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**Title:** Managing top-down change with bottom-up leadership: developing a community social and emotional wellbeing action framework in Aboriginal Australia

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**Biographical Statement**

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**Key words:** Aboriginal Australian; action planning; capacity development; community development; community-based participatory research.

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## **Abstract**

There is little empirical evidence about the effectiveness of community efforts, including community governance improvement and capacity strengthening tailored toward societal change within the broader structural environment. This paper presents the results of a twelve month community-based participatory research project initiated by, and undertaken in a discrete Aboriginal community in Far North Queensland, Australia. Working from the principles of community-based participatory research, a group of community-based health and social welfare stakeholders reflected on their practice, community issues and research evidence to inform a community action plan for social and emotional wellbeing. Grounded theory methods were used to analyze the data sourced from meeting minutes, topics workshopped with the group, reflective group sessions and researcher observations and reflections. The importance of strengthening local governance and capacity, and taking empowerment approaches in achieving community change were highlighted as shaping successful practice.

## **Introduction**

Aboriginal Australians seek to be self-determining in setting their own community goals - they want to be involved in the processes necessary to make this happen and in the implementation of decisions that affect them. Strengthened capacity and governance for Aboriginal organisations and stakeholders are critical in achieving this agenda. While Australian policy submits to collaborative and participatory practices, very little has eventuated in support for self-management and community-control. Despite deficient support, Aboriginal communities demonstrate leadership and governance in community development settings to identify, plan, implement and evaluate meaningful projects to benefit their local residents. The article is based on the research process and outcomes of a project partnership between university researchers and local Aboriginal Australian community stakeholders. An explanation of how these stakeholders mobilised, captured and developed localised information, and then incorporated that knowledge into an action plan for social change that aimed to strengthen community social and emotional wellbeing is presented. The research identifies the processes involved in, and in particular the significance of bottom-up community development processes in managing the top-down policy change so often imposed on Aboriginal communities.

## **Project Background**

Community Development Employment Projects (CDEP), long-term government-funded community development and employment initiatives, concluded in non-remote Aboriginal communities in 2009. CDEP translates into the notional equivalent values of unemployment entitlements of metropolitan, rural and remote-dwelling Aboriginal people into grants to Aboriginal organisations. Organisations used the grants to employ unemployment beneficiaries in part-time work (Hunter, 2009). In Yarrabah, a discrete Aboriginal community in Far North Queensland, the contracted timeframe of the cessation of CDEP gave rise to

community-driven action to support community members to transition the impact of these policy changes. University researchers were invited by a local Aboriginal community council to provide support for a project that aimed to facilitate whole-of-community initiatives and strategic actions toward improved community social and emotional wellbeing (SEWB). Their specific role was to support stakeholders to map their goals, objectives, outputs and activities. The local community-controlled health service took responsibility for identifying Yarrabah SEWB stakeholders and for convening group meetings through the employment of a social services co-ordinator. Researchers used a community-based participatory research process with SEWB stakeholders to help clarify relevant SEWB issues and priorities for the community by facilitating reflective practices on home-grown processes and actions; the point of departure centred on the predetermined need to better co-ordinate effective service delivery in the community around social and emotional wellbeing. This proposal included developing an effective model of action tailored to respond to community needs. Researchers listened to community experiences and needs, shared knowledge, facilitated reflective sessions and responded to local knowledge and experiences to produce place-based practical clarifications and actions to align with their specific goals. The process, conducted over 12 month period, informed the development of a community SEWB strategic plan. In this context, stakeholders were interested in responding to the question: How can we support and enhance community SEWB?

### **What is social and emotional wellbeing and why is it important?**

The conceptual framework for the project was based on a health promotion and community development standpoint that acknowledged the influences of social and emotional determinants on quality of life and human agency. A holistic conception of SEWB was adopted, such that it reciprocates the broad whole-of-life notion of Aboriginal health that encompasses the interrelatedness of mental health and social, physical, cultural and spiritual

health (Australian Institute of Health and Welfare (AIHW), 2009). SEWB then, situates the individual in their physical and non-physical, social and material environment (Hamilton & Redmond, 2010). It refers to both the emotional and psychological aspects of human development as well as the social and community relationships that support good health and wellbeing (Zubrick et al., 2009). The variables and outcomes of social and emotional wellbeing interrelate to shape our behaviour and actions. Thus our ability to develop social and emotional skills influences what we are able to do – how we see the world and our ability to engage with and manage changing social and political environments (Minkler & Wallerstein, 2005).

Research evidence indicates that strategies which empower socially excluded populations across psychological, organisational and community levels have achieved improved change outcomes and quality of life (Tsey et al., 2009). This is because micro empowerment initiatives that promote civil participation and social inclusion can enhance people's capacity to make healthier choices in response to changing opportunities in their broader environments (Tsey et al., 2009). Thus, "empowerment and control sets the foundations for social and emotional health and wellbeing" (Tsey, Harvey, Gibson & Pearson, 2009); it is "an intermediate step to long-term health status and disparity outcomes" (Wallerstein, 2006, p. 4). For many Aboriginal people, the limitation of life potential is transgenerational and embedded in the usurping of control through the continuing processes of colonisation such as dispossession of land, the forced removal of children from families, racism and other colonial injustices. The resultant diminished ability for the exercise of power and control over their lives has reduced levels of social and emotional wellbeing and has manifested as contemporary issues of harmful health-related behaviours and poor psychosocial processes - a lack of control/choice, stress, self-harm and depression, hopelessness, incarceration, alcohol

and drug abuse, smoking and a lack of preventative health care (Tsey et al., 2009). However, to move forward from a position of relative powerlessness is challenging and requires “an initial investment in personal strength and empowerment of individuals” (Tsey, Harvey, Gibson, et al., 2009, p. 3; Rees et al., 2004).

## **Methodology**

The aim of the project was to analyse what supporting social and emotional wellbeing means for the community and service providers. In terms of meeting the objectives this meant identifying appropriate goals to achieve stakeholders’ identified targets, as well as relevant indicators by which their goals can be measured, and strategies ascertained for translating those goals into action. To form a collaborative safe space where “dialogue and development can flourish” (Reason & Bradbury, 2008, p. 3), in which trust can be developed and relationships nurtured, researchers modelled a strengths-based partnership approach. CBPR principles of social justice, autonomy, self-determination, liberty and equity, guided and supported the developmental stages and processes involved in the project (Bainbridge, McCalman, Tsey & Brown, 2011). Prominence was given to issues of trust, power, dialogue, capacity enhancement and collaboration in the research (Minkler & Wallerstein, 2008).

## **Methods**

Documentation was generated from the SEWB Group activities and included meeting minutes, topics workshopped with the group, reflective group sessions and researcher observations and reflections. All stakeholders took part in reflective group processes. These sessions generated data that responded to basic evaluation questions that asked what have we been doing? What worked well? What did not work well? What else needs to happen? And based on those reflections, what actions can we take to improve community SEWB?

## ***Data Sources***

Both qualitative and quantitative data was used in the project. Data collection began from the initial negotiation processes of the project. Firstly, qualitative data was sourced from the literature, earlier Yarrabah social health reports and focus groups with twelve local social health team members. All stakeholders participated in reflective sessions at bi-monthly meetings; the number of meeting participants varied but most consistently, an average of twenty stakeholders attended over eight meetings. Quantitative evidence was obtained from the government's routinely collected and publically reported statistical data for Yarrabah (Aboriginal and Torres Strait Islander Partnerships (ATSIP), 2011). This data reported on six indicators of what this government body considered to signify community wellbeing - hospital admissions, reported offences against the person, breaches of alcohol restrictions, new substantiated notifications of harm (child), new finalised child protection orders and school attendance (ATSIP, 2011). This data was used to engage the stakeholder group in measuring their own change.

### *Analysis*

Grounded theory methods were integrated as part of the all qualitative data collection and analysis, including CBPR cycles. Grounded theory and CBPR complement each other. As well as similarities, the strengths of each make up for shortfalls in the other (Dick, 2007). Grounded theory is designed to explore and understand the nature and occurrence of complex social phenomenon (Strauss and Corbin, 1998). It is suited to conducting exploratory research, especially in areas that lack an evidence base. Using grounded theory methods, we will identified the central concern of participants and the basic social processes that facilitated their concerns by explicating all constituent elements of mentoring work and their interrelationships.

### **Findings**



The study was designed to generate a substantive theory that explains the processes involved in developing a community action plan based on the experiential knowledge and everyday interactions of community stakeholders. The findings illuminate the conditions, strategies and consequences evident in stakeholder narratives of transitioning local change within the current broader situation of policy change, and within the bounds that enable and constrain discourse and action. The theory also illuminates the variations and commonalities evident in stakeholders' narratives. Using grounded theory methods to theorise from the stories and reflective responses of stakeholders involved in the project, the social process in which stakeholders engaged was theoretically coded *Planning for Action*. The constant influencing background in stakeholder narratives of *Strengthening Capacity* was identified as *Grounding Action in Evidence* with a view to providing for, and better supporting community social and emotional wellbeing in the aftermath of CDEP cessation. The term '*Strengthening*' Capacity vis-à-vis '*Building*' Capacity has been used here in order to avert a focus that presupposes an absence of capacity and assumed powerlessness. What was most pertinent for stakeholders was that action would be grounded in localised knowledge. The process of *Strengthening Capacity* that explained stakeholders' central concern was constituted by four interrelated sub-processes that were operationalised in their action planning: 1) Bringing it to the Table; 2) Enhancing Workforce Capacity; 3) Improving Access to Resources; and 4) Filling the Gaps. Each of these sub-processes had their own sets of strategies. The dimensions were neither hierarchical nor discrete. The process was open, dynamic, experiential and fluid - dimensions were interdependent and mutually reinforcing in stakeholders' efforts to *Ground Action in Evidence* to accomplish their strategic goal of *Strengthening Capacity* which in turn would inform a strategic community action plan for SEWB.

**Diagram 1: Process of *Strengthening Capacity* by *Grounding Action in Evidence***



**The process of *Strengthening Capacity* by *Grounding Action in Evidence***

The overarching process in which stakeholders engaged was *Strengthening Capacity*. It was initiated by ‘Bringing it to the Table’. This sub-process involved identifying and clarifying pertinent issues around community social and emotional wellbeing and carefully considering their approach preceded all other sub-processes. However, Bringing it to the Table only initiated other sub-processes in the first instance; on other occasions, it ran parallel to all other sub-processes throughout the project because stakeholders engaged in cycles of knowledge acquisition and reflective practice facilitated at meetings. Stakeholders then looked to the resources required for them to competently pursue their roles as change agents in order to support community social and emotional wellbeing; ways of ‘Enhancing Workforce Capacity’. This line of pursuit focussed on human and social resources, while another, ‘Improving Access to Resources’ concentrated on the physical resources required to meet their commitments and community needs. These two dimensions included both the

conditions in which stakeholders functioned, as well as the diverse strategies they embraced in mediating their roles in the everyday to expand possibilities for facilitating community change. 'Filling the Gaps', the fourth sub-process, illuminated those areas of practice that stakeholders considered were difficult to negotiate or which were paid little attention (See Diagram 1).

### **Bringing it to the Table**

For stakeholders, 'Bringing it to the Table' was about setting out the ideals or visions they had for community wellness and determining their values and priorities to identify ways to progress these principles. This dimension began the collaborative process of *Strengthening Capacity*. From the outset, the group co-ordinator envisaged a process whereby "core players could come together to look at preventative strategies and to develop a plan" because "about 350 people had been made redundant from CDEP and there was concern about how people would cope with issues of time, money and unemployment". Having stated this concern, the co-ordinator correspondingly identified that, many community members were taking the responsibility of change upon themselves: "it is surprising how many people are going to the three job networks...a lot of people are registering for training". This was because, as some reasoned, "they [community members] recognise that they need more qualifications" for the very limited number of positions in the community. Nevertheless, other stakeholders critically highlighted that they must take action early to avoid "bigger problems". An ethics of care and responsibility was also cautioned in negotiating an approach to the issue of community SEWB. An Elder guided this discussion around accounting for diverse and multi-layered needs: "CDEP closure as an added burden" on the community and it is important to note the need "to tread lightly because each individual is different" and lives within a diverse range of historical, socio-economic and emotional circumstances.

Upon unpacking the need to support the transition of CDEP workers to new employment activities, individuals, agencies and services agreed on developing a strategic action plan. The action component of planning was of paramount importance to stakeholders. At the beginning of the developmental stages the project, they definitively endorsed a resolution that approaches and strategies must be action-based and time-oriented. They arrived at this decision because, as most stakeholders protested and expressed their frustration: “too many non-important meetings and duplication of meetings with no action or follow-up” happen in community. Stakeholders also requested that a specific action-oriented question be added to the reflective sessions: “What actions can we take to improve SEWB?”

While the major challenges facing the group were noted, there were expectations that all parties would participate and provide input so they could be clear about goals. However, as one stakeholder commented, and upon which most concurred, it was equally important that before any plans were developed “we need to understand the terms of the issues and how they came about, what challenges arose and what opportunities did that bring; and what else needs to be happening to resolve those issues...this evidence must be explored with those people with whom we work”. Taking the dialogue further, a strengths-based approach was suggested: “there are strengths in the community and no reason to reinvent what is already being done...we take our existing work as the starting point”. It was further identified that there was a need to be aware of who is missing out. A proposal to use community-based participatory research was put to stakeholders to use as a facilitating tool for *Grounding Action in Evidence* and then use this localised information to develop a community SEWB action plan which all could use as a framework by working toward its objectives. Stakeholders recognised that for the document to have strength, “it would be up to us to put the effort in to make it work”.

Numerous issues arose in the meeting forums, but the point was made that “we need to pursue those which will make the greatest difference”. Elaborating on this statement one stakeholder insisted that “we also need to know what we are doing is making difference, to show funding bodies and others that it is working”. Many issues simultaneously fell under different dimensions. In principle, what was indeed occurring was *Strengthening Capacity*. Most prominent was developing a community of practice; working toward whole-of-community practice; taking more ownership; leading; engaging in education; advocacy mechanisms; communication strategies; building social capital; implementing professional development and safety; bolstering resources; developing better co-ordination of services; implementing measures for monitoring and evaluating SEWB; supporting parents; encouraging men; community engagement; implementing more targeted programs; championing our youth and Elders; and gaining endorsement of policies, procedures and plans.

### **Enhancing Workforce Capacity**

Stakeholders actively recognised that they were in the best position to assess their own needs and that critical to supporting community members to transition change, they too must have the capabilities and capacity required to do this work. Thus, in early group discussions, stakeholders focussed on their individual and collective needs – this was conceptually termed Enhancing Workforce Capacity. Enhancing Workforce Capacity opened the group’s thinking about *Strengthening Capacity* and focussed on the knowledge, skills and relationships stakeholders required to improve their work.

From the outset, governance was an important issue for stakeholders in its own right. Aboriginal community stakeholders immediately sought ownership and control of the process of *Strengthening Capacity* as a means to working toward their aspirations of developing

localised knowledge into an action plan for community SEWB by *Grounding Action in Evidence*. Ownership and control of this project was ensured as much as possible by the research approach and methods. Nevertheless, it must be said that ownership and control of the process was important in terms of facilitating choice about the direction and nature of change actions that would be pursued, how they would be implemented and who would assume responsibility for outcomes; this allowed for maximal impact of stakeholders' change strategies. Stakeholders also wanted to formally extend ownership and control to be inclusive of knowledge. On several occasions stakeholders expressed their dissatisfaction over the abuse of cultural and intellectual knowledge by other university researchers and supporting organisations. They suggested that community members “need to take more ownership when it comes to IP [intellectual property], maybe have IP workshops or training”. While this particular project was based on the co-construction of knowledge, there was still a call later in the project by a few stakeholders to formalise the research partnership. This call was prompted by recent instance in which other researchers had abused the use of local knowledge at a conference. Some stakeholders called for the formal documentation of “MOUs [Memorandum of Understanding] with researchers/universities and AMSs [Aboriginal Medical Services]/organisations to accommodate IP ownership issues”. There was a lack of consensus around the issue for the immediate project. Most stakeholders did not prioritise the formalisation process for this project, while others found value in taking further actions to receive more “JCU [university] advice”.

The group wanted to increase service capacity at the operational level and develop sustainable practices to better support community social and emotional wellbeing. Because there was considerable diversity within and between service providers in the community, stakeholders determined the need to develop ways of co-ordinating services whereby they

could work in “a system of continuous quality improvement and review together”. However, stakeholders did not seek to consolidate into one operational strategic body, but to develop a community of practice whereby they could still lead and maintain control, but work from a similar philosophical position and toward communal goals by establishing common “care and standardised referral pathways”. There still remained an issue whereby stakeholders were doing a lot of things outside of their identified roles. This flagged the significance of strategies that enabled them to advocate for the social determinants of health in a more targeted manner and particularly in relation to education, employment, transport, housing and other infrastructure needed such as a safe house for men.

Regular reflective meetings went some way toward enabling this goal, and training in mental health protocols was sought to develop common practice and referral pathways for clients. An empowerment education program was also delivered by university researchers for those interested stakeholders; this enabled more consensus around issues of concern, the development of common values and ways of working together. As well, as a means of developing better co-ordination of services and implementing a community communication strategy, a community resource booklet was updated so that both stakeholders and community members were aware of community services, their roles, location and contact information. This action was taken because they wanted “to be more involved, sharing information and being more aware of services being provided out in Yarrabah for the interest of SEWB” and “informing the community in advance as to what we are doing or have planned for the future”; in essence, stakeholders wanted strategies for “promotion and awareness of our services”. The social services co-ordinator also prepared a proposal for a web-based intranet service as part of the communication engagement process - a local strategy to inform community members, other community based organisations (internal &

external) and staff about the need to better co-ordinate effective service delivery in the community around SEWB. It aimed to ensure that all key stakeholders/employers and service providers are kept informed about an effective model of care and a referral pathways for clients in the community.

Building social capital, including bonding, bridging and linking capital was considered critical to enhancing both community and workforce capacity and to achieving community wellness. One stakeholder captured this sentiment of needing to “provide social cohesion and build social capital”, describing it as “getting organisations to work together for the good of the community”. While some stakeholders spoke of building stronger relations with community members and between services, others were cognisant of the role outside agencies and services played in supporting the community and, importantly, saw part of their role as nurturing and facilitating these relationships. When considering aid agencies and police for example, it was noted that ‘outside’ funding and hands-on roles supported local activities and that other contributions were made in terms of brokerage roles and in education and training. They talked about the need to establish and develop inside and outside relationships: “working together as service providers”, “team building”, “forming partnerships and alliances”, “being more on the ground out in the community” and “strengthening regular community/networking outside of established forums”. Other stakeholders identified the need for a whole-of-community strategic approach to developing relations and communication: “the communication, the linking and the networking needs to happen in a holistic way”. Often, what was noted as not working well was the duplication of services’ deliveries, timeliness of communication and “difficulty making contact with some services”. One stakeholder explained: “what does not work well is the clashing of dates for running the activities in Yarrabah...I don’t get the info early and this causes a problem”.



Stakeholders were beginning to infuse their ways of working with common understandings of their goals and strategies to deal with issues. However, this progress was marred by more challenges somewhat removed from their direct control – those challenges which lay in the managerial levels of services rather than those working at the coalface of SEWB. As stakeholders noted on numerous occasions, “information does not always filter down from the managerial levels to the operational levels”. Stakeholders related that they struggled with staff shortages, having clearly defined roles and responsibilities in their positions and, in some instances perceived that support from this higher level was critically lacking. The latter included the community Council. Thus, getting endorsement of the SEWB community action plan across all levels of the community was an important strategy in their proposed whole-of-community approach to *Strengthening Capacity*.

### **Improving access to resources**

Stakeholders made representations of community needs at meetings in order for them to develop strategies to better secure community health and welfare. They advocated on their own behalf to Enhance Workforce Capacity and proposed strategies such as increasing social capital to facilitate *Strengthening Capacity*. To make substantive progress in the everyday however, in addition to social and human resources, stakeholders needed to concentrate on the physical resources required to conduct their everyday business. Being better prepared for action by having physical needs adequately met may be a given in larger urban areas. In smaller rural and remote communities, however, material resources cannot be taken for granted. Support needs across various domains were highlighted as wanting. Better resourcing included, but was not limited to areas of administration; funding; clinical settings; health education and programs; service location, promotion and awareness; schooling; information technology; phone systems; and office space.

Clients' needs in terms of material resources were also importantly considered by stakeholders. Some stakeholders identified the need to ensure the appropriateness of programs for clients; opening up avenues for working with clients around SEWB and more community education programs around mental health. The use of information technology and its associated systems are increasing and are today a critical resource across all areas of health care. It has direct and indirect effects on the capacity of staff to effectively conduct their core business on a daily basis. In turn then, the efficiency of systems has an impact on the quality of care provided and outcomes. Stakeholders, nevertheless, repeatedly noted the difficulties to conduct their basic business without adequate access to information technology, phone systems and office space. Location of services was also identified as being key to enabling access to services for community members, as stakeholders logically noted, "services need to be located where the people are". Other difficulties for clients in accessing services were related to lacking transport.

Sporadic and short-term funding is typically characteristic of many Aboriginal development enterprises. The sustainability of the services co-ordinator was itself in question. This position was initially funded for only six months, but extended. Other stakeholders indicated that they were "tired of dealing with a false sense of security in terms of short-term funding for contracts". They said that this was "not good enough and want to see five year plans for contracts". Stakeholders identified a need for "continued support for training and capacity building and resources to enable regular, sustained on-the-ground engagement and its strategies". Funding applications, they maintained, were difficult for some to prepare, time-consuming and impacted on the continuity of service provision, programs that work and in

building on necessary skills and knowledge. An aid agency negotiated with stakeholders to conduct a workshop to support the writing of funding submissions.

### **Filling the Gaps**

The dimension ‘Filling the Gaps’ captured that which was identified as critically absent to a large extent in previous dimensions of the process of *Strengthening Capacity*. Identifying those areas, whether big or small, that was not receiving their adequate attention, provided opportunities for stakeholders to think about developing more targeted strategies. Not only were gaps in service delivery recognised, but also the extension of community services to cope with the kinds of clients who were increasingly presenting to services for support. Some of these groups, for instance aged care and dementia clients, were not previously prominent in mapping community needs.

For some time, stakeholders had focussed on incrementally providing improved support for hard-to-reach clients. Primary target groups included Elders, youth in the 12 – 15 age group, men and disengaged families. Stakeholders commented that there were “not enough families attending” activities and taking up other opportunities and more outreach was required; there was need to “honour our Elders”; champion our children; and increase men’s participation in available activities and programs. As a result, to encourage youth, a Youth Council was formed and a forum to listen to their issues organised. Funding applications were also made to support youth worker positions and other youth programs. The significant role that Elders play in promoting community wellness was well-documented and commitment strategies to sustain and honour their participation cultivated. Men’s group is strong in the community, and subsequently, there was already an imperative to organise a forum in which men from different areas could share knowledge.

The implementation of measures for monitoring and evaluation of community SEWB on most accounts was conspicuously lacking. One stakeholder requested that “we talk more on what has changed for each individual organisation, for example providing progress reports”. Thus, it was evident that stakeholders wanted know how to measure change. Since stakeholders were engaging in specific activities to progress community change, ways of knowing whether what they were doing was working were imperative. As one stakeholder advised, “this is an opportunity for us to understand what we do well and where we can do better and to use indicators to guide our work”. This dynamic of monitoring and measuring change reflected the concerns stakeholders held about the ways systems could be embedded in services or practice to understand what changes were happening in the community. In this dimension stakeholders were also concerned about the imposition of deficit indicators that did not capture the positive changes occurring in the community. There was therefore, to be relevant to stakeholders’ prerequisites, a need for measurements/indicators that adequately reflected the nature of the community to which stakeholders aspired and that could measure incremental change in the community.

Staff welfare importantly manifested as a concern. This issue was raised because, as was highlighted, it was difficult to cope on a daily basis with the social and emotional issues of clients. Professional development opportunities, peer support and debriefing mechanisms were recommended as coping strategies. Crisis intervention strategies were also a prominent concern for many stakeholders and as such, workshops were suggested to enhance the capacity of services to respond to emergency calls. Further, a spate of natural disasters experienced in the community at one point, compounded the pressure on staff. The development of a document, “a co-ordinated operational action plan” that could inform

mobilisation of agencies around social and emotional support for people in the wake of such disasters was proposed.

## **Discussion and Conclusion**

This study captures how one Aboriginal community responsively nurtured a bottom-up approach to manage top-down pressure in the shape of policy reform - bottom-up referring to “local activity, driven from grassroots, rooted in the responses of Indigenous communities enabled to help themselves” Turner, 2007, p. 233) and top-down connoting policy driven at the macro-level. Stakeholders sought to develop a participatory action plan to guide their internal development and activities tailored toward enhanced community SEWB. In doing so, they engaged in a process of *Strengthening Capacity by Grounding Action in Evidence* in the local context. Fundamental to that process was rallying social, human and material resources; that is, enhancing workforce abilities and improving access to resources that would enable them to achieve measurable change. Stakeholders’ vision of effective local governance and leadership through *Strengthening Capacity* was a key criteria to the ways in which they practiced. Aligning with notions of capacity development, they took on responsibility for developing “approaches, strategies and methodologies used for the purpose of improving the performance of individuals, communities and community organisations” (Kenny, 2007, p. 209) in their quest to better support community SEWB.

### ***Developing a participatory model for action***

Stakeholder meetings were participatory and facilitated by including reflective sessions and knowledge sharing, and thus more informed discussion. Stakeholders were enabled to clearly identify issues of concern and relevance to them, assess their position in relation to achieving their perceived goals based on these issues and analyse this information to inform their actions and strategies. The process model was used to derive a participatory planning framework as a strategic community action plan to better support residents’ social and

emotional wellbeing needs. The model was then used to translate stakeholders’ goals into actionable tasks. The resulting plan was constructed as a living document to guide future strategic directions (See Table 1); it can be built upon or adapted as circumstances and needs change or in reflecting on how activities progress.

**Table 1: Action plan for community social and emotional wellbeing – a living document**

<b>GOALS</b>	<b>STRATEGIES</b>	<b>ACTIONS</b>
<b>Enhancing Workforce Capacity</b>	<b>Strengthen governance</b>	<b>Strengthen &amp; support local leadership</b>
	<b>Develop a community of practice</b>	<b>Maintain the establishment of the SEWB group</b>
		<b>Endorsement of SEWB Plan</b>
		<b>Develop common referral pathways</b>
	<b>Build social capital</b>	<b>Delivery of protocols training</b>
		<b>Establish a network of relevant services &amp; agencies &amp; community champions</b>
	<b>Advocacy</b>	<b>Develop &amp; implement initiatives that address the social determinants of health &amp; wellbeing</b>

	<b>Establish stronger links with Council</b>
	<b>Utilise negotiation tables to address &amp; advocate for issues impacting SEWB (housing, employment etc.)</b>
<b>Develop inter-agency collaboration</b>	<b>Maintain the establishment of the SEWB group</b>
	<b>Work with external agencies</b>
<b>Develop/strengthen community communication strategies</b>	<b>Update resource booklet</b>
	<b>Establish intranet</b>
<b>Develop a whole-of-community approach</b>	<b>Holistic approaches to community priorities</b>
	<b>Partnerships between Elders, Council, service providers, justice group, social groups, schools &amp; government departments etc.</b>
<b>Improve on-the-ground engagement</b>	<b>Develop community communication strategies</b>
	<b>Smart Television screens</b>

**Improving Access to  
Resources**

**Improve job security**

**Lobby government**

**Improve access to funding**

**Training in writing funding  
applications – Mission Australia**

**Access funding to implement actions**

**Ensure program fit & relevance**

**Develop locally responsive programs**

**Tailor existing programs to fit local  
context**

**Improve technology, systems &  
work space**

**Advocate for, and participate in  
professional development  
opportunities**

**Support for capacity building &  
training**

**Advocate for, and participate in  
professional development  
opportunities**

**Filling the Gaps**

**Honour Elders**

**Increase participation of Elders in  
local decision-making**

**Facilitate community dinner with  
Elders**



	<p><b>Promote activities linking Elders &amp; Youth</b></p>
<b>Support staff welfare</b>	<p><b>Professional development</b></p> <p><b>Implement debriefing mechanisms</b></p> <p><b>Encourage peer support</b></p>
<b>Champion youth</b>	<p><b>Promote engagement into education, training &amp; employment</b></p> <p><b>Develop Youth Council</b></p> <p><b>Facilitate youth forums</b></p> <p><b>Deliver appropriate services and activities for youth 12-25</b></p> <p><b>Youth Recreation Centre – feasibility study</b></p>
<b>Implement measures for monitoring and evaluation</b>	<p><b>Identify appropriate social indicators</b></p> <p><b>Work with external agencies for support to embed strategies into services to sustain monitoring and evaluation</b></p>

<b>Encourage men</b>	<b>Convene a men’s knowledge sharing forum</b>
<b>Engage hard-to-reach families</b>	<b>Identify target families</b>
	<b>Provide better outreach services</b>
<b>Plan for the future</b>	<b>Develop crisis intervention strategies</b>
	<b>Develop a crisis operational plan</b>

### ***Strengthening Capacity***

The process of *Strengthening Capacity* resonated well with the extant literature on Indigenous governance and community capacity. Taking from Verity (2007), community capacity can be defined as “‘community’ effort, time, resources, leadership and commitment directed towards ‘community’ identified goals and change” (p. 5). Inherent in most approaches to community capacity are notions of community participation (Verity, 2007). Adding to this definition Labonte & Laverack (2001), importantly consider community capacity as an “increase in community groups’ ability to define, evaluate, analyse and act on health (or any other) concerns of importance to their members” (p. 114). The dimensions identified by stakeholders as constituting the process of *Strengthening Capacity*, and which broadly fall under the domains of better supporting and improving access to human, social and material resources, concurred in many ways with those offered by other practitioners and theorists in literature on community capacity. Laverack (2006) proposes the consideration of nine domains of influence in strengthening community capacity, all of which are powerfully evident in the stakeholders’ narratives. These include: improving stakeholder participation;

increasing problem assessment and evaluation capacities; developing local leadership; building empowering organisational structures; improving resource mobilisation; strengthening links to other organisations and people; enhancing stakeholder ability for critical awareness and analysis; increasing stakeholder control over program management; and creating an equitable relationship with outside agents.

The significant finding in this study was that stakeholders identified a process that purposefully enhanced their capacity in the context of delivering a specific community project. They demonstrated the process through their core concern for *Grounding Action in Evidence* to achieve their goal. Stakeholders perceived the process of *Strengthening Capacity* as both a means to achieve their goals and goal itself (Laverack, 2006) and to a large extent, articulated the philosophical position that informed their development of the process. The philosophical approach advanced here, added to the nature of the process and perhaps more importantly contributed an innovative dimension to the literature on Indigenous capacity development. The underlying philosophy articulated was holistic, action and time-oriented, strengths-based, context-dependent, relational, reconciliatory and evidence-based; this was embedded in an ethics of care and responsibility and commitment that simultaneously ensured ownership and control. This theoretical approach, according to Verity (2007), is not commonly articulated in reading models of community capacity development. The philosophy underpinning stakeholders' approach to capacity development, according to Laverack (2006), situates the findings differently to other community capacity development approaches; he perceives a difference between empowerment approaches and capacity building approaches. Differences lie in the agenda and purpose of the project - empowerment approaches seek to bring about social and political changes that are embodied in a sense of action and emancipation, while capacity development approaches are not focussed on

political activism and focus more on the development of enabling skills and abilities (Laverack, 2006).

Logically then, further strengthening existing capacity leads to more effective processes for change and development. Implicated in this agenda are issues of effective governance. In the context Aboriginal development, improving governance, according to (Tsey, McCalman, Bainbridge & Brown, 2012), “is about the incremental strengthening of management approaches (planning, resourcing, implementing, monitoring), and the involvement of Indigenous people in decision making about their own development that are likely to create the conditions for legitimate and capable rule and for collective action”.

Improving governance and as part of that process, *Strengthening Capacity*, is critical in enabling Aboriginal communities to realise their developmental goals. This consideration raises the importance of focusing on community-based and controlled services to provide better access and care for the populations they serve. Gaventa & Barrett (2010) have shown that it is only now, in relatively recent times, that “engagement through local associations and social movements emerges as a more important source of change than has previously been understood, with associations showing the highest percentage of positive outcomes” (no page).

Community development planning requires long-term sustained investment to identify human and social capital as well as other resources manifest in a situation, and then ascertaining gaps in the needs of a community, locally-tailoring responses and considering ways to monitor and measure change outcomes in the identified priority areas. Most effective is supporting people to strengthen existing action and by building change from within so that they can act in their best interests and in ways that reflect local ways of working. Although the change in policy to abandon CDEP was a top down decision, communities have an important role to play in how

they manage such changes on the ground. The purpose conceived has important implications for the process. The convergence of on-the-ground practice of stakeholders and the identification of the need to strengthen governance and capacity has implications for policy-makers and those working with Aboriginal people. There is an imperative to value add and build on the performance of existing Aboriginal community leadership by supporting Aboriginal communities using participatory approaches to bring about social and political change through local leadership, collective action, participation and broadly-inclusive bottom-up partnerships.

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