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Transforming houses into homes: supporting wellbeing for Indigenous families

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Abstract

This paper presents the qualitative results from a participatory mixed methods evaluation of a regional Queensland community-based Indigenous health and wellbeing program. Binbi Meta works with families in a holistic way, including helping them reconnect with their cultural and spiritual wellbeing, their housing environments, their kinship groups, as well as their emotional and physical bodies. Many of the families in the program have experienced significant cultural disruption and dislocation. The program is founded on a model of health that emphasises cultural and spiritual reconnection. From this base, families are encouraged to make changes to their lifestyle behaviours including transforming their houses into homes that support healthier practices such as vegetable gardening and home-made meals. Four themes were identified from the analysis of six interviews with participants and six photovoice-inspired journals kept by some participants. These themes were: practical interventions; creating a safe space; bridging; and advocating. The themes reflect the way the program works in order to help heal some of the deep intergenerational wounds carried by many Indigenous Australians that contribute to them not seeking out healthcare services. By looking beyond their lifestyles to the cause of their disconnection, this program is contributing to a more resilient Indigenous community.

Introduction

Hidden among the statistics related to Aboriginal and Torres Strait Islander (respectfully identified in this paper as Indigenous Australians) health and social outcomes are stories of people. People whose lives have been impacted by a toxic combination of poor personal choices within a context of racism and marginalisation brought about by a history of dispossession and colonisation.¹ Many of these are living shattered lives having grown up in disrupted home circumstances resulting from government policies of removing children, to having their own children removed because they themselves cannot provide a healthy home environment. It is this group of people the team from Binbi Meta work with to help restore these lives and families. This paper outlines the qualitative results of a participatory mixed methods evaluation of this program. Based on a thematic analysis of six interviews with participants and six photovoice-inspired journals, four themes are identified that demonstrate the practical focus of the program, the need for a safe space to be created with participants, the bridging role the program plays within the community, and the way participants advocate for the program by being the change they are wanting in their lives. Throughout this paper

we argue it is the often unarticulated cultural and spiritual basis of the program that underpins its impact.

Background

There are hundreds of health and wellbeing programs aimed at Indigenous Australians across the country; unfortunately, few have undergone rigorous evaluation.^{2,3,4} As such, it is difficult to know with certainty what contributes towards positive outcomes in these programs. Some recurring features identified in the literature include: 1) working in partnership with community;^{5,6,7,8,9} 2) focusing on practicalities, including working within the context of the community;^{10,11,12} and 3) grounding the program in Indigenous knowledge and ways of being and doing.^{7,11,12,13} In their analysis of social and emotional wellbeing interventions, Day and Francisco¹⁴ identified core characteristics associated with effective healing. These included those that were: Indigenous owned, designed and evaluated to ensure an Indigenous worldview; holistic and multidisciplinary that focused on familial and community connectedness as well as connections to the environment and spiritual realm; and where culture was seen as positive and strengths-based that recognised and promoted resiliency.

The Binbi Meta program meets all of these core characteristics. It was originally devised by two Torres Strait Islander Elders who used their own experiences of dramatically changing their lifestyles. The focus is on kinship groups and working with families to help them reconnect to their cultural and spiritual foundations whilst also addressing physical, environmental and social needs. As such, it takes the view that culture and spirit is the basis of healing and wellbeing. The program has undergone a number of iterations as these Elders have worked with different groups across Queensland. The current iteration in Central Queensland consists of working intensely with families for three months, with follow-up visits and support continuing on an as-needed basis.

Although the program has been undertaken by families with a range of needs, many of those currently working with Binbi Meta have complex needs: histories of domestic and family violence; fractured and dysfunctional families; child custody issues; drug and alcohol misuse; and mental health issues. When they start with the program, many are living in unkempt homes with few facilities. The participants who agreed to be a part of the evaluation reported here come from this cohort. As such, they are not representative of the broader Indigenous Australian population, but reflect that hard-to-reach group who sometimes under-utilise health services.

Method

This evaluation used a participatory approach. This included an academic researcher collaborating with the two Elders in the program, other program staff, and a representative from the funding body. All decisions and meaning-making from the findings were undertaken by this co-researcher group¹⁵, although the data collection and analysis was undertaken primarily by the academic researcher. The overall aim of the evaluation was to develop the documentation within the program and to capture perspectives of participants. The qualitative aspect of the mixed methods evaluation, reported here, related to the latter aspect and was guided by narrative inquiry. Narrative inquiry emphasises the stories people tell about their lives and experiences and draws upon a range of theoretical frameworks to discern meaning both for those whose stories are told and for the broader society.¹⁶ In this evaluation, critical theory provided that theoretical basis as this helped to focus the analysis on relationships and inequity, including the role of social determinants of health.^{16,17}

After ethical clearance was obtained (CQUniversity HREC 21226), using purposive sampling, six women who have participated in the program were interviewed face-to-face. Interviews were digitally recorded and transcribed verbatim. Each interview was between 15 and 30 minutes. In addition, six women kept journals that included anecdotes and photographs, broadly inspired by photovoice.¹⁸ Photovoice provides an avenue of contributing to research data for those who may feel uncomfortable with more verbal and written methods. It allows people to take photographs of aspects of interest to their lives and to comment on these. Four of the women who were interviewed also kept journals. The data were thematically analysed based on process and concept coding.¹⁹ All participants were women aged between 20 and 35 years. Pseudonyms are used throughout this paper to protect their identities.

Findings

Four themes were identified from the data: practical interventions; creating safe spaces; bridging; and advocating. While there are some overlaps between the themes, each will be explored separately here, including the sub-themes used to develop the theme and the meaning-making derived through reflecting on the themes and relevant literature.

Practical interventions

The first theme illustrates the more visible aspect of the program, with sub-themes of housework, gardening and cooking. Indeed, these aspects are often captured in photographs in the journals: before and after photographs of house yards, cleaning walls and cooking meals. Key to this theme is the way the program team work **with** participants to help them establish more liveable houses. For example, the first thing the team does is clean the house:

They came to my house. They did not judge me. They knew I needed help. They worked as a team to help clean my house, to maintain my yard (Rianna).

Once the yard is cleared, participants are helped to establish vegetable or flower gardens.

I never knew a thing about gardening until, yeah, until I got involved with Binbi Meta. Now I've got my own veggie garden. I've got tomatoes and chillies. I did have lettuce but I plucked them out. They were lovely. It's yeah, and they've done the garden for me out the front. Like I'm learning how to maintenance (sic) because I didn't know anything about gardens, so I'm slowly learning how to maintenance gardening and keep it going (Elanora).

Many participants do not know how to cook and have no kitchenware:

I didn't even know how to cook and that, you know? Like healthy meals and that for the kids, I just usually just put noodles or something. It wasn't really cooking meals (Talia).

They got some pots and pans for me because when they first met me and when I first met them, I had nothing in my kitchen. I had nothing whatsoever (Tarni).

Thus, the Binbi Meta team shows participants how to cook simple, nutritious meals, and in some cases, helps them learn how to shop for ingredients.

There two key implications associated with this focus on practical interventions. The first relates to the recognition one's domestic living environment is an essential foundation for health; that it is impossible to expect healthy lifestyle behaviours are taken up when one's domestic environment does not encourage or allow for home cooking.¹ The second implication relates to the way the Elders work with participants and act as role models.¹ Thus, the program is practical and relevant but also

looks towards sustainable changes in the lives of participants.¹² In order to do this, the program is grounded in cultural and spiritual ways that create safe spaces for participants. It is this aspect that is explored in the next theme.

Creating safe spaces

This theme is made up of four sub-themes: avenue for yarning; acceptance and non-judgement; social support; and space for healing. These sub-themes reflect cultural ways of being and doing and are essential for creating the trust that is so necessary between the [program] team and participants. Importantly, the practical activities provide an avenue for yarning:

I found them very comfortable to talk to, because I don't trust much people or organisations. I find it comfortable talking to my own people, you know? (Kirra)

This allows a relationship to be built with participants that resembles more a family than client-service provider:

They never have judged me. They say, "all right baby, we're coming, that what we're here for". It's not just a program, it's family for me (Rianna).

Furthermore, the Binbi Meta team actively work to bring participants together so they can support each other.

I was really in a shell, but when I met Aunty and Uncle, they brung (sic) us along here and met new people and other families. I don't think I'd ever met anybody that goes in the same situation as me just yet (Marlee).

This aspect of realising they are not the only one's experiencing their life circumstances helps participants heal.

When they signed me up, Aunty and Uncle, they was talking to me and they shared a bit of their story and that touched my heart because I sort of relate to some of their stories and that sort of lifted me up after talking to them. That gave me the confidence to live a healthy lifestyle and keep focus (Kirra).

There is increasing recognition that effective programs are grounded in Indigenous ways of being, knowing and doing.^{7,11,13} Even for those participants who have experienced considerable cultural disruption throughout their lives, as most of the participants in this evaluation, they respond positively to approaches that focus on strengthening culture and spiritual wellbeing through stories, yarning and relationship-building. Relationships are further explored in the next theme.

Bridging

This third theme relates to how the program helps participants mediate other services such as child safety and health services, encourages outreach through others and achieve broader outcomes such as family reunification or getting a job; that is, the program fosters bridging relationships.

To be supported throughout this program from having my children placed in child safety care to getting ready for reunification has me more motivated to having a clean environment for my children, to see them watch me fall to standing tall (Rianna).

Binbi Meta encourages kinship groups to join the program and uses established family relationships to reach out to others: cousins, siblings, friends of family. This approach is important for those participants who have made conscious decisions to restrict the relationships they have with many

members of their family because of the negative effects of these relationships. Waterworth et al.²⁰ note that while bonding relationships are important for providing positive social support, and have traditionally formed the basis of Indigenous Australian's social support, when people choose to withdraw from these bonded relationship circles, there is often an absence of bridging relationships. Thus, a program such as Binbi Meta provides an avenue for developing connection and a sense of belonging beyond that associated with bonded family relationships. Others will often join when they see the impact the program has on participants' lives, as explored in the final theme.

Advocating

This final theme is comprised of two sub-themes: encouraging others to join; and being the change. As participants start to experience positive changes in their lives, they want to share these with others:

This program has sort of encouraged me wanting to help my people as well too, yeah and explain to others about this program, how it's helping me, you know? (Kirra).

The changes are noticeable by family—*'They say I'm healthier, more happier'* (Elanora)—and are turning the lives of participants around:

I've been clear of marijuana now for a very long time, close to at least nine to ten months. I couldn't be more proud of myself. Alcohol, more than close to a year (Rianna).

While a number of programs report changes in health behaviours and outcomes, such as reductions in weight and blood pressure, and increased walking^{8,10}, McCalman et al.¹¹ suggests that families who take responsibility for their own health choices also advocate for community change. This change does not happen quickly; rather at the pace of one family at a time. Yet, if these changes are sustainable, then ever so slowly communities will become healthier.

Limitations

The interviews were undertaken by a white, middle-class woman who was unknown to participants. It is likely this influenced the level of personal disclosure. While participants were willing to espouse the benefits of the program, they were less willing to explore their personal health habits, especially prior to joining the program. This is understood to be related to feelings of shame¹¹ and as such, the boundaries placed by participants around this information were respected by the researcher. Discussion with the co-researcher group suggests participants were more willing to share personal stories with the Elders through the yarning process outlined in the findings. Future evaluations of the program should therefore consider having an Indigenous Australian undertake interviews.

Discussion and conclusion

Healthy lifestyle behaviours such as avoiding or minimising drugs and alcohol, eating home-cooked meals, and gardening are usually considered as individual choices. Yet, as has been increasingly recognised through understanding the social and environmental determinants of health, such choices must be considered within their social-historical contexts.²¹ For the women who participated in this evaluation, their life circumstances had contributed enormously to poor health choices. Thus, in order for these women to live healthier lives, they needed to also alter their life circumstances, including their home environment. With the help from the Binbi Meta team, these women cleaned up their homes and yards, learnt to grow vegetables and cook healthy meals. In addition, they were supported to do the necessary cultural, emotional and spiritual work to bring healing from the inside. This process has allowed them to transform their houses into homes; sanctuaries that

nurture and support healthier lifestyles for them and their families. From this basis, these participants are able to reach out to others and other services that is allowing them to become more connected within their communities in a way that expands their bridging social relationships and reduces their social and emotional reliance on less supportive family relationships.

This process is ongoing. Indeed, there can be no quick fixes as participants will continue to live with the legacies of their past. However, as each gradually makes healthier changes in their lifestyles and living arrangements, they create a ripple effect—family by family—that opens up a potential to gradually change communities to be healthier and more resilient.

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Presenter

Wendy Madsen is a health promotion academic who has evaluated several community-based programs, including working in partnership with NGOs. She speaker has over twenty years of historical and qualitative research experience using narrative inquiry, arts-based, oral history, case study and archival methods and analyses. She has over 50 national and international book chapters and peer reviewed journal articles published, and has written two community books. She currently coordinates a bachelor to masters suite of public health courses, and teaches or has taught at undergraduate and postgraduate levels. She has successfully supervised several research higher degree students in a variety of discipline areas, including nursing, social work, psychology and fire and emergency management education. Wendy has lived and worked in regional Queensland for the past 30 years and is passionate about building community resilience through working with communities and local organisations.