Closing the gap between rhetoric and practice in strengths-based approaches to Indigenous public health: a qualitative study

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Abstract

Objective: To understand strengths-based practice as articulated by urban Indigenous community workers and to consider its application for public health approaches to Australian Indigenous health advancement.

Methods: Semi-structured interviews with community workers from an urban Indigenous community. Interviews were video and audio recorded and transcribed verbatim. Data were analysed using thematic analysis, using an Indigenist research framework.

Results: For our participants (11 Indigenous and one non-Indigenous), a strengths-based approach was fundamental to their practice. This approach reconfigured the usual relationship of client and service provider to fellow community member. They understood the strength of Indigeneity that empowers individuals and communities. They were not blinkered to the challenges in the community but resisted defining themselves, their community or their community practice by these deficits.

Conclusions: Our participants had a sophisticated experiential understanding that a strengths-based practice is not simply a 'culturally acceptable' way for non-Indigenous peoples to work for Indigenous peoples, but rather it is the only way of working with Indigenous people.

Implications for public health: Strengths-based practice requires a reconfiguring of relationships of power, of attending to structure over stereotypes, and privileging Indigenous ways of knowing, being and doing. This reconfiguration is an ethical prerequisite for an approach that is genuinely strengths-based.

Key words: Aboriginal and Torres Strait Islander health, strengths-based practice, community development

At the turn of the 21st century, Aboriginal and Torres Strait Islander (hereafter, respectfully, Indigenous) affairs shifted away from 'self-determination' to a supposed pragmatic problem-solving approach underpinned by a sense of urgency to bring Indigenous peoples' quality of life into line with that of non-Indigenous people.[1] The Howard Government's 'practical reconciliation' and the 'Northern Territory Emergency Response', followed by the Rudd Government's 'Closing the Gap' and 'Stronger Solutions', all claimed to be concerned with ameliorating differences between Indigenous and non-Indigenous peoples, centring efforts around monitoring and measuring disparities in health and socioeconomic status. In the resulting public health discourse, this has manifested as an oft-used convention of beginning reports about Indigenous health with a recent epidemiological portrait, thus creating a visual metaphor of Aboriginal and Torres Strait Islander peoples as a problem to be solved.[2]

It is within this broader climate that calls for strengths-based approaches to Indigenous affairs first started being made in the early 2000s, particularly within the fields of public health, health promotion, education, and family and child support.[3-6] These calls came largely from Indigenous peoples who drew upon individual and/or community strengths to remedy the disparity, rather than focusing attention on the disparity through the portraits of deficit or despair. These early enunciations of strengths-based approaches offered a way of speaking back against the 'deficit discourse' and the racialising practices that simultaneously produced and rationalised the disadvantage experienced by Indigenous peoples. They were not about avoiding problems or romanticising Indigenous peoples and communities; rather, they attempted to disentangle the problems that Indigenous peoples experienced from the notion that Indigenous peoples were the problem.[7,8]

Over the past two decades, taking a 'strengths-based approach' has become

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an almost taken-for-granted feature of Indigenous health discourse, resulting in an 'epidemic' of strengths-based rhetoric. Attempting to quantify this epidemic, Google Scholar was searched using the search terms 'strengths-based', 'Indigenous' and 'Australia': fewer than 20 papers were identified from the 1990s, about 770 from the 2000s, and more than 4,500 from the current decade. A 2018 review of the international literature surrounding strengths-based approaches in Indigenous health over the past two decades found that, despite its uptake, the conceptual base was ill-defined[9] with no apparent uniform approach. Nevertheless, across the varying domains in which strengths-based approaches were said to have been applied (research, health promotion and/or service delivery), it was deemed to have rendered such practices "culturally acceptable", "holistic", "decolonising", "empowering" and "protective".[9] Irrespective of the approach or its purpose, 'strengths-based' was most frequently articulated as favourable to Indigenous peoples, despite many of the examples used appearing to ignore the disproportionate social, political and economic disadvantage experienced by them, focusing instead upon a specific health issue, illness or behaviour.[9] A limitation here is that the risk of romanticising Indigenous peoples and communities has been quickly surpassed by the risk of valorising a raft of practices, policies and programs that were being visited upon them, which we know will have limited effect in changing the lives and life outcomes for Indigenous peoples.

Some two decades ago, authors Brough, Bond and Hunt[3] privileged Indigenous articulations of strength as part of the 'Strong in the City' project (a health promotion initiative working with four urban Indigenous communities in south-east Queensland), heralding the call for a strengths-based Indigenous health promotion agenda. While the concept of a strengths-based approach has had traction, there is an intriguing absence of Indigenous conceptualisations of strengths-based approaches within this emergent literature, despite its Indigenous origins and application. We witness, even in the production of strengths-based discourse, Indigenous peoples being positioned as objects to be known, rather than "sovereign subjects"[10] resulting in the appropriation of a concept that was previously their preserve. The prevailing idea is that these practices were simply awaiting the imprimatur of white researchers. It is thus fitting that we return to one of the 'Strong in the City' sites, Inala, on the traditional country of the Yuggera people, to return our gaze to Indigenous conceptualisations of a strengths-based approach and [re]consider its application for a public health committed to closing the gap in health outcomes for Indigenous peoples.

Our interest in strengths-based practice was an ancillary outcome of a Lowitja Institute-funded research project that aimed to examine Indigenous masculinity in Inala, via a community-led coming of age ceremony, the 'Rite of Passage Ball'. The research was undertaken in partnership with an Indigenous community development organisation, Inala Wangarra, that conceived of and coordinates the ceremony alongside a raft of other community cultural programs. Inala Wangarra defines itself as a strengths-based organisation, rather than an organisation that takes a strengths-based service delivery approach to a community, which is typically defined by others through lack, needs and social ills.[11] Through this relationship with the organisation, its staff and those they collaborated with in the community, we aimed to understand their framework of strengths-based practice (theory), and also the embodied manner – the way of being of those habituated to operating on the basis of a strengths-based approach (disposition). We considered how Indigenous knowledges about strengths-based practice might be brought to bear in the knowledge-production processes of Indigenous public health advancement in a policy context that centres Indigenous deficits and disparities.

Methods

Study design

Semi-structured interviews were conducted with a purposive sample of practitioners working in Indigenous health. Here, our use of 'health practitioners' is informed by the Aboriginal definition of health, which refers to the social, emotional and cultural wellbeing of the whole community.[12]

Recruitment

Participants included staff of our community partner organisation and other key informants identified through a snowball sampling technique, which is particularly effective when researching social networks.[13] Our sampling framework aimed for maximum variation of ages, gender and roles to understand the diverse ways that each participant's practice was informed by individual and community strengths.

Data collection and analysis

Two investigators conducted the interviews, which were video and audio recorded. Participants were asked to define strengths-based practice and to explain how this approach informed their practice. Two vodcasts were developed from the video recordings, one focused on the 'Rites of Passage Ball'[14] and the second on urban Indigenous masculinity.[15] The audio-recordings were transcribed verbatim. Participants' deliberations on defining 'strengths-based practice' and reflections on how they operationalised a strengths-based approach in their daily work were extracted from the transcripts for the analysis reported here.

Our analysis, guided by Martin's theoretical framework for undertaking Indigenist research, considered strengths-based approaches not as a method or typology, but as a distinct way of knowing, being and doing.[16] Martin's framework is informed by an Aboriginal ontology and the interrelatedness of how Aboriginal people are "able to show (Do), respectfully and rightfully (Being) what we know (Knowing)".[16(p210)] Transcripts were read and re-read by the authors and coded against Martin's theoretical framework. Emergent themes and divergent views were discussed at research team meetings. Transcripts were re-reviewed frequently during the analysis to ensure that our interpretation remained true to our interviewees' understandings and conceptualisations of strengths-based approaches.

Ethics and Aboriginal and Torres Strait Islander community approval

This research partnership was approved by the Board of Inala Wangarra, and updates were provided to the Board at key points throughout the study. The Inala Community Jury for Aboriginal and Torres Strait Islander Health Research (a group of Aboriginal and Torres Strait Islander people from the Inala community) provided community approval for the research to progress.[17] Ethics approval was granted by the University of Queensland (Approval Number 2018000869). All participants provided written informed consent.

Results

Participants

Twelve community workers were interviewed; seven were female, all but one were Indigenous persons and 10 identified as members of the Inala Indigenous community. Participants were research officers, former teacher aides, Aboriginal health workers, general community development workers, arts practitioners and program leaders.

A Way of Being: The practitioner and the everyday practice of starting at strength

Participants did not consider strengths-based approaches to be new or novel, rather it provided the foundation and framework from which people and programs operated every day and, typically, as an assumed, taken-for-granted "common sense" practice. As such, participants had difficulty articulating a strengths-based approach as a method. For them, it was the only way of working within an Indigenous community and they were taken aback by the prospect of doing things any other way, making comments like: "well how else do you do it?" It was not that they were blinkered to the challenges in the community, but they resisted defining themselves, their community or their community practice by these deficits. As one practitioner stated:

> *Strengths-based approach is just looking from a positive way at a person or a community and identifying what all the strengths are that person has or that community has and building on that …*

This stance of 'looking from a positive way' is not merely a matter of inversion – for example, stating that (100 – χ)% of a community do *not* smoke instead of stating that χ% smoke. Looking in this positive way means beginning with and looking from the vantage of the community's strengths and assets. The following illustration is instructive:

> *So, look, growing up in Inala, obviously looking up to the older males, a lot of them loved hitting the gym … we all looked up to these blokes because they were hitting the gym and they were looking fit, you know, they were … now them guys have gone on, they've struggled at a point in their life now, and me, as a health worker, you know, went out there and, and got to notice that these, you know, these Indigenous lads from Inala were still wanting to hit the gym, so we collaborated with other organisations in Inala and we joined up with the Inala PCYC and from there we've did a – we started a three-month gym program – that's been going on for five years now – and the positives out of that is, is majority of the fellas have gone on now to get jobs and they're still hitting the gym, they're still hitting the gym today.*

A Way of Doing: Strengths-based approaches as a relational practice

For our participants, a strengths-based approach was defined as a relational practice, which reconfigured the usual relationship of client and service provider, to fellow community member. Fundamental was the centring of people, rather than projects, policies, programs or careers, particularly the relationships between people. As one interviewee pointed out: "See when I think of having a strengths-based approach it's about people".

Participants spoke, not of doing programs the right way, but instead of the importance of being in relationship with the community in a meaningful way. A strengths-based approach required a relinquishment of the power imbalance implicit in the client/service provider relationships. As one participant stated, "we just need you to stand beside us, that's all", while another insisted that practitioners need to "be prepared to fall in love with this community".

This task was easy enough for the practitioners we spoke with because most were community members themselves, which entails a sociality or manner of relating to others that remains at play even when the interaction is based around one being a service provider and the other a user of those services. Being in a service provision role did not change the equality of the relationships. This relational practice meant that the community members were architects of the programs for which they were meant to be participants and consequently engagement in such programs was not a difficult task, despite this population often being framed as 'hard to reach'. Participants did not need "carrots or sticks" to foster engagement, with one stating "I get the engagement because it's not me making the program". Participants also did not refer to asset mapping exercises to discover strengths as if these strengths were physical artefacts that could be 'discovered', catalogued and cross-referenced; their intimate connections to the community meant they knew how strong the community was, and this was the motivator for working within the community:

> *I love Inala because growing up in Inala we had … […] … a lot of elders that we looked up to and they volunteered their time to take us out and you know to keep us out of trouble … yeah, I just want to give back to my community like what they've done in the past … and they would … take us on camps, take us swimming, cultural camps, make sure that we got home we were fed, you know, so I just – being from the Inala community there's so much love and respect and you know, that's what I want to give back to my community that was given to me growing up as a child …*

Ways of Knowing: Resistance against racialising practices

A strengths-based approach as a Way of Doing and Being was underpinned by a particular Way of Knowing Indigeneity. It was a means by which Indigenous people could assert their humanity, in order to be seen as "real people, not just clients … [but] human beings". Similarly, this discourse can illuminate the strengths and beauty of Indigenous communities, "if you get past all the [negative] perceptions of what people said about the place". Much more than a matter of a choice between good or bad stories or stereotypes, a strengths-based approach was a conscious emancipatory practice, which rejected laying blame upon Indigenous peoples for the structural conditions that impinged upon their everyday lives.

The practitioners we interviewed knew, and were proud of, the strength of Indigeneity that empowers individuals and communities. For them, it was not a new way of thinking, but a continuance of a long-held tradition and belief "that being Aboriginal was something fantastic". All informants had experiential knowledge of the structural conditions that perpetuate health and social inequalities and were aware that these would not be addressed by binary constructions of deficit- or strengths-based approaches to Indigenous health discourse. For instance, one participant proclaimed: "they need it [strengths-based approach] because we've got nothing in Inala", while another observed: "it's not about behaving our way out of the structural conditions that we experience".

Discussion

The health practitioners we interviewed had a sophisticated experiential understanding of strengths-based practice, a conceptualisation that is strangely divorced from the existing literature. Their understanding demonstrates that a strengths-based approach is not simply a 'culturally acceptable' way for non-Indigenous people to work for Indigenous peoples, but rather it is the only way of working with Indigenous peoples. A strengths-based approach in Indigenous health demands a radical rethink of Indigenous peoples, communities and capabilities to enable this different way of working *with*. Within health, we typically learn 'about' Indigenous peoples and therefore miss out on the opportunity to become with – to be in relationship with and thereby learn with and from – acquiring in the process a different disposition or way of being.

Both the theory and disposition of strengths-based practice articulated by participants contrasts with the dominant representations of this approach in the extant literature where, for example, it is talked about as part of a 'new mainstream' of social work practice, which grew out of a critique of the deficit-based medical model.[18] However, the strengths-based framework has become overly enmeshed with a conception of strength reduced to resilience. There's a deep conservatism in this conception where resistance to oppression is erased and replaced with resilience in the face of oppression. Perpetuation of the 'deficit discourse' has political significance as a core means of preserving the colonial project and reproducing inequality.[19] Indeed, Macoun notes: "the problematisation of Aboriginality is a colonial practice, relying on an implied opposition between a problematized Aboriginality and an idealised 'civilised' settler order".[20] Strengths-based practice that resists oppression, as eloquently expressed by the health practitioners in this study, gives voice, insight and political power.[21] This is entirely different to a paternalistic desire to remind the oppressed to 'stay strong' or a means to camouflage deficit-based practices with a gloss of strengths-based language.

In learning from Indigenous peoples about strengths-based approaches, we are reminded of the complicity of public health in telling Indigenous peoples to be stronger via individual behaviourist health promotion, while insisting that they are incapable of health via epidemiological portraits of disease and deviance. The complicity of public health in the colonial practice of control over Indigenous peoples cannot be underestimated, despite its disciplinary claims of distance, whether via monitoring illnesses or paternalistically lecturing Indigenous peoples about illness-producing behaviours. Through these practices, public health reproduces the very knowledge and relationships that render the strengths in Indigenous peoples and communities invisible, not simply to itself, but to policy makers, thus becoming ever more present in the oppression of Indigenous peoples.

Conclusion

The challenge for public health is not how to better perform statistical stocktakes of Indigenous bodies and populations, but rather how it might bridge the knowledge gap between strengths-based rhetoric and practice in order to better meet its claimed goal of closing the health gap between Indigenous and non-Indigenous populations. Public health is largely new to the concepts and workings of decolonising practice; therefore, there are real questions as to whether public health has the capacity to adopt strengths-based practice as a common sense, everyday approach to Indigenous health. Having encountered an Indigenous community operating in a context of clear need while determinedly operating from strength should offer some hope for public health. Like Pholi,[22] we too suggest that rather than relinquish its role in measuring gaps and performance, perhaps public health instead could "measure and monitor progress in the delivery of power and control over the Indigenous affairs agenda into the hands of Indigenous Australians".[22(p11)] Pholi acknowledges that this might be "more difficult to capture than the biomedical and socioeconomic indicators we currently rely upon", yet points out that it is this change in relationship that will "bridge the gulf that continues to divide us".[22(p11)]

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