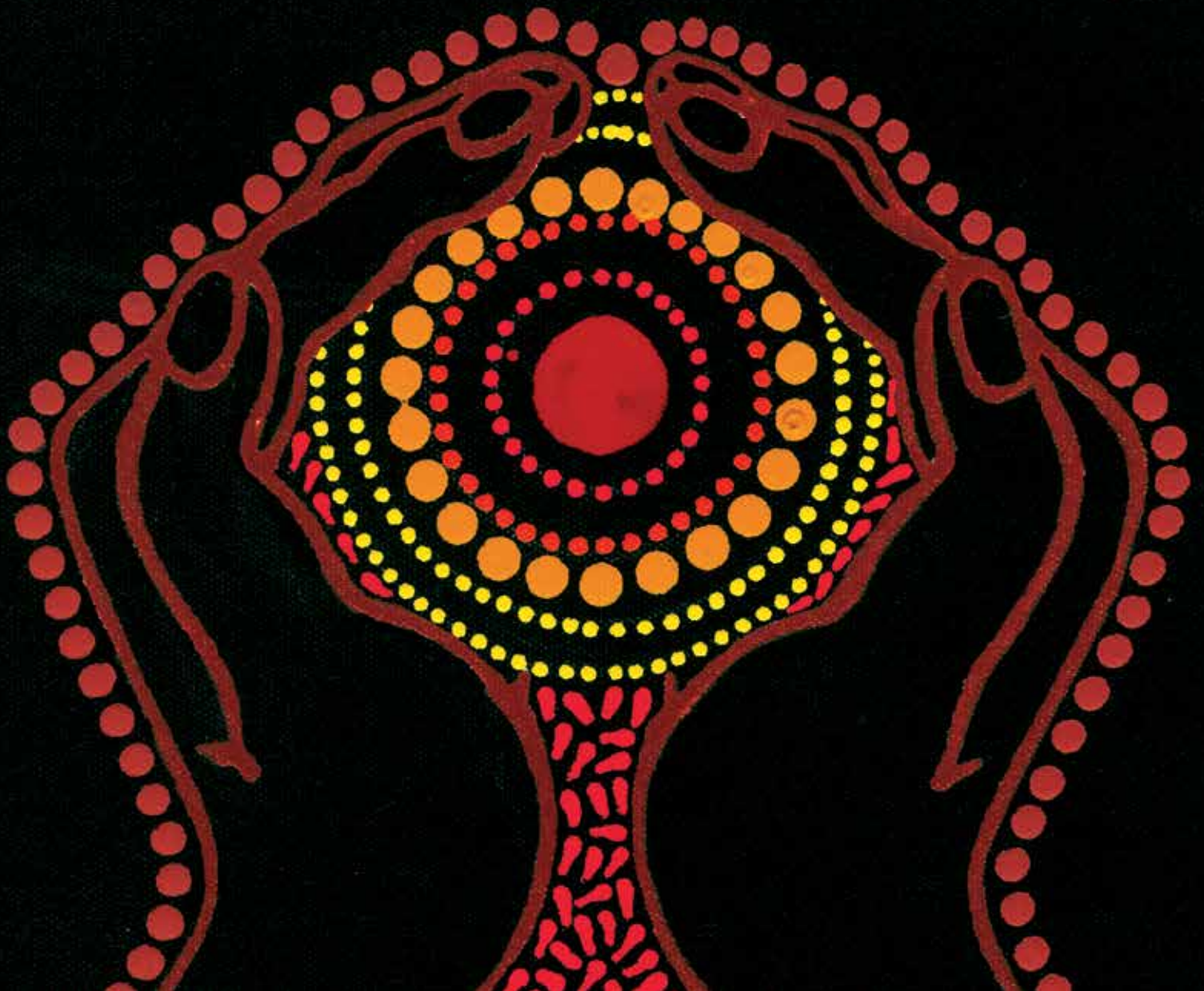




Utnenge, Tyerrtye, Mwerre Atnyenetyeke Itye Tyerrtye Urrperle-kenhenge

Health in the Hands of the People

Children's Ground Family Health and Wellbeing Framework



“The way we think about health at Ampe-kenhe Ahelhe (Children’s Ground) is through our holistic First Nations perspective. For our kids to walk in both worlds, we know that it’s important to look at the Western health system too. We are taking health back to the people and making sure our families know and control their health story.”

Ampe-kenhe Ahelhe Governance Committee,
Central Australia

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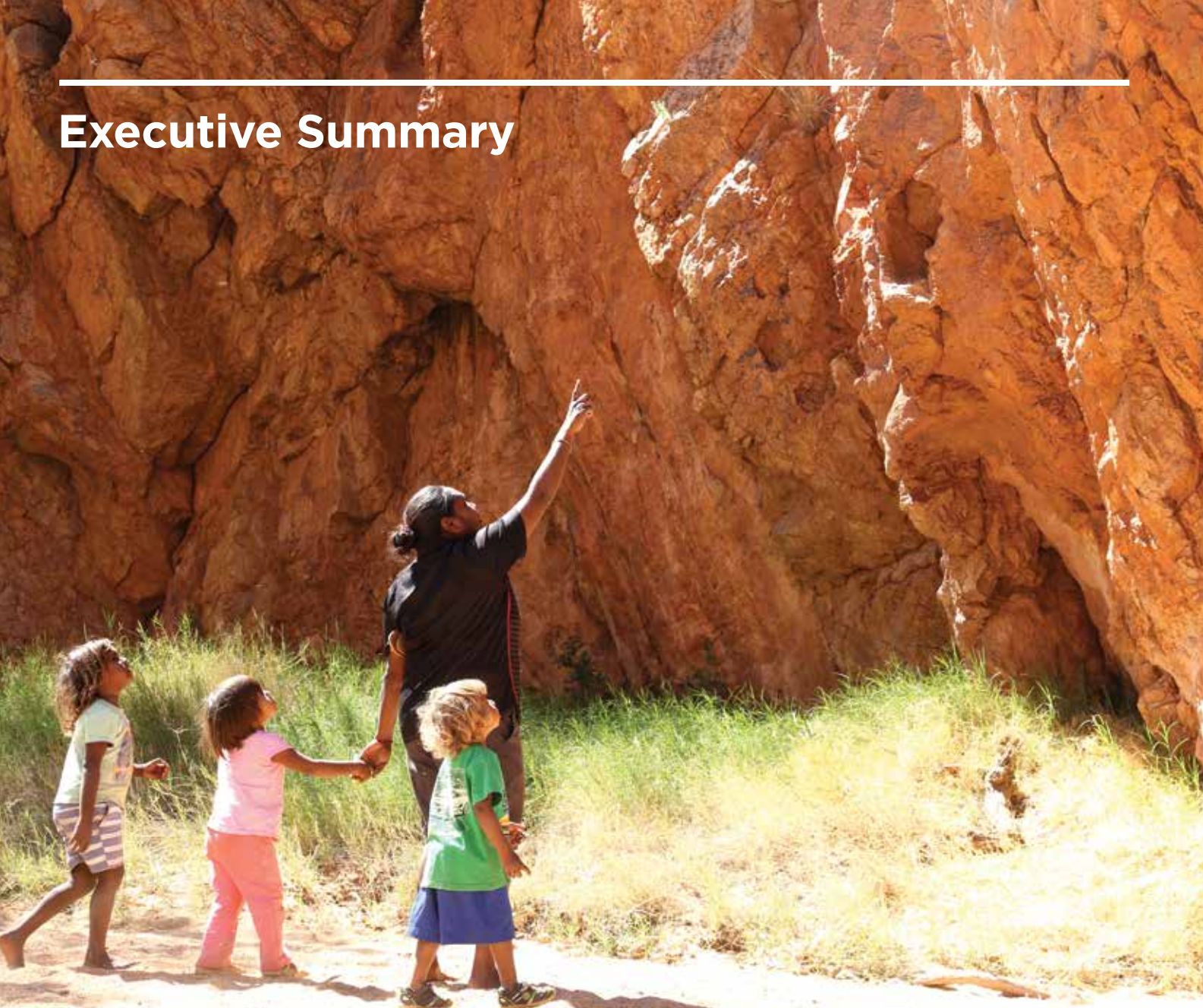
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Executive Summary



Anna Maria teaching Shania, Liliana and Seymour on Country in Central Australia



Elders May Nango and Mark Djandjomerr with Janisha, Paddy, Keith, Jimmy, Javen and Kayless

Health in the Hands of the People is an approach to health promotion that privileges First Culture and responds to the needs of First Nations people and communities living with extreme disadvantage. It is not a clinical service. Rather, it is a community and preventative health approach. The intent is to promote cultural, physical and emotional wellbeing over the course of a generation and in doing so reduce the burden of trauma, chronic and acute health issues experienced across whole communities.

Australia has a world class health system. Despite this, First Nations people consistently have the poorest health outcomes and a burden of disease irreconcilable with the standards of health and wellbeing experienced by most Australians. While there have been important gains over the past decade

in some areas, the health and wellbeing of Aboriginal and Torres Strait Islander people requires serious reconsideration of how we deliver health. The significant gap is in responding to the social, cultural and economic determinants of health.

Health in the Hands of the People is one part of the Children's Ground Approach that targets the key determinants for health and life wellbeing. Children's Ground is designed to work with communities over a 25-year period to break the cycle of intergenerational disadvantage and enable a new generation of children to enjoy lives of opportunity and equity. We advance wellbeing across five integrated service platforms: learning, family health, economic development, community development and cultural development. This document articulates the 'what', 'why' and 'how' of one of these areas of practice, Family Health and Wellbeing, known as *Health in the Hands of the People*.

Health in the Hands of the People is a framework for health promotion. It brings First Nations and Western health expertise together as critical elements in achieving positive physical, social and emotional health and wellbeing outcomes. In particular, it responds to the priorities and needs of First Nations people and communities living with extreme social and economic disadvantage and cultural exclusion. It works to complement the existing health system and strengthen delivery on national and international policy intent. Designed to reach the people that the current system typically struggles to serve, it is set up to enhance the health system's effectiveness and efficiency.

Health in the Hands of the People prioritises people's control over their own health and wellbeing needs, solutions and care pathways. They are the *drivers*, rather than the *recipients*. As a Family Health and Wellbeing Framework, it recognises the interdependence between individual, family and community health. It demonstrates an effective model for working with whole communities.

Health in the Hands of the People is informed by, but not constrained by, existing evidence and national and international leading practice. Each element of the Framework is built on a robust evidence base. However, we recognise there is limited documentation of integrated approaches that comprehensively deal with complex, culturally-driven and interconnected disadvantage in Australia. Children's

Ground seeks to build on a growing evidence base, demonstrating what works in these contexts.

First Culture is key to delivering *Health in the Hands of the People*. Western health approaches are not always geared to respond to the social and cultural capital that exists within Aboriginal and Torres Strait Islander communities and knowledge systems. Australia is yet to recognise First Cultural systems of education, health and wellbeing as being legitimate in mainstream delivery. While there has been a movement for cultural integration in Western education (e.g. bilingual education), there has been no recognition or integration of First Nations cultural practice in the Australian health sector. This framework recognises the rights of First Nations people to enjoy and access their cultural health practices within the health system and a central role in health promotion.

This document provides a comprehensive overview of the Children's Ground Family Health and Wellbeing Framework: *Health in the Hands of the People*. It is intended as a guide for anyone with a desire to understand and apply this approach in their own context. It articulates the national policy strategies, international principles and evidence base that the Framework builds upon, providing a practical guide for delivery in practice. While the Framework is still in the early stages of being implemented, case studies show what it can look like and highlight the transformative change that can be achieved. These examples show delivery within Children's Ground as an organisation, but the Framework itself could be adopted by other organisations working in similar contexts and seeking to achieve similar change.

Policy Context

Designed to complement the existing system and enhance the application of national and international policy principles in practice

The Children’s Ground Family Health and Wellbeing Framework, *Health in the Hands of the People*, aligns to national policy frameworks and internationally recognised best practice evidence on reducing health inequality and inequity experienced by First Nations peoples. This section explains the core principles from national and international policy that inform our approach.

1.1 National and international policy principles provide a strong framework for reducing health inequity for First Australians

Vision of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023:

“The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective and high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.”

The national and international policy frameworks chart a clear path to reducing health inequality for First Nations people (see Box 1).

Health is a human right. This principle is at the forefront of United Nations human rights declarations, the constitution of the World Health Organisation¹, and Australia’s National Aboriginal and Torres Strait Islander Health Plan. Within this context, removing the barriers to good health for people living in conditions of social and cultural disadvantage is essential to creating an Australia that celebrates the human rights of all citizens².

To address health inequality, the broader social determinants of health must be addressed. In Western countries, illness is commonly understood as a result of genetics and exposure to certain individual risk-factors such as alcohol misuse, smoking or poor diet. These explanations have been the basis for many improvements in the health of populations, especially when it comes to chronic disease. However, for too many populations, the barriers to health go beyond individual factors.

The World Health Organisation has been challenging health systems globally to shift their approach to health from a model targeting disease for decades. Forty years ago, the Alma Ata declaration of Health for All (1978) stated that, *“Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”*

Scientific understanding has grown to recognise that in addition to individual factors, there are a range of deeper structural causes to poor health: the social determinants of health. A person’s socio-economic status, educational attainment, social exclusion, exposure to stress, early life experiences and access to adequate housing, employment, food and transport all exert a powerful influence on a person’s health throughout their life. These factors go beyond the control of the individual and relate to the systems of privilege and access that underpin the way society is structured and governed.

Box 1

Policy Landscape

National and international policy frameworks, strategies and plans for Indigenous health provide a strong set of principles to reduce health inequality for First Australians. These include:

NATIONAL POLICY FRAMEWORKS:

- Closing the Gap, 2008
- National Aboriginal and Torres Strait Islander Health Plan (2013-2023) and the accompanying Aboriginal and Torres Strait Islander Health Performance Framework
- National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing (2017-2023)
- Associated Aboriginal and Torres Strait Islander health plans developed by each individual state and territory, including the NT Aboriginal Health Plan (2015-2018)

INTERNATIONAL FRAMEWORKS:

- Declaration of Alma Ata, International Conference on Primary Health Care 1978
- Ottawa Charter on Health Promotion, WHO 1986
- Closing the Gap in a Generation, WHO 2008
- Rio Political Declaration on the Social Determinants of Health, WHO 2011
- Sustainable Development Goals, UN 2015

For a full summary of the key international declarations and national policies relating to Aboriginal and Torres Strait Islander Health and how Children’s Ground fits within this framework, please refer to Appendix A.



Addressing the social determinants of health has been recognised in a series of World Health Organisation declarations as the foundation to reducing health inequality³, and the United Nations Sustainable Development Goals provide a practical blueprint for systematic improvements in the social determinants⁴. In Australia, the Closing the Gap agenda sets a platform for addressing the social determinants of health for Aboriginal and Torres Strait Islander Australians, and the National Aboriginal and Torres Strait Islander Health Plan recognises them as a core part of the response to improving Indigenous health outcomes.

Work on the social determinants of health has challenged the conception that improved population health is simply a result of better health care or improved access to health care. In recognising that many of the factors that determine illness lie outside the conventional boundaries of clinical care, it requires a range of measures that extend beyond the health sector and integrate support across many dimensions including education, employment, social inclusion, cultural development and community development.

Extending beyond clinical responses, health promotion is a core requirement of comprehensive primary health care. The Declaration of Alma Ata in 1978 set a platform for comprehensive primary health care. It includes health promotion, illness prevention, support for community and individual self-reliance and participation and activity across sectors to address the social determinants of health. This comprehensive approach has been reinforced internationally as a best practice model of primary health care and a means of achieving health equality, from the 1986 Ottawa Charter for Health Promotion through to more recent World Health Organisation declarations and reports.⁵ It also underpins the Australian approach to primary health care.

The Northern Territory Primary Health Care Framework includes health promotion as a core function of primary care services. It defines health promotion as non-clinical measures aimed to improve the health of a community as a whole. This includes a range of activities from building healthy public policy to providing appropriate health information and education, and encourages community development approaches that emphasise community agency and ownership. ⁶

Consumer agency, control and self-determination are important elements to an effective health system. A central tenet of the Declaration of Alma Ata is that health will improve when people have the right and access to participate in the planning and implementation of their health care. This principle is echoed in all key recommendations and reports relating to Aboriginal and Torres Strait Islander service design and delivery. It is arguably the driving requirement of any effective system and is articulated in all of Australia’s national Aboriginal and Torres Strait Islander health frameworks.

First Nations culture and knowledge systems must be respected in the provision of health services. The United Nations International Declaration on the Rights of Indigenous Peoples and the Sustainable Development Goals reiterate the right for Indigenous peoples to continue to engage in traditional health practices and access culturally-sensitive health services.

Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples states that: *“Indigenous peoples have the right to their traditional medicines and to maintain their health practices..., have the right to access, without any discrimination, all social and health services...[and] have an equal right to the enjoyment of the highest attainable standard of physical and mental health.”* ⁷

Respect for culture is also at the heart of the national policy frameworks on Indigenous health. They recognise the holistic and whole-of-life approach to health held by First Australians:

*...not just the physical wellbeing of an individual but [Aboriginal health] refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.*⁸

¹ The preamble of the 1946 Constitution of the World Health Organization states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. World Health Organisation. 1946. Constitution of the World Health Organisation, p.1.

² For a clear articulation of what a human rights based approach looks like in an Australian Indigenous health policy context, please refer to “Achieving Aboriginal and Torres Strait Islander health equality within a generation - A human rights based approach” in Calma, T., 2005. Aboriginal and Torres Strait Islander Social Justice Commissioner: Social Justice Report 2005. Human Rights and Equal Opportunity Commission, Sydney, p.13. Available at: humanrights.gov.au/publications/achieving-aboriginal-and-torres-strait-islander-health-equality-within-generation-human.

³ Addressing the social determinants of health has been recognised in a series of World Health Organisation Declarations as the foundation to reducing health inequality. Seminal declarations include the Closing the Gap in a Generation Report (2008), p.1 and Rio Declaration on the Social Determinants of Health (2011), p.1.

⁴ See Appendix A for a mapping of how the Children’s Ground approach aligns to the Sustainable Development Goals and fundamental principles of World Health Organisation declarations on the social determinants of health.

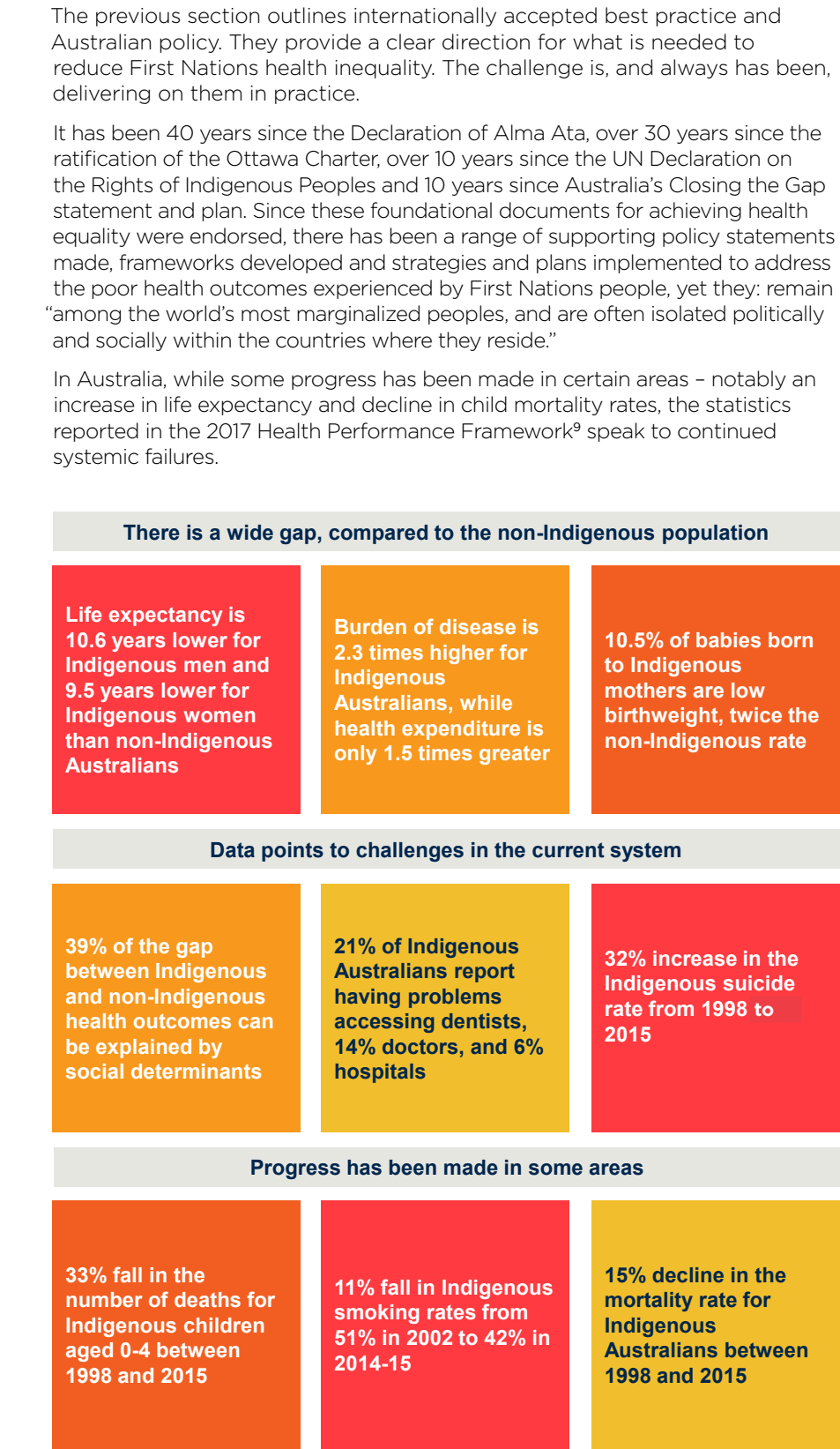
⁵ Important recent UN Declarations outlining the importance of health promotion - building from the 1986 Ottawa Charter - include the World Health Organisation Rio Declaration on the Social Determinants of Health (2011), p.1 and Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (2016), p.1.

⁶ Tilton, E. and Thomas, D., 2011. Core functions of primary health care: a framework for the Northern Territory, Prepared for the Northern Territory Aboriginal Health Forum by Edward Tilton Consulting and the Lowitja Institute, p.2.

⁷ UN General Assembly, 2007. United Nations Declaration on the Rights of Indigenous Peoples : resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, p.9.

⁸ National Aboriginal Health Strategy Working Party, 1989. National Aboriginal Health Strategy, Canberra, p.36. Accessed at: <http://catalogue.nla.gov.au/Record/668993>

1.2 The challenge is delivering on the policy intent in practice



⁹ Burden of disease data from the 2017 Health Performance Framework: Australian Health Ministers' Advisory Council, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, Canberra, pp.1, 15, 82, 192. Expenditure data from: Australian Institute of Health and Welfare, 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147, Canberra, p.157. Accessed at: <http://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/contents/summary>.

¹⁰ Department of Health, 2016. National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families, Australian Government, Canberra, p.6.

Figure 1 Key statistics from the 2017 Health Performance Framework

The ongoing poor health outcomes highlighted by these statistics reveals there is a gap between policy intentions and on-the-ground realities. This gap is well recognised in the national policy dialogue. For example, the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2016) notes that “the child and family health service system does not currently meet the needs of all Aboriginal and Torres Strait islander children and their families”.¹⁰

Major inquiries over several decades have presented and re-presented the statistics, the human realities and the reasons, both historical and current, for the profound inequity of First Nations peoples in Australia. Some of these landmark inquiries, nationally and in the Northern Territory, are listed in Box 2. These reports are augmented by research, senate inquiries and commentary from bodies such as the Australian Institute of Health and Welfare, the Human Rights Commission, the Productivity Commission, research institutes and a range of other independent bodies and organisations.

A consistent set of recommendations continues to emerge. Recognising that continuation of the status quo is insufficient to ‘close the gap’, they point to the fundamental need for granting agency to First Nations people, including through leadership in the design and delivery of services. Importantly, they call for more holistic approaches that draw on the strengths of First Nations people and culture, using prevention, early intervention and empowerment, rather than relying on crisis response. In a health context, this means a stronger system of health promotion, preventative health and primary health care.

Box 2

Selected major inquiries into the Australian policy response to Indigenous disadvantage

- **1991:** Royal Commission into Aboriginal Deaths in Custody
- **1997:** *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*
- **2007:** *Ampe Akelyernemane Meke Mekarle Little Children are Sacred: Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*
- **2008:** *Inquiry into Overcoming Indigenous Disadvantage, Legislative Council's Standing Committee on Social Issues* (and the *Overcoming Indigenous Disadvantage* reports released by the Productivity Commission every two years since 2003)
- **2010:** *Growing them strong, together: Promoting the safety and wellbeing of the Territory's children*, Report of the Board of Inquiry into the Child Protection System in the Northern Territory
- **2017:** Royal Commission into the Protection and Detention of Children in the Northern Territory
- **2018:** *Pathways to Justice: Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples*, Australian Law Reform Commission

In practice, due to the high burden of disease, the current system focuses on disease over prevention. It structurally incentivises disease and deficit through funding allocation and service provision, rather than recognising people's strengths and agency. Treatment of disease is something that can be funded through a discrete program, measured and easily assessed. It is difficult to measure prevention and relative strength. This requires us to design, deliver and evaluate the restoration of confidence and agency of a community to empower people to make their own decisions to manage their own health. This approach takes time to achieve results, but is required to create sustained, long-term change.

The majority of government expenditure is concentrated on clinical health services rather than investing in primary health care and addressing the social determinants of health¹¹. High rates of hospitalisation for potentially preventable conditions signal that primary health care does not receive adequate attention. First Nations Australians experience potentially preventable hospitalisations at more than three times the rate of non-Indigenous Australians and for vaccine preventable conditions three to eight times the rate¹². In remote areas, the hospitalisation rate for Aboriginal and Torres Strait Islander Australians for end-stage renal disease is 69 times the rate for non-Indigenous Australians¹³

“Our abilities to close the gap in health disparities are being blocked at every turn because we are refusing to address the intrinsic interconnection of all social, economic, cultural and spiritual aspects of our life.”

June Oscar, Aboriginal and Torres Strait Islander Social Justice Commissioner, 2018.

¹¹ A definitional note: By primary care we refer to a patient's first point of contact in the health system, which is usually provided in a general practice, allied health centre or Aboriginal Community Controlled Health Service. This is distinguished from primary health care, which is a broader concept. In addition to primary care services, primary health care includes health promotion, disease prevention and population-level public health functions, as articulated in the 1978 Declaration of Alma Ata and 1986 Ottawa Charter. Steering Committee for the Review of Government Service Provision, 2017. 2017 Indigenous Expenditure Report, Productivity Commission, Canberra, p.9.

¹² Australian Health Ministers' Advisory Council, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra, p.160; Steering Committee for the Review of Government Service Provision, Overcoming Indigenous Disadvantage, 2016, pp.1, 8.

¹³ Steering Committee for the Review of Government Service Provision, 2016. Overcoming Indigenous Disadvantage, 2016, Productivity Commission, Canberra, pp.4, 75.

¹⁴ Steering Committee for the Review of Government Service Provision, 2017. 2017 Indigenous Expenditure Report, Productivity Commission, Canberra.



Mena engages in an Early Years learning session at the Centre in Jabiru

The Children’s Ground Approach

2.1 The Children’s Ground approach to family health and wellbeing is part of a broader strategy to achieve change over a generation

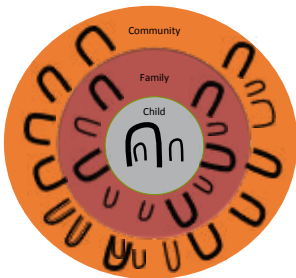
The Children’s Ground Approach was designed to redress intergenerational and complex disadvantage in Australia. It is a 25-year strategy to achieve systemic and enduring change by addressing the drivers of disadvantage. It focuses on the new generation of children, empowering them and their families over two and a half decades.

The reform agenda is to achieve long-term wellbeing for all children and families in a community through access to high quality education, employment, health, secure and safe environments and celebration of social, cultural and economic inclusion. We know that the drivers of long-term wellbeing

are these social determinants. For children, this means being surrounded by safety, love, play, opportunity, trauma-free environments and the right to learn about and experience their First Culture.

Recognising the complex challenges faced daily by people living with extreme hardship, Children’s Ground supports people to address their immediate needs while maintaining a preventative, long-term and strengths-based approach.

Children’s Ground is evidencing a whole of community-in community approach. It is a bottom-up system directed and delivered by First Nations communities. It understands that each community has a unique cultural, land, governance, language and kinship structure. In practice and strategy,



Children’s Ground is informed by local knowledge and experiences as well as international and national evidence and leading practice.

The Children’s Ground Approach is underpinned by three reforms that all inter-relate: service, system and strategic reform. Together, they respond to the social, cultural and economic determinants for learning, health and lifelong wellbeing.

2.1.1 Service Reform

Health in the Hands of the People is one of five integrated service areas of the Children’s Ground Approach. Together, they provide the platform that, in its entirety, responds to key social determinants of health recognised by the World Health Organisation. The five integrated service areas are shown in Figure 2.

If every child being born in a community today enjoys a life of quality education, health, cultural, economic and community safety and wellbeing, we will interrupt complex intergenerational disadvantage. Over a generation, whole communities will shift from disadvantage to opportunity and enjoy economic independence. This is prevention at a community level. It requires a dedicated focus on the new generation of children, within the context of their family and their community.

In practice, operations are driven from a central intergenerational hub (all generations walking together). This is a space that is designed as a place of safety. From here, local governance and daily integrated service delivery occurs. Ideally, the centre is located within community to build the social, cultural and

economic capital locally. However, in larger towns it may be located in a central accessible location. The central hub can extend to a number of culturally connected communities or outstations as a ‘hub and spoke’ model. Each day at the centre (hub) and in community (spokes), a range of activities are occurring: learning, employment, cultural activities, arts, enterprise, social support and health promotion. It is where children come for learning and adults come for work, to support their kids in learning or to connect with other families over a cup of tea. It is where the social and cultural capital of the community is strengthened each day.

The Children’s Ground Approach requires local governance in all operational matters, ensuring the voice of the community determines the way services are delivered. At each Children’s Ground site, local governance groups meet weekly or fortnightly and design, deliver and evaluate operations. Community governance and decision-making also occurs through daily feedback and all generations are engaged. The community focusses on promoting the development and wellbeing of the whole child within their family and community and making this possible for all children within their community.

This is a community-driven approach rather than a service or organisation-driven approach. *Health in the Hands of the People* is operationalised within this context.

Figure 2 Five Service Areas



2.1.2 System reform

Children’s Ground seeks to make the system work to serve First Nations communities and achieve long-term impact. Reform of service delivery through our five integrated service platforms is important, but change will only occur if the systems environment surrounding it is also designed to enable – and not hinder – effective service delivery. We have redesigned five key parts of the system, as shown in Figure 3.

Figure 3 System reform

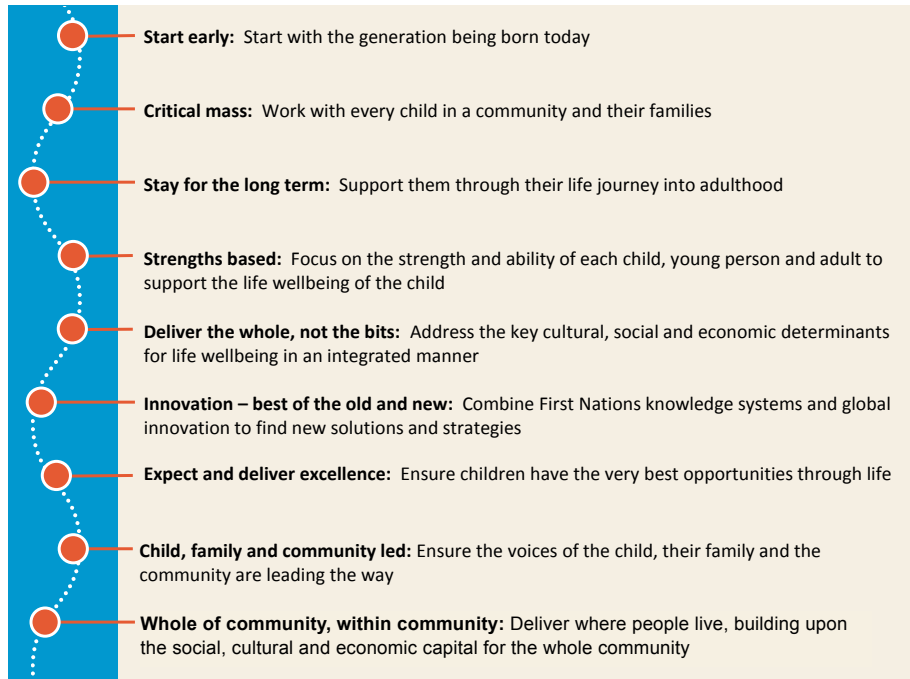
	Current System	Children’s Ground	Description
1. Governance	Top down	Bottom up	We blend robust corporate governance with strong community ownership
2. Service Delivery	Crisis response and delivered in silos	Preventative and integrated	We deliver place-based, integrated services promoting excellence, and leading practice
3. Evidence	Outputs based (what and how many)	Outcomes based (impact)	We conduct ongoing monitoring and evaluation over 25 years
4. Workforce	Short-term; outsiders	Local and long-term	We employ and build a local workforce of community, cultural and sector experts
5. Investment	Short-term, project based	Long-term, collective and at scale	We use a collective, outcomes-based investment model

2.1.3 Strategic principles

It’s not just *what* services are delivered that can achieve change; it’s *how* these are delivered. The design, delivery, governance and evaluation of the Children’s Ground Approach are underpinned by nine strategic principles. These principles are all required to create systems change and deliver sustained outcomes with First Nations communities. The implementation of these principles is what makes the Children’s Ground Approach unique.

If the Children’s Ground Approach engages every child in a community for a generation, the whole community will shift from extreme disadvantage to opportunity and wellbeing.

Figure 4 Nine strategic principles



2.2 Children’s Ground draws on three knowledge systems

The Children’s Ground Approach integrates pre-colonisation, post-colonisation and global leading practice to provide a comprehensive response to support life and wellbeing, as shown in Figure 5.

Figure 5 Children’s Ground uses three knowledge and practice systems

Local cultural systems of knowledge (pre-colonisation)

For over 65,000 years, First Nations people have created, refined over time and lived by knowledge systems and practices that connect land, spirit, language, kinship and social structures. These are the oldest cultures in the world. Approaches integrate all elements of general wellbeing: health, learning, social, emotional, spiritual and cultural. Cultural knowledge, law, understanding and learning continue to underpin the life and identity of First Nations people and communities; for many, traditional practices remain active. The Children’s Ground Approach engages, respects and promotes this knowledge and practice in the delivery of all services, programs and support.

Leading practice and pedagogy post-colonisation in relation to culture

The impact of colonisation on First Nations communities is deep and complex. Traditional practices intrinsically linked to the land have been disrupted and languages have been lost. Although cultural knowledge systems remain, the impact of colonisation means that First Nations people do not have the same access to draw on their knowledge and approaches to wellbeing and life. In response to this, new strategies and approaches have emerged to support continued engagement and re-engagement with traditional cultural knowledge systems and practices. For example, First Nations people have established traditional healing centres that provide access to traditional healers, to bush medicine and foods and to land and country. Cultural leaders advocate for bilingual education, and immersion schooling is now a Western example of post-colonisation leading pedagogy and practice. These are post-colonial service structures created to support traditional cultural knowledge in changed environments due to the impacts of colonisation. The Children’s Ground Approach builds on these strategies.

Global leading practice and pedagogy post-colonisation in relation to learning, health, wellbeing, community and economic development

For children growing up in families and communities experiencing significant disadvantage, research points to a range of strategies including child-centred integrated learning, quality early childhood education, personalised health and micro-enterprise. The Children’s Ground Approach is informed by such evidence, drawing from experiences and findings of global leading pedagogy and practice. These include leading knowledge systems and practice such as health promotion, twenty-first century wrap around education, sustainability and global technology.

Understanding and achieving an interaction between Western and First Cultural knowledge is important to ensure they are complementary and Western practice does not undermine the strength of First Nations practice.

Due to cultural bias or lack of understanding, Western practice and evidence is often ignorant of its impact on First Culture and wellbeing. It has led to the diminishment and loss of languages, health practices and cultural practices that directly relate to the health and wellbeing of individuals and communities. For example, First Nations systems integrate wellbeing with society, education, law and land. Yet today, First Nations people are frequently compelled to separate their responses to wellbeing because Western systems offer discrete and often disconnected services.

As stated in the 1996 Canadian Royal Commission on Aboriginal Peoples: *The culture and values of the mainstream are (also) recognised in the institutions of society, but Indigenous cultures and values are not. In this way, the colonisation of Aboriginal nations has become an institutionalised reality.*¹⁵

Children’s Ground promotes assessment of the cultural impact of Western knowledge and practice. This is a key strategy to prevent further harm and recognise rights. The aim is to strengthen and ensure we are privileging pre-colonisation systems that are still being practised today. With this as a foundation, leading global practice can be integrated to create a dynamic, responsive system of quality and equity.



Antoinette finds her daughter Ellarisha a witchetty grub to eat during a Learning on Country session

¹⁵ Royal Commission into Aboriginal Peoples, 1996. Volume 1: Looking forward, looking back, Minister of Supply and Services, Ottawa, 1996, pp.607-8. In HEROC (2000:12-13) Social Justice Report. Australia, p.467. Accessed at: <https://archive.org/stream/RoyalCommissionOnAboriginalPeoples-FinalReport-Vol.1-Looking/RoyalCommissionOnAboriginalPeoples-FinalReport-Vol.1#page/n465/search/mainstream>.

2.3 The Children’s Ground Approach is a small investment that can substantially improve the effectiveness of other services

The Children’s Ground Approach improves the efficiency and effectiveness of the current health, education and social support systems and includes cultural wellbeing. Proportional to total expenditure on Aboriginal and Torres Strait Islander health and wellbeing, the Children’s Ground Approach is a minor investment with the potential to deliver considerable improvements in equitable access, engagement and outcomes for people and communities with whom the current system struggles to engage.

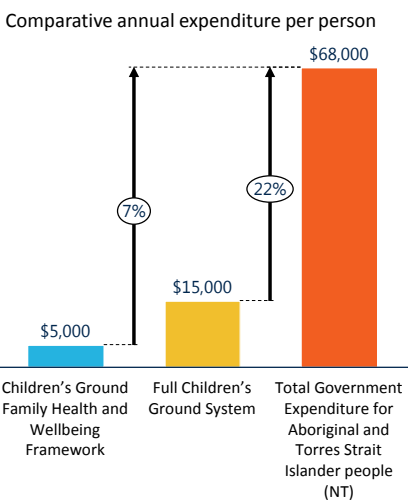
Recent economic modelling found Indigenous health inequality to be a substantial economic deadweight, costing the Northern Territory an estimated \$16.7 billion between 2009 and 2013 (43% from lost life-years, 35% from lost productivity, 22% from higher direct health costs). This is equivalent to 19% of the Northern Territory gross state product.¹⁶

The full Children’s Ground Approach costs around \$15,000 per person to deliver each year. To put this in context, total direct government expenditure on Aboriginal and Torres Strait Islander Australians in the Northern Territory in 2015-16 was \$68,186 per person.¹⁷ The overall Children’s Ground investment per person is therefore equivalent to less than a quarter of total government expenditure per person. Most of the areas of government investment – early childhood development, education, healthy lives, economic participation and: safe and supportive communities – align directly with Children’s Ground’s integrated service platforms. We

don’t intend to present Children’s Ground as a substitute for all of these services, but to put the cost of Children’s Ground in perspective and balance its cost relative to impact.

Health in the Hands of the People comprises around a third of the full cost of the Children’s Ground Approach, approximately \$5,000 per person per year. This is equivalent to less than 10% of the total government expenditure per person.

This should be considered in the context of the communities with whom Children’s Ground works; these communities experience the greatest burden of need and are at the upper end of the costs per person due to ill-health, incarceration, housing, welfare and child protection services. These communities do not fare well within the current service system due to complex and overlapping disadvantage, cultural barriers and intergenerational trauma. The breadth and burden of disease within Aboriginal communities means that services are often unable to meet demand and are working at capacity servicing those people who present.



This is compounded by operational and funding siloes focused on responding to specific morbidities, causal factors, age groups or service areas.

There is a group of people who historically do not present, or present late, and who carry the greatest burden of ill-health.¹⁸ Children’s Ground provides the outreach and the holistic and responsive support to enable these people to access and benefit from the services they require to improve their health and wellbeing. We also focus on prevention, which reduces disease burden and costs in the long run.

Given the high costs of health inequality and the significant expenditure used currently to address it, *Health in the Hands of the People* can be seen as an efficient and cost-effective way to stretch the most from every dollar spent on Aboriginal and Torres Strait Islander health and wellbeing to achieve real change in difficult-to-engage areas.

Health in the Hands of the People: The Family Health and Wellbeing Framework

***Health in the Hands of the People* is an approach to health promotion that privileges First Culture and responds to the needs of First Nations people and communities living with extreme disadvantage. It is not a clinical service. Rather, it is a community and preventative health approach. The intent is to promote cultural, physical and emotional wellbeing over the course of a generation and in doing so reduce the burden of trauma, chronic and acute health issues.**

There are eight operational components to the Framework:

1. People controlling their own health	The foundational component for the delivery of the Framework is ‘consumer agency’: the control and empowerment of individuals, families and communities over their health and wellbeing.
2. Health Promotion	The core of family health and wellbeing work is health promotion, which is based on strong relationships with children and families where they live and in their language and context.
3. Cultural Knowledge Systems	The Framework promotes First Nations cultural health and knowledge systems and practices in their own right with their own integrity, alongside Western health practices.
4. Social and Emotional Wellbeing	The Framework provides holistic support for people’s social and emotional wellbeing and mental health that focuses on their strengths and responds to their trauma.
5. Maternal and Child Health Promotion	Given the importance of the early years (starting pre-birth) for long-term health and wellbeing, the Framework has targeted support for maternal and child health promotion.
6. Community and Environmental Health Promotion	The Framework recognises that the health of a child and their family is significantly affected by their living environment and the wellbeing of their community.
7. Partnerships	Given addressing the social determinants of health requires effective cross-sector partnerships, Children’s Ground collaborates with other health, housing and community service organisations to assist people and families in meeting their health and wellbeing needs.
8. Evaluation	The Children’s Ground 25-year evaluation framework includes a particular focus on long-term health outcomes for children within the broader context of child, family and community health and wellbeing outcomes.

Health in the Hands of the People is operationalised through a dedicated family health team that includes:

- Aboriginal and Torres Strait Islander Family health workers
- Public health practitioners
- Cultural health specialists (e.g. traditional healers and bush medicine experts)
- Nutritionists and nutrition staff
- Social and emotional wellbeing practitioners/counsellors
- Community development and environmental health workers.

As described, *Health in the Hands of the People* is one of the five integrated service areas of the full Children’s Ground Approach. However, it is also designed as a Framework of family health promotion and wellbeing that could be implemented independently by any organisation or group of organisations with a focus on health, wellbeing and the social and cultural determinants of health.

Within the Children’s Ground Approach, health promotion and wellbeing is the responsibility of the entire multidisciplinary staff team including educationalists, creative arts

workers, community development and economic development staff. They complement, support and embed the practice and knowledge promoted by the family health team.

Each of the eight core features of the Framework are discussed in the sections that follow, including examples and case studies of their emerging application through Children’s Ground’s operations. Each section starts by exploring the current state of evidence and practice before explaining the component in practice.

¹⁶ Zhao, Y., Vemuri, S.R. and Arya, D., 2016. The economic benefits of eliminating Indigenous health inequality in the Northern Territory. *The Medical Journal of Australia*, 205(6), p.266.

¹⁷ Steering Committee for the Review of Government Service Provision, 2017. 2017 Indigenous Expenditure Report, Productivity Commission, Canberra. Accessed at: <https://www.pc.gov.au/research/ongoing/indigenous-expenditure-report/2017#state>.

¹⁸ Studies of chronic disease treatment show that in many instances Aboriginal and Torres Strait Islander present later than non-Indigenous Australians, which affects treatment options. See, for example: Valery, P.C., Coory, M., Stirling, J & Green, A.C 2006. Cancer diagnosis, treatment, and survival in Indigenous and non-Indigenous Australians: a matched cohort study, *The Lancet*, vol. 367, no. 9525, pp. 1842-1848.

3.1 People controlling their own health

“Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.”

The Ottawa Charter for Health Promotion

Context | Health empowerment is impacted by political, systemic and service factors

Health empowerment is about the individual, family and community having control over their health.

At a *political level*, the health agency of First Nations people is affected by the loss of cultural autonomy, political voice and the ability to control circumstances through their own world view. Poor health outcomes must be understood in the context of the devastating impacts of colonisation, forced dislocation from ancestral lands and the ongoing disruption to cultural, political, economic and social practices. The lack of political power in mainstream political and policy domains affects health empowerment.

At a *system level*, the funding and service models of the current health system structurally incentivise disease and deficits rather than prevention and health promotion approaches. Mainstream health services are rarely designed with and by Aboriginal and Torres Strait Islander peoples and rarely work with the strengths of First Cultural systems of health. First Nations peoples have evolved systems of knowledge and practice that are fully integrated with a deep understanding of the social and cultural determinants that impact health and wellbeing. They consider health holistically, from prevention to diagnosis and treatment. Specialists in health, specialist health practices and medicines are part of this system that continues to be practiced today. These practices are often the first choice for Aboriginal people but are not known and are not understood in mainstream

Australia and are currently not recognised in mainstream Australian health systems.

At a *service level*, barriers to Western health often start with access to and engagement in health services. One of the core challenges to enabling people's agency in the current environment is the power imbalance that exists between health practitioners and patients, especially for individuals experiencing social, economic and cultural exclusion. Health information is rarely communicated in first language or in a way that considers the individual's social, environmental, political and cultural situation. This creates significant gaps in knowledge and understanding of health-related issues and can lead to the patient feeling frustrated, confused and unable to make effective decisions about their own health. If the patient or user of a service is unable to demonstrate their ability to manage their illness, he or she is frequently judged as irresponsible and/or non-compliant.¹⁹ Approaches that level the power relations and build respectful ongoing relationships between health care practitioners and patients have been shown to substantially improve patient engagement and outcomes.²⁰

Other barriers to health agency and access include the cost of health services, reliable transport, rigid appointment times, long wait times, distrust, lack of culturally informed practice, racism and discriminatory behaviour.²¹ Together, these barriers manifest in lower rates of immunisation, antenatal care access, early detection/treatment and higher rates of potentially preventable acute and chronic conditions for Indigenous compared to non-Indigenous Australians.²²

This Framework | The foundational principle for the delivery of the Framework is individual and community control and empowerment over health

The core intention of *Health in the Hands of the People* is to build people's agency in managing their own health. This includes controlling and delivering health within a cultural frame as well as being empowered within Western systems of health. It recognises and nurtures inherent strengths and removes the barriers and power imbalances of the current system. It recognises people's rights to access services and care within their family and cultural structures and it recognises that personalising health and wellbeing is the greatest driver for achieving health agency.

Health in the Hands of the People achieves this by:

- Supporting and promoting First Cultural (pre-colonisation) systems of health and wellbeing
- Enabling strategy, delivery and evaluation by local people
- Delivering where people live
- Delivering health promotion in first language as well as English
- Delivering at mutually agreed times
- Creating relationships based on respect
- Maintaining regular contact and communication, allowing for responsiveness and flexibility
- Recognising the role of families in health and wellbeing.

“With Aboriginal and Torres Strait Islander people inherently embedded in leading, designing and implementing these efforts, we can start to meet the challenge of health inequality, and live up to the ideals that all Australians have a fundamental right to health.”
- Close the Gap Campaign Steering Committee, (2018).

Supporting and promoting First Cultural (pre-colonisation) systems of health and wellbeing

In the same way as we support inner city Sydney to access health specialists and a health system that meets their needs, we must enable realisation of the same rights and access for First Nations people to their systems of health. These systems have sustained the longest living cultures in the world. Access has been constrained due to the effects of colonisation and a definition of health 'expertise' that largely fails to recognise the expertise of First Nations practices.

Health in the Hands of the People recognises First Nations systems as leading practice within both clinical and health promotion contexts. Children's Ground and in turn the Family Health and Wellbeing Framework is structurally designed to promote and support access to these systems through governance, logistics, employment, transport and service design and delivery.

Conducting strategy, delivery and evaluation by local people

Health in the Hands of the People is directed by local people through a range of governance processes within families and communities. Governance and decision making can be multi-layered and include individual, collective and cultural authority.

Individuals and families determine their own health and wellbeing plans against their priorities. The community, through weekly governance meetings, identify key health and wellbeing issues relating to population health. The effectiveness and efficiency of systems is considered as strategies are designed to respond to complex health needs within the community.

Health empowerment is enhanced through the employment of local Aboriginal language speakers and health practitioners in health delivery. This changes the power structure from people as *users* to people delivering and being the *agents of change* in their own community. Employment of local language health practitioners deepens Western health knowledge and information and builds public health knowledge and abilities that benefit the whole community. Employment of traditional cultural specialists in health delivery further promotes health and

wellbeing and empowers people, who are managing their own healthcare, to access these specialists.

Within *Health in the Hands of the People*, those using the system evaluate the system. They are able to assess impact, efficiency and effectiveness. They can use this information to improve health outcomes, protect against cultural harm and strengthen protective factors for long term health and wellbeing.

Delivering where people live

Delivering where people live removes structural barriers to access and enables health promotion to respond to the life realities of people living with complex disadvantage. As a whole of community-in community approach, health promotion becomes a regular part of community life. Health issues can be responded to early and prevention strategies can be embedded. Knowledge sharing means that community members become the powerful knowledge holders. Community strategies are better able to be designed with and by people and implemented effectively, responding to how and where people live.

Delivering health promotion in first language as well as English

Language is a barrier to and enabler of health. The Western health system has its own language connected to each area of professional practice. Medical health language is often beyond the understanding of people whose first language is English. When this is overlaid with a foreign language, health literacy becomes difficult to access. For First Nations people living in culturally and linguistically diverse environments, accessing the language of health and wellbeing is fundamental to empowerment. While First Nations people have the language for their own health systems, *Health in the Hands of the People* focusses on increasing health literacy in mainstream health contexts. This is achieved by employing first language speakers across the Family Health and Wellbeing team as well as integrating health promotion within learning environments that are delivered in first language. Western trained health promotion specialists and First Nations health practitioners work together to empower people through access to health literacy and practice across cultures.

“Ngad ga-mak garri-bekkarren garrire garri-wokdi gobohbanj werrek garben-gurme gabirri-dokme.

We make sure everyone has a chance to speak and always listen to the old people first.”

Roxanne Naborlhborlh, Coordinator
Community Engagement, Children's Ground

Delivering at mutually agreed times and creating relationships based on respect

Rather than a clinic appointment model of delivery, *Health in the Hands of the People* makes times with people through mutual agreement. This allows the individual or family to access health in a timely fashion and in a way that works with the various demands within their lives. It allows practitioners to plan and communicate their needs to deliver effectively. It lays the foundation for equal power relations.

Health in the Hands of the People depends on creating relationships based on respect. Health is seen as a shared responsibility between both the individual/family and the practitioners. Maintaining regular contact and communication allows responsiveness, flexibility and strong relationships to form.

Recognising the role of families in health and wellbeing

The Children's Ground Family Health and Wellbeing Framework shifts health from the 'individual health' paradigm to a 'family health' paradigm. It recognises that the health of the individual, their family and their community are all interdependent. This is particularly true for First Nations communities. The Western health system can fail to recognise the family and kinship responsibilities of many Aboriginal and Torres Strait Islander people. Children's Ground does not ignore the right of the individual or the right to privacy, but it recognises the right of the person to have their health managed within the family context. It is designed to strengthen rather than compromise the social and cultural capital within communities.

Health in the Hands of the People includes Learning and Wellbeing plans for each child, as well as individual and Family Health and Wellbeing plans within each family. Individual health and wellbeing plans are captured within a family plan or may, at times, sit separately depending on the preference of the individual. Most importantly, plans are personalised to respond to the health, social and cultural needs of each person within their family. These plans are discussed further below.

¹⁹ Lowell, A., Maypilama, E., Yikaniwuy, S., Rapa, E., Williams, R. & Dunn, S., 2012. "Hiding the story": Indigenous consumer concerns about communication related to chronic disease in one remote region of Australia. *International Journal of Speech-Language Pathology*,14(3), pp.15-16, 200-208.

²⁰ Askew, D., Brady, J., Brown, A., (2014). The Fork in the Road: Exploring factors which influence whether Aboriginal and Torres Strait Islander Peoples living with chronic disease remain engaged with health services, Kanyini Qualitative Study Monograph Series: No. 2, p.17.

²¹ Australian Health Ministers' Advisory Council, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra, pp.7, 26, 124, 166, 168.

²² Australian Health Ministers' Advisory Council, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra, p.7.

3.2 Health Promotion

“...better health enables children to learn and adults to earn. Gender equality is essential to the achievement of better health. Reducing poverty, hunger and environmental degradation positively influences, but also depends on, better health.”
Millenium Development Goals, 2010

Context | A stronger focus on health promotion is the ‘missing piece’ in current efforts to reduce Aboriginal and Torres Strait Islander health inequity

The 2017 Aboriginal and Torres Strait Islander Health Performance Framework results indicate 39% of the health gap between Indigenous and non-Indigenous Australians is due to social determinants, which, along with the high burden of chronic disease, can be addressed in a significant way through health promotion interventions.²³ Health promotion is recognised internationally as the key strategy to reduce health inequality and is central to national policy intentions.²⁴

Health promotion is a core part of Australia’s comprehensive primary health care approach and is part of the important work of Aboriginal Community Controlled Organisations delivering social and family services, social justice, housing and wellbeing. The challenge is for organisations providing primary health services to deliver comprehensive health promotion in addition to the core business of disease treatment, particularly in contexts of stretched resources and workforces.²⁵ The Northern Territory primary health care framework recognises that, while health promotion is a key intended function of all primary health services, the reality is that many primary health services are overwhelmed by acute care demands and struggle to dedicate sufficient focus to health promotion ‘on top of’ dealing with the sick.²⁶

Further, there is little knowledge of the effectiveness of current approaches. A recent literature review found that only 15% of Indigenous health promotion tools had been evaluated, and only half of these evaluations were considered comprehensive.²⁷ The review found that out of 74 Indigenous health promotion tools identified, only a small handful targeted the upstream approaches central to public health and implicit in the holistic view of Indigenous health; for example, there were no tools for policy advocacy, only seven for creating supportive environments and another seven on improving community action and development.²⁸

If Australia is to be serious about delivering effective health promotion, we need to:

- Better support primary health services to deliver health promotion
- Complement the work of primary health services through other targeted health promotion initiatives that are driven by users and embedded within the cultural and family context
- Recognise the expertise of a range of organisations in addressing the social determinants of health and include them as primary partners in the health sector with a view towards improved collaboration and collective outcomes.

This will enable more comprehensive coverage and integration of health promotion interventions, including system-level change, with a focus on the social and cultural determinants of health.

The factors that define effective health promotion in First Nations communities have been documented. We know at the heart of health promotion is effective communication that takes into account language and world view to support people to live healthy lives.²⁹ Successful approaches involve local First Nations people in their design and implementation, build effective partnerships with community members, develop trusting relationships and community support and ownership for the program and build on strong cultural understanding.³⁰ *Health in the Hands of the People* is informed by this evidence.

This Framework | Health promotion is based on strong relationships with children and families where they live and in their language and context
Children’s Ground was designed in the Northern Territory with First Nations people. It was created to work with whole communities, ranging from small (30 people) to medium size (up to 500 people) to larger communities. Due to the relatively small size of many communities, it is possible to know everyone and build a relationship with all community members. That is the basis for health promotion practice within Children’s Ground.

Health in the Hands of the People is designed for communities in which ill-health is part of every family. The burden of disease is experienced at every age group, from children through to young people, adults and Elders. Households are dealing with complex, chronic, acute and intergenerational health concerns every day. Working within the family context, the Framework is designed to turn the burden of ill-health in every family into a focus on health promotion, prevention and wellbeing over the course of a generation.

- Health promotion occurs in three main ways:
1. **Health in Learning:** Health and wellbeing is part of the learning curriculum from early childhood through to adulthood
 2. **Health at Home:** The family health team takes health and wellbeing to people where they live
 3. **Health in Life:** Creating environments of safety and the promotion of safety, health and wellbeing through daily activities, conversation and formal community governance structures.

1. HEALTH IN LEARNING:
Health and wellbeing is part of the learning curriculum from early childhood through to adulthood
Children’s Ground recognises education as a key determinant for lifelong wellbeing. *Health in the Hands of the People* integrates health promotion as part of the formal learning structure. The family health team works with early years and primary educators to incorporate health and wellbeing into the learning curriculum, bringing in concepts of physical, social, emotional and cultural health. For example, educators incorporate lessons on hygiene and everyday health practices with imaginative play that includes real life content such as ‘going to the clinic’. For the children and their families who participate, health becomes a normal part of daily conversation and routine knowledge. Children learn to take control of their own health from an early age.



Children enjoy fruit on every day of learning at Children’s Ground



Cara and Perlin preparing a daily nutritional meal



Shania, Shontara and Liliana find atwakeye (bush orange) during a Learning on Country session

Specific health learning activities include:

- **A daily ‘health check in’ with the health promotion specialist** for children attending the learning program to identify health-related concerns, engage with family and support early intervention.
- **Nutrition, food security and cooking classes.** The nutrition program provides daily breakfast, lunch, morning tea and afternoon tea. It involves children and parents and includes cooking classes with a focus on a balanced diet and teaching children and caregivers about nutrition. These cooking classes also incorporate age-appropriate literacy and numeracy learning. In addition to providing healthy meals at the centre, *Health in the Hands of the People* includes employment in nutrition work for local families. This creates greater knowledge, allowing staff to become a further health promotion resource in the community.
- **Learning on Country sessions, including First Nations health practices.** During Learning on Country sessions, children learn from Elders and community leaders about cultural health and wellbeing concepts including land, ancestors, lore, ceremony, bush food and bush medicines. Depending on seasonal access, bush foods are integrated into meals. Regular trips on country enable the intergenerational transmission of knowledge and the celebration and strengthening of cultural identity. This cultural identity is an important protective factor in the overall physical, social and emotional health and wellbeing of children and their families.³¹ Being on country is arguably the most important health prevention strategy for First Nations people.

²³ <https://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/contents/summary>.

²⁴ See Box 1, page 4.

²⁵ McFarlane, K., Judd, J., Devine, S. and Watt, K., 2016. Reorientation of health services: enablers and barriers faced by organisations when increasing health promotion capacity. *Health Promotion Journal of Australia*, 27(2), p.119.

²⁶ Tilton, E. and Thomas, D., 2011. Core functions of primary health care: a framework for the Northern Territory, Prepared for the Northern Territory Aboriginal Health Forum by Edward Tilton Consulting and the Lowitja Institute, p.3.

²⁷ McCalman, J., Tsey, K., Bainbridge, R., Rowley, K., Percival, N., O’Donoghue, L., Brands, J., Whiteside, M. and Judd, J., 2014. The characteristics, implementation and effects of Aboriginal and Torres Strait Islander health promotion tools: a systematic literature search. *BMC Public Health*, 14(1), pp.8, 712.

²⁸ McCalman, J., Tsey, K., Bainbridge, R., Rowley, K., Percival, N., O’Donoghue, L., Brands, J., Whiteside, M. and Judd, J., 2014. The characteristics, implementation and effects of Aboriginal and Torres Strait Islander health promotion tools: a systematic literature search. *BMC Public Health*, 14(1), pp.4, 712.

²⁹ Vass, A., Mitchell, A. and Dhurrkay, Y., 2011. Health literacy and Australian Indigenous peoples: an analysis of the role of language and worldview. *Health Promotion Journal of Australia*, 22(1), p.34.

³⁰ Black, A., 2007. Evidence of effective interventions to improve the social and environmental factors impacting on health: Informing the development of Indigenous Community Agreements. Department of Health and Ageing, Canberra, p.3.

³¹ Commonwealth of Australia, 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing. Department of the Prime Minister and Cabinet, Canberra, p.8.

• **Early intervention in response to specific health concerns.**

This includes responsive health promotion both at an individual and whole-of-community level.

For example, skin infections are common for many children due to the challenges of overcrowded living conditions and poor nutrition. These sores increase the risk of long-term chronic health issues. The learning program builds understanding of the long-term health impacts and how to identify and clean sores. Over time, children learn how to identify and dress their own sores and self-identify to educators when they need to attend the clinic for treatment.

In one instance, a local clinic advised that anaemia levels were high in the community. Along with supporting the caregivers of children to attend the clinic for interventions such as iron supplements and parasite medication, the nutrition team introduced a targeted juicing session to increase iron intake as part of the Early Years program.

• **Social and emotional wellbeing support.** A counsellor works with children to build their social and emotional literacy and ability to understand and express what they are feeling. In age-appropriate ways, children learn to process and deal with the trauma that is a daily reality for many of them, building protective factors for resilience and wellbeing through life.

• **Visits to the local clinic or dentist.** Routine check-ups are arranged as part of the Early Years program.

• **Exercise and physical activity.** Exercise and physical activity are integrated into the daily learning environment as core to physical development, health development and emotional wellbeing.



Azeriah and Billy making fresh juice with Bram (Health Promotion specialist) as part of nutrition and child health

2. HEALTH AT HOME:

The family health team takes health and wellbeing to people where they live

In addition to incorporating health into the learning curriculum, the family health team reaches out to every family in the community. They sit down with people where they are most comfortable and have conversations, listen and provide health information. Health promotion and first language specialists work in partnership. By knowing every child and every family in a community, the team is able to work with everyone who wants to participate.

Family health promotion begins with regular conversations about health and wellbeing. The family health team takes the time to build relationships and trust with people. When people are ready, the team assists each family and individual to create their own unique plan and solutions. The team invites family members to understand the health and care needs of other family

members. This recognises a reality in which nearly every First Nations family is likely to have at least one family member suffering from ill-health and trauma at any given time; there are often multiple complex health needs within a family simultaneously. Once trust is established, the family health team builds health and wellbeing plans with families, integrating the needs of children, young people, adults, Elders and carers. Sometimes health plans are written and formally documented, and other times remain verbal.

There are no clinic-based appointments. At any time, members of the family health team are visible and available at the community centre and for outreach to people in their communities. For in-depth discussions and planning, a time suitable for families is arranged. With greater time and freedom, the team is able to more effectively build the health knowledge of the family and their ability to make informed decisions. For many families, this flexible approach provides a soft entry point

to services and supports they may not otherwise be comfortable or confident accessing. Some service systems can be rigid, impersonal and have referral processes that are difficult to manage and understand.

This process brings health information to people in a context that is meaningful in their family and community setting. It differs from the standard, externally developed health promotion intervention that is pre-designed to be delivered to people and is often conveyed in a foreign language while maintaining the relationship of expert to patient. The Children's Ground health promotion process starts in the community and is attuned to a pace that suits the rhythm of community life. It is focused on the individual being as the expert of their own health situation. This requires redesigning both the practice and the language of health.

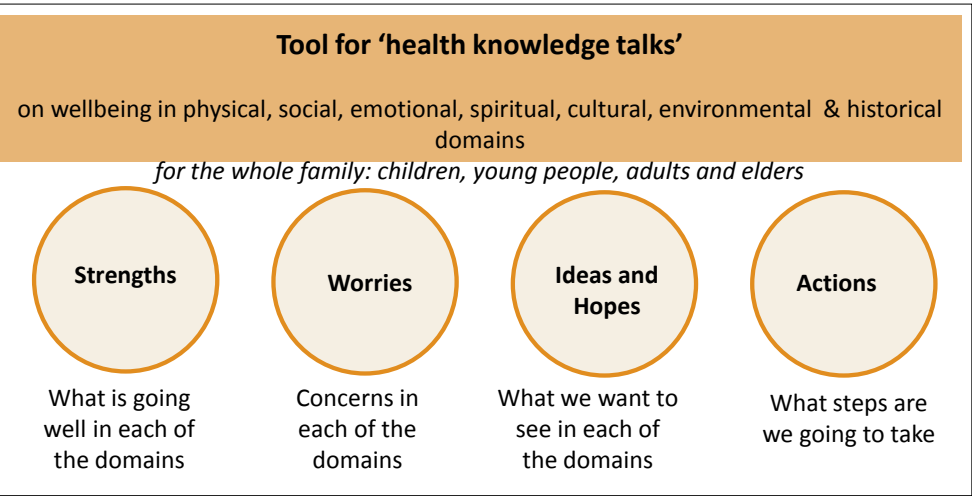
The family health team works to deliver health promotion to a critical mass of people living in a community, building health literacy, access and wellbeing across a generation. Individuals and families manage their own health while also amplifying the impact of health promotion across the community. Community members become the best health promoters. One of the great strengths within communities is the ability to share knowledge. By empowering a critical mass of people in the community with health knowledge, conversations occur in first language. The community starts to understand and own health knowledge and the power it gives them to manage and control their own health.

“Ngaye nga-djare bu nungguh, gun-dulgarre ga-mang ba gagodjgurlugerrenghmen bu ga-djare. I want him to have the choices in life that education can give.”

Roxanne Naborlhborlh

Box 3: Family Health and Wellbeing Plans

A tool designed with First Nations staff can be used to record ‘health knowledge talks’ with families, centred on holistic views of health. Four circles are drawn on butcher’s paper as shown below. This is populated and then used for review and progress.



3. HEALTH IN LIFE: Creating environments of safety and the promotion of safety, health and wellbeing through daily activities, conversation and formal community governance structures

Families are distressed about the level of violence in their communities.³² The rates of family violence and risk to children in First Nations communities occur at alarming levels and are directly caused by social, cultural and economic disadvantage.

The Children's Ground Approach centres on creating physical and cultural safety. It is the foundation for health and wellbeing. Through governance, the community establishes principles of safety and inclusion that set the standards of practice and underpin *Health in the Hands of the People*.

Operational environments such as intergenerational centres are places of safety that children and families have access to every day. The centre serves as a soft entry point to the family health team, which provides health promotion, environmental health and social and emotional wellbeing specialist support. People can connect informally and formally through self-referral.

Governance and community meetings at the centre provide a focus for population health promotion and community health initiatives. Community safety, physical health, mental health and cultural health become part of normal conversation, identifying local priorities and strategies. Structured health promotion sessions occur, covering themes identified by the community about a range of specialist topics.

³² Australian Institute of Health and Welfare, 2018. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra.

3.3 Cultural Knowledge Systems

“Today, health services will optimally combine traditional healing and treatments informed by culture with Western, clinical approaches for the wellbeing of the whole Aboriginal and Torres Strait Islander person.”

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017³²

Context | Practising culture is a strong protective factor for health and wellbeing

Cultural knowledge and practices are recognised as protective factors for health and wellbeing.³³ Research published in the Medical Journal of Australia has demonstrated the link between connection to country and its association with significantly better health.³⁴ In a Canadian First Nations context, research has found that communities that preserve their culture and create empowerment are dramatically more successful in protecting youth against suicide risk.³⁵

As already identified, while respect for culture is recognised in Australian Indigenous health policy frameworks, to date we have not included First Nations health and wellbeing practices and knowledge systems in the mainstream delivery of health services. True recognition of First Nations culture goes beyond training Western health practitioners in ‘cultural competence’ or employing First Nations staff in clinics that deliver health services according to a Western biomedical frame. It requires recognition and structural support for traditional health and wellbeing knowledge and practices, developed pre-colonisation.

First Nations health knowledge systems recognise a complex and interconnected relationship between health and connection to the land, law and people. Physical health is linked to emotional and spiritual health, which in turn is directly connected to a person meeting their responsibilities to the land and people, laws and ceremony. There are a range of resources that have been developed by First Nations people that present some of these practices and

Akeyulerrer (Healing Centre)

Akeyulerrer (the Healing Centre) in Alice Springs is an example of a First Nations ‘health and wellbeing’ service. Angangkeroes (traditional healers / doctors), bush medicines, bush foods, smoking ceremonies, song and dance and connection to country are part of the key focus of the centre. The centre was set up by the Elders and members of the Arrernte community to access, protect and strengthen Arrernte culture and practice in health and wellbeing. Older people teach younger people; those who are feeling lost from grief have a place to come. People who are physically and spiritually unwell can access cultural health services. Individuals and the community are healed through ‘the old ways’. These ‘old ways’ have been practiced and refined over 65,000 years and have sustained the oldest living cultures in the world.

knowledge systems.³⁶ *Iwenhe Tyerrtye – what it means to be an Aboriginal person*³⁷ provides a comprehensive introduction to customary systems of law, knowledge and life.

It is not possible to articulate in this document First Nations cultural health and knowledge systems and practices for the many nations of Australia. There are common foundations to cultural health, but the practices differ from nation to nation. Some of this practice and knowledge is public and shared while some is bound by law and held by specified genders or people. Some of the public practices are referenced throughout this document.

Specialist knowledge and practice exists across a range of areas including maternal and child health and development, midwifery, nutrition, aged care, social and emotional wellbeing and general health. Traditional healers are accessed when people are acutely sick in the same way as Western general practitioners (GPs). Examples of Western-diagnosed presentations that traditional healers may treat include colds and infections, infertility, psychosis or mobility issues.

“This place (Akeyulerrer) is so important for healing our people, not only physically but mentally and spiritually, through passing down our knowledge of traditional healing with bush medicines, songs, dances, stories and keeping our culture and traditions alive and strong.” Agnes Abbott, Elder

Cultural health practices continue as a first response by many First Nations peoples. However, the impact of colonisation means that these practices are not always readily accessible. There is limited structural or systemic support, except from a small number of First Nations healing centres across Australia. These centres continue to sit outside of mainstream health funding (see Box 4).³⁸

“In the early days in this big wide open country, there was always healing cures here on the land, – the healing songs, fat, paintings and the healers – and it is still the same now even after all the old-time elders have passed on. The Land still has that power.” ³⁹ Veronica Dobson, Elder

This Framework | Health in the Hands of the People promotes First Nations cultural health and knowledge systems and practices in their own right with their own integrity, alongside Western health practices

Health in the Hands of the People promotes access to and practice of cultural health and wellbeing for each language group or nation based on their own systems of knowledge. This is supported by the Family Health and Wellbeing team through partnerships with traditional healing services and through practice across all five of the Children’s Ground integrated services.

Health in the Hands of the People privileges First Nations health knowledge and practice including:

- Connection to country
- Bush medicine collection, preparation, use and access
- Traditional healers/doctors
- Smoking ceremonies
- Ceremonies and practices relating to birth, maturation and death
- Bush foods
- Knowledge transfer and wellbeing promotion through story, paint, dance and song
- Kinship relations and responsibilities
- Adherence to customary law.

Connection to country

The land is the single most important cultural, social and health determinant for the wellbeing of First Nations people. From pre-birth, children are connected to the land. The land holds the kinship, laws and identity for their life. People, animals, plants, foods, winds, skies and seasons all relate to one another. Cultural knowledge systems arise from the land and sea.

“The roots of the country and its people are twined together. We are part of the Land. The Land is us, and we are the Land.” ⁴⁰ M.K. Turner, Elder



Neville welcoming baby Zacinas to Country

Health in the Hands of the People promotes people physically connecting to their country. With many First Nations people no longer living on their lands, access to a range of health and wellbeing practices is constrained. Geographic distance, transport, time and costs are all practical barriers. For people who were forcibly removed from their country and their families and/or whose lands have been heavily colonised, these barriers are far more complex.

For traditional healers, their power comes from the land; their ability as healers is directly linked to their ongoing connection to the land. *Health in the Hands of the People* facilitates this connection through transport and logistics. We recognise the roles of organisations such as Akeyulerrer (Healing Centre) and NPY Women’s Council in supporting the work of traditional healers.

The family health team have the flexibility to undertake their work with people on country. This can include connecting Elders who have mobility issues and are feeling disturbed in their spirit back to country. It can mean undertaking counselling and support of young people at risk on country.

Children’s Ground prioritises connection to country through on-country learning for children from the early years onwards. As a core part of the curriculum, Learning on Country includes connecting children and their families physically to their lands and involves traditional learning and intergenerational knowledge transfer. The act of walking through country alone is good for physical and spiritual health. Children develop their identity, sense of belonging and place and understanding of the laws and relationships with the land. When children are taken out on country, they are introduced to that country by their Elders who make themselves known to the spirits of the land. The land can both protect and do harm, depending on how people respect the land.

³³ Commonwealth of Australia, 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing. Department of the Prime Minister and Cabinet, Canberra, p.8.

³⁴ Burgess, C.P., Johnston, F.H., Berry, H.L., McDonnell, J., Yibarbuk, D., Gunabarra, C., Mileran, A. and Baillie, R.S., 2009. Healthy country, healthy people: the relationship between Indigenous health status and caring for country”. Medical Journal of Australia, 190(10), pp.6, 571.

³⁵ Chandler, M.J. and Lalonde, C., 1998. Cultural continuity as a hedge against suicide in Canada’s First Nations. Transcultural psychiatry, 35(2), pp.191-219.

³⁶ See various publications: IAD Press (<https://iadpress.com>), AISTSIS (<https://aistsis.gov.au>) For example: Dobson, V.P., 2007. Arelhe-kenhe Merrethen; Arrertne Traditional Healing, IAD Press.

³⁷ M.K. Turner OAM , 2010. Iwenhe Tyerrtye: what it means to be an Aboriginal person, IAD Press.

³⁸ See www.akeyulerrer.org.au

³⁹ Dobson, V.P. 2007. Arrertne Traditional Healing, IAD Press, p.1.

⁴⁰ M.K. Turner OAM , 2010 Iwenhe Tyerrtye – what it means to be an Aboriginal person IAD Press, p.15.



Dominic is mixing utnerrenge (bush medicine) after watching his Nanna Lowlee

Bush medicine collection, preparation, use and access

Bush medicines are diverse and are used for a range of issues including colds, pain, bruises and cuts, thrush, infections and dermatological presentations. Seeds, fruit, leaves, bark and roots from a variety of plants can be used for health. These are prepared to make inhalations, ointments, liquid medicine, powders, liquid washes and dressings.

Health in the Hands of the People promotes access to bush medicines through on-country learning as well as bush trips that teach the next generation.

Traditional healers/doctors

Traditional healers/doctors get their powers from the land. People are born with these powers and their skills are taught and strengthened through their life. Traditional healers/doctors do not treat discrete physical problems in isolation. They diagnose and treat the whole person, using the body as a road map. They treat the physical, spiritual, mental and emotional well being of the person. There are different areas of specialisation and practices used in the process of healing with different traditional healers/doctors using different practices.

Health in the Hands of the People includes traditional healers as key practitioners for health and wellbeing. Cultural protocols are involved in the engagement of traditional healers. These are respected to ensure that cultural practices and systems are strengthened and maintained.

Children's Ground's key partner in Alice Springs, Akeyulerre (Healing Centre), has spent 20 years providing access to bush medicines for Aboriginal people in Alice Springs. The centre recognised the challenges that people living in town have in accessing bush medicines. Bush medicines can not be propagated in artificial settings as their medicinal power is linked to the country that they naturally habit. Medicines are also subject to variations in supply based on weather. Arrernte staff from Akeyulerre collect and prepare bush medicines in the traditional way. They prepare these into community pots for access by Aboriginal people living in Alice Springs.⁴¹

Box 5

Ceremonies and practices relating to birth, maturation and death

There are a range of ceremonies and practices through the life cycle that support the physical, emotional and spiritual health of people. These include the smoking of babies and mothers, ceremonies and practices when boys and girls mature into adulthood and ceremonies and protocols when people pass away. These ceremonies and protocols are linked to relationships and social behaviour (how you behave in certain circumstances and with certain people).

Children's Ground promotes access, resources and logistical support for people to participate in their cultural ceremonies. These ceremonies may be embedded within operational

delivery depending on the direction of the cultural governance committees. In addition, First Nations staff can access flexible employment conditions, allowing them leave to participate in ceremonies.

Smoking ceremonies

Smoking ceremonies are used at different times in the life cycle. When a person passes away, smoking is used to allow the spirit to move on. Smoking is used to strengthen people who are grieving. When a baby is born, smoking is used to strengthen the health and wellbeing of the mother and baby. Smoking is healing because every part of the body, every joint, is involved. Smoking settles the spirit, strengthens identity and reinforces cultural kinship care and protection.



All the kids are being smoked so they can be strong at Children's Ground

Sorry Business

Sorry Business is a Western term used for the ceremony and protocols surrounding the death of a person. These practices relate directly to the wellbeing of individuals, families and the community. They have a significant role in how people deal with and manage their grief. Ceremony and protocols surrounding death involve the whole of the community and are determined by kinship relationships. Following a death, time is given for 'sorry business' to allow families to grieve for their loss and to address any matters relating to the death that need to be resolved prior to the funeral. Different First Nations follow different protocols and ceremonies relating to death. For some Nations, these ceremonies and protocols span over a year or more. Respect for 'sorry business' is a key cultural responsibility. The protocols and practices support people to deal with grief and loss by allowing time, expression, support and connection with others during a time of great emotional pain. They also carry responsibilities and expectations of certain relations and adherence to customary law.

Bush foods

An intricate knowledge of bush animals and plants allows First Nations people to use the different properties of plants and animals for sustaining health. This knowledge includes what to use and what should be avoided at different times of life (e.g. during pregnancy). The hunting, collecting and preparation of bush foods includes cultural protocols. Different nutrients are found in different foods and some animals are healthier than others.

Health in the Hands of the People promotes access and use of bush foods through on-country learning, bush trips and the nutrition program.

Knowledge transfer and wellbeing promotion through story, painting, dance and song

Story, painting, dance and song are cornerstone cultural practices in education as well as the promotion of health and wellbeing. Both the content and practice of all of these areas inter-relate and form a large



Julie leads a turtle hunting activity



Susan collecting Mandjurrukkumarlba (bush fruit) during Learning on Country



Keith, Kayless and Abriel get ready for Bininj Kunborrk (traditional song and dance) with Selone and Alfie

body of knowledge. A story, for example, can include health and social wellbeing information and teaching. This can be translated into painting, song and dance, reinforcing and strengthening knowledge and placing knowledge into practice. Each story, song, dance or painting can represent important information relating to health and wellbeing. Further, engaging in any form of creative arts can be therapeutic.

Children's Ground embeds story, painting, dance and song within all aspects of learning and wellbeing. Traditional song and dance are learning opportunities and part of the curriculum. The performance of traditional dance brings the community together, strengthens social capital, promotes physical, emotional and creative health and strengthens cultural law and practice.

Kinship relations and responsibilities and adherence to customary law

Customary law underpins the social economy, health and wellbeing of First Nations communities. Adherence to kinship relationships and ensuring the care and protection of land and family are key determinants of wellbeing. In the same way as Western law defines social norms and responsibilities, so does Aboriginal customary law. However, customary law goes further and integrates learning, wellbeing, social, behavioural, health and cultural economies within its structures.

First Nations people are born with a responsibility to particular areas of land and sea. These are connected to adjoining families and lands and together they connect and create Nations. There are customary laws and knowledge that connect across Nations. The responsibility to land is central to law, society, health and wellbeing. It is the foundation to First Nations economy. When land is damaged, this can cause damage to those who are responsible for that land. For non-Aboriginal people, if their home or property is damaged or invaded, this can cause intense stress and harm. For some First Nations people, this extends further to their responsibility and customary law that requires them to protect that land. The impact on health and wellbeing can manifest in spiritual, emotional, physical and social damage. For many First Nations people living in highly colonised environments, the permanent damage to their land can be an enduring trauma.

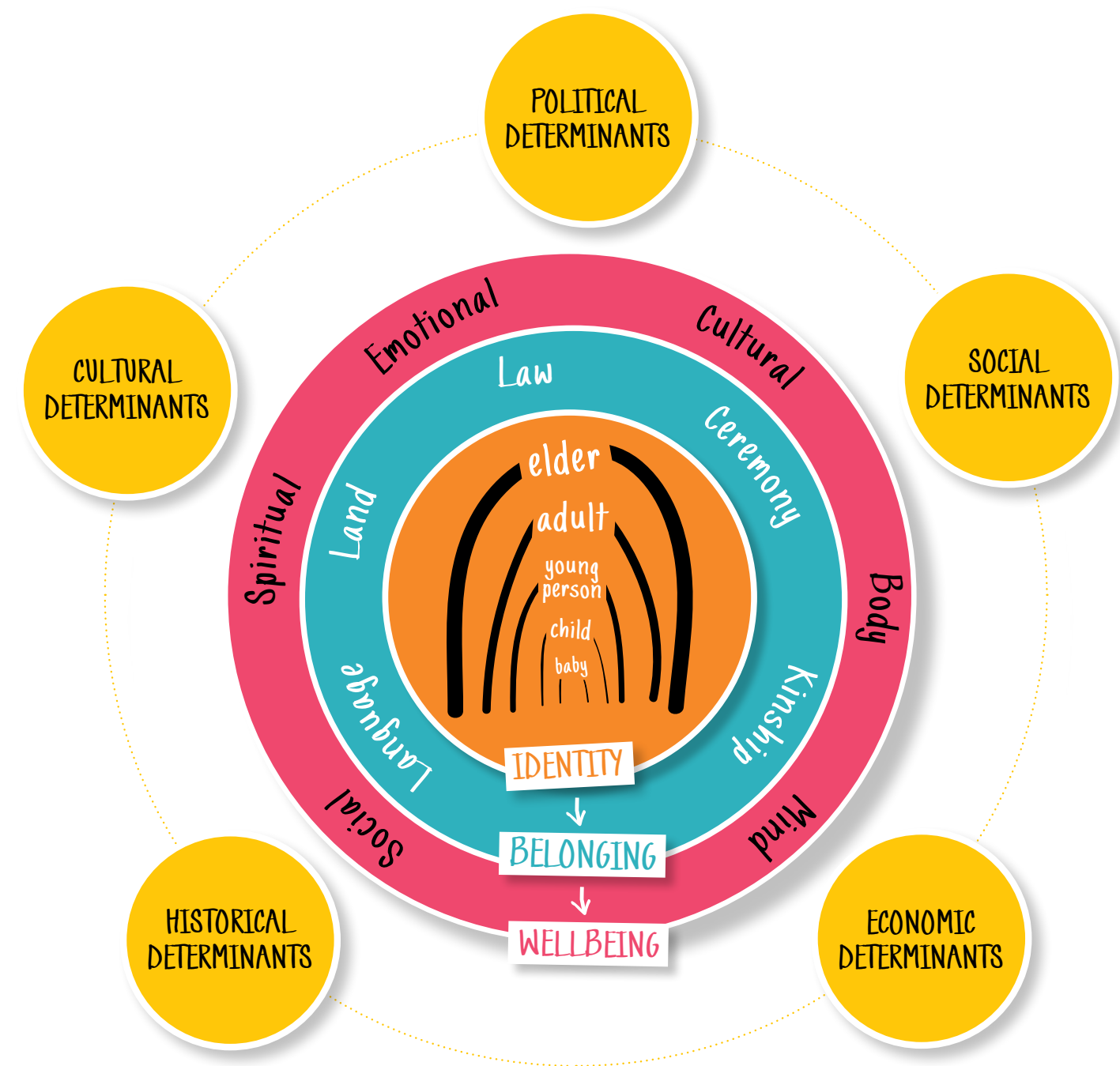
Children's Ground is designed to be governed and delivered at a local level through land and kinship responsibilities. *Health in the Hands of the People* requires practitioners to understand and recognise these responsibilities and structures and to strengthen rather than compromise them. This is enabled through the cultural expertise of local staff and local cultural governance practices.

⁴¹ Akeyulerre have also developed an enterprise and sell the bush products to non-Aboriginal people (<http://www.akeyulerre.org.au>).

3.4 Social and Emotional Wellbeing

Context | First Nations Australians experience a high burden of trauma and threats to social and emotional wellbeing
Social and emotional wellbeing is the foundation for physical and mental health for First Nations peoples. It is a holistic concept built on relationships between individuals, family, kin and community, land, culture, spirituality and ancestry. This holistic model is shown in the Figure below.

Figure 6 A model for First Nations wellbeing⁴²



First Nations people live with a high burden of trauma. Children are born into intergenerational trauma which is compounded through life. The impacts of colonisation, dispossession of land, policies of discrimination, forced removal of children, ongoing racism and entrenched socio-economic disadvantage have had severe effects on the social and emotional wellbeing of all First Nations people.⁴³ This trauma can be transferred to subsequent generations biologically through epigenetic impacts.⁴⁴ This is the starting point for children being born today.

As children go through life, there are significant ongoing stressors to social and emotional wellbeing. These include economic poverty, ill-health, grief and loss, domestic violence, removal from family, substance misuse, family breakdown, overcrowding, homelessness, cultural dislocation, racism, discrimination and political and social disadvantage.⁴⁵ The ongoing damage to connection with land, language, family and culture is a persistent trauma for many.

Social and emotional distress is expressed in many ways, including physical and mental ill-health, alcoholism and violence to self and others. Depression, anxiety, self harm and suicide are common. In 2008, nearly one third of First Nations adults had high psychological distress, more than twice the non-Indigenous rate.⁴⁶ Suicide is the leading cause of death from external causes for First Nations Australians, with a 32% increase in the suicide rate from 1998 to 2015.⁴⁷

Family violence occurs at devastating levels. In 2015-16, Indigenous children were seven times as likely to be the subject of substantiated child abuse or neglect as non-Indigenous children.⁴⁸

Mainstream services and clinical mental health approaches are often limited in their ability to respond to the complex range of risk factors, intergenerational trauma and cultural needs that underpin social and emotional wellbeing for First Nations people.⁴⁹ To move beyond these challenges, the eight guiding principles articulated in the *National strategic framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing (2004-09)* remain pivotal in informing effective delivery of First Nations mental health policy, programs and services (see Box 5).⁵⁰

The principles emphasise the importance of holistic approaches to mental health that recognise the physical, spiritual, cultural, social and emotional connectedness of the individual, family and community. They reaffirm the need to strengthen cultural values, practices and systems of care as an intrinsic aspect of healing. They also reaffirm the need for tailored responses for each community and personalised responses for each family and individual within that community. The principles reinforce the fundamental importance of self-determination of First Nations people in the types of services they receive. Finally, these principles highlight that recognising the profound effects of colonisation must be the starting point for addressing pervasive grief and loss, intergenerational trauma and ongoing stress and dislocation. This knowledge informs the Children's Ground Approach, frameworks and practice.

Box 5
Guiding principles for Aboriginal and Torres Strait Islander Mental Health Policy

- The Aboriginal concept of health is holistic.
- Self-determination is central to the provision of Aboriginal health services.
- Culturally valid understanding must shape provision of Aboriginal health (and mental health) care.
- The experience of trauma and loss contribute to the impairment of Aboriginal culture and mental health wellbeing.
- The human rights of Aboriginal people must be recognised and enforced.
- Racism, stigma, adversity and social disadvantage must be addressed in strategies aimed at improving Aboriginal mental health.
- The strength and centrality of Aboriginal family and kinship must be understood and accepted.
- The concept of a single homogenous culture and/or groups is erroneous.

⁴² Vadeloo, J.S., Tilmouth W., Turner, M.K., 2018. First Nations Wellbeing [unpublished].

⁴³ Swan P. and Raphael B., 1995. Ways forward: National Aboriginal and Torres Strait Islander Mental Health Policy national consultancy report. Australian Government Publishing Service, Canberra, p.141.
⁴⁴ Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). The First Thousand Days: An Evidence Paper. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute, p.8.
⁴⁵ Commonwealth of Australia, 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Department of the Prime Minister and Cabinet, Canberra, p.13.
⁴⁶ Closing the Gap Clearinghouse, 2013. Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Resource sheet no. 19. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies, p.1.
⁴⁷ Australian Health Ministers' Advisory Council, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, Canberra, p.77.
⁴⁸ Australian Institute of Health and Welfare, 2018. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2., Canberra, p.xxi.
⁴⁹ Dudgeon P., Walker R., Scrine C., Shepherd CCJ., Calma T. and Ring I., 2014. Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies, p.6.
⁵⁰ Principles in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004-2009) as drawn from: Swan P. and Raphael B., 1995. Ways forward: National Aboriginal and Torres Strait Islander Mental Health Policy national consultancy report. Australian Government Publishing Service, Canberra, pp.19-20.

This Framework | Holistic support for people's social and emotional wellbeing and mental health focuses on their strengths and responds to their trauma

Children's Ground is designed with entire communities experiencing persistent and intergenerational trauma and ongoing stressors that affect social and emotional wellbeing. *Health in the Hands of the People* takes social and emotional wellbeing out of the clinic and into people's daily lives. People are supported to heal and understand past trauma and strengthen protective factors for their long-term social and emotional health. As well as through strategies articulated throughout this document, this is achieved through

both formal counselling support and promotion of social and emotional wellbeing with children, their families and the broader community. Strategies include:

- Articulation, promotion and practice of First Nations knowledge and world view in relation to healing, social and emotional wellbeing
- Integration of social and emotional wellbeing into the early years and learning curriculum to support children to develop social and emotional literacy and behaviours through age-appropriate content and conversations
- Protecting and nurturing a child's sense of identity as the foundation for their wellbeing
- A safe environment that can be accessed daily and actively reduces stress and promotes care. It promotes the rights to safety of all children, young people, women, men and Elders, for all families
- Counselling that is non-clinic based, accessible, trauma-informed, strengths-based and culturally-grounded
- Therapeutic and healing practice within a range of activities such as creative arts and meditation
- Social and community events that promote connectedness and build social and community capital.

Each of these strategies is explained in turn below.

Articulation, promotion and practice of First Nations knowledge and world view in relation to healing, social and emotional wellbeing

Practising culture, speaking first language and strengthening community identity are strong protective factors for social and emotional resilience as stated in Bals, M. et al. (2011).⁵¹ First Nations social and emotional wellbeing is supported through customary law, ceremony, customary health knowledge and traditional healing practitioners. Traditional healers protect the spirit and treat physical and emotional wellbeing. Ceremonies, such as those at times of grief and loss, promote healing and wellbeing. *Health in the Hands of the People* promotes practical support for communities to access and engage in these important ceremonies and practices.

Integration of social and emotional wellbeing concepts into the early learning curriculum to support children to develop social and emotional literacy through age-appropriate content and conversations

The Children's Ground learning platform recognises the importance of emotional literacy and intelligence. It also recognises the layers of trauma that children experience. From the early years onward, learning environments

can support success and mastery of emotional wellbeing through a play-based and strengths-based approach to enhance the social and emotional health of children.

The social and emotional wellbeing specialist works with educators to embed social and emotional literacy into learning. Through integration into learning, conversations about emotional and social wellbeing are normalised. Many children experience trauma in their daily lives. Children express their emotional stress in different ways as they get older. Age-appropriate content empowers children to understand and express what they are feeling. This becomes part of their learning narrative. These approaches are informed by the expertise of the trauma-based counsellor. This builds a protective factor for the children that they can carry through their life. When they become teenagers and young adults, they are better able to understand their emotions and manage the challenges that can lead to depression, anxiety, substance abuse or suicide.

Children learn about the language of feelings and the behaviour of feelings. They learn about the relationship between their feelings, their thinking and their own behaviour - about actions and reactions. They learn strategies to understand and respond to their own feelings and those of others.

Supporting social and emotional wellbeing includes addressing health and wellbeing issues such as nutrition, hearing, tiredness and sickness that impact behaviour and emotions as well as key events of trauma.

Protecting and nurturing a child's sense of identity as the foundation for their wellbeing

Many young people struggle with their identity and place due to issues of cultural exclusion, racism and disconnect from their land and customs. They often have to 'walk in two worlds' and deny their culture to 'succeed' in the mainstream. This can lead to physical and emotional ill-health. First Nations children have the right to grow up and enjoy a global world without compromising their identity. Children's Ground is an environment that embeds a child's cultural identity, cultural knowledge systems and practices around them. These are privileged alongside Western systems of knowledge and practice. A child grows up knowing their culture and language is valued and important, while also being able to access and master Western and global systems. In this way, they are empowered to be Aboriginal people within a global environment.

⁵¹Closing the Gap Clearinghouse, 2013. Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Resource sheet no. 19. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies, p.4; as seen in Bals, M. et al. 2011, The relationship between internalizing and externalizing symptoms and cultural resilience factors in Indigenous Sami youth from Arctic Norway. International Journal of Circumpolar Health 70(1): pp.37-45.





A safe environment that can be accessed daily and actively promotes the rights to safety of all children, young people, women, men and Elders, from all families

The Children's Ground centres are a place of safety, stability and consistency in a child's life that is often marked by change. Safety is an explicit principle: there is no fighting, arguing or exclusion at Children's Ground. Safety is protected by the cultural governance committees and families in the interest of their children. Protecting the safety of children is uncontested and unites people. This forms the basis of discussions about wellbeing, trauma prevention and the conditions to support children's wellbeing more broadly.

For women, men or children who are living in unsafe environments and under constant stress, the Children's Ground environment provides emotional respite.

Counselling that is non-clinic based, accessible, trauma-informed, strengths-based and culturally grounded

Health in the Hands of the People provides counselling to children, young people and adults individually and in family groups. Therapeutic conversations are trauma-informed,

narrative-based and are provided in a way that promotes self and collective efficacy, reflection, empathy, hope and connection. The counselling approach does not occur via the conventional referral process often found in the Western system. Instead, the counsellor is within the environment daily with community, individuals and families. This relational approach gives power to people to access counselling on their terms.

Through partnerships, this resource can be engaged by partner organisations including schools. The counsellor is able to work in a collegial and collaborative partnership, adhering to confidentiality of each partner organisation while working together in the interest of children and families.

Therapeutic and healing practice within a range of activities such as creative arts

As described previously, we recognise that creative arts is a powerful avenue for social and emotional self-expression and healing and we support the development of therapeutic arts spaces for community members. In the Children's Ground intergenerational hub, creative arts can be established as a daily practice. This provides a space for adults and young people to engage

Family Wellbeing Program

Children's Ground recognises the successes of another leading First Nations-led social and emotional health approach, the Family Wellbeing Program. This Program was designed in 1993 by a group of First Nations People, survivors of the Stolen Generation. What started as a series of informal meetings and support slowly built into a flexible, 5-stage, Indigenous-driven training program in counselling to deal with crisis, grief and family conflict. It is delivered across Australia, with the central aim to support First Nations people to take greater control over issues that impact their lives historically, currently and into the future. Children's Ground has partnered with the Family Wellbeing Program to deliver the program with a group of people within the communities in which we work.

in arts not only as an enterprise, but as a therapeutic activity that supports their social and emotional wellbeing and cultural identity.

A range of activities are identified by community members that support social and emotional wellbeing and can be facilitated through the centre and family health team. This includes meditation, walking, sport etc.

Social and community events that promote inclusion and build social and community capital

Health in the Hands of the People facilitates and resources positive community events and celebrations that promote inclusion, culture and identity. Social isolation is both a driver of and an outcome of mental health and social and emotional stress. Creating opportunities for social inclusion and connectedness where people live assists in minimising isolation and creating environments of care and inclusion. It builds social, cultural and community capital.

"Ngaye nga-djare bu nungguh, gun-dulgarre ga-mang ba gagodjgurlugerrenghmen bu ga-djare. We want them to know in their mind and in their heart who they are."

Mark Djandjomerr, Co-Director, Children's Ground Arnhem Land; Snr. cultural leader

3.5 Maternal and Child Health Promotion

"The First 1000 Days between a woman's pregnancy and her child's second birthday offers a unique window of opportunity to shape healthier and more prosperous futures."

Professor Kerry Arabena, First 1000 Days Australia

Context | The early years form the basis for health and wellbeing over the life course

Clinical research has established, incontrovertibly, that the first five years of life, even before birth, are critical for a child's future.⁵² Investment in early childhood health, development and wellbeing is the ultimate form of prevention, and is well recognised by the World Health Organisation and United Nations as one of the most powerful equalisers in reducing health inequities within a generation.⁵³

First Nations children and families currently experience alarming health and wellbeing. For example:⁵⁴

- The Indigenous infant mortality rate was about double (1.9 times) the non-Indigenous rate over the period 2012 to 2016
- The Northern Territory has the highest infant mortality rates in the country (3.6 times the rate of non-Indigenous infants)
- 66% of children in the Northern Territory had at least one type of middle ear condition and about 53% of children had hearing loss in at least one ear (of those who received an audiology or ENT service)

- In 2014–15, Indigenous women were 32 times as likely to be hospitalised due to family violence as non-Indigenous women, while Indigenous men were 23 times as likely to be hospitalised as non-Indigenous men

Due to leading practice programs such as Alukura⁵⁵ and the Nurse Family Partnership Model,⁵⁶ there have been significant gains over the past ten years in relation to child and maternal health, but the ongoing burden of disease continues.

The current system continues to present a range of barriers to women and children, especially those living in remote communities and experiencing multiple disadvantages. In the Northern Territory, Indigenous women's engagement with antenatal care services in the first trimester of pregnancy is substantially lower than for non-Indigenous women (56% compared to 88%).⁵⁷

To enable women and children to access the care they need, approaches must meet people on their terms, at the times and places in which they feel comfortable.⁵⁸ There is a substantial body of literature which highlights the importance of place-based and culturally responsive maternal care to

address systemic failures.⁵⁹ Rather than a deficit model, positive constructions and role models of parenthood have been demonstrated to improve family health and wellbeing.⁶⁰

This Framework | Health in the Hands of the People builds on leading global practice for maternal and child health promotion

Given the importance of the early years for long-term health and wellbeing, *Health in the Hands of the People* includes targeted support for maternal and child health. Maternal and child health promotion within the Framework includes:

- Articulation, promotion and practice of First Nations knowledge in relation to maternal and child health
- Maternal health and child health promotion, both formal and informal
- Referrals and support to access maternal and child health clinical services
- Sexual health education targeting sexually active young people
- Targeted childhood health promotion.

Each of these initiatives is explained in turn as follows:

⁵² For a seminal summary of the research, refer to the following: Britto, P.R., Lye, S.J., Proulx, K., Yousafzai, A.K., Matthews, S.G., Vaivada, T., Perez-Escamilla, R., Rao, N., Ip, P., Fernald, L.C. and MacMillan, H., 2017. Nurturing care: promoting early childhood development. *The Lancet*, 389(10064), pp.91-102.

⁵³ See, for example, these two reports: World Health Organisation Commission on Social Determinants of Health, 2008. Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health final report, Geneva, p.3. UN Secretary-General, 2015. Global strategy for women's, children's and adolescents' health (2016–2030). United Nations, New York, p.20.

⁵⁴ Commonwealth of Australia, 2018. Closing the Gap Prime Minister's Report 2018. Department of the Prime Minister and Cabinet, Canberra, p.39. Australian Institute of Health and Welfare 2011. Ear and hearing health of Indigenous children in the Northern Territory, p.30; Aboriginal and Torres Strait Islander Health Performance Framework, 2017, p.82.

⁵⁵ Alukura Women's Health Service is run by Central Australian Aboriginal Congress. It is an Aboriginal women-only place established for the health of Aboriginal women and babies. The service supports women to access health checks, breastfeeding support, STI checks, Care for mums and their babies during and after pregnancy and health promotion.

⁵⁶ The Nurse Family Partnership Model is a successful international model adapted and applied in Australia since 2009. It is an evidence-based pre-natal and infancy nurse home visiting program to support mothers from disadvantaged backgrounds. Its hallmark is development of trusting relationships between nurses and mothers to build their knowledge and confidence in managing their health and the health of their child. The model demonstrates strong positive outcomes in relation to premature births and birthweight. Australian Nurse Family Partnerships National Program Centre (2017). National Annual Data Report, July 2015 – June 2016.

⁵⁷ Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Northern Territory, Cat. no. IHW 186. Canberra: AIHW, p.116 (2014 data)

⁵⁸ Moore, T, McDonald, M., Carlon, L. & O'Rourke, K. (2015). Early childhood development and the social determinants of health inequities, *Health Promotion International*, 30(2): ii102–ii115. p. 102. Retrieved from: <https://doi-org.ezproxy.lib.monash.edu.au/10.1093/heapro/dav031>

⁵⁹ See, for example: Kildea, S., Tracy, S., Sherwood, J., Magick-Dennis, F. and Barclay, L., 2016. Improving maternity services for Indigenous women in Australia: moving from policy to practice. *Med J Aust*, 205(8), pp.374–379.

⁶⁰ Ussher, J.M., Charter, R., Parton, C. and Perz, J., 2016. Constructions and experiences of motherhood in the context of an early intervention for Aboriginal mothers and their children: mother and healthcare worker perspectives. *BMC public health*, 16(1), p.620, p.9.

Articulation, promotion and practice of First Nations knowledge in relation to maternal and child health

Health in the Hands of the People is a culturally responsive approach that promotes First Nations maternal and child health practices alongside Western knowledge systems. Aboriginal and Torres Strait Islander women hold knowledge, skills and values about childbirth and child rearing that exist outside the Western medical system and knowledge frame. These practices define the prenatal and early childhood care-giving environment and are central to the physical, cultural and emotional security of the child. Birthing practices establish a strong spirit, linking a child to their country and to the right people within their families for care and protection.

First Nations child development practices are recognised by Children’s Ground as leading practice. They include advanced practices in attachment as well as verbal, physical and social development.

While some First Cultural practices have ceased or diminished over the years, there is an expressed desire from cultural leaders to restore the use of antenatal, perinatal and maternal and early childhood approaches that have been interrupted through colonisation. These approaches vary across different First Nations. It is the role of Children’s Ground family health practitioners to promote and enable practices to occur under the direction of cultural leaders.



Susan with her father Romeo



Jobeth with her son Jural

Maternal health and child health promotion, both formal and informal

Within the whole of community-in community approach of Children’s Ground, the family health team get to know every child and every family in the community. Knowing every family means being aware when a new baby is on the way. Family health practitioners work with families to deliver targeted support for expecting parents. This includes supporting women to access antenatal care, building the confidence and knowledge of new parents and providing practical assistance. Through this work, new parents are given the confidence and knowledge needed to access support services.

This relational approach means that entry-point conversations about maternal and child health occur as they arise in life. The cultural focus on babies in First Nations communities, held by all generations, provides the strengths-based platform for maternal and child health conversations and practice. Family health practitioners support families to develop personalised maternal health and wellbeing plans as part of the broader family health and wellbeing plan.

Sexual health education targeting sexually active young people

The family health team integrates sexual health education into health and wellbeing conversations and planning. This is a critically important area of health promotion, given the rates of sexually transmitted infections for Aboriginal and Torres Strait Islander Australians are 3-17 times (depending on infection) the national average.⁶¹ Nationally, Aboriginal and Torres Strait Islander teenagers have a fertility rate more than four times higher than in the general population.⁶²

There is a targeted focus on young people who can be sexually active by the age of 13 years. Sexual health behavior and safety is an explicit topic of discussion. Being ‘in community’ enables the family health team to facilitate real-time responses to situations that arise in people’s lives.

This can lead to community members developing ideas and strategies for addressing specific concerns. Box 7 provides an example in practice.

Sexual health education

Box 7

Community members raised concerns for at-risk adolescent girls, unplanned pregnancy and substance misuse. A young leader in her late twenties sought support in response to the pregnancy of a 13 year old girl. The counsellor and public health specialist worked with family members to support the young girl to access the medical system and provided social and emotional support through the process. As an Aunty and family member for these girls, the young leader established a program, co-facilitated by three local women and the counsellor. Weekly sessions created a therapeutic environment where safety and behaviour in relation to sexual activity, alcohol and other drugs and relationships were a focus. Young people were encouraged to share their fears and hopes while developing strategies to reduce risk. This supported sexual health, safe behaviours, mental health, emotional wellbeing and maternal health.

Targeted childhood health promotion

Health in the Hands of the People has a particular focus on the health of children aged 0-8 years old. This is important, given the high proportion of children in the Aboriginal and Torres Strait Islander population (36% under fourteen years old) and the high burden of childhood disease (ABS 2016 Census). For example, a population survey conducted across Northern Territory communities in 2013 found that only 7% of one year old children had two healthy ears, with 95% of kids experiencing Otitis Media.⁶³ Rates of rheumatic heart disease in Aboriginal and Torres Strait Islander communities are some of the highest in the world, with 55% of cases occurring in children aged 0-14 years.⁶⁴ This burden of disease is largely due to the social determinants of health and wellbeing such as overcrowding, economic poverty and cultural exclusion. Poor early childhood health and emotional stress can lead to chronic health conditions later in life.

Throughout *Health in the Hands of the People*, there is a focus on child health promotion, early intervention and empowerment through building health knowledge. This focus is promoted through all of Children’s Ground’s operations and is formalised in personalised learning and wellbeing plans for each child. Daily health practices are supported including dental and body hygiene, exercise and nutrition. The public health specialist and educators work closely with children and families to identify key health issues being experienced by children as well as key health promotion strategies for implementation. Often, the presentation of current issues stimulates broader public health strategies such as managing sores and anaemia.



Susan, Kiara, Kezia, Mena and Makayla having fun during Learning on Country



Kezia brushing her teeth as part of her daily routine

⁶¹ 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, Australian Health Ministers Advisory Council, AHMAC, Canberra, p.62

⁶² 2016 Marino,J., Lewis,L., Bateson, D., Hickey, M., Skinner, S. Teenage mothers *RAGCP Volume 45*, No.10, p.712.

⁶³ 2017, Leach, A. and Morris, P. Otitis media and hearing loss among Aboriginal and Torres Strait Islander children: a research summary Australian Parliament’s Standing Committee on Health, Aged Care and Sport public hearing in reference to the Inquiry into the Hearing Health and Wellbeing of Australia, p.2. The authors also report on a birth cohort study of almost 400 infants recruited at one month of age and seen at 1, 2, 4, 6, 12, 18 and 36 months of age shows: a) 40% of one month old infants have Otitis Media, b) 95% of one year old infants have bilateral Otitis Media, and c) only one baby had normal ears at every visit to age 7 months.

⁶⁴ 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, Australian Health Ministers Advisory Council, AHMAC, Canberra, p.50.



Jo, audiologist at Central Australian Aboriginal Congress, visits a Children's Ground Early Years Learning on Country session to test kids and adults

Children's Ground practitioners also work with families to arrange visits to or from health specialists. This includes but is not limited to hearing, dental, immunisations and other identified needs. This becomes the bridge between the people and the clinics, where the user is informed, empowered and enabled to access health and use the health interventions that they receive in a more effective way.



Cletus is fitted with his first hearing aid after the visit from the audiologist

Hearing Health

Box 8

Hearing loss of children is often identified in the learning environment. Educators and the public health specialists liaise with relevant health services for specialist assessment, treatment and site visits with families. Waiting lists for ear health can be lengthy and consistent management of treatment over time is critical. In one situation, a child with chronic hearing loss was identified in an outstation through the early years learning program. An audiologist was arranged to visit. The visit included hearing checks of a number of children as part of an early years learning and wellbeing session on country. The audiologist not only undertook assessments for children, but also built the community's knowledge of ear health. The process within community led to education about the use of hearing aids, incorporation of sign language, how to support and include children with hearing loss and how to access resources and support.



Bob in an Early Years session

3.6 Community and Environmental Health

"Housing not only provides shelter but also affordable, appropriate and adequate housing is argued to have, among many other things, a marked impact on people's health, their access to labour markets and an array of other benefits."

Professor Phibbs and Professor Thompson, Australian Housing and Urban Research Institute

Context | Housing is a key social determinant for health and wellbeing

The housing situation for Aboriginal and Torres Strait Islander Australians is in crisis, with high rates of overcrowding, homelessness and substandard dwellings.⁶⁵

Overcrowding is a key social determinant for health and wellbeing and has a direct impact on physical and emotional safety and health. The impact of poor sleep alone affects health.

Inadequate housing is a significant contributor to high rates of infectious disease in First Nations communities and increases difficulty in managing chronic disease and raising healthy infants and children. Overcrowding and insufficient hygiene facilities (e.g. hot water, functional sewerage systems, washing machines) facilitate the spread of common illnesses such as influenza and lead to high rates of skin infections (e.g. crusted scabies), gastroenteritis, respiratory infections, chronic ear infections (e.g. otitis media) and eye

infections (e.g. trachoma).⁶⁶ The 2016 Productivity Commission's Overcoming Indigenous Disadvantage Report noted that the death rate for Aboriginal and Torres Strait Islander Australians from diseases associated with poor environmental health was 1.7 times the non-Indigenous rate in 2010-2014.⁶⁷

The core of the solution to these environmental health concerns is adequate housing supply and proactive maintenance, which sits out of Children's Grounds scope. The responsibility for adequate housing remains with the Government and requires extensive planning for long term sustainability with communities.

Health in the Hands of the People instead minimises the impacts of poor housing conditions, with a view towards prevention. Environmental and community health actions to improve living conditions enable health and wellbeing.

This Framework | Health in the Hands of the People supports the health of children and their families through attention to their living environment and the wellbeing of their community

As a whole of community-in community approach, *Health in the Hands of the People* responds to priorities identified through family health plans and community meetings. Environmental health responses include community initiatives such as animal management, water security improvement and repairs of basic health hardware, washing facilities and safe community areas. Actions arising from individual and family health plans include enabling families in the cleaning of homes and gardens, dust suppression and referrals to maintenance and housing services. The team may also actively support the hygiene of housing for people with renal treatment at home and for cancer patients, as a clean environment is critically important for the safety of treatment and immunity.

⁶⁵ See Australian Bureau of Statistics Census 2016 data, available at: <http://www.abs.gov.au/ausstats/abs@.nsf/ViewContent?readform&view=productsbytopic&Action=Expand&Num=51.5>.

⁶⁶ Liotta, M., 2018. Overcrowding leads to poorer health outcomes for Aboriginal and Torres Strait Islander peoples, RACGP. Accessed at: <https://www.racgp.org.au/newsGP/Racgp/Overcrowding-a-key-determinant-of-poor-health-outc>

⁶⁷ Steering Committee for the Review of Government Service Provision, 2016. Overcoming Indigenous Disadvantage: Key Indicators 2016, Productivity Commission, Canberra, pp10 13.



On Country at Gunlom

Environmental Health in Action

Box 9

Public and environmental health initiatives are identified and led by the community. In one initiative, the community identified ongoing issues with housing and water security. The family health team arranged a partnership with Fair Tradies (a volunteer team of tradespeople) and local housing and resources organisations. An assessment of the houses found all homes to have major electrical and plumbing safety issues, inadequate cooking facilities and inadequate showering/washing facilities; all had experienced lack of access to water.

The Fair Tradies team worked with each household, always alongside community members and the health promotion team, providing mentoring and up-skilling throughout the process. At completion of the project, all houses had been cleaned out, plumbing and electrical circuits were repaired, new shower recesses were fitted, hot water facilities and connections were restored and cooktops and cooking infrastructure was fitted. Fit out and completion of a new, community-owned resource centre was also a result of the project. As a result, all homes had access to hot water, a working shower, a new toilet, hand basin, laundry trough and kitchen sink, as well as an adequate place to cook. Major electrical and other safety issues were addressed. Structurally, rotting walls were removed and broken plasterboard was re-sheeted; this covered exposed cables and piping. All homes were fitted with a secure front and back door and lockable rooms.

The community empowerment model in which the environmental health project was undertaken had community members involved in decision-making about and undertaking repairs and maintenance. Children were also engaged in the work and picking paint colours for their houses. Community members gained increased confidence in their advocacy to core local services responsible for housing in the area.

The following statements were made by community members during the environmental health project:

“I feel proud of what I have been able to do for my community”

“Those boys did more in those two weeks that what had been done out here for years”

“Those boys fixed my kitchen for me and helped with those cockroaches. Now we can use the kitchen, proper one”

The project had an impact on reducing risk, improving daily physical health, personal safety, child and family health and wellbeing and empowerment.

3.7 Partnerships

“... health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right...whose realisation requires the action of many other social and economic sectors in addition to the health sector”

Declaration of Alma Ata, 1978

Context | Addressing the social determinants and health needs of children and families requires effective cross-sector partnerships

To meet the health and wellbeing needs of children and families, collaboration is required across organisations and services beyond the health sector. In the existing system, people sometimes ‘fall through the cracks’ due to challenges in integrating the services offered by different providers. People and communities with complex needs can struggle to receive the support they need in the right time, place or language to meet their requirements. *Health in the Hands of the People* promotes service collaboration and a responsive and integrated way of empowering people in their health and wellbeing.

This Framework | Children’s Ground promotes partnerships with Aboriginal Community Controlled Health Services, other clinics and medical services, housing organisations, schools and community organisations

Health in the Hands of the People partners with key health and social services providers to develop effective referral systems and linkage to primary, secondary and tertiary health and wellbeing services. Where needed and with consent, family health practitioners mediate and advocate with health services, education services, housing services and other community and civil services so that the identified needs of individual family members are integrated across ‘system silos’. Working with these services contributes to reducing access barriers for families, promoting more seamless service delivery. Children’s Ground provides both referral and follow up

support. The follow up support assists people to be better informed and empowered in their decision making about services, treatment and options. This can lead to improved understanding and adherence to treatments prescribed by clinical services, increased early intervention and more effective service access and impact.

Health in the Hands of the People can play an important role in improving efficiency and effectiveness because of the flexibility to deliver services in ways, places and at times that are congruent with individual and family needs. It is not restricted by funding or service paradigms that determine target outputs and service outputs. Instead, it focuses on outcomes created through relational and community-led delivery. With a focus on promotion and prevention, it can therefore compliment a range of services.

Partners may include (but are not limited to):

- Medical services
- Aged or disability care services
- Traditional First Nations doctors/healers
- Youth services
- Cultural health/healing services
- Housing services
- Education services
- Local councils/shires
- Income and employment services
- Enterprise and commercial services
- Other NGOs.



Lee Nabarlambarl and Kezia

Over the last 40 years, there has been incredible progress and development made by First Nations people in establishing community controlled organisations to promote their interests, rights, health and wellbeing in Australia. Children’s Ground recognises and builds on this important work. We are informed by the practice, recommendations and experiences of many individuals and organisations. The Children’s Ground Approach and Family Health and Wellbeing Framework, *Health in the Hands of the People*, has been designed to complement the important work that continues across a range of Indigenous and non-Indigenous organisations that are addressing the social determinants of health and wellbeing.

This Framework has been delivered by Children’s Ground as an organisation. It is supported and strengthened by the the integrated service platforms of Children’s Ground, however it has the ability to be adopted by other organisations within their own operational contexts.

3.8 Evaluation

“Respect and combine your skills with the knowledge of the researched or grassroots communities, taking them as full partners and co-researchers.”
Fals Borda, 1995 ⁶⁸

Context | Children’s Ground is committed to strengthening the Australian First Nations evidence base through rigorous evaluation
The importance of evidence and evaluation is well recognised in the national and international policy frameworks. Children’s Ground is informed by, but not limited by, available evidence on Australian and international leading practice. One of the five core areas of Children’s Ground’s system reform areas is rigorous evaluation and contribution to the growing evidence base.

There is a paucity of evidence collected in Australia on the long-term impacts of family-led and culturally-grounded First Nations child health and wellbeing programs and a lack

of evaluation of First Nations health promotion approaches. Australian service providers, researchers and governments are continually reliant on overseas research that can be decades old and conducted in vastly different contexts. Approaches that may work in other cultural contexts are not always effective in all First Nations contexts. They can be insufficient to address the multiple layers of need and they may also damage existing social and cultural capital. Remote, regional and urban environments in which First Nations people are living are diverse in their health and wellbeing needs and the impact of colonisation. Each First Nation has its own identity and practice in relation to health and wellbeing. A responsive system designed and




evaluated for each of these contexts is critical if we are to build an evidence base for Australia.
New evidence is required on what works in these contexts. That is the evidence base Children’s Ground is seeking to build.

We also seek to address the need for research conducted by First Nations people. There is recognition in the academic community that every research project is beholden to the biases of the people conducting it, and that cultural bias can only be minimised, and not entirely negated.⁶⁹ The Chairperson of Children’s Ground, William Tilmouth, has long stated:

“We have been researched to death, we need to research ourselves back to life”

Figure 7 High-level evaluation framework

Children’s Ground Outcomes Framework including interim and long-term indicators

Aspiration	Children are thriving – engaged in life, brimming with laughter, pride, confidence, and opportunities			
Outcomes 	Children have the knowledge and skills for life and learning	Children are healthy	Children know their history and feel confident in their cultures	Children are happy
Aspiration	Families feel strong, supported and confident about their children’s future; feel valued and are involved in their children’s learning, wellbeing and development			
Outcomes 	Families are involved in their children’s learning, wellbeing and development	Families are socially and economically strong		
Aspiration	Communities care for each other and provide a safe environment for every child. They enjoy economic, cultural and social strength and opportunity.			
Outcomes 	The community values its place and heritage and continues to grow	The community enjoys employment and economic opportunity	The community is safe, inclusive and respects diversity	

⁶⁸ Borda, F. Research for Social Justice: Some North-South Convergences. Plenary Address at the Southern Sociological Society Meeting, 1995
⁶⁹ He, J. and van de Vijver, F., 2012. Bias and equivalence in cross-cultural research. Online readings in psychology and culture, 2(2), pp.8, 14.

This Framework | Evaluation of Health in the Hands of the People sits within the overall Children’s Ground evaluation framework

Evaluation of *Health in the Hands of the People* is situated within the evaluation of the Children’s Ground Approach as a whole. An overview of our high-level evaluation outcomes framework is shown in Figure 7. Progress indicators sit under each of these areas and are monitored annually.

As a 25-year approach, Children’s Ground has short-term progress indicators that are the building blocks to measuring long-term change. Over time, medium and long-term progress indicators and outcomes are measured to understand sustained change.

A longitudinal evaluation is led on the ground by First Nations community researchers, is overseen by an expert national Research Advisory Group and has full human research ethics approval. In addition to Western research and evaluation methods, we are continually working to understand and apply First Nations approaches.

Monitoring and evaluation is embedded from the outset in each community. The data collection system includes core elements of daily and annual data collection, with regular monitoring and reviews with staff and communities and annual public progress reporting. Evaluation interviews are used to gather both qualitative and quantitative data about longer-term impacts, and government administrative data is used to understand population-level changes in health and wellbeing. Data is used by staff and communities for short and long-term planning.

While all long-term outcomes are interconnected and inseparable in terms of the influence they each have on child life development, the *Health in the Hands of the People* evaluation indicators are directly attached to the four child outcomes. A list of the indicators across these outcomes that are used to measure progress are presented on the right.



Figure 8 Indicators to measure progress against the Family Health and Wellbeing Framework, *Health in the Hands of the People*

SHORT-TERM PROGRESS INDICATORS	MEDIUM AND LONG-TERM IMPACT INDICATORS
Access and Engagement The number and percentage of children, young people and adults engaging in: <ul style="list-style-type: none">Individual and family health promotion initiatives (evaluate quality of content and people engaged)Individual and family health and wellbeing support (formal and informal)Family health and wellbeing planning activitiesSocial and emotional wellbeing counselling, as individuals and as a family groupTraditional health practiceEnvironmental health initiativesMaternal health initiativesChild health initiativesHealth and wellbeing initiatives by age (child, young person, adult and Elders health and wellbeing)Targeted services or support (nature and extent of support)Health service/care coordination between external services and specialists	Individual and family-level impact The number and percentage of children, young people and adults reporting: <ul style="list-style-type: none">Increased knowledge about positive health behavioursChanges in their health behaviours, such as nutrition, preventative behaviours, etc.Improved health for their children, themselves and their familyIncreased agency and control over their own health, their family’s health, care and treatment planningPositive social and emotional wellbeing and identityPrevalence of trauma and impact Population-level impact Population level health changes in health related conditions and outcomes: <ul style="list-style-type: none">Rates and types of morbidity for children (e.g. respiratory, skin infections, ear/hearing issues)Child hospitalisation rates for preventable illnesses and injuryPercentage of children developmentally vulnerable on AEDC Physical Health and Wellbeing domainPercentage of children ‘on-track’ on the AEDC on Emotional Maturity and Social Competence domainsRates of suicide for children and young people



A Snapshot of the Framework in Practice

*As an indication of what Health in the Hands of the People looks like in practice, we invite you to follow the journey of Peter.**

Peter is 4 years old and has been engaged with Children's Ground from infancy.

Peter was born 17 weeks premature to a mother unaware of her pregnancy and to parents whose lives were heavily impacted by alcohol and violence. There were various ongoing health complications due to Peter's premature birth, and he was thought to have a low chance of survival. Peter's early life was marked by fragile health, including serious respiratory issues.

When Peter was one and a half, his father died in a car accident and he was raised primarily by grandparents and an aunt. Children's Ground supported the family to attend the hospital hundreds of kilometres away from their community and liaise with doctors in relation to life support until Peter's father passed away. Children's Ground provided further support during Sorry Business and in the months following for the funeral. Much of this support was led by the Family Health and Wellbeing team.

Peter began attending the Children's Ground formal early years learning program at 2 years old. His grandparents were key cultural leaders for Children's Ground and his aunty was a core staff member in our early learning team.

Due to Peter's health vulnerabilities, his family was cautious about him being away from the family home. They began bringing Peter to the intergenerational centre to participate in early learning because he was surrounded by family in a culturally safe environment.

Peter began engaging in play at a slow pace and his early attendance was often impacted by health issues. Family

Health and Wellbeing staff assessed that Peter had consistent diarrhoea and worked with the family and clinic to improve his diet, digestion and eating skills. With the nutritious meals provided at Children's Ground, family and staff noticed Peter diarrhoea decrease and his attention span increase immensely.

Early years educators and the public health specialist regularly worked with a speech pathologist on Peter's ear health and speech, and the public health specialist worked with the clinic to ensure he had a dental care plan. Family Health and Wellbeing staff consistently worked with the family to support the many visits Peter had to the clinic in relation to his respiratory issues.

In the learning environment, Peter became one of the most regular attendees, attending daily during many periods. The integrated support was critical for Peter so that his health concerns were not an impediment to his engagement in early years learning. Peter has grown into a confident learner and is a happy child with strong learning outcomes for his age.

Peter's social and emotional wellbeing improved. He significantly increased his ability to self-regulate emotions and is able to express them in an appropriate way. Peter developed strong and trusting attachments with educators and comfort and concern for other children. Peter played in a positive and cooperative way with peers.

Children's Ground Family Health and Wellbeing Framework includes a focus on cultural wellbeing. Peter grew up through Children's Ground, where regular traditional dance evenings, the practice of traditional art and the playing of

traditional music was the norm. Peter dances and knows the rhythms and songs. He has a love for traditional dance and has been taught by family members.

Peter's physical health improved. His dietary issues and respiratory issues were well managed. Daily engagement with family and the Children's Ground public health specialist allowed for early identification of issues.

Peter lives in overcrowded housing in a community which has no water security and a history of poor infrastructure. The housing improvement initiative (see Box 9) led by Family Health and Wellbeing staff and undertaken by family members in his community resulted in hot water and more permanent water security, improvements in basic power infrastructure and cleaning and painting of internal areas of houses that Peter spends significant time in. This has an impact on respiratory and physical health and hygiene.

Peter's family also had support for their health and wellbeing needs as part of the broader family health and wellbeing plans. This included active support for Peter's grandfather and two uncles with chronic illness.

Peter was born into a family environment that was very protective and supportive of him. Due to the impact of alcohol and violence Peter had a deeply unsettling and concerning start to life. However, through his family's determination and the ongoing and integrated family health and wellbeing support provided to Peter and his family, Peter grew into a happy and confident child, fully engaged in early childhood education and in a safe and inclusive learning environment with family by his side.

*name has been changed for confidentiality

Alignment with National and International Policy Frameworks

Children’s Ground aligns directly to the policy intentions articulated in key national and international policy frameworks aimed at reducing health inequity for First Nations people. This Appendix summarises the principles and messages of a selection of the most relevant national and international policy frameworks, and briefly describes how Children’s Ground fits within them.

National Aboriginal and Torres Strait Islander Health Policy Frameworks (1)

Closing the Gap (2008)

- Targets to close the gap in:**
1. Child mortality
 2. Early childhood education
 3. School attendance
 4. Reading and numeracy
 5. Year 12 or equivalent attainment
 6. Employment
 7. Life expectancy

National Aboriginal and Torres Strait Islander Health Plan 2013-2023

Vision: “The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective and high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.”

National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)

Vision: Aboriginal and Torres Strait Islander children and their families access high quality, evidence-based and culturally safe child and family health services to support their optimal health, development and wellbeing.

Principles: Access, Equity and equality, Leadership and partnership, Collaboration, Evidence-based, Strengths-based, Culturally safe and competent services, Workforce development, Accountability.

National Aboriginal and Torres Strait Islander Health Policy Frameworks (2)

Aboriginal and Torres Strait Islander Health Performance Framework

- Tier 1: Health status and outcomes**
- Health conditions
 - Human function
 - Life expectancy and wellbeing
 - Deaths
- Tier 2: Determinants of health**
- Environmental factors
 - Socio-economic factors
 - Community capacity
 - Health behaviours
 - Person-related factors
- Tier 3: Health system performance**
- Effective/Appropriate/Efficient
 - Responsive
 - Accessible
 - Continuous
 - Capable
 - Sustainable

How Children’s Ground embodies these frameworks

Children’s Ground Vision: “An Australia free from poverty and inequality where First Nations families realise their aspirations for the next generation of children: to be free from trauma and suffering, enjoy equity and safety, be able to grow into adulthood happy and healthy, and with agency over their social, cultural, political and economic future.”

We work towards system reform across five areas: Governance, Workforce Investment, Evidence and Service Delivery.

We have five integrated service delivery platforms:

- Learning and Wellbeing
- Family Health and Wellbeing
- Economic Development and Wellbeing
- Community Development and Wellbeing
- Cultural Development and Wellbeing.

Children’s Ground works to targets 1 and 7 from Closing the Gap through its Family Health and Wellbeing Framework. The other four components of the Children’s Ground System contribute to the broader social determinants of health encapsulated in the remaining Closing the Gap targets.

The vision and priorities of the National Aboriginal and Torres Strait Islander Health Plan (2013-2023) mirror the vision and priorities of the Children’s Ground Family Health and Wellbeing Framework. As a family-based health system, Children’s Ground embodies the principles of the National Framework for Health Services for Aboriginal Children and Families.

How Children’s Ground embodies this framework

- Children’s Ground directly aligns with the Health Performance Framework, which measures progress against the Health Plan:
- **Tier 1:** The Children’s Ground Family Health and Wellbeing Framework focuses on health status and health behaviours. We take health to where people live and respond to day-to-day pressures. We build people’s agency over their health and wellbeing choices and behaviours, and protect cultural practices and knowledge.
 - **Tier 2:** The Children’s Ground System is an integrated platform of prevention and early intervention addressing key social, cultural, economic determinants for health and wellbeing.
 - **Tier 3:** We refer to and partner with clinical health services for coordinated support to improve access and outcomes of health service engagement.

National Aboriginal and Torres Strait Islander Health Policy Frameworks (3)

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing (2017-2023)

- Action Area 1: Strengthen the Foundations**
- Workforce
 - Evidence base under Aboriginal and Torres Strait Islander leadership
 - Partnerships between PHNs and ACCHSs

Social and emotional wellbeing is a core focus of the Children’s Ground System of education, health, cultural, social and economic development.

A First Nations workforce builds culturally safe service and employment environments. Employment is a flexible and strengths-based model in which people start working when they can and in the areas in which they have strengths, building towards consistency.

Children’s Ground is informed by leading national and international evidence and contributes to growing the evidence base through rigorous evaluation.

Partnerships with local clinical services provide coordinated services, care and support.

- Action Area 2: Promote Wellness**
- Strong communities and cultures
 - Strong and supported families
 - Early childhood support
 - Support for children and young people

Children’s Ground uses trauma-informed narrative therapy with children, young people, adults and family groups to understand and address generational trauma, which is a continual presence for many First Nations families. Counselling and support occurs in places and ways in which individuals and families feel comfortable to engage.

We work with children from before birth through to adulthood, providing age-appropriate activities integrated into the learning and wellbeing environment.

International Frameworks for Health Equality (1)

Declaration of Alma Ata, International Conference on Primary Health Care (1978)

“... health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right...whose realisation requires the action of many other social and economic sectors in addition to the health sector”

Children’s Ground adopts a human rights based approach to health that integrates services across all of the social determinants of health and empowers people with the agency to manage their own health.

Ottawa Charter for Health Promotion, World Health Organisation (1986)

Health promotion is the process of enabling people to increase control over, and to improve, their health.

The fundamental conditions and resources for health are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

- Health promotion includes actions to:
1. Build healthy public policy
 2. Create supportive environments
 3. Strengthen community actions
 4. Develop personal skills
 5. Reorient health services

At its heart, the Children’s Ground Family Health and Wellbeing Framework is an approach to health promotion based on the principles of the Ottawa Charter. The approach to health promotion set out in the Ottawa Charter can be seen in the way in which Children’s Ground works with First Nations people and communities to enable them to increase control over, and improve, their health.

- Action Area 3: Build Capacity and Resilience in People and Groups at Risk**
- Traditional and contemporary healing practices
 - Equality of mental health outcomes
 - Early detection and prevention

Children’s Ground combines Western and traditional First Nations health practices. Through the learning and wellbeing platform, children and their families spend time on their traditional lands, connecting their spirit and wellbeing to land and culture. Integrating social and emotional wellbeing actively in the Children’s Ground learning environment supports prevention and early identification of mental health concerns.

- Action Area 4: Provide Care for People who are Mildly or Moderately Ill**
- Culturally and clinically appropriate primary and specialist mental health care
 - Effective client transitions across the system

- Action Area 5: Care for People Living with a Severe Mental Illness**
- Human rights are respected
 - Equitable access to support services for people in recovery
 - Access to the NDIS

At Children’s Ground, health and wellbeing planning is holistic and undertaken in formal and informal ways. Led by individuals and families, it incorporates physical, social, emotional and environmental health.

People are encouraged to access the NDIS and engage with mental health services and specialists when needed and are supported before, during and after their treatment.

Closing the Gap in a Generation, World Health Organisation (2008)

The World Health Organisation emphasised the importance of addressing the social determinants of health as the means to ending profound inequities in health outcomes within and across countries. In the *Closing the Gap in a Generation* report (2008), it provided three overarching principles to tackle health inequity through a social determinants approach:

Improve the conditions of daily life – the circumstances in which people are born, grow, live, work and age.

Children’s Ground is a holistic and integrated approach to the social determinants of health.

Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions of daily life – globally, nationally and locally.

Children’s Ground has embarked on ambitious system reform to improve the governance, workforce, investment, evidence and service delivery to better work for First Nations people. We remove the power imbalance to enable people’s agency in managing the factors that influence their own health.

Measure and understand the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

Children’s Ground has a 25-year longitudinal evaluation and ongoing monitoring and reporting to measure progress. It employs First Nations staff in a workforce equipped to address the broad social determinants of health.

Members of the World Health Organisation reaffirmed the importance of the social determinants of health in the Rio Political Declaration on the Social Determinants of Health (2011).

International Frameworks (2)

United Nations Sustainable Development Goals

Children’s Ground directly aligns with all seventeen of the UN Sustainable Development Goals

	Ending poverty for First Nations Australians is the core goal of Children’s Ground		Children’s Ground community development includes action for improved energy security and sustainability where people live		Children’s Ground privileges traditional knowledge systems, practices and environments that promote biodiversity and address climate change
	Children’s Ground supports children and families with nutrition and food security through meals, education, financial management and employment		Children’s Ground provides flexible, culturally apt employment opportunities for First Nations people, many of whom were previously underemployed		Children’s Ground supports First Nations people to continue and renew their traditional practices in relation to sea/water and land management
	Children’s Ground <i>Health in the Hands of the People</i> promotes child, family and community health and wellbeing		Children’s Ground supports sustainable infrastructure and actively promotes innovation between ‘old’ and ‘new’ knowledge systems and new systems and new industry		Children’s Ground supports First Nations primary responsibilities and relationship to the land which is critical to overall health and wellbeing
	Children’s Ground provides access to quality learning from early childhood onwards for children facing the greatest disadvantage		Children’s Ground works to reduce the system and structural drivers of inequality for First Nations people		Children’s Ground promotes peace, justice and human rights for all
	Children’s Ground provides education to girls and employment for women who face economic, cultural and/or social exclusion		Children’s Ground supports inclusive, sustainable living environments that promote safety and wellbeing		Children’s Ground partners philanthropy, governments, corporate bodies, researchers, policy makers and other service systems and communities nationally and internationally in a collective effort to achieve long term sustainable wellbeing for all
	With water security still not available to all, Children’s Ground development and health initiatives include water security/sanitation		Children’s Ground promotes traditional First Nations practices of responsible consumption and use of land and sea resources		

Global Health and Wellbeing

The 2030 Agenda for Sustainable Development and 17 Sustainable Development Goals are ‘a plan of action for people, planet and prosperity.’ The plan recognises that “eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.” It was recognized that the implementation of the Agenda:

‘should follow a rights-based and culture-sensitive approach, which respects language diversity, education in mother tongue, traditional health practices and indigenous medicine. Further, it is important to strengthen and support indigenous peoples’ own methods of providing these services.’

The World Bank reports that eighty percent of the world’s remaining biodiversity and biologically important lands and waterways are intact due to First Nations Peoples’ custodianship, proficiency and knowledge in adapting

to and mitigating climate change. This knowledge and practice is vital in the development process and global sustainability, health and wellbeing.

The Children’s Ground Family Health and Wellbeing Framework respects that the health of First Nations people cannot be separated from their connection to their lands and recognizes that this connection and engagement with the natural environment is critical to the future of the planet and the health of humanity.

Our Supporters

We would like to acknowledge our valued philanthropic, corporate and NGO supporters who have contributed to the development of this framework. They include:





“We want our children to be proud of who they are. We want to make sure young people grow up feeling good about themselves as First Nations people, and proud to be part of a community. We are all strong.”

Ampe-kenhe Ahelhe (Children's Ground)
Governance Committee, Central Australia