Promoting Aboriginal Health
The Family Wellbeing Empowerment Approach
Promoting Aboriginal Health

The Family Wellbeing Empowerment Approach
Foreword

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

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

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

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

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

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

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

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

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

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

The authors thank the following:

- The participants of the Family Wellbeing empowerment programme who gave so generously of themselves through programme evaluations.
- Our many colleagues and partners in the Empowerment Research Programme.
- The Lowitja Institute and predecessor Cooperative Research Centre for Aboriginal Health for their ongoing encouragement and funding support for the Empowerment Research Programme. This work is also a La Trobe University in-kind contribution to the Lowitja Institute.
- The NHMRC for funding support.
- Tara Walker from WordED for her editing.
- Kate Silburn for her assistance in conceptualising the theoretical model.
Contents

1 The Family Wellbeing Empowerment Program .......................... 1
   Program Development .................................................. 1
   Current Family Wellbeing Delivery ................................. 5

2 The Research Approach .................................................... 7
   The Empowerment Research Program ................................ 7
   Methodology for a Theoretical Study ................................ 9

3 An Aboriginal Family Wellbeing Model of Empowerment ........... 13
   The Social Environment ................................................. 15
   Joy’s Story .................................................................... 16

4 Beliefs and Attitudes ............................................................ 19
   Choice ............................................................................ 19
   Responsibility .................................................................. 20
   A Positive Attitude ......................................................... 20
   Self-Esteem and Pride ..................................................... 20
   Spirituality ...................................................................... 21
   Personal Values ............................................................. 22
   Alison’s Story ................................................................. 23

5 Skills and Knowledge ............................................................ 25
   Life Experience .............................................................. 25
   Emotional Control ......................................................... 26
   Analytic Skills .................................................................. 26
   Communication Skills .................................................... 28
   Skills for Helping Others ............................................... 28
   Ron’s Story ..................................................................... 30

6 Agency .................................................................................. 31
   Healing ............................................................................. 31
   Planning for the Future ................................................... 32
   Improving Relationships .................................................. 33
   Helping Others ............................................................... 33
Community Efforts for Change ........................................... 34
Nancy’s Story ................................................................. 35

7 Outcomes ....................................................................... 37
Personal Healing and Growth ............................................. 37
Better Relationships ............................................................ 38
Confident and Engaged at Work .......................................... 39
Community Responsibilities ............................................... 39
Helping Others to Change ................................................... 40
Community Change ............................................................ 40
Tom’s Story ...................................................................... 41

8 Conclusion ................................................................. 43

Appendix 1 ....................................................................... 47

Glossary of Terms ......................................................... 49

References ...................................................................... 51
Introduction

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

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

This scenario is not unfamiliar. Time and time again, workers have attempted to develop programmes to address long-standing health and social difficulties experienced by Aboriginal Australians. They want to make a difference, but what starts out with good intentions, promise and hope quickly loses momentum. What gets in the way? Is it insufficient resources? Are there too many competing community demands? Is conflict between people a factor? Is something else happening? Do local people even believe that they have the power to change their lives? Whatever the reasons, the costs associated with programmes that don’t work are huge. Valuable resources are wasted. Failed programmes can lead to blame and suffering and can compound the difficulties and a pervasive sense of frustration and hopelessness for all involved.
We, the authors of this book, have been working in and with Aboriginal communities for many years as professionals and researchers, in partnership with local organisations and community groups. We too have had many experiences such as the one described above. But we have also had different experiences where people took control of their lives and brought about lasting change. When we first started working together, we made a conscious decision to focus on understanding and promoting empowerment and social and emotional well-being as a strategy for Aboriginal health, rather than focus on analysing and quantifying problems. We were aware of international research on health inequalities examining the preventable and unjust differences in health status experienced by certain population groups (Marmot 1999). This research highlights the critical role of empowerment, incorporating psychosocial control and the conditions “in which we are born, grow, live, work and age” (Marmot 2013 np). We established an ‘Empowerment Research Program’, which aimed to learn about empowerment and well-being through the stories of people’s successes and achievements. We examined a range of community programmes, including health services, healing services, men’s groups and women’s groups.

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

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

…within weeks after starting this course, I had to divorce my family. I’m not talking about my husband; I’m talking about my extended family. I am able to set ground rules. I say to them, “it doesn’t matter if you are my brother or cousin, if you are drunk, you cannot come to my house to demand food. If you are sober you can come. But if you are drunk, it is not fair on my children. This is my ground rule, if you want to maintain a relationship
with me, then you have to respect it…” It was hard to keep saying ‘no’ to family. It breaks my heart. Now they accept it and they give me and my children respect…

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

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

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

Since 2001, the Empowerment Research Team, in partnership with 25 organisations, has facilitated Family Wellbeing with more than 2,000 people, 91 % of whom are Aboriginal (McCalman 2013). Many of these people have told their stories in evaluation diaries and interviews. These stories provide rich descriptions of transformative life changes and provide an important source of knowledge about the factors that enable empowerment and well-being. The similarities in themes within the stories enabled the development of the theoretical model to be presented in this book.
Family Wellbeing is not the only programme that seeks to empower Aboriginal Australians. There are other such successful programmes throughout Australia, often designed by Aboriginal people themselves. For this reason, the focus of this book is less on the nature of the Family Wellbeing programme itself, and more on presenting a model of empowerment for Aboriginal Australians. We believe this model is useful for people working in Aboriginal affairs, both at the coalface as well as in research and policy. It is relevant for community development workers, health professionals, social workers, teachers, government bureaucrats, advisors, researchers and anyone who is seeking ideas on where to start in promoting lasting and sustainable Aboriginal empowerment.

References

McCalman J (2013) A grounded theory of program transfer: How an aboriginal empowerment initiative became ‘bigger than a program’. Thesis submitted for the degree of Doctor of Philosophy in the School of education, James Cook University, Cairns
Chapter 1
The Family Wellbeing Empowerment Program

Abstract This chapter presents the Family Wellbeing empowerment program which aims to enable people to take greater control over the conditions influencing their lives. It discusses the program development and the program spread.

Keywords Family Wellbeing · Empowerment · Programme

The stories that underpin the theoretical model of empowerment presented in this book were told by participants of one particular program; the Family Wellbeing empowerment program. This chapter provides a description of the program itself.

Family Wellbeing seeks to address important underlying individual and social determinants of health by targeting the grief, loss and despair often faced Aboriginal Australians. The program aims to empower people to take greater control over the conditions influencing their lives, to participate fully in education and employment and to improve their health and wellbeing.

Program Development

Family Wellbeing was developed in 1993 by the Aboriginal Education Development Branch (AEDB) of the South Australian Department of Education, Training and Employment. The program began as part of South Australia’s state-wide response to the Royal Commission into Aboriginal Deaths in Custody. The Commission had recommended that efforts to prevent imprisonment should start by tackling the underlying social and economic determinants of incarceration. These included high levels of unemployment, dependence on welfare, poverty, racism and the overwhelming loss and grief experienced by many Aboriginal Australians (Aboriginal and Torres Strait Islander Commission 1992; Wild and Anderson 2007).

Aboriginal leaders involved in developing Family Wellbeing (such as AEDB Director Les Nayda) were concerned that, despite their phenomenal achievements in establishing community controlled health services, land rights and other
structural reforms as part of the Aboriginal self-determination movement, not much was being done to assist individuals, families, and community groups build capacity to take advantage of policy reforms in education, training and employment (Pers. Comm. Les Nayda 1998; Tsey and Every 2000). The program originators theorised that the historical processes of colonisation had propelled Aboriginal Australians away from their collective tribal traditions into a competitive and individuated Western society, resulting in the breakdown of extended families and clans and their traditions and customs. This was accompanied by a series of challenges including loss of inner power and strength previously met by spiritual beliefs and practices; loss of extended family support for parenting; divisions between men and women; deep wounding, anger, sadness and depression reinforced by racism; loss of contact between family and clan members due to welfare and urban housing policies; and the denial and devaluing of Aboriginal language, culture, beliefs and practices (Aboriginal Employment Development Branch 1993; McCalman 2013).

Family Wellbeing was premised on the concept that efforts to close the gaps in employment, health, education and social participation should start with personal development and capacity enhancement. This involved considering individuals’ personal blocks and barriers to change and providing opportunities for group interaction and the development of supportive networks (Aboriginal Employment Development Branch 1993). At the core of Family Wellbeing is therefore empowerment, defined as the capacity by which individuals, organisations and communities gain control over their lives to improve health and wellbeing. The program adopts a holistic approach to health and wellbeing, focusing not only on the absence of disease and illness, but also on the social, emotional, mental and spiritual wellbeing of the individual within the context of familial and other social relationships.

Family Wellbeing had four components, as set out in Fig. 1.1. The first related to the setting, whereby people were brought together in small interactive participant groups around the premise that individuals were responsible for their own wellbeing and had the capacity to take control of their lives and make positive changes to improve their day-to-day situations.

The second component consisted of the creation of a safe space, with negotiated group agreements and peer support relationships based on confidentiality, respect, authenticity, empathy, sharing and trust. The third component aimed to elicit knowledge from participants and provided information using accessible, simple language and experiential exercises. This component focused on topics such as human qualities, interpersonal relationships, and beliefs and attitudes. The fourth component aimed to help participants recognise their own experience and knowledge, inner qualities, strengths and basic needs. Change was facilitated through exploring alternative ways of dealing with problems, relationship patterns, violence and abuse, emotion, grief, conflicts and crisis. Participants were encouraged to share their stories with others, practice problem and conflict resolution, identify change objectives and implement changes, become change agents in their family, workplace and community, and reclaim their traditional wisdom.
Links to employment creation were not explicit as the program was based on the assumption that participants would naturally seek employment, training pathways and other strategies for social participation and development once they were able to assert more control over their personal lives (McCalman 2013). See Appendix 1 for a summary of Family Wellbeing program content.

At the heart of Family Wellbeing are Aboriginal people’s own stories of survival. However, the program originators drew from, and integrated, an eclectic array of theory and resources, ranging from Eastern knowledge traditions to mainstream Western psychology. Ideas and techniques were taken from psychosynthesis, a branch of transpersonal psychology that aims to enrich lives through direct spiritual experience (Clinebell 1981; Assagioli 1969). 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). The topic of ‘beliefs and attitudes’ uses evidence based cognitive behavioural therapy resources to help people understand the thoughts and feelings that influence behaviours. A strengths approach to healing is apparent in the reframing of difficulties and adversity as opportunities for learning and growth (McCashen 2005). 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.
Family Wellbeing received an enthusiastic response from local community groups, leading to its expansion throughout South Australia and beyond in the coming years. Short-term planning objectives included the development of Family Wellbeing centres in every major South Australian Aboriginal community. Aboriginal coordinators were to be employed and skilled to deliver accredited Family Wellbeing training and other courses to up-skill and empower members of all major Aboriginal communities. The result would be a highly trained Family Wellbeing team that was able to anticipate and respond to changing community needs and inspire employment readiness within communities. By 1995, six Family Wellbeing centres had been established (in Port Augusta, Coober Pedy, Murray Bridge, Ceduna, Point Pearce and Adelaide), with Family Wellbeing workers employed in each. It was accredited as a national vocational education and training (VET) program.

By 1996, however, broader national debates about Australia’s welfare system, including options for reducing Aboriginal welfare dependency, started to impact the Family Wellbeing approach. Despite Commonwealth and State/Territory government statements of commitment to Aboriginal empowerment, partnership and reconciliation, it was clear that there was a new national policy of
mainstreaming Aboriginal-specific programs, which led to budget cuts for Family Wellbeing. Contrary to earlier visions of local Family Wellbeing centres responding flexibly and sustainably to community needs and aspirations, Family Wellbeing (like many Aboriginal initiatives) became caught up in short term funding cycles, thus undermining the vision of becoming a widespread and sustained program. However, despite the lack of long-term financial support, Family Wellbeing continued to expand and by 2012 had been delivered to over 3300 people in 56 sites across Australia. Map 1.1 depicts the 56 places to which each organisation has delivered Family Wellbeing through partnerships established with local or regional organisations. This clearly shows the extent to which Aboriginal people are willing to vote with their feet in order make a program that they value available to their people.

**Current Family Wellbeing Delivery**

There are currently three provider organisations that take responsibility for Family Wellbeing implementation across Australia. These organisations are located in Adelaide (South Australia), Alice Springs (Central Australia) and Cairns (north Queensland). These providers have changed their names, locations and to some extent their functions over the years, but they have maintained their commitment to Family Wellbeing. In 2013, they are: (1) the Technical and Further Education South Australia (TAFE SA) Aboriginal Access Centre in Adelaide and the Riverina; (2) the Batchelor Institute of Indigenous Tertiary Education in partnership with Tangentyere Council in Alice Springs; and (3) the James Cook University Empowerment Research Program in Cairns. There are linkages between the three organisations, but each operates independently with minimal resources available for inter-organisational networking or collaboration. They deliver Family Wellbeing through two mechanisms: as a routine training course and on an as-needs basis through partnerships. Partner organisations include Aboriginal organisations and groups, government departments, universities and research organisations, and non-government organisations and private consultancies.
Chapter 2
The Research Approach

Abstract This chapter presents the research approach that underpins the Aboriginal Family Wellbeing model of Empowerment. The study sits within a broader Empowerment Research Program. The constructivist grounded theory methodology used in this study is described.

Keywords Empowerment research • Grounded theory

The Empowerment Research Program

Across professional disciplines and social programs, empowerment is promoted as a strategy for addressing social and health disparities and entrenched disadvantage. Empowerment is recognised as a process, an outcome and an intermediate step to improving long term health and social status (Wallerstein 2006). In most accounts of the concept, empowerment involves some element of change or transformation toward an expansion of choices, self-determination and enhanced health and wellbeing (Feeney 2008; HyungHur 2006; Kabeer 1999; McCashen 2005; Pearson 2007; Wallerstein 1992, 2006; White and Epston 1989).

In more recent years, there has been increasing understanding of the contribution empowerment makes to public health. Research indicates that disempowerment and chronic stress are linked to alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases (Wallerstein 2006). Similarly, disempowerment underpins, both as a cause and effect, violence, crime, alcohol and drug abuse and youth suicide, impacting not only on adults but also on the development of children, with devastating, life-long consequences (Tsey et al. 2003).

Despite the extensive usage of the term, empowerment has also been viewed as “problematic” largely because it has been poorly articulated as a theory and inadequately researched (Legge 1999; HyungHur 2006; Augoulat et al. 2007). Further, people have been unsure how empowerment can be applied. It is one thing to say that people should be enabled and empowered, but how do you do this in
practice? Assuming that you can achieve some sense of empowerment, how then do you inspire long-lasting, sustainable growth and change?

Empowerment has also been considered highly relevant for addressing the relative disadvantage experienced by Aboriginal Australians (Fredericks 2009). The term is often used in major policy documents (Human Rights and Equal Opportunity Commission 1997; Swan and Raphael 1995) as an implicit recognition of the large-scale disempowerment and denial of basic rights afforded to Aboriginal Australians. Yet in this context empowerment has often been viewed as difficult to effectively operationalise and evaluate, and so has been overlooked by policy makers and researchers. Research has tended to focus on identifying problems rather than evaluating the effectiveness of solutions. As a result there has been a longstanding failure to recognise and appropriately support Aboriginal people’s own initiatives to enable individuals, family groups and communities to achieve health and wellbeing and participate fully in all aspects of society.

The Empowerment Research Program was established in 2000 to address this evidence gap. The aim of the research program was to better understand the concept of empowerment and to demonstrate the contribution of empowerment interventions to health and wellbeing (Tsey et al. 2007). The research took a ‘phased’ approach, whereby exploratory, mainly qualitative descriptive and theoretical studies would lead towards more measurement and impact evaluative research (Haswell-Elkins et al. 2010). Partnerships between university researchers and Aboriginal community organisations enabled the research to be grounded in Aboriginal people’s own efforts for change, and Family Wellbeing became an important tool for this process.

Through the Empowerment Research Program, Family Wellbeing has been delivered to over 2000 participants in over 30 sites. In most instances, Family Wellbeing has been integrated into existing services and programs; for example within: the school curriculum, parenting programs, men’s health groups, women’s groups, family violence and suicide prevention strategies, mental health services, alcohol rehabilitation programs, prison and post release programs, chronic disease interventions, job preparedness programs, and workforce team building and organisational change strategies (Tsey et al. 2007). Although these are diverse areas of interest, they all have in common the need for people to gain control over their lives and enhance health and wellbeing (Tsey et al. 2007).

Micro community-specific evaluations of Family Wellbeing deliveries in different sites revealed that participation in the program enhanced people’s capacity to take control of their lives. At an individual level, empowerment manifested through attributes such as hope, goal setting, communication skills, empathy, a strong desire to help others, perseverance, and a belief that the social environment can change. Family Wellbeing participants reported improved personal care and diet, reduced alcohol intake, motivation to give up smoking, and increased physical exercise. Non-drinkers, especially women, were often the first to be attracted to the program. Through self-awareness and social support, they developed their capacity to protect themselves and their children from drinkers’ abusive behaviour. Importantly, over the longer term, these pioneering participants became
motivated to take the program to the more difficult to reach sections of the communities, including people in prison and in alcohol rehabilitation (Tsey and Every 2000; Tsey et al. 2002, 2003, 2005, 2009; Rees et al. 2004; Whiteside et al. 2006; Mayo and Tsey 2009; McEwan et al. 2010; Brown 2010; Bainbridge et al. 2011).

Methodology for a Theoretical Study

The study presented in this book is based on lead author Mary Whiteside’s doctoral study, which sought to build theoretical understanding of empowerment through a systematic analysis of the stories of Family Wellbeing participants. The data sample of 47 participants (16 men and 31 women) was chosen from contrasting remote, rural and urban settings, with a different mix of participants in regard to gender, employment and level of education. These participants had documented their responses to the program in reflective diaries or through interviews, 6 to 12 months after completing the program. In each site the program was delivered as a component of a broader and multi level social or health strategy, including a youth suicide program, a community social and emotional health program, a state government Aboriginal workforce capacity building strategy and a regional health reform strategy (Tsey et al. 2007, 2010). Not all participants had completed all of the four Family Wellbeing stages; many had been exposed to just Stage 1. But all of their stories contained very similar themes about the factors that enabled them to take greater control of their lives, and the changes they were able to make.

The study was based on deep understanding and analysis of people’s stories of achieving empowerment following participation in Family Wellbeing and required a qualitative methodology that could embrace complexity at historical, political, cultural and personal levels. It involved a process of knowledge development with Aboriginal Australian partners where reconnecting with traditional knowledge systems was an essential component, and part of a continued assertion by Aboriginal peoples to take control of their lives (Aboriginal Education Development Branch 2002; Martin 2003). It was imperative that the research be culturally safe and culturally respectful (Irabinna Rigney 1999).

With these requirements in mind, a constructivist grounded theory methodology was selected. This approach allowed for the centrality of people’s experiences, and was congruent with the Aboriginal concept of Dadirri which promotes deep listening to stories and quiet still awareness, a traditional means for passing on knowledge of culture and lore (Ungenmerr-Baumann 2002). It allowed for the construction of meaning in the analytic process, accounting for researcher influence and reflexivity and social and political context. It integrated ethics of care and responsibility with systematic guidelines that maintain the intellectual and theoretical rigor expected of academic research (Bainbridge et al. 2013).
The fact that the lead researcher was a non-Aboriginal woman required particular care. Aboriginal 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). Co-author Yvonne Cadet-James played a vital role as cultural mentor, reflecting upon and discussing the nature of the data, the process of analysis and the emergent findings.

Applying the constructivist grounded theory methodology involved a complex and organic interplay between research questions, data, epistemology, theoretical perspective, literature and method. Guided by analytic questions, each interview was read line by line. Codes were then created using words or phrases that captured the complexity in the information and ideas expressed (Charmaz 2006; Whiteside et al. 2011, 2013). Codes were then grouped into analytic concepts or categories (Charmaz 2006; Whiteside et al. 2011, 2013). This stage of the research 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, key elements in people’s stories that could be clustered into broad categories of social context, beliefs, skills, agency and outcomes. Dictionary definitions helped to confirm that category 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; “Outcomes” included the results or consequences of something (Macquarie Concise Dictionary 1996). Theoretical literature influenced the choice of “Agency” as a category. Agency is viewed as a feature of empowerment, involving personal responsibility and participation (Feeney 2008; Kildae and Yow Yeh 2000; Narayan 2005). Layder (1994) argues that agency involves “the degree to which individuals are capable of changing the circumstances in which they find themselves and of responding creatively to social constraints” (p. 210). Each of these 4 categories has a series of sub-dimensions, and the data was organised accordingly.

Access to data from multiple sites, which varied in relation to location, size and gender make-up, provided further opportunities for theoretical sampling (a feature of grounded theory methods). Categories and their properties could be compared across different contexts and under different conditions, and it was found that the emerging theory held true. Data saturation, the point at which no new theoretical leads were evident (Charmaz 2006), occurred after 13 interviews, although the analysis continued beyond this number and 33 interviews were ultimately analysed (Whiteside et al. 2011, 2013).

The next step in the grounded theory process was to develop theory from the categories and sub-categories. Building theory involves dividing something that is apparently complex into relatively simple elements; looking for patterns and clusters of ideas and integrating these into a systematic scheme (Charmaz 2006). Smith (1998) notes the degree of difficulty of this task, which proved to be the case for this study. The data contained many elements and dimensions and uncountable potential stories. Strategies that assisted the theory building enterprise included
maintaining the research question as the focus of analysis, articulating the emerging narrative, using visual models, and using NVivo software for qualitative research. Ultimately the early analytic categories held true and formed the basis of the theory.

The resulting theoretical model of empowerment, the focus of this book, confirmed international literature (Wallerstein 2006) and our own micro level community evidence regarding empowerment as a social action process that promotes participation of people and communities towards goals of increased individual and community control, expanded choices and opportunities, improved quality of life and social justice (Tsey et al. 2009; Bainbridge 2009; Whiteside 2011). The study findings also closely resonated with psychological research that demonstrates that people who are flourishing and experience wellbeing have better health. Whole communities and societies flourish where happiness, autonomy, positivity emotional control, empathy, wisdom and creativity are present (Seligman 2012). However, in this study, as with other studies examining empowerment for Aboriginal Australians, there was greater focus on spiritual beliefs, healing, strong personal values and having the skills and desires to help others. These themes reflect Aboriginal Australian concepts of spirituality and holism in health (Bainbridge 2009; Fredericks 2010; Tsey et al. 2009; Whiteside et al. 2011, 2013).
Chapter 3
An Aboriginal Family Wellbeing Model of Empowerment

Abstract The chapter presents the Aboriginal Family Wellbeing Model of Empowerment. The model incorporates four interconnected central elements: beliefs and attitudes; skills and knowledge; agency; and outcomes. All of these elements occur within a social context. The relationships between the four elements and the social context are described.

Keywords Social environment · Beliefs and attitudes · Skills and knowledge · Agency · Outcomes

This chapter presents an overview of the Aboriginal Family Wellbeing model of empowerment. The four key elements of the model are considered: beliefs and attitudes, skills and knowledge, agency and outcomes. As well, the ‘Social Environment’ in which empowerment was occurring for Family Wellbeing participants, is described.

When analysing the stories of Family Wellbeing participants, we were essentially looking for indicators of how people achieve empowerment. This involved looking for the positive aspects of people’s stories, no matter how small or seemingly insignificant. Within the stories were accounts of important and exciting transformations, as well as micro steps people were making toward such changes. These positive aspects involved the four key elements of beliefs and attitudes, skills and knowledge, agency, and outcomes. However these elements were not linear or mutually exclusive, hence Fig. 3.1—An Aboriginal Family Wellbeing Model of Empowerment presents the elements in a cycle of change.

Change can start in different points of the cycle. For example, one aspect of ‘Skills and Knowledge’ involves people feeling able to help others. Helping others can trigger changes in ‘Beliefs and Attitudes’; many people spoke of gaining personal confidence and self-esteem when they were able to help others. One participant, Trudi, spoke of how getting positive feedback from her clients was “… a pleasure to hear and uplighting to oneself”. Exercising ‘Agency’ could also impact on one’s ‘Beliefs and Attitudes’. Ruby found that becoming more involved in community affairs helped her to see herself in new light: “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”.

The experience of change itself triggered more change. People came to see themselves as being strong rather than powerless, as having choices rather than being trapped, and as being skilled and experienced. This helped them to make further changes for themselves, in their relationships and in their communities. In the following chapters we consider each of the 4 elements of the model in turn.

As people spoke of positive steps and changes, they couldn’t help but mention the circumstances within which these were occurring. Day to day life contained many challenges, as well as opportunities. The Family Wellbeing model of empowerment therefore also locates the central elements within the context of ‘the Social Environment’. 

Fig. 3.1 An Aboriginal Family Wellbeing Model of Empowerment
The Social Environment

The social environment of Family Wellbeing participants contained both constraints and opportunities. Their personal accounts were rooted in history, linked to historical events and the consequences of massive disruptions to the lives of their forbears following colonisation. The impacts of child removal policies, massacres and separations from land and culture on individuals and their extended families were strongly associated with current emotional problems and loss of spiritual knowledge.

Commonly mentioned were the ‘stolen generation’ policies. One participant, Thomas, estimated that his community was “80 % stolen generation”. Another participant, Esme, recalled the story of how her grandmother was taken from her mother: “She was stolen and taken away from a mother’s love. She was taken as a 7 year old girl, brought to another land, long way, speak a strange language, brought up into the white man’s world”.

People spoke of historical massacres and the removal of families from their traditional lands to missions. These traumas impacted their emotional development; “we don’t know how to mourn. We don’t know how to cry. We don’t know the full strength of love” (Esme). Continuity of cultural and spiritual knowledge was threatened. Michael, a support worker, noted that, “a lot of kids I work with don’t know where they’ve come from”. This disruption in knowledge and identity was linked to confusion, lack of direction and despair. People weren’t sure where to turn for help. Another participant, Alison, spoke of “not being able to trust anyone to talk through the enormous emotions … they would have thought I was mad”.

Emotional pain triggered other problems. Alison said that “when I am angry I become critical … part of that anger is about pain”. Drug and alcohol abuse was a major issue. Mick “used to drink $500 a fortnight”. Alison was concerned about her brother who was “into alcohol and drugs and can become violent”. Gambling was a problem for some. 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”. Child abuse was commonly mentioned. 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”. Suicide was a source of deep concern. On that topic, Anthony said, “Most people can identify with it because they have lost a loved one through suicide”. Families and friends struggled with their grief.

People spoke of problems at work and being affected by interpersonal conflict in the workplace. Some described being voiceless, overworked, discriminated against, traumatised by conflict and, on one occasion, physically threatened. Trudi, said, “I felt my heart had been ripped right out of me, I went into the deepest depression of all time”. Several people had either resigned or were thinking of resigning from their jobs, as was the case for Patricia, who said that, “as I have pride and proud of myself plus feeling good about myself… I must resign”. These
problems were occurring in government workplaces as well as in non-government and Aboriginal organisations.

Community life was not exempt. Community level pessimism, alcohol, discrimination, poor leadership, and lack of services were all mentioned. Gary was frustrated at the lack of accessible services, reporting that “there’s absolutely nothing in [name of regional town] … local services are not really functioning”. A critical lack of housing was a major focus for many, including Mick: “Well that’s another thing eh? You get like 20 people in one house, 8 in one flat”. Local leadership was seen as part of the problem, as stated by Esme, “now as I said, our problem in the community, our leadership sucks”.

Despite all the difficulties identified, people usually had some sources of support. Alison said that she went “to church at a time when I needed support”. Norma reported that she really valued being connected to “our culture … sharing and coming around and sitting and talking”. Ron said that he enjoyed the Family Wellbeing sessions where people “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”. These connections were fundamental to people’s ability to make changes. Thomas described the process as “just drawing energy from each other to keep going forward”.

Joy’s Story

Joy, the mother of teenagers and a Family Wellbeing facilitator and counsellor, described just how difficult life could be for the youth in her community. She witnessed the complexity of her children’s relationships; the closeness of their attachments but also their conflicts: “Sometimes it seems like they are jealous of one another, then at times when my kids are away from one another they fret for one another”. Conflict or ‘bullshit’ escalated when alcohol was involved. She frequently saw young people drunk or ‘stoned’ in her community, seeing them as “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 believed that families often let their children down; “when they do go home they get accused of sleeping around (being a little slut), drunk and/or on drugs when some of the time they are just ‘hanging’ with their friends”. Where children felt unloved and abused, alcohol and drugs, the results could be devastating. Every day, Joy dealt with young people who “talk or think about killing themselves”. Joy’s own children had lost a lot of mates just in the last 6 months.

There was, however, important support available for young people in the community. Joy saw that Family Wellbeing played an important role. The mothers that trained in Family Wellbeing “have been empowered and are stronger”. She believed these mothers would be able to help prevent youth
suicide because they would be more “in tune” with what their kids are saying. Joy herself offered a lot of support to young people. She said that her children’s friends know they can come to her place whenever they need a meal, a bed or someone to talk to. Family Wellbeing had really helped her to build her own knowledge and skills to help young people and their parents.
Chapter 4
Beliefs and Attitudes

Abstract Beliefs and attitudes have a major impact on the life you come to lead. This chapter presents the beliefs and attitudes which inform the Aboriginal Family Wellbeing model of empowerment.

Keywords Choice • Responsibility • Positive • Self esteem and pride • Spirituality • Values

This chapter presents the first element of the Aboriginal Family Wellbeing Model of Empowerment, ‘Beliefs and Attitudes’. The ways in which you view yourself and your world have a major impact on the life you come to lead. ‘Beliefs and Attitudes’ involves seven aspects: choice, responsibility, a positive attitude, self-esteem and pride, spirituality, and personal values (Fig. 4.1).

Choice

Even when living in difficult situations, people came to see they had influence over their lives, and choices. In the words of Yvonne, “Family Wellbeing has made me realise that life has opportunities and choices. It is up to us as individuals to overcome the bad things in life”. Yvonne’s sentiment was shared by Trudi, who spoke of being bullied and traumatised in her workplace, but came to realise that, “we do have choices about what we want from life for ourselves and our loved ones”. She hoped that other people would come to see this. Nancy realized that, “… 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”.

M. Whiteside et al., Promoting Aboriginal Health, SpringerBriefs in Public Health, DOI: 10.1007/978-3-319-04618-1_4, © The Author(s) 2014
Responsibility

People believed in taking responsibility for their lives. Although support could be helpful, ultimately, some people noted that no one else can make changes for you. Ron spoke of realising that his life was his responsibility, 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”. Eileen was aware that achieving a different future for herself depended on her being “prepared to work for the future”.

Several participants identified the importance of personal responsibility in the context of aiming to help others. Gary argued 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.” Ron applied the idea to parenting, saying, “I could preach to my sons all day all night, but they got to want to, it’s got to come from them”.

Responsibility was also seen as important for community development. Alison suggested that new ideas should be coming from the people themselves and that, “the program should come forward from the ‘grass roots’ not from those in the workplace.” People wanted to take more responsibility in their communities. Robyn hoped “to be part of a team to help set up the healing centre”. Ron said to himself “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”!

A Positive Attitude

Change can be hard and there are always challenges along the way. Maintaining a positive attitude is important, as was identified by Norma, “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 throughout the day”. Linda found that keeping an eye on the bigger picture, as well as her personal strength, helped her to stay positive, “it comes back to having a focus across the board and personal strength, so that one thing doesn’t get you down”. Ruby was able to “put myself back up and change it again”.

Some people looked for small gains as a way to maintain a positive approach. Gary spoke of “looking for a win; otherwise it’s very draining and hard to see where you’re going”. Lyn believed that “from little beginnings, big things come”.

Self-Esteem and Pride

Self-esteem and pride are both essential to empowerment. Through engaging with Family Wellbeing, people learned to love, or at least like, themselves. A love of self brought personal wellbeing and loving relationships. Anthony said, “now I
can love my wife and children because I love myself’. Patricia said she had experienced “a most positive approach of who I really am”. For others, self-esteem was just starting to develop. Trudi said, “I can now look at myself in the mirror without feeling ugly and disgusting”. Self-esteem involves being able to acknowledge your gifts and strengths. Robyn noted that she had “gifts to share with others”. Sharon saw that her “special qualities in counselling” 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”.

Self-esteem is linked to personal pride. Ron described himself as “one of those fellas that’s proud, I’m just happy, I’m me”. Aboriginal identity is one source of pride. Alison felt “very strong about who I am… I’m not a ‘half caste’ but a person of ‘Aboriginal descent’”. Knowledge of her family history was vital to this new sense of self-identity and for her transmitting knowledge forward to her children. “The need to have knowledge about where my family comes from. Need to know history for the children so as they know”.

**Spirituality**

Spirituality provides a source of strength and stability: “The only way you can come out of this is spirituality. You can’t do it on your own. You’re not strong enough, as a human being… people need to go into that word [spirituality] and see
what it really means because the spirit needs to be respected as food, water, shelter, as your own body. That has to be respected (Esme)

Thomas wanted to learn more about spirituality so he could help others to do the same, “…the people want to look more at the spiritual side, the spiritual needs. I only have very little knowledge about it and I want people to know about that side. I believe it is a very important side”.

Christianity was identified as being an important aspect of some people’s spirituality. Anthony said that: “being a Christian, I had the power of God to give me the strength to go through it”. Esme also turned to God when times were hard, as, “He does good things for me when I’m down and out”. The stability Thomas gained from his belief in God gave him “a firm foundation to press forward”.

Personal Values

Personal values provide guidance and direction for life. For Thomas, this meant that “you get a clear picture of making the right decisions”.

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”.

Respect was also identified as being an important value. Ron said: “just respect for other people—it is all about respect for other people”. Shane noted that when people show respect to others, they will be respected in return: “when they respect others, they gonna get respect… it’s a two-way thing and I believe it is starting to pay off”. Respect involves acceptance of people’s strengths and their views. As was noted by Linda, “I always saw the good qualities in people and people had to be valued for who they are”.

Respect helped people to overcome differences in opinions and beliefs. Anthony believed that “we should be respecting and helping each other, no matter what views we come from”. Thomas did not necessarily agree with some of the spiritual beliefs of others, but 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 [certain spiritual beliefs], people have got different views and that, beliefs and that”.

Several people spoke of respecting and accepting people with differing cultural backgrounds. Sometimes this meant overcoming distrust and even hatred of a particular 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”.

Several people spoke about the value of forgiveness. Lyn had been able to love people, even those who had “abused and wronged me.” 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’s ability to love unconditionally and forgive had not been easy to achieve. It had involved a 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”. Yet, forgiveness helped her to feel stronger. She spoke of “feeling very free, amazed at the courage it took and the new wisdom that came with it”. Trudi also found forgiveness important to her ability to move forward in life, but she said she would never forget her past.

Compassion was often discussed. People spoke of a deep sense of concern for ‘their people’ and they wanted to share their experience of change with others. Eileen aimed “to have compassion for all mankind”. Beryl said that as she gained strength, she became more “compassionate and courageous”. Compassion was evident in the sacrifices people made for others, especially young people escaping family problems. Sharon’s house had become a “haven for youth”. Patricia spoke of large numbers of teenage boys, “at least 15–20 young boys” coming through her house.

These values had come from different sources. Linda received a strong set of values from her family, “my life was really family orientated… my value base was formed young”. Eileen noted that children learn their values from their parents, “they only learn from us as adults what life has to offer everyone”. Esme spoke of 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”.

**Alison’s Story**

Alison was unemployed, a single parent and suffering chronic illness when she was first introduced to Family Wellbeing. Once she had completed Family Wellbeing, she took on a role of co-ordinating the program workshops. This led to other work as a part time community worker. Alison wrote about her childhood trauma. She and her siblings were removed from their mother as children and taken interstate “in the name of education”, and she had subsequently lost a number of family members. She struggled with her grief for many years and felt that this had a big impact on her children. She was unable to give them the support they needed growing up. She wrote of her concern about her family and her community. She was also worried about drug and alcohol problems in communities, which she saw as a form of “slow suicide”. She was disappointed by the “politics” in local organisations.
She was frustrated that people weren’t addressing problems. She thought that a lack of education skills was partly to blame.

Alison wrote of the importance of having dreams and a vision for the future. In her better world, she would address her own healing. She would then be able to help others—her children, her family, her workplace and her community. Support would be available for her, not just from her family but also from support groups and the church. She would have friends from all walks of life. There would be less conflict in the community. There would also be opportunities for people to build their expertise. Aboriginal people would value and keep control of their knowledge, but they could also become better qualified in fields like family therapy. They would be included in the development of social and political policy. Most importantly, they would be taking greater control of their own affairs.

But for this vision to happen, Alison believed there needed to be changes in beliefs and attitudes. People need self-esteem, confidence and positive attitudes. They need to know they can help themselves. The focus should change from a “welfare mentality” to one of community development. Values like trust, honesty, responsibility, honour and respect are important. With these beliefs and attitudes, people can work with new groups in their communities towards reconciliation.
Chapter 5
Skills and Knowledge

Abstract  Skills and knowledge provide the tools for empowerment. This chapter presents the skills and knowledge which inform the Aboriginal Family Wellbeing model of empowerment.

Keywords  Life experience • Emotional control • Analytic skills • Communication • Helping skills

The second element of the Aboriginal Family Wellbeing model of empowerment is “Skills and Knowledge.” These are the tools that helped people make their hopes and vision for a better future a reality. This element involves 5 aspects: life experience, emotional control, analytic skills, communication skills and skills for helping others.

Life Experience

People had learned a lot from life. They often felt stronger when they thought about the richness of their knowledge. Norma reflected on her life:

...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.

Learning came from both good and bad experiences. Linda found that “learning happens when things aren’t right—you would never do it the same way again.” Norma also learned from past mistakes: “I never want to go down that road or that path because it’s gonna lead to this and this and this”. Ron knew men in jail who regretted their past, but had learnt they wanted to have a different future: “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)?

M. Whiteside et al., Promoting Aboriginal Health, SpringerBriefs in Public Health, DOI: 10.1007/978-3-319-04618-1_5, © The Author(s) 2014
Emotional Control

Daily life can be difficult, triggering unhelpful thoughts and emotions such as anxiety, fear and anger. Participants who could manage and control their emotions found that they could calm themselves, think more clearly, and avoid conflict. One such participant was Trudi, who spoke of being “more aware of always being more positive, creative and harmonious with my thoughts”. 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”. This emotional control helped Trudi to better 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”. Thomas also found that staying calm helped him to “really think properly and… stand back and look at the problem”.

Several people discussed how they were able to avoid conflict by managing their emotions. Thomas said, “instead of just rushing up and wanting to fight with my wife, I stay back”. He went on to say, “before, when me and my wife used to fight, I used to get the rage and wanted to hit her… but now doing the Family Wellbeing, I get to find other ways [of dealing with anger], plus [learning] how to deal with emotions and I find myself more at peace”. It is clear that Family Wellbeing has been instrumental in changing mindsets, particularly in relation to issues such as domestic violence (Fig. 5.1).

Analytic Skills

Being able to better understand or analyse situations is an important skill. It helped people to address their difficulties: “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 a small part of the area whereas you want to try and help with the whole lot if you can” (Henry).

Trudi saw her sadness as being linked to other people’s behaviour in her workplace. With this understanding, she was able to address the problem and make work a better place for her: “Through identifying where my sadness and misery had started… 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”.

Beryl’s partner’s insecurity was the source of her difficulties. Understanding this pattern helped her to respond in different ways and not “be caught up into his insecurities”. Beryl took this skill to other relationships. In any situation of conflict, she learned to “recognise where these people were coming from… become in control and able to understand them”.

Eileen observed some unhelpful relationship patterns in couples she knew. She saw them become 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… behaviour based on old ways or patterns from the past”. Beryl saw a similar pattern in her father’s behaviour. She started to see more clearly that he could be a bully: “… 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 Family Wellbeing concept] when he doesn’t get his own way he becomes the victim”. Anthony became aware of a pattern of anger between him and his wife: “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”.

When people were able to understand the patterns that led to hurtful and unhappy relationships, they were more likely to see 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” These triangles are presented in Family Wellbeing and are explained in Chap. 6.

People also understood more clearly the needs of their communities. They discussed ideas for new services and ways for improving existing services. Tanya identified housing as a need for her community: “not poor housing but lack of houses and I tried to do something.” Beryl argued for a youth support program because “it’s important that the youth have somewhere safe where they can go.” Trudi recommended camping programs that “would be organised, which may

---

**Fig. 5.1** Skills and knowledge

![Diagram of Skills and Knowledge]

Analytic Skills

27
help the situation, could be youth camps or regular camping trips out bush.” A number of people called for a healing centre in their community “that can be able to address the holistic picture for all Aboriginal people and their values and beliefs.”

**Communication Skills**

The ability to communicate is vital for empowerment. People discussed different types of communication skills. Listening was identified as being an important skill. Henry said, “you’ve gotta hear other people and listen to what they say”. Trudi had found that when parents listen, they “share in their children’s ups and downs”. Rose said, “the children listen to us and that. We sit down and listen to the children and ask them what they done at school”.

Being able to express your views and feelings is a necessary skill, as noted by Alison, who found “talking and expressing my views on what I think” to be helpful. But sometimes you had to find a balance where you “talk more freely and openly without being hurtful to others”. Expression did not always involve talking. Trudi said that she had begun to cuddle her children “when they want cuddles instead of pushing them aside”.

Clear communication helped people to deal with issues. Alison said that instead of “keeping things secret,” it was “better to deal with it”. 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”.

Henry mentioned using his communication skills at work “especially meetings and things”. Thomas was a member of a housing action group. This group found they needed skills in conflict resolution and negotiation. 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”.

**Skills for Helping Others**

People who had suffered in hard times but managed to turn their lives around often wanted to help others to do the same. Helping others requires skills and knowledge. People found their personal experience and knowledge was a rich resource. Mick let people “know what I done wrong, try to explain it… learn and teach”.
Being able to engage and build trust is critical to helping others, as was articulated by Alison: “open/receptive happens where there is trust”. People built trust in different ways. It could simply involve letting people know you were there for them, for example Anthony said, “I’m just here, I just offer myself”. Gail was on hand for her children and said that when they had problems, “they’d come and let me know and I would sit down and talk to them”.

Linda was prepared to take risks and challenge workplace rules: “You have to be prepared to step outside the boundaries of the [name of government family support service in which she was employed]… I took a girl for a drive to [a nearby town] to talk, and the [name of service] perceived that as me rewarding her. But I did the right thing; this way she opened up and talked to me”.

Sometimes, trust involved helping people with their basic needs. Sharon offered “accommodation first, so that the security aspect would become apparent and then by building a trustful relationship and utilising skills from the Family Wellbeing course”.

Confidentiality was an important part of trust for several people, including Henry: “because they know I don’t go back to their parents or tell them; it remains between us”. Patricia reassured people that “what they say is completely confidential and if they have time I will listen”. For Beryl, trust involved following through on promises because “lots of times promises are made and aren’t followed through”.

Being curious and asking questions was identified as being a useful skill for helping others, for example Patricia said: “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”. Norma listened to what people were saying and then used questions to help others take ownership of the change process: “… 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”?

In helping others, most people saw their role as empowering others to take control. They needed skills to do this. 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, saying something positive [like] you have a beautiful smile, don’t hide it”. Norma thought it was important to help people to recognise the knowledge they have: “A lot of these mums, they know about parenting, they know about these different things… it is building on what they already know”.

Knowing your limitations is also a skill. On occasions, people said they had to know when they were unable to help. Robyn 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 judgments… I have to stand back and let others deal with it”. Trudi was prepared to be a supportive ear but would then “direct them onto the
appropriate referral group depending on their problem” if she felt they needed to seek professional help.

**Ron’s Story**

Ron, a dedicated father and grandfather, was in a voluntary leadership position in his local men’s health group. Through Family Wellbeing workshops, he became aware of the potential of the men’s group to influence community and policy decisions, including the urgent need to address the lack of housing in his community. With the support of the men’s group, he campaigned and became elected to local government and used this as a platform to further advance local concerns.

When he reflected back, Ron could see the value of his own life experiences. He had had his own problems with housing so he could relate to how stressful this was for others. He was also deeply concerned about the issue of family violence in the community and although he didn’t have personal experience, he had seen others with similar problems and had learnt from them.

One of the aspects of Family Wellbeing that Ron found helpful was learning to better express and/or manage emotions. There were times in the past when he would get upset and angry, both with his “Mrs” and when dealing with the local council. In both contexts, he had learned to walk away, calm himself down and “cool off”. He learnt to take responsibility for his own emotions, to try to understand where others might be coming from and to respect their points of view.

Ron became better at understanding problems people were going through, including his own. When his children had problems with drugs, he was able to give them better advice. He appreciated that sometimes he wasn’t the best person to help his children, and he had to accept that they might not want his help, even though this was very sad for him. He also spoke about learning how to be a better communicator. He found that this helped him to relate to people and that they were more likely to listen to him as a result.

Through the men’s group, Ron put a lot of time into helping other men and boys in the local community. He tried to help them to manage their emotions by encouraging them to calm down through playing guitar or hunting and fishing, instead of fighting or hurting their women. He suggested they think about having goals in life, like “going to uni or TAFE or something? Get a job”? He worried that there were talented people in the community who had a lot to offer but who weren’t being heard and were being forgotten. Most of all, he had learned that if you are going to help people, “you got to learn to deal with your situations at home or wherever”.

Chapter 6
Agency

We do things that we never been doing… like taking my family out.

Abstract In this chapter the element of agency within the Aboriginal Family Wellbeing model of empowerment is presented. Here people take action toward making their lives, and those of others, better.

Keywords Agency · Healing · Change

The third element of the Aboriginal Family Wellbeing model of empowerment involves the idea of agency; people taking action to make their own and other’s lives better. This chapter examines five ways in which people exercise agency, being: healing, planning for the future, improving relationships, helping others and participating in community efforts for change.

Healing

Many people struggled with emotional problems due to past and/or recent trauma. People needed to heal from these events. Some found it helpful to release and express emotions. Anthony felt trapped in his emotions, saying, “they were like walls… like veils that were around my eyes”. But he said he felt released when he could tear down the veils. Lyn had suffered deep loss but found she “could work things through the grieving process”. Alison found “deep tissue massage releases emotions/memory of what I have held onto in my body”. Trudi gained relief and a sense of strength from expressing her feelings: “having got that off my chest, because it was affecting me, and not only me but my children who need me” Fig. 6.1.

Addressing personal issues was a slow and complex process for some. Trudi continued to experience periods of emotional turmoil as “many emotions… come back and haunt me”. Ruby had times where she was unable to remain in control “because sometimes I relapse and be negative” despite the fact that she usually
managed to be more positive. Esme had not yet achieved a sense of healing; she believed her “spirit is still wandering”.

**Planning for the Future**

People started to plan for the future. For Douglas, this meant, “taking a good hard look at where you’re at… where you want to go”. Ron wanted to “get a job, look after my children and try to start a farm”. 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”.

Trudi wanted to improve her family relationships and said she was “now looking forward to working on creating good positive relationships with others, and building a beautiful and loving relationship with my children”.

Many people had plans for improving their communities. Norma wanted to give parents education about parenting, alcohol and drugs, health and budgeting. She was also concerned about the issue of relationship violence and wanted to run Family Wellbeing in her community. She said that, “mums still go back to violent relationships because they don’t see any way out”. Mick had plans for supporting young fathers: “some of the young fathers… these boys, they got some problems”.

Training was seen as a necessary part of future plans. Joy 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”. Alison wanted more Aboriginal people to be involved in running courses and programs.
Improving Relationships

People sought to change their relationships in ways that better matched their beliefs and values. Some people became more assertive. They demanded they be treated with more respect. Patricia summoned the courage to tell her long-term partner of the fear and hurt he had inflicted on her. She told him she was “no longer afraid of him”. She then made her expectations for their relationship clear: “you have now got a new strong black WOMAN [her own capitals] who is not going to take ‘shit’ anymore”. Her relationship improved as a result. Patricia said that her partner still called her “a nasty woman” but now did so in a nice way. He slipped back at times, but Patricia was better able to manage his threats: “… 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 also stood up to her nephew who, “when drunk would come and punch walls and swear… I asked him to leave”. It wasn’t easy for her to be heard at first: “he didn’t want to leave and argued he didn’t do or say anything wrong—so I wrote down the things that had upset me”. Getting the message, “he stayed away for at least 4 months”. Patricia said her nephew started to take responsibility for his behaviour and to treat her home with greater respect. She “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’”.

A number of people spoke of building stronger relationships with others by spending more time with them, and having happy times. Mick said he was doing “things that we never been doing… taking my family out… going down to the beach—going fishing”. Like Mick, Gail was spending time with her family, “playing with them and taking them out… like playing footy games and whatever”. In some cases, people also started making friends outside their peer groups, facilitating greater openness and communication.

Helping Others

Many people spoke of the ways in which they were actively assisting others. People’s own families were often the focus of this help. Beryl gave advice to her mother and sister to help them to stand up to her father: “they now recognise my father’s games and will not put up with his behaviour”. Eileen suggested to her sister who was having marital problems that she: “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”.

Gail helped her children with their problems at school. First she would talk to them about what was going on and “then I’ll take them back and explain to their teacher… or whoever… what really happened and whatever”.
People took on new helping roles at work. 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”. Robyn supported people through grief and loss: “I encourage them to shed those tears, talk about them [and then] try to give them answers as to why this happened [and explain] 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”.

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 2-year protection order. I suggested 6 months is reasonable. I was prepared to say this to the team leader and the 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.

People spoke of helping people in their communities. Mick helped people address their drinking, advising one man to “get sober and he had no alcohol for a year… It’s great”.

**Community Efforts for Change**

Some people worked with others for better conditions and services in their communities. People spoke of organising to address community issues such as low rates of school attendance, endemic family violence, alcohol and drug misuse, suicide, over-representation of Aboriginal men in the criminal justice system and critical housing shortages.

In one community, people formed a housing action group and were very encouraged by their progress: “Yeah we identified poor housing… or not poor housing but lack of houses and tried to do something. We’re not going to stop until we are satisfied, y’know. I remember first talking about it… the coordinator, she didn’t think that anything would come out of it… no one would be interested but now there is a lot of people interested” (Tanya).

In another community, Sharon said that people were working together to develop “a special healing place”. Frank had observed the work to date: “And in fact they are working together with one particular organisation to establish what they calling a healing centre, where they can deliver this type of programs and other programs to different people, including schools”.

Linda was invited onto a disability advocacy board and could see that she now had “some power to do things and challenge service providers and government departments so that each individual is valued as a human being”.

Nancy’s Story

Nancy lived with her mother and three school age children. Nancy was working with her local council through the Community Development Employment Program (CDEP) when she heard about Family Wellbeing. She thought the program sounded like a good idea; that it might help her community. She decided to do the course and found that she slowly grew in confidence. She found that she learnt there was “no problem she couldn’t tackle”; and she became interested in becoming a Family Wellbeing facilitator. This led to many developments for Nancy. First, she managed to transfer her CDEP role to one where she worked as a Family Wellbeing facilitator at the community health service. From here, she was employed as a Family Wellbeing community researcher, assisting with the implementation and evaluation of Family Wellbeing. This role led to a permanent job, funded by the government, as a women’s social health worker.

As she gained more knowledge and skills, Nancy took action in other areas of her life. She helped her son to deal with being bullied at school. She told him to face his fears instead of running from problems and to make friends rather than stay at home and be bored. Her advice to her son was that when he makes friends, and has things to do, he won’t notice the bullies as much. Nancy joined the local housing action project and enjoyed learning about community action. She read about what people had achieved in other places, including a housing estate in Scotland. She also read of a woman in a nearby town who was fighting the council to get the drains upgraded for floods. She went to a community event for refugees, which was unusual for her. She enjoyed listening to the stories of people who had come recently to Australia. She came to see that many of their struggles were similar to hers.

Nancy spoke of the changes she noticed in other people who had done Family Wellbeing. Her cousin was spending more time with his family. Another couple were drinking less and had taken up arts and crafts. People who didn’t usually participate in community affairs had become involved in a local housing project and were enjoying having a voice. She noticed people from different backgrounds working together.

The changes Nancy was able to make took courage. She found standing up in front of people, when first facilitating Family Wellbeing, really “scary and challenging”. She didn’t think she could do it. But once she started, she said it came naturally: “we can be frightened to take that first step”. Nancy’s case is a good example of the extent to which empowerment education can transform and improve lives.
Chapter 7
Outcomes

Abstract This chapter looks at the ‘outcomes’ element of the Aboriginal Family Wellbeing model of empowerment. Here the changes people achieved through a process of empowerment are presented.

Keywords Healing and growth · Better relationships · Confidence and engagement · Helping others to change · Community change

‘Outcomes’ is the final element of the Aboriginal Family Wellbeing model of empowerment. Throughout each of the elements of the model discussed to date, people have been taking small steps toward changing their lives, in what can be seen as a process of empowerment. But this final element documents some of the outcomes they were able to achieve. These outcomes involve six aspects: personal healing and growth, better relationships, being more confident and engaged at work, taking on more community responsibilities, helping others to change, and community level change.

Personal Healing and Growth

One outcome of a process of empowerment is emotional healing, and many people spoke of their recovery from past traumas. Trudi “began to heal… as though I was pretty much my old self again”. Anthony spoke of “healing from sexual abuse,” as did several others. Robyn said she had gained a greater awareness and appreciation for “what is most valued… L-I-F-E”. Trudi felt “so free, alive, energetic, focussed… being so aware of the many things around me”. Lyn had not reached the same point, but said she did get to “a stage of acceptance of the situation, I could get on with my life in a much more positive manner”.

With healing came personal growth, thus allowing some important life changes. Susan overcame her insecurities, went back to school and gained professional qualifications: “I considered myself illiterate. I was pretty insecure. Once I did Family
Wellbeing, I had more than I believed I had. Then I went to college and studied counselling. I had to write assignments. I hadn’t been to school since I was 14”.

Others took control of their personal problems, such as alcohol abuse: “Oh, yeah, things have changed. I guess I used to drink a lot and that and now I don’t drink that much. Now I’ve got money in the house, now that I’ve stopped drinking and I’ve got money to buy for the children. It’s because of the Family Wellbeing and the women’s group; it is those two things together” (Rose).

**Better Relationships**

People’s relationships were very often stronger after completing the program. Several people said their family life had changed for the better. Rose said that it felt “like we’re a family again”. Mick said that he felt better about his relationship with his wife and that there was “not much argument, there’s communication, it’s good”. Alison said that she was “now closer with my sisters who took care of me when I was small” (Fig. 7.1).

Some people reported that they had improved their relationships at work, for example Sharon said that her relationships improved by “stronger bonding with my colleagues and clients”. Alison was able to reconcile past differences with people in her community, writing of “changing attitudes by working with groups in the community i.e. reconciliation”.

![Fig. 7.1 Outcomes](image-url)
Other people spoke of being more open to building new friendships. In some cases, this involved connecting with people they never believed that they would and overcoming social and psychological barriers. Thomas provided a very moving account of building relationships with non Aboriginal Australians: “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”.

Confident and Engaged at Work

Further outcomes were evident in the ways people approached their work. Kurt spoke of “stepping up to the mark just a little bit” and being more involved. Robyn said, “my working life has IMPROVED [her own capitals] immensely due to a lot of effort put in by me personally”. Kurt found that “when you plan, it seems to run a bit more fluently, and probably I don’t have to deal with crisis as much when it’s planned”.

Some people looked for or took on new work positions. Gail had started a new job. Rose had an interview that week. Thomas told the story of a man he knew who “used to be doing this CDEP 2 days a week and now he got a full-time job,” which then prompted him to start thinking about his own situation and family. Ruby had facilitated the Family Wellbeing program. For her, this was a new role but something she had always wanted to do. Despite being nervous, Ruby said, “I can do it now… which makes me feel good about myself”. By educating other people about empowerment, many were able to transform their lives.

Further training was considered by a number of people. Beryl said that since her “confidence has blossomed” she “needs to do training to develop other skills”. Sharon wanted this training to be focused on “a career path, instead of just doing courses”. Jason was considering university, “to be more educated and get a degree and stuff”.

Community Responsibilities

Community leadership became a possibility for more people. 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”. Other men became involved in local government affairs, actively campaigning for particular candidates who they believed would best represent the interests of the community. Some then stood as candidates in local elections, positioning them to drive social change. In the words of Nancy, “people who have never had the opportunity before have been a voice in the community. It is affecting a fair bit of people”.
Helping Others to Change

People not only changed their own lives; they saw changes in the lives of others too.

Yvonne helped her sister to reunite with her husband:

My sister has since reconciled with her husband, she or they haven’t split since. I asked her how things are at home and 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 the book “Unconditional Love & Forgiveness.” I believe she is now looking more to the future.

Robyn felt so pleased she had helped people with their loss and grief, saying, “it gave me great satisfaction to know that I have been acknowledged and thanked for giving them some understanding and meaning of the loss”.

Sharon helped a young woman to start to take control of her life: “I feel it [Family Wellbeing] 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 every day I see improvement”.

Shane was a co-ordinator of his local men’s health group. He supported the facilitation of Family Wellbeing with the men:

Through men’s group you get some hard cases, but since they’ve been doing this program [Family Wellbeing], it has really changed their attitude, towards the community and even in their relationship as well. We’ve seen some feedback from their ‘Mrs’, their ‘Mrs’ also seen some change in their partners as well, and that’s pretty good.

Community Change

After completing Family Wellbeing, many people felt they were able to bring about change in their communities. Women working for a healing centre in their community were able to establish this service. The housing action group brought about many changes in their community. There were changes to local government town plans and new local government commitments to provide basic infrastructure to outlying areas. After many years of conflict that had prevented housing development, a settlement was mediated with traditional owners so that land could be released for housing development. According to Thomas, this was achieved by “…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”? In another community, women worked together to trial a vacation and after school care program. They wanted to create a safe environment for children to learn, and to involve parents and the wider community.
All of these outcomes were a source of great satisfaction and hope for people, who for so long had felt unsupported and repressed. Ron spoke for many others when he said: “I’m a fella who likes to see results and action”. Thomas thought that: “The housing project is a sign huh? A sign of the things to come”. Tom’s reflections spoke of the transformational power people came to see they could have: “I didn’t expect these kinds of changes, but it showed me that once ordinary community members get knowledge, then they are able to act in a more constructive way to deal with issues such as housing. Knowledge is power”.

**Tom’s Story**

Tom was the manager of a newly established Aboriginal health service. When he heard about Family Wellbeing, he was keen to do the training. He found the program helped him to think about his life and to identify areas that needed work. He tried to deal with his issues in new and more constructive ways. He argued less with his wife and children and his family noticed these changes in him. Tom also found that the Family Wellbeing ideas helped him in his relationship with God. Through the church, he then helped others with their spiritual lives.

Tom noticed other changes in his community. He saw individuals who trained in Family Wellbeing become more aware of themselves and of the community issues around them. People were not just talking about their problems, but they were starting to do something. He watched people organise to look at the housing situation. Then, as some people took action, others became interested and involved. This resulted in the local government body sitting up and taking more notice and taking more responsibility.

Tom then decided to become a facilitator of Family Wellbeing. He had experience in-group facilitation through the church, so the role was comfortable for him. He also supported the use of Family Wellbeing as the main tool for social and emotional wellbeing in the health service. It was a good fit with the organisation’s understanding of wellbeing and social and emotional issues being an important part of health. Tom believed this early focus on wellbeing helped the service to grow from strength to strength.
Chapter 8
Conclusion

Abstract This final chapter reflects on the significance of the Aboriginal Family Wellbeing model of empowerment as an evidence based framework for policy and practice. The opportunity Family Wellbeing provides for operationalising empowerment is highlighted.

Keywords Empowerment framework · Empowerment intervention · Health · Wellbeing · Sustainability

It is humbling to look back at where we came from at the outset of this book: taking health and wellbeing programs to communities but frustratingly, struggling to maintain local action and enthusiasm. Since using Family Wellbeing as a tool for community engagement, we have learnt that, with the right approaches, incremental changes are possible even within the most difficult, deeply rooted situations. The changes were frequently linked to the issues identified as indicators of Indigenous disadvantage including education, employment, child abuse, family violence and health (Steering Committee for the Review of Government Service Provision 2011).

We have seen how Family Wellbeing empowers people, building their capacity to transform and take greater control of their own processes for change. These results have enabled us to learn about what empowerment actually involves. As documented in the Family Wellbeing theoretical model, empowerment involves particular beliefs and attitudes and skills and knowledge. Armed with these attributes, people have the potential to change and at times flourish, even where social and political changes have not been achieved.

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. Policy and programs that seek to empower Aboriginal Australians should seek to
foster each of these elements. Table 8.1 presents these elements as a reflective framework for practice. The challenge for Australian policymakers, service providers and researchers is how to sustainably resource and strengthen the evidence base for empowerment programs.

Of course, one must be wary of overgeneralising these findings to all Aboriginal Australians. This book is based on the experiences of Family Wellbeing participants in just a few select communities. However, through the Empowerment Research Program, Family Wellbeing was evaluated in many more sites. In each of these settings, the elements of empowerment held true. Further, the program has been trialled outside Australia in Ghana, Papua New Guinea, and with Meti people in Canada, with similar responses (McCalman et al. 2011; Kitau et al. 2011). Here too, the elements of empowerment were very similar. They resonate strongly with Aboriginal understandings of health and social and emotional wellbeing, a holistic concept incorporating collective, social, spiritual, emotional and cultural wellbeing and linked to mental health, happiness, land, law, strength and social responsibility (Edmondson 2006; Garvey 2008; McEwan et al. 2008).

The findings have relevance for emerging understandings of sustainability whereby the current generation lives their lives in ways that do not disadvantage the lives of others within the present or future generations (Tsey 2011; UN Secretary-General Ban Ki-moon 2013). The difficulties facing Aboriginal Australians reflect wider global challenges of sustainability in the face of an increasing number of ‘wicked problems’ for which there are no straightforward answers or consensus as to the most effective solution. Such problems include, but

---

**Table 8.1** A framework for empowering interventions, policy and practice

<table>
<thead>
<tr>
<th>Domain</th>
<th>Empowerment attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social environment</td>
<td>• Do we understand and acknowledge the challenges of people’s history/social environment?</td>
</tr>
<tr>
<td></td>
<td>• Do we work in partnership with sources of support (family and other)?</td>
</tr>
<tr>
<td>Beliefs and attitudes</td>
<td>• Do we help people to see they have choices in life?</td>
</tr>
<tr>
<td></td>
<td>• Do we encourage responsibility?</td>
</tr>
<tr>
<td></td>
<td>• Do we encourage positive thinking?</td>
</tr>
<tr>
<td></td>
<td>• Do we respect people’s spiritual beliefs?</td>
</tr>
<tr>
<td></td>
<td>• Do we treat people with respect, acceptance and compassion?</td>
</tr>
<tr>
<td>Skills and knowledge</td>
<td>• Do we help people to see they have knowledge and competencies?</td>
</tr>
<tr>
<td></td>
<td>• Do we encourage and/or provide new learning?</td>
</tr>
<tr>
<td></td>
<td>• Do we facilitate open communication?</td>
</tr>
<tr>
<td>Agency</td>
<td>• Do we encourage/support personal and relationship healing?</td>
</tr>
<tr>
<td></td>
<td>• Do we allow people to take on helping roles themselves?</td>
</tr>
<tr>
<td></td>
<td>• Do people have opportunities to influence organisational or community change?</td>
</tr>
<tr>
<td>Outcomes</td>
<td>• Do we acknowledge positive changes, no matter how small they might be?</td>
</tr>
<tr>
<td></td>
<td>• Do we document change and take an evidence-based approach to empowerment?</td>
</tr>
</tbody>
</table>
are not limited to, widening social and economic inequalities, rising obesity, unemployment especially of youth, alcohol and other drug addictions, environmental degradation and climate change adaptation, all of which are in turn increasingly undermining social cohesion, health and sustainability (UN Secretary-General Ban Ki-moon 2013; Tsey 2011). Empowerment strategies are amongst the prominent paradigms within public health and development that enable local innovation and creative solutions to global problems (Wallerstein 2006). Family Wellbeing itself provides a forum where people can reflect on difficult questions such as ‘who am I?’; ‘what do I want for myself and my family?’; ‘in today’s society who is benefitting and who is missing out?’; ‘what kind of society do we want?’; ‘is there a role I can play to make this happen?’; ‘how can we work together to make this happen?’ (Flyvbjerg 2001).

A central lesson from this research lies in the importance of learning from the efforts of people themselves. Australia’s record in Aboriginal public policy is deplorable. While there have been some improvements in relation to discriminatory policies as well as individual success stories, the gaps between Aboriginal and non-Aboriginal Australians in health, education and employment remain deeply troubling (Carson et al. 2007; Mundine 2013). They are an indictment on Australia as a whole.

Former Senior Public Servant, Mr Peter Shergold (Head of the Department of Prime Minister and Cabinet, the Aboriginal and Torres Strait Island Commission and Secretary of the Departments of Employment, Education and Multicultural Affairs) acknowledges this shame. In recent public pronouncements, he spoke of his own role in overseeing two decades of failure, judged against the criteria of equal opportunity, economic and social mobility, human rights and civic responsibilities, control and empowerment (Karvelas 2013). In a long overdue acknowledgement, he calls for Aboriginal Australians to be given the chance to take control of their lives; for political and administrative barriers to be cast aside in place of public and social innovation; and for new approaches to be trialled and evaluated. Warren Mundine (2013) argues that one of the central strategies for Aboriginal advancement should involve social stability, whereby people embrace the idea of contributing to their communities through abiding by laws, respecting culture, civic engagement, school attendance, employment, showing civil treatment to others and volunteering. Mundine (2013) argues that this ethos is part of traditional Aboriginal nations. It also represents empowerment, as this study has shown.

We need, however, to move beyond calls and rhetoric, to actually enable grass root empowerment. A central barrier to date lies with our inability to acknowledge that empowerment starts with the efforts made by individuals, families, organisations and communities. As a nation, unless we find ways of engaging with micro individual, family, organisation and community level strengths, and mobilising macro level policies and resources to fully support and strengthen these capabilities, Australia will still be apologising for Aboriginal and Torres Strait Islander public policy failures in another 20–30 years. The promise and hope of new consultations and initiatives will again fall away over time, and the aspirations,
energy and enthusiasm expressed at community meetings will remain hollowly unfulfilled. The model presented in this book provides an evidence-based framework for systematically enabling empowerment. The Family Wellbeing program provides one example of how empowerment can be operationalised, so that people can take control of their lives and make steps toward fully participating in society. It is vital that such programs be fostered.
### Appendix 1

Table A.1 Summary of family wellbeing program content

<table>
<thead>
<tr>
<th>Stage 1: Foundations in counselling</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session one</td>
<td>Human qualities</td>
</tr>
<tr>
<td>Session two</td>
<td>Basic human needs</td>
</tr>
<tr>
<td>Session three</td>
<td>Life journey</td>
</tr>
<tr>
<td>Session four</td>
<td>Relationships</td>
</tr>
<tr>
<td>Session five</td>
<td>Conflict resolution</td>
</tr>
<tr>
<td>Session six</td>
<td>Emotions</td>
</tr>
<tr>
<td>Session seven</td>
<td>Crisis</td>
</tr>
<tr>
<td>Session eight</td>
<td>Beliefs and attitudes</td>
</tr>
<tr>
<td>Session nine</td>
<td>Personal and community development</td>
</tr>
<tr>
<td>Session ten</td>
<td>Bringing it all together</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2: The process of change</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session one</td>
<td>The process of change</td>
</tr>
<tr>
<td>Session two</td>
<td>Understanding loss</td>
</tr>
<tr>
<td>Session three</td>
<td>The grief process</td>
</tr>
<tr>
<td>Session four</td>
<td>Skills dealing with the grief process</td>
</tr>
<tr>
<td>Session five</td>
<td>Skills in crisis</td>
</tr>
<tr>
<td>Session six</td>
<td>Building the inner qualities</td>
</tr>
<tr>
<td>Session seven</td>
<td>Counselling practice</td>
</tr>
<tr>
<td>Session eight</td>
<td>Bringing it all together</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3: Changing the patterns</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session one</td>
<td>Caring for ourselves</td>
</tr>
<tr>
<td>Session two</td>
<td>Understanding family violence</td>
</tr>
<tr>
<td>Session three</td>
<td>Skills in dealing with family violence</td>
</tr>
<tr>
<td>Session four</td>
<td>Creating emotional health</td>
</tr>
<tr>
<td>Session five</td>
<td>The cycle of abuse</td>
</tr>
<tr>
<td>Session six</td>
<td>Taking the next step</td>
</tr>
<tr>
<td>Session seven</td>
<td>Surviving the long term effects</td>
</tr>
<tr>
<td>Session eight</td>
<td>The process of healing</td>
</tr>
<tr>
<td>Session nine</td>
<td>Bringing it all together</td>
</tr>
</tbody>
</table>

(continued)
### Table A.1 (continued)

<table>
<thead>
<tr>
<th>Stage 4: Opening the heart</th>
<th>Session one</th>
<th>Understanding relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session two</td>
<td>Understanding ourselves</td>
</tr>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session three</td>
<td>Expressing the inner self</td>
</tr>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session four</td>
<td>Being centred</td>
</tr>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session five</td>
<td>Balancing the body, emotions and mind</td>
</tr>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session six</td>
<td>The wisdom of tradition</td>
</tr>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session seven</td>
<td>Expressing your gift</td>
</tr>
<tr>
<td>Stage 4: Opening the heart</td>
<td>Session eight</td>
<td>The essence of family wellbeing</td>
</tr>
<tr>
<td>Stage 5: Facilitator training</td>
<td>Session nine</td>
<td>Bringing it all together</td>
</tr>
</tbody>
</table>

**Stage 5: Facilitator training**

<table>
<thead>
<tr>
<th>Day one</th>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day one</td>
<td>Understanding the material</td>
</tr>
<tr>
<td>Day two</td>
<td>Presentation skills</td>
</tr>
<tr>
<td>Day two</td>
<td>Presentation practice</td>
</tr>
<tr>
<td>Day three</td>
<td>Stages in group development</td>
</tr>
<tr>
<td>Day three</td>
<td>Qualities needed in group work</td>
</tr>
<tr>
<td>Day four</td>
<td>Group work skills</td>
</tr>
<tr>
<td>Day four</td>
<td>Skills in action</td>
</tr>
<tr>
<td>Day five</td>
<td>Team work and responsibilities</td>
</tr>
<tr>
<td>Day five</td>
<td>Facilitators working together</td>
</tr>
</tbody>
</table>
Glossary of Terms

**CDEP** The Commonwealth government funded Community Development Employment Projects (CDEP) was established in 1977 primarily as an income support and community development program for remote Aboriginal communities.

**Empowerment** The capacity by which individuals, organisations and communities gain control over their lives to improve wellbeing and health.

**Health** A whole of life view including the cyclical concept of life after death (National Aboriginal Health Strategy 1989). This is a holistic definition which involves not just physical health but the social, emotional and cultural wellbeing of the individual and their community.

**Social and Emotional Wellbeing** The concept of social and emotional wellbeing draws from the holistic view of Aboriginal and Torres Strait Islander health (National Aboriginal Health Strategy Working Party (NAHS) 1989). The concept incorporates mental health but also the impact on wellbeing of life stressors, removal from family, discrimination and cultural identification (Australian Institute of Health and Welfare 2009).

**Stolen Generation** A term applied to the many Aboriginal, and some Torres Strait Islander, people who were forcibly removed from their families as children by past Australian Federal, State and Territory government agencies, and church missions, from the late 1800s to the 1970s. These children were either sent to institutions, foster homes or adopted by non-Aboriginal families (National Sorry Day Committee Inc. 2013).
References

Aboriginal and Torres Strait Islander Commission (ATSIC) (1992) Response to the recommendations of the Royal commission into Aboriginal Deaths in Custody: Commonwealth funded initiatives. Office of Public Affairs, ATSIC, Canberra
Feeney M (2008) Reclaiming the spirit of wellbeing: promising healing practices for Aboriginal and Torres Strait Islander people. The Stolen Generation Alliance, Australia

M. Whiteside et al., Promoting Aboriginal Health, SpringerBriefs in Public Health, DOI: 10.1007/978-3-319-04618-1, © The Author(s) 2014


Human Rights and Equal Opportunity Commission (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. NSW, Sydney


Kildae T, Yow Yeh L (2000) Empowering the people: when education is more than just words. Fine Print 6–10


McCalman J (2013) A grounded theory of program transfer: how an Aboriginal empowerment initiative became bigger than a program, Thesis submitted for the degree of Doctor of Philosophy in the School of education, James Cook University, Cairns.


