Looking Forward Project

Final Project Report

2015







The Looking Forward Project is located on *Wadjuk boodja* (Perth, Western Australia), one of fourteen clan or family groups that make up the Nyoongar Nation in the state's southwest.

We pay our respects to the Elders past, present and future and thank them for their guidance and wisdom.

© Copyright 2015. All rights reserved. ISBN (hardcopy): 978-0-9775975-7-4

Permission to copy and/or reproduce all or part of this Report can be obtained by contacting the Looking Forward Project:

Dr Michael Wright National Drug Research Institute Curtin University PO Box U1987 Perth WA 6845 m.wright@curtin.edu.au Tel: (08) 9266 1637

Telethon Kids Institute University of Western Australia 100 Roberts Road Subiaco WA 6008 PO Box 855 West Perth WA 6872 Project office: (08) 9489 7760 http://creahw.org.au/centre-for-research-excellence-(cre)/looking-forward/

Cover image of Singing Honey Eater (Nyoongar name is 'dooromdorom'). Photo by Peter Choo.

Suggested citation:

Wright, M, O'Connell, M, Jones, T, Walley, R and Roarty, L (2015). Looking Forward Aboriginal Mental Health Project: Final Report. December 2015. Telethon Kids Institute, Subiaco, Western Australia.

Any reproduction or part thereof must include the following statement:

The knowledge in this work embodies traditional knowledge of the Nyoongar people. It was created with the consent of Elders of the Nyoongar community. All rights reserved. Dealing with any part of this knowledge for any purpose that has not been authorised by the Elders or their representative may breach customary laws and also the Australian Commonwealth Copyright Act 1968 and amendments. The traditional knowledge/traditional cultural expression rights and communal moral rights remain with the Nyoongar people. Use and reference is allowed for the purposes of research or study provided that full and proper attribution is given to the author or authors, and those who hold and are custodians of the traditional knowledge. For further enquiries about permission to use this information contact Dr Michael Wright.

LOOKING FORWARD ABORIGINAL MENTAL HEALTH PROJECT 2011-2015

Final Project Report



Summary

The Looking Forward Aboriginal Mental Health Project is a participatory action research project aimed at increasing access to and the responsiveness of the mental health and drug and alcohol service system for Nyoongar families living in the south-east Perth metropolitan corridor (Armadale to Bentley), whose lives are affected by mental illness. A key outcome of the project is the development and implementation of a culturally secure systems change framework for mental health service delivery, which enhances the skills base of the mental health workforce by bringing them together with Nyoongar Elders so as to better respond to the mental health needs of Aboriginal families.

1.	Acknowledgements
2.	Executive summary
2.1	Key recommendations 10
3.	Project Overview 12
3.1	Objectives
3.2	Outcomes13
3.3	Governance 14
4.	Background and Context 16
4.1	Demographic profile of the south-east metropolitan corridor
5.	Nyoongar country and people 19
6.	Literature review 21
6.1	Consumer experiences of mental health service provision
6.2	Mental health and co-occurring substance use
6.3	The cost of mental health disorders 23
6.4	Indigenous models of service delivery 24
7.	Research Methodology
7.1	Indigenous research frameworks and participatory action research 26
7.2	Phase One (2011-2012): Engaging the Community 27
7.3	Phase Two (2012-2013): Preparing the 'Working Together' Space 29
7.3	1 On creating 'third spaces'
7.4	Phase Three (2014-2015): Co-production ('Working Together') 31
8.	Data collection and analysis
8.1	A rationale for collection and analysis
8.2	Shared storying: A critical method 43
9.	Discussion
9.1	Deconstructing 'cultural safety' 46
9.2	Trusting in the process
10.	Project Findings 48
10.	1 'Minditj Kaart-Moorditj Kaart': A comprehensive framework for
sys	tems change in service delivery 48
10.	1.1 Nyoongar worldview and decolonisation

10.1.2 Key attributes for responsive service delivery 53
10.1.2.1 Trustworthy
10.1.2.2 Inclusivity 58
10.1.2.3 Reciprocity 59
10.1.2.4 Adaptability
10.1.3 'Debakarn Koorliny Wangkiny': Conditions for authenticengagement
10.1.4 Systems change: Organisational change domains 87
11. Outcomes: Building Capacity in the Community and in Services 91
11.1 Mental Health Commission – Sector Development
11.2Open Hearts, Open Hands Handbook
11.3 <i>New Community</i> journal: Living with mental illness
12. Implications for policy and practice
12.1 Recommendations
12.1.1 Nyoongar worldview and cultural security
12.1.2 Sector reform through revised contractual arrangements
12.1.3 Shifting resources
12.1.4 Governance
12.1.5 Racism
12.1.6 Community partnerships
13. Conclusion
14. Team profiles
15. Project stakeholder groups101
15.1 Elders' Stakeholder Group101
15.2 Participating Service Providers101
16. References

Table of Figures

Figure 1. Fourteen clans or family groups make up the Nyoongar Nation, covering the lower south west of the state of Western Australia. Image from Wikipedia	0
Figure 2. Co-production begins with self-determination as the basis for working together	3
Figure 3. Visser et al. accessing different levels of knowledge about experience (2005, p 4)	
Figure 4. <i>Minditj Kaart-Moorditj Kaart</i> : A comprehensive framework for systems change in service delivery	
Figure 5. The draft <i>Minditj Kaart-Moorditj Kaart</i> ('Sick Head to Good Head') Framework featured six key attributes for responsive service delivery, endorsed by Elders group in 2013	
Figure 6. The four key attributes – trustworthy, inclusivity, reciprocity and adaptability were refined from the draft Framework	
Figure 7. <i>Debakarn Koorliny Wangkiny</i> (Steady Walking and Talking): Conditions for authentic engagement	3
Figure 8. Practical elements for working together between Elders and services and the flow on effects for community	6
Figure 9. Access and Responsiveness: Systems change domains	8
Figure 10. Issue 3 of the <i>New Community,</i> Living with Mental Illness: Nyoongar ways of working and the Looking Forward Project	

LOOKING FORWARD ABORIGINAL MENTAL HEALTH PROJECT 2011-2015

Final Project Report

December 2015

1. Acknowledgements

We pay our respects to the Wadjuk people on whose land we have undertaken this Project and acknowledge Elders past, present and future.

We have been very fortunate to have so many wonderful, clever and dedicated people who have journeyed with us on this extraordinary adventure. We gratefully acknowledge the contributions of the Nyoongar Elders, with whom we have worked throughout the duration of the Looking Forward Project and thank them for the cultural guidance and leadership they generously offered and provided. We sincerely thank the participating services for their solid commitment to the Project and applaud their efforts to bring about change so as to support better mental health and wellbeing outcomes for Nyoongar families. There were others who also journeyed with us and deserve mention, they include, Danny Ford, Jonathan Ford, Sheryl Carmody, Glenn Pearson, Fiona Stanley, Brian McCoy, Tim Muirhead, Alan Rosen, John Gherardi, Leanne Mirabella, Geoff Smith, Chrissie Easton and colleagues from the Centre for Research Excellence in Aboriginal Health and Wellbeing at the Telethon Kids Institute. We also acknowledge and thank previous project team members in Nina Boydell, Alison Bullock, and Maxine Drake.

We would like to thank our Project partner, Ruah Community Services, along with our funders; the Centre for Research Excellence in Aboriginal Health and Wellbeing at the Telethon Kids Institute (UWA), Lotterywest, Mental Health Commission (WA), and Curtin University.

Most of all, our heartfelt thanks to the Nyoongar community in the southeast metropolitan corridor of Perth, with whom we are working, in particular the Elders, who show us such a deep level of patience and determination to bring about much needed change.

Thank you all for your tireless support and we can be proud of the results we've achieved together. Well done.

2. Executive summary

This final report for the Looking Forward Project (the Project) presents the research findings which have emerged from the design and implementation of a mental health and drug and alcohol systems change intervention that was conducted in the south-east metropolitan corridor; an area between Bentley to Armadale, from 2011 to 2015.

The research project experienced significant challenges, due to past poor research practices involving Nyoongar people, and so to mitigate these concerns careful consideration was given to the choice of methodology utilised for the project. Participatory Action Research and Indigenous Research frameworks were utilised as both approaches are committed to empowering participants to address power imbalances. There was a comprehensive data collection process, beginning in 2011 with eleven (11) community forums and in 2012 with ten (10) small group focus sessions, using the themes from the original forums to progress the development of an appropriate service delivery model.

Our original intention was to connect service providers with the Aboriginal community in the south-east metropolitan region. We decided not to proceed immediately with this, as we heard in the forums from the Aboriginal participants their frustration and distrust of mainstream mental health providers. We instead responded to the needs of the community and concentrated our efforts with a smaller cohort of Nyoongar people including Elders, community members, and Aboriginal health workers.

The findings from the extended data gathering process were synthesized to four (4) key attributes the Aboriginal participants considered to be essential to effect change in the mental health system, so as to improve service delivery to Nyoongar people and their families living with serious mental illness. The four attributes were *trustworthiness, inclusivity, reciprocity* and *adaptability*.

Testing ways to improve service delivery in a culturally secure manner was the next step. After advice from the Nyoongar community, Nyoongar Elders were engaged as cultural consultants to work with mental health and drug and alcohol service providers to assist them to implement the four key attributes into their service. The Elders are both critical and central to the working together process both as cultural custodians and teachers of Nyoongar culture.

The four attributes needed to be implemented within an organisation in a manner that reflected a Nyoongar worldview and through the cultural protocols upheld by the Elders. Participating services, while committing to engaging and working with the Elders, had initially indicated that they had no knowledge or experience in doing the 'how' for working with Elders.

Creating the conditions that enable services and Elders to come together in a meaningful and effective way addresses these early concerns of the services. As a consequence of their working together, seven conditions emerged that support effective engagement; *being motivated, being committed, being present, being teachable, staying connected, respecting status* and *continually weaving.*

Since 2013, the Elders, together with service executives and staff, have implemented the four attributes across all areas of their organisations, taking into account *governance, resources, workforce, communication, management* and *spirit.* As a result they have co-designed a comprehensive systems change intervention, that is, the '*Minditj Kaart-Moorditj Kaart' Framework for Systems Change in Service Delivery* (the '*Minditj Kaart-Moorditj Kaart' Framework*) that has both the Nyoongar worldview and Elders at its core, and when applied sector-wide, will improve the mental health and drug and alcohol service delivery outcomes for Nyoongar families, and potentially for Aboriginal families across the state.

The key implications and recommendations from the Looking Forward Project complement and expand on both the efficacy and effectiveness of the Mental Health Commission's *Mental Health Outcomes: Indicators and Examples of Evidence* and *The Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025.* In particular, implementing the findings will address specific gaps in mental health and drug and alcohol service delivery to Nyoongar people, and Aboriginal people in general.



Nyoongar Elders line up for the inaugural Elders Race as part of the *Debakarn Koorliny Wangkiny* Family and Community Day, held at the Champion Centre, October 2014. Photo by Tanya Jones.

2.1 Key recommendations

The following recommendations respond to policy and practice implications as laid out in the final sections of this report. We recommend that:

Recommendation 1: Through the implementation of the *'Minditj Kaart-Moorditj Kaart' Framework*, organisations engage and work with Nyoongar Elders to improve service delivery to Nyoongar people. It is our recommendation that key funding and peak bodies lead such an initiative to ensure that the changes are effective sector-wide.

Recommendation 2: The mental health and drug and alcohol sector review their cultural awareness training provided in the Perth region and its surrounds and consult with Elders on the necessary protocols for relevant and effective cultural awareness training. Such training should evolve to include more long-term professional development solutions and involve Elders and Nyoongar community members at every opportunity.

Recommendation 3: The Mental Health Commission of WA (the Commission) and independent evaluators also apply the Framework to their own contractual procedures and work with Nyoongar Elders to ensure the cultural security and inclusivity of these procedures. In addition, we recommend the Commission and peak bodies promote the use of the '*Minditj Kaart-Moorditj Kaart' Framework* to all community managed services as a way to evaluate the effectiveness of their service provision to Nyoongar clients and their families, in alignment with these revised contractual guidelines.

Recommendation 4: The Commission and funding bodies evaluate the current funding guidelines and related resource management strategies with a view to supporting more flexible and innovative solutions at the organisational 'ground level.' Applying the *'Minditj Kaart-Moorditj Kaart' Framework* provides a means to act on these guidelines and strategies, by engaging Elders and members of the Nyoongar community to coproduce alternative funding guidelines.

Recommendation 5: That peak bodies and sector leaders apply the '*Minditj Kaart-Moorditj Kaart' Framework* to review and implement an inclusive and suitable method for engaging with Elders to identify and implement appropriate governance structures that reflect Nyoongar standpoints. **Recommendation 6:** The Commission and peak bodies work with Elders to identify and implement strategies to reduce the impact of racism for, and exclusion of, Nyoongar peoples, specifically within organisations tasked with providing services to them.

Recommendation 7: The Commission and peak bodies work with Nyoongar Elders to identify and implement strategies that enable service providers to increase their visibility in the community and thus promote greater access to and use of their services. Funding for targeted community relationship building activities should also be made available.

3. Project Overview

The Looking Forward Aboriginal Mental Health Project (the Project) is a participatory action research Project aimed at increasing access to and the responsiveness of the mental health and drug and alcohol service system for Nyoongar¹ families living in the south-east Perth metropolitan corridor (Armadale to Bentley), whose lives are affected by serious mental illness. The Project has worked with Nyoongar Elders and families, Aboriginal and non-Aboriginal service providers, service board members, and executive managers to achieve the project objectives as stated in the Lotterywest Grant Agreement. The nine participating services are public, private, non-government organisations and peak bodies including:

- Mental Health Services MercyCare, Richmond Wellbeing, Ruah Community Services, Youth Mental Health Services;
- Drug and Alcohol Services Drug and Alcohol Withdrawal Network (St John of God Health Care), Palmerston Association; and
- Policy Makers and Peak Bodies Mental Health Commission of WA, WA Association for Mental Health, WA Network of Alcohol and other Drug Agencies.

In addition, 18 Elders are participating in the Project, working directly with individual services as well as providing cultural guidance to the research team. There is a list of participating Elders at the end of this report.

The Project began in 2011 by engaging the local Nyoongar community in the south-east corridor. The south-east metropolitan corridor was established as the primary location for the research, because anecdotal evidence suggested that the region had a history of being under-serviced.

The Project team built relationships with community members, Aboriginal health workers, and Nyoongar Elders to familiarise them with the intentions behind the research. In 2013, local services signed up to begin to work directly with a group of Elders, based on the initial findings from a series of community forums and focus groups (conducted in 2011 and 2012). Beginning in 2014, and after a period of trust-building and relationship development, Elders and services began trialing some new practices and protocols to test various ways in which services could respond to the needs of

¹ The word 'Nyoongar' has been used in this document, as it is a more realistic term to describe Aboriginal peoples living in the Perth area. The authors acknowledge that Aboriginal and Torres Strait Islander people may identify with their local clans or group name and we mean no disrespect in using the term Nyoongar.

Aboriginal clients and their families. Project participants have demonstrated deep insight, maturity and a genuine willingness to work together to address serious mental health concerns, like suicide and self-harm, experienced in the Nyoongar community in the Perth south-east metropolitan region (Wright, et al, 2013a, 2013b).

This report brings together the shared experiences, learning and stories of the services and the Elders. It outlines the objectives of the research, offers some background context related to Aboriginal mental health and wellbeing, and steps through the project phases and methodology. The main section of the report is dedicated to the Project findings. These findings detail the development and implementation of the '*Minditj Kaart-Moorditj Kaart' Framework*, co-designed by service providers and Elders. The report concludes with some implications for policy and practice and outlines seven key recommendations, which propose ways forward to ensure the Project outcomes are further validated and implemented sector-wide.

3.1 Objectives

As stated in the original Lotterywest research proposal, the Project has two key objectives, that is:

- 1. To develop a suitable model of service delivery for working with Aboriginal families and is applicable throughout the Perth metropolitan region; and
- 2. Using Participatory Action Research (PAR) methods, build capacity of both the Aboriginal community and service providers to undertake systemic change in the delivery of mental health and drug and alcohol services.

Capacity building has occurred through collective action and partnerships between Aboriginal people, service providers, service users and policy makers. All stakeholders are concerned with improving the delivery of mental health services to Aboriginal people in the Perth metropolitan area.

3.2 Outcomes

The key outcome of the Project is the development and implementation of a culturally secure mental health service delivery model. It aims to enhance the skills base of the mental health workforce in the south-east Perth metropolitan region in responding to the mental health needs of Aboriginal families. As a result:

1. Aboriginal people living with a serious mental illness in the Bentley-Armadale region will have improved mental health outcomes because of their engagement with mental health service providers; and

2. Aboriginal families living with serious mental illness will have better relationships with mental health service providers and thus receive a better, more responsive service.

Ongoing community consultation and feedback have been implemented to quantify and articulate community views, attitudes and beliefs. This ensures that the intervention remains appropriate to the local context, and builds on existing strengths and successes. What is most required is a shift in the way that mental health and drug and alcohol services work with, and for, Nyoongar clients. For change to be effective this shift must be undertaken in partnership with Nyoongar people and their cultural leaders. Thus, we contend that the Looking Forward project is itself an intervention as well as a means by which to manage and record the intervention. We discuss this further in the Findings later in this report.

3.3 Governance

The governance structure includes a Project Steering Group, a Project Reference Group, and an Aboriginal Community Steering Group. A Research Manager, a Project Manager, a Research Assistant and a Project Consultant, were recruited to manage the day-to-day operations of the Project. A profile of team members is provided at the end of the report.

Project Steering Group

Membership on the Project Steering Group initially included key stakeholders of both Aboriginal and non-Aboriginal organisations involved in the delivery of mental health services. The Project Steering Group provides leadership and high-level strategic advice for the Project. The Group is responsible for ensuring that the stated Project outcomes and outputs are achieved. Members of the original Project Steering Group are listed below:

- Derbarl Yerrigan Health Service
- Canning Division of General Practice
- Armadale Mental Health Service
- Ruah Community Services
- Mental Health Commission
- Office for Aboriginal Health, WA Health Department
- Western Australian Association for Mental Health
- Mission Australia
- Statewide Indigenous Mental Health

• WA Centre for Mental Health Policy Research

Due to staff changes and shifts in organisational leadership over the course of the Project, membership to the Steering Group was revised to include the following:

- Ruah Community Services
- Mental Health Commission
- Western Australian Association for Mental Health
- Western Australian Network of Alcohol and Drug Agencies
- Specialist Aboriginal Mental Health Service (Metropolitan)
- Office of the Under Treasurer
- University of Western Australia
- National Drug Research Institute, Curtin University
- WA Centre for Mental Health Policy Research
- Child and Adolescent Health Services, Department of Health

Professor Fiona Stanley is the Project Steering Group chairperson.

Project Reference Group

The Project Reference Group provides expert advice and critical direction in the conduct of the research activities for the project. Membership includes Aboriginal and non-Aboriginal researchers, mental health service providers and community members. With funding received from the National Medical and Health Research Council (NHMRC) in 2010, the Telethon Kids Institute established the Centre for Research Excellence in Aboriginal Health and Wellbeing (CREAHW). The chief investigators of the CREAHW also made up the membership of project's reference group. Consequently, the CREAHW took over the role of the project reference group.

Aboriginal Community Steering Group

The Aboriginal Community Steering group comprises Aboriginal and non-Aboriginal stakeholders; including representatives from Aboriginal families living with mental illness, Aboriginal organisations, and community groups located in the south-east metropolitan region. The Group provides timely direction, advice and assistance on consumer/community participation to the Project Team, and has supported the dissemination of the outcomes to Aboriginal consumers in the south-east metropolitan region. Membership for the Aboriginal Community Steering Group includes:

• Aboriginal Consumers and family members living in the south-east metropolitan region,

- Representatives from Aboriginal Community based organisations located in the south-east metropolitan region, and
- Aboriginal Health Consumer Council Representatives.

The project team has engaged Nyoongar consultants at various phases of the project, to ensure it complies with Nyoongar cultural protocols. They have included Nyoongar Elders and senior Nyoongar community members. The project meets regularly with the Elders, at least twice a year, to seek their advice on aspects of the research. The Elders provide advice and direction on research practice that may have cultural implications and that may impact on current and future activities planned for the project. These include planning cultural activities and community engagement events.

4. Background and Context

4.1 Demographic profile of the south-east metropolitan corridor

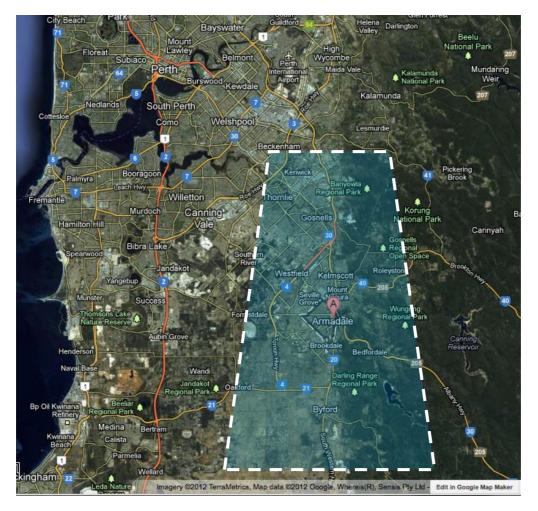
The South East metropolitan region of Perth, as defined by the Australian Bureau of Statistics (ABS), comprises a mix of high population density and rural areas and encompasses seven major localities, each with populations in the range of 30,000 – 130,000 people, namely²:

- South Perth
- Belmont Victoria Park
- Canning
- Kalamunda
- Gosnells
- Armadale
- Serpentine Jarrahdale

The map below depicts the region in which the project is based. South Perth, Belmont – Victoria Park and Kalamunda, and some suburbs within the other regions, are not included in the project's boundaries, even though they are included in the southeast corridor for ABS purposes.

 ² For a map of the region, see page 23 of the following publication: Australian Bureau of Statistics (July 2011). Australian Statistical Geography Standard (ASGS) Volume 1 – Western Australia Maps. Catalogue No. 1270.0.55.001. Available from:

http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/4C577483E21D8A32CA257801000DFD31/\$Fil e/1270055001_asgs_2011_wa_maps.pdf



The suburbs or suburb clusters listed below, which have populations in the range of 3,000 – 25,000, fall within the boundaries of the south-east metropolitan region³, as defined within the scope of the Looking Forward Project.

Table 1: Total numbers of people living in the south-east metropolitan region of
Perth (as delineated by the Looking Forward Project).

Location	Total Population	Total ATSI population	Percentage of ATSI people in the population
Canning region			
Bentley – Wilson – St James	19,558	411	2.1%
Cannington – Queens Park	14,948	252	1.7%
Parkwood – Ferndale – Lynwood	13,538	156	1.2%
Gosnells region			

² Data Source: Australian Bureau of Statistics. Census of Population and Housing. [Internet]. 2011 Available from: http://www.abs.gov.au/.

Beckenham – Kenwick – Langford	17,613	506	2.9%
Thornlie	22,965	461	2.0%
Huntingdale – Southern River	14,530	238	1.6%
Gosnells	19,169	678	3.5%
Maddington – Orange Grove – Martin	11,798	384	3.3%
Armadale region			
Forrestdale – Harrisdale – Piara Waters	7,459	46	0.6%
Camillo – Champion Lakes	5,254	200	3.8%
Seville Grove	9,217	287	3.1%
Armadale – Wungong – Brookdale	16,241	860	5.3%
Kelmscott	10,019	250	2.5%
Mount Nasura – Mount Richon – Bedfordale	7,330	64	0.9%
Serpentine – Jarrahdale region			
Byford	8,156	120	1.5%
Mundijong	5,686	45	0.8%
Serpentine – Jarrahdale	3,960	90	2.3%

As shown in the table above, the percentage of Aboriginal and Torres Strait Islander (ATSI) people living in each suburb cluster ranges from 0.6% in Forrestdale, Harrisdale and Piara Waters to 5.3% in Armadale, Wungong and Brookdale. In comparison, Aboriginal and Torres Strait Islander people make up 3.1% of the total Western Australian population (ABS, 2011).

Aboriginal and Torres Strait Islander people living in the wider Canning, Gosnells, Armadale and Serpentine – Jarrahdale regions of Perth are younger and more likely to be unemployed compared to their non-Aboriginal counterparts. The weekly income of Indigenous households is also slightly less in comparison to the broader population living in these areas, as illustrated in the table below. Table 2: Demographic structure of the population living within the Canning, Gosnells, Armadale and Serpentine – Jarrahdale regions of Perth (as defined by the ABS).

Location	Median age ⁴		Percentage of people unemployed		Median ⁴ weekly household income	
	Total population	ATSI population	Total population	ATSI population	Total population	ATSI population
Canning region	34 years	21 years	5.7%	16.6%	\$1,384	\$982
Gosnells region	33 years	21 years	5.5%	19.0%	\$1,372	\$1,156
Armadale region	34 years	19 years	5.4%	18.1%	\$1,309	\$1,075
Serpentine – Jarrahdale region	35 years	18 years	3.9%	18.1%	\$1,636	\$1,632

5. Nyoongar country and people

Nyoongar country covers the area just south of Geraldton, east of Merredin and to the south east to Esperance on the Western Australian coast (see Figure 1). Nyoongar people comprise 14 clans or family groups spread across the south-west region of Western Australia. The Perth city area on which the research has been conducted is Whadjuk Nyoongar country.

⁴ The Median represents the mid-point of a range of ages or values. It is not to be confused with the average.

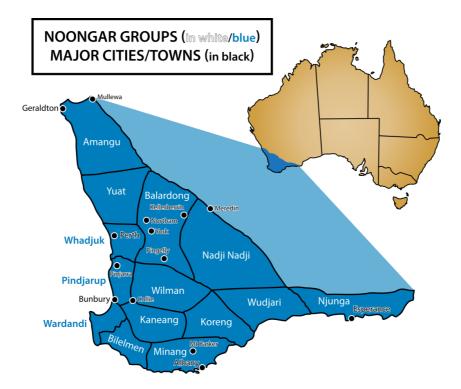


Figure 1. Fourteen clans or family groups make up the Nyoongar Nation, covering the lower south west of the state of Western Australia. Image from Wikipedia.

The majority of Aboriginal participants in the project are Nyoongar people, living in the suburbs along the south-east corridor of Perth. A key finding from the Project was the fact that Aboriginal participants identified as being Nyoongar, rather than being more broadly recognised as Aboriginal and Torres Strait Islander, as the latter term does not adequately convey their unique connection to the south west of Western Australia. Their direction to us was that they wanted to be identified in the first instance as Nyoongar people. Complying with this direction aligned with our intentions for working in an Aboriginal research context, as we have always maintained that working with Aboriginal people should have a dual focus; 'the first, is to incorporate Indigenous knowledge in the research process and second, to use research so as to mitigate the damaging effects of colonisation' (Wright 2011, p. 23). We discuss the application of a decolonising process in the Findings sections of this report.

Most research in the past was underpinned by colonialist principles and research practices that were conducted 'on' people rather than 'with' people (Rigney 1997, 2001, Moreton-Robinson 2000, Tuhiwai-Smith 1999, 2003, Foley 2003, Dudgeon 2008, Tuck 2009, Alfred 2009). Colonisation in Australia has had serious implications for, as Sherwood states, 'Australia's colonial history sets the scene for problematic constructions of Indigenous people' (2009, p. 25). Given the oppressive nature of colonisation, we believe any research conducted with Indigenous people needs to focus on interventions 'that dismantle oppressive systems and empower participants to seek and demand change' (Wright 2011, p. 36).

6. Literature review

6.1 Consumer experiences of mental health service provision

In 2012-2013, the proportion of Aboriginal and Torres Strait Islanders reporting their health as excellent or very good had decreased five percentage points to 39% from 44% in 2008 (Commonwealth of Australia 2014). At the same time, reports of high or very high levels of psychological distress had risen from 27% in 2004-5 to 30% (SCRGSP 2014), and 30% of Aboriginal adults reported high or very high levels of psychological distress (Productivity Commission 2014). Pat Dudgeon and others report that, 'Ten per cent of the health gap between Indigenous and non-Indigenous Australians in 2003 has been linked to mental health conditions; another 4% of the gap is attributable to suicide' (Dudgeon et al 2014, p. 2). Treatment and hospitalization rates for mental health disorders, and death as a result of mental health disorders, across the board, are higher among Aboriginal and Torres Strait Islander people than non-Indigenous people (National Mental Health Commission 2014b, p. 72). A review of National Mental Health Services states that

the most prominent theme (of over 1800 submissions) was that the way in which the mental health 'system' is designed and funded ... means that meaningful help is often not available until a person has deteriorated to crisis point ... because no mental health supports are accessible to them, they do not exist in their area, or they are not appropriate to their needs (National MHC 2014, p. 5).

Despite the apparent need for support and help, there is evidence that Aboriginal people do not access mental health services at a level that corresponds with this need. Miscommunication, misunderstanding due to cultural and language differences, and a lack of trust have been cited as some of the main barriers for service utilisation (Eley Hunter, et al 2006, Isaacs, Pyett, et al 2010). In 2008, 10% of Aboriginal and Torres Strait Islander people surveyed about problems accessing health services said this was related to trust, while seven per cent (7%) said the cause was that services were not culturally appropriate (Ware 2013). In Perth, community concerns have been raised regarding the adequacy of mainstream mental health services to respond appropriately to the mental health needs of Nyoongar people living with a mental illness (Wright, Culbong, et al 2013a, Wright 2010) and there is a clear unmet need across the mental health services sector with the government calling for the expansion of "high quality, effective and efficient specialized services to meet the demand" in Aboriginal mental health services (Government of Western Australia 2015).

The recent *Overcoming Indigenous Disadvantage* (SCRGSP 2014) report cited dramatic increases in attempted self-harm and suicides among Aboriginal and Torres Strait Islander Australians with the percentage of reported hospitalizations for intentional self-harm increasing by 48% between 2012-2015. In WA, incidences of self-harm and suicide within certain age groups in the population are also at unacceptably high levels, with suicide being the leading cause of death for males under the age of 44 and for females under the age of 34 years (Government of Western Australia Mental Health Commission 2014). More specifically, Nyoongar people living in the south-east metropolitan (Armadale to Bentley) region of Perth reported to the Looking Forward Project that there has been a dramatic spike in the number of suicides in the area over the past seven years (Wright et al 2013a).

Urbanization has also contributed to the poor mental health outcomes for Nyoongar families. As a result, colonisation and its disempowering structures, marginalises and devalues the critical impact Aboriginal spirituality and culture has on their mental health and wellbeing (Duran & Walters 2004). Unfortunately, there are occasions where Nyoongar people living with a mental illness and their families are being neglected by mainstream mental health services. Effective and consistent mental health and drug and alcohol service provision to Nyoongar peoples in Perth Western Australia has seldom, if ever, been attained. Their sense of alienation has been increased due to poor communication and their lack of trust in mental health providers (Eley 2006).

The inadequacy of mainstream mental health services to respond appropriately to the mental health needs of Aboriginal people continues to be a major issue. The *Not for Service* report from the Mental Health Council of Australia (2005) identified that the policy of deinstitutionalization and other service provision initiatives failed because of insufficient funding by governments for appropriate community and family alternatives. Mental illness experiences within an Aboriginal family are stressful, and families are often under-resourced to be able to adequately respond to the family member with a mental illness. The involvement and support of the extended family network, can be

very important for those caring for relatives with a mental illness. This support more often than not goes unnoticed, and as a result is underutilized and even jeopardized by mainstream mental health providers (Zubrick et al 2005). Therefore, it is essential that meaningful partnerships between families and mental health service providers are established, promoted and sustained to explore solutions beyond the current biomedical model, involving a more holistic approach to mental health which includes Aboriginal spiritual and cultural beliefs throughout the entire process, from diagnosis and management through to recovery (Eley 2006).

6.2 Mental health and co-occurring substance use

The co-occurrence of mental illness and problematic substance use has been well documented (Cole & Sacks 2008, Davis 2003, Shand, Gates, Fawcett & Mattick 2003, Teesson & Burns 2001, Todd, Sellman & Robertson 1999). In Australia, for example, between 20-30% of women, and 12-25% of men who have an alcohol misuse problem met the diagnostic criteria for a mental illness (Jane-Llopis & Matytsina 2006). Much of the literature in this area asserts that comorbidity of drug and alcohol disorders and mental illness is 'common' or 'highly prevalent' (see, for example, George 2007, Hall, Lynskey & Teesson 2001, Teesson & Proudfoot 2003, Todd et al. 1999), and it has been suggested that:

... a person with a mental illness is two to three times more likely to have a substance use problem than someone without a mental illness (Cole & Sacks, 2008, p. 34).

Mental illness and substance use disorder treatment services in Australia are generally believed to be very good; however, researchers have consistently identified a lack of communication between the two sectors which diminishes the effectiveness of the support provided to people with comorbidity concerns (Teesson & Byrnes, 2001). As outlined in the Project phases (Section 7), we included services from the drug and alcohol sector in addition to the mental health services. This was on the advice from providers about the challenges faced in regards to co-morbidity and co-occurring illness.

6.3 The cost of mental health disorders

Mental health problems are burdensome to society, and represent a major global public health challenge across all stages of life (Patel et al 2007, Collins et al 2011). In developed countries like Australia, mental and substance use disorders contribute the highest burden of all major cause disease groups in young people, and around 1 in 5 Australian adults experience a mental disorder for an average duration of 12 months (Erskine et al 2014). Despite the availability of effective treatments for most disorders, treatment rates are low, with only one third of Australians (34.9%) with a mental health disorder reporting use of health services for their mental health problem (Australian Bureau of Statistics 2007). Rates of treatment for minority groups such as Aboriginal peoples may be even lower, despite evidence to suggest rates of mental health problems are twice as high in this population (Australian Bureau of Statistics 2014).

6.4 Indigenous models of service delivery

Aboriginal families face a number of challenges with services that have often been delivered in culturally inappropriate ways and which do not embrace their lived social and economic realities (Saggers & Gray 1991, SCRGSP 2014, Zubrick et al 2005). Aboriginal parents may also be reluctant or anxious about dealing with service providers because, for example, the history of the Stolen Generations may engender fear of child removal (Andrews, Austin, Clarke, Goodman & Miller 1998, Hayman, White & Spurling 2009). The literature notes individual, institutional and systemic racism, shame, and 'shyness' as additional barriers to access (Ware 2013). Even where their only language is English, Aboriginal peoples face communication challenges, because of realities of switching between 'Aboriginal and non-Aboriginal ways of being', which has been called bi-cultural competence (Ralph 1997) or 'code-switching' (McConvell 1988, McConvell & Meakins 2005).

There is considerable literature around the conditions needed to assist health services toward being utilised by and of benefit for Aboriginal people. Health and other services need to provide a space that is welcoming and culturally acceptable. Staff should be trained and have an awareness of the ongoing effects of colonisation, and a recognition of the need to take the time to build a relationship of trust and respect (Walker 2011, Walker & Sonn 2010, Ware 2013). An understanding of the differences between the western view of health situated within the biomedical model of individual responsibility and the Aboriginal view of 'wellbeing' which encompasses not only physical, but also spiritual, emotional and cultural wellbeing within a holistic family-oriented frame, is essential to the provision of good health care for Aboriginal people (Dudgeon et al 2014, Ware 2013, Westerman 2004, Wilson 2006).

When asked specifically about cross-cultural mental health training, a group of 19 traditional healing Elders (13 men and 6 women) from the United States and Canada identified key concepts as guidance for mental health workers training to work with Indigenous people. Among these were: the importance of listening; the need for healers

to be passionate about their work and selfless of intent; the importance of community; and that all healing is ultimately spiritual healing (Mehl-Madrona 2009).

There is overwhelming evidence for the need for more appropriate mental health services. The lack of appropriate culturally secure mental health services for Aboriginal peoples is well documented (Dudgeon et al 2014). Both the WA Suicide Prevention Strategy 2009-2013 (2009) and the recent WA Ombudsman Report (2014) into youth suicide recommend that services need to be more accessible and culturally secure. While the need for culturally secure services is clear, the evidence for what is required for services to be accessible and responsive to Aboriginal families is not so clear (Dudgeon et al 2014). Most concerning is the lack of consistent and meaningful engagement with Aboriginal peoples in the design, development and delivery of mental health services (Wright & O'Connell 2015, National Mental Health Commission 2014). Working effectively with Aboriginal families living with mental illness requires that services recognise the importance of kinship, culture and connection to country (Wright et al 2013, Dudgeon et al 2014). Research from Canada suggests that first and foremost community empowerment through self-determination is a key factor for mental health and wellbeing (Chandler & Lolande 1998).

In their literature review of partnerships between Aboriginal and mainstream health services, Taylor & Thompson (2011) address the question of these strategic partnerships as a way of confronting "the complex social determinants driving poor Aboriginal health while working towards a more culturally competent model of service delivery" (p. 298). While noting that such partnerships produce benefits including building clinical capacity for Aboriginal staff and helping to break down institutional racism, there are also challenges to be overcome if they are to be successful. These challenges include: historical impacts, power sharing, the building of trust and development of linkages, two-way learning, leadership, adequate resourcing and accountability. The five most identified key themes arising from the literature on overcoming these challenges to improve partnerships are:

- 1. ensure partnership services are developed in response to needs articulated by the Aboriginal community;
- 2. honour Aboriginal ways of building relationships and allowing development of trust over time;
- ensure meetings are held regularly and staff have opportunity to interact and build relationships;

- 4. need for motivated individuals (partnership champions), commitment of senior staff, leadership and vision; and
- 5. ensure there is equal participation in planning and power sharing (Taylor & Thompson 2011, p. 302).

When self-determination is present mainstream services are forced to adapt and support the mental health and wellbeing of Aboriginal clients to ensure their full involvement and participation in the development and delivery of culturally secure health services that appropriately meet their needs (Dudgeon et al 2014, Wright & O'Connell 2015). Health researchers are becoming more aware that crucial local knowledge and local power is required for the creation of strategies to address health disparities for Aboriginal peoples (Chino et al 2006, p. 596).

7. Research Methodology

2011-2012	2012-2013	2013-2014	2014-2015
Engaging the Community	Preparing th	e Third Space	Co-Production

7.1 Indigenous research frameworks and participatory action research

Our research process has been guided by an Indigenous research paradigm informed by the research and writings of other Indigenous scholars and researchers (Chino & DeBruyn 2006, Smith 2003, Rigney 1997, Moreton-Robinson 2000, Watson 2004, Wright, 2011), and by researchers working within a participatory action research paradigm (Cornwell & Jewkes 1995, Stringer 1996, Wallerstein 1999, Pyett 2002, Khanlou & Peter 2005). Participatory action research is a set of approaches that aims to address social inequalities by engaging those who are often marginalised and disempowered in developing solutions to these inequalities.

The research has also been influenced by emancipatory research theories and practices, (Lather 1991, Frèire 1983, Wallerstein & Sanchez-Merki 1994, Fine & Weis 2005). Our research process is framed by a respect for and acknowledgement of Nyoongar culture. Indeed, as one of the community participants told us, 'our research methodology based The application of a participatory and collaborative research framework in this research project facilitated a decolonising process by privileging a Nyoongar worldview. on Nyoongar knowledge and cultural belief is about decolonising the research space'. The application of a participatory and collaborative research framework enabled a decolonising process by privileging a Nyoongar worldview (Wright 2011, Fredericks 2011, Tuck 2009, Dudgeon 2008,

Duran et al 2007) and the protocols through which it is practiced. In so doing, the dominant worldview through which the western mechanisms, structures and value systems are produced and supported recede to the background, giving ground to Nyoongar mechanisms, structures and value systems so that they can stand in their own right (Wright & O'Connell 2015).

A major strength of using participatory action research is its flexibility. We were continually realigning the methodology to fit the rhythms of and responses from the community. Being too rigid with the methodology would have created difficulties both for the participants and for us, the researchers. So too, engaging meaningfully meant creating 'third spaces' that enabled participants to come together in ways that had not been achieved previously. We discuss this in more detail in the next section.

By applying the underlying participatory action research principle, to commit to work in partnership with participants to address community concerns, we could adjust our methodology to fit community expectations and aspirations.

It was clearly evident that we needed to concentrate on our efforts with the community and assist in helping them build their capacity to engage more constructively and effectively with mental health service providers.

7.2 Phase One (2011-2012): Engaging the Community

Phase One involved engagement and consultation with community members, along with key Aboriginal controlled and managed, community based, and public organisations in the Armadale-Bentley region. The aim of the community consultations was to establish and sustain relationships with key groups over the next three years of the project.

Participant recruitment

In the three months to the end of 2010, members of the research team met with a total of 14 community groups, and community and government organisations, to introduce

the project and gather commitments for assistance in recruiting participants for the community forums and to implement the culturally appropriate mental health framework resulting from the project. Six Aboriginal organisations or groups were identified and approached to assist with participant recruitment and hosting of the community forums:

- Maamba Aboriginal Corporation;
- Langford Aboriginal Association;
- Champion Centre, Armadale;
- Derbarl Yerrigan Health Service;
- Aboriginal Primary Health Care Team, Canning Division of General Practitioners; and
- Aboriginal and Islander Education workers (through the Canning District Education Office).

By the end of 2010, Langford Aboriginal Association had agreed to host two community forums in March 2011. Champion Centre had agreed to host several forums, and had suggested a number of smaller community groups that may like to recruit participants for the forums, for example Boodjar Yorgas Clinic for Young Mothers at Armadale Hospital.

Ruah Community Service, our community partner, worked closely with project team members throughout this early period, assisting with providing links into the community and acting as a reference group and colleagues to the team. Ruah also committed to assisting with participant recruitment, and the provision of support at the forums.

We conducted eleven (11) community forums from March to December 2011. Tim Muirhead and Danny Ford were engaged as consultants for the forums. Both have many years of experience of facilitation with Aboriginal and non-Aboriginal groups.

In addition to the community forums, a survey capturing the experiences and impacts of racism was conducted. The results are outlined in more detail in the Findings section. Then, from January to August 2012 we engaged with the community in a further ten (10) small group focus sessions, using the themes from the original forums to progress the development of an appropriate service delivery model.

In our original proposal we had planned to bring the community and the mental health service providers together in early 2012 to collaboratively design a service delivery model. Given the degree of anger voiced by Nyoongar community forum participants and their initial lack of motivation to engage with local mental health services, we changed our focus and concentrated our efforts on working with the smaller community cohort of Nyoongar people including Elders, community members, and Aboriginal health workers. This shift in focus was both fortuitous and valuable for it significantly deepened the process of engagement and as a consequence dramatically improved the product. This report expands on this in a later section.

7.3 Phase Two (2012-2013): Preparing the 'Working Together' Space

Phase Two included the recruitment of mental health service providers. After further consultation with services, recruitment also included drug and alcohol support services, given the discussion around co-morbidity and the complex needs identified by both community members and service providers. Participating services signed a Participation Agreement, developed in partnership with Ruah Community Services, to formalise their commitment to working with the researchers and with the Nyoongar community for a period of three years. Services and their nominated sites are listed below.

Participating Organisations	Sites involved			
Mental Health Services				
MercyCare	Head office in West Perth			
Richmond Wellbeing	 Head office in Cannington Partners in Recovery Program: Bentley – Armadale Medicare Local Region Ngulla Mia residence in Perth Staff from other RW sites and programs have also been directly involved in the project. 			
Ruah Community Services	Head office in West PerthRuah Inreach Armadale in Maddington			
YouthReach South	• Office located in Success – service covers the south Perth metropolitan region			
Youth Axis	Office located in Wembley – service covers the entire Perth metropolitan region			
*Armadale Mental Health Service	Mead Centre (Adult Community Mental Health Service) located in Armadale			

Table 3: Service sites participating in the Looking Forward Project.

* Child and Adolescent Mental Health Service (CAMHS)	 Head Office in West Perth Site located in Armadale Staff from Midland area were involved in early phase of the project
* Specialist Aboriginal Mental Health Service (SAMHS)	• Located at the Graylands Health Campus, Mt Claremont – service covers the entire Perth metropolitan region
Drug and Alcohol Support Services	
Drug and Alcohol Withdrawal Network (DAWN)	• Based at St John of God Hospital in Subiaco – service covers the entire Perth metropolitan region
Palmerston Association	• Therapeutic Community located in the Kwinana region
South East Metro Community Drug Service	• Site located in Thornlie (Previously operated by Mission Australia, now run by Palmerston Association)
Peak bodies	
Western Australian Association for Mental Health (WAAMH)	Office located in East Perth Supports the non-government mental health sector throughout Western Australia
Western Australian Network of Drug and Alcohol Agencies (WANADA)	Office located in West Perth Supports the non-government drug and alcohol sector throughout Western Australia
Mental Health Commission, Western Australia	Office located in Perth city Oversees the Western Australian mental health and drug and alcohol sectors

*Denotes services no longer actively participating in the Project.

7.3.1 On creating 'third spaces'

To ensure authentic co-production, we scheduled sufficient preparation time to set up the necessary 'third spaces' for Elders and services providers to come together. This came to be known as the 'working together' space. A schedule of preparation meetings and activities is included at the end of this report (Appendix 2).

Bhabha (1990, 1993) presents a theoretical construction of 'third space,' which supports decolonisation and transformation, as he draws together theories of communication and culture. He acknowledges the complexities for marginalised groups whose cultural values, needs and aspirations are historically not included in dominant policies, benefits and services. Bhabha asserts the possibility to renegotiate what is needed to effectively transform their social circumstances on their terms. Dudgeon and Fielder (2006)

contend with Bhabha's concept of a 'third space'. They unpack his theoretical arguments thus:

Bhabha is very clear about the third space being one that involves struggle. The third space is not some safe and secure position that ensures formulaic political correctness. The third space represents a radically hybrid space—unstable, changing, tenuous, neither here nor there. The third space is not just something in-between two distinct cultures: for Bhabha, there is no pure, homogeneous cultural space—even within an ostensibly unitary and coherent culture. Communication always takes place (or, more precisely, makes space) inbetween (p. 401).

Given the emancipatory principles guiding the project, we align with Bhabha's and

Dudgeon and Fielder's thinking, insofar as understanding that to generate change within dominant western structures is to create alternative spaces that then allow for a sharing of views that can challenge such structures. What we have discovered throughout the project is that creating

Creating third spaces allows for direct engagement and communication and seems to move people to act differently.

spaces that allow for direct engagement and communication seems to move people to act differently to how they otherwise might, if they were to remain within the constraints of their worldviews.

Activities were scheduled with services throughout 2012, in parallel to the Community Steering Group focus group sessions. The intention was to develop their awareness of Nyoongar culture, social determinants impacting the health and wellbeing of Nyoongar peoples, and the impacts of colonisation and its relevance to mental health and wellbeing. A series of workshops was scheduled, again utilising the services of Tim Muirhead, and culminated in a Reconciliation Walk (scheduled as part of 2012 Mental Health Week). The Walk was led by two local Nyoongar Elders, and sponsored by Ruah Community Services, the project's community partner organisation. Details of the Reconciliation Walk are available in the 2012 Annual Project Report.

7.4 Phase Three (2014-2015): Co-production ('Working Together')

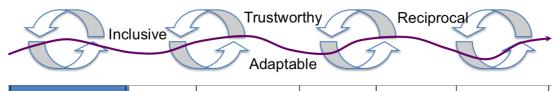
Phase Three was to have commenced in the second year of the project and involve piloting the draft service delivery model in selected sites with participating services in

the Armadale-Bentley region (as noted in Phase Two above). Also included at this time were a series of sector-wide meetings between Elders and participating services in an effort to collectively define the priorities for their change efforts. On reflection, the lack of existing relationships and distrust meant these meetings were somewhat cumbersome and slow, and participants' feedback revealed that smaller gatherings would enable greater chance of establishing more meaningful relationships and thus more purposeful planning in the longer term. Thus, following the inclusion of the additional Community Steering Group (CSG) in Phase Two and the ceasing of the sector level meetings, services and local Nyoongar Elders commenced a series of Coproduction or 'Working Together' meetings in late 2013. These meetings were set up to implement the framework developed out of the CSG and community forum activities. This framework, the draft *Minditj Kaart-Moorditj Kaart* framework (Wright, O'Connell & Jones 2013, p. 18), is discussed in detail in the findings section of this report. A summary of the 'preparation' and 'working together' meetings (2014-2015) is provided at the end of this report (Appendix 2).

The key principles that underpin coproduction are adjusting power imbalances and fostering reciprocal relationships between professionals and people using services and their families (cf. Slay and Stevens 2013, p. 3-5). In an Aboriginal context it also means ensuring trust,

Co-production in an Aboriginal context means ensuring that trust, inclusivity and flexibility are developed.

inclusivity, and flexibility are developed. It is crucial to work with Aboriginal people to challenge and dismantle structures that have oppressed and created situations of power imbalance. Unless there is trust, any initiative undertaken with Aboriginal people will fail. In regards to reciprocity, evidence of shared decision-making and flexibility in the co-production process is essential for developing an enduring foundation of trust and encourages people's adaptability to change.



Self Directed Self Determined	Inform	Consult	Involve	Collaborate	Co-create Co-production
Decision making enacted by those most affected. They drive, manage and implement. Full ownership and equal standing alongside other drivers.	Provide info in order to assist under- standing	To obtain feedback & get ideas about proposed directions (possibly on alternatives) To begin to understand the issue from the consumers point of view	Incorporate ideas and feedback and some degree of working with / alongside	Partner with stakeholders in all aspects, including planning & design	Equal sharing of expertise & experience, workload, design & implementation shared decision making

Adapted from International Association for Public Participation www.iap2.org

Figure 2. Co-production begins with self-determination as the basis for working together.

8. Data collection and analysis

8.1 A rationale for collection and analysis

Working with and capturing peoples' experiences of healthcare provision is complex and requires significant time and effort. Understanding such experiences so as to develop strategies for change is all the more challenging. In addition, the creation of 'third spaces' meant we required data collection and analysis methods that were responsive to the emerging nature of the experiences shared between Elders and service staff (Dudgeon & Fielder 2006). For example, when Elders told their own experiences of the impacts of colonisation, service staff witnessed a lived history rather than a written history. Such direct engagement and exchanges provided service staff with the opportunity to undertake profound shifts in their thinking, based on these firsthand accounts of the impact of colonising forces. The challenge for the research team was to capture the wholeness of these stories as well as the responses, learnings and mechanisms emerging out of these storytelling experiences.

So too, in their telling, the Elders were effectively re-legitimising Nyoongar culture. By acknowledging past acts, decolonising processes can take hold. In the process mental health and drug and alcohol service staff have been irrevocably changed, as evidenced in the comment below:

Every time I go away from these [working together] meetings I feel I can no longer walk on the land in the same way again (Service Board Member, 2014).

The Elders were clear about the need for change and that engaging services in such a way would promote meaningful change:

No, we're not going to change their minds overnight. We can give them 1000 practices and ways of working with our people; they're not going to listen until they sit down at the table and start listening and stepping into our worldview (Elder, 2015).

In so saying then, we turn to the work of Visser, Stappers, van der Lugt and Sanders (2005) and their research into context-specific experience mapping. They describe this as a set of "techniques [that] aim to create context awareness by eliciting emotional responses from the participants" (p. 1). While an emerging area of research, these generative analysis techniques enable researchers to work with participants to deepen understanding of their experiences. At the same time they have an opportunity to clarify, support, build trust, and capture emerging knowledge with participants. This method suits the PAR framework and the co-production approach employed in the project. Experience mapping provides a rationale for analysing the stories and activities of Project participants, for it values the deepening work undertaken by the Nyoongar Elders and the services with whom they work.



Community Steering Group members map out their experiences of accessing a services using blocks and found objects (2012).

In our data gathering, we were critically aware of the need to retain a true sense of the context and shared stories of participants, particularly as sensitive and highly personal information was at times conveyed. Examples of these data gathering activities included role-plays, service mapping, democratic consensus building techniques, cultural immersion activities, yarning circles and storytelling. In order to remain respectful and

meet our ethical obligations to participants, we collected, collated and analysed these data while upholding the participants' whole experiences at the forefront of our minds.

What people experience is often determined by tacit knowledge or latent needs and is often difficult to express in words. With generative techniques, participants are guided in small steps to constructing and expressing deeper levels of knowledge about their experiences. In this way it is possible to get access to a hidden world of user experience, and thereby build a better understanding of it, which can then be used for design purposes (Visser et al, 2005, p. 4-5).

Visser et al (2005) offer the following approach (Figure 2) through which we not only collected and analysed data, but also describe the findings and the impact of these on service delivery in the participating service providers. We argue that more often than not, reporting on projects that engage with communities is often limited and not accessible to a wide range of stakeholders, least of all consumers of health services in this case.

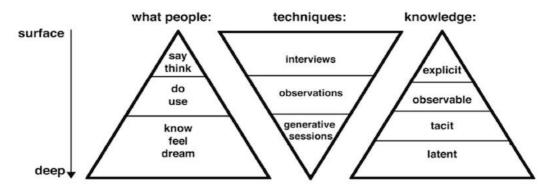


Figure 3. Visser et al. accessing different levels of knowledge about experience (2005, p. 4).

In addition to valuing the wholeness of participants' experiences in the project, experience mapping also responds to the design aspects inherent in the development of the '*Minditj Kaart-Moorditj Kaart' Framework*. The findings section describes this in more detail. Data collection activities are summarised in Appendix 1.

Community Forums (2011)

The 2011 community forums were audio recorded and the recordings transcribed. Transcripts were analysed together with comprehensive notes taken by a small team of note takers during each forum, and key themes extracted. Seventy-seven people participated in these forums, including Aboriginal people dealing with mental illness, their family members, and local service providers. The forums were organised around two central questions:

- 1. What do Aboriginal families, extended families and communities in which mental health concerns have a serious impact on their lives, need so they can be healthy, positive and strong?
- 2. What does the mental health system need to do to support Aboriginal families, extended families and communities) to stay healthy, positive and strong?

Throughout the forums, it became very apparent to the research team that there was a considerable level of distrust of the mental health system and anger at what community members felt to be a lack of sensitivity or indifference:

... in hospital you don't feel that welcome when you go there. You feel like you're ... an outsider.

I mean, you've got people telling Blackfellas to forget about the past, you've got to move on. That's in here. You can't leave it. That's what they've got in here, it stays. It's being a human being of course. Carrying our history with us, of course we do.

Holistic health - everything needs to be catered for, and mental health has always kind of been one that got left behind because it was always, like, "they're going off" or they're just kaart-warra (literally, head-bad). But it's not who they are.

The community was at that time experiencing a high number of suicides, and people were frustrated and angered by the perceived inaccessibility of services:

Might have a good mental health [service] but a Nyoongar boy or girl who's about to commit suicide tonight, they don't know where to go for support ... Guys sitting in these offices are supposed to be out talking to these young people and giving them flyers and promotions but that's not happening. Next minute someone in the community's committed suicide. There's a sense of hopelessness and they can't talk to nobody.

We were told that the community felt abandoned and isolated by the lack of support afforded them by the mental health service providers in the region:

I don't think there's enough support after, you know, the aftermath. You go to the hospital and you get diagnosed with whatever; you get administrated [sic] all these tablets to take, where's the support in the home?

What happens is happening in the evenings. When the businesses shut down there's no-one out there. Health is 24/7.

Participants also expressed discontent with their lack of representation in decisionmaking and the absence of understanding for the Nyoongar culture and worldview:

They blame us for things not changing but we don't have a say. We are the most researched people but no action.

This is our country, this is our land and yet we're not respected for any of that and we don't have a voice. And I think it's time that we need a voice.

We want to be part of the process and to have input into all policies.

There's the wadjella [non-Aboriginal person of Anglo-Saxon descent] world where ... they change their environment based upon their religion and what they believe, and our world, the Aboriginal world where our environment shapes our culture and our beliefs.

Community experiences of racism survey (2011)

At the same time, the project team conducted a survey with community members, which was in three parts: Community Experiences of Racism, Systemic Racism, and Health and Wellbeing (K10). There was a total of 58 respondents to the survey, the overwhelming majority of whom answered all questions in the first two parts (no less than 96.6%). For all questions in the Health and Wellbeing survey, 57 of 58 respondents (98.3%) answered each of the 10 questions. These data were analysed using SPSS package with the assistance of Peter Jacoby, a biostatistician at the Telethon Kids Institute, for whose efforts we are extremely grateful.

Elements of the survey presented the team with some concerns. While the majority of those answering the two questions asked about Community Experiences of Racism chose the option of 'sometimes', 34.5% of people said that they were 'often' or 'very often' treated unfairly because they were Aboriginal by police, security personnel, lawyers or in a court of law, rising to 75.9% when added to those who felt that this was 'sometimes' the case. Similar numbers of people (36.2%, rising to 74.1%) responded 'often' or 'very often' to unfair treatment from staff in service industries such as at restaurants, shops, or in taxis. Fewer people felt they were 'often' or 'very often' treated unfairly by staff of government agencies (25.8%) but a larger number of people (55.2%) felt that this happened 'sometimes'. Conversely, and a positive aspect for this project, only 12.1% answered that they were treated unfairly 'often' or 'very often' by staff of medical services, rising to slightly over 50% with the addition of those who felt this was the case 'sometimes'.

Answers to questions about Systemic Racism in part two of the survey were noteworthy, with 74.1% of people either 'strongly agreeing' or 'agreeing' to the question: Many Australians think that Aboriginal people are better off because they get special treatment from government, and 91.3% 'strongly agreeing' or 'agreeing' to each of the two remaining questions (Many Australians think that they are better than Aboriginal people, and There is hardly ever anything good about Aboriginal people in the media).

On the whole, responses to the third part of the survey, on Health and Wellbeing, support findings in other places of the resilience of Aboriginal people, with the majority of responses to each of nine questions being either 'none of the time' or 'little of the time' (between 51.7% and 75.9%). The exception was in the answer to the question: How often did you feel tired out for no good reason, where just 34.5% of respondents answered 'none of the time' or 'little of the time', and almost a third said they felt like this 'most' or 'all of the time'.

Community steering group meetings (2012)

In 2012 a Community Steering Group (CSG) was formed, underpinned by the preliminary themes that had emerged from the forums. These included:

- the need for a culturally secure mental health service,
- the need for a healing centre,
- the need for culturally appropriate mental health education, and
- the need to respond to local issues, including pressing social issues such as overcrowded housing, youth unemployment, lack of education opportunities, and the increasing number of suicides across the region.

The role of the CSG was to unpack these themes and the forum findings that such a culturally safe mental health service would ideally have, as standard, attributes of flexibility; accessibility; non-judgmental and approachable staff; relevance, and trustworthiness. Service principles would include attention paid to surroundings which were welcoming for Aboriginal people, in decor, layout, language use, and in the understanding of cultural and spiritual matters and the Aboriginal worldview.

The CSG sessions included up to 15 community members, with each session attracting between six and eight members every two weeks from January to July 2012. Two facilitators were employed for these focus group sessions, one a Nyoongar man and the other a non-Aboriginal woman, both from the education sector and with facilitation experience. The facilitators worked directly with the small group and the research team to develop the service delivery model in an iterative, experiential process. This process used video based role plays, 3D context mapping⁶, building blocks, and yarning to generate a deeper understanding of the community forum themes and produce a valid and relevant service delivery model.

Sessions were audio recorded and the recordings transcribed. In addition, one of the facilitators, having work experience in e-learning design and development, set up a private online journal through which to capture the iterations of the emerging service delivery model along with clarifying the group's rationale for its development. In devising the model, the CSG had broad discussions across a number of areas, including such things as the need to:

- ensure that the Nyoongar world view is at the forefront of any change plan;
- move away from a 'trauma' model to a 'healing' model;
- offer a family centred service, firmly grounded in culture and supported by highly skilled staff;
- provide a 'managed' response, culturally, holistically, and in partnership with the person and their family, involving Elders, Healers, and service staff;
- build stronger connections with mainstream services; and
- undertake a 'shared journey' which opens service providers and their staff to an acknowledgement, understanding and acceptance of Nyoongar culture as a necessary starting point for change.

Due to the iterative nature of the design of the service delivery model, analysis took place *in situ* with CSG participants. CSG participants directed us to contact Elders to endorse the draft framework, as is cultural protocol. The findings section describes the draft framework in more detail.

In September 2012, a group of Elders endorsed its use with mental health and drug and alcohol services. They were also willing to work with the services to ensure its successful implementation.

Preparing to work together (2013)

The community engagement phase culminated in a one-day 'Open Space' Workshop titled 'Building meaningful working relationships', in July 2013. Participants included

⁶ Creative context maps can reveal a whole system of meaning, in often complex environments, beyond the physical environment, incorporating beliefs, actual and imagined relationships and barriers, and interrelated factors that make up the socio-political and socio-economic fabric of a community.

Nyoongar Elders, community members and mental health service providers. Coordinated by renowned open space facilitator, Brendan McKeague, the agenda for the day was set by the participants in response to one overarching statement: *Building a more meaningful working relationship between Nyoongar people and mental health and drug and alcohol service providers, now and for the future.*

In line with the principles of open space, every issue put forward by the participants was given ample opportunity for full discussion and every participant was sent a book of proceedings following the workshop. Overwhelmingly, the presence of the Elders was, in and of itself, a pivotal factor to the success of the day. Participant feedback on the open space workshop was positive:

"I really liked the format of 'open space', I really enjoyed [having] time to yarn, connect while still staying focused on the task of the day."

"... The day brought it all together for me particularly through meeting the Elders. I loved the openness and honesty from the Elders. ...I also felt they were educating us through their own experiences. The overall day was well run in a beautiful setting and everyone was very respectful of each other and who spoke...."

The discussions ranged from getting started on the journey to moving to a Nyoongar worldview from a Wadjella one. Conversations included ways to bring together Nyoongar language and service based language, and ways to bring together Western healing with traditional healing approaches. It was beyond a doubt that the central theme arising from the day was to do with ways and means to bring two worlds together for a better future. A proceedings document was produced following the workshop and captures the themes discussed and strategies for further engagement between Elders and service providers.

Elders' interviews - Being Nyoongar (2013)

In 2013, we conducted three small group interviews with seven local Elders to understand what 'being Nyoongar' meant to them. The aim was to develop culturally appropriate information sheets for service staff so they could better understand the practices and protocols inherent in Nyoongar culture. These interviews were recorded, transcribed, and analysed to extract key themes that would provide the basis for these information sheets.

The themes that emerged out of these interviews confirmed that it was essential, indeed, non-negotiable that Nyoongar worldview experiences and practices must be central to

any effective service delivery model. The interrelated themes discussed by the Elders included;

Country, land and place:

- growing up on country, with Elders/role models
- relationship to land
- historical dispossession of land and disconnection
- spirituality and country
- cultural practices and country
- governance, protocols and country
- stories connecting country
- language and country

I know we still have that spiritual attachment to Nyoongar country. Every tree - there's a story for just about every tree and every hill and waterhole and it's just sad that a lot of it has been lost to our people but there is still strong element of it out there.

I know if I went out in the bush today I know I could live in the bush without starving because I know what plants I need to eat and what times of the year that they [come].

Spirituality:

- spirits and the land
- spiritual teachings and practices
- broken spirit

[M]ost of our people believed in the Wargul - the Rainbow Serpent - and they believed in - well, they believed in the spirits... ...they believed in the land. They believed in the naturalness that they're seeing.

...that loss of culture and loss of land and family seriously impacted on our people. So you have that breaking of spirit, disjointed culture, family loss and separation and all of that happened over 200 years. I believe it will take a lot longer for that to heal. So it's like our spirit's been broken...

Language and storying:

- using (Nyoongar) language
- stories and connecting
- language and racism

When we go [to a special place] I talk in Nyoongar and introduce myself and my family and ask the spirits to look after us that we're only there for a short visit and leave it as we find it, so only our footprints.

...we had a lot of problems with schools, you know, with the little ones when they start kindy and pre-primary. The teachers would use this big long sentence on them and the kids didn't - you know, our language at home is all cut in half, hey? You know, we don't use every word in the dictionary to make a point come through.

...when I was in education you get called coconut and everything. I said what do you mean by coconut? Brown on the outside and white in the middle because you talk that bureaucratic jargon...

Elders and mentors/teachers:

- connecting with young people
- connecting with Wadjellas and Nyoongar people

That's why it's very important when you have meetings like that - workshops - invite your Elders because we're losing too many Elders every year and we should invite young people here so they can - when [they've] got an Elder, you've got a younger person there and that culture's being passed down and they're learning at the same time. It's not just the Wadjellas.

Well it's like a two-way learning like I said. We're working with Wadjellas and we're working with Nyoongars. We're working with all Aboriginal people around the place. It's the connection and the way you want to work it. It's a two-way learning... Unless you've got that, you're not going to achieve things.

Service handbook: Open Hearts, Open Hands: A Spiritual journey of change (2013)

As a result of interviewing the Elders, we realised it is difficult to construct a theoretical concept of a Nyoongar worldview. Instead, we developed a handbook which would enable service staff to undertake reflective preparatory work that would enable them to be open to a Nyoongar worldview on the Elders' terms, that is, experientially. The Open Hearts, Open Hands: A Spiritual journey of change (2013 – the Handbook), provides cultural and technical direction for service providers engaging in the 'working together' or co-production phase of the project. It aims to provide non-Aboriginal service workers with a 'cultural map' through which to navigate the changes they seek to make in partnership with Nyoongar Elders. The handbook is written in a conversational style to guide service staff in their conversations with Nyoongar Elders. It is a tool for reflecting

on their journey and its myriad, complex learnings. The Handbook was released in July 2013 at the 'Open Space' workshop, marking the beginning of the Co-production, or 'Working Together' phase.

Action Plans for change

Participating services drafted an Action Plan for Change as a starting point for their conversations with Elders. These plans were structured around the six attributes outlined in the draft '*Minditj Kaart-Moorditj Kaart' Framework*. Meetings were scheduled every four to six weeks and minutes were recorded to help map each service's 'journey of change' recorded over the next twelve months. Most services began these 'working together' meetings in earnest around March 2014 and are still meeting regularly at the time of this report, some 18 months later. This is the 'Co-production' phase itself, whereby services and Elders are exploring ways of working to develop more responsive practices for supporting Nyoongar clients and families.



Drug and alcohol services attend a 'working together' meeting at the Canning River Eco Centre with Elders, which included a damper making session (2014).

In parallel to these more conventional qualitative research methods, services attended cultural activities facilitated by Elders such as damper making, gathering bush tucker and making bush medicines, making billy tea, bushwalking, message stick painting, weaving, dancing and singing, storytelling, and in some cases, camping on country with Elders. The aim was to immerse service staff into Nyoongar culture through direct experience. These occasions prompted more informal conversations and connections between Elders, family members and service staff, including executives. A summary table of data gathering activities can be found at the end of this report.

8.2 Shared storying: A critical method

Relationships often have multiple meanings. The interpretation of relationships in a service delivery context is usually limited by the codes underpinning professional

standards. More often than not, professional practices appear somewhat impersonal and detached. An unintended outcome to this way of working is the lack of genuineness and openness of service providers perceived by community members. Being in relationship is an energetic and dynamic process. It is neither passive nor neutral, as it requires energy, enthusiasm and effort. Community members can recognize falsity and lack of authenticity, which raises serious questions and doubts about the service provider's, legitimacy, reliability and relevance.

Shared storying was a method utilized to mitigate the preference for 'business like' interactions between Elders and service providers. Shared storying is a powerful process that enables Elders and service providers to come together in a safe space where they can better understand their shared histories without judgement. Their shared storying provided a conduit for an appreciation of the impact of colonisation, as well as the positive impact Nyoongar culture has on health, wellbeing and identity.

Primarily our aim was for service providers to 'hear' a Nyoongar experiences unimpeded by the dominant paradigm that shapes our modern way of life. What was encouraging was how energetically service providers engaged in the shared storytelling. Being introduced to the unique qualities that

Preparing 'third spaces' by sharing stories was a critical method through which to bring services and community together.

comprise a Nyoongar worldview provided them with a foundation on which to change their work practices so as to respond more effectively to Nyoongar clients and their families (Wright et al 2013b, Wright & O'Connell 2015).

Similarly, Elders heard stories from service providers that broadened their understanding of what it means to be non-Aboriginal and subsequently, learnt more about the operations of the service. In addition to storytelling, other activities included trips on country, sharing food, learning about family, and attending conferences and events together have enabled service staff to directly experience aspects of a Nyoongar worldview. For service providers to engage and build relationships with Nyoongar Elders they have needed to:

- Understand community dynamics and connect with the community,
- Learn about Nyoongar people and their cultural perspectives, and
- Build the practical skills to work differently respecting the diversity in the community and working to its strengths.

The Elders feel more empowered and have also increased their knowledge and of the complexities confronting service providers in the delivery of services.

This state of connectedness through shared storying is a new experience for service staff, particularly as personal stories are not often encouraged, or valued, in professional settings (although, ironically, clients are asked to reveal detailed and complex personal histories to practitioners who themselves remain an anomaly to their clients). Service staff struggled initially in making sense of the stories the Elders tell, taking them at face value. Over time, however, service staff begin to experience the circularity in their engagements with the Elders and find they can reciprocate in a similar way as they begin to tell their own stories. It seems then that stories teach us how to sit, listen and learn.

I'll be honest; there have been times when it's been incredibly uncomfortable just because I've never sat around the table with Aboriginal Elders before. My sense is that - or my feeling is that if you put me in a room leading a meeting amongst service providers or with other staff, I know the unwritten ground rules and I know how things work and how things operate but if you put me in a group, and [that's been] around this very table, any meeting with Aboriginal Elders, I don't know what the unwritten ground rules are and I'm learning very slowly. They've been very welcoming and very approachable but just from myself, I just think having a complete lack of confidence in myself to know what is appropriate... (Service Executive staff member, 2014).

Storying is central to Nyoongar peoples' ways of being and doing for it enables engagement and inclusivity, and is critical in understanding both the depth and closeness of relationships. In practical terms it also serves to connect people over space and time to remember, place and recall people and events (Styres 2011). The story of colonisation is one such phenomenon that can be redressed through a (re)telling of past events from a Nyoongar point of view so as to even out the playing fields of history (Wright et al 2013a, 2013b, Wright & O'Connell 2015). Milroy and Revell (2013, p. 3) note the ways in which the coloniser tells a story that is not connected to the land, but rather an appropriation of it:

The colonizer, when gazing on the "new" land, sees the place and the story he wants to make, the colonial fiction he will create: a story about property and value, not land and spirit, about the "nation" to come, not the "Country" that is. The colonial story is usually man made, though women will be complicit, and then active, in the story. The "new" story will be told in a foreign language.

Nyoongar communication, whether through language, song, dance or art, embodies and conveys the spirit of, land, family, and kinship. Within the experience of engaging with a Nyoongar worldview there is unlimited potential for anything to happen, in particular, we have witnessed a stronger and more direct experience of the meaning of, and relationship to, country by service staff. This has meant a fundamental shift in how non-Aboriginal people see themselves in relation to the land and consequently, their places of work. For many service staff, learning happens on country and through listening to Nyoongar Elders' stories of country and thus, more deeply and directly connecting to what it means to 'be Nyoongar' by sitting with or walking alongside them.

9. Discussion

9.1 Deconstructing 'cultural safety'

Throughout our research we have realised that the meaning of the phrase 'cultural safety' is fraught with misunderstanding. We agree that there is a need to create spaces that are culturally safe for Aboriginal people. However, it is our view, that there is currently much confusion around what is meant by 'cultural safety' especially in the context of Nyoongar people. In our work it appeared that being recognised as specifically as Nyoongar constituted 'cultural safety' for the local community. Like others, we had become distracted by what we call the mainstream 'noise' in the use of the term 'cultural safety'. The original intent of 'cultural safety' was both honourable and well meaning, however, over time the term has become meaningless, because it is applied as a blanket concept that does not take into account existing cultural diversity across and within Aboriginal groups in Australia. In our view, the term 'cultural safety' has been devalued and distorted by mainstream groups.

We have therefore dispensed with the phrase 'cultural safety', for we believe that it does not adequately acknowledge Nyoongar law and culture, the very foundations from which a sense of cultural safety should grow in this local context. Our findings revealed that the Nyoongar community would prefer mental health services to be delivered in a way that demonstrates a comprehensive understanding and respect for a Nyoongar worldview, incorporating its protocols, practices and cultural contexts. From these findings we have developed a Nyoongar research framework that is based on a Nyoongar worldview, the principles of which might also have relevance for other Aboriginal groups in Australia. We discuss our findings later in this report. These approaches informed the following phases of the project.

9.2 Trusting in the process

A systems change framework must also include strategies for implementation and measurement in order to be effective, efficient and sustained. As an intervention project, it is important to highlight the impact the process itself has had as a significant outcome in itself. Often, the ways in which models of change, healthcare or workforce development are to be effectively implemented are not necessarily a component of the model itself. We contend that this creates a barrier to the uptake of new approaches, models or strategies and renders many well designed models ineffective.

The Elders understand the impact of their work with services.

To come together and to hear the ideas that challenge systems to work with Aboriginal people has been really, really interesting, because it's the systems that need to change in order to make a difference for our people, and this process will take a while. It's not going to happen overnight. They have to go through this process - they've got to go through these processes to get to the place where they can come back and say well, your worldview is the only view that can help your own people and they're prepared to step into our worldview (Elder 2015).

Service staff have come to trust in this engagement process too:

... we wanted to 'fix' everything quickly and looked for the most streamlined and efficient means of getting the outcomes we were looking for. There were many instances where Michael or the Elders had to remind us to slow down and look at the process of change, the relationships we needed to build with the Elders and their community and to let things evolve naturally and organically. ... it isn't possible nor wise to put strict timelines or time pressures on ourselves, instead we need to trust in the process, be patient and be held by the Elders and let the process evolve naturally. This has certainly shown to be the best in the long run and has delivered results far beyond what we ever thought imaginable (Service Executive Manager 2015).

The methodology initially was not comfortable for most of [the service's] Executive however as relationships built and sharing occurred, so understandings and connections grew. The Executive team in particular gained an appreciation of the experiences of racism in the Elders' life stories and their current concerns for their community particular their young people. Laughter and warmth also built in the group (Service Executive Manager 2015). The facilitative role undertaken by the project team had a significant influence on the development of the 'co-production' activities and the creation of the spaces for the meetings between Elders and service staff.

I think Michael and his team have done a great job in carrying us to where we are at this point, where we're sitting down and we're at negotiating tables. We're not sitting down like voices in the wilderness. We're actually at negotiating tables, talking to people to make a change, and that's so important in terms of being able to make change (Elder 2015).

The project team, were mindful to hand over the practical aspects of these meetings to service staff so that participants relied less on the project team and more on each other to sustain their co-production activities.

The proceeding section details the project findings that emerged out of the three main project phases, demonstrating that a clear, purposeful and participatory process creates valuable, specific and relevant outcomes shared by all stakeholders.

10. Project Findings

Through the engagement with the community and by developing a deeper understanding of a Nyoongar worldview we have come to understand that the community's aspirations in accessing better and more responsive services in mental health and drug and alcohol, relies strongly on the nature of the relationships they have with services.

Our findings clearly demonstrate that meaningful and sustainable outcomes for effective change can occur when generative techniques are applied as identified by Visser et al (2005). Our work has focused on moving participants deeper into their practice and as a result we have witnessed some profound transformations within organisations.

This section will describe the project's major outcome, that is, a comprehensive systems change model for responsive service delivery, based on the work of the participating stakeholder groups along with the data collected and analysed. The model consists of three primary components that have emerged over the four years of the project.

10.1 'Minditj Kaart-Moorditj Kaart': A comprehensive framework for systems change in service delivery

The '*Minditj Kaart-Moorditj Kaart' Framework* is the culmination of four years of work with the Nyoongar community and services in the southeast region of Perth. It is made

up of four distinct components each derived from the participatory design and analyses activities discussed in the previous section. The framework aims to effect systems change and as such is an intervention that would fundamentally reform the mental health and drug and alcohol sector.

In 2011-12, we asked Nyoongar people what attributes they considered to be essential in services to effect change in the mental health system so as to improve service delivery to Nyoongar people and their families living with mental illness. The findings are captured within the following four attributes; trustworthiness, inclusivity, reciprocity and adaptability.

Testing ways to improve service delivery in a culturally secure manner was the next step. After advice from the Nyoongar community, and following cultural protocols, Nyoongar Elders were engaged as cultural consultants to work with mental health and drug and alcohol service providers in assist them to implement the four key attributes into their service. The four key attributes needed to be implemented within an organisation in a manner that reflected a Nyoongar worldview and through the cultural protocols upheld by the Elders. Participating services stated up front that they wanted to change but did not know how to do so. Creating the conditions that enable services and Elders to come together in a meaningful and effective way addresses these early concerns of the services. As a consequence of their work together, seven conditions emerged that support effective engagement; *being motivated, being committed, being present, being teachable, staying connected, respecting status* and *continually weaving*.

Since 2013, the Elders, together with service executives and staff, have implemented the four attributes across all areas of their organisations, taking into account *governance*, *resources, workforce, communication, management* and *spirit*. AS a result they have co-designed a comprehensive systems change intervention that has both the Nyoongar worldview and Elders at its core, and when applied sector-wide, will improve the mental health and drug and alcohol service delivery outcomes for Nyoongar families.

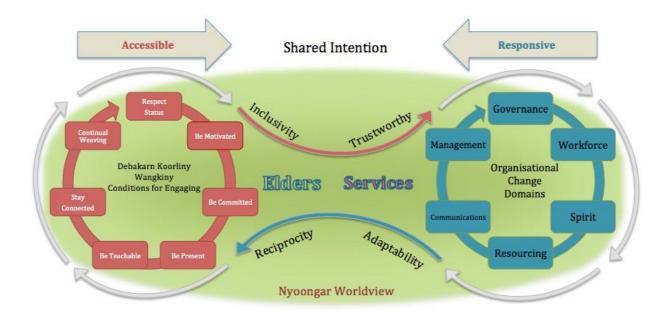


Figure 4. *Minditj Kaart-Moorditj Kaart*: A comprehensive framework for systems change in service delivery.

Minditj Kaart-Moorditj Kaart: A comprehensive framework for systems change in service delivery

Minditj Kaart-Moorditj Kaart is founded on a **Nyoongar Worldview**. Nyoongar Elders, custodians and wisdom holders of Nyoongar culture, work with and guide service managers, directors and staff in (1) understanding a Nyoongar worldview and the impact of Colonisation, (2) developing ways to work with the needs and aspirations of the community, (3) building service capacity to work more confidently, competently and culturally securely with Nyoongar families. Together, Elders and Services commit to devising new ways in which families can better **access** services and services be more **responsive** to their needs. This is the **shared intention**.

Debakarn Koorliny Wangkiny ('Steady Walking and Talking') is a critical component in *Minditj Kaart-Moorditj Kaart* and sets out the **conditions for working together.** It is the starting point for developing meaningful, purposeful **relationships** between Elders and Services. These conditions shape relationships so that services can develop **(a) inclusivity, (b) trustworthiness, (c) reciprocity** and **(d) adaptability**. This creates a 'third space' in which new ways of working emerge, are tested and validated alongside the community. Services sustain these new ways of working through **all domains** of their organisation, ensuring long term change, leading to more effective health outcomes for Nyoongar families experiencing mental illness and drug and alcohol concerns.

The name of the framework emerged from the first phase where we worked with the Nyoongar community and the Elders endorsed the initial draft framework in the lead up to working with services. Nyoongar Elder Mort Hansen named this earlier draft *Minditj Kaart-Moorditj Kaart* ('Sick Head-Good Head') and the name now serves as a reminder of the journey Nyoongar families are taking when living with mental illness and interacting with services who support their recovery.

The '*Minditj Kaart-Moorditj Kaart' Framework* consists of four primary components and was developed in partnership with Nyoongar Elders and participating service providers. The following sections detail each of the four components of the Framework.

10.1.1 Nyoongar worldview and decolonisation

The **Nyoongar worldview** is the basis for the Framework and serves as a reminder to non-Aboriginal peoples of the need to support Nyoongar peoples to be included and respected in change efforts made 'in their name'. It acknowledges the wholeness of a Nyoongar worldview and the wholeness of the change required across the mental health and drug and alcohol sectors to better meet their needs. The stories and practices that underpin a Nyoongar way of life inextricably link to the changing seasons that connect place, animals and people. Nyoongar stories include the six Nyoongar seasons, as they represent the Nyoongar creation stories of the beginnings of life, the lifecycle and identity of an individual, the availability of food throughout the seasons, and the rituals and ceremonies conducted on country.

Nyoongar people have a unique worldview and since 1829 they have continually adapted and engaged in cultural exchange. Nyoongar people have adopted and modified Western ideas to correspond with a Nyoongar worldview. They have adapted certain aspects of the dominant Western value system to fit Nyoongar law and cultural practices.

Obviously there have been changes impacting Nyoongar people, as Host and Owen (2009) state: 'The genetic make-up of Noongars has changed as has that of peoples around the world, but this is of no consequence to Noongars who still identify, as they have always identified, in cultural terms' (p. 226). Regardless, Nyoongar laws and customs are still very much alive and intact, as Host and Owen concur: 'Kinship bonds, custodial responsibilities, principles and protocols are enforced as rigidly as they were in the past' (ibid). Culture is a dynamic process, and Nyoongar law and culture is continually adapting to suit constantly changing situations.

Being Nyoongar is a unique and spiritual experience. Nyoongar people have a strong spiritual connection to the land, as Justice Wilcox noted, which is 'a rich and active spiritual universe' (Host & Owen 2006, p. 12). The spiritual healing that comes from the land and the wider environment is illustrated in an account provided by a Nyoongar participant at one of the community steering group sessions:

I was thinking, Nyoongar way, all the elements. Like, you have the weather, the breeze hits your face. The water is another cleansing thing - healing thing - and then you've

got the colours: colours are good...every time we see a rainbow it brings us good healing, you know? (April 2012).

Nyoongar culture is perpetuated through stories expertly told by the Elders. It is through storytelling that services can learn from, and develop better relationships with, Nyoongar peoples. So too, by reconnecting to culture, people can become stronger, return to wellness, and lead a meaningful life. By celebrating and privileging a Nyoongar worldview non-Aboriginal people are able to step back from the dominant Western worldview so as to create a space in which to begin a decolonising process.

Colonisation in Australia falls into the category of what has been called *internal colonisation*, described as "the biopolitical and geopolitical management of people, land, flora and fauna within the 'domestic' borders of the imperial nation" (Tuck & Young, 2012, p. 4). The health impacts resulting from colonizing strategies which displace people from country, family, language and culture are well recognised (Corntassel, 2012; Wilson, 2006). For example, the western biomedical model which views health through the lens of individual responsibility is ill-suited to the Aboriginal worldview where health is encompassed within a holistic and spiritual connection to country and the social and physical environment more generally (Marmot, 2011; Saggers & Gray, 2007; Sherwood, 2013).

Decolonisation is a series of strategies designed to engage with colonial and western ways of knowing, by "moving beyond political awareness and/or symbolic gestures to everyday practices of resurgence" (Corntassel, 2012, p. 89). These include: the continuing renewal of responsibilities and roles inherent in peoples' relationship to country; revitalizing Aboriginal economies; strengthening cultural and social roles and activities; and Elders sharing their knowledge of cultural and spiritual matters with younger generations (Corntassel, 2012). Some literature around decolonisation situates it as a 'tangible unknown', that is, as "a constant (re)negotiating of power, place, identity and sovereignty" (Sium, Desai, & Ritskes, 2012, p. i) which 'pushes back' against colonial practices to preserve and in many cases restore/renew Aboriginal culture.

Colonisation has delegitimized Nyoongar culture. However, the recognition of Nyoongar Elders as custodians of culture is critical to the decolonising process and is a positive step forward in re-legitimizing Nyoongar culture. With Elders as their teachers and guides service providers can gain a deeper understanding of a Nyoongar worldview so as to expand their skill set so that they can work more meaningfully and effectively with Nyoongar people.

10.1.2 Key attributes for responsive service delivery

In our formative data gathering and analysis we relied on Chino and DeBruyn's work with First Nation peoples in New Mexico (Chino & DeBruyn 2006). The development of a set of foundation principles for working with First Nation peoples was central to Chino and DeBruyn's thesis and served as a starting point for us to engage Nyoongar peoples in complex systems change. It allowed Nyoongar families and service providers to constructively work together. We realised that the type of relationship the community built with services must first be based on Nyoongar ways of knowing, being and doing, and reinstate the trust that had been lost between both parties. Thus, the Minditj Kaart-Moorditj Kaart draft framework (Figure 4) was developed and then endorsed by the Elders (March 2013). It consisted of six key attributes derived from community forum (2011) and community steering group (2012) data. Using an iterative process, facilitators presented the developing framework at each CSG meeting, sought feedback and comment from participants, and implemented resulting changes into the design. This initial framework was based on the community forum themes as essential to Nyoongar families feeling welcomed, safe and supported in their engagement with mental health service providers. In devising the framework, the CSG had broad discussions across a number of areas, including such things as the need to:

- ensure that the Nyoongar world view is at the forefront of any change plan;
- move away from a 'trauma' model to a 'healing' model;
- offer a family centred service, firmly grounded in culture and supported by highly skilled staff;
- provide a 'managed' response, culturally, holistically, and in partnership with the person and their family, involving Elders, Healers, and service staff;
- build stronger connections with mainsteam services; and
- undertake a 'shared journey' which opens service providers and their staff to an acknowledgement, understanding and acceptance of Nyoongar culture as a necessary starting point for change.



Figure 5. The draft *Minditj Kaart-Moorditj Kaart* ('Sick Head to Good Head') Framework, featured six key attributes for responsive service delivery, endorsed by Elders group in 2013.

Depicted by the inner circle is a Nyoongar worldview. The six attributes, *Leadership*, *Accessibility, Flexibility, Trustworthiness, Relevance* and *Empowerment*, gave voice to Nyoongar peoples and their express wishes to see services become more *accessible* and *responsive* to their wellbeing and health care needs. Services then commit to pursuing these attributes and undertake change in order to better reflect Nyoongar peoples' wishes, thus, showing the framework to be inherently strengths-based, as echoed in the following quote.

So if I had that support, had someone that was able to explain things and walk alongside me while I am going through this recovery it would be beneficial for me and my family (Community forum participant, 2011).

...it's like having a different kind of leadership within these organisations that demonstrates something - it's a feeling with the heart; leading with the heart, not just with the head, not always just with the head. With their hearts. That's where we want that leadership to get to in the end (Elder, 2012).

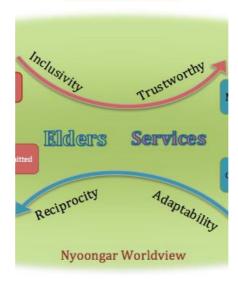
The outer circle depicts the six Nyoongar seasons; *Djilba, Kambarang, Birak, Bunuru, Djeran* and *Makuru,* marking the cyclical and interrelated nature of being. The six seasons are inseparable from the *boodja*, the Elders, and from *moort* (family and kinship). Together they give life to a Nyoongar worldview that responds to wellbeing and healing.

The land is a healing place when you place your feet in the sand or the water you are connecting to land, when you walk through the trees you can hear our

ancestors talking, you are never alone, our ancestors are always with us, if we just sit and listen they will guide us. Mother Nature can help us to heal and it costs nothing, only time (Elder 2015).

The Co-production ('Working Together') phase in 2013-2014 and which also continued throughout 2015, saw the participating Elders and services confirm the need for understanding about, and more depth to, the nature of their relationships, as they sought to develop strategies to implement these six attributes. As a result, and given their consistent recurrence in the collaborations between Elders and service staff, the six original attributes were refined to *four key attributes*. These are;

- 1. Trustworthiness,
- 2. Inclusivity,
- 3. Reciprocity, and
- 4. Adaptability.



Shared Intention

Figure 6. The four key attributes – trustworthy, inclusivity, reciprocity and adaptability were refined from the draft Framework.

The attributes demonstrate the Project's intention to decolonise mainstream spaces, so that they become more inclusive and empowering spaces for Nyoongar peoples. This in turn enhances their capacity to build relationships on their own terms with non-Aboriginal peoples, in this case with service staff, and in ways that value their cultural worldview. If this is to be a decolonising process, then key outcomes are selfdetermination and emancipation for all involved. Services must shift their intentions to directly address the needs of the community rather than attending to the apparent needs of the service. This intention becomes a *shared intention* to work together for meaningful and sustained changed and is eloquently captured in the following words from one of the participating Elders and subsequently in the shift experienced by service staff:

See us as your cultural carpenters; we'll help shape you for this work. By the end, you won't know yourselves! (Elder 2014).

Building meaningful relationships based on trust and respect and a willingness to listen to the wisdom of the Elders has seen a seismic shift in our understanding (Service manager 2015).

Figure 5 and 6 show the interrelatedness between the community's six attributes and the working relationships established between Elders and services in order to 'build in' these attributes to the change efforts made regarding service delivery. The attributes contribute not only to the change efforts but also to the way in which these change efforts are best carried out – they are the **process** as much as they are the aspirational **outcomes** of this work. We now discuss the four attributes in more detail.

10.1.2.1 Trustworthy

Without relationships there can be no trust, and if there is no trust people will not feel comfortable (Community Forum participant, 2011).

...they do not understand because they do not recognise Aboriginal culture and Aboriginal cultural way of doing things. That's why you got all these problems that still exist, because they're not prepared to listen to an Aboriginal person on how to go about doing things (Community Forum participant, 2011).

Relationships can have multiple meanings, so it is important to establish trust. In a service delivery context, relationships are limited both in their interpretation and application. This is particularly true when working with disenfranchised and marginalized groups like Nyoongar people. The interpretation of relationships in a service delivery context is usually limited by the codes underpinning professional standards that are applied in work settings. These codes, while entrenched in mainstream work practices, may have little meaning for the Nyoongar person or family seeking help from a service. The unintended outcome to this way of working is the perceived lack of genuineness and openness of service providers by community members. Being in relationship is an energetic and dynamic process, and community members recognise and are attuned to the lack of sincerity and genuineness, which brings into question the legitimacy, significance and relevance of a service provider.

Trust is borne out of our emotional connections and is thus foundational to our relationships (Styres 2011, p. 723). It is the foundation for our new learnings, enriches understanding of our differences, and acts as the guiding principle that enables us to value these unique differences.

In our analyses of the co-production meetings, observational notes and service's and Elders' case stories, four aspects to trustworthiness emerged. These included:

- Building trust through connection,
- Trusting in the Elders in order to understand a Nyoongar worldview, and
- Different worldviews about trust.

There are many layers to trust itself, as one service team member noted: "things take time. Relationships are built upon layers of trust not through the meeting, but through being present in the meeting and sharing portions of self" (2015). As well as getting to know the Elders, services (as well as Elders) also needed to become familiar with the process of engagement. Thus the learning was two-fold, firstly *learning about* engaging and secondly *learning to* engage meaningfully.

Service providers must recognise that current work practices and policies are failing Nyoongar people. Therefore, service providers, must be prepared to let go of preconceived assumptions, and show mature leadership and demonstrate that they are prepared to change. They must be prepared to work, both diligently and persistently to gain the trust of the community. An example of a western concept of trust was unpacked by one service in their meetings with Elders:

Within the medical model of mainstream health services, one's title, position, training and clinical experience are considered important in choosing whether to listen and trust the person delivering the care.

Over time (12 months) and after yarning with Elders and learning more about Nyoongar culture and more about the dynamics of the community, services now see trust in a different way:

It became clear to the Team that this view about a person or people can differ between cultures, and that it differs in Noongar culture.

Thus, developing trust is an acculturated, layered experience, built "through being present and sharing portions of self." It takes time and commitment.

10.1.2.2 Inclusivity

...it's our lives and we control it. They need to walk alongside us and help us drive that life, not drive it for us...we need to do what we think is best for us, and they need to know how they can help us achieve that (Community Forum Participant, 2011).

A Nyoongar way of working assumes inclusiveness. It implies that everyone has the opportunity to be involved, guided by the Elders and based on protocols of family and kinship connections. Everyone that is present can have his or her say. 'Business' is finished only when everyone has had a chance to have his or her views heard. Being transparent and working in an inclusive way also means that Elders and community members have an opportunity to learn more about service staff, the research team and each other.

Elders often say '*debakarn, debakarn*' ('steady, steady'). The Elders model great patience, skilfully and gently moving the conversations around to include everyone, acknowledging the journeys people are taking and do so with humour and understanding. Through their own lived experience, Elders understand the importance of experience and its transformative power. The notion of "not same, not different, but unique" is borne out of reflections on self rather than on the 'other'. This notion of our experiences being "not different" and "not same" is critical when working in the decolonizing space.

The Nyoongar and nyidiyang (non-Aboriginal) worldviews share the same geographical and sensory space but their perception on the physical, spiritual and intellectual levels are, at first glance, often seen and perceived as being very different. But we say they are not different, yet not the same, but unique, for it has been our experience in working with the Nyoongar Elders and service providers that, through a process of shared storying, connections are fostered and we see a way forward and thus, the realization of not different and not same, therefore unique (Wright & O'Connell, 2015, p. 112).

The key themes that emerged through our analyses of the working together meetings included;

- The need to be conscious of one's own position and values,
- The need to stay connected in order to keep learning,
- The realisation that Elders and the Community are partners that must have direct input, and
- The realisation that sharing stories and experiences helps to include others.

58

One service noted that their involvement with the Elders meant they were able to work with them to create a more welcoming service and in ways that they did not necessarily expect, such as the smoking of the new premises:

This includes more appropriate and targeted advertising (e.g. pamphlets), a more inviting waiting area and more culturally appropriate first contact with the service. This last point relates to appropriate ways to triage new clients, including the importance of face-to-face triage instead of triage by phone. We also had a smoking ceremony of the new premises before we opened.

If we are to transform systems, we need to consider what needs to change within ourselves that can increase our capacity to transform systems. Therefore, it could be said that change is an 'inward journey' that is in turn applied outwardly.

If you're not going on the journey, then you are not learning. We have to walk this journey together (Nyoongar Elder, 2014).

10.1.2.3 Reciprocity

You fellas know so much about us, but we know nothing about you (Elder, 2014).

They've been talking to us and we've been talking to them, and the process we've used, everybody's been telling their own story. You hear a wadjella story and then you hear a Nyoongar story. They've gained a better understanding of us and we've gained a more clearer picture of where these wadjellas are at, and it's led to a place where... they are very prepared to step out of their comfort zones in order to find out how to work with Aboriginal people (Elder 2015).

Reciprocity is an important attribute and is critical in sustaining meaningful engagement between Nyoongar people and service providers. Services must share something of themselves if people are to trust them to help in their healing and recovery. This mutuality is a necessary feature because at the core of a Nyoongar worldview are shared obligations and commitments, which provide the essential foundations to cultural security and harmony of community relationships.

First Nation researcher, Eve Tuck (2009) talks about collectivity, which 'begins with the group, and stretches to include, celebrate and support the diversity of its members' (p. 62). Collectivity in a Nyoongar context means the recognition of family, community and connection to country as elements that nurture a sense of identity and belonging. In addition, reciprocity involves obligations that ensure the continuity of culture, family

and community through practices that reinforce these values. For organisations to have relevance for the Nyoongar community, it is critical that they have

- (i) an understanding and respect of the concepts of reciprocity and collectivity in a Nyoongar context; and
- (ii) a genuine commitment to engage in the practice of reciprocity with the Nyoongar community, such as realigning their resources to more directly support families.

Reciprocity between the Nyoongar community and service providers requires letting go of 'cherished notions', in particular the notion that the community is incapable of finding and implementing solutions for themselves and that they 'need to be helped'. In their practice of reciprocity, the senior management of mental health and drug and alcohol services will need to put in place the appropriate mechanisms within their organisations for the redistribution and transfer of resources to the Nyoongar community.

Themes relating to reciprocity that emerged from our analyses show that acts of sharing are key to understanding the concept of reciprocity in Nyoongar terms. These include sharing;

- in and with the community (e.g. through community events, forums, radio, etc.),
- stories and personal experiences,
- that is guided by the Elders, and
- and the realisation that sharing learning and resources helps everyone.

We are prepared to spend money and resources on things we consider to be important. In the same way, if we want to decolonise our workplaces we need to invest significant time and resources, including honouring and valuing the Elders (Executive Manager, 2014).

One of the participating Elders commented that in sharing stories and spending time together "... our work becomes more effective. That is the good thing about it. This changes us for the good. The little things we pick up and learn from each other helps us."

10.1.2.4 Adaptability

We've been adapting for over 200 years. It's about time white fellas did some cultural adaptation and learned more about our Nyoongar culture and ways so they can work better with us (Elder, 2014).

[Needs to be] more people on the ground. Not 9 – 5. Not sitting in their seats. What happens is happening in the evenings. When the businesses shut down there's no-one out there. Health is 24/7 (Community Forum participant, 2011).

Adaptability and accessibility were key themes raised during the Community Forums in 2011. Community members expressed anger and frustration at the lack of adaptability shown by services. To them, the services were invisible and irrelevant. They lacked any flexibility to respond to the needs of families experiencing mental illness and were not attentive to the 'rhythms of the community'. Other themes reminiscent of adaptability include:

- The realisation that understanding new ways helps to adapt by changing attitudes and behaviours,
- The need to challenge rigid structures,
- The realisation that adapting through yarning/conversation is possible, and
- The realisation that adapting to new ways of learning is necessary in order to change.

In conversations with service staff, the Elders often recall their experiences of both the impact and effects of colonisation. In doing so, they have posed a challenge to service providers to not just understand the impact of colonisation as an intellectual exercise but to encourage them to engage in deeper reflection so as to bear witness to the challenges faced by Nyoongar people. As one of the Elders consistently reminds us: 'we've had to learn the white man's ways in order to survive, which [means] we're still here today.' Service staff show a deep respect for the Elders when they hear their stories of hardship and trauma, often told by the Elders with grace, humour and with very little malice. One Elder in particular consistently describes adaptation as a 'two-way learning', whilst another Elder expresses the need for input on their own cultural terms:

Well it's like a two-way learning like I said. We're working with Wadjellas⁷ and we're working with Nyoongars. We're working with all Aboriginal people around the place. It's the connection and the way you want to work it. It's a two-way learning, like I said before. Unless you've got that, you're not going to achieve things (Elder, 2014).

⁷ Wadjella is a Nyoongar term for non-Aboriginal person of Anglo Saxon descent derived from the phrase 'white fella'.

I think it can't be just a one way of dealing with it. It can't just be the [wider] way of dealing with mental health issues. There has to be an input from our own teachings, our own culture, our own growth (Elder, 2015).

In their work with Elders, service providers have come to understand that by acknowledging this disconnection they can rebuild trust. They can reconnect more respectfully and responsively to the community in order to better meet need, knowing that the Elders too will hold them accountable.

The Nyoongar Elders have displayed patience, courage and determination and have willingly shared their wisdom with service providers in working for and on behalf of the Nyoongar community. The key attributes of trust, inclusivity, adaptability and reciprocity, are clearly demonstrated through the work of the Nyoongar Elders and the senior management of the organisations engaged in the Project. Our findings show that Nyoongar people want services to work more closely and collaboratively with them, sharing ideas and resources and not least of all, themselves. They want better access to services and services to support them by shifting resources to ensure their capacity for engagement is sustained. This is an active and significant step in the decolonising process.

10.1.3 'Debakarn Koorliny Wangkiny': Conditions for authentic engagement

The engagement facilitated by the Elders in the project invites service staff to become mindful of their intrinsic *motivations*, to declare their commitment to engaging fully and grow this *commitment* as they deepen their engagement over time. They are required to *be present* and open to learning in a different way; again, the Elders ask this of them. To *be teachable* is to stay open to all emerging possibilities and let solutions rise naturally. This requires services to *respect the status of the Elders* in order to fully commit to being open and willing learners. As the journey progresses, and the services face the meanderings, the struggles, and the questions, they are asked to *stay connected*, as it is in the experience itself that realisations unfold and crystalise. They are reminded not to give in to the initial anxiety associated with challenging more of ourselves and opening up to the unknown. As staff confidence grows, we have witnessed people change through a *continual weaving* of shared understanding and new knowledge. These are the very conditions required for authentic engagement (see Figure 7).

We return to Dudgeon and Fielder (2006, p. 407):

The third space requires the spirit of generosity and trust: it cannot be manufactured in a formulaic way. It probably can be faked and romanticised, but then there is no risk, no productive tension, and no change. The third space unsettles.

There is not a single third space—they are many and varied, they shift, they are spaces rather than places. They're often risky, unsettling spaces—where the security and familiarity of our own place of belonging has to be left behind. We have to be prepared to shift, to be open, to listen, to change.

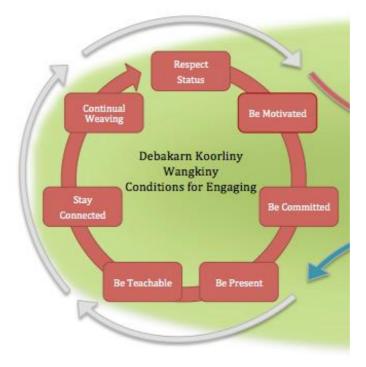


Figure 7. *Debakarn Koorliny Wangkiny* (Steady Walking and Talking): Conditions for authentic engagement. Preparing for deep engagement of this kind requires that the following factors be given attention.

- Critically reflect on the dominant western paradigm and the positions of privilege firmly held within its structures, for example, our patterns of thinking, or the notion of the "expert" or specialist who holds exclusive knowledge and power.
- 2. Understand the principles and conceptual frameworks of experiential and transformative learning. Being clear on our intentions (i.e. asking 'why') ensures our actions are purposeful and reflexive (i.e. responding to 'why').
- 3. Systems change and working within or counter to social systems is highly

contextual and complex. In working with Elders and Aboriginal people conditions must be framed within the context of people, place, purpose, and time:

- a. Place in which your work is located (i.e. Local, specific, historical),
- b. People with whom you work, or will work (Elders, consumers, carers, services and other stakeholders),
- c. Purpose/situation that brings people together (i.e. intentions and priorities), and
- d. Time required to do the work well (i.e. rhythms of the people you're working with).

People: Kinship systems are the bedrock and foundation for Aboriginal society and thus, being Nyoongar is about family and community. The project heard many accounts by Nyoongar people speaking with a passion about family and culture being intricately related, as stated by a Nyoongar participant:

It is like an elastic band that connects to our grass roots family and community...and regardless how we function out there in the dominant culture, we all, when we get up and get dressed and we're about to put our hand on the handle of the front door to open it, we all take a deep breath before we go out there (December 2011).

Place: Aboriginal people have strong bonds and spiritual connection to their ancestral country and this has continued despite the pressures of modernity. Nyoongar people display a self-confidence and cultural resilience through their connection to their *'boodja'*. Their spiritual healing comes from the land and the wider environment and this is clearly illustrated in an account provided by a Nyoongar participant;

... [The] Nyoongar way [includes] all the elements. Like, you have the weather- the breeze hits your face. The water is another cleansing thing - healing thing - and then you've got the colours: colours are good...every time we see a rainbow it brings us good healing (April 2012).

Purpose: Each Aboriginal community has their own unique set of situations, so it is important to engage with the community on the issues they have given priority. The research team captured the priorities identified by the Nyoongar people involved in the Project. This approach is both necessary and important as stated by one of the Elders;

They (the looking Forward team) have done a great job in carrying us to where we are at this point, where we're sitting down and we're at negotiating tables. We're

not sitting down like voices in the wilderness. We're actually at negotiating tables, talking to people to make a change, and that's so important in terms of being able to make change (Elder 2015).

Time: Time is elastic: expanding and contracting to accommodate events that happen in the community. It has more to do with attending to the whole as it presents itself in any given situation. Services can better understand this experience of time as they spend time with the Elders.

[Time] is not important to us. Time is different. We do not worry about time, we worry about getting the job done. And it does not matter if it takes five minutes, or takes and hour, or takes a week. As long as we get the job done we are satisfied (Elder 2015).

The practical aspects to this preparation are equally as important, so that "actions speak louder than words". Through observational notes and attendance at the working together meetings, the project team identified four key elements that enable Elders and services to engage meaningfully and over an extended period of time. These elements include;

- 1. Frequency of meeting and related activities,
- 2. Duration of time spent together,
- 3. Effective and purposeful preparation, and
- 4. Attending to the language used in the lead up to and during the meetings.

The following notes aptly demonstrate this adaptability and preparedness:

There seemed a sense of preparedness – the agenda was well organised as were the minutes from the previous meeting, and all seemed comfortable with the discussions and agenda items – nothing came as a surprise.

[Staff member] chaired the meeting in a calm manner, enabling the group to meander with stories and recollections of history and other aspects. When time was spent on these aspects, [staff member] gently returned the focus to the agenda in a way that showed he was listening to the conversations (and connecting to the topics where they brought people back to the agenda, as needed).

The Elders were in control too – they directed much of the discussion, drawing [other staff] into the discussion where necessary (supporting their engagement in the meeting as well as beyond the meeting). They also made note of aspects either on the agenda or indirectly about activities occurring in the service that they would like more information on (Observational notes, May 2015).

This ongoing exchange of worldviews has resulted in people's increase capacity to respond in ways different than before, as people realise their potential to adapt and integrate new ways of working. In most cases, service staff now rely as much on their heartfelt knowing as on their rational thinking, supported by a reinvigorated organisation that too is undergoing a similar transformation. These are the conditions required to do work of this nature, to acknowledge a Nyoongar way of being and to work together incorporating different worldviews and valuing diversity and its creative possibilities. The seven conditions are described in detail below. All are interrelated, acknowledging the wholeness of participants' experiences and tacit understandings (Visser et al 2005).

1. Being motivated

The Elders will check you out...

There's an acknowledgement and an openness about what they don't know, all the time, and equally an acceptance and an acknowledgement about their openness to learning (Elder, 2015).

Key words: Recognising need for change, willing to change, inquisitive, proactive, engaging decisively, eager, determined.

Most mainstream organisations are often not willing to work from diverse standpoints and worldviews. They rarely explore or inquire more deeply with Nyoongar people about their worldview, irrespective that different worldviews offer a unique perspective on the world in which we live and work. At the outset of the Project participating organisations acknowledged that the way they have worked with Nyoongar people has not been effective. Being motivated meant that they ask seriously the question, beyond the superficial, the values and principles of their organisation and reflect on why change is needed to improve their relationships with Nyoongar people. Understanding one's values is essential, for it allows for greater appreciation of other worldviews and differences.

Action: *Being motivated* requires senior leadership within the participating organisation to lead and facilitate conversations with key managerial staff to initially determine the level of interest and willingness within their organisation to change work practices, so as to improve the way the service responds to the needs of Nyoongar people. These conversations must be direct, honest and robust as it is essential to identify both the capacity and willingness within the organisation to engage in a process of change. Genuine motivation by service providers has been their willingness to engage, beyond the rhetoric, with the Elders in a process of radically changing, work practices, and where possible, attitudes.

Evidence of being motivated

A willingness to learning is critical. Recently, one organisation involved was guided through country by the Elders. It was an all-day event and staff were taken to significant sites near Perth. The Elders recounted the story of each place that was visited and of its significance. It was a profound experience for all of the staff, and for all it was their first experience of being on country with a Nyoongar Elder. The experience of being taken onto country by the Elders is special for it deepens the engagement and working together process by giving service providers a multi-sensory experience of Nyoongar culture and history. If service staff are motivated to explore the possibilities of doing things differently they will begin to form new connections.

Service staff have been willing to engage in a process of deep inner reflection. Being reflective means deepening an understanding of the 'why' things are as they are, and then being able to respond appropriately to the 'why'. The handbook disseminated to participating service providers in 2013 emphasised the need for regular and ongoing critical self-reflection. Service providers need to be motivated to create time and make the effort to do this. For example, one of the organisations met monthly as a team to share their key individual learnings and to expand their knowledge of a Nyoongar worldview as a collective.

Being motivated takes service staff to this level of understanding, for every response requires both the reflection and the appropriate action. This has been a major learning for staff, and many have engaged enthusiastically resulting in more positive interactions that have both fruitful and transformative. As a result due to these interactions both the Elders and service providers are more positive and energised, and their belief in the possibilities of change is beginning to become a reality.

2. Being committed

We want to make a difference but don't know how...

We are prepared to spend money on things that we consider to be important. In the same way, if we want to decolonise our workplaces we need to invest significant time and resources, including honouring and valuing the Elders (Executive Manager, 2014). **Key words:** Consistent, responsive, prepared, loyal, wholehearted efforts and actions, confident, accountable.

When organisations are committed to working with Nyoongar people they know that they need to change their work practices but they have neither the skill-set nor the structures to support the change required within their organisation. The organisations acknowledged that working with Nyoongar people would require them changing work practices and they have been prepared to share resources and to be guided and directed by Nyoongar Elders. It has required staff to display a high level of maturity and emotional intelligence8 for this process of change. As such, services have signed a 'Participation Agreement' in different ways and committed to implementing the outcomes.

Organisations participating in the Looking Forward Project have been transformed, for they now recognize how past practices have reinforced the negative perceptions Nyoongar people have of mainstream organisations. The Elders have told the services of their frustration of the lack of consistency in their interactions with mainstream services. They told the participating organisations that in the past they have been approached and consulted on issues affecting their communities and when they gave advice on how to improve service delivery to Nyoongar people it rarely was accepted. Indeed, if there was the pretense of acceptance the implementation supposedly on the advice provided was unrecognizable, and not as they expected. They continue to be frustrated at the lack of respect shown to them as Elders by service providers, for as Elders, they are the Budiyas⁹ in the Nyoongar community. This has changed through the regular interactions and conversations with participating organisations, both the Elders and the staff now have a shared understanding and both recognize that this situation is due to the principles underpinning colonisation, for colonisation is based on exclusion, dominance and arrogance, whereas in contrast, the process of decolonisation is premised on inclusion, cooperation and humility.

Action: Given the past practices of service providers the Nyoongar Elders had become quite cynical about the commitment of mainstream services. Working together with the service providers has shifted this reality, for now the Elders are recognized as critical to the change process and their role as cultural experts and consultants is seen as essential.

⁸ **Emotional intelligence (EI)** is a term used to describe the ability of an individual to recognize their own and other people's emotions to discriminate between different feelings and label them appropriately, and to use emotional information to guide thinking and behaviour.

⁹ Budiya: Nyoongar word for person with authority.

Taking this stance will ensure that the process of building and maintaining relationships with the Elders is maintained even when other priorities or pressures arise, particularly economic pressures.

Committing to work in equal partnership with the Elders and Nyoongar community also demands that organisational resources are shared with the community and that the Elders have input into determining the types of initiatives and activities funded by the organisation to support the wellbeing of local Aboriginal families. In order to respond effectively to the health needs of Nyoongar families, services need to identify and recognise the strengths, including knowledge, skills and resources, which already exist in the community and support efforts to build capacity in areas where there are gaps.

To participate in the Looking Forward Project, each service needed to commit to paying the Elders an agreed sum for each meeting they were involved in. Remuneration is essential to recognise the cultural knowledge and expertise provided by the Elders. Paying for an Elder's time and intellectual contributions to the work together demonstrates that the knowledge imparted by the Elders is respected and highly regarded by the organisation. The Elders are acting as cultural consultants for the agency and should be compensated accordingly.

For the organisations, fulfilling their obligation to change the way they respond to the needs of Nyoongar families living with mental health and drug and alcohol concerns, also entails meeting with the Elders on a consistent basis. Data collected since each of the services commenced meeting in late 2013/early 2014 suggests that it is optimal to meet monthly, or if that is not possible, bi-monthly as consistent contact is essential for building and maintaining relationships with the Elders, particularly in the early stages. The monthly interval also gives meeting participants the time needed to reflect on shared stories and experiences and to process and respond to, if appropriate, new information gathered. Scheduling regular meetings demonstrates the organisation's commitment to change and indicates to the Elders that their cultural knowledge is of value and will inform the development or revision of policies, practices and structures within the organisation.

The standard time set for each 'Working Together' meeting is typically two hours. This timeframe provides the space needed for individual participants to share their stories and perspectives with the rest of the group, whilst also ensuring time for the group to collectively address specific items for action.

It was identified that space needed to be allocated in the meeting agenda for individual reflections and stories so as to facilitate the process of developing shared understanding between the service providers and Elders. Along with Welcome to Country, individual reflections were a standard meeting agenda item. Service providers and the Elders are responsible for deciding upon all other points of discussion at meetings.

Preparation is crucial for ensuring meetings lead to beneficial outcomes for all involved. When meetings with the Elders were held at a sector level the research team took carriage of coordinating the meetings, but following the shift to partnering 2 - 3 Elders with individual services, responsibility for organising these meetings was transferred to the agencies themselves. This meant participating organisations were then accountable for, in consultation with the Elders, scheduling the meetings dates, arranging the meeting venue and catering, organising payment and travel arrangements for the Elders, drafting the meeting agenda and taking minutes (with support from the project team when needed). Taking on these meeting responsibilities ensures the organisations are directly accountable to the Elders.

Evidence of being committed

Organisations that are truly sincere in their motivation to change and develop meaningful relationships and partnerships with Nyoongar people will commit to practices that enhance and progress their relationships. Most mainstream organisations would express a desire to work more effectively with Nyoongar people. The reality is somewhat different and we were very mindful that there would some organisations that would want to participate in the project but would not be ready or able to make the commitment required. The organisations involved in the agreed prior to commencing to complete a 'Participation Agreement'. The participation agreement clearly stated what would be required of an organisation if they agreed to participate in the project. The organisations were given time to both reflect and discuss with colleagues and staff in their organisations on the terms and conditions outlined in the participation agreement.

Authentic engagement: At the beginning staff within each of the participating organisations had little or no understanding of the Elders preferred style of interaction, which requires engagement at a personal level, as well as a professional level. For some staff sharing more of themselves personally was both confronting and disconcerting. It should also be noted that rarely do Elders form superficial relationships. Thus it is important for the Elders to know more about the staff, in particular, their family and kinship connections, as the idea of meeting regularly with people over time in an impersonal manner is both foreign and unacceptable. They are naturally interested and

concerned. Engaging in these forms of relationships has been at times difficult for some staff for they were not always comfortable with this type of familiarity, but for many it was and has been both a pleasant and enriching experience, and for many even after a certain period of discomfort they now are more convinced of its worth, as stated by one of the service delivery managers:

We are also sharing more of our personal selves during meetings when we would normally be more businesslike. It seems that the project process and its principles which focus on trust and relationships - has shifted us into this gear more often in our team (Service provider, 2015).

Proactive engagement: A key finding to have emerged from the project has been the importance of service providers being mindful and caring in their interactions and conversations with the Elders. Displaying patience, empathy and honesty is critical in relating to the Elders, and Nyoongar peoples in general, particularly given the multitude of stressors they face in their daily lives.

Observations recorded by the project team indicate that a service's ability to respond appropriately and compassionately to the Elders' specific needs is enhanced when the service nominates one staff member to coordinate the engagement process. The process of working together with an organisation tends to run more smoothly for the Elders when they know there is someone they can contact directly for support or information, if needed.

A number of the organisations involved in the project have contributed pieces to sectorwide newsletters, engaged in interviews for print media articles and included content in their annual reports to publicize their experiences of working with the Elders, In doing so, they have provided important feedback to the wider Nyoongar community about the nature of the work they have embarked upon with the Elders and illustrated their commitment to change.

In coordinating meetings with the Elders, a number of elements need to be considered and addressed. These include the following:

Preparing a space to meet

It is essential to create a comfortable and safe space to ensure participants can fully engage. One approach used by the project team has been to gather the Elders and service providers together in a circle, but not around a table. This creates a sense of informality, ensures an equal power balance, and encourages participants to connect on a personal level. Given the strength Nyoongar peoples draw from their spiritual connection to the land, it is also ideal to hold meetings outside because this will allow the Elders to feel more relaxed and open to discussion. The Elders have commented that meeting inside an office building feels stifling to them as supported by this quote:

Four walls don't help you to talk, outdoors help you talk (Elder, 2014).

Meeting outside of or away from the organisation's business site also serves to shift the balance of power between service providers and Elders. There can be implicit rules of engagement in a business environment, which are familiar to professionals, but are not necessarily known by those outside of the corporate world. As one of the objectives of the 'Working Together' process is to increase non-Aboriginal service providers' understanding of the Nyoongar worldview, it is appropriate to meet in an environment which brings Nyoongar cultural knowledge, practices and protocols to the foreground.

Given the difficulty associated with locating a suitable outdoor space close to the organisation for meetings, in some cases involving up to 12 people, most services have been unable to host meetings outside. However, the majority have met in office rooms which have easy access to gardens, parks or other outdoor areas. Since early 2015, one of the organisations has elected to meet at an Aboriginal community centre situated near the home of the Elders they work with. The close proximity and cultural appropriateness of the location facilitates the Elders' attendance, whilst meeting at the community centre has aided this organisation in forging a strong relationship with this community organisation.

Sharing food

Providing food is a vital part of the meeting process as it demonstrates care for the Elders and reciprocity in the relationship. Sharing food also brings people together and provides the opportunity for more informal and personal conversations to develop. In ordering food, and in working together more generally with the Elders, it is important to be mindful of health and environmental factors impacting on the lives of Aboriginal people. For example, living with a chronic disease, such as diabetes, is a reality for many Aboriginal people, so sandwiches and fruit tend to be preferred in place of sugar-laden baked goods. However, it is wise not to presume that this type of food will always be the desired option. As in any relationship, the key is to ask for feedback rather than assume what the Elders need and to regularly invite feedback, as their perspective may vary depending on their current circumstances.

Travel arrangements

A lack of affordable transport options can be an obstacle for the Elders, and Aboriginal people in general, in attending meetings. Therefore, it is essential that services commit to covering the costs associated with the Elders' travel to and from meetings, for instance, by providing taxi vouchers. Reimbursing expenses incurred by the Elders in the course of their work with an organisation, not only supports them to have their voices heard, but also demonstrates that the service truly recognises the value of the cultural and community knowledge they have to share.

In addition to funding the Elders' travel, it may also be necessary to organise their travel plans, for example, by arranging for someone to pick them up or by booking a taxi. For example, the executive manager of one of the participating organisations has himself picked up the Elders to support their attendance at organisational functions, or on occasions when he has not been able to do so himself, he has arranged for one of his colleagues to provide a lift. Being willing to provide both financial and functional support and paying attention to the small details indicates to the Elders that the organisation desires a genuine relationship with them, based on mutual care and understanding.

3. Being present

It's OK to feel uncomfortable

Key words: patient, persevering, flexible, adaptable, courageous, self-aware, attentive, open, calm.

For the service providers, approaching each encounter with the Elders with a clear mind and an open heart is necessary for building meaningful relationships. Faced with many uncertainties staff working in service delivery roles feel pressured and too busy to be fully present and to be truly in the moment. Interruptions due to phone calls, texting in meeting and continually looking at phones for messages, impacts on being fully present. Busyness and lack of time are also reasons given for not being present.

...we have had to stay at the table and have not given up when challenged, or when other apparently more immediate priorities have appeared on our desks. Giving time to the conversation, time to reflect on what is said (and not said) and learning to value what giving that time can achieve, are key learnings...

Action: The Elders are very experienced in knowing how to be present, and their approach with staff has been shown to be both gentle and patient with those who

struggle to be present. Although the Elders and service providers share the same time period and the same physical space, they do construct and shape the world according to their different lived experiences. Being present allows them to deepen their understanding of the uniqueness of their different world-views, for even though as Australians we share the same place geographically our experiences shape our views, including informing our values, beliefs, attitudes and behaviours. Being present has meant giving permission that time for regular meaningful engagements without interruptions be available; when time without interruptions was permitted it allowed staff to experience a genuine authenticity in their engagements with the Elders.

Evidence of being present

Authentic engagement: The format for the regular meetings between the Elders and service staff has been designed to be flexible, so as to allow for wide ranging discussion.

It was originally intended that the Action Plans for Change would be used to prioritise the service providers and Elders' work together. However, observational data collected during initial meetings revealed that attempts to follow the action plan hindered natural conversation flow between the Elders and service providers. This finding indicated that it was essential for the service providers and Elders to learn more about one another and establish a shared understanding before undertaking collective action.

Despite this need for flexibility, it has remained essential to adhere to the standard business practice of drafting a meeting agenda and making it available to all participants prior to, or at the outset of, each meeting. Minutes also need to be taken and provided to the Elders, so as to collectively track developments made in the process of working together. Sharing the minutes with the Elders is an important part of the process as it implies legitimacy and gives authenticity to the 'Working Together' process. Preparing an agenda is necessary as it provides structure for all involved and it captures the collective intention for meeting. For the Elders, it also indicates that the service is prepared for the meeting and has consciously considered the points critical for discussion at that stage in the relationship. However, observational data reveals that in the context of working with Nyoongar people, agendas must also be used flexibly.

In addition, while services were generally keen to postpone the use of an action plan, many struggled to set aside the pre-determined agenda in the early stages of meeting with the Elders, and for some this is an ongoing challenge. The excerpt below focuses on the use of meeting agendas and highlights how the differences between Nyoongar and mainstream worldviews must be understood and appreciated in order to work together effectively:

There was also frustration for some WAAMH project team members that the meeting agendas did not particularly seem to guide meetings, and that meetings sometimes ran significantly over time, adding pressure to already busy workloads. One of the Elders reflected that one of the key differences between Nyoongar and wadjella ways of working is about time;

[Time] is not important to us. Time is different. We do not worry about time we worry about getting the job done. And it does not matter if it takes five minutes or takes an hour or takes a week. As long as we get the job done we are satisfied.

Ending a discussion prematurely without notice in order to attend to one's own needs or priorities, could be interpreted by Nyoongar people as indicating a lack of genuine care. For this reason, the group discussion is typically directed by the Elders, through the use of storying, in line with Nyoongar protocols. At times the discussions focused on an issue that the Elders brought to the meeting, which usually had been brought to their attention by a member of the Nyoongar community. The concern was frequently related to poor standards of service delivery, and interestingly the concern was not always directed at the organisation they are partnering with. Creating the necessary space for Elders to discuss family and community developments and to voice any concerns is crucial, as important information about current issues affecting Nyoongar families and relationship dynamics existing within the community can be attained from these discussions.

Meeting deadlines and key performance indicators is a measure of success in mainstream society but prioritising these actions can detract from the process of building authentic relationships. Working together with the Elders gives non-Aboriginal people the opportunity to be in the moment and to let go of the pressures associated with delivering outcomes in a set period of time. How a person or group arrives at an outcome is just as important to Nyoongar people as achieving the outcome, because a more meaningful and sustainable result is likely to be attained if the process was inclusive and respectful of all points of view.

Proactive engagement: Being present means being fearless and courageous, as it requires moving into unfamiliar and uncomfortable spaces. The staff from the participating organisations have been both courageous and fearless and they have learnt to trust both their own skills and the skills of the Elders. Through patience,

diligence and perseverance, service providers have developed and integrated a unique skill-set for working more effectively with the Elders. They now allow sufficient time for regular meetings without interruptions, and as a result staff experience more genuine engagements with the Elders.

4. Being teachable

Learning how to learn again

No, we're not going to change their minds overnight. We can give them 1000 practices and ways of working with our people; they're not going to listen until they sit down at the table and start listening and stepping into our worldview (Elder, 2015).

Until they learn how to lose that wall that they've built around them, shutting themselves in all the time, that's when we'll see changes in them, because they've got all these things, a lot of them from childhood, that they've been taught black fellas are no good (Elder 2015).

Key words: curious, open, flexible, adaptable, courageous, humble, patient, trusting

Being teachable means being prepared and willing to accept fully the Elders as teachers. Being teachable means being open to learning new things in new ways. Understanding Nyoongar culture has required a different style of learning. In Nyoongar society it is the Elders who are the keepers and knowledge holders of the stories and therefore of the traditions. What it means to be Nyoongar can only be truly understood through the Elders telling their stories, and the storying process has allowed both the staff and senior managers to experience and learn culture on a deeper level. Beyond the level of words they have opened to a deeper experience that can occur at the full sensory level, through seeing, hearing, and where change is felt most deeply within their being.

Action: Sitting, listening and sharing stories with the Elders is required to truly understand Nyoongar culture. The Elders hold the space for the storying process and they offer their support to the service providers.

In the early stages of meeting, different communication styles can separate Nyoongar and non-Aboriginal people from one another. For service providers, the first step in developing an understanding of a different cultural perspective is to listen deeply and without judgement. Remaining relatively quiet in the early stages of forming relationships with Nyoongar people, as this demonstrates respect and a willingness to learn. One of the Elders consistently reminds us that *we have two ears and one mouth so we should listen twice as much as we talk.*

It is critical to allow the Elders the time and space they require to voice their thoughts, beliefs and experiences in their own way. Observational data collected shows that the Elders do not usually provide a direct answer to a question, which can cause confusion for service providers. Rather, much of the information needed by service providers to provide an appropriate response lies within the stories Aboriginal people tell, hence the importance of developing active listening skills. If an Elder continues to repeat a particular story, this indicates the recipient has not yet absorbed the message.

Service providers also need to be mindful of the Elders' tone of voice and body language as these physical signs can provide more pertinent information about how a person is reacting to the information being shared or sought. To build rapport with the Elders, service providers need to use more informal language, as would be appropriate in a social setting. Use of bureaucratic or jargonistic vocabulary, including acronyms, should be avoided because it can suggest that people are not open to incorporating a Nyoongar perspective and does not reflect inclusivity. The Elders have expected staff and senior managers to be respectful, transparent and consistent in the way they communicate. The Elders were very clear with staff from the outset that they wanted familiar and unambiguous language to be used. This was a major learning for staff, and importantly they complied, which resulted in more open, honest and authentic interactions.

For shared understanding to develop, service providers must be very transparent in all that they say and do. Being evasive or guarded will cause the Elders to doubt staff members' sincerity. If the Elders suggest a particular course of action, which in the first instance seems impossible to enact, it is critical to remain open to the idea. Meeting observation records taken by the project team show that when a service provided an initial response of "No" to an Elder's proposition, dialogue shut down instantly or the Elders reacted with hostility, because immediately refusing a suggestion can be interpreted to mean that the organisation is not genuinely willing to transform their current practices and policies in any significant way. There may be a legitimate reason why an Elder's suggestion is not appropriate at this time, but that needs to be clearly explained and the door needs to be left open to reviewing this idea at a later date, especially if the basis for rejecting the proposal is lack of capacity. It is inevitable that circumstances will change in the future, so always remain open to a possibility.

For service providers, negotiating challenging conversations is a part of the process of establishing a shared understanding with the Elders. In the early stages of forming

77

relationships with the Elders, service providers' primary role is to listen and observe so as to develop a deep understanding of the Elders' ways of thinking and being. If engagement with the Elders is consistent and conscious effort is made to attend to the Elders' style of interaction, non-Aboriginal people will find that they naturally adapt their own ways of communicating and relating when in the presence of the Elders or other Nyoongar people. This will only happen though, if service providers are prepared to let go of control and trust the process, despite any initial feelings of discomfort and uncertainty.

Evidence of being teachable

Authentic engagement: Sharing stories means being open to new ways of learning and of reaching into and experiencing the world in new ways. Agency staff that have engaged in this process have found it to be a most profound experience, as noted by the comment below:

The methodology initially was not comfortable for most of [the] Executive however as relationships built and sharing occurred, so understandings and connections grew. The Executive team in particular gained an appreciation of the experiences of racism in the Elders' life stories and their current concerns for their community particular their young people. Laughter and warmth also built in the group. Through the exchange and with the input of the Project team it became clearer how mainstream service systems were not meeting the needs of the local Aboriginal community and did not recognise the existence of Nyoongar culture and world view within the urban context (Service provider, 2015).

Proactive engagement: Being teachable has required staff to sit and listen and be present with the Elders. Engaging in shared storying has been a profound experience for the Elders and service providers, as it has deepened their curiosity and humility. The process has been very compelling as evident by the change in service providers who are now working with greater flexibility, being more prepared to engage with curiosity and be more open in their interactions with Nyoongar people and with clients generally. Service providers have displayed skills in inner reflection and attentive listening in their work with the Elders. They are more open and attentive in their interactions with the Elders, and their heightened curiosity is evident from their respectful questioning and attentive listening. It is very noticeable how the staff involved in the project are very respectful and attentive when they are meeting with the Elders and this approach has become the bedrock for their work together, as described by one of the participating organisations below:

We decided to make some small changes to the expectations of [service] team members so that not all members would be expected to attend every project meeting. We were able to make this change as we had begun to feel more comfortable with the relationships and recognised that we would still be showing respect to the Elders even though we could not all be at every meeting. We had therefore begun to let go of the timeframes we had initially set, and this allowed us to be mindful and present when we were able to attend meetings (Service provider, 2015)

So too, the Elders have responded to this high level of respect, enjoying open and honest conversation:

I can say anything to them now. Even if they don't like it, I'll still have my say, because at least the one thing I've found that comes out of this is there's respect for us now. ...They're starting to respect the fact that we're not just here and a burden on them. We own this place. This was ours, and they're starting to understand that - and this worldview, our worldview. They saw us as takers and takers and takers, but they don't see that they took everything in the first place. That's what I'm trying to say to them. We were - we are a marvellous people. So the number one thing is the respect factor that's coming out of these interactions that we have (Elder 2015).

5. Staying connected

Keep the conversations going

Well it's a two-way learning like I said. We're working with Wadjellas and we're working with Nyoongars. We're working with all Aboriginal people around the place. It's the connection and the way you want to work it. Unless you've got that, you're not going to achieve things (Elder, 2014).

Learning to value the conversation and decoding the language and nuances have been essential to moving on with the project. [Service] has presented and deconstructed several project ideas and approaches, each one incorporating a little more of our learning... (Service provider, 2015).

Key words: persistent, disciplined, trusting, sustaining, 'joining the dots'

Staying connected is the ability of service providers to persist in their learning in their professional and personal lives. Working with the Elders has not been a onedimensional experience, for it is not just been confined to their professional identity. Their journey of working with the Elders has been one of self-discovery on both personal and professional levels. It has provoked deep reflective questioning on their actions and on their cognitive reasoning. Staying connected has required discipline, effort and a determined commitment to stay with the process, regardless.

Staying connected has required both the Elders and the service providers nurturing relationships based on mutual trust, respect, transparency and consistency. By persevering through challenging experiences, the participants have gained greater insight into their personal strengths, have demonstrated their trust in the Elders and have grown in their maturity in terms of working at deeper levels.

Action: Staying connected is perhaps the most difficult of the conditions for service providers to comprehend and sustain. The constant demand and continual flux in the service sector makes it extremely difficult for senior management, indeed, staff in general, to commit to staying connected with the Elders, i.e. through monthly or bimonthly meetings. The Elders understand the difficulties and challenges involved in juggling these constant demands, but they also realise if the service sector is truly committed to moving forward it will require consistency by staff and senior management. The Elders have long experienced initiatives that were initially seen as a priority. However, although started with much gusto and enthusiasm, interest soon wanes and the Elders and the initiative are no longer seen as a priority. The Elders refuse to be involved in projects that do not encourage people to stay connected. This has indeed been the test for the participating organisations, as they have been challenged to move beyond the rhetoric and commit to action. They have responded positively to this challenge for there is now evidence that changes are occurring.

Communication in between meetings is vital for maintaining a relationship with Elders and staying connected to the priorities shaped with them. For example, invitations to attend meetings and functions must be provided in writing, however, Elders often have limited access to email and the internet, therefore mailing letters, outlining all pertinent meeting details, is the most effective method of written communication. Agendas and meeting minutes should also be posted prior to the meeting, if possible, to give the Elders time to reflect on the meeting content. Just prior to a meeting it is advisable to contact each Elder by telephone to ensure they have the necessary information and support they require to attend the meeting. The Elders frequently have multiple family and community responsibilities to attend to at any one time, so a reminder phone call to confirm their attendance is usually much appreciated. This contact also provides an opportunity to connect with the Elders on a more personal level and to learn more about current issues and activities happening in the local community.

The most effective strategy for presenting a proposal for change is to provide a brief document outlining key points for the Elders to consider. Again, provide the information to the Elders some time prior to a meeting to allow them time to reflect on the idea and to seek input from other community members, if appropriate. For example, one organisation participating in the project prepared a written proposal for a pilot project to be trialled within the alcohol and other drug sector. The organisation continually documented the development of the proposal over time. It was interesting to see that more diagrams and simpler language were used to capture ideas in the later stages of development, which demonstrates the inclusion of a Nyoongar worldview and the development of a shared language.

If an organisation would like to invite the Elders to give a Welcome to Country and/or speak at an event, written information must be provided detailing the event. It is also recommended to discuss (in person if possible) the event purpose and program with the Elders in advance, so that they can shape their Welcome or speech accordingly. For more information about organising a Welcome to Country ceremony, service providers can refer to the Nyoongar Protocols guide produced by the South West Aboriginal Land & Sea Council (SWALSC) - http://www.noongar.org.au/images/pdf/forms/BookTwo-ProtocolGuide16p.pdf (accessed 3 December 2015).

Evidence of staying connected

Authentic engagement: Staying connected means that staff and senior management need to mindfully reflect on their priorities around work practices and time management. It has required the development of self-reflection and maturity to stay with the transformative experience. It has been challenging, but also very rewarding, as noted by one of the senior managers:

I feel that I have developed personally and professionally for having worked closely with the Nyoongar Elders. I have developed better management and people skills from hearing more about a Nyoongar worldview (Senior manager, 2015).

Proactive engagement: One of the senior managers of an organisation meets regularly with the Elders at their home, where they share lunch and discuss projects and activities. This manager has also invited the Elders to his home to share a meal and meet his wife and children. Another senior manager works in a similar way with the Elders involved in their organisation. She engages in a mutually respectful manner and they

meet outside of the formal meetings to share meals. They have developed a very deep and personal relationship that extends beyond the professional partnership.

Staying connected means remaining attentive to the conversations and ideas that arise, particularly when these challenge our values and beliefs. Without a reflective practice to guide our inner thoughts and feelings, we are likely to remove ourselves from such a challenge and remain content with holding onto our beliefs with little transformation to create new knowledge and understanding. We must remain present to these feelings that arise in us so that we can move beyond and stay connected to our learnings.

We have had to stay at the table and have not given up when challenged, or when other apparently more immediate priorities have appeared on our desks. Giving time to the conversation, time to reflect on what is said (and not said) and learning to value what giving that time can achieve, are key learnings (Service provider, 2015)

6. Respecting status

Elders are the leaders of our time

I'll be honest; there have been times when it's been incredibly uncomfortable just because I've never sat around the table with Aboriginal Elders before. My sense is that - or my feeling is that if you put me in a room leading a meeting amongst service providers or with other staff, I know the unwritten ground rules and I know how things work and how things operate but if you put me in a group, and [that's been] around this very table, any meeting with Aboriginal Elders, I don't know what the unwritten ground rules are and I'm learning very slowly. They've been very welcoming and very approachable but just from myself, I just think having a complete lack of confidence in myself to know what is appropriate (Service provider, 2014).

Key words: respectful, trusting, persistent, honouring, humble, dignifying, recognizing heritage and leadership.

Respecting status and *being teachable* are interrelated. *Respecting status* of the Elders means valuing their knowledge and showing humility by accepting and embracing a new way of learning, both in content and in style. The Elders are the *budiyas* in the Nyoongar community. Their leadership role must be recognised by service providers. When Elders tell of their own experiences of the impacts of colonisation, service providers witness a lived history rather than a written history. Such direct engagement cannot be taken lightly, for it is in these exchanges that both service staff and senior management undertake profound shifts in their thinking, based on these firsthand accounts in response to colonising forces. Their status as the custodians of Nyoongar culture means that they have both a responsibility and the authority to speak about its law and practices. Changing practices cannot occur unless there is the recognition of their unique status as Nyoongar Elders. Only through respect and humility can deep listening and connection be achieved. Service providers have enthusiastically engaged with the cultural learning provided by the Elders.

Action: Respecting status is both critical and essential to the Debakarn Koorliny Wangkiny working together process between the Elders, senior management and staff. The process for change required both the senior management and staff involved in direct service delivery to work closely with the Elders, for as the wisdom holders of Nyoongar culture, their knowledge is critical for the work required by staff in the decolonizing of their work practices and places. Respecting status has evolved into a mutual act, for it began with the Elders and it has now then become a more inclusive experience, involving both the Elders and staff and senior management.

Evidence of respecting status

Authentic engagement: Respecting the status of the Elders has required staff and senior management being prepared to actively engage with the Elders in a process of experiential learning. The Elders were very clear at the outset that their involvement was conditional to working with the key decision-makers in the organisation. They wanted the organisation to recognize their status and to demonstrate this respect by meeting with them as equals. The Elders were very clear at the outset that their involvement, preferably the CEO when available. As senior custodians in the Nyoongar community and cultural protocols determined that their meeting would require the presence of senior management, peer to peer, Budiya meeting with Budiya. These cultural protocols between peers did challenge Western concepts and worldviews, at the outset, but it soon became evident of the wisdom of the Elders for the meeting have provided the necessary foundation for sustainable relationships to be fostered and maintained.

Proactive engagement: Respecting status has empowered the Elders to engage with service providers, effectively re-legitimizing Nyoongar culture by acknowledging past acts, so that the decolonising processes can take hold. Service executives recognise that the status of the Nyoongar Elders is critical to ensuring change is sustainable. Elders should not be seen as peers. Their status as custodians of Nyoongar culture and leaders in their community naturally affords them a position of authority, so language used

83

should be respectful to reflect this fact. From a cultural perspective, it is appropriate to use the pronouns of Aunty and Uncle to address the Elders.

This re-legitimizing process is critical for it has reawakened and revitalized the role of the Elders, working alongside and with senior management and staff has empowered the Elders and they have been transformed in this process.

A comment from one of the Elders on how the process has impacted on her personally is revealing:

Coming here [to the service] has been a big help to me, in my life....I thought if I come to these meetings it would help me to be out in the community and help someone out in our community. Since we have been coming we have done this a few times....It has helped me a lot even with my own family (Elder, 2015).

The people I've met are all very interested and they seem very committed, because we've had meetings and they're very busy people, yet they make time to come and talk with us. We challenge them. They may want to pick our brains all the time, but we say to them, what are you going to do for us? What are you going to contribute back? So I find it very satisfying, and there's hope, a lot of hope for the future (Elder 2015).

Together service providers and Elders are rewriting the narrative for future relationships between Nyoongar and non-Aboriginal people. Evidence of this shift is apparent, with the Elders and senior management collaborating and presenting their working together at public forums. In 2014, seven Elders with staff from three organisations gave a presentation on their work together at The Mental Health Services (TheMHS) Conference held in Perth. In 2015, two Elders, alongside staff from three organisations, shared their experiences of building relationships at the Australasian Professional Society on Alcohol and other Drugs (APSAD) Annual Scientific Alcohol and Drug Conference. Both of these events were very successful and resulted in the project team receiving a number of requests for further information from audience members interested in replicating the *'Minditj Kaart-Moorditj Kaart' Framework* within their own organisation.

7. Continually weaving

Wadjellas' turn to do some [cultural] adapting

We have been walking side by side coming down this road. I would even go to the point of saying hand in hand. We have been doing a pretty good job. I am really

happy from where we have come from and where we are at, and I reckon we can do some amazing stuff (Elder, 2015).

We have had a transformative change in our mind set and with the way we work with Nyoongar people. We now know that we have to consult continually with the Elders and learn from their wisdom (Service provider, 2015).

Key words: consistent, persistent, valuing difference and diversity, code-switching, ongoing, intertwining, interdependent, developing wisdom.

Continually weaving involves intuitively working between two worldviews, moving back and forth, knowing there is difference and seeking to comprehend these differences. As service staff deepen this practice, they are better able to move into spaces more freely then was possible before commencing the work together. Continual weaving requires effort in all the conditions, in particular, *being present, being teachable* and *staying connected*. Continually weaving by service providers is a sign that they have become more confident and competent in working with Nyoongar people. The service providers involved in this project have certainly developed a more flexible and culturally secure skill set.

Action: Continually weaving represents the collective work undertaken by the Elders and service providers involved in the Looking Forward Project. Working alongside of the Elders, senior management and staff now experience new possibilities through the ongoing enhancement of their newfound skills and abilities. As the journey of continually weaving has progressed, there have been occasions when doubt has surfaced for both the Elders and the service providers and when this occurred they reminded each other of their shared commitment to achieving organisational change, and hence better health outcomes for Nyoongar peoples. Through the application of continuous weaving the Elders and the service providers are continuing their journey working together with confidence.

Evidence of continual weaving

Authentic engagement: Continually weaving has required staff and senior management to recognize and embrace different ideas and practices. They have developed skills in negotiation and deep listening. They have come to nuance their relationships with Elders to know when to question and when to sit with the questions. Staff and senior managers have developed skills in communication and interacting. These were not familiar to many of them before they commenced working with the Elders. What is obvious is the deep respect and trust that has grown between the Elders and the service providers.

Proactive engagement: Continually weaving provides the opportunity for the creation of a more inclusive and empowering narrative, where Elders and service providers relegitimize the status of the Elders and recognise how their role is important for the continuation of Nyoongar culture. By working and joining together, the Elders and service providers have begun to identify a more appropriate narrative that describes a new set of knowledges, attitudes and behaviours that brings together different worldviews. Sharing and celebrating different worldviews, Nyoongar and non-Aboriginal, is essential in the continually weaving phase and needs to be ongoing for both the Elders and service providers.

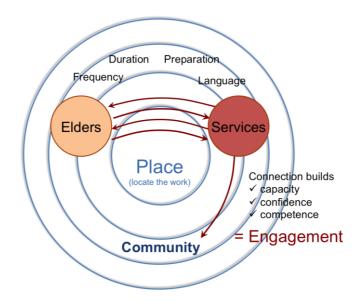


Figure 8. Practical elements for working together between Elders and services and the flow on effects for community.

In conclusion, the journey of working together has required steady patience, perseverance and confidence, as well as an attentiveness and commitment to staying the course, and to their credit, both the Elders and the service providers are staying the course and in due course will reap the rewards for their efforts. The Looking Forward Project has facilitated a process for Elders and service providers to engage in a new paradigm for working together that is evident in the quote below from one of the Elder's involved in the project:

They (the Project team) have done a great job in carrying us to where we are at this point, where we're sitting down and we're at negotiating tables. We're not sitting down like voices in the wilderness. We're actually at negotiating tables, talking to people to make a change, and that's so important in terms of being able to make

change (Elder 2015).

The ultimate challenge for non-Aboriginal people is finding a way to work effectively between the two worldviews; Western and Nyoongar. For example, as aforementioned, meeting agendas and action plans are important for capturing goals and anticipated outcomes set by the group, but the process for realising these goals and outcomes needs to be fluid and not hampered by deadlines or other bureaucratic processes set by the dominant society. A strategy for tolerating the uncertainty that comes with working in accordance with a Nyoongar worldview is to prepare for all possibilities prior to a meeting and have alternative plans in place if events do not unfold as expected. Being well-prepared also demonstrates commitment to the work together to create change and shows that service providers are willing to go the extra mile to respond in a way that is flexible and meaningful for Nyoongar peoples. However, service providers must remember to be in the moment when they are with the Elders and to be guided by and trust in their wisdom. The path ahead will unfold as it is meant to.

Debakarn Koorliny Wangkiny component of the *Minditj Kaart-Moorditj Kaart Framework* has been borne out of these myriad interactions, producing some profound learnings. Through this empowering engagement process, services are better able to develop the four key attributes. The impact of the work with Elders is evident across the six organisational domains to which we now turn.

10.1.4 Systems change: Organisational change domains

First, we presented participating services with a set of guiding questions that cover six organisational domains through which to shape their indicators for effective change and 'Working Together' outcomes (as outlined by most services in their Action Plans for change). These six areas are *governance, management/leadership, workforce, communications, resourcing,* and *spirit.* Service staff at all levels have been encouraged to discuss these domains in their meetings with Elders in order to develop a 'shared intention' on the priorities that shape their change efforts, enhance their accountability for making the necessary changes, and including the 'voice' of the community (through the Elders) at every step of the change process.

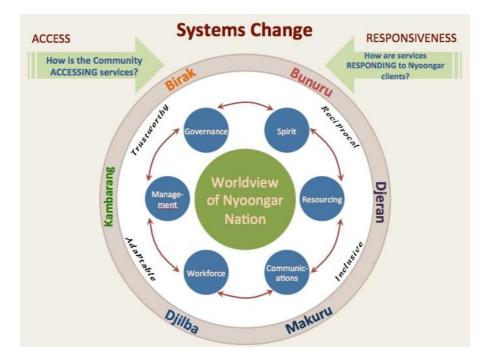


Figure 9. Access and Responsiveness: Systems change domains.

The participants discussed principles that underpinned co-production and that any change must impact the sector at all levels to really disrupt the status quo.

As has been mentioned in the Handbook for service providers, this assessment also asks practitioners to look within. In critically reflecting on personal preferences, beliefs and behaviours, practitioners begin to see how they inform, influence, impact and indeed impress upon others their way of being in the world, especially in their interactions with others. In developing a self-reflective practice, practitioners are better equipped to participate fully in organisational change efforts that are meaningful and heartfelt, centred on people, and value the diverse relationships built with others who can share in the journey.

In their assessment of their service change needs, services have examined their current policies, practices and processes to better understand the extent to which they are both accessible and responsive to Nyoongar people and their families. Services have examined the foundations on which they can work with and empower Nyoongar people and their families in the decisions made about their recovery and health care. We encouraged services to also investigate those colonising structures that bind us to the privileged and powerful positions we inhabit - virtually unknowingly - and how these impact the decision making processes and engagement with others who experience the world through alternative worldviews.

Co-production is a sustained and long-term effort underpinned by systems thinking. Systems change refers to "an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system". This design is appropriate when change will be effected through an alteration of the policies, routines, relationships, resources, power structures, and values of an organisation (Foster-Fishmann, Nowell & Yang 2007). Overall, systems change initiatives are "rooted in the assumption that significant improvements in the outcomes of a targeted population will not occur unless the surrounding system (e.g. service delivery system) adjusts to accommodate the desired goals" (Cohen & Lavach 1995 in Foster-Fishmann, Nowell & Yang 2007). Ultimately, systems change in the mental health and drug and alcohol sectors in not something that one achieves and then 'moves on'; in fact, systems change by its very nature means ongoing change that everyone within an organisation or the sector must commit to and indeed 'learn their way forward'. To this end, experiential learning principles support such change activities as it is "a recurrent process of adaptation... based on a rigorous process of transformation" (Bawden 2010, p. 47). Experiential learning (Kolb 1984, Kolb & Kolb 2006) is a holistic process of adaptation and growth through experience and reflection and is a dialogical process shared with others (Freire 1992). Our findings during the 'Working together', or 'co-production phase, helped to define the organisational change domains. These are outlined below.

Governance should reflect the diversity and aspirations of the community in which services operate. Given the historically fractious relationships between services and the Nyoongar community, the most practical option is a governance model based on collaborative principles. As with co-production, collaborative governance allows for multiple stakeholders to contribute to the decision-making at all levels of the organisation.

Management/Leadership also shapes an organisation and its ways of working. Nyoongar people want to see strong leadership within organisations that is lead by the heart, not only by the head. This type of leadership recognises and values diverse views, where managers are open to creative ways to lead by truly listening to clients and staff members.

Workforce and staff development are key aspects to consider in any change effort. Supporting staff to be courageous, developing their capacity to learn their way forward, tolerating the uncertainties they experience, and valuing skills and talents beyond a standard job description. Equally, supporting the recruitment and retention of Aboriginal staff members is essential to growing the organisation as a whole, whereby Aboriginal staff are not simply workers on the ground but contribute their ways of knowing, being and doing to influence the spirit and shape of the organisation.

Communication is a complex and challenging domain, critical to any change effort. It is in effect the glue to engaging staff, connecting with clients, and responding to stakeholders and funders. Staff must remain attentive to the myriad demands and priorities that shape the vision of an organisation as well as its daily operations. It is necessary to understand how language in particular can hold us to existing assumptions or exclude those who may not hold views similar to our own. Clinical and therapeutic jargon is one such example and organisations must work with clients and the community to find a common language that enables both parties to connect and then support one another in their healthcare efforts.

Resourcing and infrastructure includes those less tangible elements such as intellectual and organisational capital and emotional and spiritual attributes people bring with them to an organisation. There is an ethical and moral imperative to reviewing an organisation's resources and infrastructure when working with Nyoongar people and other marginalised groups. Shifting resources to develop the community's capacity to work alongside the organisation is one way to restore power imbalances and respond better to the needs of the community.

Spirit is more than culture or work ethos, but certainly shapes the two, for Spirit is the intangible life-force that permeates within and across the organisation. Its presence is felt rather than seen and is evident in the display of compassion and generosity through its staff. An organisation with Spirit knows intuitively how to work with difference and diversity. Its policies and practices are non-judgemental, inclusive and nurturing. Staff members are curious, courageous and have hope for the future for their clients. Spirit energises organisations to work with integrity and confidence.

We have collaborated with the participating services to plan appropriate ways to define and then measure these changes in staff behaviour, attitudes, knowledge and skills, to show how the service overall is working more effectively with Nyoongar peoples, and who in fact hold these services to account on the changes they propose, through the very act of working together with them. Given the Framework is inherently strengths-based, we have encouraged services and Elders alike to take an appreciative inquiry approach to reviewing current practices and policies, setting out change indicators, capturing and measuring those changes, communicating their learning to community members. Working towards systems change involves sustained commitment and courage. Commitment for systems change requires a high level of maturity to sustain the change, and to find the courage, strength and tenacity to hold the vision that systems change is achievable. The level of commitment shown by the service providers to bring about change is demonstrated by the frequent meetings they are having with the Elders, as discussed previously. In addition, and most importantly, services are now making a direct financial contribution to spend time with the Elders, which indicates they recognise and value the cultural expertise the Elders hold. This financial commitment is also a distinct sign of services' ability to sustain their work with the Elders.

As the service provider's confidence grows, we have witnessed people change through the continually weaving process of shared storying. This new experience of shared storying has resulted in an increase of existing knowledge and skills, and in the process, transformed their way of responding to the world around them. In most cases service staff do this by relying more on their heartfelt knowing than on their rational thinking. These are the conditions required to do work of this nature, to acknowledge a Nyoongar way of being and doing and to work together incorporating different worldviews and valuing diversity and its creative possibilities.

11. Outcomes: Building Capacity in the Community and in Services

Examples of current practice that have seen positive responses to the '*Minditj Kaart-Moorditj Kaart' Framework* are described below. These indicate the Framework's efficacy as a systems change approach, promoting decolonising practices and advocates for change which includes those for whom the change most impacts.

11.1 Mental Health Commission – Sector Development

The Mental Health Commission (MHC) has a team of external Independent Evaluators that assess the quality of our non-government mental health organisations (funded to provide a range of psychosocial supports) against the National Standards for Mental Health Services and the Mental Health Outcomes. Both measures identify the need to provide culturally responsive services to meet the needs of Aboriginal and Culturally and Linguistically Diverse (CALD) consumers.

The Commission invited the project team to present to their Independent Evaluators and Contract Managers on what services must do to engage with Aboriginal people and also to build cultural competency across their organisations. They recognized the value in exploring what the Evaluators should look for in a service that is funded to provide community based psychosocial support from an Aboriginal cultural perspective, such as,

- how to make services more welcoming and open to Aboriginal people and their families and carers; and
- how to support Aboriginal people and their families and carers to seek supports and services from funded NGOs.

The following feedback about the workshop was provided by Ms Tammy Ford, Director, Sector Development.

Dr Wright was recognised previously by the Mental Health Commissioner, Timothy Marney, who had been impressed with the work that was being undertaken in the Looking Forward Project regarding Aboriginal engagement and building cultural competency across services.

The full day presentation was very well received by all participants who reported that they found the day very valuable and that Dr Wright was an engaging and insightful presenter. The MHC Quality Team found the day very positive and would definitely be interested in engaging Dr Wright for this and similar events in the future (September 2015).

The following comments received from two of the workshop participants highlight first, content-specific learning, and second, the impact of the process of engagement itself.

I had some significant learning around the concept of yarning and listening. To (sic) much emphasis is placed on timelines when the real outcomes arrive from listening and taking time with people.

To get Aboriginal Elders and others in a position where they have direct input into the services Aboriginal people receive is fantastic. I liked the way it weaved its way from a conversation about your project into how we work and lessons we can learn from how you do things (July 2015).

In addition, Dr Wright joined the Mental Health Advisory Council as a board member in 2015. He presented the findings of the project to the Council.

11.2 Open Hearts, Open Hands Handbook

The **Open Hearts, Open Hands: A spiritual journey of change** Handbook (2013) has been a valuable text and resource both for participants of the project and others in the wider community. Policy staff at the Mental Health Commission are using the Handbook as a guide for working with Aboriginal people. So too, lecturers in the School of Social Work are also using the Handbook as a core text for some of their units and to assist in the development of their units where they relate to engaging Aboriginal peoples. Service providers across the sector have also been using the handbook as a way of working with Aboriginal people.

In 2014 and 2015, the project partnered with the Curtin School of Social Work to integrate the key findings from the Looking Forward project into their social work curriculum. The objective is to integrate the findings into three units currently taught in the Social Work course, with a view to broadening this work to develop a program-level 'decolonising' approach to teaching and learning in the Bachelor of Social Work.

11.3 *New Community* journal: Living with mental illness

A significant milestone for the project and its participants is the publication of the third issue of the *New Community*, a quarterly journal in community development produced by the Borderlands Cooperative in Hawthorn, Victoria (see Figure 9). The project team was invited to guest edit the third issue published in December 2015. Service providers and Elders have contributed to the development of the journal issue with a total of 16 submissions for publication. This issue covers the working together experiences of service staff and Elders and captures the rich and unique ways in which people have shared stories and collaborated on a range of work practices and protocols over the past three years.

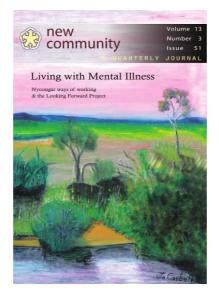


Figure 10. Issue 3 of the *New Community*, Living with Mental Illness: Nyoongar ways of working and the Looking Forward Project.

Finally, the role the Elders have taken up in this work has been substantial and transformative in its own right. Whilst we anticipated the Nyoongar community would engage in this work we had not anticipated the deep commitment and large number of Elders who were keen to work with us and with service providers. One of the Elders speaks eloquently about the collective wisdom of the Elders (2015):

We're all solid. We've all got something to contribute. We've got experience, we've got knowledge, we've got expertise in our own right, expertise in our own area. We're all Nyoongars and that's what's going to get this thing going further. I really appreciate what's happening.

12. Implications for policy and practice

The key implications and recommendations from the Looking Forward Project compliment and expand both the efficacy and effectiveness of the Mental Health Commission's Mental Health Outcomes: Indicators and Examples of Evidence and The Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025. In particular, implementing the findings will address specific gaps in mental health and drug and alcohol service delivery to Nyoongar people and Aboriginal people in general.

12.1 Recommendations

The '*Minditj Kaart-Moorditj Kaar't Framework* developed here provides a way to action the six 'quality of life' outcomes areas in the Mental Health 2020: Making it personal and everybody's business strategic document (WA MHC 2010) and the recently drafted Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (WA MHC 2014) to improve service delivery to Nyoongar peoples across the sector. The following recommendations are outlined under these themes:

- 1. Nyoongar worldview and cultural security,
- 2. Sector reform through contractual arrangements
- 3. Shifting resources,
- 4. Governance,
- 5. Racism, and
- 6. Community partnerships.

12.1.1 Nyoongar worldview and cultural security

Recognize the importance of a Nyoongar worldview and of Nyoongar country ('boodja') to Nyoongar peoples' wellbeing by engaging with Nyoongar Elders to review service provision accordingly.

Since the 1820s when the first settlements in Albany and the Swan River were established in Nyoongar country, the impact of colonisation has shifted the standpoint of Nyoongar law and customs. Since the beginning of the settlements on the Swan River the standard commentary has been to broadcast the decline of Nyoongar law and culture and that the situation had become so precarious that the culture was on the point of extinction (Host and Owen 2009). The statements about Nyoongar law and culture being on the point of extinction are misleading for they ignore the reality of a vibrant and thriving culture. Indeed, as a culture it has not only survived but prospered and adapted despite the pressures of modernity.

The implications for policy are clear: Elders and Nyoongar peoples want services to respond to their needs in a manner that both respects and recognizes a Nyoongar worldview as being fundamental to their wellness and to leading a meaningful, contributing life.

Recommendation 1:

Through the implementation of the *'Minditj Kaart-Moorditj Kaart' Framework,* organisations can engage and work with Nyoongar Elders to improve service delivery to Nyoongar people. It is our recommendation that key funding and peak bodies lead such an initiative in order that the changes are effective sector-wide.

Recognize the fundamental importance of Nyoongar country to Nyoongar peoples' wellbeing and *(re)locate* professional development activities accordingly.

Recommendation 2:

We recommend that the mental health and drug and alcohol sector review their cultural awareness training provided in the Perth region and its surrounds and consult with Elders on the necessary protocols for relevant and effective cultural awareness training. Such training should evolve to include more long-term professional development solutions and involve Nyoongar Elders and community members at every opportunity.

12.1.2 Sector reform through revised contractual arrangements

In light of the Mental Health Commission's '10 Year Plan' (WA MHC 2014) and related documents supporting the uptake of, and professional development initiatives relating to, the National Mental Health Practice Standards, it is timely that a review of the contractual arrangements and associated key performance indicators be undertaken. The 'Minditj Kaart-Moorditj Kaart' Framework provides a means to act on these standards, strategies, contractual guidelines and performance review and evaluations. Services contracted by the Commission can work more effectively by implementing co-design and co-production principles whereby they engage Elders as cultural consultants in designing and implementing projects that are practical, innovative and culturally secure, and that will improve service delivery to Nyoongar people.

While there are a plethora of projects and research that sets out the changes required for service reform, there is little on how best to implement such changes. Given the fact that services stated they were not sure 'how' to change to respond better to the needs of Nyoongar families, it is paramount that strategies for implementing change be taken up that are not only effective but promote cultural security and inclusivity.

Recommendation 3:

We recommend the Commission and independent evaluators also apply the Framework to their own contractual procedures and work with Nyoongar Elders to ensure the cultural security and inclusivity of these procedures. In addition, we recommend the Commission and peak bodies promote the use of the *'Minditj Kaart-Moorditj Kaart' Framework* to all community managed services so as to evaluate the effectiveness of their service provision to Nyoongar clients and their families, in alignment with these revised contractual guidelines.

12.1.3 Shifting resources

Ensure greater transparency in the allocation and expenditure of resources to Nyoongar people

There is a need for greater transparency in the allocation and expenditure of resources to support Nyoongar families experiencing mental illness. Nyoongar participants and Elders were concerned at the ineffectiveness of current funding policies that limiting effective and meaningful service provision. Their view is that funding could be more effective if services were better supported to be more flexible and innovative, and utlise co-design and co- production principles by engaging Nyoongar people in the design and delivery of programs and initiatives.

Recommendation 4:

We recommend that the Commission and funding bodies evaluate the current funding guidelines and related resource management strategies with a view to supporting more flexible and innovative solutions at the organisational 'ground level.' Applying the *'Minditj Kaart-Moorditj Kaart' Framework* provides a means to act on these guidelines and strategies, by engaging Elders and members of the Nyoongar community to co-produce alternative funding guidelines.

12.1.4 Governance

The Looking Forward Project identified the need for senior management to be less risk averse in their work practices and intentions with Nyoongar Elders and peoples. Risk aversion in this context refers to not recognizing the potential of the work that can be achieved when engaging the Elders as consultants. The limited mindset of leadership within the sector is a major setback in the work of transforming systems. The current governance structures in mainstream organisations are too rigid and inflexible for the work required in setting out visionary and creative policy and practice in order to work effectively and appropriately with Nyoongar people.

Recommendation 5:

We recommend that peak bodies and sector leaders apply the 'Minditj Kaart-Moorditj Kaart' Framework to review and implement an inclusive and suitable method for engaging with Elders to identify and implement appropriate governance structures that reflect Nyoongar standpoints.

12.1.5 Racism

Recognize and implement strategies to reduce the impact of racism and exclusion on Nyoongar peoples, and examine the practices of exclusion that encourage discrimination and racism in the lives of Indigenous people.

In the 2011 article by Dr Wright titled 'Research as Intervention: Engaging silenced voices' he noted that there are three propositions relevant to the effects of racism on Indigenous groups, which must be acknowledged by service providers.

First, for Indigenous Australians (and for many of the worlds Indigenous peoples as well) racism is a part of their daily experience (Larson 2007). Second, the

cumulative effects of continual and repeated experiences of racism are stress, trauma and poor health outcomes (Paradies & Williams 2008, Paradies, Harris, Anderson 2008, Link 2008, Larson, Gillies, Howard, Coffin 2007, Jones 2000). Third, the constant presence of racism in the wider community forms the narrative of 'us versus them', such that racism becomes normalized, and experienced across generations on a community level. Service providers working with Indigenous (Nyoongar) people need to accept that racism is a part of their experience and reflect on what and how they can alleviate in their own work practices instances of discrimination (2011, p. 38).

Results from the Looking Forward Project's survey on community experiences of racism show that Nyoongar people are still greatly impacted by racism and discrimination within the community and on occasions by service providers. Such experiences will greatly compromise on the standard of service delivery and negate the potential benefits of the service provided to Nyoongar people.

Recommendation 6:

We recommend that the Commission and peak bodies work with Elders to identify and implement strategies in order to reduce the impact of racism for, and exclusion of, Nyoongar peoples, specifically within organisations tasked with providing services to them.

12.1.6 Community partnerships

Ensure mental health and drug and alcohol service providers are more proactive in engaging in meaningful partnerships with the community.

A key finding from the project was the perceived 'invisibility' and 'lack of presence' of mainstream organisations in the community. Nyoongar people involved in the project commented that they had no knowledge of the existence of many mainstream organisations, and furthermore, if they did they had no knowledge of their purpose. Equally important and due to their 'invisibility' and non-presence in the community it was impossible for Nyoongar people to engage and build connections with the organisation. We encouraged the organisations to engage in community activities, such as NAIDOC events and Mental Health Week. In 2014 and again in 2015, a community day was held at a local Aboriginal community centre as part of Mental Health Week. In 2015 one of the participating organisations was the primary host for the event.

Recommendation 7:

We recommend that the Commission and peak bodies work with Nyoongar Elders to identify and implement strategies that enable service providers to increase their visibility in the community and thus promote greater access to and use of their services. Funding for targeted community relationship building such as those outlined above should also be made available.

13. Conclusion

Since the inception of the Looking Forward Project, service staff, Elders and the Nyoongar community in the southeast corridor of Perth have developed deep connections and have learnt a great deal more about each other.

The Project has made significant inroads into mainstream service delivery in the mental health and drug and alcohol sectors. A sizeable number of organisations have developed a way of working that will dramatically change the sector and how services respond to the needs of Nyoongar people.

The 'Minditj Kaart-Moorditj Kaart' Framework is an elegant and profoundly simple change intervention. Executive staff and health workers have understood its intent and its application based on their firsthand experiences. Relationships are the glue that creates binding and meaningful engagement. The way we relate to one another forms the basis for the ways in which we structure our systems, services, policies and practices. The Framework provides the structure for engagement, as well as the means for holding and deepening the relationships, so they are sustained.

14. Team profiles

Dr Michael Wright (Lead Researcher)

Michael is a Yuat Nyoongar man. His family is from the Moora and New Norcia area of WA, north of Perth. He has worked as a hospital-based social worker and as a mental health service manager. In 2010, Michael graduated with a PhD that investigated issues of access to services by Aboriginal families whose lives are affected by mental illness. The Looking Forward project expands on his PhD. Since early 2014, Michael took up a Fellowship position at Curtin University in the Division of Health Sciences and is based at the Curtin University National Drug Research Institute.

Margaret O'Connell (Senior Research Officer)

Margaret is of Anglo-Australian descent, born in Perth and raised in the southwest of WA. She is an educational designer and action researcher who has worked in the community, TAFE and tertiary education sectors for the past decade. She initially joined the project to co-facilitate the Community Steering Group sessions in 2012. Margaret has a Master of Education and experience in project management, strategic development, and training and professional development, particularly in online teaching and learning, and has a particular interest in the development of reflective practices, action inquiry, and community-based participatory research methodologies.

Tanya Jones (Project Officer)

Tanya is of Anglo-Australian descent and was born and raised in the northern suburbs of Perth. She has completed an undergraduate degree in Psychology and has a strong interest in community mental health and wellbeing. Tanya has previously worked as a research assistant in the areas of child and adolescent health promotion and chronic disease self-management. She originally joined the Looking Forward Project team in 2011 as a note-taker at the community forums and now coordinates project activities and maintains relationships with the Elders and service providers involved in the project.

Rosemary Walley (Research Assistant)

Rosemary is a Wadjuk Nyoongar woman of the Swan River Coastal Plains. She completed a Bachelor of Applied Science in Indigenous Community Development at Curtin University in 2013. Joining the Looking Forward Project fits neatly with Rose's previous studies to further develop her skills in evaluation and research. Her role as a Nyoongar researcher is to bring a Nyoongar perspective to the Looking Forward team, to capture and observe ways of researching. In addition, Rose is passionate about working with Nyoongar kids and most importantly Elders in her Community.

Danny Ford (Cultural Consultant)

Danny is a Nyoongar man with connections to Wadjuk, Ballardong and Yuat clans. He has tertiary qualifications in teaching and social work. Danny has worked in government for 29 years in the child protection and family support area as well as housing and training. Danny is well known and highly respected as a cultural consultant in the not-for-profit and government sectors. Most of Danny's working life has focused on addressing disadvantage of Aboriginal people and the provision of appropriate services to Aboriginal people.

15. Project stakeholder groups

15.1 Elders' Stakeholder Group

Armadale Elders	Kwinana Elders		
Joanna Corbett	Dorothy Getta		
Margaret Culbong	Charlie Kickett		
Louise Hansen	Helen Kickett		
Percy Hansen	Theresa Walley		
Mort Hansen			
Vivienne Hansen			
Janet Hayden			
Jim Hayden			
Liz Hayden			
Albert McNamara			
Irene McNamara			
Cheryl Phillips			
Robin Thorne			
Shirley Thorne			

15.2 Participating Service Providers

Mental Health Services	Drug and Alcohol Support Services		
MercyCare (NGO)	Drug and Alcohol Withdrawal Network,		
Richmond Wellbeing (formerly Richmond	St John of God Hospital (Private)		
Fellowship WA) (NGO)	Palmerston Association (NGO)		
Ruah Community Services (NGO)			
Youth Reach South (Public)			
Youth Axis (Public)			

Peak Bodies

Mental Health Commission, Western Australia Western Australian Association for Mental Health (WAAMH) Western Australian Network of Drug and Alcohol Agencies (WANADA)

Other Services

Armadale Mental Health Service Child and Adolescent Mental Health Service (Armadale) Statewide Specialist Aboriginal Mental Health Service South East Metropolitan Drug Service (Mission Australia)

16. References

Australian Bureau of Statistics. 2008. National Survey of Mental Health and Wellbeing: Summary of results, 2007. Cat. 4326.0. ABS. Canberra.

Australian Bureau of Statistics. 2011. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, October 2010. Cat. 4704.0. Canberra: ABS.

Alfred G, 2009. Colonialism and State Dependency, *Journal of Aboriginal Health*, November: 42-60.

Bawden, R. 2010. The Community Challenge: The Learning Response. In *Social Learning Systems and Communities of Practice* (pp. 39-56). C. Blackmore (Ed.): Springer: London.

Bhabha, H. (1990). The third space. In J. Rutherford (Ed.) *Identity: Community, culture, difference* (pp. 207–221). London: Lawrence & Wishart.

Bhabha, H. (1993). The location of culture. London: Routledge.

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

Chino M and DeBruyn L, 2006. 'Building True Capacity: Indigenous Models for Indigenous Communities,' *American Journal of Public Health*, 96 (4): 596-599.

Cole, M., & Sacks, T. (2008). When dual diagnosis means no diagnosis: co-occurring mental illness and problematic drug use in clients of alcohol and drug services in eastern metropolitan Melbourne. *Mental Health and Substance Use: dual diagnosis,* 1(1), 33-43.

Collins P, Patel V, Joestl S. 2011, Grand challenges in global mental health. *Nature*, 475: 27-30.

Commonwealth of Australia, 2014, Steering Committee for the Review of Government Service Provision. Overcoming Indigenous Disadvantage: Key Indicators 2014 Report. Canberra: Productivity Commission, Commonwealth of Australia.

Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonisation and sustainable self-determination. *Decolonisation: Indigeneity, Education & Society,* 1(1), 86-101.

Cornwell A and Jewkes R, 1995. 'What is Participatory Research?' *Social Science and Medicine*, 41: 1667-75.

Davis, C. (2003). Caught in the gap. Dual diagnosis and young people. A report on the issues. NSW: NSW Association for Adolescent Health.

Dudgeon, P and Fielder, J. 2006. Third Spaces within Tertiary Places: Indigenous Australian Studies. *Journal of Community & Applied Social Psychology*, 16: 396–409.

Dudgeon P, Walker R, et al. 2014, *Closing the Gap Clearinghouse: Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islanders People.* Canberra: Australian Institute of Health and Welfare, Australian Government.

Duran B and Walters K, 2004, 'HIV/AIDS prevention in "Indian Country": current practice, Indigenist etiology models, and postcolonial approaches to change', *AIDS* Education and Prevention, Vol. 16, No.3: 187-201.

Eley D, Hunter K, et al. 2006, Tools and methodologies for investigating the mental health needs of Indigenous patients: It's about communication. Australasian Psychiatry, 14: 33-7.

Erskine H, Moffitt T, Copeland W. 2014, A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth. Psychological Medicine: 1-13.

Foster-Fishman P, Nowell B, Yang H., 2007. Putting the system back into systems change: a framework for understanding and changing organisational and community systems. *American Journal of Community Psychology.* 39(197): 197-215.

Fredericks B, Adams K, Finley S, Fletcher G, Andy S, Briggs L, Briggs L and Hall R, 2011. Engaging the practice of Indigenous yarning in Action Research, *Action Learning Action Research Journal*, 17 (2): 8-20. Freire, P, 1992. Pedagogy of the Oppressed. New York: Continuum.

George, T. P. (2007). Many clinicians challenged by patients with addiction problems and serious mental illnesses. *Canadian Psychiatry*, 3(4).

Government of Western Australia, 2014, The Western Australian Mental Health, Alcohol and Other Drug Services Plan (2015-2025) *Consultation Draft*. November 2014. Perth: Government of Western Australia.

Government of Western Australia, (n.d.) Mental Health Outcomes: Indicators and Examples of Evidence. Perth: Government of Western Australia.

Hall, W., Lynskey, M., & Teesson, M. (2001). What is comorbidity and why does it matter? In M. Teesson & B. L. (Eds.), *National comorbidity project. National drug strategy and national mental health strategy* (vol 31-32). Canberra: Commonwealth Department of Health and Aged Care.

Hopper, K, 2007. Rethinking social recovery in schizophrenia: what capabilities approach might offer, *Social Science and Medicine*, 65: 868-79.

Host J and Owen C, 2009. "It's Still In My Heart, This is My Country": The Single Noongar Claim History. Nedlands: University of Western Australia Publishing.

Isaacs A, Pyett P, et al. 2010, Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward. *International Journal of Mental Health Nursing*, 19(2): 75-82.

Jane-Llopis, E., & Matytsina, I. (2006). Mental health and alcohol, drugs and tobacco: a review of the comorbidity between mental disorders and the use of alcohol, tobacco and illicit drugs. *Drug and Alcohol Review*, *25*(6), 515-536.

Khanlou N and Peter E, 2005. 'Participatory action research: considerations for ethical review,' *Social Science and Medicine*, 60: 2333-40.

Kolb, D. A. 1984. *Experiential Learning: Experience as the source of learning and development*. Englewood Cliffs, N. J.: Prentice-Hall.

Kolb, A. Y. and Kolb, D. A. 2006. A review of Multidisciplinary application of experiential learning theory in higher education. In Sims, R., and Sims, S. (Eds.). *Learning styles and learning: A key to meeting the accountability demands in education.* Hauppauge, NY: Nova Publishers.

Milroy, J and Revell, G 2013, 'Aboriginal Story Systems: Remapping the West, Knowing Country, Sharing Space,' *Occasion: Interdisciplinary Studies in the Humanities*, Vol 5, No. March 1, 2013, pp. 1-24.

Moreton-Robinson A, 2000. Talkin' Up To The White Woman: Indigenous Women and Feminism. St Lucia, Queensland: University of Queensland Press.

Ombudsman Western Australia. 2014. Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people. Perth: Ombudsman Western Australia.

Patel V, Flisher A, Hetrick S. 2007. Mental health of young people: a global public-health challenge. *Lancet*, 369: 1302-13.

Pyett P, 2002. 'Working together to reduce health inequalities: reflections on a collaborative participatory approach to health research,' *Australian & New Zealand Journal of Public Health*, 26(4): 332-336.

National Mental Health Commission, 2014. *The National Review of Mental Health Programmes and Services.* Sydney: National Mental Health Commission.

Revans, R. 1980. *Action learning: A new approach for managers.* London: Blond and Briggs.

Rigney L-I, 1997. Internationalisation of an Indigenous Anti-Colonial Critique of Research Methodologies: A Guide to Indigenist Research Methodology and its Principles, *The Journal for Native American Studies,* WICAZO as Review, University of Minnesota Press, 14(2): 109-121.

Shand, F., Gates, J., Fawcett, J., & Mattick, R. (2003). Guidelines for the treatment of alcohol problems. Canberra, ACT: Commonwealth of Australia.

Slay, J and Stevens, L 2013. *Co-production in mental health: A literature review.* commissioned report by New Economics Foundation for Mind UK. Available at http://www.neweconomics.org/page/-/publications/Co-Production_web.pdf (accessed 11 September 2015).

Steering Committee for the Review of Government Service Provision (SCRGSP), 2014. *Overcoming Indigenous Disadvantage*, Council of Australian Governments (COAG).

Teesson, M., & Burns, L. (Eds.). (2001). National drug strategy and national mental health strategy. *National comorbidity project.* Canberra, ACT: Commonwealth of Australia.

Teesson, M., & Proudfoot, H. (2003). Responding to comorbid mental disorders and substance use disorders. In M. Teesson & H. Proudfoot (Eds.), *Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment* (pp. 1-8). Sydney: National Drug and Alcohol Research Centre.

Todd, F., Sellman, D., & Robertson, P. (1999). The assessment and management of people with co-existing substance use and mental health disorders. New Zealand: National Centre for Treatment Development (Alcohol, Drugs & Addiction).

Tuck E, 2009. 'Suspending Damage: A Letter to Communities,' *Harvard Educational Review*, 79(3): 409-427.

Tuhiwai-Smith L, 2003. *Decolonizing Methodologies: Research and Indigenous People.* Dunedin, NZ: University of Otago Press.

Froukje Sleeswijk Visser, Pieter Jan Stappers, Remko Van Der Lugt and Elizabeth B.-N. Sanders, 2005, Contextmapping: experiences from practice, *CoDesign*, Vol.1, No.2: 119–149.

Wallerstein, N and Sanchez-Merki, V. 1994. 'Freirian praxis in health education: research results from an adolescent prevention program,' *Health Education Research: Theory & Practice*, 9(1): 105-118.

Wallerstein N, 1999. 'Power between evaluator and community: research relationships within New Mexico's healthier communities,' *Social Science and Medicine*, 49: 39-53.

Wright M. 2009. *Out of the Blue: Giving and receiving care: Aboriginal experiences of caregiving in the context of mental illness* (PhD thesis). Perth: Curtin University.

Wright, M, 2011. Research as Intervention: Engaging Silenced Voices, *Action Learning, Action Research Journal*, 17(2): 25-46.

Wright, M, Culbong, M, Jones, T, O'Connell, M and D. Ford, 2013. Making a Difference: Engaging Hearts and Minds in Research Practice, *Action Learning, Action Research Journal*, 19(1): 36-61.

Wright M, Culbong M, O'Connell M, Jones T, & D Ford. 2013, Weaving the narratives of relationships into community based participatory research, *New Community Quarterly* Issue 43, Vol 11, No 3, Melbourne VIC: 8-14.

Wright, M, O'Connell, M and Jones, T, 2013, *Open Hearts, Open Hands: A spiritual journey of change*, a handbook for service providers participating in the Looking Forward Project. Unpublished manuscript. Telethon Kids Institute, UWA, Perth WA.

Wright M, 2014. Reframing Aboriginal family caregiving. In *Working Together: Aboriginal and Torres Strait islander Mental Health and Wellbeing Principles and Practices* (2nd Ed.), pp. 243-256. Commonwealth of Australia.

Wright M and O'Connell, M, 2015. Negotiating the right path: Working together to effect change in healthcare service provision to Aboriginal peoples, *Action Learning, Action Research Journal*, 21(1): 108-123.

Zubrick, S., Silburn, S., Lawrence, D., Mitrou, F., Dalby, R., Blair, E., Griffen, J., Milroy, H., De Maio, F., Cox, A. & Li, J. 2005. *The Western Australian Aboriginal child health survey: the social and emotional wellbeing of Aboriginal children and young people.* Perth: Curtin University of Technology and Telethon Kids Institute.

Year	Methods	Number	Topics covered	Collection Instruments	Participants	Number
2011	Community Focus Group Forums	11	What do Aboriginal families living with mental health concerns in the south east metropolitan region need so they can be healthy, positive and strong? What does the mental health system in the south east metropolitan region need to do to support Aboriginal families and communities to stay healthy, positive and strong?	Forum Notes Audio Recordings Transcriptions Photographs	Nyoongar community	77
	Community Education Sessions	10	"Mental Health: You and the System"		Nyoongar community	77
	Survey	1	Emotional wellbeing and association with experiences of racism	Paper-based Survey	Nyoongar community	57
2012	Community Steering Group – focus groups	10	 Developing draft service model based on themes from community forums: the need for an appropriate mental health service, the need for a healing centre, the need for culturally appropriate mental health education the need to respond to local issues, including pressing social issues like overcrowded 	Meetings notes Audio recordings Transcriptions Photographs Weblog (online website) 3D context mapping	Nyoongar Elders Community members Aboriginal health workers	15

Appendix 1. Data Collection Activities and Methods 2011-2015

			housing, youth unemployment, lack of education opportunities and the increasing number of suicides across the region.	Role plays		
	Service Provider Workshops	3	'Working in the Aftermath: Reflections on Wadjella Ways' (Facilitator: Tim Muirhead, Evaluator: Anne Goodall)	Observational workshop notes	Services Service staff	9 20
2013	Nyoongar Worldview Interviews	3	'On being Nyoongar' (Nyoongar worldview)	Audio recordings Photographs Transcripts Interview notes Observational notes	Nyoongar Elders	7
	Service Sector Meetings	3	Build trust and develop relationships between service staff and Nyoongar Elders, and identify sector-wide goal for working together.	Meeting minutes Meeting notes Observational notes		
	Open Space Workshop	1	'Open Hearts, Open Hands' Workshop with Nyoongar Elders and Service Providers (November)	Audio recordings Transcriptions Photographs Workshop proceedings document Workshop notes	Nyoongar Elders Service staff	47

				Small group notes		
2014	Service team interviews	15	Relationships: What are the conditions required for developing meaningful relationships? Working together: What are the indicators of practicable ways of working together? Sustainable change: How is change occurring and what does it look like?	Interview notes Audio recordings Transcriptions Observational notes	Service staff	33
	Working Together Meetings	See attached summary table	Build trust and develop relationships between service staff and Nyoongar Elders.	Service-level Action Plans Meeting minutes and agendas Observational notes Meeting documents	Nyoongar Elders Service staff	18 50+
	Reflective Survey	3	Question Set 1: individual staff perception on the effectiveness of the service.Question Set 2: individual staff attitude and one's perception on how this is changing.Questions drafted and sent to service staff for feedback and revisions.Survey conducted 3 times at approx. 6 month intervals.	Online survey	Service staff	75 (72) (31) (23) (18)

	Cultural Activities	See attached summary table	Learn more about Nyoongar culture and develop relationships with Nyoongar Elders and community/family members.	Observational notes Evaluation surveys	Nyoongar Elders Community/ family members Service staff	75
2015	Working Together Meetings	See attached summary table	Build trust and develop relationships between service staff and Nyoongar Elders.	Service-level Action Plans Meeting minutes and agendas Observational notes Meeting documents	Nyoongar Elders Service staff	18 50+
	Cultural Activities	See attached summary table	Learn more about Nyoongar culture and develop relationships with Nyoongar Elders and community/family members.	Observational notes Evaluation surveys	Nyoongar Elders Community/ family members Service staff	75
	Case study: Service Stories of Change	10	Service-level change experiences written as reflective stories that highlight key themes of Access and Responsiveness .	Reflective stories by services		75

Appendix 2: Co-production ('Working Together') Phase Summary Tables

'Working Together' meetings summary table

'Working Together' meetings counted below commenced January 2014, but most services had regularly scheduled these meetings from May to December 2014. Meetings in 2015 commenced from February and are ongoing.

Services (10)	Elders (18)	Meetings (Jan-Dec 2014)	Meetings (Jan-Jun 2015)
Drug and Alcohol Withdrawal Network (St John of God) (Liz Wilson-Taylor, Program Manager)	Margaret Culbong, Shirley Thorne, Robin Thorne	6	3
MercyCare (Chris Hall, CEO)	Janet Hayden, Liz Hayden, Jim Hayden	4	2
Palmerston Farm Therapeutic Community (Wendy Shannon, Manager; Sheila McHale, CEO)	Charlie Kickett, Theresa Walley, Dot Getta	9	3
Richmond Wellbeing (formerly Richmond Fellowship) (Adrian Munro, Executive Manager Community and Residential Services; Joe Calleja, CEO)	Irene McNamara, Albert McNamara	6	4
Ruah Board and Members Group	Louise Hansen, Percy Hansen, Joanna Corbett	5	1

(John Gherardi, Board member)			
Ruah Inreach (Maddington) (Jennifer Murphy, Inreach Manager; Chris ??, interim CEO)	Cheryl Phillips, Irene McNamara, Albert McNamara	2	5
Western Australian Association for Mental Health (Rod Astbury, CEO)	Charlie Kickett, Helen Kickett	6	4
Western Australian Network of Alcohol and other Drug Agencies (Jill Rundle, CEO)	Margaret Culbong, Shirley Thorne, Robin Thorne	4	2
Youth Axis (Bronagh McCann, Team Manager; Warwick Smith, Director)	Louise Hansen Percy Hansen, Joanna Corbett	2	2
YouthReach South (Polly McCann, Team Manager; Warwick Smith, Director)	Louise Hansen Percy Hansen, Joanna Corbett	1	1
Inactive service-level meetings			
Armadale Mental Health Service (Peter Morton, outgoing Clinical Director; Theresa Dewse, Clinical Coordinator)	Mort and Viv Hansen	3	-
Child and Adolescent Mental Health Service	Mort and Viv Hansen		-

(Jason Ellis, outgoing Manager; Leah Bonson, CAHS)			
Specialist Aboriginal Mental Health Service (Michael Mitchell, Manager; John Van Der Geizzen, Senior Social Worker)	N/A	-	-
	TOTAL MEETINGS PER YEAR	48	27
	TOTAL MEETINGS	75	

Cultural activities and events – Summary table (2012 – 2015)

Please note these are project-based activities. Some services have arranged their own activities separate to those scheduled below.

Date	Location	Activity/Activities	Facilitators	Participants	
2012					
10 th October	Canning River EcoCentre	Reconciliation Walk	Mort Hansen and Margaret Culbong	Service staff (35)	
2013					

3 rd July	Bedfordale	Cultural conversations and a walk on country	Mort and Vivienne Hansen (and family members)	Service staff (40)
14 th August	Christmas Tree Well Brookton Highway	Campfire conversations, understanding bush foods and medicinal plants, making bush medicine	Mort and Vivienne Hansen (and family members)	Service staff (35)
2nd, 9th, 16th, 23rd September,	Telethon Kids Institute	Noel Nannup – Carer's of Everything Storytelling	Dr Noel Nannup	Service staff (6)
17 th September	Canning River EcoCentre	Lunch with Elders	LF Project team	Elders Stakeholder Group
5th, 12th, 19th, 26th November	Canning River EcoCentre	Noel Nannup – Carer's of Everything Storytelling	Dr Noel Nannup	Service staff (10)
17 th December	Canning River EcoCentre	Elders' Xmas luncheon	LF Project team	Elders (16)
2014				
14 th March	Spectacles, Kwinana	On country, working together	Palmerston Association, LFP Project, Kwinana Elders	Elders (4) Community/Family (4)

				Project team (4) Service staff (10)
19 th March	Subiaco	New building smoking/blessing ceremony	Youth Axis, YMHS	Elders (3) Community/Family (3) Project team (4) Service staff (12)
24 th September	Burswood on Swan	Welcome to Country by Liz Hayden with Aunty Shirley Thorne attending	MercyCare Celebration Luncheon	Elders (2) Project team (3)
8 th October	Champion Centre Armadale	RFWA/LF Project MH Week – Dabakarn Koorliny Wangkiny event	LF Project team Service providers Elders	Community Service providers Elders
29 th October	Boulevard Centre, Floreat	Welcome to Country for service training program – Percy and Louise Hansen, Joanna Corbett	Youth Axis, YMHS	Elders (3) Project team (1)

31st October	Bentley	Artwork presentation at RFWA staff awards (Aunty Joanna Corbett)	Richmond Wellbeing	Elders (3) Project team (1) Service staff
27 th November	Armadale	Marmun Mia-Mia Open Day (with Health Dept and Albert McNamara)	Health Dept	Community Service providers Elders
2015				

Elders' preparation meetings summary table

These include cultural advisory meetings, working together pre-meetings, workshop/presentation preparation, feedback sessions, cultural activity preparation, and information sharing.

Date	Location	Meeting (topic/s)	Attendees
2013			

5th March	Ruah Maddington Meeting Room	Endorsement meeting – MK-MK Framework (including cultural copyright)	Elders Group
19 th April	Telethon Kids Institute	Drafting Evaluation strategy – cultural advisory team meeting	LF Project team Elder consultants (x 2)
31st May	Telethon Kids Institute	Meeting with Margaret Culbong	LF Project team Elders (1)
12 th June	Armadale	District Aboriginal Health Advisory Group meeting	DAHAG Elders (8) Project team (2) Elders (1) Service provider (1)
14 th June	Armadale	Meeting with Albert and Irene McNamara	Elders (2) Project team (3)
19 th June	Armadale	Meeting with Louise Hansen	Project team (2) Elders (1)

21st June	Armadale	Meeting with Albert and Irene McNamara	Elders (2) Project team (3)
4 th July	Kwinana	Briefing with Kwinana Elders (working with Palmerston Farm)	Elders (3) Project team (2) Cultural consultants (2)
10 th August	Armadale	Preparation for cultural day – Mort and Viv Hansen	Elders (2) Project team (2)
4 th September	Armadale	Meeting with Robin Thorne	Elders (1) Project team (2)
15 th October	Bentley	Meeting with Margaret Culbong	Elders (2) Project team (2)
5 th November	Armadale	Meeting with Mort and Viv Hansen	Elders (2) Project team (2)

19 th November	Armadale	Meeting with Albert and Irene McNamara	Elders (2) Project team (2)
17 th December	Canning River EcoCentre	Christmas lunch with Elders	Elders Group (16) LF Project team (5)
2014	I	I	
18 th February	Bentley	AIATSIS presentation planning	Elders (1) Project team (3)
21st February	Kwinana	Meeting with Kwinana Elders	Elders (3) Project team (2)
28 th February,	Canning River EcoCentre	Introduction to Partners In Recovery Aboriginal Support Facilitator	Elders (3) Project team (4)
13 th March	Bentley	AIATSIS presentation planning	Elders (1) Project team (3)

19 th March,	Bentley	AIATSIS presentation rehearsal with Aunty Margaret Culbong	Elders (1) Project team (3)
5 th March	Bentley	AIATSIS presentation planning with Aunty Margaret Culbong	Elders (1) Project team (3)
11 th March	Canning River EcoCentre	Meeting with Elders to plan cultural event for AOD services	Elders (4) Project team (1)
1 st April	Armadale	Meeting with Mort and Viv Hansen	
28 th April	Bentley	Pre-meeting with Elders re. Service Action Plan	Elders (2) Project team (2)
2 nd May	Armadale	Cultural event planning meeting with Mort and Viv Hansen	Elders (2) Project team (2)
4 th June	Armadale	Meeting with Irene and Albert McNamara	Elders (2) Project team (3)

12 th June	Armadale	Meeting with Louise Hansen and Joanna Corbett	Elders (2) Project team (3)
19 th June	Canning River EcoCentre	Team meeting with Elders Margaret Culbong, Shirley Thorne and Robin Thorne	Elders (2) Project team (4)
17 th June	Kwinana	Pre-meeting with Kwinana Elders	Elders (3) Project team (2)
31 st July	Noongar Radio, Perth	Noongar Radio interview with Charlie Kickett	Elders (1) Project team (2)
5 th August	Leederville	Meeting with Robin Thorne	Elders (1) Project team (2) Cultural consultant (1)

5 th August	Canning River EcoCentre	Preparation meeting with Elders, Liz and Janet Hayden	Elders (2) Project team (2)
5 th August	Kwinana	Kwinana Elders' meeting with the MH Minister Helen Morton (Charlie Kickett, Theresa Walley, Dorothy Getta)	Elders (3) Project team (1)
6 th August	Curtin University	TheMHS conference planning workshop	Elders (7) Project team (4) Cultural consultant (1)
28 th August	Noongar Radio, Perth	Noongar Radio interview with Margaret Culbong	Elders (1) Project team (2)
26 th –29 th August	Perth Convention & Exhibition Centre	TheMHS conference – panel symposium	Elders (7) Project team (4) Cultural consultant (1) Service Providers (3)

1 st September	Armadale	Mental Health Week event planning meeting with Richmond Wellbeing & Elders Albert and Irene McNamara	Elders (2) Project team (3) Service Providers (1)
4 th September	SJOG hospital	Mental Health Week event planning meeting with Elders Albert and Irene McNamara, Margaret Culbong, Shirley Thorne	Elders (4) Project team (4)
10 th September	Champion Centre, Armadale	Mental Health Week event planning meeting with Albert and Irene McNamara	Elders (2) Project team (1)
25 th September	Noongar Radio studio Perth	Noongar Radio interview	Cultural consultant (1) Project team (2)
27 th September	Champion Centre, Armadale	Elders' meeting (with lunch)	Elders group Project team (3)
7 th October	Armadale	ABC news interview for Mental Health Week event – Albert and Irene McNamara	Elders (2) Project team (2)

7 th November	Curtin University	NITV, 'Noongar Danjoo' TV interview with Louise Hansen and Joanna Corbett	Elders (2) Project team (1)
10 th December	Canning River EcoCentre	Christmas luncheon with Elders and Service Providers	Elders Group (16) Service Providers (10) LF Project team (5)
2015			
12 th February	Kwinana	Shortlisting process for Aboriginal MH worker recruitment, Louise Hansen and Joanna Corbett	Elders (2) Project team (1)
26 th February	Armadale	'Working together' pre-meeting with the Elders	Elders (3) Project team (4)
4 th March	Kwinana	Meeting with Kwinana Elders	Elders (3) Project team (4)
25 th March	Canning River EcoCentre	Elders Lunch Meeting	Elders (18) Project team (4)

26 th March	Armadale	'Working together' pre-meeting with the Elders	Elders (3) Project team (3)
16 th April	Armadale	Meeting with Viv and Mort Hansen	Elders (2) Project team (2)
23 rd April	Armadale	'Working together' pre-meeting with the Elders	Elders (3) Project team (2)
29 th April	West Perth	'Working together' pre-meeting with the Elders	Elders (2) Project team (1)
14th May	Perth	'Working together' pre-meeting with the Elders	Elders (2) Project team (2)
27 th May	West Perth	'Working together' pre-meeting with the Elders	Elders (2) Project team (3)
30 th April	Kwinana	'Working together' pre-meeting with the Elders	Elders (3) Project team (3)

3 rd June	Canning River Eco Centre	NCQ Journal Writing workshop with the Elders Group	Elders (16) Project team (4)
15 th June	Armadale	'Working together' pre-meeting with the Elders	Elders (3) Project team (2)
23 rd June	Kwinana	'Working together' pre-meeting with the Elders	Elders (3) Project team (2)
24 th June	West Perth	'Working together' pre-meeting with the Elders	Elders (2) Project team (2)