning this expression, consideration needs to be given to what each of the domains represents, how to conceptualise them in policy and programs, and how best to promote cultural continuity and positive identities when writing about them.

Connection to Country

Aboriginal and Torres Strait Islander communities refer to their traditional lands, seas and territories through language such as 'Country' or 'homelands' or 'nation'. In this instance, Country refers to everything including the land, air, water and stories of the Dreaming. It is dynamic and multilayered, with rules and lore, norms and beliefs that existed between animals and plants and humans through the connection back to ancestral beings from the time of creation (Ganesharajah 2009; Tonkinson 2011). Country and connection to Country is closely related to identity, attachment with the physical environment, and a sense of belonging. In Aboriginal and Torres Strait Islander cultures, people have both physical and spiritual relationships with, and responsibilities in looking after and maintaining, Country (Salmon et al. 2018).

For Aboriginal and Torres Strait Islander peoples, the connection/disconnection with traditional lands has resulted in a number of determinants of ill health, including:

- i the loss of traditional economies through dispossession;
- ii an undermining of identity, spirituality, language and culture through the establishment of missions and residential schools;
- iii the destruction of traditional forms of governance, community organisation and cohesion through the imposition of Western governments and governance; and
- iv the breakdown of traditional patterns of individual, family and community life (Salmon et al. 2018).

Caring for Country is defined as having knowledge, a sense of responsibility and an inherent right to be involved in the management of traditional lands (Kingsley et al. 2009), with the objective of promoting ecological and human health (Burgess et al. 2008).



Theoretical approach

There are a number of theories, narratives and models across disciplines that seek to explain both the human connection to nature as well as the relationship between the environment and human health. Several of these holistic and interdisciplinary approaches that work with the human–animal–environment interface exist specifically to safeguard health. Working with the cultural determinant of connection to Country enables the integration of scientific and local perspectives to develop programs aimed at improving human health through sustainable ecosystem management (Parkes et al. 2010). Adaptive environmental management is the expression of resilience theory as it applies to the management, health and wellbeing of ecosystems. It has well-developed and unified environmental management tools and advanced applications within the Indigenous context (Hess, McDowell & Luger 2012). Ecohealth and planetary health are emerging fields of study that recognise the strong connection between environmental conditions and human health, with research increasingly ascribing human health as an outcome of effective ecosystem management (Parkes 2011; Parkes et al. 2010). On-Country theories focus on the social and environmental factors that shape human health. Three principles are central to these approaches:

- 1 transdisciplinarity, which integrates the expertise of professionals from the natural, health and social sciences with those of other stakeholders;
- 2 community participation; and
- 3 social equity and gender relations.

Complex systems thinking constitutes the theoretical foundation of policy development and program implementation, and encompasses notions of self-organisation, adaptability, non-linearity, and cross-scale interactions (Waltner-Toews & Kay 2005; Kay & Reiger 2000). Resilience thinking and ecological health share roots in complexity science, although they have distinct foundations in ecology and population health, respectively. The current articulations of these two approaches are strongly converging, and each has its strengths. Resilience thinking has developed theoretical models to inform the study of social–ecological systems, whereas ecosystems implementers have experience in dealing with complex health issues. Value theory is also helpful when determining how, why, and to what degree humans value things, and whether the object or subject of valuing is a person, idea, object or system (Stanford Encyclopedia of Philosophy 2016).

Implications for policy and practice

While there are specific health-related ‘caring for Country’ and ‘connection to Country’ programs that exist within the health sector, there are also significant contributions to health and wellbeing that exist outside of the traditional domains of the health sector. For example, Aboriginal and Torres Strait Islander land and sea management, also referred to as ‘caring for Country’, includes a wide range of environmental, natural resource and cultural heritage management activities

undertaken by individuals, groups and organisations across Australia for customary, community, conservation and commercial reasons. These activities have their origins in the holistic relationships between traditional Aboriginal and Torres Strait Islander societies and their customary land and sea estates – or ‘Country’ – that have evolved over at least 60,000 years, with some claiming 120,000 years (Daley 2019).

History shows that individuals and communities can quickly mobilise to address an issue when health is a direct and immediate concern; for example, when vital resources such as water are at risk of being contaminated. Consequently, an explicit link between health and wellbeing outcomes and social–ecological system management (and specifically Indigenous land and sea management) can give new framings to complex problems, lead to scientific innovation and inform socially relevant research and programming.

Life course considerations

Being born ‘on Country’ connects an Aboriginal or Torres Strait Islander person to the land and community in a deeply cultural way, which is pivotal both to a sense of identity and to a holistic sense of being. Connection to Country, whether being born ‘on-Country’ or being part of the ceremony and ritual connecting babies and children to Country, provides an early experience of belonging as well as establishing a responsibility to care for that Country and the culture, traditions, law and people belonging to it (Felton-Busch 2014).

Customary obligations to teach and educate Aboriginal and Torres Strait Islander children in local cultural knowledge and practices are also drivers of Indigenous land management (Lohar, Butera & Kennedy 2014). Aboriginal family groups, households and larger networks visit Country throughout Australia to camp, hunt, fish and gather resources. While doing so, they pass on knowledge of Country to the next generations about how to look after and care for the land and sea (Hill et al. 2013). A major workshop of Aboriginal people in 2008 concluded that culture is the primary basis of Indigenous management of Country (Fletcher 2009) and mostly relates to family, community and personal identity, and cultural expression.

The transfer of intergenerational knowledge and customs between Elders, new parents and at birth is critical both for community health and wellbeing and for Indigenous land management. Programs that are deliberate in their support of the intergenerational transfer of knowledge and the acquisition of skills linked to ecological sustainability are likely to make greater impacts. For example, research has found that perhaps the greatest benefit to those Aboriginal and Torres Strait Islander communities involved in land and sea management programs has been the sense of identity, self-esteem and hope they have instilled. Thus, the employment of Aboriginal and Torres Strait Islander peoples in land care and management needs to be prioritised (Weir, Stacey & Youngetob 2011). Table 6 list some of the strategies that could support Aboriginal and Torres Strait Islander people access Country across their lifetime.



Table 6 ● Considerations for life course programming – Connection to Country

	Childhood	Youth	Adulthood	Elderhood
Promising programs	<p>Birth on Country</p> <p>Welcome Baby to Country</p> <p>Children learning about and caring for Country (integrated early years curriculum)</p> <p>Parallel play and adjusted early years strategies to include connection to Country</p>	<p>Ceremony to adulthood (on-Country and responsibilities for caring for Country)</p> <p>Bush camping</p> <p>Initiation ceremonies that recognise the transition from young person to adolescent, e.g. face shaving (Torres Strait practice)</p> <p>Dancing and women's ceremonies (Kulin Nation)</p> <p>Learn an Indigenous science curriculum</p> <p>Advocate for climate change action (SEED Mob)</p>	<p>Establish and expand Indigenous Protected Areas</p> <p>Employment in Ranger programs</p> <p>Partnerships and employment pathways in Indigenous land management</p> <p>Holistic health programs that include a greater focus on connection with Country, land rights, and observation of sacred sites</p> <p>Cultural access to Country and Native Title settlement packages (SWALSC)</p>	<p>Teach and share knowledge</p> <p>Health and wellbeing programs designed with Country and connection to Country in mind</p> <p>Living and dying on Country</p> <p>Burial rites and rights</p> <p>Traditional custodian and caring for sacred sites</p>

Indigenous beliefs and knowledge

Unlike Western conceptions of health and illness, Aboriginal and Torres Strait Islander health does not centre on biological processes involving illness. It does not just mean the physical wellbeing of an individual but instead refers to the social, emotional and cultural wellbeing of the whole community (Brown 2012). It is a whole-of-life view that includes the cyclical concept of life-death-life (NAHSWP 1989) and a strong spiritual connection to Country (Kingsley 2009; Poroch et al. 2009). Aboriginal and Torres Strait Islander knowledge and belief systems are complex, with differing cultural traditions. They include concepts of spirituality that stem from the Dreaming (creation) and how these are passed on through various mediums (storytelling, art, songs and ceremony or dance), as well as in values and social structures with a strong connection to land and place (Burgess et al. 2009). It also incorporates elements of healing, traditional medicines and gendered knowledge systems and practices (Salmon et al. 2018).

While Western health treatments are centred around medication, counselling and hospitalisation, traditional Aboriginal treatments seek to get a deeper understanding of illness and focus more on methods that build resilience against spirits (Vicary & Westerman 2004). Traditional medicines and treatments incorporate long-held knowledge and beliefs, and recognise the social, physical and spiritual dimensions of health and life, rather than focusing on a single illness (Vicary & Westerman 2004). Medicinal plants are often an important component of healing methods (Poroch et al. 2009), as are ceremonies, chants, cleansing and smoke rituals, counselling, healing circles, bush trips to special sites, painting and other forms of art therapy, vision quests, massage and residential treatment (Dudgeon & Bray 2018).

Theoretical approach

Indigenous ways of knowing, being and doing collectively constitute an Indigenous philosophy. It is a holistic and collective non-compartmentalised approach that has been passed down through the Dreaming for generations via the teaching of Elders. Indigenous knowledge systems and beliefs are informed through Indigenous epistemologies (knowledge and its application), ontologies (being as informed through law/lore, the Dreaming and relationships) and etiologies (cultural protocols and ethics) that have developed directly through living, observing, experimenting and working with the natural world and its ecosystems to sustain and maintain balance (Grieves 2009).

The tension that arises between Indigenous and Western worldviews is historical, political and embedded within Eurocentrism and colonialism (Arabena 2008). Since colonisation, Australia's approach to its First Nations peoples has been based on assumptions of a Western worldview superiority. This empirical assumption led to, and continues to result in, cultural misunderstanding and cultural incompetence and oppression. Colonial descriptions devalued the critical importance of how and why Aboriginal people lived and held the knowledge and beliefs they did. Colonisation supported the production of knowledge that agreed with the notion of colonial superiority and the inferiority of the colonised in order to know, dominate and manage them (Pascoe 2018). Decolonisation theory is an essential component of self-determination, which advocates for those in positions of power to privilege, prioritise and practise Indigenous culture and values over their own interests (McPhail-Bell et al. 2017).



Implications for policy and practice

The decolonisation of knowledge and beliefs is a process that requires contributions from all sectors, not just the health system, if the overall health, wellbeing and self-determination goals of Aboriginal and Torres Strait Islander peoples are to be realised. While there have been some advances in funding culturally based health, wellbeing and healing services for Aboriginal and Torres Strait Islander peoples, there is a continuing failure to understand why they are needed, and a subsequent lack of funding required to support them. The relationship between trauma, social and economic disadvantage and a range of social issues continues to be misunderstood, with the focus placed instead on symptoms rather than understanding root causes.

The attachment to culture and a strong sense of identity is encapsulated in Indigenous knowledge systems and beliefs (Dockery 2010), which increase the wellbeing of Aboriginal and Torres Strait Islander peoples and improve socioeconomic outcomes. As such, Aboriginal and Torres Strait Islander cultures should be strengthened, and special efforts undertaken to preserve traditional knowledge and

beliefs. One solution is to invest in cultural knowledge centres (Kingsley et al. 2018). These centres would be developed to document, display and share Aboriginal and Torres Strait Islander culture, histories and stories to benefit both all Australians (Aboriginal and Torres Strait Islander Healing Foundation 2014).

Rather than Indigenous knowledge and beliefs being displaced or diminished by Western biomedical conceptions of health and medicine, as is often the case, these can and must co-exist. This will require enacting legislation on legal recognition, regulation and financing of Aboriginal traditional medicine and healers. Nor do the merits and benefits of complementary Indigenous medicine appear obvious to non-Indigenous people in the same way that they acknowledge and access other therapies. Therefore, in the pursuit of equity, increasing non-Indigenous Australians' knowledge, understanding and respect of Aboriginal and Torres Strait Islander cultures and traditional medicine and practice is also crucial. Table 7 incorporates ideas about how cultural beliefs and knowledge can be implemented across a person's lifetime.

Table 7 ● Considerations for life course programming – Indigenous beliefs and knowledge

	Childhood	Youth	Adulthood	Elderhood
Promising programs	<p>Traditional birth attendants and combining ritual and ceremony with Western medicine</p> <p>Traditional complementary medicine</p> <p>Bush medicine and healthy nutrition</p> <p>Age appropriate healing (acknowledging intergenerational trauma of Stolen Generation and colonisation)</p> <p>Expanding the Ready Together program</p>	<p>Ceremony to adulthood (on Country and responsibilities for caring for Country)</p> <p>Age-appropriate healing (acknowledging intergenerational trauma of Stolen Generation and colonisation)</p> <p>Traditional complementary medicine related to SEWB</p>	<p>Age-appropriate healing (acknowledging intergenerational trauma of Stolen Generation and colonisation)</p> <p>Documentation and sharing of knowledge</p> <p>Expansion of the Ngangkari Healers program</p>	<p>Teach and share knowledge</p> <p>Health and wellbeing programs that are designed with Country and connection to Country in mind</p> <p>Combining ritual and ceremony with Western medicine</p> <p>Living and dying on Country</p>



Indigenous language

Verbal, written and body languages are conceptualised as a vehicle for expressing culture and communicating it to others, thereby transmitting cultural knowledge to the next generation. Language and culture are interdependent; it has long been understood that language is the verbal expression of culture and the medium through which it is carried and transferred (Department of Communications, Information, Technology and the Arts 2005). Stories, songs and the nuanced meaning of words contain the key to understanding one's world and one's place within it. Strong culture gives the individual a sense of belonging to people and to places. For this reason, language and culture are deeply interconnected and form the core parts of one's identity language (AHRC 2009).

The dismantling, suppression and erosion of Aboriginal and Torres Strait Islander languages throughout colonialism has led to broken links to and between generations. Since colonisation, Australia has been governed by monolingual people and largely regarded as a monolingual society, with limited value placed on Aboriginal and Torres Strait Islander languages (Simpson, Caffery & McConvell 2009). Until more recently, Aboriginal and Torres Strait Islander peoples were actively discouraged from speaking their language in public (Yallop & Walsh 1993), while those who grew up on a mission were generally prohibited from speaking their language at all (AHRC 2009).

The deep monolingualism of Australian governments has created some myths and confusion, which continue to cause serious problems for Aboriginal and Torres Strait Islander peoples who speak other languages. These include the failure to recognise the social and cognitive benefits of bilingualism and multilingualism, the belief that nothing special needs to be done to teach Aboriginal and Torres Strait Islander children English other than to talk at them in English, the confusion between learning to write a language and learning another language, and finally the belief that home languages and cultures are an add-on (Purdie et al. 2008).

There is now a significant body of evidence that demonstrates there is a range of benefits for Indigenous peoples and minority groups when they maintain strong connections with their languages and culture. Communicating in one's mother tongue bestows various social, emotional, employment, cognitive and health advantages. Bilingualism provides yet another layer of advantage for minority language speakers. Keeping the mother tongue and then mastering English, for example, gives minority language speakers the advantage of being able to operate in different contexts. This in turn increases one's life chances and employment options.

Theoretical approach

For Aboriginal and Torres Strait Islander communities and scholars, the long-standing problem of the superficial incorporation of culture into curriculum is a critical and recurring pattern and a central challenge to overcome. Efforts to remedy the 'failure' of Aboriginal and Torres Strait Islander peoples through culture-based education have continually run into binary walls that represent dichotomised thinking and structural racism. For these reasons, design-based research may be a useful methodological approach for understanding how functioning in multiple discourses translates into strategies for language revitalisation while illuminating the role of Indigenous knowledge systems in learning. There are significant connections between language revitalisation, material design and design-based research which, when coupled with Indigenous knowledge production within the revitalisation of language, could occur in:

- 1 language immersion schools;
- 2 ceremonial and relational epistemologies; and
- 3 performance-based activities, including making movies, videos, songs and dance.

Design-based research provides guidelines for the process rather than the product.

Implications for policy and practice

Young children learn best when taught in their mother tongue ('two-way' learning). This principle has been supported by decades of bilingual education for children who don't speak English as a first language. For Indigenous communities worldwide, bilingual education is highly valued not only because it helps children maintain Indigenous languages, but also because it elevates the place of Indigenous languages in the curriculum and privileges the position of Indigenous teachers (Silburn et al. 2011; Simpson, Caffery & McConvell 2009).

Language education also has important socio-cultural and practical implications. It can help reverse some of the adverse effects of colonisation by assisting the minority language to gain prestige. It can also be a vehicle for transmitting history and cultural heritage both to Aboriginal and Torres Strait Islander communities and to non-Indigenous people, thus promoting cross-cultural communication and understanding (Purdie et al. 2008).

The Australian Government's National Indigenous Languages Policy acknowledges that the situation of Australia's Indigenous languages is grave and requires urgent action. Despite this, language-in-education programs encounter a range of challenges. Sustainability is often fragile in the face of shifting priorities in individual schools or education departments, many of which have a lack of resources, of language-speaking teaching staff and, in some cases, of community support. Further, unlike other countries with First Nations peoples, Australia has no legislative framework that recognises Indigenous languages.



Table 8 • Considerations for life course programming – Indigenous language

	Childhood	Youth	Adulthood	Elderhood
Promising programs	Reinstate and expand the mother-tongue/‘two-way’ learning	Language as a protective factor for young people experiencing vulnerability, e.g. those in out-of-home care	Document, preserve and teach language	Document, preserve and teach language
	Bilingual pre-school		Teacher-aids, language support	Hold community language programs
	Expand the Ready Together program	Document, preserve and teach language	Learn to teach children language and to speak it well enough to have a conversation in language	Record language and document stories
	Language revitalisation programs	Digital platforms for language and learning (and connection to culture)	Access to TAFEs and vocational education training to learn language	Involve Elders in Welcome Baby to Country ceremonies and in teaching programs in kindergartens and schools
	Access language books and Families as First Teachers programs	Songs, music, videos and positive role-models, e.g. Baker Boy	Be taught by Elders on Country	
	Children’s literacy programs		Access information from AIATSIS archives on language and support revitalisation efforts	
	Inclusion of language options in school curriculums			
	NITV programming			

To support Indigenous language education, three areas need to be prioritised:

- i supporting the revitalisation and maintenance of Aboriginal and Torres Strait Islander languages through creating more materials and content and a wider range of services, using language where possible, and embedding the teaching of languages in kinship groups;
- ii creating access to education, information and knowledge in and about Aboriginal and Torres Strait Islander languages for children, young people and adults, and improving the data collection and sharing of information; and
- iii promoting the knowledge areas and values of Aboriginal and Torres Strait Islander peoples and cultures within broader socio-cultural, economic and political domains, as well as cultural practices such as traditional sports and games.

Family, kinship and community

Aboriginal and Torres Strait Islander societies are constructed around community, and within strong kinship and family ties. Being part of a kinship system entails various responsibilities and obligations – e.g. to extended family, to be active in various community functions, initiatives and political issues – that confirm and reinforce membership and belonging. This form of relationality is complex and has wide implications for family dynamics and a community’s social structures. The association between family breakdown and poor

mental health has been well established, with mental health advocates championing strategies that address trauma in all its forms. However, addressing trauma through health service systems has been difficult, with few agencies developing the capacity to respond to the social and cultural determinants of health and wellbeing of Aboriginal and Torres Strait Islander peoples, nor to community assertions about their beliefs, law and solutions founded in cultural practices (Calma & Dudgeon 2013).

Aboriginal and Torres Strait Islander mental health practitioners and their communities have long identified sophisticated, whole-of-life solutions for closing the mental health gaps and repairing the social fabric of community life, much of which is embedded in healing practices, the ability to be self-determining and the recognition of cultural differences (Calma, Dudgeon & Bray 2017). There are, however, signs of resilience within kinship and family networks. Cohesion is the elemental force in these relationships, and extended family networks are re-imagining their kinship obligations, roles and responsibilities through innovative practices, family entrepreneurial opportunities and strengths-based engagement.

Theoretical framework

In recent years kinship care has become a major contributor to the delivery of out-of-home care arrangements in Aboriginal and Torres Strait Islander families and communities. Emergent practice frameworks in the social work field are highly integrative, combining research evidence, ethical principles and practitioner experiential knowledge in ways that support good practice in the field.



Importantly, the needs of kith and kin form the basis of these practice frameworks that engage and support families in taking life-course approaches (Healey, Connolly & Humphreys 2018). Working with Aboriginal and Torres Strait Islander peoples in kinship systems ensures the use of practice domains that are child centred, relationship supportive, and family and culturally responsive. Such approaches are also informed by ecological theory and research that integrates culture, meaning, learning and development as well as a range of family theories (Healey, Connolly & Humphreys 2018).

Although there is much written about being culturally responsive, cultural interpretations can be discordant in practice. Thus, policy makers and practitioners will need to be willing to engage with culture, understand community dynamics and acknowledge the impact of historical events on families (Connolly, Crichton-Hill & Ward 2006). In addition, they will need to value the inherent strengths in families, and work in partnership with them to strengthen access to cultural networks of support, to identify traditional sources of knowledge and thinking beyond the formality of professional care, and to enable the kinship networks to nurture and care for their members (Fulcher 2012). This is where policy entrepreneurs will need to engage with the strengths inherent in kinship networks, and promote both entrepreneurial opportunities and trauma-informed, or healing-informed, practices relevant to the members of kinship systems.

Implications for policy and practice

Despite there being systems-focused solutions to ensuring that kinship networks have access to resources to facilitate good health and wellbeing outcomes for Aboriginal and Torres Strait Islander families, less is known about how health care and other service delivery systems can activate strengths within families. By supporting kinship networks to reengage with the cultural roles, responsibilities and reciprocity in kincentric workforces that support knowledge, practices and relationships, this could be achieved through the creation of an ABN workforce, and support from health and other services to engage members of kinship networks in forming a critical component of the supply chain and meeting procurement targets as part of the IPP. The skills developed and offered through the kincentric workforce would create opportunities for people:

- ▶ to access resources to meet current and future needs;
- ▶ to promote across the life course opportunities pertaining to health, education, emotional development, identity, family and social relationships;
- ▶ to foster social integration, income, employment and entrepreneurial opportunities; and
- ▶ to create opportunities for secure housing and wealth generation in the context of the Indigenous Estate.

Members of the kincentric workforce will also need to provide cultural services to their members in the form of language revitalisation, family histories, on-Country connections, and to facilitate positive outcomes across a myriad of cultural and social determinants.

Table 9 ● Considerations for life course programming – Family, kinship and community

	Childhood	Youth	Adulthood	Elderhood
Promising programs	<p>Develop kinship responses that are child-centric, ethical and founded on the cultural understandings and capacities within the kinship network</p> <p>Kinship care for children who cannot live with their families</p> <p>Kinship navigator programs that offer referrals and supports for families</p> <p>Recognition and support of ‘grand families’</p>	<p>Programs that facilitate and encourage access to health, education, emotional warmth and development, and support the regulation of behaviours</p> <p>Participation in sexual and reproductive health programs to promote positive and connected parenting</p> <p>Recognise the roles of young people who are providing care for parents, siblings and others in extended family groups</p>	<p>Participate in programs that support the uptake of skills and knowledge within the kinship network</p> <p>Develop on-Country plans for the Indigenous Estate</p> <p>Programs that address intergenerational trauma and work with the dynamic expression of family</p> <p>Programs that document stories</p> <p>Genomics and other studies which demonstrate how people are connected</p>	<p>Providing guidance, knowledge and supports for the strengthening of kinship networks, and then ties these activities to hereditary structures and the Indigenous Estate</p> <p>Welcoming children to their families</p> <p>Being present at Welcome Baby to Country Ceremonies</p> <p>Teaching children genealogies and connections</p> <p>Being supported to provide care for children in their kinship network</p>



Cultural expression and continuity

Cultural expression is conceptualised as actions taken to express attitudes, beliefs, customs and norms. Expression can often take the form of artefacts, symbols, dances, songs, gender and age roles, art and ceremony, storytelling, use of language, family relations, sharing of food and celebrations, and representation of values. Cultural expression highlights important parts of one's identity and values system. Through an appreciation of cultural expression, Aboriginal and Torres Strait Islander peoples will be able to choose the aspects of culture that deepen self-acceptance, provide them with insights, and reduce the impact of shame and/or the experience of racism that might arise from expressing one's cultural attributes.

Some Aboriginal and Torres Strait Islander young people may fear exploring their personhood because of stereotypes that permeate the Australian psyche. However, they are being encouraged in their journey by a growing number of Aboriginal and Torres Strait Islander individuals taking up powerful positions and proudly demonstrating and celebrating their peoples' excellence. Over the past decade, awareness and recognition of Aboriginal and Torres Strait Islander cultures and the rich history of Australia's First Peoples has grown considerably among non-Indigenous Australians, including in governments, corporates and the non-profit sector (Department of the Prime Minister and Cabinet 2018). Practices such as Welcome to Country and Acknowledgment of Country have become more common, as has flying the Aboriginal and Torres Strait Islander flags out the front of offices and council chambers, naming and renaming places based on First Nations' history and culture, and a widespread commitment to Reconciliation Action Plans. All of this suggests there is a growing commitment to celebrating the culture, history and contribution of and Aboriginal and Torres Strait Islander peoples.

Theoretical framework

Over the past 30 years, there has been a trend towards promoting strong communities. Popular concepts have included strong leadership, capacity building, asset mapping and accountable governance. Theoretical models from social capital literature have developed frameworks that recognise the contribution of:

- ▶ natural capital – including renewable and non-renewable resources;
- ▶ economic capital – including infrastructure and financial resources;
- ▶ human capital – including knowledge and skills;
- ▶ institutional capital – private, government and non-government institutional arrangements; and
- ▶ social capital – the ability of community members to participate, cooperate, organise and interact.

This all builds on previously explored ideas of 'networks of social relations with norms of trust and reciprocity, and other activities that lead to mutually beneficial outcomes (Catalano et al. 1996; Stone & Hugh 2002).

Although there is an emergent body of research beginning to outline community strengths, further work is needed before knowledge of these community and cultural strengths can be translated into policy and practice. These could include:

- ▶ Aboriginal and Torres Strait Islander methods where communities can define their own strengths and chart their own success;
- ▶ detailed recording of the characteristics, functioning and context of various communities
- ▶ letting families in communities determine what indicators will be important for describing the success and contribution of culture and the way it is expressed to overall health and wellbeing indicators.

Further work along these lines could inform more sophisticated understandings of how Aboriginal and Torres Strait Islander families and kinship networks express themselves, and how the contribution of these different forms of expression contribute to empowerment, social and emotional wellbeing, strong identities and cultural pride. Of paramount importance is the need to understand the connections between on-Country relationships, actions and resilience (Lawrence 2007).

Implications for policy and practice

Creating opportunities for people to express culture and experience pride will first and foremost be found in the preservation, maintenance and revitalisation of culture. This will require investments in language protection, preservation and celebration using digital and other platforms to enhance access and utilisation, and in expanded interpreter services where and when required. Cultural practices will need to be informed through the sharing of language and culture across and between generations. There will also need to be support for the ongoing viability of Aboriginal and Torres Strait Islander-owned enterprises to generate culture-based employment, income, skills development and professional services so they can participate in the global Indigenous economy while maintaining a connection to Country and culture. Aboriginal and Torres Strait Islander ranger programs, cultural mentors and the work of agencies engaging with Indigenous science and knowledge systems have much to contribute to the policy and programming options available through cultural expression.

Finally, the resolution of Native Title claims, State-based efforts to progress treaty arrangements with Aboriginal and Torres Strait Islander peoples and constitutional reform are large-scale initiatives that have implications for policy and practice (Department of the Prime Minister and Cabinet 2018). Initiatives such as these will increase the size of, and access to, the Indigenous Estate and support families to reap the cultural benefits of being on Country.



Table 10 ● Considerations for life course programming – Cultural expression and continuity

	Childhood	Youth	Adulthood	Elderhood
Promising programs	<p>Programs that facilitate greater engagement in activities such as reading, storytelling</p> <p>Children's primary carers placing more importance on their indigeneity will lead to them having fewer social, emotional and behavioural difficulties</p>	<p>Strengths-based programs that foster resilience, strengthen identity and connect young people to their culture through performances, the ability to be autonomous and promoting peer and sibling solidarity</p>	<p>Programs that shift away from the net-deficit language that permeates Aboriginal and Torres Strait Islander affairs</p> <p>Programs that promote the acquisition of skills, cultural knowledge and understanding about the roles, relationships and opportunities inherent in cultural programming and businesses</p>	<p>Programs that promote Elder wisdom and leadership, operate through cultural authority structures and facilitate intergenerational learning</p>

Self-determination and leadership

Self-determination is contextualised as leading or, at a minimum, being involved in decision making at the individual, family, community, organisational and political levels. It is also contextualised as how Aboriginal and Torres Strait Islander peoples do business and involves power and influence. Self-determination is generally considered as a collective form of decision making, and is closely aligned to the Indigenous Estate and other hereditary structures that provide effective vehicles to promote sustainable economic development. In cultural jurisdictions, self-determination includes the right to practise your cultural beliefs, and to implement governance structures and strategies that are responsive to local, regional, national and international realities impacting on Aboriginal and Torres Strait Islander peoples' wellbeing. Self-determination has foundations in, and progresses, family and community aspirations through the creation of economic, environmental, social and cultural values.

Australia is a signatory to several international treaties and conventions that support self-determining activities for Aboriginal and Torres Strait Islander peoples, including the acquisition and use of specific knowledge of self and others, decision making, problem solving, goal setting, advocacy, self-control and knowledge of how to interact with the environments to achieve desired outcomes in a personal sense. In an institutional context, self-determination might be framed as representation, data sovereignty and prioritising funding to community-controlled organisations. It is also expressed in entrepreneurial activities and business formation, with the Indigenous Procurement Policy now recognising as Indigenous businesses those in which Aboriginal and/or Torres Strait Islander peoples have a controlling share of 50 per cent or more.

Theoretical approach

The UN Declaration on the Rights of Indigenous Peoples cites self-determination as one of its core principles. In Article 3, UNDRIP states:

● ● ●
Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

This acknowledgment of Indigenous peoples' right to self-determination is further defined in Article 4:

● ● ●
Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.

Aboriginal and Torres Strait Islander groups have been vocal in their call for self-determination long before UNDRIP, through the land rights movements, the establishment of ACCHSs and in 1992 with the High Court's decision on land rights in *Mabo*. Australia's support for the UNDRIP in 2010 signified a change in attitude at least nominally, even though a process towards the development of functional systems for self-determination has been slow with many setbacks.



This is in part because the call for Aboriginal and Torres Strait Islander self-determination necessitates a fundamental rethinking of the way government interacts with its First Nations peoples. Self-determination, as described in the UNDRIP, includes the right to make decisions about the direction of, and strategies to develop, health, housing, economic and social programs, with Indigenous peoples having the right to administer these programs through their own institutions (UN 2008). The right to self-determination is framed as being subject to limitations only where these ensure compliance with human rights and national and international law, as well as being non-discriminatory and meeting the requirements of a democratic society. For Aboriginal and Torres Strait Islander peoples and groups, the recognition of their right to self-determination is a meaningful step towards achieving equality with mainstream society and a recognition of having communal as well as individual rights (Salmon et al. 2018).

The ways in which the right to self-determination is implemented is subject to ongoing debate, and includes discussion around different organisational models for Aboriginal and Torres Strait Islander organisations, governance structures, community involvement, leadership trajectories, and funding within governmental frameworks (Tsey et al. 2012). Aboriginal and Torres Strait Islander organisations and businesses need to be resourced appropriately to be sustainable, and short-term funding, policy changes and unreliable resourcing complicates the important work done by these organisations (Muir & Dean 2007). At the same time self-determination, and in particular the right to be involved in decisions around developing traditional lands, often conflicts with national laws and dominant political and economic interests (Salmon et al. 2018). The UNDRIP remains an ‘aspirational’ document (Mazel 2016) that is further hamstrung by national legislation that limits the kind of agency Aboriginal and Torres Strait Islander organisations can leverage. Nevertheless, it is important to acknowledge existing organisations and programs that work within this highly politicised space to deliver quality programs and services to their Aboriginal and Torres Strait Islander clients.

Implications for policy and practice

Self-determinations in the context of the provision of health services requires Aboriginal and Torres Strait Islander organisations to develop and run programs within their communities. This suggests an increased focus on the strategic development of the sector, including leadership pathways, systems of governance and community control of organisations, as well as entrepreneurship. Other considerations – such as strategies for service integration, collaborations with mainstream organisations, and the development of culturally aware workforces and culturally safe spaces within mainstream organisations – are also important. In addition, research suggests that a holistic approach to health, along with the use of strengths-based language instead of a focus on deficit and crisis, can help empower individuals, families and communities. This, in turn, will reduce the need for service interventions that focus solely on crisis, and enable a move towards life coaching and other strategies that can address community aspirations.

Developing programs in close cooperation with community, and based on community needs, is another important factor. In order for this to happen, organisations must develop strategies to enable communities to lead in this process. The same is true for structures around community governance, with Aboriginal Community Controlled Organisations and Health Services already leading the way in this respect.

Ultimately, the Indigenous Estate defines how and where policy and practice needs to focus. First, policy entrepreneurs must work strategically with the resources held by Aboriginal and Torres Strait Islander Australians, such as land, assets, people and the intellectual property flowing from culture. This will require health and wellbeing services to partner with IBA and ILSC to define this concept and unlock the potential of the Estate. They will also need to work with Indigenous businesses, land councils, Native Title Representative Bodies and PBCs collectively, to raise the status of this important asset and realise its value as a crucial contributor to the future prosperity of Aboriginal and Torres Strait Islander Australians.



Table 11 • Considerations for life course programming – Cultural expression and continuity

	Childhood	Youth	Adulthood	Elderhood
Promising programs	Cultural parenting programs Kinship care Access to culturally based early learning centres Bush kinder Elders to teach children 'on Country' Participation in NAIDOC events, peaceful public demonstrations and marches Aboriginal and Torres Strait Islander 'pride' clothing ranges	Programs run by Aboriginal and Torres Strait Islander organisations Cultural mentoring programs Family history Lead school-based NAIDOC events and raise First Nations' flags Culture is Life youth mentoring programs Peer-to-peer learning and participation in entrepreneurship Access to scholarships that engage youth with their histories and strengthen their futures Access to higher education and working with community people and organisations	Participation in community boards Set and achieve personal goals Participate in implementing locally driven and led solutions Participate in leadership programs Access to a life-coach or mentor to support aspirations Promote the benefits of living within the bounds of the Indigenous Estate Access to drug and alcohol programs Participate in social movements and work with Traditional Owner groups	Programs that include Elders in program development, delivery and evaluation Lead marches, share stories and strategies Support Elders advocacy, e.g. Grandmothers against Removal Have Elders in ceremonial or ambassadorial roles to support organisations, strategies and students Elder-in-residence programs, particularly in higher education settings

Conclusion

In this Section, we explained how Indigenous science requires policymakers and programmers to take a different approach to implementation by building on existing efforts to enable more culturally capable and responsive services and systems for Aboriginal and Torres Strait Islander peoples. This involves planning and coordination between governments, communities, service sectors and program users, and giving consideration to activating a kincentric workforce through entrepreneurial activities. Following this approach means that cultural determinants will be implemented in the home, between different generations of family networks, across the life stages and in concert with change-capable networks. In the next Section, we outline models and strategies that can support the implementation of cultural determinants of health and wellbeing.



Section 4 Improving Implementation Outcomes: Models and Strategies

As the focus of this Guide is on the implementation of cultural determinants of health, it is useful to consider models and strategies that will best support this implementation. A consistent theme across many implementation theories, models and frameworks is the importance of ensuring a good ‘fit’ between the process, the strategy and the context.

Although the discipline of implementation science would typically provide a useful starting point, many concepts and standard practices originate from developed countries and thus focus on implementing programs rather than cultural determinants. Cultural identities are mainly an expression of relatedness – the organisation of Aboriginal and Torres Strait Islander peoples’ participation, responsibilities and personal practices and the effects of this on family members, communities and ultimately with Australian society at large – indicating that any implementation needs to support inside-out empowerment. Forms of relatedness in Aboriginal and Torres Strait Islander family wellbeing literature is three dimensional:

- ▶ with the self – purpose, spiritual and cultural values and beliefs, leadership, principles, capacity and control;
- ▶ with other organisations – partnerships and networks including family; and
- ▶ with the structural conditions inherent within situations of program transfer – leadership, government policies, accountabilities and resources, particularly funding.

If implemented correctly, there is emerging evidence that cultural determinants will improve outcomes across other determinants of health, including education, economic stability and community safety (Brown 2013). These theories of relatedness, however, are human-centric. If being true to cultural determinants originates from and engages with Country, and all that is contained within that Country, then there is a fourth dimension of relatedness that needs to be incorporated into cultural determinants’ models. Implementing cultural determinants also needs to respond simultaneously to individual familial and structural issues if it is to affect positive outcomes for Aboriginal and Torres Strait Islander individuals and families. It also needs to respond to environmental issues through reciprocity, environmental justice and the protection of biodiversity.

This is a difficult transition but a necessary one. Responding to and acknowledging environmental concerns, as well as harnessing the benefits of ecosystem services in our health and wellbeing responses, are at the core of implementing cultural determinants of health. These responses require not only local, strategic and specialised knowledge of academic disciplines but also Aboriginal and Torres Strait Islander cultural and local knowledge. Such a response will create an environment of transformational change that is negotiated and integrated into local and regional areas and responsive to the needs of diverse social groups and traditional organisational and language-bounded territories.

Cultural determinants are best implemented through local and regional strategies that recognise cultural knowledge among Traditional Owner groups and in communities, the community-controlled movement, and in the human rights, social justice and environmental sustainability sectors. In recognition of the many drivers of health and wellbeing that are situated outside of the health sector, those committed to implementing cultural determinants of health will need to foster critical connections and join together Indigenous worldviews with modern science and lived experiences. Collaboration and intersectoral coalitions will be essential and will inevitably join together policymakers, funders, programmers and members of families with people and agencies invested in Indigenous knowledge networks, joined-up policy initiatives, environmental science and lived experiences. In joint efforts, it is crucial that the process takes place-based approaches and cultivates the emergence of new relationships, new knowledge and innovative ideas to scale.

The theories, models, strategies and frameworks used in implementation work have three overarching aims that focus on:

- ▶ the process-generating evidence – then translating evidence into policy and practice;
- ▶ determinants that impact implementation outcomes – the identification of barriers or enablers that influence implementation outcomes; and
- ▶ evaluation strategies – specifying aspects of the implementation that have generated success (Nilsen 2015).

Table 12 ● The four dimensions of relatedness

Dimensions	Organisational approaches	Individual approaches	Enhancing relatedness
Relatedness with self	<p>Negotiating vision and purpose, principles for practice and capacity strengthening</p> <p>Building a healthy workplace culture and teamwork</p>	<p>Engaging with the program, enhanced by a belief in its relevance and credibility, trustworthiness and the universal human qualities it nurtures</p>	<p>Feeling safe and having the ability to reflect</p> <p>Promoting a greater awareness of life goals and purpose, spirituality, cultural values and beliefs, identity, ethical practice and agency</p>
Relatedness with others	<p>Developing networks and partnerships and working together to enhance outcomes for clients in common</p> <p>Purposefully complementing each other's work and contributions to health and wellbeing</p>	<p>Creating informal networks and working with extended family members to improve family life</p> <p>Making change in the workplace</p> <p>Addressing community issues together to co-create change that lifts people up</p>	<p>Applying enhanced capability and skills to community improvement by identifying the needs, priorities and aspirations of families and communities, and tailoring programs to suit those needs</p>
Embracing relatedness with structural conditions	<p>Involving critical reflection and awareness of the effect of historical and contemporary government policies and programs on services</p> <p>Negotiating support from community Elders and leaders</p> <p>Obtaining the resources and funding needed to transfer and deliver the curriculum in ways that are responsive to community preferences</p> <p>Using evidence of empowerment to strengthen organisational capacity and influence local policies</p>	<p>Making sense of personal histories to enact personal change strategies</p> <p>Incorporating empowerment principles into daily habits and making choices that are of benefit to all</p>	<p>Moving beyond short-term funding cycles to sustained program delivery</p> <p>Documenting service responses to empowerment principles</p> <p>Pursuing credibility through translational research</p> <p>Embedding empowerment principles within organisational systems and services to add value to regulatory and community processes</p>
Understanding our relatedness with the ecosystems that sustain all life	<p>Responding to and planning for mitigating changes in the frequency and intensification of climate and weather patterns, desertification and increasing temperatures</p> <p>Taking action when required, and advocating for policy change to include ecosystems</p>	<p>Understanding that we have relationships within and between species, and that these relationships are fundamental to the human experience</p> <p>Supporting individual action to protect bio-systems and the integrity of these systems</p>	<p>Adopting an Earth-bound reality and value</p> <p>Changing our understanding of wealth</p> <p>Taking up life-ways that enhance ecosystems' capacity, e.g. planting gardens</p> <p>Using ecological on-Country experiences to connect with nature</p>



Preparation: Fostering resilience and protection

Cultural determinants may well be framed as a movement, rather than a program or a policy framework, in which to work with families. Movements are not concerned with critical mass but with critical connections. Implementing cultural determinants does not require large numbers of people to change. Rather, implementers need to connect with 'kindred spirits', those like-minded others, to rediscover, redefine and revitalise cultural knowledge and practices with leadership styles that lead to broad-based change. With sustained courage and commitment, implementers can set up networks that have the potential to develop into communities of practice. Transitioning from networks to communities of practice can occur through the establishment of working groups, events or purpose-driven committees. Implementing cultural determinants of health, then, is a facilitative process requiring people:

- ▶ to pioneer new ways of thinking and acting;
- ▶ to train and support various workforces to make the transition from an 'old' paradigm of thinking to new processes that foster social innovation; and
- ▶ to develop methods and tools, group processes and practices that assist service delivery agencies and their workers to commit to these new systems of open learning.

These systems work best when they allow for, and celebrate, family and community-led engagement. In considering the best theoretical models to underpin local and cultural solutions, it is important to focus on both the underlying conditions that produce problems and impact aspirations that people hold. Implementation efforts are based on our clearest understanding of what will make a positive difference; namely, by starting with what families are doing well. This is why cultural determinants may best be described as a movement, with culture emerging from the places in which we live and in the connections we make with each other.

Implementers need to support individuals and families to identify their aspirations, then assist them to meet these hopes and dreams through cultural processes, rather than foisting strategies on them that focus on their deficits and needs. The following concepts and strategies are dynamic and capable of extending beyond geographic, political, disciplinary and cultural boundaries. As such, they are more readily adoptable and adaptable to circumstances that facilitate the emergence of cultural determinants of health and wellbeing.

Concepts of place

Implementation of cultural determinants will refer to and rely on nature-based beliefs of 'caring for Country' or 'belonging to Country'. Aboriginal and Torres Strait Islander concepts of place are expressed in a wide-ranging literature and in policy, acknowledging that First Peoples' wellbeing and healthy living systems are interdependent. Successful practices – such as the outstation movement, Healthy Country, Healthy People strategies, joint management of parks, totemic-based cropping, agriculture and cultural repatriation – acknowledge the links between Aboriginal and Torres Strait Islander peoples' lands and waters, intellectual property and bio-cultural knowledge (Ens et al. 2015).

Place-based concepts of health acknowledge the importance of delivering health care imbued with and built around local cultural support systems. These systems counter the negative impacts of racism, poor communication with health care providers, and economic hardship (Aspin et al. 2012). Place-based strategies require engagement with, and the leadership of, Elders, custodians and community members because cultural knowledge is diverse. It can include information about how the community is networked, local genealogies and family connection, totems and animals, songs and dances, artistic practices and ceremonial observances.

Examples of successful place-based strategies include:

- ▶ 'Night patrols' – a form of community policing based on Indigenous concepts of justice and sovereignty (Blagg & Anthony 2014).
- ▶ The employment of Aboriginal Health Workers who share the qualities and experiences of the people they serve, such as similar cultural, linguistic or demographic characteristics, health conditions or needs, or merely living in the same area (Olaniran et al. 2017).
- ▶ The Mildura Welcome Baby to Country ceremony – a yearly event acknowledging children's connection to the traditional lands on which they are born and/or raised and celebrating their births. The ceremony entails Elders in the community marking newborns with ochre, signifying their connection to land. Babies receive language names, and receive gifts created by community members (including clap sticks, headbands and kangaroo cloaks). Elders invite the community to dance in celebration of their attendance and recognition of the babies. Since its inception, this local event has inspired a growth of these ceremonies across Australia (Adams 2015; Smee 2018).
- ▶ Developing health promotion resources in local languages, providing interpreter services, and using artwork to communicate health messages and meaning.
- ▶ The all-female Aboriginal and Torres Strait Islander fire crew operating in Lake Tyers, Victoria who have been trained by the Country Fire Authority to fight fires. The women joined up to protect homes, livelihoods and families and to care for sacred lands (Smethurst 2020).



Place-based approaches can be adopted and applied with equal value in metropolitan areas and in regional and remote Australia. To be successful, they require strengthened local and regional institutions to assess and develop their cultural and land-based assets in ways that amount to more than tailoring national policies. The active role of local stakeholders is also key to their success as they place new demands on local businesses and agencies to shape local policy rather than make demands on State and federal agencies. With their focus on developing human and cultural capital in local innovation, place-based approaches are a long-term process that will enhance outcomes in regional coordination and collaboration, and facilitate agreements that target investments and partnerships (Thorpe et al. 2016).

Ecological and on-Country frameworks

The environments in which individuals and populations live exert a powerful effect on health, so much so that Aboriginal and Torres Strait Islander peoples have determined they require interventions to incorporate environmental considerations with programs that target individual behaviours and clinical factors. The Kimberley Aboriginal Caring for Culture Project (2020) identified that returning to Country, or 'back to Country' trips embedded into ACCOs' programs, is a methodology in itself. Acknowledging this broader understanding of the importance of Country to Aboriginal and Torres Strait Islander peoples means that higher resource allocations are needed to support this connection. To this end, both Indigenous Business Australia and the Indigenous Land and Sea Corporation have recognised that a significant amount of Australia's lands and waters are controlled by Aboriginal and Torres Strait Islander peoples' Traditional Owner groups, organisations or private landholdings and coined the term for this, the Indigenous Estate.

The Indigenous Estate

The Indigenous Estate is a future source of wealth and prosperity for all Aboriginal and Torres Strait Islander peoples with hereditary connections to Australia's First Nations. Both the IBA and ILSC have identified the importance of growing the Indigenous Estate by engaging with the tangible assets embedded in lands and waters and the intangible benefits of on-Country connections. The Indigenous Estate continues to grow through the acquisition, development and management of land, funding from royalties and rents from land use and other agreements, and the investment of those funds domestically and internationally (Taylor & Fry 2016). These investments enhance the intellectual and cultural property of Aboriginal and Torres Strait Islander peoples and emphasise the relationships between them and the physical and social systems within which they live. These include their social networks, organisations, communities, societies and the lands for which they care and to which they belong.

Supporting these relationships with commercial enterprise and entrepreneurial activities will generate new knowledge and new forms of cultural expression and work.

However, this new work is often impeded by the prescriptive governance and reporting requirements imposed on community organisations. Many are unable to elevate their work in cultural determinants because institutional resources are tied to cycles of compliance, reporting and auditing rather than realising the intangible benefits of connecting to Country (Dwyer et al. 2011). Changing the narrow vision of health to include on-Country practices and experience will mean using approaches and mechanisms that support lateral and creative thinking about how to achieve outcomes. Innovative approaches will be required, ones that could involve the flexibility afforded by schemes such as the 'Indigenous Land Use Agreement' within the *Native Title Act 1993*. Some examples of this type of strategy include:

- ▶ In Western Australia and South Australia changes to legislation have supported the employment of cultural healers and mentors in acute hospital settings.
- ▶ Six Noongar Agreement Groups, represented by the South West Aboriginal Land and Sea Council and the Western Australian Government, have negotiated an agreement that comprises the full and final resolution of all Native Title claims in the south west of Australia, in exchange for the South West Native Title Settlement Package. This significant investment will provide long-term benefits and options for developing Noongar interests. Included in the package are substantial provisions for housing, health, economic participation, capital works programs, community development, access to Crown land, heritage partnerships and education (SWALSC 2020). The total amount paid to the Noongar nation is \$1.3 billion and will benefit more than 30,000 people (Piesse 2018).
- ▶ The purchase of 'Ayers Rock Resort' by the Indigenous Land and Sea Corporation has led to Great benefits for Anangu Tour businesses. The project has overseen a substantial increase in Aboriginal and Torres Strait Islander trainees and employment, and returned 104,000 hectares of culturally significant freehold land to Traditional Owner groups (ILSC 2020).

Disciplines that link human health and healthy environments

Many groups and organisations have embraced the continuity of human, animal and environmental health as a reality for 21st-century thinking and action, and have employed practical and theoretical resources to tackle challenges to global security (Brown 2008). The principal difference between these groups is the primacy given either to the environment, human beings and animals or to the Earth system that binds them together (Brown, Harris & Russell 2010).



In some respects, our capacity to think outside of institutionally delivered health care for human needs is hampered. Before the COVID-19 pandemic, it was rare for health care practices to recognise the links between human, domestic animal and wildlife health. In recent times, and at a global level, the threats that diseases pose to people, food supplies and economies, and the biodiversity essential to maintaining healthy environments, are at the forefront of health care (Bridgewater, Régnier & Wan 2012).

Western scientific approaches over the past 200 years have been primarily reductionist and increasingly specialised, mainly driven by the need to develop workable solutions to scientific problems (Jeggo, Arabena & Mackenzie 2019). Rather than reductionism, 21st century living will require an appreciation of holism. Alternative narratives drawing on Indigenous knowledges are increasingly influential, as people across the globe strive to harmonise life on Earth.

This positioning is oppositional to deficit discourses that describe Aboriginal and Torres Strait Islander peoples as clients or end-users of services, rather than as leaders who can contribute to these new disciplinary contexts (Parkes 2011). Western scientific approaches over the past 200 years have been primarily reductionist and increasingly specialised, mainly driven by the need to develop workable solutions to scientific problems (Jeggo, Arabena & Mackenzie 2019).

This specialisation has carried over into health care where a large number of disciplines have specialist methods, modes of enquiry, languages, professional bodies, qualifications and professional supports in the form of journals, conferences and educational initiatives (Jeggo, Arabena & Mackenzie 2019). What planetary health and ecohealth have attempted is to create a platform where these disciplines can contribute to global health emergencies and seek Indigenous peoples' leadership, engagement and authority on how to live in natural systems (Jeggo, Arabena & Mackenzie 2019; Berry 1999). This platform was greatly bolstered by the Rockefeller Foundation–Lancet Commission report in *The Lancet*, 'Safeguarding Human Health in the Anthropocene Epoch' (Whitmee et al. 2015). The report outlines the extent to which human activities have degraded the Earth's ecosystems such that essential life support services have become threatened, posing a serious and urgent threat to human wellbeing and sustainability. The Commission called for immediate multidisciplinary research, evidence-based policy formulation and timely implementation strategies to mitigate this threat (Rabinowitz et al. 2018).

All disciplines that acknowledge the overlapping agendas in human, environmental and animal health are calling on nations to unite on global security (Arabena & Kingsley 2016). These new and emerging disciplines are being taught in universities to prepare new health care practitioners

for the challenges of the 21st century.³ Many will be multi-factorial and traverse human, animal and environmental health imperatives, and be driven by rapid social, cultural and ecological change (Capon, Talley & Horton 2018; Jeggo, Arabena & Mackenzie 2019). A range of chapters for these global movements exist in Australia, with some convened as special interest groups such as those embedded in the Public Health Association of Australia (PHAA 2020), others as professional associations like Doctors for the Environment Australia (2020), and some as chapters of international agencies or of governments like the Australian Government-funded Indo-Pacific Centre for Health Security. Recognising that approximately two-thirds of all new occurring infectious diseases affecting people have originally come from animals, e.g. dengue fever, ebola, malaria, ringworm and bovine tuberculosis, the Centre has formed regional partnerships to improve animal health systems to reduce the impact on human health (Australian Government 2020). Replicated locally, animal and human health initiatives, such as the Warlukurlangu project based at Yuendumu, have engendered better health outcomes for families and children in their community by focusing on dog health (Warlukurlangu Artists of Yuendumu 2020).

Disciplinary leaders in these fields know that having a good life is as much about understanding our historical capacity for living in natural systems as it is about future megatrends (Hajkowicz, Cook & Littleboy 2012). By knowing what is ahead of us an increasing number of discipline leaders are advocating for the uptake of the Indigenous principle of custodianship and a deepening of our understanding about the principles of complexity, tolerance, diversity, reciprocity and solidarity (IUHPE World Conference 2019; Jeggo, Arabena & Mackenzie 2019).

Working with the seasons

In partnership with Aboriginal and Torres Strait Islander communities across Australia, the Atlas of Living Australia (ALA) is exploring the role of information management platforms to bridge the boundaries between traditional and contemporary Indigenous knowledge and Western science (ALA 2020). With the aim of providing tools that enable and empower Aboriginal and Torres Strait Islander peoples to participate in biodiversity information management and assessment, the Atlas has a number of national programs that document species and share traditional names and stories of animals, record and secure cultural resources and navigate the complex social, cultural and legal issues relating to care for Country. The Atlas incorporates spatial layers into its mapping and analysis tools to include information on Indigenous Protected Areas and Representative Body Areas and works with communities to show language names, use and management practices, and cultural contexts.

³ See, for example, the University of Melbourne launch of the Indigenous Knowledge Institute: <https://about.unimelb.edu.au/newsroom/news/2019/august/university-of-melbourne-launches-global-indigenous-knowledge-institute>. See also the Indigenous knowledge and culture exchange program led by the ANU and Charles Darwin University through the School of Biology, which explores associations between Indigenous people, their cultures and the natural environment: <https://biology.anu.edu.au/news-events/news/indigenous-knowledge-culture-anucdu-exchange-program>.



One such tool is the Indigenous seasonal calendar that provides bio-cultural indicators that show the right and wrong time to harvest foods and medicines, perform fire stick burning and track animals, e.g. Tracks App (ALA 2018). The calendar will play a key role in implementing cultural determinants of health, as many health issues impacting Aboriginal and Torres Strait Islander peoples are seasonal as well as behavioural, cultural and clinical. The biophysical impacts of changes in seasons can have direct and indirect effects on Aboriginal and Torres Strait Islander peoples' physical and mental health in ways not usually considered in non-Indigenous societies. In remote areas, these issues are compounded by a lack of basic infrastructure, lower social and economic status and existing health problems, all of which contribute to communities having less adaptive capacity (Green 2006).

In the short and medium term, environmental changes could:

- ▶ Affect traditional activities including ceremonial practices, hunting and bush tucker collection thereby impacting mental health and nutrition intake (Rose 1996).
- ▶ Cause synergistic health issues, e.g. those with cardiovascular disease being particularly susceptible to heatwaves (McMichael et al. 2003).
- ▶ See increases in asthma and respiratory problems by changes in ecosystems that result in vegetation loss and increases in wind-blown dust (McMichael et al. 2003).
- ▶ Disrupt essential services (power and water supply) during inundation with an increase in the short-term risks of communicable disease transmission (McMichael et al. 2003).
- ▶ Lose important habitats and nurseries for several species that have significant cultural roles for many Aboriginal and Torres Strait Islander peoples and are a supplement to diets.
- ▶ Lead to a loss of livelihoods and community displacement, a reality for many communities particularly those that are food-insecure, experience water shortages and have inappropriate housing (Marshall 2006).

The importance of seasonal changes and their impacts on individuals and families will need to be considered, particularly in regions where there is a lack of public health infrastructure appropriate to the scale of the problem. This is where processes of emergence can be beneficial in taking cultural determinants strategies to scale. Efforts to engage traditional knowledge systems and increase health practitioners' exposure to these systems through digital and online resources will inevitably support cultural determinants of health.

Effective community engagement

A long-held belief among health practitioners is that the quality of programs and activities at a community level, and the consequent health and wellbeing of First Peoples, is in part dependent on active engagement between Aboriginal and Torres Strait Islander peoples, organisations and Australian governments (Thorpe et al. 2016). The intrinsic value of effective engagement between governments and First Peoples has been highlighted by national peak and representative agencies including the National Aboriginal Community Controlled Health Organisation. These and other agencies have advocated for the types of engagement that result in self-determination. At local levels, effective engagement is implemented through strategies guided by service delivery principles and best practice protocols embedded in the UNDRIP.

In practice, Hunt (2013a; 2013b) identified five principles for community engagement that can be thematically grouped as follows:

- 1** Power and decision making – a focus on empowerment, self-determination, community control, informed consent, reciprocity, cooperation and partnership.
- 2** Cultural understanding and respect – a recognition and respect of culture, understanding social and cultural contexts, honouring existing community leadership, governance structures and community processes, valuing identity, culture and knowledge, and the importance of taking a holistic approach.
- 3** Responsibility and accountability – promoting transparency and being responsible for the work that needs to be done.
- 4** The practice of engagement – a commitment to building and sustaining a relationship, developing trust, acting with integrity, building relationships over time, establishing democratic processes, and having adequate and sustained resources, clear communication, flexibility and innovation.
- 5** Capacity development – facilitating participatory practices that enable skills development and the ability to foster innovation.

Some engagement strategies that have been used to good effect include:

- ▶ formal partnerships and partnership structures;
- ▶ advisory groups (committees, boards expert groups);
- ▶ consultation fora, such as workshops, roundtables and consultations;
- ▶ legal written agreements, e.g., MOUs or management plans;
- ▶ promotion and publication strategies;
- ▶ developing a database of good practice examples;



- ▶ codes of practice with a focus on engagement;
- ▶ regional 'Closing the Gap' Committees;
- ▶ local Aboriginal and Torres Strait Islander networks and Boards of locally funded organisations; and
- ▶ improving gender equity.

Strong interpersonal skills have also been advocated for in the processes of engagement, with the most important possibly being to 'listen without interrupting, be comfortable with silences and do not ask too many questions' (Department of Aboriginal and Torres Strait Islander Policy and Development 2014). Another critical point is that it takes time to engage, as it is about striking organisational agreements, and facilitating Aboriginal and Torres Strait Islander peoples' engagement with culture and services in the region. Engagement can be improved by working with and privileging cultural knowledge, such as:

- ▶ resourcing the implementation of language programs in areas where none exist;
- ▶ creating opportunities in schools for children to learn traditional dance from Elders;
- ▶ increasing opportunities for Elders and senior knowledgeable people in early childcare activities – e.g. reading stories, leading cleansing ceremonies, providing parenting support and teaching lullabies through playgroups;
- ▶ facilitating and funding collaborative on-Country trips to undertake cultural activities – e.g. accessing traditional medicines, participating in healing practices, and being able to connect women and their partners to Country through maternal and paternal antenatal classes;
- ▶ encouraging services to engage Indigenous businesses and service providers to lead community consultations; and
- ▶ engaging cultural knowledge holders as institutional mentors – e.g. Bubup Ngay Child Protection panel in the Southern Metro region in Victoria brings together Elders and community people with child protection workers to exchange cultural knowledge and advice on the practical implementation of cultural plans for children in out-of-home care.

These activities, while resource-intensive, provide the means by which individuals and families can start to overcome social barriers such as a mistrust of mainstream service delivery providers and the sense of alienation that comes from poor communication and inflexible treatment options (Durey, Thompson & Wood 2012).

Starting from strength: Strengths-based approaches

Implementation activities are most effective when they begin with what individuals and families do well. Cultural determinants of health support individuals and families to identify their aspirations, and then assist them to achieve these rather than focusing on their deficits and needs. A strengths-based approach is not a set of policies or programs, but a conceptual framework for approaching Aboriginal and Torres Strait Islander health development. Strengths-based approaches disrupt the negative discourses that frame Indigenous health as a discipline and illuminate alternative ways to focus on the inherent resilience and aspirations of Aboriginal and Torres Strait Islander individuals, families and communities. There is evidence that a deficit discourse has an impact on health itself (Fogarty, Lovell, et al. 2018), and is a barrier to improving health outcomes. This is because the continual reporting of negative stereotypes and illness prevalence rates reinforce undesired behaviours (Halpern 2015).

Habitually, most health care services start an intervention with a problem hypothesis, an approach that is deeply embedded in Western psyches but one that is unusual in Indigenous ways of knowing, being and doing. In doing so, they focus on the problems – such as the over-representation of Aboriginal and Torres Strait Islander peoples in prison, on hospital waiting lists for surgery, or at risk of violence and addiction – rather than taking a strengths-based approach that focuses on what people do well regardless of their circumstances. For example, incarcerated parents can paint and tell stories to their children, and those on waiting lists for surgery can also write song lyrics and want their grandchildren to play professional rugby. People who experience violence are also capable of weaving mats for sale, and those with addiction issues can facilitate 12-step groups with authenticity and compassion.



First 1000 Days Australia is a good example of an Aboriginal and Torres Strait Islander-led organisation that took a strengths-based approach to its work.

Through the implementation of First 1000 Days Australia [F1000DA] in Queensland sites... [the] Aspiration Workshops [held] with families and communities ... ensured high levels of engagement by local services. The workshop process aimed to provide support to participants to document their strengths, and the hopes and dreams individuals had for themselves and their families. In addition to this activity, several community members completed a community research training course. The University of Melbourne [which hosted the F1000DA] then engaged the people who completed the course as Peer Researchers. They led the implementation of a household survey focusing on strengths and aspirations. After the study, peer researchers presented their work in short courses; accessed an ABN and trained as life coaches. Some went on to get jobs, and some have relocated to take up employment and training opportunities. This approach modelled work done with Aboriginal Housing Victoria, in which life coaches assisted tenants to achieve more than 200 life goals in less than four months (F1000DA & Aboriginal Housing Victoria 2018).

Strengths-based approaches and concepts in health move away from the traditional problem-based paradigm and offer different language and sets of solutions to facilitate people's participation, ownership and responses to cultural determinants of health. A recent review of the literature (Fogarty, Lovell, et al. 2018) identified several strengths-based approaches, which include the following three concepts.

Asset-based approaches and resilience. These focus on cultural knowledge, skills, networks, extended family and cultural identity. Resilience in these strategies refers to spiritual and emotional aspects of health such as happiness, strength of spirit, strength of character and positive coping mechanisms. Access to resources and the ability to navigate them can affect one's resilience.

Holistic health and cultural appropriateness. These acknowledge and encourage healthy relationships between people, the land and environments, tribal affiliations, ancestors and totems. Implementing holistic interventions will necessarily engage people's understanding of cultural values, relevance, competence, cultural adaptation, responsiveness and appropriateness. Also implicit are ideas of cultural comfort – an intervention that sustains the strength of a person and a community.

Culture as a protective factor for health and wellbeing. Henson et al. (2017) identified the following nine 'protective factors' to Indigenous health and wellbeing that are leveraged by strengths-based approaches:

- ▶ aspirations;
- ▶ personal wellness;
- ▶ positive self-image;
- ▶ self-efficacy;
- ▶ non-familial connectedness;
- ▶ family connectedness;
- ▶ positive opportunities;
- ▶ positive social norms; and
- ▶ cultural connectedness.

These nine – combined with cultural strengths such as cultural knowledge, influence of Elders, extended family, and relationships to nature and spirituality – constitute the major protective factors for health. Along with other strengths-based strategies that co-produce good health outcomes for Aboriginal and Torres Strait Islander populations, they go far beyond the currently funded health paradigms. They shift the focus from a Western set of worldviews and disturb the 'colonisation' base of deficit paradigms to centre on Aboriginal and Torres Strait Islander concerns, ways of knowing and aspirations. Geia & Sweet (2015) also suggest decolonising practices that include the adaption of digital technologies for Aboriginal and Torres Strait Islander storytelling, and managing lands and environmental health. The next Section identifies ecological paradigms that also facilitate cultural determinants of health and wellbeing.



Using emergence to scale-up implementation



Despite current ads and slogans, the world doesn't change one person at a time. It changes as networks of relationships form among people who discover they share a common cause and vision of what's possible...

(Wheatley 2016)

Implementing cultural determinants, in an emergence process, means being concerned for critical connections rather than critical mass. Theories of emergence are not dependent on convincing large numbers of people to change; rather, the staged process of working with emergence facilitates people with kindred spirits or like minds to come together. It is through these relationships that new knowledge, practices, courage and commitment can lead to broad-based change.

Wheatley (2016) also states that the networks are not the whole story. As networks grow and transform into active working communities of practice, new and different systems emerge at a higher level of scale with capabilities, qualities and characteristics that possess greater power and influence than is possible through planned, incremental change. By applying the lessons of living systems and working intentionally with the emergence and its lifecycle, it is possible to demonstrate how local innovation can grow to scale.

Supports create conditions to connect Aboriginal and Torres Strait Islander peoples with like-minded others and create the conditions for emergence. The skills and capacity needed by them will be found in the system that emerges, not in better training programs. Because emergence only happens through connections, the Berkana Institute has developed a staged model that catalyses connections as the means to achieve large scale change, i.e. to name, connect, nourish and illuminate (Wheatley 2016).

Stage 1: Creating change-capable networks

The first stage of emergence is the creation of networks to promote societal change. Practitioners who use emergence as a theoretical basis need first to create coalitions, alliances and networks as the means for finding like-minded others to achieve change. Implementing cultural determinants aims for social transformation using an ecological framework to address the issues that affect Aboriginal and Torres Strait Islander peoples' health and wellbeing. In this phase, it is important to identify change-capable individuals, networks and professionals. This can be done by offering a series of information sessions and, for those interested, short courses to understand both the content and the opportunity of working within a cultural determinants' framework. Through these and other activities, the first stage of emergence engages members of the community in cultural and entrepreneurial activities, facilitates cross-agency meetings, and develops local and regional governance structures. Media and communications training and support then provides people in the region with the opportunity to become part of the movement to implement cultural determinants of health and work together to create positive change for families.

Stage 2: Supporting communities of practice

The second stage of emergence is the development of communities of practice made up of people invested in sharing common work. Emergence practitioners use relational communities to share what they know, support one another, and intentionally create new knowledge for their field of practice. They are communities of people who participate not only for their own needs, but to serve the needs of others. There is a shared understanding of success and a commitment to work towards achieving it.

Cultural determinants generate important new knowledge that addresses some of the most complex issues facing our families and catalyses innovation through cross-cultural, entrepreneurial and interdisciplinary exchange. The second stage of emergence requires people to invest in the development of communities of practice by embedding cultural determinants into community leadership, agenda setting and decision-making. This can be achieved by developing charters and principles that target cultural determinants and support regional agencies to rebuild systems that are capable of responding to the aspirations of family members. The aim is to support all people engaged in this process to achieve and experience mastery. All effort is premised on the family remaining the primary and preferred site for developing and protecting culture. During this phase, cultural practices – particularly ceremonial observances – are key investments, as are language and artisan skills. So too is the achievement of family goals, which include secure education and employment, financial management, nutritional advice and protective factors supporting children to feel happy and safe.



Stage 3: Harnessing systems of influence

The third stage of emergence is the unpredictable sudden appearance of a system that has real power and influence. Pioneering efforts that hovered at the periphery suddenly become the norm and practices developed by courageous communities become the accepted standard. People no longer hesitate about adopting these approaches and methods and learn them easily. Policy and funding debates include the perspectives and experiences of these pioneers, who are acknowledged as wisdom keepers for their particular issue. Cultural determinants can have profound policy impacts – in national policy documents, in funding strategies for research, and in local, regional and national programs.

The impact of cultural determinants can be demonstrated through evidence-generative and evidence-based initiatives. Regions will need support to generate and use evidence for impact, promoting the implementation of high-impact and cost-effective programs, and enabling the adoption and scale of such interventions. Some strategies to bring the adoption and adaptation into effect can be achieved through workforce development, including training peer researchers, community-led researchers and using Indigenous methods of knowledge generation.

Emerging systems of influence will become evident through local and regional programming, in the creation of cultural programs, in policy production processes across all levels of government, and in research strategy and implementation. This new system of influence is focused on family aspirations and is family led and responsive to Aboriginal and Torres Strait Islander peoples as equal citizens with leadership skills, cultural practices and life ways that are appropriate for the entire nation (Arabena 2018). When alternative systems of emergence start to appear, dominant systems will want to preserve themselves as they begin to decline. Thus, although the implementation of cultural determinants is driving a new emerging system, it needs to have compassion for those invested in the dominant system, despite it not meeting the needs or expectations of the people it is meant to serve.

Stage 4: Illuminating what has been achieved

Cultural determinants have a positive impact when local communities and their partners develop principles that celebrate cultural characteristics that lead to thriving, strong and resilient Aboriginal and Torres Strait Islander families. To leverage the outcomes of programs, communities of practice will need to identify how to acquire different resources – ideas, mentors, processes, technology, equipment and money. Each is important, but foremost among these is learning and knowledge. People involved in change processes need to engage with techniques and processes that work well, learning from experience as the work gets done. This is because cultural determinants can have profound policy impacts – in national policy documents, funding strategies, research projects and community development models.

‘Ground-up’ processes embedded in cultural relationships will be vital in sharing these discoveries with broader audiences, as is making resources and knowledge available to those doing related work. Mildura Welcome Baby to Country Ceremonies and Mibbinbah Spirit Healing for men (Mibbinbah 2020), for example, have reported linking Aboriginal and Torres Strait Islander families, Elders and representative organisations with scientific researchers, front-line workers (e.g. early learning educators, social workers, midwives and community workers), government policymakers, health economists, ecologists and representatives from non-government organisations. Those involved have found these connections helpful as they have permitted different styles of conversation than those that usually happen in silos.

Table 13 maps these two culture-driven initiatives against the emergence of lifecycle from the viewpoint of Aboriginal and Torres Strait Islander peoples. The implementation of these strategies shows how cultural determinants can create conditions for new ways to improve health and wellbeing outcomes. Common strategies include:

- ▶ shifting from a net-deficit to a strengths-based narrative;
- ▶ using media, and social media in particular, skilfully;
- ▶ building service provision, research and collaborations on cultural principles and protocols;
- ▶ facilitating learning and the exchange of ideas;
- ▶ celebrating culture and cultural ways of knowing, being and doing;
- ▶ permitting people to do business ‘their way’, despite funding generally being either not available, short lived or finishing during the roll-out of the program;
- ▶ engaging both men and women in their cultural responsibilities to each other, families and the wider community;
- ▶ bringing together people from different ages and at different points in the lifecycle to contribute to the discussions and the process of learning;
- ▶ incentivising and sharing the benefits and recognition of joined-up, cross-institutional and community action in regions; and
- ▶ gaining a commitment to share learnings with those confronted by changes in practice through structured presentations, short courses and workshops.

Cultural determinants create pathways into new systems geared towards achieving good health outcomes. By demonstrating the benefits of coming together, exchanging ideas and supporting others through these transitions, communities of practice are able to achieve policy and programming success.



Table 13 ● Mapping culture-driven initiatives against the lifecycle of emergence

Stages in the emergence cycle	Mildura Welcome Babies to Country program expansion	Mibbinbah Spirit Healing: Men's healing and women's healing
Identifying pioneers	<p>Welcome Baby to Country at Mildura presented as a good news story on NITV.</p> <p>Coordinators contacted and invited to present at a First 1000 Days Australia Summit.</p>	<p>A research project focusing on health and wellbeing of Aboriginal men funded as a pilot through the Cooperative Research Centre for Aboriginal Health/ Lowitja Institute.</p> <p>The outcomes were presented to a group of men and stakeholders who formed an Aboriginal men's health charity.</p>
Creating change capable networks	<p>Program evaluated by Monash University; report disseminated.</p> <p>Presented at F1000DA Summit in Brisbane.</p> <p>People in other regions made the approach to Mildura group to learn how to do ceremony.</p>	<p>Through this charity, a national network of men's health facilitators delivered courses, engaging hundreds of men and services in discussing approaches to men's health.</p> <p>Reclaiming 'Aboriginal masculinity' as defined by Aboriginal men, not net-deficit discourses referring to family violence, addiction and incarceration or gangs.</p>
Supporting communities of practice	<p>Established a Welcome Baby to Country group in Mildura to work in partnership to develop resources for wider dissemination.</p> <p>Included other people's experience in implementing WBTC and kept people in touch to see how this can be done.</p> <p>More sharing of regional success over social media, on radio shows and television. Positively reported and more people focusing on delivering Welcome Baby to Country on Aboriginal and Torres Strait Islander Children's Day.</p>	<p>Funding applications were successful and supported the roll-out of the programs for a period of three years.</p> <p>The Lowitja Institute funded additional research projects supporting men to develop coherent strategies for facilitating healing.</p> <p>Joined efforts with academic and cultural institutions for three years until funding stopped. The men involved with Mibbinbah decided to keep going with the principles and outcomes of the project by presenting and sharing on committees, in community programs and in short courses.</p> <p>To become self-sustaining, Mibbinbah started to tender for commercial contracts and became registered as an Indigenous business.</p>
Harnessing systems of influence	<p>Growing number of communities and agencies began adopting Welcome Baby to Country practices, and regionalising these initiatives became part of the implementation efforts across Australia.</p> <p>Men's groups began engaging with their roles and responsibilities in Welcome Baby to Country processes including making clap sticks and other artefacts for the children taking part in the ceremony.</p> <p>Presented at Australian Research Alliance for Children and Youth conferences and other national forums. Adopted as part of cultural practices to engage communities.</p>	<p>Mibbinbah listened to men and, on their advice, resolved to include women in their workshops and change the focus from men's healing to 'being the best you can be'. This shift has been sustained through healing together and communicating expectations and outcomes.</p> <p>With the focus on roles and responsibilities in families, one of the men engaged with Mibbinbah completed a Master's degree on fathering and developed workshops to support men's engagement in the early years; this culminated in an Aboriginal Men's Bulletin with a focus on fathering.</p> <p>Mibbinbah supported the development of a charter for positive fathering that has been engaging men nationally.</p> <p>Mibbinbah now operates as a consulting company assisting agencies to meet their Indigenous procurement targets, and training men and women to become an ABN workforce.</p>



Promoting intergenerational change and transformation

Although the Australian Bureau of Statistics data cannot tell the complete story, we know that Aboriginal and Torres Strait Islander populations across the nation are youthful, with the mean age of our people identified as 23 compared with 38 years in the non-Indigenous community (ABS 2017). We also know that Aboriginal and Torres Strait Islander young people have great aspirations and a high regard for their cultures (Brisbane City Council 2018; AHRC 2015; Mission Australia 2014; NASCA 2020).

Aboriginal and Torres Strait Islander young people want to see themselves represented positively in the Australian psyche (Marks & Duray 2019). Our young people can rely on having ‘60,000 years of genius’ behind them, and that they can be ‘one of the groups who can transform the future of life on Earth, for the good of us all’. In doing so, they acknowledge that Australia’s First Peoples’ culture and knowledge systems can ‘...design the solutions that lift islands in the face of rising seas, work on creative agricultural solutions, invent new jobs and technologies and unite around kindnesses...’ (NITV 2019).

The young people at Garma 2018 called on those in government departments and in parliaments across the nation to transform educational and employment pathways and set them up as future contributors to the health and wellbeing of First Peoples and others around the world (NITV 2019). This call is a powerful one, in which young people are asking the governments, community service organisations, community leaders and businesses to develop the skills to recognise, name, support and promote the contributions of culture on behalf of the communities to which they are connected. This level of transformation requires radical, systemic shifts in values and beliefs, patterns of social behaviours, and the co-creation of new opportunities led by multi-level governance and management practices founded on cultural aspirations, intergenerational understandings and community leadership.

Considering previous and future generations in health programs is also critical to implementing cultural determinants of health as Indigenous worldviews refer to the connections between ancestral and future generations. Since recognition that the social determinants of health – the conditions in which people are born, grow, work, live and age – shape human development (Wilkinson & Marmot 2003), there has been greater interest in life course approaches. Numerous concepts inform research in this area (Dornan & Woodhead 2015) but no single method or definition prevails. There is, however, agreement that the life cycle or life course approach to health is a concept that emphasises prevention and early intervention at every biologically and socially determined life stage – childhood, adolescence, adulthood and older age (Leidy 1996).

Adoption of a life course approach (current populations)

The life course approach for health recognises the importance of life circumstance and the accumulation of risk and protective factors over time and in different domains (Ben-Shlomo & Kuh 2002; Lynch & Smith 2005). It recognises that outcomes at one point in the life cycle can be a determinant for health and wellbeing further in the sequence. For example, evidence demonstrates that the period from conception through the early years of a child’s life is critical in providing strong foundations for lifelong physical health and social and emotional wellbeing (Ritte et al. 2016). Adopting a life course approach better optimises the opportunities presented during two critical developmental transitions: (i) the first 1000 days and (ii) early adolescence (Kudlova 2004; Dornan & Woodhead 2015; Ritte et al. 2016; Moore et al. 2017).

This Guide recognises four life course stages – childhood, youth, adulthood and Eldership – and includes a focus on two developmental transitions. These are the first 1000 days, from pre-conception to the age of two years, and early adolescence, which is usually defined as the beginning of puberty with its rapid physical, cognitive and social development. It is during this time, mostly defined in policy as the ages between 10 and 14 years of age, when relationships with peers and close friends take precedence over family (Jahan & Shakil 2015).

Addressing cultural determinants through a life course approach starts in pre-conception by recognising the impacts of intergenerational trauma, epigenetics and that inequity trajectories start early, frequently in pre-conception and the perinatal period. Evidence shows that the provision of biomedical, behavioural and social interventions to women and couples before conception, and then during pregnancy, birth and early childhood and early adolescence is critical. Growing research into the ‘neurobiology of attachment’ demonstrates that healing can occur when infants and children have a sense of safety and wellbeing through nurturing, supportive relationships with others – a transition some are referring to as ‘earned security’ (Robinson et al. 2011). A positive strengths-based focus during the often-optimistic perinatal period has the potential to disrupt the vicious cycle of intergenerational trauma into a virtuous cycle that contains positively reinforcing elements promoting family healing and facilitating the family’s engagement with cultural determinants of health (Silburn et al. 2011). These transition periods for families, especially mothers and infants, present opportunities to contribute to healthy growth, learning and development and reduce vulnerabilities and shift life trajectories. Giving considerable attention to the health, wellbeing and safety of children and adolescents during these transitions is key in terms of pre-conception and breaking the intergenerational transmission of poverty and vulnerability (Bernard van Leer Foundation 2006; Moore et al. 2017).



Thus, understanding how to embed cultural determinants of health that are specific, relevant and aligned with the cultural capacities of families and communities requires a focus across the life course, with particular attention on the two developmental transitions in childhood and early adolescence. Much of this Implementation Framework focuses on best practice and evidence generated from within and across these life course stages and specific transitions to facilitate health, healing and relational growth.

Epigenetics, health and wellbeing

Indigenous peoples stand to benefit from advances in genomic technology, but genetic research in Indigenous communities has been controversial (Kowal 2016) as it comes from an awareness that genetics is deterministic and victim-blaming. As a field of science, genetics has real potential to divert attention and resources away from the social and political causes of ill health while reinforcing ideologies of Indigenous inferiority within Western science (Kowal 2012). Epigenetics, however, has ‘struck a chord’ with Indigenous peoples the world over. In describing changes to the genome that affect gene expression and regulation, it looks at the interactions between environmental influences in the womb, in early childhood and throughout life, and the effects they have on gene expression that can cause or prevent disease (Tiffon 2018). Enthusiasm for the idea of epigenetic inheritance has, however, preceded the science, with some scholars wondering why ‘science took so long to catch up with Indigenous knowledges’ (Kowal 2016). This is why longitudinal studies are needed to decipher the human processes of epigenetic inheritance, and why some Aboriginal and Torres Strait Islander health research institutions, including the Lowitja Institute, have started work in this area (Kowal, Rouhani & Anderson 2011).

Epigenetics has demolished boundaries between ‘nature’ and ‘nurture’, showing that genes are not necessarily our destiny. International indigenous scholars state that many present-day health disparities can be linked by epigenetics to a ‘colonial health deficit’, the result of colonisation and its aftermath (Lawal et al. 2016). A report by the Australian Medical Association (AMA) found that repetitive stressful early life experiences cause changes in gene function that influence how the body copes with adversity throughout life (AMA 2013). Adverse stressors impact the development of emotional control, memory function and cognition, highlighting that more than 20 per cent of Aboriginal and Torres Strait Islander families with children under the age of 16 experience seven or more life-stress events in a year (AMA 2013). The AMA report also signalled the importance of expanded family services, including parenting and life skills education, developing home visits and building a strong sense of cultural identity and self-worth. Implementing cultural determinants of health will support people overcome these adversities in ways that will impact multiple generations.

Addressing intergenerational trauma

In Australia, trauma guidelines emphasise the need for trauma-informed care and trauma-specific support for the general population (Kezelman & Stavropoulos 2012). For Aboriginal and Torres Strait Islander peoples, intergenerational trauma is a form of historical trauma that is transmitted across generations affecting children, grandchildren, great-grandchildren and other descendants of the Stolen Generations (Healing Foundation 2017). The Healing Foundation has funded pilot projects involving more than 300 children and 120 family members to facilitate healing from distress and to prevent the transmission of trauma through future generations. Its intergenerational trauma projects aim to improve the social and emotional wellbeing of young people by strengthening cultural connectedness and identity, providing opportunities for individual and family healing, and building skills to manage pain and loss in a way that allows for a hopeful future (Healing Foundation 2012). The focus on healing from intergenerational trauma at the Murri School in Brisbane, for example, has substantially increased the capacity of families to engage with a range of primary and mental health, social, educational, family support and legal services. The school now operates as a hub for service delivery (Healing Foundation 2012; 2017), with the program operating in other schools wishing to develop school-based healing initiatives.

Dynamic expressions of family and relatedness

Family remains the primary and preferred site for developing and protecting culture and identity for Aboriginal and Torres Strait Islander peoples. Promoting and safeguarding culture often involves multiple generations and a dynamic expression of family that places great value on social relationships, their physical and emotional bonds to Country and a connection to the spirit of ancestral places and ancestors. In the implementation of several health programs, a broad, non-biological definition of family was found to be necessary, inclusive of any and all the immediate carers of a child, whether that be the ‘mother’ and ‘father’, the carer or nurse, grandparents, aunts and/or other family members in communal living situations. Social structures in Aboriginal and Torres Strait Islander societies are diverse in their composition and form, and are defined in terms that people need them to be. This structuring is significant as Aboriginal and Torres Strait Islander definitions of family are vastly different from Anglo-Celtic systems of relatedness. They are complex social structures that define how individuals relate to each other in terms of roles, responsibilities and obligations, and that value interdependence, group cohesion and community loyalty.



These dynamic expressions of collectivist approaches to family are not easily incorporated in policy and programming or into disciplinary bounds that accept the two-parent family as the norm. For example, part of growing up in a collectivist culture means that Aboriginal infants may be breastfed and cared for by several women interchangeably. And yet, under bonding and attachment theory, the practice can be viewed negatively as indiscriminate attachment (Yeo 2003). Similarly, issues of child neglect can often be considered as a matter of parental culpability, rather than as a shared responsibility between parents, families, community and society (Lohoar, Butera & Kennedy 2014; Scott, Higgins & Franklin 2012; Yeo 2003).

In addition to multiple generational obligations, the valuing of peer relationships is equally important, particularly in adolescence. Not only do young people have to navigate the typical developmental tasks of adolescence, but they are likely to experience unique challenges such as recovery from trauma and discrimination. Consequently, they are expected to experience adverse stressors, increasing the likelihood of developing stress disorders that can reoccur throughout their lives (State Government of Victoria 2016). The Australian health care system can compound these experiences as it is primarily geared to address human ill health, separate from the complex interactions between humans, and the natural and social networks in which their experiences of good or poor health emerge. In addition, the health care system is largely geared to investigating the health and wellbeing of age groups separate to the multiple generations that impact upon their health and wellbeing. Implementing cultural determinants will bring generations together in a celebration of the leadership and wisdom held by Elders, the roles and responsibilities of parents and the crucial relationships between grandparents and children in their family.

The circle of life: Intergenerational programming

Intergenerational programming is often seen as ‘nice to have’ rather than as a necessary component of implementing health programs. However, extended family and kinship ties, peer affiliations and intergenerational engagement are a foundation of Aboriginal and Torres Strait Islander peoples’ way of life. As such, it is critical that cultural determinants of health are implemented in ways that enable and pivot on the intergenerational relationships that benefit society as a whole and promote mutual engagement across generations and throughout people’s lives. Thus, there are significant advantages to adopting well-designed practice and explicit policy to support intergenerational uptake of cultural determinants of health, least of all to recognise the care and supports being provided within family groupings. These may include kinship care arrangements where grandparents take on the responsibility for their grandchildren, adolescents care for parents affected by mental health issues, and/or older siblings/cousins provide care to younger family members in higher education settings, employment situations and in cultural circumstances.

For non-Indigenous people, intergenerational programming is informed by intergroup contact theory that was developed in 1954 to reduce prejudices between members of different groups, namely older and younger people. It identified four conditions for successful intergenerational contact programs: members having equal status; working toward a common goal; cooperation or working together; and having institutional support (Stathi & Vezzali 2017). The design of activities to implement cultural determinants of health will bring together people of different ages, in kinship and extended family and community networks, and with Elder knowledge held in respect. Opportunities to share cultural knowledge can cultivate cooperation, encourage personal information sharing and reduce competition. Some of these initiatives will be low or no cost and can be facilitated through activities such as the following:

- ▶ having Elders teach language programs and read stories at playgroups;
- ▶ having Elders take young people on-Country and share information about medicines, sacred places and how to enter their Country with respect;
- ▶ inviting multiple generations to the first antenatal visit by young parents and celebrating together what this baby will mean for the family;
- ▶ creating artefacts, carving, weaving, learning dances and songs from Country;
- ▶ catching, preparing, cooking and sharing food;
- ▶ installing Elders-in-residence at university campuses to support young people who are ‘off-Country’;
- ▶ offering respite care to adolescents who are caring for parents with health issues;
- ▶ discussing as a community knowledge about parenting practices, totems and genealogies;
- ▶ engaging families and extended communities in cultural enterprises;
- ▶ planning for leadership succession within community organisations and cultural groups; and
- ▶ mentoring emerging leaders in political strategy, negotiation of agreements and sectoral engagement.

Research in intergenerational programming has found that policies can be strengthened in the areas of employment, health and social care and education, as well as more broadly, with employees becoming more productive and committed to engaging in and promoting intergenerational programming. There are also additional improvements in health and social care that positively impact on young people’s psychological health, including in justice reinvestment programs (Adamson et al. 2012), sporting programs and in on-Country camps (Larson et al. 2020). In education, promoting age diversity will extend working lives and facilitate older people’s ability to perform optimally as well as having associated benefits for younger people’s attitudes to, and planning for, ageing (Drury, Abrams & Swift 2017).



Essentials for success

Implementing cultural determinants starts with and acknowledges pioneers – those individuals and institutions that understand the need for change and are capable of taking steps to make it happen. The process of emergence then names these pioneering efforts in ways in which others can identify and facilitates pioneers to connect into networks of like-minded others. These networks are then nourished so they become cohesive, more integral and helpful to their members, and able to evolve into communities of practice that are self-organising and powerfully supportive within new networks.

Cultural determinants of health are ecologically grounded and can facilitate social and family-based strategies and participatory research methods to provide a comprehensive, rigorous and consistent empirical evidence base. As Indigenous-led, holistic initiatives designed and implemented under the direction of community, the goal of implementation is to ensure that knowledge is developed, owned and, where necessary, returned to the community. Using emergence as a principle and goal, cultural determinants engage young people and families and provide them with opportunities to strengthen their extended family and community networks according to their own aspirations.

The engagement of health care workers, community organisations and all levels of government is essential to addressing local and systemic-level issues that contribute to poor health in many Aboriginal and Torres Strait Islander communities. Additional care and support is needed to encourage service providers to act on evidence, to build their service and regional-level capacity to respond to the aspirations of families, and to change their language from a deficit discourse to a strengths-based narrative. Implementers need to focus on population-level place-based approaches, capacity building and knowledge exchange. They also need to utilise political and advocacy experience, and support family-led solutions and enterprise as a strategy to shift welfarist thinking to deliberate and affirmative action.

In an Aboriginal and Torres Strait Islander context, community governance is an essential ingredient of successful cultural determinants work. Implementers will need to develop networks and communities of practice informed by aspirations for doing culture-led research and investing in innovation. In addition, all processes need to acknowledge community members as co-designers, co-implementers and co-knowledge translators of strengths-based research and outcomes.

Pathway of change: Evidence of transformation

Cultural determinants practice is based on a rights agenda in which all people have the right (and responsibility) to reach their full potential. The underlying premise of cultural determinants is that the role of protecting cultural interests are best undertaken by families – a multigenerational, non-biological and diverse model of family that includes mothers, fathers and/or care givers, grandparents and other relatives and friends – and by communities – peers, intentional communities, language groups, non-biological ‘relatives’ and Country. Implementing cultural determinants can include activities such as developing family histories, facilitating access to Country and kin, encouraging the use of therapeutic cultural supports, undertaking multigenerational family studies and promoting family entrepreneurship.

People committed to implementing cultural determinants of health will need to use Indigenous concepts through whole-of-family, whole-of-service approaches that incorporate life skills, cultural activities and resilience-building education. Implementers will work with community leaders and cultural knowledge holders to move away from family dependence on welfare, to maximise protective factors and to support the achievement of life goals by using household planning, life coaching and cultural mentoring. There are multiple pathways to use in transforming the circumstances of those in families who experience vulnerability, and many of these will be conceived of by families themselves.

Terms such as evidence based or evidence informed do not fully cover the evidence-generative capabilities of cultural determinants initiatives, as evidence generated through current processes excludes or cannot fully accommodate First Peoples’ knowledge systems. Far too often mainstream research-based knowledge translation strategies do not know how Indigenous knowledge is generated and communicated. Evidence activities that focus on cultural determinants need to fit into an Indigenous knowledge production framework and build a robust evidence base for the future. Systematic research programs underpinning cultural determinants implementation need to generate, link and use data that are based on three overarching research objectives:

- 1 To understand and quantify the characteristics that lead to thriving, strong and resilient Aboriginal and Torres Strait Islander families. – what is the best life you can have?
- 2 To identify the key determinants of environmental, cultural, familial, infant and child health, and the predictors that are relevant to the community – what is it about the strengths of our families that you would want to know?
- 3 To evaluate and review health and wellbeing strategies implemented through cultural determinants of health initiatives to ensure they align with the needs of families and community in real time and across generations – how do we know when culture is strong and our ancestors are guiding us?



If people have noticed cultural determinants in action, it is often characterised as an inspirational deviation from normal practice. It takes time and attention to see different approaches for what they are – examples of what the new world could be. Indicators of cultural health and wellbeing will need to be developed at a local level by engaging cultural knowledge holders, program implementers and on-Country specialists. Specific cultural indicators can be developed to provide evidence of transformation and engagement with cultural determinants of health; those generated by participants at the Lowitja Institute roundtable discussions can be found in Table 14.

Additional strategies being used to promote cultural determinants of health include those that are in learning and exchange strategies, in service provision, and in political action and protest. Prior to the implementation of any activity, it is worthwhile having local discussions about the best way to recognise and support the six cultural determinants of health in initiatives that are likely to be led by, and to support the aspirations of, family groups.

Table 14 ● Indicators that align to cultural determinants of health

Implementation strategy	Determinant	Cultural determinants indicators
Cultural principles embedded in policy and practice	SD, CE	Co-design, consensus or cultural leadership engaged in determining principles relevant for all community engagement processes
	SD, CE	Acknowledge empowerment and self-determination in all policy documents, statements and organisational documents
	CC, L, K	Engagement in activities that support connection to Country, uptake of language and commitment to family-led decision making
	SD, K	Evidence of local, regional and family-led decision making
	CC, CE, L	Give Aboriginal and Torres Strait Islander programs language names
	CC, KB, L	Recognition of ceremonies necessary at points in time across a person's lifetime
	CE, SD	Organisational accreditation processes to be dependent on cultural embeddedness of policies and practices
	KB, CE, SD, K, CC	Development and resourcing of 'local cultural labs' – culturally safe places for people to teach and learn culture
	KB, CE, CC, L	Seek to engage Aboriginal and Torres Strait Islander peoples' intellect, imagination, emotional capabilities, sense of spirit and hereditary political structures
	CC, CE, CE, K, L, KB	Use ecological frameworks to improve the health and wellbeing of communities, totemic animals and ecosystems
Cultural governance	CC, K, SD, L, KB, CE	Engagement with PBCs that acknowledge and work with hereditary structures in communities
	CC	Further the development of the Indigenous Estate
	SD	Develop culture-based, family enterprises that engage with and support cultural revitalisation
	CC	Work within ecologies rather than organisational sites
	CC	Acknowledge cultural connections, on-Country connections and responsibilities to Country
	K, KB, CE	Bring multiple generations together to inform the development of cultural policies and practice
	KB, K	Have Elders present and 'hold the cultural space' for significant discussions



Table 14 ● Indicators that align to cultural determinants of health (cont.)

Implementation strategy	Determinant	Cultural determinants indicators
Cultural governance (cont.)	SD, CE, KB, CC	Ensure contracts and other agreement-making tools include clauses to recognise and respond to community and individual IP
	SD, K, KB	Embed gender equity in all committees and decision-making forums, with time for men and women to consider issues separately and together
	SD, CC	Support people through processes to gain Native Title, get landholdings and purchase properties
Implementing cultural determinants of health through support of cultural activities	KB, CE	Implement Welcome Baby to Country and Coming of Age ceremonies specific to language groups and/or places where people live
	KB, CE, L	Production of artefacts and ceremonial resources to support these and other ceremonies
	L, K	Production of language books for playgroups and early learning centres
	CE, KB	Formalise attendance at cultural festivals, events and performances
	CC, SD, KB, CE, K, L	Arrange for regular trips back to Country and/or ensure cultural mentors take children in out-of-home care arrangements back to Country to provide an immersion experience
	L, SD	Implement language learning through schools and in other curriculum
	CC, KB, K, L, CE, SD	Engage adolescents in fire-burning activities and on-Country Indigenous science activities – e.g. animal tracking, hunting, fishing and caring for Country
Supporting Indigenous Entrepreneurship	CE, SD	Nurture the capacity of Indigenous businesses to form part of local and regional supply chains
	SD, CC, KB, CE	Build commercial zones that are specifically for Indigenous businesses to operate from in communities and in regions to progress aspirations in building the Indigenous Estate
	SD	Ensure businesses, agencies and others meet their mandated requirements to engage with Indigenous businesses
	SD	Create and use ABN workforces in on-Country activities
Embedding cultural practices in local and regional activities	CC, KB, CE	Maintain and use bush medicines in health practices and clinical settings, and engage local people in the propagation, harvesting and documentation of these medicines
	KB, CE, K, L, CC	Use traditional healing practices, engage traditional healers and facilitate cleansing ceremonies
	CC, KB, CE	Consider nature-based solutions such as exposure to green space in mental health and wellbeing strategies
	CE, KB, K, SD	Create art works and cultural events and performances that celebrate the works and contribution of local artists, performers and artisans
	CC, CE, SD, K, L, KB	Support young, disengaged youth find and use culture as a resilience and/or protective factor (e.g. young people leaving detention centres having access to cultural mentors)

Care for Country (CC); Knowledge and Beliefs (KB); Language (L); Self-determination (SD); Kinship (K); Cultural Expression (CE)



Conclusion

Implementing cultural determinants of health is a facilitative process that is:

- ▶ allowing for and celebrating family- and community-led engagement;
- ▶ pioneering new ways of thinking and acting;
- ▶ training and supporting various workforces to make the transition from an 'old' paradigm of thinking to foster social innovation; and
- ▶ developing methods and tools, group processes and practices to assist service delivery agencies and their workers commit to these new systems of open and cultural ways of learning.

However, as the implementation focus is on aspirations not trauma, cultural determinants of health will need a different conceptual model in which to work, one that begins with networks, shifts to intentional communities of practice and evolves into powerful systems capable of global influence (Wheatley & Frieze 2006).



Emergence is how life creates radical change and takes things to scale... By applying the lessons of living systems and working intentionally with emergence and its life cycle, we are demonstrating how local social innovations can be taken to scale and provide solutions to many intractable issues.

(Wheatley & Frieze 2006:45)

Implementing cultural determinants support service delivery systems will see a shift from deficit to strengths-based narratives around families, so people will need to be taught how to implement them. Aboriginal and Torres Strait Islander peoples can then work with and across agencies to demonstrate how cultural determinants can be used as a platform for joined-up, cross-institutional and community action in regions.

Another key investment is in media training for community people to support individuals and families, professionals and services to articulate their opportunities for, and experiences of, implementing cultural determinants. In doing so, they will be able to identify and support a number of cultural determinants champions, i.e. those who recognise and mentor individuals in their community prepared to 'make the change', and who demonstrate what is possible through innovation, by being a champion and facilitating personal and systemic transformation.

Cultural determinants create pathways from old dominant systems into new ones geared towards supporting and actively encouraging colleagues to change from outmoded ways of approaching Aboriginal and Torres Strait Islander health. By demonstrating the benefits of coming together, exchanging ideas and supporting each other through these transitions, communities of practice will be able to achieve policy and programming success. To promote this success, the next Section considers how to apply the concepts and strategies of Indigenous science to the implementation of cultural determinants of health and wellbeing.



Section 5 The Implementation Framework

This resource seeks to address the overall question: How can policymakers and programmers support families and communities to experience the benefits of cultural determinants of health?

In 2017, the My Life My Lead consultations highlighted the importance of positioning culture as central to future implementation efforts, and the necessity of a strategic approach informed and underpinned by the following principles:

- ▶ Secure connections to culture and family are vital for good health and wellbeing.
- ▶ Genuine partnerships with communities produce the best results.
- ▶ A recognition that intergenerational trauma leads to poor health outcomes.
- ▶ Systemic racism and low cultural capability and cultural safety remain barriers to systems access and prosperity (Australian Government 2017b).

Cultural determinants originate from and promote a strengths-based perspective that builds stronger and more resilient individual and collective identities. Cultural determinants have been shown to improve outcomes across other determinants of health including education, economic stability and community safety. Culture is both a set of rules and behaviours, and a set of standards that guide worldviews. Culture is not static; culture is dynamic and expressed by Aboriginal and Torres Strait Islander peoples irrespective of where they live and in a number of ways that include:

- ▶ performance, song and dance;
- ▶ ceremony;
- ▶ healing practices;
- ▶ language revitalisation;
- ▶ ecological knowledge and agriculture;
- ▶ architecture; and
- ▶ social movements, community organisations and governance.

Critically, then, implementing cultural determinants of health will provide a strengths-based perspective for health promotion and prevention activities. Implementation aims to build on existing personal and collective sources of wellness, wisdom, self-esteem and resilience – our strengths – rather than focusing on deficit and disadvantage.

Cultural determinants used in this Guide

Referencing the Social and Emotional Wellbeing Model (Gee et al. 2013) and Mayi Kuwayu Study: The National Longitudinal Study of Aboriginal and Torres Strait Islander Wellbeing Project (Salmon et al. 2018), this Guide promotes six key elements as necessary for achieving health and wellbeing:

- 1 Connection to Country** – closely related to identity and attachment with the physical environment, this element facilitates a sense of belonging and connection.
- 2 Indigenous beliefs and knowledge** – includes relationships, identities and cultural traditions, and incorporates healing, traditional medicine, and gendered knowledge systems and practices.
- 3 Indigenous language** – includes verbal, written and body language as a vehicle for expressing culture and teaching it to others, and recognises that language is the basis for cultural knowledge, economies and trade.
- 4 Family, kinship and community** – knowing and being part of the community including responsibilities, obligations and duties in extended families, community life, local initiatives and political issues.
- 5 Cultural expression and continuity** – actions taken to express attitudes, beliefs, customs and norms often in the form of dances, songs, storytelling, ceremony and the sharing of food, celebrations and the representation of values.
- 6 Self-determination and leadership** – facilitates control over decision making, resources and assists collective thinking and actions that benefit people influenced by the decisions made.

Activities supporting the implementation of cultural determinants of health can include cultural revitalisation, strengthening personal and family connections to culture, Country and community, and supporting a strong Aboriginal and Torres Strait Islander identity in young people, particularly in times of adversity. This Guide advocates for taking a life course approach to cultural determinants, as different elements can be more or less important at various times in people's lives.

Table 15 ● Strategies to implement cultural determinants

National level action	<ol style="list-style-type: none"> 1 Work with Aboriginal and Torres Strait Islander health leaders and other stakeholders, including Traditional Owner groups and PBCs, develop a set of national implementation measures and targets. These would be input rather than outcome focused and could include targets for the number of services, agencies and other organisations: <ul style="list-style-type: none"> + offering cultural healing programs + engaging Elders-in-Residence + meeting IPP targets and supporting cultural enterprise and cultural economies + facilitating on-Country cultural camps + focusing on implementing language revitalisation strategies; and + with specific funding to resource cultural strategies, including Welcome Baby to Country Ceremonies. 2 Support research agendas and strategies focused on cultural determinants of health. 3 Embed resources that facilitate connection to Country and language development in all policies and programs relating to Aboriginal and Torres Strait Islander peoples. 4 Continue to fund agencies that promote cultural determinants of health.
State/Territory level action	<ol style="list-style-type: none"> 5 Include cultural determinants implementation plans and measures/targets (as above) as deliverables in relevant State and Territory mental health, housing and care for Country initiatives. 6 Ensure the IP of cultural knowledge, practices and resources are dealt with effectively and in the best interests of communities in all funding contracts and negotiated agreements.
Local Health Network (LHN)/ PHN regional level action	<ol style="list-style-type: none"> 7 Develop regional cultural determinants governance and accountability frameworks based on hereditary structures specific to the region. 8 Undertake cultural planning activities including the identification of regional aspirations, engaging families and clans through meaningful planning processes and facilitating jurisdictional changes that recognise and respond to language group boundaries and data collection activities. 9 Include cultural determinants implementation plans and measures/targets as deliverables in PHN and LHN service contracts.
Organisations and services	<ol style="list-style-type: none"> 10 Formally pledge to support the implementation of cultural determinants in RAPs, organisational constitutions and governance arrangements, or as a stand-alone plan. 11 Display and promote activities that support multiple age group and intergenerational engagement with cultural determinants of health. 12 Support the development of a family-based, cultural workforce.
Families and Communities	<ol style="list-style-type: none"> 13 Facilitate family aspiration workshops in which participants are supported to document the aspirations they have for themselves and their families 14 Undertake cultural re-engagement, protection, revival and restorative projects that are led by families who are supported to engage with Country and connect to their culture.
On-Country Initiatives	<ol style="list-style-type: none"> 15 Develop communities of practice to create and sustain ecological approaches to healthy people and Country by involving on-Country workforces made up of rangers, traditional ecological knowledge practitioners, ecologists and forest managers.



Culture as a right and a responsibility

The 2007 United Nations Declaration on the Rights of Indigenous Peoples has articulated the rights of Indigenous peoples to live a cultural life, underpinned by good health and wellbeing, self-determination and leadership. Specifically, the Declaration states that Indigenous peoples have the right to practise, protect and revitalise cultural traditions and customs, and to implement effective mechanisms with respect to cultural, intellectual, religious knowledges and spirituality. It also recognises mechanisms through which Indigenous peoples revitalise, use, develop and transmit to future generation their histories, languages, oral traditions, philosophies, writing systems and literatures (Article 13, UNDRIP 2007). Most government and community organisations recognise the centrality of culture, the role of cultural determinants and how these align with Aboriginal and Torres Strait Islander peoples' holistic understanding of health, wellbeing and safety. Increasingly, evidence demonstrates the positive links between culture, the practice of culture, and good health and wellbeing for all age groups.

Scaled implementation of cultural determinants

A respectful and responsive health care system will contribute to improved outcomes, efficiencies and equity by working with individuals, families, communities and the workforce:

- ▶ to recognise and restore cultural strength;
- ▶ to facilitate Aboriginal and Torres Strait Islander peoples' control over decision making with regard to cultural activities; and
- ▶ to implement strengths-based, sophisticated, enduring and adaptive place-based programs founded on Indigenous science and kinship relationships.

As no one agency can achieve this goal on its own, collaboration is key. Effective interventions to improve population and individual health outcomes require environmental change as well as strategies that target individual behaviours and clinical factors. Implementation strategies will necessarily identify opportunities to support Aboriginal and Torres Strait Islander peoples to live a culturally enriched life.

The design and evaluation of strategies such as these require a wide breadth of skills and experience such as the provision of local cultural infrastructure and services, access to resources, and engagement with local Aboriginal and Torres Strait Islander community knowledge.

Broadening practice: Standard setting, education, professional bodies and wealth creation agencies

Underpinning the implementation of cultural determinants is the principle that Aboriginal and Torres Strait Islander peoples are entitled to experience best practice across a spectrum of possible health systems interventions, with access to services and built environments that are integrated into culturally capable models of care.

Practices that replicate Aboriginal and Torres Strait Islander peoples' connection to culture are key. Caring for the land and maintaining a cultural life, an identity, individual autonomy and Indigenous sovereignty all have implications for the health and wellbeing of Aboriginal and Torres Strait Islander peoples. All efforts need to work toward supporting their aspirations for a 'good life', one that incorporates the many different points of view of individuals, families, communities and population or language groups as well as economic, social and cultural perspectives. It will be a life enhanced by maximising the benefits of the protective factors inherent in cultural determinants, while minimising exposure to risk factors that exacerbate ill-health, social exclusion and negative experiences with justice and related services.

In co-designing responses embedded in cultural determinants, process is key. First, policymakers, program implementers and cultural leaders need to work in partnership. Second, Aboriginal and Torres Strait Islander peoples must lead and make decisions that are culturally sound and actively engage multiple generations in the decision-making process. In practice, because Aboriginal and Torres Strait Islander peoples' cultural structures are Elder-wisdom based, Elders cannot be separated from community leadership, particularly for activities that require cultural governance.

Health and wellbeing practices will necessarily be led by, and come from within, families – the first responders and initiators of cultural determinants of health. Practices that facilitate families being able to conduct this work will require the development and resourcing of a culture-led workforce. For example, in clan-based planning exercises families can identify and reactivate the various roles and responsibilities within their language and knowledge systems, for example:

- ▶ women engaged as Doulas – to support the uptake of cultural parenting knowledge through appropriate family-based networks;
- ▶ family genealogists and historians – who understand the connections to land and families;
- ▶ language teachers – to facilitate the development of cultural resources for use in family playgroups;
- ▶ parents – as 'First Teachers'.
- ▶ family members – who can deliver ceremonies (cleansing, Welcome Baby to Country, Coming of Age);



- ▶ spokespeople – who can work on the behalf of their family to support the recording of family aspirations;
- ▶ family members – trained to build houses and create culturally safe spaces in community; and
- ▶ entrepreneurs – who have business aspirations and are supported to achieve them, with a view to employing people from their family in the business. Entrepreneurship is a genuine and accessible vehicle for supporting self-determination and can supply cultural services into regions in ways that foster, support and grow cultural wellbeing services.

Indigenous procurement strategies across the country are purposefully focusing on support for Indigenous business. ABN workforces can acquire skills and knowledge to increase the number of suppliers for local, regional and national agencies, and to provide ‘at home’ or ‘on-Country’ support for families to achieve improved health and wellbeing by participating in cultural determinants of health. Table 16 focuses on the strategies and actions needed to secure more engagement with the Indigenous Estate and to create opportunities for Indigenous business growth, cultural planning and implementation infrastructure at local, regional and national levels.

Table 16 ● Strategies to build Aboriginal and Torres Strait islander entrepreneurship

 National level action	1 ILSC to discuss how to incorporate Indigenous science into their practice and establish relationships between health service delivery and the Indigenous Estate.
	2 Facilitate strategies that are responsive to future megatrends, e.g. virtual reality and increased global connectivity, and likely to impact on health and wellbeing.
	3 Advocate for the establishment of an Indigenous Housing, Health and Wealth Authority that combines the wealth-generative opportunities embedded in the Indigenous Estate, with a National Indigenous Housing and Health Strategy linking wellbeing, wealth and health supplies with households (PwC Indigenous & Karabena Consulting 2020).
	4 Develop ethical policy development strategies to link the aspirations of individuals in community with local ethics committees, cultural leaders and PBCs.
	5 Continue to support national efforts to heal intergenerational trauma in the Aboriginal and Torres Strait Islander populations.
	6 Advocate for language revitalisation and place-based approaches to health and wellbeing.
	7 Advocate for progress towards the resolution of Native Title claims across Australia and start to embed health and wellbeing practices in the Indigenous Estate.
	8 Negotiate with the education sector to provide accreditation for culture-led workforces.
	9 Develop capacity to engage new culture-based planning at scale – i.e. family, clan, regional and language group plans that will enable families to determine their aspirations, needs, roles and responsibilities.
 State/Territory level action	10 Ensure State and Territory responses are consistent with the cultural aspirations of language groups.
	11 Shift jurisdictional boundaries to align with First Nations language groups
	12 Facilitate data collection strategies that realise data sovereignty and link them to community aspirations for health and wellbeing
	13 Implement regional partnership planning activities and engage the State/Territory-level health, housing and wealth generation peak bodies to co-design and co-implement responses.
	14 Change and/or create legislation that allows and facilitates Aboriginal and Torres Strait Islander populations access to cultural services and healing strategies through health, housing, wealth creation, child protection and correctional services.



**LHN/PHN
regional level
action**

- 15** Implement strengths-based actions generated through community cultural aspirations that include the delivery of cultural determinants-based programs among and between generations in community, e.g. ceremonies, cultural workforce development and Elders engaging with young people.
- 16** Governments to work with PHNs and LHNs to implement integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples at the regional level. This will include:
- a** engaging Aboriginal and Torres Strait Islander cultural knowledge holders in the co-design of all aspects of the regional planning and service delivery;
 - b** collaborating with service providers regionally to improve cultural referral pathways;
 - c** developing mechanisms and agreements that enable shared cultural experiences as part of care coordination and service integration;
 - d** supporting the development and engagement of cultural entrepreneurs as part of regional supply chains;
 - e** improving integration across housing, health and wealth generating strategies;
 - f** ensuring the strong presence of a cultural workforce on the leadership of local health services, housing boards and related service governance structures; and
 - g** establishing local ethics committees to form a necessary component of the policy production process.

**Universities
and institutions
providing health,
housing and
wealth-creating
education**

- 17** Work with cultural leaders, AIATSIS, Lowitja Institute, IBA and ILSC, CSIRO and other institutes to develop a national and consistent approach to implementing cultural determinants of health and wellbeing.
- 18** Modify curricula (as above) to ensure the professions engaged are both knowledgeable about, and able to engage with, cultural determinants of health and wellbeing.

**Professional
bodies**

- 19** Work with cultural leaders and knowledge holders, experts and others to develop a nationally consistent approach to continuing professional education so as to ensure the existing health workforce are respectful and inclusive of cultural determinants of health and wellbeing.

**Indigenous
Chambers of
Commerce, IBA and
ILSC, Department
of Foreign Affairs
and Trade**

- 20** Support the development of entrepreneurial activities, family enterprises and business networks to build their capacity to participate in the national and international supply chain.
- 21** Have the Department work with Indigenous businesses to create opportunities to tender for contracts with Indigenous peoples in the Asia-Pacific region.

**Organisations and
services**

- 22** Formally pledge to support the implementation of cultural determinants in the RAPs, organisational constitutions and governance arrangements or as a stand-alone plan.
- 23** Display and promote activities that support multiple age group and intergenerational engagement with cultural determinants of health
- 24** Support the development of a family-based, cultural workforce.
- 25** Develop trauma-informed workforces to ensure a respectful engagement with Aboriginal and Torres Strait Islander peoples.



Families and Communities

26 Facilitate family aspiration workshops in which participants are supported to document the aspirations they have for themselves and their families.

27 Undertake cultural re-engagement, protection, revival and restorative projects that are led by families to support engagement with Country and connecting people to their culture.

On-Country Initiatives

28 Develop communities of practice to create and sustain ecological approaches to creating healthy people and Country by involving on-Country workforces made up of rangers, traditional ecological knowledge practitioners, ecologists and forest managers.

Embedding cultural determinants in implementation, monitoring and research efforts

Aboriginal and Torres Strait Islander peoples' cultural determinants are aligned to, and transmitted between, generations. If we are to uphold people's desire for cultural continuity, respect and responsibility, we will need to engage with and promote local cultural principles and protocols – such as community leadership, heritage protection, revitalisation of languages and other determinants – that reflect local priorities, perspectives and voices and elevate local power over governance, design and delivery. To achieve this will require a commitment of resources to ensure that culturally relevant knowledge translation occurs through implementation processes aligned to cultural governance and Elder-wisdom structures. This will necessitate the Australian health care system working in tandem with housing and wealth-creating organisations:

- ▶ to ensure multi and intergenerational considerations are accounted for in the implementation process so as to promote family and clan-based knowledge and exchange;
- ▶ to facilitate learning and exchange opportunities across and between local and regional language groups, organisations and individuals to drive the creation, development, production and distribution of cultural works;
- ▶ to support locally driven research, completed by researchers on behalf of local communities, building on the development of targets (cultural and clinical, wealth and housing related) in monitoring and evaluation frameworks for services, industry and programs;
- ▶ to embed resources that support people to connect to Country and revitalise language development in all policies and programs relating to Aboriginal and Torres Strait Islander peoples; and
- ▶ to negotiate intellectual property rights.

Ultimately, all cultural determinants will need to facilitate and support community members to achieve individual and collective autonomy, empowerment, healing, attitude shifts, relationship strengthening and efforts that positively impact on other social determinants and support them to live their best life. Cultural-strengthening activities will need to be appreciated in the way that clinical activities are – for achieving health and wellbeing – and should reflect the following:

- ▶ Has the activity enhanced the individual's relationship with their family?
- ▶ Has it enhanced their capacity to exercise their cultural roles and responsibilities, and to function as part of their community?
- ▶ Has the activity considered their cultural needs?
- ▶ Have its process and outcomes supported the person to achieve their cultural and family aspirations?
- ▶ Is there a well-ness orientation to this work? (Sones et al. 2010)

Current research projects led by and supporting Aboriginal and Torres Strait Islander researchers also have a role in expanding the evidence base for cultural determinants of health and wellbeing by:

- ▶ establishing clearinghouses for resources, tools and program evaluations to support the development of culturally safe models of service delivery;
- ▶ developing an evidence base for the use of cultural healing and on-Country wellbeing;
- ▶ ensuring all cultural determinants work is evaluated to inform what works;
- ▶ showing evidence of the development and utilisation of a cultural determinants' workforce;
- ▶ supporting the training of peer researchers to work within family, clan and community groups; and
- ▶ Implement Domain 6 (on data, planning, research and evaluation) of the Cultural Respect Framework 2016–2026 (AHMAC 2016).

Engaging cultural leaders and knowledge holders

Cultural determinants are best implemented through local and regional strategies that recognise cultural knowledge among Traditional Owner groups and in communities, the community-controlled movement, and the human rights, social justice and environmental sustainability sectors. In recognition of the many drivers of health and wellbeing that are situated outside of the health sector, those committed to implementing cultural determinants of health will need to foster critical connections and join together Indigenous worldviews with modern science and lived experiences. Intersectoral coalitions will thus be essential partners in Indigenous knowledge networks and joined-up policy initiatives. Cultural determinants are not concerned with critical mass, rather significant connections. In joint efforts, a process that takes place-based approaches and cultivates the emergence of new relationships, new knowledge and innovative ideas to scale, are crucial.

There are three overarching features of the models and frameworks used in implementation strategies:

- ▶ generating the evidence, then translating evidence into policy and practice;
- ▶ identifying the determinants that impact implementation outcomes and the barriers or enablers that influence them; and
- ▶ promoting the evaluation strategies that specify aspects of the implementation which have generated success (Nilsen 2015).


Cultural determinants may well be framed as a movement, rather than as a policy framework or a program through which to engage families. Systems that are effectively implementing cultural determinants know how to allow for and celebrate family success and family and community-led engagement. Most cultural determinants work will start with what families and individuals are doing well, and a recognition that

culture emerges in the places we live and in the connections we make. Thus, it will be the role of cultural leaders and knowledge holders to support individuals in meeting their aspirations through cultural processes, rather than through the implementation of strategies that focus on their deficits and needs. Engaging these cultural knowledge holders and leaders will necessitate a transition in theoretical practice, with pre-implementation strategies that foster resilience and protection and work with ecological and on-Country knowledge systems. This will require people to work with disciplines that link human health and healthy environments, and those building coalitions of like-minded people, change-capable networks and communities of practice.

Effective engagement can be realised through the following mechanisms:

- ▶ Employment and education – that Aboriginal and Torres Strait Islander cultural leaders and knowledge holders are trained, employed, empowered and valued to train and support health and other professionals delivering cultural determinants of health programs across all parts of the Australian health care system.
- ▶ Targets – that provide better engagement with family-based cultural leaders and knowledge holders as an ABN workforce who are tasked with the responsibility of working within their family and clan groups as service system navigators and cultural protectors in families.
- ▶ Payments to cultural mentors, leaders and knowledge holders – in as short a timeframe as possible to build cash flow and capability within Indigenous businesses.
- ▶ The participation of cultural leaders and knowledge holders – across care for Country, traditional ecological knowledge, housing and wealth creation, governance, planning exercises, systems and clinical pathways development. They also need to be involved at key times in the consumer journey, such as at presentation, assessment, admission, case conferencing, discharge planning and development of cultural care plans.

Table 17 • Implementation of cultural determinants

	1	Work with AIATSIS, Native Title bodies, PBCs, Lowitja Institute and other agencies committed to progressing cultural determinants of health to identify critical positions that could be occupied by cultural knowledge holders and leaders.
	2	Co-design implementation plans to fill these positions within a five-year timeframe.
	3	Ensure cultural leadership is present and supported in all relevant national committees.
	4	Create forums in which Aboriginal and Torres Strait Islander cultural leaders, experts, knowledge holders and researchers, along with Indigenous businesses and people with investments in the Indigenous Estate, can discuss what Aboriginal and Torres Strait Islander Australians might need for a 'good life'.
	5	Facilitate the same opportunities for individuals, families and communities to enhance personal autonomy and self-determination.
	6	Establish a position on IP and ensure cultural knowledge remains with cultural knowledge holders.



State/Territory level action	<p>7 Facilitate treaty processes with First Nations and Traditional Owner groups (as in Victoria and the Northern Territory).</p> <p>8 Invest in funding and resourcing cultural determinants activities across all age groups.</p> <p>9 Ensure that cultural knowledge holders and leaders act as advisors in the policy production processes on relevant State/Territory committees and other policymaking bodies.</p> <p>10 Engage Indigenous businesses in facilitating the achievement of cultural determinants of health by setting targets and making provisions for these activities in contracts.</p> <p>11 Make sure that recovery efforts from natural and other catastrophic events engage with and involve cultural knowledge holders, Traditional Owner groups and Aboriginal and Torres Strait Islander practices.</p> <p>12 Ensure Registered Training Organisations and other accreditation agencies include cultural determinants processes, knowledge holders and leaders in the development of courses through which the cultural workforce can be accredited and supported to work in their family and clan groups.</p>
LHN/PHN regional level action	<p>13 Have Aboriginal and Torres Strait Islander representatives on Boards, governance structures and in clinical councils.</p> <p>14 Hold quarterly meetings for cultural advisors to participate in dialogue and yarning circles as a commitment to building communities of practice, upskilling networks and recognising the strengths and benefits of cultural practices.</p>
Organisations and services	<p>15 Adopt a life course approach to the implementation of cultural determinants of health and wellbeing.</p> <p>16 Address intergenerational trauma through providing access to cultural services and supports.</p> <p>17 Invest in intergenerational programming to include Elders' engagement with younger generations, such as supporting programs that facilitate:</p> <ul style="list-style-type: none"> a Elders taking young people on-Country b Elders and young people creating artefacts, carving, learning dances and songs from Country in custodial settings; c preparing and sharing food; d the uptake of cultural parenting practices; e engaging families and communities in cultural enterprises; f preparing for and participating in Coming of Age ceremonies; and g communities with traditional connections joining together to heal Country through songlines, facilitating cleansing ceremonies, holding cultural events and ceremonies, etc.
Families and Communities	<p>18 Facilitate family aspiration workshops and support families to document the aspirations they have for themselves and their families.</p> <p>19 Undertake cultural re-engagement, protection, revival and restorative projects that are led by families who are supported to engage with Country and connect to their culture.</p>
On-Country Initiatives	<p>20 Develop communities of practice to sustain ecological approaches to healthy people and healthy Country, involving on-Country workforces of rangers, traditional ecological knowledge practitioners, ecologists and forest managers.</p>



Of importance here is the need to address the historic and contemporary exclusion of Aboriginal and Torres Strait Islander cultural knowledge holders and leaders in the development of initiatives meant to achieve health and wellbeing. Other domains within which these knowledge holders might have the ability to express their cultural leadership are in ecological knowledge, care for Country initiatives and in the protection of heritage and Native Title works. It is critically important to invite and involve the cross-fertilisation of people in these government portfolio areas to facilitate access to, and the embedding of, cultural principles into policy and practice, and to get their support for cultural governance, cultural activities and entrepreneurship. Equally important is the value of individual voices in these negotiations. All efforts should be made to ensure that the people who are affected by, or are end-users of, services and programs are engaged in all elements of the implementation process – from conceiving the ideas, setting the values and principles, navigating the implementation strategies, and evaluating the outcomes.

Implementation of Indigenous science and policy innovation

The relationship between people and the environment also forms an essential foundation for the organisation of Aboriginal and Torres Strait Islander culture, the categorisation of life experiences and the shaping of attitudes and patterns of thinking. It is these very processes and patterns that reinforce collective and intergenerational leadership and affirm the significance of land as the foundation for cultural governance and leadership. Because human identity is an extension of the environment, there are leadership qualities that cannot be separated from the natural world. Leadership for Aboriginal and Torres Strait Islander peoples is more fluid and consensus oriented. It is embedded in community and works with and respects diverse, culturally shaped notions of culture, health and wellbeing.

Fundamental to cultural leadership is an understanding of Indigenous science. Science knowledge is implicit in modern forms of cultural expression and can be seen in eco-poetry, fiction, art and film, social movements and representative bodies, as well as in work with industry, business and entrepreneurial activities. Leadership qualities that support the implementation of cultural determinants are those that recognise science as a human endeavour, as a mode of inquiry and as a process for understanding – of organising ideas, personal and social capabilities, critical and creative thinking, ethical understandings and intercultural exchange. Engaging with cultural leadership may require engagement with disciplines and strategies that can:

- ▶ work with diversity;
- ▶ understand and use the memory code;
- ▶ work with language group jurisdictions including watersheds and songlines; and
- ▶ work with complexity.

To implement cultural determinants agendas will require entrepreneurial policymakers and energetic programmers to facilitate systems of support within policy and programming, to mitigate perceptions of risk, to influence outcomes through the adoption of empowering language and to build change-ready coalitions. Policy entrepreneurs distinguish themselves by being prepared to promote policy approaches that are new within specific contexts. They work by:

- ▶ reframing problems and redefining policy solutions;
- ▶ using and expanding networks;
- ▶ creating policy advocacy and coalitions to support change and enable transformation;
- ▶ leading by example; and
- ▶ building momentum and scale-up change efforts.

They will need to work with cultural leaders and knowledge holders to develop and enact rights-based actions and deliver synthesis strategies, to reorient language from deficit to one of strength built from family aspirations, and to document and celebrate success.

Implementation at national, jurisdictional and regional levels

Policy entrepreneurs will need to engage across multiple institutions and respond to individual and collective cultural determinants domains advocated for in this Guide and in evidence-generative strategies that include the following:

- 1 Work with Aboriginal and Torres Strait Islander cultural leaders to develop a national approach that supports them to work sustainably in the Australian health care system and across relevant institutions to develop further Indigenous implementation science strategies for widespread adoption and adaptation.
- 2 Support cultural leaders and knowledge holders in their workforce and networking aspirations.
- 3 Develop strategies and networking opportunities for leaders with lived experience leaders (e.g. in mental health, HIV, or involved with justice issues), taking into account their additional support needs.
- 4 Bring together policy entrepreneurs with cultural knowledge holders and leaders to support and sustain efforts, and facilitate the changes needed, for Aboriginal and Torres Strait Islander peoples to live a good life.
- 5 Develop a network of advocates, champions and policy entrepreneurs who can work with Aboriginal and Torres Strait Islander peoples on the health and wealth of their communities and facilitate wealth creation opportunities by engaging with the Indigenous Estate and entrepreneurial activities.
- 6 Align domestic efforts with human rights principles and develop best practice models that demonstrate community leadership, gains and improvements to the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples, and encourage them to live their best life.



Final Word

Those responsible for implementing cultural determinants in families and communities are often ‘invisible’ to outsiders. And yet, as is known in these communities, a knowledge keeper must share knowledge as that is the responsibility of being a custodian of culture – to facilitate cultural continuity.

Culture is a mix of abstract worlds – of mind and spirit, and of reality; of land, kinship and cultural activities. Cultural knowledge holders are conduits who connect the abstract and the real through the expression of images, dances, song, language, rituals, objects, gestures and more (Yunkaporta 2019). Culture is as much a language of the spirit, the spirit of Country and the spirit inherent in cultural practices.

Connecting to Country and with cultural practices is a celebration of the birth of all things – of the sky and waters, of the earth and of space – and speaks of responsibility, of balance and of care and what needs attention paid to it. Customary practices teach First Peoples who they are and how they can be by promoting strength, deep knowing and good health and wellbeing. Each of these determinants on their own provide a pathway for Aboriginal and Torres Strait Islander peoples to experience connection, love and an appreciation for the cultural ways of achieving wellbeing. Together, these knowledge systems generate a deep appreciation for the ‘60,000 years of genius’ that has seen civilizations grow and prosper:

● ● ●

Aboriginal and Torres Strait Islander people did build houses, did cultivate and irrigate crops, did sew clothes, and were not hapless wanderers across the soil, mere hunters and gatherers. Aboriginal and Torres Strait Islander people were intervening in the productivity of this country and what has been learned through that process over many thousands of years will be useful to us all today.

(Pascoe 2018:156)

This is the collective heritage of Australia’s First Nations. Culture has provided the foundations for living on this continent for millennia and will be important in guiding 21st-century living so we can all thrive, flourish and prosper. Re-engaging with cultural determinants is essential for the acquisition of skills that are linked to ecological sustainability and are likely to make great impacts on the future wellbeing of all Australians.



List of References

- Abdilla, A. & Fitch, R. 2017, Indigenous knowledge systems and pattern thinking: An expanded analysis of the First Indigenous Robotic Prototype Workshop, *The Fibreculture Journal*, 28.
- Adams, K. 2015, *Mildura Welcome Baby to Country: A strength based approach to Aboriginal community wellbeing*, Monash University, Melbourne.
- Adamson, D., Andersen, K., Black, K., Elliot, E., Harwood, A., Heffernan, E. et al. 2012, Special Situations, Settings and Groups, in K. Lee, B. Freeburn, S. Ella, W. Miller, J. Perry & K. Conigrave (eds), *Handbook for Drug and Alcohol Work*, The University of Sydney, Sydney.
- Altman, J. 2007, March, *Allieviating Poverty in Remote Aboriginal Communities: The role of a hybrid economy*. Accessed January 2020 at: <https://pdfs.semanticscholar.org/373f/94ba0f8ccd6a8d0b4c5218c98fd3bce97d5b.pdf>.
- Altman, J. C. & Whitehead, P. J. 2003, *Caring for Country and Sustainable Indigenous Development: Opportunities, constraints and innovation*, Centre for Aboriginal Economic Policy Research, Australian National University (ANU), Canberra.
- Anderson, P. 1996, Priorities in Aboriginal health, in G. Robinson (ed.), *Aboriginal Health, Social and Cultural Transitions: Proceedings of a conference at the Northern Territory University*, NTU Press, Darwin, pp. 15–18.
- Andrews, G., Daylight, C. & Hunt, J. 2006, *Aboriginal Cultural Heritage Landscape Mapping of Coastal NSW*, cited in *Fact Sheet 1 – What is Aboriginal cultural knowledge?*, Department of Environment, Climate Change and Water, NSW Government, Sydney. Accessed 29 February 2020 at: <https://www.environment.nsw.gov.au/resources/cultureheritage/commconsultation/09782factsheet1.pdf>.
- Arabena, K. 2008, *Indigenous Epistemology and Wellbeing: Universe referent citizenship*, AIATSIS Research Discussion Paper No. 22, AIATSIS, Canberra.
- Arabena, K. 2010, Post-normal reconciliation – Using science to reframe the reconciliation agenda, lecture delivered at Australian National University, Canberra. Accessed 29 February 2020 at: https://openresearch-repository.anu.edu.au/bitstream/1885/147304/3/2010_kerry_arabena_transcript.pdf.
- Arabena, K. 2015, *Becoming Indigenous to the Universe: Reflections on living systems, Indigeneity and citizenship*, Australian Scholarly Publishing, Melbourne.
- Arabena, K., Armstrong, F., Berry, H., Brooks, P., Capon, T., Crabb, B. et al. 2018, Australian health professionals' statement on climate change and health, *The Lancet*, 392(10160):2169–70. doi:10.1016/S0140-6736(18)32610-2.
- Arabena, K. & Kingsley, J. 2016, Oceania, *Ecohealth*, 13(4):615–7.
- Arabena, K., Rowley, K. & MacLean, S. 2014, Building evidence about effective health promotion in Aboriginal and Torres Strait Islander communities, *Australian Journal of Primary Health*, 20:317–8.
- Aspin, C., Brown, N., Jowsey, T., Yen, L. & Leeder, S. 2012, Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait islander people with chronic illness: A qualitative study, *BMC Health Services Research*, 12(8 June):143.
- Atlas of Living Australia (ALA) 2018, The Tracks App: A bi-lingual mobile app exploring biodiversity in an Indigenous context, ALA, Canberra. Available at: <https://www.ala.org.au/blogs-news/the-tracks-app-a-bi-lingual-mobile-app-exploring-biodiversity-in-an-indigenous-context/>.
- Atlas of Living Australia 2020, Indigenous ecological knowledge, ALA, Canberra. Accessed 29 January 2020 at: <https://www.ala.org.au/indigenous-ecological-knowledge/>.
- Australian Bureau of Statistics (ABS) 2016, *2016 Census of Population and Housing*, ABS, Canberra.
- Australian Bureau of Statistics 2017, *2011.0 Census of Population and Housing: Reflecting Australia – Stories from Census 2016*, ABS, Canberra. Available at: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2011.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Article~12>.
- Australian Curriculum, Assessment and Reporting Authority (ACARA) 2019, *Australian Curriculum: Science – Aboriginal and Torres Strait Islander histories and cultures cross-curriculum priority*, ACARA, Canberra.
- Australian Government 2017a, *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, Department of Health, Australian Government, Canberra.
- Australian Government 2017b, *My Life My Lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the National Consultations December 2017*, Department of Health, Australian Government, Canberra. Available at: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/D2F6B905F3F667DACA2580D400014BF1/\\$File/My%20Life%20My%20Lead%20Consultation%20Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D2F6B905F3F667DACA2580D400014BF1/$File/My%20Life%20My%20Lead%20Consultation%20Report.pdf).



- Australian Government 2020, *Australia – OIE One Health Partnership*, Indo-Pacific Centre for Health Security and Australian Government, Canberra. Available at: <https://indopacifichealthsecurity.dfat.gov.au/australia-oie-one-health-partnership>.
- Australian Health Ministers' Advisory Council (AHMAC) 2016, *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health: A national approach to building a culturally respectful health system*, Department of Health, Australian Government, Canberra.
- Australian Human Rights Commission (AHRC) 2009, *Social Justice Report 2009*, AHRC, Sydney.
- Australian Human Rights Commission 2015, *'Little People, Big Futures': Advancing the rights, potential and aspirations of Aboriginal and Torres Strait Islander children*, Aboriginal and Torres Strait Islander Social Justice, AHRC, Sydney.
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 2012, *Guidelines for Ethical Research in Australian Indigenous Studies*, AIATSIS, Canberra.
- Australian Institute of Aboriginal and Torres Strait Islander Studies 2019, Map of Indigenous Australia, AIATSIS, Canberra. Available at: <https://aiatsis.gov.au/explore/articles/aiatsis-map-indigenous-australia>.
- Australian Medical Association (AMA) 2013, *Aboriginal and Torres Strait Islander Health Report Card 2012–2013: The Healthy Early Years – Getting the right start in life*, AMA, Canberra.
- Australian Medical Association 2019, *Environmental Sustainability in Health Care*, AMA, Canberra. Available at: <https://ama.com.au/position-statement/environmental-sustainability-health-care-2019>.
- Avery, S. 2018, *Culture Is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability*, University of Technology Sydney, Sydney.
- Barthel, R. & Seidl, R. 2017, Interdisciplinary collaboration between natural and social sciences – Status and trends exemplified in groundwater research, *PLOS One*, 12(1):e0170754.
- Belam, M. 2019, Greta Thunberg: Teenager on a global mission to 'make a difference', *The Guardian*, 26 September. Available at: <https://www.theguardian.com/environment/2019/sep/26/greta-thunberg-teenager-on-a-global-mission-to-make-a-difference>.
- Bennett, A. 2002, Researching youth culture and popular music: A methodological critique, *The British Journal of Sociology*, 53:451–66. Available at: <https://doi.org/10.1080/0007131022000000590>.
- Bennett, N., Whitty, T., Finkbeiner, E., Pittman, J., Bassett, H., Gelcich, S. & Allison, E. 2018, Environmental stewardship: A conceptual review and analytical framework, *Environmental Management*, 61:597–614.
- Ben-Shlomo, Y. & Kuh, D. 2002, A life course approach to chronic disease epidemiology: Conceptual models, empirical challenges and interdisciplinary perspectives, *International Journal of Epidemiology*, 31(2):285–93.
- Bernard van Leer Foundation 2006, *A Guide to General Comment 7: Implementing child rights in early childhood*, UN Committee on the Rights of the Child, The Hague.
- Bertilone, C. & McEvoy, S. 2015, Success in closing the gap: Favourable neonatal outcomes in a metropolitan Aboriginal Maternity Group Practice Program, *Medical Journal of Australia*, 203(6):262.
- Berry, T. 1999, *The Great Work: Our way into the future*, Bell Tower, New York.
- Bessant, J. & Watts, R. 2007, *Sociology Australia*, 3rd edn, Allen & Unwin Academic, Crows Nest, NSW.
- Biddle, N. & Sweet, H. 2012, The relationship between wellbeing and Indigenous land, language and culture in Australia, *Australian Geographer*, 43:215–32.
- Blagg, H. & Anthony, T. 2014, 'If those old women catch you, you're going to cop it': Night patrols, Indigenous women, and place based sovereignty in outback Australia, *African Journal of Criminology and Justice Studies*, 8(1):103–24.
- Blignault, I., Jackson Pulver, L., Fitzpatrick, S., Arkles, R., Williams, M., Haswell, M. & Grand Ortega, M. 2014, November 2014, *A Resource for Collective Healing for Members of the Stolen Generations: Planning, implementing and evaluating effective local responses*, prepared by Muru Marri, UNSW Sydney for Aboriginal and Torres Strait Islander Healing Foundation, Canberra. Accessed 29 February 2020 at: https://www.researchgate.net/publication/272026026_A_Resource_for_Collective_Healing_for_Members_of_the_Stolen_Generations_Planning_implementing_and_evaluating_effective_local_responses.
- Braithwaite, J., Churrua, K., Long, J., Ellis, L. & Herkes, J. 2018, When complexity science meets implementation science: A theoretical and empirical analysis of systems change, *BMC Medicine*, 16(63).
- Bridgewater, P., Régnier, M. & Wan, Z. 2012, *Healthy Planet, Healthy People – A guide to human health and biodiversity*, Secretariat of the Convention on Biological Diversity, Montreal. Available at: <https://www.cbd.int/health/doc/guide-biodiversity-health-en.pdf>.
- Brisbane City Council 2018, *Indigenous Aspirations Strategy*, Brisbane City Council, Brisbane. Available at: <https://www.brisbane.qld.gov.au/community-and-safety/community-support/aboriginal-and-torres-strait-islander-programs/indigenous-aspirations-strategy>.
- Brown, N. 2013, Culture is an important determinant of health, *Croakey Blog*. Available at: <https://croakey.org/culture-is-an-important-determinant-of-health-professor-ngiare-brown-at-naccho-summit/>.



- Brown, V. 2007, Collective Thinking for a connected world: Combining knowledges towards whole of community change, in P. Horwitz (ed.), *Ecology and Health: People and places in a changing world*, Organising Committee for the Asia-Pacific EcoHealth Conference 2007, Melbourne.
- Brown, V. 2008, *Leonardo's Vision: A guide to collective thinking and action*, Sense Publishers, Rotterdam.
- Brown, V., Harris, J. & Russell, J. 2010, *Tackling Wicked Problems through the Transdisciplinary Imagination*, Earthscan, Canberra.
- Brown, V. & Lambert, J. 2012, *Collective Learning for Transformational Change*, Routledge, London. Available at: <https://doi.org/10.4324/9780203105672>.
- Brundtland Commission 1987, *Our Common Future*, Oxford University Press, Oxford, UK.
- Burgess, C. P., Johnston, F. H., Berry, H. L., McDonnell, J., Yibarbuk, D., Gunabarra, C., Mileran, A. & Bailie, R. S. 2009, Healthy Country, healthy people: The relationship between Indigenous health status and 'caring for Country', *Medical Journal of Australia*, 190(10):567–72.
- Calma, T. & Dudgeon, P. 2013, Aboriginal mental health gap must be closed, *NACCHO Mental Health News*, 21 October. Available at: <https://nacchocommunique.com/2013/10/21/naccho-mental-health-news-aboriginal-mental-health-gap-must-be-closed-calma-dudgeon/>.
- Calma, T., Dudgeon, P. & Bray, A. 2017, Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health, *Australian Psychologist*, 52(4):255–60.
- Capon, A., Talley, N. & Horton, R. 2018, [Editorial] Planetary health: What is it and what should doctors do?, *Medical Journal of Australia*, 208(7).
- Catalano, R. F., Kosterman, R., Hawkins, J. D., Newcomb, M. D. & Abbott, R. D. 1996, Modeling the etiology of adolescent substance use: A test of the Social Development Model, *Journal of Drug Issues*, 26(2):429–55. <https://doi.org/10.1177/002204269602600207>.
- Christie M. J. 1990, Aboriginal science for the ecologically sustainable future, *Ngoonjook: Batchelor Journal of Aboriginal Education*, 4(November):56–68.
- Closing the Gap Clearinghouse 2013, *Strategies and Practices for Promoting the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People: Resource sheet no. 19*, Australian Institute of Health and Welfare, Canberra and Australian Institute of Family Studies (AIFS), Melbourne.
- Commission for Children and Young People 2019, *In Our Own Words: Systemic enquiry into the lived experience of children and young people in the Victorian out of home care system*, Commission for Children and Young People, Melbourne.
- Connolly, M., Crichton-Hill, Y. & Ward, T. 2006 *Culture and Child Protection: Reflexive responses*, Jessica Kingsley, London.
- Cooke, M. 1990, *Seeing Yolgnu, Seeing Mathematics*, Batchelor College, Batchelor, NT.
- Daley, P. 2019, The big jump: People might have lived in Australia twice as long as we thought, *The Guardian*, 11 March. Available at: <https://www.theguardian.com/australia-news/postcolonial-blog/2019/mar/11/a-big-jump-people-might-have-lived-in-australia-twice-as-long-as-we-thought>.
- Department of Aboriginal and Torres Strait Islander Policy and Development 2014, *Mina Mir Lo Ailan Mun: Proper communication with Torres Strait Islander people*, Australian Government, Canberra. Available at: <https://www.datsip.qld.gov.au/resources/datsima/people-communities/protocols-torres/tsi-protocols-for-consultation.pdf>.
- Department of Communications, Information, Technology and the Arts 2005, *Appendix 5: Freedom of Information, Annual report*, Australian Government, Canberra, p. 262.
- Department of Health 2019, *Health Emergency Preparedness and Response*, Australian Government, Canberra. Available at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-bio-index.htm>.
- Department of the Prime Minister and Cabinet 2018, Celebrating Indigenous cultures, *Closing the Gap: Prime Minister's Report 2018*, Australian Government, Canberra. Accessed 29 February 2020 at: <https://www.pmc.gov.au/sites/default/files/reports/closing-the-gap-2018/celebrating-indigenous-culture.html>.
- Dillon, M. C. & Westbury, N. D. 2007, *Beyond Humbug: Transforming government engagement with Indigenous Australians*, Seaview Press, West Lakes, SA.
- Diver, S. 2017, Negotiating Indigenous knowledge at the science policy interface: Insights from Xaxli'p Community Forest, *Environmental Science and Policy*, 73(July):1–11.
- Dockery, A. M. 2010, Culture and wellbeing: The case of Indigenous Australians, *Social Indicators Research*, 99:315–32. Available at: <https://doi.org/10.1007/s11205-010-9582-y>.
- Doctors for the Environment Australia (DEA) 2020, About us, DEA, Brunswick, Vic. Available at: <https://www.dea.org.au/about-dea/>.
- Dornan, P. & Woodhead, M. 2015, *How Inequities Develop through Childhood: Life course evidence from the Young Lives Cohort Study*, Innocenti Discussion Paper No. 2015-01, UNICEF Office of Research, Florence.



- Drury, L., Abrams, D. & Swift, H. 2017, *Making Intergenerational Connections: What are they, why do they matter and how to make more of them*, Centre for the Study of Group Processes, University of Kent, London.
- Dudgeon, P. & Bray, A. 2019, Indigenous relationality: Women, kinship and the law, *Genealogy*, 26 April. Available at: https://www.researchgate.net/publication/332693256_Indigenous_Relationality_Women_Kinship_and_the_Law.
- Durey, A., Thompson, S. & Wood, M. 2012, Time to bring down the twin towers in poor Aboriginal health care: Addressing institutional racism and misunderstandings in communication, *Internal Medicine*, 421 (January):17–22.
- Durie, M. 2004, Understanding health and illness: Research at the interface between science and indigenous knowledge, *International Journal of Epidemiology*, 33(5):1138–43.
- Durie, M. 2008, Cultural beliefs, in W. Kirch (ed.), *Encyclopedia of Public Health*, Springer, Dordrecht, pp. 182–9.
- Dwyer, J., O'Donnell, K., Lavoie, J., Marlina, U. & Sullivan, P. 2011, *The Overburden Report: Contracting for Indigenous health services*, The Lowitja Institute, Melbourne.
- Ens, E. J., Pert, P., Clarke, P. A., Budden, M., Clubb, L., Doran, B. et al. 2015, Indigenous biocultural knowledge in ecosystem science and management: Review and insight from Australia, *Biological Conservation*, 181:133–49. <http://dx.doi.org/10.1016/j.biocon.2014.11.008>.
- Expert Working Group on Indigenous Engagement with Science 2013, *Indigenous Engagement with Science: Toward deeper understandings*, Inspiring Australia, National Science and Technology Centre, Department of Innovation, Industry, Climate Change, Science, Research and Tertiary Education, Canberra.
- Felton-Busch, C. 2014, Birthing on Country: An elusive ideal?, *Contemporary Nurse*, 33(2):161–2. Accessed 17 December 2019 at: <https://www.tandfonline.com/doi/abs/10.5172/conu.2009.33.2.161>.
- Fiocco, P. 2019, *Towards an Alternative Approach to Policy Design to Empower Indigenous Australians in the Upcoming Green Economy: A cross-cultural service design-thinking framework*, Swinburne Institute, Melbourne.
- First 1000 Days Australia & Aboriginal Housing Victoria 2018, *More than a Landlord Household Pilot Study: Report*, Indigenous Health Equity Unit, The University of Melbourne and Aboriginal Housing Victoria, Melbourne.
- First Peoples Disability Network (FPDN) 2018, *Ten Priorities to Address Disability Inequity In Aboriginal and Torres Strait Islander Communities for the NDS and the NDIS*, FPDN, Sydney South, NSW. Available at: <https://fpdn.org.au/wp-content/uploads/2018/10/FPDN-ten-priorities-2018.pdf>.
- Fitzsimmons, H. 2016, The world's oldest observatory? How Aboriginal astronomy provides clues to ancient life, *ABC News*, 13 October. Available at: <https://www.abc.net.au/news/2016-10-12/aboriginal-astronomy-provides-clues-to-ancient-life/7925024>.
- Fletcher, C. 2009, *Indigenous Knowledge: Caring for culture and Country. Key forum report 2008*, Yothu Yindi Foundation and Charles Darwin University, Darwin.
- Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J. 2018, *Deficit Discourse and Strengths-based Approaches: Changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing*, National Centre for Indigenous Studies and The Lowitja Institute, Melbourne.
- Fogarty, W., Bulloch, H., McDonnell, S. & Davis, M. 2018, *Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy*, National Centre for Indigenous Studies and The Lowitja Institute, Melbourne.
- Foley, D. 2003, Indigenous epistemology and Indigenous standpoint theory, *Social Alternatives*, 22(1):44–52.
- Fulcher, L., 2012, Culturally responsive work with Indigenous children and families, *Reclaiming Children & Youth*, 21(3):53–7.
- Gammage, B. 2012, *The Biggest Estate on Earth: How Aborigines made Australia*, Allen & Unwin, Sydney.
- Ganesharajah, C. 2009, *Indigenous Health and Wellbeing: The importance of Country*, AIATSIS, Canberra.
- Gee, G., Dudgeon, P., Schultz, C., Hart, A. & Kelly, K. 2014, Aboriginal and Torres Strait Islander social and emotional wellbeing, in P. Dudgeon, H. Milroy & R. Walker (eds), *Working Together: Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing principles and practice*, Commonwealth of Australia, Canberra, pp. 55–68.
- Geia, L. & Sweet, M. 2015, #IHMayDay: Showcasing Indigenous knowledge and innovation, paper presented at 13th National Rural Health Conference, Darwin.
- Green, D. 2006, *Climate Change and Health: Impacts on remote Indigenous communities in northern Australia*, CSIRO Marine and Atmospheric Research Paper 012, CSIRO Australia, Aspendale, Vic. Available at: <https://pdfs.semanticscholar.org/1b52/bd0c5ce033ddacfc672bd46311d83a689151.pdf>.
- Grievies, V. 2009, *Aboriginal Spirituality: Aboriginal Philosophy – The basis of Aboriginal social and emotional wellbeing*, Cooperative Research Centre for Aboriginal Health, Darwin.
- Hajkowicz, S., Cook, H. & Littleboy, A. 2012, *Our Future World: Global megatrends that will change the way we live – The 2012 revision*, CSIRO, Melbourne.
- Hajkowicz, S., Cook, H. & Littleboy, A. 2018, *Our Future World: Global megatrends report*, CSIRO, Brisbane.



- Halpern, D. 2015, *Inside the Nudge Unit*, Ebury Publishing, London.
- Hamacher, D. 2016, The memory code: How oral cultures memorise so much information, *The Conversation*, 5 October.
- Healey, J. M. 1998, *Failure to Connect: How computers affect our children's minds – For better and worse*, Simon & Schuster, New York.
- Healey, L., Connolly, M. & Humphreys, C. 2018, A collaborative practice framework for child protection and specialist domestic and family violence services: Bridging the research and practice divide, *Australian Social Work*, 71(2):228–37. doi: [10.1080/0312407X.2017.1409777](https://doi.org/10.1080/0312407X.2017.1409777)
- Healing Foundation 2012, *Implementing Healing for Children and Young People: Putting evidence into action*, Healing Foundation, Canberra.
- Healing Foundation 2017, *Our Healing, Our Way: Leading and shaping our future. National Youth Healing Forum report*, Healing Foundation, Canberra. Available at: https://healingfoundation.org.au/app/uploads/2017/12/HF_National_Youth_Healing_Forum_Report_Nov2017_V7_WEB.pdf.
- Heerema, E. 2007, May, *How to Improve Your Memory Using the Method of Loci*, Very Well Health. Available at: <https://www.verywellhealth.com/will-the-method-of-loci-mnemonic-improve-your-memory-98411>.
- Henson, M., Sabo, S., Trujillo, A. & Teufel-Shone, N. 2018, Identifying protective factors to promote health in American Indian and Alaska Native adolescents: A literature review, *The Journal of Primary Prevention*, 38(1–2):5–26.
- Hess, J., McDowell, J. & Luger, G. 2012, Integrating climate change adaptation into public health practice: Using adaptive management to increase adaptive capacity and build resilience, *Environmental Health Perspectives*, 120(2):171–9.
- Hill, R., Pert, P., Davies, J., Robinson, C., Walsh, F. & Falco-Mammone 2013, *Indigenous Land Management in Australia: Extent, scope, diversity, barriers and success factors*, CSIRO, Canberra.
- Horton, D. R. 1996, *Aboriginal and Torres Strait Islander Language Map*, AIATSIS, Canberra.
- Hunt, J. 2013a, *Engaging with Indigenous Australia – Exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities*, Australian Institute of Health and Welfare, Canberra.
- Hunt, J. 2013b, *Engagement with Indigenous Communities in Key Sectors*, Australian Institute of Health and Welfare, Canberra.
- Hunter, E. 1997, Double talk: Changing and conflicting constructions of Indigenous mental health, *Australian and New Zealand Journal of Psychiatry*, 31:820–7.
- Indigenous Land and Sea Corporation (ILSC) 2020, Ayers Rock Resort NT, Australian Government, Canberra. Available at: <https://www.ilsc.gov.au/home/project-profiles/ayers-rock-resort/>.
- IUHP World Conference 2019, April 11, *Waiora – Indigenous People's Statement for Planetary Health and Sustainable Development*, Health Promotion Forum of New Zealand. Accessed January 2020 at: <https://hauora.co.nz/waiora-indigenous-peoples-statement-for-planetary-health-and-sustainable-development/>.
- Jahan, E. & Shakil, R. H. 2015, A critical analysis on the adolescent's relationship with their parents, *IOSR Journal of Humanities and Social Science*, October:49–60.
- Janke, T. 2012, *New Tracks: Indigenous knowledge and cultural expression and the Australian intellectual property system*, Terri Janke & Company, Sydney.
- Jeggo, M., Arabena, K. & Mackenzie, J. 2019, One Health and global security into the future, in M. Walton (ed.), *One Planet, One Health*, Sydney University Press, Sydney, pp. 21–52.
- Johnston, L., Doyle, J., Morgan, B., Atkinson-Briggs, S., Firebrace, B., Marika, M. et al. 2013, A review of programs that targeted environmental determinants of Aboriginal and Torres Strait Islander health, *International Journal of Environmental Research and Public Health*, 10(8):3518–42.
- Jones, R., Thurber, K. & Chapman, J. 2018, Study protocol: Our cultures count, the Mayi Kuwayu Study, a national longitudinal study of Aboriginal and Torres Strait Islander wellbeing, *BMJ Open*, 8:e023861. doi:10.1136/bmjopen-2018-023861.
- Kay, J. & Regier, H. 2000, Uncertainty, complexity and ecological integrity: Insights from an ecosystems approach, in P. Crabbe, A. Holland, L. Ryszkowski & L. Westra (eds), *Implementing Ecological Integrity*, Nato Science Series: Springer, New York.
- Keen, I. 2006, *Aboriginal Economy and Society: Australia at the threshold of colonisation*, Melbourne University Press, Melbourne.
- Kezelman, C. & Stavropoulos, P. 2012, *The Last Frontier: Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*, Blue Knot Foundation and Royal Australian College of General Practitioners, Sydney.
- Kimberley Aboriginal Law and Cultural Centre (KALCC) 2019, *Kimberley Aboriginal Caring for Culture Initial Consultation Report*, KALCC, Fitzroy Crossing, WA. Accessed 29 February 2020 at: <http://kalacc.org/wp-content/uploads/2019/03/Kimberley-Aboriginal-Caring-for-Culture-Consultation-Report.pdf>.
- Kingdon, J. 1984, *Agendas, Alternatives and Public Policies*, University of Michigan, Ann Arbor, MI.



- Kingsley, J., Munro-Harrison, E., Jenkins, A. & Thorpe, A. 2018, 'Here we are part of a living culture': Understanding the cultural determinants of health in Aboriginal gathering places in Victoria, Australia, *Health and Place*, 54 (November):210–20.
- Kowal, E. 2012, Genetic research in Indigenous health: Significant progress, substantial challenges, *Medical Journal of Australia*, 197(1):19–20.
- Kowal, E. 2016, The promise of indigenous epigenetics, *Discover Society*, 4 October. Available at: <https://discoversociety.org/2016/10/04/the-promise-of-indigenous-epigenetics/>.
- Kowal, E., Rouhani, L. & Anderson, I. 2011, *Genetic Research in Aboriginal and Torres Strait Islander Communities: Beginning the conversation*, The Lowitja Institute, Melbourne.
- Kudlova, E. 2004, Life cycle approach to child and adolescent health, *Central European Journal of Public Health*, 12(3):166–70.
- Langton, M. 2011, *Trepang: China and the story of Macassan–Aboriginal trade*, Centre for Cultural Materials Conservation, The University of Melbourne, Melbourne.
- Larson, S., Stoeckl, N., Jarvis, D., Grainger, D. & Watkin Lui, F. 2020, Indigenous Land and Sea Management Programs (ILSMPs) enhance the wellbeing of Indigenous Australians, *International Journal of Environmental Research and Public Health*, January. Available at: <https://doi.org/10.3390/ijerph17010125>.
- Lawal, A. K., Rotter, T., Kinsman, L., Machotta, A., Ronellenfitsch, U. & Scott, S. D. et al. 2016, What is a clinical pathway? Refinement of an operational definition to identify clinical pathway studies for a Cochrane systematic review, *BMC Medicine*, 14(35). Accessed 29 February 2020 at: <https://doi.org/10.1186/s12916-016-0580-z>.
- Lawrence, R. 2007, *Research on Strong Indigenous Communities: Brief 1*, Indigenous Justice Clearinghouse, Department of Communities and Justice, NSW Government, Sydney. Accessed 29 February 2020 at: <https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/publications/files/brief001.v1.pdf>.
- Leidy, L. E. 1996, Lifespan approaches to the study of human biology: An introductory overview, *American Journal of Human Biology*, 8(6):699–702.
- Leopold, A. 1949, *A Sand Almanac, and Sketches Here and There*, Oxford University Press, New York.
- Lohoar, S., Butera, N. & Kennedy, E. 2014, *Strengths of Australian Aboriginal Cultural Practices in Family Life and Child Rearing*, Child Family Community Australia (CFCA) Paper No. 25, AIFS, Melbourne.
- Lovett, R., Thurber, K., Wright, A., Maddox, R. & Banks, E. 2017, Deadly progress: Changes in Australian Aboriginal and Torres Strait Islander adult daily smoking, 2004–2015, *Public Health Research Practice*, 27(5):e2751742. Accessed 29 February 2020 at: <http://www.phrp.com.au/issues/december-2017-volume-27-issue-5/deadly-progress-changes-australian-aboriginal-torres-strait-islander-adult-daily-smoking-2004-2015/>.
- Luetjens, J. 2017, *A Primer on Policy Entrepreneurs*, Australia and New Zealand School of Government, Carlton, Vic. Available at: <https://www.anzso.gov.au/resource-library/news-media/a-primer-on-policy-entrepreneurs>.
- Lui, F., Natalie, S., Delisle, N., Kiatoski-Kim, M. & Marsh, H. 2016, Motivations for sharing bushmeat with an urban diaspora in Indigenous Australia, *Human Dimensions of Wildlife*, 21(4):345–60.
- Lutschini, M. 2005, Engaging with holism in Australian Aboriginal health policy – A review, *Australian and New Zealand Health Policy*, 2:15.
- Lynch, J. & Smith, G. 2005, A life course approach to chronic disease epidemiology, *Annual Review of Public Health*, 26:1–35.
- Mafil'o, T., Mitera, J. & Mila, K. 2019, Pacific–Indigenous social work theories, in J. Ravulo, T. Mafil'o & D. Bruce-Yates (eds), *Pacific Social Work: Navigating practice, policy and research*, Routledge, New York.
- Marks, T. & Duray, A. 2019, Growing up cultured: Creating on screen aspirations for our young ones, *NITV*. Accessed 20 February 2020 at: <https://www.sbs.com.au/nitv/article/2018/11/30/growing-cultured-creating-screen-aspirations-our-young-ones-1>.
- Marshall, G. 2006, Desert houses, energy and water use: Living with the climate, paper presented at The Sharing Knowledge Workshop, 30–31 March, CSIRO, Darwin.
- Mazel, O. 2016, Self-determination and the right to health: Australian Aboriginal Community Controlled Health Services, *Human Rights Law Review*, 16(2):323–55. Accessed 29 February 2020 at: <https://doi.org/10.1093/hrlr/ngw010>.
- McMichael, A., Woodruff, R., Whetton, P., Hennessy, K., Nicholls, N., Hales, S. et al. 2003, *Human Health and Climate Change in Oceania: A risk assessment*, Department of Health and Ageing, Australian Government, Canberra.
- McMichael, T., Blanski, G. & Karoly, D. 2007, Climate change and primary health care, *Australian Family Physician*, 36(12):986–9.
- McPhail-Bell, K., Appo, N., Haymes, A., Bond, C., Brough, M. & Fredericks, B. 2017, Deadly choices empowering Indigenous Australians through social networking sites, *Health Promotion International*, 33(5):770–80. Accessed 29 February 2020 at: <https://doi.org/10.1093/heapro/dax014>.
- Mibbinbah Spirit Healing 2020, About Mibbinbah, Mibbinbah Spirit Healing, Tugan, Qld. Accessed 29 February 2020 at: <https://www.mibbinbah.org/home/about-mibbinbah>.



Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) 2008, *Melbourne Declaration on Educational Goals for Young Australians*, MCEETYA, Melbourne.

Minstrom, M. & Luetjens, J. 2017, Policy entrepreneurs and problem framing: The case for climate change, *Environment and Planning C: Politics and Space*, 10 May.

Minstrom, M. & Norman, P. 2009, Policy entrepreneurship and policy change, *Policy Studies Journal*, 37(4):649–67.

Mission Australia 2014, *Indigenous Aspirations: Employment and educational opportunities for Aboriginal and Torres Strait Islander youth*, Mission Australia, Sydney.

Morley, S. 2015, *What Works in Effective Indigenous Community-managed Programs and Organisations*, CFCA Paper No. 32, AIFS, Melbourne. Accessed 24 February 2020: <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-paper32-indigenous-programs.pdf>.

Moore, T., Noushin, A., Deery, A. & West, S. 2017, *The First 1000 Days: An evidence paper*, Murdoch Children's Research Institute, Melbourne.

Morrison, J. 2007, Caring for Country, in J. Altman & M. Hinkson (eds), *Coercive Reconciliation: Stabilise, normalise, exit Aboriginal Australia*, Arena Publications Association, Melbourne, pp. 249–61.

Muir, S. & Dean, A. 2007, *Evaluating the Outcomes of Programs for Indigenous Families and Communities*, AIFS, Melbourne. Accessed 29 February 2020 at: <https://aifs.gov.au/sites/default/files/fm99-muir-dean.pdf>.

National Aboriginal Community Controlled Health Organisation (NACCHO) 2006, Definition of Aboriginal health, NACCHO, Sydney. Available at: <https://www.naccho.org.au/about/aboriginal-health-history/definitions/>.

National Aboriginal Health Strategy Working Party (NAHSWP) 1989, *A National Aboriginal Health Strategy*, Department of Aboriginal Affairs, Australian Government, Canberra.

National Aboriginal Sporting Chance Academy (NASCA) 2020, About us, NASCA, Redfern, NSW. Accessed January 2020 at: www.nasca.org.au.

National Health and Medical Research Council (NHMRC) 2018, *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for researchers and stakeholders*, NHMRC, Canberra.

Nilsen, P. 2015, Making sense of implementation theories, models and frameworks, *Implementation Science*, 10(53). Accessed 29 February 2020 at: <https://doi.org/10.1186/s13012-015-0242-0>.

NITV 2019, *The Imagination Declaration of the Youth Forum*, Garma 2019, 7 August. Available at: <https://www.sbs.com.au/nitv/nitv-news/article/2019/08/05/imagination-declaration-youth-forum-read-garma-2019>.

Office for the Arts 2009, *Indigenous Languages – A national approach 2009*, Australian Government, Canberra. Available at: www.arts.gov.au/indigenous/languages.

Office of Aboriginal Health (OAH) 2003, *Aboriginal Cultural Security: A background paper*, Western Australian Department of Health, Perth.

Olaniran, A., Smith, H., Unkels, R., Bar-Zeev, S. & van den Broek, N. 2017, Who is a community health worker? A systematic review of definitions, *Global Health Action*, 10:127–223.

Oster, R., Grier, A., Lightning, R., Mayan, M. & Toth, E. 2014, Cultural continuity, traditional Indigenous language and diabetes in Alberta First Nations: A mixed methods study, *International Journal for Equity in Health*, 13(92).

Parkes, M. 2011, Diversity, emergence, resilience: Guides for a new generation of ecohealth research and practice, *Ecohealth*, 82:137–9.

Parkes, M., Morrison, K., Bunch, M., Hallstrom, L., Neudoerffer, C., Venema, H. & Waltner Toews, D. 2010, Towards integrated governance for water, health and social–ecological systems: The watershed governance prism, *Global Environmental Change*, 20:693–704.

Pascoe, B. 2018, *Dark Emu: Black seeds – Agriculture or accident?*, Magabala Books, Broome, WA.

Piesse, E. 2018, Australia's biggest Native Title settlement, *ABC News*, 17 October. Available at: [https://www.abc.net.au/news/2018-10-17/australia-biggest-native-title-claim-worth-\\$1.3b-registered/10386774](https://www.abc.net.au/news/2018-10-17/australia-biggest-native-title-claim-worth-$1.3b-registered/10386774).

Popp, J. 2018, How Indigenous knowledge advances modern science and technology, *The Conversation*, 3 January. Available at: <https://phys.org/news/2018-01-indigenous-knowledge-advances-modern-science.html>.

Poroch, N., Cooperative Research Centre for Aboriginal Health (CRAH), Winnunga Nimmityjah Aboriginal Health Service & AIATSIS 2009, *Spirituality and Aboriginal People's Social and Emotional Wellbeing: A review*, CRAH, Casuarina, NT.

Primary Health Network Northern Territory (PHN NT) 2019, *National Suicide Prevention Trial: Community consultation report*, August 2019, PHN NT, Darwin. Available at: https://www.ntphn.org.au/files/NT_PHN_Community_Consultation_Report_WEB.pdf.

Public Health Association of Australia (PHAA) 2020, Ecology and Environment Special Interest Group. Available at: <https://www.phaa.net.au/about-us/SIGs/ecology-environment>.



- Purdie, N., Frigo, T., Ozolins, C., Noblett, G., Thieberger, N. & Sharp, J. 2008, *Indigenous Languages Programmes in Australian Schools – A way forward*, Australian Council for Educational Research, Camberwell, Vic.
- PwC Indigenous & Karabena Consulting 2020, *Housing, Health and Wealth Creation*, PwC Indigenous, Sydney.
- Rabinowitz, P. M., Pappaioanou, M., Bardosh, K. L. & Conti, L. 2018, A planetary vision for One Health, *BMJ Global Health*, 3(5):e001137.
- Ritte, R., Panozzo, S., Johnston, L., Agerholm, J., Kvernmo, S., Rowley, K. & Arabena, K. 2016, An Australian model of the First 1000 Days: An Indigenous-led process to turn an international initiative into an early-life strategy benefiting indigenous families, *Global Health, Epidemiology and Genomics*, 1(6 June).
- Robinson, G., Tyler, W., Jones, Y., Silburn, S. & Zubrick, S. 2011, Context, diversity and engagement: Early intervention with Australian Aboriginal families in urban and remote contexts, *Children and Society*, 26(5):343–55.
- Rose, D. 1996, *Nourishing Terrains: Australian Aboriginal views of landscape and wilderness*, Australian Heritage Commission, Canberra.
- Rowley, K., O'Dea, K., Anderson, I., McDermott, R., Karmananda, S., Tilmouth, R. et al. 2008, Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community, *Medical Journal of Australia*, 188:283–7.
- Rudder, J. 1983, Qualitative thinking: An examination of the classificatory systems evaluative systems and cognitive structures of the Yolgnu people of East Arnhem Land, Masters Thesis, ANU, Canberra.
- Salmon, E. 2000, Kincentric ecology: Indigenous perceptions of the human–nature relationship, *Ecological Applications*, 10(5):1327–32. Accessed 24 February 2020 at: <https://www.fws.gov/nativeamerican/pdf/tek-salmon-2000.pdf>.
- Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. 2018, *Links between Aboriginal and Torres Strait Islander Culture and Wellbeing: What the evidence says*, Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing, ANU, Canberra.
- 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, ANU, Canberra.
- Scott, D., Higgins, D. & Franklin, R. 2012, *The Role of Supervisory Neglect in Childhood Injury*, CFCA Paper No. 8, AIFS, Melbourne. Available at: <https://aifs.gov.au/cfca/sites/default/files/cfca/pubs/papers/a142582/cfca08.pdf>.
- SEED 2020, Australia's first Indigenous youth climate network. Available at: <https://www.seedmob.org.au>.
- Shahid, S., Blears, R., Bessarab, D. & Thompson, S. 2010, 'If you don't believe it, it won't help you': Use of bush medicine in treating cancer among Aboriginal people in Western Australia, *Journal of Ethnobiology Ethnomedicine*, 6(18). Available at: <https://doi.org/10.1186/1746-4269-6-18>.
- Shibasaki, S., Sibthorpe, B., Watkin-Lui, F., Harvey, A., Grainger, D., Hunter, C. & Tsey, K. 2019, Flipping the research knowledge translation perspective on knowledge use: A scoping study, *Alternative: An International Journal of Indigenous Peoples*, 15(3):271–80.
- Silburn, S., Nutton, G., Arney, F. & Moss, B. 2011, *The First 5 years: Starting early. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan*, Northern Territory Government, Darwin.
- Simpson, J., Caffery, J. & McConnell, P. 2009, *Gaps in Australia's Indigenous Language Policy: Dismantling bilingual education in the Northern Territory*, AIATSIS Research Discussion Paper No. 24, AIATSIS, Canberra.
- Sivak, L., Westhead, S., Richards, E., Atkinson, S., Richards, J., Dare, H. et al. 2019, 'Language breathes life' – Barngarla community perspectives on the wellbeing impacts of reclaiming a dormant Australian Aboriginal language, *International Journal of Environmental Research and Public Health*, 16(20).
- Smee, B. 2018, Welcoming babies to Country: The Indigenous ceremony revived after 80 years, *The Guardian*, 8 July. Accessed 29 January 2020 at: <https://www.theguardian.com/australia-news/2018/jul/09/welcoming-babies-to-country-the-indigenous-ceremony-revived-after-80-years>.
- Smethurst, S. 2020, Meet the all-female Indigenous fire crew protecting community, family and sacred land, *Women's Weekly*. Accessed 29 January 2020 at: <https://www.nowtolove.com.au/news/local-news/indigenous-all-female-fire-crew-australia-62022>.
- Sones, R., Hopkins, C., Manson, S., Durie, M. & Naquin, V. 2010, The Whararata Declaration – The development of Indigenous leaders in mental health, *The International Journal of Leadership in Public Services*, 6(1):53–63.
- South West Aboriginal Land and Sea Council (SWALSC) 2020, Settlement Agreement, SWALSC, Cannington, WA. Accessed 6 February 2020 at: <http://www.noongar.org.au/settlement-agreement>.
- Stanford Encyclopedia of Philosophy 2016, Value theory, in E. N. Zalta (ed.), *Stanford Encyclopedia of Philosophy*, Stanford University, Stanford, CA. Available at: <https://plato.stanford.edu/entries/value-theory/>.
- State Government of Victoria 2016, Trauma and teenagers – Common reactions, *Better Health Channel*. Available at: <https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-teenagers-common-reactions>.



- Stathi, S. & Vezzali, L. 2017, *Intergroup Contact Theory: Recent developments and future directions*, Routledge, London.
- Stone, W. & Hugh, J. 2002, Understanding community strengths, *Family Matters*, 61:62–7.
- Sullivan, P. 2011, *Belonging Together: Dealing with the politics of disenchantment in Australian Indigenous policy*, Aboriginal Studies Press, Canberra.
- Taylor, J. & Fry, E. 2016, *Unlocking the Economic Potential of the Indigenous Estate*, KPMG, Canberra.
- Thomson, D. 1949, *Economic Structure and the Ceremonial Exchange Cycle in Arnhem Land*, Macmillan, Melbourne.
- Thorpe, A., Arabena, K., Sullivan, P., Silburn, K. & Rowley, K. 2016, *Engaging First Peoples: A review of government engagement methods for developing health policy*, The Lowitja Institute, Melbourne.
- Tiffon, C. 2018, The impact of nutrition and environmental epigenetics on human health and disease, *International Journal of Molecular Science*, 19(11):3425.
- Tilbury, C., Burton, J., Sydenham, E., Boss, R. & Louw, T. 2013, *Aboriginal and Torres Strait Islander Child Placement Principle: Aims and core elements*, Secretariat of National Aboriginal and Islander Child Care (SNAICC), Melbourne.
- Tonkinson, R. 2011, *Landscape, Transformations and Immutability in an Aboriginal Australian Culture*, The University of Western Australia, Perth.
- Torres, A. M. & Monteiro, C. 2002, Toward an ecology minded public health?, *Journal of Epidemiology and Community Health*, 56(2):82.
- Tsey, K., McCalman, J., Bainbridge, R. & Brown, C. 2012, *Improving Indigenous Community Governance through Strengthening Indigenous and Government Organisational Capacity: Resource sheet no. 10*, Closing the Gap Clearinghouse, AIFS, Melbourne. Available at: https://researchonline.jcu.edu.au/19130/1/Governance_resource_sheet_No_10_-_final_published_version.pdf.
- United Nations (UN) 2007, *Declaration on the Rights of Indigenous People*, UN, Geneva.
- United Nations 2008, *Millennium Development Goals Report 2008*, UN, New York. Available at: <https://www.un.org/development/desa/en/>.
- United Nations 2009, *Convention on the Rights of the Child: Indigenous children and their rights under the Convention*, UN, Geneva.
- United Nations 2015, *Transforming Our World: The 2030 Agenda for Sustainable Development*, UN, Geneva.
- Veazie, M., Teufel-Shone, N., Silverman, G., Connolly, A., Warne, S., King, B., Lebowitz, M. & Meister J. 2001, Building Community Capacity in Public Health: The role of action-oriented partnerships, *Journal of Public Health Management Practice*, 7(2):21–32.
- Vicary, D. & Westerman, T. 2004, 'That's just the way he is': Some implications of Aboriginal mental health beliefs, *Advances in Mental Health*, 3(3). doi: 10.5172/jamh.3.3.103.
- Wahid, A., Ahmad, M. S., Talib, N. A., Shah, I. A., Tahir, M., Jan, F. A. & Saleem, M. Q. 2016, Barriers to empowerment: Assessment of community-led local development organizations in Pakistan, *Renewable and Sustainable Energy Reviews*, Elsevier, 74(C):1361–70.
- Waltner-Toews, D. & Kay, J. 2005, The evolution of an ecosystem approach: The diamond schematic and adaptive methodology for ecosystems sustainability and health, *Ecology and Society*, 101. Available at: <http://www.ecologyandsociety.org/vol10/iss1/art38/>.
- Warlukurlangu Artists of Yuendumu 2020, Dog program, Warlukurlangu Artists Aboriginal Corporation, Yuendumu, NT. Available at: <https://warlu.com/community-projects/dog-program/>.
- Weir, J., Stacey, C. & Youngetob, K. 2011, *The Benefits Associated with Caring for Country*, Aboriginal Studies Press, Canberra.
- Wheatley, M. J. & Frieze, D. 2006, *Using Emergence to Take Social Innovation to Scale*, The Berkana Institute, Natick, MA. Available at: <https://berkana.org/home/>.
- Whitmee, S., Haines, A., Beyrer, C., Boltz, F., Capon, A. G., Ferreira de Souza Dias, B. et al. 2015, Safeguarding human health in the anthropocene epoch: Report of the Rockefeller Foundation–Lancet Commission on Planetary Health, *Lancet*, 386(14 November):1973–2028.
- Wilkinson, R. & Marmot, M. 2003, *Social Determinants of Health: The solid facts*, World Health Organization, Denmark.
- Williams, M. 2018, Ngaa-bi-nya Aboriginal and Torres Strait Islander Program Evaluation Framework, *Evaluation Journal of Australasia*, 18(1):6–20.
- Wright, S. 2014, [Quoting Laklak Burarrwanga in:] 'Welcome to my Country': Seeing the true beauty of life in Bawaka, *The Conversation*, 15 September. Accessed 24 February 2020 at: <https://theconversation.com/welcome-to-my-country-seeing-the-true-beauty-of-life-in-bawaka-31378>.
- Yallop, C. & Walsh, M. 1993, *Language and Culture in Aboriginal Australia*, Aboriginal Studies Press, Canberra.
- Yeo, S. S. 2003, Bonding and attachment of Australian Aboriginal children, *Child Abuse Review*, 12(5):292–304.
- Yunkaporta, T. 2019, *Sand Talk: How Indigenous thinking can save the world*, Text Publishing, Melbourne.



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