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Beyond deficit: 'strengths-based approaches' in Indigenous health research

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Abstract

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Health research concerning Indigenous peoples has been strongly characterised by deficit discourse – a 'mode of thinking' that is overly focused on risk behaviours and problems. Strengths-based approaches offer a different perspective by promoting a set of values that recognises the capacities and capabilities of Indigenous peoples. In this paper, we seek to understand the conceptual basis of strengths-based approaches as currently presented in health research. We propose that three main approaches exist: 'resilience' approaches concerned with the personal skills of individuals; 'social ecological' approaches which focus on the individual, community and structural aspects of a person's environment; and 'socio-cultural' approaches which view 'strengths' as social relations, collective identities and practices. We suggest that neither 'resilience' nor 'social ecological' approaches sufficiently problematise deficit discourse because they remain largely informed by Western concepts of individualised rationality and, as a result, rest on logics that support notions of absence and deficit. In contrast, socio-cultural approaches tend to view 'strengths' not as qualities possessed by individuals, but as the structure and character of social relations, collective practices and identities. As such, they are better able to capture Indigenous ways of knowing and being and provide a stronger basis on which to build meaningful interventions.

Keywords: Indigenous, Aboriginal, strengths-based, resilience, social ecological

Introduction

Narratives of deficit underpin much research on the health of Indigenous peoples. This 'mode of thinking' is overly concerned with 'risk behaviours', usually positioning Indigenous peoples' health as a problem to be solved (Fforde et al., 2013; Fogarty et al., 2018). This deficit thinking operates in powerful ways to promote pathologising views of Indigenous peoples as being prone to ill-health and in need of intervention. These deficit approaches are often deeply racialised, being produced through ongoing settler-colonial relations that position Whiteness as the norm, and which privilege Western forms of knowledge and ways of living as superior to Indigenous ways of knowing and being (Bainbridge et al., 2013; Moreton-Robinson, 2009, 2013; Todd, 2016). Within such a system, Western biomedicine is understood to provide the 'truest' representations of health through its authoritative position to describe, diagnose and fix health 'problems'. As a result, biomedicine not only holds the power to narrate the 'truth' of Indigenous ill-health and deficit, but also serves to hide

Indigenous ways of knowing and Indigenous concepts of health and wellness (Kana'iuapuni, 2005; Ahenakew, 2016; Battiste, 2000).

Strengths-based approaches are increasingly recognised as a way to intervene in the powerful operations of deficit discourse (Fogarty et al., 2018; Brough et al., 2004; Askew et al., 2020). They promote a set of values and practices that foregrounds Indigenous self-determination and celebrates and attends to the resources and capacities of Indigenous people, seeking to support and build on these resources to minimise problems (Brough et al., 2004). Critically, strengths-based approaches have important political objectives. By focusing on the 'good stories', they reframe the expectations and opportunities presented in institutional policies, programmes and interventions, and can disrupt internalised assumptions about deficit, rendering visible the capability, humanity and diversity of Indigenous peoples (Bond, 2019; Kana'iuapuni, 2005).

In this paper, we review the use of the term 'strengths-based approaches' as it appears in the literature concerning Indigenous peoples' health. Our interest in better understanding strengths-based approaches comes from our own research with Aboriginal young people in Australia which we are mapping the strengths and resources they draw upon to build sexual health and well-being. In developing this project, important questions have arisen including: what is meant by the term 'strengths', and how are strengths 'made' or 'developed' in the lifeworlds of young people? These questions are not readily answered in the available literature, signalling the "slippery intellectual understandings" that underpins this approach (Fogarty et al., 2018, p. 5). As others have noted, vigilance is needed to avoid replacing familiar negative stereotypes with a new set of positive ones (Askew et al., 2020; Fogarty et al., 2018; Brough et al., 2004) (for example those seen in romanticised notions of Indigenous people as noble and prophetic (Welch 2002). These positive stereotypes can form part of the same problematic thinking that governs and restricts Indigenous peoples' lives (Fogarty et al., 2018; Askew et al., 2020). Because of this, any focus on 'strengths' must avoid the tendency to ignore the structural causes of Indigenous health inequity with their roots in imperialism, colonialism, racism and related practices (Brough et al., 2004; Fogarty et al., 2018; Pyett et al., 2008). Thus, careful thinking about the conceptual basis of 'strengths-based approaches' is needed to ensure that such approaches fit with Indigenous concepts of health and wellness and Indigenous ways of being, and that their claims to justice and equality are met (Brough et al., 2004).

This paper seeks to address two central questions: 1) What are the conceptual underpinnings of 'strengths-based approaches' as presented in the existing research literature concerning the health of Indigenous peoples? That is, what do different authors *mean* when they refer to 'strengths'? And 2) How and to what extent do these conceptual approaches incorporate Indigenous knowledges and experiences, and in this way meet their intended political goals?

Our approach to the literature

Our aim in this review is to describe and analyse the concepts and assumptions that underpin 'strengths-based approaches' in Indigenous health research. The review approach was methodical, as described below, and was informed by critical approaches to reviewing concepts or fields of research. Our approach was informed by our position as scholars from various disciplines – sociology, public health, critical Indigenous studies, sexual health epidemiology, nursing and psychology – and as a group of Indigenous and non-Indigenous people. We were guided by our interest in knowledge systems and how particular ways of knowing become perpetuated, validated and dominant in research frameworks.

By way of methods, we reviewed papers published between January 1995 and June 2020. January 1995 was chosen as a starting point because this was the time when terms like 'strengths-based' began to appear in the health literature, as others have noted (Askew et al., 2020). The databases searched included Scopus, Web of Science, APAIS-Health and APAIS-ATSI, MEDLINE and ProQuest as these index the widest range of health articles, including those focused on the social aspects of health. Search terms included 'strengths-based', 'resilience', 'social determinants', 'socio-ecological factors', 'protective factors', 'capital', 'capabilities', 'culture as treatment', 'assets', 'Indigenous', 'Aboriginal', 'First Nation' or 'Native American'.

Abstracts and scanned full-texts were reviewed to gain a sense of how the term 'strengths' was used and applied. We found that the meaning of 'strengths' and 'strengths-based approaches' was often not defined or taken for granted, a feature that has been noted by others (Askew et al., 2020; Fogarty et al., 2018). For example, the terms 'strengths' is frequently used in concluding remarks of research papers, where 'strengths-based approaches' are identified as a solution to the disproportionate ill-health that the research has identified, but are given no further conceptual attention. The terms are also commonly used to describe methodological approaches, being articulated in relation to participatory research, qualitative storytelling and yarning methods.

We shortlisted 96 papers in which the authors provided some explanation about their understanding of 'strengths'. Some authors provided explicit definitions which were easy to include in the review, for example by defining strengths as 'social bonds' (Brough et al., 2007) or by advancing specific theories of resilience (Mooney-Somers et al., 2011). For other papers, a close reading was required to identify the assumptions made by authors about their use of the term 'strengths'. This was the case in most public health-oriented papers which referred to strengths as 'factors' that supported health and wellbeing. The 96 shortlisted papers mostly comprised peer-reviewed empirical research; however, a small number of review papers were also included. 66% of the papers (n=75) were based on data collected in Australia, 22% originated from Canada and the remaining came from the USA or Sweden, or from a mixture of countries, revealing that the concepts of 'strengths' are more frequently mobilised in the Australian context.

A database was constructed to manage and record information from each paper. This included bibliographic information, main aims, target population, country of origin, a general summary for each paper, and specific information about how 'strengths' and 'strengths-based approach' was described and applied, as detailed above. This database forms the basis of the critical analysis that follows.

Authors tended to use three main conceptual approaches. The first approach draws on concepts of *resilience* in which authors focus on the personal and cognitive skills of individuals and how these are mediated through a person's immediate context. A second *social ecological approach* makes reference to the person's environment and the familial, community and structural aspects of that environment. These papers tended to use the terms 'social determinants', 'socio-ecological factors', 'risk factors' or 'protective factors' when describing strengths. Finally, *socio-cultural approaches* view strengths as the social relations, collective identities and practices shared by peoples and communities and tended to refer to concepts like 'capital', 'capabilities', 'identities' and 'social ties'.

Our categorisation into three seemingly definitive categories provides a deliberately simplified representation of a complex set of concepts. In doing this, we do not wish to hide the way that these concepts have been modified, extended and married up in other literatures. Instead, we offer a schematic representation to help clarify similarities and differences in the conceptual underpinnings of each approach in relation to health research pertaining to Indigenous peoples. This provides a

way to identify patterns and assumptions in research frameworks, and areas where more precision is needed.

'Resilience' approaches: Strengths through 'resilient' thinking

'Resilience' is a concept that appears frequently in the literature on strengths-based approaches. Using this notion, strengths are generally understood in terms of individual attributes such as skills, attitudes and cognition that can be drawn upon in order to manage the stress of the immediate environment and which can be learned if the correct opportunities or interventions are made available. Conceptualisations of resilience tend to reflect an individualistic orientation, focusing on an individual's presumed characteristics that foster inclinations, attitudes or behaviours viewed as supporting resilience. These attributes include coping and problem-solving skills (McKay et al., 2013; Fuentes et al., 2020), respectful attitudes towards oneself and others (Kilcullen et al., 2018), the skills to 'speak up' and advocate for self and others (Rees et al., 2004), and having a 'coherent sense of self' (Wexler, 2009).

The literature we reviewed drew on a range of resilience models. One example of a conventional approach was used in a study in Central Australia aimed at developing community capacity to "take greater charge of issues affecting their health and wellbeing" (Tsey et al., 2007, p. s34). Group learning activities (including Indigenous survival experiences) were developed to build personal skills for dealing with everyday challenges, such as housing shortages, family violence and substance use. Participants reported improvements in skills to negotiate with family members, feelings of self-worth, and a growing 'belief in the mutability of the social environment' (Tsey et al., 2007, p. s34) whereby they believed they were more able to address the challenges of living with overcrowding, violence and substance use.

Other research has offered less conventional perspectives on resilience, seeking to describe how resilience is shaped by the wider context of peoples' lives (Bamblett & Lewis, 2006; Nagel et al., 2012; Miller et al., 2020; Young et al., 2019). For example, research on sexual health with Aboriginal young people in Queensland Australia document how young people gained "competencies" in the form of knowledge about where to get health care and condoms, and skills such as advocating for peers to get tested and use condoms (Mooney-Somers et al., 2011). They also describe how such competencies were developed through personal relationships (for example, through trusting relationships with peers and Indigenous healthcare providers) (Mooney-Somers et al., 2009)

demonstrating how resilience skills derive from the specific contexts and experiences of Indigenous young people's lives.

What draws the literature on resilience together is its core focus on personal skills and attitudes. While some of the less conventional resilience approaches offer a view of these skills as culturally and contextually specific, and thereby offer an important advance over more conventional approaches, they nevertheless maintain a core focus on individual competencies. This focus on the individual is attractive to mainstream health expertise because it offers a way to operationalise strengths-based approaches that appeals to individualistic Western forms of knowing, being and doing. Within this framing, it is assumed that interventions can be developed that target individuals to increase their resilient skills, and thereby improve their capacity to manage adversity and ill-health, often without adequate attention to structural influences. Moreover, resilience is seen to be subjectively determined and experienced, suggesting that it is an approach that can be made culturally appropriate to the specific set of attitudes, skills and experiences of Indigenous peoples.

However, by centring Western individualized ways of knowing and being, resilience approaches have a much reduced capacity to account for the relational ways of knowing and being that feature in many Indigenous communities where collectivity is valued through connection to ancestry, family, community and land (Van Uchelen et al., 1997; Kana'iuapuni, 2005; Battiste, 2000; Moreton-Robinson, 2013; Greenwood et al., 2018; Gerlach et al., 2017). Furthermore, the focus on the individual means that ongoing socioeconomic-political conditions that unmistakably shape (and harm) Indigenous peoples' lives, are given insufficient attention or, worse, seen to be something that can be fixed by Indigenous people themselves so long as they possess the correct 'resilience skills' to do so (for example, see Tsey et al., 2007). This logic feeds directly into a racialised deficit discourse that promotes views of Indigenous peoples as lacking the self-discipline to take advantage of the 'solutions' offered them (Brough et al., 2004; Moreton-Robinson, 2013). This is a gap that social ecological approaches have deliberately attempted to fill.

Social ecological approaches: Strength through supportive environments

Social ecological approaches understand 'strengths' to arise from the conditions in which people live. Such an understanding is commonly found in public health sciences with their interest in understanding how health inequities are produced by a person's environment. While social ecological approaches do not focus exclusively on 'strengths', they attempt to delineate 'proximal'

and 'distal' factors that act upon health: differentiating between individual level factors such as attitudes, beliefs and personal experiences; interpersonal factors such as relationships with friends, family and communities; and organisational factors such as in the way social structures, public institutions, and policies impact individuals.

We categorised papers as falling within this category if they described their research as taking a 'social determinants' or 'socio-ecological' approach (Priest, Mackean, Davis, Briggs et al., 2012; Priest, Mackean, Davis, Waters, et al., 2012; Miller et al., 2020; Bell et al., 2020), were 'assets-based' (Blodgett et al., 2013) or sought to look at a combination of 'risk', 'protective' or 'salutogenic' factors (Barker et al., 2017; Bulman & Hayes, 2011; Nagel et al., 2012; Westrupp et al., 2019). By seeking to understand how health is created through the features of the individual, interpersonal and structural settings in which people live, social ecological approaches provide the opportunity to focus on a broader range of influences (including positive or protective factors) on Indigenous people's wellbeing and health (Fogarty et al., 2018). By so doing, they offer an understanding that is more attuned to Indigenous ways of being, doing and knowing than resilience approaches.

In the social ecological studies we reviewed, protective factors could be loosely grouped into cultural factors (such as using traditional language, engaging in traditional practices, and connecting with land) and those concerned with the quality and extent of family, community and other relationships. Protective cultural factors have garnered particular attention in the literature, especially in North American research which focusses heavily on what is described as 'culture as treatment' approaches.

'Culture as treatment' approaches

The key principle underpinning this body of research literature is that participation in traditional cultural activities strengthens cultural identity and belonging, thereby acting to prevent risky health behaviour and to promote wellbeing and health (Gone, 2013; Nagel et al., 2012; Priest, Mackean, Davis, Briggs et al., 2012; Priest, Mackean, Davis, Waters, et al., 2012; Macedo et al., 2019; Newell et al., 2020). There is growing evidence to support the utility of this approach. For example, in a survey of First Nations people in Edmonton, Canada, Currie et al. (2013) found that "enculturation" or the degree to which a person identified with their "heritage culture" was significantly associated with lower levels of problematic substance use in the previous year. Kulis et al. (2002) report similar findings in a study of Native American high school students from the south-western USA among whom a sense of "ethnic pride" was associated with anti-drug beliefs.

Culturally-based interventions like these have often been integrated into treatment programs designed to address problematic substance use. Standard treatment programmes, for example, may be supplemented by cultural activities such as sweat lodges, traditional dance, access to Elders, land-based activities and visiting culturally significant sites (Berry et al., 2012). Cultural engagement approaches have also been utilised in other contexts. For example, sexual health promotion programmes have integrated traditional cultural activities to help young people build sexual health knowledge and skills (Monchalin et al., 2016); or primary health care initiatives where connecting with Elders has been shown to improve mental health outcomes (Hadjipavlou et al., 2018; Tu et al., 2019). Other examples include chronic illness management programmes, where outdoor activities have been used to rebuild connections to land and Country and thereby support better health and well-being (Parmenter et al., 2017); and youth suicide prevention programmes where cultural activities seek to address the loss of community cohesion from which youth suicide may derive (Barker et al., 2017). This kind of 'culture as treatment' research is powerful in its capacity to demonstrate how contexts matter, especially contexts that support and sustain Indigenous identity and pride, and demonstrates the very positive impact that cultural approaches can have on Indigenous well-being. However, 'culture as treatment' approaches are not without their criticism. By treating culture as the primary lens through which to address health issues, they can downplay the way that health is structurally determined (by poverty and racism, for example). They are also criticised for the way in which they operationalise 'culture' as an 'add-on' and not as the means by which people understand and engage with the social world, a point we will return to later.

Families and relationships

Family, kinship and other relationships are identified in the social ecological literature as protective and are frequently viewed as a key strength of Indigenous communities (Nagel et al., 2012; Priest, Mackean, Davis, Briggs, et al., 2012; Priest, Mackean, Davis, Waters, et al., 2012; Whitesell et al., 2012), with supportive family relationships having been shown to relate to fewer emotional and behavioural problems among Australian Aboriginal children (as well as non-Aboriginal children) (Young et al., 2019), to be protective against substance use for American Indian youth (Kulis et al., 2002; Kulis et al., 2013; Whitesell et al., 2012) and to be supportive of sexual health among Inuit young people (Healey, 2014) and Aboriginal Australian young people (Bell, Aggleton, et al., 2020; Bell, Ward, et al., 2020). In the Australian context, research shows how families can act as protective influences by preparing children for experiences of racism by giving them tools to manage and

respond to it (Priest, Mackean, David, Waters, et al., 2012). Other forms of relationship, such as friendship groups, have also been identified as protective. Priest, Mackean, David, Waters et al. (2012) describe how Aboriginal Australian parents encouraged their children to build friendships with non-Aboriginal children in order to strengthen their skills in 'living across two worlds'. Similarly, Bell, Ward et al. (2020) identify how friendship groups among Aboriginal young women in Central Australia advised each other to avoid sexual partners that were believed to pose health risks. Positive relationships with health professionals have also been identified as protective since they can create service environments in which people feel valued and cared for (Mooney-Somers et al., 2009; Bell, Aggleton, et al., 2020) and health services can offer a place in which to build a sense of community and pride (Priest, Mackean, David, Briggs, et al., 2012).

Summary

Overall, and through their focus on culture and relationships, social ecological approaches such as those described go beyond the focus on attitudes and skills characteristic of resilience models by identifying how environments matter in the development of wellbeing. In these models, 'strengths' are seen to derive from the interpersonal and structural aspects of a person's environment, including their participation in traditional activities, and their strong family and community bonds. Through their focus on environment, social ecological approaches help to shift responsibility for health away from individuals and onto broader political and economic systems (Rountree & Smith, 2016) within the home, community and state. By stressing the synergy between different environmental influences, they also offer an organisational schema from which to connect to protective factors, and understand their influence on health and wellbeing (Morgan & Ziglio, 2007). For example, Priest, Mackean, Davis, Briggs et al. (2012) use a social ecological model to locate Australian Aboriginal children's wellbeing (having a strong spirit and good physical health and development) as related to a strong environment (access to services, safety, material needs met) and a strong culture (connected to Country and culture, respect for Elders, feeling proud and strong). In doing so, they avoid the limitations of resilience-based approaches by lifting wellbeing beyond the cognitive and skills-based realm to locate it much more securely in strong relationships, as they are built within social settings that are culturally safe and where material needs are met.

Yet, the contribution of social ecological approaches has been limited by the way in which they have been interpreted and operationalised in the public health sciences and health promotion, disciplines that draw heavily on positivist Western biomedical understandings of health and its determinants

(Quennerstedt & Ohman, 2014). While the strengths or assets available within specific environments are given more attention in comparison to resilience approaches, in many of the social ecological analyses that we reviewed the focus ultimately remains on the self-managing individual and their capacity to take up the assets available within their environment. Some 'culture as treatment' approaches provide an example of this, whereby cultural activities are provided as an option to the 'main' treatments which remain securely rooted in an individualised Western biomedical paradigm. 'Culture' is thereby treated as a 'leisure activity' (Iwasaki & Bartlett, 2006) that individuals can choose to learn as part of their treatment, but not as a system of knowledge or way of being in the world (Askew et al., 2020; Nakata 2002; Bond & Brough, 2007; Brady, 1995).

Moreover, there is a tendency in many social ecological approaches to position 'health' as the ultimate goal of interventions, to the exclusion of other valuable objectives such as participation, inclusion and social justice, which can be equally or more highly valued in Indigenous communities. This plays out as yet another form of racialised governance in which Indigenous peoples are expected to pursue forms of 'health' in line with mainstream understandings (Brough et al., 2004; Quennerstedt & Ohman, 2014), setting up a system in which they are seen to have failed when they do not sufficiently meet Western standards of health and self-management (Dwyer et al., 2016; Dwyer et al., 2011). In this way, social ecological models can feed into the same discourse of Indigenous deficit as do resilience models.

Finally, most of the social ecological approaches to 'strengths' that we reviewed provide an unsatisfactory explanation of how strengths and assets are 'made' in specific settings, or how they work on and through social actors in ways that promote wellbeing. Instead, the papers tend to take the form of mapping exercises that list and categorise 'factors', seeking to establish relationships and causation using positivist methods of statistical analysis, rather than by using theories of human practice or sociality. In doing so, such approaches leave unanswered important questions about how the process of 'causation' operates, but such explanation and precision is necessary for shaping effective programmes and interventions (Schofield, 2015). In this way, social ecological approaches provide a weaker than expected conceptual foundation on which to address Indigenous health inequalities.

Some of the recent social ecological analyses offered more promise with respect to conceptual clarity. Bell, Ward et al. (2020), in their analysis of sexual health risk reduction in two remote Australian communities, deliberately focus on the 'strategies' (actions or practices) that Aboriginal

young people undertook to maintain their sexual health (such as carrying condoms, having fewer sexual partners), including strategies that were supported through trusting relationships (such as when Aboriginal health workers set up a safe environment for young men to seek medical help). By focussing on *practices*, rather than the less precise conceptual device of 'protective factors', the Bell, Ward et al. (2020) analysis gives insight into how sexual health-promoting practices come about or are 'made', such as through relationships with peers and health care providers. This level of precision is better able to show the social mechanisms through which 'strengths' work and thereby offers stronger insight into how and where programmes should be targeted. As we argue next, socio-cultural analyses of strengths also offer this level of precision.

Socio-cultural approaches: Building on collective strengths

Lastly, we review literature that conceptualises strengths-based approaches as the relationships, identities and practices that are possessed by groups and communities. This literature variously draws on concepts of 'capabilities' (Yap & Yu, 2016), 'capital' (Brough et al., 2007; Bond & Brough, 2007; Temple et al., 2019a, 2019b), network ties (Brough et al., 2004), shared identities and knowledges (Kana'iapuni, 2005; Van Uchelen et al., 1997) and place (Brough et al., 2004; Yap & Yu, 2016) to articulate 'strengths' in terms of shared social relations (such as kinship and community ties), collective practices (including cultural practices) and shared identities (as connected to ancestry, family and land), rather than in terms of the qualities of individuals or environments. By so doing, this literature more fully engages with Indigenous ways of knowing and being and offers a better insight into the social mechanisms through which strengths materialise and act upon health.

Family and community relationships: the specific arrangement of network ties

As with some of the other literature reviewed, the literature we describe as 'socio-cultural' identifies Aboriginal family and community bonds as a key strength. Extended family and neighbourhood networks in both rural and urban settings are seen as crucial for providing material support, care and belonging in times of need (Brough et al., 2004; Van Uchelen et al., 1997; Yap & Yu, 2016; Peters & Andersen, 2013), can support the dissemination of relevant and trustworthy health messages (Hefler et al., 2019) and can assist in reducing risky health behaviours (Levesque & Quenel-Vallee, 2019). In Brough et al's. (2004) study with three Aboriginal communities in Brisbane, Australia, family and community ties were seen by these communities to be their main strengths. Participants attributed these ties to the socio-economic conditions in which they lived - close to other Indigenous people

who shared their perspectives on the value of family and community (Brough et al., 2004, p. 218). In research in Canada, feeling "connected" to an Elder as part of the care provided at a primary health care clinic became a bridge to other relationships or communities, providing a "sense of belonging" that mitigated painful experiences of isolation or loneliness (Hadjipavlou et al., 2018). Participants described Elders as surrogates for family, helping mitigate a sense of disconnectedness from communities of origin. Tedmanson and Guerin (2011), in their research on economic development in remote Australian Indigenous communities, similarly describe how the ties created by 'social capital' operate as a strength in such settings: the quality of family and neighbourhood connections being strengthened by community participation in markets and cultural tourism. These economic activities bond family networks, enhance trust and increase self-reliance; with bridging effects to key people and institutions external to the community, in support of mental health and well-being. In each of these studies, 'strengths' were built through *specific arrangements* of family and community ties, a conceptualisation that is rather different to that of social ecological models where the value of social relationships is understood more in terms of presence or absence rather than the quality and nature of relationships.

Collective 'worldviews'

The socio-cultural literature documents the importance Indigenous peoples attach to collective worldviews and identities, with both being strongly premised on concepts of relationality (Martin & Mirraboopa, 2003). Kana'ianpuni (2005) describes an Indigenous Hawaiian 'worldview' which privileges connection to genealogy and land, values reciprocity and inclusion, and in which Elders guide families and community and are seen as the keepers of traditional knowledges. Such a worldview shares features with those of other Indigenous peoples where subjectivity is characterized by an equal and mutual relationship to the land (Fredericks, 2013; Kulis et al., 2013; Moreton-Robinson, 2013; Hatala et al., 2019; Dew et al., 2019), underpinned by kinship structures that affirm place in family and community (Rountree & Smith 2016; Van Uchelen et al., 1997; Yap & Yu, 2016), and in which collective good is valued over individual well-being. In this literature, 'cultural identity' is seen to be relational – to land, ancestry, kinship and community – in a way that is not captured by the 'culture as treatment' models described earlier. Rather than being understood as an 'activity' or 'learning approach', culture provides the means by which people understand and engage with the social and material worlds of which they are a part.

Material resources: The importance of place

The socio-cultural literature includes numerous analyses of the role of material resources in supporting and sustaining the strengths of Indigenous peoples. This includes having access to physical spaces that bring financial sustainability (such as land rights) (Yap & Yu, 2016) and serve to increase social cohesion (Brough et al., 2004; Fredericks, 2013; Yap & Yu, 2016). Brough et al. (2004) in their research with Aboriginal communities in Brisbane, Australia, document how establishing a shared identity of 'being Aboriginal' is facilitated by access to Aboriginal community-controlled organisations that run events which support people in the community to meet together, building solidarity and pride (p. 219). Yap and Yu (2016) use a 'capabilities' approach (see Sen, 1997) in their research with the Yawuru people in Broome, Western Australia to describe how spending time On Country is a key resource for advancing personal and social wellbeing, and was facilitated through land and hunting rights permitting access to the land and ocean. Participating in fishing, for example, serves to affirm one's place in the family and community by sharing one's catch and spending time with family and friends (Yap & Yu, 2016, p. 325). Here, access to specific physical space, be it land, river or sea, or that provided by community organisations, facilitates the building of other valued resources for well-being, such as strong family and community relations. Within this framing, the conceptualisation of 'environment' is more diffuse and takes on a more socially and culturally productive role than that described by social ecological models since it allows for the making of specific kinds of relationships and relationalities, such as 'being Aboriginal' and affirming one's place in the family and in the wider community.

Summary

What distinguishes the socio-cultural approach from the other two approaches described, is the focus on social relations (the specific arrangement and quality of family and community ties, for example), collective practices (social exchanges structured by the arrangement of social relations) and collective identities (as connected to ancestors, family and land, and the prioritization of communal over individual good) of Indigenous peoples. This differs radically from the focus of resilience and social ecological approaches which instead tend to privilege the qualities of individuals and their environments, rather than the structure and quality of the relations between these. Understanding relations and identities as strengths or resources presents opportunities that are not available by the narrowness of resilience or social ecological approaches. In particular, socio-cultural approaches offer insight into the *social mechanisms* through which strengths and resources are 'made', and thereby offer a way to understand how these can be supported though programmes

and other forms of social action. For example, concepts of capital permit an understanding of how having access to shared experience in a shared space supports the production of identities and pride in 'being Aboriginal' (Brough et al., 2004): that is, access to one resource is instrumental to producing other kinds of resources or 'strengths'. Similarly, as Yap and Yu (2016) show, access to education, both Western and 'cultural', secures meaningful work and steady income but is also instrumental in achieving self and family sufficiency and capability for living across 'two worlds' (see also Priest, Mackean, David, Waters, et al., 2012).

The most compelling socio-cultural literature on strengths rests on concepts derived from Indigenous knowledge systems (Nakata et al., 2012) and Indigenous sites of activism and resistance (Bond 2019), and engages in what Nakata et al. (2012) call 'decolonial-knowledge building'. Nakata et al. (2012) identify this knowledge-building process as a central task of decolonisation and call for scholars to recognise and draw on concepts and meanings from Indigenous knowledges and Indigenous experiences of the colonial (p. 124). One of the best examples of this can be seen again in the Yap and Yu (2016) study in Broome, Western Australia, where a 'capabilities' approach was used to document the worldviews of the Yawuru people, enabling a mapping of what they saw as their strengths in daily living. Concerned with the 'ability of human beings to lead the lives they have reason to value' (Sen, 1997, p. 1959) the 'capabilities' approach takes, *as its starting point*, the specificities of the social relations, collective practices and identities that make up the lifeworlds of the people concerned. In using this approach, Yap and Yu (2016) describe Yawuru 'strengths' as land and fishing rights, and strong family and community relations; and they are able to show how each of these 'strengths' are inter-related and part of 'making' each other. In this way, they provide a more conceptually clear basis for practical interventions that are based in Yawuru ways of knowing and being.

Conclusion

Throughout this paper we have examined the conceptual basis of strengths-based approaches as they are currently discussed in health research pertaining to Indigenous peoples. We have done so by unpacking what authors mean when they refer to 'strengths' and by seeking to better understand how these strengths are seen to act on people and communities to support their wellbeing. As acknowledged earlier, these three categories offer a deliberately simplified representation of a complex literature landscape. To that end, we have not captured how some authors extend and align concepts across the three categories. For example, Mooney-Somers et al. (2011) drew on a

concept of resilience that was seen to emerge from the contexts or environments of Indigenous people's lives and sought to understand how 'competencies' or practices emerge. In doing so they extend the concept of individualised resilience to include a socio-cultural focus on practice and place. Resilience research from other research areas, such as youth studies, have been similarly extended with, for example, post-structural accounts of resilience (for example, Ungar, 2004, 2012; Theron & Liebenberg, 2015) which see resilience to operate discursively in organising young people's actions and thoughts.

While not definitive, nor always mutually exclusive, our categories nonetheless help to identify the patterns and assumptions that underpin the most common approaches to understanding 'strengths'. The critical appraisal provides useful insights which can help to increase conceptual clarity in health research pertaining to Indigenous peoples, so that the social justice imperatives of 'strengths-based approaches' can be enhanced and prioritised. There is agreement in some elements of the literature examined that the best strengths-based approaches are those that have their foundations in Indigenous ways of knowing, being and doing (Bond, 2009; Brough et al., 2004; Moreton-Robinson, 2013; Todd, 2016; Nakata, 2002) as these can reveal the specificities of the social relations, collective practices and identities that comprise the lifeworlds of Indigenous peoples. We have argued that many resilience and social ecological approaches are less successful at achieving this, because they rest on systems of knowing and being that are more distant from Indigenous people's everyday lived experience. They tend to uphold values of self-management and individual rationality and, because of this, rest on logics that feed into discourses of deficit whereby Indigenous people are seen to lack the necessary resilience skills, or are in need of more supportive environments.

Socio-cultural approaches built on Indigenous ways of knowing and being offer a more productive way forward when it comes to further developing practical 'strengths-based approaches'. They do this because they tend to view strengths not as the possessions of individuals, but as the structure and quality of the social relationships, collective practices and identities that are present in Indigenous communities. Only a more precise conceptual mapping of these by Indigenous researchers in close partnership with Indigenous communities can permit the kind of 'decolonial knowledge building' that Nakata et al. (2012) say is needed in order to develop programmes and interventions that are relevant to and valued by Indigenous peoples.

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Note:

In this paper we use the term 'Indigenous' to describe the various Aboriginal, First Nations and First Peoples that are central to the health research we review. This approach follows Neizen (2003) who identifies 'Indigenous' as a term that recognises shared histories of colonisation, and the loss of land, culture and autonomy related to destructive assimilation policies.

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References

Askew, D., Brady, K., Mukandi, B., Singh, D., Sinha, S., Brough, M., & Bond, C.J. (2020). Closing the gap between rhetoric and practice in strengths-based approaches to Indigenous public health: a qualitative study. *ANZJPH*, 44(2), 102-105. Available from: https://doi.org/10.1111/1753-6405.12953

Ahenakew, C. (2016). Grafting Indigenous ways of knowing onto non-Indigenous ways of being: the (underestimated) challenges of a decolonial imagination. *International Review of Qualitative Research*, 9(3), 323-340. Available from: https://doi.org/10.1525%2Firqr.2016.9.3.323

Bainbridge, R., Whiteside, M., & McCalman, J. (2013). Being, knowing, and doing: a phronetic approach to constructing grounded theory with Aboriginal Australian partners. *Qualitative Health Research, 23*(2), 275-288. Available from: https://doi.org/10.1177%2F1049732312467853

Bamblett, M., & Lewis, P. (2006). Embedding culture for a positive future for Koori kids. *Developing Practice: The Child, Youth and Family Work Journal, 11*(17), 58-66. Available from:

Barker, B., Goodman, A., & DeBeck, K. (2017). Reclaiming Indigenous identities: culture as strength against suicide among Indigenous youth in Canada. *Canadian Journal of Public Health, 108*(2), e208-e210. Available from: https://doi.org/10.17269/cjph.108.5754

Battiste, M. (Ed.) (2000). Reclaiming Indigenous voice and vision. Vancouver, BC: University of British Columbia Press.

Bell, S., Aggleton, P., Ward, J., Murray, W., Silver, B., Lockyer, A., Ferguson, T., Fairley, C., Whiley, D., Ryder, N., Donovan, B., Guy, R. & Kaldor J (2020). Young Aboriginal people's engagement with STI testing in the Northern Territory, Australia. *BMC Public Health, 20*, 459. Available from: https://dx.doi.org/10.1186%2Fs12889-020-08565-0

Bell, S., Ward, J., Aggleton, P., Murray, W., Silver, B., Lockyer, A., Ferguson, T., Fairley, C., Whiley, D., Ryder, N., Donovan, B., Guy, R., Kaldor, J. & Maher, L. (2020). Young Aboriginal people's sexual health risk reduction strategies: a qualitative study in remote Australia. *Sexual Health, 17*(4), 303-310. Available from: https://doi.org/10.1071/SH19204

Berry, S., Crow, T. P., Deane, F. P., Billingham, M., & Bhagerutty, Y. (2012). Growth and empowerment for Indigenous Australians in substance abuse treatment. *International Journal of Mental Health and Addiction, 10*(6), 970-983. Available from: https://doi.org/10.1007/s11469-012-9393-2

Blodgett, A. T., Coholic, D. A., Schinke, R. J., McGannon, K. R., Peltier, D., & Pheasant, C. (2013). Moving beyond words: Exploring the use of an arts-based method in Aboriginal community sport research. *Qualitative Research in Sport, Exercise and Health, 5*(3), 312-331. Available from: https://doi.org/10.1080/2159676X.2013.796490

Bond, C. (2019). The Inala Manifesto: a call to arms for Indigenous health researchers. Lowitja Indigenous Health and Wellbeing Conference, 2019.

Bond, C., & Brough, M. (2007). The meaning of culture within public health practice: Implications for the study of Aboriginal and Torres Strait Islander health. In: Baum, F., Bentley, M. & Anderson, I. (Eds.). *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health.* Carlton, Australia: Cooperative Research Centre for Aboriginal Health, pp. 229-238.

Brady, M. (1995). Culture in treatment, culture as treatment: a critical appraisal of developments in addictions programs for Indigenous North Americans and Australians. *Social Science & Medicine, 41*(11), 1487-1498. Available from: https://doi.org/10.1016/0277-9536(95)00055-c

Brough, M., Bond, C., & Hunt, J. (2004). Strong in the city: towards a strength-based approach in Indigenous health promotion. *Health Promotion Journal of Australia, 15*(3), 215-220. Available from: https://doi.org/10.1071/HE04215

Brough, M., Henderson, G., Foster, R., & Douglas, H. (2007). Social capital and Aboriginal and Torres Strait Islander health – problems and possibilities. In: Baum, F., Bentley, M. & Anderson, I. (Eds.). *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health.* Carlton, Australia: Cooperative Research Centre for Aboriginal Health, pp. 191-207.

Bulman, J., & Hayes, R. (2011). Mibbinbah and spirit healing: fostering safe, friendly spaces for Indigenous males in Australia. *International Journal of Men's Health, 10*(1), 6-25. Available from:

Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., & Veugelers, P. (2013). Illicit and prescription drug problems among urban Aboriginal adults in Canada: the role of traditional culture in protection and resilience. *Social Science & Medicine, 88*(1), 1-9. Available from: https://doi.org/10.1016/j.socscimed.2013.03.032

Dew, A., Barton , R., Gilroy J., Ryall, L., Lincoln, M., Jensen, H., Flood, V., Taylor, K. & McCrae, K. (2019). Importance of land, family and culture for a good life: remote Aboriginal people with disability and carers. *Australian Journal of Social Issues, 55*(4), 418-438. Available from: https://doi.org/10.1002/ajs4.96

Dwyer, J. M., Lavoie, J., O'Donnell, K., Marlina, U. & Sullivan, P. (2011). Contracting for Indigenous health care: towards mutual accountability. *Australian Journal of Public Administration, 70*(1), 34-46. Available from:

Dwyer, J., O'Donnell, K., Willis, E. & Kelly, J. (2016). Equitable care for Indigenous people: every health service can do it. *Asia Pacific Journal of Health Management, 11*(3), 11-17. Available from: https://doi.org/10.24083/apjhm.v11i3.143

Fforde, C., Bamblett, L., Lovett, R., Gorringe, S. & Fogarty, B. (2013). Discourse, deficit and identity: Aboriginality, the race paradigm and the language of representation in contemporary Australia. *Media International Australia, Incorporating Culture & Policy, 149*(1), 162-173. Available from: https://doi.org/10.1177%2F1329878X1314900117

Fogarty, W., Lovell, M., Lagenberg, J. & Heron, M. J. (2018). *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing.* Canberra, Australia: The Lowitja Institute.

Fredericks, B. (2013). 'We don't leave our identities at the city limits': Aboriginal and Torres Strait Islander people living in urban localities. *Australian Aboriginal Studies, 1*(1), 4-16.

Fuentes, L., Asselin, H., Bélisle, A.C. & Labra, O. (2020). Impacts of environmental changes on well-being in indigenous communities in eastern Canada. *International Journal of Environmental Research and Public Health, 17*(2), 637-48. Available from: https://dx.doi.org/10.3390%2Fijerph17020637

Gerlach, A. J., Browne, A. J. & Greenwood, M. (2017). Engaging Indigenous families in a community-based Indigenous early childhood programme in British Columbia, Canada: a cultural safety perspective. *Health & Social Care in the Community, 25*(6), 1763-1773. Available from: https://doi.org/10.1111/hsc.12450

Gone, J. P. (2013). Redressing First Nations historical trauma: theorizing mechanisms for Indigenous culture as mental health treatment. *Transcultural Psychiatry, 50*(5), 683-706. Available from: https://doi.org/10.1177%2F1363461513487669

Greenwood, M., Leeuw, S. D. & Lindsay, N. M. (Eds.) (2018). Determinants of Indigenous peoples' health in Canada: beyond the social (2nd ed.). Toronto: Canadian Scholars' Press.

Hadjipavlou, G., Varcoe, C., Tu, D., Dehoney, J., Price, R. & Browne, A. J. (2018). "All my relations": experiences and perceptions of Indigenous patients connecting with Indigenous Elders in an inner city primary care partnership for mental health and well-being. *Canadian Medical Association Journal, 190*(20), E608-E615. Available from: https://doi.org/10.1503/cmaj.171390

Hatala, A.R., Morton, D., Njeze, C., Bird-Naytowhow, K. & Pearl, T. (2019). Re-imagining miyo-wicehtowin: human-nature relations, land-making and wellness among Indigenous youth in a Canadian urban context. *Social Science and Medicine*, 230, 122-130. Available from: https://doi.org/10.1016/j.socscimed.2019.04.012

Healey, G. K. (2014). Inuit family understandings of sexual health and relationships in Nunavut. *Canadian Journal of Public Health, 105*(2), e133-e137.

Hefler, M., Kerrigan, V., Freeman, B., Boot, G.R. & Thomas, D.P. (2019). Using Facebook to reduce smoking among Australian Aboriginal and Torres Strait Islander people: a participatory grounded action study. *BMC Public Health, 19,* 615. Available from: https://doi.org/10.1186/s12889-019-6918-7

Iwasaki, Y. & Bartlett, J. G. (2006). Culturally meaningful leisure as a way of coping with stress among Aboriginal individuals with diabetes. *Journal of Leisure Research, 38*(3), 321-338. Available from: https://doi.org/10.1080/00222216.2006.11950081

Kana'iaupuni, S. M. (2005). Ka'akālai Kū Kanaka: A call for strengths-based approaches from a Native Hawaiian perspective. *Educational Researcher, 34*(5), 32-38. Available from: https://doi.org/10.3102%2F0013189X034005032

Kilcullen, M., Swinbourne, A. & Cadet-James, Y. (2018). Aboriginal and Torres Strait Islander health and wellbeing: social emotional wellbeing and strengths based psychology. *Clinical Psychologist, 22*(1), 16-26. Available from: https://doi.org/10.1111/cp.12112

Kulis, S., Napoli, M. & Marsiglia, F. F. (2002). Ethnic pride, biculturalism, and drug use norms of urban American Indian adolescents. *Social Work Research, 26*(2), 101-112. Available from: https://dx.doi.org/10.1093%2Fswr%2F26.2.101

Kulis, S., Wagaman, M. A., Tso, C. & Brown, E. F. (2013). Exploring Indigenous identities of urban American Indian youth of the Southwest. *Journal of Adolescent Research, 28*(3), 271-298. Available from: https://dx.doi.org/10.1177%2F0743558413477195

Levesque, A. & Quesnel-Vallée, A. (2019). Gender variations in the relationship between social capital and mental health outcomes among the Indigenous populations of Canada. *International Journal for Equity in Health, 18*, 124. Available from: https://doi.org/10.1186/s12939-019-1028-9

Macedo, D.M., Smithers, L.G., Roberts, R.M., Haag, D.G., Paradies, Y. & Jamieson, L.M. (2019). Does ethnic-racial identity modify the effects of racism on the social and emotional wellbeing of Aboriginal Australian children? *PLoS ONE, 14*(8), e0220744. Available from: https://dx.doi.org/10.1371%2Fjournal.pone.0220744

Martin, K. & Mirraboopa, B. (2003). Ways of knowing, being and doing: A theoretical framework and methods for Indigenous and Indigenist re-search. *Journal of Australian Studies, 27*(76), 203-214. Available from: https://doi.org/10.1080/14443050309387838

McKay, J., Vasquez, A.R., Decou, C.R., Lopez, E.D. & Skewes, M.C. (2013). "Healthy mind is a healthy life": Alaska Native experiences of coping in a cultural context. *International Journal of Circumpolar Health, 72,* 987-988.

Miller, H.M., Young, C., Nixon, J., Talbot-McDonnell, M., Cutmore, M., Tong, A., Craig, J.C. & Woolfenden, S. (2020). Parents' and carers' views on factors contributing to the health and wellbeing of urban Aboriginal children. Australian and New Zealand Journal of Public Health, 44(4), 265-570. Available from: https://doi.org/10.1111/1753-6405.12992

Monchalin, R., Lesperance, A., Flicker, S. & Logie, C. (2016). Sexy health carnival on the Powwow trail: HIV prevention by and for Indigenous youth. *International Journal of Indigenous Health, 11*(1), 159-176. Available from: https://doi.org/10.18357/ijih111201616011

Mooney-Somers, J., Erick, W., Scott, R., Akee, A., Kaldor, J. & Maher, L. (2009). Enhancing Aboriginal and Torres Strait Islander young people's resilience to blood-borne and sexually transmitted infections: findings from a community-based participatory research project. *Health Promotion Journal of Australia, 20*(3), 195-201. Available from: https://doi.org/10.1071/he09195

Mooney-Somers, J., Olsen, A., Erick, W., Scott, R., Akee, A., Kaldor, J. & Maher, L. (2011). Learning from the past: young Indigenous people's accounts of blood-borne viral and sexually transmitted infections as resilience narratives. *An International Journal for Research, Intervention and Care, 13*(2), 173-186. Available from: https://doi.org/10.1080/13691058.2010.520742

Moreton-Robinson, A. (2009). Imagining the good Indigenous citizen: Race war and the pathology of patriarchal white sovereignty. *Cultural Studies Review, 15*(2), 61-79. Available from: https://doi.org/10.5130/csr.v15i2.2038

Moreton-Robinson, A. (2013). Towards an Australian Indigenous women's standpoint theory: A methodological tool. *Australian Feminist Studies, 28*(78), 331-347. Available from: https://doi.org/10.1080/08164649.2013.876664

Morgan, A. & Ziglio, E. (2007). Revitalising the evidence base for public health: an assets model. *Global Health Promotion, 14*(2), 17-22. Available from: https://doi.org/10.1177%2F10253823070140020701x

Nagel, T., Hinton, R. & Griffin, C. (2012). Yarning about Indigenous mental health: Translation of a recovery paradigm to practice. *Advances in Mental Health, 10*(3), 216-223. Available from: https://doi.org/10.5172/jamh.2012.10.3.216

Nakata, M. (2002). Indigenous knowledge and the cultural interface: underlying issues at the intersection of knowledge and information systems. *IFLA Journal*, *28*(5/6), 281-291. Available from: https://doi.org/10.1177%2F034003520202800513

Nakata, M., Nakata, V., Keech, S. & Bolt, R. (2012). Decolonial goals and pedagogies for Indigenous studies. *Decolonization: Indigeneity, Education and Society*, *1*(1), 120-140. Available from:

Newell, S.L., Dion, M.L. & Doubleday, N.C. (2020). Cultural continuity and Inuit health in Arctic Canada. *Journal of Epidemiology and Community Health, 74*(1), 64-70. Available from: https://doi.org/10.1136/jech-2018-211856

Niezen, R. (2003*). The origins of Indigenism – human rights and the politics of identity*. Berkeley: University of California Press.

Parmenter, J., Nelson, A., Crawford, E., Basit, T. & Dargan, S. (2017). My body's getting healthy and my mind is getting healthy with it: considering urban Aboriginal and Torres Strait Islander conceptions of health. *International Research Journal of Public Health, 1*(1), 1-11. Available from: https://doi.org/10.28933/irjph-2017-01-01

Peters, E. J. & Andersen, C. (Eds.) (2013). *Indigenous in the city: contemporary identities and cultural innovation*. Vancouver, BC: UBC Press.

Priest, N., Mackean, T., Davis, E., Briggs, L. & Waters, E. (2012). Aboriginal perspectives of child health and wellbeing in an urban setting: developing a conceptual framework. *Health Sociology Review, 21*(2), 180-195. Available from: https://doi.org/10.5172/hesr.2012.21.2.180

Priest, N., Mackean, T., Davis, E., Waters, E. & Briggs, L. (2012). Strengths and challenges for Koori kids: harder for Koori kids, Koori kids doing well – exploring Aboriginal perspectives on social determinants of Aboriginal child health and wellbeing. *Health Sociology Review, 21*(2), 165-179. Available from: https://doi.org/10.5172/hesr.2012.21.2.165

Pyett, P., Waples-Crowe, P. & Van der Sterren, A. (2008). Challenging our own practices in Indigenous health promotion and research. *Health Promotion Journal of Australia, 19*(3), 179-183. Available from: https://doi.org/10.1071/he08179

Quennerstedt, M. & Ohman, M. (2014). Salutogenic approaches to health and the body. In: Fitzpatrick, K. & Tinning, R. (Eds.). *Health Education: Critical Perspectives.* London: Routledge, pp. 190-203.

Rees, S., Tsey, K., Every, A., Williams, E., Cadel-James, Y. & Whiteside, M. (2004). Empowerment and human rights in addressing violence and improving health in Australian Indigenous communities. *Health and Human Rights, 8*(1), 94-113. Available from: https://doi.org/10.2307/4065377

Rountree, J. & Smith, A. (2016). Strength-based well-being indicators for Indigenous children and families: A literature review of Indigenous communities' identified well-being indicators. *American Indian and Alaska Native Mental Health Research, 23*(3), 206-220. Available from: https://doi.org/10.5820/aian.2303.2016.206

Schofield, T. (2015). *A Sociological Approach to Health Determinants.* Cambridge: Cambridge University Press.

Sen, A. (1997). Editorial: Human capital and human capability. *World Development, 25*(12), 1959-1961. Available from: https://doi.org/10.1016/S0305-750X(97)10014-6

Tedmanson, D. & Guerin, P. (2011). Enterprising social wellbeing: social entrepreneurial and strengths based approaches to mental health and wellbeing in "remote" Indigenous community contexts. *Australasian Psychiatry, 19*(1), S30-S33. Available from: https://doi.org/10.3109%2F10398562.2011.583078

Temple, J.B., Kelaher, M. & Paradies, Y. (2019a). Prevalence and context of racism experienced by older Aboriginal and Torres Strait Islanders. *Australasian Journal on Ageing, 38*(1), 39-46. Available from: https://doi.org/10.1111/ajag.12604

Temple, J.B., Kelaher, M. & Paradies, Y. (2019b). Experiences of Racism among Older Aboriginal and Torres Strait Islander People: prevalence, sources, and association with mental health. *Canadian Journal on Aging, 39(*2), 178-189. Available from: https://doi.org/10.1017/s071498081900031x

Theron, L. & Liebenberg, L (2015). Understanding cultural contexts and their relationship to resilience processed. In: Theron, L. & Ungar, M. (Eds.). *Cross-cultural advancements in positive psychology: Vol. 11. Youth resilience and culture: Commonalities and complexities*. Berlin, Germany: Springer.

Todd, Z. (2016). An Indigenous feminist's take on the ontological turn: 'Ontology' is just another word for colonialism. *Journal of Historical Sociology, 29*(1), 4-22. Available from: https://doi.org/10.1111/johs.12124

Tsey, K., Wilson, A., Haswell-Elkins, M., Whiteside, M., McCalman, J., Cadet-James, Y. & Wenitong, M. (2007). Empowerment-based research methods: A 10-year approach to enhancing Indigenous social and emotional wellbeing. *Australasian Psychiatry, 15*(1), S34-S38. Available from: https://doi.org/10.1080/10398560701701163

Tu, D., Hadjipavlou, G., Dehoney, J., Price, E. R., Dusdal, C., Browne, A. J. & Varcoe, C. (2019). Partnering with Indigenous Elders in primary care improves mental health outcomes of inner-city Indigenous patients: prospective cohort study. *Canadian family physician Medecin de famille canadien, 65*(4), 274-281.

Ungar, M. (2004). A constructionist discourse on resilience: multiple contexts, multiple realities among at-risk children and youth. *Youth and Society, 35*(3), 341-365. Available from: https://doi.org/10.1177%2F0044118X03257030

Ungar, M. (2012). Social ecologies and their contribution to resilience. In Ungar, M. (Ed.). *The social ecology of resilience: a handbook of theory and practice*. Berlin: Springer, pp. 13-31.

Van Uchelen, C.P., Davidson, S.F., Quressette, S.V., Brasfield, C.R. & Demerais, L.H. (1997). What makes us strong: Urban Aboriginal perspectives on wellness and strength. *Canadian Journal of Community Mental Health, 16*(2), 37-50. Available from: https://doi.org/10.7870/cjcmh-1997-0005

Welch, C. (2002). Appropriating the Didjeridu and the Sweat Lodge: new age baddies and Indigenous victims? *Journal of Contemporary Religion*, *17*(1), 21-38. Available from: https://doi.org/10.1080/13537900120098147

Westrupp, E.M., D'Esposito, F., Freemantle, J., Mensah, F.K. & Nicholson, J.M. (2019). Health outcomes for Australian Aboriginal and Torres Strait Islander children born preterm, low birthweight or small for gestational age: a nationwide cohort study. PLoS ONE, 14(2). Available from: https://doi.org/10.1371/journal.pone.0212130

Wexler, L. (2009). The important of identity, history, and culture in the wellbeing of Indigenous youth. *The Journal of the History of Childhood and Youth, 2*(2), 267-276. Available from: https://doi.org/10.1353/hcy.0.0055

Whitesell, N. R., Beals, J., Big Crow, C., Mitchell, C. M. & Novins, D. K. (2012). Epidemiology and etiology of substance use among American Indians and Alaska Natives: risk, protection, and implications for prevention. *The American Journal of Drug and Alcohol Abuse, 38*(5), 376-382. Available from: https://doi.org/10.3109/00952990.2012.694527

Yap, M. & Yu, E. (2016). Operationalising the capability approach: Developing culturally relevant indicators of Indigenous wellbeing – an Australian example. *Oxford Development Studies, 44*(3), 315-331. Available from: https://doi.org/10.1080/13600818.2016.1178223

Young C., Craig J.C., Clapham K., Banks S. & Williamson A. (2019). The prevalence and protective factors for resilience in adolescent Aboriginal Australians living in urban areas: a cross-sectional study. *Australian and New Zealand Journal of Public Health, 43*(1), 8-14. Available from: https://doi.org/10.1111/1753-6405.12853