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A Grounded Theory of Empowerment
in the Context of
Indigenous Australia

Thesis submitted by

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in May 2009

for the degree of Doctor of Philosophy
in the School of Indigenous Australian
Studies

James Cook University

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Statement of Contribution of Others Including Financial and Editorial Help

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A professional administration service, Al Rinn Admin Specialists, was engaged to prepare the thesis for submission. Al Rinn's brief was to format and proof-read the document.

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Abstract

Disparities in social and health status between Indigenous Australians and the rest of the Australian population remain of deep concern. There are calls for new approaches as the myriad of policies and programs implemented to address these longstanding inequalities fail to affect significant and lasting change. Internationally, empowerment is increasingly recognized as a fundamental social determinant of health. Despite the apparent relevance of empowerment to the experiences of Indigenous Australians, there has been little systematic research in this context to contribute to policy and program development. This thesis sought to address this gap and examine the concept of empowerment in the context of Indigenous Australia through the stories of thirty-three people who enhanced their health and wellbeing following participation in an Indigenous developed empowerment education program implemented in differing locations.

The thesis begins with an overview of the study including a description of the study's location within a broader public health research program, the James Cook University Empowerment Research Program. As part of this broader program, the Family Wellbeing empowerment program was implemented as a tool for enabling individuals and groups in Indigenous Australian settings to take greater control and responsibility for their health and wellbeing. I describe how I, a social worker working within this public health research program, was aware of how people's own stories of strength and change collected through program evaluations provided a rich source of knowledge of empowerment in the Indigenous Australian context.

Next the thesis examines the context of the issues of concern in this study, the social and health difficulties experienced by Indigenous Australians. A historical overview positions governmental social policy from the colonial era against people's own efforts to improve their situation, highlighting the remarkable tenacity and achievements of individuals and groups, even in the face of difficult social circumstances.

A constructivist epistemology, critical post structural theoretical position and the application of flexible yet rigorous and systematic grounded theory methods constituted the study design. This design provided a framework for the development of theory from people's stories and involved processes of self reflection, engagement with literature, data analysis through sampling, coding and categorising the data for theory building. From here a methodical review of literature was undertaken in order to locate the study's theory within existing literature and to consider the theoretical contribution of the study.

The emergent theory delineates central interconnected and mutually reinforcing elements which enabled people to effect life changes even where many aspects of their social context remained constraints. These elements involve particular beliefs and attitudes and skills and knowledge manifested in agency and leading to achievements frequently linked to the issues identified as indicators of Indigenous disadvantage. People spoke of healing from past abuse, reducing their alcohol consumption, taking on new challenges in relation to education and employment and establishing more harmonious relationships, including improved parental relationships. They helped others to make similar changes and, on occasions, worked together with a common concern of improving the communities within which they lived. The elements identified within the study theory correspond with

international theoretical literature pertaining to empowerment. Within the study theory there is, however, a greater emphasis placed on attributes associated with a belief in God, strong personal values and having the skills to help others. These attributes resonate with Indigenous concepts of culture and spirituality.

This study contributes to the evidence base for empowerment as an integral component of multi-level policies and programs aiming to promote health and wellbeing in the context of Indigenous Australia. Furthermore, the study provides understanding of the specific elements and attributes of empowerment in this context, which can serve as a framework for implementing and evaluating empowerment strategies.

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List of Abbreviations

AAPA	Australian Aborigines Progressive Association
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ATSIC	Aboriginal and Torres Strait Islander Commission
CDEP	Community Development Employment Program
CRCAH	Co-operative Research Centre for Aboriginal Health
CSDH	Commission on Social Determinants of Health
ERP	James Cook University and University of Queensland Empowerment Research Program
FCAATSI	Federal Council for the Advancement of Aborigines and Torres Strait Islanders
FWB	The Family Wellbeing Empowerment Program
HREOC	Human Rights and Equal Opportunity Commission
JCU	James Cook University
NAC	National Aboriginal Conference
NACC	National Aboriginal Consultative Committee
NACCHO	National Aboriginal Community Controlled Health Organisation
NAHS	National Aboriginal Health Strategy
NCATSIWA	National Coalition of Aboriginal and Torres Strait Islander Social Workers Association
NHMRC	National Health and Medical Research Council
NTER	Northern Territory Emergency Response
PAR	Participatory Action Research
SIAS	School of Indigenous Australian Studies, James Cook University
SRA	Shared Responsibility Agreements
WHO	World Health Organization

Aboriginal and Torres Strait Islander people are advised that this document contains the transcribed voices of people who may have passed away.

Chapter One

Introducing the Study

1.1 Introduction

At first glance, the dominant story of the Indigenous peoples of Australia is one of marked despair. Historical and continuing problems of dispossession, exclusion, chronic illness, shortened life expectancy, poor education, passive welfare, alcohol abuse and child abuse are foremost in media commentaries and government reports. These accounts impact on the nation's psyche, leaving people across society feeling helpless and overwhelmed. This sense of powerlessness is compounded by the inability of successive governments, and their policies, to effect significant and sustained change. Yet, within this troubled context, there are multiple stories that paint another picture altogether. Stories of people's determination to resist, survive and even thrive in the face of adversity. These stories are a relatively untapped source of knowledge about the factors that enable change in, what otherwise seems to be, an intractable situation. One source of such stories involves the personal life accounts collected from participants of the Family Wellbeing Empowerment Program (FWB) during program evaluations. These stories provide rich descriptions of Indigenous Australians making transformative life changes, even within problematic social environments. This study sought to learn about the factors that enable change from these stories, through a systematic analytic process, and to use the knowledge to understand the nature of empowerment as a force for health in this context.

This introductory chapter provides an overview of the study's location within a broader public health research program. It introduces the researcher and her role as a social

worker within public health and considers the histories of these two disciplines in relation to Indigenous health and wellbeing. Finally, the chapter provides an overview of the research methodology and key findings.

1.2 The study aim

In response to a lack of published research on the topic, this thesis aims to draw on individuals' stories of life change to develop theoretical understanding of the concept of empowerment in the context of Indigenous Australia.

1.3 Locating the research

This study is not stand-alone research but sits within an established research program, the Empowerment Research Program (ERP). From the outset it is important to delineate the focus of this study from that of the ERP because this study addresses just one aspect of the broader program.

I commence with the rationale for the ERP, which was established as a result of a series of factors. First, despite Australia having a world-class health system, Indigenous people in Australia experience higher levels of illness and premature death than non-Indigenous people, with a life expectancy estimated to be 13 to 17 years shorter than that of their non-Indigenous counterparts (Tsey, Whiteside, Haswell-Elkins, Bainbridge, Cadet-James & Wilson, in press; Vos, Barker, Stanley & Lopez, 2007). Non-communicable, largely preventable, diseases explained 70 percent of the health gap, with cardiovascular disease the leading cause, followed by diabetes and mental disorders. Injuries contributed 15 percent of the health gap, with suicide the leading cause. Within the Indigenous population there are location differences with Indigenous Australians living in remote

areas experiencing a disproportionate amount of the health gap for all major disease areas, apart from mental disorders, relative to population size (Vos et al., 2007). There has been significant growth in Indigenous Australian health research output, however, this has been mainly in the area of descriptive (78%) rather than intervention research compared to similar countries like New Zealand, Canada and United States of America (USA) where well-resourced intervention research resulted in significant health gains for the Indigenous populations (Sanson-Fisher, Campbell, Perkins, Blunden & Davis, 2006; Tsey et al., in press). As Sanson-Fisher et al. (2006) highlight, this disparity arises because intervention research is much more expensive to fund, and harder to implement and publish, because of serious methodological, logistical and political challenges. It is, nonetheless, critical to conduct intervention research to create the desired evidence base concerning those interventions that most effectively improve Indigenous Australian health and wellbeing (Tsey et al., in press).

Second, relative powerlessness resulting from colonisation has long been accepted, and documented in a range of policy documents following the seminal 1989 National Aboriginal Health strategy, as a major factor shaping Indigenous health inequalities (Tsey & Every, 2000a; National Aboriginal Health Strategy, 1989). Indigenous commentators, including Noel Pearson (2000), argue strongly that current health programs are not working and there is a need for programs that empower people to take greater control of their circumstances. It is, however, one thing to say that people should be enabled and empowered but how do you do this in practice? Despite the ongoing use of the term empowerment in policy documents (Human Rights and Equal Opportunity Commission (HREOC), 1997; Swan & Raphael, 1995), there is little empirical evidence relating to how to both operationalise and evaluate empowerment (Legge, 1999; Tsey & Every, 2000a). As

a result, the term has become rhetorical and, at times, used to justify programs which are top down and imposed. This risk is acknowledged in empowerment literature which notes that empowerment can be a “more subtle refinement of domination” (Pease, 2002, p. 138) and a framework which, given its liberatory discourse, is beyond justification or critique (Kesby, 2005).

Third, from the 1990s, the Indigenous concept of social and emotional wellbeing has developed as a more holistic understanding of the concept of mental health. The term is based on the Indigenous Australian definition of health which recognises that achieving optimal conditions for health and wellbeing requires a holistic and whole-of life view of health, involving the social, emotional and cultural wellbeing of the whole community. This concept informs a series of policies aimed at promoting social and emotional wellbeing for Indigenous Australians (Raphael, 2000; Swan & Raphael, 1995; Urbis Keys Young, 2001). Yet again, there is a lack of empirical research to operationalise and evaluate the concepts.

Fourth, though social factors had been connected to health since the seventeenth century (Baum, 2002; Mackereth & Appleton, 2008), from the 1990s there has been renewed international interest in the social determinants of health. A World Health Organization (WHO) commissioned report, *The solid facts: Social determinants of health*, suggests how research on the social determinants of health can inform national policy development and help reduce health inequalities within countries (Wilkinson & Marmot, 1998). In Australia in 1999, the Population Health Division of Health and Aged Care commissioned a report to inform the development of a long term Australian health inequalities research program contributing to the development of policies and interventions

aimed at reducing these inequalities (Harvey, Tsey, Hunter, Cadet-James, Brown, Whiteside & Minniecon, 2001). This report, *Socioeconomic determinants of health: Towards a national research program and a policy and intervention agenda*, proposes a conceptual framework for understanding the relationship between socioeconomic status and health (Turrell, Oldenburg, McGuffog & Dent, 1999). The framework groups health determinants into upstream, midstream and downstream factors. Upstream factors include aspects of the social, physical and economic environment such as education, employment, housing and transport. Both government and global policies are acknowledged as influences on upstream factors. Midstream factors include psychosocial processes and health behaviours which reflect the way people interact with their environment. Control is one of a range of psychosocial factors located 'midstream'. Downstream factors encompass psycho-physiological stress responses whereby accumulated anxiety, insecurity, low self esteem, social isolation and lack of control over social circumstances can result in compromise of the body's homeostatic mechanisms, including the immune system. This, in turn, can lead to increased vulnerability to a range of patho-physiological outcomes including depression, increased susceptibility to infections and chronic disease (Harvey et al., 2001; Turrell et al., 1999).

Oldenburg, Mc Guffog and Turrell (2000) state that the framework suggests the following key elements in the development of appropriately targeted interventions and policies; strategies need to be multi-level – addressing both upstream and downstream factors, upstream factors are important in addressing health inequalities at a population level, the setting in which people live and work influences their psychosocial wellbeing and therefore has an impact on their health, policies and interventions outside the health sector impact on health and require intersectoral collaboration.

In a review of policies and interventions which address the social determinants of health, Oldenburg et al. (2000) identify six broad categories of activities; changing macro-level social and economic policies, improving living and working conditions, reducing behavioural risk factors, improving the equity of the health care system, involving local communities in health initiatives, empowering individuals, and improving their social and family networks.

Emphasising the first four categories of activities, and based on a review of the evidence base in these areas, the authors suggest that further research and development should focus on a model which combines macro-level strategies with individual behavioural change and lifestyle factors (Oldenburg et al., 2000). The last two categories (involving local communities in health initiatives and empowering individuals and improving their social and family networks) incorporate interventions based on the principles of community participation and personal and social development, which form the basis of the Ottawa Charter for Health Promotion (Harvey et al. 2001). The authors noted that, as yet, there was little evidence that these types of initiatives can have an impact on health inequalities (Harvey et al., 2001; Oldenburg et al., 2000). Yet, empowerment continues to feature prominently in Indigenous affairs (HREOC, 1997; National Aboriginal Health Strategy, 1989; Pearson, 2000; Swan & Raphael, 1995).

All of the afore-mentioned factors have contributed to the development of the ERP as a ten-year program to explore the role and contribution of empowerment as a social determinant of health within the context of Indigenous Australia. Short and long term objectives, developed by the ERP research team, are undertaken in partnership with Indigenous groups and organisations (see Table 1.1).

Table 1.1 JCU empowerment research program short and medium to longer term objectives

Short term objectives	Medium – longer term objectives
<ul style="list-style-type: none"> ▪ Determine the utility of empowerment interventions as tools to engage and support individuals and groups in Indigenous settings to take greater control for their health and wellbeing ▪ Develop appropriate in-depth qualitative tools to monitor and assess the nature of empowerment interventions, their acceptability and effectiveness in a variety of settings, as well as the range of contextual issues that may arise in implementing such interventions ▪ Identify the possible pathways through which personal or psychological empowerment might lead to structural empowerment and vice versa ▪ Determine the medium-longer term sustainability of empowerment interventions and devise appropriate strategies to promote sustainability ▪ Identify the skills, training and support needs for local Indigenous community based empowerment research facilitators and best practice models of organising and providing such support 	<ul style="list-style-type: none"> ▪ Develop appropriate measurement tools to quantify the efficacy of empowerment interventions ▪ Assess the role and usefulness of empowerment interventions, more specifically in Indigenous communities experiencing high levels of alcohol misuse, family violence, unemployment and limited opportunities for gainful employment ▪ Explore potential of empowerment interventions as tools to enhance chronic disease management and prevention ▪ Develop frameworks to undertake appropriate economic evaluation of complex empowerment interventions ▪ Determine the possibilities and limitations of empowerment interventions as tolls addressing health inequalities at population levels ▪ Develop best practice approaches to collaborative working relationships between academic researchers and relevant stakeholders that would promote the concept of empowerment at community, organisational and policy levels ▪ Develop a critical mass of interdisciplinary empowerment and community development research expertise from grassroots levels through to doctoral and post doctoral levels ▪ Make contributions of local, national and international significance to the knowledge of evidence based approaches that engage and support individuals and groups to take greater control and responsibility for their health and wellbeing.

Rather than the university-based ERP team constructing their own programs to test, a deliberate decision was made to seek to understand empowerment through the experiences of Indigenous Australians themselves. Established Indigenous initiatives and programs, including men’s groups, women’s groups, community controlled advocacy and service organisations and FWB, were identified for research case studies.

This study uses the stories of FWB participants, collected as part of micro level program evaluations, to develop grounded theory of empowerment. While this work has implications for the ERP agenda, this broader agenda will have only limited focus in the

thesis. However, the findings of the study will be related to some of the issues raised by the ERP in the final chapter.

1.4 The Family Wellbeing Empowerment Program

The importance of a multi-level framework to address health inequalities (Oldenburg, et al., 2000) was acknowledged by the Indigenous leaders who developed FWB. They may not have articulated this concept in an academic sense but they recognised that structural action goes hand-in-hand with individual capacity. Indigenous Australians have a strong desire to be self-determining and to counter the structural racism and marginalisation they have experienced since colonisation (Anderson, 2007). A key aspect of Indigenous structural activism involves community control over resources including land, housing, legal services and health services. The strength of their activism is evident in the fact that, since 1970, more than 140 Indigenous community controlled health services have been established as part of the overall health system (Tsey et al., in press). Incorporated and governed by an elected Indigenous body, these organisations deliver holistic and culturally appropriate health services to the community that controls them (Anderson, 2007; Reynolds, 1996). While Indigenous control over key resources was, and remains, a central platform of the self-determination movement, it has become apparent to some Indigenous leaders that a high level of individual capacity is required for control to be achieved and sustained (Tsey & Every, 2000a). FWB is a direct response to this realisation.

FWB was developed in 1993 through the Aboriginal Education Development Branch of the South Australian Department of Education by a group of Indigenous community leaders involved in social and health activism. These Indigenous leaders were also survivors of the 'Stolen Generation', a term used to refer to the era in which Indigenous

children were separated from their families, often to be brought up on church missions or in white Australian families, with the intent of assimilating them into European society (Briskman, 2007). The group of leaders argued that their removal deprived them, and others in their communities, of their basic human needs and opportunities for the fundamental personal development necessary for successful parenting and other relationships and the ability to advocate and maintain control of Indigenous affairs. Despite their success as activists, they continued to suffer the effects of the trauma associated with their backgrounds and they witnessed others suffering in the same way. They believed that this, in part, explained the high levels of self-destructive behaviours, such as suicide, drug and alcohol abuse, violence and child abuse, occurring in Indigenous communities. FWB was developed as a complementary strategy to structural empowerment and reform.

Built from people's stories of survival, FWB seeks to empower people to take greater control over the conditions influencing their lives through an integrated process of building confidence and optimism, personal values, life and counselling skills and theoretical knowledge in a supportive group environment. The program is structured in five stages but the central principles and skills are presented in Stage 1. Stages 2 to 4 reinforce these principles and skills and integrate theoretical knowledge related to the issues of priority concern to the Indigenous participants. Stage 2 has a focus on grief and loss and crisis; Stage 3 considers family violence, abuse and healing and Stage 4 reviews the FWB program as a whole and reinforces the basic principles. Most recently, Stage 5 has been developed to train participants who have completed the full four-stage course to become program facilitators.

The program commences by establishing group rules and boundaries. The development of a group agreement aims to facilitate a supportive and safe learning environment. Ensuring confidentiality and building trust is an important first step given the close, and often troubled, communities in which many participants live.

The foundation topics of 'Basic Human Qualities' and 'Basic Human Needs' provide the analytic framework of FWB. 'Basic Human Qualities' considers values and qualities to aspire to in life and the extent to which these exist in our leaders, but also in ourselves. Qualities highlighted in program handouts articulate many of the FWB principles, for example, the importance of listening and other communication skills, understanding and empathy; acceptance and the ability to see the good in others even where they behave badly; belief in the possibility of change and vision for this change; the willingness to deal with personal issues and challenges before helping others; and recognition that the answers to each person's problems lie within them.

The topic of 'Basic Human Needs' follows 'Basic Human Qualities' linked by the assumption that it is difficult to express human qualities, and problematic behaviour can result, when one's basic physical, emotional, mental and spiritual needs are not met. This topic is highly relevant to the context of Indigenous Australia where, for example, people were deprived of the basic need of familial love through 'Stolen Generation' policies which involved the separation of children from their families in order to be assimilated into European society (Briskman, 2007). Participants reflect on a tabular framework articulating basic needs including the basic resources for life, acceptance and respect as individuals, freedom of expression, the right to learn and have opportunities for spiritual exploration and expression. For many people doing FWB, this table is enlightening,

particularly if they have had limited previous opportunities to reflect on their needs and rights as individuals. The knowledge provides a new set of expectations as well as the language to express these.

The principles within the first two topics are applied to each of the sessions that follow. Participants are invited to document their life journey in order to reflect on where they have come from, turning points in their life and where they want to go in terms of family, work and as a community member. This process is a powerful tool for building personal awareness of the qualities developed through life and how these can be applied to achieve future goals. An analytic framework for understanding relationships is presented to enable people to reflect on how qualities can be applied to build more harmonious and supportive relationships, and the reverse, how relationships can become destructive when an individual's basic needs aren't met. Participants consider the roles that they and others play, the patterns that constrain or enable personal growth and the ways in which relationships can be improved. Strategies for conflict resolution are provided to help people achieve this change. Considered, too, are ways to better understand and manage emotions. For example, people are taught the concept of 'being centred', the ability to stay calm and steady even in situations of high emotions and conflict, in order to effect more stability, think more clearly and make rational decisions. The impact of personal beliefs and attitudes on personal decision-making and relationships are also explored on the rationale that having an awareness of the beliefs and attitudes that influence us can help us to choose to keep those that are useful or change those holding us back. A topic on crisis demands the application of the beliefs and attitudes and skills associated with human qualities. Primary is the belief that adverse situations provide opportunities for learning and change.

Reflecting an understanding of empowerment as an integrated process between the individual and community, the final session of Stage 1 focuses more specifically on the application of all these topics to community level change. People are given the opportunity to reflect on the linkages and start to think about how they can use their personal skills to make changes in their communities and beyond, re-emphasising the belief that individuals have the power to effect change from the personal to organisational and community levels, no matter how challenging the issues they are experiencing.

The theoretical basis of FWB is eclectic. The program authors drew from, and integrated, an array of theory and resources, ranging from Eastern knowledge traditions to mainstream Western psychology. Ideas and techniques have been taken from psychosynthesis, a branch of transpersonal psychology which aims to enrich lives through direct spiritual experience (Clinebell, 1981). Concepts and techniques of building inner peace and linking this to broader processes for world peace were incorporated following a cross-cultural exchange with Tibetan monks from the Dalai Lama's Gyoto Tantric University. Strategies for dealing with the effects of childhood sexual abuse on adults were drawn from *The Courage to Heal* (Davis, 1990). The Tatelbaum model of grief was used to help people to understand their processes of grief and loss (Tatelbaum, 1980). Information about addressing family violence, child abuse and conflict were adapted from a range of government and non-government resources. A strengths approach to healing was apparent in the reframing of difficulties and adversity as opportunities for learning and growth. Experiences of emotional pain are seen as opportunities for developing compassion for the situation of others, difficult relationships are reframed as the greatest sources of learning about the self and crises are seen as opportunities for change as entrenched patterns are destabilised.

In summary, the Indigenous architects of FWB viewed enhanced personal capacity as an essential and complementary strategy for Indigenous self-determination and community control, a prominent feature in strategies to improve Indigenous health and wellbeing (Tsey & Every, 2000a; Tsey et al., in press). FWB was designed to build this capacity.

1.5 Family Wellbeing Program research within the empowerment research program

The ERP research focus on FWB evolved from an invitation, in 1998, by an Aboriginal community-controlled organisation in the Northern Territory to Professor Komla Tsey, a Chief Investigator of the ERP, to evaluate a course of FWB being run as a youth suicide prevention initiative (Site 1 in this study). Given the personal and sensitive nature of the program, Professor Tsey decided to take a participatory approach to the research. Such an approach would enable a deeper understanding of the program and allow a more trusting relationship to be built with participants. Following negotiations with both the facilitators and the course participants, Professor Tsey enrolled as a student. Within weeks of commencing the program (run one half-day per week over the course of a year), Professor Tsey was struck by the enthusiasm of participants and their regular reflections on how much the course was benefiting them.

Professor Tsey involved FWB participants in the design of the program evaluation. The participants said that story telling was a central way of sharing information in their culture and that the evaluation should therefore take the form of writing or telling stories. They also said that, for Indigenous people, it is important to consider a person within their relationships. Therefore, any evaluation should examine the impact of participating in FWB on their family and community. Where people were employed (the majority in this

course), the evaluation should also consider the impact on their workplace. Because the program was being run as a youth suicide prevention initiative, questions relating to youth suicide were included. Together, the researcher and participants designed the following set of questions:

- In what ways were your expectations about the FWB met or not met?
- What did you like about the program?
- What did you not like about the program?
- Write down some of the ways you can use the family wellbeing skills and knowledge; in your family, in your workplace, in your wider community life.
- Have you any other comments/thoughts on the family wellbeing approach?
- How beneficial has the FWB course been for youth suicide prevention in Central Australia? Suggest three things that needed to be done in order to prevent the rising youth suicide in the region.

These questions were put into a questionnaire format and given to participants to document their immediate feedback.

As part of the FWB learning process, participants were encouraged to write diaries in order to document real life stories about how they used the FWB knowledge and skills (see Appendix A - Participant Diary Example). They were asked to explore any changes or success at making a life situation better and the difficulties and highlights involved. Given their employment status, most participants were comfortable with writing. Participants therefore suggested that the evaluation questions also be structured into their diaries. When later discussing how people found the process of writing their responses to the evaluation questions in their diaries, some had found the writing easier than others. People suggested

that in future, in place of written diaries, the same questions be asked of people in one-on-one interviews.

Data from the workshop evaluation questionnaires and diaries was typed, collated and analysed according to a grounded theory approach. In practice, this involved coding and categorising the data, leaving the research question (the efficacy of FWB as a suicide prevention program) and literature review for consideration after this initial process (Charmaz, 2006). Coding involved reading the data line by line and creating codes, words or phrases that captured a phenomenon (Charmaz, 2006), in particular, what people had found helpful in relation to FWB. These codes were then clustered into categories, or themes, to provide a picture of what people valued about the program and an account of the extent to which FWB helped them to make changes in their family, community and work situations. Literature was later consulted in relation to the protective and risk factors associated with suicide to consider the extent to which people's stories corresponded with these factors. The causes of youth suicide are many and complex but a number of factors closely correlated with those evident in the data, for example, quality parenting, social and emotional wellbeing and relationships with people in positions of influence in their life, were considered protective factors (Tsey & Every, 2000a). The undermining of the capacity of families to support young people in a healthy environment, due to rapid and pervasive social and cultural changes, was a major accompanying risk factor (Tsey & Every, 2000a). So too was Indigenous students' school experience of a lack of connectedness, which further alienated them from the wider society (Tsey & Every, 2000a). Following data analysis, the findings were fed back to participants at a community forum where people requested that their stories be printed as a community resource. The

Co-Operative Research Centre for Aboriginal Health (CRCAH) printed and distributed this resource around the community.

The findings of the Northern Territory FWB program evaluation highlighted the potential of FWB as a tool for building the evidence base for empowerment programs in the context of Indigenous Australia. When Professor Tsey relocated to North Queensland in 2000, he introduced the concept to health academics and others across the region, seeking new strategies for Indigenous health. Subsequently, a steering committee, consisting of James Cook University and University of Queensland health academics and senior managers of local Indigenous organisations, was established under the rubric of the ERP to implement and evaluate FWB as a source of knowledge of empowerment in the context of Indigenous health and wellbeing. Partnership between Indigenous and non-Indigenous researchers was central and reflected through the composition of the research team, from the level of chief investigator through to employment of local Indigenous community-based researchers (Mayo, Tsey & Empowerment Research Team, 2009). The intent of the research was to implement and evaluate FWB and to analyse the data at two levels—firstly, as discrete micro-level initiatives that provided learning in relation to the context of each site and evidence for program efficacy and, secondly, a re-evaluation of the data collected across sites to develop a broader theoretical understanding of empowerment in the context of Indigenous health and wellbeing. The second level of analysis is the focus of this thesis. It involves the re-evaluation of data collected in different sites to develop theoretical understanding of empowerment in the context of Indigenous Australia, including the links between personal and structural domains. This objective was articulated within the ERP objectives as ‘Identify the possible pathways through which personal or

psychological empowerment might lead to structural empowerment and vice versa' (see Table 1.1).

Since its inception, the ERP has been funded by a range of sources including the National Health and Medical Research Council (NHMRC), the CRC for Aboriginal Health (CRCAH), Department of Family and Community Services (Australian Government), Department of Health and Aging (Australian Government), Queensland Health, Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), Central Australian Aboriginal Congress, Department of Communities (Queensland Government) and Douglas Shire Council. Furthermore, the ERP team has been involved in collaborations with numerous other research teams within Australia. Ethics approval has been obtained from the James Cook University Ethics Review committee (approval number no. H 2112), as well as health ethics committees at each of the program sites (Appendix B – Declaration on Ethics).

Between 1998 and 2003, FWB was delivered in four sites, inclusive of the first Northern Territory site (see Table 1.2). The extent of people's exposure to the program varied across the sites (see Table 1.3). In the North Queensland sites, initially only Stage 1 of the four stage FWB program was offered and a greater emphasis was placed on the ERP team using a participatory action research (PAR) process to support participants to collectively address identified priority community and/or organisational issues arising out of the FWB experience (Daly et al., 2004; Whiteside, 2004). In addition, in one North Queensland site, five participants trained in Stage 5 of the FWB program, the module dedicated to facilitator training, in order to build their capacity to deliver Stage 1 of the program to their families and other groups of people in their communities. For reasons of

confidentiality, the sites are not identified in this thesis, though it is noted that they were diverse in relation to size, location and the nature of the organisation through which the program was delivered.

Table 1.2 FWB sites and partner organisations

Site	Population	Geographical Area	Partner
1	24,000	Remote Centre	Indigenous community-controlled
2	3,000	Rural Area	Indigenous community-controlled
3	150,000	Large Rural Centre	State government agency
4	1,000	Other Remote Centre	Indigenous community- controlled

Table 1.2 summarises information relating to the FWB program sites that form the basis of this thesis. By the Commonwealth Department of Health and Ageing Rural, Remote and Metropolitan Areas Classification (RRMA), Site 1 was a Remote Centre, Site 2 was a Rural Area, Site 3 was a Large Rural Centre and Site 4 was Other Remote Centre (population < 5000) (Australian Government Department of Health and Ageing, 2009). In Sites 1, 2 and 4 FWB was run in partnership with an Indigenous controlled organization. In Site 3 FWB was implemented in partnership with a State government agency.

At the North Queensland FWB program sites, the evaluation occurred through a process similar to the original Northern Territory program evaluation. Participants were given a questionnaire at the outset of the pilot requesting demographic information relating to their employment status and their age. They were then asked to write down their expectations or what they hoped to get out of the course and how they hoped to use any skills they learnt from the program in their life; at home with family, in their work situation

and in broader community life. As with the Northern Territory (Site 1) evaluation, on completing the course, the questionnaire asked people to consider how their expectations about the program were met or not met; what they liked about the program; what they did not like; the ways they could use the FWB skills and knowledge in their family, workplace and wider community life as well as any other comments or thoughts on the FWB approach.

Six to twelve months following completion of the program, participants were interviewed individually by a researcher using semi-structured questions used as prompts for stories based on real life experiences (see Appendix C - Example of Evaluation Interview). These questions were:

- Are you able to describe in story form the specific ways or situations in which you have used the FWB skills and knowledge within your family, your workplace and the wider community?
- What are the main difficulties and highlights of using the FWB approach to bring about changes in your family, workplace and community life?
- Do you have any other comments/thoughts about the FWB approach?

Table 1.3 presents an overview of the numbers of people exposed to FWB and interviewed at the four sites. One hundred and sixteen people were exposed to FWB between 1998 and 2003. Twelve people completed 4 stages of the FWB program, 44 completed Stage 1 and 26 completed less than Stage 1. Forty-seven people participated in interviews; either one-on-one or through personal diaries. Sixteen respondents were men, 31 were women and 6 were non-Indigenous.

Table 1.3 FWB data 1999 to 2003

	Total Exposed	Total Interviewed	Men Interviewed	Women Interviewed	Non-Ind. Int.	Level of FWB Exposure
Site 1	31	10	0	10	2	12 ⁼⁴ 21 ⁼¹ 10 ^{<1}
Site 2	53	13	7	6	0	9 ⁼¹ 6 ^{<1}
Site 3	13	10	7	3	0	8 ⁼¹ 2 ^{<1}
Site 4	19	14	2	12	2	6 ⁼¹ 8 ^{<1}
Totals	116	47	16	31	4	12 ⁼⁴ 44 ⁼¹ 26 ^{<1}

An independent interviewer was used for the majority of follow-up interviews; however, at one site a FWB facilitator interviewed program participants. The grounded theory method of analysis used for the initial Northern Territory evaluation was repeated. At each site, the research findings were fed back to participants, both verbally and in a written report. An important finding was that, regardless of the nature and extent of program exposure, people spoke of the transformative life changes they had undergone as a result of their participation.

The extent to which the use of a person known to the participants (the author) undertook the FWB program evaluation interviews created a study limitation was the cause of some reflection. There was a risk that the researcher would have too close an identification with the study respondents or that respondents may feel pressured into giving particular kinds of responses. On the other hand, this form of participatory research allowed for greater researcher and participant collaboration as part of an investigative process for knowledge development and change (Kemmis & McTaggart, 2000). A strengthened relationship between researcher and respondent was likely to be of particular benefit in Indigenous contexts where, due to historical experiences, people commonly mistrusted the research process. Whatever the pros and cons of using a known versus an unknown researcher, in practice, it was apparent that this was not a major influence on the quality of the data. Consistency in relation to themes and the richness of the data across settings, age groups and gender, was striking. It was evident that people's almost universal enthusiasm for FWB, and their keenness to share their experiences, overcame any potential limitations relating to the nature of the researcher doing the interview.

1.6 Locating myself

Interpreting the stories of others demanded reflection on that of my own. At the outset, the process of self-reflection felt self-indulgent, if not narcissistic. Who would be interested in the story of a white, middle-aged, middle-class wife and mother from Melbourne? Apart from my gender, I was a symbol of the oppressors in society rather than the oppressed. My sentiment was not unusual. Reflexivity and autobiography are commonly put down as 'mere naval gazing'; however, Okely argues, "self-adoration is quite different from self-awareness and a critical scrutiny of the self" (1992, p. 2).

I took a chronological approach to the reflective process, interweaving personal and professional experiences that stood out in my memory as either major times of discovery or turning points. Some of these experiences were positive and some were difficult and challenging; all provided learning opportunities. For each, I documented the nature of the particular event or issue and asked myself, how did I deal with this situation? Where did I start? What theory or evidence did I draw on? What did I learn? What new questions arose? The simultaneous exploration of personal and professional life proved to be important as these were intertwined and mutually informed each other. For example, raising young children while training in family therapy and working in a child and youth mental health service provided a home-based research laboratory to trial theoretical and evidence-based approaches to parenting and, when these didn't work, empathy for the parents I was working with. Here I present some of the major turning points that led me to this study, which aimed to develop theoretical knowledge of empowerment for Indigenous Australians. Consistently evident through this reflective process was the valuable learning that had come from my own, and other's, experiences told through stories.

My first job, a social worker over twenty years ago in the accident and emergency department of a large suburban hospital in Melbourne, 'threw me in at the deep end'. I had just completed a Bachelor of Social Work but felt ill-equipped for a role where I would carry considerable responsibility and have to make some difficult decisions affecting people's lives. The day-to-day work involved crisis intervention with people who had attempted suicide, overdosed on drugs or alcohol, had car accidents or suffered other trauma. The social work department provided an out-of-hours service in the evenings and weekends and, as the newest worker, I got a number of these shifts. I was initially terrified that I would make a disastrous mistake when rostered on my own. While I felt that I was

completely unprepared, in hindsight, my social work degree had given me some necessary foundation skills on which to build. Primary amongst these was the capacity to seek and find theory and knowledge to address new situations. Supervision with my team leader, attendance at training workshops and wider reading helped me to understand and deal with the new situations I daily confronted, both specific theory about a particular issue, such as working with people with alcohol problems or assessing suicide, or the more general theory of interpersonal counselling and crisis intervention. The hospital was located in the middle of middle-class suburbia and I was surprised by the number of social problems we were seeing; clearly such problems were not confined to the poor. In retrospect, I was confronting the social gradient of health. Even where poverty is not a factor, health is unevenly distributed through society and impacted by social factors such as the amount of control people have over their lives and whether they are part of an integrated social network and have access to supportive relationships (Wilkinson, 2000). Housewives were isolated and depressed and using alcohol or, worse, attempting suicide. Single men, not coping with the daily pressures of life, were using drugs and alcohol. The implications of trauma and accidents varied markedly depending on the social context of the victim.

Working in subsequent environments, including schools, child and youth mental health services, non-government welfare services, international aid and development programs in Africa, Indigenous community-controlled health organisations and public health research, the social gradient was ever present. The challenge was constant; how could a lone worker effect change? One strategy that could be employed across contexts, that both facilitated learning about the enablers of change and brought about change in its own right, involved hearing the stories of others. This understanding of the power of stories underpins the strengths based theoretical models of change that particularly focus

on stories associated with strength, knowledge and resilience rather than on problems or deficits (McCashen, 2005).

When, in 2000, a health academic introduced FWB as a potential tool for empowerment research to the public health team with whom I was working, I saw that this program was based on hearing people's stories. The stories of community leaders who had survived the 'stolen generation' inspired the program's development from the outset. Further, people's stories form the basis of program content and process. When offered a position within the FWB research, I gladly accepted.

Within FWB sessions, both participants and facilitators share their stories. I have been in both roles. We reflect on the strengths we all have to address the issues that confront us and we utilise simple, yet powerful, strengths based theoretical frameworks that help in the analysis of difficulties and the development of strategies to take greater control of these issues. While the make-up and dynamics of each group varies, the power of the story telling is a consistent feature as people commonly build close relationships, feel validated and heard, gain strength to address the challenges in their lives and develop strong informal networks that last well after the program finishes.

Through the relationships I have built with participants, I have learnt a lot about the situation of people's day-to-day lives, their beliefs and attitudes, the problems confronting many Indigenous Australians and the constraints to change. Most importantly, the stories participants tell provide direction on where to start in the process of addressing difficulties in their lives. For example, I participated in a group in early 2002. It was the wet season in Cairns and there was a cyclone threatening the coast. One of the first topics of FWB is

Basic Needs in which participants identify the mental, physical, emotional and spiritual needs that are pre-requisites for a balanced life and the impact on health and wellbeing when these needs aren't met. One woman in the group said shelter was an issue of concern for her and her family. She was living in a tin shack on the outskirts of a local Aboriginal community with six of her eight children. The roof was leaking and she was concerned that if the cyclone hit the area she would lose the roof altogether. It was hard for her to concentrate in the group sessions. This led to a discussion on the issue of housing in this community where, for a population of approximately 2,500 people, there were only approximately three hundred houses. Overcrowding, substandard housing and lack of basic infrastructure and services were major problems. As a result of the FWB discussion, the group made a decision that they would make housing a priority for a community development initiative, starting with researching the issues that were hindering housing development in the area and forming an action group to address these issues.

I, too, have shared my stories within the groups and found my relationships have strengthened, as a result, to the extent that I have built strong, mutually supportive friendships with people who know about the difficulties I confront in my life, for example the grief and loss I have experienced and the chronic illness of one of my family members. This closeness is remarkable when you consider the history we had to overcome to build this friendship, evidenced by this comment by one participant:

...when I was growing up, we always see the European people, we looked at them in hate, that was the mentality, you know? I didn't know that white people could be good, this sort of changed my way. I can use this FWB to make myself better...and relate to our European brothers and sisters. (Thomas, Site 2)

I was the only 'European' person in this group. I was very moved when I realised the impact my stories and friendship had on the beliefs and attitudes of this young man.

My experiences with FWB have both confirmed and expanded my understanding of the value of stories in change and empowerment and the links to health and wellbeing. The changes I witnessed in myself and others following exposure to FWB were a catalyst for this research.

1.7 Public health, social work and Indigenous Australia

This study is seen through the lens of the disciplines to which I am most connected as a social worker employed within public health research. On examination of literature documenting the historical role of public health and social work in relation to Indigenous Australia, it was distressing to discover that, in the decades and years post-colonisation, both disciplines were largely apathetic to the plight of Indigenous Australians. Furthermore, while there have been many advances and improvements in this situation, there remains an often subtle, and sometimes less subtle, barrier to Indigenous Australians being able to access health and welfare systems to the extent they are entitled. Here I document the history of the two disciplines to illustrate this position and overt the inherent structural injustices.

From the time of colonisation, health and welfare sectors were complicit in the exclusion and marginalisation of Indigenous peoples. Government health and welfare systems were designed to cater for the British settlers; and so, off-limits to Indigenous people (Mitchell, 2007; Tsey, 1996). Poor hygiene, overcrowding, inadequate nutrition, chronic and epidemic illness, as well as sadness, depression and apathy amongst

Indigenous Australia were overlooked (Elston & Smith, 2007; Mitchell, 2007). Medical research at the time identified this poor state of Indigenous health but saw this as “a rather mystical, unstoppable process – the ‘natural’ result of ‘their’ supposed inability to tolerate white contact” (Mitchell, 2007, p. 52); consistent with the broader school of thought that Indigenous demise was a natural and inevitable process (Mitchell, 2007). Thomas (2004) illustrated how this sentiment was dominant into the early twentieth century when he quoted from an article in the *Medical Journal of Australia* in 1924:

Contact with civilization, phthisis and other diseases, mixed breeding and general racial decay are the order of the day. In a few years this line of research will be closed for ever. Whatever may be one’s sentimental views on the passing of primitive peoples, from the scientific or even the utilitarian aspect it will be more unfortunate if our records are not completed before they vanish. (p. 521)

Where health and welfare services were available to Indigenous Australians in the early years of colonial society, these were, for the most part, delivered by religious groups. However, the church’s usually grossly under-resourced role came with a mission to ‘civilise’ and ‘Christianise’ when providing basic education, housing, clothing, food and health care (Reynolds, 1996; Sagers & Gray, 1991).

Constitutional arrangements, from Federation in 1901, contributed to the exclusion of Indigenous Australians from access to health and welfare services and entitlements (Anderson, 2007). Australia was seen as a world leader in its welfare entitlement arrangements but Indigenous people were denied these benefits. For example, the *Invalid*

and Old Age Persons Act 1908 created a Commonwealth-funded pension entitlement but excluded ‘Aboriginal natives’ from its benefits (Walter & Mooney, 2007).

Dissent strengthened from the early twentieth century. Mitchell (2007) reports that missionaries, anthropologists, academics and politicians argued for improvement in Indigenous health and welfare, though mostly saw the solution lying in government policies for separation and protection. Not surprisingly, Indigenous people, organising and becoming more vocal, failed to support calls by white philanthropists of the time for health to be improved via greater scientific supervision. “Science was not seen as neutral, but as historically implicated in racism and neglect.” (Mitchell, 2007, p. 55)

Little is documented of the early role of social workers in relation to Indigenous Australians, reflective of the fact that little has been written on the history of the profession from the 1920s as a whole (Mendes, 2005). For the most part, social work was seen in society as an agency of social stability focused on individual intervention rather than an agency of social change (Ife, 1997; Martin, 2003; Thompson, 2005). Social work is harshly critiqued for the role it played in the system responsible for the forced removal of children (Briskman, 2003, 2007; Hugman, 2005; King, 2003; McMahon, 2002), though, to date, there has been no study of the exact nature of the role of social work in these events (Mendes, 2005). There were, however, counter-movements within the profession. Briskman (2003) cites Aboriginal academic Stephanie Gilbert as noting that social workers were amongst the non-Indigenous Australians who stood up for the rights of Indigenous peoples. Similarly, Kidd (1997) wrote of the role of the Queensland Social Workers’ League in pushing for an ‘Aboriginal Betterment Scheme’ in 1919 and tackling the

Queensland Government for manipulating Aboriginal savings for the reduction of government outlays on Aboriginal welfare.

When, in 1967, race-based legislative barriers to health and welfare were removed and resources were allocated for the development of Indigenous health programs, Indigenous Australians sought to take control of their own health and welfare services. Mainstream health and social work played supportive roles, if any at all (Anderson, 2007; Eckermann, Dowd, Chong, Nixon, Gray & Johnson, 2006). The first community-controlled Aboriginal Medical Service was established in Redfern (New South Wales) in 1971 and grew over time to 140 services across the country, serving at least 50 percent of the Indigenous population (National Aboriginal Community Controlled Health Organization cited in Eckermann et al., 2006). The community-controlled model was underpinned by values of self-determination, sovereignty and community control (Anderson, 2007; Eckermann et al., 2006). Decision making rested with community-elected boards of directors rather than with medical practitioners (Eckermann et al., 2006). Further, service delivery was underpinned by culturally informed approaches to healing, prioritising social and emotional wellbeing (a broadening of mental health to take social and historical factors into account) and holistic health (Henderson, Robson, Cox, Dukes, Tsey & Haswell, 2007; Hetzel, 2000; Hunter, 2002).

Though the community-controlled model of health was to suffer from a shortage of resources and a lack of consistent government support (Baum, 2002; Eckermann et al., 2006; Elston & Smith, 2007), its relevance was acknowledged in a series of significant government-commissioned inquiries. These inquiries into Indigenous health, deaths in custody, mental health and the impact of child removal policies documented the extent of

Indigenous social disadvantage, the underlying social, historical, political, economic and cultural determinants and the impact of these on health (Elston & Smith, 2007; HREOC, 1997; National Aboriginal Health Strategy (NAHS) Working Party, 1989; Swan & Raphael, 1995). Consistently, the recommendations within these reports relied on the community-controlled sector to provide medical, social and emotional wellbeing, community development and training programs (Elston & Smith, 2007; HREOC, 1997; NAHS Working Party, 1989; Swan & Raphael, 1995). FWB was developed in this era. Though the auspices of the South Australian Education Department in the early 1990s, the program was initiated by leaders within the community-controlled service sector. The aim of these leaders was to complement organisational control with personal empowerment. Their rationale was that effective community control depended on the presence of empowered individuals to work in, and lead, organisations (Tsey & Every, 2000a).

One of the important outcomes of the development of community-controlled health services was the growth of an Indigenous health workforce across a range of roles and professions, including medicine. In 2008, there were an estimated 125 Aboriginal and Torres Strait Islander doctors and 125 Aboriginal and Torres Strait Islander medical students in Australia. However, these gains need to be contextualised in the fact that this represents only 0.18 percent of the medical workforce in Australia (Australian Indigenous Doctor's Association, 2008) and Indigenous Australians represent 2.5 percent of the Australian population (Australian Bureau of Statistics (ABS), 2009).

Within this changed context, Indigenous health advocates gained support from other areas, including health and welfare professional groups, incorporating sections of the

medical profession, and public health researchers, practitioners and social workers. The development of a community-controlled health sector resonated with a broader critique within the international public health movement from the 1970s about the expense and limitations of clinical medicine (Baum, 2002) and the social and economic factors such as global cooperation and peace, social and economic development, equity in health status, community participation and locally available services (Baum, 2002). This debate led to the development of what became known as the New Public Health movement, whose goal, 'Health for All', was articulated in the *WHO Alma Ata Declaration* of 1978, defining health as the totality of activities organised by societies to protect people from disease and to promote their health and equity in society (Baum, 2002; World Health Organization (WHO), 1988). From the 1980s, the Ottawa Charter became the blueprint for New Public Health articulating the importance of multi-level intervention, cross-sectoral collaboration and community/professional partnerships to ensure social, physical, economic and natural environments protective of health (Baum, 2002; WHO, 1988). The New Public Health movement declared its commitment to Indigenous health within the broader agenda for health equity and sought to gain a better understanding of the underlying determinants, including empowerment (Baum 2002; Carson, Dunbar, Chenhall & Bailie, 2007).

Increased Indigenous autonomy in health also changed the conduct of health research. From the mid-90s, policy directing the health research agenda has focused on addressing questions that will improve health and social outcomes for Indigenous Australians, including the capacity of health research systems, the effectiveness of health services and skill development of Indigenous and non-Indigenous researchers (Anderson, Baum & Bentley, 2007). In 1996, a national Co-Operative Research Centre for Aboriginal and Tropical Health (CRCAH) was established, as an Indigenous-governed virtual research

organisation, to bring together the Indigenous health sector, government health agencies and research institutions to ensure that research conducted into Indigenous health “is driven by priorities set by Aboriginal people themselves; is of practical use and transferred expeditiously in an accessible form to the Aboriginal health sector; and results in the development of research capacity within the Aboriginal community itself” (CRCAH, 2006, n.p.).

In 2002, the National Health and Medical Research Council (NHMRC) produced a ‘road map’ for improving Aboriginal and Torres Strait Islander health through research underpinned by a holistic view of health, the importance of Indigenous involvement in conducting and communicating research and skill development in the Indigenous research workforce. This road map also articulated ethical principles that committed researchers to ensuring any research undertaken with Indigenous Australians is of practical value (Anderson et al., 2007).

Social work, too, sought to carve out a new role through engagement with Indigenous communities and organisations in proactive ways for change (Briskman, 2007). As in the case of public health, the growth of a community-controlled sector was part of the catalyst for reorientation, along with a growth in acceptance of more radical empowerment-based approaches, from the 1960s and ‘70s (including strengths based approaches). The Australian Association of Social Workers formally apologised for the involvement of both qualified and unqualified social workers in the Stolen Generation (Briskman 2003; Mendes, 2005). Eurocentrism in curricula and practice was confronted (Gair, Miles & Thomson, 2005; Lynn, Thorpe, Miles, Cutts, Butcher & Ford, 1998) along with new approaches to research attempting to bring “subjugated knowledge to the forefront and to

include the marginalized in the research experience, valuing their meanings, interpretations and participation” (Briskman, 2007, p. 159). Indigenous people started to identify social work as an empowering profession “when it engages fully and positively with our communities” (King, 2003, p. 9), recognising that “social work has the skills, knowledge, and networks which are so badly needed within our communities to assist in the regaining of our humanity” (King, 2003, p. 9). As in other health and welfare disciplinary areas, there is now a growing body of Indigenous social work professionals. The Australian Association of Social Workers has supported the establishment of the National Coalition of Aboriginal and Torres Strait Islander Social Workers Association (NCATSISWA), which aims “to bring together Aboriginal and Torres Strait Islander social workers as a professional body, to exchange information, ideas and to network for the benefit of our communities” (National Coalition of Aboriginal and Torres Strait Islander Social Workers Association (NCATSISWA), 2007).

There have been many developments in public health and social work indicative of a greater commitment to Indigenous health and wellbeing and empowerment, yet challenges remain. Clinical individualistic and deficit focused models in health and social work remain dominant models of practice, and economic pressures and entrenched interests make them resistant to change (Briskman, 2003; Graycar, 1990). Such approaches constrain the devolution of power necessary for the empowerment of disenfranchised groups (Briskman, 2003). In the context of research, the NHMRC has reported that Indigenous people continue to express concerns about poor consultation, lack of communication and infringement of deeply held values arising from cross-cultural insensitivity, even where researchers have complied with the legal requirements of ethical

guidelines (National Health & Medical Research Council (NHMRC), 2003). A need to build the capacity of public health and social work professionals remains in this context.

1.8 Methodological design

This study is based on the stories of Indigenous Australians who achieved empowerment following participation in FWB. Learning through deep listening to stories lies at the heart of Indigenous culture and spirituality. Stories for Indigenous Australians are a means for passing on knowledge of culture and lore, from the elders to the young. “Through the years, we have listened to our stories. They are told and sung, over and over, as the seasons go by. Together we still gather around the campfires and together we hear the sacred stories.” (Ungenmerr-Baumann, 2002, n.p.) Story telling is central to the FWB process.

The depth of knowledge that could be gained by deep listening to stories informed the methodology of this thesis. The stories of participants of FWB involved rich personal testimonies of change which provided an opportunity to build theory relating to empowerment. There were, however, a series of methodological considerations. Initially, there were decisions to be made about the epistemological and theoretical frame of the study and the analytic method to employ. To assist me to make these decisions, I wrote a series of background papers to clarify my thinking and canvas the epistemological and theoretical debates.

Writing my story helped me to position myself in the research. The research was about my interpretation of data. I needed to know who I was, what shaped me, so I could understand the lens I brought to the process. Writing my story helped me to understand

why I had undertaken a study of this nature and what I hoped to achieve. The confidence and clarity that this process gave me would prove invaluable through the analytic process, when both the data and related literature took me on complex thematic tangents away from the central research aims.

Examining developments in social theory helped me to locate the study theoretically. This process occurred over time. It was clear from the outset that, epistemologically, the study involved constructivism. Exploring a concept as complex as empowerment inevitably involved the construction of knowledge and meaning, rather than the development of any form of objective truth (Crotty, 1998). I was unsure, however, whether the study was best informed by critical theory or post structuralism. The extent to which Indigenous Australians had endured centuries of injustice and oppression demanded the study incorporate a critical perspective. Yet, the study was primarily about agency and the ability of people to exercise power even where structures remained unjust. Only in the final year of the study did I encounter Healy's construct of critical post structuralism, which located individual experience within a structural context without underestimating individual agency (Healy, 2000). This understanding of power and change was congruent with the central message of FWB itself. FWB exemplified critical post structural dimensions in understanding issues within a historical and structural context, incorporating an analysis of power and highlighting the potential of micro level efforts.

Constructivist grounded theory (Charmaz, 2006; Mills, Bonner & Francis, 2006) provided an appropriate analytic method. It enabled the exploration of multiple realities. The emphasis on developing theory from the data itself was consistent with the notion of 'praxis' influential in critical theory. It allowed people's experiences of agency to be

central; compatible with post structuralism. In addition, this analytic method provided analytic guidelines for capturing the depth of knowledge contained in a large data set.

1.9 The analytic process

In practice, the application of constructivist grounded theory in this study involved a number of phases. Firstly, I undertook a series of brief literature reviews on the topics of empowerment and related concepts, the historical and social context of Indigenous health and wellbeing, and the histories of social work and public health in Australia. I then put this information aside to focus on grounded theory processes of sampling, coding, categorising and building theory from the data.

Sampling occurred on the basis of accessing the richest data for theory building. I commenced with the sites where FWB was most comprehensively implemented and evaluated, assuming this was where the richest data lay. I read each interview line by line and created codes—words or phrases that captured a phenomenon or ideas expressed (Charmaz, 2006). Codes were organised into categories of beliefs, skills, action and outcomes; a somewhat difficult process given the extent to which concepts were interconnected and overlapping. I continued with this process until I reached theoretical saturation, the point at which new data was not sparking new theoretical insights nor revealing new properties of the core theoretical categories (Charmaz, 2006). In total, 33 of the 47 interviews were analysed. The categories were then integrated into a theoretical scheme (Charmaz, 2006). I used a range of strategies to assist me to build the theory, such as clarifying the research question and keeping this as the focus of analysis, using visual models, using NVIVO software for coding, sorting and connecting, and extensively revisiting theoretical literature, including FWB program content, empowerment theory and

literature examining empowerment and change in the Indigenous context to authenticate the theory.

The resultant theoretical model delineates key dynamic, interconnected and mutually reinforcing elements of empowerment, and the attributes of each element, within a broader life environment of adversities and opportunities. The elements of empowerment involved beliefs and attitudes, skills and knowledge, and agency and achievements. These elements are relevant across personal, relationship, workplace and community domains of life. Details of the theoretical model are presented in Chapter Four.

1.10 Style

There are some issues of style to explain at the outset of the thesis. Undertaking a qualitative study reflexivity is critical to the interpretive process. The use of 'I', the first person voice, reflects the researcher subjectivity in Chapters One and Three, the introduction and the study design. Elsewhere in the thesis, the third person is utilised.

The respondents' words are used as supportive evidence throughout the thesis. Respect for the research respondents was a paramount principle in considering the style in which to present their words. The respondent's are referred to generically as 'people'. Each person was given a pseudonym because of a contractual confidentiality agreement prior to their participating in FWB evaluations. Descriptive information about their situation in relation to their location, their gender, their age and work or family role, where this is available, is provided in order to bring each person to life as an individual (see Appendix D - Participant Information). Identification of the person by their pseudonym and the site they come from is in parenthesis following the quote, for example (Anthony, Site 1).

In the spirit of reconciliation, I include comments from the few non-Indigenous participants of the FWB program where they addressed the themes emerging from the Indigenous data. They are identified by the letters 'NI' following the identifying information.

The confidentiality agreement also necessitated removing additional identifying information from people's quotations, such as the names of other people, place names and organisation names. Where I've removed these names I've inserted a bracketed descriptor in place of the missing words.

1.11 Thesis structure

This thesis is structured somewhat differently from a conventional thesis. It is influenced by interpretive and grounded theory traditions but takes its own unique form. Further, the structure does not necessarily reflect the methodological steps of the study. Rather, it seeks to tell a complex story gained from an iterative process in a way that provides clarity for the reader.

The thesis is divided into six chapters. Following this introductory chapter, Chapter Two examines the nature of the issue being addressed; the health and welfare of Indigenous Australians. Governmental social policy from the colonial era is juxtaposed against people's own efforts to improve their situation.

Chapter Three presents the study design. I take people through the methodological process and focus on critical decisions and turning points in determining the study

epistemology, theoretical framework, research design and the analytic process. Issues of ethics and authenticity are central to the study and considered through the course of the chapter. The limitations of the study are discussed.

Chapter Four presents the key findings in the form of a grounded theory of empowerment. The theory delineates key elements within empowerment, attributes within each element and the manifestation of these elements across life domains. Details of the elements and attributes, and their interconnections, are presented, along with underlying evidence.

In Chapter Five, the grounded theory derived through the study is positioned in relation to bodies of literature addressing empowerment and related processes associated with change in the context of Indigenous Australia in order to locate the study's theory and to consider the theoretical contribution of the study.

The final chapter, Chapter Six, concludes the study with a consideration of the implications of the findings. The model is considered in the light of current and emerging policy and makes recommendations for future policy, practice and research.

Chapter Two

The Context

2.1 Introduction

The difficulties confronting Indigenous Australians today can be traced to the colonisation of the country in 1778. The arrival of a British settler population represented an overwhelming imposition by a foreign power on an ancient culture dating back more than 45,000 years (HREOC, 2005). Subsequent systematic policies of dispossession, exclusion and marginalisation were devastating for Indigenous Australians. Later waves of policy, reflective of concern to rectify the problems, have, to date, failed to dramatically redress the situation. The effects remain evident today in the higher levels of illness and premature death that Indigenous Australians suffer compared with the rest of the Australian population, as identified within Section 1.3. They are also elucidated in an array of social indicators of relative disadvantage. In 2006, the Indigenous rate of substantiated child abuse and neglect was six times the non-Indigenous rate (Steering Committee for the Review of Government Service Provision, 2009). There were significant gaps in reading, writing and numeracy in all school year levels, culminating in a 38 percent difference in Year 12 attainment. There was a 24 percent gap in employment rate between Indigenous and non-Indigenous Australians (Steering Committee for the Review of Government Service Provision, 2009). Also, in 2006, median household and individual incomes were 65 percent of those of non-Indigenous households (Steering Committee for the Review of Government Service Provision, 2009). In 2007, Indigenous juveniles were 28 times as likely to be detained as non-Indigenous juveniles. By 2008, Indigenous adults were 13

times as likely as non-Indigenous adults to be incarcerated in prisons (Steering Committee for the Review of Government Service Provision, 2009).

Within this overall account of Indigenous distress and white society's efforts to 'address the Indigenous problem', there are alternate stories of Indigenous Australians managing their daily lives and organising to create their own solutions, often supported by people identifying with alternate ideologies or social movements. FWB can be seen as one example of this Indigenous self-determination. These alternate stories are an important ingredient of the context of this study.

This background chapter does not claim to provide a full history but presents an overview of the post-colonial history of Australia. Unlike many accounts of this phase of history, the main phases of government policy, from frontier conflict to protection and control, assimilation and self-determination, are set alongside the concurrent story of Indigenous agency in their own affairs.

2.2 The early settlement

Regardless of political persuasion, through history, governments have behaved similarly in dominating indigenous peoples, primarily for purposes of their own economic growth (Kunitz, 2000). The British government was no exception and, at the time Australia was colonised, was an expanding capitalist economy dependent on the raw materials and exploitative labour relations of its many colonies (Saggers & Gray, 1991). The original goal of the Australian settlement was the production of primary produce, particularly wheat and wool for the British Empire (Saggers & Gray, 1991). The concept of work within a capitalist system, therefore, formed the basis of the new society (Stilwell, 1996).

One can only imagine what it was like for the Indigenous population when the First Fleet sailed into the harbour, known as *Warrang*, to be named Sydney Cove by the British. In the words of Indigenous academic Marcia Langton:

[...] we know from the records of the First Fleet that fires were burning along the coastline and people were watching the ships tack into the harbour. With their fires, and perhaps messengers flitting between the camps, the response must have been an overwhelming feeling of suspense as they watched this strange apparition on the water. It was larger than anything they had seen, and voices would have been heard coming from it, drifting across the water. Then another and yet another appeared. Perhaps one of the men on shore, awed into silence might have pushed a finger and thumb of one hand into the wet sand, and then pushed one finger in again. That's how many there were, but what were they? One spoke of a story he had heard as a child of people who looked like ghosts coming in giant canoes with wings. It might be them [...] On 18 January 1788, the world of the First Australians changed forever. (Langton, 2008, pp. 3, 7)

Tensions and contradictions were evident from the beginning in the settlers' relationship with Indigenous Australia. Early governors were instructed to treat the local inhabitants with kindness but they were primarily viewed as an impediment to the development of a pastoral economy (Elston & Smith, 2007; Mann, 2007; Reynolds, 1996). Pseudoscientific theories, associated with a hierarchy of primitiveness (Elston & Smith, 2007; Jones (1989) cited in Hunter, 1993) and the expedient premise of *terra nullius*, whereby the country was classified as Crown land on the grounds that it was not being effectively used or owned (Reynolds, 1996), minimised moral discomfort and legitimised

the appropriation of land, the institutionalisation of racism and, what many argue, amounted to a process of attempted genocide (Elston & Smith, 2007; HREOC, 1997; Hunter, 1993; Reynolds, 2001). Some even saw the ‘passing of the Aborigines’ as a painful symbolism necessary for the birth of a new society (Hunter, 1993). Sagers and Gray (1991) suggest that, unlike the situation in other British colonies, the presence in Australia of convict labour meant fewer employment opportunities for Indigenous people; employment would, at least, have enabled the development of skills needed to compete in a capitalist economy. This situation later changed when the convicts were withdrawn and Indigenous workers played a significant role in the parts of the country’s agricultural economy, for example on northern cattle stations (Kidd, 1997; Mitchell, 2007).

The early impact was devastating for the Indigenous population. Excluded from the civic rights of white Australia (Anderson, 2007), people were systematically dispossessed of their land, murdered and forced into the least productive parts of the country or the fringes of frontier towns and stations (Hetzl, 2000; Kelly & Lenthall, 1997; Loos, 2007; Reynolds, 2001). Indigenous resistance, in the form of small encounters, guerrilla warfare or even open war (Maynard, 1997), was met with wholesale brutality. Settlers were able to take the law into their own hands and colonial administrations provided back-up troops or police forces if this was deemed necessary. Langton (2008) documented the situation in Sydney where colonists and the local *Gandangarra* and *Darug* people clashed over land clearing and crops, “[t]he natives appeared in large bodies, men, women and children, provided with blankets and nets to carry off the corn [...] determined to take it wherever and whenever they could meet with opportunities” (Judge Advocate David Collins cited in Langton, 2008, p. 30). The colonists ‘retaliated violently’ and the traditional owners fought back resulting in ‘open war’ (Langton, 2008). The acting governor at the time, Captain

William Peterson, sent sixty soldiers to the area to destroy the Aboriginal people, “several of these people were killed [...] but none of their bodies [...] found” (Judge Advocate David Collins cited in Langton, 2008, p. 30).

Further, many Indigenous people were ravaged by imported infectious diseases, for example a smallpox epidemic in 1789 wiped out at least half of the tribes in the Sydney area (Loos, 2007; Mitchell, 2007). Langton (2008) cited Judge Advocate David Collins who documented, in 1789, the response of an *Eora* (the name given to the coastal Aborigines around Sydney) man, Arabanoo, on witnessing the devastation wrought by smallpox on his tribe:

At that time Arabanoo was living with us and on taking him down to the harbour to look for his former companions, those who witnessed his expression and agony can never forget either. He looked anxiously around him in the different coves he visited; not a vestige on the sound was to be found of human foot; the excavations in the rocks were filled with putrid bones with those who had fallen victim to the disorder; not a living person was anywhere to be met with. It seems as if, flying from the contagion, they had left the dead to bury the dead. He lifted up his hands and eyes in silent agony for some time; at last he exclaimed, ‘All dead! All dead! And then hung his head in mournful silence’. (Collins cited in Langton, 2008, p. 12)

In a similar vein, Mitchell (2007) cited Captain Hunter documenting how it was “truly shocking to go round the coves of this [Sydney] harbour [...] where in the caves of

rocks, which used to shelter whole families in bad weather, were now to be seen men, women and children, lying dead” (Hunter cited in Mitchell, 2007, p. 44).

2.3 Loss and separation through ‘protection’ and segregation

It has been argued that, in the ideological binary of Indigenous Australian affairs, the Left has historically supported exclusionist policies while the Right has been inclusionist or assimilationist (Howson, 2008). However, the era of protection through segregation, from the 1890s to the 1950s, suited the various political positions. According to Sutton (2008), compassionate protectionists alongside dyed-in-the wool racists shared the view that Indigenous people were generally incapable of modernisation.

It was professed, and this became the basis of legislation, that contact with Europeans was detrimental to Aboriginal people due to their own supposed biological weaknesses to the ‘vices of civilisation’ (Kelly & Lenthall, 1997; Reynolds, 1996). There was also concern among humanitarian and missionary organisations, which triggered embarrassing international attention at the killing of Indigenous people in remote sections of the continent (Reynolds, 1996); for the ‘progressives’, missions and reserves could provide a safe haven in an otherwise hostile society and prevent the physical destruction of Indigenous societies (Mitchell, 2007; Sutton, 2008). Others saw the ancient society as doomed and believed isolation and segregation would provide protection and palliative care in order to “smooth the pillow of a dying Aboriginal race” (Loos (1982) cited in Kelly & Lenthall, 1997, p. 4). Conveniently, policies that enforced separation gave settlers unfettered access to Indigenous lands.

The enactment of protection and segregation policies by state governments involved forced removal of people from their traditional lands into missions (Hetzel 2000; Kelly & Lenthall, 1997; Loos, 2007; Read, 1998), though some people tried to stay connected to their land by working in the pastoral industry (Eckermann et al., 2006). The losses were multiple and compounding. Removal from traditional lands and segregation into other areas was traumatic in its own right but there were immediate and intergenerational implications for culture, language, family connections and personal autonomy and confidence (Dodson, Elston & McCoy, 2006; Elston & Smith, 2007; Kelly & Lenthall, 1997; Read, 1998). Rita Huggins (1994) reflected on her memories of the night her family was taken from their lands to the Cherbourg mission in Queensland:

One winter's night, troopers came riding on horseback through our camp...Dadda and some of the older men were shouting angrily at the officials. We were being taken away from our lands. We didn't know why, nor imagined what place we would be taken to. I saw the distressed look on my parents' faces and knew something was terribly wrong. We never had time to gather up any belongings. Our camp was turned into a scattered mess – the fire embers still burning...My father's ashen face told the story and we were never to see our old people again. Dadda could never bring himself to speak about it. Our tribe was torn away – finished. Perhaps the hurt and pain always remained for him. It was understandable then why he would hate and rebel against the authorities for the rest of his days after what they did to our people. (Huggins & Huggins, 1994, pp. 9-10)

Some missions encouraged the maintenance of traditional cultures and provided bilingual education (Sutton, 2008). Many, however, were harsh to the extent of cruelty and

assumed Christianity to be superior to Indigenous beliefs and culture. The aim was often to ‘civilise’ those in their care (Dodson et al., 2006) and traditional cultural practices were actively discouraged:

My people were made to use English words at Cherbourg Mission, rather than our Pitjara language. If we used our own language in front of the authorities we would face punishment and be corrected in the Queen’s English. The authorities tried to take away all our tribal ways and to replace them with English ones. (Huggins & Huggins, 1994, p. 17)

State officials acted as legal guardians and had the power to control people’s movement, speech, marriage, bank accounts, wages, wills, property and debts (Council for Aboriginal Reconciliation (1994) cited in Elston & Smith, 2007). Resistance to any of these policies could reap harsh consequences. Anyone deemed a “menace to peace, order and proper control and management of an institution” (Queensland Chief Protector of Aboriginals 1934 cited in Kelly & Lenthall, 1997, p. 5) could be imprisoned, which often involved removal to another community.

Yet, people found ways to cope and even enjoy life, even in this harsh and controlled environment. Rita Huggins (1994) described the ways that her family used their bush knowledge to help them survive mission deprivations and bring traditional culture to their day-to-day life:

The government owned a store on the reserve where an official would ration out food, clothing and blankets every fortnight, but the food was only enough to last a

few days...So Dadda and the boys would go hunting. They would hunt in the traditional way with spears, boomerangs and sharp sticks...A hunt would not pass unless several kangaroos, emus, goannas, possums, rabbits or our favourite – porcupines and carpet snakes (which still make my mouth water) – were found.
(Huggins & Huggins, 1994, p. 19)

A particularly tragic feature of this era was the separation of many children from their families, leading to what would later become known as ‘the stolen generation’, to be raised in government institutions and foster homes between 1910 and 1970 (Briskman, 2007). Personal accounts of the impact of the child removal policies on individuals and families are compelling. Saunders (2003) wrote of the experience of her grandmother and the effect this had on her ability to parent. “So my poor nanna grew up in institutions and didn’t find her mother until she was seventeen. No wonder she found it difficult to be a mother herself.” (p. 66) Perkins (1975) was taken from his birth mother and raised in a dormitory. His writings express the lasting psychological impact for both himself and his mother:

[...] I was encouraged to think that there was something inferior about tribal people. My mother got into that way of thinking too...She thought ‘If the government-boss wants it, we are to do it. It must be right’...The system had the effect of dividing families all the time. It cut the part-Aboriginal off from his culture and traditions too. We were placed in no-man’s land...I always had the feeling that there was a gap, something missing in me...the thing that has been missing from my life and made me feel like an incomplete person, is the fact of not having that normal family association that I should have had. I think that if I had

had that, it would have made me perhaps a better man in many ways...I would have had more confidence in society and less bitterness. (Perkins, 1975, pp.15-16)

Yet, these traumatic experiences could provide the fuel for Indigenous activism.

Perkins documents a link between his childhood distress, and the racism he experienced as a young man, with his later role as one of Australia's most influential Indigenous activists:

[...] It has made me attempt to achieve things that most other people would normally consider unattainable [...] My confusion about my tribal people, Alice Springs and the treatment we received when blokes would stone us down the street calling out 'Let's get the niggers' were the beginnings of my anxiety for justice. (Perkins, 1975, pp. 18, 66)

2.4 Assimilation and activism

The early part of the twentieth century saw a growth of Indigenous activism that coincided with increased involvement of the Commonwealth in Indigenous affairs and a shift away from enforced segregation toward a policy of assimilation. Indigenous activists for civil and land rights started to organise, from the 1920s, inspired by international movements such as the British Anti-Slavery Society (Kunitz, 2000). The Australian Aborigines Progressive Association (AAPA) was formed in Sydney in 1924 and called for equal civil rights and integration. Mitchell (2007) interpreted this agenda as wanting to be treated as equal members of society, though it was also clearly one of survival given people's statements at the time that the conditions on reserves were so appalling that they were more likely to result in extermination than protection. Similar activist organisations followed in other cities throughout the following decades and industrial and political

activity was also a feature of remote Australia (Reynolds, 1996; Sutton, 2008). The Federal Council for the Advancement of Aborigines and Torres Strait Islanders (FCAATSI) was established in 1958 and provided a national focus for political activity.

The State response to Indigenous activism, from the 1920s and beyond, was generally one of harassment. Jean Carter, whose father was actively involved with the first Aboriginal Progressive Association, wrote of the implications of her father's activism for her family. In a move she credits to his activities, she and her siblings were taken by the Aboriginal Protection Board and placed in children's homes. She was never to see her father again and she only saw her mother once more. "I think our parents were used as an example to the rest of the families around there not to be trouble makers, not to speak up about the conditions they were living under." (Older Women's Network NSW, 2003, p. 50) In her later work with Link-Up, an organisation established in the 1980s to help reconnect Indigenous children with their biological families, Jean Carter found that many others had similar experiences. Outspoken parents were at risk of losing their children (Older Women's Network NSW, 2003).

While the State was largely hostile, the Left, including the Communist Party of Australia, actively supported Indigenous activist movements giving high priority to Aboriginal rights, publicising examples of prejudice and supporting Aboriginal activism, such as strikes and anti-eviction protests (Curthoys, 2002; Maynard, 1997; Sutton, 2008).

From the 1930s, the Commonwealth government became more involved in Indigenous affairs, largely in response to a growing current of concern and the increased scrutiny of Indigenous affairs by anthropologists, the Bureau of Census and Statistics and

the press (Kidd, 1997). There was also increased social concern about miscegenation and the related 'half caste' problem. This led to a decision, at the 1937 Canberra Conference of Aboriginal Authorities, to delineate between 'half castes' and 'tribal full bloods' and to assimilate 'half castes' into the general population whilst continuing the policy of segregating 'full bloods' (Reynolds, 1996).

Racist government policy differentiating between 'half caste' and 'full blood' manifested in social relations on the ground. The words of one woman, cited in Eckermann et al. (2006), illustrate what life was like for young people growing up in this environment:

I grew up in small towns in south-western Queensland. I was born in the late forties...By the time I was fourteen I was in grade six and ready to leave school. It was not expected that I would go on. The norm at that time was that a young Aboriginal girl would leave school and go to work on a station doing domestic duties.

I left school at fourteen and went to work on stations through-out my local area. It used to hurt me to hear other people talking and saying bad things about my family. You would be called 'mongrel bred', and 'you're not the real Aborigines'. These remarks justified being last to be served in a shop, or not being allowed to go to the pool, and being sent to one side of the picture theatre. Even after I was married we were not allowed in some of the hotels in the town. Those kinds of actions would hurt you and make you feel inferior. There was little you could do because the law was not on your side. (Eckermann et al., 2006, p. 193)

The same young girl gave a rich account of the importance of family support and strong values in helping to manage the difficulties she encountered:

I really loved my family, who worked very hard, and were the most honest people you could find. I found it difficult to believe that these people were ‘mongrel bred’ and worthless. We were taught at a very young age to be proud of who you were and never let other people put you down. We were told to ‘show them you are as good as them if not better’, ‘always do the best you can, and feel good about it’, ‘always be honest and live up to your good family name’. You belonged to a family and you always felt protected and wanted. Your responsibilities were made clear to you at an early age as well. Being in a large family had its problems, but you had values, beliefs and a sense of belonging and a very distinct role in life. These family values were the base to being a responsible adult, and gave you a sense that you were worthy of praise and deserved better. (Eckermann et al., 2006, p. 193)

When introduced in the 1950s (and not until the mid-‘60s in Queensland), the policy of assimilation rested on the assumption that Indigenous people would, if given access, attain the same lifestyle, customs, laws and traditions as other Australians (Elston & Smith, 2007). Missions became communities and the role changed from protection to training camps, which would serve as springboards for Aboriginal assimilation into wider society (Elkin cited in Hetzel, 2000; Kelly & Lenthall, 1997). This policy became progressively discredited (Reynolds, 1996). It is argued that the downfall of the policy lay in the assumption that change could be unidirectional. It was up to Indigenous people to culturally adapt to European society (Broome (1982) cited in Elston & Smith, 2007);

“Aborigines did not disavow their Aboriginality and, regardless of formal policies, they remained functionally excluded” (Hunter, 1993, p. 224).

Assimilation was replaced with voluntary ‘integration’, arguably assimilation under another name (Elston & Smith, 2007; Kelly & Lenthall, 1997). Aboriginal lawyer, Lorraine Liddle, reflected on her experience of growing up under the policy of integration and the impact this subsequently had on her perceived life choices:

As for racism, that’s an everyday thing for Aboriginal people. It can be overt or it can be institutionalized. When I was young, Aboriginal children who spoke traditional language at school would get a hiding. Why did they do that to us? It was called “integration” – the old integrations. In order to help Aboriginal people, they had to be exactly like white people. (Liddle cited in Chryssides, 1993, p. 116)

Liddle (cited in Chryssides, 1993) went on to say that, when she said in class that she wanted to become a lawyer, her teacher had laughed uncontrollably. At that time, Aboriginal people were working in hospital laundries, as housemaids or in the pastoral industry. Liddle said, however, that she enjoyed study, “I always had big ideas and knew school was going to make them possible” (p. 113), and she trained as a teacher. It was only when she spent time in Papua New Guinea, as a young adult, that Liddle began to consider that it was possible for her to be lawyer:

It was a black country – the owners of the country ran it and all the people that were coming in with other skills were there to work for them. The black people were the bosses. It was all so different. It increased my awareness – the

internalization of that inferior status...The idea of wanting to be a lawyer resurfaced and the notion of it being completely out of my reach was reversed. (Liddle cited in Chryssides, 1993, p. 121)

From the 1960s, Indigenous activism gained momentum. There were a series of landmark political activities including the *Yirrkala* bark petition in 1963, protesting plans to mine bauxite on traditional lands (Hetzel, 2000; Reynolds, 1996). At the Wave Hill cattle station in the Northern Territory, *Gurindji* stockmen protested against work and pay conditions and staged a walk-out from this and other stations owned by the Vestey company. This protest became an early move for land rights when the focus of the strike broadened to include demands for the return of Aboriginal land (Hetzel, 2000; Liddell, 2004; Roberts, 1994). *Gurindji* man, Manguari, is quoted as saying:

That Besteys mob not pay money right way, no proper tucker. Work 'em from daylight till nine o'clock night. No tucker till nine o'clock...Them treat Aborigine native people all time like dog, take lubra from camp, allus stand over we, put we behind woodheap. I bin see all with my own eye. We like to have own money, build own building, build a truck. But they no teach we [...] We Wave Hill Aborigine native people bin called Gurinji. We bin here longa time before them Bestey mob. They put up building, think 'em own this country....This is our country, alla this country bin Gurinji country. Wave Hill bin our country. (Hardy, 1976, p.101)

The campaign for civil rights escalated as Aboriginal advancement groups came into being in most states (Howie-Willis, 1994). In 1965, inspired by the United States civil

rights movement, a group of University of Sydney students organised the 'Freedom Ride', a bus tour of western and coastal New South Wales to draw public attention to the poor state of Indigenous health, education and housing and to raise awareness of social discrimination. Dr Kumantjayi (Charlie) Perkins, cited previously in the context of his removal from his family as a child, was one of the key organisers. He wrote of the significance of this event and what it achieved:

The Freedom Ride was probably the greatest and most exciting event that I have ever been involved in with Aboriginal affairs. It was a new idea and a new way of promoting a rapid change in racial attitudes in Australia. It brought, I think, to a lot of people a confrontation with race relations in a very uncomfortable kind of way. Aborigines were being persecuted in country towns and other areas in Australia, and they were second class citizens. White people, the first class citizens, made the laws, which kept Aborigines in 'their place'. I think the Freedom Ride was the one thing that destroyed this charade with one big swipe. It sowed the seed of concern in the public's thinking across Australia. Something was wrong, something had to be changed in a situation that was unhappy for Aborigines. (Perkins, 1975, p. 74)

The Federal Council for the Advancement of Aborigines and Torres Strait Islanders (FCAATSI) vigorously supported civil rights protests and campaigned for constitutional change (Howie-Willis, 1994). In February 1967, Prime Minister Harold Holt announced that a referendum would be held in May that year. The Indigenous Citizen Referendum (1967) saw over 90 percent of Australians vote in favour of transferring power for Indigenous affairs from the states to the Commonwealth and inclusion of Indigenous people in the census (Elston & Smith, 2007). This constitutional change was viewed as

highly significant, both from a human rights perspective and because Indigenous affairs had become a national responsibility (Hughes cited in Elston & Smith, 2007; Howie-Willis, 1994; Roberts, 1994). Commonwealth responsibility meant increased access to resources, integrated Commonwealth and state policy and program development (Anderson, 2007) and increased vulnerability to international pressure. From 1968, the Commonwealth started to fund Indigenous programs in health, education, housing and employment by subsidising state government programs (Anderson, 2007). The referendum also led to the right to equal pay in the pastoral industry. While significant from a human rights perspective, the usefulness of these reforms for Indigenous development was later to be contested as Indigenous Australians became increasingly dependent on welfare support (Pearson, 2000).

2.5 Self determination and management: opportunities and barriers

The extension of citizenship to Indigenous Australians in 1967 brought with it an obligation to facilitate their participation (Beckett cited in Roberts, 1994). The Whitlam Labor government responded, when it came to power in 1972, by adopting an official policy of self-determination, a term premised in international forums on the right of a people to decide their own political status and future (Roberts, 1994). Rhetorically, Indigenous Australians would now have the right to make decisions about matters affecting their own lives. The period of social policy was to have mixed results. Indigenous activism strengthened and there were many achievements, such as the development of a community-controlled service sector, but there continued to be multiple barriers to Indigenous autonomy (Older Women's Network, 2003; Roberts, 1994).

Self-determination was initially heralded with much optimism. Mechanisms for consultation and community management were established that aimed to foster Indigenous political activity and autonomy and provide organisational structures at local and national levels for Indigenous people to pursue their various agendas (Roberts, 1994). A Land Rights Commission was established and land rights legislation drafted. The National Aboriginal Consultative Committee (NACC) was established, though with only an advisory role; power lay with the government's Department of Aboriginal Affairs, which maintained tight administrative control over expenditure and effectively undermined Indigenous attempts to build an assets base and a measure of economic independence (Roberts, 1994).

Indigenous activism saw the development of Indigenous-specific community-controlled organisations from the early 1970s, a response to people's frustration at the inadequacy of mainstream services in meeting Indigenous needs. Jean Carter, who would become director of an Aboriginal Medical Service in southern New South Wales, wrote of how her people found mainstream services difficult to access because of racism and an often unfriendly environment (Older Women's Network, 2003). She saw Indigenous control of services as both a right and a responsibility:

I have been very outspoken about services for our people because I felt it was only right that we should have the basic services other Australians are entitled to. I believe we should have a say in how we look after ourselves and try to get out of the mess we are in. (Older Women's Network, 2003, p. 60)

Jean Carter described some of the challenges associated with getting services established in the community:

We all worked together supporting each other, trying to get better services for Aboriginal people. During that time we set up the first Aboriginal Rehabilitation Centre. There was some opposition. The local residents opposed the centre. They thought it was a good idea to have a rehabilitation place but not in their school premises. Then I did the exercise of going round and trying to talk to the people, to say we got this centre, we lobbied for it and got it through the Drug and Alcohol Authorities. It was the first one on the South Coast. We then established the Aboriginal Children's Service... We also established the first local Aboriginal Legal Aid Service in the area. (Older Women's Network, 2003, p. 60)

The 1970s also brought in the Commonwealth government funded Community Development Employment Projects (CDEP) scheme, initially in remote Indigenous communities but extended to other communities over time (Walter & Mooney, 2007). Recognition of the difficulties associated with building employment in the formal market sense, especially in remote communities, lay behind this scheme to assist in building jobs and community activities (Walter & Mooney, 2007). CDEP functioned as a work for the dole scheme, whereby an individual's unemployment benefits were paid to their Indigenous communities who then employed them to undertake tasks ranging from more conventional 'jobs' to contributions to community development activities (Walter & Mooney, 2007). In later years, CDEP would be critiqued for being a "destination rather than a stepping stone toward jobs" (Department of Employment and Workplace Relations (DEWR), 2005, p. 3) and, along with the welfare system, creating a 'gammon' economy

that undermined social fabric and built the mentality that a capable state “should serve programs to incapable, irresponsible and powerless people on the ground” (Pearson, 1999, p. 8).

By the mid-‘90s, there were about 1,500 incorporated Aboriginal community organisations in Australia dealing with legal matters, housing, health and the media; often funded by government. An important feature of these organisations was the employment and training opportunities they provided (Reynolds, 1996).

When the Whitlam government was replaced by the Fraser Liberal government in 1975, the policy of self-determination was renamed ‘self-management’ but the push for community-controlled services and land rights continued. The new government proceeded with enacting the land rights legislation initiated by the Whitlam government but there was frustration that the *Aboriginal Land Rights Act 1976* had been watered down by the time it was passed (O’Lincoln, 1993). The NACC was replaced by the National Aboriginal Conference (NAC) but maintained an advisory only role, tagged as ‘token’ (Roberts, 1994).

A second phase of self-management, under the Hawke Labor government, saw the establishment of an elected Indigenous body, the Aboriginal and Torres Strait Islander Commission (ATSIC), with administrative and funding functions as well as the representative function of NAC. Community representation was incorporated through the establishment of regional councils within seventeen national zones; each zone elected a commissioner to ATSIC though the chairperson was a government appointee (Roberts, 1994). There was great optimism about the potential of ATSIC to facilitate self-

determination. The first chairperson, Lowitja O'Donoghue, is cited by Roberts (1994) as saying that ATSIC was "the culmination of a long line of attempts to achieve Aboriginal self determination at the governmental level and as a radical shift away from previous Aboriginal Affairs Institutions" (p. 228). Yet, there were concerns from the beginning that ATSIC was still a semi-government body and never had the capacity to devolve decision making and funding to local levels nor the financial capacity to provide communities with the infrastructure and funds for the capital development required for sustained economic development (Roberts, 1994).

A further source of optimism for Indigenous autonomy was the High Court decision on native title in June 1992. Edward Koiki Mabo, with his co-claimants, destroyed the premise of *terra nullius* on which Australia had been colonised. This success came after a decade of legal action in the Meriam High Court challenge and built on the shoulders of earlier activists for land rights across the country (Langton & Loos, 2008). The High Court decision declared that the Meriam people, of the Torres Strait Island of Mer, were holders of native title and gave statutory protection to native title while validating all existing titles (Reynolds, 1996; Roberts, 1994). In so doing, the High Court had recognised Indigenous prior ownership of Australia and left open the possibility that native title might apply elsewhere (Langton & Loos, 2008). This was seen as a new basis for Aboriginal land tenure as well as elevating, into the forefront of the national political agenda, issues of self-determination, self-government, recognition of customary law, protection of cultural and sacred sites and the rights of Indigenous Australians to choose the way of life they want to follow (Reynolds, 1996; Dodson cited in Roberts, 1994). It was also viewed as an opportunity for broader social reconciliation. However, the High Court decision proved highly contentious and vested interests, particularly mining and pastoral industries, lobbied

fiercely to validate their titles and extinguish native title. This led to new legislation, the *Native Title Amendment Act 1998*, which extinguished many of the rights gained (Briskman, 2007).

There were increasingly disturbing reports, through the 1990s, of an overall decline in the social and health situation of Indigenous Australians nationally. Social and health indicators continued to be relentlessly negative across rates of chronic illness, disability, drug and alcohol abuse, violence, imprisonment, education, employment and representation in youth justice and child protection systems. That the situation had worsened in a policy era of self-determination and self-management was a source of intense reflection and debate. Some claimed the policies of self-determination had been a failure (Howson, 2008). Historical critique of this period documented a range of constraints to policy efficacy, both in relation to the parts played by government and by communities. Hunter (2006) argued that what passed as Indigenous control or self-determination in Australia was a veneer. Government failed to clearly define the terms or develop a framework or agreement as to what was to be achieved by the policies, resources were inadequate for the task and all levels of government were reluctant to cede power or open doors (Hunter, 1993; Roberts 1994; Siggers & Gray, 1991). On the other hand, communities were often insufficiently involved and committed and there were examples of mismanagement and economic failure. These failures were often attributed to the lack of resources and skills and the imposition of alien structures on communities (Hunter 1993; House of Representatives Standing Committee on Aboriginal affairs cited in Roberts, 1994).

Other Indigenous and non-Indigenous commentators started to link the problems to the increased availability of alcohol and welfare payments that followed the civil rights reforms in the 1960s (Hunter, 1993; Hunter, Reser, Baird & Reser, 1999; Perkins cited in Roberts, 1994). The Cape York Justice Study, commissioned by the Queensland Government in 2001, into the causes, nature and extent of breaches of the law in the Cape York Indigenous communities, reported that alcohol abuse and violent misconduct had become socially normalised in the Cape York communities (Fitzgerald, 2001). The report linked harmful levels of alcohol consumption to violence, crime and ill health (Fitzgerald, 2001). Indigenous lawyer, activist and Director of the Cape York Institute for Policy and Leadership, Noel Pearson, contended that the tragic mix of the introduction of equal wages in 1965 that took Aboriginal stock workers away from employment in the cattle industry, citizenship in 1967, which gave people the right to drink alcohol in licensed premises, and the government provision of welfare payments, underscored the social decline (Pearson, 2007). Using the metaphor of a tornado, Pearson described a trajectory of women following men in their alcohol use from the mid 1980s, the prospects for children falling apart and prospects for development being thwarted as drinking, conflict and violence came to be seen as social norms (Pearson, 2007).

2.6 Shared responsibility: a step backward or confronting reality?

Pearson's views fuelled a Howard Liberal government change in policy direction, from the mid to late 1990s, toward a neo-conservative agenda emphasising personal incentive, responsibility and self-reliance (Briskman, 2007). In 2004, following a government review, ATSIC was abolished and all of the body's programs transferred to mainstream departments (Altman, Biddle & Hunter, 2004; Elston & Smith, 2007). The boldness of this move and the lack of consultation was seen by many as breathtaking and

highly controversial (Dodson cited in Briskman, 2007). Briskman (2007) acknowledged that ATSIC was not a perfect structure or operational body, but argued that it did comprise elected members and gave some opportunities for Indigenous decision-making.

This was to be an era of ‘practical reconciliation’ through a whole-of-government approach to remediation in health, housing and education over what was termed the ‘symbolic’ reconciliation associated with land rights, a treaty and a national apology for the stolen generation (Altman et al., 2004; Briskman, 2007). New policy concepts, such as mutual obligation, emphasised behavioural change before basic rights and were operationalised through Shared Responsibility Agreements (SRAs); coercive agreements such as ‘no school no pool’ or communities undertaking to reduce domestic violence in exchange for air conditioners in community housing (Briskman, 2007). In what could only be seen as a serious threat to community autonomy, Indigenous programs and services, delivered by Indigenous people, would be put out to open tender.

The pace of change escalated in 2007 following the release of a disturbing report into child abuse in the Northern Territory (Wild & Anderson, 2007). The Commonwealth announced a national emergency response, initially in the Northern Territory; the Northern Territory Emergency Response (NTER). This intervention mobilised the police, army, medical practitioners and others to institute a raft of measures, including restrictions on alcohol, changes to welfare payments, enforcing school attendance, introducing compulsory child health checks, acquiring Aboriginal townships through five-year leases, improving housing, eliminating the current permit system to enter Aboriginal lands, and appointing community managers.

Amidst universal agreement on the need for decisive action, the changes unleashed a torrent of debate and controversy. The NTER was variously criticised for being an ideological neo-liberalist backlash, race-based, blunt and simplistic, assimilationist in intent, blatantly unsympathetic to land rights, victim blaming, punitive, discriminatory, undermining of autonomy and self-determination and of programs that are working, creating fear and uncertainty, taking the focus from government responsibility (Behrendt, 2008; HREOC, 2005; Mann, 2007). Further, it undermined principles of universalism and the inalienability of welfare payments (Altman & Johns, 2008). Many demonstrated a lack of confidence in the likelihood of these measures achieving the changes desired given the lack of evidence for this form of approach and the government's current capacity to implement the measures effectively and the reliance on a carrots and stick approach (Altman & Johns, 2008; Behrendt, 2008; HREOC, 2005).

Other commentators were not so whole-heartedly negative about government intervention on the grounds that autonomy is linked to the capacity to make choices, and exercise these choices, and that past policies had been inadequate in relation to capacity building. Given this situation, government has a legitimate role in assisting Aboriginal communities to restore responsibility through mutual obligation, albeit not in a manner that further erodes family and community responsibilities, and with a long-term vision for building social and cultural ownership (Pearson & Dodson cited in Hunter, 2006; Pearson 2007).

Throughout the same period, a Cape York Reform Agenda was planned for Cape York Peninsula communities in Queensland. The Cape York Welfare Reform Project started in June 2006 when the Australian Government committed \$3 million to pilot and

evaluate the project in four communities from July 2008. On the basis of this evaluation, the approach may then be extended to all welfare recipients in Queensland (Cape York Institute for Policy and Leadership, 2007).

The Cape York Reform Project shared many of the underlying assumptions on which the NTER was premised, namely “a link between social dysfunction, child neglect, substance misuse on the one hand and ‘passive welfare’ on the other” (Altman & Johns, 2008, p. v); a conviction, argued by Altman, without basis in evidence. Both reforms made welfare conditional on ‘responsible behaviour’ involving school attendance, keeping children safe from harm and neglect, not committing drug, alcohol or family violence offences and abiding by tenancy agreements (Altman & Johns, 2008). However, the Cape York Welfare Reform Project proposed a less punitive approach, more focused toward community sustainability and economic viability of remote communities and reform of the CDEP program. For example, the Cape York Welfare Reform did not include blanket quarantining of benefits. Rather, the statutory locally-based Family Responsibilities Commission would utilise a combination of case management and support services and income management involving the quarantining of benefits only as a last resort (Altman & Johns, 2008; Cape York Institute for Policy and Leadership, 2007).

2.7 A new era?

A new Labor government under Kevin Rudd was elected in November 2007. At this time, it was too early to determine what the impact of the NTER, initiated only one year previously, would be. Meanwhile the situation remained dire:

The crisis in Aboriginal Australia is known to most Australians through silent statistics that are regularly revealed by academic and government inquiries. For so many Indigenous Australians, whether residing in remote settlements or in towns and cities, the crisis is lived as a daily reality and marked by the parade of funerals for loved ones, the noise and pain of drunken violence, the visits to hospitals and prisons and the numbness of pervasive despair. This reality is a festering cancer on the nation's soul. (Dodson, 2008, p. 31)

The new government announced an ideological shift in policy reflected toward combining, rather than polarising, practical (such as the NTER) and symbolic measures. This approach was advocated by a number of Indigenous and non-Indigenous commentators who argued that practical and symbolic reforms, rights and responsibilities, participation in the economic life of the nation and maintenance of identity and cultural ways, can co-exist (Dodson, 2008; Mann, 2007; Pearson, 2000; Robinson, 2008). Symbolic reforms included a formal apology to the stolen generations by the prime minister on behalf of the nation in February 2008 and commitment to constitutional reforms. Practical measures included maintaining many of the measures initiated under Howard, particularly in relation to the whole-of-government approach and the NTER, as part of a broader program to 'close the gap' in life expectancy, health, education and employment (Department of Families, Housing, Community Services and Indigenous Affairs, 2009; Robinson, 2008).

It is too early yet to know what the outcomes of the NTER and the Cape York Welfare Reform strategies will be and concern has been expressed as to whether the programs will even be rigorously evaluated (Altman & Johns, 2008). However, an initial

review of the NTER, released in October 2008, provided a vehicle for some community feedback. There were many grass roots concerns in relation to both the assumptions and strategies of the intervention. The NTER was seen by many as a collective imposition based on race, assuming Indigenous people were responsible for their own problems and ignoring decades of cumulative government neglect (Yu, Duncan & Gray, 2008). Further, a failure to engage constructively with the people it was trying to help diminished the NTER's effectiveness. Yet, the feedback was not wholly negative. People welcomed greater police presence in communities and measures to reduce alcohol-related violence, address the quality and availability of housing, improve the health and wellbeing of communities and advance early learning and education leading to employment. Even policies such as income management, resisted because of their blanket imposition, had led to some benefits (Yu et al., 2008). On the basis of this information, the review recommended that the intervention should continue as a bipartisan commitment, though with modifications enabling local autonomy. For example, income management programs should be voluntary and only mandated in certain situations, there should be greater effort to galvanise the partnership potential of communities and the response should be tailored to the differing needs of communities (Yu et al., 2008).

2.8 Conclusion

The last three centuries have brought monumental change to the lives of Indigenous Australians. From the early days of European settlement, social policy has been alternately, if not simultaneously, overwhelming, destructive, enabling and obstructive. Increasingly, Indigenous Australians, individually and/or collectively, have made sustained gains toward autonomy, though many challenges remain. Achievements in civil and land rights co-exist with statistical evidence of health inequality, endemic alcohol abuse and social distress for

many. Addressing these difficulties is manifestly complex. History suggests that social policy alone is ineffective, particularly where it is poorly or half-heartedly implemented. It has also shown the remarkable tenacity and achievements of individuals and groups, even amidst very difficult social circumstances. There is a new era of social policy and it remains to be seen how effective this might be. A promising sign is the recognition that social policy is unlikely to achieve desired results when the people whose lives are most affected are not engaged, suggestive of a growing understanding that local empowerment is crucial for improvement in the social and health conditions experienced by Indigenous Australians.

Chapter Three

Study Design

3.1 Introduction

Anyone studying the important, but under-researched, concept of empowerment as a determinant of Indigenous health is faced with multiple layers of methodological challenges related to world views and ways of knowing. The approaches most privileged within health research are based on a bio-medical or natural science model that values quantitative, over qualitative, approaches. This binary is unfortunate as both approaches are needed for understanding the nature of complex health issues and interventions (Campbell et al., 2000, p. 694). For example, quantitative research is valuable for measuring outcomes and economic modelling for health inputs. On the other hand, qualitative methods are needed for the study of socially and culturally influenced human conditions. Despite the need for diversity in methods, the relative weight of credibility accorded quantitative research approaches has limited the potential of traditional social science as many social scientists have sought to emulate quantitative research methods. Recognition of the mutual importance of both the natural and social sciences and quantitative and qualitative approaches informed the development of the ERP research objectives (see Table 1.1). Some of the research objectives required qualitative, and others quantitative, methods. The main priority within the ERP was to elucidate the substantive findings associated with each objective and methodologies were chosen in accordance with this core goal. This study, which drew from the FWB evaluation data collected between 1999 and 2003 (see Table 1.2) to develop theoretical understanding of empowerment in the context of Indigenous Australia, sought to examine social experience, the focus of

qualitative research; rather than measure or analyse causal relationships between variables, as in a quantitative study (Denzin & Lincoln, 2000). Therefore, a qualitative methodology was required. However, qualitative research is a large and complex field and the precise methodology of studies is frequently poorly explained. A series of methodological questions therefore remained in regard to study design. In order to answer these questions, I reviewed published literature relating to qualitative research design. This enabled me to consider an array of epistemologies and methods before making critical decisions. This chapter takes the reader through the conceptualisation of the research design. It then documents the analytic process as the study unfolded.

3.2 Determining a methodology

Quantitative methods are privileged in health research where the emphasis is on discovering physical reality and the development and testing of causal hypotheses (Denzin & Lincoln, 2000; Guba 1990). Observation, measurement, experiment and theory-building are methodological corner stones and statistics play a major role (Guba, 1990). Here, theory is normative, emphasising empirical fact rather than social and political goals, aims, morals and values (Guba, 1990). A hierarchy of study design exists whereby quantitative randomised control trials are seen as the gold standard because of their perceived capacity to overcome researcher bias (NHMRC, 2005). Such methodologies reflect a positivist ontology; a world view in which physical reality exists and is driven by immutable, systematic, natural laws (Crotty, 1998; Guba 1990). The researcher is a passive, value-free and objective observer and the business of science is to discover the 'true' nature of reality in order to predict and control natural phenomena (Charmaz, 2006; Denzin & Lincoln, 2000; Guba 1990).

Much has been achieved in the natural sciences through a positivist ontology and quantitative methods. We have abundant reasons to be grateful for the achievements in the biomedical and natural sciences (Crotty, 1998). However, there are limits to the efficacy of these approaches to health research. Traditional deductive methodologies are failing in the face of rapid social change and are unable to capture, for example, the social complexities and power differentials associated with chronic disease and the underlying determinants of health (Coburn, 2003; Morrissey, 2003; Tsey et al., 2003). Social science and qualitative approaches, which emphasise social experience and the qualities of entities and processes and meanings (Denzin & Lincoln, 2000; Schwandt, 1997), are essential for research in these areas. Yet, qualitative research is a broad term and there exist multiple internal debates and tensions in relation to the approach (Schwandt, 1997).

Points of difference within qualitative research often rest again on beliefs associated with the nature of reality. Some approaches continue to be informed by positivist, or related postpositivist traditions, where it is acknowledged that reality can never be fully apprehended, only approximated (Denzin & Lincoln, 2000; Guba, 1990). The postpositivist development has seen greater emphasis on undertaking inquiry in more natural settings, the use of qualitative methods and the reintroduction of discovery into the inquiry process (Crotty, 1998; Guba, 1990) but the primary aim of discovering causal explanations and making predictions about an external knowable world remains (Charmaz, 2006). Much of the qualitative research within health has taken a positivist and/or postpositivist approach (Guba, 1990). One example of the use of qualitative methods to support positivist and postpositivist health research is the phased approach to the evaluation of complex interventions advocated by Campbell (Campbell et al., 2000) and others. Quantitative methods continue to be seen as paramount and qualitative methods

used only to the extent that they assist the development of refinement of quantitative instruments (Campbell et al., 2000; Charmaz, 2006). Qualitative methods are used in preclinical and exploratory phases of research, building to definitive randomised controlled trials (Campbell et al., 2000).

A new generation of qualitative researchers argues that positivist methods are but one way of telling stories about society or the social world (Denzin & Lincoln, 2000; Flyvbjerg, 2001; Richardson, 2000). These researchers propose that social science should value its interpretive and humanistic strengths in being able to capture the individual's point of view, examine the constraints of daily life, secure rich and thick descriptions and incorporate an ethical dimension (Denzin & Lincoln, 2000; Flyvbjerg, 2001). They suggest that the social science attempts to 'mimic' the predictive theories of natural science have undermined the ability of social science to achieve the powerful explanations and predictive theories characteristic of the natural sciences (Charmaz, 2006; Flyvbjerg, 2001; Guba, 1990). Further, these efforts have weakened the extent to which other approaches to knowledge, such as the interpretation of meaning, were viewed as being of scientific value in their own right (Charmaz, 2006; Flyvbjerg, 2001).

The ERP was designed to employ both quantitative and qualitative methodologies. This integration of methodologies did not assume that one approach was superior or more valid than another. Rather, the assumption was that differing research objectives demanded different approaches. For example, in the wider ERP, qualitative methods were designed to monitor and assess the nature of empowerment interventions, their acceptability and effectiveness in a variety of settings and the range of contextual issues that may arise in implementing such interventions. Alongside this, work instruments for quantifying the

efficacy of empowerment interventions were developed and planning is underway to develop methods to determine the relative cost-effectiveness of complex empowerment interventions.

This study, aiming to build theoretical understanding of empowerment in the Indigenous context, required a qualitative methodology that could embrace complexity at historical, political, cultural and personal levels. Methodologies that emphasised process, subjective and social meanings, open-ended study, values, and issues of power were considered to be most appropriate (Charmaz, 2006; Crotty, 1998; Flyvbjerg, 2001; Guba, 1990; Ife, 1997). In essence, I wanted to explore FWB participants' experiences of empowerment rather than any form of absolute truth. I intended to consider the influence of my world view on the analytic process and the ultimate findings. I intended to take the context into consideration, be informed by values, consider dynamics of power and control, and produce research that might provide a catalyst for change.

On reviewing the aims of my research in relation to social theory, it was evident that the study sat under the epistemological umbrella of constructivism within the interpretive tradition (Charmaz, 2006; Crotty, 1998). Constructivism views knowledge and meaning as constructed through human interaction and the acknowledgement of the influence of social context (Crotty 1998). This involves the study of how participants construct meanings and actions in specific situations and how these are embedded in larger networks, situations and relationships (Charmaz, 2006). It also involved me, as a researcher, taking a reflexive stance toward the study process, including the influence of my own ideas, to consider how the theory evolved (Charmaz, 2006).

The ERP as a whole, and this study within the broader research program, could be seen, theoretically, to encompass critical theory and post-structuralism. The centuries of domination and disenfranchisement endured by Indigenous Australians made consideration of oppression and injustice at the structural level, a feature of critical theory, a necessity. The critical perspective makes social ethics, politics, structural inequalities and power and oppression a central concern (Crotty, 1998; Ife, 1997; Schwandt, 1997). Research supportive of processes to enable empowerment of Indigenous Australians resonated with critical theory's focus on emancipative knowledge and the goal of individual and social transformation (Crotty 1998; Ife, 1997; Schwandt, 1997). The FWB program, itself, was congruent with the Marxist notion of 'praxis', where learning and doing, or developing theory and practice, are the same process (Ife, 1997). Critical theory explores the relationship between agency and structure, a feature of the ERP. However, the perspective that individual change is contingent on social or structural change (Ife, 1997) belied the stories within the FWB data. People were able to effect remarkable personal changes even in the face of a problematic social environment. Power did not solely lie within structures and the dimension of individual agency was under-explored.

Concerned by the contradiction between critical theory and FWB data at a fundamental level, I considered post structuralism as an alternate theoretical framework. Post structuralist thought contains a more fluid understanding of power circulating in a web of discourses and practices found in institutions, communities and families, rather than a structural monolithic entity (Foucault, 1980; Santhanam, 2007; Wallerstein, 2006). This analysis closely resembled the experience of study participants. Further, an emphasis on deconstructing 'truths', made possible through the analysis of oppositions and contrasts

that produce dualisms and hierarchical structures, resonated at all levels in this study (Healy, 2000).

I was hesitant in wholeheartedly adopting post structuralism, largely due to the theory's lack of emphasis on the material realities of disadvantage (Healy, 2000). I was encouraged at discovering Healy's (2000) concept of critical post structuralism, which married the factors within critical theory and post structuralism relevant to my study. Healy's (2000) framework acknowledged that structural injustices exist but also that local concerns and activity have the potential to challenge oppressive practices and foster more just and humane approaches where 'grand plans and utopian ideals' are more difficult to effect (Healey, 2000). Hence, critical post structuralism offered a theoretical framework for this study in which ethics were paramount and the forces of structural injustice acknowledged but also an understanding that these forces were never total so that, at micro levels, individuals could exercise power in multiple ways.

3.3 The nature of the data

The data to be analysed was very rich. People were very open and honest, revealing very personal information. Most were very passionate about the FWB program. It was evident they greatly valued the opportunity to share their insights either with an interviewer or through reflection in personal diaries. The interviews ranged in length from half a page to sixteen single-spaced pages with a median length of over four pages.

Many of the respondents were either employed within helping or service roles as health workers, community workers, men's and women's group co-ordinators, youth workers, counsellors, family support workers or educators. One man was a health centre

manager, one woman was a cleaner at her local pre-school and another woman was an administrative officer. Where people were not formally employed they identified as parents or members of men's and women's groups. Their ages ranged from the 20s to the mid 50s (see Appendix D - Participant Information).

All of the respondents had experienced considerable adversity in life including grief and loss, relationship conflicts, mental health difficulties, alcohol problems, financial problems and child abuse. Most people expressed concern about the difficulties in their workplaces and communities and the problems they witnessed in other families. They appreciated having the opportunity to participate in FWB and learn skills to help them better manage their own life situations and to help others. Most of the diaries contained multiple stories associated with people's ability to understand or bring about changes in situations that concerned or distressed them, both those of their own and of others.

Examples of people's stories provide some insight into the nature of the stories for analysis. Ruby (mother of eight and grandmother of five) was employed at her local community-controlled health centre. She was attracted to FWB because she held a personal wish to develop a similar program. She found that FWB built on, but broadened, her existing skills and knowledge and helped her to change her attitude from a tendency to be negative. Ruby was quick to apply her new understandings to family and community issues. She learnt not to lash out during quarrels but to step back and take a more conciliatory approach. Her family and community relationships improved as a result. With greater skills and more confidence, Ruby took on a leadership role in her community. She put careful thought into how to encourage others in her family and community to participate in FWB. She trained to be a program facilitator and ran the program in her

community. She became a key member of a housing action group, that emanated from her FWB group, seeking to address the acute shortage of housing in her community. Ruby didn't find these new roles easy at first. She had to overcome shyness and nervousness and force herself to be 'out there'. But once there, she found she liked it and felt good about herself. Increasingly, she saw herself as someone with the capacity to help and lead others.

Anthony was married with small children and working as a volunteer with a local men's health group. An interest in gaining credibility as a Christian counsellor in his community initially drew him to participate in FWB training. He came to FWB with significant personal problems. He attributed his problems to childhood trauma resulting from his parents' divorce, his father's rejection of him and sexual abuse by a relative. He emerged from childhood with 'damaged emotions' and found himself drawn to a woman with similar problems and they started a family together. He described their mutual 'damaged emotions' as being like veils, or walls, underpinning a cycle of him often being angry with his family and then sorry afterwards. His wife had the same problem with anger. FWB provided an opportunity for Anthony to address his personal difficulties. Program ideas helped him to 'tear down the veils' and to face and understand the problems he and his family were dealing with. He found that he was more able to fully love and support his wife and children. As a consequence, he and his wife had increased understanding as a couple and an ability to resolve their mutual anger. Anthony spoke of the confidence he gained through learning new knowledge and addressing personal difficulties. With the support of his faith in God, who he believed had given him a special gift and talent for facilitating and teaching, he undertook to train as an FWB facilitator. He hoped to gain a full time job but was, meanwhile, prepared to offer himself as a volunteer.

Though many of the interviews were equally as complex as those of Ruby and Anthony, some were less so. Carol's interview was quite short. Carol said that the ideas of FWB reinforced ideas she had been exposed to through previous professional development and provided some new knowledge about 'what can be done'. She valued being part of a group of people dedicated to changing their lives and the lives around them in a positive way and spoke of her willingness to continue learning. However, Carol said very little about her life or social context and the ways in which she had or could apply FWB ideas, other than to say that, at times, it is not easy dealing with the issues that emerged for her and others in the FWB group.

3.4 The choice of an analytic method

As I examined texts and articles on research methods, including grounded theory, thematic analysis, content analysis and narrative analysis, I encountered Janesick's (2000) comment that in doctoral programs there is obsession with method and that there is a danger in becoming so taken up with methods that the substantive findings are obscured. This comment was a turning point in my thinking. My research aim was to capture theory contained within rich data. I needed a method that would systematically guide a process of building theory. I was seeking a methodology that would provide a fit with the study's epistemological and theoretical frameworks of constructivism and critical post structuralism (Mills et al., 2006). I wanted a method that was not overly prescriptive and allowed me to exercise my own judgment through the analytic process.

I considered each of the analytic methods in relation to my study needs. Thematic analysis was relevant but the analytic guidelines were less evolved than those within grounded theory. Content analysis derived categories of analysis from pre-existing

theoretical understandings and tested these against empirical data rather than allowing categories to emerge from the data. It allowed for quantitative analyses of initially qualitative data and was more useful for confirming pre-existing theory than building new theory (Braun & Clarke, 2006; Ezzy, 2002). In reviewing narrative analysis, I was struck by the diversity of ways in which researchers describe their narrative approach, the use by some of complicated theoretical language and the lack of a clear description of methods, particularly the methods of analysis (Feldman, Sköldbberg, Brown & Horner, 2004; Rogan & de Koch, 2005). For example, there was debate about whether narratives should be analysed as a whole entity (Ezzy 2002; Labov cited in Riessman 2002) or, like grounded theory, broken down into component parts (Feldman et al., 2004). Where the data was kept as a whole entity it may have provided greater depth but included fewer voices (Gaddis, 2004; Reissner, 2005). In reflecting on the needs of my research, I decided against using narrative analysis. The lack of clear guidelines and the large data set required a method that would fully embrace the likely scope of emergent themes. However, I noted the comments by some users of narrative analysis that methods that broke stories into component parts effectively ‘disembodied’ the data (Feldman et al., 2004) and considered ways to include some larger or whole stories within the thesis.

Grounded theory provided systematic methods that would capture a large number of voices but I needed to be clear which branch of the method I was using. There were epistemological tensions amongst proponents of the approach, considered a feature of a spiral of methodological development by Mills et al. (2006). The men credited with the development of grounded theory, Glaser and Strauss (1967), took differing paths with Glaser remaining committed to the traditional positivist approach and Strauss and Corbin (1990) taking a more evolved approach and using a mix of language that “vacillates

between post positivism and constructivism” (Mills et al., 2006, n.p.). More recently, grounded theory had been adapted for a constructivist lens (Charmaz, 2006; Mills et al., 2006). This newer branch of constructivist grounded theory was the method most congruent with my study’s epistemology and analytic needs (Charmaz, 2006; Mills et al., 2006).

Certain features of traditional forms of grounded theory remain central in the constructivist grounded approach (Mills et al., 2006). Particular methods are used to explore and elicit multiple perspectives within data and elicit latent patterns and build theoretical frameworks (Charmaz, 2006; Glaser, 2002; Mills et al. 2006). They facilitate an inductive study whereby the researcher has no preconceived ideas to prove or disprove (Mills et al., 2006). Rather, the issues of importance emerge only as the researcher systematically analyses the data (Ezzy, 2002). Data is systematically coded through line by line or word by word examination (Ezzy 2002; Glaser, 2002; Glaser & Strauss, 1967; Mills et. al., 2006; Strauss & Corbin, 1998). These codes are then differentiated or categorised according to themes and latent patterns (Ezzy 2002; Glaser, 2002; Glaser & Strauss, 1967; Mills et al., 2006; Strauss & Corbin, 1998). Constant comparison of data, codes and categories for similarities and differences between events and incidents allow for advancement in conceptual understanding and definition of the properties of categories (Charmaz, 2006).

The focus on constant comparison in grounded theory facilitates a process of theoretical sampling whereby ideas are refined and, as gaps and holes become evident in the emerging theory, precise information is sought to shed light in this area (Charmaz, 2000). Theoretical sampling further assists with defining the properties of categories;

identifying the contexts in which they are relevant, specifying the conditions under which they arise, are maintained, and vary, and their consequences (Charmaz, 2000, 2006; Glaser & Strauss, 1967; Mills et al., 2006; Strauss & Corbin, 1998). Coding finishes when the researcher is satisfied that the theory is saturated, meaning that new data is not sparking new theoretical insights nor revealing new properties of the core theoretical categories (Charmaz, 2006; Ezzy, 2002). The final theorising is, therefore, grounded in the participants' experiences (Mills et al., 2006).

There were several reasons why constructivist grounded theory was more suited to the requirements of this study than traditional approaches. This version was more congruent with the study epistemology and the acknowledgement that the researcher's perspectives inevitably influence data interpretation. The analytic process is inevitably a construction of meaning between researcher and data rather than an objective exercise where researcher interpretations are seen as an unwarranted intrusion (Charmaz, 2006; Glaser, 2002). Also, the constructivist perspective allowed grounded theory methods to be applied more flexibly, as "a set of principles and practices" (Charmaz, 2006, p. 9) rather than "prescriptions or packages" (p. 9). This flexibility impacted on issues such as at what stage in the research to undertake a literature review, and how to use this literature within the study.

The place of the literature has been disputed in grounded theory. Classic grounded theories advocated delaying the literature review until after data analysis in order to avoid importing preconceived ideas and imposing these on your work (Charmaz, 2006; Glaser, 1978, 1992; Glaser & Strauss, 1967; Mills et al., 2006). Charmaz (2006) argued that this position was overstated to "free new scholars from the shackles of old ideas" (p. 165) and

noted that Strauss and Corbin later clarified their position by acknowledging that all researchers come with a background of professional and disciplinary knowledge (Charmaz, 2006). Other writers support this stance that researchers do not come to the research endeavour as a '*tabula rasa*' (Charmaz, 2006). Further, most research or grant proposal requirements involve having prior knowledge of the leading studies and theories in your field (Charmaz, 2006).

Constructivist grounded theorists take the latter position of engaging with the literature from the beginning of the research process, but putting it aside until after categories and analytic relationships had been developed (Charmaz, 2006). Once theory development is well underway the literature is re-visited and incorporated to contribute to, and strengthen, the researcher's theoretical reconstruction (Charmaz, 2006; Mills et al. 2006).

3.5 Applying grounded theory methods

In practice, constructivist grounded theory involved a complex and organic interplay between research questions, data, literature, epistemology, theoretical perspective and method. Here, I give an account of the analytic process, exploring how the analytic journey unfolded. I describe the steps that I took in data analysis, reflect on the challenges I encountered and the major decisions I made.

3.5.1 Starting with literature

I followed the lead of constructivist grounded theorists and engaged with literature from the outset of the study, although the substantive literature review was done following data analysis. Undertaking a series of small literature reviews helped to locate and

determine the relevance and importance of the study, provided direction for theory development and connected the study to disciplinary practice. I wrote background papers addressing the histories of the public health and social work disciplines. I examined the literature addressing empowerment and related concepts such as community development. In appreciation of the inductive spirit of grounded theory and in-depth literature, analysing the concept of empowerment would be done after data analysis where it could be used to clarify ideas, make comparisons, invite the reader into a theoretical discussion, show how and where the work fits or extends relevant literatures and clarify its contribution (Charmaz, 2006).

3.5.2 Sampling, coding and categorising

The initial process of data sampling served as a point of departure rather than theoretical development (Charmaz, 2006). In effect, initial sampling had occurred when I decided to use FWB data to undertake a study of empowerment in the context of Indigenous Australia. The FWB data provided the people, situations and settings needed to explore the research question (Charmaz, 2006). I made the decision to work systematically through the data, starting with Site 1, until data saturation was reached.

I felt a tension between remaining open to the theoretical leads yet having some analytic direction. I was aware of arguments within grounded theory; that the respondents tell the researcher what is most significant so that imposing artificial questions or preconceived categories should be avoided (Glaser, 1992). Yet, the data contained multiple threads and tangents and, initially, I felt somewhat rudderless in knowing exactly what I was looking for. Charmaz's acknowledgement that data collection demands that researchers ask questions and follow hunches (Charmaz, 2000) assisted me to resolve this

dilemma. In fact, Charmaz argues further that “an acontextual reliance on respondents’ overt concerns can lead to narrow research problems, limited data, and trivial analyses” (Charmaz, 2000, p. 514).

I found that I naturally drew on the analytic frameworks and processes I used as a counsellor. These frameworks involved learning of people’s experiences and searching within these for evidence of the meanings people cast around their actions (Morgan, 2000). To assist in my reading and analysis of the interviews I developed a set of questions that resonated both with my therapeutic style and the research aim:

- How do people who have participated in FWB experience empowerment?
- What do they do and how do they act?
- What coping mechanisms do they display to deal with the stresses of life?
- What values and worldviews do they draw on?
- How are they viewing themselves?
- How are they viewing others?
- How are they viewing their relationships?
- How are they viewing their place in society?
- What evidence is there of change at a structural level?

The questions were not imposed on the data and were not intended to limit the possible theoretical directions (Charmaz, 2006) but to assist in identifying theoretical leads. For example, in relation to ‘how people act’, some people mentioned taking responsibility, using particular skills, engaging in learning, planning for the future and implementing their plans. In relation to ‘how they viewed themselves’, people mentioned concepts such as being skilled and gifted. I am aware, however, that this analytic

framework influenced the development of categories and, ultimately, the theory. For example, the categories I would later use differentiated between action and beliefs and attitudes; though at this early stage, I used the terms values and world views.

Guided by the analytic questions, I read each interview line by line creating codes, words or phrases that captured the information and ideas expressed (Charmaz, 2006). The words of the respondents were sometimes used as codes but ideas and information were also paraphrased. The line by line process of coding ensured that all ideas were documented. In the early phases of coding, my supervisors similarly coded sections of data, comparing their findings with mine, to stimulate debate and discussion about the codes and to push me to challenge my own filters or assumptions. I also valued the opportunity to compare and discuss the emerging patterns with my cultural mentor, Professor Yvonne Cadet-James.

Over time, I found the list of questions to be cumbersome. As there were too many questions, it was difficult to keep them all in the front of my mind. I found that having a very simple research question proved to be the most useful analytic tool. When I felt stuck or overwhelmed by data, I stopped to ask ‘How is this person achieving empowerment?’ and found this would help me to regain clarity and direction.

Codes were grouped into analytic concepts or categories (Charmaz, 2006). Though the analytic questions provided some initial ideas for categories, these ideas were not imposed on the data. The categorisation of codes required careful consideration and proved to be conceptually complex. Ideas were interconnected and people’s statements, frequently, had multiple meanings that could be categorised in a range of ways. There

were, however, some key elements in people's stories that could be clustered into broad categories of social context, beliefs, skills, actions and outcomes. Dictionary definitions helped to confirm that these titles were meaningful: 'beliefs' incorporated confidence, trust and faith including religious principles; 'skills' involved the ability that comes from knowledge, practice, aptitude to do something well; 'action' referred to something done; and, 'outcomes' included the results or consequences of something (Macquarie Concise Dictionary, 1996). Within the broad themes, I developed subcategories, which evolved as I moved from one set of interviews to the next. (See Appendix E - Coding Systems Over Time for examples of how the categorisation of codes evolved over time.)

In addition to the process of coding, interviews were summarised. At the end of each summary, I wrote a reflection which captured the features of the interview that stood out for me, including similarities and differences to other interviews. New codes, where identified, were documented. These reflections provided an important space for thinking creatively and holistically about the data (see Appendix F - Case Summary Example).

After coding and writing summaries of the first ten interviews in Site 1, I stopped to reflect on the story that the codes and initial categories were telling me. This helped to gain a sense of the theory that was emerging. I wrote the following:

Despite an overwhelmingly challenging social context, many Aboriginal and Torres Strait Islander Australians have not only survived but have come to lead happy and 'empowered' lives. Set against the historical and social context described within the research interviews, this thesis explores the ways by which people were able to move from a situation of often significant personal distress to becoming more

empowered, and the factors that supported this change. It then provides theoretical elaboration of the ‘empowerment’ achieved. Being ‘empowered’ involved acting or behaving in certain ways, guided by particular beliefs and values, enabled by specific sets of skills and resulting in a set of outcomes. (Personal diary, April, 2007)

This early thesis was reconceptualised and written over half a dozen times through the analytic process; yet, the final thesis came to be remarkably close to it.

I wondered if the emerging theory would hold true in different locations. Having data from multiple sites, which varied in relation to location, size and gender make-up, provided opportunities for theoretical sampling whereby I would compare the categories and their properties across context and condition.

I put aside the Site 1 emerging theory and restarted the grounded theory process with the data from Site 2. I read and coded each interview line by line. I compiled lists of the codes that I had developed from each data set and compared these to the Site 1 codes. There were minor differences in the codes from each site, reflective of the context and differences in FWB program implementation. For example, for Site 2, I coded ‘community action’ and ‘community change’. This was a site where university researchers had used a participatory action research (PAR) process to support participants to collectively address identified priority community and/or organisational issues arising out of the FWB experience. It was, therefore, unsurprising that there was a greater emphasis on community action and change. I analysed all of the thirteen interviews beyond the point that any new codes emerging fitted within existing categories and did not spark new theoretical insights

nor reveal new properties of the core theoretical categories. I took this to be evidence of data saturation (Charmaz, 2006).

Next, I repeated the process with Site 3 data. Again, I coded all of the ten interviews and found only minor differences in codes, reflective of context. For example, for Site 3, I coded 'mechanisms for staff support' and 'challenging bureaucratic constraints'. These codes reflected the organisational context of the FWB pilot. The extent to which the data of Sites 2 and 3 was congruent with that of Site 1 gave me confidence that data saturation was reached across contexts. On this basis, I made the decision not to analyse the data from Site 4. In addition, I had intimate knowledge of the Site 4 data. I was one of the team of researchers who collected and analysed the data and I was a co-author of the research report. I was confident that the codes and categories developed from the analysis of Site 1 to Site 3 data applied to Site 4.

With the data coded and compared, I rethought my major categories of social context, beliefs, skills, action and outcomes. The category that most concerned me was 'beliefs', which addressed the thoughts that enabled or accompanied positive processes of change. I wondered if this term sufficiently encompassed the range of concepts I had clustered into this category. I also considered using the terms 'world view', 'spirituality', 'values' or 'culture' and found definitions for each term that were suitably broad to encompass the elements under discussion. I consulted dictionaries for the precise meanings of terms. Both 'beliefs' and 'values' involved holding certain principles, yet values involved a moral dimension of what is right and wrong (Collins New Pocket Dictionary, 1992). Values could be seen to inform beliefs, so better fitted as a subcategory. Ultimately, it was the FWB description of 'beliefs and attitudes' that led to my decision to use this term as the

name of the category. This description encapsulated the ideas I wanted to group together. In the FWB perspective, beliefs involved messages about life issues received from family, religion and other societal sources. Attitudes act as a mindset or filter and derive from feelings, thoughts and memories. They affect judgment, decision-making and behaviour. I also broadened the category of 'skills' to 'skills and knowledge' because, in speaking about the factors that enabled them to live out or enact their beliefs, people spoke about more than specific skills. Knowledge gained from life experience was one striking example.

I sought feedback for these categories from Indigenous Australians. I had the opportunity to present the categories and discuss my dilemmas with my cultural mentor (Professor Yvonne Cadet-James) who supported the decisions I had made. At a James Cook University School of Indigenous Studies annual postgraduate studies workshop (April 2007) and a FWB training workshop (July 2008), where some of the respondents of the primary study were present, the feedback on the decisions I had made was encouraging. The FWB participants were particularly vocal in their support, saying that the findings captured their experiences of empowerment, not only at the time of their interviews but also in the discussions they had been having during the training workshop.

3.5.3 *Building theory*

I had developed congruent lists of codes and categories, across sites, which I needed to consolidate into a theory. Building theory involves dividing something that is apparently complex into relatively simple elements; looking for patterns and clusterings of ideas and integrating these into a systematic scheme (Charmaz, 2006). This has been identified as a most difficult skill and an area in which little has been written (Smith, 1998). I concur that

this is a difficult skill. The data contained so many elements and dimensions and uncountable potential stories that could constitute a thesis. How could I integrate the codes and categories to provide an authentic theory? I used a range of strategies to assist me with building the theory, such as clarifying the research question and keeping this as the focus of analysis, articulating the emerging thesis, using visual models, revisiting theoretical literature and using NVIVO software for qualitative research.

At every step of the analytic process, my supervisors encouraged me to use visual models. I did not think of myself as a visual person and drawing models did not come naturally. I attempted dozens. With time, this became a more natural process and playing with ideas and their linkages was a conceptual aid. The theory was ultimately presented visually in Figures 4.1, 4.2, 4.3, 4.4 and 4.5.

In accordance with grounded theory guidelines, in the early phase of the analysis I made the data the focus and tried to put my knowledge of literature aside. But I later returned to literature to see if it would be useful in making further theoretical sense of the data. Social theory helped me to see some of the emerging patterns, particularly in relation to agency and structure. The debates within social theory involving agency and structure, and the closely related dualisms of micro-macro and individual and society, resonated with my interpretations of the data. The data pointed to themes within social theory. For example, it highlighted agency, “the degree to which individuals are capable of changing the circumstances in which they find themselves and of responding creatively to social constraints” (Layder, 1994, p. 210). The data revealed elements of agency and the attributes within each element. Yet, it was also evident how the social context could shape

and mould people's activities and behaviour (Layder, 1994). The emerging theory needed to take the broader life environment into account.

The software program NVIVO was an invaluable coding, sorting and connecting tool. The ability to put all of the data, including the literature, into the program according to categories and subcategories helped me negotiate the large set. I could easily locate data, search for concepts, compare and contrast data and refine categories and subcategories as the process of analysis continued.

3.5.4 Thesis construction

The theoretical model was still evolving when I first began writing the findings chapter, which aimed to articulate the study theory. The process of writing was, initially, an extension of the analytic process and a systematic and reflective method in itself (Richardson, 2000). It involved an iterative process of writing, rewriting, changing and reordering words, using dictionaries and thesauri for definitions and language and breaking down and organising complex thoughts and concepts to make the research a coherent whole (Richardson, 2000). There were decisions to be made regarding how best to capture and present the complexity of the data into a broader theory. The theory needed to be sufficiently linear and logical to make it accessible but also maintain the complexity and dynamism of the stories.

The first attempt at structuring the theory commenced with the social context, as experienced by the research respondents. I then planned to present the interconnected elements of actions, skills, and beliefs and attitudes. These elements would be examined one by one, commencing with action, on the basis that the actions of empowerment are the

manifestation of empowerment. As I started to write, however, this structure felt artificial, disconnecting of inter-related concepts and disruptive of writing flow.

I changed the structure to a focus on the constructs of personal, relationship, helping others and community as separate domains and considered the elements of beliefs, skills and knowledge within each domain. I examined how these elements underpinned action which led to certain outcomes. The thesis proceeded along a linear trajectory of people first addressing their personal issues, then building relationships and helping others and, lastly, being part of collective efforts for community change. Here again, there were structural problems. Addressing the elements separately in each domain became repetitive as similar elements occurred across domains, an issue highlighted when the structure was placed into a tabular form (see Table 3.1). For example, the concept of responsibility was evident across life domains. I was unsure where to locate the category of social support. Was this part of the social context, which I came to call the life environment, as it involved more than just social factors, or was this a personal resource or attribute? Ultimately, I decided to see social support as an enabling factor within the life environment.

Table 3.1 Elements and domains of empowerment

	Beliefs & attitudes	Skills & knowledge	Action	Outcomes
Addressing the self	<ul style="list-style-type: none"> ▪ Responsibility ▪ Personal power ▪ Self esteem & Confidence ▪ Belief in God ▪ Values 	<ul style="list-style-type: none"> ▪ Life experience ▪ Analytic Skills ▪ Emotional control 	<ul style="list-style-type: none"> ▪ Releasing emotional pain ▪ Planning and working for a better future 	<ul style="list-style-type: none"> ▪ A stronger self
Managing and building relationships	<ul style="list-style-type: none"> ▪ Mutual respect and acceptance ▪ Love and forgiveness 	<ul style="list-style-type: none"> ▪ Communication skills ▪ Analytic skills 	<ul style="list-style-type: none"> ▪ Building relationship: <ul style="list-style-type: none"> ○ respect ○ time ○ new 	<ul style="list-style-type: none"> ▪ Stronger relationships ▪ A more supportive social environment
Helping others	<ul style="list-style-type: none"> ▪ Compassion ▪ Responsibility 	<ul style="list-style-type: none"> ▪ Ability to engage ▪ Analytic skills 	<ul style="list-style-type: none"> ▪ Encouraging responsibility ▪ Advice and guidance ▪ Mediation and advocacy (support) 	<ul style="list-style-type: none"> ▪ A stronger self ▪ Strengthened others
Collective action for community change	<ul style="list-style-type: none"> ▪ Responsibility 	<ul style="list-style-type: none"> ▪ Analytic skills ▪ Communication skills 	<ul style="list-style-type: none"> ▪ Prioritise ▪ Starting off ▪ Maintaining momentum 	<ul style="list-style-type: none"> ▪ Service development ▪ Social networks ▪ A stronger self

3.5.5 Returning to literature

From the outset of the study I gathered literature relating to empowerment and at this stage of theory development I re-engaged with this literature. I was not seeking to validate the findings through a form of cross-checking to achieve a ‘correct’ interpretation (Janesick, 2000). This would be counter to the constructivist epistemology of the study. Rather, I sought to facilitate a deepened understanding and construction of the study’s theory and to consider the extent to which this theory might enhance understanding of empowerment in the context of Indigenous Australia. Empowerment strategies and other ‘bottom-up’ approaches have become prominent paradigms within public health and development aid for reducing world-wide health disparities (Wallerstein, 2006). Hence, there is increasing international evidence relating to both the processes and outcomes of empowerment. Little of the international empowerment literature examines the concept in the context of Indigenous Australia although the content of the FWB program provides one example of empowerment conceptualised in this context. There is also a small but not substantial amount of literature addressing related concepts such as social and emotional wellbeing, healing, resiliency and community development. To address the limitations associated with literature I decided to take a transdisciplinary and inclusive approach to the sources of literature employed; integrating bodies of literature across disciplines and cultures not usually connected (Christie, 2006).

Literature collated from the beginning of the study was supplemented and strengthened by the inclusion of Wallerstein’s (2006) synthesis of literature commissioned by the Health Evidence Network of the World Health Organization (WHO). This report sought to clarify definitions, dimensions and outcomes on the range of interventions called empowering. The review drew upon published, English language, peer-reviewed literature

from public health and community psychology accessed from PubMed, PsychInfo, Cochrane, DARE and the Campbell collaborative databases with additional searches based on bibliographic information from identified articles. Grey literature was also sourced from the web sites of aid agencies, foundations, professional associations and government agencies which espouse empowerment or equity strategies. Search terms included empowerment, health, outcomes, community participation, health disparities, coalitions, evaluated and empowerment intervention. Articles were selected for review if they represented the broad definition of empowerment that integrates psychological empowerment within organisation and community level changes and within multiple spheres of people's lives. Articles were excluded if they focused exclusively on theory or did not seek to link interventions with evaluation outcomes; the exceptions were some seminal conceptual articles (Wallerstein, 2006).

As a source of understanding about empowerment for Indigenous Australians, I used the methodology of thematic analysis to review the FWB program content. Defined as a method for identifying, analysing and reporting patterns within data, thematic analysis involves gaining familiarity with data, generating initial codes, searching for themes, defining and naming the themes and writing a report (Braun & Clarke, 2006). I closely read the course materials (facilitator guides and participant handouts) from which I wrote a description summary. I examined this summary for patterns of meaning and defined and named themes through which the program could be presented.

I also examined literature relating to social and emotional wellbeing, healing, resiliency and community development in the context of Indigenous Australia. Each of these concepts had a small but limited body of knowledge attached to them, most likely

reflective of the fact that they are something that 'is done' rather than something theorised and written up (Calma, 2007; Campbell, Pyett, McCarthy, Whiteside & Tsey, 2005; Edmondson, 2006). To determine that the terms social and emotional wellbeing, resilience, healing and community development were analogous with empowerment, I closely examined the ways in which they were defined and used. In many cases, writers used the concepts interchangeably, or seen as interconnected. For example, empowerment was seen by some as an element of social and emotional wellbeing, which was in turn defined as a holistic concept incorporating the collective, social, spiritual, emotional and cultural wellbeing of Aboriginal people, involving mental health, happiness, land, law, strength and social responsibility (Edmondson, 2006; Garvey, 2008; McEwan, Tsey & Empowerment Research Team, 2008). This definition of social and wellbeing synergised closely with the definition of empowerment in the FWB program. The interaction of the individual and broader social and structural factors core to empowerment was evident in definitions of resilience as a dynamic process based on an interaction between risk and protective factors, both internal and external to the individual, which modify the effects of an adverse life advent (Rutter, 1985). Healing, too, was closely related to empowerment and defined by Feeney (2008) as a journey of empowerment, reclaiming control and self-determination and, fundamentally, about therapeutic change and cultural renewal. Finally, community development also involved personal and systemic levels in a process of advocating the participation and skill development of communities and their members to find plausible solutions to the difficulties they identify (Labonte (1993) cited in Campbell et al., 2005). The proximity of all of these definitions resulted in my being confident about including literature addressing the concepts in the review and I was to subsequently find that the commonality of elements within each provided valuable insights into the nature of the elements seen to be enabling of change in the Indigenous Australian context.

I contemplated how best to utilise the reviews of literature within the study. Charmaz (2006) suggested that key points from the literature and earlier theories often appear in the introduction of an article or report to present or locate an argument. From there, literature is woven through the thesis. When I consulted grounded theory studies to explore how other grounded theory researchers had woven literature through their study, I found that the details regarding how researchers actually engage literature, and why, was rarely discussed in their methodology. This was not helpful for the novice grounded theorist. However, on examination, it seemed that grounded theory researchers most commonly use literature as a rationale for their research question and, following data analysis, to reinforce aspects of their study theory (De Vito Dabbs et al., 2004; Nochi, 1998).

Initially, I considered incorporating the full literature reviews as separate chapters but found that this structure detracted from the main focus of the thesis and that the thesis failed to flow. I ultimately decided to incorporate the literature in various ways throughout the thesis. An overview of empowerment theory and its relevance to the study and a description of FWB were presented in the introduction to provide a study rationale and to give the reader background information on the nature and influence of the program in which all study respondents had participated. Following data analysis, I returned to the literature and used it to locate or position the study's theory and to consider the theoretical contribution of the study. I also used the literature to refine the study theory and found it helpful for reconsidering the names of some of the core theoretical elements. For example, the element of action became 'agency' when I encountered the term being defined as the translation of support, beliefs and attitudes and skills and knowledge into observable action (Kabeer, 1999; Narayan, 2005). I also changed 'outcomes' to 'achievements' as this was a

less positivist concept and more indicative of the nature of human behaviour. FWB definitions helped me to name the category of 'Beliefs' and 'Attitudes'.

The emergent theory considers the elements, attributes and life context of empowerment and describes how this process is manifested across life domains. This structure highlighted two central features of the theory—the interconnectedness of life domains and the applicability of elements across domains. Each theoretical element contained sets of attributes, the naming of which was also often difficult. Concepts were not easily separated. Hence, I decided to keep some attributes clustered together, for example, 'autonomy, responsibility and optimism' and 'self-esteem and pride'. Choosing terminology also involved decisions. I aimed to use terms that most reflected people's experience, but often, there was more than one way to do so. For example, concepts such as 'optimism' could easily have been called 'hope'.

3.6 Authenticity, credibility and an auditable process

The fact that reliability and validity are seen as more appropriate to the positivist paradigm, due to the implied notion of an objective truth, does not mean that 'anything goes' in qualitative research (Braun & Clarke, 2006). Factors such as authenticity, credibility and an auditable process distinguish good quality from poor quality research (Cohen & Crabtree, 2008; Lincoln & Guba, 2000; Reissman, 1993; Singh, 2005). These three factors have been assiduously adhered to and detailed in this study. Authenticity was evident in the extent to which people's experience matched across differing contexts. Credibility was established through the connections between the emergent study theory, FWB program content, empowerment literature and literature addressing social and emotional wellbeing, resiliency and community development in the context of Indigenous

Australia. Documentation of the systematic analytic processes, articulated at length in this chapter, provide an audit trail for theory authentication (Lincoln & Guba, 2000; Singh, 2005). In addition, I kept a research journal, which provided a tool for research reflection and maintained focus on the task at hand, throughout the course of the study documentation (Janesick, 2000).

3.7 Study limitations

There are limitations to this study that need to be acknowledged and discussed. First, there are limitations related to the study sample. At thirty-three interviews, the numbers are relatively small. However, although the number of interviews analysed was not large, the methodology of sampling interviews on the basis of what was likely to be the richest source of data provided opportunities for in-depth analysis. Further, as stated above, in Section 3.6, the extent to which data saturation was achieved, both within and across sites, ensured authenticity. However, the strategy of sampling on the basis of rich data created a potential bias toward people who were likely to have had relatively greater personal capacity, at the expense of hearing the voices of those who were more marginalised and at greater risk. It was a deliberate strategy of the ERP to train people with capacity, frequently though not always employed, in FWB (Tsey & Every, 2000b). It was anticipated that these program participants could, in turn, train to become facilitators and take the program to others in their communities, including those harder to reach and more vulnerable, initially with ERP team support. This proved to be a successful and sustainable strategy. A number of participants have undertaken Stage 5 of FWB, the module dedicated to facilitator training. They have subsequently gone on to deliver FWB in a range of family and community settings, including within their own families, in their workplaces as one-on-one and group programs and through other government and non-government services

including art centres, alcohol rehabilitation services and the prison system. In all of these contexts, the emergent findings are remarkably consistent. (Gibson, 2004; Tsey, Travers, Gibson, Whiteside, Cadet-James, Haswell-Elkins, McCalman et al., 2005). Additionally, the issue of why people failed to complete the FWB program was not specifically addressed as part of this study, as the aim of the study was not to evaluate FWB. Yet, a number of the interviews analysed within this study were undertaken with people who had not completed the full course. Even those who did a few topics stated that they had benefited from doing the course, though the impact was greater the more people were exposed to the program (Tsey et al., in press).

Second, despite the location of this study in an established and ethically informed research program, there were specific ethical issues for me personally. The position of being a non-Indigenous woman seeking to understand the experiences of Indigenous Australians carries a heavy legacy. Indigenous health research is widely recognised as linked to colonising practices and critiqued for denigrating and distorting the cultures of the oppressed (Dudgeon, 2008; Thomas, 2001). Even where researchers have attempted to be more enlightened and respectful, they have been seen to “distort the Indigenous experience and make them the ‘other’” (Dudgeon, 2008, p. 13). Systematic processes were put in place, from the outset of the research, to address any risks. These processes involved creating spaces for Indigenous mentorship and review and theoretical authentication. Professor Yvonne Cadet-James, Chair of Indigenous Australian Studies James Cook University, undertook to be a cultural mentor. As a student of the James Cook University School of Indigenous Australian Studies (SIAS), I participated in monthly postgraduate meetings and presented the emerging themes and findings at annual SIAS postgraduate study forums. This enabled a peer-review of my findings from both Indigenous and non-

Indigenous students and academic staff. I maintained a connection with some of the study participants and continued to support community programs at one of the study sites. This provided me with the opportunity to present and obtain feedback on the study results from some of the respondents of the initial research. I was encouraged by the response and interest of the research participants with whom I was able to remain connected. The fact that I was undertaking research that was owned, of mutual benefit and relevant to the lives of research participants meant that I encountered few of the difficulties, such as distrust and scepticism, often cited by researchers undertaking research in Indigenous settings (Whiteside, Tsey & Cadet-James, 2009).

Finally, the interpretive limitations potentially associated with my not being Indigenous were addressed through authentication processes in which study findings contrasted against Indigenous literatures, including FWB program content and literature relating to change and empowerment in the context of Indigenous Australia.

My position in relation to the data provided limitations as well as opportunities. As a non-Indigenous person, it may be assumed that I would, most rightfully, be categorised as an ‘outsider’ to the research and precluded from a full understanding of the values, meanings and worldviews of those I studied (Hodkinson, 2005). The role of researcher ‘outsider’ is contrasted to that of an ‘insider’, characterised by “significant levels of initial proximity between the researcher and the researched” (Hodkinson, 2005, p. 132). Yet, identities are generally less absolute and more complex than would appear on the surface and social groupings are rarely one dimensional, fixed and mutually exclusive (Hodkinson, 2005). Though I am not Indigenous, I was not an outsider in the absolute sense but rather shared a degree of proximity with the respondents. This was particularly the case at three

of the four study sites where I was, at times, a co-participant of FWB, a program trainer, a program evaluator and a participatory action researcher supporting community projects.

My relationship with the study participants and the data brought with it a number of limitations which some might argue could make the study design “too fallible to be regarded as a secure methodological grounding for social research” (Kemmis & McTaggart, 2000, p. 590). In the initial evaluation interviews, respondents may have felt pressured into giving particular kinds of responses given the association they knew me to have with FWB (Hodkinson, 2005). I risked being too close to the data, having too much rapport and finding it difficult to analyse critically. I might also find myself taking on a role of sub-cultural spokesperson (Hodkinson, 2005). This would totally undermine the empowerment philosophy of the project. Yet my relationship with the study participants and the data was also a source of strength. Though I needed to strike a balance between empathising with, and scrutinising, the data (Hodkinson, 2005), I brought to the research a subtle and nuanced depth of knowledge, of FWB and many of the participants, that facilitated my understanding of the experiences of the study respondents. I knew many of the respondents as individuals and the trusting and cooperative relationships I had with them helped to overcome the constraints of my ethnicity and social position, adding depth and quality to the research. Further, my own knowledge and experience of FWB gave me an extra pool of knowledge to compare and contrast what I was seeing in the data (Hodkinson, 2005).

I do not want to underestimate the complex problems and ethical challenges associated with being a non-Indigenous person undertaking research of this nature. These challenges related not only to my being non-Indigenous but also the power differential

associated with my social position and role as a researcher. These difficulties did not mean that the research could not be done but I needed to be aware of the potential risks they imposed and put strategies in place to minimise these. For example, the opportunity to reflect on my strengths and limitations as a researcher and to discuss concerns with my supervisors and/or cultural mentor was invaluable. I sought to use my personal experience and knowledge selectively as a means to guide aspects of the investigative process rather than to impose my perspective on the study findings. While, on occasions, I met with study respondents, either to support community initiative or discuss study findings, for the most part, I was distant from the field and able to gain critical distance (Hodkinson, 2005). Finally, I kept the voices of the study respondents central to the findings to avoid taking on any role that could be seen as sub-cultural spokesperson (Hodkinson, 2005).

The paradox in qualitative research is that the more we know of any topic, the more we doubt what we know and the more we want to know more (Richardson, 2000). Empowerment remains an important and under researched area in relation to the situation for Indigenous Australians. This study by no means seeks to speak for all Indigenous Australians but is, hopefully, a beginning toward a deepened understanding of the concept of empowerment in this context. I hope that it leads to an ongoing interest in extending and challenging the ideas within it.

Chapter Four

A Grounded Theory of Empowerment

4.1 Introduction

This chapter presents the study findings as a theoretical model of empowerment. The model delineates key dynamic, interconnected and mutually reinforcing elements of beliefs and attitudes, skills and knowledge, agency and achievements within a broader life environment that contains both constraints and opportunities (see Figure 4.1). The chapter commences with an examination of the broader life environment; the context in which the theory is based. Each element, and its internal attributes, is then presented with associated evidence. There are limitations to the written and visual representation of the theory due to the complexity of the process and interconnectedness of all the elements and the intention is not to be reductionist. In an effort to redress these representational shortcomings, the chapter concludes with reflection on the inter-relatedness of identified elements of empowerment.

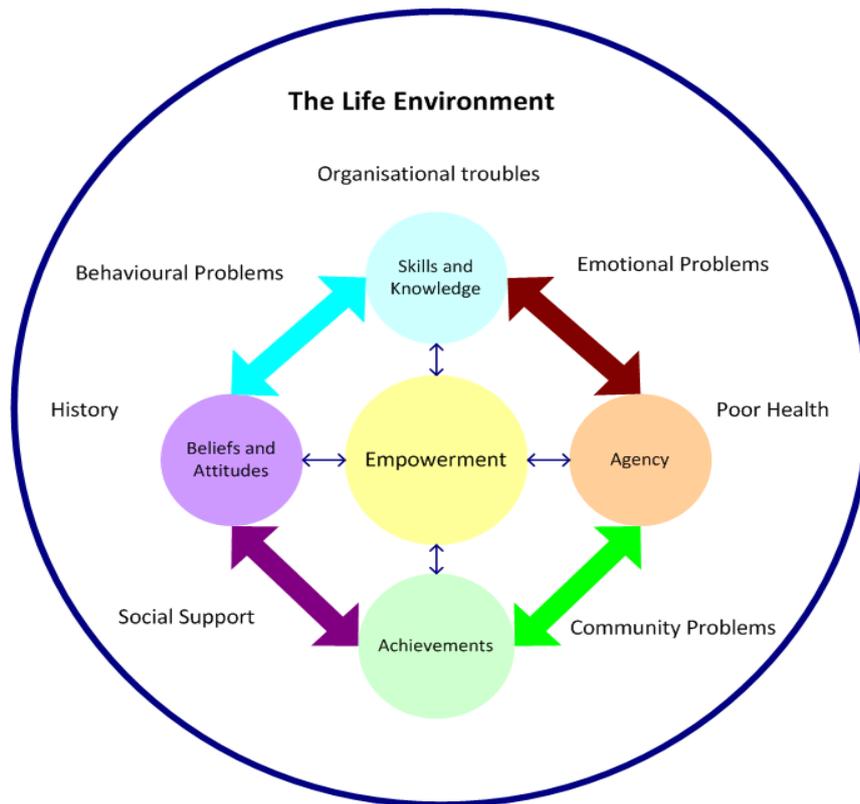


Figure 4.1 Elements of empowerment for study respondents

4.2 The broader life environment

The theoretical model is located within a broader context; the life environment of study participants. Inclusive of macro level forces emanating from history, society and connection to land and also micro level family and community influences, the life environment was simultaneously constraining and enabling. People’s stories illustrated the effects. Many were still suffering the consequences of history, living in stressful situations and acknowledging that, at times, their own and others’ attitudes and behaviours had a negative effect on individual and collective health and wellbeing. Yet, even people living in very difficult circumstances had some sources of support within their social environment that helped them to change their life situation.

4.2.1 The consequences of history

Many people linked their current difficulties to historical events and spoke of the disruptions to life following colonisation. Child removal policies, massacres and separation from land and culture were associated with emotional problems, loss of spiritual knowledge and identity confusion.

Commonly mentioned were the ‘stolen generation’ policies. Thomas estimated that his community “is 80% stolen generation” (Thomas, Site 2). Alison and her siblings had been “‘taken away’ from our mother – ‘The Assimilation Policy’ ... and removed interstate in the name of education” (Alison, Site 1). Esme’s grandmother was also taken from her mother:

She was stolen and taken away from a mother’s love. She was taken as a seven year old girl, brought to another land, long way, speak a strange language, brought up into the white man’s world. (Esme, Site 2)

Other historical events raised by people were massacres and the removal of families from their traditional lands to missions. Alison (Site 1) referred to historical massacres which, for reasons of confidentiality, cannot be named. Norma (Site 3) spoke of families being taken to missions.

Policies that involved family separations and loss were seen to have impacted on emotional development such as the ability to mourn, to cry and to love, “we don’t know how to mourn. We don’t know how to cry. We don’t know the full strength of love.” (Esme, Site 2)

These difficulties were widespread. People witnessed others experiencing emotional difficulties similar to their own. “I talk about my people, because what I went through individually, many others went through in similar circumstances. It’s only some were deeper than others.” (Esme, Site 2)

Social dislocation had ramifications for the continuity of cultural and spiritual knowledge. Michael noted that “a lot of kids I work with don’t know where they’ve come from” (Michael, Site 3). This disruption in knowledge and identity was linked to confusion, lack of direction and despair:

Because of all of our culture was taken away from us there was no way of really keeping a clear picture of our spirituality ... At this moment in this community there is a lack of identity and we just goin’ with the flow or whatever goes.
(Thomas, Site 2)

You see our people on the streets laying about. You see, because their spirit ... they don’t know they can’t stand up anymore because of our spiritual feelings ... we haven’t got it that belonged to the land ... it was cut off. And I only speak on behalf of my people, y’know. (Esme, Site 2)

4.2.2 Living in stressful situations

The majority of people lived in adverse social situations, chronically stressful, which negatively influenced their view of the world and their actions. Anger, substance abuse, gambling and suicide were all mentioned as endemic community problems.

Some people spoke of themselves and others as feeling pessimistic about the future, powerless to bring about change and unable to seek help, “we are at a stage in our generation of a crisis ... living in crisis ... we don’t know how to change” (Esme, Site 2). Alison predicted that “times will be hard for youth in the future” (Alison, Site1).

Helplessness was amplified when people internalised problems, such as personal shame, or had difficulty trusting others. This shame could be a barrier to seeking help. Trudi was “too shame to seek assistance from a white person, or for various other reasons” (Trudi, Site 1). Like Trudi, Alison lacked the confidence to obtain help and was not “able to *trust* anyone to talk through the enormous emotions ... they would have thought I was mad” (Alison, Site1).

People noticed they behaved differently when they were feeling hurt or angry. For example, personal pain triggered anger. Alison noticed that “when I am angry I become critical ... Part of that anger is about pain” (Alison, Site 1). Others reported that people were intolerant and quick to judge:

What I am trying to get across is that too many people, because of their beliefs and attitudes, are very quick in judging and labelling those who don’t measure up to their standards or expectations in life. (Trudi, Site 1)

Personal problems frequently manifested in self-destructive behaviour. Drug and alcohol abuse was a major issue. Mick stated that he “used to drink \$500 a fortnight” (Mick, Site 2). Some people suggested that substance abuse masked emotional problems:

Yes, some are either drunk or stoned but they are still kids that are hurting, wanting changes in their lives or just looking for someone to love and to be loved for what and who they are. (Joy, Site 1)

Alcohol and drug abuse was not only a problem in its own right but linked to complex secondary and compounding problems such as violence. Alison's brother "is into alcohol and drugs and can become violent" (Alison, Site 1). Other difficulties were financial, "people run out of food before the end of the fortnight" (Norma, site 3).

The boundaries between excessive drug and alcohol abuse and suicide sometimes blurred. Alison believes that "blowing their minds out on grog, drug and substance misuse, those are just symptoms. I say that is 'slow suicide'" (Alison, Site 1).

Suicide, however, was a major problem in its own right. Anthony commented that "most people can identify with it because they have lost a loved one through suicide" (Anthony, Site 2). Several people spoke of their concern at the numbers of young people contemplating suicide. Within Joy's work, she deals "with young people every day who talk or think about killing themselves" (Joy, Site 1).

Gambling was a problem for some. Like drug and alcohol abuse, gambling was associated with other high-risk behaviour. Esme was "gambling ... on the streets and you know what gambling does ... you can go into doing things. I don't have to tell you ... on the streets" (Esme, Site 2).

4.2.3 Making life difficult for others

Individuals with emotional and behavioural problems affected those around them, including partners, children and other community members. Parenting problems, child abuse and family violence were linked by many people to the problems of individuals. People abusing alcohol were viewed as a negative influence. When people had committed suicide, families and friends struggled with their grief.

People acknowledged the impact of their personal problems on their ability to parent. Trudi acknowledged that “my children were also disadvantaged due to my mood swings, anxiety attacks, other bad behaviour and poor parenting skills” (Trudi, Site 1). On occasions, the descriptions of parenting verged on physical abuse. Child sexual abuse was clearly a serious concern. Joy told a story concerning “this young woman was adopted when she was young. There were other young Aboriginal girls in this family, three of them were sexually abused by their adopted father” (Joy, Site 1).

The affects of child abuse were not limited to the immediate event but, rather, had lasting ramifications for emotional development and relationships including parenting and family cohesion. People who had been abused themselves as children spoke of the often severe and longstanding emotional impacts. Anthony’s childhood abuse affected his ability to parent, “‘cause before I used to get really angry with my children ... because of the way I was raised” (Anthony, Site 2) and he took many years to recover:

With my family, I look at the problems we’re facing ... that we were going through, when we were growing up as children ... I thought rejection and sexual abuse ... I don’t mind sharing that cause I’ve been healed or not healed but I’m

coming out of healing from sexual abuse ... It was all these damaged emotions ... they were like walls ... like veils, that were around my eyes. (Anthony, Site 2)

Abuse could result in children being removed from their parents, a grim reminder of past social policies. Norma spoke of a woman with “three children and they’ve been removed twice and now again the third time... it’s almost like history repeating itself again” (Norma, Site 3).

Family violence was a common theme. Mick admitted that, previously, he and his wife “didn’t have any communication ... I used to beat her” (Mick, Site 2). For some, violence became a normal pattern:

... having their first child and then moving into another relationship and abuse has happened and then they move on and get into another relationship and it’s been volatile again ... I’ve seen a lot of those patterns in the community and with the families that I work with. (Norma, Site 3)

People were concerned about the extent of alcohol abuse in their communities and the influence this had on young people. Drinkers were poor role models. Norma said that “it’s not good for them to be exposed to alcohol whichever race, colour or nationality, it’s always the same, it’s just the way it is” (Norma, Site 3). So too, Alison confirmed, “but what a role model example for the young ... no honour, no respect” (Alison, Site 3).

People who committed suicide left a legacy of suffering for friends. Their family and friends often needed ongoing support with their grief:

There have been a few friends of my daughter who have suicided and leading up to and after the funeral they have come back to my house and by just having a place they can come and sit and talk through their grief has helped in some way. (Sharon, Site 1)

One man left a heavy burden for his partner who has “to work extra hard as my children’s father committed suicide. My youngest is two years old and oldest is thirteen years old, other is ten years old” (Yvonne, Site 1).

4.2.4 Organisational troubles

Many people expressed unhappiness with the government and community-controlled organisations where they worked and volunteered. Regardless of the nature of the organisation, people identified serious problems such as internal politics and conflict, a self-serving mentality whereby client needs were secondary and an inability to evolve to meet changing client needs. Workers in organisations where these problems were manifest felt abused and they expressed their distress. They described being voiceless, overworked, discriminated against, traumatised by the conflict and, on one occasion, physically threatened. Several people had, or were thinking of, resigning from their job.

Interpersonal conflict and politics were identified as constraints to organisations being able to function effectively. Alison (Site 1) said that, “it’s not the time for politics but time to put programs to deal with people”. Another participant expressed his frustration:

... when you go to Aboriginal organisations ... like say you go to a Land Council meeting or something like that or you know some people don't get on with each other and there's a lot of arguing and things really don't get solved and sorted out there. (Henry, Site 3)

Putting the needs of the organisation before those of the client was identified as a concern:

Yeah sure as a youth worker like, its about the kids, it's not about the office or anything ... it's about helping these kids out and the focus at the moment even though they say it's about the kids its not, it's about running the office and meeting budget and, you know, not stepping outside what's been designated to you. (Jack, Site 3)

Organisations were criticised for being unable to adapt to changing social needs. Alison described the organisations as “doing the same thing for over twenty years when they have come into existence ... They haven't moved with the time ... We have escalating social problems” (Alison, Site 1).

Individuals working in dysfunctional organisations risked stress and abuse. For some, the experience of not being listened to was a source of frustration and viewed as a lost opportunity. Jack was disappointed that an organisation “didn't take my judgments on board ... they need to listen to some of the veteran youth workers; they're really switched on” (Jack, Site 3).

Some people spoke of being overworked and discriminated against on the grounds of their ethnicity:

... having worked for and with non-Aboriginal institutions and people, for the most part of my working life, I found that you're constantly being scrutinised, and having to prove yourself because of your Aboriginality ... You're also worked like a dog and underpaid – no matter how many years you spend in a particular job. You take on the training and education of others in the workplace and hold them up while they are the ones being paid far more than what you receive. (Trudi, Site 1)

Working in an environment of conflict could be extremely emotionally distressing.

Trudi, for example, articulated her suffering:

I was so grief stricken that I walked straight out of the meeting and went home. Once home, I sobbed and sobbed because I could not understand what the hell was going on ... what actually hurt me more than anything was the fact that the abuse was coming from an Aboriginal person and, at that, someone who didn't even know me, or anything about me, other than my name. (Trudi, Site 1)

For Trudi, the conflict in one organisation escalated to the extent that she was physically threatened:

This was a very busy day in that an important job was due to be completed by lunchtime. As I was putting paper through the printer, something made me turn around – well there she was right behind me with a great big huge knife positioned

only inches away from my stomach, as though she was ready to put it through me.

The amount of strength that I needed, and used, in keeping that knife back from me was enough. (Trudi, Site 1)

Some people were so stressed they reached the point of resigning. Gary was considering “whether I should continue on or just leave ... I’m officially still with [name of organisation] but on leave without pay” (Gary, Site 3). Patricia had made the decision to resign from her workplace, explaining that “as I have pride and proud of myself plus feeling good about myself ... I must resign” (Patricia, Site 1).

4.2.5 Community problems

Problems were apparent in community life. Pessimism, alcohol, discrimination, poor leadership, lack of services and social inequality were identified as constraints to individual and community development.

A sense of helplessness was evident in some people’s descriptions of community life. Alison thought that the community was “in a state ‘what’s the use, we can’t do anything about it’” (Alison, Site 1). Alcohol was a contributing factor. Yvonne wanted to “move on now, don’t let alcohol ... slow us down or stop us” (Yvonne, Site 1).

Blame, silencing and discrimination were identified as features of interpersonal relationships in local communities. One person said, “too many time the council has blamed us [the traditional owners] for the reason, I don’t know why they do it” (Ron, Site 2). Another commented:

People have remained silent in the community and workers there. If you open your mouth you are labelled ‘trouble maker’ ... People who have grown up all their life in [name of place] tend to discriminate those of the ‘Stolen Generation’. (Alison, Site 1)

Local leadership was seen as part of the problem. This was succinctly summed up by Esme’s comment that, “now as I said, our problem in the community, our leadership sucks” (Site 2).

There was frequently a lack of basic services and infrastructure for the people living in such communities. Gary articulated this as, “there’s absolutely nothing in [a regional town] ... the reality was there was nothing ... local services are not really functioning” (Gary, Site 3). Esme, similarly, expressed dissatisfaction with basic needs not being met, “these people are humble people, they don’t want a mansion; they just want a toilet and bath for cleanliness and a roof” (Esme, Site 2).

People, such as Ron, were distressed to witness the growing marginalisation of certain groups:

And in the community, we got classes; the rich are getting richer the poor are getting poorer and some of the bigger families think less of some of the lower families. Those people are being forgotten about, it frightens me. Those people we need to keep aware of them and their feelings, they do play a role and it’s our role to help them. They got ideas and dreams they want to fulfil too y’know. You get

classes here, in some communities it's the black and fair classes, and they actually fight. (Ron, Site 2)

4.2.6 Effects on health and wellbeing

The social circumstances within which people lived had serious impacts on health and wellbeing. Depression was the major mental illness identified, as illustrated by Trudi's comment that, "I felt my heart had been ripped right out of me, I went into the deepest depression of all time" (Trudi, Site 1). Several people described physical symptoms resulting from social and emotional difficulties, manifesting for one as "a sense of fear, constantly being sick, withdrawn and put on heaps of weight" (Trudi, Site 1).

There were also several references to babies suffering heart problems. Esme said that, "even my baby, there, heart problem child" (Esme, Site 2), while another grieved for "the loss of my 18 month old son, who also had major operation ... hole in the heart as well as mitra valve deformity" (Alison, Site 1). While the reasons for this are unclear, one could postulate a connection with parental health and/or alcohol use.

4.2.7 Social support

The broader life environment contained many difficulties but, for most people, there were pockets of support. This support was fundamental to change. Thomas described it as "just drawing energy from each other to keep going forward" (Thomas, Site 2). Social support was derived from family, the church, community connections, including FWB groups, and professionals.

People gained support from their families. Alison valued the relationship she had with her sisters, drawing support by “talking and expressing my views on what I think ... talking to my ‘big’ sisters from bush” (Alison, Site 1). Family support was seen as protective. Trudi, for example, noted a connection between stronger families and suicide prevention:

I believe that in order to try and prevent the rising youth suicide parents need to take more responsibility toward their children, by taking time out to find out where their children are coming from. (Trudi, Site 1)

For some, the church was a source of strength. Alison said that she went “to church at a time when I needed support” (Alison, Site 1). Belonging and being connected to the Indigenous community was a vital source of support. Norma attributed this to “our culture ... sharing and coming around and sitting and talking” (Norma, Site 3).

Another avenue for social support was provided by FWB groups. These groups allowed people to “share, everybody listens to each other’s opinion and respects everybody’s opinion ... we don’t swear at each other, we make good fun, we all got a good sense of humour” (Ron, Site 2). People noted that an environment where others shared a desire for change was enabling; that it “has been truly a wonderful experience working with a group of people dedicated to changing their lives and the lives of those around them in a positive way” (Tanya, Site 1).

One person sought professional assistance because he had been “going through stuff and employment assistance and counselling just to iron out a few things that were just like personal” (Kurt, Site 3).

4.3 Beliefs and attitudes

Juxtaposed against the many accounts of loss, pain, hopelessness and disenfranchisement were alternate stories of individuals taking control and changing their lives. People were not merely victims of a problematic social context. Throughout the interviews, people demonstrated strength, pride and positive perspectives, and highlighted the opportunities in life.

Certain ways of viewing the world are conducive to change. Primary amongst the enabling beliefs and attitudes are autonomy, responsibility and optimism, self-esteem and pride, belief in God and strong personal values, including respect and acceptance, forgiveness and compassion (see Figure 4.2).

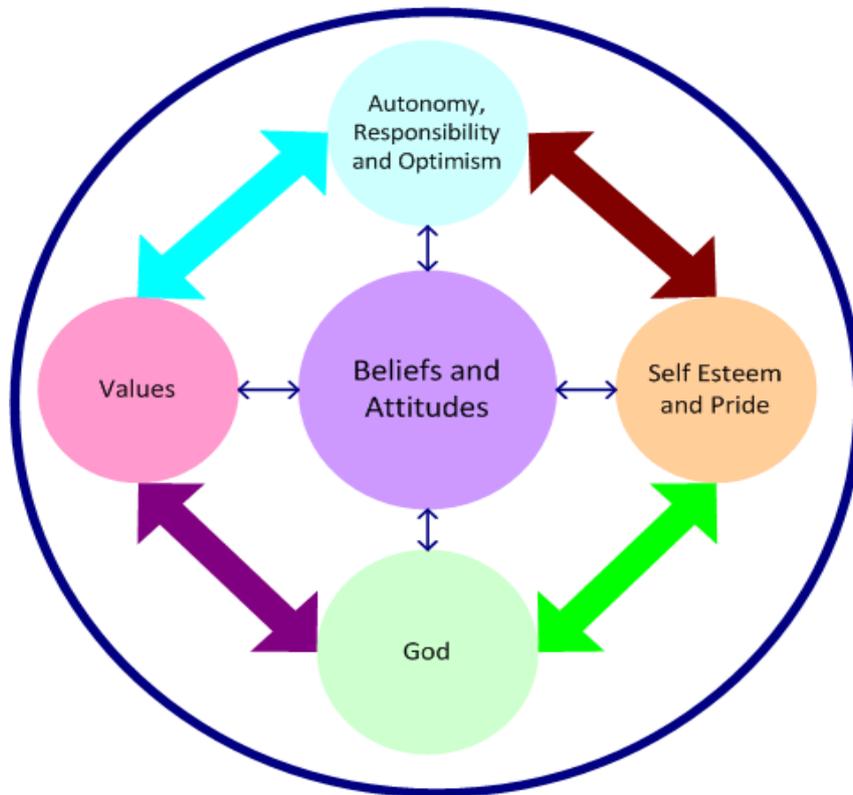


Figure 4.2 Attributes of beliefs and attitudes as an element of empowerment

4.3.1 Autonomy, responsibility and optimism

The importance of autonomy whereby each individual had to take responsibility for, and ownership of, their own change was a central belief. Autonomy involved an attitude of optimism whereby individuals saw themselves not as victims of circumstance but as people with choices in life. These beliefs were applied to their own lives and to the lives of others at both personal and community levels.

People took the position that it was up to them to get what they wanted from life. Although support could be helpful, ultimately, no-one else could make changes for them. Ron spoke of realising that his life was up to him, saying “all of a sudden it hit me – this is entirely up to me, what I want out of life, it’s up to me, no-one can help me” (Ron, Site 2).

Eileen was aware that achieving a different future for herself depended on her being “prepared to work for the future” (Eileen, Site 1).

Rather than feeling powerless or helpless, people believed that they had choices. By making her own changes, Trudi realised “that we do have choices about what we want from life for ourselves and our loved ones” (Trudi, Site 1). Nancy was convinced that any obstacle in life could be overcome:

... to every problem you find a solution; there’s an answer to every problem. If you put your mind to it you can achieve whatever you want to in life. Failure is not a word I use any more. You can do whatever you want to do. (Nancy, Site 2)

Principles associated with autonomy and responsibility underpinned people’s approach to helping others. The role of the helper was not to take responsibility for other people but to encourage them to take charge of their life. Alison defined this as “trying to make them look at responsibility for their own actions; a big one” (Alison, Site 1). People need to help themselves. Gary learned that “you can only help people who want to help themselves ... we’re not the knight in shining armour, we’re there to assist them” (Gary, Site 3). Ron, realising that his power to help his children was limited if they did not take responsibility, said that “I could preach to my sons all day all night, but they got to want to, it’s got to come from them” (Ron, Site 2).

Community autonomy and responsibility was seen as critical to the success of community programs. This was confirmed by one comment suggesting that a “program should come forward from the ‘grass roots’ not from those in the workplace” (Alison, Site

1). Many demonstrated readiness and eagerness to be involved, for example, Robyn hoped “to be part of a team to help set up the healing centre” (Robyn, Site 1) and Ron thought “wake up! people need your support! get out there and help to support people and get people out on the land and make a better way for them” (Ron, Site 2).

Optimism that even the disenfranchised or disempowered could change was expressed. Thomas said that “we’re not people who are in control, and I guess it seems that way but I like it because that’s going to change” (Thomas, Site 2). Like Thomas, Trudi believed people could change and that they would “hopefully gain a sense of freedom and self-empowerment to enable them to change those particular life cycles which are constantly being repeated throughout each generation of our family lives” (Trudi, Site 1).

Optimism helped people to keep moving forward when barriers got in the way. Norma commented that “it seems like you’re hitting your head against a brick wall sometimes, but ... trying to keep a positive focus on what you’re doing and what you want to achieve through-out the day” (Norma, Site 3).

People had personal strategies for maintaining optimism. Linda maintained optimism by making sure little things didn’t get her down, it “comes back to having a focus across the board and personal strength so that one thing doesn’t get you down” (Linda, Site 3). Gary kept focused on small gains, looking “for a win otherwise it’s very draining and hard to see where you’re going” (Gary, Site 3). Lyn saw the connection between small achievements and larger changes, still believing that “from little beginnings big things come” (Lyn, Site 1). Ruby was able to “put myself back up and change it again” (Ruby, Site 2).

4.3.2 Self-esteem and pride

People loved or at least liked themselves, were proud of who they are and recognised their gifts and strengths. Loving yourself and others brought personal strength and wellbeing as well as loving relationships. Anthony said he could love his “wife and children because I could love myself” (Anthony, Site 2). Patricia’s self esteem was evident in her comment that she had “a most positive approach of who I really am” (Patricia, Site 1). For others, self-esteem was just starting to develop. Trudi said that “I can now look at myself in the mirror without feeling ugly and disgusting” (Trudi, Site 1).

Self esteem involved being able to acknowledge your gifts and strength. Robyn noted that she had “gifts to share with others” (Robyn, Site 1). Sharon saw that her “special qualities in counselling” (Sharon, Site 1) enabled her to counsel others. Trudi spoke of how she had come to see that she had psychic abilities and now viewed these as “a special gift” (Trudi, Site 1).

Self-esteem linked to personal pride. Ron described himself as “one of those fellas that’s proud, I’m just happy, I’m me” (Ron, Site 2). Indigenous identity was one source of pride. Alison felt “very strong about who I am ... I’m not a ‘half caste’ but a person of ‘Aboriginal descent’ (Alison, Site 1).

4.3.3 Belief in God

A number of people gained personal strength from their belief in God. God was seen as a stabilising force, which gave people the confidence to both manage adversity and move forward in life.

Esme saw God as central to her existence, that “God is that form of that soul. It’s that inner ... it’s what keeps your heart beating, whatever that is, which is your soul. That is what God owns ... without that, you are nothing” (Esme, Site 2). The strength Anthony gained from his belief in God helped him to manage adversity by “being a Christian, I had the power of God to give me the strength to go through it” (Anthony, Site 2). Esme, too, turned to God when times were tough as “He does good things for me when I’m down and out” (Esme, Site 2). The stability Thomas gained from his belief in God was important for his process of change to “give us a firm foundation to press forward” (Thomas, Site 2).

4.3.4 Values

Whether their values were derived from family, culture or religion, people spoke of how these provided guidance for life. Values enabled people to make decisions protective of themselves and their families, develop relationships based on respect and acceptance, be forgiving where this was helpful for them and act toward people in need in a spirit of compassion.

People spoke of the influence of family, culture and/or religion on their personal value systems. Linda received a strong set of values from her family, evident in her statement that “my life was really family orientated ... my value base was formed young” (Linda, Site 3). Eileen noted that children learn their values from their parents, “they only learn from us as adults on what life has to offer everyone” (Eileen, Site 1). Esme emphasised the power of traditional culture for transmitting values through generations:

You see our old people, they didn’t write books, they didn’t write notes, they sat around the camp fire and they spoke with strong words and their children listened

and their children's children listened and that's why we lived here so long. We go back many years. We go way back. They finding out that we go back still further than what, 400,000 years. (Esme, Site 2)

Esme also highlighted the influence of her religious beliefs on her personal values believing "that I am right in most things that I do because my words come from God. My life is based on God" (Esme, Site 2).

Strong values provided direction for people. According to Thomas, "you get a clear picture of making the right decisions" (Thomas, Site 2). This guidance helped Thomas make decisions about how best to move forward by "determining how we are going to move" (Thomas, Site 2) and clarity in regard to goals "where we are going to go" (Thomas, Site 2). Strong personal values enabled Linda to better protect and care for her children and for herself:

Protection and safety for children are really important I put them around them [my children] really early in their life. This value base was passed on to them ... I took on the importance of protection of children. I was always aware of danger. I looked after myself. Just being truthful to myself. (Linda, Site 3)

The specific value of respect was often mentioned by people, particularly in regard to the way it enabled positive and mutually supportive relationships, "just respect for other people – it is all about respect for other people" (Ron, Site 2). Respect frequently involved accepting others for who they are and their right to hold their own views, "I always saw the good qualities in people and people had to be valued for who they are (Linda, Site 3).

Several people also spoke of respecting and accepting people with differing cultural backgrounds, even where they had been taught to distrust and hate this group. Eileen said, “so what if our ancestors hated blacks or whites... youngsters have to respect where the others come from, cultural or no cultural background” (Eileen, Site 1). People noted that the respectful treatment of others was likely to be reciprocated. Shane noted that “when they respect others, they gonna get respect ... it’s a two-way thing and I believe it is starting to pay off” (Shane, Site 2).

While respect and acceptance may be viewed as the ideal, several people discussed how this was a difficult place to reach on some issues. For Esme, the God of the Old Testament represented the only true God and any other religions were “bullshit ... he is the true and faithful God ... not these other bullshit churches ... coming with all their different opinions saying man created this and that ... there is no other God” (Esme, Site 2). Worship of other Gods and Jesus Christ was, for Esme, synonymous with the worship of idols “and we’re bowing down to a bloomin’ idol and we didn’t know that and God tells us, thou shalt not bow down or save on any images, any idols” (Esme, Site 2). One of the reasons for Esme’s intolerance of other religions was her fear that social cohesion could never be achieved while people held differing religious beliefs, that “we can never come as one until we put God as our leader” (Esme, Site 2).

For Anthony, the shoe was on the other foot. He felt he received undue criticism and intolerance of his religious beliefs, saying that “sometimes I share it ... my point of view ... some people just cringe” (Anthony, Site 2).

However, respect and acceptance helped people to manage these religious differences. Anthony believed that “we should be respecting and helping each other, no matter what views we come from” (Anthony, Site 2). Thomas’ comments were similar. While he did not necessarily agree with some of the spiritual beliefs of others, not liking “all this new age stuff, all the different techniques and stuff in terms of the spirituality and all that” (Thomas, Site 2), he did accept the right of others to hold their own beliefs saying that “it’s good people can relate to all that sort of stuff, people have got different views and that, beliefs and that” (Thomas, Site 2). Henry showed respect by resisting his urge to pray for people, even though “sometimes I’ll feel the urge ... I’ll want to pray for someone but I know that I can’t because that is pushing your view and beliefs onto them and trying to change them” (Henry, Site 3).

Several people spoke about the value of forgiveness. Lyn had been able to love people, even those who had treated her badly, “abused and wronged me” (Lyn, Site 1) in the past. She believed that this ability had helped her to stay well:

I’ve been aware for the past twelve years now that to remain physically, emotionally, mentally and spiritually well in myself, this involves a lot of forgiveness and unconditional love of people who impact on our lives in a negative way. (Lyn, Site 1)

Lyn’s ability to love unconditionally and forgive had not been easy to achieve and involved a prior process of grieving and acceptance. “I always got stuck when it came to being able to forgive in my heart the people who had abused and wronged me as a child” (Lyn, Site 1). Yet, when Lyn reached a stage when she was able to let go of her bitterness

and reach a new stage of reconciliation and understanding of the people involved, she felt liberated and stronger, “feeling very free, amazed at the courage it took and the new wisdom that came with it” (Lyn, Site 1).

Like Lyn, Trudi found forgiveness important to her ability to move forward in life, but forgiving did not mean forgetting the past. Trudi had found “a sense of forgiveness toward these people, but ... will not forget” (Trudi, Site 1).

Compassion and concern for another’s wellbeing was evident throughout people’s stories. The extent that people undertook to care for others, even when their own lives were stressful, was striking. People expressed a deep sense of concern for ‘their people’ as a whole and a strong desire to share their improving fortunes with others still experiencing misfortune. Most people were employed in helping roles but they and others also took on voluntary helping; “Yeah! Well ... I do it voluntary” (Ron, Site 2).

Some people explicitly spoke of compassion as a higher quality to strive for. One of Eileen’s central beliefs was “to have compassion for mankind all” (Eileen, Site 1). Similarly, Beryl strove to be more compassionate, “so everyday I am gathering strengths and becoming more compassionate and courageous” (Beryl, Site 3).

Compassion was evident in the self-sacrifices people made to help others. Joy had a caravan in her garden that she made available for young people “so these young kids can have somewhere safe for them to sleep or just to be on their own for a while” (Joy, Site 1). Sharon opened her house to young people in her community and said that “my house has become a haven for youth” (Sharon, Site 1), presumably to escape problems in their family

life. Patricia, too, had made her house available to young people and spoke of large numbers of teenage boys, “at least 15 – 20 young boys” (Patricia, Site 1) coming through her house and that “they come in that number all at once sometimes ages between 12 – 19 years” (Patricia, Site 1).

4.4 Skills and knowledge

People needed particular skills and knowledge if they were to translate their beliefs and attitudes into action. The skills and knowledge identified could be separated into attributes of life experience, the ability to manage emotions, analytic skills, communication skills and skills for helping others. The knowledge gained from past experiences provided an aid for future planning. The ability to manage thoughts and emotional responses to situations helped people cope with the stresses of life with less anxiety and conflict. Analytic skills enabled greater understanding and resolution of problems. Communication skills were essential for supportive relationships and co-operative working relationships. Helping others required additional skills and knowledge, such as the capacity to engage and build autonomy in others (see Figure 4.3).

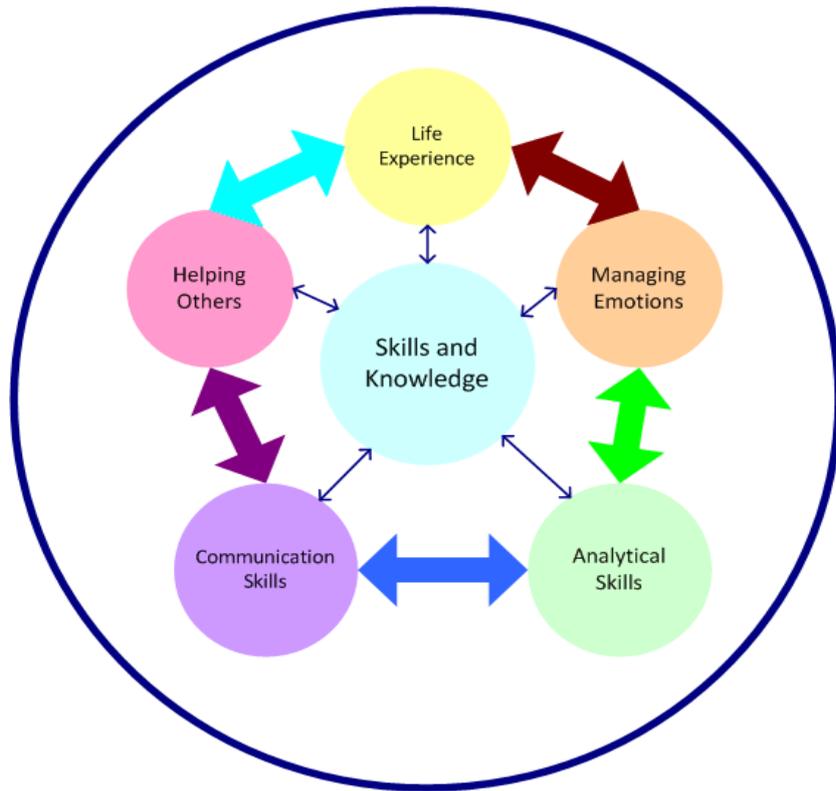


Figure 4.3 Attributes of skills and knowledge as an element of empowerment

4.4.1 Life experience

Knowledge gained from life experience was helpful for change. According to Tom “knowledge is power” (Tom, Site 2). Even where problematic, life offered opportunities for learning. People spoke of using this learning to build personal confidence and to clarify goals based on how they would prefer life to be.

Norma spoke of how, when she had taken the time to reflect on her life, she had realised just how much she had been through and how much she had learned and achieved. She clearly found this both affirming and confidence building:

... you just go through these things in life, and you just keep going and you don't ever get a chance to sit down and write it out and reflect on it. When you look at it

you think ‘Wow man I’ve been through so much in my life, you know!’ ... I think that I really benefited from that ... it helped me think about what I have accomplished. (Norma, Site 3)

Several people said that mistakes in life could be a valuable source of learning. Linda believed that “learning happens when things aren’t right - you would never do it the same way again” (Linda, Site 3). This knowledge assisted people to clarify their goals for change. Norma spoke of being resolute to do things differently because she had learned the repercussions of certain actions. “I never want to go down that road or that path because it’s gonna lead to this and this and this” (Norma, Site 3). Ron also spoke of the power of reflection on mistakes as a source of motivation for change:

You see some of them fellas in and out of jail ... they sit and they say ‘I’m not going back there, I am worried for my wife and kids’ ... man I worry for my children might get in there [jail] y’know? (Ron, Site 2)

4.4.2 *Managing emotions*

Daily life continued to present people with challenges that had the potential to trigger unhelpful thoughts and emotional reactions, including anxiety, fear and anger. People with the ability to manage and control their emotional responses could affect a positive attitude, relax themselves, think with greater clarity and avoid conflict.

Being able to control her thought processes enabled Trudi to maintain a more positive attitude by being “more aware of always being more positive, creative and harmonious with my thoughts” (Trudi, Site 1). She calmed herself and felt more relaxed and less

fearful, believing “that I am now more centred, relaxed and accepting of my experiences and no longer have that fear in me” (Trudi, Site 1). This emotional control helped Trudi to analyse or interpret what was going on around her, “now I just relax, accept, go through the experience, where I have found the premonitions, messages and my intuition is much clearer as I am more open and receptive to what is going on around me” (Trudi, Site 1). Thomas also found that staying calm enhanced his analytic abilities. He can now “really think properly and ... stand back and look at the problem” (Thomas, Site 2).

Several people discussed how they were able to avoid conflict by managing their emotions. Ron would “walk away and cool down” (Ron, Site 2). Thomas indicated that, with this ability, now “instead of just rushing up and wanting to fight with my wife I stay back” (Thomas, Site 2). Thus, the ability to stay calm and avoid conflict prevented domestic violence.

4.4.3 *Analytic skills*

The ability to analyse situations was demonstrated throughout people’s stories and was fundamental to empowerment. With analytic skills, people better understood, and more effectively addressed, the issues they were confronting:

Because you know if you don’t start to go into it like and go more deeply you’re really not getting to the root of the problem so you just only fix small part of the area whereas you want to try and help with the whole lot if you can. (Henry, Site 3)

Analytic skills were applied across personal, relationship, helping and community life domains. Analytic frameworks, theoretical knowledge, viewing problems in a broader context, were all tools used for strategising change.

People used analytic skills to identify why they were personally distressed. Trudi saw her sadness as emanating from other people's behaviour in her workplace. With this understanding, she was able to address the problem and improve her working environment:

Through identifying where my sadness and misery had started, and with what – I recently had it out with one of those people who had constantly made life difficult for me which has now made things somewhat more comfortable for me in my workplace. (Trudi, Site 1)

Beryl's partner's insecurity was the source of her difficulties. Understanding this pattern helped her to respond in different ways and not get caught in his problems. Now that she was "able to identify that he is very insecure" she wouldn't "allow [her]self to be caught up into his insecurities" (Beryl, Site 1).

There were many examples of people feeling more able to take control of situations when they had a better understanding of interpersonal dynamics. When Beryl was "confronted with conflict" she could "recognise where these people were coming from ... become in control and able to understand them" (Beryl, Site 1). People discussed the ways in which they analysed relationships and came to understand problematic patterns which had hindered the resolution of difficulties.

One unhelpful relationship pattern identified by Eileen involved partners becoming caught in struggles for power and control rather than respecting each other's rights as individuals. Eileen said that this "equals power games and controlling or control power ... many other behaviour based on old ways or patterns from the past" (Eileen, Site 1). Similarly, Beryl saw a pattern in her father's behaviour that linked his struggle for power and control with bullying behaviour:

... the knowledge to recognise when my father starts to become the persecutor. I am able to identify now that my father steps in and out of the drama triangle [a FWB concept] when he doesn't get his own way he becomes the victor. (Beryl, Site 1)

Anthony was aware of the interaction between his and his wife's anger. This relationship pattern compounded rather than resolved problems. Anthony saw that "she had the same problem as I did ... she had anger ... I had anger ... I was thinking there's got to be a way where we could get past this anger and try and resolve it" (Anthony, Site 2).

When people were able to understand the patterns that led to destructive relationships, they were more likely to conceive how relationships could be different. Lyn spoke of moving "on from being in the Drama Triangle to spending more quality time in the Negotiating Triangle and the Heart Centred Triangle" (Lyn, Site 1).

Understanding or analysing problems often involved considering the broader context of specific problems. Beryl came to see that the way her parents perceived their lives reflected an overall sense of defeat. This understanding enabled Beryl to see that the best

way to help her parents was to provide more support and build their esteem by encouraging them and making them feel important:

I have parents who, when they speak, it's obvious that they are feeling very defeated with their lives. I leave myself open and listen and more often give them encouragement, make them feel that they are important. (Beryl, Site 1)

Analytic skills were vital for helping others. Analytic frameworks, such as those presented in FWB, were helpful. Shane spoke of how he had used the FWB Basic Needs framework for understanding his relatives' relationship problems. This framework had helped him to understand that their problems as a couple stemmed from their basic needs not being met as individuals, and gave him direction for how to help:

I can see that there is a lot of problems, there's personal problems. While I do this basic human needs, I just think about helping them bridge the gaps in their relationship, help them start working things out, start thinking what they lack in what they do. (Shane, Site 2)

Other people discussed using theoretical information, particularly in relation to suicide prevention. Beryl spoke of being better able to recognise when a person may be at risk now that "FWB has given me the skill" (Beryl, Site 1). Anthony mentioned how he felt more knowledgeable about how to help people who were potentially suicidal through learning about, and facilitating, sessions on anger, grief and loss:

... with FWB, we facilitate, talk about anger or grief and loss. And when learned, those subjects ... they sort of give me more understanding of how to help suicide ... those potential people who want to commit suicide. (Anthony, Site 2)

People demonstrated a capacity to analyse community needs. Analysis also involved moving beyond identifying issues to thinking about solutions and strategies for change. People's ideas included the development of new services, ways for improving existing services and using FWB for addressing community needs.

Multiple examples were given that showed people's understanding of their community needs. In one community, people identified housing as a need, "not poor housing but lack of houses and tried to do something" (Tanya, Site 2). Others were concerned about youth issues such as drug and alcohol use, safety and lack of support:

At this present time the only way they feel safe is by drinking and drugs ... a small amount of these kids find refuge with the community by staying with families whose stresses are at a limit because of their financial situation. (Beryl, Site 2)

People were able to identify ways to address the needs of youth. Beryl argued for a youth support program because "it's important that the youth have somewhere safe where they can go" (Beryl, Site 1). Trudi recommended camping programs that "would be organised, which may help the situation, could be youth camps or regular camping trips out bush" (Trudi, Site 1). At one site, a number of people called for a healing centre "that can be able to address the holistic picture for all Aboriginal people and their values and beliefs" (Robyn, Site 1).

Several people discussed their understanding of the needs of the men in their community. Some men had very limited educational opportunities. Ron was concerned that “some of these fellas finished school in grade nine” (Ron, Site 2). Similarly, these men had not been given the support or recognition they needed to reveal their talents. Ron recognised that there were “a lot of talented people here, untapped talent ... a lot of people who aren’t being heard” (Ron, Site 2). With this understanding, Ron was clearer about the role he could play, of the need to “reach out to these people ‘cause they got a lot to offer ... they do play a role and it’s our role to help them” (Ron, Site 2). Ron also believed the men needed their own space to meet and wanted “to get our men’s group up and established, away from the health team, get our own building, and let people know what we are all about” (Ron, Site 2).

4.4.4 Communication skills

People’s attempts to transform their lives did not occur in isolation; all were constantly in relationship with others. Communication was a means for transmitting important beliefs and attitudes, such as respect, acceptance and love, triggering a similar response from others. The results were more harmonious relationships, more effective parenting and opportunities to prevent conflict before it arose. Communication skills, such as listening and verbal and non-verbal expression, therefore, were critical. They were transferable across family, workplace and community settings.

Listening was seen as the manifestation of respect and acceptance. Henry said, “you’ve gotta hear other people and listen to what they say” (Henry, Site 3). It was important in situations where people needed to love and take responsibility for others, such as parenting. Trudi believed that parents needed to take “more responsibility toward their

children ... find out where their children are coming from” (Trudi, Site 1). When parents listened, they shared in their children’s lives. This enabled them to “share in their children’s ups and downs” (Trudi, Site1). Some people noted that when parents listened to their children, their children were more likely to listen to them in return. Rose said that “the children listen to us and that. We sit down and listen to the children and ask them what they done at school” (Rose, Site 2).

Clear expression strengthened relationships. Alison found “talking and expressing my views on what I think” (Alison, Site 1) helpful. There was a skill in finding the balance between being open while remaining sensitive to another’s feelings. This enabled people to “talk more freely and openly without being hurtful to others” (Trudi, Site 1). Open expression could be non-verbal. Trudi began to cuddle “my children when they want cuddles instead of pushing them aside” (Trudi, Site 1).

By being open and honest, people were enabled to deal with issues as they arose. Alison noted that instead of “keeping things secret” it was “better to deal with it” (Alison, Site 1). It also enabled parents to encourage positive behaviour. Trudi acknowledged changes in her child’s behaviour and followed up with “more positive reinforcement and praise” (Trudi, Site 1).

Communication skills were transferable across contexts. Henry mentioned using his communication skills at work “especially meetings and things” (Henry, Site 3). People working with others to implement community level change needed communication skills to resolve conflict and negotiate agreements. Thomas was a member of a housing action group. In his community, local government and traditional owners of the land were

required to co-operate in making decisions about the release of land for new housing.

Thomas spoke of how the housing action group helped the parties move from a previously conflicted relationship to one where they could work together:

... talking to the council and that. It's making a change because the traditional owners and the council were at a stall for a couple of years with arguments and that but now there's getting it together, sitting down and negotiating it, y'know.

(Thomas, Site 2)

4.4.5 *Helping others*

People who had experienced adversity and had then managed to turn their lives around felt they were effective helpers. Their personal experience and knowledge was a rich resource for enabling others to change their lives. Mick lets the people he talks to “know what I done wrong, try to explain it ... learn and teach” (Mick, Site 2). Helping others required skills and knowledge. Although empowerment was not something that can be *given* to others, people could develop skills to *enable* empowerment in others. The ability to engage was vital. However, it was important to know your limitations because, ultimately, the decision to change was up to each individual.

People spoke of the importance of engaging the people that you want to help. Gary started by getting to “a really ‘heart to heart’ level to help people” (Gary, Site 3). Where people had suffered long-term difficulties and were mistrustful of service systems, engagement was often difficult. Trust was a vital element of engagement and “open/receptive happens where there is trust” (Alison, Site 1). People engaged and built

trust by making themselves available, sometimes at personal risk or sacrifice, listening to the stories, addressing the basic needs and ensuring confidentiality.

People's knowledge of how to go about engaging others was evident in the way they described their approach to helping others. A number of people argued the importance of simply being available for others. Anthony said that he is "just here, I just offer myself" (Anthony, Site 2). Gail was on hand for her children, when they had problems "they'd come and let me know and I would sit down and talk to them" (Gail, Site 2). Joy made herself available for young boys in her community who still "will either ring me or they drop in for a chat; they at least know that someone is willing to listen" (Joy, Site 1).

People put another's needs before their own and were prepared to make personal sacrifices to do so. Ron described how he set aside his opposition to alcohol in order to give out the message that he was available to talk:

They say 'I don't want to come over with beer, I know you don't drink' I say 'if you want to come over with one or two beers I haven't got a problem with that'; it gives me a chance to talk to them. See, I would not deny them that, I'd rather them get to know me. (Ron, Site 2)

Linda was prepared to take personal risks by challenging the policies of the system in which she was working in order to find a space where she could best engage her client:

You have to be prepared to step outside the boundaries of the [name of organisation] ... I'm prepared to challenge the department. I took a girl for a drive

to [a nearby town] to talk, and the [name of organisation] perceived that as me rewarding her. But I did the right thing; this way she opened up and talked to me. (Linda, Site 3)

People used their skills in listening to engage others. Trudi took the time to “listen to their stories” (Trudi, Site 1). Beryl spoke of “really listening to what they are saying” (Beryl, Site 1). Patricia’s approach involved asking more probing questions to find out what was really happening for people underneath the surface they were projecting. “When I say how are you, they may reply ‘good’ and I will ask again ‘how are you really?’ and they just pour out what’s on their mind” (Patricia, Site 1).

Helping young people with basic physical needs, such as shelter, became a means of building trust. Joy was one who made this link between providing physical and emotional support. She said that “all my kids’ friends know they can come to my place whenever and they will be fed, can have somewhere to sleep and talk when they are ready” (Joy, Site 1). Similarly, Sharon said that she was able to provide emotional support to a young person at risk by offering “accommodation first so that the security aspect would become apparent and then by building a trustful relationship and utilising skills from the FWB course” (Sharon, Site 1).

Henry noted the importance of confidentiality to trust “because they know I don’t go back to their parents or tell them; it remains between us” (Henry, Site 3). Patricia explicitly discussed confidentiality with people by telling them at the outset that “what they say is completely confidential and if they have time [I] will listen” (Patricia, Site 1). For Beryl,

trust involved following through on promises because “lots of times promises are made and aren’t followed through” (Beryl, Site 1).

Some people were almost too successful at helping others. Harry found himself doing a lot of out-of-hours work; for example, “I walk down the street on a Saturday and people stop me ... This is not a 9 to 5 job” (Harry, Site 3). In addition to being employed as a counsellor, Henry did a lot of youth counselling in the community, which he said could be tiring “when people know that I listen ... sometimes when you finish work you don’t feel like going home and then people coming over and telling you this or this and you think, oh”(Henry, Site 3).

In helping others, most people applied their understanding of the importance of personal autonomy. They saw their role as empowering others to take control and used strategies such as reflective questioning, affirmation of strengths, acknowledgement of their existing knowledge, and supporting the person step-by-step through their change process.

In her work in the child protection system, Linda saw her role as encouraging parents to take more responsibility for their children:

I also said to the mother ‘you’re their mother and you’ve got to show the [name of organisation]. You’re the mother, but it’s in the way you say it. These children need you’. We had these conversations around taking responsibility as a mother. (Linda, Site 3)

Norma used a process of reflective questioning to build motivation for change. She listened to what people were saying and then asked them to reflect on what was most useful for them:

... just listening to what they're saying and trying to get them to reflect on what's good for them at that time Do they want to keep going through the situation of being abused, what steps can they take to maybe try and work out a better life or lifestyle for them. (Norma, Site 3)

Several people worked on building the person's confidence and self-esteem. Patricia spoke of giving people in her community positive affirmations by leaving "on a good note, telling them something positive about themselves [like] you have a beautiful smile, don't hide it" (Patricia, Site 1). Norma mentioned the importance of acknowledging the knowledge that people already have and building on this. "A lot of these mums, they know about parenting, they know about these different things ... it is building on what they already know" (Norma, Site 3).

A further strategy identified for facilitating another's change involved providing ongoing support once people had embarked on their own process. Thomas said that men he was helping often requested ongoing assistance, that "they want us to walk them step-by-step" (Thomas, Site 2).

Knowing your limitations was also a skill. On occasions, people recognised that a situation was beyond their capacity to help. They may need to refer the person somewhere else or accept the situation as it was. Several people discussed this issue. Robyn, for

example, had to accept that she could not help her family with their problems as it was “very hard to see beyond the trees, this can shadow your judgements ... I have to stand back and let others deal with it” (Robyn, Site 1).

When a person felt unable to help, an alternate source of help was a possibility. Trudi was prepared to be a supportive ear but would refer people on if she felt they needed professional help. After listening to their stories, she would “direct them onto the appropriate referral group depending on their problem” if she felt “they needed to seek professional help” (Trudi, Site 1). Mick noted that people did not always understand him so would then suggest that they “go see someone else” (Mick, Site 2) to seek help.

At times, people had to accept that they couldn’t help and so had to watch as a person made poor decisions. Ron spoke of his sadness at having “to live with the reality” that his sons “might never give up drinking, they might never give up smoking dope. That’s the saddest part” (Ron, Site 2).

4.5 Agency

The element of agency, the action people take when they apply the above beliefs and attitudes and skills and knowledge, involved attributes of addressing emotional issues, building a future, building relationships, helping others and changing systems (see Figure 4.4). More specifically, this involved confronting emotional difficulties and expressing the associated emotions. It involved reflecting on goals and planning for personal and community futures. It involved acting in ways that changed relationships, for example, being more assertive, demanding respect, spending time with loved ones and making new and different friendships. It involved actively helping others across settings, in families,

workplaces and communities. It also involved action for systems level change, such as toward infrastructure and service development.



Figure 4.4 Attributes of agency as an element of empowerment

4.5.1 Addressing emotional issues

Overwhelming and often painful emotions emanating from past, and more recent, trauma hampered the efforts of many people to move forward in life. People described how they came to face their difficulties and express the emotions that emanated from these problems. This was often a very painful process and some people continued to struggle with their emotional issues.

People used differing strategies for releasing and expressing emotions. Anthony used the metaphor of “they were like walls ... like veils that were around my eyes” (Anthony, Site 2) to convey his emotional entrapment and was released when “we tore down those veils” (Anthony, Site 2). Lyn “could work things through the grieving process” (Lyn, Site 1) and also found “deep tissue massage release[s] emotions/memory of what I have held onto in my body.” (Alison, Site 1). Trudi gained relief and a sense of strength from expressing her feelings, feeling better by “having got that off my chest, because it was affecting me, and not only me but my children who need me” (Trudi, Site 1).

Addressing personal issues was a slow and complex process for some. Several people spoke of continuing to suffer from periods of being distressed by past problems or being unable to find spiritual peace. Trudi continued to experience periods of emotional turmoil as “many emotions ... come back and haunt me” (Trudi, Site 1). Likewise, Ruby had times where she was unable to remain in control “because sometimes I relapse and be negative” despite the fact that she had “changed [...] attitude ... to a more positive” (Ruby, Site 2). However, Esme did not feel at peace as her “spirit is still wandering” (Esme, Site 2).

4.5.2 *Building a future*

People planned for their own, and for their community’s, future. Taking time to reflect on future goals or dreams provided direction for change. Developing the skills needed to achieve this preferred way of life featured prominently.

People started to focus on the future. This involved developing a personal vision; of “taking a good hard look at where you’re at ... where you want to go” (Douglas, Site 3). Thomas wanted “the road more clear ... to do better for myself” (Thomas, Site 2). Ron

wanted to “get a job and look after my children ... try start a farm” (Ron, Site, 3). Jason wanted to change his job and was “really interested in getting into a school ... even if it’s just a teacher’s aide position ... just to be with mainstream kids” (Jason, Site 3). Trudi wanted to improve her family relationships and was “now looking forward to working on creating good positive relationships with others, and building a beautiful and loving relationship with my children” (Trudi, Site 1).

Many had ideas for improving their communities. People were planning how to address social needs. Norma wanted to give parents more health and finances information in the form of “a ‘parenting program’ called something else and incorporate this [FWB] with alcohol and drugs, health, medical stuff, budgeting” (Norma, Site 3). Norma was also concerned about the issue of relationship violence and wanted to run FWB in her community because “mums still go back to violent relationships because they don’t see any way out” (Norma, Site 3). Mick was aware of young fathers needing support saying that they need “some of the young fathers ... these boys, they got some problems” (Mick, Site 2). Several people wanted to build community understanding of culture and spirituality as “it is a very important side” (Ruby, Site 2). Lyn had plans for helping people in her organisation to “get in touch with their origins and culture” (Lyn, Site 1).

Training was seen as a community need for future development. Alison expressed the desire for training as “Aboriginal to run courses and programs [when] working with families, extended families” (Alison, Site 1). Anthony recommended that it “would be good” (Anthony, Site 2) to incorporate more training in his community’s Community Development Employment Program (CDEP). Joy also saw training as a means for improving services. She suggested that health workers learn new “skills in dealing with

their day-to-day wellbeing ... to handle themselves in crisis whether at work or in their homes and communities” (Joy, Site 1).

4.5.3 *Building relationships*

People acted in ways that changed their relationships. Using personal skills, they were able to build relationships more congruent with their beliefs and values. Some people became more assertive and demanding of respect. Others spoke of achieving more loving relationships by putting more time into outings and activities. Some people enacted tolerance and acceptance by building new friendships with people they may not have related to in the past.

There were several examples of people becoming more assertive in their relationships and demanding that they be treated with more respect. People expressed their opinions, made clear their expectations and found that this often led to their receiving more respect in return. Patricia summoned the courage to tell her long-term partner of the fear and hurt he had inflicted on her but that she was “no longer afraid of him” (Patricia, Site 1). She then made her expectations for their relationship clear by asserting “you have now got a new Strong Black Woman who is not going to take ‘shit’ anymore” (Patricia, Site 1).

This new assertiveness could result in significant changes. Patricia said that her partner still called her ‘a nasty woman’ but now did so “in a nice way” (Patricia, Site 1). He still seemed capable of some regression to former patterns but Patricia had strategies for managing these:

... mind games no longer hurt or bother me so try another tactic I say, and when he states he can 'bash me' I state 'of course you can because you're physically stronger than me' and he says nothing. (Patricia, Site 1)

Patricia also stood up to her nephew who, "when drunk would come and punch walls and swearing ... I asked him to leave" (Patricia, Site 1). Patricia had to work to get her message heard because "he didn't want to leave and argued he didn't do or say anything wrong – so I wrote it down the things that had upset me" (Patricia, Site 1). Getting the message "he stayed away for at least four months" (Patricia, Site 1). Patricia's nephew started to take responsibility for his behaviour and to treat her home with greater respect, so Patricia "allowed him to come ... once he had apologised ... now he behaves sensibly because I stated 'remember there's the gate if you ever start your caper'" (Patricia, Site 1).

A number of people spoke of building stronger relationships with others by being able to relate to them in new and loving ways. Many spent more time with their families doing "things that we never been doing ... taking my family out ...going down to the beach – going fishing" (Mick, Site 2). Like Mick, Gail was spending time with her family, "playing with them and taking them out ... like playing footy games and whatever (Gail, Site 2).

In some cases, people started to build relationships outside their family and friendship groups, described by Alison as "making friends other than those in your 'peer group'" (Alison, Site 1). Thomas spoke of building friendships with people he had been brought up to distrust and look at with hate and now "I can relate to our European brothers and sisters" (Thomas, Site 2).

4.5.4 *Helping others*

Many people spoke of the ways in which they were assisting others. They were helping family members, clients at work and people living in their communities.

People gave many examples of the ways they were able to help their families. Beryl was able to use her understanding of her father's behaviour to help her mother and sister. Since speaking with her mother and sister Beryl said that "they now recognise my father's games and will not put up with his behaviour" (Beryl, Site 1). Eileen recommended clear communication and mutual respect to her sister who was experiencing marital problems and asked her to "make a compromise, sit down and talk about things that may upset him ... make him aware you'll rather work it out rather than leave him, make clear boundaries for yourself and him also" (Eileen, Site 1). Some people used their knowledge of how to better manage emotions when guiding others. For example, Ron told his sons to take control of their anger saying "boy, you gonna go to jail, walk away, calm down" (Ron, Site 2).

Gail felt confident helping her children to negotiate their difficulties in the school environment. She would talk to her children when they had problems "and then I'll take them back and explain to their teacher ... or whoever ... what really happened and whatever" (Gail, Site 2).

People took on helping and leadership roles at work. Joy gave advice to families, advising parents to "look at their kids as a mate not as a naughty kid that needs a flogging" (Joy, Site 1). Norma helped people with their finances by "trying to find ways that they can

understand how to do budgets and things and it has to be customised too” (Norma, Site 3).

Robyn supported people through grief and loss:

I encourage them to shed those tears, talk about them try and give them answers to why this happened, that they are not responsible for what happened and therefore should not be guilty, but look at it as a change of attitude, lesson that has been now taught. Learn from this and change your outlook of life. (Robyn, Site 1)

Patricia advocated for a client who was having difficulty being heard:

Whilst coming into the door I had heard the woman explaining about her rent etc, and the manager was speaking on top of her and not listening to what she was trying to say, so I quickly intervened and had the manager stop talking and listen to the woman. He did just that and after she had explained I had asked her if she had anything else to say and because I had asked her she went on about a lot of issues until she finished. The manager didn't agree with me intervening at first but thanked me later because he only wanted her to pay the rent plus arrears – he realised later that she had problems. (Patricia, Site 1)

Linda helped a woman to better negotiate the child protection system:

A mother who the department took the children off, asked me to accompany her to court. She was saying please help me and identified me as a possible person who could help her. I went to a family meeting with range of government department services to take out a two-year protection order. I suggested six months is

reasonable. I was prepared to say this to the team leader and the FSOs [Family Support Officers] in this meeting. In previous meetings, the woman always ‘went off’. But in this room she stayed controlled. It’s now going to court and I have been subpoenaed to go to court. (Linda, Site 3)

People spoke of helping people in their communities. Mick helped people make sense of their problems by having them try “to explain it, simple and that ... make it make sense to ‘em” (Mick, Site 2). Mick also helped people address their alcohol use advising one to “get sober and he had no alcohol for a year ... It’s great” (Mick, Site 2). Ron encouraged people to set goals for the future asking them “what do you like doing, what do you think about going to uni or TAFE or something? Get a job?” (Ron, Site 2).

4.5.5 *Changing systems*

Some people were involved in action for systems level change, such as action on housing, service development and disability services. Action fuelled motivation as evidenced by Ron who sees himself as “a fella who likes to see results and action (Ron, Site 2).

At Site 1, several people were working together to develop “a special *healing place*” (Sharon, Site 1). A number of people at Site 2 were involved in a housing action group, which involved moving beyond “not just talking about it but starting to deal with community issues in a more constructive way” (Barry, Site 2). Linda, from Site 3, was invited onto a disability advocacy board from which she believed she could influence systems now that she had “some power to do things and challenge service providers and

government departments so that each individual is valued as a human being” (Linda, Site 3).

4.6 Achievements

Agency led to the element of the theoretical model termed ‘Achievements’. People described transformative changes leading to personal growth and change, stronger relationships, changes in others and community change (see Figure 4.5).



Figure 4.5 Attributes of achievements as an element of empowerment

4.6.1 Personal growth

Most people discussed themes associated with personal growth. They spoke of healing, gaining personal strength, being able to focus on living, taking control of addictive

behaviours, being open to learning, being more effective in their workplaces and taking on new roles and responsibilities in their communities.

A number of people spoke of feeling as though they had started to heal from past distress. After making changes to her life, Trudi “began to heal ... as though I was pretty much my old self again” (Trudi, Site1). Anthony spoke of “healing from sexual abuse” (Anthony, Site 2). With healing came greater personal strength.

Several people learned to appreciate life itself. Robyn said she had gained a greater appreciation for “what is most valued ... L-I-F-E” (Robyn, Site 1). Lyn was able to get on with life and reach “a stage of acceptance of the situation ... get on with my life in a much more positive manner (Lyn, Site 1). Trudi could contemplate the joy of life feeling “so free, alive, energetic, focussed ... being so aware of the many things around me” (Trudi, Site 1).

A number of people applied their personal strength to taking control of addictive behaviours. Most often, this involved reducing their alcohol consumption. Rose said she “used to drink a lot” but that now “I don’t drink that much” (Rose, Site 2). This led to other positive changes in her life including less financial pressure “now that I’ve stopped drinking and I’ve got things to buy for children” (Rose, Site 2).

People discussed gaining the confidence to contribute more to their work context. Kurt spoke of “stepping up to the mark just a little bit” (Kurt, Site 3) and being more involved. Their analytic skills enabled them to plan more effectively by “thinking things through a lot more” (Norma, Site 3). Kurt had learnt that planning could both avert

problems and lead to better outcomes, stating “when you plan it seems to run a bit more fluently and probably I don’t have to deal with crisis as much when its planned” (Kurt, Site 3).

Some people took on new positions. Gail had started a new job. Several people were seeking employment. Rose had an interview that week. Thomas told the story of a man he knew who wanted to improve his and his family’s life, relating that “he used to be doing this CDEP two days a week and now he got a full-time job, [He] started to think about him and his family” (Thomas, Site 2). Ruby had facilitated the FWB program. For her, this was a new role but something she had always wanted to do. Despite being nervous, Ruby knows “I can do it now ... which makes me feel good about myself (Ruby, Site 2).

People considered their training needs. Beryl now knows since her “confidence has blossomed” that she “needs to do training to develop other skills” (Beryl, Site 1). Sharon wanted this training to be focused on “a career path, instead of just doing courses” (Sharon, Site 1). Jason was considering university “to be more educated and get a degree and stuff” (Jason, Site 3).

Others were taking on new roles and responsibilities within their communities. Harry said that a number of men in his men’s group were “in the committees too, on the health centre committee ... coordinators and that, meeting with members of the board” (Harry, Site 2).

4.6.2 Stronger relationships

People spoke of stronger relationships. Stronger relationships involve more communication, less conflict and reconciling differences with others. In some cases, people had branched out to build relationships with people outside their usual social groups.

Many people reflected on their strengthened family relationships. Rose said that it felt “like we’re a family again” (Rose, Site 2). Mick felt better about his relationship with his wife as there was now “not much argument, there’s communication, its good” (Mick, Site 2). His relationship with his children was also good. Alison was “now closer with my sisters who took care of me when I was small” (Alison, Site 1). Some people had also improved their relationships at work by “stronger bonding with my colleagues and clients” (Sharon, Site 1).

A few people mentioned improving other social relationships, in some instances with people from groups who, as a consequence of history, they had long distrusted and disliked. Thomas spoke of building friendships with people he had been taught to look at in “hate” (Thomas, Site 2):

What I see as a young person is different, when I was growing up, we always seen the European people, we looked at them in hate, that was the mentality you know? I didn’t know that European people could be good, this sort of changed my way ... I can relate to our European brothers and sisters. (Thomas, Site 2)

Alison, too, was able to reconcile past differences with people in her community, finding that she was “changing attitudes by working with groups in the community i.e.

reconciliation” (Alison, Site 1). Nancy had attended a meeting of refugees in her region and found that hearing about the struggles of others was personally transforming, enjoying “listening to the people who come to Australia and the struggle they go through. It changed me a lot; my way of thinking and that” (Nancy, Site 2).

4.6.3 *Changing the lives of others*

People spoke of how the help they offered actually helped others to change their lives. They noted how the people they had assisted started to change negative attitudes, resolve relationship disputes, cope with major life events and seek help.

People who were helped also developed more positive attitudes toward their family and community:

Through men’s group you get some hard cases, but since they’ve been doing this program [FWB], it has really changed their attitude, towards the community and even in their relationship as well. ‘Cause we seen some feed back from their Mrs, their Mrs also seen some change in their partners as well, and that’s pretty good.
(Shane, Site 2)

Partners reconciled, enabling them to have a more positive view of the future:

My sister has since reconciled with her husband, she or they haven’t split since. I asked her how things are at home she had said better understanding she also commented on the novel, that it’s a good book as my sister is into reading books,

she has nearly completed reading *Unconditional Love & Forgiveness*. I believe she is now looking more to the future. (Yvonne, Site 1)

People learned to deal better with stressful life events such as grief and loss. Robyn said, of people she had helped, that it gave her “great satisfaction to know that I have been acknowledged and thanked for giving them some understanding and meaning of the loss” (Robyn, Site 1). Young people learned they had support evidenced by Joy’s comment that “even now the young boys will either ring me or they drop in for a chat ...they at least know that someone is willing to listen” (Joy, Site 1).

4.6.4 Community change

Collective action resulted in some noteworthy community changes. Community change can involve service development and dispute resolution.

Those people working towards a healing centre established such a service and it ran for over six years. The housing action group was able to bring about a series of changes, including changes to local government town plans, new local government commitments to provide basic infrastructure to outlying areas, a mediated settlement with traditional owners for land for housing development, and increased funding for housing (not in the data but documented in a FWB evaluation report) (Daly et al., 2004).

4.7 The interconnections between elements

While a process of categorising aspects of people’s stories is helpful for understanding, in greater depth, the elements of empowerment, it fails to adequately capture the interconnectedness of these dimensions. The figurative representations (Figures

4.1 – 4.5) are similarly compromised. This section reflects on some of the complexity within and between the elements. Throughout people's stories are micro connections between individuals and their social and structural environment. Change, at any level, reinforced enabling beliefs and attitudes, and skills and knowledge. If viewed as a cycle of change, where helping others and helping the self were mutually reinforcing, there was evidence that the cycle could be entered at different points. For example, helping others was not just helpful for the recipient but also empowering for the helper. Being involved and putting in effort in workplaces and community settings similarly had spin-offs for the person themselves.

People often gained personal meaning and confidence from helping others, as is evident in Trudi's reflections:

'I feel very comfortable in your presence,' 'I can talk with you without feeling I'm being judged,' 'you are very honest and open with me,' 'you help us without making us feel we are being a nuisance, trouble or taking you away from whatever you're doing'. Such comments are a pleasure to hear and uplifting to oneself. You feel as though you've made a difference to someone's life – even if it was something small that you assisted with. (Trudi, Site 1)

Sharon expressed joy at her ability to help a young woman:

I feel it [FWB] has assisted me with the youth I took into my house and it has given me joy that I have helped this person turn her life around and no longer feels like harming herself and everyday I see improvement. (Sharon, Site 1)

Helping others could have a positive impact even where the individual's problems remained unresolved. This was the case for Thomas in that "it's taken the focus off myself and putting others first" (Thomas, Site 2). Similarly, Jason was able to gain some benefits from helping others even though he was not in control of his own problems. "I can see while I'm helping other people with their lives, even though sometimes I feel like I'm not helping myself but I'm helping others. I find that as a positive." (Jason, Site 3)

Similarly, a number of people found that putting more effort into workplace or community life provided personal rewards. Robyn's experience in the workplace was expressed as "my working life has IMPROVED [respondent's capitals] immensely due to a lot of effort put in by me personally" (Robyn, Site 1). Ruby found that allowing herself to become more involved in community affairs helped her to overcome shyness, stating that "a long time ago you wouldn't catch me out in the community because I was a shy person. And it was a big challenge for me to be out there but I forced myself and I liked it" (Ruby, Site 2).

The experience of change, itself, was enabling of further change. As people made changes they came to see themselves as strong rather than powerless, as people who had choices rather than people who were trapped and as people who were skilled and experienced. These perceptions helped them to further enact change throughout their life; in their emotional state, their employment and their relationships, across family and work and community contexts.

4.8 Conclusion

The purpose of this chapter has been to present theoretical understanding of how people were able to achieve empowerment along with the supportive evidence. I have documented the key elements of empowerment and their manifestation and influence across life domains.

In the following chapter, this theory is analysed in relation to empowerment literature to authenticate the theory. Following this analysis, the implications of the research for practice, research and policy, are discussed.

Chapter Five

Re-Locating Empowerment in the Context of Indigenous Australia

5.1 Introduction

This chapter positions the study's theory in relation to existing interpretations of empowerment, both internationally and in the context of Indigenous Australia. It does this in order to locate the study's theory and to consider its theoretical contribution. The chapter takes a transdisciplinary approach, integrating bodies of literature across disciplines and cultures not usually connected (Christie, 2006). Utilised is international literature examining the concept of empowerment, literature that considers empowerment and the related concepts of social and emotional wellbeing, healing, resiliency and community development in the context of Indigenous Australia, and literature considering the usage of the term within social work and public health. The chapter commences with an overview of the concept of empowerment including definitions, theoretical influences and debates, inter-disciplinary usage of the term and its applicability to Indigenous populations.

In the subsequent sections of the chapter (Sections 5.3 to 5.8), each element of the study theory is juxtaposed against empowerment literature to examine the extent to which it complements theory relating to empowerment. The argument is mounted that the concept of empowerment, as articulated by writers internationally, is highly relevant to the context of Indigenous Australia but lacks emphasis on several attributes. These attributes involve belief in God, personal values and skills for helping others. In contrast, the literature on

empowerment and related concepts in the context of Indigenous Australia identifies these attributes within broader discussions of spirituality and culture.

5.2 Empowerment – an overview

Examination of definitions of empowerment suggests that many people writing about the concept consider it to involve the synergy of the individual with their social and structural environment in processes for social change. These definitions reflect the radical theoretical origins of the term, as well as more recent theoretical influences such as feminism and post modernism. Yet, the practice of empowerment has not always been congruent with existing definitions, hence the need for this research. Descriptions of empowerment interventions in the literature frequently revealed a primarily individual level of focus and exposed inherent tensions related to the ways in which power is exercised by those claiming to work in empowering ways. Despite the difficulties associated with the use of the term, the potential for empowerment approaches to be transformative has been well documented. An additional strength of the term is the framework it provides for inter-sectoral practice, given its wide-reaching currency across disciplines, including public health and social work. Further, empowerment is considered a relevant concept for Indigenous cultures experiencing social and health inequalities.

For many writers, empowerment is viewed as a feature of changes in established power relations, social emancipation and human liberation (Campfens, 1997; Ife, 2002; Stein, 1997). Many definitions of empowerment involve an interaction between individuals and their environment in processes for change (Allen, 2008; Healy, 2000; Ife, 1997; Kabeer, 1999; McDowell & Sharp, 1999; Perkins, 1995; Speer & Hughey, 1995; Tsey & Every, 2000a; Wallerstein, 2002, 2006; Whiteside, 2002; Zimmerman, 1995, 2000). Personal attributes, collective assets and capabilities and social, cultural, economic,

institutional and political factors all interrelate and have the potential to be both enabling and constraining (Allen, 2008; Healy, 2000; Ife, 1997; Kabeer, 1999; Narayan, 2005; Tsey & Every, 2000a; Wallerstein, 1992; Whiteside, 2002). Group or collective action is seen to enhance the power of the individual and the combination of individual agency; collective action and a supportive structural environment is viewed by many to offer the greatest potential for change (Allen, 2008; Narayan, 2005; Wallerstein, 2006; Whiteside, 2002).

Definitions of empowerment reflect the theoretical origins of the term. The term itself was traced by some writers to the work of Saul Alinsky and his colleagues who worked to organise neighbourhoods and community groups through 'power' coalitions and confrontational politics from the late 1940s (Alinsky, 1969; Wallerstein 1992). Yet, the roots of empowerment lie further in history in the social upheaval that accompanied the industrial revolution and the growth of capitalism (Campfens, 1997; Marx, 1954; Stein, 1997). From this period, oppositional movements aiming to change the relations of power that contributed to the exploitation of labour, the alienation of particular groups of people and the growth of an underclass asserted the primacy of direct collective action for human liberation, more participatory forms of democracy and greater social equality (Campfens, 1997). Aspects of empowerment were important in revolutionary situations for over a century in Latin America, Asia and Africa as well as in movements for less radical social change, such as civil rights movements, women's movements, trade unionism, co-operatist movements and alternate communities such as Israeli *kibbutzism*, neighbourhood community activism and liberation theology (Campfens, 1997; Stein, 1997). Much of the writing on empowerment considered, therefore, the workings of oppression and powerlessness and the transformation of power relations enabling greater self-determination and self-development (Allen, 2008; Barron-McKeagney, Woody & D'Souza

(2000); Ife, 2002; Narayan, 2005; Speer & Hughey, 1995; Wallerstein, 1992; Whiteside, 2002).

More recent theoretical influences contributed to understandings of the ways in which individuals and groups can exercise power, influence and debates regarding the relative influence of agency and structure. Feminist theory was drawn upon for its conception of power as being intrinsic to the individual and which, when expressed with others, as a limitless and expanding resource for empowerment (McDowell & Sharp, 1999; Wallerstein, 2006). The liberative educational philosophy of Freire articulated a process for consciousness-raising through dialogue and action and critical reflection in interaction with others about barriers, norms and institutions (Hyung Hur, 2006; Wallerstein 2006). Post structuralism, in particular, the theoretical understanding of power being exercised in a web of ever present and unstable relationships, discourses and practices found in institutions, communities and families as opposed to being a monolithic entity or held by a few, contributed to an emphasis on the multiplicity of ways individuals and groups can exercise power (Foucault, 1980; Santhanam, 2007; Wallerstein, 2006).

Empowerment, however, has been much critiqued as a concept. Much of the contention relates to how the concept is utilised and how power manifests in practice. While theoretical empowerment literature commonly discusses the concept in relation to changes in power relations, social emancipation and human liberation and (Campfens, 1997; Ife, 2002; Stein, 1997), reviews of empowerment interventions in both social work and public health reveal that the term is most frequently applied to individual capacity building within micro level interventions (Gutierrez et al cited in Pease, 2002; Perkins, 1995; Wallerstein, 1992; Whiteside, 2002). A tendency toward politically conservative

individual level practice is not surprising given the dominance of individualistic and deficit focussed models in health and social work service delivery, yet it is problematic (Briskman, 2003; Graycar, 1990). Such practice can obscure and fail to change the conditions that created the problem in the first place and collude with inequalities and undemocratic policies (Humphries (1996) cited in Payne, 2008; Pease, 2002). Too much responsibility may be placed on the individual who has less power, thereby actually increasing helplessness, self blame, powerlessness and ill-health (Graycar, 1990; Pease, 2002; Wallerstein, 1992; Walton, 2005).

There are inherent challenges and paradoxes even when one attempts to work from a radical empowerment framework. As noted in Section 1.3, imposed as a framework, and as something one ‘does’ to others, empowerment can be a “more subtle refinement of domination” (Pease, 2002, p. 138). This risk is exacerbated by the liberatory discourse of empowerment, which leaves it beyond critique (Kesby, 2005). Charges have been laid that empowerment approaches risk romanticising local knowledge and divisions, underestimating the power that people do potentially have and downplaying the potential positive role of external agents (Kesby, 2005; Pease, 2002). There also exists the potential for promoting the needs of one oppressed group over another (Humphries (1996) cited in Payne, 2008).

The nature of professionalism, in itself, contains a tension in relation to empowerment. Though a worker may seek to devolve power to others through an empowering process, the reality cannot be escaped that professionals inevitably hold positions of power (Pease, 2002). This power derives not only from a professional’s role

and perceived expertise, but also their personal influence, social authority and, in many working contexts, the laws concerned with social order (Payne, 2006).

Despite the criticisms associated with the empowerment paradigm, there is substantial literature to support the potential of empowerment to be a force for social change rather than control (Pease, 2002). The redistribution of power and the building of more reciprocal relationships have the potential to build ordinary people's capacity to analyse and transform their lives, at personal, relationship, community and broader systems levels (Bond, Belenky & Weinstock, 2000; Campbell et al. 2005; Kesby, 2005; Mayo et al., 2009; Schweinhart & Weikart, 1993; Whiteside, 2002).

These criticisms do, however, highlight the need for caution, clarity of definition and ongoing reflection when one aims to work from an empowerment perspective. Workers within the ERP, myself included, were cognisant of the potential pitfalls and risks associated with empowering processes. In order to build mutually trusting and enabling relationships in which issues related to power differentials could be overt and discussed (Pease 2002; Payne, 2008; Healy, 2000), we established regular reflective processes as a routine part of practice. Workers and client groups, or researchers and research participants, had opportunities to bring existing or potential tensions to the surface, and openly discuss issues associated with relative power and socio-economic disparities (Mayo et al, 2009). Team members not directly involved in specific initiatives were invited to lead the process of gathering and analysing data obtained from these reflective forums (Mayo et al, 2009).

One strength of the term 'empowerment' was its usage across professional disciplines concerned with social development and change including education, health care,

community psychology, community development and international development, as well as self help movements, government policy and multicultural consciousness (Barron-McKeagney et al., 2000; Bond, Belenky & Weinstock 2000; Campfens, 1997; Cox, 2002; Freire, 1972; Harvey et al., 2001; Ife, 1997, 2002; Kabeer, 1999; Wallerstein, 1992, 2006; Whiteside, 2002).

Social work and public health were amongst the disciplines drawing on empowerment theory to inform practice. Theoretically, empowerment was viewed as integral in social work literature. In public health literature, including primary health care and health promotion, there was a growing appreciation of the concept as international health research increasingly highlighted the influence of social equity on health.

Theoretically, empowerment theory lay at the heart of the social work philosophy, despite the influence of more individually focussed models (Briskman, 2003; Graycar, 1990). It was congruent with social work's professed commitment to the pursuit of human and social wellbeing and social justice through social development and change with dual focus on agency and structure (Australian Association of Social Workers (AASW), 2002; Barber, 1994). Many academics and practitioners within the field took the position that it is possible to play a part in the redefinition of power relations no matter what level one is working at, that "every action changes the world" (Ife, 1997, p. 207). Many of the approaches within the social work literature moved beyond binaries of agency and structure and reflected a rich knowledge base within the profession. Practice across individual, family, group, organisational and community levels using methods of counselling, advocacy, group work and policy development could incorporate a structural

analysis (Allen, 2008; Costello, 2003; De Shazer, 1985; Ife, 1997; Mullaly, 2002; White & Epston, 1989).

Empowerment has been more slowly embraced within public health and not traditionally viewed as the primary goal of the discipline. However, as the social dimensions of health have gained greater focus, particularly the health impact of social inequality, empowerment is gaining credibility as a strategy within this sector. The United Kingdom Whitehall Studies found psychosocial factors, coined 'control', to contribute to a social gradient of health, manifested in rates of morbidity and mortality in British civil servants (Marmot, 2000; Wilkinson & Marmot, 1999). Control involved the capacity of individuals to exert influence over their situation and negotiate the daily trials and tribulations of life (Syme, 1998; Tsey et al., 2003). Likened to empowerment, control had both personal and structural dimensions including social class, being part of an integrated social network and having access to supportive relationships (Syme, 1998).

Over time the interest in empowerment within public health continued to strengthen. A World Health Report in 2008 (WHO Commission for Social Determinants of Health, 2008) examined the underlying structural drivers that influence health and social equality, and advocated support for local initiatives, ensuring disenfranchised individuals and groups have increased opportunities to represent their needs and interests (Marmot cited in WHO Commission for Social Determinants of Health, 2008).

The empowerment framework for understanding the experience of groups who have been oppressed and disenfranchised has resulted in the concept being seen as relevant in international policy literature for Indigenous cultures experiencing social and health inequalities. However, the precise meaning of the term is considered to be context and

population specific (WHO Commission for Social Determinants of Health, 2008; Zimmerman, 2000). Examples of empowerment in the Indigenous Australian context involve the movements for community control across areas of health, land, housing, childcare and social and emotional wellbeing, which led to significant changes in these areas, for example, a community-controlled health sector across the country. There has been, however, less focus on stronger or empowered individuals to accompany these structural changes. An awareness of the incongruity and difficulties associated with change at one level but not at another lay behind the development of FWB as an integrated personal and community empowerment program (Tsey & Every, 2000a). Little was written, in published works, about the precise nature of empowerment in the Indigenous Australian literature. FWB itself provided one example and there was literature addressing related concepts, such as social and emotional wellbeing, resiliency, healing and community development (Calma, 2007; Campbell et al., 2005; Feeney, 2008; Kildae & Yow Yeh, 2000). This literature revealed much commonality with empowerment literature though some differences were evident; indicative of the historical, social, cultural and political environment.

5.3 Re-locating the grounded theory in literature

The elements and attributes associated with empowerment in the context of Indigenous Australia which emerged through this study both complement and extend international literature examining empowerment and are used here as an organising framework for discussion. International literature examining empowerment considers the elements contained within the study's theory, the influence of the broader life environment, beliefs and attitudes, skills and knowledge, agency and achievements. These elements are also featured in literature exploring empowerment and related concepts in the context of

Indigenous Australia. Yet, while the similarities were many, and are elucidated in this chapter, some aspects of the attributes within elements were given greater emphasis both in the study theory and in the Indigenous Australian literature. These differences primarily related to the priority given within the study theory to a belief in God, personal values and the development of skills for helping others. These attributes are, however, given significant attention in literature exploring empowerment and related concepts in the context of Indigenous Australia and seen as tantamount to concepts of spirituality and culture.

5.4 Acknowledging the life environment

The study theory firmly located individual experience within a broader life environment; an environment that contained both stresses and opportunities. The study theory integrated the ever present shadow of history with difficulties of the day. People spoke of living in chronically adverse social situations in which anger, substance abuse, gambling and suicide were mentioned as endemic community problems and gaining influence as social norms. The influence of the broader social, and also structural, environment was a point of focus in much of the writing associated with empowerment. Social and political structures and institutional climates are known to impact on the individual and define the social milieu in which differing groups can pursue their interests, favouring some groups over others (WHO Commission for Social Determinants of Health, 2008; Healy, 2000; Ife, 1997; Kabeer, 1999; Wallerstein, 1992, 2006). The negative impact of social disadvantage and oppression on the individual was extensively documented, as well as the impact of social inequality (WHO Commission for Social Determinants of Health, 2008; Wallerstein, 1992, 2006). Oppression, powerlessness and disadvantage impeded self-determination and self-development (Allen, 2008; Ife, 2002; Narayan, 2005;

Speer & Hughey, 1995; Wallerstein, 1992; Whiteside, 2002). One writer, Kabeer (1999), noted that inequality shapes individual interests so that, where it exists, people are likely to define their goals not just in relation to their preferences but also according to social positioning. Goals, therefore, of social justice, human rights and the transformation of power relations in society were stressed by many writers (Healy, 2000; Ife, 1997; McDowell & Sharp, 1999; Wallerstein, 2006; Whiteside, 2002). People were seen to have a right to the opportunities and resources that “enhance their own lives, develop their strengths, and promote their own sense of personal control” (Barron-McKeagney et al., 2000, p. 45).

The specific nature of the stresses in the Indigenous Australian life environment, and their historical connections, were best documented in literature relating to the Indigenous Australian context. High death rates, unemployment, poverty, poor education, the shortage of housing, violence, high levels of substance abuse and incarceration, youth criminal or gang activity, political instability and basic social order were all identified (Calma, 2007; Carson et al., 2007; Edmondson, 2006; Pearson, 2007). These community problems were compounded by wider societal racism, oppression, social exclusion, lack of equality and justice (Calma, 2007; Edmondson, 2006; Paradies, 2007). Calma (2007) highlighted the psychological distress associated with all of these stressors. Many were presented as topics within the FWB program, for example grief and loss and violence and abuse (Aboriginal Education Development Branch, 2002).

Much, but not all, was negative in the life environment evident within the study theory. People appreciated opportunities such as education, employment, avenues to participate in social change and social support. This finding was supported by authors who noted that individuals were likely to flourish where a social or structural environment was

enabling or supporting (Crotty, 1998; Hyung Hur, 2006; Ife, 1997; Kabeer, 1999; Narayan, 2005; Schaurhofer & Peschl, 2005; Wallerstein, 1992, 1996, 2006; WHO Commission for Social Determinants of Health, 2008). Social support was viewed by a number of writers as connected to perceptions of personal control, feelings of satisfaction and more constructive relationships (Hyung Hur, 2006; Wallerstein, 1992). As with the study theory, social support took many forms including immediate personal support from families, friends and local communities as well as access to material resources (Calma, 2007; Kabeer, 1999; Wallerstein, 1992; Zimmerman, 1995). External change agents were seen as having a role but this role was limited to facilitating empowerment (Wallerstein, 2006).

Group programs provided opportunities for social support, a proposition evident both in the study theory and literature examining empowerment (Crotty, 1998; Hyung Hur, 2006; Ife, 1997; Schaurhofer & Peschl, 2005; Wallerstein, 2006). Groups were valued for providing opportunities for marginalised people, in a safe and supportive environment, to critically reflect with others on the nature of their situation and, in so doing, build the beliefs and skills identified with empowerment, such as knowledge, identity, collective efficacy and consideration of a greater spectrum of possibilities for change (Crotty, 1998; Hyung Hur 2006; Ife, 1997; Schaurhofer & Peschl, 2005; Wallerstein, 2006). Groups were used in Indigenous contexts as a means of connection and peer support in a range of spheres such as education, healing and counselling training (Aboriginal Education Development Branch, 2002; Feeney, 2008; Kildae & Yow Yeh, 2000). The group context and process was an important feature of the FWB program design.

5.5 The centrality of beliefs and attitudes

Many writers supported the study theory proposition that the beliefs and attitudes people hold are central to empowerment, and there were many similarities in those considered to be enabling. Some writers noted that the development of more helpful beliefs and attitudes often involved overcoming others that resulted from experiences of oppression, fear and disenfranchisement, including learned helplessness whereby one believes they cannot influence outcomes, and internalisation of social injustice as self blame, which predisposes people to quiescence and restriction of their own possibilities (Kabeer, 1999; Schaurhofer & Peschl, 2005; Speer & Hughey, 1995; Wallerstein, 1992, 2006). In contrast, the more enabling beliefs and attitudes of autonomy, responsibility and optimism, self-esteem and pride identified in the study theory were congruent with concepts of self-worth, self-efficacy, a personal narrative of strength and triumph, hope, choice, autonomy, identity, collective efficacy or the perception that the socio-political environment is mutable were discussed by a number of authors (Harvey et al. 2001; Hyung Hur, 2006; Kabeer, 1999; Schaurhofer & Peschl, 2005; Wallerstein, 1992, 2002; Whiteside, 2002; Zimmerman, 2000). Empathy and an interest in helping others were often mentioned, consistent with the study theory, indicating a sense of social responsibility is associated with empowerment (Hyung Hur, 2006; Schaurhofer & Peschl, 2005; Wallerstein, 1992). Where precise terminology differed between the study theory and literature in relation to beliefs and attitudes, concepts could be seen to overlap. For example, Hyung Hur (2006) discussed a sense of meaning (a fit between the needs of one's role and one's values, beliefs and behaviour) but this was not specifically mentioned in the study theory. On closer examination, this process was evidenced, for example, the roles people enacted in relation to helping others were consistent with their values and beliefs. Further, the importance of having a sense of coherence (where people see their worlds as

comprehensible and manageable with the resources available to them), articulated by some writers on empowerment, was clearly evident in the study theory (Wallerstein, 1992).

Personal beliefs, of self-worth, confidence, self and collective efficacy, control, identity, meaning, coherence and hope, that both personal and societal change is possible, and that social responsibility translated to the Indigenous context (Calma, 2007; Tsey & Every, 2000a; Tsey et al., 2003). Concepts of personal power, self-esteem and confidence were also explored within FWB.

There were attributes within this element of the study theory that, while not contradicting empowerment theory, extended thinking in this area. These attributes involved having belief in, usually the Christian, God (one woman believed in Jehovah of the Old Testament as the supreme creator) and having clarity in relation to personal values and ethics. Belief in God was not featured as enabling of empowerment in empowerment literature. Yet, the study theory identified this belief as an important source of personal stability for some people. This emphasis in the study theory needs to be seen in context. Indigenous Australians, the study respondents included, experienced decades of missionary influence and many came to identify as Christians (Morton, 2005). While there was anger that imposed religious beliefs usurped traditional spirituality, for some people, their belief in God was to become, and remain, helpful for dealing with life adversities (Phillips, 2003).

Belief in God could also be seen to reflect a need for personal structure and clarity in relation to personal ethics and values. The study theory highlighted people benefiting from the opportunity to clarify, articulate and name personal values. These values were not solely derived from spirituality and religion. Family and culture were also vital sources.

Respect and compassion, for example, became a source of motivation for enacting change, not just for improving personal lives but also for helping others and working with others to improve social conditions for all. The area of personal ethics and values was raised but not closely examined by empowerment theorists. Hyung Hur (2006) was one of the few writers to refer to personal values and regarded the opportunity to perform social roles and gain personal meaning as important for empowerment. Wallerstein (2006) also acknowledged that social norms or morality underpin a cohesive social base. However, reflecting the critical roots of empowerment theory, ethics and values were most often discussed in relation to structural critique, for example, it was argued that where societies are more socially just, people will respond accordingly (Wallerstein, 2006). Even local processes of consciousness-raising primarily related to gaining awareness of structural constraints rather than personal responsibility (Freire, 1972; Hyung Hur 2006).

The attributes of belief in God and personal values featured strongly in writings associated with the context of Indigenous Australia. Closely interconnected themes of culture, spirituality, Indigenous world views, values, ethics, social norms, traditions, identity, the interconnectedness of family, humankind, land and nature and transcendence, or a relationship with something beyond ourselves, were consistently identified (Aboriginal Education Development Branch, 2002; Calma, 2007; Edmondson, 2006; Edwards 1994; Feeney, 2008; McEwan et al., 2008). An emphasis on ethical values and social norms and mores lay at the heart of Indigenous understandings of spirituality, along with the search for meaning, and the interconnectedness of humankind and nature (Edmondson, 2006). Central to stories, ceremonies, worldviews, social mores, structures and other experiences which sustained Aboriginal peoples, values were viewed as a source for social cohesion and vital to people's existence and survival (Edwards 1994; Martin,

2003). Values were, therefore, a critical component of any attempt to address the current difficulties facing Indigenous Australians; part of a continued assertion by Indigenous peoples to take control of their lives and “an ongoing quest to re-search and represent our world views as the basis from which we live, learn and survive” (Martin 2003, p. 205).

Beliefs and attitudes associated with values and spirituality were promoted within FWB. Concepts of responsibility, respect, acceptance, love, forgiveness and compassion all resonated with FWB messages about personal choice and human qualities. FWB emphasised values both implicitly and explicitly. Ideas of respectful and loving relationships, family and social harmony and reconciliation, acceptance of diversity, social justice and the importance of what we value as being essential for healing were repeated continually throughout the program. FWB did not preach belief in a particular God but promoted a definition of spirituality as having “connection with and expression of something greater than ourselves which may or may not have a religious association” (Aboriginal Education Development Branch, 2002, p. 22). FWB articulated spirituality as involving values through all aspects of life; relationships with self and others, beliefs about life meaning and purpose, actions and behaviour:

To be deeply connected with one’s inner self; to be deeply connected with others; to be deeply connected with something greater than ourselves, whatever we perceive that to be—depending on the individual, this ‘connection’ may or may not have a religious association; to express that connection in whatever way is right for us; to have meaning and purpose in our lives, and to value our true self and trust our intuition; to be able to express the higher qualities of our nature, to discover one’s life purpose and ask ‘Why am I here and what is my life purpose?’; to be able

to grow, change and fully express who we truly are; to have in our lives beauty, harmony, balance, order, truth, creativity, justice, unconditional love, joy, freedom and peace. (Aboriginal Education Development Branch, 2002, p. 22)

FWB went beyond theory to applying values to daily life. Opportunities were provided for people to reconnect with personal values, whether these were linked to cultural knowledge or derive from other sources. Further, people learnt skills for life which enabled them to live in ways more consistent with their personal values.

5.6 An emphasis on skills and knowledge

The emphasis on skills and knowledge within the study theory was well supported by many writers who noted that skill and knowledge development, or competency and capability, were critical precursors to empowerment (Ife, 1999; Narayan, 2005; Schaurhofer & Peschl, 2005; Wallerstein, 1992, 2006; Zimmerman, 1995). Skills were critical for translating beliefs into action for change across life domains (Ife 1999; Wallerstein 1992, 2006; Zimmerman 1995). Skills identified in the study theory included those derived from life experience, the ability to manage emotions, analytic and communication skills and the capability to help others. These skills were identified throughout the literature considered. Kabeer (1999) added to the list decision making, bargaining and negotiation, deception and resistance. Wallerstein (2006) noted that life experience, as a source of knowledge, was of particular significance in strategies with minority communities. Schaurhofer and Peschl (2005) suggested it involved the active constructive and social processes of assimilating and comparing current, past and expected experiences. Learning from life experience underpinned strengths-based approaches whereby any learning or change process starts with a person's existing strengths and

knowledge (De Shazer, 1985; McCashen, 2005; Wallerstein, 2006). Emotional control was identified as helpful for coping with change, solving problems, communication, collaboration, conflict resolution and helping others (Hyung Hur, 2006; Wallerstein, 1992, 2002). The ability to manage emotions arose as an issue throughout FWB and strategies for managing emotions were taught. For example, people learned the skill of 'being centred', the ability to stay calm and steady even in situations of high emotions and conflict, as a strategy for managing day-to-day issues.

Reflective, analytic and communication skills were attributes common across the study theory and literature. Writers on empowerment highlighted reflective analytic skills as fundamental to personal development, as well as understanding the root causes and dynamics of relationship, political and social issues. This enables the resolution of problems, where necessary or possible (Ife 1999; Kabeer, 1999; Schaurhofer & Peschl, 2005; Wallerstein, 1992; Zimmerman, 1995). Communication skills were identified as necessary for harmonious and collaborative relationships (Wallerstein, 1992). These skills were also specifically discussed in the context of Indigenous Australia (Tsey & Every, 2000a; Tsey et al. 2003; Walker & Shepherd, 2008). Amongst the communication skills considered vital was *Dadirri*; the gift of listening (Ungenmerr-Baumann, 2002). *Dadirri* involved inner deep listening and quiet still awareness. It renewed the individual and brought peace. It was linked to patience; to being still, silent and waiting, and living in harmony with the natural environment (Ungenmerr-Baumann, 2002). Analytic and reflective skills were central to FWB. Simple frameworks, such as 'Basic Needs' (whereby people identify basic physical, emotional, mental and spiritual needs), 'Relationship Triangles' (used to enable understanding of relationship patterns) and 'Rules for Fighting

Fair' (for conflict resolution), were introduced as tools to enable skill development in these areas.

Skills for helping others were less emphasised, though not entirely inconsistent with some of the writings on empowerment where an interest in helping others was raised (Hyung Hur, 2006; Wallerstein, 1992). However, the study theory, and some of the literature associated with Indigenous Australia, took this interest one step further to consider the necessary skill development. Skill development was addressed within the Indigenous Australian literature, including FWB (Feeney, 2008; Tsey & Every, 2000a; Tsey et al., 2003; Ungenmerr-Baumann, 2002; Walker & Shepherd, 2008). The importance of 'skilling up' people who took on a professional helping role, particularly to address complex issues such as trauma, abuse and anger and supporting families to break transgenerational cycles of pain, was highlighted by Feeney (2008). Skills for helping others was a major focus within FWB (Aboriginal Education Development Branch, 2002). Specific skills and qualities identified as important included openness, humility, the ability to work with ambiguity and the capacity to build harmony and trust (Aboriginal Education Development Branch, 2002; Feeney, 2008). Several writers proposed the integration of traditional knowledge with the best of contemporary Westernised approaches in professional skill development, such as *Dadirri* (Aboriginal Education Development Branch, 2002; Feeney, 2008; Ungenmerr-Baumann, 2002). Reconnecting with traditional knowledge systems was not only viewed as an essential component of knowledge development in the Indigenous context but also part of a continued assertion by Indigenous peoples to take control of their lives (Aboriginal Education Development Branch, 2002; Martin, 2003).

5.7 Agency across life domains

An important element of the study theory was that, even where the life environment contained difficulties, individuals could exercise agency and control. This agency was enabled by beliefs and attitudes and skills and knowledge. This notion of agency coming from within and through processes where “people empower themselves” (2006, p. 19) was supported by Wallerstein. Many of the actions involved in agency evident in the study were identified in literature examining empowerment. However, there was some tension within literature at a theoretical level relating to the relative influence of agency and structure.

The actions, or agency, people enacted in the study theory at a personal level were consistent with descriptions of empowered action in the bodies of literature. Agency involved taking personal responsibility, making decisions and participating in all aspects of life; personal, family and community including local training and employment programs (Calma, 2007; Campbell et al., 2005; Kildae & Yow Yeh, 2000; Narayan, 2005; Reilly, Doyle, Bretherton & Rowley, 2008) as opposed to being passive and disengaged (Pearson, 2007). The study theory documented examples of collective action, acknowledged by some writers as having the potential to enhance the power of individuals (Allen, 2008; Wallerstein, 2006; Whiteside, 2002). In part, this increased power resulted from the strength of group action and, in part, because of the potential for individual empowerment, through the opportunities the collective provides, for material, psychological and emotional resources (Allen, 2008).

Helping others was an attribute within the study theory element of agency. These actions had positive effects not only for those assisted but also for helpers who grew in strength and confidence as a result. While this attribute was touched on (though not

elaborated) by some who wrote about empowerment, it was most evident when people considered the concept in the Indigenous Australian context, particularly in FWB. The initial impetus for FWB was Indigenous people's desire to better help their own people through supporting and building the skills necessary to deal with chronic and crisis situations in their communities (Department of Prime Minister and Cabinet, 2002).

The study theory highlighted the potential of individual agency and collective action to effect change in the structural environment, for example, people were able to influence local planning processes and infrastructure and service development. Yet, while there was evidence to support the proposition that people are able to influence the social systems around them, injustice and endemic difficulties continued to be part of the everyday life environment. While agency and structure were interconnected, it was unrealistic to assume that individuals acting individually and collectively could, by themselves, change entrenched structural injustice. Debates in regard to the extent to which the individual should be seen as responsible, and capable of producing, their own change in the face of structural adversity were evident in the literature, reflecting the relative influence of critical and post structural theoretical influences. Though some writers suggested that people should not merely be seen as "victims or cultural dopes" (Allen, 2008, p.164), most writers focussed on advocating structural change toward a fairer society, assuming that where people had access to opportunities and resources they could determine the path they wanted their life to take (Allen, 2008; Hyung Hur, 2006; Ife, 1997; Wallerstein, 2006). Much of the literature relating to the Indigenous context made similar assumptions (Calma, 2007; Martin, 2003). This position reflected the critical roots of empowerment and the assumption that, where the structural environment is supportive or enabling, individuals will naturally flourish. Pearson (2008), however, argued that Indigenous social distress had

gone beyond being just a symptom or consequence of poverty and history and had become causal factors in and of themselves (Cape York Institute for Policy and Leadership, 2007). Pearson's position connected with the assumption in the study theory that people had some control and responsibility in creating their own life environment, though this did not mean that structural reform was not also required. Pearson's position was also congruent with the principle within FWB that people hold answers to their own difficulties and have the power as individuals to affect change at all levels of society.

5.8 Achievements of health and wellbeing

The potential or actualised achievements documented in the study theory closely corresponded with those articulated within literature. Specific individual outcomes were hard to anticipate yet there were some universal indicators that research has shown to have significant health benefits.

The study theory documented an array of changes rather than elucidating any one specific outcome. The fact that experiences differed was consistent with Kabeer's (1999) reflection that human agency is indeterminate and unpredictable so that outcomes are hard to measure or predict. Kabeer (1999) also noted that empowerment is a value laden and context dependent concept so that any indicators need to take this into account or risk people's experience being reduced and universalised. Achievements therefore needed to be articulated in broader, universally-relevant terms (Kabeer, 1999). Empowerment outcomes, in most accounts of the concept, involved some element of change or transformation and the perception of this change involved an expansion of choices, self-determination, engagement in learning, participation, harmonious relationships, more valued and realisable 'ways of being and doing' and improved health (Calma, 2007; Feeney, 2008;

Kabeer, 1999; McCashen, 2005; Pearson, 2007; Reilly et al., 2008; Wallerstein, 1992, 2006; White & Epston, 1989). Change could involve movement along a process rather than a specific outcome or full achievement of goals or dreams (Feeney, 2008). It may involve the development of capabilities (Pearson, 2007) or an enhanced ability to cope with situations (Feeney, 2008; Tsey et al., 2003). All of these changes were evident in the study theory where people spoke of outcomes involving gaining personal strength, which then translated to achievements such as taking control of life across health issues, education, employment and community life.

Some of the achievements documented in the study theory clearly linked to physical health, for example, a number of people spoke of reducing their alcohol consumption. There is literature to suggest that the health benefits may extend far beyond those identified by the study respondents, such as empowerment influencing population level rates of health morbidity and mortality (Marmot, 2000; Wilkinson, 2000; Wilkinson & Marmot, 1999). The physiological basis to these claims involves a pathway through excessive and accumulated stress leading to an increase in 'allostatic load', which results in compromised immune system functioning and multiple other chronic health deficits (Harvey et al., 2001; McEwan, 1998). On the basis of this and other related research, the World Health Organization commissioned the *WHO Health Evidence Report on the Effectiveness of Empowerment to Improve Health* which demonstrated that interventions that empower socially excluded populations across psychological, organisational and community levels achieved improved health outcomes and quality of life (Wallerstein, 2006).

The changes evident in the study theory were focussed initially at the personal or psychological level but it was interesting to note how these spiralled to influence relationship, organisational and community domains. Such processes supported

conceptualisation of empowerment as an interconnected or holistic process whereby change at one level often triggers change at another (Allen, 2008; Ife, 1997; Narayan, 2005; Tsey & Every, 2000a; Wallerstein, 1992; Whiteside, 2002). As people gained personal strength they took on new roles and responsibilities and came together in their communities to organise for change, for example in relation to housing. This collective experience was indicative of organisational empowerment involving stronger social networks, competence to collaborate and solve problems, perceptions of social support and connection and the ability to reach consensus on goals and strategies to achieve change (Wallerstein, 1992). Further, people's efforts to collectively make system level and public policy changes, in the form of acquiring new resources and services, demonstrated a degree of community empowerment (Wallerstein, 1992). This finding is supported by many writers in the area of empowerment. Social, cultural, economic and political structures and relations, individual attributes and collective assets and capabilities are seen as interrelated and influential in relation to each other (Allen, 2008; Calma, 2007; Feeney, 2008; Ife, 1997; Narayan, 2005; Tsey & Every, 2000a; Wallerstein, 1992; Whiteside, 2002). Feeney (2008) noted that changes in individual behaviour and social norms and systems had intergenerational repercussions.

5.9 Conclusion

Elements and attributes of empowerment identified in the study theory were similar to many of the ideas explored within literature addressing the concept of empowerment. However, the study extended this body of knowledge in several areas, particularly in relation to the attributes of belief in God, values and skill development for living in congruence with one's beliefs. Findings also indicate that current understandings of empowerment, held by many writers in this field, have limitations in the context of

Indigenous Australia and under-accentuate or overlook a number of attributes conducive to change. It was not that these attributes were totally overlooked in the empowerment literature but that they were insufficiently explored. In contrast, literature examining empowerment and related concepts in the context of Indigenous Australia consistently identified and explored these very attributes. Concepts associated with culture, spirituality, values, ethics, social norms and relationships across family, community, land and nature were a vital part of the ongoing quest not only to survive but to flourish. Calls for social justice and enabling social structures intersected with recognition that people have control over their own destiny and personal responsibilities, reflected in a strong desire to help others. People sought combinations of traditional and more contemporary skills to better help both themselves and others.

Attributes associated with spirituality and values are not unknown in Western or European society. Aristotle's *Nicomachean Ethics*, for example, illuminated the personal qualities or virtues that the good or happy person should have; virtues of courage, bravery, temperance, benevolence, friendship, sociability, truthfulness, sincerity about oneself, and justice (Charlesworth, 2007). Interestingly, across society, including in social work and public health, people are advocating re-engagement with these ideas, including the concept of spirituality, in order to address the complex challenges of contemporary society (Fleming & Evans, 2008; Flyvbjerg, 2001; Furman, Benson, Grimwood & Canda, 2004; Gilligan & Furness, 2006; Lynn, 2001; Rice, 2002; WHO, 2004; Zapf, 2005). Indigenous Australians' expressions of empowerment can therefore be valued not only for the directions they provide for those who seek to help them but for society as a whole.

Chapter Six

Conclusion

6.1 Introduction

This study was undertaken in order to develop understanding and empirical evidence in relation to empowerment in the context of Indigenous Australia. Empowerment is well recognised as a vital social determinant of health internationally yet has received inadequate research activity in this environment. This lack of attention has occurred despite the fact that Indigenous Australians continue to suffer marked social and health inequalities manifested in disturbing rates of life expectancy, illness, substance abuse, violence, suicide, child abuse, education level and employment, amongst others. The study aimed to address the evidence gap through building grounded theory based on the experiences of people who had made significant life changes, which impacted on their health and wellbeing, following participation in an Indigenous-developed empowerment education program, FWB. As such, it is one of very few research studies which systematically engages the experiences of Indigenous Australians themselves to build knowledge in this area. This concluding chapter provides a summary of the research methodology and findings and considers the implications for research, policy and practice in the context of Indigenous Australia.

6.2 Thesis overview

I commenced the thesis with an account of my own journey toward this research. Experiences throughout my work in social work, public health and my personal life led me to the conviction that the stories of people who have been able to achieve change in their

lives provide a rich source of knowledge. In the context of Indigenous health and wellbeing, an area notorious both for its pressing need and the degree of difficulty associated with change, people's stories were a commonsense place to start. Such stories existed as a result of FWB program evaluations.

Though I realised the importance of such a study, I was hesitant about my position as a non-Indigenous academic undertaking research in relation to the lives of Indigenous Australians. I was anxious not to repeat mistakes of the past and the approach I took may be helpful for others venturing into cross-cultural research in this context. From the outset, I did not attempt to speak for Indigenous people and I aimed to ensure that their stories were central and treated with respect. I put in place systematic processes to pre-empt any risks, including Indigenous mentorship, regular presentation of emerging findings with Indigenous and non-Indigenous researchers, community members and study participants, and the maintenance of relationships with some of the study participants through providing ongoing participatory action research support to community programs. The support and enthusiasm I received from Indigenous colleagues and research participants was due, to a large part, to the perception that the research was of importance and of mutual benefit (Whiteside et al., 2009). Finally, the research findings were compared and contrasted against Indigenous literatures to establish whether the emergent themes were consistent with this body of knowledge.

I made a strategic decision from the outset of the study to provide the reader with as much information about the methodology including the process of data analysis. Many theses and published papers in this field contain little information about the analytic process and, therefore, provide little direction for other researchers. I aimed to reverse this

trend and, in so doing, help others to avoid some of the pitfalls involved. It was important that the choice of methodology employed reflected the study aim of theory building. The study entailed constructing knowledge and meaning through a process of human interaction between me as a researcher and the study participants, hence, a constructivist epistemology within the interpretive tradition was the best fit (Charmaz, 2006; Crotty, 1998). The theoretical position of critical post structuralism provided an appropriate frame for examining personal stories to gain understanding of a complex social phenomenon (Healy, 2000). In critical post structuralism, the existence and influence of structural injustice, a fact of life for Indigenous Australians, was acknowledged but conceded that this influence was not total. Individuals acting alone and collectively had the potential to exercise agency, having some degree of control over their destiny, even in the face of negative structural forces (Healy, 2000). The study aimed to build theory from a large and rich data set. I sought flexible, yet rigorous, guidelines and found that constructivist grounded theory provided these (Charmaz, 2006). Authentic and credible theory was developed through rigorous and systematic methods, such as line by line coding, constant comparison, categorising codes according to themes and patterns and integrating the codes and categories into an overall theory. Subsequent location of the theory in relation to available literature enabled the most significant aspects of the theory to be highlighted.

The study demonstrated that people have the potential to change and at times flourish, even where social and political changes have not been achieved. The emergent theory delineated central elements which enabled this change. This does not belie the need for structural change. The life environment was often replete with adversities associated with historical, community, organisational and personal difficulties. The difficulties most often mentioned by people in the study included the consequences of historical injustice,

such as child removal policies, massacres and separation from land and culture; the endemic day-to-day stresses of community life including anger, substance abuse, gambling, suicide, discrimination, poor leadership, lack of services and social inequality and problems within the workplace life. However, the life environment also provided opportunities for some people, particularly in the form of social support. Even where many aspects of the social context remained difficult, armed with particular beliefs and attitudes and skills and knowledge, people were able to exercise agency and make significant changes to their lives and the lives of others. These changes were frequently linked to the issues identified as indicators of Indigenous disadvantage. People spoke of healing from past abuse, reducing their alcohol consumption, taking on new challenges in relation to education and employment and establishing more harmonious relationships—including improved parental relationships. They helped others to make similar changes and, on occasions, worked together with a common concern of improving the communities within which they lived.

When this theory was examined in relation to transdisciplinary sources of literature addressing empowerment and related concepts, strong similarities were evident but it was evident that understandings of empowerment, as articulated in international literature on this subject, needed to be extended in the context of Indigenous Australia. Many attributes overlapped but those of the belief in God, values and skills for helping others were apparent in the study theory but, to a much lesser extent, in the international empowerment literature. In contrast, the literature on empowerment and related concepts in the context of Indigenous Australia identified these attributes within broader discussions of spirituality and culture.

6.3 Research Implications

This research has important implications for policy and practice in the context of Indigenous Australia. Empowerment is a concept often used in this context, without clear articulation of what it actually means and involves. Without this understanding it is difficult to effectively operationalise and evaluate empowerment based programs. This study, which seeks to understand what empowerment means for the people at the centre of an activity that aims to empower, represents one of the few attempts to systematically understand the nature of empowerment. It identifies the elements and attributes of empowerment for this group of Indigenous people and, in doing so, provides a framework of empowerment in this context.

We saw in the literature relating to empowerment that there are inherent risks for the worker attempting to work from an empowerment framework. Power differentials and perceptions of expertise can lead to dominating and, effectively, disempowering processes even when the intention is other. There remains a need for caution, clear definitions and reflective processes in which power disparities and other potential tensions can be openly acknowledged, discussed and, where possible, addressed (Mayo et al., 2009; Pease 2002; Payne, 2008; Healy, 2000). Such processes have been critical to the work of the ERP in which the data for this study was collected.

Social and health inequalities are not merely a local or national phenomenon but global. “Socially constructed health inequalities profoundly influence the quality of life of everyone on the planet.” (Bywaters, McLeod & Napier, 2009, p. 3) In the context of Indigenous societies, Indigenous peoples across the world have experienced a similar fate to Indigenous Australians including the invasion of traditionally-held lands and social and

economic marginalisation (Whiteside et al., 2009). The research implications and recommendations for policy makers, practitioners and those whose lives are affected are likely to resonate beyond the context of this research.

There is a need for caution about the extent to which the findings can be generalised. There are limitations to the study. First, the study is based on the experiences of just thirty-three participants of FWB, although the qualitative methodology provided rich data and opportunities for depth of analysis. Second, these participants were not necessarily the most vulnerable people in their communities. Here it should be noted that some of the FWB participants associated with this study trained to be facilitators and took the program to more vulnerable members of their communities through, for example, men's groups, women's groups, local alcohol services and the prison system. In all of these contexts, the emergent findings were remarkably consistent (Gibson, 2004; Tsey et al. 2005). Further, over time and since the data for this study was collected, FWB has been delivered to over one thousand people in different settings across Australia and beyond, including Papua New Guinea, again with consistent emergent findings. This highlights the authenticity of the study findings and their relevance well beyond the study population.

A further limitation of the study lies in the exclusive use of FWB as a lens for examining empowerment. This is only one of a multitude of possible prisms through which this concept could be explored in the context of Indigenous Australia. As defined by Wallerstein (1992), empowerment is a multi-level construct involving personal or psychological, organisational and structural domains. The major focus of this study has been at the personal level with some, though less, organisational and structural outcomes. Organisational empowerment involves stronger social networks and organisational

competence to collaborate and solve problems. Structural empowerment involves actual improvements in environmental or health conditions (Wallerstein, 1992). Initiatives can occur at any level; the critical dimension is that, at whatever level empowerment is occurring, the other levels are taken into account.

The study highlights two important issues in relation to the efforts to address the unacceptable gap in health between Indigenous and non-Indigenous Australians. First, the intrinsic value of each of the study theory elements and their attributes associated with empowerment in promoting health and wellbeing. The value of these elements and attributes for people, regardless of population, resonate with those identified in evidence based preventative health programs. A report, commissioned by the Commonwealth of Australia Office of Aboriginal and Torres Strait Islander Health Services, reviews the evidence base for primary health care strategies to improve Indigenous Australian health. This review presents a range of treatment and other strategies. These strategies include the provision of improved access to both government and community controlled medical services, the management of chronic disease, maternal and child health programs and early childhood prevention programs as part of a 'life course' approach to health (Griew, 2007). The programs identified as 'best buys' within the preventative area include the United States evidence based Nurse Home Visiting program (NHVP) and the USA Head Start program (Griew, 2007). A close look at these programs reveals that they seek to foster very similar elements and attributes to those identified in this thesis, including self-esteem, self-efficacy, a desire for learning, opportunities to develop fully as young people and family relationships (Griew, 2007). Aboriginal Head Start Canada, an adaptation of the US Head Start program to an Indigenous context, also includes components such as culture and language and social support (Griew, 2007).

Beyond the context of Indigenous Australia, an exhaustive systematic review of the evidence base for mental illness and wellbeing promotion, commissioned by the United Kingdom Department of Health, again identifies similar elements and attributes, or protective factors, within interconnected life domains. These protective factors include ensuring a positive start in life; building resilience and a safe, secure base; integrating physical and mental health and wellbeing; developing sustainable, connected communities and promoting meaning and purpose. In this framework, structural determinants such as housing, employment and access to services are integrated with personal skills and capacities (United Kingdom Department of Health, 2009). Clearly, empowerment is inherently valuable as a construct for wellbeing.

Second, the personal and micro level community empowerment described in this study was never intended as a stand-alone approach. It was intended that FWB be embedded in macro policies and programs in order to maximise health gains at population levels (Tsey & Every, 2000a; Tsey et al., 2003; Tsey et al., 2005; Tsey, Whiteside, Daly, Deemal, Gibson, Cadet-James, et al., 2005; Tsey et al., in press). FWB has been used as a strategy to enhance and enable a wide range of programs and interventions. These include child and maternal health, drug and alcohol, sexual health including HIV/AIDS, change management in organisations, workforce development, and pre-employment training for Indigenous job seekers. For example, in 2008 the ERP was invited to deliver FWB as a strategy within the Australian Nurse Family Partnership Program (ANFPP), a 39 million dollar national intensive home visiting program for Indigenous first-time mothers. The ANFPP was based on the United States evidence based Nurse Home Visiting program (NHVP) identified as one of the ‘best buys’ in the Commonwealth of Australia, Office of

Aboriginal and Torres Strait Islander Health Services, primary health care review discussed above (Griew, 2007). One significant difference between the NHVP and the ANFPP lay in the development of an Indigenous Family Partnership worker position (FPW) to work with program nurses, the workforce on which the NHVP is exclusively centred in the United States. FWB was viewed as a tool which would help to contextualise the Australian Nurse Home Visitor Family Partnership Program (ANFPP) into Indigenous Australian settings and build collaborative practice between nurses and FPWs. Personal and community empowerment, as described in this study, is most effective if implemented as part of a multi-level strategy.

As a final reflection, the findings have implications for the design of effective policies and programs to promote Indigenous Australian health and wellbeing at macro through to micro levels. Social policies and strategies that aim to address social and health inequalities in this context need to engage the people whose lives they are aiming to influence and incorporate empowerment tools which build the enabling elements and attributes identified in this study.

6.4 Research dissemination

Since I commenced this study, my research has made a significant contribution, as part of the ERP team, to the Indigenous empowerment related literature including: workforce development and organisational change (Whiteside, Tsey, McCalman, Cadet-James & Wilson, 2006); community development (Campbell et al., 2005); social and emotional wellbeing (Tsey et al., 2007; Tsey et al, in press); spirituality (McEwan et al., 2008); university and community research collaboration and the role of reflective practice (Mayo et al., 2009); and, social determinants of health (Tsey et al., 2003; Whiteside et al.,

2009). The findings of the study have also been influential in the development of a quantitative survey tool to measure empowerment (Haswell-Elkins, Kavanagh, Tsey, Reilly, Cadet-James, Laliberte, et al., submitted). The findings have also been disseminated in a wide range of settings in Australian and internationally in association with Indigenous research partners.

I intend to publish at least two major papers from the thesis in peer reviewed journals. The first will focus on the unique grounded theory derived from the study as a contribution to the evidence base for empowerment. The second paper will demonstrate a research methodology appropriate for empowerment research.

I have been invited to contribute a chapter, based on the thesis findings, to a monograph commissioned by the Cooperative Research Centre for Aboriginal Health to capture the work of the ERP.

In an attempt to ensure that the findings are accessible to Indigenous Australians and practitioners and policy makers in the Indigenous Australian context, I plan to submit a paper outlining the findings to the Aboriginal and Islander Health Worker Journal.

6.5 Scope for further research

This study contributes to the evidence base for empowerment in the context of Indigenous Australia, an area in which there has been a lack of systematic research. It also demonstrates a methodology for research in this context. This is just a beginning and there remains a need for ongoing research and deepened understanding in this area. We have seen the potential outcome of transformative changes for people participating in well designed empowerment programs. There is a great deal of anecdotal evidence about the

sustainability of empowerment at the personal level, and the transferability of the elements of empowerment to other settings, but more empirical evidence is required in this area.

FWB is only one lens through which empowerment can be studied. Empowerment is a multi-level construct. Initiatives can start from personal, organisational or structural levels.

It would be useful to identify structural empowerment initiatives in the Indigenous

Australian context, for example, the land rights movement or the impressive achievements

in relation to Indigenous control of health, welfare and other service provision, for

systematic research.

References

- Aboriginal Education Development Branch. (2002). Family wellbeing curriculum document, stages 1-5: Aboriginal Education Development Branch, Adelaide, South Australia: Department of Education, Training and Development.
- Alinsky, S. (1969). *Reveille for radicals*. New York: Vintage Books.
- Allen, A. (2008). Power and the politics of difference: oppression, empowerment and transnational justice. *Hypatia*, 23(3).
- Altman, J., & Johns, M. (2008). *Indigenous welfare reforms in the Northern Territory and Cape York: a comparative analysis, working paper no. 44*. Canberra: Centre for Economic Policy Research, the Australian National University.
- Altman, J., Biddle, N., & Hunter, B. (2004). *Indigenous socioeconomic change 1971-2001: a historical perspective*. Canberra: ANU Centre for Aboriginal Economic Policy Research.
- Anderson, I. (2007). Policy processes. In B. Carson, T. Dunbar, R. D. Chenhall & R. Bailie (Eds.), *Social determinants of indigenous health*. Crows Nest, NSW: Allen & Unwin.
- Anderson, I., Baum, F., & Bentley, M. (2007). Conclusion. In I. Anderson, F. Baum & M. Bentley (Eds.), *Beyond band-aids: exploring the underlying social determinants of aboriginal health*. Casuarina, NT: Cooperative Research Centre for Aboriginal Health.
- Australian Association of Social Workers. (AASW). (2002). *AASW code of ethics* (2nd ed.). Retrieved 10th August, 2008, from <http://www.aasw.asn.au>.

- Australian Bureau of Statistics (ABS). (2009). *Experimental Estimates of Aboriginal and Torres Strait Islander Australians, Jun 2006*. Retrieved 14th October, 2009, from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3238.0.55.001Main%20Features1Jun%202006?opendocument&tabname=Summary&prodno=3238.0.55.001&issue=Jun%202006&num=&view=>
- Australian Government Department of Health and Ageing (2009). The rural, remote and metropolitan areas (RRMA) classification. Retrieved 27th April, 2009, from <http://www.health.gov/internet/main/publishing.nsf/Content/work-st-bmp-info-toc~st-bmp-info-rrma>.
- Australian Indigenous Doctor's Association. (2008). *Indigenous doctors*. Retrieved 16th September, 2008, from www.aida.org.au.
- Australian Institute of Health and Welfare. (2009). *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples*. Retrieved 15th May, 2009, from <http://www.aihw.gov.au/publications/index.cfm/title/10685>.
- Barber, J. G. (1994). *Social work with addictions*. New York: New York University.
- Barron-McKeagney, T., Woody, J., & D'Souza, H. (2000). Mentoring at-risk Chicano children and their parents: the role of community: theory and practice. *Journal of Community Practice*, 8(3), 37-56.
- Baum, F. (2002). *The new public health* (2nd ed.). South Melbourne, Victoria: Oxford University Press.
- Behrendt, L. (2008). Rethinking indigenous policy. *The Age Newspaper*, August 25, 2008.
- Bond, L. A., Belenky, M. F., & Weinstock, J. S. (2000). The listening partners program: an initiative toward feminist community psychology in action. *American Journal of Community Psychology*, 28(5), 697-731.

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Briskman, L. (2003). Indigenous Australians: towards post colonial social work. In J. Allan, B. Pease & L. Briskman (Eds.), *Critical social work: an introduction to theories and practices*. Crows Nest, NSW: Allen & Unwin.
- Briskman, L. (2007). *Social work with indigenous communities*. Leichhardt, NSW: The Federation Press.
- Bywaters, P., McLeod, E. & Napier, L. (2009). Introduction. In P. Bywaters, E. McLeod & L. Napier (Eds). *Social work and global health inequalities: practice and policy developments*. Bristol UK: Policy Press.
- Calma, T. (2007). *Social and emotional health and wellbeing*. Paper presented at the 9th Annual Garma Festival of Traditional Culture, Gulkula, North East Arnhem Land, NT.
- Campbell, M., Fitzpatrick, R., Haines, A., Kinmonth, A., Sandercock, P., Spiegelhalter, D., Tyrer, P. (2000). Framework for design and evaluation of complex interventions to improve health. *British Medical Journal*, 321, 694-696.
- Campbell, D., Pyett, P., McCarthy, L., Whiteside, M., & Tsey, K. (2005). Community development and empowerment: a review of interventions to improve Aboriginal health. In I. Anderson, F. Baum & M. Bentley (Eds.), *Beyond band-aids: exploring the underlying social determinants of aboriginal health* Darwin: Cooperative Research Centre for Aboriginal Health.
- Campfens, H. (1997). *Community development around the world: practice, theory, research, training*. Toronto: University of Toronto Press.
- Cape York Institute for Policy and Leadership. (2007). *Welfare reform*. Retrieved 15th January, 2008, from www.cyi.org.au.

- Carson, B., Dunbar, T., Chenhall, R., & Bailie, R. (Eds.). (2007). *Social determinants of indigenous health*. Crows Nest, NSW: Allen and Unwin.
- Charlesworth, M. (2007). *Philosophy for beginners*. St. Lucia: University of Queensland Press.
- Charmaz, K. (2000). Grounded theory: objectivist and constructivist methods. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks, California: Sage Publications.
- Charmaz, K. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. London: Sage Publications.
- Chryssides, H. (1993). *Local heroes*. North Blackburn, Victoria: Collins Dove.
- Christie, M. (2006). Transdisciplinary research and Aboriginal knowledge. *The Australian Journal of Indigenous Education*, 35, 78-89.
- Clinebell, H. J. (1981). *Growth resources in psychosynthesis*. Retrieved 14th August, 2006, from <http://two.not2.org/psychosynthesis/articles/clinebell.htm>.
- Coburn, D. (2003). Beyond the income inequality hypothesis: class, neo-liberalism, and health inequalities. *Social Science and Medicine*, 58(1), 41-56.
- Cohen, D., & Crabtree, B. (2008). Evaluative criteria for qualitative research in health care: controversies and recommendations. *Annals of Family Medicine*, 6(4), 331-339.
- Collins New Pocket Dictionary (1992), UK: Collins Publishers.
- Cooperative Research Centre for Aboriginal Health. (2006). *Who we are*. Retrieved 20th January, 2009, from <http://www.crcah.org.au/aboutus/whoweare.html>.
- Costello, S. (2003). Families: reconstructing social work practices. In J. Allan, B. Pease & L. Briskman (Eds.), *Critical social work* (pp. 139-154). Crows Nest: Allen & Unwin.

- Cox, C. (2002). Empowering African American custodial grandparents. *Social Work*, 47(1), 45-54.
- Crotty, M. (1998). *The foundations of social research: meaning and perspective in the research process*. St Leonards, NSW: Allen & Unwin.
- Curthoys, A. (2002). *Freedom ride: a freedom rider remembers*. Sydney: Allen & Unwin.
- Daly, B., Tsey, K., Whiteside, M., Baird, L., Kingsburra, S., Jackson, K., et al. (2004). *We're the talk of the town: facilitating mastery and control in Indigenous communities. An evaluation of a family wellbeing personal and community development project in Yarrabah*: University of Queensland School of Population Health, Cairns & Gurriny Yealamucka Health Service Aboriginal Corporation, Yarrabah, Queensland.
- Davis, L. (1990). *The courage to heal workbook: for women and men survivors of child sexual abuse*. New York: Perennial Library.
- Denzin, N., & Lincoln, Y. (2000). Introduction: the discipline and practice of qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 1-36). Thousand Oaks, California: Sage Publications.
- Department of Employment and Workplace Relations (DEWR). (2005). *Building on success, CDEP discussion paper*. Canberra: Author.
- Department of Families, Housing, Community Services and Indigenous Affairs. (2009). *Indigenous*. Retrieved 12th February, 2009, from <http://www.facs.gov.au/internet/facsinternet.nsf/indigenous/nav.htm>.
- Department of the Prime Minister and Cabinet (Australian Government). (2002). *The safe living in aboriginal communities project, Whyalla*. Canberra, ACT: Office of the Status of Women.
- De Shazer, S. (1985). *Key solutions in brief therapy*. New York: Norton.

- De Vito Dabbs, A., Hoffmana, L., Swigarta, V., Happa, M., Dauberb, J., McCurry, K., et al. (2004). Striving for normalcy: symptoms and the threat of rejection after lung transplantation. *Social Science & Medicine* 59(7), 1473-1484.
- Dodson, P. (2008). Reconciliation. In R. Mann (Ed.), *Dear Mr. Rudd*. Melbourne: Black Inc. Agenda.
- Dodson, P., Elston, J., & McCoy, B. (2006). Leaving culture at the door: Aboriginal perspectives on Christian belief and practice. *Pacifica*, 19, 249-262.
- Dudgeon, P. (2008). Empowering research with Indigenous communities. *Ngoonjook: A Journal of Australian Indigenous Issues*, 32, 8-26.
- Eckermann, A., Dowd, T., Chong, E., Nixon, L., Gray, R., & Johnson, S. (2006). *Binan Goonj: bridging cultures in aboriginal health*. Marrickville, NSW: Elsevier Australia.
- Edmondson, W. (2006). *SEWB scoping paper overview*. Paper presented at the Social and Emotional Wellbeing Aboriginal Health Industry Roundtable, Cooperative Research Centre for Aboriginal Health, Cairns, Queensland.
- Edwards, B. (1994). Living the dreaming. In C. Bourke, E. Bourke & B. Edwards (Eds.), *Aboriginal Australia* (pp. 65-84). St. Lucia: University of Queensland Press.
- Elston, J., & Smith, J. D. (2007). Indigenous Australia. In J. D. Smith (Ed.), *Australia's rural and remote health*. Croydon, Victoria: Tertiary Press.
- Ezzy, D. (2002). *Qualitative analysis: practice and innovation*. Crows Nest, NSW: Allen & Unwin.
- Feeney, M. (2008). *Reclaiming the spirit of wellbeing: promising healing practices for Aboriginal and Torres Strait Islander people*. Australia: The Stolen Generation Alliance.

- Feldman, M., Sköldberg, K., Brown, R.N., & Horner, D. (2004). Making sense of stories: a rhetorical approach to narrative analysis. *Journal of Public Administration, Research and Theory, 14*, 147 - 170.
- Fitzgerald, T. (2001). *Cape York justice study*. Brisbane: Department of the Premier and Cabinet.
- Fleming, S., & Evans, D. (2008). The concept of spirituality: its role within health promotion practice in the Republic of Ireland. *Spirituality and Health International, 9*, 79-89.
- Flyvbjerg, B. (2001). *Making social science matter: why social inquiry fails and how it can succeed again*. Cambridge: Cambridge University Press.
- Foucault, M. (1980). *The will to truth*. New York: Tavistock Publications.
- Freire, P. (1972). *Pedagogy of the oppressed*. England: Penguin Books.
- Furman, L., Benson, P., Grimwood, C., & Canda, E. (2004). Religion and spirituality in social work education and direct practice at the millennium: a survey of UK social workers. *British Journal of Social Work 34*, 767-792.
- Gaddis, S. (2004). Repositioning traditional research: centering client's accounts in the construction of professional knowledges. *The International Journal of Narrative Therapy and Community Work, 2*, 37-48.
- Gair, S., Miles, D., & Thomson, J. (2005). Reconciling indigenous and non-indigenous knowledges in social work education: action and legitimacy. *Journal of Social Work Education, 41*(2), 179-190.
- Garvey, D. (2008). *A review of the social and emotional wellbeing of Indigenous Australian peoples – considerations, challenges and opportunities*. Retrieved 13th October, 2008, from http://www.healthinonet.ecu.edu.au/sewb_review.

- Gibson, T. (2004). Family Wellbeing – My Story. *Aboriginal and Islander Health Worker Journal*, 28(6), 3-5.
- Gilligan, P., & Furness, S. (2006). The role of religion and spirituality in social work practice: views and experiences of social workers and students. *British Journal of Social Work* (36), 617-637.
- Glaser, B. G. (1978). *Theoretical sensitivity*. Millbank, California: The Sociology Press.
- Glaser, B. G. (1992). *Emergence vs. forcing: basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.
- Glaser, B.G. (2002). Constructivist grounded theory? *Forum: Qualitative Social Research*, 3(3), Article 12.
- Glaser, B., G. & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Graycar, A. (1990). Practice under pressure in the changing welfare state. *Australian Social Work*, 43(4), 23-28.
- Griew, R. (2007). *Family Centred Primary Health Care: review of evidence and models*. Canberra: Office of Aboriginal and Torres Strait Islander Health Department of Health and Ageing.
- Guba, E. (1990). *The paradigm dialogue*. London: Sage Publications.
- Hardy, F. (1976). *The unlucky Australians*. Sydney: Rigby Ltd.
- Harvey, D., Tsey, K., Hunter, E., Cadet-James, Y., Brown, J., Whiteside, M. & Minniecon, D. (2001). *Think global - act local: defining roles to address health inequalities*. Cairns: University of Queensland.
- Healy, K. (2000). *Social work practices: contemporary perspectives on change*. London: Sage Publications.

- Henderson, G., Robson, C., Cox, L., Dukes, C., Tsey, K., & Haswell, M. (2007). Social and emotional wellbeing of Aboriginal and Torres Strait Islander people within the broader context of the social determinants of health. In I. Anderson, F. Baum & M. Bentley (Eds.), *Beyond band-aids: exploring the underlying social determinants of Aboriginal health*. Casuarina, NT: Cooperative Research Centre for Aboriginal Health.
- Hetzel, B. S. (2000). Historical perspectives on indigenous health in Australia. *Asia Pacific Journal of Clinical Nutrition*, 9(3), 157-163.
- Hodkinson, P. (2005). 'Insider research' in the study of youth cultures. *Journal of Youth Studies*, 8(2), 131-149.
- Howie-Willis, I. (1994). Referendum 1967. In D. Horton (Ed.), *The encyclopaedia of Aboriginal Australia* (Vol. 2, pp. 933-934). Canberra: Aboriginal Studies Press.
- Howson, P. (2008). The 2004 election and Aboriginal policy. *Quadrant*, 48(11), 19-25.
- Huggins, R., & Huggins, J. (1994). *Auntie Rita*. Canberra: Aboriginal Studies Press.
- Hugman, R. (2005). Looking back: the view from here. *British Journal of Social Work*, 35, 609-620.
- Human Rights and Equal Opportunity Commission. (HREOC). (1997). *Bringing them home: a guide to the findings and recommendations of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Sydney, NSW: Author.
- Human Rights and Equal Opportunity Commission. (HREOC). (2005). *Aboriginal and Torres Strait Islander social justice commissioner: social justice report 2005*. Sydney: Author.
- Hunter, E. (1993). *Aboriginal health and history: power and prejudice in remote Australia*. Melbourne: Cambridge University Press.

- Hunter, E. (2002). 'Best intentions' lives on: untoward health outcomes of some contemporary initiatives in indigenous affairs. *Australian and New Zealand Journal of Psychiatry*, 36(5), 575-584.
- Hunter, E. (2006). *Back to Redfern: autonomy and the 'middle E' in relation to Aboriginal health*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Affairs.
- Hunter, E., Reser, J., Baird, M., & Reser, P. (1999). *An analysis of suicide in indigenous communities of North Queensland: the historical, cultural and symbolic landscape*. Cairns: University of Queensland.
- Hyung Hur, M. (2006). Empowerment in terms of theoretical perspectives: exploring a typology of the process and components across disciplines. *Journal of Community Psychology*, 34(5), 523-540.
- Ife, J. (1997). *Rethinking social work: towards critical practice*. South Melbourne: Longman.
- Ife, J. (1999). *Community development*. Australia: Longman.
- Ife, J. (2002). *Community development: community based alternatives in an age of globalization*. Frenchs Forest, NSW: Pearson Education.
- Invalid and Old Age Persons Act 1908* (Commonwealth of Australia).
- Janesick, V. (2000). The choreography of qualitative research design: minuets, improvisations and crystallization. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.). California: Sage Publications.
- Kabeer, N. (1999). Resources, agency, achievements: reflections on the measurement of women's empowerment. *Development and Change*, 30, 435-464.
- Kelly, K., & Lenthall, S. (1997). *An introduction of recent Aboriginal and Torres Strait Islander history in Queensland*. Cairns: Rural Health Training Unit.

- Kemmis, S., & McTaggart, R. (2000). Participatory action research. In N. Denzin & Y. Lincoln (Eds.), *The handbook of qualitative research* (2nd ed., pp. 567-606). Beverly Hills, CA: Sage.
- Kesby, M. (2005). Rethorizing empowerment- through-participation as a performance in space: beyond tyranny to transformation. *Signs: Journal of Women in Culture and Society*, 30(4), 2037-2065.
- Kidd, R. (1997). *The way we civilise: Aboriginal affairs - the untold story*. St. Lucia, Queensland: The University of Queensland Press.
- Kildae, T., & Yow Yeh, L. (2000). Empowering the people: when education is more than just words. *Fine Print*, 6-10.
- King, C. (2003). *Indigenous issues and social justice from an indigenous social work framework*. Retrieved 3rd July, 2007, from www.aasw.asn.au/adobe/papers/paper_christine_king.pdf.
- Kunitz, S. (2000). Globalization. States and the health of indigenous peoples. *American Journal of Public Health*, 90(10), 1531-1539.
- Langton, M. (2008). They made a solitude and called it peace. In R. Perkins & M. Langton (Eds.), *First Australians: an illustrated history*. Carlton, Victoria: Miegunyah Press, Melbourne University Publishing Limited.
- Langton, M., & Loos, N. (2008). The dawn is at hand. In R. Perkins & M. Langton (Eds.), *First Australians: an illustrated history*. Carlton, Victoria: Miegunyah Press, Melbourne University Publishing Limited.
- Layder, D. (1994). *Understanding social theory*. London: Sage Publications.
- Legge, D. (1999). The evaluation of health development: the next methodological frontier? *Australian and New Zealand Journal of Public Health*, 23, 117-118.

- Liddell, C. (2004). *Social justice almanac*. Retrieved 11th September, 2007, from <http://www.cbonline.org.au>.
- Lincoln, Y., & Guba, E. (2000). Paradigmatic controversies, contradictions and emerging confluences. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research*. California: Sage Publications.
- Loos, N. (2007). *White Christ black cross: the emergence of a black church*. Canberra: Aboriginal Studies Press.
- Lynn, R. (2001). Learning from a 'Murri way'. *British Journal of Social Work*, 31, 903-916.
- Lynn, R., Thorpe, R., Miles, D., Cutts, C., Butcher, A., & Ford, L. (1998). 'Murri Way!' - *Aborigines and Torres Strait Islanders reconstruct social welfare practice*. Townsville, Qld: Centre for Social Research James Cook University.
- Mackereth, C., & Appleton, J. (2008). Social networks and health inequalities: evidence for working with disadvantaged groups. *Community Practitioner*, 81(8), 23-26.
- Macquarie Concise Dictionary. (1996). NSW: The Macquarie Library Pty Ltd.
- Mann, R. (2007). Pearson's gamble, Stanner's dream. *The Monthly*, August (26).
- Marmot, M. (1999). The solid facts: the social determinants of health. *Health Promotion Journal of Australia*, 9(2), 133-139.
- Marmot, M. (2000). Social determinants of health: from observation to policy. *Medical Journal of Australia*, 172, 379-382.
- Martin, J. (2003). Historical development of critical social work practice. In J. Allan, B. Pease & L. Briskman (Eds.), *Critical social work: an introduction to theories and practices*. Crows Nest, NSW: Allen & Unwin.
- Marx, K. (1954). *Capital*. Moscow: Foreign Languages Publishing.

- Maynard, J. (1997). *Fred Maynard and the Australian Aboriginal Progressive Association (AAPA): one god, one aim, one destiny*. Retrieved 22nd August, 2008, from asset0.aiatsis.gov.au:1801/webclient/DeliveryManager?&pid=18787.
- Mayo, K., & Tsey, K. & the Empowerment Research Team. (2009). The research dance: university and community research collaborations at Yarrabah, North Queensland. *Health and Social Care in the Community*, 17(2), 133-140.
- McCashen, W. (2005). *The strengths approach: a strengths based resource for sharing power and creating change*. Bendigo, Victoria: St. Luke's Innovative Resources.
- McDowell, L., & Sharp, J. P. (1999). *A feminist glossary of human geography*. New York: Arnold.
- McEwan, B. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338, 171-179.
- McEwan, A., Tsey, K., & the Empowerment Research Team. (2008). *The role of spirituality in social and emotional wellbeing interventions: the family well-being program at Yarrabah*. Cairns: Cooperative Research Centre for Aboriginal Health.
- McMahon, A. (2002). Writing diversity: ethnicity and race in Australian social work, 1947-1997. *Australian Social Work*, 55(3), 172-181.
- Mendes, P. (2005). The history of social work in Australia: a critical literature review. *Australian Social Work*, 58(2), 121-131.
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5(1), Article 3.
- Mitchell, J. (2007). History. In B. Carson, T. Dunbar, R. Chenhall & R. Bailie (Eds.), *Social determinants of indigenous health*. Crows Nest, NSW: Allen & Unwin.
- Morgan, A. (2000). *What is narrative therapy?: an easy to read instruction*. Adelaide: Dulwich Centre Publications.

- Morrisey, M. J. (2003). The social determinants of Indigenous health: a research agenda. *Health Sociology Review*, 12(1), 31-44.
- Morton, J. (2005). Aboriginal religion today. In M. Charlesworth, F. Dussart & H. Morphy (Eds.), *Aboriginal religions in Australia: an anthology of recent writings*. Aldershot: Ashgate Publishing Limited.
- Mullaly, B. (2002). *Challenging oppression: a critical social work approach*. Canada: Oxford University Press.
- Narayan, D. E. (2005). *Measuring empowerment: cross disciplinary perspectives*. Retrieved 6th October, 2008, from http://publications.worldbank.org/e-commerce/catalog/product?item_id=38392.
- National Aboriginal Health Strategy (NAHS) Working Party. (1989). *A National Aboriginal Health Strategy*. Canberra, ACT: Australian Government Printing Service.
- National Coalition of Aboriginal and Torres Strait Islander Social Workers Association (NCATSISWA). (2007). *Welcome to the NCATSISWA web site* Retrieved 1st January, 2009, from <http://www.atsisw.org/vision.htm>.
- National Health & Medical Research Council (NHMRC). (2003). *Values and ethics: guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*. Canberra, ACT: Author.
- National Health & Medical Research Council (NHMRC). (2005). NHMRC additional levels of evidence and grades for recommendations for developers of guidelines. Retrieved 7th January, 2009, from http://www.nhmrc.gov.au/guidelines/_files/levels_grades05.pdf.
- Native Title Amendment Act 1998*. (Commonwealth of Australia).

- Nochi, M. (1998). People with traumatic brain injuries used various strategies to deal with labels applied by society. *Qualitative Health Research*, 8, 665-681.
- Okely, J. (1992). Anthropology and autobiography: participatory experience and embodied knowledge. In J. Okely & H. Gallaway (Eds.), *Anthropology and autobiography*. London: Routledge.
- Oldenburg, B., McGuffog, I. & Turrell, G. (2000). Socioeconomic determinants of health in Australia: Policy responses and intervention options. *Medical Journal of Australia*, 172, 489-492.
- Older Women's Network NSW (2003). *Steppin' out and speakin' up*. Miller Point NSW: Older Women's Network.
- O'Lincoln, T. (1993). *Years of rage: social conflicts in the Fraser era*. Melbourne: Bookmarks.
- Paradies, Y. (2007). Racism. In B. Carson, T. Dunbar, R. Chenhall & R. Bailie (Eds.), *Social determinants of Indigenous health*. Crows Nest, NSW: Allen & Unwin.
- Payne, M. (2008). *What is professional social work?* Bristol, UK: The Policy Press.
- Pearson, N. (1999). Positive and negative welfare and Australia's indigenous communities. *Family Matters*, 54.
- Pearson, N. (2000). *Our right to take responsibility*. Cairns, Qld: Noel Pearson and Associates Pty Ltd.
- Pearson, N. (2007). *Why are we talking about social norms? an introduction to the Cape York agenda*. Paper presented at the Cape York Institute Public Conference, Strong Foundations, Rebuilding Social Norms in Indigenous Communities. Cairns: Queensland.
- Pearson, N. (2008). No progress without wide support. *The Weekend Australian Inquirer* April 26-7, p. 24.

- Pease, B. (2002). Rethinking empowerment: a postmodern appraisal for emancipatory practice. *British Journal of Social Work*, 32(2), 135-147.
- Perkins, C. (1975). *A bastard like me*. Sydney: Ure Smith.
- Perkins, D. (1995). Speaking truth to power: empowerment ideology as social intervention and policy. *American Journal of Community Psychology*, 23(5), 765-795.
- Phillips, G. (2003). *Addictions and healing in Aboriginal country*. Canberra: Aboriginal Studies Press.
- Raphael, B. (2000). *Promoting the mental health and wellbeing of children and young people, discussion paper: key principles and directions*. Canberra: National Mental Health Working Group, Department of Health and Aged Care.
- Read, P. (1998). *The stolen generations*. Sydney: NSW Department of Aboriginal Affairs.
- Reilly, R., Doyle, J., Bretherton, D., & Rowley, K. (2008). Identifying psychosocial mediators of health amongst Indigenous Australians for the health heart project. *Ethnicity and Health*, 13(4), 351-373.
- Reissner, S. (2005). Learning and innovation: a narrative analysis. *Journal of Organizational Change Management*, 18(5), 482-492.
- Reynolds, H. (1996). Segregation, assimilation, self-determination. In J. Wilson, J. Thomson & A. McMahon (Eds.), *The Australian welfare state*. South Melbourne, Victoria: MacMillan Education Australia.
- Reynolds, H. (2001). *An indelible stain? The question of genocide in Australia's history*. Ringwood, Victoria: Viking, Penguin Books.
- Rice, S. (2002). Magic happens: revisiting the spirituality and social work debate. *Australian Social Work*, 55(4), 303-312.

- Richardson, L. (2000). Writing: a method of inquiry. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 923-943). Thousand Oaks, California: Sage Publications.
- Riessman, C. (1993). *Narrative analysis*. Newbury Park, California: Sage Publications.
- Riessman, C. (2002). Narrative analysis. In A. Huberman & M. Miles (Eds.), *The qualitative researcher's companion*. Thousand Oaks, California: Sage Publications.
- Roberts, D. (1994). Self-determination and the struggle for Aboriginal equality. In C. Bourke, E. Bourke & B. Edwards (Eds.), *Aboriginal Australia* (pp. 212-234). Brisbane: University of Queensland Press.
- Robinson, N. (2008). A country for us all. *The Weekend Australian Inquirer*, April 26-7, p. 24.
- Rogan, A., & de Koch, D. (2005). Making sense of the methodology and methods of narrative analysis. *Qualitative Inquiry*, 11(4), 628-649.
- Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598-611
- Saggers, S., & Gray, D. (1991). *Aboriginal health and society: The traditional and contemporary Aboriginal struggle for better health*. Sydney, NSW: Allen & Unwin.
- Sanson-Fisher, R., Campbell, E., Perkins, J., Blunden, S., & Davis, B. (2006). Indigenous health research: a critical review of outputs over time. *Medical Journal of Australia*, 184(10), 502-506.
- Santhanam, R. (2007). Ethical practice: power of therapy and power in therapy. In D. Garvey (Ed.), *Indigenous identity in contemporary psychology* (pp. 76-80). South Melbourne: Thomson.
- Saunders, B. (2003). The 'other family'. In *Steppin' out and speakin' up*. NSW: Older Women's Network.

- Schaurhofer, & Peschl, M. (2005). Autonomy: starting point and goal of personal and social change. *Kybernetes*, 34(1/2), 261-277.
- Schwandt, T. (1997). *Qualitative inquiry: a dictionary of terms*. Thousand Oaks, California: Sage Publications.
- Singh, G. (2005). *Anti-racist social work, context and development: refracted through the experiences of black practice teachers*. Unpublished PhD: University of Warwick, UK.
- Smith, M. (1998). Empowerment evaluation: theoretical and methodological considerations. *Evaluation and Program Planning*, 21, 255-261.
- Speer, P., & Hughey, J. (1995). Community organising: an organic route to empowerment and power. *American Journal of Community Psychology*, 23(5), 729-748.
- Steering Committee for the Review of Government Service Provision (2009). *Overcoming Indigenous disadvantage: key indicators, 2009*. Canberra: Productivity Commission.
- Stein, L. (1997). *Empowerment and Women's Health: theory, methods and practice*. London: Zed Books.
- Stilwell, F. (1996). Fraught with contradictions: work, wages, welfare. In J. Wilson, J. Thomson & A. McMahon (Eds.), *The Australian welfare state*. South Melbourne: MacMillan Education Australia.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: grounded theory procedures and techniques*. California: Sage Publications.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: grounded theory procedures and techniques* (2nd ed.). Thousand Oaks, CA: Sage.
- Sutton, P. (2008). After consensus. *Griffith Review*, Spring, 199-216.

Swan, P., & Raphael, B. (1995). *Ways forward: national consultancy report on Aboriginal and Torres Strait Islander mental health part 1*: Department of Health and Ageing.

Retrieved 2nd February, 2009, from

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-w-wayforw-toc>

Syme, S. L. (1998). Social and economic disparities in health: thoughts about intervention.

The Milbank Quarterly, 76(3), 493 -503.

Syme, S. L. (2003). *Social determinants of health the community as an empowered*

partner. Paper presented at the Communities in Control Conference, Moonee

Valley Racing Club Melbourne.

Tatelbaum, J. (1980). *The courage to grieve*. New York: Harper & Row.

Thomas, D. (2001). *The beginnings of Aboriginal health research in Australia*. Melbourne:

VicHealth Koori Health Research & Community Development Unit.

Thomas, D. P. (2004). *Reading doctor's writing: race, politics and power in indigenous*

health research 1870-1969. Canberra, ACT: Aboriginal Studies Press.

Thompson, N. (2005). *Understanding social work: preparing for practice*. Houndmills:

Palgrave MacMillan.

Tsey, K. (1996). Aboriginal health workers: agents of change? *Australian and New*

Zealand Journal of Public Health, 20(3), 227-229.

Tsey, K., & Every, A. (2000a). Evaluating aboriginal empowerment programs: the case of

family well being. *Australian and New Zealand Journal of Public Health*, 24(5), 509

- 514.

- Tsey K. & Every, A. (2000b). *Evaluation of an Aboriginal empowerment program, Cooperative Research Centre for Aboriginal and Tropical Health Occasional Papers Series, (1)*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health.
- Tsey, K., Deemal, A., Whiteside, M., & Gibson, T. (2003). Social determinants of health, the 'control factor', and the family wellbeing empowerment program. *Australasian Journal of Psychiatry, 11 Supplement*, S34-39.
- Tsey, K., Patterson, D., Whiteside, M., Baird, L., & Baird, B. (2002). Indigenous men taking their rightful place in society? A participatory action research process with Yarrabah Men's Health Group. *Australian Journal of Rural Health, 10*, 278-284.
- Tsey, K., Travers, H., Gibson, T., Whiteside, M., Cadet-James, Y., Haswell-Elkins, M., McCalman, J. & Wilson, A. (2005). The role of empowerment through life skills development in building comprehensive primary health care systems in Indigenous Australia. *Australian Journal of Primary Health, 11(2)*: 16-25.
- Tsey, K., Whiteside, M., Daly, B., Deemal, A., Gibson, T., Cadet-James, Y., Wilson, A., Santhanam, R., & Haswell, M. (2005). Adapting the 'family wellbeing' empowerment program to the needs of remote Indigenous school children. *Australian and New Zealand Journal of Public Health, 29(2)*, 112-116.
- Tsey, K., Wilson, A., Haswell-Elkins, M., Whiteside, M., McCalman, J., Cadet-James, Y., et al. (2007). Empowerment-based research methods: a 10 year approach to enhancing indigenous social and emotional wellbeing. *Australasian Psychiatry, 15(Supplement)*, S34-S38.
- Tsey, K., Whiteside, M., Haswell-Elkins, M., Bainbridge, R., Cadet-James, Y. & Wilson, A. Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research. *Health & Social Care in the Community* (in press).

- Ungenmerr- Baumann, M.-R. (2002). *Dadirri: inner deep listening and quiet still awareness*. Retrieved 12th December, 2008, from <http://www.liturgyplanning.com.au>.
- United Kingdom Department of Health. (2009). *Executive summary, new horizons: towards a shared vision for mental health*. Retrieved 10 October, 2009, from http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103333.pdf
- Urbis Keys Young (2001), *Evaluation of the emotional and social wellbeing (mental health) action plan*. Canberra: Commonwealth Department of Health and Aged Care.
- Vos, T., Barker, B., Stanley, L., & Lopez, A.D. (2007). *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*. Brisbane: School of Population Health, The University of Queensland.
- Walker, R., & Shepherd, C. (2008). *Strengthening Aboriginal family functioning: what works and why?* Perth: Australian Family Relationships Clearing House.
- Wallerstein, N. (1992). Powerlessness, empowerment, and health: implications for health promotion programs. *American Journal of Health Promotion*, 6(3), 197-204.
- Wallerstein, N. (2002). Empowerment to reduce health disparities. *Scandinavian Journal of Public Health*, 30(suppl 59), 72-77.
- Wallerstein, N. (Ed.). (2006). *What is the evidence on effectiveness of empowerment to improve health?* Europe: World Health Organization.
- Walter, M., & Mooney, G. (2007). Employment and welfare. In B. Carson, T. Dunbar, R. Chenhall & R. Bailie (Eds.), *Social determinants of indigenous health*. Crows Nest, NSW: Allen & Unwin.
- Walton, R. (2005). Social work as a social institution. *British Social Work*, 35, 587-607.

- White, M., & Epston, D. (1989). *Literate means to therapeutic ends*. Adelaide: Dulwich Centre Publications.
- Whiteside, M. (2002). *Understanding that 'mystery factor': a review of literature addressing 'control' and empowerment*. Unpublished report. Cairns: University of Queensland.
- Whiteside, M. (2004). The challenge of interdisciplinary collaboration in addressing the social determinants. *Australian Social Work*, 57(4), 381-393.
- Whiteside, M., Tsey, K., McCalman, J., Cadet_James, Y. & Wilson, A. (2006). Empowerment as a framework for Indigenous workforce development and organisational change. *Australian Social Work*, 59(4), 422-434.
- Whiteside, M., Tsey, K., Cadet-James, Y. (2009). Empowerment as a social determinant of Indigenous Australian health: the case of the Family Wellbeing Program. In P.Bywaters, E. Mcleod & L. Napier (Eds)., *Social work and global health inequalities: practice and policy developments* Bristol UK: Policy Press.
- Wild, R., & Anderson, P. (2007). *Ampe Akelyernemane Meke Mekale "little children are sacred", summary report of the Northern Territory board of inquiry into the protection of Aboriginal children from sexual abuse*. Darwin: NT Office of Indigenous Policy.
- Wilkinson, R. (2000). *Mind the gap: hierarchies, health and human evolution*. London: Weidenfield and Nicolson.
- Wilkinson, R., & Marmot , M. (1999). *The solid facts: social determinants of health*. World Health Organization Regional Office for Europe, Centre for Urban Health, WHO, Copenhagen.

- World Health Organization. (1988). The declaration of Alma-Ata. In E. Tarimo & E. Webster (Eds.), *Primary health care concepts and challenges in a changing world: Alma-Ata revisited* (pp. 107-110). Geneva: Division of Strengthening of Health Services.
- World Health Organization. (2004). *Quality of life (WHOQOL) - BREF*. Retrieved 2nd March, 2009, from http://www.who.int/substance_abuse/research_tools/whoqolbref/en/index.html
- World Health Organization (WHO) Commission for Social Determinants of Health. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Geneva: World Health Organization.
- Yu, P., Duncan, M., & Gray, B. (2008). *Report of the NTER review board - October 2008*. Canberra: Commonwealth of Australia.
- Zapf, M. K. (2005). The spiritual dimension of person and environment: perspectives from social work and traditional knowledge. *International Social Work, 48*(5), 633-642.
- Zimmerman, M. A. (1995). Psychological empowerment: issues and illustrations. *American Journal of Community Psychology, 23*(5), 581-599.
- Zimmerman, M. (2000). Empowerment theory. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 43-63). New York: Kluwer Academic/Plenum Publishers.

Glossary of Terms

Change	Efforts to achieve a preferred way of life
Control	The capacity of people to deal with the daily challenges of life without feeling overwhelmed by them (Syme, 1998)
Empowerment	This is a contentious and often misused term. In this thesis empowerment is used as a multi-level construct, incorporating individual and structural dimensions, that involve people assuming control and mastery over their lives in the context of their social and political environment (Wallerstein, 1992)
Health	A whole of life view including the cyclical concept of life after death (NAHS, 1989). This is a holistic definition which involves not just physical health but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their potential as a human being, thereby bringing about the total wellbeing of their community.
Indigenous	In using the term Indigenous I include both Aboriginal and Torres Strait Islander Australians but acknowledge that these are two distinct groups of peoples.
Stolen Generation	The thousands of Indigenous Australians who were forcibly removed by the state from their families to be raised in foster homes or institutions as part of Australian policy to assimilate Aboriginal children into European society (Briskman, 2007)
Strengths Approach	An approach to change which focuses on strengths as opposed to deficits, hearing people's stories, acknowledging injustice, and building understanding that change is always possible (McCashen, 2005)
Wellbeing	A holistic and whole-of-life view of health which includes mental health, but also considers the impact of other factors on emotional well being, such as life stressors, removal from family, discrimination and cultural identification (Australian Institute of Health and Welfare, 2009).

APPENDICES

Appendix A

Participant Diary Example

Describe in a story form situation in which I have made use of FWB knowledge/skills in the family.

My youngest sister has a lot of marital problems. She and her husband have been having troubles or problems nearly every month, in the end she ended up staying with me, her children also. Listening to her side of the story she seemed to be in the Drama Triangle. I explained the characteristic of the Triangle, eg., not respecting one another's rights as a couple equals power games and controlling or control power many other behaviour based on old ways or patterns from the past. I asked her to make a compromise, sit down and talk about things that may upset him, suggest doing different activities, make a new trend with each other, make him aware you'll rather work it out rather than leave him, make clear boundaries for yourself as him also. Later after my advice my sister reconciled with her husband (de facto). I gave her my novel I attained through the facilitators of Family Wellbeing, novel called Unconditional Love and Forgiveness. I ask my sister forgive your husband start afresh with forgiveness. My sister has since reconciled with her husband, she or they haven't split since. I asked her how things are at home she had said better understanding, she also commented on the novel, that it's a good book as my sister is into reading books, she has nearly completed reading Unconditional Love & Forgiveness. I believe she is now looking more to the future.

Describe in a story form a situation in which you made use of FWB knowledge/skills at the work place.

I am a mother at home. At home I have to work extra hard as my children's father committed suicide. My youngest is 2 years old and oldest is 13 years old, other is 10 years old. Making them understand that life goes on and we will always miss him but he was sick and may not have realised that situations can change, no matter how bad things get there is light at the end of the tunnel, that there is someone who is willing to listen to them and many opportunities for someone or everybody so long as we set goals and aims in life and be prepared to work for the future, but hang on to our traditions of respect and knowing our culture. Also we as a family attend a Pentecostal church, as one of our beliefs is in God and Jesus, to have religion is to worship the creator, and to always forgive those who don't respect our ways and to have compassion for mankind all.

Family Wellbeing has helped me and my children cope more easier with the loss of our loved one. Christianity has given me purpose in this life. Family Wellbeing has give me empowerment as a person of Aboriginal descent.

Describe in a story form a situation in which you made use of FWB knowledge/skills in the wider community.

Young girl has hardly experienced life at the age of 17 want to have a baby and settle down. She ended up getting pregnant and miscarriaging in the early stages.

Asking my advice I asked her about her mother. She replied her mother got pregnant at 17 and is still with the father. She feels she had to be like her mother. Through participating in this FWB course has made me aware that being yourself is good for oneself as we tend to mould and shape ourselves into our parents, eg., our actions either aggressive or placid is a learned experience that we witness from our guardians or parents. Behavioural patterns, most children, young mothers usually tend to have a mother who was

young herself when she was with child. So I suggested maybe it's for the best you had lost your child. You have a lot of choices in life travelling with a career, most importantly we have to find out a lot about ourself, ourselves, what we want in life and how we can overcome our ups and downs. Really look at what our lives offers us and others. FWB has made me realise that life has opportunities and choices. It is up to us as individuals to overcome the bad things in life.

What way do you plan to make use of FWB knowledge/skills in the future? What additional support or resources do you need to be able to do this?

The participants, we should be able to get together to discuss what we could do as a group, eg., many people who have done this course would like to become facilitators, I feel we have become friends or friendly to one another, hopefully we trust one another to be able to be united or come together so something could eventuate in the future, as a group or single-handedly.

Many people in our group FWB work in Aboriginal organisations should talk, discuss this course to the co-workers making many people aware of what this course done for (you) us. Making people aware that we need empowering for our self esteem, as an Aboriginal race we need to grow with the time so we know what the past holds us back, let's move on now, don't let alcohol, many other things that tend to slow us down or stop us. Aboriginal people should be learning together living together (regardless of tribes and differences).

How beneficial has the FWB course been for youth suicide prevention in Central Australia? Suggest three things that needed to be done in order to prevent the rising youth suicide in the region.

Be interested in what your child does, never be too busy. Look for unusual signs, don't wait for youngsters to approach us as adults, let's approach them, simply ask "how

are you?”, “would you like someone to talk to?” Just being there and letting he/she know you are there for them any time.

Many young role models (eg., Cathy Freeman, James Swan) are here always wanting to do many numerous things with our youth. They know personally their ideas are not recognised by others or simply not taken notice of. Let our young achievers have a go with our children, I reckon they will have a big impact on our youth of today if someone lets them.

We are a proud race, children get so much negativity from school, eg., black and white cop it. We should try to get FWB into schools so our children can work together. So what if our ancestors hated blacks or whites. The youngsters have to respect where the others come from, cultural or no cultural background. We all are just as good as the other. Working together, living together can exist in young minds better than adult in some cases.

My personal opinion about FWB.

This course has been very satisfying for me, I have reached a very high understanding with my children as the course is about you, the person you are, and how to make things right in my life. I have a white father and full blood Aboriginal mother, I feel rich in my blood. I feel more Aboriginal than the white person but I can't be racist, I believe we can work together on the same level and save a lot of children as they only learn from us as adults on what life has to offer everyone.

I suggest young parents Australia wide this course is a must for parenting. Also to men and women alike do this course.

Appendix B

Declaration on Ethics

Declaration on Ethics

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the *National Statement on Ethics Conduct in Research Involving Human* (1999), the *Joint NHMRC/AVCC Statement and Guidelines on Research Practice* (1997), the *James Cook University Policy on Experimentation Ethics, Standard Practices and Guidelines* (2001), and the *James Cook University Statement and Guidelines on Research Practice* (2001). The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee (approval number H 2112).

Appendix C

Example of an Evaluation Interview

3.3.04 Linda

1. Six months on we want to get your impressions of the program, the impact (if any) it had on your life and the potential usefulness you see for the program. Have you been able to make use of the ideas presented in the FWB program in:

- your personal life
- your workplace
- the wider community

That course was very beneficial in regards to identifying how important your life skills are. All your values and beliefs are a part of your life. Forms a strong basis for how you engage with other people your life experiences and your life. My life was really family orientated. I got married at an early age and had my children. My value base was formed young. I always saw the good qualities in people and people had to be valued for who they are. Protection and safety for children are really important, I put them around them [my children] really early in their life. This value base was passed on to them. I didn't go to uni to learn it. It was about the values and beliefs passed on from generation to generation. It depends which information you take on. I took on the importance of protection of children. I was always aware of danger. I looked after myself. Just being truthful to myself. These were natural to me but the course says that my skills were very strong and allowed me to continue to use these skills. It clarified for me that my work practices are fair and respectful. I felt privileged to be part of that. Life skills can get lost when formal education is made too important. Individual learning and life skills far outweigh [professional education]. Learning happens when things aren't right - you would never do it the same way again. It is a learning curve and you would look for other solutions. FWB identified to

me that I am skilled otherwise I wouldn't be here. Other people knew I had the skills. I was invited to come here [name of state government department]. People respected my skills. The course gave me confidence to know that my way is okay too. I thought that without that bit of paper I wouldn't be given a chance. Other applications I had made, eg., to the early intervention service, didn't lead to an interview.

Lots of things were happening around me at the time and there were lots of opportunities. People recognised my skills and the need to share these. We debrief as staff: "talk through it and talk through it and come back refreshed". We go downstairs to reinforce our values "we've got our kids there, who are we here for - ourselves, or our community?" We refocus on core values. The course was excellent. I'm really grateful. "I found myself through that course." In workplaces people doubt you when you aren't seen as qualified. But what is qualification? It's just people knowing the processes. It [the course] is very valuable and I think it helped other people. [Names of 2 FWB participants] are still in their jobs. [Name of a FWB participant] is on some stress leave. But I know he really valued my values. He said "hey sister you are really more culturally appropriate than anyone here". Some people are pretty fragile. We have lots of high trauma areas in work but it doesn't really affect me. Comes back to having a focus across the board and personal strength so that one thing doesn't get you down.

For three years I looked after this man with schizophrenia. I was there for the right reasons; to help this man. His family didn't understand him. It was a hard decision to leave him but I couldn't advance any more. I had found creative ways to work with him and normalise his behaviour.

The last six years of my life has been learning and going places. Things keep coming to me, like people asking me to help with difficult problems. I'm feeling more confident that I do have the skills. The lady upstairs [in the state government department] said to me "you'll have a job here forever". This has come from [name of the regional manager]. My daughter comes to me for advice and takes my advice on board. She phones me (from America). So I am able to use the ideas in all three areas.

[FWB] said to me: my values and beliefs are okay. I don't need to adjust or change these. I just need to be who I am. I communicate with everyone equal. I got on the Disability Advocacy Rights and Action Board – [Name of the FWB program organiser] invited me onto that. I'm now in a position to look after whoever in the community, eg., the suicide in [a nearby Indigenous community] last week. This person had schizophrenia and no supports. He used to go to a lady and talk to her. I can now indirectly help people like this and find out who is helping these people. This board is becoming a powerful thing. I'm concerned about my former client, that his needs are not fulfilled. His current carer is not doing her role. I've got some power to do things and challenge service providers and government departments so that each individual is valued as a human being.

2. Do you have any examples or stories about the ways in which the program has affected your life?

It has empowered me to say what I want to say. Before you'd have great ideas and you had the skills but you wouldn't say it. But being in this job and the community - the course empowered me to say what I want to say.

Without this course I wouldn't so strongly bring my values into my work. I can stand up for what I believe in; nothing can stand in the way. The only thing that stands in the way is government processes. "You have to be prepared to step outside the boundaries of the department." I know what I'm doing is a lot stronger than how the department sometimes perceives it. "I'm prepared to challenge the department." I took a girl for a drive to [a town approximately 100km away] to talk, and the department perceived that as me rewarding her." [But I did the right thing; this way she opened up and talked to me]. A mother who the department took the children off, asked me to accompany her to court. She was saying please help me and identified me as a possible person who could help her. I went to a family meeting with a range of [government department services] to take out a two-year protection order. I suggested six months is reasonable. I was prepared to say this to the team leader and the [state government professionals] in this meeting. In previous meetings the woman always "went off". But in this room she stayed controlled. It's now going to court and I have been subpoenaed to go to court. I also said to the mother "you're their mother and you've got to show the department. You're the mother, but it's in the way you say it. These children need you". We had these conversations around taking responsibility as a mother.

If they take the two-year order at least I had a go. Give it your best shot but if it doesn't work, don't take responsibility for it and I don't take responsibility for it. I'm also helping other workers, calming them down and to work toward positive outcomes.

Timing is so important. There was an [name of remote Indigenous community] boy child going to be placed in [an Indigenous community]. I was supposed to take him. When I went to pick him up, his Auntie said he doesn't want to go. So I didn't take him then, and he later went anyway. Now the placement is working well.

3. Have family/friends/colleagues noticed changes in you since you started working with FWB?

Yes, ask [name of a state government program manager].

4. Were there any weaknesses or disappointments for you in relation to the program?

No. The only disappointment was whether it was going to go ahead, I really want to learn the rest of the program. From this and encouragement from [name of state government department] I wanted to enrol in a counselling course and studies at JCU.

5. Do you have any thoughts about the potential usefulness of the FWB program?

Yes, the ways you are using it, like in [name of Indigenous community]. The changes in people in [name of Indigenous community] show it is beneficial to groups of disadvantaged people. All people have beliefs and values. You need to explore these and get them to explore them themselves.

6. How would you like to see the program develop?

[FWB] could be used in recruitment of staff eg. Questions based on the course eg peoples' values and beliefs and problem solving in situations they find themselves in and areas around cultural appropriateness, eg how people communicate with our people.

Appendix D

Participant Information

Pseudonym	Occupation	Age
Site 1		
Alison	Research assistant	40s
Beryl	Community counsellor	40s
Carol	Community health worker (non-Indigenous)	40s
Joy	Health worker	Late 40s
Lyn	Drug and alcohol counsellor (non-Indigenous)	50s
Robyn	Community worker	40s
Sharon	Community worker	30s
Teresa	Housing support	40s
Trudi	Educator	30s
Yvonne	Mother	30s
Site 2		
Anthony	Men's group volunteer	Mid 40s
Esme	Women's group member	Early 50s
Gail	Cleaner at the community pre-school	Early 30s
Mick	Men's group member	Mid 50s
Nancy	Community research officer	Late 40s
Peter	Men's group member	Late 20s
Ron	Men's group member	Mid 50s
Rose	Women's group member	Mid 40s
Ruby	Community research officer	Late 40s
Shane	Men's group co-ordinator, father	Early 40s
Tanya	Women's group coordinator	Late 20s
Thomas	Men's group co-ordinator, father,	Late 20s
Tom	Health service manager	Late 40s
Site 3		
Gary	Youth worker	30s
Harry	Youth worker	50s
Henry	Youth worker	40s
Jack	Youth worker	40s
Jason	Youth worker	20s
Kurt	Family support worker	20s
Linda	Family support worker	50s
Michael	Youth worker	40s
Norma	Family support worker	Late 30s
Sarah	Administrative officer (non-Indigenous)	40s

Appendix E

Coding System Over Time

October 2006 and November 2007

EMERGING CODES – October 2006

1) How do people act/what do they do?

Address their own healing

Self aware

Accept themselves for who they are

Practice healing skills

'Centre' self; stay calm in difficult and day to day situations

Take care of self

Achieve a balance of basic needs

Assertive

Communicate clearly including listening

Ask for help where necessary

Able to forgive

Ability to love unconditionally

Spend more time in heart centred and negotiating triangles

Able to move on; get on with life in a more positive manner

Have a critical capacity

Use FWB analytic tools

People are able to reach their full potential

Take charge or control of situations

Engage in learning

Show genuine interest in others

Affirm others

Take responsibility for helping others

Help others

Teaching others

Share knowledge with others

Use skills for helping others

Use skills to bring about change

Plan for the future: their own, their families; the communities

Work to implement plans and goals

Work as part of a team

Value young people

Community level control

Good role models for young people

Grass roots social programs and services

Support groups and advocacy groups

Community development as opposed to a “welfare mentality”,
Community reconciliation
Holistic approach
Self esteem, confidence, positive attitudes eg. can help yourself,
Aboriginal people included in the development of social and political policy.

Outcomes of control

Health and wellbeing
Others notice change
Ripple effect of change

How do they describe their feelings?

Joy
Feeling good about myself
Feeling free
Anger

What was happening before (the social context)

History inc. Stolen generation
Personal problems
Family difficulties
Marriage problems/breakdown
Community difficulties
Tribes and differences (people should be learning together living together)
Fear of speaking out
Youth issues
Pressures on families providing refuge
Lack of trust
Suicide
Loss and Grief
Loss of childhood
Loss of dreams
Loss of self
Abuse
Adult lives affected by childhood trauma
Anger
Domestic violence
Bitterness
Pain
Relationship mind games
Non supportive work place
Inability to handle change
Homicidal thoughts
Misinformation eg. rumours about sexual assault
Alcohol
Drugs
Racism
Negativity in schools
Lack of community control
Ineffective services

Inability to manage conflict
Unequal power relations

Steps/pathways leading to control

Address own healing
Seek support
Find someone willing to listen
Find the inner self
Start small
Individual readiness
Realisation that I was stuck
Participated in FWB
Reflection on past/knowledge of history
Learn new ideas, knowledge and skills
Build critical and analytical skills
FWB helped her cope with loss
Build confidence in own ideas/knowledge
Change of attitude: new awareness and understanding
Others around you change
Maintaining change
Don't get caught in the problems of others
Ongoing pathways

Pathways to community level control

People start talking and recognizing problems
Trust
Change in beliefs and attitudes
Resolution of problems

2) How do people make meaning of the experience of control?

What is their view of themselves?

Empowered and stronger
Self esteem/ self worth
Responsible
Knowledgeable
Confident
Aware of own skills and gifts
Someone with rights
Wiser
More courageous
Proud

What are their personal qualities?

Express the truth
Compassion: talk from the heart
Caring
Affirming of others and self
Patience

Personal pride
Love: Self Love and love of others
In touch with/aware of inner self – self aware
Confidence
Trust worthy
Strength
Willpower to address issues
Prepared to learn
Prepared to change attitudes
Preparedness/ability to forgive
Courage
Wisdom
Acceptance of self and others

World view; their beliefs, attitudes, values?

The importance of relationships, family and community
Importance of responsibility and caring for others
The importance of caring for young people: own children and their friends
Valuing your own young people, and seeing them as role models
Family Wellbeing philosophy
The value of 'life'
Value of a historical perspective (through FWB)
Handed down knowledge linking spiritual, physical and emotional wellbeing/ The importance of being in touch with origins and culture.
Aware of personal rights
Belief that no matter how hard a situation is, there is light at the end of the tunnel.
Spirituality – incorporating values of respect and compassion.
Christianity
Church
Valuing others, no matter what their cultural background

Skills and abilities

FWB knowledge
The ability to understand situations
Conflict resolution
Ability to give appropriate support
Listening
Communication skills
The ability to identify people at risk
Counselling skills
The ability to address difficult situations
The ability to set limits
Awareness of what you can't change; limitations
Assertiveness skills
Knowledge of the system

Relationships

Stronger bonds
Stronger family relationships
Family has developed deeper strength

Values eg. Respect, acceptance
Demand respect
Set limits/establish boundaries
Understand games that are being played
Assertive
Clear communication
Spend more time in heart centred and negotiating triangles
Reconciliation – with family members – between black and white – between community ‘tribes’
People of all groups and cultures overcoming differences and living and working together
Making friends with others than those in your “peer group”
Parents show interest in their children and be there for them; positive role models
Young people/children are valued
Ability to establish boundaries/set limits.

Vision for the future

Set aims and goals in life
Articulation of future vision
Be prepared to work for the future
Personal development for self and others
Professional development for self and others
Planning for service development
Services work better together
Better education system
Better support for young people
Training and employment for youth
Working with others to make change
Changing community perceptions about youth
Planning for FWB program development
FWB values informing the community
FWB group working together
Ability to identify potential constraints
Aboriginal people take control
Need for evaluation

FRAMEWORK OF CATEGORIES AND CODES AS AT APRIL 2007

THE HISTORICAL AND SOCIAL CONTEXT

Historical perspective

- Stolen generation
- Impact of the church

Current social issues

Systemic nature of problems

Specific groups at risk

- Men
- Youth

Loss and grief

Emotional problems

- Spirituality and identity problems
- Anger

- Sense of hopelessness
- People not seeking help

Mental health

- Suicide
- Mental illness

Physical health

Addictions

Crime

Lifestyle issues

- Financial problems
- Chaotic lives
- Boredom and apathy

Family problems

- Relationship problems
- Parenting problems
- Family conflict

Violence and abuse

Pressures on those who help

Racism and stigma

Education

- School attendance
- Higher education issues

Employment difficulties

Services issues

- Structural constraints
- Workforce issues

Community issues

- Basic infrastructure
- Leadership
- Lack of self determination
- Conflict and complaint

THE GOAL

Values

A valuing of life

The importance of relationships - self, family and community

The importance of respect, honesty and trust in these relationships

An awareness of rights

Tolerance and acceptance of diversity

The importance of responsibility, compassion and caring for others

Beliefs and attitudes

Spiritual beliefs

- Identity: in touch with origins and culture

The belief that no matter how hard a situation is, there is hope

The belief that people have control over their choices they make in life

The belief you can achieve anything you want to in life.

Attitude

- Maintain a positive attitude

Action

People address their own needs:

- Self aware/ aware of their needs
- They continue to address their needs
- They use particular skills to do this

They maintain strong and healthy relationships:

- Self
- Children
- Partner
- Other family
- Others
- They possess relationship skills:

They help others

- They take responsibility and help others
- They possess skills for helping others
- They aim to build confidence and responsibility in others

They can address new or challenging situations

- A critical capacity inc. the ability to plan
- A preparedness to take control of situations and follow things through
- The ability to deal with conflict
- The ability to recognize/accept what can't be changed

They envisage and work for a better future:

- Their own
- Their families
- In their work
- Their community
- For others in society
- Service delivery
- Social and political policy inc. a vision for community and societal reconciliation

An effective service system

- Government services
- Aboriginal organizations
- A qualified workforce

Health

- Physical health
- Mental health
- Other

Community action and change

THE CHANGE PROCESS

Identifying strengths and exceptions

Build confidence in own ideas/knowledge

Building self awareness and identity

Personal healing

Seeking help
Coping with pain
Expressing emotions
Having a goal
Confronting the root causes of problems
Increasing self acceptance
Behaviour change inc. resisting distractions
Resolution of problems

Developing skills

Learning new knowledge and skills (including critical skills)

- Professional
- Other

Other Professional development issues

- Workers first addressing their own problems
- Anticipating there will be ups and downs
- Growing confidence at work

New awareness and understanding

Taking on responsibility and leadership

Maintaining change

Managing setbacks

Others notice change

- Reinforcement of change

Ripple effect of change

- Others around you change
- Inc. transgenerational

Helpful external programs or support

Family Wellbeing

- Program content
- Relevance and utility
- Program delivery/process
- Vision for the program
- Program promotion
- Accreditation/importance of qualifications
- Critique

Men's group

- Process
- Provision
- Support
- Vision

Other programs

Other external support

- Personal – nature and attributes
- Resources

Appendix F

Case Summary Example

Trudi (Site 1) was one of the respondents whose interview involved writing a personal diary.

Trudi is employed in an Aboriginal educational organisation. She mentions that she has young children but does not mention having a partner.

Trudi identified a range of actions indicating empowerment through the stories in her diary. These are evident at a personal, family and workplace level.

She reflected on a time in her youth when she was feeling confident (before a range of family and workplace difficulties set in) and mentioned that at this stage she set high standards for herself in whatever she was out to achieve in life (new code).

She gave a lengthy list of the indicators of empowerment that she experiences now that she considers herself healed, at least in part, from problems in her past. These included confidence, positive self image, ability to express emotions (new code), ability to talk openly and freely (new code), trusting (new code), respectful of the feelings and needs of others (new code), more physical health, ability to love music (new code), ability to express love for her children, more interest in her children's wellbeing, assertiveness and being able to address conflict.

She wrote of her ability to focus on issues of importance (new code) now and her ambition to learn and gain as many skills as she could to help her people in their struggles of survival. Clearly helping others was an important part of her identity, and had been for some time, but has learned to maintain boundaries, not take on other people's problems and refer them for help if necessary. She also wrote of being able to forgive people who had hurt her, but she did highlight that this didn't involve forgetting.

Trudi said that parents need to take more responsibility toward their children, by taking time out to find out where their children are coming from. They should be open and trusting of their children, and listen to them even when problems are upsetting. She also wrote that parents should be aware of changes in their children's behaviour, not project their own problems onto their children, and not use violence. She also mentioned that it is important to demand some responsibility from your children, not just give them everything. If there are problems they may need to seek professional help (new code: be an effective parent – I will put the issue of demanding responsibility in as a sub code as it is an important issue).

Given the extent of her difficulties with relationships at work, she placed some emphasis on identifying what should be happening in a functional workplace: staff should be treated equally, trusted and respected for who they are (new code/category – workplace level of control with codes of trust, respect, acceptance).

She identified feelings that accompany being in control: feeling free, alive, energetic, focused and aware of many things around her.

Trudi described a background of growing up in a context of negative and damaging messages. She was told as a child she was an evil witch by her mother who was steeped in Catholicism and believed that many aspects of Aboriginal culture were evil, as well as the extraordinary psychic abilities. Others in the community also had a negative attitude toward her psychic abilities. This raises several issues that as yet are not sufficiently coded. Firstly, parents lack of understanding of their children. This issue has been raised in other diaries and can be seen as a sub-code of family difficulties. Secondly it raises the issue of the historical relationship between institutionalized religions (in this case the Catholic Church) and Aboriginal culture.

The result of this negative environment was that Trudi rebelled and left home at the age of 14 (existing code: youth issues), and became increasingly troubled and confused. She turned away from her Christian beliefs and her psychic abilities increased in power and became overwhelming. She had, however, an ambivalent and not altogether negative relationship with this ability; at times she was grateful she was psychic.

Other areas of difficulty in her life occurred at work. Experiences in two separate work contexts lead to years of emotional distress, fear/anxiety attacks and an inability to trust people and build good relationships. She clearly showed signs of post traumatic stress syndromes (acute and then chronic weeping and depression). It also impacted on her behaviour, ie., she had mood swings, was aggressive, argumentative, judgmental, withdrawn (new code: behavioural problems). She also suffered physical symptoms such as constantly feeling sick and she put on weight (new code: physical symptoms). She found she was unable to be an effective parent and this impacted on her children (new

code: inability to parent effectively). She is aware that her children were disadvantaged as a result; and there is a sense of guilt implicit in her reflection (new code: guilt).

The actual problems in the work place involved themes of conflict with other staff, disrespect, mental illness (new code), racism, abuse, violence/attempted homicide (new code – there is a code already for DV). Perhaps most destructive of all, was the sense of not being supported by management and the sense of injustice involved. Where this comes from Aboriginal management, it is particularly hurtful. There was also a sense of being punished and alienated by others at work (new code: workplace problems). She also documented an important issue, that when a person is immersed in this kind of situation, they can start to internalise the problem and feel that they are to blame (new code: internalisation of problems). Like the effects of her emotional problems on her parenting, she described the effects of her unhappiness at work on her attitude toward her colleagues ie., her negativity (new code: impact of workplace stress on behaviour). Again her personal symptoms were anxiety, fear, lack of trust, physical symptoms and depression. She described what her depression was like: you feel so alone, that no one will really understand your pain, as though there is no way out. Approaching someone for help and having them reject you can be the ‘most turning point in your life’ (this was discussed in the context of suicide) (new code: rejection).

She also wrote of the need to work toward getting her people to overcome their shyness, shame and fear about seeking help with their social and emotional problems (new code: people not seeking help). She also identified that particular life cycles are repeated throughout each generation (new code: transgenerational nature of problems).

She wrote of community conflict, families judging and blaming each other in crises such as suicide (new code: blame and judgment).

She also identified the deficits of existing systems, eg., educational systems, designed to help people in theory but in practice failing people because they are more concerned with numbers of students than the needs and aspirations of the students they recruit. Where these systems are Aboriginal it is even more damaging, as people are let down by their own (new code: failure of services).

This diary is essentially a story of a journey of recovery, but the road is not always straight forward. Periods of deciding to make changes and taking charge of her life and slowly healing can be followed by new stressful situations can set her back again (new code: setbacks to change).

She mentioned the importance of having support; she mentioned the impact of one person when she was growing up who helped her out and let her know everything was okay “That person I will ever be grateful to – it was like she was my guardian angel”(new code: effective support).

She wrote of how identifying where her sadness and misery had started, enabled her to assertively address some of the issues in her workplace, particularly her anger with the way one particular person had treated her.

The journey toward acceptance and understanding of her psychic gift has been very painful and confusing, and she learnt that the more she tries to suppress it and block the

messages she receives, the stronger the experiences, including the pain and suffering of others that she experiences (new code: learning about yourself).

Through the help of another person she met through FWB, she gained self acceptance and awareness that she is not a witch to be feared but rather someone who should feel lucky to have this gift. The code 'participated in FWB' exists but a sub-code here should be 'support of other participants' (this is a group process issue). Though self acceptance exists as a code in other categories, a code for 'increasing self acceptance' is appropriate in understanding pathways to change. She also sought new knowledge about being a psychic by visiting a psychic herself for advice and this reinforced the idea that her skill was a gift. She wrote that she had been told this before by other psychics in the past but hadn't listened to them, highlighting the power of the negative messages she received as a child that can lead to years of difficulty for the victim.

Trudi also documented the importance of learning to relax and being more centred through FWB in helping her to accept herself and deal with fear (I will include fear as a code). I will add the ability to relax as a code.

She credits the FWB course with her healing; though she had to put in a lot of effort personally and found the process, eg., writing about the incidences in her workplaces, emotionally demanding (new code: preparedness to work at change). FWB also helped her to set personal boundaries, so that she is no longer drained of her inner energies and strength.

She writes that she knows that others have noticed the change in her because of their positive comments to her about how comfortable they feel being with her because she isn't judgmental, and she treats them with respect and honesty. She gets a great deal of pleasure from helping others (new code).

She doesn't get involved in community conflict and blame; especially where it is damaging to people who have already been hurt. Instead she asks questions to get people to think more deeply about the situation and to help people understand difficult situations like suicide (new codes: encourage people to analyse/understand situations).

What meaning does Trudi attach to her experiences and process of change? In other interviews, people have identified having a greater awareness of their own skills and gifts. This awareness has been particularly powerful in this diary. She describes having a 'special gift' even as a small child. This gift enables her to have premonitions of events, for example the death of relatives, and experience the pain and suffering of others.

She listed the qualities she felt she had gained or regained: understanding, forgiveness, intuition (new code), calmness, compassion, healing, joy, strength, love, openness, tolerance (new code – though very similar to acceptance), patience, creativity (new code), balance, unity, freedom, honesty (new code – similar to trustworthy).

Her diary demonstrated other qualities, particularly an ability to keep going, even when the situation in which she is working is not ideal. She also maintains a strong sense of responsibility and a desire to make a difference to the lives of others (similar to existing code of will power, adds a dimension of determination).

Her world view encompassed a strong sense of spirituality, although she had a lot to reconcile, given the messages she received as a child; she now believes that Christianity and her psychic abilities, can go together. She wrote of her awareness of the conscious and subconscious mind and being more aware of always being more positive, creative and harmonious with her thoughts. The ability to control your thoughts is important ability and warrants a new code.

She wrote of being called to return home to her home town. She put this in capital letters: 'THE CALLING HAD COME', indicating the importance of land, identity, place, and the presence of some form of higher being.

Trudi's interview also reflects the importance for her of family, particularly her children. She also expresses the belief that people have choices about what we want from life and our loved ones (new code: people have choices about what they want from life).

She is now planning for the future at a number of levels. At a personal level, she is looking forward to creating positive relationships with others. She has too a number of ideas for helping people in her community. She notes that while negative family life cycles can be repeated through each generation of family life, so too are more positive cycles. Therefore she points out that people who gain a sense of freedom and self-empowerment have the potential for these positive patterns to be repeated transgenerationally. She sees the value in using the FWB program to help others to change (new code: use FWB program to help others). She emphasised the importance of leadership and mentoring (new

code: leadership and mentoring); continuing to support her people and providing positive reinforcement (new code: reinforcement of change).

She also had ideas for service development ie., incorporating careers counselling in the educational setting in which she works, and developing new places for young people to hang out at in the community as well as regular camping trips out bush.

Reflections

This is a lengthy interview. It is very honest and brave and contains a lot of useful detail in relation to, for example, pathways to change, the nature of problems in the community, her own reactions, both negative and positive to problems. She explored the impact of problems on behaviour and attitudes etc., and in turn the viscous cycle of problems, eg., unhappiness leads to problematic behaviour and inability to fulfil personal responsibilities such as parenting, so that your children suffer and then develop their own problems. Often in other diaries there has been a focus on parent's deficits in parenting their children. This diary provides insight into the constraints to effective parenting. Effective parenting is very difficult if someone is under emotional pressure. This in fact compounds the emotional pressure as parents feel guilty about the situation.

Another important issue the interview raises is the historical relationship between institutionalised religions, in this case the Catholic, Church and Aboriginal culture. Trudi identifies other aspects of spirituality including awareness of the conscious and subconscious mind and being more aware of always being more positive, creative and harmonious with her thoughts. She has reconciled Christianity and her psychic abilities, now believing the two can go together. Also important is her ability to control her thoughts.

