



Original research

Yarning about the Tidda Talk programme: Opportunities for improved practice and future directions

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ARTICLE INFO

Article history:

Received 11 October 2024

Received in revised form 5 March 2025

Accepted 18 March 2025

Available online 21 March 2025

Keywords:

Health promotion

Aboriginal and Torres Strait Islander

Social and emotional wellbeing

Codesign

Participatory research

Evaluation

ABSTRACT

Objectives: To explore participants' experiences regarding the feasibility and acceptability of the Tidda Talk programme—an integrated physical activity and psychosocial initiative for young Aboriginal and Torres Strait Islander women.

Design: Qualitative evaluation of a single arm feasibility and acceptability trial.

Methods: Yarning sessions were conducted with N = 19 programme participants approximately 1–2 weeks after programme completion. Reflexive thematic analysis, with an emphasis on an Aboriginal and Torres Strait Islander standpoint, was used to analyse verbatim transcripts or notes in place of audio recordings.

Results: Three themes were generated from the data: 1) *Creating a space of healing*, highlighting the importance of the culturally safe environment within the programme and associated social facilitators; 2) *happier, healthier and learning life skills*, detailing the new physical, social, emotional, physical and cultural skills and knowledge learned by participants throughout their programme experience; and 3) *opportunities for improved practice*, exploring recommendations for enhancing the programme for the next generation of Tiddas (i.e., programme participants).

Conclusions: Findings support the overall feasibility and acceptability of the Tidda Talk programme. Critical factors in the programme's success were its holistic health approach, dual-component programme structure and flexible, place-based delivery. Overall, the study offers broader insight into how mental health and social and emotional wellbeing programmes and services may be optimised for young Aboriginal and Torres Strait Islander women, allowing providers to understand what is truly needed and what will work.

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Practical implications

- Future social and emotional wellbeing initiatives should be designed in alignment with Aboriginal and Torres Strait Islanders' holistic perspectives of health. A dual component structure (e.g., physical activity and psychosocial education) is one potential way to achieve this.
- Social and emotional wellbeing programmes and services should be tailored to the specific cultural, social, and environmental contexts of different Aboriginal and Torres Strait Islander communities to address local health priorities and integrate community-specific cultural elements.

- Addressing the shortage of appropriately skilled social and emotional wellbeing staff in the current Aboriginal and Torres Strait Islander health workforce is crucial. Continuous professional development, including training in youth engagement and mental health first aid, is essential to equip facilitators with the skills necessary to deliver programmes effectively and support participants in navigating sensitive issues.

1. Introduction

Social and emotional wellbeing (SEWB) is the foundation of mental and physical health for Aboriginal and Torres Strait Islander peoples.¹ The holistic concept integrates psychosocial, spiritual, and cultural dimensions, recognising their interconnected influence on individual and community health.¹ Strong SEWB empowers individuals to navigate life's challenges whilst thriving in their personal, cultural, and professional pursuits.² Many young Aboriginal and Torres Strait Islander people are happy, healthy and culturally connected; however, there is

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still a significant proportion that experience impaired SEWB.³ Young Aboriginal and Torres Strait Islander women, in particular, face substantial SEWB challenges,^{3–5} shaped by the intersection of gender-based inequities and the ongoing adverse effects of colonisation.^{3–5} These factors can impact mental health and limit opportunities to reach their full potential, underscoring the importance of holistic, strength-based initiatives that nurture wellbeing and foster success in all aspects of life.

Given these challenges, there is a critical need for targeted initiatives that support the SEWB of young Aboriginal and Torres Strait Islander women. However, past government-led programmes and mainstream services have not been effective in addressing this service gap.³ Previous initiatives have been critiqued for utilising 'Eurocentric' one-size-fits-all healthcare models, where young people fear experiences of 'shame' and racism due to interacting with a system that fails to consider their unique sociocultural health determinants.^{6,7} Instead, the Aboriginal and Torres Strait Islander community in conjunction with health professionals has called for a reorientation of approach, championing culturally appropriate community-led programmes and services that reflect the voices of young people in their design and evaluation.^{6,8} By actively involving young Aboriginal and Torres Strait Islander women, SEWB initiatives can better reflect their unique experiences and cultural perspectives, ultimately leading to more sustainable and impactful outcomes for both individuals and communities.^{6,8}

Nonetheless, literature capturing young Aboriginal and Torres Strait Islander women's voices regarding their perspectives on mental health and SEWB service provision is limited. This minimal research highlights a demand for youth-centred early intervention initiatives that foster a connection to culture, friends, family, and community.^{6,9,10} Service providers and researchers have also advocated for the use of youth-friendly activities and facilities as a 'soft entry' approach to engage 'hard to reach' Aboriginal and Torres Strait Islander youth in stigmatised mental health and SEWB discussions.⁸

Physical activity (PA) and sport have been suggested as viable soft-entry engagement strategy given its broad appeal to youth and ability to foster essential life skills such as resilience, self-esteem, and emotional regulation.^{8,11} PA and sport also have strong cultural significance to Aboriginal and Torres Strait Islander people. Activities such as cultural dance, caring for Country and Traditional Indigenous Games offer opportunities to learn about lore, connecting youth to culture and continuing traditional customs.¹¹ Moreover, Aboriginal and Torres Strait Islander-specific sports events and programmes such as the Koori Knockouts (i.e., a New South Wales Aboriginal rugby league tournament) promote community connection and cultural pride.¹² Community and cultural connections are established protective factors for Aboriginal and Torres Strait Islander SEWB¹³ and when combined with psychosocial education, PA and sport offer a promising vehicle to promote the holistic health of young Aboriginal and Torres Strait Islander women.⁸

Despite the cultural and social benefits of PA and sport, Aboriginal and Torres Strait Islander people report lower participation rates compared to their non-Indigenous peers.¹⁴ Whilst the majority of Aboriginal and Torres Strait Islander children initially meet PA guidelines of 60 min per day and are more active than non-Indigenous children, participation declines significantly during adolescence and young adulthood.^{15,16} Young women, in particular, report some of the lowest levels of PA and sport engagement across the lifespan.^{15,16} Barriers to participation for young Aboriginal and Torres Strait Islander people which may account for this declining participation include limited access to facilities, financial constraints, systemic racism, and the lack of culturally safe programmes.¹⁷ For young women, these challenges are compounded by cultural expectations, body image concerns, and feelings of shame in group settings, further reducing their involvement.¹⁷ To address these issues and optimise the holistic benefits of PA and sport, culturally safe and gender-sensitive interventions are essential.

Tidda Talk is a co-designed SEWB programme that addresses the previously highlighted service provision gap and leverages the

established relationship between PA, cultural connection and holistic health within its content and structure. The 8-week programme and its evaluation strategy were co-designed in partnership with the KARI Foundation (i.e., local Aboriginal social services organisation) and with members of the Aboriginal and Torres Strait Islander community, including young women, community workers, academics and an Aboriginal Reference Group (ARG) with local Elders. This collaborative approach ensured that programme participants, industry stakeholders, and the broader community could identify and prioritise psychosocial topics and cultural content of high importance to them. As a result, the programme was designed to be culturally responsive and reflective of the needs and preferences of young Aboriginal and Torres Strait Islander women. The project's co-design process and its alignment with the consolidated criteria for strengthening reporting of health research involving Indigenous peoples (CONSIDER)¹⁸ are reported in greater detail elsewhere (<https://doi.org/10.1093/heapro/daad011>)¹⁹. The present study aimed to provide greater insight and understanding of participants' perceptions and experiences regarding the feasibility and acceptability of this programme.

2. Methods

2.1. Study context and design

In utilising a pragmatic, community-based participatory research (CBPR) approach, this study employed qualitative, individual Yarns to explore participants' Tidda Talk experiences and gain insights to inform future implementation and delivery. CBPR is a cyclical process that strives to collaboratively engage researchers and participants towards the goal of generating practical and sustainable solutions to problems of mutual concern.²⁰ Within Aboriginal and Torres Strait Islander health research CBPR is recognised as a decolonising research paradigm as it privileges communities' perspectives, positioning them as experts in their own lives and knowledge production.²⁰ This methodology facilitates the application of Indigenous Standpoint Theory which recognises Aboriginal and Torres Strait Islander worldviews as valid, unique and central to understanding their lived experiences, and forms the epistemological foundations of this study.²¹ The use of Yarning as a research method complements the use of CBPR as it also prioritises Aboriginal and Torres Strait Islander ontologies and axiologies emphasising storytelling as a means to generate knowledge.²² Yarning is a conversational process that draws on traditional oral storytelling practices to share and develop knowledge around a research topic, reflecting traditional ways of knowing and communicating.^{22,23}

The project has been approved by the Aboriginal Health and Medical Research Council (#1758/20), the UTS Human Research Ethics Committee (#ETH20-5284) and the State Education Research Application Process (#SERAP 2022284). All participants provided informed assent prior to participating in the research project. Consent from a parent or guardian/adult acting in loco parentis was also obtained for youth under 16 years. In adherence with ethical guidelines an ARG was established to promote Aboriginal and Torres Strait Islander research governance and ownership, protect against potential harm and promote relational accountability. All participants provided informed assent prior to participating in the research project, which was verbally renewed prior to conducting the Yarns. Consent from a parent or guardian/adult acting in loco parentis was also obtained for youth under 16 years.

2.2. Positionality

In recognition of the influence of positionality on research processes and in alignment with Aboriginal and Torres Strait Islander data sovereignty interests,²⁴ it is necessary to situate the authors within the research study. The authors of this paper include three Aboriginal (DM, CF, JW), one Torres Strait Islander (KC) and two non-Indigenous

(ME, CC) researchers from industry and academia. All non-Indigenous project personnel had prior experience working with Aboriginal and Torres Strait Islander peoples in health and research settings, with the project's lead author (ME) and co-author (CC) also being trained in cultural safety and culturally sensitive research methodologies.

2.3. Intervention

The Tidda Talk programme is an early intervention, holistic health programme designed to enhance the SEWB of young Aboriginal and Torres Strait Islander women aged 11–16 years. In brief, the intervention consisted of 8-weekly, 90-minute sessions comprised of 45 min of PA and 45 min of psychosocial content. The PA component included a variety of sports, dance, and recreational games tailored to participants' preferences and abilities in each location, resulting in programme iterations that were uniquely adapted to the local context. This approach facilitated the incorporation of local Traditional Indigenous Games (e.g., Gorri and Woggabaliri) and cultural dances (e.g., Ngaran Ngaran) from participants' respective nations. The aim of this component was to introduce participants to a variety of PAs and build enjoyment and self-efficacy. In doing so, it raised awareness of the importance of PA and associated national guidelines for youth emphasising its role in holistic health and wellbeing.²⁵ Furthermore, it acted as a soft-entry approach to engaging in health discussions, assisting in building connection and group cohesion prior to discussing sensitive health topics.

The psychosocial component of the Tidda Talk programme followed a structured schedule, focusing on teaching psychosocial skills through a culturally aligned lens. This included Yarns (interactive group discussions) and traditional activities such as weaving, painting, and cooking with native ingredients to deliver education on topics such as cultural and spiritual healing, lateral violence and holistic health from the Aboriginal and Torres Strait Islander perspective. The integration of psychosocial content with culturally grounded activities was designed to build participants' capacities whilst also enhancing participants' understanding of Aboriginal and Torres Strait Islander histories, traditions, and values. These activities in combination with an Aboriginal and Torres Strait Islander group setting have been shown to foster a connection to culture, community, and ancestry.^{25,26} Both PA and psychosocial components were delivered by trained Aboriginal female wellbeing workers from the KARI Foundation to promote a culturally safe and supportive programme environment, ensuring cultural protocols were respected and adhered to. Table 1 provides an example of a typical programme schedule.

Seven Tidda Talk programmes were delivered across Greater Sydney in New South Wales, Australia including Thawaral, Darug and Eora nations throughout the two-year (2023–2024) feasibility and acceptability trial. A total of 94 young Aboriginal women participated in the programmes with approximately 10–15 per group. No participants identified as Torres Strait Islander in this study. Each programme took place at either a participating school's (N = 6) or an Aboriginal community services organisation's facility (N = 1).

2.4. Participants and recruitment

Participants included a purposeful sample of Tidda Talk participants (i.e. Aboriginal and Torres Strait Islander women aged 11–16 years) who had completed at least 50 % of the programme to ensure they had adequate experience with programme components and could provide informed feedback. This is common practice in feasibility and acceptability evaluations of health interventions where the aim is to assess participants' experiences and satisfaction to inform future programme development.^{26,27} Participants for the programme were recruited through Aboriginal Liaison Officers and Heads of Student Wellbeing at schools and Youth Workers at Aboriginal community services organisations, with priority placed on individuals with behavioural challenges, issues with home life, or suffering from any mental

Table 1
Example overview of Tidda Talk programme structure and content.

| | Physical activity | Psychosocial education topic |
|--------|--|---|
| Week 1 | • Traditional Indigenous Games (e.g., Gorri and Woggabaliri) | • Introductions and pre-programme data collection |
| Week 2 | • Oztag (e.g., Ngaran Ngaran) | • Cultural and spiritual healing • Establishes participants' existing connections to mob and Country, teaching them examples about different Aboriginal and Torres Strait Islander communities' welcoming traditions and practices. |
| Week 3 | • Netball | • Healthy lifestyles Highlights the importance of physical activity and nutrition in leading a healthy lifestyle in strengthening connections to mind and body. |
| Week 4 | • Boxing | • Lateral violence and shame factor Introduces the concepts of lateral violence and shame factor, linking to the impacts of colonisation and strategies to counter their effects. |
| Week 5 | • Soccer | • Online safety and bullying Equips participants with practical online safety strategies including identifying potentially dangerous online behaviour and reporting or blocking accounts in cases of harassment or bullying. |
| Week 6 | • Basketball | • Self-care and building self-confidence Emphasises the importance of self-care strategies in promoting wellbeing and different ways to holistically recharge (i.e., mind, body and spirit) and build confidence. |
| Week 7 | • Cultural dance | • Healthy relationships Seeks to develop understanding of healthy and unhealthy behaviours in relationships including friendships and intimate relationships, whilst teaching participants skills to assert their personal boundaries. |
| Week 8 | • Dodgeball | • Post-programme data collection |

health-related concerns. Recruitment continued until qualitative data saturation guidelines were met.²⁸

2.5. Procedures

2.5.1. Demographics

Baseline demographic information was collected from all consenting participants via a self-report questionnaire (Table 2). Socioeconomic status was then categorised by residential area utilising the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD).²⁹

2.5.2. Yarns

A sub-sample of participants from each Tidda Talk group (N = 2–3) was invited to complete a Yarn with a research trained KARI Foundation staff member (CF) or the project's lead (ME) within 1–2 weeks after programme completion. Project team members involved in Yarns visited the programme during data collection weeks and intermittently throughout to develop familiarity and rapport with participants. Given the power imbalances between researchers and adolescent participants, the establishment of these relationships was vital to obtaining ethical and quality data.³⁰

Face-to-face Yarns took place at the participant's host location in a quiet space and lasted approximately 10–15 min. Prior to Yarns' commencing verbal consent was renewed. All Yarns started with social Yarning prior to engaging in research Yarning. Social Yarning involves the mutual sharing of relational information between the researcher and participant with the aim of establishing rapport and trust.^{22,31} Research Yarning seeks to gather information through participants' stories that are related to a specific research topic.^{22,31} Member

Table 2
Participant demographics.

| Variable | Participants % (n) |
|--|--------------------|
| Age | |
| 11–13 | 52.9 (37) |
| 14–16 | 47.1 (33) |
| Grade | |
| 6–7 | 30.0 (21) |
| 8–10 | 70.0 (49) |
| Siblings | |
| 0 | 8.6 (6) |
| 1–2 | 52.8 (37) |
| 3–4 | 21.4 (15) |
| 5+ | 17.1 (12) |
| Physical activity outside of school^{a,b} | |
| Individual | (17) |
| Team sports | (24) |
| Leisure | (18) |
| None | (27) |
| Physical activity in school^b | |
| Individual ^a | (10) |
| Team sports | (25) |
| Other | (15) |
| None | (25) |
| Socioeconomic status | |
| 1 ^c | 22.9 (16) |
| 2 | 11.4 (8) |
| 3 | 22.9 (16) |
| 4 | 5.7 (4) |
| 5 ^d | 18.6 (13) |

^a N = 2 non-respondents.

^b Participants could answer more than once.

^c Most disadvantaged.

^d Most advantaged.

checking was also used to promote data trustworthiness and response validation.³² Participant responses were audio-recorded and professionally transcribed verbatim with N = 3 participants preferring to have written notes only taken.³²

An open-ended Yarn guide was co-developed by the project's Aboriginal research assistant and the project leads (ME, CC) and refined by the project's Aboriginal and Torres Strait Islander academics (DM, KC) to promote culturally appropriate questioning. Prior to implementation, the guide was piloted with a small sample of young Aboriginal women (N = 2). Minor revisions were made to the Yarn guide to remove repetitive content, improve clarity and embed social Yarning techniques more deeply. The guide was further reviewed and approved by the ARG.

Yarn questions explored participants' perceptions concerning programme experiences and acceptability, with a focus on areas such as programme enjoyment, satisfaction, support, delivery and suggestions for refinements and/or improvements. For example, questions included 'What skills or new things did you learn from being part of the program?' and 'What did you think about the leaders that ran the group each week?'. Importantly, the Yarn guide was implemented in a flexible manner, allowing for the organic progression of conversation and storytelling. The final full Yarn guide may be made available upon request.

As per best practice Indigenous research principles, participants were offered the choice of utilising their real name or a pseudonym during informed consent processes. As Chilisa³³ explains, the stories and voices of Indigenous people worldwide may lose their power and authenticity if researchers decide to anonymise research contributors. Ultimately, this means these stories and narratives can no longer be traced back to their Indigenous origins, further contributing to colonising processes.³⁴ Participants were also asked if they would like to review their transcripts after completion to ensure accuracy; however, no participants opted to review their transcript or have their real name used.

2.6. Data analysis

Data from audio-recorded Yarns were transcribed and all personal identification information was removed, replacing participants' names with pseudonyms. Transcripts and notes were imported into the NVIVO version 14 software³⁵ to store and manage data in preparation for reflexive thematic analysis.³⁶ The analysis process involved; i) becoming familiar with the data through active reading and recognising patterns, ii) generating initial coding from the dataset, iii) constructing preliminary themes based on patterns across codes, iv) reviewing and refining themes for coherence, v) defining and naming the identified themes, and vi) producing the report. In this iterative process, initial codes were inductively created by two researchers (ME and DM) to establish a framework that aligned with study objectives. To ensure consistency, both researchers independently coded one transcript and compared their results to identify discrepancies. Areas of disagreement were discussed, leading to continuous refinement of the coding framework. Some codes were merged or restructured, whilst others were expanded to better capture key findings. Example codes include 'Group Dynamics' and 'program Recommendations', with the full coding structures detailed in Supplementary file 1. Coded data were then reviewed for similarities and differences to determine overarching themes, with a focus placed on embedding an Aboriginal and Torres Strait Islander worldview. Representative quotes were chosen to provide evidence of the themes within the data.

Through reflexivity, the researchers involved in the coding and theme formation process could acknowledge personal biases and experiences (e.g., age, gender, culture, socioeconomic status) that may have affected their understandings and interpretations of the results generated. Central to achieving this was frequent meetings between the researchers and memoing³⁷ to document the evolution of concepts and increase critical consciousness.³⁸ Implementing these processes was particularly important for the non-Indigenous lead (ME) who could be guided and supported in avoiding Eurocentric interpretations by an Aboriginal researcher (DM). After preliminary themes were established, other Aboriginal and Torres Strait Islander research team members (KC, CF, JW) reviewed and edited them as an additional mechanism to ensure analysis aligned with Aboriginal and Torres Strait Islander ontologies and epistemologies.

3. Results

A total of 19 Yarns were conducted with Tidda Talk participants across an 18-month period. Data analysis from interviews generated three themes: (1) *Creating a space of healing*, (2) *healthier, happier and learning life skills*, and (3) *opportunities for improved practice*. Themes are summarised and described below with illustrative quotes.

3.1. Creating a space of healing

Key components in the success of the Tidda Talk programme were the culturally safe environment and associated social influences including delivery personnel, group dynamics and composition, and programme activities and design. All participants described having positive relationships with Tidda Talk deliverers. Young women liked the fact that "If you needed to talk about anything, you could just go and talk to them [program deliverers]" (Mia) and that the deliverers "... brought new fun activities to do so, we enjoyed learning about our culture" (Tahnee). The group-based programme design also facilitated opportunities for fun, cohesion, and closeness. Furthermore, it provided a useful distraction from peer arguments and gossip. Keira explained:

"[The program made me feel] Happy. Cause we all had to like work together like teamwork and stuff. Because the majority of the girls end up talking trash about each other. So, when we play and do stuff together, that brings us all closer and that makes me happy... I liked it

because we stopped arguing about stupid stuff and started talking and engaging with each other.”

The decision to make the group Aboriginal and Torres Strait Islander only was a key factor in developing this culturally safe and intimate programme atmosphere. This is reflected in the quote:

“I felt like I was being listened to and like felt like people cared. Because it was like we were all in the same culture... and we all sort of had our connections through stuff that's happened through our Aboriginal culture.”

(Tahnee)

Killara also reported feeling more connected to her peers, identifying the programme as a safe space to talk without ‘shame’:

“I don't like talking in front of people. Because it's like, it's not embarrassing. It's just awkward. But like, I don't know here it was like different? I don't know if it's because we're all Aboriginal or whatnot. But like, just feel kind of more connected...more of a safe space.”

The girls-only setting further supported the programme's supportive atmosphere. Maya stated *“I was more willing to try it [the new activities]. Because I didn't feel like I was being judged because it was just all girls and stuff”*. The girls-only sessions were especially important within the PA and sport component of the programme:

“I liked that you could play football without anybody looking at you weird and stuff. Because normally like if you play football outside with the boys, they just look at you weird because you're a girl playing it and you don't get the ball either.”

(Mia)

Specific programme activities also contributed towards the positive delivery environment. Young women indicated that both physical and SEWB activities played an influential role in developing relationships with peers. Specifically, cultural activities were identified as an important bonding activity: *“When we did the weaving, we were all like helping each other do stuff. Like we were helping, and like growing off each other from like our mistakes”* (Tahnee). The body mapping data collection activity at the start of the programme also encouraged others to learn about each other: *“The one where we had to draw about ourselves [body mapping]. It's as though we were sharing like it with each other and like, we'd all get to know each other”* (Keira). Oz Tag was also highlighted as an activity that facilitated social connection, prompting young women to talk about common interests: *“When we played the football. I ended up starting to talk about that [to the other girls]”* (Mia). These varied responses regarding bonding activities highlight the benefits of a dual-component programme design.

3.2. Healthier, happier and learning life skills

As a result of the programme, participants reported developing a range of skills and knowledge to be healthier and happier across their lifespan. Improved communication skills and ability to establish new relationships were frequently reported. Tahnee explains this within the context of developing relationships with other young Aboriginal and Torres Strait Islander women:

“I feel more confident like making new like friends with Aboriginal girls because I found, I was nervous at the start because I didn't feel like I knew them, I felt I was gonna be different cause I didn't know them that well. But then we're like all kind of the same but different.”

Participants also reported an ability to resolve peer conflicts, a key communication skill: *“I've gotten along with Karlie now, which like*

we had a mad fall out at the start, but then we've kind of gotten over that and become closer because of this”. Furthermore, young women explain how they had learned to develop respectful relationship with intimate partners and their peers. Kayla explained: *“I've learned to respect other kids in the program. Don't do anything mean. Don't make fun of them. ...”*. Kayla also stated *“We were learning about relationships and all that... [We learned] Take it slow, don't go overboard, and make sure you meet their parents first”*.

In addition, many participants highlighted an increased ability to express their thought and feelings, whilst some indicated that they did not recall or were ambivalent towards discussing these personal things. Tamara described why some participants may have had some difficulties doing this:

“I've always, by my parents, I've been taught to keep things to myself, so I haven't really been able to open up properly to people. So, I don't know. The chats, I'm okay with it. It didn't make me uncomfortable, but I'd rather not hear about it.”

Enhanced emotional regulation was also a commonly reported psychosocial skill. Keira stated that as a result of participating in the Tidda Talk programme they found that *“I won't get as angry. Cause I usually get angry...”*. Central to the development of this skill appears to be the advice and support of facilitators: *“They [the Tidda Talk facilitators] were also helping us girls, they helped me with emotions like when I'm angry”* (Teliah). Due to the development of these psychosocial skills and new relationships built, most participants felt, more *“self-confident and happy”* (Lilly) in themselves.

In recognition of the holistic health approach adopted for the Tidda Talk programme, participants also highlighted feeling more physically competent because of participating in PA and sport: *“I loved doing the volleyball activity. The volleyball was hard for me to hit up first and then I got it... And then I improved my hitting skills and hitting it up”* (Chantelle). Some participants even expressed a desire to enrol in new sports after being part of the programme and developing their PA self-efficacy:

“When I did the Tidda Talk program and we played football, I went home and asked Mum if I could play football outside of school. She said, yeah, I'll sign you up like next season when it's on again.”

(Mia)

PA benefits also extended to increased self-reported fitness, highlighting potential for physical health improvements: *“So last year, whenever I did sports, I ran out of breath easier, but after I got used to doing sports [in the program], I can breathe properly.”* (Keira).

Young women also reported gaining new cultural knowledge integral to developing their connections to culture and promoting SEWB. New knowledge included how to cook with native ingredients such as *“wattle seed”* (Chanel) as well as traditional musical instruments and foraging tools. Furthermore, because of facilitators sharing cultural skills and practices young women *“learned the [traditional] dances and about culture”* (Keira) and how to *“weave”* (Tahnee). However, many young women also noted they had existing connections to their culture and community who had previously shared the cultural knowledge taught in the programme.

3.3. Opportunities for improved practice

Most participants found the Tidda Talk programme to be a fun and enjoyable way to learn about culture and health, whilst connecting with their peers and developing cultural pride. Participants particularly enjoyed the supportive group-based nature of the programme in which they felt listened to and valued. Kayla explained: *“It was really good talking to them [the group], because I've never... My friends don't even... They barely listen to me... But here they do...”*

Furthermore, the links to culture in programme activities and Aboriginal and Torres Strait Islander specific group composition helped participants develop a sense of belonging in their community:

"It's made me feel more included and recognised by my school ... In primary school and at the start of Year 7 I wasn't really recognised as an Aboriginal student. So now that the years are going on I'm getting included and into more programs, and it's making me feel better."

(Tamara)

This was particularly important for those who did not have Aboriginal and Torres Strait Islander-specific programmes and initiatives in their community before Tidda Talk:

"I think it is important for girls to get to know each other, especially in the [Aboriginal] community, because for a long time, I remember the boys having stuff like contests and everything and the girls didn't have anything, so I'm glad we get to do stuff now..."

(Tamara)

Nonetheless, some participants found the programme awkward at times and struggled to connect with their peers. Bella explained how making friends within the programme was difficult: *"Not really [I didn't make new friends], just like our little group. Yeah. I feel like we didn't really mix around and stuff. It was awkward..."* Tamara also shared similar challenges with group dynamics at a programme where only one facilitator could attend: *"If I got along with the people who I was in a group with, I'd be all right. But I didn't really get along with many people here, so..."* Other participants also voiced the need to build more rapport at the start of the programme and save more direct SEWB discussions till later:

"It [the program] was a bit like straightforward. Like, just one day we show up and youse were just there and then we'd just go straight into it. Which is good, but then it was also awkward at the same time because we just got straight into it."

(Killara)

Overall participants found the PA *"fun"* (Talia) but indicated a preference for novel activities including self-defence, spear throwing and Traditional Aboriginal and Torres Strait Islander Games. Another favourite included Oz Tag, with some participants wanting to play it every week. A few participants noted that they did not find the PA and sport enjoyable and instead found the crafts, cooking and Yarns as part of the SEWB components more engaging. One participant noted *"I'm not really a PA person... I reckon we should take a vote at the start of the lesson if we want to do sport or if we want to stay inside"* (Tamara). These hesitations and critiques further support the importance of a dual-component programme design.

Participants also provided a range of recommendations to help improve the Tidda Talk programme. One area for improvement was purposefully increasing the social integration of the group. For example, after noticing some separation and distinct friendship circles within the group Bella suggested *"Maybe at the start, make everybody mix around and start talking to other people"*. Another participant suggested increasing group size to build more connections between the Aboriginal and Torres Strait Islander women in their community and extending programme impact: *"My thought of making the program a bit better is having more Aboriginal girls coming into the group and making sure they're all right."* (Kayla). This sentiment was echoed by multiple participants with some adding that broadening the age range to include some *"older"* (Lyla) young women would be useful as they could act as peer role models. Concerning programme content, many participants highlighted a wish for stronger connections

to the different domains of SEWB including spirituality, ancestors and community:

"I feel like maybe next time I do this or do something similar; I want to learn more in-depth about the different mobs and stuff, and the differences between them."

(Alana)

Others also wanted to further connect with culture and Country through excursions to culturally relevant places and learning language. Additional suggestions to enhance the programme include *"More cooking..."* (Raelene), *"Doing more activities outside when it's a bit warmer like going swimming"* (Chantelle) and incorporating individual or modified mini-games like *"Zumba"* (Alana) or *"Target Tennis"* (Talia).

4. Discussion

Findings from this study support the overall feasibility and acceptability of the Tidda Talk programme. Participants reported largely positive programme experiences, including building their capacities and strengthening important SEWB connections in a fun and culturally relevant way. Young Aboriginal and Torres Strait Islander women indicated developing a range of life skills including improved self-confidence, emotional regulation, self-expression and communication. These findings are consistent with a recent review of PA and SEWB programmes targeted at Aboriginal and Torres Strait Islander youth.¹¹ In addition to life skills, young women explained developing their physical literacy and fitness levels through fun sports and games, with some indicating an intention to try new sports after programme completion. Although a large proportion of participants were already engaged in PA and sport prior to the programme (Table 2), young women need to be continually involved in positive activity experiences such as Tidda Talk, to foster a positive relationship with PA and receive associated health benefits across their lifespan.³⁹ This is particularly crucial during adolescence, as PA enjoyment is a predictor of PA participation³⁹ and may help reduce the rate of decline amongst young Aboriginal and Torres Strait Islander women that is currently observed.¹⁵

Young women also identified learning new cultural practices and history. This knowledge was new for some, whilst it was an opportunity to reconnect with culture for others. Regardless of pre-existing knowledge, the programme and its cultural activities facilitated a connection to peers, culture, community and ancestry, fostering a sense of cultural pride. As previously identified, cultural pride and a connection to community are established protective factors for young Aboriginal and Torres Strait Islander peoples' mental health and SEWB.¹³ As such, they may combat many of the adverse life events experienced by young Aboriginal and Torres Strait Islander women, including death of a family member, abuse, and interactions with the child protection system.³ Although these findings are encouraging, cultural programme elements could still be further enhanced. Some young women expressed a desire to connect with land and ancestry further (also established protective factors), explicitly recommending excursions, outdoor activities and learning language.¹³ The Cultural, Social, and Emotional Wellbeing programme evaluated by Dudgeon et al.⁴⁰ offers insight into how this can be practically achieved for Aboriginal and Torres Strait Islander women, integrating sessions with Elders, gathering bush tucker or spending time on Country.

When viewed collectively, the different skills and knowledge developed throughout the Tidda Talk programme demonstrate its wide spanning holistic health impact. Importantly, programme benefits align with multiple domains from SEWB including strengthening connections to mind, body, culture and community. These benefits can be attributed to prioritising an Aboriginal and Torres Strait Islander perspective of SEWB within the study and programme design. This was achieved through the programme's co-design process in which Aboriginal and Torres Strait Islander programme end-users, SEWB workers

and academics embedded culturally specific ways of knowing, being and doing in a consultative workshop. Therefore, to optimise potential impact, future Aboriginal and Torres Strait Islander health programmes and versions of the Tidda Talk programme should look to replicate this holistic culturally aligned health approach.

The Tidda Talk programme also allowed participants to connect in a culturally meaningful setting, promoting a sense of belonging, equity and cultural safety. Specifically, the facilitators and the Aboriginal and Torres Strait Islander women-only group composition created a healing space in which individuals felt heard, valued and could speak without 'shame'. Nonetheless, improvements to foster positive group cohesion within the programme are still required, given the reported difficulties with group integration and feelings of awkwardness at times. To further support a positive group dynamic, Tidda Talk programme coordinators should ensure the presence of two facilitators, as experiences of poor group integration were primarily cited in a programme with one facilitator. At times, this facilitator struggled to engage all young women present as her time was taken up by a core group that demanded more attention. Ensuring there are sufficient staff and time to engage with all young Aboriginal and Torres Strait Islander women in mental health and SEWB initiatives is particularly important given the sensitive nature of topics discussed and the possibility of disclosure of trauma. Having numerous facilitators trained in Tidda Talk at the delivering organisation would help ensure optimal delivery in the event of staff sickness, turnover or other unforeseen events.

However, it should be acknowledged that there are a shortage of appropriate Aboriginal and Torres Strait Islander SEWB staff and short-term funding arrangements within the Aboriginal and Torres Strait Islander health sector which may mean this is not always feasible.⁴¹ Additional efforts are needed to build an appropriately skilled workforce which has the capacity to support young Aboriginal and Torres Strait Islander women not only in developing positive life skills but also in moments of distress. This could include a variety of formal (e.g., mental health first aid training) and informal (e.g., on-the-job mentoring and post-programme debriefs) professional development opportunities as highlighted in the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*.⁴¹

The dual component nature of the programme (i.e., PA and psychosocial education) was another key strength of Tidda Talk, offering participants a variety of activities that reflected the diverse needs and preferences of young Aboriginal and Torres Strait Islander women. Although most participants enjoyed the PA and sports, some did not. These individuals, however, continued their participation due to enjoyment of SEWB activities, demonstrating that although PA and sport may be a valuable vehicle to engage youth, an additional component may be needed to optimise reach. This holistic design is distinctive, as many SEWB initiatives for young Aboriginal and Torres Strait Islander people focus exclusively on either education or physical activity.^{10,42} By integrating both, Tidda Talk creates a balanced approach that reflects cultural values and addresses interconnected health needs. Another factor that may have contributed to the high levels of programme satisfaction was the flexible nature of the programme's structure. Tidda Talk participants were provided with a choice of PA, allowing groups to tailor sessions to their unique interests. Self-Determination Theory suggests that offering participants a choice in how a programme is delivered may promote a stronger sense of autonomy and ownership.⁴³ As a result, participants may build confidence and self-efficacy, enhancing motivation and the likelihood of sustainable behaviour change and maintenance.⁴³

The youth-centred and responsive approach was fundamental to ensuring programme appropriateness in each location and reflects the quality of CBPR processes and localisation of programme content in this study. Future versions of Tidda Talk could extend this concept to SEWB content to address specific health priorities of each community (e.g., drug and alcohol use or vaping). This approach aligns with the principles of a place-based approach, which involves focusing on the

unique situational factors of a place and including local people in decision-making to meet a community's needs.⁴⁴ However, further integrating these principles would require consultation in each programme location and equipping new local facilitators with a 'toolbox' of relevant activities and topics which could be flexibly implemented. Although these processes may be time-consuming and resource heavy, a place-based approach is more likely to generate meaningful health outcomes than past failed initiatives, given its ability to respond to the heterogeneity of Aboriginal and Torres Strait Islander communities across Australia. As such, further investment into flexible health initiatives that can be scaled whilst incorporating place-based principles is required.

This study was designed in alignment with the CONSIDER statement¹⁸ and as such has several methodological strengths including its Aboriginal and Torres Strait Islander research leadership, CBPR design and use of culturally meaningful research methods (i.e. Yarns). Furthermore, this study has been able to capture the voices of a marginalised group and provides important data regarding young Aboriginal and Torres Strait Islander women's SEWB service provision needs and preferences. Nonetheless, there are limitations to this study which should be acknowledged. Yarns were initially planned to run for 30–40 min; however, as reported previously, they spanned from 10 to 15 min in duration. Also, some participants did not want to be audio-recorded but were comfortable with notes being taken, limiting the level of detail that could be documented about their programme experiences. Difficulties in engaging adolescents in qualitative research are not uncommon, with other researchers citing challenges obtaining in-depth responses and navigating the nature of research relationships.⁴⁵ It is also not unusual for Aboriginal and Torres Strait Islander people to resist interviews being audio recorded³¹ and as such the quality of responses can still be deemed high when considering these factors. Moreover, despite best efforts to employ an Aboriginal and Torres Strait Islander research assistant to undertake Yarns, the non-Indigenous lead (ME) had to complete some until KARI Foundation staff members could be appropriately upskilled. Initially, an Aboriginal research assistant was employed on the project; however, they were not able to continue to be involved during data collection because of conflicting commitments. As such, it is possible discrepancies based on cultural understandings may have been present in the Yarns despite extensive attempts to privilege an Aboriginal and Torres Strait Islander standpoint.

5. Conclusion

The findings of this study suggest that the Tidda Talk programme and its dual component structure are a viable way to engage young Aboriginal and Torres Strait Islander women in the promotion of mental health and SEWB. However, minor programme adjustments could be made to improve group cohesion and strengthen additional SEWB connections (i.e., Country and culture). Future steps for the Tidda Talk programme include providing specialised training to additional facilitators and further cementing a place-based approach in its dissemination to new locations. These steps will not only assist in enhancing young Aboriginal and Torres Strait Islander women's health but also developing the capacity of the Aboriginal and Torres Strait Islander SEWB workforce, maximising the potential impact of the Tidda Talk programme.

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jsams.2025.03.008>.

CRedit authorship contribution statement

CC and JW conceived the study idea and design with ME, KC and DM making additional refinements. ME and CF collected data with ME and DM conducting data analysis including theme formation. ME took on the lead role in writing the manuscript with all other authors providing critical feedback and edits.

Confirmation of ethical compliance

The project has been approved by the Aboriginal Health and Medical Research Council (#1758/20), the UTS Human Research Ethics Committee (#ETH20-5284) and the State Education Research Application Process (#SERAP 2022284). All participants provided informed assent prior to participating in the research project. Consent from a parent or guardian/adult acting in loco parentis was also obtained for youth under 16 years.

Funding information

The Tidda Talk programme is funded by the Department of Health, Australian Government and the James Kirby Foundation. The project team would like to thank these funders for their contributions.

Madeleine English is also supported by Australian Government Research Stipend.

Declaration of interest statement

The authors of this study have no competing interests to declare.

Acknowledgements

The authors would also like to acknowledge the contributions of the Aboriginal Reference Group, Peta-Joy Williams and Akira Kelly whilst involved in the programme.

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