THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Dr Maree Toombs

2011 Churchill Fellow

The Monash University Churchill Fellowship

Will the development of resilience and self-esteem training program increase retention rates of Aboriginal students at university?

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Introduction

I would like to thank the Sir Winston Churchill Memorial Trust and particularly Monash University for giving me this opportunity to travel to Canada to explore work with leaders in the area of resilience training. This opportunity has provided the foundation for an international partnership between Dalhousie University Halifax Nova Scotia and Manitoba University Winnipeg to work together in developing a resilience training program collectively here in Australia and also in Canada. This program will focus on Aboriginal students at universities. A funding proposal will be developed and submitted to the Australian Research Council and research funding providers in Canada. This type of program will be a first both here and in Canada and has the potential to increase retention and participation of Aboriginal students.

This Monash Churchill Fellowship has given me the opportunity to explore the notion of resilience, investigate current assessment and evaluation tools that identify individual and community resilience and work with specialists in the area to develop an action research proposal outlined. This will all be discussed throughout this report.
Executive Summary

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This Monash University Churchill fellowship aimed to build upon the knowledge and information gained through research conducted by the recipient that explored what impacts universities have on the overall wellbeing of Aboriginal students. The study tour to Canada was an opportunity to examine how Aboriginal students coped with studying at a university, what variables within the individual’s own life affected their ability to cope at university, whether gaps existed for students at university in regards to their social and emotional wellbeing and what strategies could be implemented to improve outcomes for Aboriginal students. A particular emphasis of this study tour was to speak to experts in the area of resilience training.

There were many highlights of this Churchill Fellowship, but the most important was the opportunity to meet with people who share a passion and commitment for helping Aboriginal people navigate their way through university. It was wonderful to meet with service providers, academics and counselors who were implementing holistic service delivery to Aboriginal students at university. I was able to network; share ideas; teach and be taught all about resilience and other aspect of health that can potentially increase retention rates of students at university. Further, I was privileged to be welcomed to traditional celebrations such as a Pow-wow for Graduates at Manitoba University in Winnipeg; a Sweat Lodge ceremony by the banks of the Red River in Winnipeg; and trading tobacco with chiefs for the sharing of information about their experiences in education.

I was invited to present a lecture series in Winnipeg and Halifax, called ‘Crossing Cultures”. This series of lectures provided Canadian academics with a history of colonisation here in Australia and initiated many conversations about the many similarities and health disparities between the two countries. I also presented at the 2012 Global Health Conference at Dalhousie University in Halifax. My lecture was titled ‘The many roots of resilience; what students say affects their social and emotional wellbeing while at university’. As a result of my time with the staff at Dalhousie, I have been offered an adjunct position in their School of Medicine to pursue research opportunities discussed whilst I was there. The major lesson learnt from this study tour is that there is a strong evidence base to suggest that Aboriginal students both here in Australia and in Canada have very similar problems relating to retention and recruitment at university.

The impacts of colonisation on both Indigenous groups are very similar and the same social and emotional related issues accompany Canadian students to university as they do in Australia. Unlike Australia, Canada currently does not have as much funding opportunities in the area of Aboriginal health and wellbeing and therefore further research and future programs will be led by Australian Universities. This study tour has provided a wonderful opportunity for an international partnership between The University of Queensland, Dalhousie and Manitoba Universities to work together to develop a resilience and self-esteem training program and to collaborate on ways to increase retention rates for Aboriginal students at university. In addition, exchange programs where Australian Aboriginal Medical Students spend one of their electives in an Aboriginal community in Manitoba and Nova Scotia have also commenced. Further, funding will be sought through the Australian Research Council, Australia and research funding providers in Canada to develop a resilience training program to potentially improve retention rates of students both here in Australia and in Canada.
Report

Program

My schedule for this study tour consisted of visiting Vancouver Island University; Manitoba University and other related sites in Winnipeg; and Dalhousie University, Halifax.Outlined is my study schedule and photos of people, places and things.

Study Schedule

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<tr>
<th>Location</th>
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<tr>
<td><strong>Vancouver</strong></td>
<td>Two weeks&lt;br&gt;Resilience Training Centre&lt;br&gt;Vancouver Island University&lt;br&gt;Dr Caroline Burnley</td>
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<td><strong>Winnipeg</strong></td>
<td>One week&lt;br&gt;University of Manitoba&lt;br&gt;School of Social Work&lt;br&gt;University of Manitoba&lt;br&gt;School of Medicine&lt;br&gt;North-End Woman’s Center&lt;br&gt;Dr Michael Hart&lt;br&gt;Dr Maria Chang&lt;br&gt;Deana Hanlon&lt;br&gt;Dr Barry Lavallee&lt;br&gt;Marcia Anderson DeCoteau&lt;br&gt;Deana Hanlon</td>
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<td><strong>Halifax</strong></td>
<td>Three weeks&lt;br&gt;Dalhousie University&lt;br&gt;Resilience Research Centre&lt;br&gt;Dalhousie University&lt;br&gt;School of Medicine&lt;br&gt;Dalhousie University&lt;br&gt;Aboriginal Health Sciences Initiatives&lt;br&gt;Dalhousie University&lt;br&gt;Outreach and International Programs&lt;br&gt;Union of Nova Scotia Indians&lt;br&gt;Dr Michael Ungar&lt;br&gt;Dr Barbara Hamilton&lt;br&gt;Dr Liebenburg&lt;br&gt;Professor Preston Smith (Medical Dean)&lt;br&gt;Shawna A’hearn&lt;br&gt;Author Stevens&lt;br&gt;Cara Paul&lt;br&gt;Associate Vice President Academic, Keith Taylor&lt;br&gt;Sally Johnson</td>
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Peoples, places and things

I was invited to meet with the board of the North-End Woman’s Center, serving women on their path to change. This organisation is supported by the School of Social Work at Manitoba University. The School of Social Work at Manitoba University has a holistic model of community engagement and care for people in Winnipeg and is very active in the local community. The North-End Woman’s Center is but one of the many local Aboriginal Organisations’ that it supports.

The board members of the North-End Woman’s Center

My Daughter and I were invited to join in a traditional healing women’s drumming class at the North-End Woman’s Centre, Winnipeg.

Members of the traditional healing women’s drumming class at the North-End Woman’s Centre, Winnipeg
Main Body

This study tour has given me an increased understanding and urgency to improve the retention rates of Aboriginal students at university. Through this study tour I have been able to identify some of the key gaps and barriers that exist in Canadian universities. The following is an outline of the historical barriers and issues arising due to the impact of colonisation and an overview of a potential research proposal developed as a way to increase resilience and social and emotional wellbeing of Aboriginal students at university.

Background

‘Education is said to be the key to improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians. Higher levels of educational attainment directly improve the health outcomes for Aboriginal and Torres Strait Islander Australians’ (Australian Bureau of Statistics 2002 p. 1).

Literature regarding Aboriginal people’s experiences at university is somewhat limited. However, there are examples such as Keefe (1993), Harrison (2010) and Boulton-Lewis et al (2004) who investigated the concept of Aboriginal students’ learning experience at university. A longitudinal study carried out by Bolton-Lewis et al, followed the progress of fifteen Aboriginal students in two universities over three years, and found that their academic achievements were good. Problems experienced by these students were predominantly due to their lack of prerequisites for university. Most of the students had a limited educational background in regard to academic language and approaches to study. The most interesting finding was that Aboriginal students have special learning styles. Although this is not a new phenomenon, Boulton-Lewis et al argued that if lecturers and tutors could take into account these different learning styles, which include visualisation and...
practice modes of delivery, better outcomes may be achieved. Aboriginal academic and researcher Paul Hughes has undertaken collaborative research in relation to the different learning styles of Indigenous students over a number of years. He has consistently maintained that culture plays a part in the formation of learning. Hughes also suggests that the other contributor to the individual is lifestyle. Hughes maintains that learning within Aboriginal culture comes from ‘imitation and observation and to a much lesser extent by verbal instruction’ (Hughes & More 1993, p. 10).

This notion has been tested in more recent times by linguists such as Denise Angelo who suggests that students only respond better to this form of learning because they are disadvantaged in the schooling system (Angelo 2007). In reality most Aboriginal students are not speaking standard English but rather a language called Aboriginal English or for Torres Strait Islander people, Torres Strait Creole. This may account for poor outcomes for Aboriginal students, particularly in English literacy (Australian Bureau of Statistics 2002). Interestingly, Hughes points out that students from minority groups usually use a learning style that is not their strongest; such as using kinesthetic (hands on) instead of visual because the language forms a barrier.

Best and Neilson (2005) conducted a more general study focusing on Aboriginal experiences at university. This study focused on the perspectives provided by a sample of Aboriginal nurses. The research identified three main themes: racism, support and why these students chose their field of study. An interesting theme that came from this study was the experience felt by students who ‘looked Aboriginal/Torres Strait Islander’ versus those who didn’t. Those without the stereotypical Aboriginal attributes, such as hair texture, dark skin and facial features found themselves challenged personally by offensive racist comments made in the absence of knowledge of their heritage. Best and Neilson described this type of racism as ‘Offensive and a double loaded issue of racism for the fair skinned Aboriginal students’ (Best & Neilsen 2005, pg 15). Like Best and Neilsen, the University of South Australia (1996) undertook a study focusing on the university experience. The project involved 66 participants and focused on educational needs in relation to making the Aboriginal support centre at that university more accessible. The study identified mature aged female students as the main participants of courses. Most students were local or from urban areas and noted that responsibilities to immediate and extended family rated highly as the main reasons for discontinuing study. Also, the needs and experiences of rural and remote students differed from those of urban students; but these needs could not be fully investigated, as the students were part of the cohort who left the university. Students enrolling and then leaving programs cited personal problems as the major reason for discontinuation. The project identified very clearly the type of student who may enroll in programs at the university. This student is more likely to be female, living in an urban area and financially secure. This evidence suggests an inequity for Aboriginal people who live in rural or remote areas and fall below the national average in socio-economic status and may have health related issues. Although the same could be said for non-Aboriginal people, it is a further burden for Aboriginal peoples who have other inequities as well. A similar study called the Jilalan Project, carried out at the University of Southern Queensland also identified mature aged females as the most likely to enroll and complete a degree (Brown & Bull, 1994). One paper in this publication cites finances and family responsibilities as factors for discontinuing study (White & Brown 1994).

Similar findings were discussed by Canadian academics and research identified comparable findings in learning styles, types of support offered and barriers to success. Funding was a major issue identified by university staff working with Indigenous students. Staff noted that funding to support
Aboriginal students both academically and emotionally came from Government money that went directly to the Chiefs of the community from whence the student came. Unlike Australia, most students have grown up on their lands and with their own kinship groups. The problem with this model is that the funds allocated have not changed in the last 20 years. Therefore, there could be as many as 40 students that want to attend university; however government money can only cover approximately seven places. This puts a lot of pressure on the Chiefs as to who will get the opportunity to attend university and why.

Key issues such as family roles and responsibilities were discussed at length on this study tour. Mental health, chronic illness, economic disadvantage and other barriers were all flagged as inhibitors to completing a university degree. Retention rates were discussed by academics, support staff and students, and like Australian Aboriginal students, Canadian students often took more than one attempt to complete a degree. There were incidences where the students had left and then re-entered University. There were also incidences of changing a course and others of failing and having to repeat courses.

Further, some of the reasons given for non-participation were distressing. Support workers at Dalhousie University noted that it was not that the participant did not want to study, but more that major events outside of their control, forced the student to disengage. Students noted that family tragedies such as suicide, abuse, accidental death and terminal illnesses within the family were major contributing factors for discontinued study. In addition, family obligations within the complex kinship system of the extended family weighed heavily on students. On some occasions there were a number of deaths within a short period of time, meaning that the student simply could not get back to his or her studies.

In my research here in Australia similar findings were outlined. For example, students noted that ‘going home’ for sorry business (a funeral and wake) could take up to a month of the participant’s time away from university. If there was a terminal illness within the family then the outcome was a process of waiting for that family member to pass away. During this time the participant would fall behind in assignments and classes and be significantly disadvantaged. In saying this it became apparent that family obligations always took precedence over university for participants. Added to the stress of falling behind in university commitments, participants also had the added emotional upheaval of having to contend with the grief of losing a loved one.

Much of the literature on retention and participation rates of Aboriginal students outlines the gaps between Aboriginal and non-Aboriginal participation. On review of the literature, although there is data signifying that retention rates are low for Aboriginal students, there is not much evidence as to why this is the case. The recent Bradley Review concludes that Aboriginal enrolments are still not comparable to non-Aboriginal students (Hoj 2008) but offers no suggestions as to why. Lane (2009) also identifies that retention rates are low for Aboriginal university students but offers a more optimistic view saying that retention rates are improving. He says that a total of almost 24,000 Aboriginal men and women have graduated from Australian universities. Although the figures are promising, Lane offers no explanation as to why retention rates have improved or what the problems are. Given that the approximate total population of Aboriginal people in Australia is at about 517,200 or 2.5 % of the total population (Australian Institute of Health and Welfare 2007), the number of Aboriginal Australians completing a university degree is deplorable. On average, based on
the above figures, thirty-four Aboriginal students annually across Australia complete a higher degree. There are forty-one universities in Australia (if you include the two Australian Defence Force Academies), and from the data, that would mean that just over one Aboriginal student per university would graduate with a higher degree on an annual basis.

Program Design

This study tour has included work in resilience training centers across Canada. These resilience training centers were inspired by academic and clinical Psychologist, Dr Michael Ungar. Dr Ungar has spent a number of years working with disadvantaged youth who have been placed in foster care and subject to many service providers. It was in this context that Dr Ungar created ‘The Child and Youth Resilience Measurement (CYRM) -28 (Ungar & Lienbenberg, 2011a). This tool was designed as a screening tool to explore the resources (individuals, relational, communal and cultural) available to youth aged 9 to 23 years old, that may bolster their resilience. The measure was designed as part of the International Resilience Project (IPR), which was conducted by the Resilience Research Centre, in collaboration with 14 communities in 11 countries across the world. The IRP originated in 2002 under Dr Ungar at the School of Social Work, Dalhousie University, and at the time was funded by the Social Sciences and Humanities Research Council of Canada as well as the Nova Scotia Health Research Foundation.

The CYRM-28 resilience measurement tool has been very successful in the measurement of resilience in adverse groups. Interestingly, the tool has never been validated on Indigenous groups. The potential of validating this tool is twofold. Firstly, if successful, Australia and Canada will have their first resilience measurement tool that measures Aboriginal resilience levels. Secondly, the tool can be used to examine resilience levels that will inform the development of a resilience and self-esteem training program that may increase retention rates of Aboriginal students at university. Further, this program could extend into schools at a later date.

The effects of colonisation for many Aboriginal peoples of Australia and Canada have left a devastating impact on the identity and overall wellbeing of many individuals and their communities. This overwhelming impact on wellbeing and identity has led to resilience studies that have focused on Canada’s First Nations people. Experiences of colonisation have been catastrophic and Clarke et al (1999) and Zubrick et al (2005) suggest the individual, family and community are all affected and this in turn has caused intergenerational pain. Napoleon argues that when trauma is suppressed, denied or ignored it is driven ‘further into our souls and it colours all aspects of our life. Without healing, it will destroy the human soul as any illness will in time cripple and kill the body’ (Napolean 1991, p. 14).

The literature asserts that resilience develops as an individual’s responses to their personal adversities and those within the community in which they live (Ungar, 2006). Ungar further asserts that there is a difference between resilience and resiliency. Resilience is a capacity that an individual can possess, whilst resiliency, ‘refers to the processes of navigation and negotiation within and between systems (our family, peers, school, employer, politics etc)’ (Ungar & Lienbenberg, 2011b, p. 24). While alienation can have adverse effects on the individual, a strong identity and self-concept can have a positive impact (Sonn & Fisher, 1998). Sonn and Fisher note that community resilience is stronger in the face of adversity and highlight examples of oppressed groups which have risen above
that adversity through song, dance, humour and solidarity. Building on resilience requires a collaborative approach that involves all types of services such as social work, housing, education, crime prevention and justice (Australian Institute of Health and Welfare 2009). Indigenous Academics such as Lam and Grossman (1997), Anderson and Lenogar (2008), Broome (1994) and Morton-Robinson (2000), argue that it is the very notion of control and restraint expected by non-Aboriginal institutions such as universities that actually marginalise Aboriginal people in the first place. Federicks (2009, p. 14) states ‘Some Australian universities continue the marginalisation, denigration and exploitation of Indigenous peoples, by providing the non-Indigenous people with the positions as the knowers; positioning them as having the domination and control’.

The Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) is charged with the planning, implementation, coordination and monitoring of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. This includes a brief to:

- Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions

- Improve the clarity of roles, regulation and recognition of Aboriginal and Torres Strait Islander health workers as a key component of the health workforce, and improve vocational education and training sector support for training for Aboriginal and Torres Strait Islander health workers

- Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health

- Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australian and Indigenous Australian health staff working within Aboriginal primary health services

- Include clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organisations and people to drive the process

- Implement a five to ten year reform agenda to build a competent health workforce to address the health needs of Aboriginal and Torres Strait Islander peoples’ (Aboriginal and Torres Strait Islander Health Workforce Working Group, 2010, p. 3).

With 40% of the Aboriginal and Torres Strait Islander community under the age of fifteen, and similar figures in Canada, it is vital that universities and other academic institutions are prepared more than ever to meet the needs of Aboriginal students. With a growing awareness of the social and emotional problems that accompany many Aboriginal peoples, universities have a social responsibility to acknowledge that the current model, which almost exclusively focuses on educational attainment as well as success rates, is outdated (Department of Employment Education and Workplace Relations, 2008).

Uniformity: Not a deficit Model, an Achievement Model.

Conversations with my Canadian colleagues identified and reinforced the importance of developing a model of care for our students that was not grounded in ‘seeing the student as a problem that
It has been decided that it is critical to the success of this program that the development and validation of the CYRM-28 resilience training tool and resilience training program be grounded in a strength based model that promotes wellbeing and resilience as a strength that will lead to better outcomes at university. This program will be designed with a proactive positive focus rather than as a reactive negative model. The program will seek to improve outcomes for Aboriginal students before they are at risk of failure at University. ‘The cultural deficit model stems from negative beliefs and assumptions regarding the ability, aspirations, and work ethic of systematically marginalized peoples’ (Irizarry 2011, p. 1). The deficit model further suggests, ‘that students of colour and low-income often fail to do well in school because of perceived “cultural deprivation” or lack of exposure to cultural models more obviously congruent with school success’ (Irizarry 2011, p. 2). This resilience training model will seek to celebrate Aboriginal cultures and embed the richness of this into the framework of this resilience model.

Preparing the CYRM-28 Tool for Use
After meeting with the team at Dalhousie University in Halifax, it was agreed that the CYRM tool, which as mentioned above has already been used to validate resilience measurement in 14 communities and 11 countries across the world, could be modified and then validated with Aboriginal university students in Australia. The CYRM was developed to include community, family, individual and cultural contexts. In order to be sure that there are questions included in the CYRM-28 that make sense to Aboriginal students, the Dalhousie team recommend holding focus group interviews with a small group of people who are similar to those who will complete the CYRM-28. These people should be asked to come up with questions for Section Two of the CYRM-28. The Dalhousie researchers found it best to hold two separate focus groups, one for youth and one for adults (Liebenberg, Ungar, & Van de Vijver, 2011).

The following “catalyst” questions are suggested to generate conversation and questions:

**Step one:**
- What do I need to know to thrive?
- How do you describe people who grow up well despite the many problems they face?
- What does it mean to you, to your family, and to your community, when bad things happen?
- What kinds of things are most challenging for you here?
- What do you do when you face difficulties in your life?
- What does being healthy mean to you and others in your family and community?
- What do you do, and others you know do, to keep healthy, mentally, physically, emotionally, spiritually?

**Step two**
- Select site specific questions
- Review the focus group data and questions

**Step three:**
- Finalise language of the CYRM

The CYRM-28 will be reviewed by members of the Dalhousie resilience research team in consultation
with me. This team will quality assures CYRM-28, ensuring that questions are phrased in a way that makes sense to the Aboriginal community. We will finalise translation of the CYRM-28 into the local language to enhance validity of the process.

Conclusion

This study tour has highlighted that there is a need for further support and development of programs that can enhance student retention and recruitment processes. This project aims to produce a training program that will provided a more holistic picture of what may be barriers and enablers for Aboriginal students at university. The program will be delivered to support workers, counselors and students in Universities. The training package will be developed in collaboration with participating Canadian universities and consultation with 7 Australian Universities who participated in my PhD Research. It is hoped that the outcome will promote healthy resilient students and provide student relationship officers with strategies to help promote good well-being for Indigenous students at University. Australia has been classified as the “Lucky Country” for years. With this title comes good health, wellbeing and economic security. We live in a country that embraces democracy and encourages education for all. Given this good fortune, it is important that increased services be made available to Aboriginal Australians. It is well reported that Aboriginal Australians fall well below the national average in all counts including educational outcomes. Researchers like Booth and Carroll have been investigating the disparities between Indigenous and non-Indigenous Australians and have highlighted health and the socio economic status as the primary cause of the gaps. Booth and Carroll (2005, p. 1) suggest that ‘Socio-economic status (SES) can affect health and prosperity through a variety of transmission mechanisms’. Overall; it might affect health through relative ranking in society, access to resources and social inclusion. Specific factors might also be important. Health could be affected by absolute income (through nutrition and working and living conditions) or by relative income (through power, control and access to resources). Alternatively, health might be related to non-income related factors such as employment status (through stress and social exclusion) and education.

This study tour has given me the opportunity to see firsthand what Canadian universities are doing to support and increase retention rates of their Aboriginal students at university. The similarities cannot be ignored and this study tour has provided everyone involved with an opportunity to work towards increasing retention rates by addressing the wellbeing of students. It is hoped that through Australian/Canadian partnerships, we can address the very real problem in the social fabric of universities. That is simply that Aboriginal people are not achieving the same outcomes as non-Aboriginal people. Time and time again we see these problems being highlighted but still the results are poor. This research is aimed at achieving attainable goals for Aboriginal support centers and aid in addressing some of these social impacts on Aboriginal students. The research is an attempt to break down yet another barrier that stands in the way of the success for Aboriginal people.

The significance of this project is to improve outcomes, widen access and participation of Aboriginal people at University. Universities are presently using models that are effectively not working; this is highlighted in the poor retention rates of Aboriginal students. This research aims to identify major holes in the present learning support model for Aboriginal students and develop better practices for future students. In addition, it is hoped that better support can also be developed for Aboriginal employees who often are not equipped to deal with the social and emotional needs of Aboriginal
students. The social benefits of this research are quite obvious; if we get Aboriginal students to complete higher degrees they will be adding a valuable contribution to the economic growth of this country and particularly individual communities. Environmental factors will improve for the individual and healthy lifestyle achievable as a result of better incomes.

**Recommendations**

The CYRM-28 aligns beautifully with the already developed Australian Institute of Health and Welfare Framework for social and emotional wellbeing that the Australian Institute of Health and Welfare (Australian Institute of Health and Welfare, 2009; 2004-2009) developed. This framework is designed to highlight the special factors that constitute good wellbeing in Aboriginal Australians and their communities. A key directive of the Social and Emotional Wellbeing Framework Social Health Reference Group (2004-2009) is ‘to ensure action across all sectors to recognise and to build on existing resilience and strength to enhance social and emotional wellbeing, to promote health, and to reduce risk’ (Social Health Reference Group, 2004-2009, p. 4). A similar model of care also exists in Canada. The Medicine wheels are traditional stone structures constructed for ritual, healing, and teaching purposes within the First Nations peoples. The medicine wheel has been adapted to now be used as a theoretical model to highlight the connection between the individual, community, spirituality and physical health.

A social ecological approach to resilience will be used in the development and implementation of this resilience training program. The social ecological approach is grounded in design tailored to suit particular behaviours and population groups. There are a number of versions of the social-ecological model, which use slightly different classifications of environmental influences. For the purposes of this project the social-ecological model will be made up of the individual, social environment, physical environment and cultural relevance.

The broad aim of this project is to explore, develop and evaluate resilience through an intervention program to increase resilience and potentially increase retention rates of Aboriginal students, both here in Australia and in Canadian universities.

**Phase One: Individual questionnaires and CYRM-28 Resilience measurement tool**

1. Investigate student’s thoughts and understanding of the concepts of resilience through use of the already developed CRYM-28 resilience measurement tool.
2. Run focus groups at participating universities about understanding of resilience.
3. Investigate factors that may or may not have enhanced resilience during childhood.
4. Investigate what students think may be the cultural contributions to the development of resilience.
5. Investigate protective and risk factors that may impede human capacity for resilience.

**Phase two: An asset focused resilience program**

This phase will be developed as a result of outcomes from the resilience measurement tool (CYRM-28) and focus group data collected from Phase one. The aim of this phase is to develop the desired program by building and drawing on existing coping factors that should exist in participants from...
Phase three: Intervention

This program will be used as an intervention to potentially build resilience in participants. The program will draw on the social and emotional well-being framework developed by the social health reference group (2004-2009). This will include developing resilience by looking at:

- Physical health
- Emotional Health
- Spiritual Wellbeing
- Links the Participants has to family
- Links the Participants has to Community

The program will be a holistic approach to developing resilience and overall well-being.