

Empowerment-based research methods: a 10-year approach to enhancing Indigenous social and emotional wellbeing

Komla Tsey, Andrew Wilson, Melissa Haswell-Elkins, Mary Whiteside, Janya McCalman, Yvonne Cadet-James and Mark Wenitong

Objectives: This paper describes a research program that has operationalized the links between empowerment at personal/family, group/organizational and community/structural levels and successful mechanisms to address Indigenous social and emotional wellbeing issues such as family violence and abuse, suicide prevention and incarceration.

Methods: A two-pronged approach, involving the Family Wellbeing Empowerment Program and Participatory Action Research, was used to enhance the capacity of program participants and their communities to take greater charge of issues affecting their health and wellbeing.

Results: Key program outcomes include an enhancement of participants' sense of self worth, resilience, problem-solving ability, ability to address immediate family difficulties as well as belief in the mutability of the social environment. There is also evidence of increasing capacity to address wider structural issues such as poor school attendance rates, the critical housing shortage, endemic family violence, alcohol and drug misuse, chronic disease, and over-representation of Indigenous men in the criminal justice system. Participants are also breaking new ground in areas such as values-based Indigenous workforce development and organizational change, as well as issues about contemporary Indigenous spirituality.

Conclusions: The use of a long-term (10-year) community research strategy focussing directly on empowerment has demonstrated the power of this approach to facilitate Indigenous people's capacity to regain social and emotional wellbeing and begin to rebuild the social norms of their families and community.

Key words: empowerment, Indigenous, participatory action research, social and emotional wellbeing, social norms.

The dominant image of Indigenous Australia portrayed by statistics and the media is a traumatized people plagued by debilitating disease, incompetent governance systems, alcoholism, violence, unemployment, boredom and poor educational outcomes. Too often these images overlook crucial facts that Indigenous communities, like all societies, mainly consist of people trying their best to go about the daily business of living a meaningful life. Furthermore, no matter how desperate the situation might look to the outsider, communities often have pockets of exceptional strength, resilience, creativity and innovation. Despite this, an assumption persists that best practice health interventions among Indigenous peoples depend entirely on the ingenuity, expertise and

Komla Tsey

Associate Professor, School of Indigenous Australian Studies and School of Public Health and Tropical Medicine, James Cook University, Smithfield, QLD, Australia.

Andrew Wilson

Professor, School of Population Health, University of Queensland, Brisbane, QLD, Australia.

Melissa Haswell-Elkins

Senior Lecturer and Unit Head, North Queensland Health Equalities Promotion Unit, School of Medicine, University of Queensland, Cairns, QLD, Australia.

Mary Whiteside

Senior Research Officer, School of Indigenous Australian Studies, James Cook University, Smithfield, QLD, Australia.

Janya McCalman

Senior Research Officer, School of Indigenous Australian Studies, James Cook University, Smithfield, QLD, Australia.

Yvonne Cadet-James

Head of School, School of Indigenous Australian Studies, James Cook University, Smithfield, QLD, Australia.

Mark Wenitong

Senior Medical Officer, Wu Chopperen Health Service, Cairns, QLD, Australia.

Correspondence: Associate Professor Komla Tsey, School of Indigenous Australian Studies and School of Public Health Tropical Medicine, James Cook University, PO Box 6811, Smithfield, Qld 4878, Australia.
Email: komla.tsey@jcu.edu.au

generosity of outsiders.¹ This has led to repeated mistakes in 'fixing up' problems for Indigenous peoples rather than supporting their existing and potential strengths.

It is therefore no surprise that despite important research contributions toward the detection, cure and management of disease and illness among Indigenous peoples, huge gaps remain between gaining research knowledge and ensuring its practical relevance and uptake by service providers, policy-makers and Indigenous community sectors.² This gap is most evident in the area of social determinants of health and wellbeing. Although there is now better recognition of their overarching importance, there is little evidence upon which to base interventions to improve them.³ Change at this fundamental level must be mediated within the community, not in clinical or other service silos. Clearly, the challenge for research aiming for better outcomes is to discover innovative ways of locating and supporting centres of Indigenous community strengths as the basis for broad health interventions. Researchers must also foster hope and positive research paradigms that support such change.

While relative powerlessness and empowerment are widely acknowledged as important factors shaping Indigenous health and wellbeing, they continue to be relegated to the 'too hard basket' rather than addressed as critical health determinants requiring research and interventions in their own rights.⁴ The lack of attention to Indigenous powerlessness and empowerment as a practical health-promoting approach is partly due to the methodological challenges of operationalizing complex programs that intervene at many levels in people's lives.³ This demands that researchers reflect on the inequalities of power, opportunity and resource distribution to which their own research may be contributing.²

This paper describes the development of empowerment-based research paradigms that seek 'inside out solutions'⁵ to improve Indigenous social and emotional wellbeing.

METHODS

In 2001, a 10-year research program underpinned by the theoretical construct of empowerment and using two practical tools, the Family Wellbeing Program and Participatory Action Research (PAR), was established through long-term partnerships between university researchers and Indigenous community organizations. The overall aim of the program is to understand and demonstrate the capacity of empowerment interventions to contribute to improving the social determinants of health and wellbeing for Indigenous Australians. Empowerment is a cross-disciplinary concept utilized in a range of academic disciplines to denote a process by which individuals, groups and communities gain increased control over their lives.⁶

Models of empowerment that addresses both structural factors and the psychosocial impact of powerlessness are required in order to bring about change.

Participatory Action Research

PAR is an empowerment-based research methodology that seeks to both shift unequal power relations between researcher and research participants and bridge the translations gaps between research knowledge and end users of research. The underlying principle is that 'ordinary' people become researchers in their own right and generate relevant knowledge in order to address the issues that are of priority concern to them. It involves researchers assuming roles as peer facilitators to generate broader systemic frameworks for understanding given situations. These frameworks are then used to question the situation and identify alternate courses of action. From here the process itself is spiralling as knowledge and understanding informs strategy development, followed by action, reflection and new understanding with ongoing change and improvement being the goal.⁷

Using this approach, our research partnerships with Indigenous organizations since 1988 have demonstrated powerful ways of working with and for Indigenous peoples' to be agents of their own change.⁷⁻⁹ This partnership between Indigenous and non-Indigenous researchers is importantly reflected through the composition of the research team, from the level of chief investigator through to community-based researcher. The following case study illustrates the approach.

Family Wellbeing Empowerment Program

The Program was developed by a group of Adelaide-based 'stolen generation' Indigenous people. 'Stolen generation' refers to the thousands of Indigenous Australians forcibly removed by the State from their families as children and raised in government institutions and foster homes, for the most part between 1910 and 1970. A national survey in 2004 revealed that 40% of Indigenous people aged 15 years or over reported that they or one of their relatives had been removed from their natural family.¹⁰

The Family Wellbeing Program designers felt that not enough was being done to support individuals and families to develop the relevant skills and capacity to appropriately address not only the pain and hurt of the past, but also the day-to-day challenges of being relatively marginalized minority peoples in a highly affluent Australian society. As one architect of the program explained, "the question we were asking ourselves is: "How did we survive?" If we can understand how we survived then we can help others".⁴ The Program was intended to help people become personally empowered with social cohesion and community connectedness, and therefore more able to meaningfully engage with structural empowerment processes

mediated by community-controlled organizations and other advocacy initiatives.

The Family Wellbeing Program started in 1993 through informal community meetings where people shared day-to-day experiences and supported each other, building an awareness of the power that comes from sharing information in safe and supportive group environments. From here the program developed into a structured but highly flexible and adaptable 120-hour group learning process. Based on a combination of Indigenous survival experiences and psychosocial holistic approaches to health, including psychosynthesis,⁴ the Family Wellbeing Program is best described as both a philosophy (a way of looking at the world) and a life tool providing practical skills for dealing with day-to-day life challenges without becoming overwhelmed. Psychosynthesis is a process of personal growth which involves harmonizing the physical, emotional, mental and spiritual aspects of life through learning and applying practical techniques to everyday living.

Some of the key elements of the Family Wellbeing Program include:

- the notion that no matter how desperate a situation might seem there are always options available for change;
- problems can be reframed as challenges;
- 'walking the talk' is the best way to teach and support others;
- embrace rather than resist change;
- the importance of building awareness and making effective use of inner strengths and qualities, such as capacity to love, show understanding, perseverance and creativity;
- life experiences, both positive and negative, provide opportunities for learning and change;
- the concept that from little things big things grow.⁴

The Program is structured into four stages, each stage running for 10 weeks, with participants attending one 3-hour session each week.

They are:

- Foundations in Counselling – qualities of a counsellor, basic human needs, process of change, values, strategies to deal with conflict;
- Coping with Grief and Loss – understanding and dealing with grief and loss, crisis intervention;
- Changing and Working Together – recognition of actual and potential problems, achieving positive outcomes;
- Moving Forward – understanding relationships, balancing the body, emotions and mind.

RESULTS

Initial research on the Family Wellbeing intervention in Central Australia demonstrated that participation in the program increased personal empowerment. Participants described an enhancement of their sense of self worth, resilience, belief in their capacity to improve their social environment and ability to reflect on root causes of problems, find solutions and address immediate family difficulties.⁴ This preliminary research laid the foundation for attracting further resources to enable a longitudinal study in Central Australia¹¹ and the expansion of the program to Queensland where similar experiences of personal empowerment have been documented. Furthermore, evidence of a ripple effect of increasing harmony and capacity to address structural issues within the wider community is emerging. Participants in the Family Wellbeing Program have become active in addressing issues such as poor school attendance rates, the critical housing shortage, endemic family violence, alcohol and drug misuse, higher levels of chronic disease and over-representation of Indigenous men in the criminal justice system.^{11–14} In addition, participants have broken new ground in values-based Indigenous workforce development and organizational change as well as issues of contemporary Indigenous spirituality.

The participatory approach has led to ongoing improvements in Family Wellbeing Program design and delivery, for example, the addition of specific training in facilitation. However, there remain ongoing challenges. Among these is the need to build a critical mass of involved people to enhance sustainability and effect community-level change. In addition, significant numbers of Indigenous people appear to be so disempowered that they feel unable to participate even in community-based approaches such as the Family Wellbeing Program. Consequently, future initiatives aim to focus more specifically on engaging these groups to package the concept for their own use as it is likely that there are many different pathways to empowerment. A good example is the way an Indigenous men's group has been integrating the Family Wellbeing Program into its broader strategic plan.^{7–9}

Recognition of the broader value of the work is reflected in our success in competitive research grants and journal publications, where reviewers have acknowledged its national and international significance informing the way democratic societies ought to support all citizens to maximize their potential. Some of the key funding includes four NHMRC project grants in four consecutive years, a 5-year Australian Health Ministers Priority Driven Research grant, a 5-year NHMRC Population Health Career Development Award, and from 2007 a major National Suicide Prevention Funding through the newly established Centre for Rural and Remote Mental Health, Queensland. A major outcome is that several health and human service organizations, including mainstream

government departments, are integrating the Family Wellbeing Program's empowerment approaches into their core services and programs. For example, on the basis of the findings of a schools' pilot, Queensland Department of Education and the Arts built an entire term of the Year 7 curriculum around the Program's empowerment principles. The result is an innovative Making My Way Through Life unit within the Cape York Bound for Success Education Strategy.

In the past 2 years, the empowerment research program has also linked with a range of health interventions. Significant progress has been made in the integration of the Family Wellbeing Program and PAR in:

- promoting better outcomes for mental health consumers;
- enhancing the success of alcohol rehabilitation;
- facilitating values-based organizational change;
- establishing diversionary programs for the criminal justice system;
- family empowerment towards sustainable desert communities;
- working with people in prison and post-release to establish new life direction;
- supporting life promotion and suicide prevention efforts;
- reducing family violence;
- enhancing parenting skills and approaches;
- enabling schools to enhance children's understandings of themselves and their peers;
- facilitating job preparedness as a component of the Welfare Reform Agenda;
- promoting self-care in chronic disease among men and women; and
- addressing the meanings of contemporary Aboriginal spirituality in people's lives.

Although these are diverse areas of interest, they all share in common, the need for people to gain control over their lives and situations, and skills to enhance and sustain social and emotional wellbeing. From our research, empowerment and control are emerging as common elements of social and emotional wellbeing that must be effectively promoted for success in these areas to be possible. Recognition of empowerment as a core benefit that should be expected of Indigenous health interventions has been supported by the Co-operative Research Centre for Aboriginal Health. The flexibility of the Family Wellbeing Program's empowerment intervention used by this research team, enables its use across a broad range of settings and groups, as well as across the range of specific initiatives. This is possible because participants drive the

agenda, and researchers assist, but do not direct, the process.

DISCUSSION

As a result of passive welfare and rise of substance abuse epidemics in Indigenous communities since the late 1960s, Pearson describes a collapse of social norms concerning responsibility, respect, authority, obligations and behaviour. He argues that the majority of community people may personally hold positive values and behaviour, but they have adopted a neutral or non-judgmental norm which is permissive of deviant values and behaviours of sub-groups.¹⁵ As a result, Indigenous community leaders have called for more innovative and empowering interventions that enhance people's capacity to take greater charge of their situation.¹⁶

It is in this context that consistent behaviour and other social changes, such as those demonstrated by participants in empowerment intervention initiatives, are significant. Although the work of shifting social norms is slow and difficult, the Family Wellbeing Program has consistently proven its capacity to help individuals, their families and communities to move on from the distress, chaos and barriers of the past to taking greater control and responsibility for issues such as violence and abuse, suicide and incarceration.

Our work suggests that the key success factors underpinning empowerment and participatory action-oriented research are:

- It is strengths-based, looks for solutions from within, and the role of the researcher is to add value through reflective analysis of process and outcomes;
- No matter how strongly researchers feel about particular priority research issues they must be prepared to set those ideas aside and start by asking the basic question: "what are communities and organizations doing to help themselves and how can research expertise be made relevant to such processes?";
- Long-term relationships between research partners based on mutual respect and trust; acknowledging the time, energy and resources needed to ensure that efforts are profound and long lasting;
- Transparency in control and allocation of research funds between academic and community partners (i.e. clearly delineating from the outset the roles, responsibilities and gains each partner can expect);
- A 'phased approach'¹⁷ to evaluating complex community health programs that demystifies research and contributes progressively to developing the evidence base needed for recognition and justification of continued resources.

Based on the findings from the Empowerment Research Program to date, combined with increasing

demand for the Family Wellbeing Program in the context of the urgent need for evidence-based social and emotional wellbeing interventions, the research team has prioritized three main areas for urgent attention.

The first relates to the development of appropriate quantitative tools to systematically measure outcomes from empowerment interventions. Analysis of the Family Wellbeing Program qualitative data has revealed emerging themes that suggest a multidirectional pathway toward empowerment. This pathway has been used to develop a draft package of tools to measure empowerment at individual, group and community levels. The empowerment attributes to be measured by this instrument are expected to capture subtle shifts in individual- and community-level social and emotional health over time. The tools will also yield the necessary data for the cost effectiveness of social and emotional wellbeing interventions to be determined through economic evaluation.

Since the publication and dissemination of findings from the Family Wellbeing Program interventions there has been a great deal of interest and demand for the Program, across Australia and internationally. To meet this demand, discussions are underway with relevant organizations to consolidate and build on the current certificate-level accreditation of the Program and establish a Graduate Certificate/Graduate Diploma in Social and Emotional Wellbeing. This will provide opportunities for Masters and doctoral research in social and emotional wellbeing, and produce a critical mass of trained social and emotional wellbeing intervention facilitators and researchers capable of working independently in a range of community and organizational settings across the country.

Finally, issues of sustainability and transferability of the Family Wellbeing Program both within and across settings will be systematically researched. The aim is to contribute towards developing the evidence base in this important but little-researched area of Indigenous health.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the Aboriginal Education Development Branch (AEDB) of the South Australian Department of Education, Training and Employment; Tangentyere Council; Gurriny Yealamucka Health Service; Apunipima Cape York Health Council; the Queensland Department of Communities and all those who have participated in and/or supported the program. NHMRC, Australian Health Ministers Advisory Council

and CRC for Aboriginal Health have provided funding support. Ethics clearance was granted by the Central Australian Institutional Ethics Committee, University of Queensland, James Cook University and Cairns Base Hospital Institutional Ethics Committees. This paper is in-kind contribution to both CRC for Aboriginal Health and the Centre for Rural and Remote Mental Health, Queensland.

REFERENCES

1. Tsey K, Schmid-Hargeth A, Lubrani O. The role of indigenous social organisations in rural development in West Africa: some lessons for NGOs. *Development Bulletin* 1995; **35**: 47–50.
2. Henry J, Dunbar T, Arnott A, Scrimgeour M, Murakami-Gold L, Chamberlain A. *The Indigenous Research Reform Agenda: Positioning the CRC for Aboriginal and Tropical Health*. Darwin: Co-operative Research Centre for Aboriginal and Tropical Health, 2002.
3. Baum F. Who cares about health for all in the 21st century? *Journal of Epidemiology and Community Health* 2005; **59**: 714–715.
4. Tsey K, Every A. Evaluating Aboriginal empowerment programs – the case of family wellbeing. *Australian and New Zealand Journal of Public Health* 2000; **24**: 509–514.
5. Pascale RT, Stenin J. Your company's secret change agents. *Harvard Business Review* 2005; 73–81.
6. Wallerstein N. Powerlessness, empowerment, and health: implications for health promotion programs. *American Journal of Health Promotion* 1992; **6**: 197–204.
7. Tsey K, Patterson D, Whiteside M, Baird L, Baird B. Indigenous men taking their rightful place in society? A participatory action research process with Yarrabah Men's Health Group. *Australian Journal of Rural Health* 2002; **10**: 278–284.
8. Tsey K, Patterson D, Whiteside M, Baird L, Baird B, Tsey K. A micro analysis of a participatory action research process with a rural Aboriginal men's health group. *Australian Journal of Primary Health* 2004; **10**: 64–71.
9. Tsey K, Wenitong M, McCalman J *et al*. A participatory action research process with a rural Indigenous men's group: monitoring and reinforcing change. *Journal of Primary Health* 2004; **10**: 130–136.
10. Australian Bureau of Statistics. *National Aboriginal and Torres Strait Islander Social Survey*. Canberra: Australian Bureau of Statistics, 2002.
11. Rees S, Tsey K, Every A, Williams E, Cadet-James Y, Whiteside M. Empowerment and human rights in addressing family violence and improving health status in Australian Indigenous communities. *Human Rights and Health: An International Journal* 2005; **8**: 94–113.
12. Tsey K, Whiteside M, Deemal A, Gibson T. Social determinants of health, the 'control factor', and the Family Wellbeing Empowerment Program. *Australasian Psychiatry* 2003; **11** (Suppl.): S24–S39.
13. Tsey K, Whiteside M, Daly S *et al*. Adapting the family wellbeing empowerment program to the needs of remote Indigenous young people. *Australian and New Zealand Journal of Public Health* 2005; **29**: 112–116.
14. Tsey K, Travers H, Gibson T *et al*. The role of empowerment through life skills development in building comprehensive Primary Health Care systems in Indigenous Australia. *Australian Journal of Primary Care* 2005; **11** (2): 16–25.
15. Pearson N. Arthur Mills Oration, Royal College of Physicians, 7 May 2006.
16. Pearson N. *Our Right to Take Responsibility*. Cairns: Noel Pearson Associates, 2000.
17. Campbell M, Fitzpatrick R, Haines A *et al*. Framework for design and evaluation of complex interventions to improve health. *British Medical Journal* 2000; **321**: 694–696.