

SPRINGER BRIEFS IN PUBLIC HEALTH

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Promoting
Aboriginal Health
The Family
Wellbeing
Empowerment
Approach

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Promoting Aboriginal Health

The Family Wellbeing Empowerment
Approach

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Foreword

Those of us who have worked on the frontline of Aboriginal health for any length of time know that beneath the surface reality of Aboriginal people's poor health outcomes sits a deeper truth. It is about the importance of social and emotional well-being, and how this flows from a sense of control over one's own life. Where this is lacking, as it is in so many Aboriginal families and communities, there is instead indifference and despair and a descent into poor lifestyle choices and self-destructive behaviours. This is what underlies so many of the chronic conditions and debilitating ailments that afflict Aboriginal people across Australia.

Our medical professionals do a great job of prescribing medicines and devising treatment programmes but, to fix the root causes of ill health, we need something more. As Aboriginal people we need to have a sense of agency in our lives, that we are not stray leaves blowing about in the wind. In a word, we need empowerment. There has been a growing recognition of this need over the past two decades. A number of initiatives to enhance Aboriginal community resilience and well-being have been implemented, including the Family Wellbeing programme that started in South Australia in the early 1990s and spread to Alice Springs in 1996. It was there that I first became acquainted with Professor Komla Tsey, one of the co-authors of this fine book. Komla undertook the first evaluation of the Family Wellbeing programme in 1998. I was impressed by his enthusiasm and his awareness of the crucial importance of the psychosocial aspects of Aboriginal health, something often downplayed as 'fuzzy' and 'unscientific' by the broader research community, and encouraged him to continue his work on Aboriginal empowerment.

In 2003, I was appointed Chair of the new Cooperative Research Centre for Aboriginal Health (CRAH), which made the somewhat radical decision (at that time) to make social and emotional well-being one of its five research themes. By this time, Komla and his team were working with north Queensland communities that were implementing Family Wellbeing programmes, and the CRAH took the decision to fund what became known as the Empowerment Research Programme. This research was largely completed during the term of the CRAH but its findings continue to inform our work at the successor organisation, the Lowitja Institute, which I am proud to chair.

In the pages that follow the process of empowerment is explained and the research findings are discussed, with much of the analysis drawn from lead author

Mary Whiteside's doctoral study. Among the book's many highlights are the individual case studies culled from the more than 2,000 mainly Aboriginal participants who took part in the research programme. They make compelling reading. As one participant says, "now I can love my wife and children because I love myself." This book is important on so many levels. It shines a bright light on a neglected aspect of Aboriginal health, shows what can be achieved when communities embrace change and sounds a clarion call for continued resourcing of empowerment programmes. It also shows how far we have come in our understanding of Aboriginal health over the past two decades, as evidenced by the unprecedented focus on social and emotional well-being in the recently released *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

For all those interested in improving the health and lives of Aboriginal Australians, this book is a must-read.

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Preface

The concept of empowerment is highly relevant for promoting the health of Aboriginal Australians, yet there is little research evidence on what the term actually means or involves. This book presents a study of empowerment through a qualitative grounded theory analysis of the stories of people who participated in Family Wellbeing, an empowerment programme developed by Aboriginal Australians. It represents one of the few attempts to systematically understand the nature and benefits of empowerment from the point of view of a particular group. The findings take the form of a theoretical model that incorporates key, closely interconnected elements of empowerment: beliefs and attitudes, skills and knowledge, agency, and outcomes and their interaction with the broader social environment. This model resonates strongly with Aboriginal understandings of social and emotional well-being and provides a practical framework for action. The implications of the findings for the broader international sustainability agenda are highlighted.

A central message of this book is that empowerment starts with the efforts made by individuals, families, organisations and communities to improve their condition. It is critical that we find opportunities to engage with these strengths and mobilise public policy in support. Family Wellbeing provides one such way.

This book has eight chapters. The first two chapters provide background information. Chapter 1 explains the Family Wellbeing programme while Chap. 2 describes the research methodology. Chapter 3 provides an overview of the theoretical model of empowerment. The following four chapters, Chaps. 4–7, are organised around each of the elements of the model and their central messages, with supporting data. These chapters also include case stories, which provide detailed insights into the transformational power of empowerment processes such as those prompted by Family Wellbeing. To respect privacy and confidentiality, pseudonyms have been used in place of people's names. Chapter 8 provides the concluding remarks.

The term Aboriginal is used to refer to the traditional custodians of the mainland of Australia. An Aboriginal person is defined by the Australian Government based on the descent, self-identification and community recognition. Although there are two Indigenous peoples of Australia, this study refers to an Aboriginal (rather than Torres Strait Islander) developed and delivered programme; hence, the focus is on Aboriginal people.

Keywords

Health, Empowerment, Aboriginal Australia, Family wellbeing, Grounded theory, Social and emotional wellbeing, Sustainability

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Introduction

It was a hot steamy day; a light breeze stirred the frayed curtain. The dog across the road was dozing under a mango tree, but inside the room there was energy. The community workshop had been organised by two university researchers and more than 30 local health and community workers were in attendance, each wanting life to be better for children and families in their community. The ideas were flowing. The school and families should work together to encourage children to attend school. Families could mentor new teachers and introduce them to cultural ways. Teachers could encourage parents to help in the classroom. There should be more support for families. There could be camps for families who rarely got the chance to leave the community or for those who wanted to visit the lands of their forebears. Others in the community should be invited to share their thoughts and support any plans. The ideas continued, people raised endless possibilities and ways forward. The university researchers wondered whether this might be a new beginning; a chance to move beyond the despair reflected in local suicide, violence, drug and alcohol and child abuse statistics. Maybe they could support a community process that was sustainable and really made a difference.

Fast track one month to a second meeting held to progress the community's ideas. When the university workers arrived at the designated time, no one was there. Over the next hour, only five people arrived. Believing that the reason for the poor community attendance might be the timing of the meeting, an alternate time was arranged. But no one apart from the university workers came to this meeting either. Why did this happen? How did the community's energy and enthusiasm get lost so quickly?

This scenario is not unfamiliar. Time and time again, workers have attempted to develop programmes to address long-standing health and social difficulties experienced by Aboriginal Australians. They want to make a difference, but what starts out with good intentions, promise and hope quickly loses momentum. What gets in the way? Is it insufficient resources? Are there too many competing community demands? Is conflict between people a factor? Is something else happening? Do local people even believe that they have the power to change their lives? Whatever the reasons, the costs associated with programmes that don't work are huge. Valuable resources are wasted. Failed programmes can lead to blame and suffering and can compound the difficulties and a pervasive sense of frustration and hopelessness for all involved.

We, the authors of this book, have been working in and with Aboriginal communities for many years as professionals and researchers, in partnership with local organisations and community groups. We too have had many experiences such as the one described above. But we have also had different experiences where people took control of their lives and brought about lasting change. When we first started working together, we made a conscious decision to focus on understanding and promoting empowerment and social and emotional well-being as a strategy for Aboriginal health, rather than focus on analysing and quantifying problems. We were aware of international research on health inequalities examining the preventable and unjust differences in health status experienced by certain population groups (Marmot 1999). This research highlights the critical role of empowerment, incorporating psychosocial control and the conditions “in which we are born, grow, live, work and age” (Marmot 2013 np). We established an ‘Empowerment Research Program’, which aimed to learn about empowerment and well-being through the stories of people’s successes and achievements. We examined a range of community programmes, including health services, healing services, men’s groups and women’s groups.

From the outset, one of the programmes of focus in the Empowerment Research Programme was Family Wellbeing. Family Wellbeing is a group programme that aims to integrate personal and community empowerment (Aboriginal Education Development Branch 1993). This programme has taught us a lot about the nature of empowerment and how to engage local Aboriginal people in processes for change. Our initial involvement with Family Wellbeing started in 1998 with an invitation from Tangentyere Council, an Aboriginal housing and community development organisation in Alice Springs. Co-author Komla Tsey was invited to evaluate a course of Family Wellbeing being run as a youth suicide prevention initiative. Given the personal and sensitive nature of the programme, a participatory approach to the research was taken. This approach enabled a deeper understanding of the programme and allowed for a more trusting relationship to be built with participants. Following negotiations with both the facilitators and the course participants, Komla enrolled as a student. Although initially sceptical of the personal development approach of the programme, within weeks of commencing the weekly half-day sessions which would run for a year, he was struck by the enthusiasm of participants and their regular reflections on how much the course was benefiting them.

Each week, participants (most of whom were women) reported back to the class on the ways they were using the skills they were learning. They were dealing in new ways with parenting issues and family, workplace and community relationships. As an example, one woman said:

...within weeks after starting this course, I had to divorce my family. I’m not talking about my husband; I’m talking about my extended family. I am able to set ground rules. I say to them, “it doesn’t matter if you are my brother or cousin, if you are drunk, you cannot come to my house to demand food. If you are sober you can come. But if you are drunk, it is not fair on my children. This is my ground rule, if you want to maintain a relationship

with me, then you have to respect it...” It was hard to keep saying ‘no’ to family. It breaks my heart. Now they accept it and they give me and my children respect...

When Komla asked for their advice on how best to capture their experiences in the programme evaluation, participants highlighted the importance of both storytelling and relationships to their culture. They suggested that questions be structured into personal diaries, where they could document their stories about how they used the knowledge and skills they learned through the programme. This method was adopted and participants were asked to reflect on changes they were able to make in their family, work and community life, as well as any difficulties and challenges they faced. The findings of this initial Alice Springs Family Wellbeing programme evaluation were published (Tsey and Every 2000). Plain language, user-friendly versions of the evaluation findings were also printed and widely distributed by the Cooperative Research Centre for Aboriginal and Tropical Health.

Komla had previously led evaluations of a range of health, education, employment and other community projects developed by government or other non-Aboriginal organisations to address the needs of Aboriginal people. Those projects were typically funded in the range of \$20,000 to \$150,000 for the evaluation component alone. What struck him was that Family Wellbeing was the first Aboriginal designed programme he had evaluated. It was also the least funded. The total funding available for the evaluation was a meagre \$3,000. Yet, it was the first programme where there was evidence of a programme potentially leading to real improvements in participants’ well-being and health (Tsey and Every 2000). Komla became convinced that Aboriginal-developed empowerment programmes such as Family Wellbeing deserve research support in order to both strengthen their evidence base and improve programme quality.

When the Empowerment Research Programme was established, Family Wellbeing was introduced to Queensland communities where people were facing, often unknown to them, similar issues around suicide. Demand for the programme grew rapidly. Partnerships were formed with a number of governmental and non-governmental organisations and local workers and community members were trained in Family Wellbeing. Those who chose to participate were not necessarily the people who were usually involved in community affairs; they often faced challenges, such as intergenerational trauma, in their own lives. Training in Family Wellbeing empowered them to subsequently help others facing similar challenges.

Since 2001, the Empowerment Research Team, in partnership with 25 organisations, has facilitated Family Wellbeing with more than 2,000 people, 91 % of whom are Aboriginal (McCalman 2013). Many of these people have told their stories in evaluation diaries and interviews. These stories provide rich descriptions of transformative life changes and provide an important source of knowledge about the factors that enable empowerment and well-being. The similarities in themes within the stories enabled the development of the theoretical model to be presented in this book.

Family Wellbeing is not the only programme that seeks to empower Aboriginal Australians. There are other such successful programmes throughout Australia, often designed by Aboriginal people themselves. For this reason, the focus of this book is less on the nature of the Family Wellbeing programme itself, and more on presenting a model of empowerment for Aboriginal Australians. We believe this model is useful for people working in Aboriginal affairs, both at the coalface as well as in research and policy. It is relevant for community development workers, health professionals, social workers, teachers, government bureaucrats, advisors, researchers and anyone who is seeking ideas on where to start in promoting lasting and sustainable Aboriginal empowerment.

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