

Graduate School of Health

# “We wear multiple hats”:

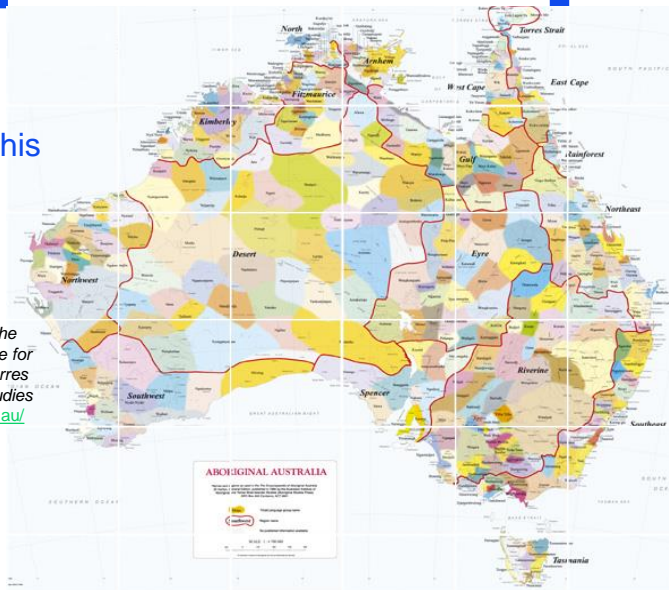
*Navigating multiple roles in relation to alcohol and drug use among Aboriginal and Torres Strait Islander people*

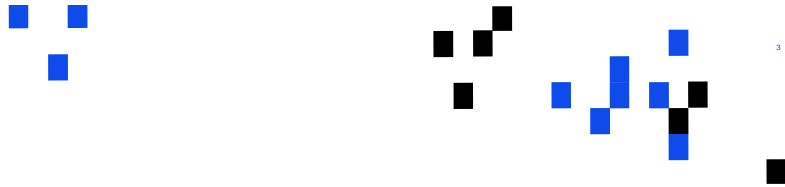


Graphics created by Utegra  
pe at designart

Sensing  
Australia  
through this  
map...

Get a copy from the  
Australian Institute for  
Aboriginal and Torres  
Strait Islander Studies  
<https://aiatsis.gov.au/>

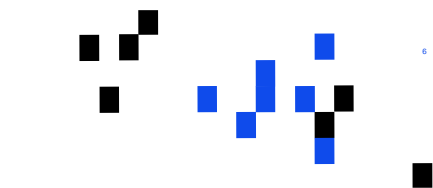
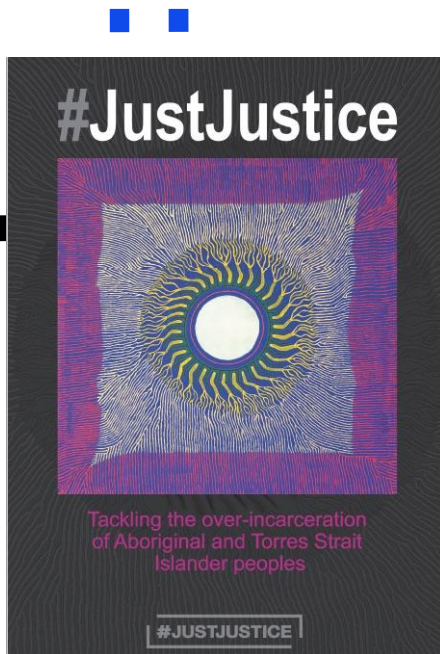




*No, we don't have an Aboriginal and Torres Strait Islander Strategy yet.  
Our priorities are filling prison farms, and expanding probation and parole.  
We will halt our new prison precinct at 2000 beds, not 4000 or 8000, because of the GFC.*

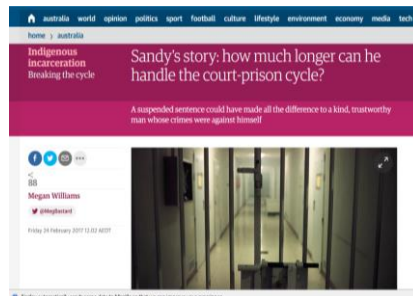


Kelvin Anderson, Qld Commissioner for Corrective Services, personal communication



Free book to download full of Aboriginal-led solutions, critiques of issues and narratives.

<https://croakey.org>





## Uluru Statement

*We call for the establishment of a First Nations Voice enshrined in the Constitution.*

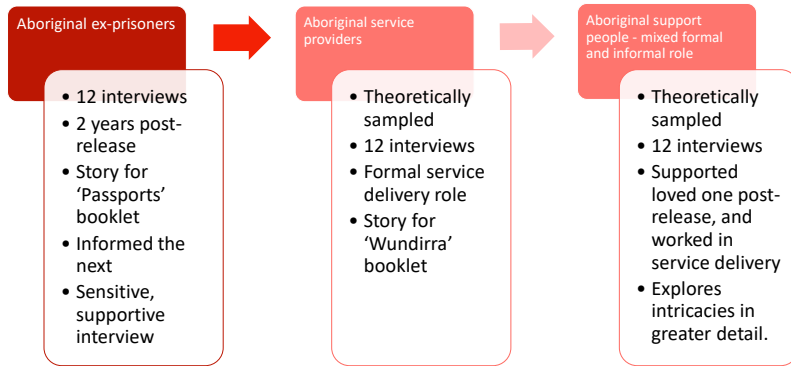
*Makarrata is the culmination of our agenda: the coming together after a struggle. It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination.*

*We seek a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history.*

*In 1967 we were counted, in 2017 we seek to be heard. We leave base camp and start our trek across this vast country. We invite you to walk with us in a movement of the Australian people for a better future.*

[https://www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru\\_Statement\\_From\\_The\\_Heart\\_0.PDF](https://www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru_Statement_From_The_Heart_0.PDF)

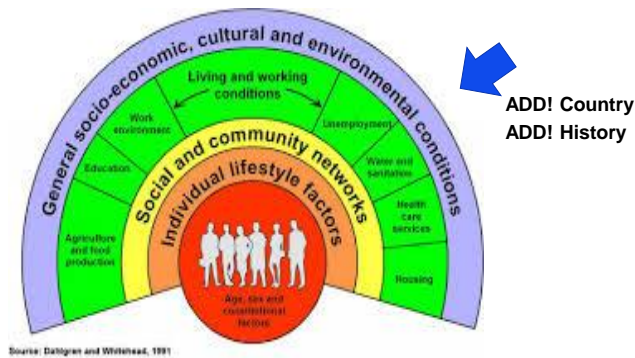
## Aboriginal-led multi-phased grounded theory research



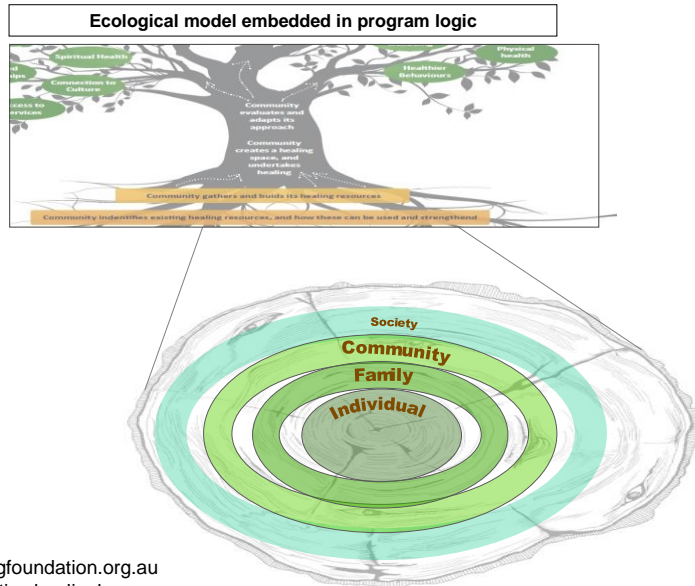
UQ Ethics Clearance, adhering to NHMRC Guidelines for Aboriginal and Torres Strait Islander health research



## Ecological model of health



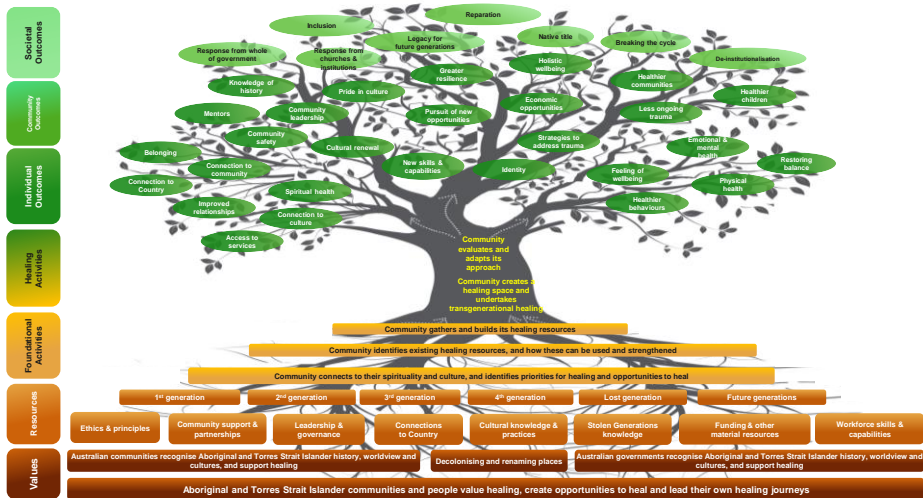
Dahlgren, G and Whitehead, M (1991) Rainbow model of health in Dahlgren, G (1995) European Health Policy Conference: Opportunities for the future.



(Blignault, Jackson Pulver, Fitzpatrick, Arkles, Williams, Haswell & Grande Ortega, 2015, p. 28)



### Indicative program logic for collective healing for Stolen Generations members and their descendants

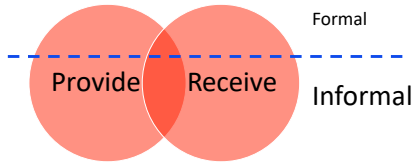


Healingfoundation.org.au  
'Collective healing' resources



## Formal, intermediary and informal support

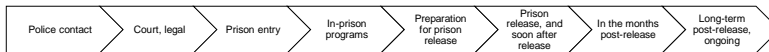
*“A lot goes on behind closed doors”*



- Interviewees had many roles RE support
- Not only related to sampling
  - First two rounds separate, then the third investigated overlap in roles more detail deliberately
- A lot of informal support
  - Based on existing relationships
- AND mixed with formal roles eg as a service provider and community roles as a volunteer eg committee governance

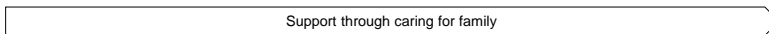


## Providing continuity of care through wearing multiple hats



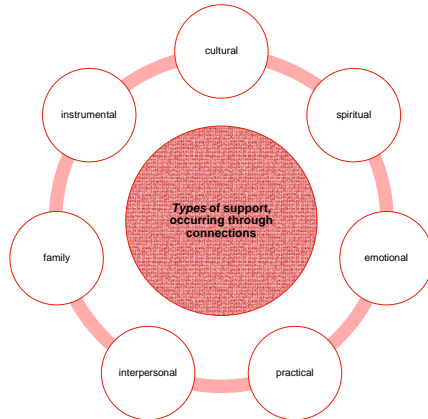
*I'll ring maybe once a week. Then it goes to once a fortnight. But they still keep in contact and that's always a good thing. I do follow up, when they come up [are released from custody], well I'll come up here for the day, we'll go and have some lunch, could be on a Saturday or through the day while the kids are at school and the partners are home. I'll say 'I'll come and pick you up' and we'll go down the front and have a feed. They really enjoy that. I just ask things like 'how is work?', and if you're not working, 'how are things going between the two of you?' She'll speak freely which is always good, the partners.*

(Beau – Aboriginal staff member of large, mainstream non-government organisation)



## Types of support through multiple hats

(= transdisciplinarity?)



Kurilpa spoke at length about his experience of "disconnection from self which is also disconnection from culture", and his powerful transformation based on a mixture of his own actions, in the context of deep cultural and therapeutic support from others. He says his progress in self-awareness and greater self-care stemmed from the varying supports he received from Aboriginal paid staff in a drug and alcohol service, and the Elders and volunteers who supported them. Eg:

*That place taught me about spirituality, I would not understand my culture today as I do without that foundation of you know, spiritual principles and spirituality.*

Kurilpa was connected to education pathways, and has since completed qualifications in children's services. He received legal support, has regained custody of his own children and describes himself as an active role model in supporting others.



## Multiple hats: Giving and receiving support

Reciprocity is a known cultural and ethical value of Aboriginal and Torres Strait Islander people.

*"I was getting support from some of my sisters who've been locked up with me. They come around and check on me to see if I'm all right. They see if I'm coping all right and I say 'Yeah I'm all right'. As long as I've got them around me and the women's service. I ring them up sometimes and they ring me up." (Doon Doon)*

*"I am part of an Aboriginal and Torres Strait Islander men's group and that has changed everything for me. We get together and there is always something on, a couple of times a week even so no one ever has to go too long with too much trouble in their spirit, in themselves and with everything they have to deal with." (Munun)*





## Aboriginal holistic definition of health

*Aboriginal health is not just the physical well being of an individual, but is the social, emotional, and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.*

(National Aboriginal Health Strategy, 1989, p. x)



## Strong introduction to self

### Rationale:

Strong introductions very important:

- > Type of 'cultural protocol'
- > Foundational, upon which all else rests
- > Trust and relationship building
- > Knowledge of self, one's motivations, needs and skills is the channel by which we relate to others
- > Improving confidence relating in a group.

### Task

Be able to confidently answer these questions:

1. Who are you?
2. Where are you from?
3. What is your relationship to Aboriginal and Torres Strait Islander Australia?
4. And to Aboriginal and Torres Strait Islander people?
5. What do you intend through your work, particularly in relation to health equity for First Peoples?

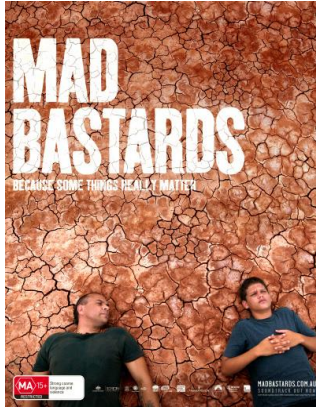


## Mibbinbah Mad Bastards group program

Aboriginal male health promotion organisation, which began as an action research process

Create safe spaces for collective healing across generations

Supported by 'professionals'




Scene from Mad Bastards film, used in Mibbinbah's 'Be the best you can be' program. © Bush Turkey Films

YOUTH PROGRAM INTERFACE	Just Surviving	Effective but not growing	Growing effectively	Flourishing to reach full potential
DEFINITION	Able to keep up a small presence and continue doing good work despite major challenges	Able to provide, maintain and demonstrate positive impacts on a small number of youth	Working effectively and increasing in capacity and reach while maintaining effectiveness in helping youth move forward	Working well, growing in reach and scope and supported to play its full potential role in youth development
AMOUNT OF CONTACT	One off with little or no ongoing follow up, brief encounter	Longer duration of contact, e.g. overnight camps or multiple short interactions, limited chance to reach into everyday life, limited family interaction due to time limit		Time to work with individual, peer groups, families and communities with the knowledge that this will secure permanent change
STAFF	Rudimentary staff, highly overworked, no protective buffer to cover unexpected changes, reliant on very stressed champion	Medium level of staff, stable and able to tolerate turnover but too small to meet demand or extend reach	Sufficient and empowered staff, can expand with demand but busy and restricted in capacity to consider innovative idea for new areas	Empowered workforce, can grow with demand and be proactive in increasing impact. Workforce development mechanisms in place
RIPPLE EFFECT	Minimal ripple effect on others who may push back any long term change	Family and friends can see the change in the youths' lives, may reengage in school and set some goals	Growing numbers of families and friends can see the change in the youths' lives, reengage in school and set some goals, less likely to lose momentum	Community is able to feel and be strengthened by the change in youth, be proud and fully encourage their positive direction
DIRECT IMPACT	Youth are engaged, enjoy themselves, unique experiences they wouldn't have otherwise, may help the most severely affected out of crisis, become aware of different possibilities, get a taste of what healing is	Participants describe processes of healing, personal growth and empowerment, some will be able to describe clear translation of these changes into their life trajectory	Growing numbers experience healing, personal growth and empowerment and capacity to change life trajectory, some will not. Creates new awareness for opportunities to efficiently deliver outcomes and meet wider needs	Program is able to promote broader healing, personal growth and empowerment among a broad cohort of youth
MEASURABLE IMPACT	Not likely to be able to detect sustained impacts	Appropriate developed measures corresponding to program aims and process will detect positive outcomes for participation but not wider change	Appropriate outcome measures will detect positive outcomes on a wider number of youth participants, may see slowing of negative trends	Will observe significant change in SEWB among Indigenous youth generally, and slowing, stopping and reversing negative trend
SUPPORT REQUIRED	Needs time to learn, is developing future plans and getting funding	Support leadership at multiple levels and provide nurturing support understanding constraints. Recognise local knowledge about processes and avoid stress underfunding	Recognition from upper management levels, the community, stakeholders and funders. Provide essential support for expanding reach	Provide support to reach full potential, encourage CQI mechanisms & qualitative measurement of impacts and sustainability in the long term

MELISSA HANWELL & MARCO GRANDI ORTEGA, JED, MURU MARU, UNWU

## Critical Success Factors

A program quality measurement tool developed by Muru Marri, School of Public Health and Community Medicine, UNSW Australia – questions about each of these developed for the program

Critical Effectiveness Factors	Critical Sustainability Factors	Critical Resourcing Factors	Critical Landscape Factors
<ul style="list-style-type: none"> <li>Working from strengths</li> <li>Developing relationships</li> <li>Modelling reliability and consistency</li> <li>Facilitating connection to culture</li> <li>Being non-judgmental</li> <li>Setting rules and boundaries</li> <li>Modelling openness, honesty, hope and trust</li> <li>Maximising opportunities for choice making</li> <li>Celebrating small achievements</li> </ul> <p><b>'Ways of working'</b></p> 	<ul style="list-style-type: none"> <li>Inclusive establishment processes</li> <li>Embedding Aboriginal ways of being and doing</li> <li>Working with the community to develop a stronger local knowledge base</li> <li>Sharing program vision with participants and staff</li> <li>Fostering innovation and service collaborations</li> <li>Accountability, monitoring and evaluation processes</li> <li>Using achievements to emphasise the value of work</li> <li>Mechanisms for continuous reflection</li> <li>Creating an emotionally safe working environment for staff</li> <li>Managing change respectfully but firmly</li> <li>Developing relationships with stakeholders</li> </ul> <p><b>'Ways of working'</b></p>	<ul style="list-style-type: none"> <li>Funding scheme flexible, responsive and mindful of local landscape</li> <li>Connection with other services</li> <li>Pre-program consultations with Aboriginal and Torres Strait Islander people with grassroots knowledge</li> <li>Culturally-informed evaluation processes utilising appropriate tools</li> <li>Realistic expectations from community and funder</li> <li>Continuous funding and funding strategies that facilitate growth</li> <li>Support capacity to train the required workforce</li> <li>Flexible accountability and internally managed</li> </ul>	<ul style="list-style-type: none"> <li>Cross sectoral alliance</li> <li>Avoiding competitive funding processes</li> <li>Capacity to demonstrate meaningful accountability</li> <li>Systematic mechanisms to share essential information among stakeholders</li> <li>Roles, responsibilities and expectations across sectors are clearly articulated</li> <li>Activities are guided and/or managed by experienced, skilled and empowered Aboriginal people or accepted, well connected and experienced non-Indigenous person</li> <li>Networks with the Aboriginal and Torres Strait Islander community recognised as key</li> <li>Support to implement mechanisms to collect culturally-informed data on program performance</li> </ul>

These result in 'Learnings' – to pass on to others and quality improvement

Email: melissa.haswell@qut.edu.au



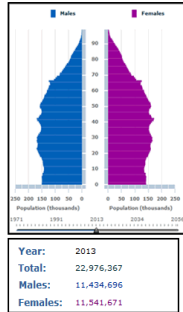
## The GEM: Growth and Empowerment Measure

*A package of questions designed to measure empowerment & wellbeing*

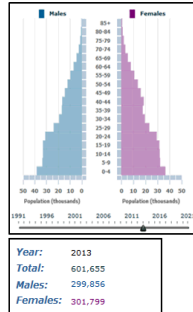


Email: melissa.haswell@qut.edu.au

## Intergenerational care: A 'youthing' not ageing population



**FIGURE 1: POPULATION PYRAMID ALL AUSTRALIANS**  
Source: ABS Animated Population Pyramid



**FIGURE 2: INDIGENOUS POPULATION PYRAMID**  
Source: TOPICS AT A GLANCE-ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

One-third of Aboriginal and Torres Strait Islander people were aged less than 15 years, compared with one-fifth of non-Indigenous people

Median age of Aboriginal and/or Torres Strait Islander people at June 2011 was 22 years, compared to 38 years for other Australians (ABS, 2013)

## Aboriginal Family Wellbeing Program

Divide into small groups. Each group spend 10 minutes critically appraising one of these:

1. Timeline of program:  
<http://www.sewbmh.org.au/page/3664/history-of-the-family-wellbeing-program>
2. Lowitja Institute leadership:  
<http://www.lowitja.org.au/family-wellbeing-program-empowerment-research>
3. Peer-reviewed article/s on FWB
4. Knowledge circle practice profile:  
<https://apps.aifs.gov.au/pppregister/projects/the-family-wellbeing-empowerment-program-for-young-aboriginal-men>

Critical appraisal questions:

1. Who authored the material?
2. What needs was the program designed to meet?
3. Describe what the program did?
4. What NHMRC ethical guidelines could you see reflected in the program?
5. What benefits would the program bring?
6. How would they know eg what research was conducted?

## Cultural respect framework

- Introductory today only
- Aboriginal and Torres Strait Islander people are a 'relational culture'
- Strong relationships with high trust have primacy
- Everything occurs through relationships
- Relationships depend on how well you know yourself and your role, and what you don't know
- Everyone has a role
- Focus on knowing what informs your perception eg of Aboriginal and Torres Strait Islander peoples
- Find out more eg Aboriginal voices on social media, in films
- Volunteer roles.

Fig 1 - The Dimensions of a Cultural Respect Framework




As presented in Fig 1, the Cultural Respect Framework recognises that it is important to have strategies and initiatives across the range of dimensions.

AHMAC, 2002

## Challenges to Aboriginal ways being trusted (that others have said)

- "Peer support equates to sick people trying to heal sick people"
- Changing the personal/professional/organisational domains in frame of reference means changing the professional/client relationship, then we could have anyone being a professional, and people getting into relationships
- Personal insights bias situations (as if there is such a thing as objectivity!)
- Moving beyond individuals as the focus of assessment and intervention is messy and complex
- How can we possibly assess determinants, history, social context?
- Staff want to work with individuals. If they wanted to work at the policy level they would have become policy wonks"
- Aboriginal Elder saying "You need never be alone" means this is co-dependence and people should be able to find agency and the locus of control within themselves (a worldview clash, and what about isolation?)
- Family loyalty is nepotism and in groups and excludes people
- Aboriginal people were once cannibals, and so they still might be
- Healing is voodoo, with no evidence base
- The best evidence is RCTs
- There is no evidence of the benefit of your proposed strategy (as opposed to we have never done that research yet")
- Evidence base shamefully lacking
- Aboriginal people are sick and it is so entrenched – there are too many problems for them to be empowered to be leaders; they take too many sickies and sorry business goes on forever
- "Aboriginal men are so violent and cant be in family programs"
- Aboriginal people fight too much to get along in decision making processes
- We don't want a 'black armband' view, human rights get too political.



## Favourite fifteen for transforming the dynamic

- 
1. Work with and ecological model to plan,
  2. Collective healing
  3. Transdisciplinarity
  4. Holistic definition of health
  5. Strong introductions
  6. Critical reflection framework
  7. Partnerships and relationships
  8. Aboriginal self-determination, priority setting
  9. Critical Success Factors into action
  10. Aboriginal-led assessment tools used
  11. Population parity
  12. Intergenerational care
  13. Aboriginal models of research translation
  14. Citizenry actions
  15. Cultural awareness=decolonisation.

# Thank you

Dr Megan Williams  
Senior Lecturer  
Aboriginal Health and Wellbeing Team  
Graduate School of Health  
University of Technology Sydney

T. +61 (02) 9514 8303  
M. +61 (0) 400 073 358  
PO Box 123 Broadway NSW 2007 Australia

@MegBastard  
#JustJustice

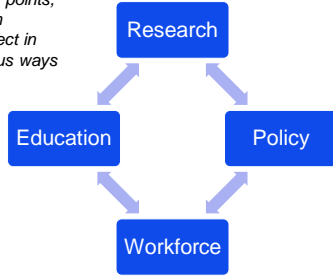


Graphics created by @megan  
pa at @utsumm

**Aboriginal Health and Wellbeing Stream**  
**Sydney Partnerships for Health, Education and Research Enterprise (SPHERE)**

*Research translation concepts*

Enter and exit research translation at many points, which connect in various ways



Drug and alcohol as a health issue, right across the justice system, with action required at all points:

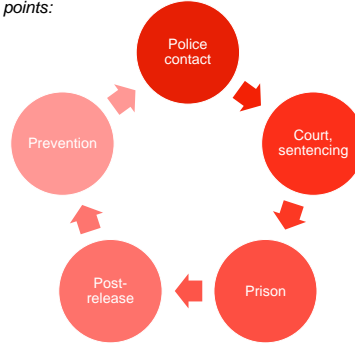


Diagram: Project 10%

Ethical guidelines

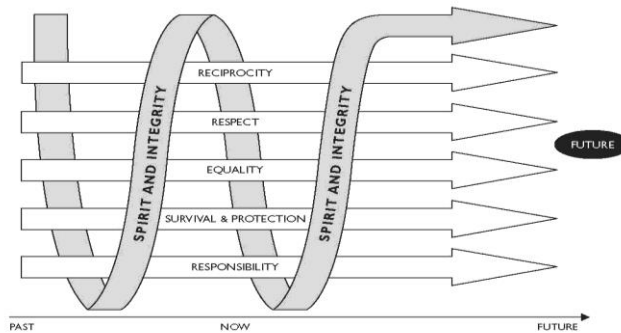


Diagram 1: Aboriginal and Torres Strait Islander Peoples values relevant to health research ethics (NHMRC, 2003, p. 12)

