Evaluating Aboriginal empowerment programs: the case of Family WellBeing

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'Family wellbeing has taught me a lot about myself and how to control my emotions, actions, etc. I have now become a new person and I have planned to do things for myself and I have now gone in to meditation. This new way has made me change my diet, exercise more than I used to. I'll continue listening to people who empower themselves in a positive way' — Family WellBeing course participant.

Relative powerlessness resulting from colonisation has long been recognised as a major factor shaping Aboriginal health.[1-3] Unfortunately, it is difficult to find tested and validated empowerment or capacity-building programs in the Aboriginal health literature.[4] This paper summarises key findings of an evaluation of a Family WellBeing empowerment course.[5]

Methods

Increased numbers of suicides and attempted suicides by young Aboriginal people in Alice Springs and the surrounding region in the latter half of 1997 led to the formation of a coalition of organisations, both Aboriginal and non-Aboriginal, to address the problem. Tangentyere Council, the Aboriginal housing and community development agency, led the coalition. In January 1998, the group received funding under the National Youth Suicide Prevention Strategy to run a Family WellBeing empowerment course for three groups of stakeholders:

- professionals who wished to use the principles of the Family Wellbeing program in their work;
- family members who wanted to develop coping and other skills to better support young people; and
- young people who wanted to develop skills to support themselves as well as their peers.

The project employed a part-time co-ordinator in Alice Springs, while Adelaide-based facilitators delivered the course. Participants were recruited through word-of-mouth and written invitations to organisations and community members.

Developed by a group of Adelaide-based survivors of the 'stolen generation' – children who were taken away from their Aboriginal families and brought up in white Australian families and on church missions – the Family Wellbeing course was premised on the idea that all humans have basic physical, emotional, mental and spiritual needs. Failure to satisfy these needs results in behavioural problems.

Governmental policies such as the removal of children and communal living on reserves, the course developers argue, has resulted in a denial of basic human needs to generations of Aboriginal people. This explains, at least in part, the high levels of destructive behaviours – such as suicide, alcohol and other

Abstract

Objective: To evaluate the effectiveness of a Family WellBeing empowerment course.
Method: A range of methods were used, including: theory-driven analysis of literature and project documentation; participant observation; and analysis of course participants' personal narratives against set empowerment criteria.
Results: Participation in the Family WellBeing course resulted in high levels of personal empowerment. The course enhanced participants' sense of self-worth, resilience, ability to reflect on root causes of problems and problem-solving ability, as well as belief in the mutability of the social environment. They were able to bring about modest, but significant, improvements in their general sense of wellbeing and those of the people around them in ways that were previously impossible. There was no evidence of organisational and community empowerment, such as stronger social networks and systems-level changes.
Discussion: The effectiveness of the Family WellBeing course shows the importance of resourcing Aboriginal people to develop their own programs that address trauma and other issues resulting from settler colonisation.
Conclusions: The study highlights three lessons for the use of empowerment interventions to improve health conditions, particularly among socially disadvantaged groups: 1) A need to adopt an ecological approach that simultaneously addresses empowerment at multiple settings or levels. 2) A need to ensure that such programs reach a critical mass of the target group. 3) Policy-makers and practitioners need to take a longer-term approach to empowerment interventions, including properly resourced longitudinal studies to document and enhance the evidence base for such interventions.

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substance misuse, and domestic violence – facing many families and communities. It also means that many adults lack the skills or the ability to provide quality parenting to their children. The Family WellBeing course therefore aims to empower participants and their families to assume greater control over the conditions influencing their lives. It places particular emphasis on parenting and relationship skills.

Although the Family Wellbeing course was developed primarily in response to the special needs of Indigenous Australians, the content draws heavily on a wide range of cultural traditions. It is therefore intended to be highly adaptable to the needs of all cultures and social groups — both Aboriginal and non-Aboriginal. Key therapeutic and learning traditions underpinning the course are:

- Psychosynthesis, which emphasises balance and harmony in the various elements of the psyche, including the physical, emotional, mental and spiritual domains of life.[6] It focuses on teaching analytical skills (to assess elements or domains of life); mastery training (to cultivate co-ordination of the different domains); transformation (to encourage reorganisation of the personality around a different set of values); meditation (to facilitate exploration of the superconscious); and relational techniques (to foster more openness and better communication with others).[6]
- Empowerment-style education and adult learning principles.[7]
- The use of the Aboriginal survival experiences of course facilitators and students as the main learning resource.

Structured into four stages, each stage of the Family WellBeing course runs for 10 weeks, and participants attend one four-hour session each week. The course is nationally accredited and provides participants with formal qualifications in counselling. Specific topics covered are:

Stage 1

Qualities of a counsellor; understanding conflict and how to resolve it; understanding emotions and how to deal with them; and beliefs and attitudes, and how they affect our choices.

Stage 2

The process of change and how to manage it; reflecting on our life journeys or histories to develop our inner quality and strengths; understanding loss and grief, and how to deal with them; building our inner qualities; and counselling practice.

Stage 3

Caring for ourselves; understanding family violence and the skills required to deal with it; creating emotional health; the cycle of abuse and surviving the long-term effects; and the process of healing.

Stage 4

Understanding relationships; understanding ourselves; expressing the inner self; being centred and focused; balancing the body, the emotions and the mind; the wisdom of tradition; expressing our gifts; and the essence of family wellbeing.

Programs which aim to empower people, such as the Family WellBeing course, can take years and even decades to translate into health outcomes. Besides, the causes of suicide are complex and multifactoral, often making it difficult to attribute changes in incidence over time to a single intervention. For these reasons, the Family Wellbeing course was not evaluated in terms of its immediate effects on youth suicide. Instead, the evaluation focused on three related issues:[5]

- the theoretical validity of the Family WellBeing intervention as a youth suicide prevention strategy;
- the nature and process of empowerment resulting from participation in the course and the implications for the health and wellbeing of young people in the community; and
- strategies required to ensure that empowerment, if it occurred, became sustainable.

The actual methodology included:

- a theory-driven[8] analysis of the literature and other relevant information to determine the theoretical validity of the Family WellBeing course as a youth suicide prevention strategy;
- participant observation through which the principal evaluator participated in the course as a student, thereby using the opportunity to design and implement the evaluation in a way that course participants found empowering;[9]
- analysis of standard Family Wellbeing course evaluation sheets completed by the course participants;
- analysis of personal narratives, through which graduates reflected on the specific contexts in which they had used Family Wellbeing skills, knowledge and attitudes; and
- focus group discussions.

Results

Profile

Each stage of the course had high completion rates: increasing from 68% at Stage 1, which started with 31 participants, to 100% at Stage 4, which had 12 participants. Their ages ranged from the late 20s to the early 50s, with the median age being the early 40s. Most participants were: Aboriginal (more than 80% at each stage); women (nearly 90% at each stage); and employed (more than 70% overall), mainly in human services delivery including alcohol rehabilitation, youth work, mental health and education.[5]

Literature review

Although the causes of youth suicide are many and complex, the review found a close correlation between quality parenting, a primary focus of the Family Wellbeing course, and young people's social and emotional wellbeing, a major factor in youth suicide. The quality of the relationships children and adolescents had with those people who were in positions of influence in their lives was found to be an important factor determining their resilience and coping capabilities. Rapid and pervasive social and cultural changes resulting from colonisation had undermined the

capacity of many Aboriginal families to support and nurture young people in healthy environments. At the same time, the schools have also failed to provide a sense of 'connectedness' to many Aboriginal students, thereby further alienating them from the wider society. Overall, the choice of the Family Wellbeing course as a suicide-prevention strategy was appropriate, as the underlying principles of the course were informed by current knowledge and thinking about the reasons why some young people may want to harm themselves and how such behaviours might be prevented.[5]

Participant observation

The prejudices or preconceived ideas with which the participant observer approached the study need to be stated from the outset. Being generally sceptical of things perceived to be 'new age', the participant observer initially felt a degree of scepticism due to the use of terms such as 'inner qualities', 'heart-centred' and 'visualisation'. Part of the scepticism stemmed from his beliefs about the process of social change – namely, through political action, either explicit or implicit, directed at changing the oppressive structures and institutions of society. Consequently, a program that initially appears to teach individuals how to 'feel good about themselves' without explicitly tackling the underlying causes of societal inequality struck him as somewhat naive and misdirected. Participation in the course challenged the principal evaluator not only to question his own assumptions, but also to recognise that it is highly political, to say the least, to teach people how to ensure that their basic needs are adequately met.[5]

Family Wellbeing skills are not unique in themselves – they are mainly generic analytical and problem-solving skills that we typically learn from the family and/or school. What is unique about the Family Wellbeing approach is that it sets out to teach these skills explicitly. The comment from one participant that, "... when you buy a TV or a car it comes with a manual ... (yet) nobody tells you how to bring up a child or deal with the 'baggage' you bring into a relationship" is indicative of how much participants valued the opportunity to learn basic living skills. A number of participants commented that the course was the most fulfilling learning experience they had ever had. Remarks such as these were frequent: "Family WellBeing has changed my life"; "my life will never be the same again"; "now everything makes sense to me ... knowing that I too have a right to have my needs met makes a difference"; "Family WellBeing approach is good because it does not give information from your history to overwhelm you ... it makes you see the strengths for the future"; "both White and Black will benefit from ... anybody interested in reconciliation should do Family WellBeing".

FWB course evaluation sheets

Formal feedback from the participants at the end of each of the four stages of the course was mainly positive. The fact that the facilitators were Aboriginal was appreciated – a number of people commented that they felt more comfortable because of this. It was clear that participants felt they had benefited from undertaking the course. What emerged as the most invaluable aspects of participants' involvement was learning skills to deal with emotional issues and helping to increase self-awareness. Also, it was apparent the course has a practical application as a number of people mentioned that they had put the skills they had learnt into practice in their own lives. The use of personal experience as a basis for learning was a strategy many people found helpful because it created an awareness that the facilitators had had issues to deal with in their own lives. There was, however, an underlying concern which several people remarked upon: the need to make the course more widely known and available to identifiable groups of people or families in the community, including children and teenagers.[5]

Personal narratives

As an ecological construct, empowerment implies a synergy, or interactive changes, at the levels of the individual (psychological empowerment); the organisation (organisational empowerment); and the wider community (community empowerment).[7] It is useful that an evaluation of empowerment focuses not only on understanding the nature and extent of changes at the level of the individual, but also changes in the broader social environment.

Based on Nina Wallerstein's formulation,[7] stage 4 participants were asked to describe in narrative form the specific contexts in which they had used the skills, knowledge and attitudes gained from the Family Wellbeing course: *within the family*; *in the workplace*; and *in the wider community*. Table 1 represents Wallerstein's three levels of empowerment (column 1); the corresponding levels of empowerment applied in this evaluation (column 2); and the attributes or empowerment variables (i.e. evaluation criteria) associated with each of the three levels of analysis (column 3).

First, with regard to the use of the Family WellBeing principles within the family, many responses were to do with resolving and accepting issues that had been part of their family for some time. Greater ability to reflect on one's history or past as a way of understanding the present was an important theme that emerged. One person wrote, "Before [the course] I couldn't deal with situations in the family because I have been going through grief and loss, a big trauma in my life". This loss included the deaths of her mother, the father of two of her children and her 18-month-old son. The course had helped her to reflect on both her past and present family situation. This included her violent brother who was "into alcohol and drugs"; the courage of her grandmother who was a drover; the Coniston Massacre when a group of settlers attacked and killed her ancestors around Barrow Creek in 1928; and how she and her siblings were taken away from their mother as children. She had found strength in being able to contextualise her situation. This enabled her to support her children in their own reflections about what had happened in their lives and encourage them to strive to achieve their goals.

Table 1: A framework for empowerment evaluation.

Wallerstein's levels of empowerment	Corresponding settings applied in evaluation	Related empowerment attributes/ variables (evaluation criteria)
Personal or psychological empowerment	The family	Improved perceptions of self-worth and mutability of social environment as evidenced by: empathy and perceived ability to help others; emotional responses to change; critical thinking abilities of root causes of problems, belief in one's ability to exert control; and a sense of coherence about one's place in the world.
Organisational empowerment	The workplace	Stronger social networks and community/ organisation competence to collaborate and solve problems as evidenced by: perceptions of support, satisfaction and community connectedness; and changes in network function and utilisation.
Community empowerment	The wider community	Actual improvements in environmental or health conditions as evidenced by: changes in public policy; systems level changes; and the community's ability to bring in resources to create healthier environments.

Source: Adapted from Wallerstein, 1992

Another participant wrote of her work as a mother. She had three children aged 13, 10 and two. Recently, their father committed suicide. She described how she explained to her children:

> *... that life goes on and we will always miss him but he was sick and may not have realised that situations can change ... [there are] many opportunities ... so long as we set goals [and] aims in life and be prepared to work for the future, but hang on to our tradition of respect and knowing our culture.*

She continued, "Christianity has given me purpose in this life. Family Wellbeing has given me empowerment as a person of Aboriginal descent".

This reference to religious and Aboriginal identity was a notion taken up by two other participants. One woman wrote about her psychic abilities which she had possessed since childhood:

> *From a small child, I was always told that I was an evil witch by my mother who believed through her very Catholic upbringing that many aspects of Aboriginal culture was evil. And that to see into other people's lives, or the future, was also evil.*

The course had helped her to be more "relaxed and accepting" of her experiences and she now realised that "Christianity and psychic abilities can go together".

Greater confidence to negotiate gender relationships was another theme that emerged in the answers to this section. One of the participants wrote that, since undertaking the course, she could more easily assert herself. She refused to allow her nephew into her home when he was drunk because he could be aggressive and violent. He now behaved "sensibly" because she told him "remember there's the gate if you ever start your caper". The course had also had a profound effect on her relationship with her partner. She wrote:

> *For once in my life, I was brave enough to tell my de facto of 24 years I am no longer afraid of him and this is how I am feeling and you have hurt me many times and there is no more doing things your way because you have now got a new Strong Black Woman who is not going to take 'shit' anymore.*

She continued by writing that, while her partner tells her that she is "a nasty woman", he means it in a "nice way" because she no longer responds aggressively towards him but speaks positively. She explained her transformation by telling him that he "must blame Family Wellbeing because they have shown me a most positive approach".

The responses to the use of the Family Wellbeing principles within the family demonstrate phenomenal improvements in participants' perceptions of self-worth, confidence and ability to bring about modest, but significant, changes in their sense of wellbeing and those of the people around them. The consistency with which attributes such as empathy and ability to help others, emotional responses to change, as well as critical reflections on root causes of problems appear in the narratives, clearly reflect high levels of personal empowerment.

While personal empowerment has thus occurred, the same cannot be said for organisational or community empowerment. For example, one participant had resigned from her job because she had realised through doing the course that she "can't work in a non-supportive structure" because of how it affected her. She later proudly explained that, by doing the course, she had come to appreciate her strengths and expertise a lot more and now was working for different agencies on a consultancy basis. This was something that, as an Aboriginal woman, she would not have considered before doing the course. Her ultimate aim was to become a

full-time teacher in the Family WellBeing course because of "the empowerment it gives people". Another person had used the skills to deal with workplace conflicts. She was a victim of a serious physical threat and had been accused of being racist: an accusation, which caused her deep mental and physical hurt. She wrote that:

> *... due to the Family Wellbeing course, I feel that I have healed considerably, although in writing up these two incidents I have found many emotions to come back and haunt me. My working life has improved immensely due to a lot of effort put into it by me personally ... What I actually love most of all is that I feel so free, alive, energetic, focused, and of being so aware of the many things around me.*

With regards to the use of the skills within the wider community, participants tended to answer this question by writing about how they planned to use the skills (such as to undertake additional training in facilitation and teach the course to others; form a Family WellBeing support group; and help set up a healing centre), rather than how they had actually used their skills. A number, however, described using the skills in the areas of conflict resolution, emotional support for young people and working with palliative care patients.

What emerges from the overall analysis of the narratives is that participants had started using their enhanced personal empowerment to constructively engage structural challenges, both at the workplace and in the wider community, in ways that was previously impossible. However, in the data collected, there was no evidence of organisational and community empowerment such as improved network support and systems-level changes.

Discussion

The success of the Family WellBeing course confirms the importance of the need for Aboriginal people to develop their own programs to address trauma and other issues resulting from colonisation.[10] The fact that the entire project staff – the facilitators from Adelaide, as well as the on-site co-ordinators in Alice Springs – were Aboriginal was a major strength of the course. It also means that all the salary components of the project budget went directly to Aboriginal people as income. Clearly, programs aimed at Aboriginal people should not only be judged in terms of the effectiveness of the particular interventions, but also on the basis of the extent to which Aboriginal people benefit in terms of employment and other externalities.

The Family WellBeing course was not expected to have had an immediate impact on youth suicide during the year over which the course was held.[5] What the evaluation has shown is the effectiveness of the course in assisting individual participants, through personal empowerment, to increase their capabilities – that is, enhance their awareness, resilience and problem-solving ability – thereby making them better able to improve their sense of wellbeing and those of the people around them.

Family WellBeing course is *not* a health education program. As such, it does not teach people about good food or how to keep fit. The fact that participants were able to use their newly acquired problem-solving skills to make lifestyle changes reinforces the view that individual control over ordinary challenges in life is an important determinant of population health.[11,12] This has implications for planning health promotion programs.

The fact that the data collected showed no evidence of organisational and community empowerment is no reflection on the potential of the course. When asked in a focus group how much they had benefited by developing personal empowerment – given that structural barriers such as institutional racism and poverty still exist – the overwhelming response among participants was that they might not be able to bring about wide changes in society but they could see how change had begun to take place within themselves and those around them. They therefore felt optimistic about this process broadening.

The study highlights three important lessons regarding the use of empowerment interventions to improve health conditions, particularly among socially disadvantaged groups. First, there is a need to adopt an ecological approach that simultaneously addresses empowerment at multiple settings or levels.[7,13] Second, there is a need to ensure that such programs reach a critical mass of the target group. Finally, it is important that policymakers and practitioners take a longer-term approach to empowerment interventions, including properly resourced longitudinal studies to document and enhance the evidence base for such interventions.

At the time of writing, there was a high demand for the Family WellBeing course throughout Central Australia, and four of 12 stage 4 graduates had completed facilitator training and were ready to teach the program to others. The fact that very few men and young people participated in the initial program is a cause for concern. Suicide among young Aboriginal men is very high, as is the rate at which they are imprisoned. Future courses need to target men and young people.[5]

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