Co-design is the key to embedding Indigenous knowledges into services

By Prof PAT DUDGEON AM, Dr RAMA AGUNG-IGUSTI and Dr EMMA CARLIN

We have always known what works to make sure our people stay happy and healthy. It is strong connections with our families and our communities. It is knowing and caring for Country, and caring for ourselves, our bodies, and mind. It is understanding our spirits and Ancestors, and our culture, and knowing where we have come from – and where we are going.

All these connections have made us strong in different ways across time and place. We have fostered these connections, in one way or another – in our families, in our communities – for millennia, to strengthen the Social and Emotional Wellbeing (SEWB) of our people.

However, the scars of colonisation run deep, and our people, our families, and our communities are still healing from the social, political, historical and cultural impacts. While Western knowledges and approaches play a role in healing from these impacts, it is only when our culture sits at the heart that positive change can happen and improve the health outcomes of our peoples.

In 2020, the Aboriginal Health Council of Western Australia's (AHCWA) SEWB Service Model Pilot was funded by the Western Australian Mental Health Commission. It saw SEWB teams established in five Aboriginal Community Controlled Health Services (ACCHS) across the State, bringing together clinical and cultural knowledge to support Aboriginal people, their families and communities across all those interrelated connections. These sites included the Derby Aboriginal Health Service, Geraldton Aboriginal Medical Service, South West Aboriginal Medical Service, Wirraka Maya Health Service Aboriginal Corporation and Bega Garnbirringu Health Service. Two other sites were added later in the project. A fundamental element of this project was the co-design process, which took place between government and AHCWA.

The AHCWA SEWB Model of Service brings together clinical and cultural expertise through interdisciplinary teams including cultural leads, SEWB workers, counsellors and clinical staff. Services are delivered through four pillars: culturally secure community development, psychosocial support, targeted interventions and supported co-ordinated care.

An evaluation led by our team at the University of Western Australia has found these Aboriginal Community Controlled SEWB services are delivering significant benefits for Aboriginal individuals, families, and communities across Western Australia, identifying strong evidence of culturally safe, holistic and community-responsive care.

Derby Aboriginal Health Service Social and Emotional Wellbeing team. *Picture: supplied.*

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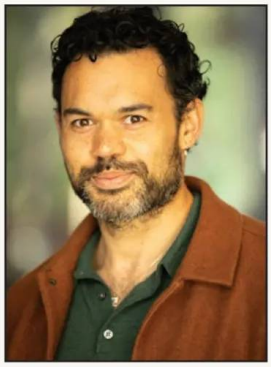

Dr Rama Agung-Igusti, Research Fellow at the University of Western Australia.

Dr Emma Carlin is an early career researcher based in Broome, Western Australia.

The evaluation documented a range of positive outcomes for clients, including strengthened wellbeing, empowerment, healing, increased motivation and stronger connections to family, culture and community. Many clients also reported feeling less alone and more supported after engaging with SEWB teams. It has been made clear that diverse SEWB teams, with strong cultural and clinical leadership, high levels of Aboriginal staff, strong lived experience and deep cultural and community knowledge are the key.

Dr. Rama Agung-Igusti, research fellow at the University of Western Australia said the findings demonstrated the importance of Aboriginal-led and culturally-embedded wellbeing services.

"Clients consistently described these services as safe, meaningful and responsive to their realities, experiences and communities," he said.

Not only did the findings demonstrate the strength of Aboriginal community-controlled approaches and the importance of investing in culturally-grounded SEWB services for the long term – but they also identified key challenges impacting service delivery. SEWB services have historically been poorly and inconsistently funded, and workforce recruitment and retention pressures continue to impact service delivery.

Through this evaluation, ten recommendations have been produced, aimed at strengthening the sustainability and integration of SEWB services, including recurrent funding, workforce development, improved systems and processes, and the development of culturally-appropriate approaches to outcome monitoring and reporting.

"This evaluation provides a strong evidence base for the effectiveness of Aboriginal-led SEWB services and reinforces the importance of continued investment in culturally-secure models of care that improve outcomes for Aboriginal people, families, and communities," said AHCWA chief executive officer Des Martin.

This project is just one example of the important work being led nationally by Aboriginal Community Controlled Health Services. Through effective co-design and embedding our understanding of health and wellbeing, supports and services can be developed to address the needs of our people.

Through approaches to shared decision making, such as the SEWB policy partnership under the National Agreement on Closing the Gap, Australian governments and Aboriginal and Torres Strait Islander leaders have a real opportunity to address the challenges facing Aboriginal and Torres Strait Islander peoples, ensuring our people flourish. To read the full findings and recommendations from the AHCWA SEWB Model of Service head to:

- AHCWA ACCHS SEWB Model of Service Pilot – Evaluation Report 2025
- Summary of Report Findings and Recommendations
- Plain Language Community Summary

This article is part of a series of *Koori Mail* columns about Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing and suicide prevention contributed by authors from the CBPATSISP, which was established in 2017 to develop and share evidence about effective suicide prevention approaches for First Nations peoples and communities.

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