Evaluation of an Aboriginal Empowerment Program

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The ideas and opinions presented in this occasional paper are the author's own, and do not necessarily reflect the ideas and opinions of the CRCATH, its board, executive committee or other stakeholders.

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Summary

A Family WellBeing course was held in Alice Springs between March 1998 and April 1999 in response to increased suicides and attempted suicides among Aboriginal youth in Alice Springs and the surrounding region.

Family WellBeing is a personal empowerment course designed to assist people to take greater control over the conditions affecting their lives. It places particular emphasis on quality parenting and relationship skills. Developed by a group of Adelaide-based Aboriginal people, the course specifically aims to address the effects of settler colonisation on the emotional health and wellbeing of Indigenous Australians.

Philosophically, the Family WellBeing course is premised on the notion that all humans have basic physical, emotional, mental and spiritual needs, the denial of any of which may result in behavioural problems. The course uses a range of learning techniques that assist participants to develop the skills required to ensure that their basic needs are met. Participants develop their ability to work their way out of unhealthy relationships (and other situations they consider unhealthy for themselves and those around them), and to form healthier relationships.

A nationally-accredited course that provides participants with formal qualifications in counselling each stage of the Family WellBeing course had high completion rates. These increased from 68% at stage 1, which began with 31 participants, to 100% at stage 4, which began with 12 participants. 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.

This evaluation used a range of methods, including a brief but critical literature review; participant observation, which involved the principal evaluator participating in the course; analysis of standard Family WellBeing course evaluation sheets completed by the course participants; and analysis of narratives, or storytelling, through which graduates reflected on the specific ways in which they had used Family WellBeing skills, knowledge and attitudes. The evaluation includes a discussion of the methodological challenges in this area of research.

Given the lack of research that examines appropriate ways of developing and evaluating empowerment programs—that is, programs aimed at assisting people to take greater control over their lives—this evaluation should be seen as an exploratory rather than definitive study of the effectiveness of the Family WellBeing course as a suicide prevention strategy. Because programs that aim to empower people may take many years to translate into measurable health outcomes, the focus of this evaluation was necessarily on the effectiveness of the Family WellBeing course in building participants’ capacity to improve their own emotional health and that of their families, especially young people.

Overall, the findings of the evaluation showed convincingly that participants used Family WellBeing principles and skills to bring about modest but significant changes in their emotional and social health. Specific areas in which participants applied Family WellBeing expertise included:

- greater awareness of the needs of young people, and increased capacity to support them to meet these needs;
conflict resolution within the family and work environment;

greater reflection on the past, and consequent ability to make sense of the present;

enhanced ability to deal with loss and grief;

assertiveness and confidence to better negotiate gender relationships;

resolution of issues relating to religious and cultural identity; and

greater awareness and appreciation of one’s own strengths, and the ability to use them to make choices in life

What this evaluation clearly showed was the effectiveness of the Family WellBeing course in assisting individual participants to increase their life skills and problem-solving capacity, thereby making them better able to help themselves and the young people around them to deal with their emotions and life’s challenges. If this process is sustained and extended to many more people, the long-term effects on the emotional health of participants, their families and the wider community should be obvious.

There are important implications for youth suicide where the adults in a community have life skills and are imparting them to younger people. The literature review showed that the quality of the relationships young people have with those who are in positions of influence in their lives determines their ability to be resilient, and cope with stress and other challenges of life. Whilst many Indigenous children and adolescents appear to lack this type of support within the family, the education system is also not providing them with the ‘connectedness’ they need to belong and participate in the broader society. This emphasises the importance of adapting Family WellBeing and related programs to the needs of young people. It would also assist this process to document the socialisation experiences of Indigenous children and young people both at home and at school.

The Family WellBeing course is a groundbreaking initiative in that it attempts explicitly to address the emotional effects of colonisation among Indigenous Australians. The course developers should be warmly commended for daring to tackle an issue that is too frequently talked about as the underlying cause of Aboriginal health, but with very few specific public health strategies put forward to deal with the problem.

Arguably, the most exciting feature of the Family WellBeing course is its emphasis on the acquisition of generic skills and expertise to solve day-to-day problems. This is supported by current research relating to the ‘control factor’ in population health. More specifically, the Family WellBeing approach has a lot in common with the idea that equipping people with a sense of ‘situational mastery’ to problem-solve is the most effective way of addressing health inequalities which are embedded in historical and social relations—as with Aboriginal health. The participants’ own stories, as documented in this evaluation, indicate some of the pathways that individuals might use such skills to improve their situation.

The low numbers of men who participated in the Family WellBeing course indicates the need to target this population group in the next phase of the Family WellBeing program, particularly given the high rates of suicide and imprisonment among young Aboriginal men.
The evaluation found there is a high level of demand for Family WellBeing courses throughout the Central Australian region. Coupled with the need to provide opportunities for trained and potential facilitators to run courses, there is a need to coordinate the program in the region so as to avoid duplication and ensure that resources are used most effectively.

The emphasis on training and skills acquisition as a central part of empowerment indicates the need to support and consolidate research currently being undertaken by the Cooperative Research Centre for Aboriginal and Tropical Health, which is examining the relationships between education and health among Aboriginal people.

Most importantly, there is a need to follow up the current evaluation with longitudinal studies that determine whether the type of capacity-building demonstrated in this evaluation is sustainable and ultimately translates into measurable health outcomes. The body of knowledge in this field would benefit also by work being undertaken to analyse other empowerment programs for their relevance to Aboriginal health.

Above: Stage 4 Graduates of the Tangentyere Family WellBeing course held in Alice Springs between March 1998 and April 1999
Chapter 1: Introduction

This report presents the findings of an evaluation of a Family WellBeing personal empowerment course that was implemented in Alice Springs between March 1998 and April 1999. The course was developed by a group of Aboriginal people working for the South Australian education department. The Family WellBeing course aims specifically to address the effects of settler colonisation on the emotional health and general wellbeing of Indigenous Australians.

This evaluation report covers:

· the philosophical assumptions underlying the Family WellBeing program
· a description of the Family WellBeing course;
· evaluation objectives and methodology, including a brief review of the literature;
· evaluation results and a brief discussion of the emergent issues, including recommendations.

Background

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 health and other human services agencies to address the problem. Tangentyere Council, the Alice Springs Aboriginal housing and community development agency, led the coalition, which also included: Central Australian Aboriginal Congress; Central Australian Aboriginal Child Care Agency; Alice Springs Youth Accommodation and Support Service; Central Australian Aboriginal Legal Aid; and Territory Health Services’ Family Youth and Children’s Services, and Mental Health Services.

In January 1998, the group received $150,000 from the Commonwealth Government under the National Youth Suicide Prevention Strategy’s Program for Parents to run a Family WellBeing course in Alice Springs. Tangentyere Council was responsible for the project’s implementation. The objective of the Tangentyere Family WellBeing project, as stated in the funding application, was ‘to provide a primary and secondary intervention program addressing youth suicide behaviour of Aboriginal youth in Alice Springs and the surrounding region’.

The planned project activity was to run a Family WellBeing train-the-trainer course for three groups of stakeholders:

· professionals who wished to use the principles of the Family WellBeing program in their work;
· family members who had experienced suicide or attempted suicide, and 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.

As part of the funding body’s requirements, the Menzies School of Health Research was contracted as the external evaluator of the project. The Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) funded the editing, printing and distribution of this report.
Philosophical Assumptions

The Family WellBeing course is a personal empowerment program that focuses particularly on quality parenting and relationships skills. The Family WellBeing concept developed out of the collective experience of a group of Adelaide-based survivors of the stolen generations. As with many of the stolen generations—children who were removed from their Aboriginal families and brought up in white Australian institutions and foster families—members of this group had suffered as victims and/or perpetrators of domestic violence, sexual abuse, alcoholism and other antisocial behaviours. For one reason or another, each of them managed to put the experience behind them and started to fulfill their potentials in life. As one of the architects of the Family WellBeing course explained, ‘The question we were all asking ourselves is: “How did we survive?”’. If we can understand how we survived, then we can help other people’. Consequently, the group undertook a series of consultations to learn about the survival experiences of Aboriginal people, mainly in Adelaide and the Pitjantjatjara lands. These consultations formed the basis of the Family WellBeing course.

Because there had previously been little systematic documentation of the Family WellBeing course, the principal evaluator obtained information about it by an intricate process of interviews and discussions with the course developers and facilitators. According to those who designed the program, four basic philosophical assumptions underpin the Family WellBeing course.

The first assumption relates to the concept of basic human needs. The idea is that all humans have certain basic needs—including physical, emotional, mental and spiritual needs—which need to be satisfied at all times in life. If any of these needs are not met at any time in life, but particularly in childhood and adolescence, this may result in behavioural problems. Such problems may include a lack of resilience—that is, poor coping skills—and inability to solve day-to-day challenges and problems in life.

Secondly, for Aboriginal people in particular, governmental control of family and community life—including practices such as the removal of children from their families, as well as the dormitory and communal feeding system on mission stations—means that there are many adults whose basic needs have either not been adequately met in the past, or are still not being met. This denial of basic human needs to generations of Aboriginal people is said to explain, at least in part, the high levels of destructive behaviours—such as suicide, alcohol and other substance misuse, as well as domestic violence—facing many families and communities. These destructive behaviours among many adults also mean that their children are in turn being denied their basic needs because the adults simply lack the skills or the ability to provide quality parenting. This vicious cycle, if allowed to continue unbroken, can only have dire consequences for future generations.

Thirdly, the establishment of Aboriginal organisations from the 1970s—as part of the self-determination movement—has led to Aboriginal people gaining a greater political voice as well as some health, housing, education, legal, land management and other essential services. However, at the same time, not much has been done to assist individuals and families to address the emotional and other social problems that have resulted from the effects of colonisation. Consequently, it should come as no surprise that the health and general wellbeing of Indigenous Australians have not improved as expected and may have even worsened for some people. A process of ‘healing’ at the personal level is necessary if people are to come to terms with their past as a basis for developing...
resilience and other problem-solving skills that enable them to move on in life. This process of empowerment at the individual level is intended to complement rather than replace control at the community or group level. Both types of control are integral aspects of self-determination. Consequently, it is difficult—if not impossible—to achieve one without the other.

Finally, the experience of many Aboriginal people—and indeed other societies who have suffered forms of cultural genocide—shows that it is possible to teach individuals and their families the knowledge, skills and attitudes to enable them to address not only the emotional effects of the past, but also to learn to take greater control over issues affecting their lives. The Family WellBeing course therefore seeks to address the effects of settler colonisation on Indigenous Australians at the level of individuals’ emotional and social wellbeing.

Although the Family WellBeing course was developed primarily in response to the special needs of Indigenous Australians, the learning 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. Indeed, as the course developers emphasise, ‘everybody has something to gain from Family WellBeing—both the young and the old, the rich and poor, the powerful and the powerless … the course challenges participants to reflect on how their particular situations—privileges and disadvantages in life—[are] affecting other people’.

Course Description

The Family WellBeing course is a nationally-accredited program at Australian Qualifications Framework level 2 (AQF level 2), which approximates to senior high school Year12 standard. Successful completion of the course provides participants with formal qualifications in counselling that are recognised by educational institutions and employers throughout Australia. Each of the course’s four stages (see below) runs for ten weeks, and participants attend one four-hour session each week.

An important part of the approach of the Family WellBeing course to learning is the use of participants’ own life histories and experiences, including things happening in their lives at the time of the course. This is the main learning resource. The rationale is that unless we are able to understand and deal with our own emotions and other challenges of life, we are not able to support others dealing with theirs. For this reason, successful participation in the Family WellBeing course is emphasised as an essential requirement for teaching in the program. Thus, the Family WellBeing course is not designed to be taken off the shelf and taught by anybody without prior experience as a learner.

Core Concepts

Throughout the course, participants learn skills that enable them to ensure their basic human needs and those of the people they care for are met in a balanced fashion. Two concepts—basic needs and associated relationship roles—are revisited throughout the Family WellBeing course. This encourages participants to continually reflect on their day-to-day lives as a means of gauging the extent to which the course is helping them to meet their needs and those of their families.

The Family WellBeing course starts by introducing participants to details of the four broad areas of basic human needs:
Physical: food, water, shelter, sleep, clothing, cleanliness, physical safety, touch and sexual expression.

Emotional: to be loved for who we are; accepted, valued, respected and recognised; to be deeply understood, treated with tenderness and gentleness, nurtured, cherished and given attention; to have self-esteem, approval, appropriate touching and nurturing, and confidence and self-worth; to freely express anger, sadness and fear; to be supported, to give from the heart and take without guilt; to love others and build trusting relationships; and to love and accept ourselves just as we are.

Mental: to speak freely, think for oneself, question information, show curiosity about the world and be free to ask about any subject; to have choices, to agree or disagree without restriction; to have one’s opinion valued; to continue learning throughout life; to be allowed to make mistakes; to be able to be silent and to change one’s mind about an issue or decision.

Spiritual: to be deeply connected with one’s inner self; to be deeply connected with others; to be deeply connected with something greater than ourselves, whatever we perceive that to be—depending on the individual, this ‘connection’ may or may not have a religious association; to express that connection in whatever way is right for us; to have meaning and purpose in our lives, and to value our true self and trust our intuition; to be able to express the higher qualities of our nature, to discover one’s life purpose and ask ‘Why am I here and what is my life purpose?; to be able to grow, change and fully express who we truly are; to have in our lives beauty, harmony, balance, order, truth, creativity, justice, unconditional love, joy, freedom and peace.

The underlying message permeating the Family WellBeing course is that the ‘roles’ we assume in any relationship are determined by the extent to which our basic human needs have been met either in the present or in the past. The more our needs are met, the more positive the relationships we develop; conversely, the less our needs are met, the more negative or destructive the relationships we develop. These roles may be described as fitting one or other of three relationship triangles:

Drama triangle: comprises people who persecute, those who behave like victims, and rescuers (people who control others or try to rectify situations without dealing with the underlying causes).

Negotiating triangle: comprises people who are assertive, those who are care-givers and responsible people.

Heart-centred triangle: comprises people who use will and power, those who express love and wisdom and people who use their creative intelligence.

Throughout the course, participants learn to recognise and work their way out of relationships that they consider to be harmful to themselves or others around them (drama triangle) into forming better situations (negotiating triangle and, ultimately, heart-centred triangle).
Course Structure

Specific topics covered at each stage of the Family WellBeing course are:

Stage 1—Foundations in counselling: qualities of a counsellor; understanding conflict and how to resolve it; understanding emotions and how to deal with them; beliefs and attitudes, and how they affect our choices.

Stage 2—Counselling skills: 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; counselling practice.

Stage 3—Changing the patterns: 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; the process of healing.

Stage 4—Opening the heart: 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; the essence of Family WellBeing.

Learning Techniques

The Family WellBeing course uses a range of learning techniques such as handouts, brainstorming, group discussions, role plays and visualisation. The course also applies techniques that help the individual to relax, be centred, focused and clear thinking, especially when confronted with a difficult situation. A typical four-hour Family WellBeing session may start with the whole group brainstorming about the day's set topic. This may be followed by visualisation, where each individual is allowed a safe and peaceful space to reflect on the topic in relation to their personal experiences. Each participant then may express in writing, drawing or painting how they feel about the issues arising from the reflection and the lessons they have learnt. The next step may be for participants to form themselves into pairs to debrief or to listen to each other's story for advice and support, after which individuals may share their stories within the larger group. The facilitators, where necessary, follow up particular individuals for additional debriefing and support.

Facilitation and Coordination

The Tangentyere project employed a half-time coordinator for the training activities in Alice Springs, while two Adelaide-based facilitators delivered the course using Tangentyere Council facilities. Recruitment into the course was through open invitation to both Aboriginal and non-Aboriginal human service organisations, as well as notices posted at all town camp community centres.
Chapter 2: Evaluation

Objectives

The objectives of the evaluation were to:

- Document the development and implementation of the Tangentyere Family WellBeing project.
- Determine if participation in the Family WellBeing course improved the ability of the target group to deal more effectively with issues relating to parenting and support for young people.
- Assess course participant and other stakeholder satisfaction with the overall implementation of the Family WellBeing course.
- Comment on the role and usefulness of the Family WellBeing course as a tool for empowerment, particularly as regards better parenting and support for young people.
- Suggest options for future family support and suicide prevention strategies in Alice Springs and the surrounding region.

Given that programs which aim to empower people can take years and even decades to translate into measurable health outcomes, the evaluators felt it would be inappropriate or unfair to evaluate the Family WellBeing course in terms of its immediate effects on youth suicide. Thus, the evaluation focused on three related questions:

- to what extent were the Family WellBeing course skills and principles relevant to the prevention of youth suicide?;
- to what extent did participation in the course allow the graduates to develop their individual capacities to engage in strategies that can support and prevent young people from harming themselves?; and
- what strategies are required to ensure that the initial capacity-building becomes sustainable?

Methodology

A major challenge for this evaluation was how to design an appropriate methodology to adequately capture the effects of the Family WellBeing course on the emotional health and wellbeing of participants and their families.

Public health practitioners and social activists have long acknowledged, and in some cases developed, strategies and programs to assist people to take greater control over social conditions that frame their health (Legge 1999). However, such ‘empowerment’ programs have not been adequately researched and/or evaluated in terms of health outcomes. The issue, as Legge rightly explains, is not that these types of programs do not work, but rather that the methods used to evaluate them are poorly developed. This is particularly the case with Aboriginal health where the conditions of ill-health are deeply embedded in a history of settler colonisation and associated social relations.

As far as Aboriginal health is concerned, practitioners appear to lack the methodological tools to measure the effects of such empowerment programs. Also, there is a tendency among practitioners
and researchers to widely acknowledge disempowerment resulting from the ongoing colonial relationships as the major factor in Aboriginal health, only to shy away from the issue because ‘it is too hard’. Combined with the ideology of economic rationalism, the ascendency of evidence-based practice has seen ‘evidence’ interpreted in a narrow quantifiable cause-effect manner. As Legge correctly reminds us, the ascendency of this view has placed the future of this important area of public health in serious jeopardy unless practitioners are able to come up with innovative methods to evaluate empowerment programs (Legge 1999). Legge writes: ‘The evaluation of health development may be the next methodological frontier. It is a worthy challenge and there is a lot hanging on it’. This evaluation is partly a response to this challenge.

A related challenge was how to create a safe environment that allowed course participants to feel comfortable about providing often sensitive and personal information to the evaluators. This was complicated by the evaluators’ outsider status, as both evaluators are non-Aboriginal. An action research approach, involving participant observation, helped to overcome this challenge. This approach allowed one of the evaluators to experience the course as learner: to observe at first hand other participants’ reactions to the course, including what they said or did not say; and, where appropriate, to ask questions and occasionally even play the devil’s advocate by drawing on a critical review of literature to stimulate debate and greater reflection. Overall, this approach made it possible for participants to feel comfortable enough to share highly sensitive and often traumatic experiences with the evaluator. Clearly, this would not have been possible if the evaluator had not participated as a student, thereby sharing his own stories with the group as well.

Another challenge relates to the prejudices or preconceived ideas with which the principal evaluator approached the study. Being generally sceptical of things perceived to be ‘new age’, he initially felt a degree of cynicism due to the use of terms such as ‘healing’, ‘inner qualities’, ‘heart-centred’ and ‘visualisation’. Part of the scepticism stemmed from the principal evaluator’s own intellectual beliefs about the way social change occurs—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 and with each other’ without explicitly tackling the underlying causes of inequality in society 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 appreciate the fact that it is itself highly political, to say the least, to teach people the skills, knowledge and attitudes necessary to ensure that their basic needs as humans are adequately met in life.

A final challenge was how to ensure that the evaluation, which was imposed by the funding body from the ‘top down’, became acceptable and useful to the course participants as well as the program funders. This is particularly important because of the widely acknowledged fact that in an Indigenous context, an evaluation is more likely to be effective when particular approaches are adopted. There should be ‘informed consent, support and a willingness to participate on the part of community members’, as well as ‘community ownership’ of the evaluation research process’ (Scougall 1997). Whilst none of the course participants questioned the funding body’s requirement for the course to be externally evaluated, the initial response to the evaluation ranged from indifference to cynicism. As one participant initially reacted: ‘another researcher … Aboriginal people have been researched to death’.

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“…working together … making a difference”
Three factors, we believe, helped in turning this situation around. Firstly, being a participant observer in the course helped to bridge the ‘us’ and ‘them’ gap between the principal evaluator and the rest of the course participants. The second factor was that the participant observer had had a long relationship with the local community. Consequently, participants were prepared to give him the benefit of the doubt. Finally, the principal evaluator’s own patience and willingness to give course participants the opportunity to reflect on the reasons for the evaluation and to make an input into the process in their own time helped to develop among the participants a sense of ownership over the evaluation.

This approach proved effective in changing participants’ attitudes from initial indifference or even cynicism to keen interest. As they saw the capacity of the evaluation to recognise Aboriginal people’s contributions, including the changes that were occurring in participants’ own lives, they appreciated the power of the evaluation to capture this information for their own purposes—not only would their input be recognised, their stories could be used as learning and teaching resources in bringing Family WellBeing skills to the wider community (Tsey and Every, 2000).

The actual methods used to evaluate the Family WellBeing course were:

1. Direct observation through participation in the course.
2. A brief but critical review of the literature to determine the extent to which the decision to run the Family WellBeing course in Alice Springs was actually informed by current knowledge and understanding about the reasons why young people harm themselves and how such behaviours might be prevented.
3. A systematic analysis of the standard Family WellBeing course evaluation sheets completed by participants at the end of each stage of the course (see Appendix).
4. Use of narrative, or storytelling, through which participants documented and reflected on the specific contexts—in the family, the workplace and the wider community—in which they used the skills and knowledge gained from the Family WellBeing course.
5. Presentation of key evaluation findings to stage 4 graduates in a focus group, for further reflection.
6. Distribution of draft reports to course participants and other stakeholders for comments and feedback, which was incorporated into the final report.

Results

Profile of Course Participants

All stages of the Family WellBeing course had high completion rates, and the completion rate increased at each stage (Table 1):

- 21 out of the 31 people (68%) who enrolled in stage 1 of the course completed with certificates;
- 15 out of the 19 (79%) who enrolled in stage 2 completed;
- 13 out of 15 (87%) completed stage 3; and
all 12 stage 4 participants graduated (100%).

**Table 1** Completion rates: Family WellBeing course

<table>
<thead>
<tr>
<th>Stage</th>
<th>No. Enrolled</th>
<th>No. Completed</th>
<th>(%   )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31</td>
<td>21</td>
<td>68%</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>15</td>
<td>79%</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>13</td>
<td>87%</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: TAFE enrolment forms

There were significantly more Aboriginal than non-Aboriginal participants—more than 80% at each stage of the course (Table 2). Similarly, significantly more women participated than men—nearly 90% throughout the course (Table 3). Given the high incidence of youth suicide among young Aboriginal men as well as the high rate at which they are imprisoned, the relative absence of men from the Family WellBeing course is a cause for concern.

**Table 2** Graduates by Aboriginality: Family WellBeing course

<table>
<thead>
<tr>
<th>Stage</th>
<th>Aboriginal</th>
<th>Non-Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: TAFE enrolment forms

**Table 3** Graduates by gender: Family WellBeing course

<table>
<thead>
<tr>
<th>Stage</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: TAFE enrolment forms

The age of the participants ranged from the late 20s to the early 50s, with the median age being the early 40s. A large proportion of the participants were parents, including a number of grandparents. Throughout the course, more than 70% of participants were employed—mainly in human service delivery such as alcohol rehabilitation, youth work, mental health, education, aged and disability care. Participants who completed each stage of the program were awarded the
Literature Review

Given that the issue of youth suicide was the main impetus for the Tangentyere Family WellBeing project, we reviewed the relevant literature to determine the extent to which the decision to run the course was actually informed by current knowledge and understanding about the reasons why young people harm themselves and how such behaviours might be prevented. More specifically, the evaluators wanted to ascertain whether there were any known causal relationships between quality parenting, a primary focus of the Family WellBeing course, and young peoples’ social and emotional wellbeing, a major factor in youth suicide. The rationale was to establish the theoretical validity of the Family WellBeing course as a suicide prevention strategy.

Although there have been studies done on Aboriginal child-rearing practices (Middleton 1976; Hamilton 1981), none has examined the specific effects of parenting styles on young Aboriginal people’s social and emotional health. Moreover, such studies, which were primarily motivated by anthropological interests in understanding ‘traditional’ Aboriginal forms of socialisation, were carried out almost exclusively in remote locations. As a result, very little is known about urban Aboriginal styles of parenting. The following review therefore draws heavily on non-Aboriginal sources which, we believe, are nonetheless relevant to the situation of Indigenous Australians.

Overall, the nature of the parenting style that children and adolescents experience has been found to be critically important to their social and emotional wellbeing (Council on Scientific Affairs
Two kinds of parenting styles are believed to cause problems. One is when parents are too controlling. This kind of parenting is strict, has harsh discipline and the parents do not show their feelings towards each other or towards other members of the family. When adolescents challenge their parents’ authority, abuse can occur. The other kind of parenting that can cause problems for children is when they have too much freedom. In this kind of family, there are few structures and few rules for children. Parents see their children as a source of gratification. Whilst this may work for a time, when children become adolescents and want to form close relationships with people outside of the family, parents can be abusive towards their children because they stop fulfilling their expected role (Council on Scientific Affairs 1993).

Children and adolescents need a secure environment. It is not how the family unit is structured that is vital to a child’s sense of wellbeing but whether there is conflict (Twaite & others 1998). Indeed, children and adolescents from divorced families with a low-conflict environment tend to be better adjusted than those who come from intact families that have a high-conflict environment. Those children whose parents are in constant conflict with each other have an increased risk of suffering frustration, anxiety and depression. It is not only the nature of the parents’ relationship with one another that is important but the kind of relationship that exists between the parent and child. If a male adolescent’s relationship with his father is one of conflict, this can lead to self-destructive tendencies, depression, physical illness or delinquent behaviour. If a female adolescent’s relationship with her father is one of conflict, this can lead to aggressive or delinquent behaviour. If a male adolescent feels his mother is over-protective, this can lead to physical illness and self-destructiveness. If a female adolescent sees her mother as very critical or negative, this can lead to problems such as physical illness or delinquency (Godkin & Schwenzfeier 1991).

Physical and sexual abuse can also have terrible effects on children. Sexual abuse can cause chronic anxiety, alcoholism and increased suicide attempts. Physical abuse can cause increased drug use, suicidal thoughts and suicidal actions (Council on Scientific Affairs 1993).

Although there is very little research linking parenting styles directly with youth suicide, some of the reasons identified as causes of youth suicide are similar to those consequences of a disturbed family life. Indeed, hostile relationships in the family or major disputes amongst family and friends are seen as a cause of youth suicide. Aggressiveness, physical or sexual abuse, drug and alcohol abuse, a family history of attempted suicide, and family breakdown are also all seen as possible causes of youth suicide (Davis 1992). In the particular context of Indigenous Australians, additional structural factors such as ‘the ongoing experience of dispossession, separation of children from their parents, social disadvantage, modernisation, and lack of services’ (National Advisory Council for Youth Suicide Prevention 1998) are found to be strongly implicated in suicide and suicidal behaviour, including male youth who are particularly vulnerable.

There are opposing views regarding the appropriateness of different approaches to suicide prevention. It is argued by some people that programs which focus on suicide prevention per se are harmful because of ‘their capacity to normalise suicide’ (National Advisory Council for Youth Suicide Prevention 1998). Consequently, initiatives that target particular individuals are seen to be less desirable than population-based programs. However, the latter strategy too has been criticised on the grounds that ‘the safety of vulnerable individuals cannot be constantly monitored’ (National Advisory Council for Youth Suicide Prevention 1998).
Whilst some children develop resilience and coping strategies in what are considered high-risk environments, others have very low capacities even in low-risk environments. Such factors as poverty or mental illness can have significant consequences on people’s coping mechanisms. Nevertheless, it is possible for individuals to develop resilience and coping skills even in high-risk environments if they have a family and/or school setting where this is encouraged and modelled.

One of the main ways children learn to cope is by observing the responses of the most significant adults in their lives. Usually, it is parents who serve as role models for children. If parents are willing to receive help from others and have the ability to reflect on events that affect the family, then children will also learn this. It is not only through observation that children learn to cope but by believing they are cared for and supported. For example, it has been found that adolescents are more able to deal with stress when they perceive their parents as caring (Frydenberg 1997).

Also, parents who support and communicate with their children help to promote confidence and the ability to deal with difficult issues (Wills & others 1996).

Another way children cope is by having a feeling of ‘connectedness’ to school—that is, having a sense of belonging to the school, having caring and supportive teachers and peers and being able to relate to them, as well as feeling safe and valued. Such connectedness can give children a sense of belonging that they feel is lacking with their parents, other adults or their peers (Resnick & others, 1996).

Clearly, it is the quality of the relationships children and adolescents have with those people who are in positions of influence in their lives that can make them either resilient and able to cope with stress and difficulties, or unable to develop such abilities. Given the close relationships between parenting styles and the emotional health of young people, it is evident that the choice of the Family Well Being course as a suicide prevention strategy is highly 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.

Equally important from the findings of this review is the extent to which an acceptable balance is achieved between, on the one hand, the need for parents and significant adults to have clearly defined structures and rules for young people and, on the other hand, the need to respect and nurture the autonomy and individuality of the children and adolescents. This is particularly relevant in the context of contemporary Aboriginal societies where anecdotal evidence suggests that due to rapid and pervasive social and cultural change there has been considerable erosion of parental and elders’ authority over the way young people are socialised.

A related concern is the fact that the schools have equally failed to provide a sense of ‘connectedness’ to Aboriginal students, thereby further alienating them from the wider society. This is particularly evidenced by low attendance levels as well as relatively poor educational outcomes (Tsey 1997).

Clearly, the socialisation experiences of Aboriginal children and adolescents, both within the family and at school, and the effects on their emotional and social wellbeing, are an area that needs to be more systematically studied and better understood. This issue highlights the importance of current research by the Cooperative Research Centre for Aboriginal and Tropical Health regarding the
nature of the relationships between Aboriginal education and health (Tsey 1997; Boughton 1999).

Process Evaluation
This part of the evaluation focused on documenting the key highlights and challenges associated with the planning and implementation of the Tangentyere Family WellBeing project. It highlights the role of the evaluation in teasing out and articulating the emergent issues for reflection and possible action.

Overall, the project was implemented successfully without any major problems. The fact that the Family WellBeing course was already well established and had been running in South Australia for over five years, with experienced facilitators who had done the course themselves, contributed to the relatively smooth delivery of the Alice Springs program. A related factor which contributed to the successful delivery of the program, was the effectiveness of the on-site coordination. Although this role changed hands as many as three times over the one-year period, each of the successive coordinators approached their task with remarkable enthusiasm and commitment. The fact that the entire project staff—the facilitators from Adelaide, as well as the on-site coordinators in Alice Springs—were Aboriginal was a major strength in itself. This, it would appear, made course participants warm to the program more so than would have been the case if the project staff had been mainly non-Aboriginal. It also meant 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.

Another factor that contributed to the successful delivery of the program was the role of the facilitators in fostering a supportive learning environment where all participants, both students and facilitators, learnt not only to trust each other but also to give mutual support. This was achieved mainly through the development of group agreements at the beginning of each stage of the course. These agreements, which were regularly revisited and modified as required, covered issues such as:

- sharing information within the group;
- confidentiality;
- punctuality;
- participation in learning activities;
- expression of emotions within the group and how to deal with them;
- acknowledgment of conflict and misunderstandings, and processes to deal with them;
- commitment to allow everybody to have their say unless they decided otherwise; and
- freedom to withdraw from activities with which they did not feel comfortable and/or to negotiate changes to the agreement.

Consequently, participants were never judgemental of each other. There was a strong sense of people accepting each other for what they were. People felt free not only to withdraw from activities that they found confronting, they also gave each other space to express their emotions. Also, the
A number of participants commented on the usefulness of having a supportive learning environment. They felt that, although the course was difficult and confronting, the learning environment and approach allowed them to work hard, and they were proud that the certificates they received were not ‘token’. Others went as far as to suggest that the Family WellBeing course was unique or the most beneficial learning experience they had ever had. As one participant commented, ‘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’.

The fact that the course facilitators had to travel from Adelaide every week to deliver the program for one year was an obvious challenge. Apart from the inconvenience of frequently being away from their families, this made the project a relatively expensive one.

The original proposal erroneously assumed that the Family WellBeing course was a train-the-trainer program so that those who successfully completed the course would then automatically become trainers of other people. This turned out not to be the case as the Family WellBeing course was not designed as a train-the-trainer program. Thus, most participants felt they required additional training in facilitation to be able to teach in the program.

Another challenge was the fact that the course only succeeded in reaching part of the target group. Although the course originally aimed to reach three categories of people—service providers, families who had experienced suicide or attempted suicide, as well as young people—in practice, those reached were mainly service providers. About 70% of course participants were employed mainly in mental health, drug and alcohol, youth work, education, and aged and disability care. Only a few men participated and adolescents were not reached at all.

Whilst the majority of participants could be categorised as ‘service providers’, it is important to recognise that as parents, and as members of the community, most of them have been affected in some way by issues relating to youth suicide. The evaluation process allowed these and other emergent issues to be highlighted, reflected upon, and where possible, resolved. For example, instead of seeing the inability of the project to reach all the original target groups as a problem, a decision was taken to concentrate on the predominantly service provider group because they were the ones most likely to go on to do the additional training required to teach the program locally. Indeed, five out of the twelve people who graduated from stage 4 of the course havesince undertaken training in Family WellBeing facilitation so that they can teach the program to other people in Central Australia. This shows not only the graduates’ high level of motivation, but also the Family WellBeing course’s potential.

Standard Family WellBeing Evaluation Sheet Feedback
Each participant received a standard Family WellBeing evaluation sheet (see Appendix) to complete on the final day of each stage of the course. The questions canvassed were the same for each stage and included:

- What in particular did you like or find useful in the training course?
- Was there anything you didn’t like or find useful?
- Did you enjoy the presentation of the material? Were the exercises used in each session useful?
Do you have any suggestions as to how the course could be improved?

Any other comments you would like to make?

The results were analysed on a question-by-question basis to ascertain common themes and responses. The following feedback from stage 1 is highly representative of the other three stages of the course.

At the end of stage 1, there were 15 completed evaluation forms from the 21 who graduated.

There were a variety of responses to the first question about what the participants liked or found useful in the course. Three people focused on the facilitators: two wrote that they liked the fact that they were Aboriginal; and the other valued the facilitators’ approach and use of their own life experiences. Six responses related to the benefit of undertaking the course because it increased their awareness of, and ability to deal with emotional issues. Related to this, one respondent found the course useful because it gave people an opportunity to express themselves. Four of the respondents referred specifically to the three emotional triangles. Two people wrote that the course had helped their parenting skills.

Two-thirds of the respondents found no fault with the course. Only four people had any comment to make. One of them initially felt ‘uncomfortable’ participating in a course with non-Aboriginal people but quickly ‘overcame’ this feeling. Another suggested that brainstorming sessions as a means of raising issues may have been more beneficial than following a list provided by the facilitators. The other two comments were: the desire to have a meditation before and after the class; and less reference to politics—which the person described as ‘the constant reference to Pauline Hanson and One Nation’.

The question concerning whether people enjoyed the presentation of the material and if the exercises were helpful elicited positive responses. Eight people either wrote ‘yes’, ‘very’ or something similar. One person mentioned the value of the drama triangle session. Another person responded positively to the fact that the facilitators were Aboriginal. Different points of view, perspectives, beliefs and

Above: Family WellBeing course facilitators Tracey Law and Deanna Zekuschis
attitudes were also mentioned as positives. Another person wrote that the exercises helped ‘me think about a lot of things I take for granted in my day to day life’. One person wrote that it was easy to relate to the presentation of the material and the exercises. The only suggestion was that the exercises could be extended.

Five people left blank the question regarding ways of improving the course and two wrote that they had no suggestions to make. There were also a number of recommendations. Two people felt that the course should be more widely known within the community. Three respondents suggested full-day sessions would have been preferable to half-day sessions. Another comment was to extend the exercises. One person suggested using ‘symbolic expression’ when ‘telling a story of self’ (the course uses people’s life experiences as a basis for the teaching). The need to acquire meditation skills was raised (by the same person who had suggested meditating before and after the course) and another wanted politics kept out of the discussions (the same person who made a similar comment in response to the second question).

Everyone made additional comments. These included: the course should be ‘aimed at young/new mothers’ because it was an ‘excellent parenting course’; the need for someone who could facilitate the course in Alice Springs so that it would reach a broader section of the community; the need for the course to be more widely known; a desire for community attitudes to become more ‘loving’; and the value of having Aboriginal facilitators. Nine of the respondents expressed their appreciation about being involved in the course or how they felt they had benefited from being involved.

Clearly, the feedback from the participants 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 from all but one evaluation sheet that the participants felt they had benefited from undertaking the course (although it must be added that the one in doubt did answer ‘yes’ to the question about whether the presentation of the material was enjoyable and the exercises useful).

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. This was the necessity of making the course more widely known and available to identifiable groups of people or families in the community, including children and teenagers.

The comment from one participant, an Aboriginal person, that ‘politics’ should be taken out of the course (because of the frequent reference to Pauline Hanson and her One Nation Party) is a cause for concern. One of the things that the course tried to do was help participants develop awareness of the political and economic position of Indigenous people as a group within Australian society. The aim was to assist individuals to be able to make sense of, or understand better, the nature of the challenges they face in life, the reasons for these challenges and how best to deal with them. The fact that one participant consistently failed to appreciate this important aspect of the course could
be due to a number of things, not least the way in which such discussions might have been handled. Whatever the reason, this comment suggests a need for steps to be taken very early in the course to ensure that all participants understand and appreciate the necessity of developing political awareness as a central part of self-empowerment.

Whilst the standard Family WellBeing evaluation instrument provides useful feedback regarding participants’ perceptions of the course, it says very little about the extent to which the skills and knowledge gained were actually being used to bring about real improvements in the quality of participants’ lives and those of their families. The use of narrative or storytelling, to which we now turn, attempts to tease out this type of information at a deeper level.

**Participants’ Narratives/Stories**

All stage 4 participants were asked to describe in story form the specific contexts in which they had used the skills, knowledge and attitudes gained from the Family WellBeing course within the family, the workplace, and in the wider community. Participants were also asked to indicate how they planned to use Family WellBeing skills, knowledge and attitudes in the future; and comment on the value of the Family WellBeing course as a suicide prevention strategy.

Participants were given the opportunity to express their answers in a medium of their choice, such as writing, drawing or tape recording. Of the twelve people who graduated at stage 4, ten provided feedback. All ten were women—eight Aboriginal and two non-Aboriginal—and all ten provided their feedback in written form. Following is an analysis of their responses, excluding those of the participant observer.

Despite the evaluators’ concerns about confidentiality, all participants were happy for their stories to appear in this evaluation—in fact, they expressed the desire to publish their stories in booklet form because they were proud of what they had done and wanted to show it to the wider community as an example to inspire others (Tsey and Every 2000).

The two non-Aboriginal participants who provided feedback had worked in the mental health field for a long time. They reported that whilst they found the course content was a valuable reminder of techniques and approaches, the ideas were not new. Because the feedback from one of these participants did not address the evaluation questions, it was not included in the analysis. However, the feedback from the other non-Aboriginal participant was extremely useful as it vividly described the specific ways in which she had used skills from the course to improve her personal as well as professional life.

**Using Family WellBeing: Within the Family**

There was a diverse range of responses to the use of Family WellBeing skills within the family. Many responses were to do with resolving and accepting issues that had been part of their family life for some time.

Conflict resolution skills was one of the themes that emerged. One person wrote that she:

‘carried quite a bit [of] bitterness in relation to my older brother … I no longer carry this bitterness and Christmas was a real time of reconciliation … and I could view the other family issues with new awareness’. This left her ‘feeling very free, amazed at the courage it took and the new wisdom that came with it’.
Another important issue that emerged from the stories was greater ability to reflect on one’s history or past as a way of understanding the present. 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 eighteen-month-old son. The course had helped her to reflect on both her past and present family situation, and develop her awareness of the challenges she faced in life, so she was better able to understand, for example: her brother who was ‘into alcohol and drugs [and] can become violent’; 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 had 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.

Two people mentioned how the course had helped them offer support to teenagers who either were considered at risk or had had friends who had suicided. One of them had also offered advice to some of the parents and told them to ‘look at their kids as a mate not as a naughty kid that needs flogging’.

Another participant wrote of her work as a mother. She had three children aged thirteen, ten 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. She related how:

‘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 peoples 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’.

Another woman wrote that the course had helped her to be ‘very strong about who I am. I’m not a “half caste” but a person of “Aboriginal descent”’. 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...working together... making a difference’
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’.

Another woman wrote of how she had used her skills to help her mother and sister deal with her father, ‘they now recognise my father’s games and will not put up with his behaviour’. Also living with her partner ‘became one of [her] biggest challenges’ and she now refused to be ‘caught up into his insecurities’.

The consistency with which the above themes appeared in the narratives—conflict resolution, greater awareness of young people’s needs and how to support them to meet these needs, negotiation of gender and other relationships, dealing with loss and grief as well as resolution of religious and Aboriginal identity, etc—clearly indicate that participants had used the Family WellBeing skills in building their individual resilience and coping abilities, as well as helping to support others around them.

**Using Family WellBeing: in the Workplace**

Most of the responses to this question indicated that the participants had used the Family WellBeing skills in the workplace. An Aboriginal woman working with Aboriginal youth wrote that the course had given her a better understanding of her clients. Four people mentioned the relationship triangles, particularly the ‘drama triangle’, as very useful in their working and personal lives.

Another wrote of two very difficult incidents in the workplace that involved issues of racism. She had been the victim of a serious physical threat and had been accused of being racist. These incidents affected her so deeply that she had suffered both mentally and physically. As a result of the second incident, she took three months leave without pay. When she did return to work, she was treated like a ‘leper’ and blamed for numerous trivial incidents. She wrote that she had now:

‘found a sense of forgiveness toward those people, but I will not forget! As the pain I endured not only affected me and a great part of my life, but my children as well suffered and through a very, very important and crucial part of their little lives.’

She continued by stating:

‘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, focussed and of being so aware of the many things around me.’

One person 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 came to appreciate her strengths and expertise a lot more and now she worked for different agencies on a consultancy basis. This was something that 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’.
As in the family, participation in the Family WellBeing course had clearly made a difference to the working lives of most participants.

**Using Family WellBeing: in the Wider Community**

Participants tended to answer this question by writing about what they hoped would happen within the community as a result of the course, rather than how they had actually used their skills in the wider community. This seems to indicate that whilst they were using their skills in the home and the workplace, that in itself was demanding enough, and they had yet to branch out further than these immediate involvements. A number, however, described how they had used their skills.

A mental health worker in an Aboriginal organisation wrote of her work at the Palliative Care Unit at the hospital. She wrote of how she used the skills she learnt in the course to help dying people and their families to deal with grief and loss. In one incident, a family blamed the husband of their daughter for her death. The course participant was able to draw on the session about ‘expressing the truth and talking from my heart’ to explain how much the husband had cared for and nursed his wife. She related, ‘I think by talking to them with compassion and Inner Self, I saved him from being bashed at the sorry camp because I have asked members of his family and they always say thankyou for being there for him’.

One person wrote that the course had made her realise ‘the importance of accepting who you are’. She had passed this on to a young girl who had sought her help and advice.

Greater ability to make people feel free and safe to express their emotions was another theme that emerged. As one person wrote in relation to her interaction with people, ‘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’. In one of these cases, the course participant came across someone who had been intent on killing another person. However, after a two-hour discussion, she had been able to talk the person out of taking such action.

**Future Plans to use Family WellBeing**

Four participants expressed a desire to become facilitators of the course; one wrote of the difficulty of achieving this owing to work commitments. One person wrote that she believed she would use ‘the Family WellBeing knowledge/skills that I have learnt till my dying days’. As a counsellor, she said, ‘everything I say and do’ related back to what she had learnt in the course. She said she would like to see the course offered to all Aboriginal Health Workers and other Aboriginal people ‘so they can have skills in dealing with their day to day wellbeing and also be better able to handle themselves in crisis whether at work or in their homes and communities’.

Two people wrote about their involvement in planning a ‘healing place’ for Aboriginal people in the Central Australian region. One wrote, ‘Family WellBeing skills would be very beneficial to this and it gives the Family WellBeing participants a career path’.

Another participant responded:

‘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 to empower themselves in a positive way.

The reference to lifestyle changes, including diet and exercise, is particularly interesting. The Family WellBeing course is not a health education program. As such, it does not teach individuals about good food or how to keep fit. What the course does is teach participants generic problem-solving skills that enable them to meet their basic human needs in life. The fact that this participant was able to use these skills to make major lifestyle changes confirms the effectiveness of generic skills or ‘situational mastery’ in health improvement (Mastering the Control Factor 9 1998; Devitt, Hall & Tsey 2000). This has important implications for health promotion programs.

One of the participants described how her ‘greatest ambition in life was to learn and gain as many skills and knowledge that I could to bring back to my people to assist in their struggles of survival’. She believed she had been doing this for some time but, referring to the course, ‘in a less personal contact situation than I have been in the last two years’. Her main aim was ‘to continue being understanding, caring, gentle and compassionate toward my people whom I am regularly in contact with. To give positive reinforcement on a far more regular basis so they may hopefully look toward a BRIGHTER FUTURE!!’

Another participant described how ‘Family WellBeing is part of my life it has made me more knowledgable and given me a wonderful skill “life”’. She said that, whilst she knew that she was ‘able to take these into the future’, she was also planning to undertake further training ‘to develop other skills’.

Overall, participants had deeply reflected on and thought through the specific ways in which they might use the Family WellBeing skills in the future. The challenge is for both the project managers and course participants to work out operational strategies to ensure that their plans come to fruition.

Value of Family WellBeing as a Youth Suicide Prevention Strategy

Three out of the ten participants did not address the value of the Family WellBeing course as a youth suicide prevention strategy. One person wrote that it was too early to tell whether the Family WellBeing course had had an impact on youth suicide. Another wrote:

‘There has been no real benefit as the youth of Central Australia are not listening or just don’t care. This reflects back to the families lifestyle. The caring and sharing concept has dwindled and therefore families are not sharing every day experiences or not holding onto what is most valued LIFE.’

One participant wrote that she felt the course had directly assisted her in preventing a young person from committing suicide and it had helped her listen to other young people’s grief about friends who had suicided. Another wrote that the participants in the course now had skills which would assist them in preventing their children and other young people from suiciding.

Participants made various suggestions about ways of preventing youth suicide in the region. Two people wrote that the course should be implemented in schools. Another suggested there should be media advertisements about the value of youth and to educate parents about the pressures on youth. Others suggested: educational material to teach families how to recognise the warning signs of young people who may be at risk of attempting suicide; and that people such as teachers, parents and relatives should take time to understand how young people feel. Three participants
suggested that there needed to be somewhere youth could feel safe and spend time. One of these thought that more organised activities such as camping trips would be beneficial. One person felt that the education system was not suitable for Aboriginal children and that there needed to be more appropriate education and training available. Other ideas were: Aboriginal role models should be promoted as examples to youth; a place for addicts and a hostel for young people; the need for funding so that the course could be ongoing in Central Australia; and implementation of the course in communities and other towns in the region.

Participants made other comments not directly related to the specific matters they were asked to comment on. Among the particular matters of concern raised were:

- the perception that organisations trying to address some of the social problems of the region needed to move with the times and take a more proactive role;
- the need for greater interaction between Aboriginal and non-Aboriginal people in Central Australia;
- a need for the wider community to respond constructively to the social problems of young Aboriginal people in the region instead of seeing their problems as ‘an Aboriginal problem’;
- the lack of role models for young Aboriginal people; and
- a breakdown in communication and sharing within families.

It is clearly unreasonable to expect the Family WellBeing course to have had any immediate impact on the incidence of youth suicide. What this evaluation demonstrates, however, is the need to ensure that the support needs of young people are properly met. This should include: caring and supportive adults both at home and at school; facilities to allow young people to express themselves; and the development of innovative programs that draw on both Aboriginal and non-Aboriginal experiences.

**Focus Group Discussions**

In order to explore with the stage 4 graduates the key issues that had emerged from participants’ feedback during the Family WellBeing course, one of the evaluators presented the key evaluation findings to them in a focus group for reflection and comment. Five particular issues were canvassed:

- the reasons why the Family WellBeing course had been so successful
- the extent to which participants felt they were able to use personal development skills to improve their conditions when problems such as racism and relative powerlessness of Indigenous people remained
- whether the Family WellBeing course was worth the relatively high cost of running the program and/or whether the money could have been used differently
- the sustainability of the Family WellBeing ideas in Central Australia
- participants’ experience of the evaluation, particularly writing their personal stories

The main response to the first issue, the reasons why the course had been so successful, was that participants felt they had been taught life skills. Amongst their answers were: the course ‘teaches me how to have purpose in life and to work towards it’ and ‘teaches new ways of looking at life and the fact that
there are always choices no matter your situation’. Two people mentioned the listening skills they had learnt. One person said, ‘it’s ok to be silent … before I just talked non stop and not listen to other people … now I’m more calm and listen more to people’.

The next issue canvassed was how much the participants had benefited by developing personal skills given that problems such as racism and the relative powerlessness of Indigenous people in Australian society still exist. The rationale here was to encourage participants to reflect upon the different ways that social change might occur, including the strengths and limitations of the different approaches. Their responses to this were basically the same: participants felt 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 in those around them; they therefore felt optimistic about this process broadening. For example, one said, ‘through personal change the ideas can infiltrate little by little … already I talk to my children and their friends’. Another person said that the course ‘gives us a sense of belonging to community … and have empathy with suffering and being support for other people’.

The participants were then asked about the relatively high cost of running the course and whether the money could have been more usefully spent in other ways. Setting aside the benefits to participants who attended but did not complete to stage 4, it cost roughly $12,000 to train each of the 12 stage 4 graduates. The participants agreed unanimously that the cost of the course had been worth it because they saw the benefit not only for themselves but for people around them. In fact, many felt angry about attempts to put a dollar value on what they had learnt. Amongst their responses were: ‘you can’t put money value on people’s needs and lives’; ‘not a lot of money because of the ripple effects on other people … it’s worth the money’; and ‘not a lot of money to save lives’.

The overwhelming response that the Family WellBeing grant was money well spent is a reflection of how much participants valued the course. However, the perception that dollar values should not be placed on human life suggests a need to canvass cost-effectiveness issues a lot more with program beneficiaries so as to raise awareness about the fact that money spent in one area means a lost opportunity to spend in another area.

Participants were next asked about the ongoing concern to ensure that the Family WellBeing ideas became sustainable in Central Australia, and what would happen after they graduated. Their responses indicated a strong desire for the Family WellBeing course to continue in some form, not only in terms of others being able to undertake the course but also because those who had completed the four stages of this course wanted to undertake training so they could teach it to others. Another suggestion was that participants should form a support group.

The final issue canvassed how participants had felt about doing the evaluation, especially writing their personal stories. Most people said that they liked doing the evaluation or could see the value of
Chapter 3: Discussion

This evaluation has analysed the context in which the Tangentyere Family WellBeing project developed, the challenges and highlights associated with the project implementation, and the effectiveness of the Family WellBeing course in building the capacity of participants to improve their emotional health as well as those of their families, especially young people. Several important issues emerged, most of which have significant implications for the development of public health strategies to promote Indigenous health and wellbeing.

Social and Emotional Wellbeing Programs

The first issue relates to the groundbreaking nature of the Family WellBeing course. The course developers have shown foresight and courage in designing a program that explicitly aims to address the social and emotional health of Indigenous people resulting from settler colonisation. Public health practitioners have long acknowledged that the underlying causes of Aboriginal health are deeply located in this colonial history and have frequently called for strategies to address the issue. Yet it is hard to find tested and validated public health programs that specifically address this important area of Aboriginal health. Whilst some practitioners in Aboriginal health appear to lack the methodological tools and expertise required to develop and implement the type of health development or empowerment programs required to address the issue, others shy away from the area because ‘it is too hard’. Clearly, the Family WellBeing course developers need to be warmly commended for daring to tackle this important aspect of Aboriginal health.

Underpinning the Family WellBeing concept is the philosophical assumption that the history of colonisation and the position of Aboriginal people are critical to the health of Indigenous people in contemporary Australian society, and that any remedy requires that Aboriginal people be empowered at both the community and personal levels—both of which are inextricably linked. The Family WellBeing course attempts to remedy the need for Aboriginal people to take control at a personal level, as part of the community empowerment process. The fact that those running the course were Aboriginal was also significant in terms of the credibility and effectiveness of the course.

Evaluating Empowerment Programs

A related issue is the challenge of designing effective methods to evaluate empowerment programs such as the Family WellBeing course. On the one hand, the evaluation of health development is a relatively uncharted area. On the other hand, Indigenous people’s interactions with researchers have not necessarily been an empowering experience for the research participants. These two matters may not be unrelated in that effective qualitative research requires researchers to have the confidence and support of participants. Crucial in bridging this gap is for researchers to find ways in which the material they collect recognises Indigenous people’s contributions and can be used by them for their own purposes. One way of doing this is to present participants’ stories in
their own words. This not only validates their experiences and contribution to the research, but also provides a permanent record that, with their permission, may be used for matters such as course training and promotion.

An important lesson from this evaluation is the value of establishing a safe environment that fosters open and trusting relationships between the evaluators and the course participants. Although this is time-consuming and may even seem tedious at times, researchers and funding bodies should not underestimate the rewards of this process. Apart from being personally rewarding, if difficult at times, it is invaluable to the intellectual endeavour at hand and, thus, money well spent.

### Need for Longitudinal Studies

The third issue is the need for properly-resourced longitudinal studies that follow up current and future Family WellBeing course participants to determine the extent to which this form of personal and community empowerment becomes sustainable and translates into health outcomes. This evaluation should thus be seen as exploratory rather than definitive and, as such, laying the groundwork for a more systematic, long-term work in this area. Notwithstanding its exploratory nature, work of this kind is important to develop the methods for evaluating empowerment programs and to lay the framework for bringing together qualitative and quantitative research in this area. Quantitative data should be seen as complementing the information derived by qualitative research, both of which are necessary to obtain a full understanding of the best ways to promote Indigenous health and wellbeing.

Programs that are designed to empower individuals, families and communities to take greater control over issues affecting their lives, such as Family WellBeing, can take years and even decades to translate into measurable health outcomes. It would be unreasonable to expect the Family WellBeing course to be followed by any immediate reduction in the incidence of youth suicide and attempted suicide, even though this was the main impetus for the course. Although the Family WellBeing course had no noticeable impact on youth suicide during the year over which the course was held, the evaluation showed the effectiveness of the course in assisting individual participants to increase their capacity—that is, enhance their awareness, resilience and problem-solving ability—thereby making them better able to help themselves and the young people around them to deal with their emotions and life’s challenges. If this process is sustained and extended to many more people, there should be obvious effects on the long-term emotional health of participants, their families and the wider community.

Related to this issue is the need for further work to identify and evaluate other empowerment programs for their relevance to Aboriginal health. This is particularly important given increasing competition for limited health resources. Longitudinal studies are necessary to measure not only the health outcomes of these programs but also their costs so that systematic information is available to health planners and policymakers to decide on their effectiveness as a public health measure.

### The Value of Generic Skills

Another issue to emerge from the evaluation is the Family WellBeing course emphasis on the acquisition of generic skills and expertise to ‘problem solve’ as an essential requirement for
improving emotional health. As distinct from specific task-oriented skills—such as teaching people how to eat good food, practice safe sex or stop smoking—generic skills are generally non-specific, analytical and problem-solving skills that can be applied in different contexts.

This approach is remarkably similar to the findings of ‘new’ research linking individual control over ordinary challenges in life to health status (Evans 1994; Wilkinson 1996; Marmot, Ryff & others 1997; Marmot, Bosma & others 1997; Mastering the Control Factor 1998; McEwen 1998; Wilkinson & Marmot 1998; Devitt, Hall & Tsey forthcoming). As McEwen, one of the leading researchers in the field observed: ‘the things which really affect most people’s health over long periods of time are not dramatic life events, but are really the day-to-day problems, the wear and tear that we all experience in one degree or another, and these effects may accumulate over months or years to cause problems’ (Mastering the Control Factor 1998). Central to this ‘wear and tear’ is relative powerlessness resulting from social class positions.

One of the key factors to improving health in such situations is what Professor Len Syme, another leading researcher in the field, calls ‘mastery’: being able to traverse life’s difficulties and solve everyday problems so that they do not overwhelm us. The way to achieve this is ‘to give people secrets for how they can negotiate their life’. An essential component of this is the value of skills acquisition and confidence building in showing people how to negotiate their rights and responsibilities in society. This emphasises the importance of education, and not only for Aboriginal communities, in empowering people. Syme and others go on to draw attention to a range of successful empowerment programs. One example is the Headstart program, which provided such early intervention to a group of poor, African-American children. A study which followed these children through to adulthood showed that they were subsequently distinguishable from their contemporaries by increased rates of graduation, and decreased rates of welfare, early pregnancies and crime (Evans & others 1994; Mastering the Control Factor 1998; Devitt, Hall & Tsey forthcoming).

This emphasis on personal empowerment also strikes a chord with another body of research, focusing on the relationships between formal education and health. Often referred to as ‘health transition research’, this body of research, which has been carried out mainly in developing countries, shows that formal education increases people’s ability to assert themselves, thereby challenging and possibly modifying social relations (Caldwell 1993; Tsey 1997; Devitt, Hall & Tsey forthcoming). However, the nature of this relationship remains to be established in the context of Aboriginal health (Boughton 1999).

The lack of research that examines the relevance of empowerment programs to Aboriginal health reinforces the need to support and consolidate the research currently being undertaken by the Cooperative Research Centre for Aboriginal and Tropical Health, which is examining the nature of the relationship between education and health among Aboriginal people.

Reaching Young People

A related issue is the need to adapt Family WellBeing and related programs to the needs of young people. Family WellBeing skills are not unique in themselves—they are mainly reflective, analytical and problem-solving skills that we typically learn from the family and/or school. What is different about the Family WellBeing course approach is that it sets out to teach these skills explicitly. This is different from the more informal and implicit way we acquire these skills in the home or at school.

“...working together ... making a difference”
The evaluation found from international literature, that it is the quality of the relationships children and adolescents have with people in positions of influence in their lives, which can make them either resilient and able to cope with stress and difficulties; or non-resilient, and unable to develop such abilities. Central to this is the extent to which an acceptable balance is achieved between, on the one hand, the need for parents and significant adults to have clearly defined structures and rules for young people, and, on the other hand, the need to respect and nurture the autonomy and individuality of children and adolescents. Whilst many Indigenous children and adolescents appear to lack this type of supportive family environment, the education system is also not providing them with the ‘connectedness’ they need to belong and participate in the broader society. In adapting Family WellBeing and related programs to the needs of young people, it would be useful to document the socialisation experiences of Indigenous children and young people both at home and at school.

Strategies to Sustain Family WellBeing

In the specific context of Central Australia, it is imperative that the ‘coalition’ of organisations which sponsored the Family WellBeing project in the first place, develop, as a matter of priority, strategies to sustain the Family WellBeing initiative within the region. This strategy should include training in facilitation for those willing to become teachers in the Family WellBeing program. There is also a need to recognise and, where appropriate, support the current network of Family WellBeing graduates. Particular attention will need to be paid to participants’ interest in extending the course to different groups throughout Central Australia. At the time of writing this report there was demand for the Family WellBeing course from the Detour training program, Yipirinya School, the Institute for Aboriginal Development and the Yuendumu community.

The challenges in extending the program to a wider audience should not be underestimated. If the Family WellBeing course is to be adapted to the needs of different communities it will require, among other things high levels of teaching and facilitation skills; in some cases, competencies in local languages; and material resources including transport. Depending on how they are targeted, these kinds of programs can be stigmatising because of their association with ‘mental health’ and ‘social work’. For this reason, it is important to integrate Family WellBeing into the formal education system—schools and adult education programs—and offer it widely to all who are interested. The effectiveness of Family WellBeing courses will need to be carefully documented and evaluated in a coordinated fashion. All of this will need to be significantly resourced and effectively coordinated. To avoid organisations duplicating one another’s efforts, it is important that future Family WellBeing initiatives be more effectively integrated with other social and emotional health programs through the regional Indigenous health planning processes.

Men and Family WellBeing

Finally, the fact that very few men participated in the course is a cause for concern. Suicide among
young Aboriginal men is very high, as is the rate at which they are imprisoned. This is clearly an issue that needs to be addressed with regards to future Family WellBeing programs.

Recommendations

Overall, the conception, implementation and evaluation of the Tangentyere Family WellBeing course lead the evaluators to make six key recommendations:

1. Given the under-representation of men in the course, and the fact that suicide among young Aboriginal men is very high, there is a need to target more men during the next phase of the Family WellBeing program.

2. Despite the strong relationship between parental styles and young people’s social and emotional health, as documented in the international literature, there is little information relating specifically to the situation of Aboriginal families. This is an area that needs to be further explored as part of extending the Family WellBeing course to young people.

3. There is a need for Tangentyere Council and the Cooperative Research Centre to consider publishing participants’ stories as a stand-alone document, which can be used as a teaching resource and to promote the Family WellBeing course to others. (NB. Action has since been taken on this recommendation by the CRCATH, and copies can be obtained from the Tangentyere Council (Tsey and Every, 2000)).

4. Given the high level of demand for Family WellBeing courses throughout the Central Australian region, there is a need for the coalition of organisations that sponsored the Family WellBeing project to now put in place strategies that ensure that potential facilitators complete their training, and that there are opportunities for them to run courses for other people. Expressed demand suggests the need for a minimum of one full-time trainer/coordinator, two full-time teachers and several casual teachers. (NB. Action has since been taken on this recommendation. At the time of printing, this evaluation, the Tangentyere Council reported that 4 of the Stage 4 Graduates from the initial Family WellBeing course have since completed the facilitators course, and are now preparing to deliver Family WellBeing courses to other people through various Aboriginal organisations.)

5. Given the lack of information on how to develop and evaluate public health programs aimed at empowering individuals, there is a need for the course developers, the Commonwealth and the external evaluators to explore ways of building on the current evaluation by undertaking a major follow-up study of a cross-section of Family WellBeing course participants over a 5-10 year period. Such a study should also follow up those who do the course in the future.

6. Finally, to avoid duplication and maximise resources, there is a need for the Family WellBeing initiative to be better integrated into other social and emotional health programs in the region.
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Appendix

Family WellBeing Counselling Training

Foundations in Counselling - Evaluation Sheet

We would like to receive your feedback about the Counselling Training so that we can continue to improve the course. Please complete the following Evaluation so that we can make any adjustments needed. We appreciate your help with this.

1. What in particular did you like or find useful in the training course?

2. Was there anything you didn’t like or didn’t find useful?

3. Did you enjoy the presentation of the material? Were the exercises used in each session helpful?

4. Do you have any suggestions as to how the course could be improved?

5. Any other comments you would like to make?
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