

WATERING THE GARDEN OF FAMILY WELLBEING

EMPOWERING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE TO BLOOM AND GROW

Recommendations and outcomes from the national roundtable
Empowering Aboriginal and Torres Strait Islander people through
the Family Wellbeing program

Adelaide, March 2014

Report prepared for the Lowitja Institute by Luella Monson-Wilbraham



Spiritual Connection
Senimelia Kingsburra

Oil on canvas
65cm x 50cm



This painting is about spirituality.

Spirituality is about connecting with all living beings/organisms in the world in harmonic ways and it's also about empowerment. Harmony is about perfect balance between all things. Spirituality is about tapping into the still places I go to when I'm on country and I feel like I'm part of all the things around me. In that still place, creativity and wisdom come from somewhere inside of you. When I'm on country I feel the stillness in the plants—can you imagine that you are a plant, swaying in the breeze as the breeze is flowing around and through the leaves? To me, spirituality is about finding the calmness in the busy spaces of my life.

Family Wellbeing helped me notice all these things. It made me become aware of the many different connected parts of my life and it gave me a different way of looking at it. It also helped me more consciously to find those still spaces in the busy-ness of my life.

The roots and the vine in the painting represent strength—they keep you centred and grounded; spirituality helps you this way too. I know when my roots are strong and when they are feeling weak. When I get in touch with nature they become strong again. The vine in particular is about my own personal strength that has no limitation. The vine just grows and creeps and doesn't obey the rules, the straight line rules—it represents my natural desire to be free, to creep and grow and expand and get thicker and more dense and strong. In the rainforest, vines can cover the whole

canopy sometimes—that's what makes the canopy. The canopy is a healthy environment.

All the animals and plants in the painting are about spiritual connection—when you tap into spirituality you feel connected to everything. The light green colours in the painting are about new growth and life. The blue has some sort of power to its feeling—it's a clear, strong, primary colour and sometimes that colour can be part of the white aura too—when auras are strong they sometimes have blue in them.

The white outlines around everything represent all the spiritual connections on the earth, between the earth, flora and fauna. I put the white lines in to represent an aura too—a glowing bright white that sometimes looks blue.

The water in the pond represents choices in life—to live in a toxic pond or in a cool inviting clear pond. Water has a ripple effect—for me, I see negative thoughts as having a ripple effect that leads to toxic water. When you have positive thoughts they ripple out too and the effect is like living in a calm inviting pool of water. The ripples represent growth.

The people in the painting represent families and the spiritual connection all living things have when they live in harmony, contented. You may not be able to feel like that in everyday life but you can feel this when you connect with your inner stillness, your spirituality. For me that's strongest when I connect with animals and plants in the bush.

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This report is dedicated to Les Nayda.



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The Lowitja Institute

PO Box 650
Carlton South Vic. 3053
Australia

T: +61 3 8341 5555
F: +61 3 8341 5599
E: admin@lowitja.org.au
W: www.lowitja.org.au

Prepared for the Lowitja Institute by Luella Monson-Wilbraham

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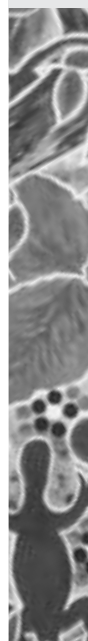


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TABLE OF CONTENTS

Acronyms	iv
Acknowledgments	iv
Reference Group	iv
Executive Summary	1
Introduction	3
Background	3
The Family Wellbeing roundtable	3
Roundtable aims	4
Welcome to Country	5
Creating a Safe Space	5
Roundtable agreement	5
Sharing the Story of Family Wellbeing	6
South Australia's Family Wellbeing story	6
Northern Territory's Family Wellbeing story	8
Aunty Eunice's Family Wellbeing story	9
Far North Queensland's Family Wellbeing story	9
New South Wales' Family Wellbeing story	10
Sharing the Research of Family Wellbeing	13
Background	13
Family Wellbeing origins, spread and effects	13
The Family Wellbeing model of empowerment	15
Measuring the process, program outcomes and longer term impact of empowering change: The story of the GEM	20
The importance of economics: Is Family Wellbeing value for money?	21
What the evidence says about supporting the widespread implementation of programs and practices	22
Workshop Discussions	24
Priorities for developing the program delivery of Family Wellbeing	24
Priorities for research	26
Priorities for developing Family Wellbeing partnerships	27
Momentum for Action	28
Appendix 1: Roundtable Participants	30
Appendix 2: Roundtable Program	32
Appendix 3: Key Resources Related to the Family Wellbeing Program	34
List of Figures	
Figure 1: Family Wellbeing process diagram	7
Figure 2: Traditional Aboriginal Spirituality — Higher Essence of Being	11
Figure 3: Program logic: Family Wellbeing levels of intervention	14
Figure 4: Spread and delivery of Family Wellbeing between 1993 and 2011	18
Figure 5: The Family Wellbeing model of empowerment	18
Figure 6: Translational research pathway – from an economic perspective	22



ACRONYMS

AEDI	Australian Early Development Index
AMSANT	Aboriginal Medical Services Alliance Northern Territory
AOD	Alcohol and Other Drugs workers
FWB	Family Wellbeing
GEM	Growth and Empowerment Measure
GP	General Practitioner
HMRI	Hunter Medical Research Institute
JCU	James Cook University
LSIC	Longitudinal Study of Indigenous Children
NGO	Non Government Organisation
NHMRC	National Health & Medical Research Council
RCTs	Randomised Control Trials
RJCP	Remote Jobs and Communities Program
RTOs	Registered Training Organisations
SEIFA	Socio-Economic Indexes For Areas
TAFE SA	Technical and Further Education South Australia

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The Lowitja Institute acknowledges each person's contribution, enthusiasm and active participation at the Family Wellbeing roundtable: Empowering Aboriginal and Torres Strait Islander people through the Family Wellbeing program.

The Institute also thanks Uncle Lewis for giving roundtable participants such a warm Welcome to Country; Jenny Brands for her facilitation of the roundtable; Penelope Smith for her help and support in organising the event; and Komla Tsey for his direction, generosity and knowledge.

REFERENCE GROUP

Komla Tsey

Eric Cook

Alwin Chong

Jenny Brands

Luella Monson-Wilbraham

Watering the Garden of Family Wellbeing

EXECUTIVE SUMMARY

Family Wellbeing has survived 21 years of ad hoc spread and it hasn't died away like other programs. This indicates that there is a significant case of worthwhile and meaningful activity for Aboriginal people that needs to be focused and amplified in a coordinated way in the future. (Roundtable participant)

Family Wellbeing is an effective social and emotional wellbeing program originally developed and delivered by and for Aboriginal people. The central objective of Family Wellbeing (FWB) is to develop people's skills and capacity to move from a position of disempowerment to empowerment. FWB aims to empower Aboriginal and Torres Strait Islander people with a way to control and change their lives.

The FWB program was originally developed in 1993 by the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment. Over the last 21 years, the FWB program has continued and spread with little formal support and is now nationally active across most states and territories, along with some international uptake.

Demand for FWB and evidence of the program's effectiveness continues to grow. In March 2014 the Lowitja Institute convened a national roundtable in Adelaide to consider the impact of FWB and opportunities for future development. Roundtable participants from across community, training and delivery, research and policy sectors, developed and agreed to principles that guided discussions and created an environment of respect, encouragement and commitment to work towards practical outcomes.

Roundtable participants shared their experiences of facilitating, researching and personally completing the FWB program, revealing a powerful narrative of agency and change. Stories from across the country revealed how FWB resonates with Aboriginal identity, spirituality and holistic view of wellbeing and health, while being relevant to everyday life. FWB was seen to provide a framework and

common language with which to talk about issues. It was described as a powerful tool that helps people to become critical thinkers and effective communicators; develop conflict resolution skills, coping mechanisms and ways to deal with change; take ownership of issues; and build relationships and better communities.

FWB stories of change, and a willingness to tell and share those stories of change, also provide a platform for understanding the concept of empowerment. Researchers shared how they are building the evidence base for the effectiveness of the program's empowerment model. They highlighted that empowerment and having control over one's life, are important strategies that help people mitigate and take action to improve poor social determinants of health. As people become empowered through the FWB program, they are better able to deal with challenges; such as child safety, the criminal justice system, housing, or community governance issues.

Researchers also discussed outcome measures to show the economic value of FWB and its current and potential impact across health, education and employment. They were keen to point out, however, that FWB and other social and emotional wellbeing initiatives cannot be understood or implemented in isolation from structural interventions and health policies, or vice versa. FWB builds the capacity of people to take advantage of opportunities and a reason to move forward and benefit from social and structural reforms.

Roundtable workshop discussions focused on finding strategies to support the delivery, research and uptake of the FWB program, identified the following priority areas:



- Priorities for developing the program delivery of FWB
 - » Facilitation – requires more skilled and committed facilitators, and support for those in the challenging role
 - » Context – ensuring the program is tailored to best meet local needs in a safe place, and understanding the complexities of delivering the program in remote locations
 - » Resources – limited time and funding is a barrier to communities accessing the program
 - » Demand – identifying demand for FWB (who needs FWB), meeting demand (around specific needs), and creating demand (connecting unmet need with FWB)
 - » Engaging people in FWB – promoting the program, developing a common FWB language, and positioning FWB in the broad social determinants of health landscape.
- Priorities for research
 - » Identify demand – ascertain who needs FWB, community needs and priorities, and what is already happening
 - » Evaluation – build the evidence base with a focus on outcome measures, translational research and Randomised Control Trials, and connection to other linked data
 - » Sustainability – position FWB in mainstream health and in policy to align FWB with political objectives.
- Priorities for developing FWB partnerships
 - » Connect the FWB community – create a coordinated contact point to share information
 - » Build a collaborative partnership – with researchers, FWB providers, government, service providers and the wider community to drive commitment, evidence, and leverage support.

These priorities were supported by participants' take home messages, which will drive momentum for action:

- Strengthen the evidence base
- Strengthen links to policy
- Coordinate the program
- Promote and advocate the FWB program
- Connect the FWB family.

It is difficult to put a dollar value on wellbeing or empowerment, and the complex and subjective nature of social and emotional wellbeing does not lend itself to easy measurement and evaluation. Yet, the FWB program's empowerment model builds the evidence base that social and emotional wellbeing programs effectively improve people's lives and provide a promising and practical way to help bridge the gap between Australia's First Peoples and the non-Indigenous population.

The stories and research presented at this roundtable are part of a growing body of work on the application of evidence-based approaches to the implementation of effective programs in Aboriginal and Torres Strait Islander health. FWB proves to be a flexible program that has been adapted to suit different contexts and tailored to meet the discrete needs of different communities. It is hoped that by bringing people together with different perspectives and knowledges of research and experience on the ground, this roundtable will further efforts and commitment toward recognition, evaluation, and sustainability of the FWB program and empowerment of Aboriginal and Torres Strait Islander people and communities.

INTRODUCTION

Background

The Family Wellbeing (FWB) program aims to empower individuals, families, organisations and communities to take greater control of the conditions affecting their lives, to participate fully in education and employment, and improve their health and wellbeing. Experience and evaluation of the FWB program provides growing evidence of a promising and practical way to help bridge the gap between Australia's First Peoples and the mainstream population. The empowerment approach of FWB has proven adaptable across diverse settings and has the potential to also benefit the employment and education sector more broadly, by providing tools for participants to create their own outcomes.

The FWB program was developed in 1993 by the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment, as a community development approach to support Aboriginal people in confronting challenges and building capacity for employment. FWB is a nationally accredited training program that can begin an empowerment pathway of personal development, and result in the strengthening of families and whole communities. Over the last 20 years the transfer of the program has largely occurred through the action of grassroot community networks, which has seen it spread to 56 places across Australia and to more than 3,300 participants, 90 per cent of whom were Aboriginal or Torres Strait Islander people.¹

The Family Wellbeing roundtable

Despite positive impacts and flow on effects, sustainability of the FWB program is difficult due to the reliance on short-term funding and the need for further evaluation of the program. In support of the program and in response to these challenges, the Lowitja Institute held a national two day roundtable in March 2014. The roundtable brought 53 stakeholders together in Adelaide to share and further knowledge of the FWB program.

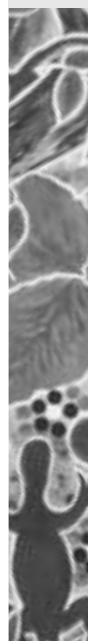
Roundtables are an important part of the Lowitja Institute and its predecessor organisations' approach to research and commitment to community-driven projects. Roundtables provide an opportunity for stakeholders to share ideas and discuss where research can better reflect community and government needs and have the most impact.²

To enable meaningful discussions and participation, numbers were limited to bring together those who have been involved in FWB; either as a facilitator or a training provider; organisations or communities who use—or are interested in using—the program; researchers who are interested in building evidence as to the effectiveness of FWB; and policymakers willing to listen to discussions and contribute a policy perspective.

Approximately 21 per cent of roundtable participants identified as working in the education sector (including facilitators or service providers of the FWB program); 26 per cent in research; 19 per cent in the NGO sector; 10 per cent in health services; 8 per cent in government; 6 per cent identifying as from community; and 9 per cent as from another sector, such as employment. Of all participants 51 per cent identified as Aboriginal (see Appendix 1 for a full list of participants and represented organisations).

1 See McCalman, J. 2014, Indigenous health programs require more than just good ideas, *The Conversation*, 28 January 2014; McCalman, J. 2013, The transfer and implementation of an Aboriginal Australian wellbeing program: A grounded theory study, *Implementation Science*, vol. 8:129.

2 See Lowitja Institute 2014, 'Research Roundtables' at <http://www.lowitja.org.au/research-roundtables>.



Roundtable aims

The principal aim of the FWB roundtable was to develop collaborative partnerships to support longer-term FWB implementation and evaluation. The roundtable also aimed to:

- Provide an opportunity for stakeholders to meet and share information
- Share experiences and learnings from FWB journeys to date
- Identify demand for FWB and ways of strengthening and streamlining access to, and delivery of, FWB to meet the needs of diverse groups
- Identify research priorities to strengthen the evidence base around FWB
- Consider each of these aims in terms of potential partnerships between communities, providers, agencies and research.

Roundtable aims were supported by the sharing of stories and presentations on the following topics (see Appendix 2 for roundtable program):

- Stories of FWB from around Australia
- FWB research to date
- Evaluation of the FWB program
- Evidence of what enables effective implementation of programs.

Roundtable participants endorsed actions to connect and work more closely, to become stronger advocates for the program, and support a collaborative partnership to strengthen evaluation, evidence and investment in community empowerment programs that constitute social and economic value for all Australians.

FWB is a sensitive approach to the healing of deep wounds. It leads to integration and synthesis, which in turn lead to an ability to manage life and what it offers. FWB leads you into your inner self where you can truly direct your life with love, forgiveness and compassion. It is an amazing approach to the healing of humanity. (Roundtable participant)

WELCOME TO COUNTRY

Uncle Lewis O'Brien welcomed roundtable participants to Kurna Country, as an ambassador of the Adelaide Plains people and on behalf of the Kurna people. Uncle Lewis is recognised for his long-standing achievements and contribution to the Aboriginal community, and is currently undertaking research on the weather and firestick farming. He is also an Adjunct Research Fellow at David Unaipon College of Indigenous Education and Research at the University of South Australia.

Uncle Lewis shared how the Kurna people were seekers of knowledge and educators who ran conferences for thousands of years on many subjects. The Kurna people found that every nation of this country had knowledge that no one else possessed, yet were willing to share and learn from others. Uncle Lewis concluded that the mainstream are now learning from Aboriginal knowledge and are increasingly realising that Aboriginal people have much of value to share.

CREATING A SAFE SPACE

A group agreement on the principles that would guide discussions and a working relationship at the roundtable was established by participants before the roundtable formally began. Yvonne Cadet-James, Chair of Indigenous Australian Studies at James Cook University, led the group in thinking about how they would work together and make this roundtable a safe environment where people could share and not be judged. Participants made the following contributions to the group agreement, and as with all FWB sessions the group displayed the agreement, revisited it, and were encouraged to add to it throughout the roundtable.

Roundtable agreement

- Respect and encourage each other
- Share ideas and participate
- Honesty, openness and be yourself
- Confidentiality around personal sensitivities
- Listen and talk one at a time
- Empathy
- Non-judgmental – there are no wrong answers
- Support each other
- Retain equality in the room
- Be on time and phones on silent
- Bring your smile and laughter
- Commitment to work towards practical outcomes



SHARING THE STORY OF FAMILY WELLBEING

Organisations that deliver the FWB program were invited to share stories and experiences of FWB from their area of Australia, starting with South Australia where it all began in 1993, and then moving to the Northern Territory, North Queensland and New South Wales.

These FWB stories revealed the commitment, innovation and flexibility required to deliver the FWB program and also the passion facilitators gain from the people they teach. Many facilitators go through the FWB program as participants, are soon sold on the benefits of the program, and become advocates for FWB and tell others of the way it changes lives for the better.

The flexibility of the FWB program, to be adapted and meet the needs of local contexts, is evident in stories of its diverse delivery. The FWB program has been delivered in a variety of ways and settings, from community lunches, schools and educational institutions, community and health organisations, to outside under trees, and in prisons.

FWB has, however, largely been delivered as an accredited six month Certificate II training course by three main training provider hubs of TAFE SA in South Australia, Batchelor Institute of Indigenous Tertiary Education in Northern Territory, and James Cook University in Queensland. The first stage of FWB has also been delivered to small groups as a stand-alone 30-hour course, such as at the Central Coast NSW Medicare Local in Gosford.

South Australia's Family Wellbeing story

Aboriginal Access Centre, TAFE SA

Eric Cook, a Narrunga Meru Aboriginal man and Training Manager of the Aboriginal Access Centre in Berri, gave a brief history of the FWB program, which was developed by the Aboriginal Employment Development

Branch in Adelaide, and advanced through the leadership and vision of Les Nayda. In recognition of the social circumstances that many Indigenous people were facing, the holistic approach of the FWB model leads to self-empowerment, and equips people with the skills for effective communication and conflict resolution, to then pass these on to family and community.

FWB was originally delivered at a community level, where Aboriginal people could come together over lunch and discuss issues and learn to cope with grief and loss in new ways. Communities soon called for specific FWB counselling training to help others with additional skills and a network of FWB coordinators was set up to organise courses. Reduced funding, however, meant that community lunches and coordinators were not able to be sustained, resulting in a focus on providing courses only. At present, the FWB program is delivered in South Australia by the Aboriginal Access Centre TAFE SA, through the nationally accredited Certificate II in Family Wellbeing course, at the Adelaide and Berri campuses and other sites on a needs basis.

Eric also spoke of the changes the FWB program had made in his own family and in the Aboriginal Riverland communities of South Australia over the last 15 years. An evaluation (conducted from 2006–2008) of the Rekindling Indigenous Family Relationships project,³ which had the FWB program at its centre to combat family violence, revealed increased healing in Aboriginal families and communities in the Riverland within only a few years. Eric added that 'FWB changed a lot of family's lives and the stress and fear that people were feeling had lifted from the community'.

FWB was described by long-term facilitator Sundri as a positive program for change. The steps involved in any change are awareness, then ownership of issues, and then taking the action steps required to make the changes.

³ Dr Fiona Verity, School of Social Work at Flinders University, conducted an external evaluation of the Rekindling Indigenous Family Relationships in the Riverland Project for the Riverland Regional Health Service in 2008.

Healing begins at the individual level and facilitators then see this extend to family members and communities.

Participants are encouraged to tap into their strength and courage and to take that leap of faith when they choose to take responsibility for themselves. So this is empowerment in action.

The diagram below depicts the FWB process as drawn by artist Shaun Angeles, an Aranda man from Alice Springs. Footsteps show people coming together in a circle, both men and women, to tell their stories and share feelings about issues that impact on their lives.

Gwenda shared her story of becoming a FWB facilitator after completing the course due to issues in her own family.

I had a lot of anger inside me... but along the way I thought, "Hey I can do this with my people too", and I've now got parents and children, or sons and daughters, coming into classes doing it together too, wanting to empower themselves.

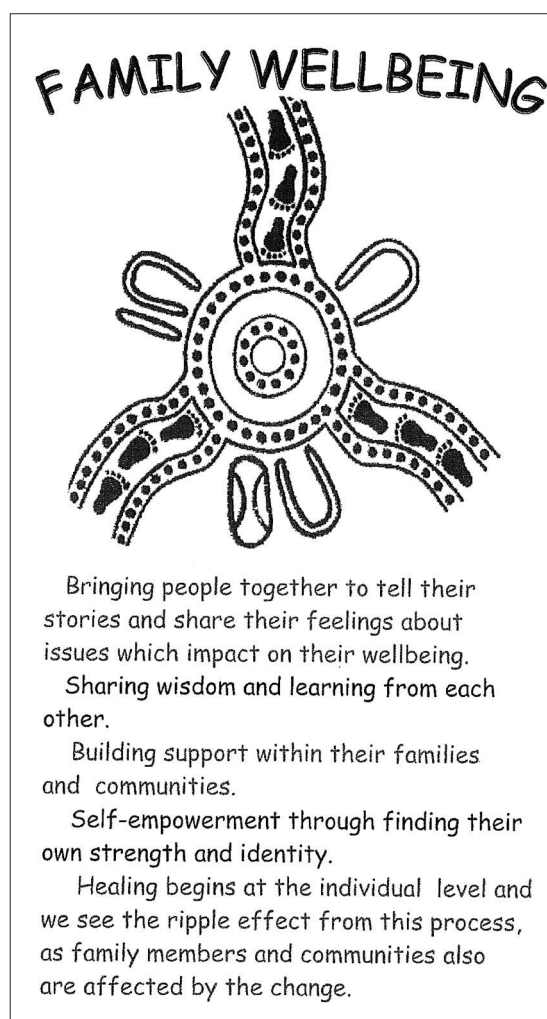
Shirley was initially sceptical as to whether FWB could offer anything different to other programs. However, in her role as a facilitator she has seen it change so many people, including a young girl who was grieving for a close relative and then lost someone else very close to her while she was doing the FWB program:

Oh, it's just opened my eyes to what I've been feeling and what I've been going through... You know it's really hard that I've lost this person, but it's been so much easier this time because of Family Wellbeing.

After completing the Facilitator Skill Set course, Toni has taught women only classes, mixed classes, and now a class of men. Toni explained that men who were previously unable to open up in a mixed class, are now sharing and getting a lot from the course.

One young fella said to me, "I'm now able to walk away without using violence where I would normally have got violent before. I'm able to walk away and not get angry".

Figure 1: Family Wellbeing process diagram
(© Shaun Angeles)



Facilitators also spoke of the challenges of teaching the FWB program, including the reliance on funding. The Certificate II in FWB in rural South Australia has been federally funded as part of the Rekindling Indigenous Family Relationships Project since 2005, and was funded by the Department of Prime Minister and Cabinet until the end of 2014, when a further consideration of funding will be made. The Certificate II courses delivered by the Aboriginal Access Centre in Adelaide are funded by the state government.

Distance of travel has been an ongoing challenge when delivering the program to rural South Australia. Principal Lecturer Pam also spoke of the challenge of assessing the course, auditing, and ensuring that the Certificate II in FWB meets the new requirements set by the Australian Quality Skills Authority, while still retaining the spirit and essence of the FWB course.

Northern Territory's Family Wellbeing story

Batchelor Institute of Indigenous Tertiary Education, Alice Springs and the Top End

Dawn enrolled in a FWB course, delivered in 2008 by TAFE SA in Alice Springs, to update her skills and then decided it was what she really wanted to do. Dawn first delivered the course through a partnership between Batchelor Institute of Indigenous Tertiary Education and Tangentyere Council; delivering to town camps, Alice Springs residents and regional areas of the Northern Territory. When Tangentyere lost their funding, Dawn had been delivering the FWB program on her own for a long while, which took a toll on her health. At this point she convinced her sister, Shiree, to also do the FWB course and become a co-facilitator.

Various Memoranda of Understanding and funding arrangements over the years have enabled FWB to be delivered to students in remote communities, the prison and the Central Australian Aboriginal Alcohol Program Unit. Delivery to remote communities can be very rewarding, such as sitting in the creek after completing the FWB course at Engawala, with the strong women from the community, enjoying kangaroo tail cooked in the ground. Delivery to remote communities also raises particular challenges around issues such as cultural ceremonies, deaths, sorry business, pay back, weather and road conditions, kinship avoidance, gender, accommodation and teaching space, low literacy, communication between stakeholders, and getting the FWB message out. Other issues that communities face must also be taken into account, such as the Intervention legislation, and worsening dysfunction that leaves Aboriginal people disheartened.

The FWB program is important because we build strength within. It addresses some of the dysfunctions in their lives, helps them get on with their life and deal with changes that are going on all the time... and that's one thing our people are always doing is changing, and getting used to change, and FWB helps people deal with it.

Facilitators have learned to be very flexible in their delivery to combat challenges, such as teaching people in their own community environment, where they feel comfortable learning and have access to peer support around language and literacy. Dawn also pointed out the positive aspect of facilitators receiving two-way learning, where they have the opportunity to learn more about their Aboriginal heritage as they teach others the FWB program. Shiree added that delivering the FWB program enables her to share and empower others, as well as help her get through her own issues.

Karen explained that when delivering the FWB program one must first get past the fact that Aboriginal people feel over-consulted, 'over' meetings and 'over' being faced with programs that bring nothing positive to their community. FWB is instead a program that people and communities can own.

Here is a great program developed by Aboriginal people for Aboriginal people, and delivered by Aboriginal people. This program is about capacity building you as an individual, your families and communities. This is about you having complete ownership of your family, of your life and your communities. How you run it, how you structure it has to be relevant and purposeful to your community and for your community needs. I'm just the lecturer.

Facilitators provide the tools needed to create a working document that maps out:

- people's aspirations and goals for their community; for example, functional and well people and growing communities
- ways to reach those goals, such as building leadership skills, and
- the things that are needed to build those skills, such as respect and culture.

FWB helps people become critical thinkers, understand where things have gone wrong, and look at things differently. People are enabled to go beyond blaming and start building families and culture.

Aunty Eunice's Family Wellbeing story

FWB facilitator for 14 years in Alice Springs, now retired

It was an honour to have Aunty Eunice, a long term FWB facilitator and Living Legends Award recipient, share some of her experiences of teaching FWB to Aboriginal men in prison; and how FWB taught Aboriginal women 'how to feel inside'.

When Aunty Eunice first went to the Alice Springs jail, along with another colleague, she was told that they couldn't teach traditional men. However, Aunty Eunice came to the conclusion that 'all traditional men, they have mothers, and that's where they learn. They learn from their mothers and grandmothers'. The traditional men accepted Aunty Eunice as a woman living on her own homeland, and as their grey-haired grandmother who promised: 'I don't come here to preach to you, I come here to teach'. Aunty Eunice and colleagues then went on to teach FWB to the men—whom they never feared and who they trusted to tell their stories—in the Alice Springs jail for six years.

Aunty Eunice explained the power of the FWB program as a flower garden that enables people to bloom.

Over the years, I've said to all students, I don't look at them as people. I look at them as roses, or flowers. 'Cause when they come to me, they're tight little buds. And when you talk, and you do Family Wellbeing, they unwrap and by the time they finish there's a beautiful bloom. And I tell them "I water my garden all the time, and that's what I need you to do. Go and plant another flowerbed and water the garden, keep it going". And I think that's how I look at Family Wellbeing, as a flower garden. Not as, like to take anything off anybody else. But it's there for you, for you to bloom, you to grow. And it's always been like that.

Far North Queensland's Family Wellbeing story

James Cook University and beyond

Yvonne Cadet-James was introduced to the FWB program by Komla Tsey when at the University of Queensland, and recalled that at the time she was sceptical of 'another goodie, feely type of program that's going to go nowhere'. After one week of doing the FWB course in Yarrabah, however, Yvonne explained:

I was blown away by the stories people told, the journeys they'd come on, and the learning and awakening... you could see those flowers opening up. So I was sold, and then went on to become a facilitator.

Leslie was introduced to FWB when he was the manager of the community controlled Gurriny Yealamucka Health Service in Yarrabah. FWB had travelled to Yarrabah with Komla Tsey, and once the 'men had a taste of the program it had a big impact', including on Leslie's own life.

Many changes started to take place eventually in my life. When we were doing goal setting, there was two goals I wanted to achieve and one of them was to get my Master's degree, which I've just completed and I graduate in May this year at Sydney University.

Changes also took place for women involved in FWB in Yarrabah, with one lady taking action to approach her Council to fix her terrible housing situation. Rather than just talking about it, she was empowered through FWB to take action. The Council viewed her situation, made changes, and now she has a Council house of her own. FWB has also proved to be a powerful tool in combating high suicide rates in Yarrabah. Leslie is working on building the FWB program into the curriculum of the Certificate IV in Indigenous mental health, specialising in suicide prevention, at Wontulp-Bi-Buya College where he now teaches.

Teresa is a Bulgun Warra Aboriginal woman, on her grandfather's side, from Hopevale, who began teaching the FWB program through Apunipima Cape York Health Council in 2001.

FWB resonated with Teresa's Aboriginal identity, and understanding of spirituality and traditional ways of living. She explained that our Ancestors had a responsibility to care for country, lead and grow healthy families, and pass down stories from Elders to family, clan groups and community. With FWB Teresa was able to take this resonating experience and 'adapt it into modern society, modern living, and make it relevant to myself and to people around me, to the communities that I delivered FWB to' (see Figure 2: Traditional Aboriginal Spirituality — Higher Essence of Being). Teresa is now employed by the Royal Flying Doctor Service (RFDS) to deliver FWB to the North Queensland Gulf communities, as well as RFDS staff, clinical counsellors, social workers and psychologists. Teresa has adapted FWB to suit this practitioner context with a focus on FWB knowledge sharing as a tool to use in their practice and value add to their knowledge. FWB is also being used to aid job readiness, to prepare students for training, and help build their coping skills and keep pushing forward.

Act for Kids is a mainstream organisation that works to treat and prevent child abuse across Far North Queensland, including a partnership agreement with West Coast traditional owners to care for children under child protection orders. Act for Kids sourced funding to provide FWB training to all staff at all levels in recognition that many community staff carried their own issues, and helping them overcome those issues would enable them to provide better care for children in the community. Director Kieran Smith, who completed a one week intensive FWB training delivered by James Cook University, explained that FWB has built a common framework across staff and people's homes. FWB has created a common language that everyone understands and can use to discuss issues and how to better look after children's emotional and spiritual needs.

When people are meeting in their homes, they're talking, they're using that common language to be able to have discussions and deal with things when coming together in different forums. Everyone's understanding that language, and I think that's the power we have seen of the FWB course.

New South Wales' Family Wellbeing story

Central Coast NSW Medicare Local

As part of an Australian Government Department of Health funding opportunity, the Central Coast NSW Medicare Local were looking for an empowering and community led program that would support those at risk of suicide, especially Aboriginal men, and also be conducive to forming a partnership with other local services.

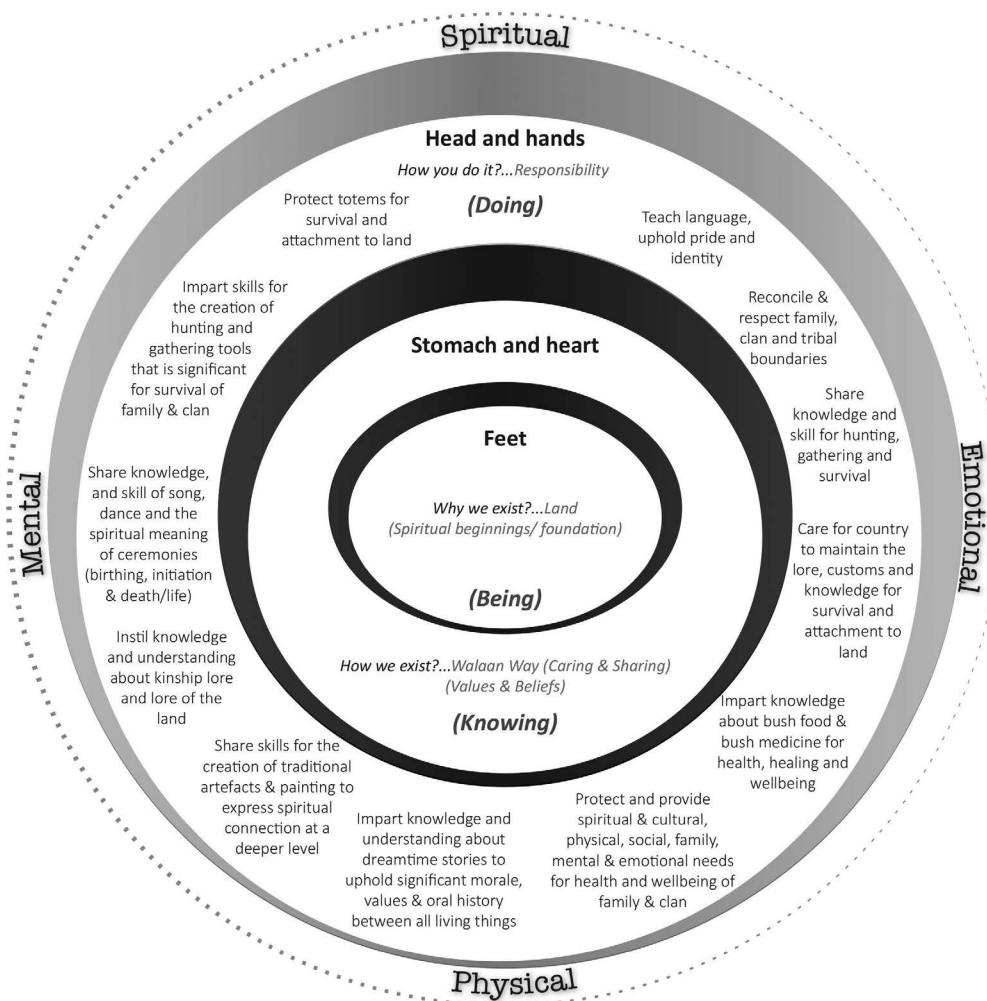
Research revealed the FWB program and James Cook University enabled them, and other Aboriginal people working within the community, to quickly access intensive training for facilitators specifically recruited for their appropriate life experience and passion.

Medicare Local recruited trainers Nigel, a Ngemba man from Western NSW, and Brad, a Bundjalung man from Northern NSW, shared how they are adapting and running a two session per week FWB program with young Aboriginal men over a period of 10 weeks.⁴

Within the second day we had young men spilling out some stories about what they're going through at the moment... this program reveals a safe way where us men as human beings actually have feelings. And gives these men an opportunity to express their feelings without drugs and alcohol, or violence.

4 The Central Coast NSW Medicare Local have since reported successful outcomes from the first 10-week FWB course, including: preparation and motivation for employment, with four participants entering full-time work; one participant returning to school; several participants' realisation of, and desire to seek help for, self-medication issues; and continuing support provided through a private Facebook page set up for FWB Coordinators and participants to keep in touch.

Figure 2: Traditional Aboriginal Spirituality – Higher Essence of Being (©Teresa Gibson)



Head and hands

How we do it?...Responsibility

Leadership

Doing

Family and clan have a responsibility to use the Being and Knowing wisely in everything they do. The Elders carry the greatest responsibility to ensure that cultural traditions are respected and practiced and an understanding of how they are still meaningful in today's world is developed and shared.

If you don't respect and practice your cultural traditions, the Higher Essence of Being is Lost.

Stomach and heart

How we exist?...Walaan Way

Caring and sharing

Values and beliefs

Knowing

Caring and sharing knowledge and wisdom, supporting one another. The heart holds the wisdom and the stomach feeds it with knowledge that's shared and valued by families and clan groups.

The values and beliefs or caring and sharing shapes our knowledge of how to be and enables us to grow to become a whole spiritual being.

If you don't uphold the values and beliefs of caring and sharing our knowledge and how to be, you won't grow to become a whole spiritual being.

Feet

Why we exist? ... Land

Spiritual beginnings/foundation

Being

Being grounded on two feet that supports the body in the way that land holds the spiritual being.

Land is our mother, it gives us life. It is the foundation of aboriginal spirituality; it is important to care for and respect the land and keep a connection with it.

It is a belief that if you look after land, it will look after you... it is in the same way we care for our family.

It is also a belief that if you don't care for land you will perish and spirit of the land dies with you.

Brad has guided the introduction of meditation, and other creative elements, into the program as a way 'to break up all that heavy stuff that we're unpacking' and channel energy. It is hoped that art and drama, and even comedy, will provide alternative ways to express emotions and issues and help to understand what people are trying to say. An Elder will also spend time guiding the young men on Aboriginal heritage and help to strengthen, and even introduce them to, their cultural identity.

We come from a traditional background where everything – art, music, story, dance – are all connected.

In her position of Mental Health Programs Manager, Zona explained that, unlike other programs, she never doubted that FWB would work. The Medicare Local have also developed a steering group for FWB on the Central Coast with people from education, employment services, income support and social services.

It's a beautiful program, it makes me think about how do we incorporate the essence of this program across all of our services, clinical and community based services. But it also changes the way I am with my sons and my brothers, and it impacts every person that does the course.



SHARING THE RESEARCH OF FAMILY WELLBEING

Background

Komla Tsey, then with the Menzies School of Health Research, undertook the first evaluation of the FWB program at the request of Tangentyere Council in Alice Springs in 1998. Towards overcoming the issue of conducting an evaluation of an Indigenous program as an outsider, Komla enrolled in the program himself to understand how FWB made a difference in people's lives. Komla concluded that FWB was the first Aboriginal developed program that he had evaluated, which was the least funded yet showed the most promise. On advice from program participants, Komla interviewed and asked people to share their stories of FWB.

Tell stories – how are you using this program, what sort of changes are you trying to make with it in your own life, in the life of your family, in the broader community, what is working, what is not working?

People were so passionate about their stories of FWB that they were printed and distributed widely, by the Cooperative Research Centre for Aboriginal and Tropical Health, and were seen to engage communities across the Northern Territory and beyond. The findings of that evaluation contributed to the following iterations of the Cooperative Research Centre's decisions to make social and emotional wellbeing a main program focus area of research.

The Cooperative Research Centre for Aboriginal Health, predecessor organisation of the Lowitja Institute, partly funded the University of Queensland's Empowerment program to develop quantitative measures in 2004–2005, which became the Growth and Empowerment Measure, based on the FWB research. The Institute has also recently provided funding to the Empowerment Team

to synthesise discreet community evaluations, which form part of the newly released book *Promoting Aboriginal Health: the Family Wellbeing Empowerment Approach*.⁵

The Empowerment Team's research agenda over the last 10 years has looked at how empowerment can be defined and measured. This work is now a large part of the Empowerment Research program, based at James Cook University, which has developed collaborative relationships with many organisations and researchers represented at the FWB roundtable.

Below are summaries of roundtable presentations on FWB research, which illustrate how research is helping to build the evidence base of the effectiveness and impact of the FWB program towards changing people's lives. Janya McCalman and Mary Whiteside shared the 'first phase' of FWB research, looking at what is empowerment and how it can be transferred. Melissa Haswell then shared how we can measure psychosocial empowerment, and Chris Doran followed with how we can demonstrate that social and emotional wellbeing programs offer value for money. Jenny Brands also shared evidence on what enables the effective implementation of health programs.

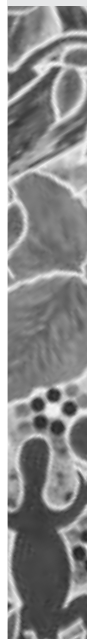
Family Wellbeing origins, spread and effects

Janya McCalman, Senior Research Officer, The Cairns Institute and School of Education, James Cook University

The origin of Family Wellbeing

FWB was developed in Adelaide in 1993 amidst a policy environment that included the Commonwealth Aboriginal Employment Development policy, and the Royal Commission into Aboriginal deaths in

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

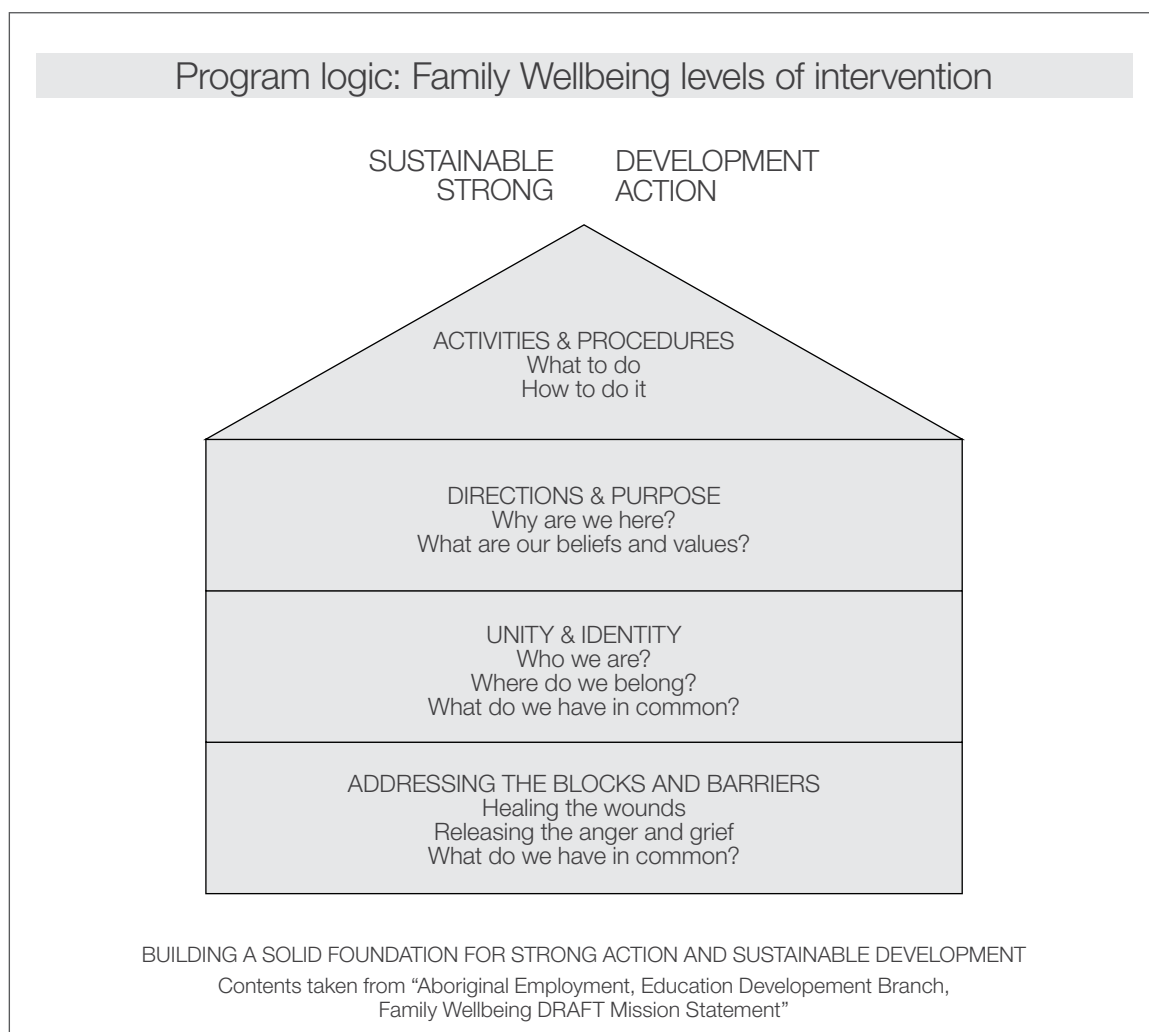


custody. Responding to this environment, the South Australian government gave the task of developing an employment development strategy to the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment. Les Nayda and his team developed a theoretical framework by going to the grassroots and asking people what they needed to improve their wellbeing and capacity for employment.

The Family Wellbeing framework

Starting from the base of the model, the FWB framework theorises that we first need to address our personal blocks and barriers, heal our wounds, release anger and grief and confront violence and addictions. Then we are able to ask questions about unity and identity, such as: who are we, where do we belong, and what do we have in common. This then leads to the development of direction and purpose, such as: why are we here, what are our beliefs and values. Finally this translates into action in our lives.

Figure 3: Program logic: Family Wellbeing levels of intervention



A guiding code of ethics

A code of ethics was also developed to guide the program, which connected personal behaviour to values and attitudes and the work that facilitators were doing in the community.

Family Wellbeing Code of Ethics

WORKING ETHICS FOR THE FWB TEAM

- To work according to the FWB shared version and concepts and to model these
- Commitment to team work and co-operation
- Open communication and sharing
- Valuing the skills and contributions of each member and acknowledging differences
- For each member to be committed to ongoing personal growth, learning and development
- Confidentiality both in the teams and in communities
- Mutual Respect
- Fairness and consistency
- Trust
- Dealing with issues immediately and directly with the person/s concerned
- A willingness to share knowledge and skills for the good of the whole
- Ownership, credit and successful outcomes belong to the communities
- Honouring the efforts and success of individuals
- A willingness to allow and not to control outcomes
- To take a neutral, non political and non aligned stance in communities

(This also involves discretion in forming friendships or compromising associations which would be misconstrued as forming an alliance or taking sides and could place the credibility of FWB in jeopardy).

The spread of Family Wellbeing

FWB was well funded in the early years, which enabled a broad, ambitious vision that aimed for a FWB Centre in every South Australian Aboriginal community and beyond, with Aboriginal coordinators skilled to deliver accredited FWB counselling and training. The policy environment changed, however, with the election of the Howard government in 1996 and political thinking around mainstreaming

Aboriginal programs, which led to budget cuts for FWB. Yet the FWB program has spread, despite short term funding, and is largely delivered through three main provider hubs: the Aboriginal Access Centre at TAFE SA, Batchelor Institute of Indigenous Tertiary Education in the Northern Territory, and James Cook University in Far North Queensland.

The map below shows the spread and delivery of FWB between 1993 and 2011, with the stars representing the sites where James Cook University has been the primary deliverer, triangles representing Batchelor Institute, and diamonds primarily the South Australian deliveries. Overall FWB has been transferred to at least 56 geographical sites across Australia, with 206 discreet program deliveries to about 3,300 people, with about 91 per cent of those participants being Aboriginal (although more sites are yet to be added). During that time period it has also been transferred internationally to Ghana, Papua New Guinea and Canada. Largely due to short term funding, however, the program was sustained in only 19 of those 56 sites, and beyond five years in only six of those sites.

In conclusion, strong demand for the program from diverse Aboriginal groups has prompted program spread. Evaluations of deliveries in varied sites have demonstrated effects of personal empowerment and organisational change. Yet sustaining the program has also required funding support from governments.

The Family Wellbeing model of empowerment

**Mary Whiteside, Senior Lecturer,
Department of Social Work & Social
Policy, La Trobe University**

Mary Whiteside is part of the James Cook University team, which has implemented and evaluated the FWB program across Australia since 2000. The program evaluations revealed stories of long lasting change in people's lives and provided a platform for understanding the concept of empowerment. Mary went on to complete a PhD, which sought to understand and conceptualise empowerment from these rich stories, and to develop a model of empowerment.

FAMILY WELLBEING ROUNDTABLE, ADELAIDE, MARCH 2014



... the priorities for developing the
... side of FWA's
... National Institute
... higher learning or industry
... meets the needs of
resources are adaptable / flexible
Review current resources / meet the
There are ^{many} facilitators currently not
include employment opportunities
... Marketing FW



Photo 1: Group Shot
Photo 2: Aunty Eunice Blackmore (Alice Springs)
Photo 3: Rachel Reilly (Wardiparingga Aboriginal Research Unit, South Australian Health & Medical Research Institute) and Leslie Baird (Wontulp-Bi-Buya College)
Photo 4: Adelaide meeting
Photo 5: Kishani Townshend (PsychServices)
Photo 6: Katrina Lines (Act for Kids), Tyson Adams (Bungree Aboriginal Association)
Photo 7: L-R: Jack Fletcher (the ORS Group), Nigel Millgate (Central Coast NSW, Medicare Local)
Photo 8: L-R: Teresa Gibson (Royal Flying Doctor's Service), Liz Pearson (Pormpu Paanthu Aboriginal Corporation)
Photo 9: L-R: Penny Smith (The Lowitja Institute)
Photo 10: L-R: Mary Whiteside (La Trobe University), Helen Rankin (Dept of PM&C)
Photo 11: L-R: Shiree Mack, Karen Khan, Dawn Ross (Batchelor Institute)
Photo 12: L-R: Karen Khan, Shiree Mack and Dawn Ross (Batchelor Institute), Sundri Zwaans (Aboriginal Access Centre, TAFE SA)
Photo 13: L-R: Yvonne Cadet-James (JCU), Brad Webb and Zona Gabriel (Central Coast NSW, Medicare Local)
Photo 14: L-R: Yvonne Cadet-James and Roxanne Bainbridge (James Cook University)

Figure 4: Spread and delivery of Family Wellbeing between 1993 and 2011

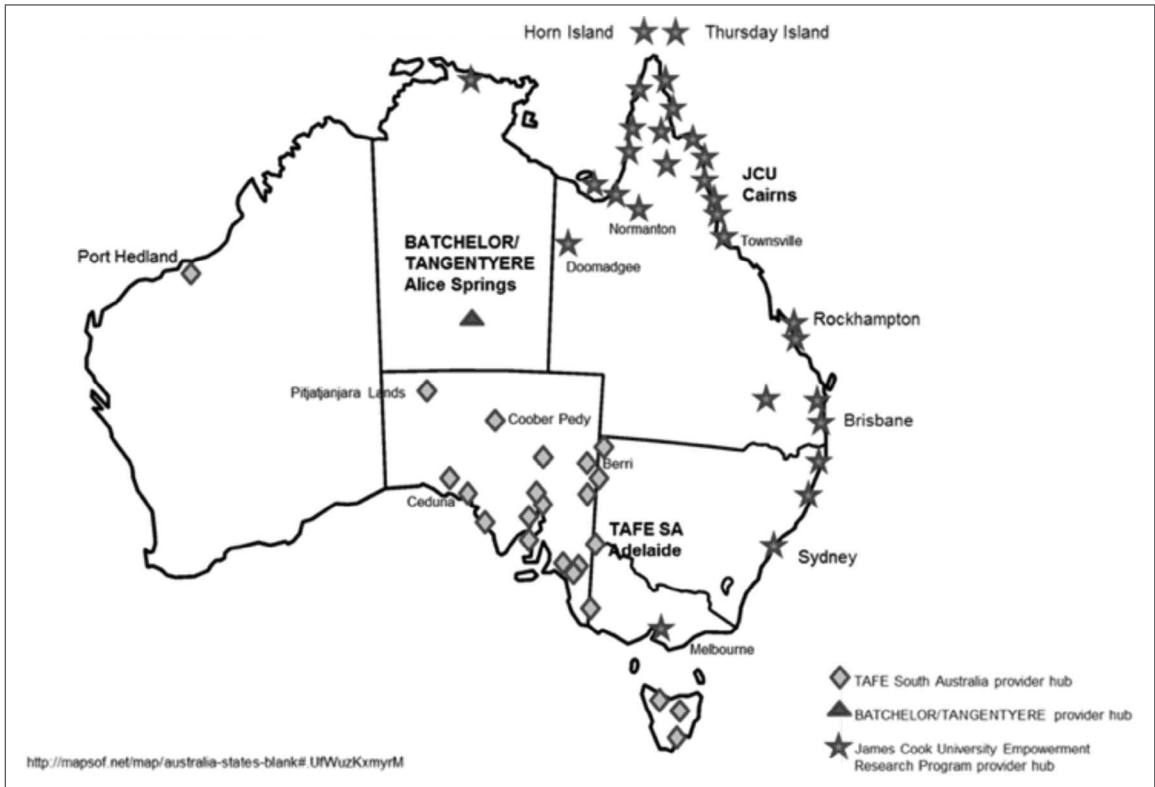
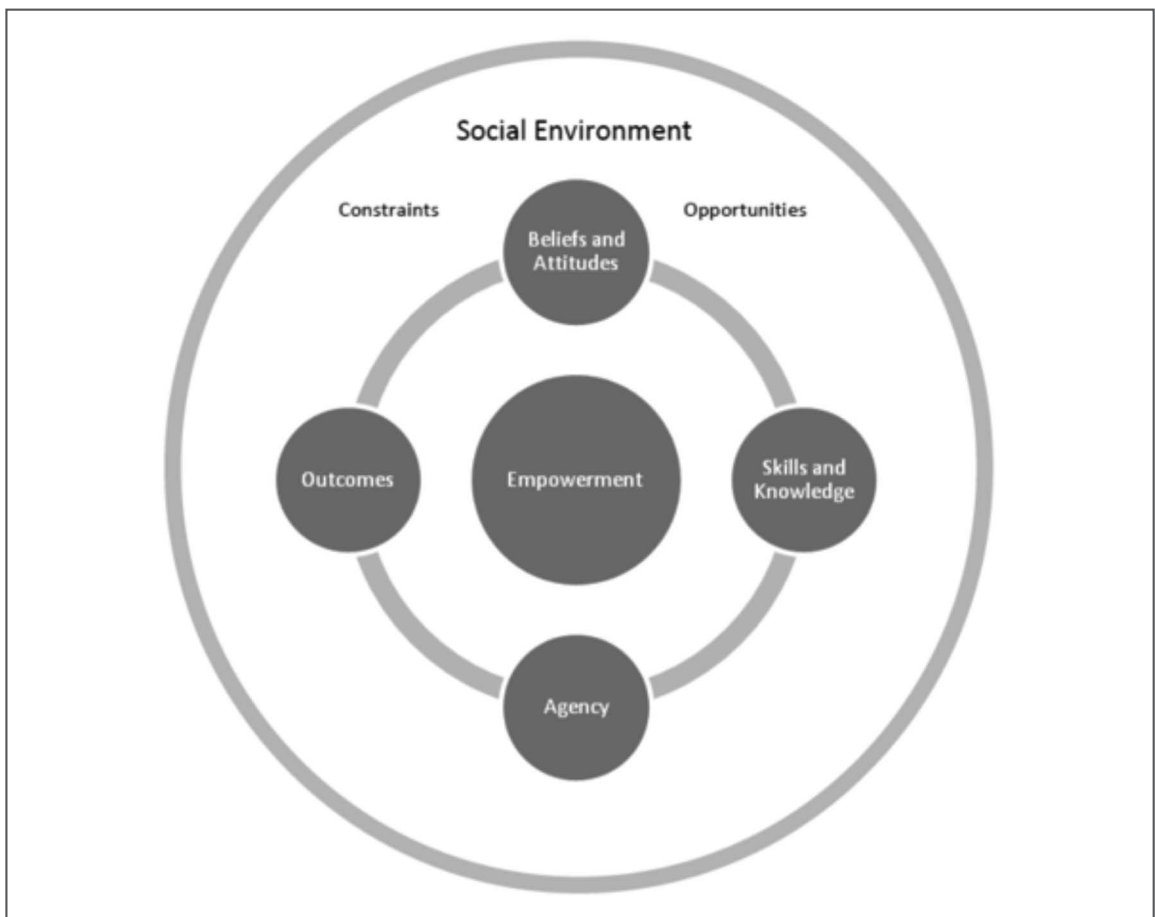


Figure 5: The Family Wellbeing model of empowerment



A model of empowerment

As can be seen on the FWB model of empowerment (figure 5), the core concept of empowerment exists within a larger social environment, which delivers constraints and opportunities. Many people participating in the FWB program face a challenging and constraining social environment, including the loss of family and land, identity, spirituality and culture. Yet all was not negative and people found strength in their family, cultural group, church, or the support structure of their FWB group.

Elements of empowerment

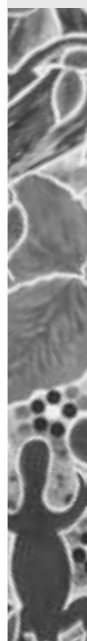
Elements, fostered through FWB, that were critical to people's experience of empowerment were:

- Beliefs and attitudes – to build skills and knowledge and take action:
 - » Choice – knowing that life had opportunities and choices and life could be different
 - » Responsibility – taking responsibility and realising 'it's all up to me'
 - » Positive attitude – set goals, and be able to 'pick yourself up and see a bright side'
 - » Self-esteem and pride – personal identity and pride in who you are, enabling the love of others, 'I could love my family because I could love myself'
 - » Spirituality – found within a church or reconnecting with traditional understandings
 - » Values – respect, compassion, feeling stronger and wanting to help others.
- Skills and knowledge – developed by sharing stories and wisdom
 - » Life experience – the opportunity to reflect on what you already know
 - » Emotional control – being able to manage emotions and resist being drawn into conflict

- » Analytic skills – tools and a common language to understand experiences, the cause of problems, and other people's difficult behaviour
 - » Communication skills – being able to express yourself and listen to others
 - » Skills for helping others – increasing confidence to help others.
- Agency
 - » Healing – 'I could tear down the veils that clouded my eyes and see life more clearly'
 - » Planning for the future – articulate goals and be who they want to be
 - » Improving relationships – e.g. taking kids fishing; getting on better with partners
 - » Helping others – actively helping others
 - » Community action – such as forming advocacy groups to solve issues.
 - Outcomes
 - » Healing and growth
 - » Better relationships
 - » Confident and engaged at work
 - » Community responsibilities
 - » Others have changed
 - » Community change.

A set of questions based on the elements of the FWB model of empowerment are available in *Promoting Aboriginal Health: the Family Wellbeing Empowerment Approach*,⁶ which can guide organisations who want to foster empowerment as part of a program. Research and evaluation of the FWB program has started to build the evidence that shows empowerment and control are effective personal and community resources in tackling social determinants of health.

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



Measuring the process, program outcomes and longer term impact of empowering change: The story of the GEM

**Melissa Haswell, Associate Professor,
Muru Marri Indigenous Health Unit,
University of NSW**

A tool to measure empowerment and change

To measure the impact of empowerment programs, such as FWB, one had to measure the changes that people identified as being important in their journey from disempowerment to empowerment. Before beginning to develop a measure, the researchers spent time understanding the journey itself by analysing a repertoire of FWB stories told by people who experienced the program. They were conscious of the incremental steps they took and the skills they developed as they became more empowered—these centred around six key areas:

- Gaining greater understanding of themselves and their situations
- Establishing greater personal stability
- Reaching towards individual higher goals
- Preparing/engaging in group/organisational change
- Solving problems in the home, workplace and community
- Working towards a better community and society.

Creating a tool to measure empowerment required meeting the following challenges:

- Tool must capture shared and valued change in levels of empowerment
- Tool must reflect cultural context and definition of empowerment for Aboriginal and Torres Strait Islander people (using their own words and concepts)
- Tool must be strength-based and able to promote the empowerment process (promoting hope and guiding effort to succeed).

Growth and Empowerment Measure

A process of respectful listening, consultation with Aboriginal people, and continual review, led to the development of the Growth and

Empowerment Measure (GEM) tool, which is a package of questions designed to measure empowerment and wellbeing, by way of:

- Scenarios – to measure the process of empowerment
- Emotional Empowerment scale – an impact measure
- Kessler scale – for validation of outcomes.

The 12 scenarios represent a process of going from being completely held back, to working through issues, to having a rich life. Empowerment processes are measured by asking which 'story' best matches your situation in these 12 key components of everyday life. These can be grouped into two subscales, with seven items reflecting healing and growth and five reflecting meaning and purpose:

Healing and Growth Subscale

- Dealing with painful feelings
- Personal and family safety
- Able to say no
- Engaging with learning
- Able to speak out and be heard
- Improving relationships
- Reaction to judgement.

Meaning and Purpose Subscale

- Able to make changes
- Developing spirituality
- Establishing identity
- Valued in workplace
- Working toward a better community.

The Emotional Empowerment scale asks participants to indicate how they feel about themselves along a scale. Impact, as measured by the extent the person shows and feels signs of empowerment, is indicated by responses to 14 items within the following two subscales:

Inner Peace Subscale

- Feel skilful
- Strong, full of energy
- Confident
- Centred, focused
- Calm, relaxed
- Happy with self and life

- Safe and secure
- Can deal with anger, don't hold it inside.

Self-Capacity Subscale

- Can speak out, people listen
- Satisfied with opportunities
- Feel valued and admired
- Feel hopeful for a better future.

Plus two additional items:

- Feel knowledgeable
- Feel connected, I belong.

The GEM has been delivered to more than 1000 Aboriginal and Torres Strait Islander people, and non-Indigenous people, who have participated in the FWB program and other similar programs in many settings. In addition to evaluating the impact of empowerment programs, the GEM can also be used as an assessment tool, to understand particular domains people struggle with, and how services can ascertain and meet their needs. The GEM enables an immediate measure of what is actually happening as a person moves through an empowering program, and indicates the contribution the program is making towards positive trajectories and achieving aspirations.⁷

The importance of economics:
Is Family Wellbeing value for money?

Christopher Doran, Professor of Health Economics, Hunter Medical Research Institute

The Hunter Medical Research Institute (HMRI) is a not-for-profit organisation that aims to translate research for the betterment of the community. Economic evaluation offers a framework to examine the cost and benefit of health programs and demonstrate return on investment, which is a language that policymakers understand.

From a health policy point of view there are a range of factors influencing government decisions on how to spend money, such as lobby groups, political interests, evidence of cost effectiveness, and available resources.

The economic state of play in Australia shows that health has been growing faster than our income, and choices must be made because resources are scarce. Spending on Indigenous health, for example, has been coming down over the last couple of years, and the government is starting to make cuts across the board and looking for evidence of value for money.

A cost-benefit analysis

The FWB program provides growing evidence of a promising and practical way to help bridge the gap between Australia's First Peoples and the mainstream population.

From a policymaker's point of view, the benefit of programs such as FWB are compared with the cost, and questions are asked as to whether it represents good value for money. The Hunter Medical Research Institute gave advice to James Cook University, around developing a framework to evaluate the impact of FWB. This economic evaluation is a process to compare choices by looking at the costs and consequences – a cost-benefit analysis – which includes health and non-health aspects. In simple terms, the costs and consequences of FWB will be evaluated in comparison to doing nothing, or compared to another intervention.

Translational research

The Hunter Medical Research Institute encourages people to look at evaluating the impact of research as a value chain of translational research. Translational research focuses on a research pathway that identifies if there is a demand for the research, the program aims and activity, what the research will produce and the benefits it will bring to the community, such as employment and better health outcomes. This type of methodology is currently being used by the Commonwealth to evaluate the impact of its Cooperative Research Centre program, although is difficult to use in its current format.

Measuring wellbeing

The GEM is a good measure that looks at changes over time, which now needs to be translated into economic terms and the language of policymakers, to ensure FWB can demonstrate a good return on investment. It is

⁷ The GEM is freely available and the Muru Marri team offers support to programs that would like to consider using it within their programs. For more information, you can contact Melissa <m.haswell@unsw.edu.au>.



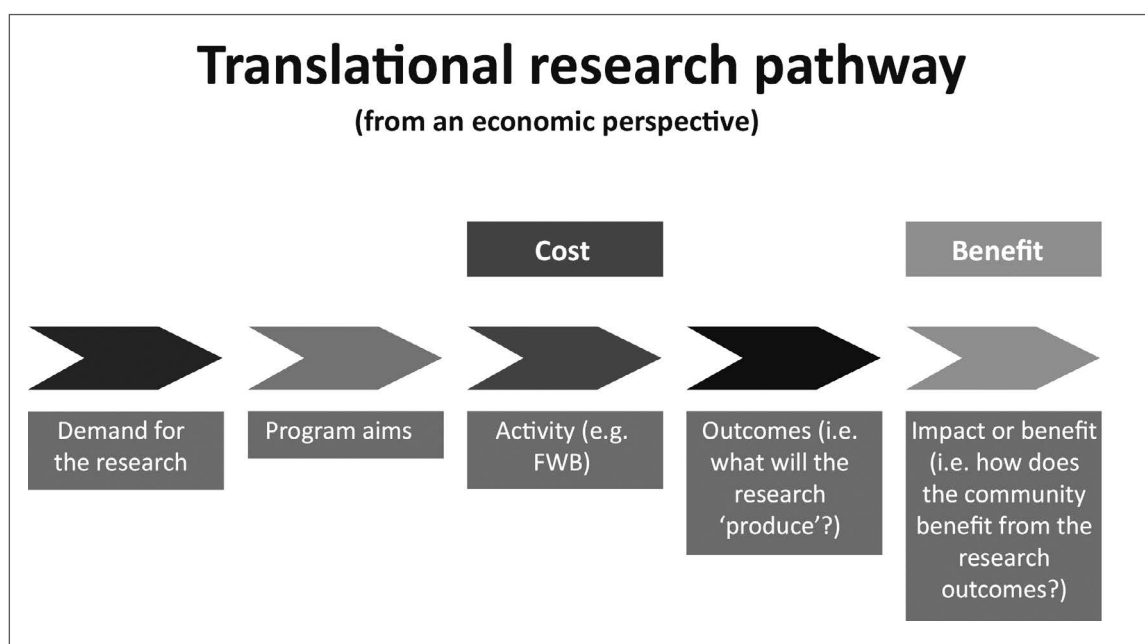
really difficult to put a dollar value on wellbeing, and although it has not yet been achieved, the United Kingdom government and others are endeavouring to do it,⁸ as are the Hunter Medical Research Institute.

There are still issues to overcome in evaluating FWB, which is an ongoing process of continuous quality improvement that requires collaboration, commitment and funding. It is important to keep sharing expertise and

experience, develop frameworks and measures, pilot and publish results, refine and retest, and seek additional funding.

The Hunter Medical Research Institute is currently seeking additional funding from the NHMRC to start exploring some of the economic evaluation issues around empowerment and the usefulness of the GEM in terms of addressing some of these questions.

Figure 6: Translational research pathway – from an economic perspective



What the evidence says about supporting the widespread implementation of programs and practices

Jenny Brands, Research and Translation Coordinator, Menzies School of Health Research

Research translation

Very little research funding actually leads to action that has real impact in people's lives, which is why research translation is increasingly becoming a part of funding requirements. Research translation is simply defined as the action of translating good

research into practice, and is best achieved by sharing knowledge in exactly the same way as at this roundtable. Bringing together different knowledges of research, experience on the ground, and the influence of multiple perspectives, make it possible to work things out and solve problems.

Effective implementation

The evidence around what makes for effective research translation, and the issues involved in achieving that, are very relevant to programs such as FWB. Relevant issues and questions found in the evidence include:

- Access – barriers to access such as funding and how the program is communicated

⁸ See: <http://www.oecd.org/statistics/guidelines-on-measuring-subjective-well-being.htm>
<https://www.gov.uk/government/collections/national-wellbeing>
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4160.0>

- Delivery – what styles of delivery work best, and in which settings; what is best practice and how can we learn from each other
- Equity – how can we better support weaker organisations or communities that may not have sufficient capacity or resources, and are often the least able to access resources
- Fidelity – what are the core components of a program that are essential and should not be changed, and what are the components that can be changed, picked up and applied in different ways
- Tailoring – how can programs be tailored to best fit the local context, such as the examples of adapting FWB to suit different communities
- Facilitation – resourcing and supporting the facilitation or implementation process. Individuals or groups have taken on responsibility and leadership to keep FWB running, often at personal cost. How do we better resource this kind of leadership, which is a really important part of sustaining a program
- Sustainability – long term funding; evaluation in order to monitor progress and impact, and then use that information to review and improve delivery and impact; build partnerships.

Partnerships

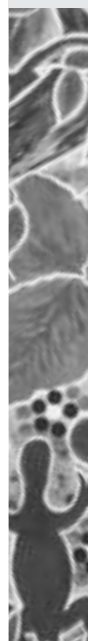
We know that getting good research, and getting it used, is best achieved through partnerships of researchers working together, with the people that want solutions to problems and would use the research and put it into practice. The ABCD National Research Partnership, which started as a small research project in the Northern Territory, is one

example of people working together to get evidence into practice.

The ABCD National Research Partnership involves a program that supports primary health care services to improve the quality of care they provide to Aboriginal and Torres Strait Islander people across a range of different areas of care, such as maternal and child health care and chronic disease management. It also provides a process for measuring how well those services are being delivered. This second phase of research looked at how the program could be spread more broadly and it is now delivered to about 210 services by a not-for-profit organisation, that works from within the Menzies School of Health Research, called One21seventy.

A NHMRC partnership grant has enabled ABCD to create hubs of researchers, people from the community controlled sector, and from government health departments, to look at the challenges that we want to solve with the application of research. Hubs meet at a regional level and also come together on a national level and meet in a similar way to this roundtable. Challenges are raised and funded staff seek resources and people to address those challenges.

The evidence around research translation and partnership models such as ABCD are helpful in thinking about strengthening and streamlining the spread and delivery of Family Wellbeing. The FWB program now has the potential to create a similar kind of partnership, especially now that measurements are available to apply more broadly. The ability to evaluate progress, measure impact and combine outcomes is a powerful tool and enable the telling of a powerful story.



WORKSHOP DISCUSSIONS

Family Wellbeing research, adaptation, and implementation has to date been based on relationships and partnerships between people at a university or TAFE working with other organisations who are requesting the program. Connecting those involved with FWB has largely occurred through informal, on and off again, partnerships on a very small scale. A partnership may happen with Act for Kids over a year, for example, and then nothing may happen for a few years, and then something may happen again.

Roundtable participants were asked to discuss where FWB can go to from here, along with strategies to support the facilitation, implementation and research of FWB. The following workshop questions guided group discussions, elucidating key issues, which are summarised below:

- What are the priorities for developing the program delivery of FWB?
- What are the priorities of research around FWB?
- What are the priorities for developing a FWB partnership?

Priorities for developing the program delivery of Family Wellbeing

Facilitation

The success of the FWB program lies largely with skilled facilitators who can enable and empower their students. There is currently a lack of facilitators, especially male facilitators, who can deliver the program. In some instances there are facilitators who would like to deliver the program, yet are unable due to a lack of funding; leaving communities without a facilitator or existing facilitators at risk of burnout. Supporting facilitators in their role was raised as an important issue, with access to debriefing listed as one possible way to do this.

Facilitators require knowledge, integrity and commitment to meet the challenges of the role. Facilitation not only involves teaching but also unpacking the program and preparing the

group and community for their involvement in FWB, such as addressing people's concerns that the FWB program is just another program, or that it will be confronting. Facilitators must also be flexible in the way they deliver FWB, in order for the program to meet diverse local needs. It was noted that service providers who are more focused on their own agenda, rather than a community's needs, culture and interests, are not in the best position to deliver the FWB program.

Context

Ensuring FWB is tailored to best fit each local context and meet the needs of each group, was highlighted as an important priority. Consideration must be given to group dynamics, avoidance relationships, and gender issues if people are to access the program. Access to FWB can also be hampered by the context of place, especially remote locations, where it may be physically difficult for participants to travel to the program. Language can also be a barrier to delivering FWB, where either English is not spoken or literacy is low.

Crisis situations can also pose barriers. A community or group facing extreme social situations, such as violence, may find it difficult to engage with FWB. Finding a safe place to deliver the program is also an important factor; an institution, for example, is not always a safe place.

Facilitation within a TAFE context also involves the challenge of meeting national accreditation and quality assurance standards versus the delivery schedule of FWB, which can affect attendance.

Resources

Flexible and adaptable resources are needed to sustain the FWB program; such as time, permanent staff, and funding. Funding is required to train and employ facilitators, including co-facilitators who should be available to every community. Community access to FWB is highly dependent on funding, and those with increasing need, such as Townsville, are missing out because they cannot pay the fee for service.

Funding is hard to get, piecemeal and short term. Access to FWB is also limited if only available through certain funding streams where, in the Northern Territory for example, FWB is only funded for job readiness. Understanding and building funding relationships with large NGOs was highlighted as one way to develop sustainable funding.

Demand

Identifying demand and understanding who needs FWB is a priority across all levels, including community and government. This involves an understanding of issues facing communities and then connecting those effectively to FWB. It was noted, however, that some communities may prioritise the need for a street light in their town over an investment in the FWB program. Identifying demand also involves an understanding of what is already happening to avoid duplication of social and emotional wellbeing programs.

Meeting demand and the specific needs of groups, such as children, young men, and men's groups – both Aboriginal and Torres Strait Islander and non-Indigenous. FWB has provided structure for men's groups in Yarrabah, for example. It was also suggested that men who have participated in FWB should be asked for advice on how to promote the program to others.

Creating demand for FWB involves the development of a strategy to connect people and organisations with FWB, in order to meet unmet needs at the following levels:

- Training and employment agencies and programs, e.g. Registered Training Organisations (RTOs), Remote Jobs and Communities Program (RJCP)
- Welfare organisations
- Primary Health Care and Community Controlled health care, e.g. general practitioners (GPs) and Alcohol and Other Drugs workers (AODs)
- Education – university, TAFE and schools, e.g. university electives, Certificate IV
- NGOs, e.g. Red Cross and healing centres
- Community groups, e.g. men's sheds and women's groups
- Government – to meet targets and priorities.

It was noted that situations, such as extreme social breakdown, not only create demand but may also become a barrier to connecting a community or individual to FWB. All of these priorities also require funding and the development of quality assurance processes.

Engaging people in FWB

Promoting FWB as a best practice empowerment model is a priority to increase uptake of the program. Word of mouth is, and has been, an important promotion tool that has seen FWB spread across the country. People get a taste of the program, see the changes it makes in people's lives and want more. Another current way of engaging with the FWB program in a more organised way is through the three main provider hubs of James Cook University, TAFE SA and the Batchelor Institute.

Yet people outside of these networks may not know about or engage with FWB. The following engagement mechanisms were put forward to promote and share FWB more widely:

- Develop an engagement strategy and marketing plan, targeting specific groups
- Develop a FWB website
- Connect to social media, e.g. Facebook
- Share the program at cultural events, e.g. Clontarf
- Utilise existing documentary DVDs of the program and create further DVDs.

Developing a common FWB language

because, as a participant noted, the art of delivery is to articulate what it's about, and also what it is not about. A common language or story is needed to engage individuals and communities in the program, and for delivery organisations to promote the program. A common language is also needed to address assumptions about the program; many people, for example, think that FWB is family focused, yet it begins with the individual.

Positioning FWB in health is a challenge due to the program being part of such a broad social and emotional wellbeing landscape. Social and emotional wellbeing and the social determinants of health are 'related to everything but nobody's business'. No single organisation is engaged in, or responsible for,

social and emotional wellbeing or the social determinants of health and they are often found at the bottom of a health service's priority list.

Priorities for research

Priorities for research were based on actions to build the evidence base for FWB and to provide a pathway to sustainability. Further evaluation of the program was noted as paramount, with linked investigations to identify the demand and need for FWB, leading to the ability to position the evidence to unmet demand and to government policy priorities.

Identify demand

Conduct an environmental scan to capture:

- Who needs or requests FWB
- Community issues and priorities
- What is already happening.

Link identified demand to the social determinants of health and existing studies and data sets, such as: Socio-Economic Indexes For Areas (SEIFA); Australian Early Development Index (AEDI); and the Longitudinal Study of Indigenous Children (LSIC).

Evaluation

Conduct further evaluation to build on the evidence of the effectiveness and impact of the FWB program. Suggestions for evaluation methods included:

- Bottom up analysis, with the inclusion of upward movement to all levels
- Focus on outcome measures e.g. the GEM, Nest model
- Alignment with government policy objectives
- Translational research – cost–benefit analysis
- Randomised Control Trials (RCTs) – including staggered baseline, demonstrated fidelity, control group, comparison of routinely collected data, predictive model (participants who do/do not do the program)

- Online research evaluation with a participant and researcher register.

It was also suggested that a comprehensive list of organisations who are already conducting evaluation and their efforts be developed, such as JCU, HMRI, UNSW and Act for Kids. This information could then be put forward to build evaluation partnerships with other organisations to connect FWB evaluation with other linked studies and data sets, such as SEIFA, AEDI, and LSIC.

Sustainability

Positioning of the FWB empowerment model in mainstream health with the aim to incorporate FWB as a model of best practice. Aim to influence the inclusion of holistic care in state and federal reviews of mainstream health.

Participants representing the government sector were generous in their recommendations to position FWB and social and emotional wellbeing in policy by aligning with current political objectives and outcomes, including school attendance, employment and safe communities.

- Conduct Randomised Control Trials to build evidence of the capacity of social and emotional wellbeing programs to meet these government needs and objectives, as policymakers look to RCTs as the golden form of evidence
- Continue to produce peer reviewed evidence and contribute to Commonwealth information platforms, such as the Closing the Gap Clearinghouse⁹
- Develop a FWB policy language to ensure FWB is considered to be something greater than a program, emphasising that it is also an employment and engagement tool.

It was also considered important to position FWB in current funding streams, upstream prevention programs and downstream outcomes in education, employment and health, e.g. suicide prevention. When thinking about the positioning of FWB other issues must also be addressed, such as issues

⁹ See <http://www.aihw.gov.au/closingthegap/>

around mandating a program such as FWB, who should deliver FWB, and issues of quality assurance.

Priorities for developing FWB partnerships

Connect the FWB community

Connecting the FWB community was considered a vital next step to building a more effective program. The FWB Roundtable was the first time people involved in FWB across the country had the opportunity to meet, share experiences and generate ideas as a group. Ongoing connection requires:

- An independent, central and coordinated contact point or hub to share information and resources, provide support and hold a FWB alumni list, and operate a national membership including state and territory governments, organisations, researchers, facilitators, and community e.g. the National Family Wellbeing Foundation
- Involvement of cluster hubs or groups that could each take on a certain action
- Connecting facilitators and service providers, researchers and policymakers at organised events such as roundtables or conferences; for example, a meeting attached to the Lowitja Institute's biennial conference, Congress Lowitja.

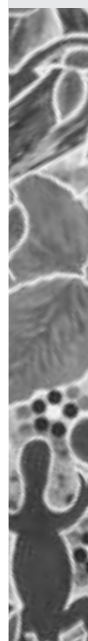
Build collaborative partnerships

A collaborative FWB partnership will build relationships and commitment around FWB, provide a framework to share knowledge, assist in the development of integrated FWB models, and provide leverage towards sustainable funding. Marrying the expectations of all partners was also considered important.

A FWB collaborative partnership should include the following partners:

- FWB providers and facilitators
- Research and research bodies
- Government and agencies and programs e.g. RJCP
- Service providers e.g. Community controlled health care, NGOs, RTOs
- Wider community to create a wider reference group.

Centres of Research Excellence or NHMRC Partnership grants were frameworks identified to bring together partners in a collaborative way and build confidence for funding contributions.



MOMENTUM FOR ACTION

To conclude the roundtable, participants were asked to jot down key messages they had gained from discussions and intended to take home and action. These messages, summarised below, revealed momentum around five key themes or calls for action to take forward – strengthen the evidence base, strengthen links to policy, coordinate the program, promote and advocate FWB, and connect the FWB family.

Strengthen the evidence base

Continue to build the evidence base about the program's cost effectiveness, links to public policy, and effectiveness in building resilience and inner strength.

There is credible evidence that the FWB program is effective in helping people address personal issues that then means they are more able to get jobs, put a hold on violence and be better members of the community.

Strengthen links to policy

It is of utmost importance to link rigorous evaluation and FWB outcomes and benefits to other key issues and policy priorities. This will enhance understanding in the community, and with policymakers and program developers, that FWB increases wellbeing in the community and therefore has the potential to decrease violence, substance abuse, and suicide, and increase school attendance and employment.

Coordinate the program

Partnerships, ideas, strategies and actions equals resources and accessibility. Set up a website to connect those involved in FWB and create a central hub for information sharing, research and advocacy. Bring the main FWB provider hubs together to create pragmatic action and strengthen research evidence.

Each hub could also think about an idea generated in the workshops that they could take on.

FWB has survived 21 years of ad hoc spread and it hasn't died away like other programs. This indicates that there is a significant case of worthwhile and meaningful activity for Aboriginal people that needs to be focused and amplified in a coordinated way in the future.

Promote and advocate the FWB program

Participants vowed to progress and promote the FWB program in their community. Promotion about the known benefits of the program and how it impacts on individuals, families, communities, and the social determinants of health. Good news stories and the celebration of FWB could be reported in a newsletter, for example. It was also suggested that a trust fund be set up to receive funding.

Advocacy action also concentrated on the FWB program's healing approach:

FWB is a sensitive approach to the healing of deep wounds. It leads to integration and synthesis, which in turn lead to an ability to manage life and what it offers. FWB leads you into your inner self where you can truly direct your life with love, forgiveness and compassion. It is an amazing approach to the healing of humanity.

I believe that this program is needed throughout our Aboriginal and Torres Strait Islander communities. Stories are our way – healing is needed on an individual, family and community level.

Participants stated that it is time to be politically savvy, through:

- Regular bite-size media coverage
- National organisation and leadership

- Campaign to raise profile and build sustainable funding base
- Rigorous evaluation approaches

Connect the FWB family

Many participants left messages of how the roundtable had renewed their strength, passion and inspiration, and they felt motivated to 'keep the knowledge sharing going', and 'keep in touch with each other and what is happening with FWB throughout the country'.

I have a bigger family now, my Family Wellbeing mob are everywhere.

The two days shared by people from all over Australia confirmed that the Family Wellbeing Program has all the essential ingredients of a highly valued, very powerful program that helps individuals, groups and communities achieve positive change and better outcomes. It should be supported to achieve its full potential.

Thank you Lowitja – the sharing of stories, being inspired again, and networking.



APPENDIX 1:

ROUNDTABLE PARTICIPANTS

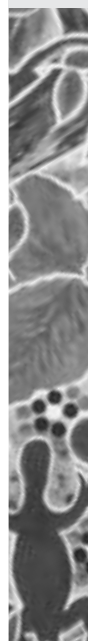
Tyson Adams	Bungree Aboriginal Association
Phillip Allen	Australian Red Cross
Roxanne Bainbridge	James Cook University
Leslie Baird	Wontulp-Bi-Buya College
Darren Benham	Department of the Prime Minister & Cabinet
Eunice Blackmore	Retired Facilitator, Alice Springs
William Blackmore	Long term Family Wellbeing supporter, Alice Springs
Jenny Brands	Menzies School of Health Research
Graham Brice	Evidence & Evaluation, Department of the Prime Minister & Cabinet
Catherine Brown	James Cook University
Yvonne Cadet-James	James Cook University
Alwin Chong	Yaitya Purruna Indigenous Health Unit, University of Adelaide
Pam Ciampa	Aboriginal Access Centre, TAFE SA
Eric Cook	Aboriginal Access Centre, TAFE SA
Adele Cox	National Empowerment Project, University of Western Australia
Chris Doran	Hunter Medical Research Institute
Annie Dullow	Indigenous and Rural Health Division, Department of Health
Jack Fletcher	The ORS Group Employment and Education
Harold Furber	Desert Peoples Centre, Alice Springs
Zona Gabriel	Central Coast NSW Medicare Local
Teresa Gibson	Royal Flying Doctor Service
Adrienne Hall	Adrienne Jeffries, Counselling, Consulting & Training
Melissa Haswell	Muru Marri, University of NSW
Sarah Haythornthwaite	Aboriginal Medical Services Alliance of the Northern Territory
Kayleen Jackson	Gurriny Yealamucka Health Services
Karen Khan	Batchelor Institute of Indigenous Tertiary Education
Sharon Kinchela	Australian Red Cross
Katrina Lines	Act for Kids
Shiree Mack	Batchelor Institute of Indigenous Tertiary Education
Janya McCalman	The Cairns Institute & School of Education, James Cook University
Mary Mertin-Ryan	Sustineo Pty Ltd
Marg Mibus	Aboriginal Access Centre, TAFE
Darren Miller	Gurriny Yealamucka Health Services
Nigel Millgate	Central Coast NSW Medicare Local
Luella Monson-Wilbraham	The Lowitja Institute
Toni Murray	Aboriginal Access Centre, TAFE SA
Uncle Lewis O'Brien	University of South Australia
Joel Parsons	NSW Police Service
Elizabeth Pearson	Pompur Paanth Aboriginal Corporation
Shirley Prider	Aboriginal Access Centre, TAFE SA

Helen Rankin	Health Programmes, Department of the Prime Minister & Cabinet
Rachel Reilly	Wardliparingga Aboriginal Research Unit, South Australian Health & Medical Research Institute
Dawn Ross	Batchelor Institute of Indigenous Tertiary Education
Gwenda Sgroi	Aboriginal Access Centre, TAFE SA
Joel Smeaton	Central Coast NSW Medicare Local
Kieran Smith	Act for Kids
Penelope Smith	The Lowitja Institute
Kishani Townshend	PsychServices
Komla Tsey	The Cairns Institute & School of Education, James Cook University/Program Leader at the Lowitja Institute
Michael Tynan	The Lowitja Institute
Brad Webb	Central Coast NSW Medicare Local
Mary Whiteside	La Trobe University
Sundri Zwaans	Aboriginal Access Centre, TAFE SA

Apologies

Eunice Aston	Aboriginal Access Centre, TAFE SA
Melodie Bat	Batchelor Institute of Indigenous Tertiary Education
Dawn Bessarab	Centre for Health Innovation Research Institute, Curtin University
Alex Brown	South Australian Health & Medical Research Institute
Megan Coupland	The Wyatt Trust
Kevin Cox	The Healing Foundation
Pat Dudgeon	National Empowerment Project, University of Western Australia
Mick Gooda	Aboriginal and Torres Strait Islander Social Justice Commissioner
Jennifer Johncock	Aboriginal Access Centre, TAFE SA
Kaylene Kerdel	Women's & Children's Local Health Network
Joy de Leo (nee Batalana)	Australia Council for Private Education and Training, South Australia
Lyndon Reilly	Royal Flying Doctor Service
Andrew Searles	Hunter Medical Research Institute
Sandy Taylor	Queensland Aboriginal & Islander Health Council
Rachael Wargent	James Cook University

The Lowitja Institute thanks those who sent their apologies, and also apologises to those people we were unable to reach in time or who did not receive their invitation to attend the FWB Roundtable, or received it with too little notice to attend. You are all valued members of the FWB family and we hope to connect with you in the future.



APPENDIX 2:

ROUNDTABLE PROGRAM

ROUNDTABLE PROGRAM

Empowering Aboriginal and Torres Strait Islander people through the Family Wellbeing program

6 – 7 March 2014

National Wine Centre of Australia, corner of Botanic & Hackney Roads, Adelaide

*We respectfully acknowledge the Kaurna people,
the traditional owners of the land on which we meet*

Day 1 – Thursday 6 March

4.00pm	Registration Tea and coffee
4.30pm	Welcome to Country Uncle Lewis O'Brien
4.50pm	Creating a safe space to engage and share knowledge
5.30pm	Setting the scene
5.45pm	Nibbles and drinks in foyer
6.15pm	Seated for story sharing and dinner Organisations share stories and experience of the FWB program from their area of Australia, starting with South Australia where it all began and moving to Northern Territory, North Queensland and New South Wales. <ul style="list-style-type: none">• South Australia's story of Family Wellbeing Led by Aboriginal Access Centre team, TAFE SA
6.35pm	<ul style="list-style-type: none">• Northern Territory's story of Family Wellbeing Led by Batchelor Institute of Indigenous Tertiary Education
6.50pm	Buffet open
7.30pm	<ul style="list-style-type: none">• North Queensland's story of Family Wellbeing Led by James Cook University
7.50pm	<ul style="list-style-type: none">• New South Wales's story of Family Wellbeing Led by Central Coast NSW Medicare Local
8.15pm	Dessert, Tea and Coffee
9.00pm	Close

Day 2 – Friday 7 March

8.30am	Registration, Tea and coffee
9.00am	The Lowitja Institute welcomes participants Michael Tynan, Associate Director of Knowledge Exchange and Research
9.10am	Welcome and introduction of new participants Outline of the day
9.20am	Family Wellbeing research Mary Whiteside, Lecturer, Department of Social Work & Social Policy, La Trobe University Janya McCalman, Senior Research Officer, Empowerment Research Team, James Cook University
	Evaluation – Growth and Empowerment Measure (GEM) Melissa Haswell, Associate Professor, Muru Marri, School of Public Health and Community Medicine, University of NSW
10.30am	Morning Tea
11.00am	Is the Family Wellbeing program value for money? Chris Doran, Professor of Health Economics, University of Newcastle
11.15am	What the evidence says about supporting the widespread implementation of programs and practices Jenny Brands, Research and Translation Coordinator, Menzies School of Health Research
11.30am	Reflect and reinvigorate Komla Tsey, Tropical Leader/Research Professor (Education for Social Sustainability), School of Education and The Cairns Institute, James Cook University
11.45pm	Workshop – facilitated by Jenny Brands Developing strategies to meet the demand for Family Wellbeing, better support the delivery of the program to meet diverse needs, and ensure its ongoing spread and improvement.
12.30pm	Lunch
1.30pm	Workshop – activities continue
2.10pm	Workshop findings and discussion
2.40pm	Policy Implications Panel discussion to provide strategic perspectives and respond to workshop outcomes
3.00pm	Afternoon tea
3.30pm	Reflection, questions and feedback
4.00pm	Close

APPENDIX 3:

KEY RESOURCES RELATED TO THE FAMILY WELLBEING PROGRAM

Websites

Batchelor Institute of Indigenous Tertiary Education, Certificate II in Family Wellbeing
<http://courses.batchelor.edu.au/ofcourse/node/17772>

James Cook University, Empowerment Research Program, School of Indigenous Australian Studies
http://www.jcu.edu.au/sias/research/researchfocus/JCUTST_058564.html

The Lowitja Institute, Family Wellbeing project webpage
<http://www.lowitja.org.au/family-wellbeing-program-empowerment-research>

TAFE SA, Certificate II in Family Wellbeing, Government of South Australia
http://www.tafesa.edu.au/xml/course/aw/aw_hpp.aspx

Tangentyere Council, Family Wellbeing program
http://www.tangentyere.org.au/services/family_youth/family_wellbeing/

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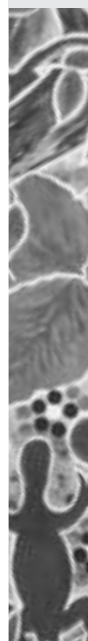
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Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

The Lowitja Institute

PO Box 650, Carlton South
Victoria 3053 AUSTRALIA

T: +61 3 8341 5555

F: +61 3 8341 5599

E: admin@lowitja.org.au

W: www.lowitja.org.au