



# Wellah Together

Evaluation of an online health and wellbeing program for Aboriginal and Torres Strait Islander people



Department of Health

# Wellaah Together: Evaluation of an online health and wellbeing program for Aboriginal and Torres Strait Islander people

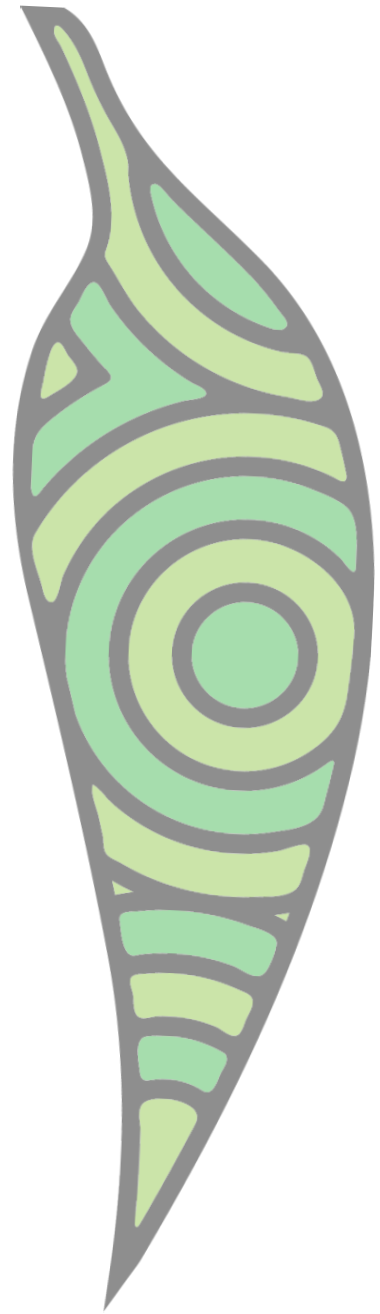
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# Acknowledgements

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We acknowledge the hard work, commitment and dedication of Clothing The Gaps Foundation. Over the past 12 months, we have witnessed your capacity for innovation and the significant contributions you have made to First Nations social justice and change. It has been a privilege to evaluate the Wellah Together Online program.

We thank Goolum Goolum Aboriginal Co-operative for taking part in the evaluation. Your participation provided valuable information to help us think about considerations for other Aboriginal and Torres Strait Islander organisations wishing to offer programs similar to Wellah Together Online. Thank you for sharing your insights.

We acknowledge and thank MCRI researcher Dr Laura Biggs for generously taking the time to format this report.

Finally, we acknowledge and sincerely thank the Victorian Department of Health whose commitment to supporting and funding Wellah Together Online and the evaluation made this work possible.

The artwork used for this evaluation report is titled 'Jillay Wannik' (Healthy Pathway) and was created by Dixon Patten, Yorta Yorta and Gunnai artist, of Bayila Creative. The artwork celebrates strong culture, health and wellbeing and equity for Aboriginal and Torres Strait Islander children, young people and families.

## Report Summary

The Aboriginal and Torres Strait Islander first peoples of Australia are diverse, strong and resilient and among the oldest continuing cultures on earth.<sup>1</sup> However, colonisation continues to have far-reaching impacts on Aboriginal and Torres Strait Islander health and social and emotional wellbeing. Current inequalities across many areas of health are well documented, as is research highlighting significant differences between Aboriginal and Torres Strait Islander and western conceptualisations of health and wellbeing. This research suggests that programs based on holistic models, informed by an understanding of cultural, historical and political determinants of health and wellbeing, are more likely to be effective. The literature emphasises the need for Aboriginal and Torres Strait Islander leadership and self-determination in health planning, programming and research.

Wellah Together Online was designed by Clothing The Gaps Foundation (CTGF), an Aboriginal-led not-for-profit organisation. CTGF has extensive experience in delivering holistic health and wellbeing programs that provide information and activities related to physical and mental health embedded within a cultural context and opportunities for community connection. Wellah Together Online was designed to improve health outcomes, build resilience and support social and emotional wellbeing in Aboriginal and Torres Strait Islander communities. The seven-week program incorporated a weekly interactive session led by CTGF staff, an online portal providing health and wellbeing resources and a private Facebook group. The program took place in August-September 2021, with follow-up activities in December 2021. The program was delivered online due to COVID-19 pandemic restrictions.

A research team from Murdoch Children's Research Institute, in collaboration with CTGF and Goolum Goolum Aboriginal Co-operative, undertook this evaluation to investigate the impact of the Wellah Together Online program, and identify core elements of program success and key considerations for other Aboriginal and Torres Strait Islander organisations wishing to deliver similar programs. The evaluation was underpinned by an Indigenous Research Methodology (Rigney, 2001) and a Social and Emotional Wellbeing (SEWB) framework (Gee, Dudgeon, Schultz, Hart & Kelly, 2014). The research utilised a multi method approach, with program participants completing a series of surveys over time and participants and staff taking part in yarning circles.

Forty-six people registered for the program, with 34 people choosing to take part in the evaluation. The majority of participants were Aboriginal (one Torres Strait Islander participant), with significant cultural diversity, including more than 20 Aboriginal clan groups. Most participants were women (three men and one gender fluid/non-binary person) and in the 30-39 age range.<sup>2</sup>

Participants identified a wide range of positive impacts from taking part in Wellah Together Online. These included gaining knowledge in relation to health and wellbeing, making changes in their everyday lives and improvements in mental health. Experiencing enjoyment and connecting with other Aboriginal and Torres Strait Islander people in the context of the COVID-19 pandemic were highlights for many people. The holistic nature of these impacts was a notable finding and is consistent with SEWB frameworks that emphasise the interconnections between physical and mental health and social, emotional and cultural dimensions of wellbeing. Findings support existing evidence that Aboriginal and Torres Strait Islander-led programs, informed by an understanding of health as multidimensional and grounded in culture, can be highly effective in improving health and wellbeing.

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<sup>1</sup> In this report we use 'Aboriginal and Torres Strait Islander' to refer to and honour the many diverse Aboriginal and Torres Strait Islander cultural groups in Australia. We use 'First Nations' to refer more broadly to Indigenous peoples across the globe.

<sup>2</sup> In this report we refer to designations of women and men acknowledging that these categories are not fixed and recognising diversities in gender identity.

The evaluation investigated which elements of the program contributed most to its success. Participants expressed appreciation for the accessibility of the program, the welcoming and non-judgmental environment created by CTGF staff and the fun, high-energy nature of the activities. The delivery of health education through active participation was a key aspect of program success. Participants also identified the importance of personal and cultural safety. Taking part in a program led by and for Aboriginal and Torres Strait Islander people and engaging in health-related discourse from a strengths perspective were important elements. The evaluation supports the prioritisation of Aboriginal and Torres Strait Islander leadership in health planning and programming as an expression of self-determination. The research team developed a set of analytical themes to support understanding of the thinking behind the program and the contribution that programs such as Wellah Together Online can make to the wellbeing of Aboriginal and Torres Strait Islander communities.

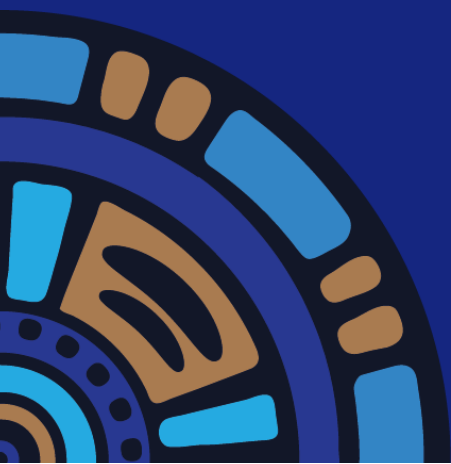
Finally, the evaluation sought to investigate, in a preliminary way, considerations for Aboriginal and Torres Strait Islander organisations wishing to develop a similar type of program at a local level. Goolum Goolum Aboriginal Co-operative participated in Wellah Together to experience the program, observe CTGF's way of working and provide reflections useful to other organisations. Key ideas included the importance of adapting a program to the local context, consideration of who the program exists to engage and support (women, men, young people, Elders, LGBTQIA+) and the mode of delivery (online, in-person or both). Feedback from participants highlighted the importance of taking into account the diversity within and between communities.

Wellah Together Online was an innovative, Aboriginal-designed program that helped to strengthen the health and wellbeing of Aboriginal and Torres Strait Islander people during the COVID-19 pandemic. We hope the evaluation contributes to the existing evidence base for the importance of Aboriginal and Torres Strait Islander-designed programs and leads to other organisations developing similar programs to meet local community needs.



# Background

Wellah Together Online was designed as a national program to strengthen the healthy lifestyle choices, resilience and social and emotional wellbeing of Aboriginal and Torres Strait Islander people.



## Background

### Literature overview

Aboriginal and Torres Strait Islander first peoples have occupied the continent now known as Australia for more than 60,000 years. First Nations communities are strong and resilient and among the oldest continuing cultures on earth. Sovereignty has never been ceded and we honour and celebrate Aboriginal and Torres Strait Islander peoples' continuing connections to the land and seas.

Consistent with experiences of First Nations peoples globally, colonisation continues to have profound and far-reaching impacts on Aboriginal and Torres Strait Islander communities. There are significant inequalities across many important domains of health between Aboriginal and Torres Strait Islander people and other Australians (Dudgeon, Alexi, Derry, Carlin & McPhee, 2022; Gall et al., 2021). For example, in 2018-19, population health surveys found that Aboriginal and Torres Strait Islander people reported rates of psychological distress more than double that of non-Indigenous Australians (Australian Institute of Health and Welfare, 2020). Mental health and substance use disorders were a leading cause of total burden of disease (23%), at a rate 2.8 times that of other Australians. Hospital-based out-patient mental health care services were similarly more than three times higher, while suicide rates were approximately two times higher than other Australians, increasing by 58% between 2006 to 2018 (Australian Institute of Health and Welfare, 2020).

There have been limited improvements in mental health and wellbeing over time. Research led by Aboriginal and Torres Strait Islander scholars has highlighted the importance of understanding the differences between Aboriginal and Torres Strait Islander and western conceptualisations of health and wellbeing. In Aboriginal and Torres Strait Islander societies and cultures, health and wellbeing are generally viewed holistically and collectively. Physical, mental, emotional and spiritual wellbeing are interconnected and significantly influenced by connections with family, community, culture and land. These connections are in turn shaped by social, political, historical and cultural determinants of wellbeing. Importantly, these structural level determinants are inextricably linked to histories of colonisation and the effects of historical trauma, and histories of resistance and cultural continuity (Gee et al., 2014).

The health system in Australia is primarily based on the biomedical and bio-psychosocial models of health dominant in western healthcare. From the perspective of many Aboriginal and Torres Strait Islander health researchers, the public health system prioritises the diagnosis and treatment of illness in individuals with limited attention given to historical and cultural determinants (Canuto et al., 2019; Watego et al., 2021b). Services based on western knowledge systems and practices often neglect these determinants and, as a consequence, 'do not easily respond to the lived experiences of Aboriginal and Torres Strait Islander people seeking support for mental health concerns' (Wright et al., 2021, p.3). Researchers have also drawn attention to the role of institutionalised racism and discrimination in contributing to health inequalities, including policies and practices related to justice, education and social services (Australian Human Rights Commission, 2020; Watego, Singh & Macoun, 2021a). Social Justice Commissioner June Oscar has described the perpetuation of inequality through current systems:

*the processes set in motion, the institutions created, and the discriminatory attitudes of what we now think of as the colonial era, live with us, not only in memory but as a continuing pattern of structural discrimination.*

(Australian Human Rights Commission, 2020, p.92).

Researchers have highlighted the relative absence of Aboriginal and Torres Strait Islander perspectives in health planning and evaluation (Australian Human Rights Commission, 2020; Kelaher et al., 2018). Programs informed by an understanding of cultural, historical and political



determinants of health are more likely to be experienced as culturally safe and therefore to be used by communities (Aboriginal Health and Medical Research Council, 2015; Murrup-Stewart, Searle, Jobson & Adams, 2019). Such programming requires the centring of Aboriginal and Torres Strait Islander knowledge in health planning and research (Rigney, 2001; Watego et al., 2021a; Wright et al., 2021). Aboriginal and Torres Strait Islander-led health programs that focus on culture are more likely to frame health and wellbeing using a strengths-based lens (Dudgeon et al., 2020; Watego et al., 2021b). For example, Aboriginal-designed empowerment programs run by the Victorian Aboriginal Health Service that focused on combining physical and cultural activities found improvements in access to a range of community and cultural strengths and reductions in psychological distress among both women and men (Gee et al., 2022). This is consistent with the finding from Bourke et al that 'culture is significantly and positively associated with physical health, social and emotional wellbeing' (Bourke et al., 2018, p.11). Other reviews have similarly identified the importance of self-determination and Aboriginal and Torres Strait Islander leadership with respect to improving mental health in communities (Finlay, Canuto, Canuto, Neal & Lovett, 2021; Salmon et al., 2019).

### *Online initiatives for health and wellbeing*

Research in the past decade has begun to explore the potential of online initiatives in relation to health promotion within Aboriginal and Torres Strait Islander communities. Social media use is relatively high amongst Aboriginal and Torres Strait Islander people and recent studies have found that seeking support for health-related matters and expressing identity are prominent themes in online communications (Carlson, Frazer & Ferrelly, 2020; Hefler, Kerrigan, Henryks, Freeman & Thomas, 2018; Walker, Palermo & Klassen, 2019). Carlson and colleagues noted that for Aboriginal and Torres Strait Islander people, social media can offer a pathway for health-seeking outside western biomedical models of health (Carlson et al., 2020). The Deadly Choices health promotion initiative found that the social media aspect of the program provided 'a safe, inclusive and positive space for Indigenous people and communities to profile their healthy choices, according to Indigenous notions of health and identity' (McPhail-Bell et al., 2017, p.770). These findings indicate ways in which online spaces can promote health, community and self-determination on terms defined by communities themselves and the potential for online spaces to support mental health and wellbeing (Walker et al., 2021).

### *COVID-19*

There is growing evidence that, globally, the COVID-19 pandemic has deepened existing social and economic inequalities, both within and between communities (Gonçalves et al., 2022; Ahmed et al., 2022; United Nations, 2021). The United Nations has drawn attention to the threat COVID-19 has posed to First Peoples around the world (United Nations, n.d.). In Australia, inequalities in access to healthcare, housing and financial security have been highlighted (Dudgeon et al., 2022). Researchers and those involved in national policy have recognised the success of community-controlled efforts to protect Aboriginal and Torres Strait Islander communities from COVID-19 (Crooks, Casey & Ward, 2020; Dudgeon et al., 2022). At the same time, high levels of psychological distress among Aboriginal and Torres Strait Islander people have been reported during the pandemic, including in acute mental health settings (Newby et al., 2020). Into the third year of the pandemic, researchers and practitioners have warned that prolonged experiences of social isolation, disruption of cultural practices, financial instability and missed health care are likely to worsen pre-existing health inequalities (Gall et al., 2021). The key to long term recovery for Aboriginal and Torres Strait Islander communities is leadership and self-determination in healthcare (Dudgeon et al., 2021).

### *Rationale for the evaluation*

Wellah Together Online grew out of the extensive public health experience of Gunditjmara woman Laura Thompson (Co-Founder and CEO of Clothing The Gaps Foundation) and her

colleague Sarah Sheridan (Co-Founder and Director of Operations). Initially working in the Healthy Lifestyle team at the Victorian Aboriginal Health Service, they designed and implemented Victorian Aboriginal and Torres Strait Islander community-based programs, including the 'Her Tribe' and 'His Tribe' programs delivered in 2017 and 2018 (Gee et al., 2022). Subsequently, Laura Thompson and Sarah Sheridan founded Spark Health Australia, later Clothing The Gaps Foundation, developing new programs designed with a holistic, whole-of-community health and wellbeing focus to improve health outcomes for Aboriginal and Torres Strait Islander communities across Australia.

With the onset of the COVID-19 pandemic in 2020, CTGF trialled the delivery of two 'Wellah Women' programs online. These programs were designed to increase physical activity and community connection during the periods of lockdown and uncertainty. A range of positive impacts on participants, including increased wellbeing and strengthened cultural and community connection, was documented (Saray, 2021). With the potential for continuing social restrictions and work from home orders, CTGF designed a 6-week, gender inclusive program called Wellah Together Online, to be delivered in 2021.

Based on their experience, CTGF was interested in documenting the elements that contributed to program success and sharing any learnings with other Aboriginal and Torres Strait Islander organisations interested in delivering similar programs. This prompted a research team from Murdoch Children's Research Institute to seek funding from the Victorian Department of Health to evaluate the Wellah Together Online program.

Goolum Goolum Aboriginal Co-operative was invited to participate in the program and, through this participation, consider the feasibility of developing a program for their own regional community. This component of the evaluation was included as a way of exploring the possible adaptation of the Wellah Together program by other organisations.

The aims of the evaluation were to:

- investigate the impact of the program on participants
- identify the core elements of program success and
- document key considerations for other Aboriginal and Torres Strait Islander organisations wanting to deliver similar programs.

An evaluation framework was developed by the MCRI research team and CTGF through a series of co-design meetings in late 2020 and early 2021.

## Partners in the evaluation

### *Clothing The Gaps Foundation*

Clothing The Gaps Foundation (CTGF) is an Aboriginal-led not-for-profit organisation committed to promoting the health and wellbeing of Aboriginal and Torres Strait Islander people and communities.<sup>3</sup> Formerly known as Spark Health Australia, CTGF launched in March 2021 as a foundation associated with the brand Clothing The Gaps.<sup>4</sup> CTGF staff are public health professionals who have been designing and delivering health promotion programs with Aboriginal and Torres Strait Islander communities for the past six years.

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<sup>3</sup> The name of the Foundation is a play on the phrase 'Closing the Gap.' This phrase originated in the Close the Gap Campaign initiated by peak Indigenous and non-Indigenous health and human rights organisations in 2006 to draw attention to and close the significant gap in health and life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia. This campaign is ongoing. In 2008 the Australian Government adopted a variation of this phrase as the name for its program of Indigenous health reform ('Closing the Gap'). This name is also still in use (<https://www.closingthegap.gov.au>).

<sup>4</sup> See [clothingthegaps.com.au](https://clothingthegaps.com.au).

Clothing The Gaps Foundation exists to:

- i. promote equity for Aboriginal and Torres Strait Islander people in Australia
- ii. advance the economic and social wellbeing of Aboriginal and Torres Strait Islander people through community works and programs, including health initiatives and education and employment programs
- iii. preserve and advance the culture and traditions of Aboriginal and Torres Strait Islander people through cultural engagement, leadership and mentoring
- iv. support other Aboriginal and Torres Strait Islander organisations who share these objectives.

CTGF commonly refers to its purpose as 'adding years to Aboriginal and Torres Strait Islander people's lives.'

### *Goolum Goolum Aboriginal Co-operative*

Goolum Goolum Aboriginal Co-operative (Goolum Goolum) was established in 1982 to provide a health service for Aboriginal and Torres Strait Islander communities living in the Wimmera region in western Victoria. Goolum Goolum's mission is 'to provide a holistic model that responds to the physical, social, emotional, cultural and spiritual need of our people.' The organisation's vision is to be recognised as the principal Aboriginal Community Controlled Health Organisation within six local government areas in the region, ensuring the provision of 'effective health, welfare and family services to the Aboriginal community.'<sup>5</sup>

Goolum Goolum provides a wide range of services including health, early years, youth, housing, justice and family support services. Projects include ongoing community gatherings, community excursions, healthy eating programs and participation in local sporting and community events. These community projects are informed by the *Korin Korin Balit Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan* developed by Aboriginal communities in Victoria (State of Victoria, 2017). This plan prioritises Aboriginal leadership, system reform and self-determination. Goolum Goolum is dedicated to fostering cultural pride within the community, ensuring that service delivery respects Aboriginal culture, history and experience.

### *Aboriginal and Torres Strait Islander Health Research Program, Murdoch Children's Research Institute*

Murdoch Children's Research Institute (MCRI) is the largest child health research institute in Australia. Established in 1986, MCRI is committed to improving child and adolescent health in Australia and around the world. The Aboriginal and Torres Strait Islander Health Research Program was established in 2018 and works with communities to co-design, implement and evaluate strategies to promote health, wellbeing and equity for Aboriginal and Torres Strait Islander children, young people and families. The program also aims to build capacity at MCRI and the Melbourne Children's campus by supporting the expansion of collaborative research with Aboriginal and Torres Strait Islander communities.

Since 2019, the program has been guided by an Aboriginal Reference Group which includes Senior Traditional owners from the Wurundjeri and Boonwurrung First Nations, Aboriginal leaders from various work sectors and leaders within the Victorian Aboriginal community. The Aboriginal Reference Group also provides advice to the MCRI Director and Executive Committee on matters relating to Aboriginal and Torres Strait Islander health research.

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<sup>5</sup> See <http://www.goolumgoolum.org.au>.

## Wellah Together Online: Outline of the Program

Wellah Together Online was designed as a national program to strengthen the healthy lifestyle choices, resilience and social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

The program included the following:

1. An online interactive session taking place on Wednesdays from 5.30-6.30 pm. This weekly event was held on Zoom and hosted by CTGF facilitators. Sessions included presentations, breakout room (individual online meeting space) discussions, a Kahoot (online quiz) and discussion of feedback from the previous week. A general outline of the weekly sessions is provided in the chart below. Weekly themes and activities are shown in Table 1.
2. An online portal with content specific to each weekly theme, including health education videos (guest speakers, exercise routines), resources to support lifestyle change (meal planner, Healthy Tucker cards, recipes) and links to Aboriginal and Torres Strait Islander-designed health and wellbeing resources. CTGF facilitators referred to the resources available on the portal during the online sessions. Participants were able to access the portal at any time, including following the program.
3. A private Facebook 'Wellah Together Online 2021' group moderated by CTGF staff. The purpose of the group was to provide a space for participants to share experiences related to the program and to connect. Content posted by CTGF included:
  - a. Zoom links for each session
  - b. announcements of weekly themes and relevant resources on the portal
  - c. previews of questions to be discussed in breakout rooms
  - d. reminders of challenges and prizes to be won
  - e. videos of previous Zoom sessions for people who were unable to join live
  - f. links to feedback surveys.
4. Email communications from CTGF to participants between sessions covering similar content to the Facebook page (not all participants were social media users). CTGF staff also contacted individual participants every week to arrange the mailing of prizes. A CTGF staff member intermittently contacted the men who were participating to support their engagement with the program.

The original plan was for Wellah Together to run for six weeks (4 August to 8 September 2021). To help retain and engage participants who chose to take part in the evaluation, a seventh week was added. This final session consisted of the closing of the program followed by evaluation yarning circles. A further session three months later (December 2021) served as both a reunion and an opportunity to join a three-month post-program yarning circle.

## Session Outline

- 1 hour Zoom sessions
- Co-hosts stream from studio/office
- Facilitators from other locations to assist with breakout groups

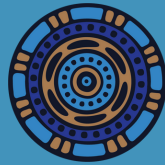
### Weekly set up

- Theme for the week
- Weekly educational video
- Weekly challenge
- 'One big question' to consider for discussion the following week
- Private Facebook group for participants to share successes/ challenges, encourage and support each other
- Email to participants: links to health education video, challenge for the week, 'one big question,' recap of previous week's session and winners (recording available for one week)
- Participants sent feedback survey (5 questions). Each week one person providing feedback wins prize



### Introduction

- Theme song introduction
- Acknowledgement of Country
- Co-hosts discuss theme of the week, 'one big question' (sent to participants in advance) and share:
  - Their 'wellah moment' for the week
  - Learning for the week
  - Tip
- Safety protocol discussion with participants – ensuring safe space for everyone



### Breakout session 1

- Participants split into Zoom breakout groups (up to 6 people + facilitator) (Initially breakout sessions begin as 2x7 minute sessions, but as participants settle in over a few weeks, this turns into one longer session)
- Reflection on the 12 minute guest speaker video (sent out during the week)
- Participants share their 'wellah moment' for the week



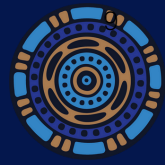
### Whole group reconvenes

- Participants and facilitators reconvene in bigger group
- Sharing from the breakout sessions: Co-hosts share 3-5 participant experiences from breakout sessions (with permission)
- Health Education Wrap Up
- Prizes given for:
  - Weekly challenge (shared on social media each week)
  - Participant feedback (survey monkey)



### Kahoot quiz

- Participants play Kahoot (online quiz show)
  - Quiz incorporates questions about the weekly health education topic, personal growth/wellbeing, and can measure change over time, act as a way of linking in support when needed, and also set goals for participants
  - Prizes for participation in quiz



### Breakout session 2 and conclusion

- Final breakout to discuss answers to the 'big question' sent out – hosts respond to question first
- Recap of what has happened and what is up next week, including:
  - Video for the following week
  - Challenge/theme for the following week
  - Big question/goals for the following week

Table 1: Wellah Together Online - weekly themes, activities and speakers

Week	Theme	Activities	Speakers
1	Health, you and your goals	Outline of 6 weeks and explanation of portal Facebook group Explanation of evaluation Six Deadly Dares Health Sliding Scale Health Shift Chart Breakout room: (i) Who is your mob, where you are tuning in from? (ii) Why did you join Wellah Together?	No external speakers - intro to CTGF staff and facilitators
2	Reading food labels	Six Deadly Dares revisited Health shifts revisited Nutrition - western and Indigenous Reading food labels and Healthy Tucker cards Breakout room: What is your current health goal?	Tracy Hardy, Wattle Seed Nutrition
3	Recommended Daily Intake	Review of Recommended Daily Intake info on portal Six Deadly Dares revisited Eating the rainbow tip Breakout rooms: (i) What are you proud of this week? (ii) What would you like to change on your plate?	Luke, Daley Nutrition (on portal)
4	Getting active	Find Your 30 revisited Six Deadly Dares revisited Breakout rooms: (i) Who inspires you and why? (ii) How will you find your 30 this week?	Spotlight CTGF staff
5	Eating healthy on a budget	Six Deadly Dares revisited Eating healthy resources on portal revisited Breakout rooms: (i) What is your favourite way to connect with Country/community? (ii) How will you find your 30 this week?	Dr Ngaree Blow, Keeping mob safe with COVID vaccines Spotlight CTGF staff, participants
6	Goal setting	Self-care during Covid SMART goals Breakout rooms: (i) How have you been managing self-care during COVID? (ii) What is something you want to keep working on after Wellah Together?	
7	Bonus week	Dress-ups Video recap of program Breakout room: (i) What has been a win during Wellah Together? (ii) What do you want to work on? Evaluation yarning circles (end of program)	
19	Reunion	Wellah Wheel (health and wellbeing visual tool) Breakout room: (i) What have you continued to work on since Wellah Together? (ii) What would you like to work on in your Wellah Wheel? Evaluation yarning circles (three month follow-up)	

In addition to the themes outlined, sessions included a review of information from the previous week, a review of resources available on the portal, a Kahoot game, the sharing of participant feedback and the drawing of prizes.

CTGF staff planned for Wellah Together Online to be broadcast to participants from a studio in Melbourne. This occurred in week 1. However, following the announcement of a lockdown in Victoria later that week, staff delivered week 2 on Zoom from the CTGF office, observing social distancing regulations. With increasing numbers of infections, staff delivered weeks 3 to 7, and the final session in December, from their respective homes.

# Evaluation Design

[Indigenous research methodology] demands that Aboriginal people sit at the centre of the design, delivery, interpretation and translation of research and evaluation endeavours.

It places Aboriginal knowledges, lands and cultural practices at its heart.

Wright et al 2021



## Evaluation Design

### Aims

The evaluation investigated the following three key questions:

1. What was the impact of the Wellah Together Online program on participants?
2. What are the core elements that contributed to the success of the program?
3. What are the considerations for Aboriginal and Torres Strait Islander organisations wishing to develop a similar type of program at a local level?

### Evaluation team

Principal Investigator for this evaluation was MCRI Senior Research Fellow, Dr Graham Gee. Dr Gee is an Aboriginal clinical psychologist whose primary areas of research are Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, and healing and recovery from complex trauma across the life span. Chief Investigators from MCRI were Professor Stephanie Brown, Group Leader Intergenerational Health Program, and Emily Munro-Harrison, Senior Research Officer. Chief Investigators from Clothing The Gaps Foundation were Laura Thompson, CEO; Sarah Sheridan, Director of Operations; and Lena Charles, Senior Project Officer. Goolum Goolum Aboriginal Co-operative staff worked in collaboration with the research team but were not project investigators.

Data collection, data analysis and preparation of this report were led by Dr Gee and conducted by two Aboriginal researchers (Dr Gee and Emily Munro-Harrison) and two non-Indigenous researchers (Professor Stephanie Brown and Research Assistant Stella Mulder) at MCRI. Aboriginal PhD student Helen Kennedy supported the qualitative analysis.

The Wellah Together evaluation was guided by a governance group with representatives from CTGF, Goolum Goolum, the Department of Health and MCRI. The governance group met three times during the evaluation.

### Methodology

#### *Indigenous research methodology*

The evaluation was underpinned by a research approach that drew on (i) the Indigenous research methodology developed by Aboriginal researcher Professor Lester-Irabinna Rigney (2001) and (ii) a Social and Emotional Wellbeing (SEWB) framework developed by Dr Gee and colleagues (2014).

The approach was also informed by the work of First Nations researchers interested in decolonising research, succinctly summarised by Nyoongar researcher and Associate Professor Michael Wright as an approach that:

demands that Aboriginal people sit at the centre of the design, delivery, interpretation and translation of research and evaluation endeavours. It places Aboriginal knowledges, lands and cultural practices at its heart ... Key features of decolonising research methodology... are co-design, Aboriginal governance and leadership and the privileging of Aboriginal worldviews.

(Wright et al., 2021, p.4)

Rigney's (1999, 2001) Indigenous research methodology proposes three interrelated principles: resistance as the emancipatory imperative in Indigenist research; political integrity in Indigenous research and privileging Indigenous voices in Indigenist research.



## **Resistance as the emancipatory imperative in Indigenist research**

Research is part of Aboriginal and Torres Strait Islander people's struggle for self-determination (Rigney, 1999). The research team viewed the production of knowledge which draws on Aboriginal and Torres Strait Islander experiences of health and wellbeing as a way of resisting the passive acceptance of knowledge from the non-Indigenous health discourse (whilst not excluding all knowledge from this discourse). The evaluation was intended to generate culturally grounded knowledge to contribute to an evidence base for future health and wellbeing programs. All parties to the evaluation were committed to research as a practical tool for self-determination.

## **Political integrity in Indigenous research**

Aboriginal and Torres Strait Islander research must be undertaken by Aboriginal and Torres Strait Islander researchers. Research serves and informs the struggle for self-determination and political liberation and the researcher is responsible to their communities and political struggles (Rigney, 1999). The evaluation was designed and developed as a partnership between an Aboriginal-led not-for-profit organisation (Clothing The Gaps Foundation), an Aboriginal Community-Controlled Health Organisation (Goolum Goolum) and an Aboriginal-led research team. The majority of the governance group members were Aboriginal. The program itself was hosted and all sessions were facilitated by Aboriginal and Torres Strait Islander staff.

## **Privileging Indigenous voices in Indigenist research**

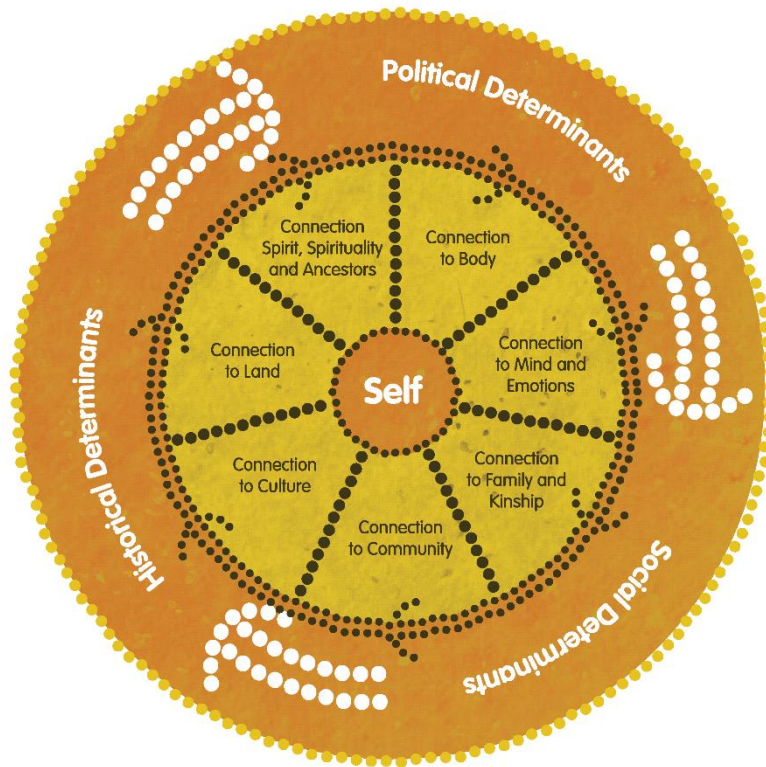
Aboriginal and Torres Strait Islander research gives voice to Aboriginal and Torres Strait Islander people. It focuses on 'the lived, historical experiences, ideas, traditions, dreams, interests, aspirations, and struggles of Indigenous Australians' (Rigney, 1999, p.117). The evaluation was designed to gather the knowledge and experiences of participants, all of whom were Aboriginal and Torres Strait Islander. Yarning circles were used as a research method to honour and elevate Aboriginal and Torres Strait Islander voices.

## ***A Social and Emotional Wellbeing framework***

The research team drew on an Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) framework (Gee et al., 2014) in designing the evaluation and analysing the data. In brief, SEWB is a term used by many Aboriginal and Torres Strait Islander people to reflect a holistic view of health that considers mental health as inextricably linked to social, emotional, physical, cultural and spiritual dimensions of wellbeing. The social and emotional wellbeing of individuals, families and communities is shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality. Importantly, these connections are influenced by broader level social, political, historical and cultural determinants. The nature of these connections will vary across the lifespan according to the different needs of childhood, youth, adulthood and old age.

This SEWB framework informed development of the evaluation through the use of strengths-based approaches and a cultural focus in the design and analysis phases. For example, the participant surveys incorporated an Aboriginal-designed strengths-based assessment measure called the Aboriginal Resilience and Recovery Questionnaire (Gee, 2016). The SEWB framework also influenced the way in which the research team approached the qualitative analysis, fostering reflection on how participants spoke about cultural displacement and loss or, conversely, cultural continuity, connection and renewal in relation to their experiences of the program.

## Determinants of Social and Emotional Wellbeing



Artist: Tristan Schultz, RelativeCreative. Reference: Gee, Dudgeon, Schultz, Hart & Kelly, 2013 on behalf of the Australian Indigenous Psychologists Association

## Methods

The evaluation was guided by three key research questions, with sub-questions:

1. What was the impact of the Wellah Together Online program on participants?
  - Did the program support participants to strengthen their healthy lifestyle choices?
  - Did the program support participants to access personal, relationship, community and cultural strengths and resources?
  - Did the program help participants to strengthen their social and emotional wellbeing?
2. What are the core elements that contributed to the success of the program?
  - What are the core elements of program design and delivery that contributed to its success? (participant perspective)
  - What are the core values and approach of the program? (CTGF and Goolum Goolum perspective)
3. What are the considerations for Aboriginal and Torres Strait Islander organisations wishing to develop a similar type of program at a local level?

## Research participants

Wellah Together Online was open to anyone who identified as Aboriginal and/or Torres Strait Islander and was at least 18 years old. CTGF's recruitment strategy consisted of advertising the program on their website, advertising it on social media associated with the brand (Instagram, Facebook) and inviting participants of past programs.

Forty-six people registered for Wellah Together Online.<sup>6</sup> Everyone who registered was invited to take part in the evaluation via a plain language statement and consent form. The information provided emphasised that participation in the evaluation was voluntary and that choosing not to take part would have no implications for participation in the program itself. Participants were offered a \$30 Clothing The Gaps voucher for every evaluation activity (survey or yarning circle) they chose to take part in.

For the purposes of the evaluation there were three types of participants:

- Wellah Together Online participants (34 of the 46 people who registered)
- Clothing The Gaps Foundation staff (5 people)
- Goolum Goolum Aboriginal Co-operative staff (3 people).<sup>7</sup>

Goolum Goolum staff members took part in the same activities as other participants in order to experience the program. Goolum Goolum staff also joined weekly reflective sessions with CTGF and MCRI staff to develop a deeper understanding of how the program was designed and delivered.

### *Data collection*

Sources of data for the evaluation are summarised in Table 2 and described below.

**Table 2: Sources of data**

Wellah Together program participants		
Online surveys	Pre-program (registration Jul 2021)	34
	On completion of the program (Sep 2021)	25
	Three-month follow-up (Dec 2021)	14
Yarning circles/interview	On completion of the program (Sep 2021)	13
	Three-month follow-up (Dec 2021)	9
Feedback surveys	Weekly during the program (Aug-Sep 2021)	-
Clothing The Gaps Foundation and Goolum Goolum participants		
Debrief sessions	Weekly during the program (Aug-Sep 2021)	8
Yarning circles	On completion of the program (Sep 2021)	8

### *Quantitative data*

Evaluation participants completed online surveys at three points in time: when registering for Wellah Together, on completion of the program and three months following the end of the program. These surveys included a questionnaire about health and lifestyle developed by CTGF and two quantitative assessment measures, described below.<sup>8</sup>

Four questions from the CTGF questionnaire were included in data analysis for the evaluation:

1. 'How would you currently rate your general health?' (poor, fair, good, very good, excellent or other)
2. 'In an average week, how many sugary drinks (including juices, soft drinks, sports drinks etc) do you drink? (state number)

<sup>6</sup> Fifty-seven people joined the private Facebook group.

<sup>7</sup> One of the three staff is a non-Indigenous person. Data from this participant was not included in the quantitative analysis. However, the staff member's views and considerations in relation to the transferability of the program to Goolum Goolum were included in the qualitative analysis.

<sup>8</sup> Readers interested in accessing the surveys can contact Principal Investigator Dr Graham Gee who will liaise with CTGF.

3. 'When thinking about physical activity that gets your heart rate up and makes you sweaty, how many days per week are you currently physically active for 30 minutes or more?' (0-7 days)
4. 'If something difficult happens in your life, who do you go to?' This question was designed to assess the number of support people available to a person. Participants were able to select up to 18 categories (siblings, cousins, parents, partner/significant other, grandparents, Auntie or Uncle, Elder, community leader, friends, mental health professional, no one and several other options).

### Aboriginal Resilience and Recovery Questionnaire (ARRQ)

The ARRQ is a 60-item multidimensional questionnaire designed to assess strengths and resources associated with resilience, healing and recovery among Aboriginal and Torres Strait Islander populations (Gee, 2016).<sup>9</sup> The ARRQ use a 5-point Likert scale (1 = not at all, 2 = a little, 3 = somewhat, 4 = a fair bit, and 5 = a lot) and includes a wide range of resilience constructs such as community connection, community opportunity, cultural identity, self-worth, emotion regulation, positive emotions, strong relationships, safety, social support, a personal sense of mastery, spirituality as a source of strength and participation in cultural practices. The ARRQ includes two sub-scales, representing *personal strengths and access to resources* and *relational-community-cultural strengths and access to resources*. Program evaluations conducted prior to the COVID-19 pandemic found that Aboriginal and Torres Strait women and men reported increases in *personal strengths and access to resources* and *relational-community-cultural strengths and access to resources* pre- and post-program and that these changes were maintained at three-month follow-up (Gee et al., 2022).

### Kessler Psychological Distress Scale (K10)

The K10 is a 10-item screening tool used to measure non-specific symptoms of psychological distress (e.g. feeling hopeless, nervous, restless, worthless, tired for no reason, sad) during the past 30 days (Kessler et al., 2002). The K10 uses a 5-point Likert scale rating (1 = none of the time to 5 = all of the time) and yields a score between 10-50, with well-established symptomatic cut-off points to describe severity of psychological distress. Scores of 30 and above indicate very high levels of distress and a likelihood of significant mental health difficulties. The K10 has previously been used in the 2008 Victorian Population Health Survey and in research investigating the relationships between psychological distress, stressful life events and adverse health outcomes among Victorian Aboriginal and Torres Strait Islander people (Markwick, Ansari, Sullivan & McNeil, 2015).

### *Qualitative data: yarning circles and interview*

Wellah Together participants were invited to join yarning circles on completion of the program and three months post-program. Yarning circle is a term used by some Aboriginal and Torres Strait Islander communities to refer to processes of bringing a select group of community members together for the purpose of gathering specific information, in accordance with local community and cultural protocols. In a research context, yarning circles share some congruency with focus groups.

The questions for the Wellah Together participant yarning circles were designed to explore expectations and experiences of the program, personal and lifestyle changes made (or not) as a result of taking part in the program and views on participating during the COVID-19 pandemic. Seventeen (non-staff) program participants took part across the four yarning circles. A yarning circle planned for men was attended by one person only and therefore resulted in conducting a one-to-one interview. CTGF and Goolum Goolum staff took part in two separate yarning circles.

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<sup>9</sup> The ARRQ is co-owned by Principal Investigator Dr Graham Gee and the Victorian Aboriginal Health Service. It can be accessed on request by contacting Dr Gee.

These yarning circles explored views on core elements of the program, experiences of delivering the program online and considerations in relation to program translation. Indicative questions guiding the participant and staff yarning circles are included as Appendix A.

The yarning circles and interview ranged in duration from 38 minutes to 1.5 hours. The yarning circles were video recorded and the interview was audio recorded (due to technical issues). All recordings were professionally transcribed.

Limited qualitative data was collected through open comment questions included in the surveys and in short feedback surveys sent to participants by CTGF following each online session.

## *Data analysis*

### Quantitative data analysis

Descriptive statistics were conducted to explore the demographic characteristics of program participants. Dependent measure t-tests were conducted at Weeks 1 and 7 to assess for pre- and post-program changes in psychological distress, resilience, general health, sugary drink intake, physical activity, soft-drink intake and number of social supports (SPSS Version 22, IBM Corp., 2011).

### Qualitative data analysis

The qualitative data were analysed by an Aboriginal researcher (Principal Investigator, GG) and a non-Indigenous researcher (Research Assistant, SM). The analysis was based on Braun and Clarke's reflexive thematic analysis approach (Braun & Clarke, 2006). The Principal Investigator (GG) created a project in NVivo software (Nov 2021) and generated an initial set of codes based on the transcripts available at that point (with final yarning circles yet to take place). The Research Assistant (SM) independently produced a set of codes. The two team members reviewed the collective coding and agreed to a set of codes as a foundation for the project going forward. From this point, each team member added to and amended the project in succession over several months, requesting review by the other person following each round of coding. This was a process of shared construction of codes and sub-codes towards the development of responses to the research questions and broader themes in the data. The process involved significant re-organising and rationalisation of codes over time as the researchers became more deeply familiar with the data. The Principal Investigator and Research Assistant developed themes using a process similar to the coding, with each person independently identifying patterns within the data, sharing these for consideration and agreement and repeating this process several times. The development of codes and themes involved frequent dialogue about the researchers' respective positions in relation to the research topic and differing interpretive processes. The Principal Investigator drew on the SEWB framework to provide a cultural lens during this process.

Following initial analysis, the Principal Investigator and Research Assistant requested review of the coding structure and proposed themes by an Aboriginal woman researcher with extensive experience in Aboriginal and Torres Strait Islander health and social and emotional wellbeing (HK). This was an important step in relation to strengthening and privileging an Aboriginal perspective in the research. The researcher reviewed excerpts from transcripts, the codes and the proposed themes and provided highly valuable commentary on language and the framing of ideas. This feedback has been incorporated into the analysis.

## Ethics

The research protocol was peer reviewed by an Aboriginal researcher with a PhD in Clinical Psychology and a background in Aboriginal and Torres Strait Islander mental health prior to ethics committee review. The study was approved by the Royal Children's Hospital Human Research Ethics Committee.

### *Safety and wellbeing of participants*

The safety and wellbeing of participants were a high priority in the evaluation. A safety protocol enabled the research team to respond to any indication of very high psychological distress reported by participants (see Appendix B). The Principal Investigator assessed participant scores based on surveys completed pre-program, post-program and three months later. If a participant scored in the very high range for distress, Dr Gee contacted the person to enquire into their wellbeing and ask whether they required support. Dr Gee made eight contacts with participants during the evaluation. A provision for referral to other services at any point in time was in place but was not required during this research.

### *Data ownership*

The ethics protocol stated that participants would have ownership of their own data and that they were free to withdraw consent for its use at any point until analysis. The protocol also stated that CTGF and MCRI would have shared custodianship of the data and that both organisations could have access to the raw data via shared password-protected files.

### *Data management*

Survey data were collected using Survey Monkey, the platform used by Clothing The Gaps Foundation in its current programs. Survey data was de-identified and stored in password-protected files on a secure MCRI server, accessible only to the research team. Recordings of the yarnning circles were assigned identifiers and temporarily stored on the MCRI server. These, and the de-identified transcriptions, were also accessible only to members of the research team named in the ethics application.

# Findings

I think because we're from the same community, we have a different sense of connection... wanting the best for each other, that like mob support mob sort of thing. And we buy into each other. Like we already have this sort of sense of solidarity. So I think that that's important because you know you're coming into a space where you're going to be supported... I think the cultural safety and the solidarity component... is really important.

Participant 6



## Findings

### Participant demographics

Thirty-four of the 46 people (74 percent) who registered for Wellah Together Online chose to take part in the evaluation. The majority of participants were Aboriginal, with one Torres Strait Islander person. There was significant cultural diversity, with participants identifying with more than 20 clan groups across Australia. Thirty women, three men and one gender fluid/non-binary person participated in the evaluation. Almost three quarters of participants had paid employment and most people (85%) had enough money for basic living expenses. Almost half had completed a tertiary level degree and just over two thirds were participating in a Clothing The Gaps Foundation program for the first time.

**Table 3: Participant Demographics (n=34)**

	Total (n)	Percentage (%)
<b>Cultural affiliation</b>		
Aboriginal	33	97
Torres Strait Islander	1	3
Aboriginal and Torres Strait Islander	0	0
<b>Age (years)</b>		
19 and under	2	6
20-29	18	24
30-39	12	35
40-49	8	24
50-59	3	8
60-69	0	0
70+	1	3
<b>Gender</b>		
Women	30	88
Men	3	9
Gender fluid/non-binary	1	3
<b>Paid employment</b>		
Yes	24	71
No	10	29
<b>Financial security</b>		
<i>Enough money for basic living expenses</i>		
Incomplete	1	3
Yes	29	85
No	4	12
<b>Highest educational qualification</b>		
Year 10	2	5
Year 11	0	0
Year 12	5	15
TAFE certificate	7	21
Diploma level	5	15
University degree	15	44
<b>First time participation in a Clothing the Gaps Foundation Program</b>		
Yes	23	68
No	11	32

### The impact of Wellah Together

The first question for the evaluation was: What was the impact of the Wellah Together Online program on participants? The research team approached this question by considering three sub-questions:



- 1.1 Did the program support participants to strengthen their healthy lifestyle choices?
- 1.2 Did the program support participants to access personal, relationship, community and cultural strengths and resources?
- 1.3 Did the program help participants to strengthen their social and emotional wellbeing?

Overwhelmingly, participants reported that taking part in Wellah Together Online enabled them to gain valuable knowledge, identify personal goals related to their health and wellbeing and make changes in their everyday lives. These changes were related to physical health (nutrition, physical activity, rest), mental health and social and emotional wellbeing. As a program designed by and for Aboriginal and Torres Strait Islander people, Wellah Together provided a safe and supportive environment for participants to meet one another, share experiences and take time to consider their wellbeing. Participants consistently reported that the information shared in the weekly sessions, the positivity generated by the facilitators and the sense of community brought about through the program contributed significantly to their health and social and emotional wellbeing.

### **1.1 Did the program support participants to strengthen their healthy lifestyle choices?**

#### *(i) Gaining and reinforcing knowledge about health*

Many participants spoke about gaining knowledge in relation to health through taking part in Wellah Together. They described the program and the resources provided as accessible and relevant to their lives:

[I] had a general idea it would be about health and maybe a bit of motivation and stuff, but the amount of support and actual useful tips and knowledge I've gotten out of this has just completely blown me away. I never could have expected anything like it. (Participant 3)

You know, you hear about the two and five serves of fruit and veggies and X, Y and Z of dairy and all that sort of stuff... It can be really quite overwhelming and confusing. So I found all the articles and information that were being posted and sent out... just really simplified and easy to follow and easy language to understand. (Participant 7)

#### *(ii) Identifying personal goals in relation to health and fitness*

Participants valued the opportunity to think about and identify personal goals in relation to their health and wellbeing. The theme for the first week was: 'Health, you and your goals' and participants were encouraged to review the goals they set every following week of the program:

It gave you the time, like an hour or an hour and a half, to actually sit down and go, 'These are the things I should be thinking about.' Because otherwise you don't... A lot of this stuff you think you already know, but then to set aside that hour and go, 'Yeah, I might already know it, but I'm not doing it.' (Participant 4)

I really liked [that] you set one simple goal for that week and then we'd have a week to kind of just think about that. That sort of time to reflect on it, look at changing our behaviours and then posting it on Facebook and still having that support, was really good. (Participant 3)

#### *(iii) Making changes in everyday activity*

For many participants, gaining knowledge and identifying personal health and wellbeing goals led to making changes in their day-to-day lives. For some people, these changes extended to their family:

[I]t's also helped with my children. Because when I was doing Wellah, like every ... week, the kids would sit back and listen (...) I think by watching me do, you know, what I've been doing, I think they've just picked up on it and it's been amazing. (...) So, our water intake, we have kept that up regularly. So now I've got all the kids carrying a water bottle around everywhere we go. It's so good. And our sleep patterns. So, no electronics from, say, 7:30. And especially with dinner, so no one would have their phones with dinner, and we'd just sit down and have a yarn. Like no TVs, nothing.

(...) The vegies... look, I'm still working on it! But look, yeah, since Wellah, it's been really positive. (Participant 14)

## 1.2 Did the program support participants to access personal, relationship, community and cultural strengths and resources?

Feedback from participants suggested that taking part in Wellah Together helped them to access a range of personal and collective strengths and resources. In addition to gaining knowledge, participants reported that the program allowed them to build motivation for maintaining new activities and choices. People spoke often about feeling supported by being in a welcoming and non-judgmental environment, particularly in the context of the social isolation brought about by the pandemic. There were many references in the surveys and yarning circles to the humour, fun and enjoyment experienced during the program. Taking part in a program designed by and for Aboriginal and Torres Strait Islander people was important to many participants.

### *(i) Increased awareness and motivation to pursue personal goals*

As noted, many participants reported that taking part in Wellah Together increased both their awareness of their health and wellbeing and their motivation for maintaining changes in their everyday lives. The sense of motivation was often expressed as accountability to the Wellah Together community, that is, the CTGF staff and other participants with whom they had shared their goals:

I thought that participating in the program would provide me with some responsibility to follow through with my goals. Because I'm constantly like, 'Yeah, I'm going to do this,' and I never do. So it really did help, because from week one, I was like, 'These are my goals,' and then I stuck to them for six weeks or so, however long we've been going now. And, yeah... not guilt in a negative way, but positive reinforcement from everybody each week. (Participant 8)

[T]his program just gave me something to look forward to... So, while I've kept off the V and I've kept up my water, they're definitely benefits that have continued on, finding my 30 and that.. has been hard. But I always have it in the back of my head because of the Wellah and because I know it and I'm just waiting for the right time for it to come back out.... They kind of sit in the back of my head and push me on and let me know that there's better times coming and I've got these goals to work towards. (Participant 11)

### *(ii) Being in a welcoming, supportive, non-judgmental environment*

Participants highly valued the positivity they experienced during the Wellah Together sessions. Many people spoke about feeling welcomed and supported in the program and noted the absence of any judgment from CTGF staff and others in relation to their lives:

I loved the fact that every little accomplishment was pretty much cheered. Like, it was such a supportive environment. (Participant 3)

It doesn't matter what level you're at, what goals you do or don't have yet.. I found this group very accepting of each other and really positive towards each other's goals, no matter how small or how big they were (...) Several times they said that if you need to take space while you're on Zoom, it's okay to turn off your camera, it's okay to put yourself on mute and come back when you're ready. (...) When I heard that, that was so valuable to me, because I could just be me and not feel pressure. I love being with people, but sometimes I get a little bit anxious and I need that space. So yeah, I really valued that, and that helped me to keep tuning in every week. (Participant 9)

### *(iii) Connecting with other Aboriginal and Torres Strait Islander people*

Meeting and sharing experiences with other Aboriginal and Torres Strait Islander participants were highlights of the program for many people. Several participants expressed that taking part in a program created by and for Aboriginal and Torres Strait Islander people was important to them:

Well, the first thing I would say is that it's a safe space to come and have a yarn about anything. Especially having the community still on Facebook and everyone checking in with everybody. That's been a really big thing for me, especially during COVID obviously. It's something positive that you can bring into your life... just being open and being able to talk about whatever and not be judged and have the mob support you no matter what you're going through. (Participant 14)

I think because we're from the same community, we have a different sense of connection and, you know, like wanting the best for each other, that like mob support mob sort of thing. And we buy into each other. Like we already have this sort of sense of solidarity. So I think that that's important because you know you're coming into a space where you're going to be supported... I think the cultural safety and the solidarity component... is really important. (Participant 6)

I think that particular living in between two worlds is massive, because we all, or the majority, would work in a white org or live in a white world and we're trying to incorporate our culture and keep that alive. And no one gets it unless you are Aboriginal or Torres Strait Islander living in Australia. And I think especially...like the way that you incorporate culture into the program, and that understanding that some of us don't live on country, or during Covid couldn't access country, but how do we keep our culture alive despite that. And I don't... you can't be in a non-Aboriginal group and get those things. (Participant 16)

#### *(iv) Feeling supported and connected during COVID-19*

Participants spoke specifically about the value of the Wellah Together program in the context of the pandemic. The weekly sessions provided a regular point of reflection on health and connection with others in a time of extreme social isolation:

I'd say obviously it's been tricky with all the lockdowns.. Like, exercise just went out the window. And then it's working from home, studying from home. Like, you know, screen time was insanely high. And then when it's cold, everything just compounds... But I think Wellah planted a good seed because it was like these things that we talked about would keep sort of like bubbling up and I'd be like, 'Oh that's right. I need to do the two and five and just get 30 minutes.' You know, go for a walk. It sort of sat in my subconscious more than my conscious mind. (Participant 6)

It made you feel like you weren't alone either. Like, because everyone's in lockdown, everyone's participating, everyone's enjoying - well, not everyone's in lockdown - but everyone's in the same boat and we're all supporting each other and participating. (Participant 5)

I live alone. And because I've had a transplant, I'm immunocompromised. So even when lockdown has not been on, I've also not been outside. So it's basically been two years of aloneness. (...) So it's nice to meet and hear strangers' stories.... And, also, I think, in terms of having people remind you to go do the things that you say you're going to do, especially in lockdown. (...) I think having this operate during COVID has been hugely beneficial. (Participant 8)

The three-month follow-up yarning circles took place in December 2021. Participants in these yarning circles spoke about the value of the program in helping them to cope with the transition out of lockdown:

I would say for me the self-care point was really important. And like I mentioned in our breakout room earlier, that's something I ... have to consciously create time for now that we're opened up and ... everyone wants to do everything and do Christmas parties and all the things.... I took forward the importance of consciously creating time for self-care and, you know, it's okay to say no to things if it means you're looking after yourself and keeping your spirit strong. (Participant 6)

#### *(v) Having fun and experiencing enjoyment*

Finally, one of the most significant resources offered in the Wellah Together program was enjoyment. Participants frequently expressed their appreciation for the energy, humour and light-hearted competition provided within the program. The weekly Kahoot game and prizes were highlights for many people:

I think the kahoot, even though it can be seen as just superficial, is actually hugely beneficial because we're repeating lessons learnt through the coursework, if you will, and in a fun way as well, which is always good... I also think the team who were our presenters, or hosts, I suppose you could say, throughout the week - hugely energetic, even if it was, you know, a tired Wednesday evening.. I'd come on and I'd be so tired. But they'd be like, 'Hi everyone!!' (...) It sort of put me into a better space straight away. (Participant 8)

I think something that kept me really engaged was I liked all the competitiveness with the games... like the kahoot and stuff.. Another really great thing was just seeing everyone and just having a safe space and always having something to come back to - having a point to look forward to in your week, if that makes sense. But definitely, something was just, like, being able to participate in games and stuff. (Participant 12)

### 1.3 Did the program help participants to strengthen their social and emotional wellbeing?

In the yarning circles and interview, participants spoke about a range of issues related to social and emotional wellbeing, including mental health. As noted, many people expressed feeling more connected and having a sense of community through taking part in Wellah Together. Importantly, participants also spoke about their participation in the program as an opportunity to explore their cultural identity.

#### *(i) Improving mental health and connecting with others*

Participants said that the program allowed them to acknowledge mental health challenges and connect with other people who might be experiencing similar issues:

I think for me, what's most important right now is actually reconnecting with mates and extended mob and family. (...) I think connection's what I'm needing most right now, and so this was like perfectly timed. Just to see everyone's faces again. And also see that other people are having similar struggles or have been through it, you know... I could tell from the breakout room, there was a few facial expressions that were like, 'Yeah, I've been there, young fella.' So I was, like, it's good to know you're not on your own. (Participant 13)

Look, my mental health has gone up and down because I'm going through some family stuff. But I mean, other than that, I've been so busy just like with family... I'm still clean and sober, which is really good.. It's just been up and down. Like, it's been more emotional and mental stuff, but I've noticed that I've come out of it real quick. (...). Because while I was doing Wellah, it helped me to connect to others better. Whereas usually, I would just keep to myself. I won't, you know, say anything. But this time, if I've noticed any symptoms coming on, or if I just start to feel down, I'll connect to other people. I'll reach out. I'll just, you know, let them know that I'm feeling down or whatever. (Participant 14)

I think in this sort of western world a lot of us live in, it's not until we're burnt out that we remember self-care. It's like a break-up, work is full on, busy social calendars... And I think.. I came to a point in my life where I realised, you know, we just keep burning out. And then we do these things where we feel so much better when we implement these things all the time. And I would think that's how our old ways would go and a lot of the philosophies we have.. from our different cultures, you know. About moving mindfully and slowly and with respect and all these things (...) We're all trying to decolonise and reclaim our culture in different ways and I think embedding self-care is one way of that. Because I don't think our old people would have worked themselves to burnout consistently. So that's something that grounds me. (Participant 6)

#### *(ii) Feeling culturally safe*

Many participants referred to feeling safe in the Wellah Together program. Some spoke explicitly about this as cultural safety, suggesting that this was an important reason for continuing with the program:

Going to those mainstream spaces when we are addressing health and things like that, it can be.. you feel very vulnerable. And I feel like coming into this space you can... because we all do have that shared understanding of, you know, culture, we can kind of drop... we don't have to have that guard up, I guess. Especially throughout lockdown, I found.. being able to just, you know, six weeks of being able to talk to mob once a week was really, really helpful for me. It just really helped me to stay connected and stay grounded. (Participant 17)

I think over the lockdown too... just the isolation of not being able to get on country and you can't explain that. (...) I think that was really important, those first few lockdowns. And I had, you know, five kids trying to home study... There's not many people with bigger families either too, just being able to connect. And you don't have to explain yourself either... just the unspoken, you know? (...) I think you're quite relaxed coming in here because mainstream you often juggle the racism and everything else and you just know it's a safe place when you get on here .. even if it's half an hour, was just a chance to actually switch that off and you're not often able to do that. (Participant 10)

I kind of live in a world where.. you're either 'dark' or you're 'white' and there is no middle ground here. And so when I go to groups here where I am, or mainstream groups, I feel really judged because no one understands all that cultural trauma that we've gone through to get to where we are to even just turn up. So I like coming to these kinds of things, these groups, where, you know, girls have turned up. You know, they've tried their very best to get there and I applaud them for coming... because that's how I feel most of the time. (Participant 15)

### *(iii) Having a space to explore cultural identity*

Participants described the Wellah Together sessions as a safe space within which to explore their cultural identity. Younger people in particular spoke about this:

I'm very much a newbie in my journey of learning my culture and identity. So I.. yeah, happy to soak up whatever information about culture I can get. (Participant 7)

I didn't really get to grow up with, like, my cultural background. I actually didn't.. I didn't know, being born. It was really hard because once I knew, I was, like, beyond proud, I was super curious... Ever since grade 12, I've just been constantly trying to learn more and, you know, go to country... So I guess I just realised, I need to take this step. (...) I'm just seeking any opportunity to broaden my cultural connections and see what other people's opinions are, just to feel more involved... I thought the fact that I can connect with community and do the mental health stuff is even better. Because then it gives that extra layer of, you're not just talking about day-to-day stuff, but you can talk culturally. Whereas with, you know, my friends and other people, they just don't get that layer because, you know, they're not mob. So that was another thing for me that was really important. (Participant 13)

Things like identity and belonging are really big issues that I think ... we could really pick apart and talk about. And that helps people. I know, well at the start of my journey, how hard it is to feel a part of mob and culture until you're really in that journey. And so letting people know that that's normal and that's okay, and that talking about some of the things that are going on... I think being able to talk about issues that impact mob, (...) I'm definitely supporting that because that's really important and builds in with culture, too. (Participant 11)

## Impact of Wellah Together Online: quantitative results

The three evaluation surveys (pre-program, post-program and three-month follow-up) included quantitative assessments. These were CTGF's health and lifestyle questionnaire, the Aboriginal Resilience and Recovery Questionnaire (ARRQ) and the Kessler psychological distress scale (K10).

There was a large variation in the number of participants who completed the assessment measures at the three different time points. Table 4 provides the mean scores for each time point and the number of participants who completed each assessment.

**Table 4: Quantitative measures and survey questions for Wellah Together participants at three time points**

Assessment measure	Week 1 (pre-program)		Week 7 (post-program)		3-month follow-up	
	Mean score	(number of participants)	Mean score	(number of participants)	Mean score	(number of participants)
Total Strengths	190	(31)	206	(17)	204	(13)
Personal strengths	107	(29)	118	(19)	119	(13)
Relationship-community-cultural strengths	82	(31)	87	(19)	87	(14)
Psychological distress	25	(33)	21	(20)	19	(14)
General health	2.4	(33)	2.8	(20)	2.5	(14)
Sugary drinks	3.0	(29)	2.5	(21)	2.0	(14)
Physical activity	1.9	(34)	2.7	(22)	3.0	(14)
Social Support	2.7	(34)	3.6	(22)	3.4	(14)

The completion rate for all items in the measures for both Week 1 and Week 7 was low, ranging from 16-20 participants, and lower still for Week 7 and the 3-month follow up, ranging from 9-10 participants. Due to these low numbers, only changes in scores between Week 1 and Week 7 were statistically analysed. Dependent measure t-tests were conducted to test for statistically significant changes in the three subscales of the Aboriginal Resilience and Recovery Questionnaire, the psychological distress (K10) scale and the four survey questions (general health, the number of sugary drinks consumed, physical activity and social support).

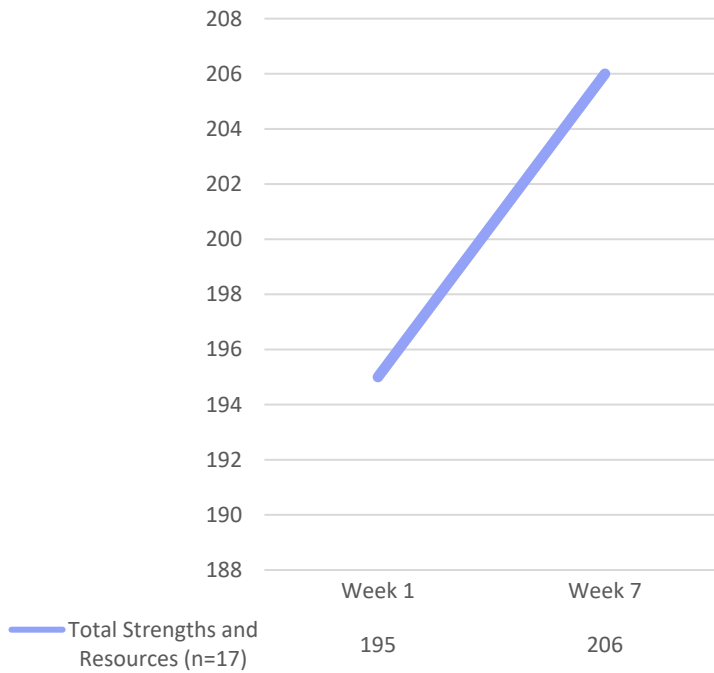
As outlined in Table 5 and graphs 1-4, there were statistically significant increases in participant scores for: (i) access to total strengths; (ii) access to personal strengths; and (iii) the number of days per week exercising for 30 minutes or more. There was also a statistically significant decrease in participant scores for (iv) psychological distress. There was no change in participant scores for access to relationship-community-cultural (RCC) strengths. There were changes in the right direction for participant scores for general health, sugary drinks, physical activity and social supports available. However, these changes were not statistically significant.

**Table 5: Wellah Together Participant Week and 7 Pre and Post Program Assessment**

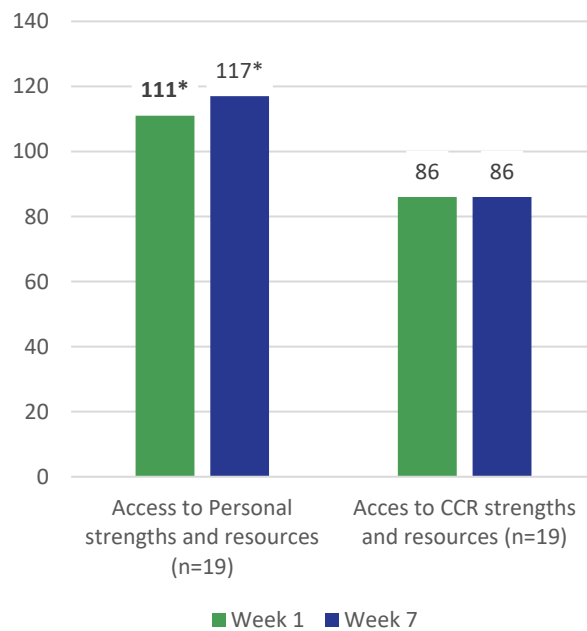
	Pre		Post		Mean difference	95% CI		<i>T</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	(SD)	<i>M</i>	(SD)						
Personal Strengths (n=17)	110.65	8.15	116.71	11.00	6.06	-10.61	-1.50	-2.82	.006**	0.68
Relationship-Community Cultural Strengths (n=18)	86.22	10.13	86.11	12.70	0.11	-4.23	4.46	0.054	.479	0.01
Total Strengths (n=16)	197.81	17.00	205.50	23.71	7.70	-15.25	-0.12	-2.17	.023*	0.51
Psychological Distress (n=20)	24.00	5.54	20.50	4.52	3.50	1.67	4.06	4.00	.001***	0.87
30 min of exercise, days in one week (n=22)	1.63	1.76	2.68	1.46	1.05	-2.02	0.07	-2.24	.018*	.48
General Health (n=20)	2.50	0.89	2.75	0.91	0.25	-0.62	0.12	-1.42	.086	.30
Supports (n=22)	3.10	1.38	3.50	2.36	0.4	-1.34	0.34	-1.24	.12	.25
Sugary drinks (n=19)	3.21	3.10	2.53	2.46	0.68	-0.62	1.99	1.10	.143	.24

\* indicates a statistically significant change in mean participant scores. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Graph 1: Wellah Together Participants Week 1 and Week 7 Total Strengths Scores**

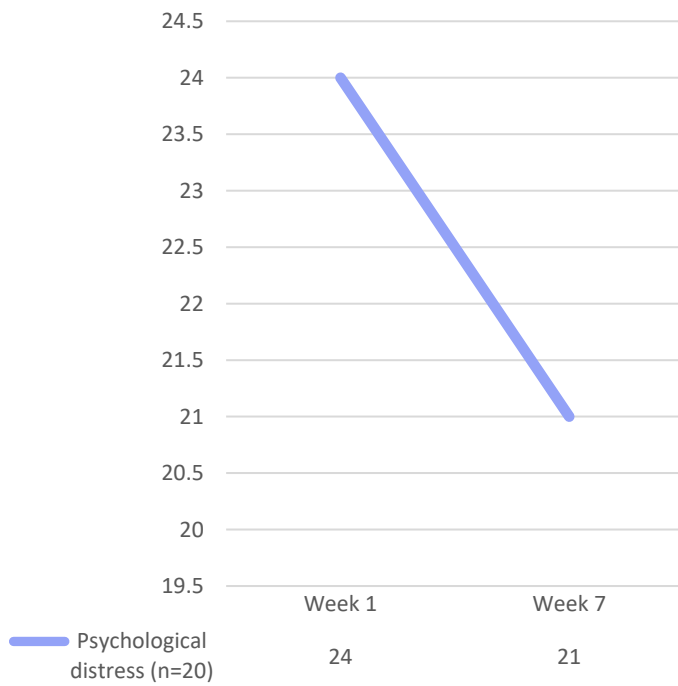


**Graph 2: Wellah Together Participants Week 1 and Week 7 Personal Strength and Cultural-community-relationship (CCR) Scores**

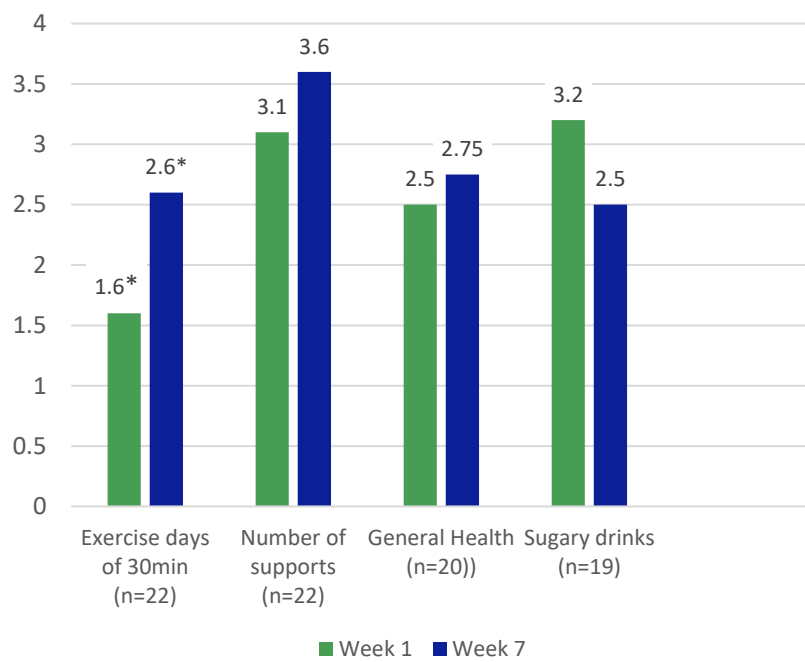




**Graph 3: Wellah Together Participants Week 1 and Week 7 Psychological Distress Scores**



**Graph 4: Wellah Together Participant Week 1 and Week 7 Healthy Life Question Scores**



## *Participant suggestions for future programs*

While the impact of Wellah Together was overwhelmingly positive, participants also identified aspects of the program they found challenging or felt could be developed further. Both CTGF staff and the yarning circle facilitators encouraged participants to speak openly about possible areas of program improvement, emphasising that this feedback was an important part of the evaluation. Although the issues raised were relatively minor in the context of all the data, we have outlined these below for consideration in future programs.

### *(i) Wishing for more content relating to culture and mental health*

Participants placed a high value on content relating to Aboriginal and Torres Strait Islander cultures. Some people wished for more cultural content to support their learning:

I would have liked more culture within the program. Like, the health and fitness is fantastic and I needed that. But I love connecting to culture. And so some more cultural knowledge and cultural learnings and... cultural activities, I personally would have appreciated that. (Participant 11)

I'm very disconnected from my culture - I don't even know which mob I'm from. So I had high expectations on learning more about cultural aspects. And for me in the breakout rooms, I loved it because I could connect more closely with certain people. I just wished there were times when we weren't focusing on a certain question or goal. I wish there were times where the breakout room was just freedom, and we could talk about anything, so that I could get to learn more about [other program participants]. Like, what makes them, *them*. I wanted to learn more about them. (Participant 9)

A number of participants expressed a desire for more exploration of mental health issues, including in relation to Aboriginal and Torres Strait Islander experiences:

I would have liked more on the mental health side of things, especially with how much people are struggling at the moment. You know, that it's okay to not be okay, sort of messages to help get people through. Because it's great being super-positive all the time, but... some ideas on how to get down, through that lockdown stress and that, would have been helpful. (Participant 11)

It would be amazing to be able to have mental [health] spaces that specifically talk about the issues Indigenous people face with mental health, with discrimination and systemic racism and stuff. Because that's something that's really important and it's not talked about enough. And I really want to be able to have that safe space as well. (Participant 12)

I'd really like to see the program expand health into other important areas that I don't think are always talked about in community. In particular, like how to manage your own intergenerational trauma. Like, what does that actually look like? (...) Even if they collaborate with Healing Foundation and these places that know, you know, intimately, and Aboriginal psychologists, what that looks like on the ground. I think that'd be good. (Participant 6)

### *(ii) The timing of the weekly sessions*

The timing of the sessions, Wednesdays at 5.30 pm, was challenging for some participants, particularly those with younger children:

For me, a working mum with two children, 5.30 is a horrible time! I know that you're never going to get a time that's going to suit everybody, and obviously, you guys are still working, the team at Clothing The Gaps are still working, so you don't want to make it too late, and then it's into bedtime routines and stuff like that. But look, for me, 5.30 was not cool! (Participant 7)

### *(iii) Not being physically active during the sessions*

Previous CTGF programs have had a strong focus on group physical activity. This was not possible with the online delivery and in the context of the pandemic. Some participants wished

for a physical activity component and found it challenging to be participating virtually, particularly if they were already spending considerable time online:

I don't know, it's just there's that real claustrophobic feeling of, like, being inside so much. Even though the program was about getting outside. (Participant 13)

#### *(iv) Wishing for the program to continue longer*

Some participants expressed wishing that the program could continue for longer. Views related both to an interest in working on personal goals and in staying connected with other participants:

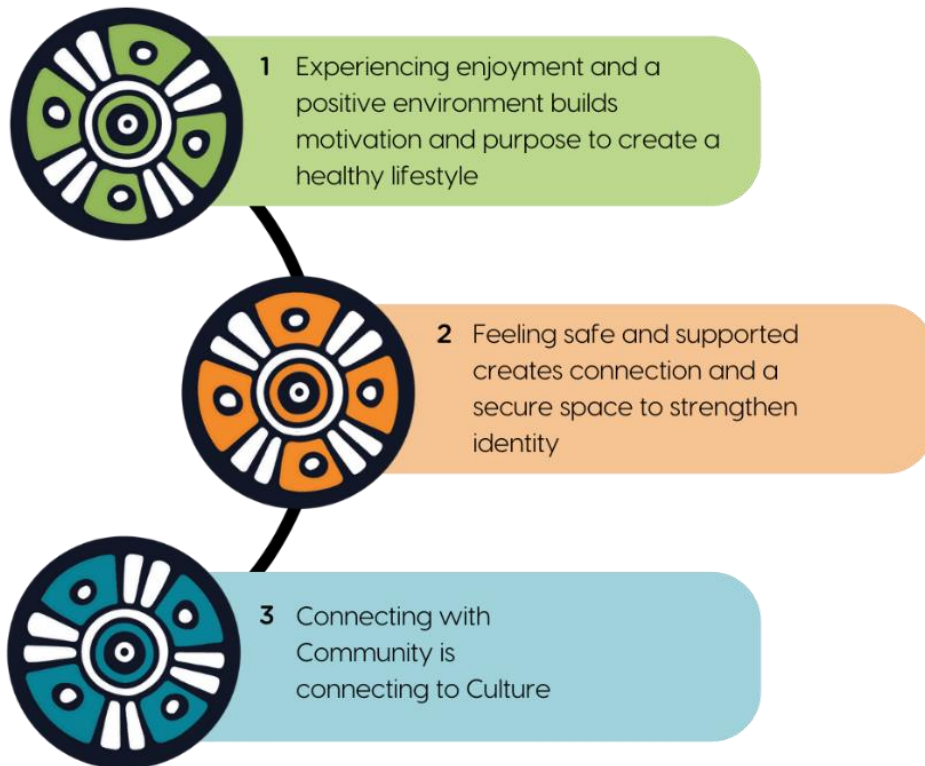
I like the idea of Wellah Together not being a moment - it's a continuation. It's not a memory - it's, like, a way of life. Not in the sense of: people are thinking about it every day. But I don't like the idea of thinking 'I've got to wait a whole year to do Wellah Together again, you know? Sure, in three months' time we give feedback on how we're going. But rather than it just be me, you know, submit a form, 'Here's how I'm going,' I'd rather do another Zoom call, see everyone again, be like, 'Holy shit, what's going on?' (...) I just like the idea of it being something that isn't just a one-off event. And it's also, like, always kept communal. I really hope the program continues, because I just.. I love it so much. (Participant 13)

#### *Themes reflecting the impact of the Wellah Together program*

Analysis of the qualitative data showed that taking part in Wellah Together supported participants to strengthen their wellbeing in multiple ways. This included gaining knowledge, identifying personal goals in relation to health and wellbeing and making changes in everyday life. The program supported participants to access personal, relationship, community and cultural strengths and resources through increased motivation, being in a welcoming environment, connecting with other Aboriginal and Torres Strait Islander people and experiencing enjoyment in the context of the pandemic. The data suggests that participants experienced improvements in their social and emotional wellbeing in at least four ways: by improving their mental health and connection with others; feeling culturally safe; having a space to explore their identity; and maintaining an awareness of wellbeing during the pandemic.

The qualitative findings were supported by quantitative assessments in which participants reported increases in total strength and personal strength scores on the Aboriginal Resilience and Recovery Questionnaire, decreases in the K10 psychological distress scale and an increase in the number of days in which they exercised for 30 minutes or more.

The research team generated three themes as a way of describing the wide-ranging impacts of the program identified by participants.



### *Social and Emotional Wellbeing*

The analysis of data has highlighted that Wellah Together Online had positive impacts for participants across multiple wellbeing domains integral to an Aboriginal and Torres Strait Islander SEWB framework. For example, participants indicated that maintaining a focus on mental health and being able to cope with stress, notably in the context of pandemic-related restrictions, was an important part of their experience of the program. Wellah Together appeared to facilitate participants' healthy lifestyle strategies and coping skills to help manage distress.

These positive impacts on what could broadly be referred to as 'connections to mind and emotions' were interconnected with, and occurred within, a supportive environment that participants described as having helped them stay connected to community. Participants referred to two aspects of cultural connection. One was that the program fostered a culturally safe space not often experienced in other settings. Second, and related, personal and family experiences of cultural discontinuity and historical loss featured prominently in some of the yarning circles. Although healing cultural connections was not an explicit aim of Wellah Together, for some participants the program provided opportunities to explore and strengthen their cultural identity and sense of belonging. Overall, the impact of the program in relation to social and emotional wellbeing appeared to be one of empowerment and an increased capacity to manage stress and distress.

## Core elements of Wellah Together

The second question guiding this evaluation was: What are the core elements that contributed to the success of Wellah Together Online? The research team explored this question through two sub-questions:

- 2.1 What are the core elements of *program design and delivery* that contributed to its success? For this question, the research team focused on feedback from program participants.
- 2.2 What are the core *values and approach* of the program? Data for this sub-question was mostly derived from discussions with CTGF and Goolum Goolum staff, both in weekly reflective sessions and the yarning circles.

### 2.1 What are the core elements of program design and delivery that contributed to its success?

Based on analysis of participant feedback, there were four aspects of program design and delivery that were critical to the success of the program. These were: the accessibility of both the program itself and resources made available through the program; the activities within the program that enabled participants to meet one another; the competitive and fun components of the program; and the skill and commitment of the CTGF facilitators. While not a core element of the design, most (though not all) participants spoke positively about the mixed gender nature of the program.

#### *(i) The accessibility of the program and resources*

Participants appreciated how accessible the program was. This related to how content was delivered, the nature of resources shared and the fact that materials were available outside the weekly sessions through the Wellah Together portal:

I prefer to have a talk about, have a yarn about stuff, rather than just sit down and reading. I'm more inclined to take it in if it's sent to me verbally as opposed to written form. So having these Zoom sessions where we can log in and get the information via [CTGF staff] talking ... or, you know, any of the other guest speakers and things like that, .. yeah, I think that's the way to go to get through to our community. (Participant 7)

I missed a couple [of sessions]. I was devastated that I missed it, but luckily.. the recordings were there and I could catch up on a few things and then the Facebook as well. We could catch up with Facebook chat and you go, 'Oh what was that about?' and then you can look into it. So, having that access was really good. (Participant 5)

Many participants liked the online delivery both in terms of being able to join from any geographic location and, for some, because participating online was more feasible for them personally than participating in-person would have been:

Being in Sydney, we don't really have as many programs like this. So it's been awesome to connect virtually and do it. And I was quite surprised by how much I just wanted to do every single Zoom. (...) I have loved every second of it. How supportive it is and how much motivation I've just gained the entire way through and haven't wanted to drop off at all. So, I think, yeah, the way that this program is run online has massively been so beneficial. (Participant 3)

I love being around people and, you know, with people. But also with my anxiety and just being busy, obviously, with kids, it's perfect. Like, just jumping on your phone or whatever, or your laptop, just being at home. Or being able to just be on it as well as cooking dinner and all of that kind of stuff. I would definitely do it again. (Participant 14)

I think the program would still work just as good, if not better, with or without COVID. I think it's a very adaptable program that can work in both ways. (...) Like, there was people on the Zoom call who I could tell had probably never used Zoom. Like, they were in their 60s, 70s, like, the grannies in

the room. And yet, they were having fun, you know, chucking on the random backgrounds or the face filters and all that. So, yeah, I think it's pretty accessible for everyone now. (Participant 13)

### *(ii) Activities that enable people to connect*

The opportunity to meet other participants informally was a highlight for many people. Positive feedback often included reference to the breakout rooms:

I really enjoyed the interactive opportunities such as the questions in the breakout rooms; it really provided an opportunity to interact and communicate with mob and share our experiences, as well as talk about our mental and physical health. (Participant via feedback survey)

Participants reflected on how the online delivery enabled connection with Aboriginal and Torres Strait Islander people in other states and territories. They valued the reach of the program because it extended their experience and sense of community connection:

Even outside of COVID I think that having it online is really unique because we do get to meet from all different lands, you know? So, not just state-wide, but nationally even. I think that's such a unique opportunity that we can have as Indigenous communities to have this sort of cross-community collaboration, which is not really an opportunity in many spaces. (Participant 8)

What I do for my work, I advocate a lot about trauma-informed practices. And I can't say more the importance of community and connection and belonging for people. (...) Because this is what healing is. It's about connecting with each other, sharing our stories, sharing our culture. It really is. Like, it may seem like a fun course where we can... I won a hat, I'm very happy, I'm not going to lie about that! But that sort of stuff is incredible, like, evidence-based, really what people need to feel, that belonging and identity, which is one of our biggest problems. (...) Nothing beats that face-to-face experience. And I've done it with them, you get to exercise with other people, it's fantastic. So the more we can do that, definitely the better in the future. But I would be hesitant to lose the online because it has connected me with so many different mob. (Participant 11)

### *(iii) The energising and fun elements*

The interactive and fun-based activities, including the incentives, were a core component of the program, facilitating participant learning:

I really enjoyed it and I did find it exciting to come back to each Wednesday. Just because there's that humour, there's that funny side. The rawness of it as well - like, it wasn't pre-recorded... there was no script as such. (Participant 7)

I'm not going to lie, the loot is a definite drawcard! Like, they have the deadliest merchandise ever! And I was very lucky tonight. But, yeah.. just something to look forward to and have a laugh, because we all need that laugh in our week. (Participant 11)

So, for me it's kind of like, 'Ooh, I won some prizes, so now I've got to do some work for that.' (...) I managed to buy one of the coffee mugs and I see that on my desk every day, so it's a constant reminder of, 'You know what, you got this for a reason. What are you going to do to earn it?' sort of thing. (Participant 7)

### *(iv) The skill and commitment of CTGF staff*

Participants spoke often about the broad range of staff skills and the personal commitment of staff to the program. There were many observations about staff members' knowledge, passion, humour and creativity and how central these were to the success of the program:

They're naturals, I think. They just make you comfortable. They really do. There was no... they didn't expect anything from anyone. If you're not comfortable showing your photo on the camera, they didn't force it, they didn't single anyone out. They were upbeat... (Goolum Goolum staff member)

Those women really hold that [space] well by giving the challenges... that's definitely something you can appreciate they do well. (...) I think the women are changing the world - there's guys there too, I shouldn't say women - that mob are doing really good things for connecting... You know, all these baby steps are such a massive thing and mean a lot to mob. So I just.. I can never be more grateful to them. I love them to death. (Participant 11)

#### *(v) The mixed gender nature of the Wellah Together program*

When asked directly about being in a mixed gender group, most participants reported feeling comfortable being with both women and (albeit few) men:

I reckon it worked. There was nothing... in there that needed to be men's or women's business. It was about health and getting mob stronger and things like that. So, I think it did work. (...) There was a couple of fellas there, but, yeah, even if I was the only fella, I still would have been happy to participate and go along with it. (Participant 5)

Not all participants shared this view. A few women expressed a preference for women-only programs. One participant courageously shared her own lived experience of trauma and the importance of providing single gender programs:

Having males in the program this time meant that it didn't feel like as much of a safe space. I've loved Wellah Women in the past because it was a place for all the tiddas to get together to yarn and have fun. As someone who experiences PTSD from past sexual trauma to do with an Aboriginal man it was a bit confronting to see men in the virtual space, especially when it came time for the breakout room. A male and myself were the only ones in that first breakout room briefly for a few moments before others came in and it made me feel awkward. Even though it has nothing to do with him, it's my own issues, I just feel this was a surprise. (Participant via feedback survey)

## **2.2 What are the core values and approach of the program?**

Based on the debrief sessions and yarning circles with Goolum Goolum and CTGF staff, the research team identified six principles as central to the values and approach of the Wellah Together program.

#### *(i) Create an affirming and power-equal environment*

In every communication with participants, in the resources developed and in the weekly debrief meetings, CTGF staff consistently communicated their respect for participants' knowledge and experience. Staff worked hard to share their own knowledge as health promotion experts, but always from a position of being co-learners with participants. The overall tone set throughout the program was one of explicitly equalizing power amongst everyone involved:

From my role in the program as hostess with the mostess.. never seeing myself as above anyone else, like.. the participants. Because I guess an easy thing to fall into is: 'I'm the expert.' But I never ever saw myself as the expert. And I think in that leadership role, knowing that the participants had just as much to offer to me as I did to them. (...) There's something really nice when Aboriginal people come together and share those.. knowledge powers .. (...) I'm just trying to hold a space for people to... show leadership to one another. (CTGF staff member)

The spotlighting [of participants] is important because everyone's got something to contribute to the learning and we can all learn off each other. (...) I think that's also really important, that we know that we're all experts and we can learn from each other. (CTGF staff member)

#### *(ii) Build engagement throughout the program*

The Wellah Together program incorporated weekly online sessions, follow-up surveys, the portal with resources, the Facebook group and other communications from CTGF throughout the week. Staff spoke about building engagement with participants over time as a central principle in their approach. The multiple points of contact allowed for the reinforcement of learning and the

development of a sense of relationship, both between CTGF staff and participants, and amongst participants themselves:

I think we were able to work in, like, different, multiple touchpoints to increase connection. So not just the Zooms but the Facebook group. But also that added layer of getting (a staff member) to actually call people was something else that I think just added that human element that encouraged people to turn up. And then I think, like (another staff member) reaching out, connecting to send out the prizes. So there were emails, there was the Zoom.. I think if you just relied on the Zoom it's not enough. So it has to be layered. (CTGF staff member)

The calls were good. I don't know, it was just.. It wasn't like I was reaching out to make sure they're doing everything or anything like that. It was just, you know, making them feel more comfortable... I just wanted [them] to feel like I was someone that they can look forward to... connecting with when they come into the sessions. And I was just trying to build that rapport and... wanted to be as supportive as I could. (CTGF staff member)

I actually felt like I could build some... relationships with some of the participants. (...) And then they start using terms like 'sis' and 'bro' and it just makes you feel like even though you don't see them face-to-face, you still have that kind of, you know, that kind of kinship. (...) So I think the language that we use really helped build relationships. (CTGF staff member)

### *(iii) Centre Aboriginal and Torres Strait Islander leadership*

CTGF is an Aboriginal-led organisation that exists to promote the health and wellbeing of Aboriginal and Torres Strait Islander people. The main host and all group facilitators were Aboriginal and Torres Strait Islander and the health promotion resources provided in the program were developed by Aboriginal and Torres Strait Islander organisations, including CTGF. Centring Aboriginal and Torres Strait Islander leadership was a fundamental principle in the program:

From my perspective, Aboriginal leadership in running an Aboriginal health and wellbeing program is paramount. It's not an Aboriginal health and wellbeing program if it's not driven by Aboriginal people. (...) I know that's a really simple statement but I think it's actually really important to reiterate in this space... If another group or another person is going to go and roll out this program, the leadership piece is really important. (CTGF staff member)

An expression of this principle was CTGF's commitment to nurturing young Aboriginal and Torres Strait Islander community leaders. The Wellah Together team included two young adults being mentored by more experienced staff:

Just getting out there and being able to...feel in charge of everyone and to help the guys feel comfortable as well and encourage them to get through the program (...) So, yeah, I'm definitely better off for it and it's helped me kind of break another barrier to, I guess, build some more confidence in myself as well. (...) I guess knowing that I can be a leader. Like, it's a big term and, you know, it's something you've got to earn... But after doing this, it's helped me realise that I can definitely just have confidence in myself in general. And I know I can do it. (CTGF staff member)

Doing these things online builds other skills than you would in real life. So, you know, if you muck up online you've got to keep rolling with it. (...) You just don't have time online and it's just not a shame (...) Just learning to get over that and being more confident (...) So, yeah, just the support from one another as a team made me feel really comfortable. I look forward to them now and knowing that the result... is really rewarding and makes me feel like I want to get out there and do it again and be there for mob. (CTGF staff member)

### *(iv) Deliver health education through active participation and fun*

CTGF emphasised the importance of creating an entertaining and high-energy program to facilitate participant engagement with health-related content. The program design was based on the public health principle of using active participation and fun as vehicles for education:



Figuring out an engaging way to deliver the health content is important because you've got to make it sound fun and motivating (...) We purposely didn't use the PowerPoint to present on the Zoom. And I think that that's important when thinking about what makes you different to, like, a lecture style kind of way of delivering health content. (...) We tried to do the really fun, engaging videos that were not necessarily compulsory... just making sure there's a way to support people .. that they still got those key messages. (CTGF staff member)

CTGF described their approach as aligned with a broader 'hub-and-spoke' model of health promotion:

We've anchored our programs in the fun community engagement piece being in the centre and then creating opportunities to feed out into other services, other opportunities, increasing people's peer networks, all of those sorts of things. So [people] come for.. the thing that they think they're going to get out of the program - which often for our health and wellbeing programs is weight loss or fitness - they come for that thing, but really what they get is an increase in community connections. They get an understanding of holistic health and wellbeing. They meet other service providers that can help them in ways that maybe they didn't realise were available yet. Whereas if you'd said, 'Come and listen to a type two diabetes education,' they're just not coming. Because it's not fun. (...) So being able to mask the real opportunities in increasing someone's support networks, whether that's through structured services or peers or other things, with something ... and then it feeds out from there. (CTGF staff member)

#### *(v) Ensure staff are skilled and have clear roles*

CTGF staff collectively have significant experience in public health, education and group facilitation. Delivering Wellah Together during COVID-19 required a high level of adaptability. Staff emphasised the importance of creating a highly organised, multi-skilled team to successfully deliver a program:

I think (staff member) makes such a great point in that having a team that's highly committed and that has an enormous amount of trust in each other as well. We've worked together for so long now that I 110% know that if this program gets put in the diary and.. we commit to it going live, that everyone is going to give it 110%. It's almost like a warning label that needs to come with the program. Like: 'You need to be aware of what you're signing up for and this is it!' (CTGF staff member)

I think... to not continue to do this and have this skillset and this experience would be a disservice to the community. That's personally how I feel. At the end of the day, we're all really highly skilled and trained Aboriginal health practitioners. (...) And I think we should build on what we do.. The programs that we're doing are literally doing what we set out to do, that being to add years to people's lives. And we've done that. (CTGF staff member)

#### *(vi) Build in continuous reflective practice*

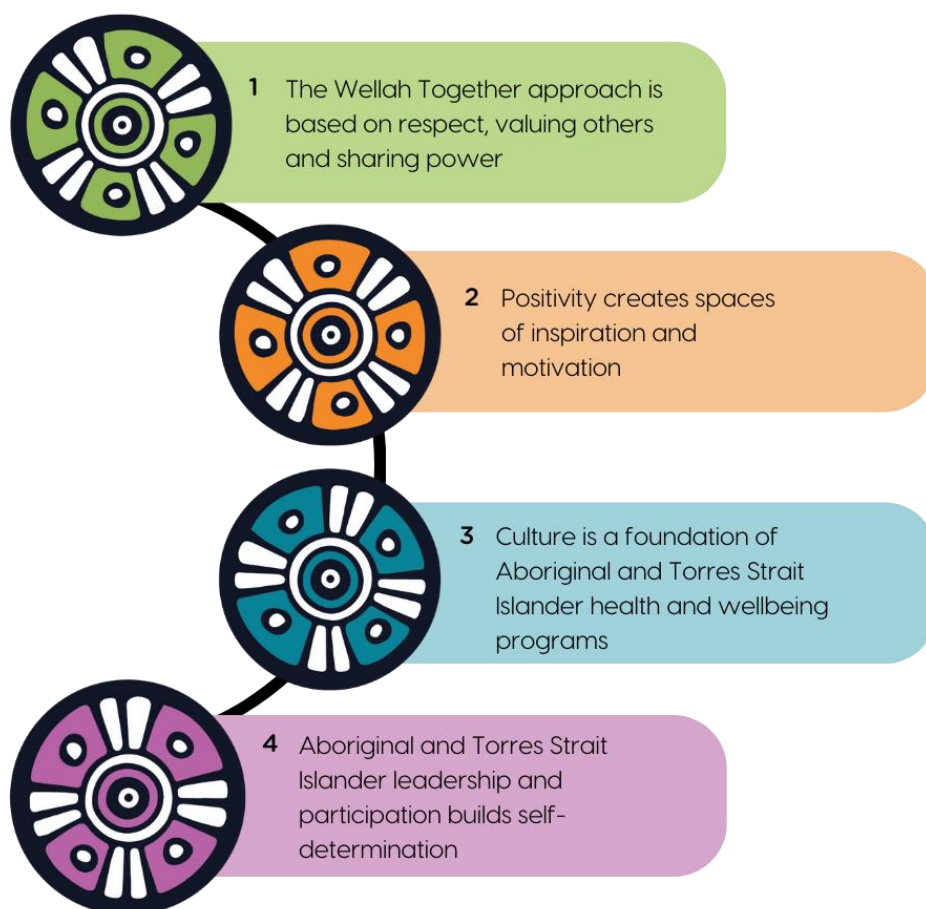
A fundamental aspect of CTGF's approach was a commitment to continuously improving their practice. In keeping with the value of sharing power, staff sought feedback from participants throughout the program. Every week, the staff team reflected on how the session had run and noted possible improvements. Many participants commented on CTGF's commitment to asking for and incorporating feedback:

It was awesome... Every single time.. they were like, 'You can't offend us, just be honest!' And you're just like, 'Okay. Well, this didn't work, but this is what you could do.' And they would give a summary of that in each Zoom as well, which was really...like, our feedback was being heard. (Participant 3) The other thing I'd say on that was the catch-ups that we would do in real life we also continued to do after every session. (...) You know, often we approach it with a critical lens, there's not a whole lot of 'well dones'...Focusing on what worked and what didn't is something I think [is] really important, to give that feedback straight away while it's fresh in our minds so.. we can change up the program for the next week if we need to. (CTGF staff member)

### *Themes reflecting the core elements of the Wellah Together program*

The research team identified four aspects of program design and delivery that were core to the success of Wellah Together: the accessibility of the program and related resources; activities within the program that enabled participants to meet; the competitive and fun components; and the skill and commitment of CTGF staff. In analysing the data in relation to values and approach, the research team identified six principles. These were: create an affirming and power-equal environment; build engagement throughout the program; centre Aboriginal and Torres Strait Islander leadership; deliver health education through active participation and fun; ensure staff are skilled and have clear roles; and build in continuous reflective practice.

The research team generated four themes to integrate and represent the core elements of program design and delivery and the values and approach of the Wellah Together program.



### Program translation

The third and final question guiding program evaluation was: What are the considerations for Aboriginal and Torres Strait Islander organisations wishing to develop a similar type of program at a local level? Goolum Goolum Aboriginal Co-operative staff participated in Wellah Together Online specifically to contribute their thoughts on this question. The following section sets out the three primary considerations identified from the data collected. These considerations provide a starting point for the possible production of a more detailed resource for organisations.

*(i) Adapt the program to your own context: build on existing resources*

Having experienced Wellah Together, Goolum Goolum staff were enthusiastic about developing a similar program within their own regional context. Goolum Goolum staff emphasised the importance of consulting with their community in designing a program and of drawing on existing organisational and community resources:

We'd definitely do a consultation prior. We'd target people that we think would be interested in the program and we would ask them what they want to see delivered ... that includes both the men and women. We've got such a good relationship with the community, we can target men that we think would commit to doing the program. (Goolum Goolum staff member)

Goolum Goolum staff highlighted the importance of assembling a staff team with a broad range of skills and knowledge, including in relation to public health, group facilitation and IT (using Zoom, Kahoot and other platforms, delivering online surveys). In addition, CTGF and Goolum Goolum staff emphasised the importance of representation within the team delivering a program relative to the community for whom it is intended.

*(ii) Consider who the program is for and provide options for different groups (age, gender, sexual orientation)*

Participants shared a range of views in relation to offering programs based on age, gender and sexual orientation. While many participants enjoyed taking part in a mixed age and gender program, some people expressed interest in programs specific to certain groups within the community. Feedback in this evaluation suggests that there is a need for a range of programs relevant to people with differing needs and experiences:

We definitely had... a mix between genders... whereas with age, I guess there wasn't too much. Like, I'm only 19 and I felt like a lot of the other participants were quite a bit older. So, it was good to have (younger staff member) in there because she's still quite young. But, I guess, in terms of advertising as well and getting it out there, it'd be great to see more youth do this if they could engage with it. Or even in the future maybe doing a Wellah youth program for the younger age groups, just to get them in on it, because it's awesome. (Participant 3)

I think it's great that men have an option to be able to join in to things like this. There's so much stereotype out there about men getting in touch with their feelings and emotions and mental health and physical strengths and weaknesses. I have a husband who suffers from quite severe mental depression, so, you know, some of the stuff that we worked through, or I worked through, through the program, I was able to sort of just sneakily leave on the table so that he could just go, 'Oh, okay,' and just read it as his own free will. So I think, yeah, there's not enough stuff out there for men. But like-minded people with the same goal, or similar goals in one area, it was just valuable. I loved it. (Participant 7)

There's not enough resources for Indigenous men, specifically for mental health. Knowing some of the statistics about how Indigenous men experience mental health, I mean I don't really want to dig into them because they're a bit, really graphic, like pretty alarming, but I think it's really important. So that was really nice to be able to have that. I've never really done Wellah Women, but I think it's really great to have a range of spaces for everyone. (Participant 12)

I just really wanted to add.. I think it's really important if there in the future could be a program for queer Indigenous people, specifically like transgender Indigenous people as well. Because I feel like adding onto the whole, there's not enough resources and spaces, safe spaces for mob who are not cisgender or not straight. And I feel like that's really important as well. And it would be a really inclusive and safe environment. (Participant 12)

*(iii) Consider the pros and cons of delivering a program in-person or online*

Wellah Together was delivered online as a matter of necessity. In the yarning circles, both CTGF and Goolum Goolum staff explored the advantages and disadvantages of providing programs in-

person and online. The advantages of in-person delivery included being able to incorporate physical activity into the program, fostering relationship building and making the program more accessible for people who do not have access to technology:

I think (staff member) raises a really nice point in missing out on that opportunity just because of the online format to have a meal together as well. Just in terms of what having that shared experience of getting moving and then coming together to share a meal does for relationship building and increasing safety and all of those things. (...) I think we implemented some things as the program grew to continue that cross-connection piece as much as we could by opening up the Zoom session earlier and having that opportunity for people to share what's been happening in their world and just to chat casually like they would have hanging out, waiting to get started in real life. So I wonder what else, I guess, we could do to increase that.. relationship building aspect in a different way too. (CTGF staff member)

The main advantage of delivering a program online in a non-pandemic context identified by staff was access: overcoming geographic distance and providing an option for people who are less comfortable joining in-person gatherings:

If this hadn't been online, I wouldn't have done it. Not because I couldn't get to it, but I just... I am the world's biggest introvert. I don't get out much and I'm happy with that. So, I think it's been great for me because I've been able to connect with people but have also been able to be within my comfort zone. And I think it's a program that you can do where you're not.. you can do it to your own level. You can take from it what you want and you can do what you want but, you know, nobody's sort of forcing you to. It's not like going for a personal training session where people are shouting at you or anything. (Participant 2)

I love the face-to-face ones, but I also appreciate the online ones for the different ability, to reach different people and mob and learn from other people. So, yeah, I just think we need more and more of these and more opportunities to engage in community. (Participant 11)

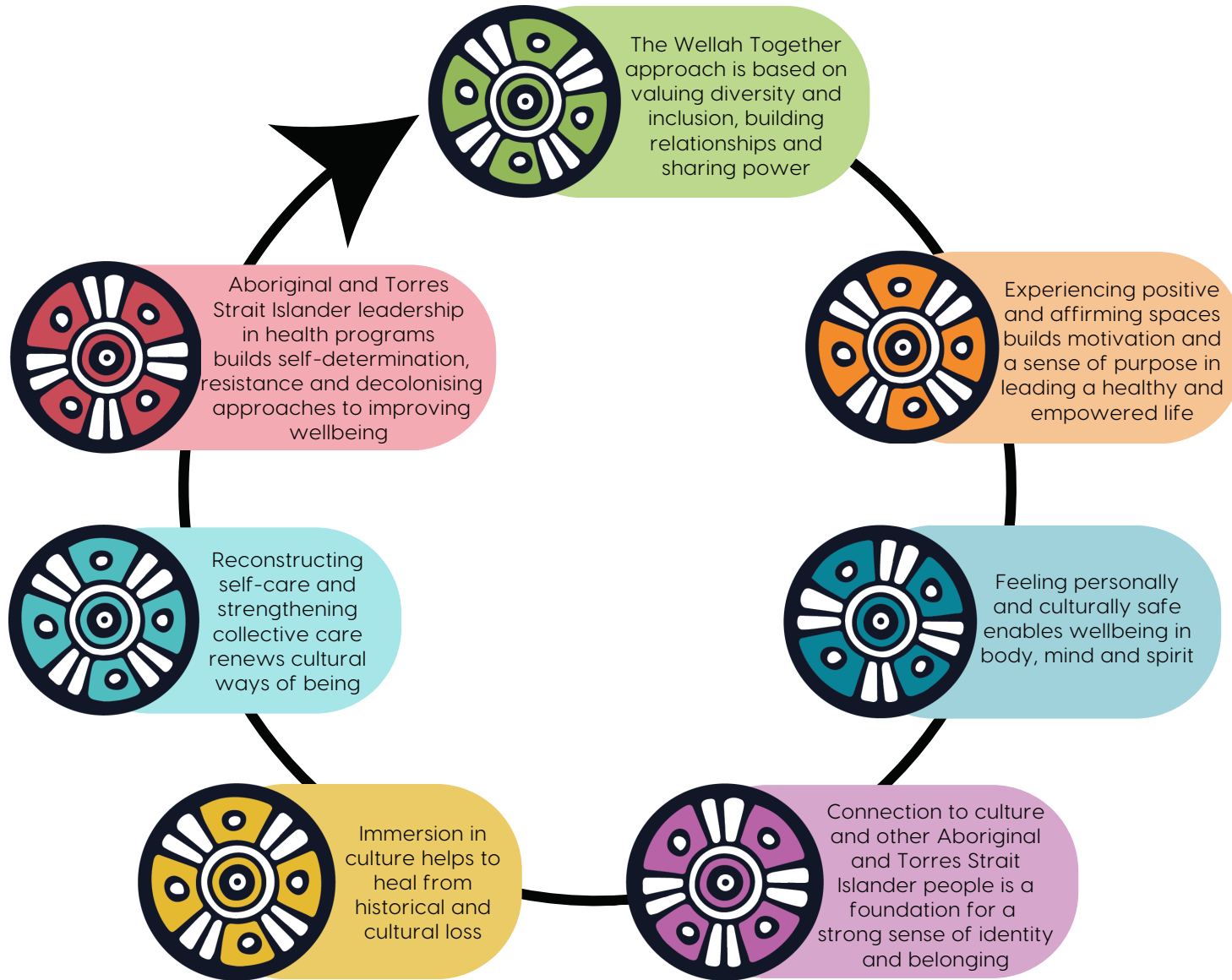
Like many regional ACCHOs, Goolum Goolum Aboriginal Co-operative serves a large geographic community; offering a program online was seen as one way of addressing the barrier of distance. Having said this, Goolum Goolum staff noted that offering an online program would likely mean needing to provide technology and IT support to some community members:

Definitely, if they had that barrier, we would help them, we would provide the devices for them and we would give them lessons. We'd do everything we can to set them up. (Goolum Goolum staff member)

In addition, some participants informed the CTGF team that they choose not to engage with social media; this also needs to be considered in relation to relying on online platforms in delivering a program.

## Seven themes that describe the Wellah Together Online program as a whole

After analysing the data with respect to each of the three evaluation research questions and reviewing findings, the research team generated a set of overarching, holistic themes to describe Wellah Together Online as a whole. These seven themes are based on ideas participants and staff spoke about both directly and indirectly. They are intended to support understanding of the thinking behind Wellah Together and the contribution that future programs may make to the health and wellbeing of Aboriginal and Torres Strait Islander communities.



## **1 The Wellah Together approach is based on valuing diversity and inclusion, building relationships and sharing power**

Wellah Together Online was designed to provide a culturally safe space for Aboriginal and Torres Strait Islander participants to improve their health and wellbeing. Program staff prioritised inclusivity and building relationships of mutual respect and equality. The Wellah Together approach affirms participants' diverse identities and the 'knowledge powers' within the group, creating an environment within which Aboriginal and Torres Strait Islander people both receive and provide knowledge and support in a shared journey of strengthening health and wellbeing.

## **2 Experiencing positive and affirming spaces builds motivation and a sense of purpose in leading a healthy and empowered life**

Participants indicated that the positivity and encouragement they experienced during the Wellah Together program was highly motivating. The emphasis on creating a supportive and non-judgmental environment enabled people to identify personal health goals and share their experiences of working towards these on their own terms. Participants were able to learn from CTGF staff and one another and to experience the benefits of collective support and accountability. Positivity and affirmation can be vehicles for helping to generate a sense of purpose in making change for individuals, families and communities.

## **3 Feeling personally and culturally safe enables wellbeing in body, mind and spirit**

Several participants referred to feeling unsafe in mainstream health settings. Conversely, many participants spoke about feeling safe in the Wellah Together program. The design and delivery of the program by Aboriginal and Torres Strait Islander staff was an important source of cultural safety. So too was the holistic model of health communicated throughout the program: health as relating to body, mind and spirit. Feeling personally and culturally safe is key to Aboriginal and Torres Strait Islander people's engagement with health and wellbeing programs.

## **4 Connection to culture and other Aboriginal and Torres Strait Islander people is a foundation for a strong sense of identity and belonging**

There were multiple references in the data to cultural identity and experiences of cultural belonging. Participants spoke about the importance of connecting with other Aboriginal and Torres Strait Islander people and, through this, developing a deeper understanding of their own identity. Participants described being in different phases of their cultural 'learning journey' and feeling motivated to gain more cultural knowledge. Connecting with other Aboriginal and Torres Strait Islander people was a source of strength with respect to identity and a way to experience a greater sense of belonging and, through this, greater social and emotional wellbeing.

## **5 Immersion in culture enables healing from historical and cultural loss**

There was a consistent message from participants about the value of cultural activities and cultural immersion in the program. Some participants referred to personal and family historical and cultural loss and how this has impacted their cultural identity. Many people spoke about the importance of cultural activities in relation to strengthening their connections to community and culture. From this perspective, immersion in culture is a healing process that helps to mitigate and overcome the impacts of historical loss.

## **6 Reconstructing self-care and strengthening collective care renew cultural ways of being**

Yarning circles included discussion about self-care and the importance of emphasising a collective, community-focused care. Community-cultural focused understandings of personal wellbeing were seen as particularly important in the context of dominant western social norms and expectations in relation to self-care (i.e. individual centred). This theme re-constructs understandings of 'self-care' by de-centring it from a primarily individual lens and re-situating it

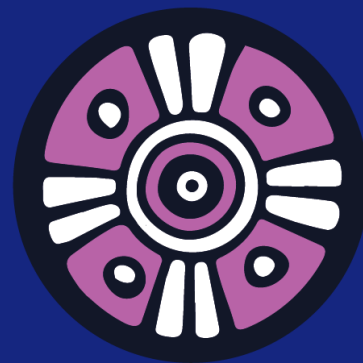
within a relational, inter-connected lens consistent with Aboriginal and Torres Strait Islander understandings of the 'self' as embedded within extended kinship, community and cultural networks.

#### **7 Aboriginal and Torres Strait Islander leadership in health programs builds self-determination, resistance and decolonising approaches to improving wellbeing**

Participants, CTGF staff and Goolum Goolum staff highlighted the importance of Aboriginal and Torres Strait Islander leadership as a foundation of program success. This was reflected in participant feedback about the qualities of the facilitators and their capacity to foster spaces of cultural safety. Discussions with the highly experienced public health staff and younger staff emphasised the importance of mentoring emerging leaders. Implicit in these discussions is the belief that Aboriginal and Torres Strait Islander leadership, in health and beyond, underpins and drives processes of self-determination, social justice and resistance to colonisation.

# Discussion and conclusion

These types of programs are examples of self-determination in action.





## Discussion and conclusion

Wellah Together Online was designed as a national program to strengthen the healthy lifestyle choices, resilience and social and emotional wellbeing of Aboriginal and Torres Strait Islander people across Australia during the COVID-19 pandemic.

### Impacts of the program

The breadth of positive impacts reported by participants is consistent with SEWB frameworks that emphasise holistic models of health in which Aboriginal and Torres Strait Islander people's physical and mental health are interconnected with social/relational, emotional and cultural dimensions of wellbeing (Gee et al., 2014; Murrup-Stewart et al., 2018; Verbunt et al., 2021). An important finding from the qualitative data, supported by the quantitative data, was the value of the program during the COVID-19 pandemic. In the yarning circles, participants described the challenges of social restrictions, with several people suggesting that periods of lockdown had impacted their mental health. Dudgeon and colleagues noted the risk of Aboriginal and Torres Strait Islander people experiencing elevated mental health distress during the pandemic and highlighted the need for investment in mental health support, including a specific recommendation for digital and telehealth services (Dudgeon et al., 2020). The levels of psychological distress reported by participants at the beginning of the program support these recommendations. Importantly, there was a three-point drop in psychological distress scores for those participants who completed both the Week 1 and Week 7 (end of program) measures. This finding may be among some of the earliest to demonstrate that Aboriginal and Torres Strait Islander-led online programs run during times of social restrictions (e.g. pandemic lockdowns) may help to alleviate mental health related distress. It is important to acknowledge that the low number of participants who completed both the pre- and post-program measures means that this finding needs to be interpreted with caution and considered preliminary in nature.

The number of participants who completed the Aboriginal Resilience and Recovery Questionnaire (ARRQ) both pre- and post-program was similarly low and findings in relation to this measure also need to be viewed as exploratory and preliminary. This limitation notwithstanding, the increase in personal strengths scores for participants who completed the ARRQ at Week 1 and Week 7 supports findings from the qualitative data in relation to improvements in strengths and healthy lifestyle behaviours during the program. Interestingly, there was neither an increase nor decrease in the participant mean scores for the relationship-community-cultural ARRQ subscale between Week 1 and Week 7. It is not clear why there was no improvement in this domain. One reason might be that it is likely that periods of lockdown and related restrictions would have increased the risk of experiencing greater isolation for many participants. The fact that mean participant scores did not change during this period could be interpreted as suggesting that the program helped participants to *maintain*, as opposed to increase, levels of connectedness during these enforced periods of isolation.

While the program did not include group-based physical activity, many participants talked about making changes in their everyday lives in relation to physical health. There was an increase in the number of days per week that participants exercised for 30 minutes or more (from 1.6 to 2.6 days), as well as non-significant but trending in the right direction increases in self-assessed general health status and number of supports accessed, and a decrease in sugary drinks intake.

Taken as a whole, the positive impacts of the program for participants documented in this evaluation build on existing evidence that Aboriginal and Torres Strait Islander-led programs with a focus on healthy lifestyle changes and community can help to strengthen social and emotional wellbeing.

## Core elements of the program

The core elements of program design and delivery identified by the research team build on existing evidence in relation to Aboriginal and Torres Strait Islander-focused health and wellbeing programs. Participants identified the accessibility of the program, activities which enabled them to connect, the fun components and skilled staff as key factors in program success. The evaluation also found that many participants experienced a sense of personal and cultural safety. This finding supports existing evidence that programs aiming to improve Aboriginal and Torres Strait Islander health and wellbeing must be inclusive and culturally safe (Murrup-Stewart et al., 2018). Programs that are not experienced as culturally relevant and culturally safe are unlikely to be effective (Australian Human Rights Commission, 2020).

Social media use is relatively high among Aboriginal and Torres Strait Islander people and mental health and exercise are topics commonly discussed by social media users (Hefler et al., 2019). Hefler and colleagues concluded that health promotion approaches that 'build on the social capital generated by supporting online environments' can be effective (Hefler et al., 2019, p.714). Our findings align with this conclusion, while providing new evidence with respect to specific positive impacts for mental and physical health (and other areas of wellbeing).

Core elements of the program relating to values and overall approach included centring Aboriginal and Torres Strait Islander leadership and drawing on participants' own knowledge and insights. This is consistent with the sustained call for Aboriginal and Torres Strait Islander leadership in health planning, programming and research, including in relation to COVID-19 recovery (Dudgeon et al., 2021). It also supports framing self-determination as a health promotion agenda in and of itself (McPhail-Bell et al., 2017). Beyond being Aboriginal-led and designed, self-determination was operationalised in the program through emphasising relationships of shared power and embedding reflective practice.

Another core principle informing the Wellah Together approach was the emphasis on enjoyment and positivity. This aligns well with Carlson and colleagues' finding that 'eudaimonic' (meaningful, joyful or inspiring) content helps to create connections between Aboriginal and Torres Strait Islander help-seekers and help-givers on social media platforms (Carlson et al., 2021, p.527). It is also consistent with strengths-based approaches and maintaining a positive discourse with respect to Aboriginal and Torres Strait Islander health and wellbeing (Bryant et al., 2021; Watego et al., 2021a).

## Program translation

In relation to program translation, Goolum Goolum staff identified the importance of building on the capacity and resources of both the organisation offering the program and the local community. This is consistent with other research, including a national review of physical activity programs by Macniven and colleagues. This research emphasised the diversity of Aboriginal and Torres Strait Islander communities and concluded that 'program development according to locally identified needs is a vital component of self-determination and program success' (Macniven et al., 2017, p.204). Goolum Goolum staff suggested that they would utilise existing resources, including current staff already employed for health promotion activities, and draw on existing relationships with community members in developing their own program. The strength of relationship between community-controlled health organisations and the communities they serve has previously been recognised as an important feature of successful health and wellbeing programs (Aboriginal Health and Medical Research Council, 2015).

Participants identified the importance of thinking about diverse needs within a community, including the differing experiences of women, men, young people and LGBTQIA+ communities. The needs of people living with disability and restrictive health conditions also warrant careful consideration (Australian Human Rights Commission, 2020). Hence, community co-design or community consultation may be needed to identify aspirations, assess specific needs and guide program design. It may be helpful to design and trial different versions of a program intended to

meet the needs of particular groups of people within a community. This possibility was reflected in feedback from participants who were supportive of both gender inclusive and women only programs. Further efforts are needed to explore how best to support engagement by men in similar programs.

Another important consideration for organisations relates to the mode of delivery of a program. Online programs can offer opportunities for individuals and families who cannot attend in-person. However, online delivery can also have disadvantages, including the potential exclusion of people who do not have access to the necessary technology or do not wish to engage in a virtual program. For many Aboriginal and Torres Strait Islander communities, access to digital technologies is key to engaging in health and health-related programs. CTGF noted there may always be a need for both online and in-person programs.

Finally, the evaluation highlighted how both the design and the impacts of Wellah Together integrate or reflect important domains of Social and Emotional Wellbeing frameworks (e.g. Gee et al., 2014). From a program design perspective, Aboriginal and Torres Strait Islander leadership, the mentoring of younger staff, the use of cultural content in activities and the strengthening of community connection are all tied to cultural domains of wellbeing and processes of self-determination. These elements are part of what made Wellah Together Online unique and different from non-Indigenous health programs. Learnings from this evaluation suggest that programs such as Wellah Together operate at different levels in supporting Aboriginal and Torres Strait Islander participants to build resilience and feel empowered. The program helped participants to strengthen connections to body, mind and emotions through making healthy lifestyle changes, building motivation and staying connected to community. The program also used cultural immersion as a way to support participants in healing from historical and cultural loss.

There are several limitations to this evaluation. Wellah Together was a newly designed program and varied from other programs in terms of participant composition (mixed gender), online delivery (no physical activity component) and the context of the COVID-19 pandemic (high levels of fatigue in the community). These factors may have contributed to the relatively low number of people who registered and chose to take part in the evaluation. The method of recruitment produced a non-probability convenience sample and the findings cannot be viewed as representative of the general Aboriginal and Torres Strait Islander population. We also note that the number of participants who filled out the online surveys was low and that statistical power for the quantitative analysis was therefore limited.

Wellah Together Online was an innovative, Aboriginal-designed program that aimed to improve the health and wellbeing of Aboriginal and Torres Strait Islander people during the COVID-19 pandemic. The evaluation was a unique collaboration between Aboriginal and Torres Strait Islander participants, two Aboriginal health organisations and an Aboriginal-led research team. We hope this evaluation contributes to building an evidence base for the importance of Aboriginal and Torres Strait Islander-designed health and wellbeing programs and leads to other organisations developing similar programs to meet local community needs. These types of programs are examples of self-determination in action.

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## Appendices

### Appendix A: Indicative questions for yarning circles

#### *Yarning Circles 1 and 2, Interview 1: participants post-program (Week 7)*

What were you hoping for when you decided to take part in Wellah Together Online?

Did the program meet your expectations? (Please say more)

Did you experience any benefits from the program? (Please say more)

Do you have any ideas for how the program could be improved?

What kept you engaged or stopped you from engaging in the program?

How was it to have a mixed gender program?

What was it like participating in the program during the COVID-19 pandemic?

Is there anything I haven't asked about that you would like to add?

#### *Yarning Circles 3 and 4: participants three months following program*

How have you been going over the three months since Wellah Together Online?

Have any changes you made or benefits you experienced during the program (relating to mental health, fitness, lifestyle) continued or stopped?

Can you tell me why any changes or benefits continued or were not maintained?

Would you participate in a similar program again? Why or why not?

Is there anything that I haven't asked about that you would like to add?

#### *Yarning Circle 5: Goolum Goolum staff participants*

How did you find the experience of working with CTGF in Wellah Together Online?

Based on your experience, what are the core elements for successful program implementation?

Probing questions could relate to:

- program design and program content
- Aboriginal and Torres Strait Islander leadership and staff roles
- barriers and enablers to successful implementation
- resources required.

What kind of practical resources and guidelines would other Aboriginal and Torres Strait Islander organisations need in order to implement similar programs?

Is there anything that we haven't asked about that you would like to add?

#### *Yarning Circle 6: Clothing The Gaps Foundation staff participants*

How did you find the experience of implementing Wellah Together Online?

Based on your experience, what are the core elements for successful program implementation?

Probing questions could relate to:

- program design and program content
- Aboriginal and Torres Strait Islander leadership and staff roles
- barriers and enablers to successful implementation
- resources required.

What are some considerations for other Aboriginal and Torres Strait Islander organisations interested in implementing similar programs?

How did the COVID-19 lockdowns change how you implemented the program?

Is there anything that we haven't asked about that you would like to add?

## Appendix B: Participant safety protocol

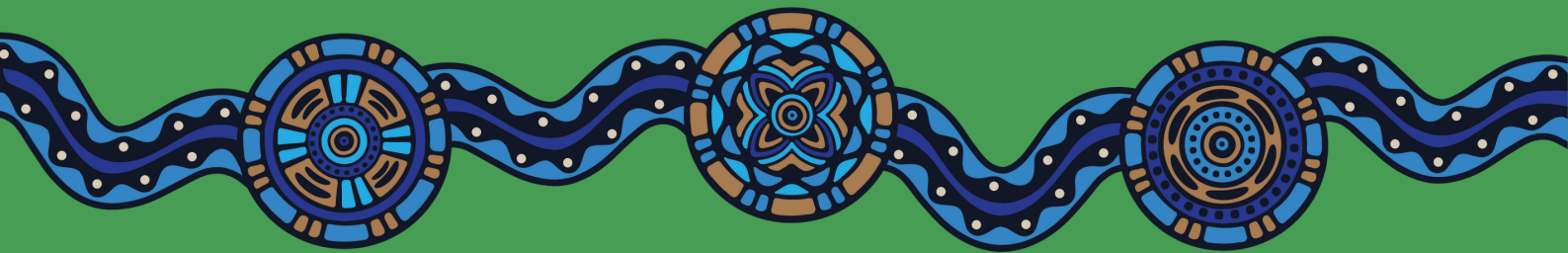
A safety protocol will be utilised to support any participants who report experiencing very high levels of psychological distress during the pre- and post-program assessment stages of the Wellah Together Online program (Week 1, Week 7 and three-month follow up).

During these assessment weeks, Principal Investigator and psychologist Dr Graham Gee will review participant scores on the measure of psychological distress. If a participant scores in the very high psychological distress range, Dr Gee will contact them. The initial call will be a 'check in' to let the participant know of the elevated psychological distress score and to enquire about their wellbeing and whether they require support.

If the participant reports that they need support, in the first instance a telehealth mobile or Zoom appointment will be arranged with Dr Gee who will conduct a needs assessment and, if required, identify local referral for the participant. This may include providing contact details of local GPs and area mental health services. Dr Gee will make a follow-up call for a wellbeing check within two weeks of any participant reporting very high psychological distress to see if the local referral was sufficient.

Participants who report experiencing very high levels of psychological distress in yarning circles and one-on-one interviews will similarly be contacted by Dr Gee. The same check in and follow up referral process will be followed as above.





# Wellah Together

Self-determination in action



Department of Health