

Contact name: Les Baird, CEO
National Centre for Family Wellbeing
Empowerment Research Program
The Cairns Institute, James Cook University
McGregor Road
Smithfield Qld 4879
Cairns Campus

Service delivery in Queensland's remote and discrete Indigenous Communities - Queensland Productivity Commission

Introduction

National Indigenous Community controlled organisations such as SNAICC, NACCHO, Congress and Lowitja Institute have been instrumental in moving Indigenous agendas forward in Australia. Focussing mainly on providing a voice, lifting up and providing leadership in addressing issues affecting Indigenous people, each organisation has grown exponentially keeping at its heart to achieve equity for Aboriginal and Torres Strait Islander peoples.

For Indigenous children to enjoy brighter futures; barriers to education, employment and accessing health services, together with the high risk environments in which some are raised, must be addressed through sustainable solutions. The issues are complex; however the evidence suggests that genuine inclusion and empowerment of community members through what sustainability education advocates call 'deep learning' is paramount. To achieve this aim, the James Cook University (JCU)-led Australia-wide empowerment research network work collaboratively with community organisations, government services and other researchers delivering and evaluating the Aboriginal Family Wellbeing (FWB) community empowerment education program, to support families including those in distress, to create supportive environments for children, families and communities. The observations, evidence and recommendation contained in this submission are based on 17 years of research, working with Aboriginal and Torres Strait islander communities for the improvement of their social and emotional wellbeing, in particular, evaluating the Family Wellbeing (FWB) program. The observations are also based on our collective experience in applying Continuous Quality Improvement (CQI) in Indigenous primary health care services, especially clinical care.

What is Social and Emotional Wellbeing?

The concept of social and emotional wellbeing (SEWB) merges the population health paradigm and an Indigenous Australian worldview in which spirituality is recognised as a key element of health. SEWB is premised on Indigenous views of health as holistic, involving spiritual, social, emotional, cultural, physical and mental wellbeing, and issues related to land and way of life. It supports the view that Indigenous health inevitably relates to colonisation, history, racism and social factors, all of which need to be addressed as part of effective service delivery.

Examples of SEWB protective factors include: Cultural continuity, Self-determination and community control, good mental health and wellbeing, social support, resilience, problem solving skills and strategies for coping with stress.

Risk factors include: cultural or religious conflicts, no social support networks, at risk mental status, recent interpersonal crisis, loss or trauma, family breakdown, child custody issues, influence of alcohol or drugs, difficulty accessing help; financial difficulties, unemployment, legal prosecution, illness.

While the importance of social and emotional wellbeing is acknowledged as a critically important concept for improving Indigenous health, the lack of clarity about exactly how to capture the broad elements in service delivery, let alone define and measure changes in social and emotional wellbeing raises questions for frontline workers and researchers when working with Indigenous communities about how to best evaluate the impact of social and emotional wellbeing programs, particularly beyond the individual. The Aboriginal developed Family Wellbeing (FWB) empowerment program is an example of a SEWB program that works. It provides the opportunity for us to draw on our 17 years of researching the FWB program in order to make game changing recommendations and actions required to dramatically improve population level SEWB protective factors and at the same time reducing the factors across Indigenous families and communities Queensland-wide. Before providing such recommendations, it is important that we first provide a broad overview of the FWB program, the challenges and opportunities in supporting and researching the program uptake, individual level SEWB outcomes achieved to date, and what needs to happen in order to attain population level SEWB impacts, thereby facilitating the achievement of health equity for Indigenous Australians

What is Family Wellbeing (FWB) empowerment program?

The FWB was developed in 1992 as a community empowerment education program by and for Indigenous people, in conjunction with the Aboriginal Employment Development Office of the South Australian Department of Education. The FWB experiential learning seeks to equip participants with practical strategies and skills to address four broad areas of basic human needs— physical, emotional, mental and spiritual: eat and sleep well, exercise, enjoy the natural world; make time to relax and enjoy peaceful activities; set boundaries and limits, trust in your own abilities but be open to new ideas; and reflect on your own beliefs and values. The idea is that when we look after real basic needs properly we are able to express human qualities such as respect for self and others, empathy, creativity, passion, good listening, self-awareness, forgiveness and dedication in our daily lives; qualities increasingly recognised as competencies necessary for people to adapt and manage change and uncertainty. Discrete FWB evaluations across a range of settings have demonstrated the impact of the program in enhancing SEWB protective factors and reducing risk factors for the individual participants measured.

What is the evidence that FWB is a SEWB program that works?

Since 2000, the evidence for the positive impact on the social and emotional wellbeing of not only participants, but also their, families and communities has been building. In particular, research to consolidate the FWB research evidence base by synthesising seven FWB evaluation findings across several sites between 2000 and 2007 revealed the consistency of reported Social and Emotional Wellbeing (SEWB) outcomes (Tsey et al 2009). Other evidence includes: publications by Cath Brown (2010, 2011), an Indigenous FWB participant who became a member of the JCU ERP and now a FWB

program facilitator, published a series of reflective personal testimonies in the *Health Worker Journal* describing how FWB training had changed her life and her career. JCU mentors have assisted Cath and other Indigenous facilitators discover talents they did not know they had, which the facilitators then share with others – thus the cycle of FWB learning continues, and Leslie Baird, who describes his positive experience with FWB on the Lowitja Institute website: <http://www.lowitja.org.au/mr-leslie-baird-family-wellbeing-program>

The qualitative research studies have included quotes where participants and FWB facilitators directly attribute change to the FWB program that they attended or facilitated, as evidenced below:

‘I am a changed person, because this course helped me to evaluate myself and at the same time, has empowered me to do more for other people’ (Kitau, et al. 2016, p.24).

‘The FWB project itself became a potential source of employment. Several young men helped with the groups and one young man in the youth justice centre group was given a paid part-time role upon his release from detention.’ (Whiteside et al., 2016, p. 249).

‘FWB has given me a strength to identify real needs in the community.’ (McCalman, et al., 2010, p.15).

‘An Aboriginal facilitator and researcher reflected: ‘Our mob when they hear that it’s been developed by our own people, that’s the only reason why sometimes I think they come along to it. So I think that’s the most critical thing. And that it works of course, but you know, people don’t know that it’s going to work until they’ve done it. But to get them there is, you know, that’s just so, so important; that it is developed by Aboriginal people.’ (McCalman, 2013, p. 5).

‘Doing FWB has taught me skills that enabled me to realise that I need to meet my own needs. I need to look after myself rather than looking after everyone else....I wanted to stop feeling like I was a victim. I wanted to stop taking on board other people’s problems when it wasn’t my problem. I wanted to be more assertive, not to be demanding. I wanted a good home life. I was depressed sometimes. Now when this happens I can examine what’s making me feel like that. I needed to learn to look after myself.’ (Tsey, 2008, p.12).

‘Why didn’t I do this sooner? We actually find ourselves beginning to live FWB. It is something that you are doing, you are teaching that to people but you are actually living it.’ (Mayo and Tsey, 2009, p. S69).

The quantitative and mixed methods research studies have piloted research tools, including the development and validation of a research tool specifically designed to measure impact for these populations. The Growth and Empowerment Measure (GEM) was developed to ‘measure change in dimensions of empowerment as defined and described by Aboriginal Australians who participated in the Family Well Being programme’ (Haswell et al., 2010, p. 791). Other studies have used validated measures such as versions of the Kessler Psychological Distress Scale (K5, K10 and the K9 which was adapted for use with Indigenous populations), the Australian Unity Wellbeing Index (AUWI) and questionnaires designed to measure change in social, emotional and physical health (e.g. physical activity, health eating and alcohol intake). Several studies identified evidence of positive impact, for example:

Whiteside et al. (2016, p. 248) reported that the K5 'showed a highly significant reduction in psychological distress across the time of the study ($t(12) = 3.67$ $p = .003$) with a very strong effect size ($d = 1.02$).'

Kitau, et al. (2016) reported that the FWB intervention positively affected, though not statistically significant, student's views towards being part of the community, satisfaction with achievements in life and life as a whole.

Kinchin et al., (2015, p.4) found positive change for participants post-intervention, reporting that 'the GEM responses on self-capacity, inner peace, strength, happiness and connectedness (questions 1–14) indicated a 17% positive change in the mean scores' and that for the AUWI 'the most satisfactory post-interventional response was provided on Future security which was estimated even higher than the national benchmark'

Lui et al. (unpublished) found evidence of FWB program impact in the FWB study conducted in China, reporting that 'All aspects of the wellbeing scores before and after the training significantly improved (all p -values < 0.001) in both rounds of data collections.' In addition, they found that the means for the leadership scores were 'highly significantly different (p -value < 0.001) before and after the training in both round of data collections.'

Tsey et al. (unpublished) found evidence of FWB program impact in the study conducted in Timor Leste, reporting 'that the differences between before and after scores for wellbeing were highly significant' and that when groups were 'compared on the basis of their before scores in wellbeing the results show significant differences in improvement in both leadership and wellbeing' after completing the FWB program.

Developing aggregated evidence of the impact of Family Wellbeing

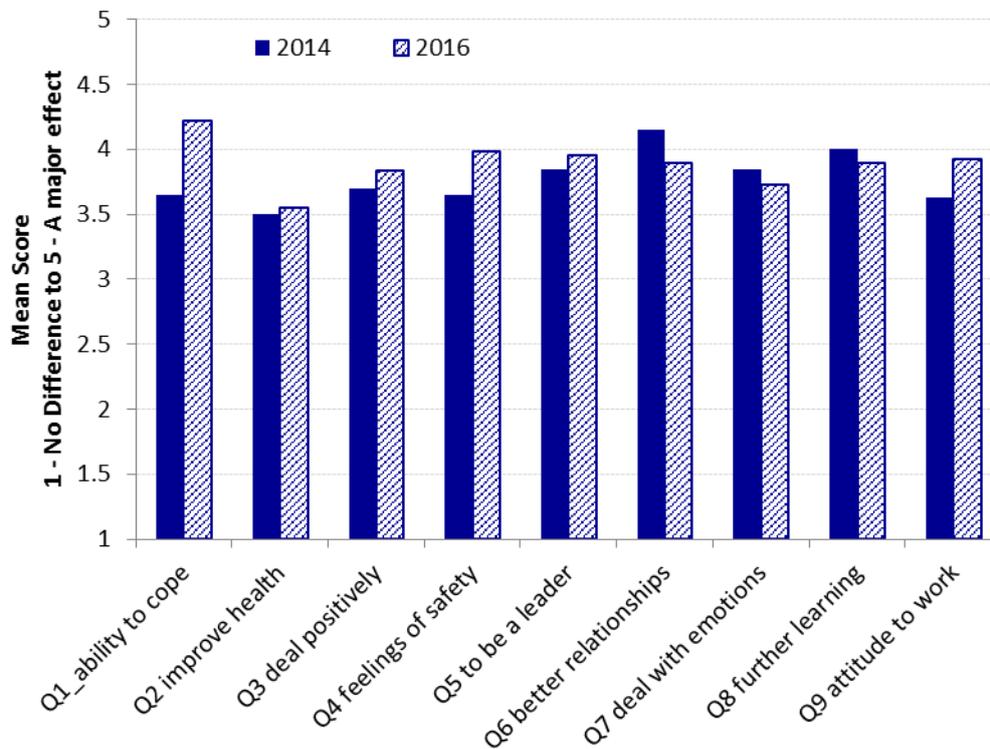
It needs to be noted that the so-called Gold Standard randomised controlled trial (RCT) cannot apply because of the ethical, conceptual and methodological difficulties involved in designing research to value-add to existing Indigenous driven services/programs. An alternative being progressed in this study involves aggregating findings from a range of applications of FWB, offering insights into the impact and effectiveness of FWB. Two case studies, based in Gosford 2014 and 2016 are reported below. This represents the beginning of a broader compilation of such studies, thus represents early reporting of current work in progress.

Both studies (30 participants initiated the first program while 88 the second) included Indigenous youth, predominantly male, participants from the Gosford region. Youth with relatively low educational levels (minimal numbers reaching year 12), with a small proportion of both groups having participants with some technical training. Pre and Post questionnaires were used to access a range of measures. As is common in such studies with this target group, not all respondents completed both questionnaires. However, initial assessments indicate no major difference between those that completed all details and these that didn't.

Both studies assessed impact through the use of the Kessler 5 measure of psychological distress in both the pre and post questionnaires, and also asked respondents for a self-assessment of the effect of the program on 9 measures at the completion of the program, including their health, capacity to deal with relationships and interest in work, between 1: no effect and 5: there was a major effect.

With regards to the 9 items, Figure 1 below shows the average scores on each item for the 2 groups,

noting that an average score of 3.5 (between 1 and 5) positions the average responses at FWB having had some effect. Note that, for example, for the second study, the proportion of respondents who indicated that “FWB had a major effect” ranged from 43.8% on their ability to cope down to 28.1% on FWB having a major effect in improving health. Thus both studies indicate a very high level of self assessment of the benefit from doing FWB with this assessment clearly differentiating between the different items – thus health is consistently low, while better relationships are consistently scored as seeing a major improvement.



Most important is the assessment of the K5, assessing psychological distress. Both assessments showed very highly significant levels of improvement in the K5. With these moving from initial means of 14.3846 and 13.2917 to final means of 10.7692 and 11.2083 respectively for 2014 ($t = 3.67$ $df = 12$ $p = .003$) and 2016 ($t = 3.943$ $df = 47$, $p < .000$) assessments, where a rating of 12-25 is rated (ABS, 2013, 4727.055.002) as high to very high. Significantly, these and other reported SEWB benefits are being used to conduct a pilot Social Return on Investment analysis of the FWB program

Thus from this initial pilot study the approach of developing aggregated evidence of the impact of FWB on groups of Indigenous youth provides a viable means through which these programs can be assessed for impact. As such a strategy through which common assessment are made is being developed to encourage a consistent reporting strategy to support broader evaluations.

The spread of Family Wellbeing

These and other research provided an evidence base for the Indigenous-developed FWB as an effective wellbeing promotion tool, thereby encouraging its uptake by frontline workers in health, child protection, education and youth work across Australia and overseas. The demand for FWB most frequently arises from grass roots needs identified by community members and industry, not researchers imposing their research on the community which has been a strength for FWB. This is demonstrated in the spread of FWB throughout Australia, and more recently internationally.

McCalman (2013) described the transfer and implementation of FWB reporting that for FWB 'transfer had occurred through an episode-by-episode response to demand; rather than through top-down dissemination by governments' providing further evidence of the uptake of this program from people who have identified the need for FWB from an individual, community or organisational perspective (McCalman 2013, p.2). McCalman (2013, p.3) described the spread and uptake of FWB as follows:

FWB has been delivered by three main training provider hubs located in South Australia, the Northern Territory, and Queensland to primary healthcare, education, and welfare organizations in at least 56 places across Australia (Figure 1) [...] From 1992 to 2011, there were at least 206 discrete program deliveries to 3,300 participants, and 91% of FWB participants were Aboriginal.

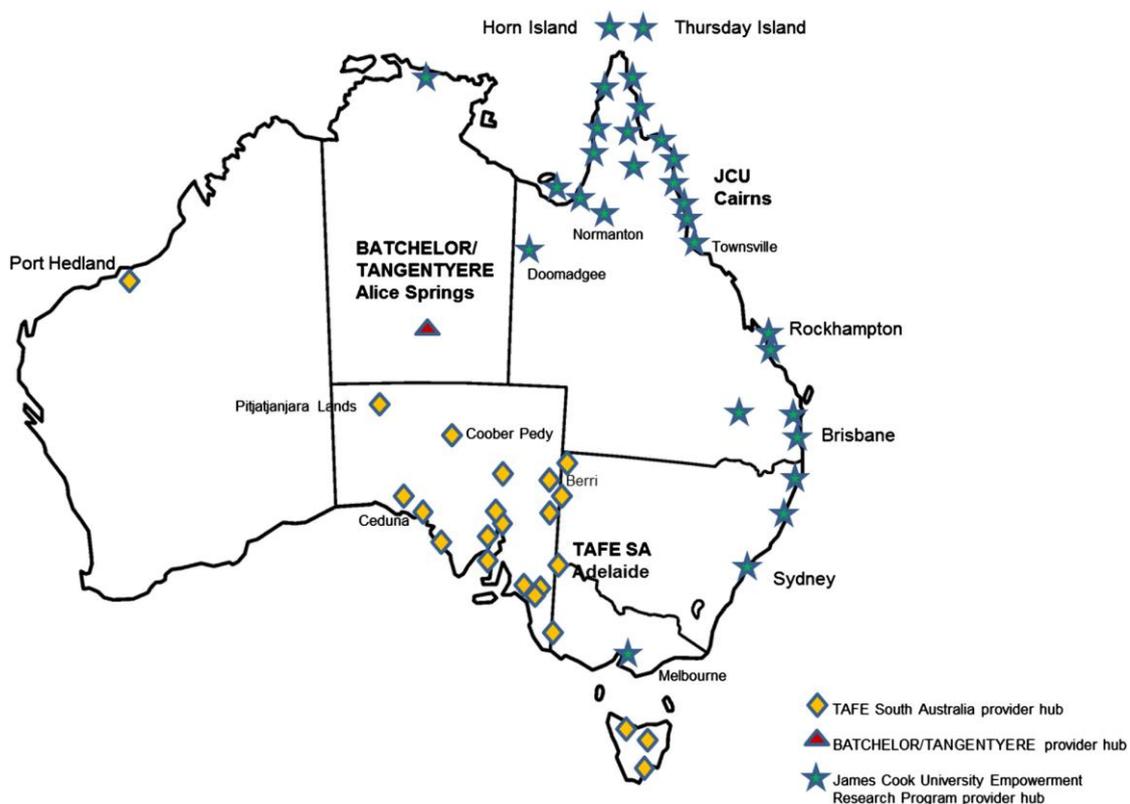


Figure 1: The geographical places in Australia within which FWB has been implemented
(McCalman, 2013, p.4)

Current uptake programs in which the JCU ERP team are involved as research and/or practice partners include:

- Social Return on Investment (SROI) analysis of FWB intervention to empower vulnerable young Indigenous men in rural NSW to participate in learning and/or work (JCU, La Trobe and Griffith),
- Workforce training for remote Indigenous child protection workers across 5 north Queensland Indigenous communities (JCU, Griffith)
- Transition support for about 500 remote Queensland Indigenous students who have to relocate to boarding schools for high school education (CQU JCU)
- FWB as domestic violence intervention in 3 NSW Indigenous communities (ANU, La Trobe, UNSW, JCU),
- Support for families affected by ice addiction in rural Victoria (La Trobe)
- PNG interpersonal violence intervention (JCU, La Trobe, CQU)
- Timor-Leste Ministry of Health as leadership training (JCU consultancy funded by Australian Embassy in Dili) and
- China as innovation and enterprise training for university students (Shenyang University visiting professorship for Professor Tsey).

Other reviews that have cited FWB as a program that works

- The Overcoming Indigenous Disadvantage (OID) Report (2016) provides updates to the Australian Parliament on progress towards overcoming Indigenous disadvantage. A FWB paper was under 'Things that work' as 'an example of a cultural healing program that has been found to increase the capacity of participants to exert greater control over their health and wellbeing' (SCRGSP, 2016, p. 314);
- Dudgeon et al. (2014, p. 4), as part of the National Closing the Gap systematic reviews, assessed evidence to identify 'culturally appropriate social and emotional wellbeing programs and services for Indigenous people' using a scale adapted from the NHMRC guidelines. The review included four FWB research papers, which rated well for evidence and were all assessed as 'strong' for the appropriateness of the program for achieving its aims for the group intended to benefit;
- In a systematic review, Day and Fransisco (2013) sought to examine the empirical evidence for effective psychosocial interventions that have improved social and emotional wellbeing for Indigenous populations. They identified 67 relevant publications; FWB was one of only eight included in their final review. The FWB research was ranked '3' out of 5 for strength of internal validity using the Maryland Scientific Methods Scale, with only three publications being ranked '4' or '5';
- A JCU Impact Report (2012) concluded that: 'Research undertaken by the Empowerment Research Program (ERP) led by Professor Komla Tsey and colleagues has had far-reaching impacts in the most complex and urgent area of social disadvantage faced by Australia and its people: the health and wellbeing of Aboriginal and Torres Strait Island people. The ERP team have shown that the Family Wellbeing Program (FWB), developed by Australian Aboriginal people, enables the participants to exert greater influence and responsibilities over the conditions affecting their health and wellbeing.'
(https://www.jcu.edu.au/_data/assets/pdf_file/0011/121025/jcu_127691.pdf).

- Arney and Chong (October 30, 2014) in an article about child neglect explain that several inquiries have recommended prevention support for Indigenous families; however, there is still minimal assistance for Indigenous children and families before problems reach crisis point. They note four programs that ‘represent a seismic shift in working with Aboriginal families and children – from a “power over” to a “power sharing” relationship’ (Arney & Chong, October 30, 2014). One of these programs is FWB which they describe as follows:

For Aboriginal parents affected by poor social and emotional wellness, including mental health problems, the Family Wellbeing Program has been used and evaluated in a number of settings and been shown to have positive outcomes for participants. It has a specific focus on empowerment and personal development of Indigenous people through sharing stories, discussing relationships and identifying goals for the future (Arney & Chong, October 30, 2014).

Challenges, Learnings and Opportunities

FWB is not something people can read about and then take up in their practice. It involves careful planning and resources to train workers in the program content, followed by training in how to facilitate the program, and then mentoring and support for organisations to integrate it into their practice and monitor and evaluate outcomes. Doing the research is one thing, supporting interested organisations to take it up and sustain it is another. The JCU-led empowerment research network have done both; and it is that combination of research and practice embedded in the communities that has enabled impactful adoption of the empowerment group’s work.

The key factors behind the success of the FWB research include: 1) a long term approach (10 years) to understanding and evaluating complex SEWB services and programs; 2) participatory action research (PAR)/Continuous Quality Improvement (CQI) approaches that seeks to create a culture of evidence based service delivery by routinely asking: what are we trying to do, why are we doing it, how important is it from the community’s point of view, whose voices are being heard and/or not being heard, who is benefiting and who is not, what are the expected benefits, what are the expected costs, is it worth the efforts?; 3) an incremental approach to building the evidence base from rich qualitative narrative approaches to pre/post quantitative designs through to our current focus on Social Return on Investment study; 4) the longevity of the research team ensuring long term mutually respectful partnerships between FWB researchers and FWB user communities and organisations (Mayo and Tsey 2009).

Based on the JCU- led empowerment network’s long track record of conducting user-driven FWB and other research with Indigenous communities, the Lowitja Institute commissioned Professor Tsey and the team to develop a research impact tool designed to guide researchers to plan, track and assess the impact of their research (Tsey et al 2016). Embedded at each step in the impact planning process is the requirement for Indigenous leadership and participation. The tool is designed in the context of Indigenous research but the basic idea that the way to achieve impactful outcomes is to start upfront with the users’ information needs is equally applicable to research in other settings.

The main limitation of the FWB research to date is that SEWB benefits are occurring at the level of a) individual program participants, and b) impact on individual organisational practice in the sense of taking up and integrating FWB into their practice. While these are important benefits, as yet we have not seen a broader population level impact which is what is needed to Close the Gap.

A key challenge has been lack of sustainable FWB delivery at the same place over a longer period in flexible ways as and when required partly due to short term ad hoc funding and partly due to the

high levels of facilitation skills required and the lack of opportunities to continuously mentor and support local facilitators due to the start, stop, start nature of FWB initiatives.

Our current business model of depending on research and other project funding to support FWB implementation and continuous quality improvement in respond to demand is not sustainable. To illustrate, between 2002 and 2016, we had to write a total of 35 FWB specific funding applications to different organisations, of which 25 were successful. In 2016, the Lowitja Institute provided seed funding over 3-years for a JCU-led consortium involving La Trobe, Griffith and Central Queensland universities to establish an Indigenous-led National Centre for FWB, bringing together training providers, user organisations and researchers to support sustainable implementation and continuous improvement of the evidence base.

Recommendations

To overcome the current inefficient funding approach to SEWB service delivery, the Queensland Government should fund a virtual state-wide Indigenous-led Centre for SEWB Innovation. This would be a game changer for Indigenous health as a virtual state-wide Indigenous-led Centre for SEWB Innovation designed to bring together Indigenous SEWB service providers, SEWB training providers and researchers could take longer term collaborative partnerships approaches to implement and evaluate SEWB programs on a sustainable basis, using Continuous Quality Improvement (CQI) and Participatory Action Research (PAR) approaches.

The proposed concept is for an Indigenous-led Queensland-wide Centre with hubs and spokes to be located within local communities, with regional and a state coordinating units. This Centre would create a culture of evidence-based service delivery by routinely asking: What are the main modifiable SEWB protective and risk factors facing place-based communities of people? What services and programs are currently available? How effective are they? How do successful SEWB wellbeing services and programs look from the point of view of communities, service providers and funders? What types of data, especially routinely available data, can communities and services use to monitor individual and community level SEWB protective and risk factors on a routine basis? Which organisations are best placed to collect and report such data and what strategies can ensure community ownerships and control of community level data? For services and programs that work, how can they be supported to be taken and implemented and evaluated on a wider scale using CQI/PAR approaches? For programs and services that are not working, how can resources be invested in alternative services and programs and systematically evaluated to see if they make a difference? For any new SEWB services and programs going into remote communities, the relevant SEWB innovation hub will create safe and supportive space for partners and stakeholders from different backgrounds to have challenging but respectful conversations regarding: what steps can be taken to ensure Indigenous leadership and participation, evidence that issue is a priority for Indigenous people compared with other priorities, evidence that the proposed strategies are based on the best available evidence at the time, evidence that the new initiative is value adding to existing services rather than duplicating other services and programs, what are the expected benefits, what are the expected costs including the costs of doing nothing, is it worth the effort?

To overcome the current inefficient funding cycles for SEWB service delivery and quality improvement, the Queensland Government should commit to 10-20 year funding for the Indigenous-led Centre for SEWB Innovation, with funding being made available in 3-year cycles with subsequent funding being dependent on achievement of agreed outcomes including evidence of improved SEWB protective factors and reduced risk factors leading to health and wellbeing gains and reduced welfare and other criminal justice costs. In the absence of resources we are unable to model the exact Social Return on Investment (SROI) of the proposed virtual Indigenous-led Centre for SEWB Innovation. Based on our extensive FWB and other related SEWB collaborative research

with Indigenous communities, both remote and urban, we expect cost savings in reduced health care, justice, child welfare, welfare dependency and gains arising from improved education and employment and other social outcomes to be high. The first step will be for the Queensland Government to fund a team to conduct a SROI analysis of a 10-year Indigenous-led Centre for SEWB Innovation in order to model the expected return over a 20 year period.

References

1. Haswell, M., Kavanagh, D., Tsey, K., Reilly, L., Cadet-James, Y., Laliberte, A., . . . Doran, C. (2010). Psychometric validation of the Growth and Empowerment Measure (GEM) applied with Indigenous Australians. *Australian and New Zealand Journal of Psychiatry*, 44, 791-799.
2. Kinchin I, Jacups S, Tsey K, & Lines, K. (2015) An empowerment intervention for Indigenous communities: an outcome assessment. *BMC Psychology* (2015) 3:29
3. Kitau, R; Kinchin, I; Whiteside, M; Hane-Nou,G, Tsey, K. (2016) Effectiveness of the uptake and implementation of an Aboriginal Australian empowerment program in the context of public health training in Papua New Guinea. *Pacific Journal of Medical Sciences*, Vol. 16, No. 2.
4. Lui, S., Whiteside, M., Yan, L., Yinghong, Y & Tsey, K. Promoting wellbeing and leadership competencies among university students in China: The feasibility of an Australian approach (draft - unpublished)
5. Mayo, K., & Tsey, K. (2009). Reflections on a community and university research collaboration. *Australasian Psychiatry*, 17, S68-S71.
6. McCalman, J., McEwan, A., Tsey, K., Blackmore, E., & Bainbridge, R. (2010). Towards social sustainability: the case of the Family Wellbeing community empowerment education program. *Journal of Social and Economic Policy*, 13.
7. McCalman, J. R. (2013). The transfer and implementation of an Aboriginal Australian wellbeing program: a grounded theory study. *Implementation Science*, 8, 1-9.
8. Tsey, K. (2008). Tackling endemic substance abuse among Indigenous Australians: the contribution of values- based family empowerment education (Part 2 of 2). *Forum on Public Policy*, 2008, 1-24.
9. Tsey, K., Lui, S., Heyeres, M. & Yan, L. Feasibility of an Australian wellbeing program in the context of leadership development training among health leaders in Timor-Leste (unpublished).
10. Whiteside, M., Klieve, H., Millgate, N., Webb, B., Gabriel, Z., McPherson, L., & Tsey, K. (2016). Connecting and strengthening young Aboriginal men: A family wellbeing pilot study. *Australian Social Work*.
11. Tsey, K., Whiteside, M., Haswell-Elkins, M., Bainbridge, R., Cadet-James, Y., & Wilson, A. (2009). Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research. *Health and Social Care in the Community*, 18, 169-179. doi: 10.1111/j.1365-2524.2009.00885.x
12. Brown, C. (2011). You get help and you give help: my role as an Aboriginal Family Wellbeing facilitator. *Aboriginal and Islander Health Worker Journal*, 35, 24-28.

13. [Tsey](#), K., Lawson, K., Kinchin, I., Bainbridge, R., [McCalman](#), J., [Watkin](#), F., Cadet-James, Y. & Rossetto, A. (2016). [Evaluating research impact: the development of a 'RESEARCH for IMPACT' TOOL](#)", *Frontiers in Public Health*, 4(Article 160). doi: 10.3389/fpubh.2016.00160.
14. Kinchin, I., Doran, C. M., McCalman, J., Jacups, S., Tsey, K., Lines, K., . . . Searles, A. (2017). Delivering an empowerment intervention to a remote Indigenous child safety workforce: Its economic cost from an agency perspective. *Evaluation and Program Planning*, 64, 85-89. doi: <https://doi.org/10.1016/j.evalprogplan.2017.05.017>
15. Brown, C. (2010). What's in it for me? My story of becoming a facilitator of an Aboriginal empowerment program *Aboriginal and Islander Health Worker Journal*, 34(5), 12-15.