



Weenthunga
Health Network

Weenthunga's Landscape

SEASONS FOR GENERATIONAL CHANGE



Honouring Country

Weenthunga Health Network Inc. honours the Sovereign Owners on whose Country we do business. We thank you for warmly Welcoming us with generosity, kindness and care.

We pay our deepest respect to Ancestors and Elders, who have nourished and loved Country since Creation.

To all First Nations people reading this, we acknowledge you, and your Ancestors, Elders, family and community.

We express our heartfelt gratitude to all that’s an interconnected part of Country: land, waters, sky, stars, plants, trees, animals, birds and kin. All of these have spirit, stories and a role in our health and wellbeing, as we do theirs.

Always Was, Always Will Be Aboriginal Land.



Our Logo

Connecting Through Conversations was created in 2010 by Shawana Andrews. Shawana is a Trawlwoolway Palawa woman and one of Weenthunga’s first Members.

The flames represent the campfire, a focal point for sharing knowledge and listening. The circles represent communities, which have an abundance of knowledge to share.

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About Weenthunga Health Network Inc

Weenthunga means ‘hear/understand’ in Woi-wurrung, language of the Wurundjeri people of the Kulin Nation.

Established in 2010, we are an Aboriginal Community Controlled Organisation (ACCO), with First Nations leadership at governance and operational levels.



Our vision

People, communities and Country are healthy and thriving.

Our purpose

To uphold health sovereignty and progress health justice for First Nations people.



Our Strategic Objectives and Systemic Change

Health Sovereignty

We see health sovereignty as being innate since Creation and interconnected to self-determination.

We’re growing, nourishing, and connecting First Nations people in health, wellbeing and healing roles.

Held by First Nations people, the systemic change we’re working towards in our Health Sovereignty Spaces is that the First Nations health workforce are well, sustained and leading in roles.

See **nyarrn-gakgo mangkie** (p. 12) and **djilba biik** (p. 13).



durrong ngulu: Two-Way Working

durrong ngulu means ‘join voices’ in Woi-wurrung.

We’re valuing and practicing cultural humility and two-way working, demonstrating what’s possible when knowledge systems meet and mix.

Held by two-way working, the systemic change we’re working towards in our durrong ngulu Spaces is a balanced and decolonised health care system where everyone benefits.

See **Cultural Safety and Critical Consciousness** (p. 14) and **Communications and Advocacy** (p. 15).



Health Justice

We see health justice as being necessitated by invasion and the ongoing impacts of the colonial project.

We’re building critical allyship and igniting transformational change within health and health education sectors.

Held by Settler Australian people, the systemic change we’re working towards in our Health Justice Spaces is that the oppressive systems of settler-colonialism and racism are dismantled and anti-racism is embedded in health and health education.

See **VAHENonline** (p. 16) and **Collaborators Network** (p. 17).



Our Values

Our values, the 4Rs + Resistance, ground us in our work.

1 Relationships

Genuine and lasting connections with, and interconnections between, people, communities and Country. We gift ourselves and each other space to honour, nurture, and deepen our relationships.

2 Reciprocity

A balanced, cyclical exchange shared between the act of giving and the act of receiving, by people, communities and Country. Enacted in our work, relationships, and the roles we hold – teacher/learner, speaker/listener, thinker/doer, and so on – in reciprocity, we continue to show-up.

3 Responsibility

In acknowledging our obligations to people, communities and Country, we hold ourselves and each other accountable for our words, actions and inactions. We have a collective responsibility to backing health sovereignty and progressing health justice for First Nations people in so-called Victoria.

4 Respect

Listening to people, communities and Country with the intent to understand, and thoughtfully responding when appropriate. We move through spaces purposefully and with cultural humility, centring our intentions to respectfully be and grow, individually and together.

+R Resistance

As First Nations people, we stand strong in our ways of knowing, being, doing, continuing the legacy and fight of generations before us. Working two-way, we protest and act against ongoing assimilationist agendas, disrupting oppressive systems, structures, and minds.



Our Ways of Working

Our ways of working, the 7Ps, guide us in our work.

✦ Purpose

Carefully considering why we do business.

✦ People

Carefully considering who we do business with.

✦ Place

Carefully considering where and when we do business.

✦ Process

Carefully considering how we do business.

✦ Preparation

Being ready to do business.

✦ Pace

Understanding when to move quickly and when to go slow.

✦ Pause

Space for rest, reflection, and silence.





Membership

Weenthunga Membership is for First Nations people living and/or working in so-called Victoria.

Members have shaped – and continue to shape – Weenthunga’s vision, purpose, Spaces and activities through their lived and living experiences, as well as their ongoing involvement in our work.



Full Membership

First Nations people in health, wellbeing and healing roles.



Associate Membership - Individual

First Nations people who have a commitment to the purpose of Weenthunga.



Associate Membership - Student

First Nations people studying health, wellbeing and healing courses.

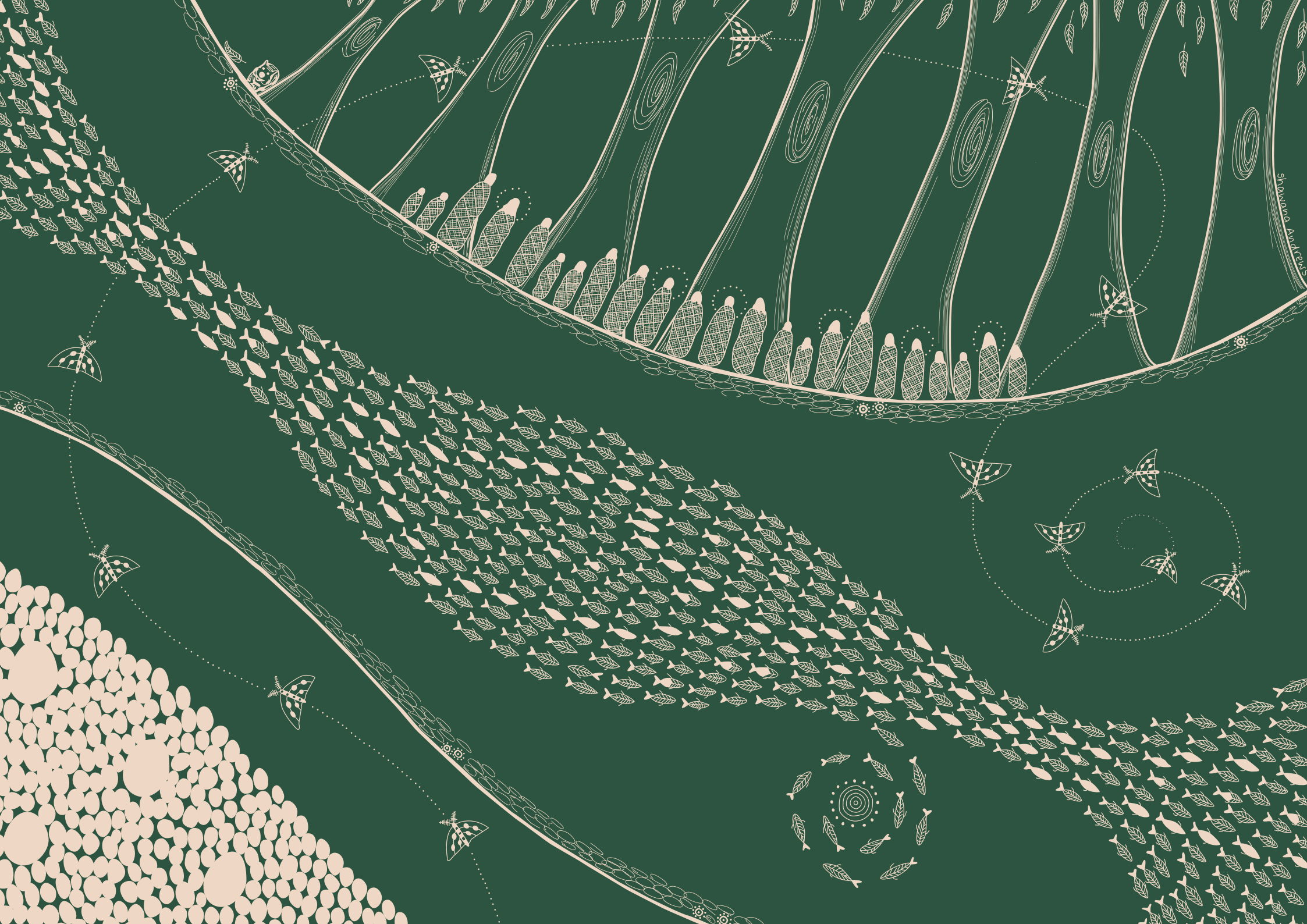
Members of Weenthuga represent much diversity in the health sector and we offer a meeting place for all to gather.

Members roles within the health sector include Traditional Healer, Aboriginal Health Worker/Practitioner, Aboriginal Hospital Liaison Officer, Doctor, Nurse, Midwife, Psychologist, Paramedic, Physiotherapist, Chiropractor, Osteopath, Chinese Medicine Doctor, Audiologist, Board Director, Academic and more.

Members workplaces across the health sector include Aboriginal Community Controlled Health Organisations (ACCHOs), ACCOs, hospitals, health charities, not-for-profits, government departments/agencies, private practice, Blak Business, Universities and more.

“It takes modelling, like Weenthunga, to ensure our kids have a future.”

N’Arwee’t Professor Carolyn Briggs AM
Yaluk-ut Weelam clan of the Boon Wurrung



Our Story

Balance was created in 2020 by Shawana Andrews. Our Committee of Management and staff at the time gathered and reflected about Weenthunga's identity and journey since inception.

This image represents balance across time, place and people. It shows the timeless anchor of Mother Earth with the four principles of relationship, respect, reciprocity and responsibility embedded within.

The fish show a river of movement of community through time, from past to future, demonstrating connectedness and leadership. They also show diversity across communities that builds strength from its networks and two-way learning and working.

The spiraling fish moving from the collective display strength and bravery in their leadership, leading through education and the support of generations.

The Ancestors in possum skin cloaks stand together strong beneath the ancient trees and Elders, showing the way.

The moths, humble creatures who show great adaptability and resilience, represent women as they move across Country and water, linking time and place through knowledge and understanding. They show great aptitude as they emerge from the earth, move through the community, learning from their Ancestors and Elders. They create a path that others can follow and finally come together, drawing on old and new knowledge in their shared vision of First Nations' health.

Our Spaces

nyarrn-gakgo mangkie

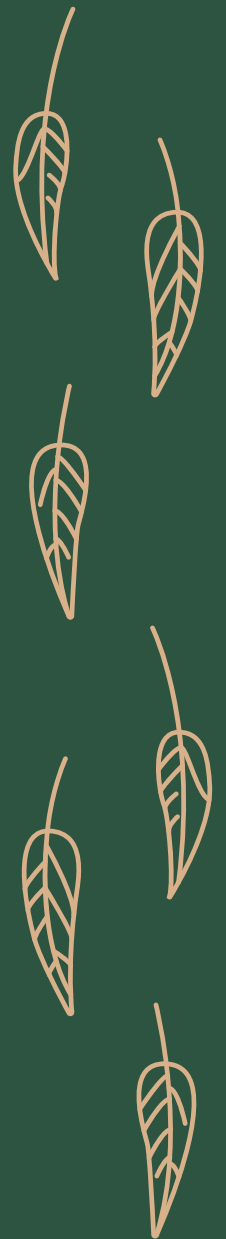
djilba biik

Cultural Safety and Critical Consciousness

Communications and Advocacy

Victorian Aboriginal Health Education Network Online

Collaborators Network



nyarrn-gakgo mangkie

HEALTH SOVEREIGNTY

nyarrn-gakgo mangkie, meaning ‘hear within’ in Woi-wurrung, exists for First Nations young women, sistergirls and gender diverse mob who are passionately pursuing a role in health, wellbeing and healing.

We have a Little Sis space for First Nations young people in senior secondary school and a Big Sis space for First Nations young people in further education and/or early workforce years.

Our lived experience has taught us “if you can see it, you can be it” and we thoughtfully and intentionally create opportunities, experiences and connections to grow the First Nations health workforce.

Activities in our nyarrn-gakgo mangkie Spaces include individual backing (e.g. work experience), collective backing (e.g. our annual On Country Retreat), intergenerational teaching and learning, facilitating workshops, platforming stories, mapping and connecting, advocacy, embedding deep listening and reflective practice.

nyarrn-gakgo mangkie impacts are:

- Increased knowledge and understanding of health roles and pathways.
- Higher self-belief and self-confidence in career goals and aspirations.
- Feeling stronger in identity and culture.
- Being connected to and backed by a First Nations sistahood.
- Retention in education and/or the health workforce.



djilba biik

HEALTH SOVEREIGNTY

djilba biik, meaning ‘protected ground’ in Woi-wurrung, exists for First Nations people who are working in health, wellbeing and healing roles.

We have a Women’s space for First Nations women, sistergirls and gender diverse mob and a Men’s space for First Nations men, brotherboys and gender diverse mob.

First Nations health professionals are frequently subjected to racism and colonial load, resulting in exhaustion and burnout. We build communities of care among First Nations health professionals, fostering collaboration and broader referral pathways across the health sector.

Activities in our djilba biik Spaces include individual backing (e.g. debriefing yarns), collective backing (e.g. our First Nations Women/Men in Health Retreat), intergenerational teaching and learning, facilitating workshops, platforming stories, mapping and connecting, advocacy, embedding deep listening and reflective practice.

djilba biik impacts are:

- Improved social and emotional wellbeing.
- Higher self-belief and self-confidence in career goals and aspirations.
- Amplified First Nations voices, including through career progression and leadership roles.
- Being connected to and backed by a First Nations health network.
- Retention in education and/or the health workforce.



Cultural Safety and Critical Consciousness

DURRONG NGULU: TWO-WAY WORKING

Our Cultural Safety and Critical Consciousness (CSCC) Space exists for people working in health organisations and education institutions to improve practice through being aware of differences, unpacking power and privilege, self-reflection and decolonising.

Our CSCC Space shifts people away from victim-blaming First Nations people for health outcomes, instead focusing on how systemic oppression intentionally creates health disparities.

Clinical safety cannot exist without cultural safety, which can only be determined by First Nations people, families and communities receiving care. There is an urgent need to embed cultural safety as a lifelong learning process for all people in health organisations and education institutions.

Activities in our CSCC Space include strategic consulting, facilitating workshops, delivering lectures, creating resources, advocacy, influencing policy, embedding deep listening and reflective practice.

Cultural Safety and Critical Consciousness impacts are:

- Improved understanding of culturally safe practice and greater levels of critical consciousness among health professionals/students and organisations.
- More First Nations people – including people receiving care and health professionals/students – feel culturally safe in health organisations/education institutions.
- Improved health care experiences and outcomes for First Nations people and communities.
- Health organisations embrace and implement First Nations holistic and relational models of care.
- Deepening two-way sharing, learning and collaborating.



Communications and Advocacy

DURRONG NGULU: TWO-WAY WORKING

Our Communications and Advocacy Space exists for the entirety of Weenthunga's Network and beyond.

As the longest continuing cultures globally, there is much to learn from First Nations people in so-called Australia. Weenthunga's communications platforms, which include social media and a monthly eNews, enable us to share voice and stories on a large scale.

We know that organisations, institutions, sectors and systems are not fixed and can be changed by people. Weenthunga's advocacy actions, which include innovative tools/frameworks and involvement in working groups/forums, channel our key messages to shift hearts, minds, thoughts and behaviors towards collective liberation.

Activities in our Communications and Advocacy Space include intergenerational teaching and learning, strategic consulting, creating resources, platforming stories, mapping and connecting, influencing policy, embedding deep listening and reflective practice.

Communications and Advocacy impacts are:

- Improved understanding of culturally safe practice and greater levels of critical consciousness among health professionals/students and organisations.
- Increased visibility and accessibility of First Nations health practice/roles, with greater uptake from the whole community.
- Improved health care experiences and outcomes for First Nations people and communities.
- Improved sector appreciation of First Nations knowledge and leadership.
- Deepening two-way sharing, learning and collaborating.



VAHENonline

HEALTH JUSTICE

Our Victorian Aboriginal Health Education Network Online (VAHENonline) Space exists to address absent, inadequate and/or racist curriculum content about First Nations people in tertiary health courses.

A vibrant platform, VAHENonline encourages and supports collaboration between health academics and disciplines across universities in so-called Victoria.

VAHENonline contributors have consistently challenged the conventional boundaries of tertiary education systems by breaking down silos between universities and health disciplines. Our approach has encouraged contributors to develop their critical consciousness and is a place for people to vulnerably share their thoughts and experiences regarding the process of decolonising health curricula.

Activities in our VAHENonline Space include hosting communities of practice, delivering lectures, writing curricula, advocacy, influencing policy and reflective practice.

VAHENonline impacts are:

- Increased implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework.
- Reduced silos and greater collaboration in the health education sector.
- Improved understanding and implementation of critical allyship practice among Settler Australian health academics.
- Increased ability of Settler Australian health academics to detect and act on racism (individual and systemic).
- Reduced colonial load on First Nations health professionals/students.



Collaborator Network

HEALTH JUSTICE

Our Collaborator Network Space exists for Settler Australian people working in health organisations and education institutions who are committed to anti-racism and practising critical allyship.

Settler Australian people who have participated in our Cultural Safety and Critical Consciousness Space can maintain a connection with Weenthunga and contribute to movement building via the Collaborator Network.

The practice of critical allyship is a lifelong journey of unlearning, re-learning and critical self-reflection. Our Collaborator Network is a place to grow understandings of anti-racism and critical allyship, as well as bring individual and collective accountability to the application and practice of learnings.

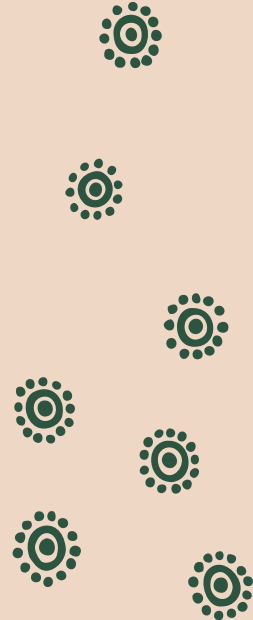
Activities in our Collaborator Network Space include individual backing (e.g. coaching), facilitating workshops, hosting communities of practice, advocacy, influencing policy and reflective practice.

Collaborator Network impacts are:

- Growth and retention of a Settler Australian network that champions anti-racism and critical allyship in the health and health education sectors.
- Improved understanding and implementation of critical allyship practice among Settler Australian health professionals/academics.
- Increased ability of Settler Australian health professionals/academics to detect and act on racism (individual and systemic).
- Stronger anti-racism policy and regulation in the health and health education sectors.
- Reduced colonial load on First Nations health professionals/student.



Our Network



First Nations students
Encompassing nyarrn-gakgo mangkie and Weenthunga Student Members



First Nations health professionals and academics
Encompassing djilba biik and Weenthunga Full Members



Elders



ACCHOs and ACCOs



Settler Australian health professionals and academics
Encompassing VAHENonline and Collaborator Network



Health organisations
Including Hospitals, Private Practice, Government Departments/Agencies

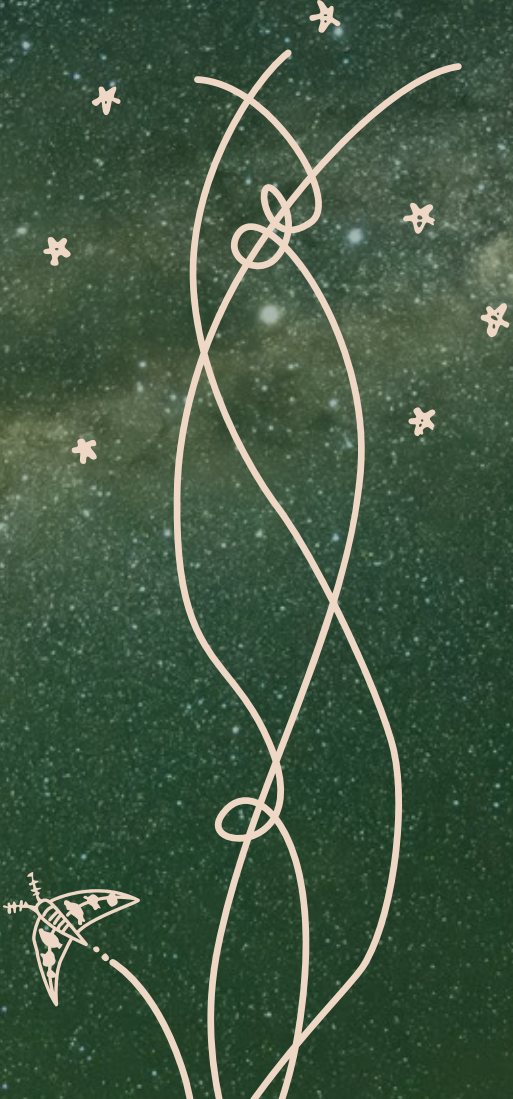


Education institutions
Including Universities, TAFEs and High Schools

How We Hear/ Understand Our Impact

We measure our impact by embodying First Nations ways of knowing, being and doing. We listen deeply to people, communities and Country, noticing feelings, reflections, shifts, actions and signs. This process is ongoing, moving in cycles, with both organic and planned moments of gathering insight.

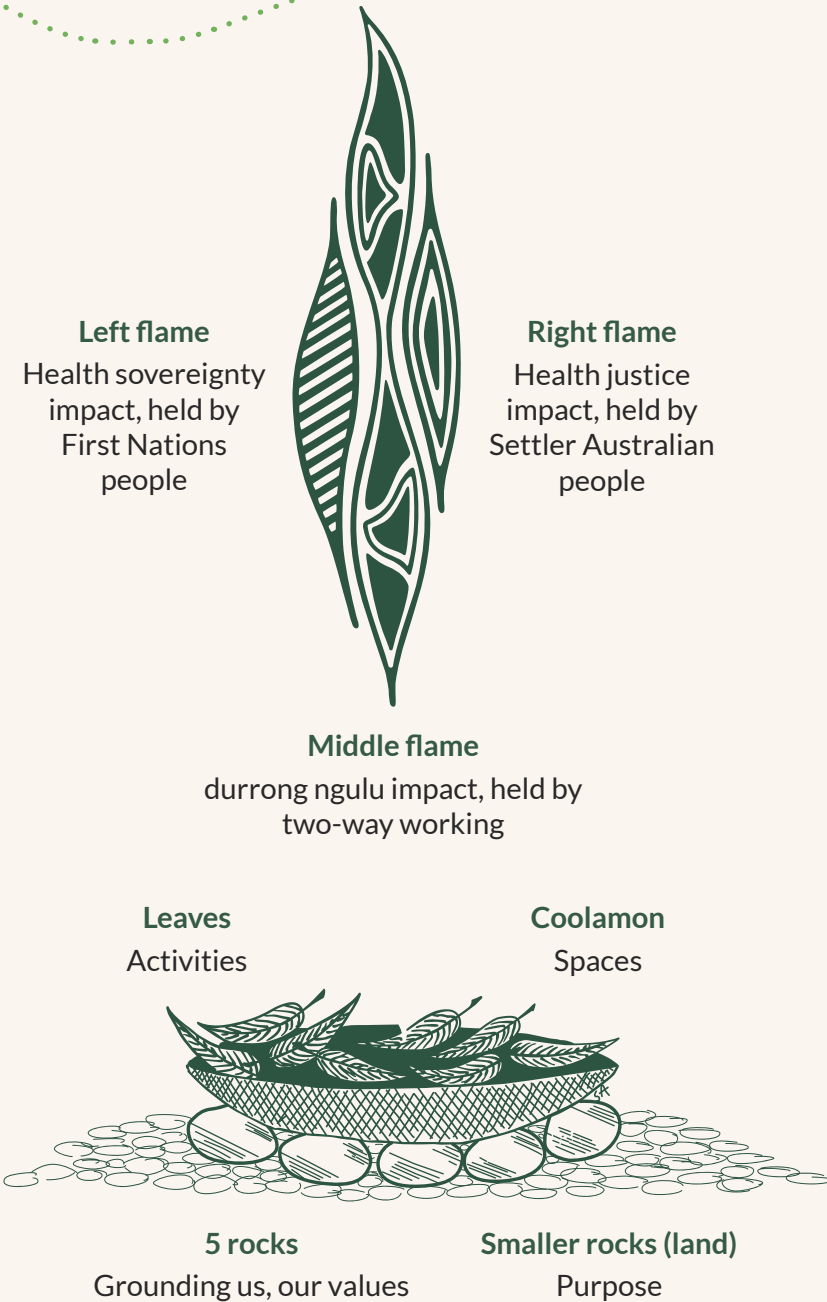
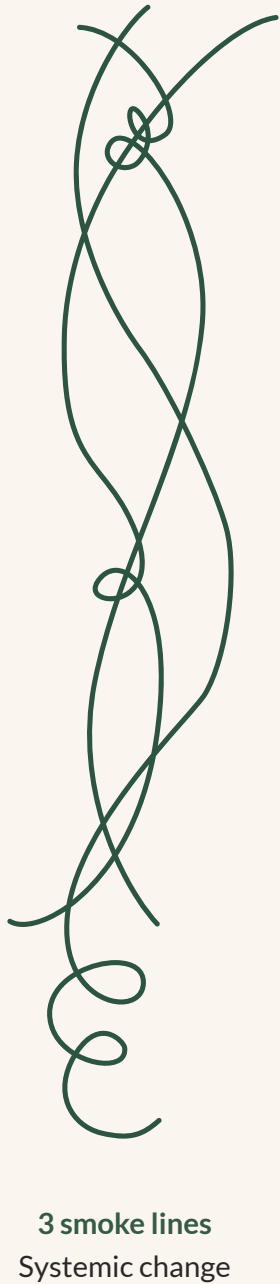
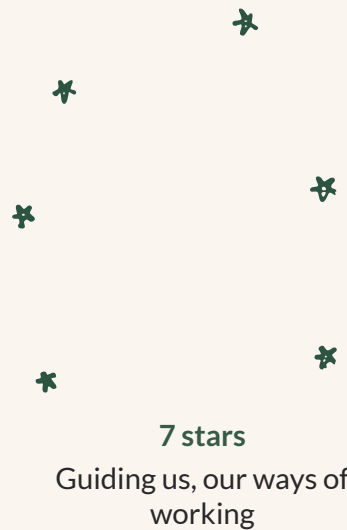
Our impact is informed and often intentional. We also recognise that our influence creates impact in ways further than we foresee and extends beyond what can be measured.



How We Create Generational Change

Ceremony was created in 2024 by Shawana Andrews. Our Committee of Management and staff at the time gathered and reflected on our theory of change, that is, how Weenthunga creates generational impact.

Ceremony — ritual — is about transformation. The Smoking Ceremony takes carriage of shifting moments, from deep below Country to the limits of Sky Country where our Ancestors wait for us.



Guiding Us	Our ways of working: 7Ps (Purpose, People, Place, Process, Preparation, Pace, Pause).		
Vision	People, communities and Country are healthy and thriving.		
Systemic Change	First Nations health workforce are well, sustained and leading in roles.	A balanced and decolonised health care system where everyone benefits.	The oppressive systems of settler-colonialism and racism are dismantled and anti-racism is embedded in health and health education.
Energy/Labor	Held by First Nations people.	Held by two-way working.	Held by Settler Australian people.
Strategic Objectives	Growing, nourishing, and connecting First Nations people in health, wellbeing and healing roles.	Valuing and practicing cultural humility and two-way working, demonstrating what's possible when knowledge systems meet and mix.	Building critical allyship and igniting transformational change within health and health education sectors.
Impact/Outcomes	<ul style="list-style-type: none"> Increased knowledge and understanding of health roles and pathways. Improved social and emotional wellbeing. Higher self-belief and self-confidence in career goals and aspirations. Retention in education and/or the health workforce. Amplified First Nations voices, including through career progression and leadership roles. Feeling stronger in identity and culture. Being connected to and backed by a First Nations sistahood/health network. 	<ul style="list-style-type: none"> Improved understanding of culturally safe practice and greater levels of critical consciousness among health professionals/students and organisations. Improved health care experiences and outcomes for First Nations people and communities. More First Nations people – including people receiving care and health professionals/students – feel culturally safe in health organisations/education institutions. Improved sector appreciation of First Nations knowledge and leadership. Health organisations embrace and implement First Nations holistic and relational models of care. Increased visibility and accessibility of First Nations health practice/roles, with greater uptake from the whole community. Deepening two-way sharing, learning and collaborating. 	<ul style="list-style-type: none"> Increased implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework. Reduced silos and greater collaboration in the health education sector. Growth and retention of a Settler Australian network that champions anti-racism and critical allyship in the health and health education sectors. Improved understanding and implementation of critical allyship practice among Settler Australian health professionals/academics. Increased ability of Settler Australian health professionals/academics to detect and act on racism (individual and systemic). Stronger anti-racism policy and regulation in the health and health education sectors. Reduced colonial load on First Nations health professionals/students.
Activities	Individual backing (including debriefing, yarning, clinical supervision, coaching, bursaries), collective backing (including experiences, gatherings, retreats, wellbeing workshops), intergenerational teaching and learning, strategic consulting, facilitating workshops, delivering lectures, writing curricula, creating resources, platforming stories, mapping and connecting, hosting communities of practice, advocacy, influencing policy, embedding deep listening and reflective practice.		
Communities*	First Nations students, First Nations health professionals and academics, Elders, ACCHOs and ACCOs, Settler Australian health professionals and academics, health organisations and education institutions.		
Spaces**	nyarrn-gakgo mangkie, djilba biik, Cultural Safety and Critical Consciousness, Communications and Advocacy, VAHENonline, Collaborator Network.		
Purpose	To uphold health sovereignty and progress health justice for First Nations people.		
Grounding Us	Our values: 4Rs (Relationships, Respect, Reciprocity, Responsibility) + Resistance.		

* We use Communities to refer to people and organisations in our Network

** We use Spaces instead of programs and services. We co-create Spaces with Communities



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