UTS UNIVERSITY OF TECHNOLOGY SYDNEY

What information technology do young Aboriginal men use for their health and wellbeing, identity and resilience?

by Peter William Pinnington

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Master of Analytics (Research)

under the supervision of A/Professor Christopher Lawrence

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Faculty of Engineering and Information Technology

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My journey through my Masters has been a very testing time for but has afforded me time to clarify my Indigenous Standpoint.

In this section, if I miss acknowledging anyone with whom I have spoken with about my studies, I apologise. I have communicated with many people about *yarning* being a valid way to talk about issues, to swap ideas and to develop our own Indigenous standpoints. We all stand on the shoulders of those who have gone before us.

I would like to acknowledge and thank my principal supervisor, Associate Professor Christopher Lawrence, who is the Director of Indigenous Engagement at the Faculty of Engineering and Information Technology, University of Technology Sydney. Through the encouragement and support that Chris gave me, he advised me to expand the research question to include my beginnings in Adelaide in 1978 where I worked with Aboriginal youth in the justice system in South Australia. Dealing with youth, I also thought about their lifestyles and what they thought about their health and healthy lifestyle. Then after 50 years in the workforce, I would be given the opportunity to investigate those issues but in a 21st Century. First, completing this Masters with the emphasis of developing a template for a best health practice model for young Aboriginal men by investigating how those young men engage with social media and it was Chris who prompted me to include social media in the research question. Secondly, to continue on to a PhD to further develop the best practice model for young Aboriginal men. I would like to say thank you to Professor Bronwyn Carlson, Macquarie University, Department of Indigenous Studies, Macquarie University for her support. Also, for inviting me to the Forum for Indigenous Research Excellence workshops where Aboriginal issues were presented by fellow Aboriginal students that gave me 'food for thought' while researching for the Masters.

Since I have been at the university, I have during the time come to know some very generous Aboriginal students and I wish to thank Michelle Locke and Shannon Foster both UTS doctoral students for their support and encouragement. In addition, the students of the Jumbunna Higher Degree Research Group (JHDRG) and just being with them gave me impetus to complete my studies. Further, within the JHDRG, I have yarned over coffee and

shared our experiences in health, where Angela Phillips and I have both taught. Angela is a doctoral candidate within the Faculty of Health at UTS.

I would also like to thank Dr. Nick Hopwood who taught research methods that gave me an insight into the various forms of methods and their applications but I can now see how to utilise Indigenous research methods and pedagogy, and their veracity. In class, I said to Nick I now have a framework to better articulate the Aboriginal issues I have come across in the Masters. This is the framework I did not know, when I was at the Monash Aboriginal Research Centre in 1979, as a research assistant. However, I had a commitment to develop a training program for the workers in the Aboriginal community organizations and in the then Victorian Public Service so, I listened to what was being said and repeated back to the workers what they were saying to have exactly what they wanted in gaining the skills to be more effective in their jobs.

I also want to thank David Litting UTS Librarian who assisted me by setting up a number of search engines for articles relevant to the research of social media and the health of young Aboriginal men and Janet Stack, FEIT Academic Officer for assistance with administrative matters.

In closing I would like reiterate, we all stand on the shoulders of those who have gone before.

ABSTRACT

In this thesis the following terms relate only the Australian context for Aboriginal and Torres Strait Islanders and Indigenous and they are interchangeable depending on the context for example, for this thesis in some cases Aboriginal young will be used for specific instances.

This thesis is a literature of research articles and Australian Government policies related to the engagement of young Aboriginal men with social media for their health and wellbeing, as well as develop a best practice health model for practitioners working with them. The review includes articles on health related matters, research Indigenous methods. There is also the application of Indigenous Graduate Attribute (IGA). The IGA is comprised of six attributes relevant to engineering and information technology students when engaged with Aboriginal or Torres Strait Islander community projects. For example, the students will be introduced to the historical context of Aboriginal and Torres Strait Islander peoples because this will provide the present context within which the students and the communities and in this section communities means Aboriginal and Torres Strait Islander, with whom they are operating. The researcher has been involved in the workshops to develop the IGA and is developing with Dr. Zucker a FEIT colleague a digital library to be a resource for the FEIT teaching staff to address the six attributes and for the students to acquire the attributes to interact respectfully and professionally with the communities. The researcher will endeavour to introduce the IGA into the 'yarning circles', explained later, with the cohort of his further research in a PhD which is a valid qualitative research method utilized by Indigenous researchers when interacting with communities because it will afford the cohort the opportunity to gain the skills of interacting with individual, communities or organizations.

The researcher is not an engineer or an information technologist; he has an education and health background, hence, the following research question is asked:

> What information technology activities (using today's technologies of social media) do young Aboriginal men use for their health, and wellbeing and resilience; and how does the influence of their immediate families, extended families and friends on their health and wellbeing mediate these relations?

In 2016, after speaking with Associate Professor Christopher Lawrence from FEIT, he suggested the inclusion of social media in the research question. A leading Aboriginal researcher in social media, Carlson (2013), reinforced that the medium being used by Aboriginal and Torres Strait Islander peoples to stay up-to-date with informal and formal approaches to technology, which will help them maintain and strengthen their literacy and numeracy as well as support their identity and connections to culture.

Yarning is a valid Indigenous research method to be incorporated into the project, as suggested by Bessarab and Ng'andu (2010) because it is culturally appropriate for building trust and rapport between individuals and groups (Smith, 2012).

The research analyses presented in this thesis will inform the methodology to undertake further research to complete a PhD. In the PhD research, the researcher will partner with community organizations and invite Indigenous participants to be a part of the research. This will allow the cohort to share their personal lived experiences, cultural knowledge and cultural competency to assist in building the trust and rapport essential for the success of the research. Once established, the researcher will explore the idea with participants of establishing an online 'chatroom' to be housed within the application (http://thismymob) of FEIT that connects various Indigenous groups. Permission will be granted from the cohort for the principal researcher to gain access to the 'chatroom' to ascertain the types of issues discussed and offer assistance if needed.

The researcher has been involved with the development of Faculty of Engineering and Information Technology (FEIT) Indigenous Graduate Attribute (IGA) principles that will be incorporated into the project to up-skill the cohort in critical thinking and reflection for their health and wellbeing.

The eight chapters of the thesis comprise of: (i) introduction; (ii) research methods; (iii) Implementation of IGA in FEIT; (iv) Proposed Implementation of IGA into research cohort; (v) Health framework; (vi) Proposed Case study – Men's shed Mt Druitt; (vii) conclusion; and (viii) further postgraduate research.

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LIST OF ABBREVIATIONS

ACT	Australian Capital Territory
ACWC	Aboriginal Community Workers Course
AHS	Aboriginal Health Service
AIATSIS	Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
AMAP	Aboriginal Midwifery Access Program
ANU	Australian National University
ANUMS	Australian National University Medical School
BTH	Bringing Them Home Report
CDAMS	Committee of Deans Australia Medical School
Commission	Commission on Social Determinants of Health
CRT	critical race theory
CWTI	Community Welfare Training Institute
employees	Aboriginal and Torres Strait Islander employees
FEIT	Faculty of Engineering and Information Technology
FH	Faculty of Health
FHIGA	Faculty of Health Indigenous Graduate Attribute
HSC	Higher School Certificate
IASM	Indigenous Australian Studies Major
IGA	Indigenous Graduate Attribute
IS/s	indigenous standpoint/s
MARC	Monash Aboriginal Research Centre
NAHS	National Aboriginal Health Strategy
NAIDOC	National Aboriginal and Islander Day Observance Committee

NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NATSIMHF	National Aboriginal and Torres Strait Islander Male Health Framework
NATSIMHL Group	National Aboriginal and Torres Strait Islander Male Health Leadership Group
NHMRC	National Health and Medical Research Council
NMHP	National Male Health Policy
NT	Northern Territory
SFM	Social Foundations of Medicine
Strategy	Department of Health National Men's Health Strategy 2020-30
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
USA	United States of America
UTS	University of Technology, Sydney
VPS	Victorian Public Service
WASC-A	Westerman Aboriginal Symptoms Checklist for Adults
WASC-Y	Westerman Aboriginal Symptoms Checklist for Youth
WSU	Western Sydney University

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CHAPTER 1:
INTRODUCTION

Research position

I am an Ngarrindjeri man from South Australia with two daughters, a granddaughter and a grandson. Furthermore, I did not grow up with my Aboriginal family; rather, from the age of three months, I grew up with a loving non-Aboriginal family. My 'country' is where the River Murray meets the sea at Lakes Alexandrina, Albert and the Coorong in South Australia.

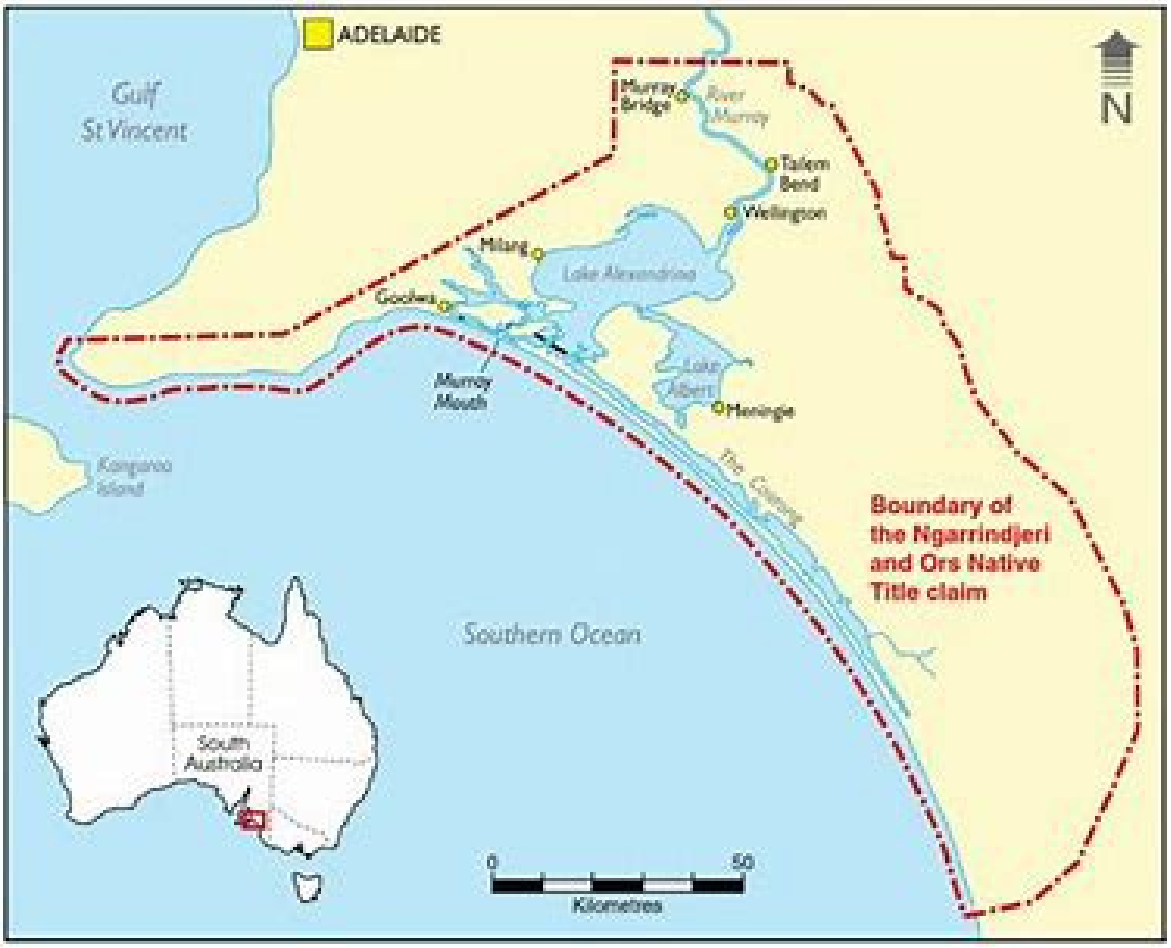

Figure 1.1: Map of the boundary of the Ngarrindjeri and Ors Native Title claim

In 1990, whilst living in Canberra, the South Australian Museum launched a permanent exhibition on the Ngarrindjeri. Considering that I had already begun to search for my Aboriginal family, I could not ignore this opportunity. In Adelaide, I met one of my nine sisters, and one of my four brothers, who are both now very dear to me. During the next 23 months, I met all members of the family, including my Aboriginal mother.

Meeting my family gave me the position of being born again, and a place, 'country', to which I belong: Raukkan, Point McLeay, the mission. In addition, being connected to 'country' (i.e. traditional) is of critical importance, which is inextricably linked to one's personal identity and kinship ties. During the future research, I will share with the participants my 'country' and in doing so, I am sharing to build trust. Critically, navigating our Aboriginal cultures, care must be taken in relation to the shared and collective impact of colonization that may arise in the future research.

When I gave lectures to medical students, I stressed that we are the oldest living culture with the necessary adaptations to survive. Since 1788, we have had to adapt to government policies; and being the oldest living culture we have had to adapt in the 60,000 living in Australia, both McCorquodale (1997, p. 3) in regards to the blood quantum theory that has impacted on Aboriginal and Torres Strait Islander and Eckermann (2010, p. 4) where we have adapted to survive which is related to our resilience. Both have informed my being, as well as my work experience.

During my working life, particularly at the Aboriginal Child Care Agency (ACCA), Adelaide in 1978, I was employed as the inaugural caseworker and my clients were Aboriginal youth at risk in the community and the remand centre. This is the genesis of my research question, when I reflected on what youth thought health and a healthy lifestyle was. They were misusing drugs and alcohol, their diet was not nutritious, and social media had not been developed then. On the advice of Associate Professor Lawrence, I have included social media and how young Aboriginal men use it for their health and wellbeing. The familial situation of the Aboriginal youth was of strong interest to me from the standpoint of the relationship Aboriginal youth had with their families.

My predominant role was to educate the staff of community welfare departments and the judicial system as to why careful consideration must be given to Aboriginal families, including extended family and kinship systems when seeking placements for the young person. Not only was this essential for the health and wellbeing of young people, but the links to their families could assist in stemming their recidivism.

I reiterate based on the learning of my professional and cultural experiences, this project will investigate today's use of technologies, with a particular emphasis on how social media is used by young Aboriginal men for strengthening their sense of culture, health, wellbeing and resilience.

Research standpoint

My critical identity at the beginning of this research proposal encapsulates my lived experiences of being an Ngarrindjeri Aboriginal man who has had to learn his Aboriginal culture through very close friends and family with whom I have studied and worked.

Closely related to my lived experiences as both a learner and a teacher, I have developed a strategy that I call *mental somersaults* (later I call this my Indigenous Standpoint) through which I am empathetic toward the student's lack of knowledge particularly because I do not want him/her to feel any *guilt or blame* for past policies. This is integral to understanding how to navigate the tensions between Aboriginal and non-Aboriginal ways of knowing and being. A fixation on guilt can often interfere with their learning. Indeed, Hunter (1996) wrote about the denial, rationalisation and trivialisation of the intrusion of the State into Aboriginal lives, which are discussed at length in his paper. However, in my experience when people are told the facts about Aboriginal Australia's history, they often look for comparisons of similar intrusions of other peoples. In looking for comparisons, I feel they encapsulate Hunter's three points of intrusion: (i) denial; (ii) rationalisation; and (iii) trivialisation (1996, p. 16). I have had to do many *mental somersaults* to explain that comparisons to other minority groups are inappropriate.

The decisions about Aboriginal people are based on a political base in the colonial construct, that is, to disenfranchise and dehumanize Aboriginal people, but rather for my students to *listen* and *understand* what I was saying about Aboriginal history and its impact

on health. In lectures, I wanted the lecture theatre to be a safe and positive learning space that was receptive to Aboriginal standpoints. However, as a matter of transparency, I explained that some of the information presented could be confronting, but its purpose was to provide the present day context of Aboriginal and Torres Strait Islander peoples. I reiterate what I said, that is, I did not want to foster *guilt or blame*, but did so through my empathy to the student's lack of knowledge in our health.

The above example of metal somersaults provided me with a strong lesson for establishing respectful and ethical conduct in research and teaching. I came to realize that for this research project to be successful, the participants will need to trust me as a researcher and fellow Aboriginal person. Therefore, I will be closely following established Indigenous ethical principals in research, particularly those developed for working with Aboriginal and Torres Strait Islander peoples (AIATSIS, 2011; NHMRC, 2003). In explaining the project, I will make clear that participants may withdraw from the project at any time without any explanation needed; it will not have any adverse consequence for them, and the information they provide will not be used by the project. Further, I will explain that the project will add to the academy, and can be built upon, maybe even by the participants conducting community base research.

Individuality is promulgated through the media of fashion, electrical goods or social media applications themselves. It can be argued that this runs contrary to Aboriginal ethos where family and wider kinship systems, the sense of belonging to 'country', the collective history of Aboriginal peoples who have all withstood the impact of colonization. It is important to recognize that social media may play an important role, both individually and collectively, in both combatting and reinforcing the processes of colonization itself (Carlson, 2013). This provides an important context for the focus of the research project, especially in relation to the wellbeing and resilience of Aboriginal youth.

Resilience

Carlson (2013) mentioned the complexity of Aboriginal identification (p. 148), which is central to the research in that various situations in which Aboriginal people may find themselves in the social media sphere. For example, when negative comments are made, in the electronic, print media and now in social media the following points are relevant, how

does it have an effect on them? And how is it addressed by them? Racism is a 'close to bone' issue and is perennial for Aboriginal people, particularly for this thesis and how one deals with it can impact on their health.

Wilkinson and Marmot (2003) developed 10 determinants of health; the fourth determinant is *exclusion*, which can be applied to Aboriginal people:

> Life is short where its quality is poor. By causing hardship, and resentment, poverty, social exclusion and discrimination cost lives. (p. 16)

Further, on the Australian Institute of Health and Welfare (AIHW) website, 1.1 Life expectancy at selected ages, Australia(a) – 2015-2017(b) Aboriginal and Torres Strait Islander life expectancy is stated, and b. Based on the average number of Aboriginal and Torres Strait Islander deaths registered in 2015-2017 adjusted for under/over identification of Indigenous Status in registrations, and final Aboriginal and Torres Strait Islander population estimates for 30 June 2016 based on the 2016 and Table 1.1 presents life expectancy at selected ages for Aboriginal and Torres Strait Islander and non-Indigenous Australians. At all ages, for both males and females, life expectancy for Aboriginal and Torres Strait Islander Australians is lower than for non-Indigenous Australians.

Life expectancy at birth for Aboriginal and Torres Strait Islander males – 71.6 years. Life expectancy at birth for Aboriginal and Torres Strait Islander females – 75.6 years as per Table 1.1 below.

Table 1.1 Life expectancy at selected ages, Australia (a) – 2015-2017(b)

	LIFE EXPECTANCY (Years)			
	Aboriginal and Torres Strait Islander	**Non-Indigenous**	**Total**	**Difference between non-Indigenous and Aboriginal and Torres Strait Islander life expectancy(c)**
MALES				
0	71.6	80.2	80.0	8.6
1	71.1	79.4	79.2	8.3
5	67.2	75.5	75.3	8.3
25	47.9	55.8	55.7	7.9

	LIFE EXPECTANCY (Years)			
	Aboriginal and Torres Strait Islander	**Non-Indigenous**	**Total**	**Difference between non-Indigenous and Aboriginal and Torres Strait Islander life expectancy(c)**
50	26.7	32.1	32.0	5.4
65	15.8	19.0	18.9	3.1
85	4.4	4.7	4.7	0.3
FEMALES				
0	75.6	83.4	83.2	7.8
1	75.2	82.6	82.5	7.5
5	71.2	78.7	78.5	7.5
25	51.7	58.9	58.7	7.2
50	29.0	34.6	34.5	5.6
65	17.1	20.8	20.7	3.7
85	4.5	4.8	4.8	0.3
DIFFERENCE BETWEEN MALES AND FEMALES				
0	-4.0	-3.2	-3.3	
1	-4.0	-3.2	-3.2	
5	-4.0	-3.2	-3.2	
25	-3.8	-3.0	-3.1	
50	-2.3	-2.5	-2.5	
65	-1.2	-1.8	-1.8	
85	-0.1	-0.1	-0.1	

Further, Aboriginal people have been excluded from Australian society through the blood quantum theory and placed on missions, and excluded from the workforce. Particularly, in relation to the Queensland Sugar Bounty Act No. 4 1903 that was identified by McCorquodale (1997):

> Provided that no bounty shall be paid in respect of the production of sugar on land which has been cultivated *by other than white labour* after a bounty has been paid in respect of the production of sugar thereon. (p. 3)

McCorquodale's historical research found 700 pieces of legislation and 67 classifications of Aboriginal people, including half-caste and quarter caste.

As an Aboriginal person, I read Edward Said's works (1978), which talked about how the West defined the East, the *Orient*. In my lived experience, this is the same definition that has been applied to Aboriginal people, as demonstrated in McCorquodale (1997).

Bodkin-Andrews and Craven (2013) discussed racism in their recent paper. Although the group of Aboriginal people interviewed was small (postgraduate university students), the consistent theme to emerge was that racism still exists, not only as experienced by those interviewed, but it is rampant within the wider Australian society:

> … against wider diversity of minority groups throughout the world, and it has been argued that such concern has been, until recently, applicable to Australian based research seeking to understand racism targeting aboriginal and Torres Strait Islander peoples. (Bodkin-Andrews, Paradies, Denson, Priest, & Bansel, p. 1)

Further, when I studied in Canada in 2003 as one of three inaugural Aboriginal international exchange students from the University of Canberra with other First Nations peoples, we had our own experiences of racism and colonization, but we had a shared experience through which we could culturally connect.

Racism is another issue that will be investigated in the research. Paradies stated,

> It is clear that the disadvantage suffered by Indigenous peoples is associated with both historical and contemporary racism, colonization and oppression. (2008, p. 1)

In lectures, I have presented examples of racist comments made to me, and I say to the perpetrator, 'Go away and think of something original.' Students have said something new maybe said, but I say there will be nothing new, but only variations on themes, for example, that we are dumb, dirty and unemployed. These terms are sometimes internalized, as explained by Paradies (2008) that Aboriginal people accept them and become the self-fulfilling prophecy (*prophecy*), that is, Aboriginal peoples, through their actions, either directly or indirectly, cause the *prophecy* to come true. This issue will be

investigated and presented through the research with positive examples that belie the *prophecy*. However, there are too many to mention here.

Different research methods

The pioneering works of Indigenous research scholars and methodologists, the 'conversational' method of Kovach (2010) and 'yarning' method of Bessarab and Ng'andu (2010) is used in this research project. Kovach (2010) argued that prioritizing an Indigenous paradigm is essential to Australian Aboriginal research practices, as too often our voices and lived experiences have been silenced by non- Indigenous methods.

Aboriginal people have survived for the past 232 years, during which time they have made many adaptations that have not all been positive. As Eckermann, et al. argued:

> To adapt … is not to do perfectly from some objective standpoint: it is to do as well as possible under the circumstances, which may not turn out very well at all. (2012, p. 3)

Another prominent Aboriginal scholar, Purdie et al. (2010) wrote about individual and collective trauma which, for me, highlights that trauma is a central issue to the Aboriginal paradigm. As a result, any research method that touches on such trauma (e.g. loss of culture) must be responsive to such lived experiences. As trauma has historical aspects (e.g. frontier violence, economic and political abuse, alienation and discrimination, cultural and spiritual trauma), it is essential that research methods do not perpetuate the negative processes of colonization.

Kovach (2010) commented on how the relational methodology is conversational, and says 'the conversational method is of significance to Indigenous methodologies based on oral story telling tradition congruent with an Indigenous paradigm'. Further clarification of relational methodology, it is being interpersonal, personal social interactive all of which Iacknowledge in my thinking, writing, and teaching Within the intern construct is not recognized, as stated by Stewart in Kovach (p. 3) because Indigenous researchers embrace the relational approach to research, which is related to what Bessarab and Ng'andu (2010) identified as 'yarning', an Indigenous cultural form of conversation that gathers data but also establishes relationships. For me, as a researcher, to build the relationship of a

respectful and ethical researcher as an Aboriginal man with a young Aboriginal male cohort will support the navigation of complex lived experiences of our Aboriginal males, including colonization, removal from traditional 'country'. I will now offer the Aboriginal explanation of culture from the researchers perspective, that the term refers to the place where they belong culturally, especially, related to traditional obligations, that are discreet to each individual such as caring for the flora and fauna and physical sites

Kovach (2010) and Bessarab and Ng'andu (2010) emphasized research as being relational. that is, careful consideration is to be given to implications arising from the inter-relationship. Between the method, ethics and care, and that such care is for both the researcher and participants. Sadly, research is often resistant to such considerations, as summarised by Bessarab and Ng'andu:

> … in her attempts to apply yarning as a research tool in her doctoral thesis in 2000 which was challenged by other academics who argued it was not a 'bonfire' research method and was not recognized as a legitimate tool for gathering data by Western academia. (2010, p. 39)

Bessarab and Ng'andu (2010) also found a gap that existed in their literature search on yarning, which explained this method despite the noticeable presence of an emerging discourse on Indigenous research methodologies form where Battiste stated that the 'empirical methodological paradigm of most research contributes to the lack of its acceptability within Native American nations and communities' (2001, p. 95).

This is similar to the application of an empirical methodology to the Aboriginal setting in Australia and to counteract this, Rigney developed it as his emancipatory principle of his Indigenous standpoint, as mentioned previously. Battiste also mentioned Indigenous researchers Moreton-Robinson (2000) and Youngblood Henderson (2000). Henderson made the following comment:

> … domination and oppression cannot be altered without the dominated and the dominators confronting the knowledge and thought processes that frame their thinking and complacency, and their resistance. (2000, p. xxiv)

In this chapter, I discuss Martin's (2009, p. 39) relational ontology which grounds the researcher in the academy but also in Indigenous research. The gathering of information in

the Aboriginal setting using conversational/yarning methods addresses how Aboriginal people reciprocally impart information, which may not be obvious to non-Aboriginal researchers. However, Aboriginal researchers and research participants may be acutely cognizant of this process because it is embedded within their daily interactions.

Furthermore, Bessarab and Ng'andu (2010) mentions Kellehear (1993) and Spradley (1979) and the technique in-depth interviewing that is also known as semi-structured interviewing, which is used in this research because of its appropriateness from the stance of being holistic, for example, in Aboriginal health. That is, the whole person is taken into account, not just the symptoms presented. Berry's (1999) 'holistic understanding for the participants experience, providing the opportunity for the description of the research that quantitative methods do not provide' (p. 38).

Kvale (1996) study on the use of conversation in research has the researcher as a traveler. I feel that I am on a journey to add to Aboriginal voices and standpoints within the academy. During the journey, I will explore the *lived experiences* of the research participants to find out about their life world. Further, when I talk about the Aboriginal *lived experiences*, it is corroborated by insider cultural knowledge and cultural competency.

When I talk to Aboriginal participants using the yarning interview technique, there is the possibility of the interviewee talking about a number of issues that may seem to be disconnected from the research question (AIATSIS, 2012). However, participants may have several issues they want to talk about that are important to them, which will be respected as part of the collaborative protocols within yarning (Bessarab & Ng'andu, 2010). My experiences with yarning outside of academia can be found when noting my work as a caseworker in the ACCA in Adelaide. Clients would want to talk about an *issue*, but during the conversation the *real issue* they wanted to talk about would come to the fore. As McLennan (2015) suggested, issues are multi-layered because when participants are giving answers to the research questions, they may also disclose other information – and this is where ethical conduct is important. To address these situations, the research guidelines of the AIATSIS and NHMRC underpin the research.

Building trust is integral to any research, and as an Aboriginal person, having the shared experience of colonization will help in building that trust (AIATSIS, 2012). While sifting through a participant's answer to a research question, I will do the requisite *mental somersaults* and *listen attentively* to glean what the participant is saying about the question. In addition, some of the issues raised, commented on or are digressed upon with the participants may be 'close to the bone' (that is, part of the historical collective experiences of the participant and me). Therefore, self-care is integral to me as the researcher. I will establish an Aboriginal reference group for the project to which issues will be referred on an 'as needs' basis.

Background to the research question

> What information technology activities (e.g. using today's technologies of social media) do young Aboriginal men use for their health, wellbeing and resilience, and how does the influence of their immediate and extended families and friends on their health and wellbeing mediate these relations?

Social media is a burgeoning research area in the Indigenous research field of which this research will hopefully add to the Indigenous health research academy.

A prominent Aboriginal scholar, Carlson noted that 'social media is a medium used today by many Aboriginal and Torres Strait Islander peoples to keep in touch in formal and informal ways' (Carlson, 2013, p. 147). It can be argued that Aboriginal people use social media applications the same way as everybody else does (Carlson, 2013), but evidenceuggests that Indigenous users of social media and applications as having a wider use and benefit, including the potential for maintaining and strengthening culture. For example, yarning is a credible, rigorous (Bessarab & Ng'andu, 2010) and culturally appropriate form of communication (and research) for Aboriginal people. Yarning can also be attributed to social media interactions, especially in specific groups such as families or community where individuals will share stories and community news; even posting on their newsfeed about Sorry Business (death and funeral notices).

This project seeks to expand on the wider use of social media by Indigenous users, by developing an online application, such as chat rooms through existing platforms such as #thismymob or Facebook, thereby introducing 21st century information technology ways

of communicating, relevant to young Aboriginal men and their health issues. In these chat rooms, different issues can be discussed, for example, men's business, cultural practices, health and wellbeing as well as personal issues where discussion is confidential and access is only given to those who may be linked to a professional for advice and information, or a strategy to deal with those issues. As a result, yarning and online conversational methods will be used in collecting data for this research project.

How do Aboriginal people interact socially?

When Aboriginal people meet socially, they talk about a number of issues, but generally start with a 'who's your mob'? question to establish a connection. They also do this when they meet formally to discuss a particular agenda. Establishing a cultural connection is important for Indigenous Australians as it recognises that person's connection to 'mob' and 'country'. For example, a formal meeting was recently held at Eora College (TAFE) at Redfern, during Mental Health Week. It was organised by the TAFE senior counsellor and held in the auditorium with lunch provided, where approximately 30 people attended. It became obvious that there were several issues that people wanted to discuss, two of which were: (i) to build on the camaraderie between the student body and staff that students and staff commented on as it had existed at the beginning of the College's establishment; and (ii) to reintroduce a monthly breakfast for the College which would engender the camaraderie mentioned. It was agreed that the breakfast was to be the first activity to be introduced.

As a participant in the above meeting on mental health, I was cognizant that participants had their own issues of which I was mindful about when they began to speak up at the meeting. For example, violence, loneliness and financial problems associated with the family, community and government.

In this research approach, I will ensure a safe environment for issues to be discussed in accordance with Research Guidelines of the AIATSIS and the National Health and Medical Research Council (NHMRC) when working with Indigenous Australians.

Literature review

In 2015, McLennan stated, 'Australian Indigenous resilience is predominantly limited to the knowledge gained from non-Indigenous psychological resilience research' (2015, p. l). One main point about Indigenous resiliency that McLennan raised was that relationships are important for individual and collective strength and functioning. Whilst the overemphasis on them, the dominance of non-Indigenous perspectives on resilience is correct. There are many Aboriginal scholars who are contributing to research in resilience and other social science areas for example Rigney (1999).

Because the above article was of great interest to me, I contacted McLennan and enquired about the standpoint she took in her research. She was generous in her reply when she explained that her research was centred on the Indigenous standpoint theory (IST), and being a non-Aboriginal, which boded well for IST being adopted by other non-Aboriginal researchers. In particular, she mentioned Professor Martin Nakata (2007) who summarised:

> It is not a simple reflection of experience and it does not pre-exist in the everyday waiting to be brought to light. It is not any sort of hidden wisdom that Indigenous people possess. It is a distinct form of analysis, and is itself both a discursive construction and an intellectual device to persuade others and elevate what might not have been a focus of attention by others. (Nakata, 2007, p. 11)

Polhaus in Nakata (2007, p. 11) stated:

> Indigenous standpoint … first the social position of the knower is epistemically significant; where the knower is socially positioned will both make possible and delimit knowledge. Second, more objective knowledge is not a product of mere observation or a disinterested perspective on the world, but is achieved by struggling to understand one's experience through a critical stance on the social order within which knowledge is produced. (2002, p. 285)

The knowledge I have acquired is commensurate to the quote above from the research paper by Nakata because my life is underpinned three-fold: (i) my lived experience; (ii) my cultural knowledge; and (iii) cultural competency, as well as in the academic setting where I have had to stress my standpoint firmly when I taught or drafted Aboriginal curriculum.

McLennan raised the point that understanding resilience from Indigenous standpoints needs to appreciate that it is multi-layered:

> … taking into account sources of protection, support and resources needed to foster strength and wellbeing … in response to adversity family, and community, protective sources are particularly important and include connectedness. (2015, p. 1)

I understand that the feeling of belonging means that what I have come to know is integral to Aboriginal peoples' identity and the *sharing of affection*. During my journey, I have had many role models because other Aboriginal scholars have gone before me and *I am on their shoulders*.

The above article came to the following conclusion:

> Of particular significance is the importance participants placed on relationships for individual and collective strength and functioning. These relationships appear key to the amelioration of risk and adversity, and the sense of wellbeing of and within the community. (p. 7)

The importance of relationships is integral to an individual's collective strength and functioning, and when Aboriginal men have spoken to me about racist comments, I say it explains more about the speaker than us.

As Aboriginal scholar, Paradies stated:

> It is also clear that the disadvantage suffered by Indigenous peoples is associated with both historical and contemporary racism, colonization and oppression' and because I have taught on this matter I give examples of colonization, oppression and racism. (2008, p. 1)

I have had the opportunity to be in the position of a leader, for example, Australian National University Medical School (ANUMS), where I wrote the Indigenous health curriculum for the four-year graduate medical degree. I said to myself, 'If one student develops an interest in our health, I am home and hosed.' After five-and-a-half years, I had more than one student passionate about improving Indigenous Australians health and wellbeing. I make mention of this because the person on whose shoulders I stand is an outstanding Aboriginal academic and leader, Greg Phillips, who wrote the Indigenous

Health Curriculum Framework (2004) for the Committee of Deans of Australian Medical Schools (CDAMS), which underpins the ANUMS Indigenous health curriculum.

Rigney (1999, p. 110) stated:

> Indigenous Peoples must look at new anticolonial epistemologies and methodologies to construct, rediscover and/or reaffirm their knowledges and cultures. Such epistemologies must … carry within them the potential to strengthen the struggle for emancipation and the liberation from oppression. If we understand this, we understand the need to seek other examples of liberatory epistemologies.

Rigney (1999) offered three fundamental and interrelated principles by which this form of research was informed: (i) resistance as the emancipatory imperative in Indigenous research; (ii) political integrity in Indigenous research; and (iii) privileging Indigenous voices in Indigenous research.

In relation to Rigney's (1999) emancipatory research, it is linked to intellectual sovereignty that must be 'process driven' as opposed to outcome oriented. This means Indigenous scholars must be committed to sovereignty and that intellectual sovereignty is the next step of definition and articulation emancipatory research to be reflected in our struggle.

Further, Rigney stated that intellectual sovereignty provides for developing an Indigenous intellectual praxis where spiritual, political and social lives of First Peoples are integral to the praxis. He also mentioned that privileging Indigenous voices acknowledge their experiences which underpin the voices which, in turn, provide integrity to Indigenous intellectual sovereignty. Reading his journal article, Rigney has given me an insight into Indigenous health because of the emancipatory approach being utilised.

Attending classes in the Masters of Education (Research), students were required to develop three learning goals in relation to the following modules:

Module 1: The big picture – what it means to think about design research

The design of the research questions will take into account my closeness to the subject matter of the research, that is, the health and wellbeing of young Aboriginal men. The

interest in young Aboriginal men's health and wellbeing has developed since 1978 after working at the ACCA where I became aware of the stressors in the lives of these young Aboriginals, which included a connection to 'country', relationships with immediate and extended families, their identity as young Aboriginal men. The research questions addresses the use of social media in the 21st century with that medium raising some of the perennial issues of racism because it can be done in an anonymous manner, but more so that racism can be immediate and damaging. Paradies (2008) mentioned that the disadvantage of Aboriginal peoples is the connection to historical and contemporary racism, the impact of racism and oppression, including the perceived indifference towards Aboriginal peoples and the way in which Indigenous policy is developed. This is an area which requires research. Designing the research questions will be done in a sensitive and respectful manner. In discussions with fellow Indigenous students, we talked about the above issues 'as being close to the bone', and in saying that, the personal influence needs to be recognised but not to influence how the research develops.

Module 2: Making our research relevant

Hammersley (1998) regard ethnographic research as interaction between researchers and participants to be a 'complex processes' (p. 26) of understanding, as well as of social interaction between themselves and various people participating in the setting observed, including those acting as their informants. It is never a simple reflection of the existence that applies to Indigenous researchers who are fully cognizant of research settings, as revealed in their position statements.

Indigenous researchers have to consider whether their research will add to the Indigenous academy, as well as be able to be expanded on it. Indigenous researchers also have to be aware of the reputation of research that has been interpreted as a disadvantage to Indigenous peoples in some cases. For example, the Northern Territory Emergency Response (NTER) followed the release of *Little Children are Sacred Report* (Report) by Wild and Anderson (2007), as reported by the Board of Inquiry into the protection of Aboriginal children from sexual abuse. The NTER, in its terms of reference relating to the protection of Aboriginal children, was not addressed. The 2007 Report stressed that consultation with Indigenous peoples of the Northern Territory should take place. This did not happened, therefore, the NTER will conclude in 2022. The above example shows the

complexity that Indigenous researchers have to encounter when conducting research so that the results will add to the Indigenous academy and meet the needs of Indigenous communities.

Module 3: Indigenous/decolonizing approaches and participatory action research

As a general rule, Indigenous researchers think critically about Indigenous methodologies, as mentioned by Rigney (1999) who wrote about emancipatory research which is linked with a resistance as to how research is conducted in higher education institutions.

Indigenous peoples have only had access to higher education since 1969 when funding from the Abstudy scheme was introduced to provide access to higher education in 1969. That is just over two generations since the introduction of Abstudy which is less than two generations, therefore, the participation of Indigenous peoples in the academy and development of Indigenous methodologies and methods is in its infancy. However, it is an ongoing process.

Supervision

Supervision is provided by the Faculty of Engineering and Information Technology under Associate Professor Christopher Lawrence from University of Technology Sydney and Professor Bronwyn Carlson from Macquarie University.

Reflection

After preparing a PhD proposal, it was suggested that I enrol in Units 013228 Research Practices and 013112 Research Design. Both units have afforded me the opportunity to consolidate my skills for my research, which includes Indigenous decolonizing methodologies.

Revisiting my PhD proposal is relevant to my research, with the added skills and knowledge that I will apply to my research in a professional academic manner, albeit with my own twist of Indigenous research.

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CHAPTER 2:
RESEARCH METHODOLOGY

In Chapter 2, I address feminist research methods of which discrimination and unequal power relations (relations) are integral. The feminist research approach fits with the experiences of Aboriginal men and women who endure discrimination, as well as colonisation, dispossession and racism. Furthermore, I include a description of my *critical identity*.

In 2003, I studied at the University of Saskatchewan, Saskatoon in Canada. I enrolled in a Research Methods unit that required the reading of primary source documents in relation to the development of policies for Canadian First Nation peoples. We were asked to determine the *critical identity* of the authors, who were diverse groups of people, for example, police, public servants and members of religious groups, to determine their ontology (being, beliefs) and epistemology (ways of understanding), and how they influenced their writing.

My critical identity

Not growing up with my Aboriginal family has given me a self-reliant approach to life, which has influenced my ontology and epistemology. However, I do not say I was removed or stolen, and I have not been given a reason as to why that happened, even though I have asked. I have now drawn a line under this.

Fortunately, I grew up in a very loving and caring non-Aboriginal family, with Mum and Dad who were respectively Irish/Jewish, and English/Scottish. In having found my family, it filled a gap in my life. For my two daughters, granddaughter and grandson, they all know where they belong – and belonging is essential to Aboriginal peoples. Belonging provides a familial and cultural infrastructure for emotional social being.

Being an older Aboriginal man, and an realy researcher I have thought about research methodologies for some time and enrolling in the Master of Education (Research Unit) has

expanded my knowledge, particularly on feminism. Other theories in the course have given me a framework with which to work with when comparing and contrasting methodologies.

When I attended MARC, I conducted a research project which I spoke about briefly in the Master class. After describing the project, the lecturer commented that I had used an action research approach, that is, it was a research project to improve the employment situation of employees, similar to the paper written by Sanchez (2015, p. 529). Sanchez researched a group of immigrant women, using their diversity to demonstrate discrimination practices that operated against them. Discrimination is a perennial issue for Aboriginal people and includes the unequal power differential experienced but more so to this women's group.

The research in 1979 at MARC involved investigating Aboriginal and Torres Strait Islanders employed by the Victorian government who had not attained their High School Certificate (HSC). The aim was to develop a training program equivalent to the HSC through the Victorian Community Welfare Training Institute to provide them with a qualification and requisite skills for employment.

Initially, the original cohort was to be Aboriginal and Torres Strait Islander employees (employees) of the Victorian government, as mentioned above. However, when I began researching them while conducting semi-structured interviews, I consulted with employees of Aboriginal community organizations who were in a similar situation as government employees. Therefore, I put forward a proposal to the Research Advisory Committee that the terms of reference of the research be expanded to include employees of community organizations, and it was accepted.

An article on ontology by Martin (2009), similar to my ontology is included in the literature review. Martin (2009, p. 39) talked about *relational ontology* being interpersonal, personal, social and interactive, all of which I acknowledge in my thinking, writing and teaching. In her conclusion remarks, she reflected on the levels of trust she had established with people with whom she had conducted research. In all my interactions with Indigenous peoples, whether in a personal or professional setting, relationships are integral for the building of trust. Building trust can be a protracted process but can sometimes be truncated. An example of truncating the building of trust process concerns a male friend, a

young Aboriginal archaeologist who was conducting consultations with Elders in an Aboriginal community where his mother had been a teacher. During the consultations, the Elder women asked who was his mother; he told them. Because the Elders had bestowed a skin name on her, he was accepted, but he still had to prove himself in his own right. When visiting 'communities', people are *sussed out* (checked out) regardless of whether you are Aboriginal or not.

Prior to the development of my Indigenous standpoint when asked by students or colleagues, I would perform what I called 'mental somersaults' to explain from my position as an Aboriginal man, which I now call my Indigenous Standpoint (IS).

Over the years I have developed my personal definition of an IS to comprise of three points: (i) I have my *personal lived experience* as an Aboriginal man; (ii) my *cultural knowledge* which has been gained from other Aboriginal colleagues and peers; and (iii) my *cultural competency* has also been gained from other Aboriginal colleagues and peers.

The ontology of my 'being' and 'reality' is encapsulated in the above-mentioned three points, which is underpinned by the impact of past and present government policies or other agencies.

My epistemology 'knowledge and knowing' has been acquired over time but is also underpinned by the *self-reliance* I developed when growing up with Mum and Dad. My first 10 years spanned 1947 to 1957 when information technology had not been developed. Therefore, acquiring knowledge was by imitation, observation and reading. Dad bought a set of encyclopaedia for me and I was also awarded various prizes in primary school for my schoolwork, so books have constantly been in my life. Martin (2009, p. 204) talked about the children of Quandamooka, 'When they sit up they are taught to observe the reptiles, animals and birds and to draw them in the sand and this teaches them to recognise them as well as to mimic their calls and cries.'

Inadvertently, Mum and Dad gave me a similar opportunity to develop my observation skills because they allowed me to freewheel in my growing up, similar to Quandamookan children. When they fostered me, their three daughters and three sons accepted me as their

brother, which helped me in developing a positive image of myself, which in turn added to whom I am today. No negative comments were made about Aboriginal people in the family.

In Sanchez (2015, p. 530), the reading provides me with an insight into how feminism methodology, ‘First the women exchanged their experiences of discrimination amongst themselves in a feminist inquiry space; and afterwards they did so theatrically by engaging multiple aidiences’ was used via the medium of theatre of a production that addresses the illegal status of women. This is similar to how relation methodology will be applied in future research. The group consisted of three women from the Dominican Republic, two from Honduras and three from Puerto Rico.

During the theatre production, the women addressed their illegal status and came to terms with the personal biases they had among themselves, which they recognised as a manifestation of how the West, United States of America, had treated them and they in turn had applied to others. Therefore, they were perpetuating the oppression. Said (1978) promulgated the idea that the creation of the ‘other’ in relation to the East and the ‘other’ was defined by the West. The classification of the ‘other’ applying to Indigenous peoples of Australia is expanded upon below.

Sanchez espoused the Latina Critical Race Theory that is based on the critical race theory (CRT) theoretical framework (p. 530) which in turn came from a legal scholarship. CRT can be applied to Indigenous Australia because it addresses racism which is embedded in society.

Paradies (2008, p. 4) published a paper on racism as a research agenda item, in which the three categories of racism are summarised, as follows:

1. ***Internalised racism*** are where attitudes, beliefs or ideologies by members of stigmatised ethnic/racial groups about the inferiority of one’s own ethnic/racial group are accepted. Indigenous people believe they are naturally less intelligent than non-Indigenous people.

2. ***Interpersonal racism*** include interactions that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups, e.g. racial abuse.

3. ***Systemic racism*** are requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups. Indigenous people experience inequitable outcomes in the criminal justice system, which is also referred to as *institutional racism*.

Delgado Benal (1998, p. 1) wrote about the Latina Critical Race Theory practice, states that colour is acknowledged as positive because people of colour are holders and creators of knowledge. McCorquodale (1997) referred to using the blood quantum theory, which inadvertently includes colour as negative.

When I teach, I talk about the unequal power relations, for example, below McCorquodale's research where the seven hundred pieces of legislation and the sixty seven classification of Aboriginal peoples is example of power especially, where the classsfication was not done by Aboriginal peoples but by other, and explain that feminism theory can be linked to Australian Indigenous peoples. McCorquodale (1997, p. 5) writes about how the 1924 Aboriginals Ordinance (No. 2) extended the definition to include 'half-caste males below the age of 21; it was extended again in 927 to those males 'whose age exceeds 21 years and who, in the opinion of the Chief Protector to be subject to this Ordinance'. He further explained how people other than Aboriginal people 'expanded the discretionary powers of the Chief Protector or other senior official' and 'thus, an artificial status could be created, removed and reimposed at the behest of officialdom' (p. 5). An example of power relations when I taught at the Australian National University, Medical School (ANUMS) was the Aboriginal legislative, judicial and administrative definitions of identity that McCorquodale found. He identified 67 classification, including half caste and quarter caste, that is, one-quarter Aboriginal ancestry, and 700 pieces of legislation (p. 9). Another example of power relations is when an Aboriginal person who is not in possession of identification documents, an arbitrary decision could be made, for example, the discretionary power by the Chief Protector or other senior official to define who was an Aboriginal person (p. 4).

At the ANUMS, I introduced all my lectures by saying, 'I did not want you [students] to feel *guilt or blame'* for past policies but it had to be known that the context for the present day situation of Australian Indigenous peoples must be provided because power relation continue.

The following is an example of a notable scholar Rigney and his approach to Indigenous research where he discusses below the relationship between Australian colonial history and its impact on Indigenous peoples.

Rigney (1999) said:

> The call for emancipatory methodologies for people of colour is not new … To arrive at a rationale for liberation epistemologies and indigenous methodologies must first be understand the colonial history of Australia and its impact on the Indigenous Peoples and their struggles to be free from colonialism. (p. 110)

Rigney (1999) further explained:

> This is not to say that indigenous people reject outright research and its various methodological practices. Indeed some research and methodologies have benefitted the emancipation of Indigenous communities. (p. 109)

In Chapter 1, it is explained that McLennan applied the Indigenous approach to her research. Martin (1999) also declared that her ontology is not oppositional, nor binaric, but inclusive and accepting of diversity.

These positions of emancipatory methodologies as explained above and that Indigenous researchers do not reject outright research and its various methodologies reject outright non-Indigenous researchers but that some research has benefitted the emancipation of indigenous communities because the majority of Indigenous research is qualitative as opposed to quantitative. The relational ontology grounds the researcher in relation to the research in the academy, as well as strengthens their research position. Indigenous researchers have access to research guidelines, for example, the Australian Institute of Aboriginal and Torres Strait Islander Studies include guidelines of ethical research in Australian Indigenous studies. For my thinking, the above power relations plus the

gendering of feminism and the relational ontology of Martin (1999) complement each other for Indigenous researchers.

In the research unit taught by Dr. Nick Hopwood, we covered issues that gave ‘food for thought’. Positivism was discussed because this approach recognizes what can be verified by science and uses quantitative a methods as opposed to qualitative research methods. The following statement was given in class by Dr. Hopwood, ‘Positivism could be used in a criminal murder case where the only one reality was to consider whether the defendant committed the murder or not.’ Interpretivism, in using qualitative methods, may at first glance fit with Indigenous methods, but I reiterate the relational ontology of Martin (2009), which may include both quantitative and qualitative methods that not only position the research within the academy, but also as Indigenous research.

Conclusion

In conclusion, I reflect on what the methodologies have taught me, with the primary methodology being action research from my experience at MARC. Further, communicating with colleagues about what Sanchez (2015) wrote about immigrant women and their use of theatre to demonstrate the ontology and epistemology of a feminism research methodology. hat addresses unequal power relations and gendered issues in research.

This chapter is a synopsis of how feminism research methodology applies to Indigenous research because of its relevance of unequal power relations, but also how the research cohort of women used community-based theatre to present their issues. This has become to the fore of Aboriginal people as well. For example, Purcell’s (1999) play *Box the Pony* tells the story of a young Aboriginal woman in a Queensland community where violence and racism exist. The woman is determined to break and escape the cycle of violence against generations of Aboriginal women, and finally to achieve fame on her own terms.

Another example of presenting Aboriginal issues is the film *Lousy Little Sixpence* written by Bostock and Morgan in 1983 about the removal of Aboriginal children from their families and the Aboriginal people were expected to be paid sixpence for their removal. Both of these examples present Aboriginal issues to the wider Australian research

academy. In my research, I will investigate how issues of young Aboriginal men can be developed and presented on social media as part of informing the issues and developing the skills of young Aboriginal men so that they can expand on their employment opportunities.

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CHAPTER 3:
IMPLEMENTATION OF IGA IN FEIT

Introduction

I preface this chapter by linking the following research question with the development and implementation of the Indigenous Graduate Attribute (IGA) Program at the Faculty of Engineering and Information Technology, University of Technology, Sydney (FEIT UTS):

> What information technology activities, such as using today's technologies of social media, do young Aboriginal men use for their health, wellbeing and resilience; and how does the influence of their immediate and extended families and friends on their health and wellbeing mediate these relation?

In the entire curricula that I have written and taught, I have always endeavoured to include the following three Indigenous Standpoints (IS) (Chapter 2):

1. *Personal lived experience* as an Aboriginal man;

2. *Cultural knowledge* gained from other Aboriginal colleagues and peers; and

3. *Cultural competency* gained from other Aboriginal colleagues and peers.

Teaching with empathy

In addition to the above IS is the point I make when teaching Aboriginal issues empathetically ensures that students do not feel 'guilt or blame' for past government policies but for them to have the knowledge that provides the context of Aboriginal peoples today. Students are taught about this to enable Indigenous issues to be explored in a safe environment for themselves as well as for me, so that I am not seen as an ogre or accuser, but more as a facilitator to further their education on the complexity of Aboriginal issues and for them to begin gaining knowledge of Aboriginal issues.

A point made by McDermott (2016) in his writings about health was that it is an 'emotional charged area' (p. 29). I found in my teaching career that this applies across a

number of disciplines, which is why I reiterate the need to not engender feelings of 'guilt or blame' related to teaching Indigenous issues. McDermott stated that taking into account the 'emotion' affords students a safe environment 'to ask difficult questions' premised, 'not only on cognitive learning but affective learning' (p. 34).

Following is an example of my IS at the Badanami Centre.

As Associate Professor at the then University of Western Sydney, now Western Sydney University (WSU), in the Badanami Centre for Indigenous Education, I taught and wrote curricula for the Bachelor of Community Social Development, as well as for Indigenous Australian Studies Major (IASM), of which I was the Coordinator with a team of other two Aboriginal colleagues. The IASM was offered throughout the university for students to enrol in, which encompassed nine units of which one unit, Contextualising Indigenous Australia, was compulsory and students could select the another eight units to complete the IASM. I taught the unit, Pigments of the Imagination, which included McCorquodale's (1997) PhD research on Aboriginal identity of the legislative, judicial and administrative definitions. His analysis identified 700 pieces of legislation and 67 classifications from across Australian states and the Northern Territory. McCorquodale further stated that 'each State was free to pursue its own policies toward Aborigines, such that uniformity of expression, content, and application was all but impossible' (p. 3). McCorquodale (1997) postulated that 'these created a legal status accorded no others in the several States' (p. 4). These classifications are known but not condoned by Aboriginal people, in particular those related to castes, that is, social classes defined as half, quarter and quadroon (pp. 6-7).

The above explanation is a snapshot of the complexity of Aboriginal identity where others have defined Aboriginal people, and I as an older Aboriginal man, making sense of my own identity have finally arrived at my IS for my personal and professional definition, but particularly for the research.

Identity is also being considered for my research with young Aboriginal men because it is a perennial issue for Aboriginal peoples to rise up because it has occurred on a number of occasions during my work and teaching experiences. People have commented to me that they had not met an Aboriginal person before meeting me for the first time. I then realised

that they had stereotyped an Aboriginal man to be a person who lives in the Northern Territory (NT), standing on a rock outcrop on one leg, holding a spear, wearing a red loincloth, and because of the melanin in his skin, he is particularly dark. I replied that we come in all shapes, sizes and colours. In addition, this stereotypical viewpoint persists because the NT is where 'real' Aboriginals live, as reinforced in the Committee of Deans of Australian Medical Schools, Indigenous Health Curriculum Framework (2004, p. 13).

My experience in teaching at WSU where Aboriginal students are the cohort, identity is the 'elephant in the room', and when I discuss McCorquodale's research, it opens out to full discussions of identity and its implications for Aboriginal peoples and communities.

I reiterate that this has personal implications for Aboriginal peoples, explaining that it is 'very close to the bone', a perception I will apply to my research with young Aboriginal men.

For FEIT UTS students, to include the McCorquodale's research will provide an historical context for the identity of Aboriginal people, which will include present and other governmental policies.

Included in this chapter is my involvement with workshops in the development of the Indigenous Graduate Attribute (IGA) in FEIT.

The UTS Vice-Chancellor Brungs fully supports the implementation of the IGA as a whole-of-university strategy. A seminal document from the working party of the UTS Faculty of Health (FH) was chaired by the then Dean of Nursing on which Sherwood (2013), an Aboriginal medical practitioner, was on the working party that developed three core principles of the IGA for the FH: (i) respect; (ii) engagement and sharing; and (iii) moving forward.

In addition, the FHIGA has included eight 'insights into Indigenous culture' with its resources. The website for the 'insights' is in the reference list which has a health focus, however, some insights could be included in the FEIT IGA. For example, the heterogeneity of Indigenous peoples, Indigenous ways of knowing and being, social justice, colonisation,

racism, transgenerational trauma and resilience, survival and thriving are expanded on in this Chapter and throughout the thesis.

A further example of implementing Indigenous issues into curricula was reflected in my role as the inaugural Lecturer of Indigenous Health for ANUMS from 2005 to 2010 when I incorporated eight subject areas of the Committee of Deans Australian Medical School's (CDAMS) Indigenous health curriculum framework across the four-year postgraduate curriculum of ANUMS. Throughout the process, I held discussions with unit coordinators who were involved in Indigenous health. The coordinator of Social Foundations of Medicine (SFM) provided a framework that helped students to understand the SFM medical curriculum in relation to society and to identify any hidden agendas. Staff of the National Centre for Epidemiology Population Health were responsible for examining research on populations. Also staff of Psychological and Addiction Medicine held discussions on the misuse of alcohol and drugs from a deficit viewpoint, as well discussed the reasons why misuse occurs. For this issue, I also interacted with staff from the Aboriginal Medical Service, Winnunga Nimmityjah Medical Service, and the Emotional Social Wellbeing Unit.

The misuse of alcohol and drugs by Aboriginal peoples can be identified as a daily coping mechanism to live when dealing with problems, such as colonisation, dispossession of land, racism and discrimination. From the above-mentioned coordinators, Indigenous health scenarios were organised into a fixed resource session and discussed in relation to developing a health regimen to address the situation. Under these circumstances, medical students were required to reflect on how the developed regimens could improve the standard of health for Aboriginal peoples.

I will now explore opportunities of introducing strategies for the IGA into the FEIT curriculum.

Associate Professor Christopher Lawrence convened workshops for the FEITIGA, initially comprising of higher degree Indigenous students and FEIT staff who participated in developing the content of the IGA, followed by a broader group of FEIT staff to provide input into the IGA.

At the launch of FEITIGA on 22 October 2019, the following preamble was distributed:

> Aboriginal and Torres Strait Islander people are the first peoples of Australia. They are also the first scientists, technologists, engineers and Mathematicians, and the first practitioners of environment and sustainability and respectful community engagement.
>
> FEIT graduates are historically and culturally informed about the diverse cultural history and knowledge systems of Aboriginal and Torres Strait Islanders and build and maintain respectful and trustful relationships.

Introducing strategies for the FEIT IGA, whether it is a curriculum, is fundamental in relation to Indigenous matters that require a pedagogical base. I approached educating non-Aboriginal students and stated this in IGA workshops, which was reinforced by Sjoberg and McDermott (2016).

The inaugural FEIT IGA addressed the levels of limited knowledge of Indigenous issues. Sjoberg and Mc Dermott (2016) addressed the knowledge of limitations of students. Their approach to health curricula at Flinders University in South Australia expressed the view that 'many students and health professionals alike struggle to engage fully with Indigenous health curricula' (p. 34). However, my experience is that this occurs regardless of which area of study the students undertake.

Sjoberg and Mc Dermott stated poignantly:

> Health is an emotionally charged zone, one that requires them to feel safe enough to open up to difficult questions and one premised by, not cognitive learning only, but also affective learning. This involves tapping into deeply held beliefs and prejudice, engagement may prove too confronting. (p. 36)

Babb and Mc Dermott (2008) and Rasmussen (2001) in their papers underpinned the Indigenous worldview from McDermott who is a leading Aboriginal researcher.

My worldview is three-fold: (i) my lived experience; (ii) my cultural knowledge; and (iii) my cultural competency, which all strengthen my IS.

Implementing a pedagogical base in the IGA is essential. I reiterate the requirement to provide an historical approach that provides the context of the impact of past and present

policies and their initial impact, in some cases, on the ongoing impact. By investigating how Aboriginal and non-Aboriginal peoples can work and walk together can improve matters.

Following are three examples of issues required to be included in UTS curricula that address the above. I reiterate not to engender feelings of guilt or shame that can affect the learning of the student, as well as do not create a positive learning space.

1. Sherwood (2013) in his 'insights' (p. 5) included colonisation, racism and social justice, and transgenerational trauma, each of which can be unpacked for aspects of history.

2. Atkinson (2002), another leading Aboriginal researcher, wrote about the themes of her research, which included 'institutional racism, police violence, witnessing domestic violence, having no experience of loving family relationship' (p. 146).

3. For history, McCorquodale (1997, p. 2) and Stone (1974, pp. 13-15) provided information in this area. Paradies (2008) provided information for racism and Atkinson provided information for transgenerational trauma.

For IGA history, it is imperative to bring to the forefront information from the Aboriginal standpoint that is relevant to the 'lived experience', which is unique to them. I illustrate it through identifying that each Aboriginal person has his/her own personal experience of colonisation, as well as the shared experience of colonisation with other Indigenous peoples, which is their own validation.

The issue of colonisation is often the 'elephant in the room' because it is a word used to identify a particular period in a country's timeline but not for its ongoing effect on that country's Indigenous peoples. However, educating non-Aboriginal people on colonisation is necessary so that the 'real context' of Aboriginal peoples can be revealed.

Examples of the 'real context' are mentioned in McCorquodale (1997) and Stone (1974) where Stone included instructions given to Captain Arthur Phillip from George III in 1787:

> You are to endeavour by every means possible to open intercourse with the natives, and to conciliate their affections, enjoining all of our subjects to live in amity and kindness with them. And if any of our subjects shall wantonly destroy them, or give them any unnecessary interruption in the exercise of heir several occupations, it is will and pleasure that you do cause such offenders to be brought to punishment according to the degree of the offence. You will endeavour to procure an account of the numbers inhabiting the neighbourhood of the intended settlement, and to report your opinion to our secretaries of State in what manner out intercourse with the people may be turned to the advantage of the colony. (p. 19)

According to Stone (1974), if Phillip had done this, and I surmise that Australia may be a different place today.

Draft pedagogical principles

For the implementation of the FEITIGA into FEIT curricula,8 draft pedagogical principles are to be amalgamated as demonstrated below.

1. Principle of critical reflexivity

As stated by the leading Aboriginal researcher Moreton-Robinson (2010), one issue for the IGA is the development of critical reflexivity in the students:

> … to examine with a sceptical and critical eye the world in which they are going to operate, and to ask questions which confront the accepted wisdom or status quo. (p. 116)

Having taught medical students who overall had a science background, based on some questions they asked me implied they wanted a formula to solve the medical situation/issue with no consideration of the complexities of Indigenous health. Moreton-Robinson, in the area of reflexivity, discussed how students would examine its operation of the topic. For me, it infers that there would be a focus on their personal values, beliefs, and experiences. This may provide challenges for students and how they would deal with them, and this can complemented. I reiterate the comment by Sjoberg and McDermott (2016) that when dealing with the ‘emotionally charged area’ of Aboriginal issues, the emotionality of issues from my standpoint comes from the limited knowledge of students learning about Aboriginal issues from no fault of their own. To alleviate this, Aboriginal guest speakers

will be engaged in the delivery of the IGA curriculum because they have the lived experience upon which to provide the authentic context of Aboriginal issues.

2. Examples of Aboriginal engineering

From Pascoe (2014), I will draw upon three examples of engineering, that is, not the construction of a building, but by bringing something about, for example, a crop. Pascoe stated in the chapter on agriculture, that it is not a term associated 'in relation to Australian Aboriginal people and is not something many Australians would have heard' (p. 19).

The first example is by Bill Gammage in Pascoe (2014):

> … people farmed but were not farmers … these are not the same: one is an activity, the other a lifestyle. He gives the example of estate management in England that may include a farm, but this does not make an estate manager a farmer …In 1788 similarly, Aboriginal people never depended on farming. Mobility was much more important. It let people perform their obligations to land and their beliefs and to tend plants and animals in regions impossible for farmers today, and manage Australia more sustainably than their dispossessors. It was the critical difference between them and the Aborigines. There must be a way of exploring those differences and their momentous consequences'. (pp. 19-20)

Mitchell in Pascoe (2014) provided another example:

> … as he crosses the frontier … he sees … the grass is pulled … and piled in hayricks, so that the aspect of the desert was softened into agreeable semblance of a hayfield … the seed is made by the natives into a kind of paste or bread. (p. 20)

Kershaw in Pascoe (2014) claimed in his study of the 'human presence in Queensland':

> The weight of available evidence points towards Aboriginal burning as the most likely cause of vegetation changes' he goes on to say this 'implies that people have been on the Australian continent for at least 140,00 years. (p. 48)

3. Addressing Aboriginal engineering and information technology (IT)

Further research is required in addressing Aboriginal engineering and IT. However, FEIT engineering and IT can be addressed from the standpoint of Aboriginal engineering, for

example, the development of the boomerang, engineering is farming, and Pascoe (2014) the Dark Emu can provide information. An example of IT is the app developed by the team of Associate Professor Lawrence: http://ThisMyMob

4. Incorporating core activities

Core learning experiences of FEIT students are included in the 2019 UTS Corporate Plan. Paramount to the learning of students is to have 'hands-on' experiences with Aboriginal peoples and communities. Assessments for learning experiences could be short answer questions, or to write a reflection on the learning experience.

In FEIT, attending functions held during Reconciliation Week (around 27 May to 3 June every year) enables students to learn about issues on reparation, truth telling, justice, forgiveness and healing, all of which should be introduced before the actual Reconciliation Week to provide a context for them to participate in other events, as follows:

1. Yabun in Sydney held on 26 January annually.

2. Events held at the UTS Jumbunna Centre, for example, Aboriginal and Torres Strait Islander communities during the National Aboriginal and Islander Day Observance Committee (NAIDOC) held in the first full week in July from Sunday to Sunday.

3. Cultural tours of Barangaroo whose second husband was Bennelong.

4. Presentation from the UTS Rapid mob involvement with the development of the project in Western Australia with Associate Professor Lawrence of the Smart.

5. Living Building where UTS FEIT architecture students were involved.

5. Monitoring the IGA

For monitoring progress of the IGA in FEIT, a committee within the area of teaching is be established with nine IGA principles as its terms of reference.

6. Conducting FEIT staff meetings

Regular staff meetings of the FEIT teaching staff who have developed the FEIT curriculum are to be held to gauge progress of the IGA.

7. Developing of whole of faculty curriculum

Development of the curriculum is to be across the whole of FEIT where Indigenous and non-Indigenous staff work together on specific disciplinary-based content.

8. Experiencing personal learning from 2019 UTS Corporate Plan

With regard to the 2019 UTS Corporate Plan, a point was made about contextualising three viewpoints: (i) formal learning experiences; (ii) research; and (iii) administration.

The inclusion of the IGA curriculum is to be the core curricula. For contextualising the IGA, the development of curricula will contain the history of Aboriginal people of both pre- and post-1788.

Personalised feedback is ideal for the IGA because of the social science approach. The experience is for all FEIT students to gain knowledge related to the history of Aboriginal people and to develop the skill of being reflective as to what they are learning about Aboriginal people and its effect it has on their learning. Also for students to provide feedback on the formal teaching as to what they are learning is integral for the ongoing improvement of the curriculum.

A whole of university approach to UTS will be experienced, which will encourage FEIT staff to work with other UTS staff on an IGA curriculum that is being developed through the collegial approach to meet the implementation of the IGA principles.

The next section deals with the application of some of the relevant principles of the IGA as they apply to my research question for my Masters:

> What information technology activities (e.g. using today's technologies of social media), do young Aboriginal men's use for their health, and wellbeing, and resilience, and how does the influence of their immediate and extended families and friends on their health and wellbeing mediate these relation?

Faculty of Health Indigenous Graduate Attribute Principles (FHIGAP)

The following are from FHIGAP, Diversity, health, social and emotional wellbeing, Indigenous ways of knowing, colonisation, racism and chronic disease, social justice, transgenerational trauma are all principles addressed from the position of inclusion in the FEITIGA.

1. Heterogeneity of Indigenous Australia

The first of these principles is to come to an understanding about the diversity of Aboriginal and Torres Strait Islander people cultures. Sherwood (2013) before 1788, 600 different language groups existed (p. 10) and colonisation affected the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Professor Mick Dodson in the FHIGA delineated the relationship of Aboriginal people's related land and its diversity:

> When we talk about traditional 'country' … we mean something beyond the dictionary definition of the word. For Aboriginal Australians … we might mean homeland, or tribal or clan area and we might mean more than just a place on the map. For us, country is a word for all the values, places, resources, stories and cultural obligations associated with that area and its features. It describes the entirety of our ancestral domains. (p. 10)

In heterogeneity, the variety of government legislation is to be noted, as has been mentioned a number of times in this thesis (McCorquodale, 1997).

2. Health, social and emotional wellbeing

In this principle there is a link made between land and health:

> Connection to land continues. Even when there has been annexation, Indigenous peoples can come back to country and be recognised by country as coming from that geographical place. Land is life, and plays essential role in the wellbeing of Indigenous Australians; it is an important clue to improving Aboriginal health. (Sherwood, 2013, p. 16)

This principle mentions the impact of colonisation on Indigenous health, as well as elaborates on examples of disparity between Indigenous and non-Indigenous health. What

follows is not an exhaustive list. I will only list a few as writing them down takes its toll on my social and emotional wellbeing because my research comes from an anthropological perspective of research that is being emic from within a culture:

- Circulatory system (2 to 5 fold) 5 to 10 fold increase in rheumatic heart disease and hypertensive disease. Circulatory disease account for 24% of deaths.
- Renal failure (2 to 3 fold) 2 to 3 fold increase in the listing on dialysis and transplant surgery, up to 30 fold increase in the end stage renal disease, 8 fold increase in death rates from renal failure, 2.5% of total deaths.
- Mental health (2 to 5 fold) increase in drug induced mental disorders, 2-fold increase in schizophrenia, 2 to 3 fold in suicide. (Westerman, 2019 has been discussed elsewhere.)
- Diabetes (3 to 4 fold) 11% incidence of Type 2 diabetes in Indigenous Australians, 18% of deaths in Indigenous peoples (p. 18).
- Racism has been mentioned on a number of occasions in this paper as to the effects on Indigenous health (Paradies, 2008).

3. Indigenous was of knowing

Sherwood (2013) noted that for most non-Indigenous Australians:

> … their educational experiences have promoted amnesic discourses of settlement fuelled by colonial assumptions of white superiority. This dominant way of knowing, being and doing has infiltrated all spectrums of mainstream society and its positioning that continues to problematic constructs of Indigenous Australians. (p. 25)

In this principle, the following quote was made by Whap (2001):

> The concept of knowledge is life; it is 'living' knowledge, transmitted orally from holders, often in the forms of stories, such that it must be treated with care and respect, as on would any living entity. (p. 25)

This resonates with me from the point of view that Indigenous peoples are very generous with their knowledge from the point of view of educating non-Indigenous people. This generosity, as stated above, requires us to place a 'filter' on our sharing because our relationship to our knowledge is 'living' and continually evolving.

The following encapsulates how I have felt at times in relation to my IS to writing curricula for education, health and medical faculty programs.

Martin (2003) discussed the ways of knowing in relation to a Native Title claim for her people, the Quandamooka, as well as claimed how her knowledge was ‘measured against pre-determined categories of culture’ (p. 205) based on Western anthropological notions of ownership, affiliation and association to fulfil Western legal requirements. Since Martin had not grown up on the island and did not know the language, but had lived as a Noonuccal/Quandamooka woman all her life, she was considered a potential witness and she considered her life was ‘inconsequential’ (p. 205) in accordance with the Western anthropological and legal structure of Native Title.

4. Spirituality

Sherwood (2013) the following is from the point Land and Spirituality, Spirituality is core to the health, wellbeing and emotional wellbeing of Indigenous Australians (p. 30); the beliefs come from the land they live on. Two greeting salutations are performed in Indigenous communities: (i) the welcome performed by a custodian of the land to the land you are being welcomed into includes the recognition of Elders past, present and emerging, and definitely the geographical boundaries; (ii) an acknowledgement of land performed by visitors to other people’s land where the clan, tribe or mob are acknowledged, along with their elders past, present and emerging. The acknowledgement sometimes include geographical boundaries of the land being acknowledged.

5. Colonisation, racism and chronic disease

In this principle, several issues have been repeated, but the value of this principle is the list of references. Paradies et al. (2008) referenced a relevant benchmark for racism, that is, the section he wrote about ongoing racism where ‘86% of Australians’ agreed that something should be done to fight racism in Australia (FHIGA, 2013, p. 36).

6. Social justice

In this principle, Professor Mick Dodson’s statement encapsulated social justice:

> Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of genuine employment and good health: a life of choices and opportunity (free) from discrimination. (2013, p. 10)

Professor Dodson not only encapsulated social justice, but also the social determinants of health, as mentioned by Wilkinson et al. (2003).

7. Transgenerational trauma

The following quote is from Raphael et al. (1998):

> Loss of land is a potent background to understanding trauma and its intergenerational effects for Aboriginal people, for it impacted on their well-being and gas continued to do so in many ways. (p. 327)

The following encapsulates what transgenerational trauma means to me, particularly as I did not grow up with my Aboriginal family, but in a loving, caring non-Aboriginal family. Trauma still exists within me with unanswered questions as to my 'removal' that I have drawn a line under which has been sustained by my resilience to continue my 'living experience'. My resilience came to the fore when I decided to look for my Aboriginal family in 1990. I made the decision 'that if they wanted to make contact that was fine but also if they decided not to, that was fine as well'. My background in social work has allowed me to see cases of 'removed' people making contact with their birth family, but the reunion did not always end positively. The premise of the decision was for the protection of the family and me.

Atkinson (2002) referred to transgenerational trauma as having the 'impact of the experiences of dispossession, denigration and degradation are beyond description (p. 81). They strike at the very core of our sense of being and identity', as commented by O'Shane (1995, p. 81).

Conclusion

In this chapter, I present my IS, calling it my ‘mental somersaults’ that I performed in an endeavour to answer questions on Aboriginal issues, before I realised that it was my IS that provides answers, underpinned from my lived experience, cultural knowledge and cultural competency.

Sjoberg (2016) worked with McDermott, a leading Aboriginal researcher in health, who made the comment about Aboriginal health being an ‘emotional charged area’. This can be related to other Aboriginal issues based on my experience in teaching at universities since 1980.

McCorquodale (1997) wrote about identity being a perennial issue for positioning Aboriginal people within Australia for non-Aboriginal people. He examined the legislative, judicial and administrative classifications of Aboriginal peoples, of which he found 700 pieces of legislation and 67 classifications, including half, quarter, etc. based on the blood quantum theory and ‘created a legal status accorded to no other in the several States’ (p. 4).

Paradies (2008) referenced three conceptual levels of racism that is another perennial issue and provided strategies with which to deal with them. I have used these concepts when lecturing students in nursing, education and medicine, so students can gain an insight into the insidiousness of racism that is also be linked with McCorquodale (1997).

The Indigenous Health Curriculum Framework of the CDAMS (2004) provides an example of embedding cultural attributes of graduates who may be working conjointly with Indigenous communities in the development of programs.

The FEIT IGA established a pedagogical base, and here I reiterate my IS/worldview that underpins the implementation of it for the IGA. Firstly, Aboriginal history is to be brought to the fore, and secondly, students should not feel ‘guilt or blame’ that is linked with being ‘emotional charged area’ (Sjoberg, 2016). In doing so will ameliorate the emotional aspect, and hopefully, create a safe environment to open up difficult questions that one is premised by, not cognitive learning only, but also affective learning.

Gammage (p. 20), Mitchell (p. 20) and Kershaw (p. 48) in Pascoe (2014) all provided examples of the engineering of Aboriginal people regarding the management of land and they drew their analogy from the management of estates in England. Pascoe further stated that

"Aboriginal people were not dependent on farming because mobility was paramount to observing their obligations to the land and their beliefs, and also stated '… manage Australia more sustainably than their dispossessors' (p. 20).

All principles of the 2019 UTS Corporate Plan addressed how they could be integrated into the FEIT curriculum, showing examples, however, these are yet to be explored in FEIT.

Eight principles of the FHIGA are also included in this chapter with examples of their relevance to contributing to the IGA for students.

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CHAPTER 4:
PROPOSED IMPLEMENTATION OF IGA INTO THE RESEARCH COHORT

Introduction

In this chapter, I provide an example of applying relevant principles of the Faculty of Engineering and Information Technology Indigenous Graduate Attribute (FEIT IGA) and the Western University Sydney to the cohort of the Men's Health Information Resource Centre (MHIRC) under the auspice of the Western university of Sydney University and one other young Aboriginal men's group in Sydney. The main principle of Kanyirninpa, written previously in McCoy (2008) for the Kukatja people of the Kimberley, is the word 'wati', which denotes an initiated man quoted as 'one might grab hold of one's culture but with people, you don't grab them, you care for them' (p. 19).

The application of IGA principles to a community program will provide a framework for future research in the area of Aboriginal Men's health, particularly in the development of best practice health programs. The framework also provides a structure for ongoing evaluation of men's health programs.

Application of selected FEITIGA principles in the research project

First, the researcher will explain the history of the research question that investigates the engagement of young Aboriginal men with social media for their health and wellbeing. This strategy will be open, honest and genuine, and will inform the cohort that the research was initially considered in 1978 when, as an inaugural caseworker in the establishment of ACCA in Adelaide, and reiterate I questioned the definition of 'health' and what was a 'healthy lifestyle for young Aboriginal men'. The group will consist of young Aboriginal men who were at risk in the community and in remand centres. They will be organised into semi-structured groups and given appropriate examples in précis form of the research collected so far about the engagement of young Aboriginal men being connected with social media. They will be asked to comment and explain the relevance to them, as well as provide examples of their engagement with social media. The researcher will ask them to

reflect on their experiences, thereby enabling cohort thinking that is critical for the research.

The researcher will explain the following principles of the FEIT IGA as they apply to the MHIRC:

1. FEIT graduates are aware of and responsible for social, environmental and ethical contexts and consequences of their work of their work, committed to enacting sustainable futures for all.

2. FEIT graduates are curious, creative and innovative, and define problems within a wider context.

3. FEIT graduates are technically knowledgeable and adept in discipline specific methodologies.

4. FEIT graduates are collegial, cooperative, ethical and constructive.

5. FEIT graduates are reflective, connected and action-oriented life-long learners.

Principles emanated from the FEITIGA. During the project, further principles may be introduced to the cohort for three reasons: (i) to build critical thinking; (ii) to assist in recognising that 'yarning' is a valid Indigenous methodology used in daily life for gathering evidence for developing Aboriginal men's health programs that meets their discreet needs; and (iii) to use the principles when engaging with social media for their health and wellbeing.

From the FEIT IGA, the most relevant abridged principles are No. 1 and No. 5:

> **No. 1:** The research cohort be aware of and responsibility for social, environmental and ethical contexts and consequences of their work of their work, committed to enacting sustainable futures for all.

Comment: The issue of being aware of, and responsible for, social interactions within the cohort, suggest that environmental is the location of the MHIRC, that is, ethics does not

impinge on another person's rights and implement the principle of Kanyirninpa to 'hold and care' for fellow Aboriginal men.

> **No. 5:** The research cohort to be mindful of the importance of reflective, connected and action-oriented life-long learners.

Comment: The semi-structured focus groups will guide the cohort towards an understanding of the value of reflecting, that is, being action-oriented, and that education is a life-long process that has been carried on for millennia for Aboriginal peoples. Being connected is paramount to Aboriginal peoples, the where and how Aboriginal peoples connect to land and 'country', families and communities. Being action-oriented provides a framework for the development of 'accessible, accountable and beneficial', as suggested by McCoy (2008, p. 5) for MHIRC programs.

The media application http://thismymob developed by Associate Professor Chris Lawrence in FEIT will be incorporated into the research project to investigate a best practice model for the health and wellbeing of young Aboriginal men.

In relation to http//thismymob.org (media application), FEIT IGA and the cohort, the researcher will endeavour to incorporate the website into the research for Indigenous Australians only. It is to be used to connect 'mobs' Australia-wide and will be further developed with a drop-down-menu of issues relevant to them.

The researcher will seek to incorporate a 'chatroom' into the application, firstly, to provide a way for the cohort to connect with their mobs; and secondly, to offer a culturally safe environment where the cohort can discuss any issues they have. After establishing trust and rapport, the researcher will seek permission from the cohort to gain access to the 'chatroom' to ascertain the issues being discussed. In addition, the researcher will enquire whether the cohort wants assistance, however, this will be their decision. The researcher, through his network, will link the individual with a culturally competent professional to offer assistance. The entire process will be confidential. The culturally competent professional will have obtained the NSW Working with Children approval for the safety of the cohort and the professional.

The incorporation of the application into the research project will be developed further by the researcher. Principles Nos 2 and 5 have been selected by the Western Sydney University (WSU) for the FEIT IGA. Although not exhaustive, they are most relevant for the cohort of the MHIRC at the present time.

Table 4.1 Selected principals in the research project

No.	Principle
1	That Foundational content in core/first year units include significant factors and influences on the lives of Indigenous peoples and communities; and that further scaffolding of Indigenous content occurs across the degree.
2	That students are provided with a teaching approach grounded in critical theory, if possible, where students are encouraged to critically reflect on what they already know and how they have come to understand Indigenous Australia.
3	That students are provided with opportunities to critique the roles of their respective professions and the level of effect it has on the lives of Indigenous people.
4	That students are provided with access, if possible, to Indigenous services and events so that students have opportunities to engage with Indigenous people.
5	That learning spaces foster positive experiences for all participants. That students not only gain knowledge and skills in learning of Indigenous Australia but also gain hope in knowing they can make a difference in bridging gaps of inequity.
6	That Indigenous related case studies and problem-based learning is used in the curriculum, in order to develop critical thinking; creative skills; improve problem-solving skills; increase motivation; and assist students to learn by transferring knowledge to new situations.
7	That varied methodologies and teaching strategies are used to allow for different student learning styles, including: lectures and tutorials; use of drama and puppetry; e-learning and online learning; films and other media; cultural field visits, attending cultural events and tours of museums and art galleries.
8	That varied assessment tasks are set including: reflective and critical analysis activities; case studies; portfolios and journals; problem-based learning; reflective journals; online assessment.
9	That class activities or assessment activities include: reflection and self-awareness tasks, in order to assist students to self-assess their own cultural values and attitudes in conjunction with their experiences as non-Indigenous or privileged compared with Indigenous people in Australian society.
10	That support is provided to Indigenous and non-Indigenous staff and guest lecturers involved in teaching.
11	That Indigenous and non-Indigenous team teaching is considered for integrated Indigenous content with specific discipline-based content.
12	That collaboration with other academics and divisions in the University and across the higher education sector can greatly increase the knowledge base/acquisition of Indigenous Australian knowledge and access a much wider range of learning resources.

Abridged principles from UWSIGA Nos 2 and 5

> **No. 2:** That the research cohort are provided with a teaching approach grounded in critical theory, if possible, where students are encouraged to critically reflect on what they already know and how they have come to understand Indigenous Australia.

Comment: The cohort will be introduced to Moreton-Robinson's (2004) critical reflexivity 'to examine with a sceptical and critical eye the world in which they are going to operate, and ask questions which confront the accepted wisdom or status quo' (p. 116). Further, the researcher will ask the cohort, 'How do you, as individuals, view your lived experience, cultural knowledge and cultural competency, and your Indigenous Standpoint (IS)?' It will be conducted within the group's framework which will allow 'yarning' which is connected to there is, as related by Kovach et al. (2010) as 'storytelling, yarning, talk story, re-storying, re-membering' (p. 40). I have thought about IS and have come to the decision of calling it IS because, as stated elsewhere in this thesis, I used to perform what I called 'mental somersaults', then I finally realised it was my IS.

> **No. 5:** That learning spaces foster positive experiences for all participants. Those students not only gain knowledge and skills in learning of Indigenous Australia but also gain in knowing they can make a difference in bridging gaps of inequity.

Western Sydney University

As mentioned in the WSU website, the MHIRC was established as a suicide prevention program because one in three deaths were male suicides and participants of the MHIRC are Aboriginal. Ashfield's (2007) 'situational approach' to suicide is demonstrated in Figure 6.1.

The researcher will approach the premise of developing coping skills sensitively, as explained in detail below. The MHIRC program was established to address the suicide rate among Aboriginal men. A paramount issue for the researcher in approaching suicide is that it be done ethically by initially establishing trust and rapport with the cohort, which may take more than one meeting. After trust and rapport is established, the cohort will be invited to comment on whether they were aware that the MHRIC was established to address male suicides.

The entire process for the research will be conducted in semi-structured groups. There will be an initial focus group where the researcher will seek the participants' permission to have their contact details by phone or personal email so that they can be provided with information about the research. An information sheet will include the history of the research from when I worked at ACCA at 1978. The participants will also be provided with a confidential qualitative questionnaire on their engagement with social media.

From the survey, overall de-identified information according to the categories accessed by the cohort will be collected. After discussing the results of the survey, a follow up qualitative survey that addresses the issue of suicide, as well as providing resources relevant to suicide will allow space for the cohort to make comment on any issue they may want to ask or find out about. In the semi-structured groups, invited comments on cultural issues relevant to the cohort will be introduced. At this stage Kanyirninpa will be introduced, as identified by McCoy (2008) as the underlying principle of men to 'hold and care' for other men (p. 19).

The main theme of the MHIRC program is to focus on situational risk factors, as demonstrated in two diagrams (Figure 4.1 and Figure 4.2).

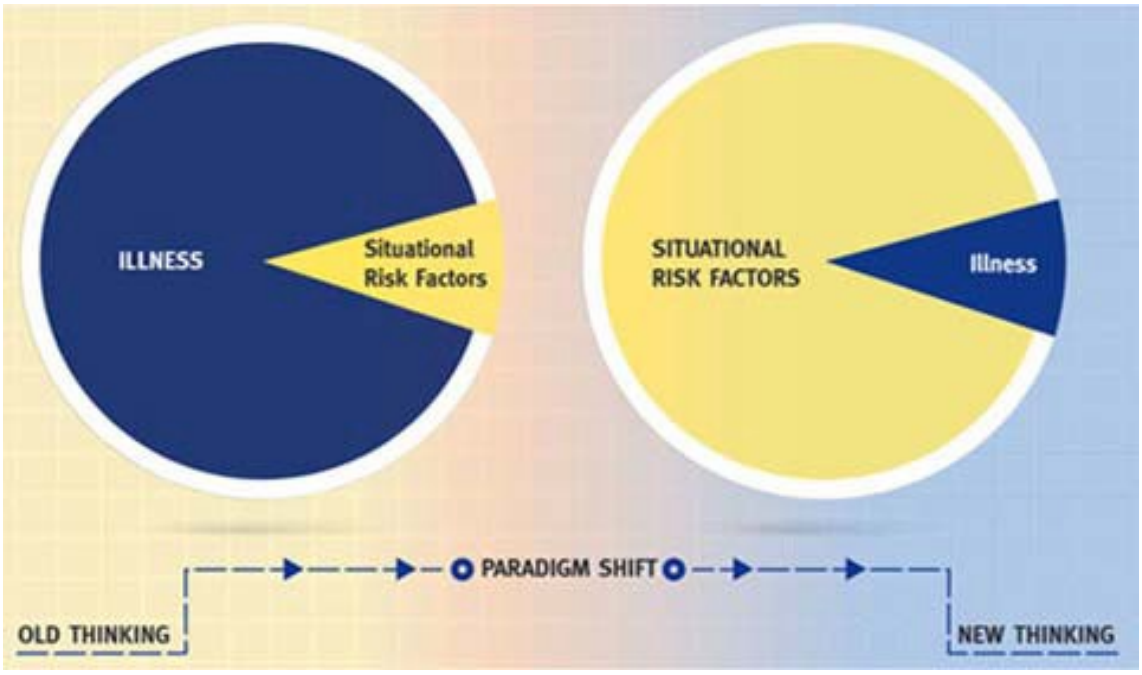

Figure 4.1 Rethinking the proportionality of risk factors associated with illness

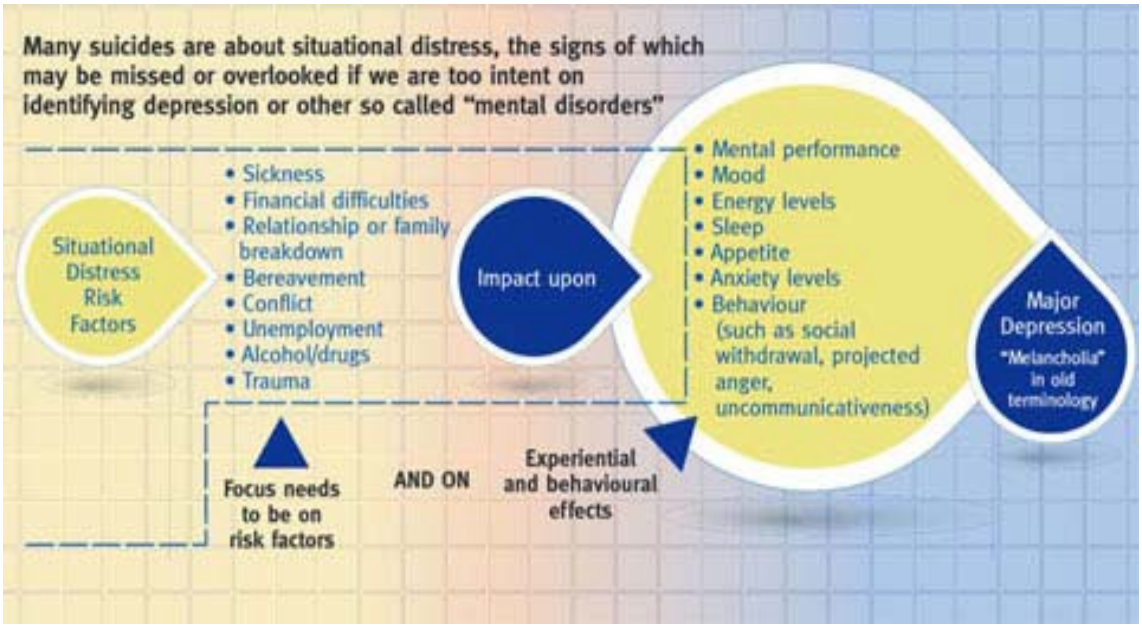

Figure 4.2 Rethinking the proportionality of risk factors associated with suicide

In Chapter 6, I reiterate what Ashfield (2017) proposed about the situational approach to suicide. From Westerman's (2019) viewpoint, she developed two suicide checklists for adult Aboriginals and Aboriginal youth, as well as elaborated on the comments she offered that access to suicide data will change the paradigm.

As stated by Ashfield (2017):

> The situational approach to suicide acknowledges the predominant association of situational distress rather than the mental illness, with suicide (though in some cases the two are linked), and is principally informed by and responds to risk factors of a broad spectrum of difficult experiences across the life span. (p. 5)

Furthermore, Ashfield (2017) discussed medical language

> … as diagnosing experience as an illness … human experience is the product of a complex interplay of mind, emotions, behaviour, physical sensations, and the factors of the social and physical environments. (p. 7)

This in turn complements the National Aboriginal Health Strategy definition of Aboriginal holistic health:

> Health to Aboriginal people is a matter of determining all aspects of their life including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of doctors, hospitals, medicines or the absence of disease and capacity. (p. ix)

Ashfield (2017) wrote about the language of illness language:

> … harm medicalising and pathologising common (albeit perturbing) human experience, in its way, can result in harm (technically termed: (clinical iatrogenesis) … internalising the language and the meaning of such a consultation a person is told they are ill, medication, referral, and a mental health treatment plan reinforce a belief they are ill. (p. 7)

Moreover, I feel that the following explanation reinforces what Ashfield et al, has said about internalisation of language.

Paradies (2008) defined three categories of racism: (i) internalised; (ii) interpersonal; and (iii) systemic:

> **Internalised racism** is where attitudes, beliefs or ideologies by members of stigmatised ethnic/racial groups about the inferiority of one's own ethnic/racial group are accepted, Indigenous people believe, they are naturally less intelligent than non-Indigenous people. (p. 4)

Accepted is the word here that is the self-fulfilling prophecy.

Ashfield also talked about the collection of data to be different when using the situational approach to suicide.

In the past 20 years of research into suicide, Westerman (2019) continued to ask the question: 'What are the causes of Indigenous suicide?' (p. 1) in her checklists for suicide for Aboriginal adults and youth.

It was the Westerman Aboriginal Symptom Checklist for Adults and Westerman Aboriginal Symptom Checklist for Youth that are premised on 'suicide risk factors being incorrectly and consistently stated as causes of suicide' (p. 1).

Westerman (2019) stated the risk factors:

> Poverty is not the cause of suicide, abuse is not the cause of suicide, alcohol is not the cause of suicide, nor foetal alcohol syndrome by the way! They are all very likely risk factors, but are not the causes. (p. 1)

Westerman also stated:

> … impulsivity is a factor in suicide but is a reaction to conflict, an absence of self-soothing capacity comes into play, alcohol and drugs are used as an enabler and then suicide attempt/death occurs … Policies that restrict human choices contribute to established risk factors for suicide, being homelessness and helplessness – a negative attributional style about prospects for the future – leads depressed individuals to view suicide as the only way out. (p. 2)

A final comment was made by Westerman:

> We are hopeful that we will be able to gain access to suicide mortality data to fully analyse this and determine causal pathways. This will change the paradigm of this area. (p. 2)

The following points originate from an amalgam of ideas and reading for this chapter, which are an amalgam of factors that have been considered by the researcher for the research project.

1. Examples of male health praxis principles in the development of MHIRC programs

From McCoy's (2008) presentation of the Kanyirninpa principles and elaboration on multiple definitions of Kanyirninpa to demonstrate the complexity of Aboriginal words, I will use his approach, 'I am focusing on a particular cultural context and meaning of Kanyirninpa, that of holding' (McCoy, 2008, p. 19). McCoy explained further, similar to an Aboriginal man explaining to him, 'One might grab hold of one's culture but with people, you don't grab them you care for them.'(p. 19) He used the word 'Kanyirninpa' in the latter and very specific sense. Further, from reading the book, the following term is relevant because McCoy used the appropriate Kukatja language when using the word 'yarnangu', which refers to the 'body', meaning 'for men, the changes that occur through Law to their physical yarnangu also represents significant changes to their social

yarnangu'. I have come to the understanding of Kanyirninpa that young Aboriginal men after initiation is where their status and responsibilities in their families and communities completely alter.

From my involvement in Aboriginal male health groups in my working career, I believe the tenets of holding and care that underpin Kanyirninpa are present in programs such as the MHIRC. Especially, in NSW, where the conducting of traditional initiation is no longer performed, but the principles of the MHIRC program in relation to suicide complements the Kanyirninpa 'holding and care'.

In addition, young Aboriginal males will be asked if any visits were organised to other Aboriginal male health groups in NSW, to determine the aims and objectives of these programs, as well as identify whether the aims and objectives were similar to Kanyirninpa.

2. Examples of successful Aboriginal male health programs

It is necessary to ascertain if the cohort is aware of any successful Aboriginal male health program from their own personal experience.

3. Participation in community programs

Ask the cohort if the MHIRC conducts cultural activities with reference to Aboriginal male health. To place activities in context, I will explain the male health praxis of the Kukatja people of the Kimberley, Western Australia in the book *Kanyirninpa*, Chapter 4.

Kanyirninpa is the health praxis of holding men from birth until initiation, that is, they hold men because it is paramount for their health and wellbeing. Further, I will ask the cohort to reflect if there are similarities of Kanyirninpa with the MHIRC programs.

4. Monitoring

The researcher will introduce monitoring into the focus groups to allow the cohort to identify the its relevance due to the fact that the MHIRC program was set up as a suicide prevention program to ascertain if monitoring occurs and to identify if other issues take priority, such as the family matters, employment and accommodation, however, the list is not exhaustive.

The next step of the research project is for the cohort to develop an ongoing monitoring program of implementing the principles that complement relevant community cultural activities, as well as those that reinforce the ethos of holding and caring for Aboriginal men's health. The monitoring to be integral to the ongoing evaluation of the MHIRC program is to allow a 'living' process for continual improvement which in turn will provide ownership of the research that ensures the program is 'accessible, accountable and beneficial' to men of the MHIRC (McCoy 2008, p. 5).

5. Development of further programs

It is necessary to ascertain if other discreet programs conducted at the MHIRC address the needs of the cohort that have been developed, apart from ones described above in the monitoring section.

National Male Health Policy (NMHP)

The researcher will introduce the NMHP in semi-structured groups to ascertain whether it is familiar with the NMHP, as well as to report on six priority areas:

> **No. 1:** Optimal health outcomes for males – Promote recognition of the valuable roles males play in family and community life, develop policies that specifically consider male health, and modify health programs to improve the health and wellbeing of males and particularly those with the poorest health outcomes.

Comment: This complements the Indigenous holistic health approach from the National Aboriginal Health Strategy (1989) (p. ix).

> **No. 2:** Health and equity between population groups of males – Give policy priority to males who experience the highest disadvantage, promote health messages in a way males can relate to, and encourage health services for Aboriginal and Torres Strait Islander males to have a positive, family oriented approach.

Comment: This can address the inequities of the Indigenous male population that relate to Thomson (2010), that is 'wounded and resilient' and wounded relates to the 'numerous impacts since colonisation which include devalued Indigenous culture, dispossessed and dislocated Indigenous families and communities and introduced disease' (p. 1).

> **No. 3:** Improve health for males at different life stages – Promote the role of males as fathers, recognise the roles of Aboriginal and Torres Strait Islander men in traditional practices and parenting, encourage a focus on transition points in male lives (e.g. leaving school, relationship breakdown), develop practical health promotion materials, and promote adolescent health through schools and other avenues.

Comment: This can be expanded to recognise earlier stages of the development of the Indigenous male, to be discussed with the cohort.

> **No. 4:** A focus on preventative health for males – Encourage employers to deliver health checks and programs for male health promotion activities to have a specific focus on males, raise awareness on chronic diseases among males, and monitor workplace hazards and environmental toxins.

Comment: The following is the definition of 'toxin' that I ascertained from a thesaurus to complement above can be termed 'poison, pollutant or containment', but a real 'toxin' is 'racism coupled with the historical situation of Indigenous men'. Anecdotally, when I was associated with the Northern Territory National Emergency Response, aka Intervention, living in Canberra, I came across a young group of Aboriginal males who were approached by a group of non-Indigenous males. One non-Indigenous male said, 'Here come the paedophiles.' The comment was devastating for the group of Aboriginal males.

> **No. 5:** Build a strong evidence base on male health – Fund a National Longitudinal Study on Male Health, commission regular statistical bulletins on male health, routinely collect and report data, and monitor scientific developments relating to male health.

Comment: Wenitong (2002) stated that there is little data on Indigenous men's health issues and that discussion is required on masculinity and transgender health.

> **No. 6:** Improve access to health care for males – Encourage health services to be responsive to male needs and awareness of health barriers, and encourage GPs to take up government incentives to engage Australians in the prevention of chronic disease.

Comment: No. 6 relates to Thomson (2010, p. 1) in relation to 'wounded and resilient'. The MHIRC is an all-inclusive service that allows both men and women to access the MHIRC programs.

National Aboriginal and Torres Strait Islander Health Plan 2013-2023

The following points provide information about national plans being developed for Aboriginal and Torres Strait Islanders health, in particular, for young Aboriginal men:

> Poor health explains 42.7 per cent of the known gap in labour force participation for Aboriginal and Torres Strait Islander males. (p. 13)
>
> Cultural practices and societal roles affect the role that fathers and other male family members play in the development of a child. It is important for services to acknowledge and include men in the raising of children in a culturally appropriate way. (p. 30)

The two aforementioned points are relevant but need to be expanded with further research and reading of annual reports on the plan.

National Aboriginal and Torres Strait Islander Male Health Framework

I will introduce the National Aboriginal and Torres Strait Islander Male Health Framework (NATSIMHF) to the cohort of young Aboriginal men to ensure they are aware of its existence, as well as to critically identify about how the NATSIMHF affects their health and wellbeing, and their engagement with social media.

Principles of the NATSIMHF were revised in 2010 by the National Aboriginal and Torres Strait Islander Male Health Leadership Group (NATSIMHL Group).

The following 11 principles have been abridged:

Principles of the NATSIMHF

1. Reconstructing male empowerment and self-determination.

The first principle relates to a gender specific approach for all Aboriginal and Torres Strait Islander males to have confidence and ownership of initiatives and interventions that define and understand. Prioritising and controlling social determinants that affect their lives will significantly improve their lives. This gender-approach is also explained by Thomson (2011):

> A gendered approach to health has proved useful in improving women's health and there is increasing acknowledgement of its potential benefits for men's health. The approach has grown out of the social determinants of health model, which in broad terms holds that the greater the disadvantage, the more detrimental the effect on health [14]. Indigenous men have the poorest health of any group within the Australian population and are arguably also the most disadvantaged. Thus, health interventions that take account of the particular social determinants that influence Indigenous males are much more likely to achieve better outcomes. (p. 2)

2. A holistic approach

The following quote in the NATSIMHF is taken from the National Aboriginal Heath Strategy (NAHS) (1989):

> Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the Whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community. It a whole of life view and includes the cyclical concept of life-death-life. (p. xi)

3. Community care

The 'dynamic approach' includes seven wellbeing principles: (i) physical; (ii) mental; (iii) emotional and social; (iv) cultural; (v) economical; (vi) spiritual; (vii) environmental that in turn complements the NAHS definition of health.

4. Shared, integrated, collaborative and responsible processes

Principle No. 4 has previously espoused the coordination among government, non-government and private agencies for Aboriginal affairs, but in this case the involvement of

the NATSIMHL Group will lead to better health and wellbeing for Aboriginal and Torres Strait Islander males.

5. Partnership approach

Principle No. 5 is to augment active partnerships amongst mainstream agencies and the NATSIMHL Group.

6. Strategy and policy development

An important point made in Principle No. 6 concerns the building capacity related to the Strategy and policy development at 'organisational and community levels' that provide 'gender-specific' services and programs with relevant resources 'according to epidemiological research and health surveillance information that captures local community needs and circumstances'.

7. Access and support

The main point made in Principle No. 7 is for Aboriginal and Torres Strait Islander males are to take 'ownership and responsibility to access and utilise new and existing support programs'. Ownership is paramount.

8. Health workforce

As reported by Wenitong (2002), the provision of scholarships for recruiting and retaining Aboriginal and Torres Strait Islander males in the workforce has demonstrated a 'lack of Indigenous males in the health workforce' (p. iii). This point will be raised with the cohort to ascertain if there is interest in becoming part of the health workforce.

9. Evidence base

Research guidelines of the NHMRC stipulate that Aboriginal and Torres Strait Islander males are to conduct research into their own health and to build an evidence base that is to be owned and controlled by them.

10. Allocation of funding

All allocations for related health programs are to include components for Aboriginal and Torres Strait Islander male health. For such programs, 'positive parenting' and family wellbeing are to include Aboriginal and Torres Strait Islander males. The researcher will invite a member of the NATSIMHL Group to address the cohort on issues being dealt with, as well as consult with participants interested in being mentored before applying for membership.

11. Governance

One fundamental point on governance is that a government body administering funds for health initiatives is to maintain a 'robust process for ensuring that genuine, comprehensive, Aboriginal and Torres Strait Islander approved consultation has taken place where appropriate'. For the process to be considered 'robust', the NATSIMHL Group will become fully involved in the consultation process.

Conclusion

In this chapter, I endeavour to address the issues related to the principles of the FEIT and UWS IGAs in accordance with the research question:

What information technology activities (e.g. using today's technologies of social media) do young Aboriginal men use for their health, wellbeing and resilience; and how does the influence of their immediate and extended families and friends on their health and wellbeing mediate these relation?

FEITIGA

Relevant principles of the FEITIGA are introduced in this chapter from the standpoint of bringing them to the attention of the cohort, which will enable the cohort to be think about the purpose of programs, such as the MHIRC. In addition, building capacity with the cohort to think critically about the programs, and to build their skills of reflecting will be fundamental in how they already use different words to describe what they do when reflecting further on the development of relevant Aboriginal male health programs.

WSUIGA

From the WSUIGA, principles were selected where ‘reflexivity’ from Moreton-Robinson (2004) was discussed in relation to ‘yarning’ from Kovach (2010). Yarning is a valid method of communication with Aboriginal because the building of trust and rapport is inherent in this process. The cohort that augments the collection of information has been mentioned elsewhere.

MHIRC situational approach to suicide including Westerman’s complementary approach

The main reason for the establishment of the MHIRC was to address Aboriginal male suicide, an issue that has been addressed sensitively because members of the cohort may have experienced suicide of either their family members or close friends. The professional approach to suicide by the MHIRC is underpinned by the situational approach to suicide espoused by Ashfield (2017):

> … acknowledges the predominant association of situational distress rather than the mental illness, with suicide (though in some cases the two are linked), and is principally informed by and responds to risk factors of a broad spectrum of difficult experiences across the life span. (p. 5)

Ashfield also discussed the impact of the medical language:

> … diagnosing experience as an illness … human experience is the product of a complex interplay of mind, emotions, behaviour, physical sensations, and the factors of the social and physical environments. (p. 7)

Westerman (2019) asked: What are the causes of Indigenous suicide? (p. 1) for the last 20 years, and stated that ‘suicide risk factors are being incorrectly and consistently stated as causes of suicide’ (p. 1). Westerman (2019) explained and listed such risk factors:

> Poverty is not the cause of suicide, abuse is not the cause of suicide, alcohol is not the cause of suicide, nor foetal alcohol syndrome by the way! They are all very likely risk factors, but are not the causes. (p. 1)

Westerman (2019) also wrote that impulsivity is a factor in suicide:

> … reaction to conflict, an absence of self-soothing capacity comes into play, alcohol and drugs are used as an enabler and then suicide attempt/death occurs … Policies that restrict human choices contribute to established risk factors for suicide, being homelessness and helplessness – a negative attributional style about prospects for the future – leads depressed individuals to view suicide as the only way out. (p. 2)

Westerman's final comment:

> We are hopeful that we will be able to gain access to suicide mortality data to fully analyse this and determine causal pathways. This will change the paradigm of this area. (p. 2)

Westerman talked about having access to data and changing the paradigm would indicate that ascertaining the causes of suicide is an ongoing issue for Indigenous peoples.

Points for further consideration in the research

The following points are an amalgamation of ideas and reading that the researcher raises throughout the thesis. They are to be presented to the MHIRC cohort for them to consider the relevance of programs.

1. After explaining the tenets of Kanyirninpa being 'hold and care', I believe the MHIRC program still exists, but is espoused in different words.

2. Participation of the community in MHIRC programs is to be discussed.

3. The cohort will be asked if visits to other Aboriginal male health programs have been organised and whether they are aware of the aims and objectives of such programs.

4. Following community participation in the MHIRC, monitoring the program and developing a monitoring program for the MHIRC will be determined.

5. Finally, further MHIRC programs will be developed.

NHMS

The NMHP has six priority areas, each of which are mentioned with relevant comments where the area complements the NAHS' definition of health, the addressing of inequities in male health and drawing on Thomson who talked about those being 'wounded and resilient' (p. 1). He also mentioned the impacts since colonisation:

> … numerous impacts since colonisation which include devalued Indigenous culture, dispossessed and dislocated Indigenous families and communities and introduced disease. (p. 1)

Other areas to be discussed include the promotion of Aboriginal fathers, the recognition of traditional parenting practices, the development of practical health promotion materials, and the promotion of adolescent health. The preventative health for males can be related to 'wounded and resilient' because it can be seen as a toxin that Aboriginal males have to deal with. I gave another example of the intervention.

The building of a strong evidence base is next, which reinforces what Wenitong (p. iii) talked about, involving Aboriginal males in the health workforce that could augment the collection of evidence and data.

Finally, the improvement of health for males by addressing barriers and encouraging GPs to take up government incentives to encourage the prevention of chronic diseases is another priority.

NATSIHP 2013-2023

There are the four stages of life that require further clarification: (i) maternal health and parenting; (ii) adolescent and youth; (iii) healthy adults; and (iv) healthy ageing in the NHMRC Report (2006), as referred to in the NATSIHP.

NATSIMHF

There are 11 principles in the NATSIMHF that are elaborated upon:

1. Reconstructing male empowerment and self-determination.

2. Taking a holistic approach to health.

3. Community care, which is the inclusion of the dynamic approach ‘involving the seven wellbeing principles physical, mental, emotional and social, cultural, economical, spiritual, environmental (p. 2).

4. Shared integrated, collaborative and responsible processes this is a perennial issue for Indigenous affairs and the involvement of the NATSIMHL Group mentioned above is crucial for this to happen.

5. Partnership approach relates to Principle 4 above.

6. Strategy and policy development that involves capacity building, gender-specific services and programs, epidemiological research related to evidence base above in priority are five of the NMHP.

7. Access and support for Aboriginal and Torres Strait Islander males to take ‘ownership and responsibility to access to and use new and existing support programs’.

8. The health workforce is mentioned by Wenitong (2002) who wrote about the ‘lack of Indigenous males in the health workforce’ (p. iii). This point will be raised with the cohort to ascertain whether they are interested in participating in the health workforce.

9. Access and support will be provided to Indigenous males with the use of National Health and Medical Research Council guidelines, which mentions that Aboriginal and Torres Strait Islander males conducting research into their own health and building an evidence base are to be owned and controlled by them.

10. Allocation of funds for ‘positive parenting’ programs, and for a member of the NATSIMHL Group to attend and support the programs.

11. Governance to be complemented by robust processes mentioned in NATSIHF with the involved of the NATSIMHL Group before 'organisations receiving funding for health initiatives must be accountable including in relation to services provided or meant to be provided to Aboriginal and Torrs Strait Islander males' (p. 4).

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CHAPTER 5:
HEALTH FRAMEWORK

Introduction

In this chapter, I use the terms 'Aboriginal and Torres Strait Islander' and 'Indigenous' when writing, as appropriate. Although there are several documents dealing with Australian men's health, in this chapter, I concentrate on the Department of Health National Men's Health Strategy 2020-30 (Strategy).

I write about the Strategy because it includes Aboriginal and Torres Strait Islander men's health, especially in the Ministerial Foreword that puts their health in the foreground of the Strategy. In the health ageing section of the Strategy, it mentions the life expectancy of Indigenous males being 10 years less than non-Indigenous males.

The Australian Institute of Health and Welfare AIHW Report (2011) stated:

> Indigenous Australians experience much higher rates of death than non-Indigenous Australians across all age groups. Life expectancy at birth for Aboriginal and Torres Strait Islander males – 71.6 years. Life expectancy at birth for Aboriginal and Torres Strait Islander females – 75.6 years.

The relevance of the death rate for Aboriginal people who die earlier than the general population, to my way of thinking, at 11.5 (men) and 9.7 years (women) is atrocious. These facts seem to be accepted, even if one year earlier, they would be unacceptable. Later in this chapter, Westerman (2019) mentioned the causes of suicide being complex, not only the risk factors.

In this research of investigating the use of social media by young Aboriginal men for their health, it may be just as complex with the positive and negative aspects of social media. However, gleaning the positive aspects in the research can lead to the development of a positive community-based young Aboriginal male praxis that can be adapted across communities.

In the Strategy, there are a number of tables, including one on priorities below that include Indigenous males in the section on health equality between males at different life stages. In the NHMRC report (2006), life stages were defined (p. 2). For me, I had to clarify what each expression means because they give meaning to understanding the four stages of life: (i) maternal health and parenting; (ii) adolescent and youth; (iii) healthy adults; and (iv) healthy ageing. They were also identified in the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2013-2023, which has a whole of life approach.

Table 5.1 lists the priority populations from the Strategy. It is poignant to see Aboriginal and Torres Strait Islander males mentioned in a national policy that may assist governments to see us as a part of Australia and not put into a silo separate for the Australian population.

Table 5.1 National Male Health Policy 2010 structural overview

No.	Priority populations	Priority areas for action
1.	Males living in rural and remote areas of Australia	Optimal health outcomes for males
2.	Aboriginal and Torres Strait Islander males	Health equity between different population groups of males
3.	Males from socio-economically disadvantaged backgrounds	Improved health for males at different life stages
4.	Males with a disability, including mental ill-health	A focus on preventive health for males
5.	Males from culturally and linguistically diverse backgrounds (CALD – including migrants, asylum seekers and their children)	Building a strong evidence base on male health
6.	Members of the LGBTI+ community	Improved access to health care for males
7.	Male veterans	
8.	Socially isolated males	
9.	Males in the criminal justice system	

Aboriginal and Torres Strait Islander males fit into all the groups listed in Table 5.1, therefore, reinforcing the National Male Health Strategy (NMHS)'s statement that 'it is quite foreseeable that some Aboriginal and Torres Strait Islander men and boys will belong to many of the nine priority population groups' (p. 17). Comments like these can provide a focus to future reports to address Aboriginal and Torres Strait Islander male health issues inclusively when developing policies.

In the Strategy, it is mentioned that 'almost half of all suicides in Aboriginal and Torres Strait Islander males (46%) occur in those aged 15-24 years' (p. 15), therefore, the age group fits within the range for my research. Suicide is a paramount issue for Aboriginal and Torres Strait Islander communities and Westerman on @Indigenous February (2019, p. 1). In 2012, it was a national dialogue characterised by a consistent lack of awareness, understanding and respect for Indigenous people and issues. Westerman wrote in @Indigenous X about the causes of suicide: 'Risk factors for suicide are being incorrectly and consistently stated as causes', as well as listed poverty, abuse or alcohol as not causes of suicide, but 'likely risk factors' (p. 1).

Westerman (2019) further wrote about the nature of Aboriginal suicides and commented on the percentage of suicides being 60% impulsivity:

> … the reaction to conflict, an absence of self-soothing capacity comes into play, alcohol and drugs are used as an enabler then suicide attempt/death occurs. This pattern is often the case with those who have trauma and attachment issues. (p. 1)

Trauma is another perennial issue for Indigenous people. Being removed has provided me with a strategy that I developed over time to deal with traumatic issues that I 'learn something positive of whatever experiences I have had in my life'. This has sustained me from the point of not becoming a 'victim'. When people talk to me about issues of not being raised by their families and feeling less 'Aboriginal', I say that everybody has a personal journey that has its own veracity and validity that is theirs, and mine is mine.

The Bringing Them Home Report 1997 (BTH) includes a section on the effects of removal that I will not recount here as there are too numerous. However, BTH encapsulated a

theme that are my words, which is a distillation of the theme, ‘The BTH is for those who made it home, those on the journey home and for those who never made it home.’ During my time at the Australian National University when I worked at the Aboriginal Student Centre Tjabal during Reconciliation Week, ANU wanted to make an offer of reconciliation with the planting of a tree and a plaque. I proffered the words, above which were placed on the plaque. In addition, when I talked about my removal, I stated that my story is not unique, as demonstrated in the BTH; for me, it was the ‘tip of the iceberg’.

Next, I talk about the complex issue of suicide. Westerman developed the Westerman Aboriginal Symptoms Checklist for Youth (WASC-Y) (checklist) and the adult version (WASC-A) that ‘enables clinicians to undertake thorough risk assessments to determine this better and have focussed treatment, capable of tracking client outcomes’ (Westerman, 2019, p. 2).

In addition, Westerman (2019) stated that ‘whilst impulse control can be addressed as a focus of treatment, if the underlying cause of the impulsivity is not determined, then treatment effectiveness is limited’ (p. 1) hence, the above checklists.

The above is essential for understanding the issue of suicide that is sometimes the ‘elephant in the room’.

Table 5.2 demonstrates the health condition risks for priority Aboriginal and Torres Strait Islander males that encapsulates the situation of the Strategy (p. 19).

Table 5.2 Health condition risks for priority population groups – evidence of risk higher than the general population

Health conditions	Male Aboriginal and Torres Strait Islanders	Male from socio-economically disadvantaged backgrounds	Males living in rural and remote areas of Australia	Males with disability, including mental illness	Males from CALD backgrounds	Members of the LGBTI+ community	Male veterans	Socially isolated males	Males in the criminal justice system
CHD	x	x	x	x					x
Type 2 Diabetes	x	x	x	x					x
COPD	x	x		x					
Lung cancer	x	x		x					x
Dementia	x								
Mental ill-health	x	x	x	x	x	x	x	x	x
Suicide	x	x	x	x	x	x	x	x	x
Injuries	x	x	x						
Prostate cancer		x	x						
HIV	x					x			
Chlamydia	x								
Gonorrhoea	x					x			
Syphilis	x								
Hepatitis B & C	x				x				x

The Strategy (2020-2030) stated that 'there remain inequalities between Aboriginal and Torres Strait Islander and non-Indigenous men for most chronic conditions' (p. 21), as evidenced above. It also encapsulated the mental health and wellbeing section by stating that 'sociodemographic also influences experiences in mental health with higher rates of mental ill-health and suicide occurring in Aboriginal and Torres Strait islander men' (p. 21).

In the Strategy, it acknowledged:

> Development coincides with an increased international focus on men's health and on how gender intersects with social, economic, environmental, political and cultural determinants of health, influencing exposure to risk factors and interactions with the health system. (p. 7)

It is reiterated in the guiding principles to 'acknowledge the influence of gender on health' (p. 46).

Thomson (2010) affirmed that 'a gendered approach to health has proved useful in improving women's health and there is increasing acknowledgement of its benefits for men's health' (p. 2).

Related to gender, Wenitong (2000) wrote:

> Specific male issues – gender-specific access, separate location, male Indigenous health workforce, male specific 'places', clinic or service, specialist male services including counselling/mental health/sexual problems (impotence, premature ejaculation)/sexuality/prostate specialists. (p. 19)

The above issues Wenitong (2000)remain inequalities are paramount to Aboriginal and Torres Strait Islander men's health. The most important is the increase of male health workforce because of the settings for Aboriginal and Torres Strait Islander men of urban, rural and remote especially, 'where 'ceremonial business' continues and there are very strict protocols against traditional males being examined and assessed by female health providers.' (p. 19).

The Strategy (2020-2030) lists further principles to be transparent and accountable, and to build on what is already available:

> … that an equity lens is applied to all investments arising from this Strategy and includes consideration of: gender; priority population groups; risk factor profiles; and factors such as social, economic and cultural disadvantage. (p. 29)

2020-2030 Strategy Objective 3.1 states:

> Develop a National Men's Health Research Strategy that draws on existing national and international evidence, the views of key opinion leaders and identifies priorities and focused areas for research investment to drive and accelerate improvements to reduce inequities and improve men's health overall.
>
> … addresses risk factors for ill-health, priority conditions and population groups and includes the impact of intergenerational trauma on the health of Aboriginal and Torres Strait Islander men and boys. (p. 35)

The social determinants listed below are relevant to Aboriginal and Torres Strait Islander health and wellbeing.

In addition, the Commission on Social Determinants of Health Final Report (2008) stated:

> The development of a society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health. (p. 1)

The social determinants of health will be explained to the cohort, however, they will have gained an understanding of what each one is, but have not used the term 'social determinants of health'. A 'framework' will be provided to them and the cohort will be asked to explain in their own words what they think about each social determinant.

Following are 10 social determinants of health, as identified by Wilkinson and Marmot (2008) with comments on how they relate to Indigenous people. These social determinants will be discussed with the research cohort.

Social determinants of health

The solid facts of social determinants of health were identified and written by Marmot and Wilkinson (2003).

1. Social gradient

The social gradient refers to economic circumstances of people's health through their lives. Two examples demonstrate how Indigenous people were excluded from the Australian economy.

Comment: The first example shows the lack of participation of Aboriginal peoples in the economy, as identified by McCorquodale (1997), through the Telegraph Act 1901 that 'only White labour shall be employed in its carriage' (p. 3). The second example relates to the Sugar Bounty Act 1905 that suggested that sugar cane and beet be produced by 'white' and not 'coloured' labour. (p. 3)

The Aboriginal Health Performance Framework (2017) stated:

> The relationship between income and health and linked to other factors such as the capacity to live a healthy life including being able to afford nutritious food and quality housing; cost barriers to health care including health insurance and access to transport; risk behaviours including substance use and social participation. (p. 111)

In addition, Indigenous people also had to contend with the impact of colonization, dispossession and being marginalised in society.

2. Stress

Stress is mentioned in relation to its harmfulness because of its psychological long-term effects that can cause long-term stress. Stress of anxiety, insecurity, low self-esteem, social isolation and a lack of control over work and home life also has powerful effects on health care. Psychosocial risks can accumulate during the life span and increase the chances of poor mental health and premature death. A lack of supportive friendships is also damaging.

Comment: Aboriginal and Torres Strait Islander Justice Commissioner, Mick Gooda produced a report on lateral violence (2011). Critical issues associated with lateral violence include bullying, gossiping, jealousy and family feuding within Aboriginal and Torres Strait Islander communities that are all 'elephants in the room'.

Gooda also mentioned that the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (2007) does not directly mention stress, but UNDRIP Article 22, No. 2 stated:

> … shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy full protection and guarantees against all forms of violence and discrimination. (p. 9)

The Bringing Them Home Report (1997) stated that mental health is finally on the national agenda and acknowledged that stress is present in all children removed. The report made recommendations for services to be provided for these children.

3. Early life

The effects of early development last a lifetime; a good start in life means supporting mothers and young children. As identified by Wilkinson and Marmot (1998), the social determinant that deals with early life stated that the support of mothers and babies in prenatal life is where the important foundation of adult health is laid. Providing antenatal care and sustained home visits allow the opportunity to support healthy behaviours throughout pregnancy and into the early years of childhood.

Comment: An example of the support for pregnant women is the Winnunga Nimmityjah Aboriginal Health Service (AHS) in the Australian Capital Territory (ACT) that has a team of two midwifes plus one Aboriginal access worker who provide programs for antenatal and postnatal care, community at home support, baby health checks, breastfeeding support, immunisations, and a range of women's health services.

The Winnunga's Aboriginal Midwifery Access Program (AMAP) was established in 2010 and members of the program work closely with ACT hospitals, thus ensuring continuity of care between Winnunga Nimmityjah AHS and hospital services. Anecdotally, in 2001, the first group of pregnant women utilised AMAP for their childbirth. Early life, including in utero, has made an impact on the unborn child, therefore, support for the mother and child is paramount.

4. Social exclusion

Social exclusion creates misery and costs lives.

Comment: Indigenous peoples have been excluded from society, as put forward by McCorquodale (1997) who researched the legislative, judicial, administrative and classification of Indigenous peoples. His research identified 700 pieces of legislation and 67 classifications, for example, half-caste and quarter caste that excluded Indigenous peoples. Two examples include exclusion from the economy.

First was the Telegraph Act of 1901 where 'only white labour shall be employed in its carriage'; and secondly, the Sugar Bounty Act 1905 stipulated that no coloured labour was to be used in the production of sugarcane or beet, and that only White labour could be employed. Said (1978) wrote about how the West studied the East and called it 'Orientalism', where the West defined the East in negative terms because the 'Orient' was almost a European invention, and had been since antiquity, that is, 'a place of romance, exotic beings, haunting memories and landscapes, remarkable experiences'. Similar descriptions have been mentioned about Indigenous peoples that we are made exotic; particularly those communities that still have their traditional lands.

5. Work

Stress in the workplace increases the risk of disease. Having little control over one's work relates strongly to an increased risk of low back pain, sickness absence and cardiovascular disease. These risks have no correlation to the psychological characteristics of individuals but were found to be independent of the people studied.

Comment: As indicated in other social determinants, stress is a debilitating factor, therefore, a survey should be implemented by way of an exit interview from government departments at all levels to determine why Indigenous peoples are leaving.

6. Unemployment

Where there is high unemployment, health can be put at risk because job security benefits health, wellbeing and job satisfaction. Changes in the economy and labour market of

industrialized countries increase the feeling of job insecurity, which is a chronic stressor. The longer people are exposed to job insecurity, their absence from work can increase.

Comment: The changes in the economy for Aboriginal and Torres Strait Islander peoples are affected the same as other Australians.

7. Social support

Social support means maintaining friendships, good social relations and strong supportive networks that improves health at home, work and in the community. This is complementary to the conceptualisation of Indigenous health, particularly to a holistic approach to health.

Comment: Pat Dudgeon et al. (2014) mentioned about the social domain being related to social support, which includes a person's family background, interpersonal relationships, cultural, traditional and socio-economic status, poverty and physical exercise.

8. Addiction

Individuals who turn to alcohol, drugs and tobacco suffer from their usage, however, use is influenced by the wider social setting. Social breakdown is associated with drug, alcohol and tobacco misuse, which is an important factor for inequities in health.

Comment: Anecdotally, while teaching medical students, I worked closely with Winnunga Nimmityjah Aboriginal Medical Service in Canberra where the emotional social wellbeing workers said their clients used drugs, alcohol and tobacco as a coping mechanism, for example, 'not to get to December 31, but to go from January 1 to January 2'.

Lessening the social factor where drugs, alcohol and tobacco influence change by shifting the responsibility to the user is 'blaming the victim'. To ameliorate the situation, the development and implementation of policies will contribute and support those affected by substances. As Wilkinson and Marmot (2008) stated, 'None of these will succeed if social factors support the users positively' (p. 25).

Since colonization, Indigenous peoples have made adaptations as a matter of life. Thomson (2010) stated that the misuse of substances among Indigenous peoples reflects the history of dispossession and oppression, as well as the entrenchment of social and economic marginalisation that require holistic strategies to enable Indigenous people to become involved in the development of health policy. Further, Eckermann et al. (2012) included a section in their research about how people adapt their behaviours but do not do so from an objective position, as the following quote demonstrates:

> To adapt … is not to do perfectly from some objective standpoint: it is to do as well as possible under the circumstances, which may not turnout very well. (p. 3)

9. Food

Good food and diet complement each other in the promotion of health and wellbeing. A shortage of food causes malnutrition and illness, for example, cardiovascular disease, diabetes, cancer, degenerative eye, obesity and dental caries. The supply of affordable food more important that the supply of food education.

Comment: Bostock and Morgan's (1983), documentary film 'Lousy Little Sixpence' relates to the history of Cootamundra Girls Home and Kinchela Boys Home where food given to Indigenous peoples was rancid and not nutritious. This same food was also given to pregnant mothers, which played a detrimental part on the early stage of life for the foetus. However, non-Indigenous people in management consumed quality food and better cuts of meat.

Pascoe (2014) presented material from non-Indigenous sources that Australian Indigenous peoples in 1788 used domesticated plants to sow, harvest, irrigate and store, which presented a challenge because they were hunters and gatherers. This acquisition of land was underpinned by the view that Indigenous peoples were hunters and gatherers and therefore, do not have permanent sites for the practice of agriculture. However, Gammage in Pascoe (2014) stated 'People farmed in 1788, but were not farmers' (p. 19). He further clarified that the above statement draws the line between one as an activity and the other as a lifestyle. This is food for thought. However, Indigenous peoples lived across the whole continent of Australia in different climates and locations.

Traditionally, Indigenous peoples ate local plants, animals and fish. The diet was high in protein with complex carbohydrates with no refined food. Torres Strait Islanders ate more seafood because of its easy access. Gathering food was a collective activity for the clan with women collecting smaller animals and berries while men sourced larger animals.

In the review, it is written that the change in the Indigenous diet has increased the risk of lifestyle diseases, such as obesity and Type 2 diabetes, resulting from refined carbohydrates and saturated fats.

Since 1788, non-Indigenous people acquired land for farming and grazing. which encroached on hunting grounds, resulting in limited terra firma for Indigenous peoples to gather their traditional foods. Therefore, Indigenous peoples moved to missions operated by churches and ate Western foods. Food was given in lieu of wages; it was highly processed to last longer and high in fats and salt, thus contributing to the high incidence of lifestyle diseases.

10. Transport

Healthy modes of transport include walking and cycling, thereby, reducing driving. Public transport is ideal as a back-up for transportation. Transportation is an issue for Indigenous peoples, not from the stance of reducing driving, increasing walking and using public transport, but from the economics of not having enough money to afford travel at all.

Conclusion

In this chapter, I have addressed the rate of deaths of Aboriginal men and women and the priorities of the Strategy with charts to demonstrate that Indigenous peoples have chronic health issues across a broad spectrum of health conditions. Suicide was addressed by Westerman (2019) who defined the causes of suicide through her assessment tools for suicide that are rigorous and take into risk factors and assessed by trained clinicians to intervene in a culturally safe manner. Trauma is another perennial issue that has far reaching effects, as demonstrated in the BTH. To consider the gender disparity for Aboriginal men's health is an innovative approach that has been done for improving Aboriginal women's health.

The social determinants of health will come into play when communicating with young Aboriginal men, even though they may not recognise the names but will recognize the relevance of them that may lead into the development of a health praxis for them.

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CHAPTER 6:
PROPOSED CASE STUDY – MEN'S SHED MT DRUITT

Introduction

The Men's Shed at Mt Druitt (Shed) was established in 2004, with the support of the Men's Health Information Resource Centre (MHIRC) of Western Sydney University (WSU) in Emerton near Blacktown, New South Wales. It was opened by Professor Marie Bashir, the then-Governor of New South Wales as a suicide prevention/drop-in centre where daily operations of The Shed occurs. Professor Mcdonald from WSU provides office space for The Shed at the WSU Hawkesbury campus where MIHRC is based.

There is a wide range of issues that The Shed deals with, which includes offering access to an extensive network of stakeholders that address them. The Shed holds weekly barbeques for relevant members of the supportive network to attend where they are able to address men's issues. Travelling time is reduced for those spread across a wide region. Transport is a social determinant in the health sector, as identified in Marmot (1998). Furthermore, The Shed is a culturally safe environment. The Shed programs strengthen culture and provide assistance in housing, legal aid and financial assistance. For me, the major issue is culture, which relates to my thinking on Holding Men: Kanyirninpa, the Aboriginal male health praxis from the Kukatja people of the Kimberley. As explained elsewhere, Holding Men: Kanyirninpa is paramount for men's health and wellbeing, therefore, investigating the underlying principles of The Shed programs is to ascertain whether they have a similar ethos of caring for men.

Integral to my research is to examine the juxtaposition of the health praxis of a NSW Aboriginal program with Kanyirninpa to identify if there are similarities. Thomson (2010) mentioned that the words *wounded and resilient* come from the Kukatja people because they relate to the impact they have on issues of *culture being devalued, dispossessed, and dislocation of families and communities and introduced diseases*. These issues are not to be seen through a deficit prism but from the reality of Aboriginal peoples, as well as the health and wellbeing of men as currently presented.

The Shed's programs, projects and initiatives support this ethos by maintaining and strengthening its culture and providing assistance with the ability to enable men to be resilient. Furthermore, the basis of The Shed project at Mount Druitt is to strengthen the connections that local residents may have to their culture towards essential services, such as housing, legal aid and financial assistance, as well as towards their local community. All these activities can be seen as social determinants of health care. The Shed also has a program for suicide prevention that is underpinned by a situational approach to suicide.

The two diagrams in Figures 4.1 demonstrate how the situational approach to suicide is dealt with at The Shed. The first expands on the impact of situational distress risk factors (risks) and further clarifies the point to not overlook the risks associated with people suffering depression or mental disorders, hence, the focus is on the situational approach.

Distress is addressed from the situational aspect, as explained on the website:

> … encompasses a significantly challenging or troubling mixed experience of mind, thoughts, emotions, bodily sensations, or behaviours, associated with an apparent decompensating event, such as bereavement, a change in hearth status, relationship breakdown, financial, or occupational difficulties. (p. 3)

Ashfield (2017) clarified the situational approach to suicide:

> … acknowledges the predominant association of situational distress rather than the mental illness, with suicide (though in some cases the two are linked), and is principally informed by and responds to risk factors of a broad spectrum of difficult experiences across the life span. (p. 5)

Westerman (2019) developed two checklists for suicide for Aboriginal adults and youth: (i) Westerman Aboriginal Symptom Checklist – Adult; and (ii) Westerman Aboriginal Symptom Checklist – Youth. Both are premised on 'suicide risk factors being incorrectly and consistently stated as causes of suicide' (p. 1). Westerman went on to list the risk factors:

> Poverty is not the cause of suicide, abuse is not the cause of suicide, alcohol is not the cause of suicide, nor foetal alcohol syndrome by the way! They are all very likely risk factors, but are not the causes. (p. 1)

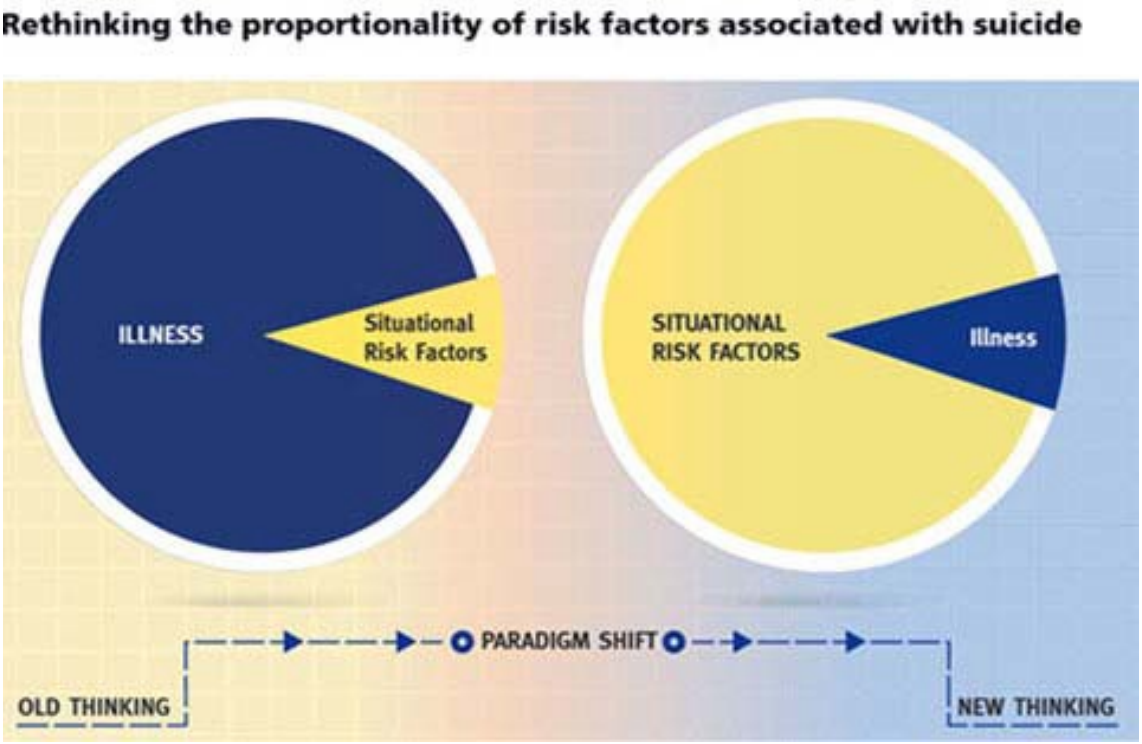

Figure 6.1 Rethinking the proportionality of risk factors associated with suicide

Figure 6.2 Impact of situational distress risk factors

The situational approach to suicide is similar to Westerman's definition of suicide that endeavours to examine the causes which she says are complex. Although she developed two checklists for suicide, one each for adults and youth, triggers such as poverty, abuse and alcohol can to be taken into account. Therefore, there is a similarity between The Shed's situational approach and Westerman's. Thomson (2010) took similar situational approach factors in his reference to 'wounded and resilient' in relation to Indigenous male health where factors are interconnected, 'since colonisation that has devalued Indigenous culture and dispossessed, dislocated Indigenous families and communities and introduced disease' (p. 1).

In Ashfield (2017) medical language is discussed from the stance of 'diagnosing experience as illness'. In addition, 'human experience is the product of a complex interplay of mind, emotions, behaviour, physical sensations, and the factors of the social and physical environments' (p. 7). This in turn complements the National Aboriginal Health Strategy's definition of Aboriginal holistic health:

> Health to Aboriginal people is a matter of determining all aspects of their life including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of doctors, hospitals, medicines or the absence of disease and capacity' (p. ix)

Ashfield talked about how illness language can be harmful:

> … medicalising and pathologising common (albeit perturbing) human experience, in its way, can result in harm (technically termed: clinical iatrogenesis)' and 'internalising the language and the meaning of such a consultation may result in a self-fulfilling prophecy, a person is told they are ill, medication, referral, and a mental health treatment plan reinforces a belief they are ill. (p. 7)

Moreover, the following interpretations reinforce what Ashfield et al. said about the internalisation of language.

Paradies (2008) defined three categories of racism: (i) internalised; (ii) interpersonal; and (iii) systemic:

> **Internalised racism** is where attitudes, beliefs or ideologies by members of stigmatised ethnic/racial groups about the inferiority of one's own

> ethnic/racial group are **accepted**, Indigenous people believe, they are naturally less intelligent than non-Indigenous people. (p. 4)

Accepted is the word used when people accept what is said to them and it becomes the self-fulfilling prophecy.

Ashfield also spoke about collecting data to be different when using the situational approach to suicide.

The two research guidelines below underpin the research and provide opportunities to impart skills to the cohort. In this project, research guidelines from the Aboriginal Health and Medical Research Council and the NHMRC in Aboriginal and Torres Strait Islander Health are incorporated.

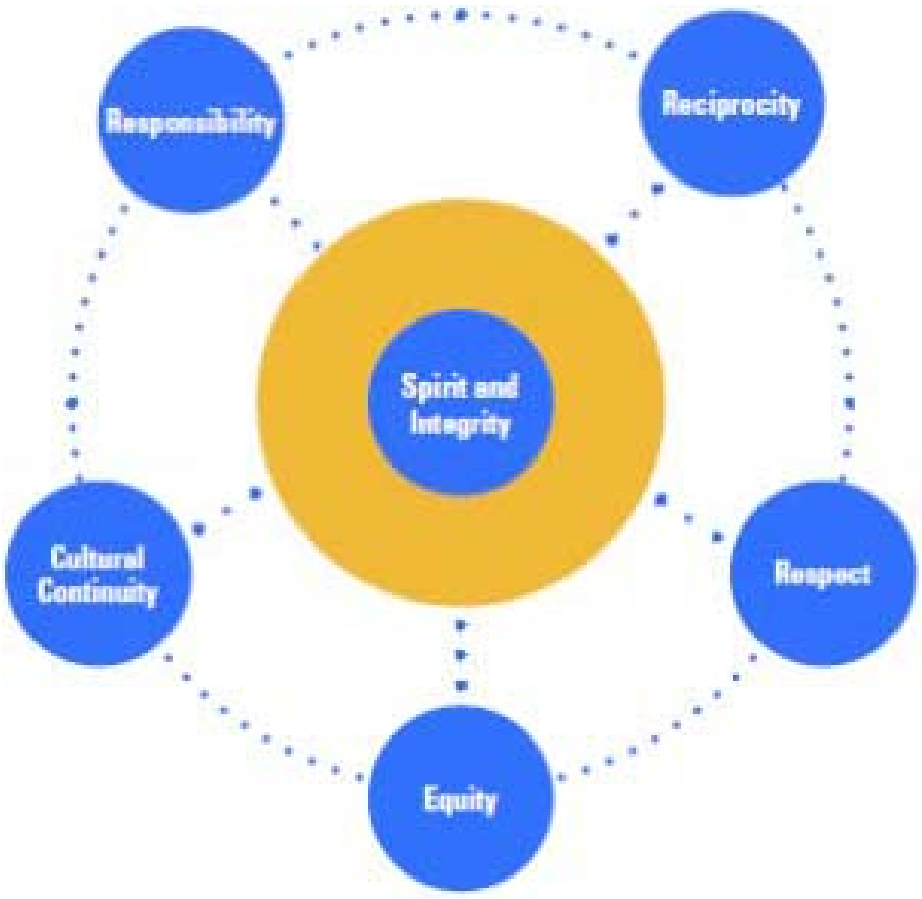

Figure 6.3 Six core values

Figure 6.3 shows the core values of the NHMRC, that is, not to plagiarise, but I could not use my own words to do justice to its importance. In the research sessions, I will explore how young Aboriginal men understand their health is associated with a healthy lifestyle, as well as what research means to them and its relevance to the development of health policies. I am fully cognizant that the reputation of research in Aboriginal and Torres Strait Islander communities is not good. However, when speaking with the research cohort, I will explain that the research I am proposing is to be 'accessible, accountable and beneficial' to them (McCoy, 2008, p. 5).

The NHMRC core values have indirectly underpinned my interactions with Aboriginal or Torres Strait Islander people or organisations. An example is the research I conducted at the Monash Aboriginal Research Centre (MARC) in 1979 into the employment situation of Aboriginal and Torres Strait Islanders in the then Victorian Government Public Service and community organizations who had not attained their High School Certificate (HSC).

My first experience of conducting research as an Aboriginal researcher was at the MARC in 1979 when I included six core values of the NHMRC even though they were not developed until several decades later in 2003 and 2005, however, both superseded by 2018. With a research cohort, I established trust and rapport which resulted in the establishment of the Aboriginal Community Workers Course (ACWC) in the Victorian Community Welfare Training Institute (CWTI) upon graduation in 1980 (equivalent to the HSC). The ACWC was initially established at the CWTI but with the view of expanding it to meet the needs of the Victorian Aboriginal community. In 1984, the ACWC was rewritten in accordance with TAFE guidelines and transferred to the Northern Metropolitan Institute of TAFE where students had access to all TAFE courses. The following section on core values will be approached within the research cohort of explaining that research provides evidence that is required by government for the development of programs and health policies.

Core values

Spirit and integrity

Spirit and integrity is the central core value that unites the other five values (Figure 6.3). The first part, spirit, is about the ongoing connection and continuity between Aboriginal and Torres Strait Islander Peoples' past, current and future generations. The second part, integrity, is about the respectful and honourable behaviours that embrace Aboriginal and Torres Strait Islander Peoples' values and cultures together.

Cultural continuity

Cultural continuity contributes to a sense of strong, shared and enduring individual and collective identities, which includes maintaining the bonds and relationships between people, as well as between people and their environment. It also includes responsibilities in respect to spiritual domains. Aboriginal and Torres Strait Islander Peoples continue to preserve their cultures and identities by reflecting on and drawing strength from their individual and collective identities.

Equity

Equity is reflected by a commitment to showing fairness and justice that enables Aboriginal and Torres Strait Islander Peoples' culture, history and status to be appreciated and respected. Many instances of discrimination and marginalisation have resulted in multiple inequities for Aboriginal and Torres Strait Islander Peoples and communities. In research, Aboriginal and Torres Strait Islander Peoples have perceived the distribution of benefits from research as flowing, mostly toward researchers and research institutions.

Reciprocity

Aboriginal and Torres Strait Islander Peoples' way of shared responsibility and obligation is based on their kinship networks. This process keeps their way of living and family relationships strong. These responsibilities also extend to caring for country, which includes the land, sea, waterways, animals, biodiversity and ecosystems and involves sharing benefits from the land, sea and waterways; redistribution of resources; and sharing food and housing. Reciprocity should enable agreements where all groups or people have

equal rights and power in relationships, although in the context of research this often involves unequal power relationships. Reciprocity recognises all partners' contributions, and ensures the benefits from research outcomes are equitable and of value for Aboriginal and Torres Strait Islander people and communities.

Respect

Respect is expressed as having regard for the welfare, rights, knowledge, skills, beliefs, perceptions, customs and cultural heritage (individual and collective) of people involved in research. Within Aboriginal and Torres Strait Islander cultures, respect is reinforced through, and in turn, strengthens dignity. A respectful relationship promotes trust and cooperation.

Responsibility

Central to Aboriginal and Torres Strait Islander societies and cultures is the recognition of core responsibilities. These responsibilities include caring for country, kinship bonds, caring for others and the maintenance of harmony and balance within and between the physical and spiritual realms. A key responsibility within this framework is to do no harm, which includes avoiding having an adverse impact on the ability of others to comply with their responsibilities. Also, an individual's responsibilities are not limited to them alone and may relate to the accountability of others. Responsibilities may be shared with others so that as a group they will also be held accountable.

Research guidelines

The following is from the Aboriginal Health and Medical Research Council guidelines on research of Aboriginal or Torres Strait Islander health issues. The same applies for NMHRC guidelines and ironically these principles were applied for the research I did at the MARC.

1. Net benefits for Aboriginal people and communities

The research will advance scientific knowledge and result in a demonstrated net benefit for the health of Aboriginal people and communities.

Comment: The reason for the research is to add to the academy where it will be accessible and accountable to the Aboriginal and Torres Strait Islander health sector.

2. Aboriginal community control of research

There is Aboriginal community control over all aspects of the proposed research including research design, ownership of data, data interpretation and publication of research findings.

Comment: The cohort will have control over the project in all aspects.

3. Cultural sensitivity

The research will be conducted in a manner sensitive to the cultural principles of Aboriginal society and will recognise the historical aspects and impacts of colonisation on Aboriginal people.

Comment: When I have taught, I have been mindful of cultural sensitivities in the communities, whether teaching in Victoria, the Australian Capital Territory or New South Wales.

4. Reimbursement of costs

Aboriginal communities and organisations will be reimbursed for all costs arising from their participation in the research process.

Comment: The budget of the research project will take these into account.

5. Enhancing Aboriginal skills and knowledge

The project will utilise available opportunities to enhance the skills and knowledge of Aboriginal people, communities and organisations that have participated in the project.

Comment: As I have reiterated in relation to the guidelines of the NHMRC and AHMRC, opportunities will be taken to enhance the skills of the cohort to help them to understand that research is linked with evidence on which to base programs.

Conclusion

In this chapter, I have endeavoured to outline the reasons for establishing The Shed at Mt Druitt as a male suicide prevention and drop in centre that meets the local needs of Aboriginal males. In addition, a situational approach to suicide is used at The Shed where management supports financial stakeholders to assist men who attend weekly meetings. Therefore, The Shed is a one-spot place for men to meet in a safe environment.

The reiteration of the approach that Thomson (2010) took concerning the Kukatja Aboriginal male health was that of being wounded and resilient fits, which is similar to a situational approach to suicide, as identified by Ashfield (2017). In addition, Westerman (2019) investigated the representation of suicide where risk factors were being identified as a cause. She developed two checklists for suicide for Aboriginal adults and youth due to the complexity of the causes of youth.

The use of research guidelines has been at the forefront of my thinking in relation to ensuring my research is accessible and accountable. They have been primary to all my interactions with Indigenous peoples, especially at the MARC in 1979 when I supported the research for Aboriginal and Torres Strait Islander issues not to be plagiarised, but to use their words for both Aboriginal and non-Aboriginal people involved in their development. Also through the use of guidelines I will seek the opportunity to up-skill the cohort.

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CHAPTER 7:
CONCLUSION

Introduction

This entire project has been quite a journey for me as an older Aboriginal man and an earlier researcher, part from when I work at the Monash Aboriginal Research Centre (MARC). I do not want to repeat the chapters in this conclusion but have selected salient points from each chapter relevant to the research.

At the MARC in 1978, I was given the brief to investigate the employment status of Aboriginal and Torres Strait Islander peoples as non-permanent staff of the then Victorian Public Service (VPS), as well as to develop a training package in the Community Welfare Training Institute that would provide them with a salary commensurate to their level of employment with permanency and pay increments, leave entitlements and long service accruement. During consultations, the staff of community organisations became aware of my research and asked about their employment that was similar to the VPS, although they had no recognised qualification. I asked the research steering committee to expand my terms of reference to include the community organisation staff. However, the Aboriginal and Torres Strait Islander peoples staff in the VPS and community acknowledged the skills they had developed over time through their lived experience, cultural knowledge and cultural competency that were acquired.

At the MARC, the brief also included developing a research plan to speak to relevant staff in the VPS and community organisations and ascertain the skills they would like to attain to work affectively to meet the needs of their relevant clients. First, I sought permission from their managers to allow the time for staff to attend training sessions, as well as explained to them that the sessions would result in highly skilled staff who would be more affective in their work.

The above explanation demonstrates that I did not have a research background. However, during my time at the MARC as an early researcher, and with my commitment to the research, I unknowingly followed the 2003 principles of the National Health and Medical

Research Council (NHMRC) from my lived experience, cultural knowledge and cultural competency.

Principles of the National Health and Medical Research Council

Spirit and integrity

Spirit and integrity is the core value that binds all the other five values together. The first part, spirit, is about the ongoing connection and continuity between Aboriginal and Torres Strait Islander Peoples' past, current and future generations. The second part, integrity, is about the respectful and honourable behaviours that bind Aboriginal and Torres Strait Islander values and cultures together.

Cultural continuity

Cultural continuity contributes to a sense of strong, shared and enduring individual and collective identities. Cultural continuity includes maintaining the bonds and relationships between people, and between people and their environment. It also includes responsibilities in respect of spiritual domains. Aboriginal and Torres Strait Islander Peoples continue to preserve their cultures and identities by reflecting on and drawing strength from their individual and collective identities.

Equity

Equity is reflected by a commitment to showing fairness and justice that enable Aboriginal and Torres Strait Islander Peoples' culture, history and status to be appreciated and respected. Many instances of discrimination and marginalisation have resulted in multiple inequities for Aboriginal and Torres Strait Islander Peoples and communities. In research, Aboriginal and Torres Strait Islander Peoples have perceived the distribution of benefits from research as flowing mostly towards researchers and research institutions.

Reciprocity

The way of shared responsibility and obligation Aboriginal and Torres Strait Islander Peoples is based on their kinship networks. This process keeps their way of living and family relationships strong. These responsibilities also extend to caring for country, which

includes the land, sea, waterways, animals, biodiversity and ecosystems, and involves sharing benefits from the land, sea and waterways; redistribution of resources; and sharing food and housing. Reciprocity should enable agreements where groups or people have equal rights and power in relationships, although in the context of research, this often involves unequal power relationships. Reciprocity recognises all partner contributions, and ensures the benefits from research outcomes are equitable and of value for Aboriginal and Torres Strait Islander Peoples and communities.

Respect

Respect is expressed as having regard for the welfare, rights, knowledge, skills, beliefs, perceptions, customs and cultural heritage (individual and collective) of people involved in research. Within Aboriginal and Torres Strait Islander cultures, respect is reinforced through, and in turn strengthens, dignity. A respectful relationship promotes trust and cooperation.

Responsibility

Central to Aboriginal and Torres Strait Islander societies and cultures is the recognition of core responsibilities. These responsibilities include caring for country, kinship bonds, caring for others and the maintenance of harmony and balance within and between physical and spiritual realms. A key responsibility within this framework is to do no harm, which includes avoiding having an adverse impact on the ability of others to comply with their responsibilities. Also, an individual's responsibilities are not limited to them alone and may relate to the accountability of others. Responsibilities may be shared with others so that as a group they will also be held accountable.

AHMRC guidelines

Figure 7.1 reflects the AHMRC guidelines on the research of Aboriginal or Torres Strait Islander health issues, similar to the NMHRC guidelines that were applied for my research at the MARC. These principles will be incorporated into the research project.

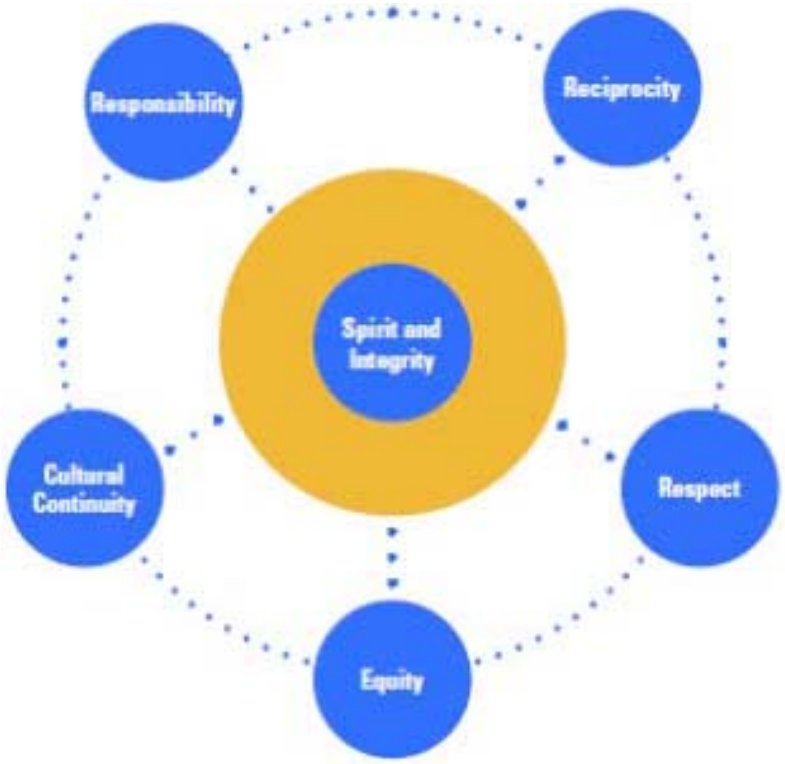

Figure 7.1 AHMRC guidelines

Chapter 1: This chapter contains examples of the engagement with social media from Indigenous communities in Australia, Canada, Sweden and New Zealand. Relevant comments are made in relation to young indigenous peoples of those communities. The issues of resilience and racism are addressed, including how they are dealt with. The National Aboriginal and Torres Strait Islander Male Health Framework is also included with relevant comments for Aboriginal male health. The social determinants of health apply to Aboriginal male health.

A major topic is McCoy's (2008) Holding Men – Kanyirninpa, a male health praxis from the Kukatja people of the Kimberley Western Australia where 'holding men' is paramount for their health and wellbeing. After being held, a caring for other men is developed. It is explained in juxtaposition with the health praxis of a NSW Aboriginal program to ascertain if there are similarities. Thomson (2010) mentioned 'wounded and resilient' come from the Kukatja people because they relate to the issues of 'culture being devalued, dispossessed, and dislocation of families and communities and introduced diseases'. These issues are not to be seen through a deficit prism, but through the reality of Aboriginal men's present

health and wellbeing. My Indigenous standpoint is also presented in Chapter 1, which has developed over time and underpins my interactions with Aboriginal and Torres Strait Islander Peoples, as well as non-Indigenous colleagues.

Chapter 2: This chapter is a synopsis of how I think the feminism research methodology applies to Indigenous research, the relevance of unequal power relations and how the research cohort of women used community-based theatre to present their issues. This has come to the forefront for Aboriginal people. Leah Purcell (1999) is a classic example of this in her play, *Box the Pony*. It is the story of a young Aboriginal woman in a Queensland community in Australia where violence and racism exist. The young woman is determined to break the cycle of generations of Aboriginal women by escaping and finally achieving fame on her own terms.

Another example of presenting Aboriginal issues is the film, *Lousy Little Sixpence*, written by Bostock and Morgan (1983) about the removal of Aboriginal children from their families who were to be paid sixpence. Both stories are examples of presenting Aboriginal issues to the wider Australia.

In the research, I will investigate how issues of the young Aboriginal men can be developed and presented on social media as part of presenting the issues and developing the skills of young Aboriginal men for expanding their employment opportunities. The research project I conducted in 1979 at the MARC involved 15 people at the beginning of the program, however, 12 people completed the project and went onto to improve their employment situation. These examples demonstrate the importance of approaching Aboriginal issues through a relational ontology, which has grounded the researcher to the research in the academy, as well as strengthened his research position. Martin's (2009) theory is applied in this research with young Aboriginal men.

Chapter 3: I preface this chapter with the comment that there is a link between the following research question and the development and implementation of the Indigenous Graduate Attribute (IGA) in the Faculty of Engineering and Information Technology, University of Technology, Sydney (FEIT UTS):

> What information technology activities (e.g. using today's technologies of social media) do young Aboriginal men use for their health, wellbeing and resilience, and how does the influence of their immediate and extended families and friends on their health and wellbeing mediate these relation?

In addition, the Faculty of Health, Indigenous Graduate Attribute (FHIGA) has eight 'insights into Indigenous culture' with resources. The website for 'insights' is in the reference list and have a health focus but below are some that could be included in the FEIT IGA. For example, the following insights will be expanded at a later date.

1. Heterogeneity of Indigenous Australians
2. Health and social, emotional wellbeing
3. Indigenous ways of knowing, being and doing
4. Spirituality
5. Colonisation
6. Social justice
7. Transgenerational trauma
8. Resilience, survival and thriving

Chapter 4: In this chapter, I endeavour to address the issues of relating the principles of the FEIT and UWS IGA to the research question:

> What information technology activities (e.g. using today's technologies of social media) do young Aboriginal men use for their health, and wellbeing, and resilience, and how does the influence of their immediate and extended families and friends on their health and wellbeing mediate these relation?

Chapter 5: In this chapter, I have endeavoured to address the following two issues: (i) rates of death of Aboriginal men and women; (ii) priorities of the Strategy with charts to demonstrate that Indigenous people have chronic health issues across a broad spectrum of health conditions. Suicide is addressed by Westerman (2019) who defined the causes of suicide through assessment tools that were rigorous and took risk factors into consideration to be assessed by trained clinicians to intervene in a culturally safe manner. Trauma is

another perennial issue that has far-reaching effects, as demonstrated in the *Bringing Them Home* (1997) report. Considering gender for Aboriginal men's health is a new approach as has been done for improving Aboriginal women's health.

The social determinants of health (Marmot, 1998) will come into play when talking to young Aboriginal men, even though they may not recognise the terms but will recognise the relevance of them that may lead into the development of their health praxis.

In this research, investigating the use of social media by young Aboriginal men for their health may be similar in complexity to the positive and negative aspects of social media in general. However, gleaning the positive aspects in the research can lead to the development of a community-based positive young Aboriginal male praxis to be adapted across communities.

Chapter 6: The use of research guidelines has been at the forefront of my thinking in relation to ensuring my research is accessible, accountable and beneficial (McCoy, 2008). In Chapter 4, I explain that the above points have been primary to my interactions with Indigenous peoples, especially at the MARC. In 1979, I was an Aboriginal man who wanted his research for Aboriginal and Torres Strait Islander issues not to be plagiarised but to use words for both Aboriginal and non-Aboriginal peoples involved in their development. Also with the support of guidelines, I sought opportunities to up-skill the cohort.

FEITIGA

Relevant principles of the FEITIGA are introduced in Chapter 4 from the standpoint of bringing them to the attention of the cohort so they can consider the purpose of programs such as the MHIRC. In addition, building capacity will assist the cohort to think critically about the programs and to build their skills of reflecting those they already use, but have different words to describe what they can do in reflecting further to ensure relevant Aboriginal male health programs are being developed.

WSUIGA

From the WSU IGA, principles were selected from Moreton-Robinson (2004) where 'reflexivity' is discussed further, which is also related to 'yarning' from Kovach (2010). Yarning is a valid method of communication with Aboriginals because it is inherent for building trust and rapport within the cohort that augments the collection of information.

MHIRC

The MHIRC used a situational approach to suicide which included another complementary approach to suicide by Westerman (2019).

The main reason for the establishment of the MHIRC was to address Aboriginal male suicides, an issue to be addressed sensitively because members of the cohort may have experienced suicide either in their families or close friends. The professional approach of the MHIRC towards suicide is underpinned by the situational approach to suicide espoused by Ashfield (2017):

> … acknowledges the predominant association of situational distress rather than the mental illness, with suicide (though in some cases the two are linked), and is principally informed by and responds to risk factors of a broad spectrum of difficult experiences across the life span. (p. 5)

Ashfield (2017) also discussed the impact of medical language:

> … diagnosing experience as illness … human experience is the product of a complex interplay of mind, emotions, behaviour, physical sensations, and the factors of the social and physical environments. (p. 7)

Westerman (2019) has asked the question:

> What are the causes of Indigenous suicide? [for the last 20 years] … suicide risk factors are being incorrectly and consistently stated as causes of suicide [and continued to list the risk factors] … poverty is not the cause of suicide, abuse is not the cause of suicide, alcohol is not the cause of suicide, nor foetal alcohol syndrome by the way! They are all very likely risk factors, but are not the causes. (p. 1)

Westerman wrote about impulsivity as a factor in suicide:

> … reaction to conflict, an absence of self-soothing capacity comes into play, alcohol and drugs are used as an enabler and then suicide attempt/death occurs … Policies that restrict human choices contribute to established risk factors for suicide, being homelessness and helplessness – a negative attributional style about prospects for the future – leads depressed individuals to view suicide as the only way out … We are hopeful that we will be able to gain access to suicide mortality data to fully analyse this and determine causal pathways. This will change the paradigm of this area. (p. 2)

Westerman' comment about gaining access to data and changing the paradigm indicates that ascertaining the causes of suicide is an ongoing issue for Indigenous peoples.

NMHP

The NMHP has six priority areas, of which each one is mentioned with relevant comments where the area complements the NAHS definition of health and addresses the inequities in male health. I draw upon Thomson (2010) who talked about 'wounded and resilient' (p. 1). He also mentioned the impacts:

> Numerous impacts since colonisation which include devalued Indigenous culture, dispossessed and dislocated Indigenous families and communities and introduced disease. (p. 1)

Another area of importance is the promotion of Aboriginal fathers and the recognition of traditional parenting practices, as well as the development of practical health promotion materials and promotion of adolescent health.

The next area is preventative health for males that can be related back to the 'wounded and resilient' because it can be seen as a toxin that Aboriginal males have to deal with. I gave another example of the Intervention.

The building of a strong evidence base, as reinforced by Wenitong (2002) (p. iii) concerns the involvement of Aboriginal males in the health workforce that could augment the collection of evidence and data.

The final area covers the improvement of male health by addressing barriers and encouraging GPs to take up government incentives in the prevention chronic diseases.

NATSIHP 2013-2023

Two main points are made from the NATSIHP which require further research.

NATSIMHF

The 11 principles in the NATSIMHF:

1. Reconstructing male empowerment and self-determination;

2. A holistic approach to health;

3. Community care which is the inclusion of the dynamic approach 'involving the seven wellbeing principles physical, mental, emotional and social, cultural, economical, spiritual, environmental' (p. 2).

4. Shared integrated, collaborative and responsible processes are perennial issues for Indigenous affairs and the involvement of the NATSIMHL is crucial for this to happen.

5. The partnership approach relates to Principle 4 above.

6. Strategy and policy development that involves capacity building, gender-specific services and programs, epidemiological research related to evidence base above in priority are five of the NMHP.

7. Access and support for Aboriginal and Torres Strait Islander males to take 'ownership and responsibility to access to and use new and existing support programs'.

8. The health workforce, as mentioned by Wenitong (2002), who demonstrated the 'lack of Indigenous males in the health workforce' (p. iii). This point will be raised

with the cohort to ascertain if they are interested in becoming part of the health workforce.

9. An evidence base is required to support Indigenous males in using the guidelines of the National Health and Medical Research Council. It mentions that Aboriginal and Torres Strait Islander males need to conduct research into their health and to build an evidence base to be owned and controlled by them.

10. Allocation of funding for 'positive parenting' programs and a member of the National Aboriginal and Torres Strait Islander Male health Leadership Group (NATSIMHLG) to attend and help address this issue.

11. Governance to be complemented by robust processes mentioned in the NATSIHF. The involved mentioning the NATSIMHLG before including 'organisations receiving funding for health initiatives must be accountable including in relation to services provided or meant to be provided to Aboriginal and Torrs Strait Islander males' (p. 4).

Points for further consideration in the research

The following points are an amalgam of ideas and research that the researcher has raised throughout the thesis. They are for the MHIRC cohort to consider in regards to the relevance of programs.

1. After the tenets of Kanyirninpa as being 'hold and care' are explained, I believe they still exist in the MHIRC program but espoused in different words.

2. Participation of the community in MHIRC programs.

3. The cohort will be asked if any visits to other Aboriginal male health programs had been organised and whether they got to know the aims and objectives of such programs.

4. Following up community participation in the MHIRC, monitoring the program and developing a monitoring program for the MHIRC.

5. Development of further MHIRC programs.

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CHAPTER 7:
FURTHER POSTGRADUATE RESEARCH

Research aims

The research aims have largely arrived from my own thoughts and experiences when I had communicated with Aboriginal youth over the years, particularly about their sense of their health, wellbeing and resilience. From this, the main aim of the research is to add to the academy in relation to the knowledge about how youth maintain their health, wellbeing and resilience in the 21st century. As a result, it is hoped that this contribution will result in the knowledge of a best practice model for developing social media programs for enhancing Aboriginal youth's health, wellbeing and resilience. With this in mind, I have drafted two research questions to be developed:

1. What information and technology activities (e.g. surrounding social media) are related to Aboriginal men's health, wellbeing and resilience?

2. What are the influences of their immediate and extended families and friends in mediating the relations between information and technology use and wellbeing?

Ten draft questions are intended to be included in yarning sessions relative to research themes for discussing Indigenous research methodologies based on my literature review and lived experiences, as follows:

1. What social media applications do you use and why?

2. What are the things you engage with on applications?

3. Do you interact with any other people on the application?

4. Do you think some applications are better than others? Why?

5. Do social media applications make you think more carefully about being Aboriginal?

6. Do you think social media applications should be used in Aboriginal communities?

7. What effect do negative comments on social media have on you?

8. Do you think social media can limit racist comments?

9. How do you think social media could address issues raised on social media? Is there an opportunity for Aboriginal men's health to be discussed?

10. Are there opportunities for immediate and extended family members to contribute to Aboriginal men's health?

Research cohort

The research cohort will come after completing the Masters degree for further PhD research. However, an organisation mentioned in Chapter 6 and a small cohort of 12 participants will be selected.

Ethics

Any research in Aboriginal or Torres Strait Islander issues is to be addressed through the guidelines of the National Health and Medical Research Council (NHMRC, 1999) which maintains the principles of safe, respectful, responsible and high quality research with Indigenous research participants.

> Keeping research on track: A guide to Aboriginal and Torres Strait Islander peoples about health research ethics' is designed for Aboriginal and Torres Strait Islander communities when they are considering conducting or being involved with health research. (NHMRC website)

A pamphlet will be developed, describing the project and explaining to participants that they may withdraw from the project at any time. Research questions for clarification of the PhD will also be provided.

The Australian Code for Responsible Conduct of Research and the National Statement on Ethical Conduct in Human Research for research conducted by HDR students of the University of Technology, Sydney will be the guideline for the research.

The primary and co-supervisor will be involved in the application for ethics approval.

Analysis of findings

The researcher is fully cognisant of the sensitivity of recording and analysing results of a research. Participants will be involved in the complete process of collecting data as well selecting where the research material is to be stored. As previous mentioned, the research methodology will be conducted by using the Indigenous method of yarning and sessions will be conducted through semi-structure interviews. Investigation of data analysis software will be explored to identify themes emerging from the interviews, which will be written up. Participants will be asked for comments on their veracity of the interviews.

Resources

The PhD will be conducted through the Faculty of Engineering and Information Technology, University of Technology, Sydney in which the following will be structured:

1. Access to key Indigenous Australian scholars and their wider Indigenous networks;
2. Mentoring for dissemination of my work beyond the thesis (e.g. conferences and journal articles);
3. A study place (including a computer and telephone and access to photocopying and printing);
4. Research software, as required;
5. Travel costs for interviews;
6. Equipment (e.g. tape recorder);
7. Safe and secure storage for research data; and
8. Conference funding to disseminate the research result.

Research plan

The submission date of the Masters degree is 11 July 2019.

Conclusion

Prefacing this chapter is the abstract but more so my critical identity, which hopefully provides an insight into who I am and how it underpins my writing.

This chapter contains examples of the engagement with social media from Indigenous communities in Australia, Canada, Sweden and New Zealand. Relevant comments are made in relation to young Indigenous peoples of those communities. The issues of resilience and racism are addressed and how they are dealt with is included. The National Aboriginal and Torres Strait Islander Male Health Framework is also included with relevant comments for Aboriginal male health. Social determinants of health are included because they apply to Aboriginal male health. A major topic is *Holding Men – Kanyirninpa*, a male health praxis from the Kukatja people of the Kimberley Western Australia where holding men is paramount for their health and wellbeing. After they have been held, caring for other men is developed. It is explained in juxtaposition with the health praxis of a NSW Aboriginal program to ascertain if there are similarities.

Thomson (2010) mentioned that wounded and resilient comes from the Kukatja people because it relates to issues of 'culture being devalued, dispossessed, and dislocation of families and communities and introduced diseases' (p. 1). These issues are not to be seen through the deficit prism but the reality of Aboriginal men's present health and wellbeing. My Indigenous standpoint is also presented, which has developed over time and underpins my interactions with Aboriginal and Torres Strait Islander peoples and non-Indigenous colleagues as well.

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