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## 'It's Us, Or Maybe No One': Yarning With Aboriginal Social and Emotional Wellbeing Workers From the Kimberley Region of Western Australia

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# 'It's Us, Or Maybe No One': Yarning With Aboriginal Social and Emotional Wellbeing Workers From the Kimberley Region of Western Australia

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## Abstract

### Objective

Social and Emotional Wellbeing (SEWB) describes the holistic model of health and wellbeing advocated for by Aboriginal and Torres Strait Islander peoples. This research explored the experiences of Aboriginal peoples employed in SEWB service delivery to identify enablers, challenges, and requirements of growing a sustainable, and empowered SEWB workforce.

### Methods

We used a yarning methodology with seven Aboriginal SEWB workers located at Aboriginal Community Controlled Health Organisations across the Kimberley region of Western Australia.

### Results

Three key SEWB service delivery themes were identified: 1) Role of cultural identity; 2) Barriers and enablers of SEWB service provision; 3) Building the future of the SEWB workforce.

### Lessons Learned

SEWB services, as delivered by Aboriginal peoples within Aboriginal Community Controlled Health Organisations, have great potential to comprehensively meet the health and wellbeing needs of Aboriginal peoples and communities. To optimally undertake their role, Aboriginal SEWB staff need to: have a clear understanding of their role; good relationships within their workplace; relevant sector knowledge; a strong sense of cultural safety within the workplace; and access to meaningful professional development. Understanding the barriers and enablers experienced by SEWB staff provides a platform to meaningfully develop the future Aboriginal SEWB workforce, and delivery of SEWB services.

### Acknowledgements

We gratefully acknowledge the Social and Emotional Wellbeing workers across the region who contributed to this research.

We also acknowledge Lenny Ansey, Denise Cox, Abby- Rose Cox, and Kristen Orazi for working alongside us to translate the lessons learnt during this research into practice through the development of the Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce.

### Keywords

Aboriginal Community Controlled Health Organisation, Aboriginal Workforce, Aboriginal mental health, Self-determination, empowerment

Social and Emotional Wellbeing (SEWB) is a term used by many Aboriginal and Torres Strait Islander peoples to acknowledge the social, cultural, historical, and political determinants of health that affect Aboriginal and Torres Strait Islander individuals and families. There is a strong history of Aboriginal and Torres Strait Islander leadership in the development of the Aboriginal SEWB frameworks (Dudgeon et al., 2017; Dudgeon, 2020; Garvey et al., 2021; Gee et al., 2014; Sutherland & Adams, 2019). The SEWB model shown in Figure 1 represents a holistic, strengths-based, and healing-focused approach to health and affirms the importance of Aboriginal community control and place-based care (Gee et al., 2014). Consideration of SEWB is widely endorsed as a critical element in the delivery of healthcare to Aboriginal and Torres Strait Islander peoples (Department of Health and Ageing, 2013; Department of the Prime Minister and Cabinet, 2017; Dudgeon et al., 2016; Swan & Raphael, 1995). Optimising the delivery of SEWB services through the development of the SEWB workforce and developing an evidence base of SEWB impacts and outcomes are important contemporary considerations in SEWB policy practice (Murrup-Stewart et al., 2019).

Aboriginal Community Controlled Health Organisations (ACCHOs) in Australia are pioneers of comprehensive culturally safe primary health care (Campbell et al., 2018), and across Australia there are over 140 ACCHOs (National Aboriginal Community Controlled Health Organisation, 2022). ACCHOs are committed to progressing Aboriginal and Torres Strait Islander peoples' health which is understood as:

...not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community (National Aboriginal Community Controlled Health Organisation, 2022).

**Figure 1**

*Aboriginal Model of Social and Emotional Wellbeing*



*Note.* Reprinted from *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing* (p.57), by G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). In P. Dudgeon, Milroy, H, Walker, R. (Ed), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Perth, WA Australia: Department of the Prime Minister and Cabinet.

A recent survey of ACCHOs across Australia found that 95% deliver SEWB programs as part of their service (Transforming Indigenous Mental Health and Wellbeing Project, 2022). SEWB service delivery throughout the ACCHOs has largely been driven by the availability of funding, predominantly provided by state or Commonwealth government departments. SEWB funding agreements have prescribed output and outcome-based performance indicators for ACCHOS to report against. These performance indicators have rarely involved adequate community or service provider consultation (Aboriginal Health Council of Western Australia, 2021; Gupta et al., 2020; Murrup-Stewart et al., 2019). Advocates have argued that without careful attention to translation of SEWB theory (Gee et al., 2014) into practice, SEWB service delivery will become alienated from its holistic and place-based principles and fail to

meaningfully address the health and healing needs of Aboriginal and Torres Strait Islander peoples (Aboriginal Health Council of Western Australia, 2021; Transforming Indigenous Mental Health and Wellbeing Project, 2022).

One recent example of a translational approach is the SEWB Service Model developed by the Aboriginal Health Council of Western Australia (AHCWA) (Aboriginal Health Council of Western Australia, 2021). This document was produced through an extensive consultation process with 16 ACCHOs across the state of Western Australia and its translational focus aims to be broad and not to detract from the place-based principles of SEWB. The Service Model identifies goals and challenges faced by ACCHOs in delivering SEWB, common approaches to 'actioning' SEWB, and a framework for an ACCHOs-specific interdisciplinary SEWB workforce. The workforce framework presented in the Service Model prioritises multiple designated roles for Aboriginal staff including Cultural leads, Caseworkers, Aboriginal Health Workers/Practitioners, Peer Workers, Elders and Traditional Healers (Aboriginal Health Council of Western Australia, 2021). These roles are positioned alongside more traditional health and social service roles such as Psychologists, Counsellors, and Clinical Leads.

The role of Aboriginal and Torres Strait Islander workers in SEWB programs across Australia is currently promoted through using Section 50(d) of the Equal Opportunity Act (1984). This section of the Act creates a provision for services to be provided by members of the same cultural and/or racial group as the end users of the service. Having Aboriginal and Torres Strait Islander staff delivering SEWB services is necessary to support Aboriginal and Torres Strait Islander self-determination and value the centrality of cultural identity in achieving holistic health and healing (Carlin, 2020; Dudgeon, 2018; Murrup-Stewart et al., 2019).

The decision to prioritise Aboriginal and Torres Strait Islander participation in the health and SEWB workforces is widely accepted and supported by ACCHOs and funding bodies as it increases cultural safety and reduces the likelihood of racism in the provision of healthcare (Curtis et al., 2019; Taylor & P, 2014). Understanding the current experiences of Aboriginal staff

is essential for advancing the Aboriginal SEWB workforce in a sustainable and culturally secure way. However, across Australia, little is known about the Aboriginal staff who work in SEWB, why they work in SEWB, and the barriers and enablers they experience in delivering SEWB services. This paper explores these areas of inquiry with Aboriginal SEWB staff from across the ACCHOs in the Kimberley region of Western Australia.

## **Methods**

### **Setting**

The Kimberley region, in the north-west of Western Australia, spans more than 400,000 square kilometres and is one of the most sparsely populated regions of Australia. The recorded resident population is approximately 34,000 people who live in remote communities, several small towns, and one medium-sized town (population approx. 14,000), which functions as the regional centre (Australian Bureau of Statistics). Approximately 42% of the population identify as Aboriginal, representing a large number of distinct language and cultural groups (Australian Bureau of Statistics).

Primary health care across the region is mainly provided by ACCHOs and State Government health services. Aboriginal people in the Kimberley are resilient and have strong governance and leadership of ACCHOs. However, health and wellbeing outcomes for Aboriginal residents of the Kimberley provide evidence of the intergenerational impacts of colonisation. These impacts include experiencing high levels of socioeconomic disadvantage, an excessive burden of chronic disease, lower life expectancies than non-Aboriginal peoples, a high burden of psychological distress, and high rates of suicide and self-harm (Carlin et al., 2022; McPhee et al., 2021; Western Australian Country Health Service, 2018 ).

### **Research Design**

We used the methodology of yarning (Bessarab & Ng'andu, 2010) to elicit a participant-led narrative with Aboriginal SEWB workers to explore their experiences of working in a SEWB team within a Kimberley ACCHO. Yarning is recognised as a culturally sensitive and

decolonising approach to research with Aboriginal peoples (Geia et al., 2013; Walker et al., 2014). The methodology is centred on developing a rapport between Aboriginal participants and the Aboriginal researcher through a social yarn privileging relationality between Aboriginal people. Following the social yarn, the researcher and the participants moved into the research yarn and engaged in deep and reflexive sharing as it related to the research topic (Barlo et al., 2021). In this study, the recruitment of participants, interviewing, and analysis of interview data was led by Aboriginal author ZC, a proud Nimanburru, Kija man from the West Kimberley.

### **Recruitment**

SEWB workers were purposively recruited from ACCHOs across the Kimberley region, including Kimberley Aboriginal Medical Services, Broome Regional Aboriginal Medical Service, Derby Aboriginal Health Services, Yuru Yungi Medical Services, and Ord Valley Aboriginal Health Service.

During recruitment, the researcher (ZC) provided potential participants with a hard copy of the Participant Information Form, outlining the purpose and approach of the study, and Consent Form. The researcher also verbally explained the content of the forms and reiterated that a decision not to participate would not result in any negative reprisals from the workplace. In addition, the researcher talked about relevant support options in the event of a participant becoming upset during the yarn. SEWB workers who decided to participate in the yarn signed the Consent Form.

### **Interview Process**

The research topic yarn included the following areas of enquiry: joining the SEWB team, cultural relationship to the community, experiences of the SEWB work, career progression and sustaining employment. The interviews ranged from 30 minutes to one and a half hours in duration and all took place at the participant's place of work.

## **Interview Analysis**

The recorded interviews were transcribed by a professional transcription service and then descriptively and iteratively coded by the research team (EC, ZC, KD) using NVivo11 (QSR International). The coding categories were reviewed by all researchers (ZC, EC, KD, PD) and once coding was complete, preliminary themes were identified from the data and discussed. Further thematic analysis was completed by the researchers (ZC and EC) with three multifaceted themes emerging.

Participants were provided with an opportunity to provide feedback on the thematic areas and the use of direct quotes with researcher ZC providing participants with printed copies of their interview transcripts and an early overview of the manuscript. A later draft of the manuscript was also sent to all participating ACCHOs for review and endorsement.

## **Research Priorities and Ethics**

This research was progressed through a research partnership between the Kimberley Aboriginal Medical Services (KAMS) and University of Western Australia – School of Indigenous Studies through the Transforming Indigenous Mental Health and Wellbeing Research Project funded through the Australian Government's Million Minds Mental Health Research.

This research was aligned to NHMRC principles of ethical conduct in research with Aboriginal and Torres Strait Islander Peoples (National Health and Medical Research Council, 2018). Specifically, the research aimed to be of benefit to Aboriginal peoples and the local community, included Aboriginal governance, and worked to build capacity of Aboriginal researchers.

The project was endorsed by the Kimberley Aboriginal Health Planning Forum Research Subcommittee prior to receiving formal ethics approval from the Western Australian Aboriginal Health Ethics Committee (Project 1033).



## Results

### Participants

A total of seven Aboriginal SEWB workers were interviewed during the first half of 2021, comprising four females and three males. Interviews took place at ACCHOs located in Broome, Kununurra, Derby, and Halls Creek. SEWB workers across the region had a diversity in role titles which included: Family Support Worker, Psychosocial Support Worker, Program Worker, SEWB Case Worker, and Senior SEWB Worker. Participant's length of time in the role at the time of the interview was from 3 months up to 8 years, with an average length of employment of 2 years.

### Theme One: The role of cultural identity in the delivery of SEWB services

The importance of having Aboriginal SEWB workers, in SEWB teams, was emphasised by all participants. Aboriginal staff were seen as being able to relate to, and understand the context of, other Aboriginal people's experiences due to their shared identity and experiences.

Having an [all] Indigenous workplace would probably be the dream come true. We don't exactly know what they [our clients] feel, but somewhere down the track, we have lived experience along the same lines as some of our crew [clients]. (Participant 02)

We've all got that similarity of the upbringing and the culture and just knowledge.

Whereas a non-Indigenous person does not have that, I think that you're just able to help and relate to people more on a personal level than what you would being non-Indigenous. (Participant 06)

Participants discussed the importance of local connections in being able to do their job. Most participants were 'born and bred' in the communities they were working in. The two participants who were from other regions spoke at length about orientating themselves to family and kin structures in the Aboriginal community they were working in and actively 'learning about Country'.

All participants had work experiences prior to joining the SEWB workforce, including roles in government funded mental health services, Indigenous land management, housing services, community legal aid and Department of Child Protection. Motivations to transition to SEWB service delivery focused on participant's desire to support 'Countrymen' (fellow Aboriginal people) and help them through 'tough times'.

To be the someone to talk to, and to provide support and even pathways to other services. That is what I wanted to be... The someone mainly just to listen and to hear whatever they want to share and look at ways of providing some form of therapeutic support for them. (Participant 03)

Several participants reflected on their own healing journeys and how this led them to a space of wanting, and being able, to support other Aboriginal people.

I was going through a difficult personal problem, breaking up with my father of my children, and I was doing the KEHLP [Kimberley Empowerment Healing and Leadership Program]. I just stayed focused on that and it gave me ... it inspired me... to have a change of perspective. Now, I'm working at [name of Aboriginal Community Controlled Health Service], I have a qualification in Mental Health, and I am working in the SEWB team. So, it was a long road to travel, but I got there. Now I am helping my people. (Participant 05)

Participants all articulated a sense of job satisfaction working in SEWB service delivery with no participants identifying a desire to change career anytime soon. Three participants spoke about their ambition to progress career pathways within SEWB services. Career aspirations focused on moving into management and/or becoming a qualified psychologist.

My long-term aspiration is I want to be a psychologist, or I at least want to be a senior counsellor and I want to build on my qualifications. I'm currently studying, and I just see this job as being really important in me identifying how I want to develop as a psychologist or how I want to effectively develop as a counsellor. I always thought

psychology was a bit too advanced and too technical. We don't have really access to high-quality education and so those really high technical jobs just seemed a bit far out of reach, but now that I'm working with a qualified Indigenous psychologist I feel as if it's not as hard as it seemed and every day that I work with her my confidence in achieving that goal just grows. (Participant 01)

Notwithstanding the overall satisfaction that participants identified working in SEWB service delivery, participants identified several challenges inherent to being an Aboriginal SEWB worker delivering SEWB to Aboriginal clients. Unexpectedly running into clients after hours, being contacted by clients when there was an afterhours crisis were common responses. Participants discussed that these challenges were exacerbated by the nature of the small communities in which they lived and worked and the interconnectedness between who is family and who is a client. This interconnectedness often increased SEWB workers sense of responsibility to respond to clients after hours, as the SEWB workers balanced workplace expectations and cultural obligations.

It's a common thing, to see my clients, it can be challenging and sometimes I just want to get out fishing, no [mobile phone] reception kind of thing. Just to...well, have that time... I guess it is part of being connected, living in the same small town, having the same families. (Participant 07)

It can be really hard [being called after hours] but it also makes me realise that there is no one else for them to call. It's us or maybe no one, maybe police, but better us cause we know them, we understand their challenges, and we can talk in a way they understand to get them through it. (Participant 03)

A range of participants felt that the after-hours work they undertook with their families and communities was not valued within their ACCHO or seen as appropriate. These participants called for improved dialogue within their services to help resolve this tension and assist their

managers to understand the multiple obligations that are placed on Aboriginal SEWB staff as members of both a workplace and of their community.

Participants spoke about the importance of understanding and looking after their own SEWB to manage the demands of the role. Lifestyle choices such as limiting alcohol, being on Country, exercising, having a routine, and taking time-out from work were seen as valuable selfcare strategies that helped to protect against 'burnout'.

I do have what they call 'mental health days', which is just a day where, go home, switch everything off and just potter around the house doing whatever it is I want to do. It's in silence, or I go to the gym, which keeps me quite focused. Every now and then, I do have someone that I can debrief to. It is someone that is quite neutral, like a supervision thing. (Participant 02)

When participants were asked if they had accessed the employee assistance programs that were offered by their workplaces for crisis and/or counselling support, no participants had. However, several participants reflected on accessing workplace GPs, psychologists, or clinical supervisors when they felt necessary. Mostly these supports were known to the SEWB workers, and the support was available in person as opposed to the employee assistance services which were provided remotely.

All participants identified there was more their workplace could do to support SEWB workers to recognise and manage the complexity of their role. Most participants suggested that having workplace support and healing days 'on-Country' and 'connecting with Elders' would enhance and promote their wellbeing and ensure they were able to safely remain working in the SEWB. Several of the yarns with participants discussed connecting with Elders as an alternative, or complement, to mainstream forms of external clinical supervision.

## **Theme 2: Barriers and enablers of SEWB service delivery in Aboriginal Community**

### **Controlled Health Organisations**

Participants reflected on workplace flexibility, Aboriginal management, good communication with management, and having good relationships with colleagues as important factors in supporting them to do their role. Being able to deliver programs 'on Country' including hunting, cooking and knowledge exchange programs with Elders were highlighted as important in delivering SEWB services and critical to job satisfaction.

Relationships with clinical colleagues was raised as both an enabler and barrier in delivering SEWB services:

The clinic mob and stuff they're different to our side. They don't have nothing to do with us and we'd like them more to refer more to us. There is no referrals. I've just gotten onto the doctors now and I'm going to bring it up at the next meeting. I brought it up at the last meeting too. We need to have more of them realising that when a client comes in and if they need assistance to listen and just to talk. We are there. But they don't get passed onto us. (Participant 06)

It works really well with the main clinic; I feel we have put the work in and they really get that we are here. It's a good thing and the referrals come through clinic and also word of mouth, people coming direct to us. (Participant 01)

Several participants felt that funding body key performance indicators and targets were driving and shaping SEWB service delivery, rather than responding to the need in community.

Performance indicators included a focus on outputs and numbers of clients seen, as opposed to a proactive focus on engagement with, and outcomes for, clients. This situation was met with frustration by participants. Several participants stated this approach to funding provided a disincentive for some managers to direct their teams to work with clients who required more intensive engagement.

Sometimes like, we are directed to be working with the groups that are, already there and engaged. Not the ones that won't attend a group, the ones with more challenges.

(Participant 04)

I find there's a lot more emphasis on data and data management as opposed to actually directly improving people's lives and actually getting results with our clients. (Participant

01)

### **Theme 3: Building the future of Aboriginal led Social and Emotional Wellbeing service delivery**

When asked about building the future SEWB workforce, participants identified that Aboriginal people were needed across a variety of SEWB roles. Participants discussed broadening current roles in SEWB teams (case management and counselling) to include Elders, Cultural Healers, Cultural Advisors. It was suggested that broadening the roles and scope of work would help attract and retain a diversity of Aboriginal people who may not have the 'office skills' needed to work within the current teams.

It was identified that future SEWB workers would benefit from an induction process that helped build their professional capacity and sense of purpose in the workplace. Job description forms, key performance indicators, referral pathways to other services, and more theoretical elements of SEWB were identified as 'foreign' to many Aboriginal workers and assistance in upskilling SEWB workers was seen as essential.

We don't want our mob to feel shame...so it's good be starting people off the same way.

Giving them good information, the same information would help people into these roles.

Especially the young ones. We could say, 'we will teach you about SEWB, we can give you a guide. (Participant 03)

The adverse impacts of the social determinants of health and the impacts of intergenerational and complex trauma were identified as barriers to the employment of Aboriginal staff in the SEWB workforce. There was a recognition amongst the participants that to work in an SEWB

team, staff need to have achieved a certain level of healing within their own life. Culturally appropriate short courses such as Aboriginal Mental Health First Aid and the Kimberley Empowerment, Healing and Leadership Program (KEHLP) were noted as important pathways for Aboriginal people to learn more about SEWB and the SEWB service delivery.

For starters go and do Aboriginal [Mental Health] First Aid and if that's okay and you feel like you want to learn more from there...I would suggest to do a one or two day course and see if they are interested in doing that and if they are hey, go and put your resume in [to an SEWB team] and off you go... And then I'll tell them if they want to go to TAFE or if they want to go and do extra studies do that. But mostly I ask them what's your background because most of the time they've already gone through trauma. They've already had heartache and all this stuff. That's when you kind of gauge where they're at, then you say well to pursue this career, you go in this direction. (Participant 07)

The KEHLP could be a standard for all incoming SEWB workers. It covers the stuff we as Aboriginal people need in our healing to do this work. We do a lot of courses as Aboriginal people, short courses and stuff, but this one could be one part of the standard. (Participant 5)

It was also noted there is a generational shift taking place and more Aboriginal people across the Kimberley region were seeing health including SEWB as a career option. This was seen as a positive step for Aboriginal people across the Kimberley.

There's at least 20-odd students in mental health Certificate Four class with us and if they all graduate this year, that means there's 20 more Indigenous people involved in the health industry, whether it's mental health or in other types of health roles. (Participant 01)

## **Discussion**

This study found that for Aboriginal SEWB staff across the Kimberley ACCHOs, there was a strong sense of pride and satisfaction to be working in SEWB service delivery. Working in

SEWB was identified as an opportunity to work alongside their fellow Countrymen (local Aboriginal community) in a strengths-based and holistic way. Participants identified that their workplace satisfaction was enhanced when there was clear understanding of their SEWB role; good relationships within their workplace; a strong sense of cultural safety and respect within the workplace; and access to meaningful professional development. However, the difficulty in maintaining work-life balance for SEWB workers while supporting members of their own community was noted.

These findings are congruent with a national study of Aboriginal practitioners working with alcohol and other drug (AOD) services (Roche et al., 2013). In a sample of 184 AOD workers, this study found that Aboriginal AOD workers experienced higher levels of job satisfaction and lower levels of emotional exhaustion than non-Indigenous workers, demonstrating the value of cultural identity in working with community members. Conversely, Aboriginal workers self-reported lower levels of work-life balance than their non-Indigenous counterparts (Roche et al., 2013), demonstrating the difficulty Aboriginal workers have balancing workplace and cultural obligations. To maintain job satisfaction and reduce turnover, it was concluded that preventing or managing workplace stress, ensuring adequate and equitable remuneration, and providing opportunities for career and personal growth for Aboriginal workers was critical (Roche et al., 2013). Aligned with broader SEWB research, this study found that promoting flexibility and self-care when supporting Aboriginal SEWB staff to navigate the porous lines between client and kin is deeply important (Mitchell & Hussey, 2006; Victorian Dual Diagnosis Initiative: Education and Training Unit, 2012). Similarly, ensuring culturally safe, supportive conditions, and culturally appropriate supervision practices for Aboriginal SEWB staff is critical in maintaining their wellbeing and supporting workplace retention (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016; Roche et al., 2013; Victorian Dual Diagnosis Initiative: Education and Training Unit, 2012).



The findings from our study demonstrate the need for culturally-oriented SEWB training and inductions for ACCHO staff as few respondents in the study were familiar with the SEWB model (Gee et al., 2014) or the Aboriginal standpoint theory of SEWB (Calma et al., 2017; Zubrick et al., 2004). It is essential for SEWB workers to recognise the Aboriginal-led history and development of SEWB, and the role of SEWB in community empowerment and self-determination. Not understanding the history and theory of SEWB had the potential to disengage SEWB workers and further (mis)align SEWB service delivery to funding body-based interpretations of SEWB. Building the agency of SEWB workers is critical in empowering Aboriginal people to be a self-determined workforce capable of delivering culturally responsive and effective SEWB services. These findings are congruent the National Empowerment Project and Solutions That Work reports, that attest to Aboriginal community control, self-determination, and empowerment as essential to the effective delivery of health and healing services for Aboriginal and Torres Strait Islander peoples (Dudgeon P, 2016).

The interviews identified that in addition to building the evidence base on SEWB workforce, Aboriginal SEWB workers needed resources that could further their training and development. Since the interviews were completed, the research team has worked with members of the Kimberley Aboriginal Medical Service SEWB team and member services to develop a Welcome Guide for Aboriginal SEWB workers (Cox et al., 2022). The Welcome Guide is not intended to replace workplace inductions or orientations, but to support the Aboriginal workforce to understand the history and model of SEWB. The Welcome Guide represents a practical and reciprocal research output based on the findings of these interviews and is available freely on the Kimberley Aboriginal Medical Services SEWB webpage. Plans to turn the Welcome Guide into an online interactive package are underway.

### **Strengths**

This was a real-world study with an Aboriginal and non-Aboriginal team reporting on an under researched phenomena of Aboriginal identified workplace barriers and enablers in

delivering SEWB services to Aboriginal clients. The needs of the workforce identified from the findings in these interviews have led to the development of an Aboriginal workforce specific SEWB resource that can be used to orientate and support future staff. This is consistent with descriptions of ethical and quality research with Aboriginal peoples (Harfield et al., 2020) in that the research should be driven by the needs of community and be of benefit to the community.

### **Limitations**

This research was centred on a small sample size of Aboriginal SEWB workers, which may limit the generalisability of our findings to other regions and groups of Aboriginal SEWB workers. The small sample size reflects a small number of Aboriginal SEWB workers across the region as opposed to a small uptake of Aboriginal SEWB participants in the research.

### **Conclusion**

Supporting Aboriginal people to enjoy high levels of social and emotional wellbeing is a national priority of the Australian Government. The SEWB model offers a powerful Aboriginal lens for conceptualising health and wellbeing needs. The translation and operationalisation of SEWB models and theories into policy implementation and service delivery is an area of emerging practice. Central to the culturally safe delivery of SEWB services is the necessity of Aboriginal staff who bring with them skills, lived experiences, and a platform of cultural security for Aboriginal clients. This study contributes to our understanding of the SEWB workforce, and the resource developed in association with this project aims to assist in strengthening role understanding, sector knowledge, and professional development of future Aboriginal SEWB workers.

## References

- Aboriginal Health Council of Western Australia. (2021). *Social and Emotional Wellbeing Service Model*. Perth, Western Australia: AHCWA. Retrieved from [https://timhwb.org.au/wp-content/uploads/2021/05/AHCWA\\_SEWBReport\\_JAN21.pdf](https://timhwb.org.au/wp-content/uploads/2021/05/AHCWA_SEWBReport_JAN21.pdf)
- Australian Bureau of Statistics. 2016 QuickStats Kimberley. Available online: [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/51001](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/51001) (accessed 30 Jan 2021).
- Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee. (2016). *Aboriginal and Torres Strait Islander health Cultural Respect Framework 2016 – 2026: : a national approach to building a culturally respectful health system*. Canberra, ACT: Commonwealth of Australia. Retrieved from [https://nacchocommunique.files.wordpress.com/2016/12/cultural\\_respect\\_framework\\_1december2016\\_1.pdf](https://nacchocommunique.files.wordpress.com/2016/12/cultural_respect_framework_1december2016_1.pdf)
- Barlo, S., Boyd, W. E., Hughes, M., Wilson, S., & Pelizzon, A. (2021). Yarning as protected space: relational accountability in research. *AlterNative: An International Journal of Indigenous Peoples*, 17(1), 40-48. <https://doi.org/10.1177/11771177180120986151>
- Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies.*, 3(1), 13.
- Calma, T., Dudgeon, P., & Bray, A. (2017). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health. *Australian Psychologist*, 52(4), 255-260. <https://doi.org/https://doi.org/10.1111/ap.12299>
- Campbell, M. A., Hunt, J., Scrimgeour, D. J., Davey, M., & Jones, V. (2018). Contribution of Aboriginal Community-Controlled Health Services to improving Aboriginal health: an evidence review. *Australian Health Review*, 42(2), 218-226.
- Carlin, E., Cox, Z., Orazi, K., Derry, K. L., & Dudgeon, P. (2022). Exploring Mental Health Presentations in Remote Aboriginal Community Controlled Health Services in the

- Kimberley Region of Western Australia Using an Audit and File Reviews. *International Journal of Environmental Research and Public Health*, 19(3), 1743.
- Carlin, E., Seear, K, Spry, E, Ferrari, K,. (2020). *Evaluation of the Kimberley Empowerment Healing and Leadership Program*. Broome: Rural Clinical School University of Western Australia, University of Western Australia. Retrieved from <http://kams.org.au/wp-content/uploads/2021/02/KEHLP-evaluation-report-2020-final.pdf>
- Cox, Z., Carlin, E., Derry, K., Cox Abby-Rose, Ansey, L., Cox Denise, & Dudgeon, P. (2022). *Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce*. <https://timhwb.org.au/wp-content/uploads/2022/09/KAMS-SEWB-MANUAL-7.pdf>
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 174. <https://doi.org/10.1186/s12939-019-1082-3>
- Department of Health and Ageing. (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. C. o. Australia. <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023?language=en>
- Department of the Prime Minister and Cabinet. (2017). *The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and SEWB*. Canberra: Commonwealth of Australia. Retrieved from [https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework\\_0.pdf](https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf)
- Dudgeon, P., Bray, A., D'costa, B., & Walker, R. (2017). Decolonising psychology: Validating social and emotional wellbeing. *Australian Psychologist*, 52(4), 316-325.
- Dudgeon P, C. A., Walker R, Calma T, Milroy J, Ring I, Georgatos G, Holland C, Luxford Y. (2016). *Solutions that Work: What the Evidence of our People Tell Us: Aboriginal and*

- Torres Strait Islander Suicide Prevention Evaluation Report*. Perth, WA: University of Western Australia. Retrieved from <https://www.atsispep.sis.uwa.edu.au/>
- Dudgeon, P., Calma, T., Brideson, T., & Holland, C. (2016). The Gayaa Dhuwi (Proud Spirit) Declaration—a call to action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system. *Advances in Mental Health*, *14*(2), 126-139.
- Dudgeon, P., Darwin, Leilani, Hirvonen, Tanja, Boe, Maddie, Johnson, Rebecca, Cox, Rowena, Gregory, Lionel, McKenna, Raeylene, McKenna, Vicki, Smith, Donna,. (2018). *We are not the problem, we are part of the solution: Indigenous Lived Experience Project report*. Melbourne, Victoria: Black Dog Institute. Retrieved from <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/lived-experience-report-final-nov-2018.pdf>
- Dudgeon, P., Gibson, Chontel, Bray, Abigail,. (2020). Social and Emotional Well-Being: “Aboriginal Health in Aboriginal Hands”. In J. G. Timothy A. Carey (Ed.), *Handbook of Rural, Remote, and very Remote Mental Health* (pp. 1-23). Springer. <https://doi.org/10.1007/978-981-15-6631-8>
- Garvey, G., Anderson, K., Gall, A., Butler, T. L., Whop, L. J., Arley, B., Cunningham, J., Dickson, M., Cass, A., Ratcliffe, J., Tong, A., & Howard, K. (2021). The Fabric of Aboriginal and Torres Strait Islander Wellbeing: A Conceptual Model. *International Journal of Environmental Research and Public Health*, *18*(15). <https://doi.org/10.3390/ijerph18157745>
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In P. Dudgeon, Milroy, H, Walker, R. (Ed.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 55-68). Department of Prime Minister and Cabinet.

- Geia, L. K., Hayes, B., & Usher, K. (2013). Yarning/Aboriginal storytelling: Towards an understanding of an Indigenous perspective and its implications for research practice. *Contemp Nurse*, 46(1), 13-17.
- Gupta, H., Tari-Keresztes, N., Stephens, D., Smith, J. A., Sultan, E., & Lloyd, S. (2020). A scoping review about social and emotional wellbeing programs and services targeting Aboriginal and Torres Strait Islander young people in Australia: understanding the principles guiding promising practice. *BMC Public Health*, 20(1), 1625.  
<https://doi.org/10.1186/s12889-020-09730-1>
- Harfield, S., Pearson, O., Morey, K., Kite, E., Canuto, K., Glover, K., Gomersall, J. S., Carter, D., Davy, C., & Aromataris, E. (2020). Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander quality appraisal tool. *BMC Medical Research Methodology*, 20, 1-9.
- McPhee, R., Carlin, E., Seear, K., Carrington-Jones, P., Sheil, B., Lawrence, D., & Dudgeon, P. (2021). Unacceptably high: an audit of Kimberley self-harm data 2014–2018. *Australasian Psychiatry*, 10398562211010790.  
<https://doi.org/10.1177/10398562211010790>
- Mitchell, M., & Hussey, L. M. (2006). The Aboriginal health worker. *Medical Journal of Australia*, 184(10), 529.
- Murrup-Stewart, C., Searle, A. K., Jobson, L., & Adams, K. (2019). Aboriginal perceptions of Social and Emotional Wellbeing programs: A systematic review of literature assessing social and emotional wellbeing programs for Aboriginal and Torres Strait Islander Australians perspectives. *Australian Psychologist*, 54(3), 171-186.  
<https://doi.org/10.1111/ap.12367>
- National Aboriginal Community Controlled Health Organisation. (2022). *Aboriginal definitions of health*. NACCHO. Retrieved 12/06/2022 from

<https://www.naccho.org.au/acchos/#:~:text=%E2%80%9DAboriginal%20health%E2%80%9D%20means%20not,well%2Dbeing%20of%20their%20Community.>

- National Health and Medical Research Council. (2018). *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*. Canberra, ACT: Commonwealth of Australia. Retrieved from <https://www.nhmrc.gov.au/about-us/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities>
- Roche, A. M., Duraisingam, V., Trifonoff, A., & Tovell, A. (2013). The health and well-being of Indigenous drug and alcohol workers: Results from a national Australian survey. *Journal of Substance Abuse Treatment, 44*(1), 17-26.
- Sutherland, S., & Adams, M. (2019). Building on the definition of social and emotional wellbeing: an Indigenous (Australian, Canadian, and New Zealand) viewpoint. *ab-Original: Journal of Indigenous Studies and First Nations and First Peoples' Cultures, 3*(1), 48-72.
- Swan, P., & Raphael, B. (1995). *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* Canberra: Commonwealth of Australia Retrieved from <https://catalogue.nla.gov.au/Record/828710>
- Taylor, K., & P, G. (2014). *Health Care and Indigenous Australians: Cultural Safety in Practice*. Palgrave Macmillan.
- Transforming Indigenous Mental Health and Wellbeing Project. (2022). *Social and Emotional Wellbeing Gathering 3 Report: 6th-8th September 2022*. Perth, WA: The University of Western Australia
- Victorian Dual Diagnosis Initiative: Education and Training Unit. (2012). *Our Healing Ways: A Culturally Appropriate Supervision Model for Aboriginal Workers*. Melbourne, Victoria: Health Department Victoria. Retrieved from <https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=572183&title=Our+>

Healing+Ways%3A+supervision%3A+a+culturally+appropriate+model+for+Aboriginal+w  
orkers&contentid=24027\_1

Walker, M., Fredericks, B., Mills, K., & Anderson, D. (2014). "Yarning" as a Method for  
Community-Based Health Research With Indigenous Women: The Indigenous Women's  
Wellness Research Program. *Health Care for Women International*, 35(10), 1216-1226.  
<https://doi.org/10.1080/07399332.2013.815754>

Western Australian Country Health Service. (2018 ). *Kimberley Health Profile*. Perth: WACHS.  
Retrieved from  
[https://www.wacountry.health.wa.gov.au/~/\\_media/WACHS/Documents/About-  
us/Publications/Health-profiles-and-service-plans/Kimberley\\_Health\\_Profile\\_2018.pdf](https://www.wacountry.health.wa.gov.au/~/_media/WACHS/Documents/About-us/Publications/Health-profiles-and-service-plans/Kimberley_Health_Profile_2018.pdf)

Zubrick, S. R., Dudgeon, P., Gee, G., Glaskin, B., Kelly, K., Paradies, Y., Scrine, C., & Walker,  
R. (2004). Social determinants of Aboriginal and Torres Strait Islander social and  
emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together:  
Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*.  
Department of the Prime Minister and Cabinet.