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Institute

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Family Wellbeing – Using an empowerment approach to achieve Closing the Gap targets

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.¹

Effective strategies are becoming ever-increasingly urgent if Closing the Gap targets are to be met. Equally, it is vitally important that policymakers utilise and build further on the well-established evidence of programs that we know work well for Aboriginal and Torres Strait Islander people.

The Family Wellbeing (FWB) program is an accredited six-month Certificate II training program delivered through the Australian vocational education and training sector. It is also provided in flexible delivery mode to small groups. It was developed in 1993, by and for Aboriginal people. The FWB program aims to empower Aboriginal and Torres Strait Islander individuals, families, organisations and communities to take greater control over their lives, to participate fully in education and employment, and improve health and wellbeing.

Evaluations of the FWB program over the last ten years demonstrate that program participants experienced improvement in domestic violence, alcohol and drug abuse, suicide prevention, school absenteeism, education, welfare dependence and employment. FWB can impact peoples' lives by developing resilience, problem-solving abilities, respect for self and others, and the capacity to address social issues.^{2,3,4}

Strengths and successes

- For the short-term investment in training, FWB has shown positive effects on the capacity of individuals to make transformational changes to their health, education, employment and social outcomes. These effects have long term gains for the individuals, their families and communities.
- Further, individual and community results from FWB are enhanced when these psycho-social factors are considered alongside structural policy changes to improve living conditions, environments, and availability of resources.
- FWB provides a practical example of how empowering individuals, through training and facilitation, can motivate individuals, families and communities to develop personal agency.
- FWB has been in demand across Australia with widespread implementation to more than 3,000 Aboriginal and Torres Strait Islander people (91%) and non-Indigenous Australians (9%).

Current Challenges

- Demand for FWB is likely to remain strong. Many Aboriginal and Torres Strait Islander organisations have limited financial ability to introduce more for-fee services. Each organisation must source one-off funding from Commonwealth or State health, communities, education or child safety programs to participate in FWB, an often time- and resource-consuming exercise.
- Largely due to short-term funding, the program has been sustainable beyond two years in only 19 of the 56 sites (34%), and beyond six years in only 6 sites (11%).
- FWB has been implemented across many jurisdictions of government including health, education, employment, child protection and corrections, although it is not the sole responsibility of any one jurisdiction. The partnerships between FWB end-user organisations, training providers, funding bodies and researchers can be complex, and impact on the quality and timeliness of delivery.
- While qualitative research indicates very positive individual, family and community outcomes from participation in FWB, concepts of empowerment and control are difficult to measure. Impact evaluation has commenced, but the diversity of settings and resource limitations mean that this work is slow to progress. However, extensive qualitative findings are being confirmed by recent quantitative evaluations.

Footnotes

- 1 Whiteside, M., Tsey, K., Cadet-James, Y., McCalman, J. 2014, Promoting Aboriginal Health: The Family Wellbeing empowerment approach, SpringerBriefs in Public Health, Springer, Cham Heidelberg New York Dordrecht London.
- 2 Haswell, M. R., Kavanagh, D., Tsey, K., Reilly, L., Cadet-James, Y., Laliberte, A. et al. 2010, Psychometric Validation of the Growth and Empowerment Measure (GEM) Applied with Indigenous Australians, *Australian and New Zealand Journal of Psychiatry*, vol. 44(9):791–9.
- 3 Tsey, K. & Every, A. 2000, Evaluation of an Aboriginal Empowerment Program, Cooperative Research Centre for Aboriginal and Tropical Health, Darwin. Viewed on 6 August 2014 at: www.lowitja.org.au/sites/default/files/docs/Evaluation_of_an.pdf
- 4 Tsey, K., Whiteside, M., Haswell-Elkins, M., Bainbridge, R., Cadet-James, Y. & Wilson, A. 2010, Empowerment and Indigenous Australian Health: A synthesis of findings from Family Wellbeing formative research, *Health & Social Care in the Community*, vol. 18(2): 169–79, doi:10.1111/j.1365-2524.2009.00885.x.

Key policy considerations

- Empowerment frameworks are different to the way that current traditional programs in Aboriginal and Torres Strait Islander communities are designed, funded and evaluated. Efforts to reorient current policy and funding towards models that support empowerment processes will gain benefits across broader social and emotional outcomes. Such efforts also mobilise greater capacity to respond to other determinants of health such as education, employment and community safety.
- Funding is the greatest challenge for sustaining FWB. Funding arrangements that support flexible delivery in response to local demand would enable broader application and transfer of the program.
- National coordination of the three current State/Territory hubs (TAFE SA in South Australia, Batchelor Institute of Indigenous Tertiary Education in Northern Territory, and James Cook University in Queensland) is needed for implementation and strategic development of the FWB empowerment approach.
- Evaluations of the FWB have consistently shown that as people become empowered through participation in the program, they are better able to deal with challenges such as child safety, the criminal justice system, housing, or community governance issues. A 2014 roundtable, funded by the Lowitja Institute, highlighted the need to further build the evidence base, particularly around measuring 'value for money' and impact on health, education, employment and social outcomes.
- A perennial policy challenge is ensuring that well-established evidence is incorporated into policy development and wider program implementation in a more sustainable, less piecemeal approach.

Further Reading

Monson-Wilbraham, L. 2015, *Watering the Garden of Family Wellbeing: Empowering Aboriginal and Torres Strait Islander people to bloom and grow*, The Lowitja Institute, Melbourne.

Whiteside, M., Tsey, K., Cadet-James, Y. & McCalman, J. 2014, *Promoting Aboriginal Health: the Family Wellbeing empowerment approach*, SpringerBriefs in Public Health, Springer, Cham Heidelberg New York Dordrecht London.