



Economic evaluation of the Family Wellbeing program – Early findings in Yarrabah

Gurriny Yealamucka Health Service

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Acknowledgement

Deloitte Access Economics acknowledge the traditional owners of the land on which we meet, and their continuous connection to the land and community. We pay respect to them and their culture, and the Elders past, present and future.

The development of the impact framework used in this analysis has been co-designed through input from stakeholders in Yarrabah including Gurriny Yealamucka and Wugu Nyambil, alongside Family Wellbeing program stakeholders from James Cook University and the Australian National University, the Yarrabah Leaders Forum, the Lowitja Institute, and the National Centre for Family Wellbeing. Deloitte Access Economics would like to extend appreciation to those who participated in workshops and provided insight into shaping the framework.

Executive Summary

Economic, social and cultural impacts of
the Family Wellbeing program

An introduction to Family Wellbeing

About the Family Wellbeing

The Family Wellbeing program is an Aboriginal empowerment training program designed to **enhance participants' personal development, wellbeing and quality of life**. The program aims to empower participants with the knowledge and understanding to assume greater control over the conditions affecting their lives, and improve their personal, family, and community wellbeing.

Family Wellbeing is designed by, as well as for, Aboriginal and Torres Strait Islander peoples, and is based on Indigenous principles of health and wellbeing, as well as recognition of the trauma and impacts associated with the legacy of colonisation. These elements have been credited with the success of Family Wellbeing, both in terms of its reach and uptake, and the benefits for individuals and communities involved. However, the program is adaptable and has also been applied to non-Indigenous groups in Australia and internationally. To date, Family Wellbeing has been implemented in over 60 locations in Australia, as well as several locations overseas, to over 5,000 participants.

Previous studies of Family Wellbeing

Following close to 30 years of delivery in Australia, there is a large body of largely qualitative research supporting the benefits of Family Wellbeing for both individual participants, as well as the broader communities in which the program has been implemented.

Family Wellbeing employs a high degree of differentiation and localisation in its application. While this flexibility benefits local areas and participants, the fragmented nature of Family Wellbeing means that it can be difficult to evaluate with precision the distinct impact of the program in a way that enables the findings to be generalised. Existing research is localised in specific communities and areas, which have their own priority outcomes from the program. Longitudinal studies of the program are rare and localised.

This report is informed by new research by Williamson et al (2022) from the Australian National University (ANU), examining the impact of exposure to Family Wellbeing across several health and empowerment outcome areas including personal control, general health and community empowerment. The analysis is based on national data collected through the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing (n=9,843).

The analysis concludes that there are **strong associations between Family Wellbeing exposure and empowerment outcomes at the family and community level**, alongside some individual level outcomes such as improved health behaviours and risk factors. This points to the importance of prioritising community and cultural indicators in understanding wellbeing and empowerment outcomes for Aboriginal and Torres Strait Islander peoples.

“*The Stolen Generations have meant the next generation have not learnt about family connection... when the children were taken away love was taken away... they stole love out of a traditional family structure and connections were broken and then no one knew how to do that family stuff.*”

Community Member

“*There are no ready-made templates for dealing with issues such as dispossession, exclusion, racism, and discrimination, so the creators of Family Wellbeing sought to give people skills that would empower them to self-reflect, problem-solve, and take greater control of their situation, no matter how difficult or challenging this was.*”

Whiteside et al (2017)

Economic evaluation approach

Scope of this report

The purpose of this economic evaluation of the Family Wellbeing program is to:

- illustrate the value, in monetary terms, of the **economic, cultural and social outcomes** generated by the Family Wellbeing program
- provide an **estimate of the total value of the program** (including long term benefits) and how this relates to program investment
- assess the **'value for money' outcomes** of the program, providing insights into where the program may be more or less effective and supporting continual improvement.

Summary of approach

Deloitte Access Economics worked with Family Wellbeing stakeholders to co-design an impact framework that seeks to articulate – through qualitative and quantitative means – the empowerment impacts of Family Wellbeing for Aboriginal and Torres Strait Islander participants. The framework considers the benefits for participants in the program, as well as their families, and the broader community. The social impacts framework for Family Wellbeing is summarised in Figure i.

To understand the value, in monetary terms, of the outcomes supported by the program, this evaluation adopts **Social Return on Investment (SROI) analysis**. SROI analysis is an economic evaluation approach which compares the cost of a program or intervention with its estimated social impact. The social impacts of Family Wellbeing are estimated for the **example region of Yarrabah**, a rural Aboriginal community in North Queensland which has taken part in the implementation of Family Wellbeing between 2001 and 2021.

Analysis of these findings was supplemented with findings from a targeted literature review to verify evidence supporting the social impacts of Family Wellbeing. No primary data was collected from Family Wellbeing participants for the purpose of this analysis. Impacts were monetised based on existing data, or quantified or qualified based on existing research on the impacts of Family Wellbeing.

Figure i: Summary of Family Wellbeing impacts

Impacts for health, wellbeing and culture

- Improved sense of cultural wellbeing
- Improved sense of life satisfaction
- Reduced prevalence of chronic disease
- Improved financial wellbeing
- Reduced prevalence of suicide

Impacts for education and employment

- Improved education outcomes
- Improved employment outcomes

Impacts for families and connectedness

- Improved sense of healing
- Improved sense of family wellbeing
- Reduced number of children and adults in justice system in the community

Impacts for self-determination and empowerment

- Increased sense of empowerment
- Greater sense of self-determination in service delivery in communities
- Greater self-determination in research and defining indicators of community wellbeing

Key findings

Overview of findings

The targeted literature review identified a range of qualitative and quantifiable impacts resulting from participation in Family Wellbeing. Given the strength of associations between Family Wellbeing and **family- and community-level empowerment outcomes**, these findings highlight that prioritising community and cultural indicators of empowerment for Aboriginal and Torres Strait Islander peoples is key to articulating the full impacts of the program.



Impacts in health, wellbeing and culture

- Exposure to Family Wellbeing results in a **74% increase in self-reported cultural wellbeing**, but no significant change in reported life satisfaction. This may point to the relevance of an Opposing Outcomes Model.
- Exposure to Family Wellbeing is associated with **improved health behaviours and risk factors** for individual participants – including positive precursory health outcomes such as quitting alcohol, stopping smoking, and regular exercise.
- There is evidence that Family Wellbeing has contributed to the **reduced prevalence of suicide in Yarrabah** since 2001.



Impacts in education and employment

- Exposure to Family Wellbeing is associated with **improved educational attainment**, where participation leads participants to **reengage with formal education**.
- Family Wellbeing facilitators report witnessing changes in participants' **preparedness and motivation for work**, alongside improved confidence in seeking longer term or more highly skilled positions.
- Facilitators can help participants to **navigate options** in education and employment.
- Some participants go on to be employed as program facilitators, or are **employed in further research** on Family Wellbeing within higher education institutions.



Impacts for families and connectedness

- Family Wellbeing supports **healing** and empowers participants to improve reconciliation within **family and cross-cultural** relationships.
- Participation in Family Wellbeing results in a **13% increase in self-reported family functionality** for participants.
- Participants report a major improvement in dealing with emotions. Participation in Family Wellbeing may also be a preventative measure for **domestic and family violence**.
- The program can act as a whole of community preventative approach to youth and adult **incarceration**.



Impacts for self-determination and empowerment

- Participation in Family Wellbeing results in an increased sense of community-level empowerment, including a **21% increase in higher levels of local decision-making** by Aboriginal and Torres Strait Islander people.
- There is limited evidence for an association between exposure to Family Wellbeing and **personal empowerment outcomes**. This may reflect an Opposing Outcomes Model, where exposure enables participants to **better identify structural barriers** impacting their life and community.
- Family Wellbeing contributes to **self-determination in health and empowerment research** for Aboriginal and Torres Strait Islander people.

Key findings

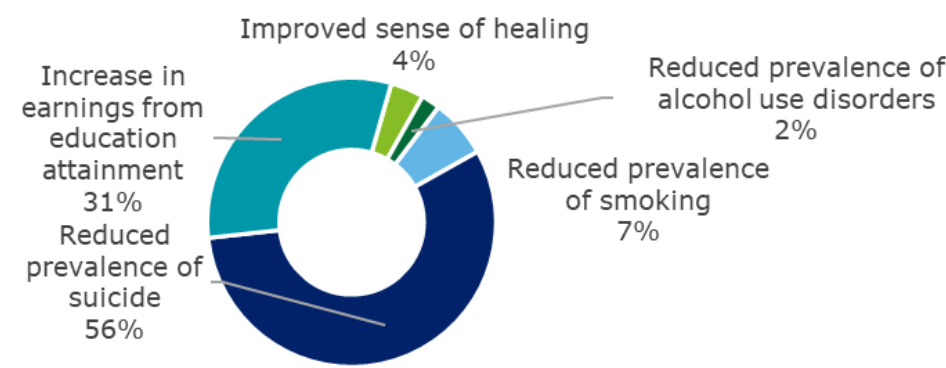
To illustrate the value, in monetary terms, of the Family Wellbeing program, impacts identified in Figure i were monetised through SROI analysis in the example region of **Yarrabah**, a rural Aboriginal community in North Queensland which has taken part in the implementation of Family Wellbeing between 2001 and 2021.

Based on the social impacts which could be monetised in this analysis, the estimated program **SROI ratio is 4.6** (Table i). The **net present value (NPV) of \$12.0 million** represents the value of the historic stream of benefits and costs, expressed in 2021 dollars.

In other words, **for every dollar of investment in delivering the Family Wellbeing program in Yarrabah between 2001 and 2021, \$4.60 of benefits were produced for participants and the community.**

The largest benefit of the Family Wellbeing program is through the **reduced prevalence of suicide** in the community, representing approximately half (\$8.67 million) of monetised benefits captured in the period (Chart i).

Chart i: Breakdown of monetised benefits (present value, \$2021 dollars)



It is noted that these SROI results only reflect the benefits which could be monetised in this analysis, and a portion of the overarching benefits of Family Wellbeing. Many of the important community and cultural impacts of the program could not be quantified in this analysis based on available data. Paired with the conservative attribution factors employed, the **actual social return of the program is expected to be higher.**

Table i: Summary of SROI results (present value, \$2021 dollars)

Cost or benefit item	Units	Result
Benefits (monetisable)		
Improved healing	\$m	\$0.58
Reduced prevalence of alcohol use disorders	\$m	\$0.33
Reduced prevalence of smoking	\$m	\$1.01
Reduced prevalence of suicide in community	\$m	\$8.67
Increase in earnings through additional educational attainment	\$m	\$4.80
Total benefits	\$m	\$15.38
Costs		
Program delivery	\$m	\$3.05
Research and reporting	\$m	\$0.31
Total costs	\$m	\$3.35
Net present value	\$m	\$12.03
Social return on investment		4.6

Note: Assumptions and sensitivities underpinning the benefits monetisation are outlined in the Appendices.

Introduction

Evaluation background and objectives

About Family Wellbeing

The Family Wellbeing program is an Aboriginal empowerment training designed to enhance participants' personal development, wellbeing and quality of life. The program aims to empower participants with the knowledge and understanding to assume greater control over the conditions affecting their lives, and improve their personal, family, and community wellbeing.

Family Wellbeing was developed by a group of survivors of the Stolen Generations in South Australia in 1993.¹ Family Wellbeing is therefore designed by, as well as for, Aboriginal and Torres Strait Islander peoples, and is based on Indigenous principles of health and wellbeing, as well as recognition of the trauma and impacts associated with the legacy of colonisation. The program is also associated with an increase in ownership over community outcomes and issues, through supporting community engagement and ownership in health and wellbeing research. These elements have been credited with the success of Family Wellbeing, both in terms of its reach and uptake, and the benefits for individuals and communities involved.² The program is also adaptable across cultural contexts and has been applied to non-Indigenous groups in Australia and internationally.

The Family Wellbeing course is made up of three parts:

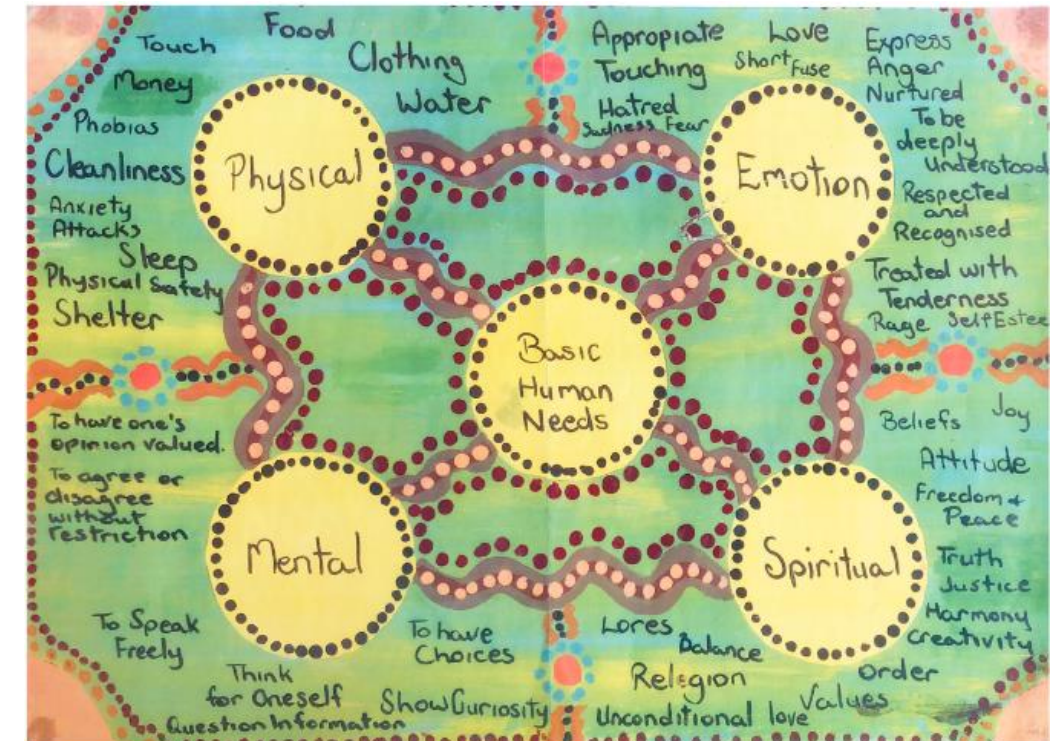
1. An **introductory course** to Family Wellbeing principles (30 hours), exploring topics including basic human needs, identity, leadership and understanding one's own life journey.³
2. An **extended Family Wellbeing course** (150 hours). This has been delivered as a Certificate II course in counselling through the vocational training sector, or a unit of a Bachelors Degree.
3. Engagement in **community-based participatory research** on Family Wellbeing, supporting participants to identify and address community priorities.⁴

¹ L Monson-Wilbraham, 'Watering the Garden of Family Wellbeing' (prepared for the Lowitja Institute, March 2014) . ² L Baird, 'The solution to Indigenous suicide crises lies in listening to Aboriginal people' (Overland, 24 June 2019). ³ Family Wellbeing program topics include: Human Qualities, Basic Human Needs, Life Journey, Beliefs and Attitudes, Human Relationships, Crisis & Emotions, Loss & Grief, Caring for Ourselves, The Process of Change, Prioritising Your Goals. ⁴ Perera et al, 'We are not stray leaves blowing about in the wind: exploring the impact of Family Wellbeing Empowerment Research 1998-2021' (2022) 21(2) *International Journal for Equity in Health*.

“The central objective of Family Wellbeing (Family Wellbeing) is to develop people's skills and capacity to move from a position of disempowerment to empowerment. Family Wellbeing aims to **empower Aboriginal and Torres Strait Islander people with a way to control and change their lives.**”

Watering the Garden of Family Wellbeing (2014)¹

Figure i: Yarrabah version of Family Wellbeing program domains



Source: Stories from Community (2018)⁴

The existing evidence base

Following close to 30 years of delivery in Australia, there is a large body of research supporting the benefits of the Family Wellbeing program for both individual participants, as well as the broader communities in which the program has been implemented. A desktop review of existing research on the impacts of Family Wellbeing identified 14 qualitative studies relating to implementation and impacts for Aboriginal and Torres Strait Islander peoples, five studies adopting quantitative approaches, and two reviews of Family Wellbeing literature.²

Family Wellbeing employs a high degree of differentiation and localisation in its application. Training providers across Australia do not have a cohesive, or prescriptive, approach, and the program is often tailored to address specific community needs.

While this flexibility benefits local areas and participants, the fragmented nature of Family Wellbeing means that it can be difficult to evaluate with precision the distinct impact of the program in a way that enables the findings to be generalised. Existing research is localised in specific communities and areas, which have their own priority outcomes from the program. Longitudinal studies are rare and localised.

Studies of the program have, however, **consistently found** that:

- Family Wellbeing contributes to building participants' skills in communication, problem solving, conflict resolution, understanding basic needs, and knowledge and understanding needed to take greater control for family, work, and community life.
- Building a sense of empowerment is a protective factor for social and emotional wellbeing, with links to better health by protecting participants from the stresses of life.
- Flow-on impacts include adopting healthier lifestyles and participating in society – helping to build a sense of hope and resilience for the future.
- Family Wellbeing is associated with an increase in ownership over community outcomes and issues, and this is reflected in the large number of participatory research projects, papers and reports.

“*They helped to demystify this thing called ‘research’ which had always been done to us by outsiders. We loved learning about it and it gave us ownership over our information. Through the Family Wellbeing workshops, we brought participants and community members together to talk about the issues that mattered most to them. We started tackling problems like the chronic housing shortage, poor school attendance, and boredom.*”

Les Baird, CEO of the National Centre for Family Wellbeing¹

¹ L Baird, 'The solution to Indigenous suicide crises lies in listening to Aboriginal people' (Overland, 24 June 2019). ² Outlined in references list.

Family Wellbeing in Yarrabah

To illustrate the value of the Family Wellbeing program, this report seeks to monetise the social impacts of Family Wellbeing within the example region of Yarrabah. Yarrabah is an Aboriginal community in North Queensland which has taken part in the implementation of Family Wellbeing between 2001 and 2021.

Family Wellbeing was first implemented in Yarrabah in 2001, following a series of waves of youth suicides in the community in the 1980s and 1990s. Given the small size of the community, Yarrabah was described as having “some of the highest rates of suicide in the world.”³

In response to this crisis, the Yarrabah community came together to identify key health issues in the community, including: poor health status in the community; lack of a local doctor; the fragmented delivery of health services; and lack of local control over health services. This led to a range of community responses, and **three targeted interventions** to support suicide prevention in Yarrabah:

- the establishment of the **Gurriny Yealamucka Health Service** (‘Gurriny’) in 1998, the first community controlled health service in Queensland
- the **Family Wellbeing partnership** with University of Queensland and James Cook University, leading to introduction of the program in Yarrabah in 2001
- the establishment of the **Yaba Bimbie Men’s Group** in 1997.

Other community actions in response to the health crisis included the introduction of life promotion officers in Yarrabah, as well as closure of the community canteen.

Since introduction in 2001, nearly 1,000* participants have taken part in the Family Wellbeing program in Yarrabah (Chart 1), over approximately 76 program deliveries. The program is often delivered in conjunction with other programs and organisations. For example, Gindaja, a rehabilitation organisation in Yarrabah, requires all client-facing staff to undertake Family Wellbeing training.

*This figure does not represent unique participants, as some residents may enrol in the program multiple times. Family Wellbeing administrative data indicates **714 completions** of the program in Yarrabah between 2001 and 2021.
1 Social and Emotional Wellbeing and Mental Health Services in Aboriginal Australia, ‘18 Years of the Family Wellbeing Program’, <<http://www.sewbmh.org.au/page/3664>>. 2. Gurriny Yealamucka, ‘Our history and future’ <<https://www.gyhsac.org.au/about-Gurriny>>. 3 Ibid.
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Yarrabah – History and key statistics

- Located around 60 kilometres from Cairns
- Home to around 4,000 inhabitants
- The traditional lands of the Gunggandji people
- An Anglican mission established at Yarrabah in 1892 was administered for 70 years. Aboriginal and some South Sea Islanders, from diverse groups, were forcibly relocated to Yarrabah.

This means that Yarrabah has a high share of community members with connections with the Stolen Generations (suggested at approximately 80 per cent). The Queensland Government took over from the mission in 1960.

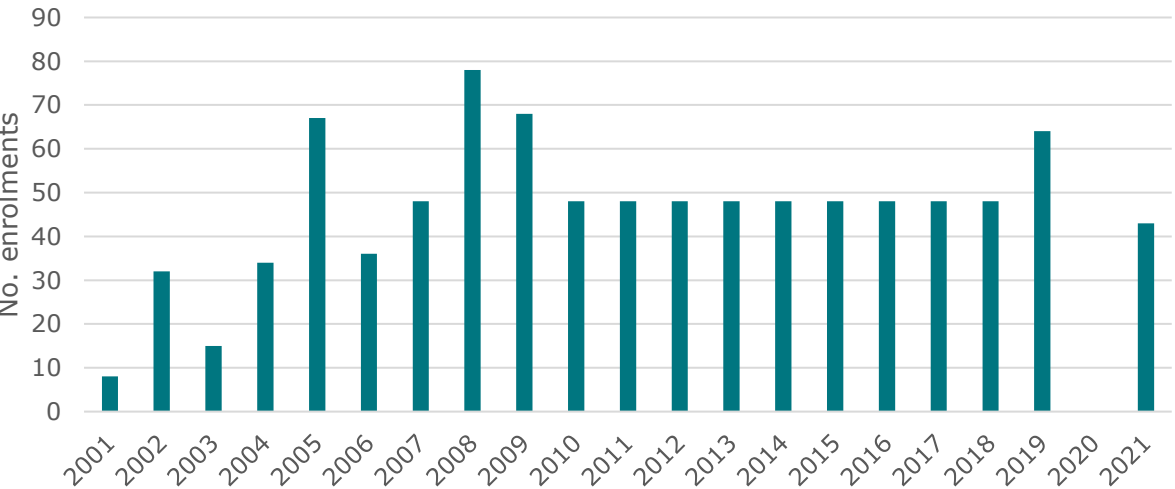
Despite a complex history, the community in Yarrabah has implemented a locally-controlled health care system, has a successful track record of suicide prevention, and is building a tourism industry.

Figure 2: Yarrabah



Source: Gurriny Yealamucka.²

Chart 1: Family Wellbeing enrolments in Yarrabah, 2001 to 2021



Source: Family Wellbeing program administration

Purpose and scope

The Family Wellbeing evaluation

To support building the evidence basis for the benefits of the Family Wellbeing program, Gurriny Yealamucka is leading an evaluation of the implementation of the program to date in Yarrabah.

The objective of this evaluation is to evidence the benefits of the Family Wellbeing program, and ideally to consolidate and grow a national Aboriginal and Torres Strait Islander Community Wellbeing community of practice through sustainable funding and proven impact.

The evaluation has three components:

- A **process evaluation** of the opportunities, challenges and lessons learned in implementing and upscaling the Family Wellbeing research and translation at two sites – Yarrabah (QLD) and Maningrida (NT) – led by Gurriny.
- Analysis of **evidence for the empowerment outcomes** supported by Family Wellbeing, based on findings from the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing, led by the Australian National University (ANU).¹
- An **economic evaluation** to illustrate the value of the economic, cultural and social outcomes of the Family Wellbeing program, led by Deloitte Access Economics. The economic evaluation is informed by evidence on empowerment outcomes provided by ANU.

¹ L Williamson et al, 'Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples' (forthcoming in 2022, provided by ANU).

This report

This report presents a summary of the findings from **the economic evaluation** of the Family Wellbeing program in Yarrabah between 2001 and 2021.

The purpose of the economic evaluation is to:

- illustrate the value, in monetary terms, of the **economic, cultural and social outcomes** generated by the Family Wellbeing program.
- provide an **estimate of the total value of the program** (including long term benefits) and how this relates to program investment
- assess the '**value for money**' **outcomes** of the program across various contexts, providing insights into where the program may be more or less effective and supporting continual improvement.

The remainder of this report:

- Outlines the evaluation **approach**, including the methodology of Social Return on Investment (SROI) analysis.
- Presents the **impact framework** for the Family Wellbeing program, identifying the economic, cultural and social impacts associated with the Family Wellbeing program, and the proposed approach to valuing impacts.
- Presents **early findings** based on existing evidence of the impacts of the Family Wellbeing program.
- Outlines **next steps** in measurement and evaluation.

Additional detail on the methodology is included in the **Appendices**.

Approach

Approach to the economic evaluation

Approach

Evaluation scope

Deloitte Access Economics was engaged by Gurriny to develop a Social Return on Investment (SROI) framework for the Family Wellbeing program in Yarrabah, and to apply it to historic program delivery between 2001 and 2021.

The overarching objectives of this work are twofold:

- firstly, to develop a baseline understanding of **'value for money' of the Family Wellbeing program**, utilising existing data and evidence to hand
- secondly, to establish a **roadmap to prioritise enhanced data collection and reporting** to enable the economic returns of the Family Wellbeing Program to be tracked and evaluated more comprehensively and confidently into the future.

Through the use of the SROI framework, this evaluation seeks to articulate the key impacts of the Family Wellbeing program on individuals, families and the community in Yarrabah, and the value of these impacts. Where data is not currently available to attribute impacts to the Family Wellbeing program, or to monetise demonstrated impacts, steps for strengthening data collection over time are outlined.

An additional detailed impact evaluation of the Family Wellbeing program will occur over the coming five years, including longitudinal analysis of participant outcomes. It is intended that the SROI framework presented in this evaluation will be updated as additional data becomes available.

Social Return on Investment (SROI) analysis

This analysis is adopting Social Return on Investment (SROI) analysis to measure the benefits of the Family Wellbeing program in monetary terms. SROI analysis is an economic evaluation approach which compares the cost of a program or intervention with its estimated social impact.

There are four key considerations in determining a robust monetisation technique to inform SROI analysis.¹

- some of the impacts identified may be monetisable using a **financial proxy**
- for impacts which are monetised, it is necessary to consider the **attribution** of the impact to the Family Wellbeing program;
- the **duration** of the impact; and
- the **counterfactual** outcomes for participants and the community in Yarrabah expected in the absence of the Family Wellbeing program.

The following section illustrates how these considerations have been taken into account in this evaluation. Further detail on the approach to calculation of the monetised benefits is provided in the Appendices.

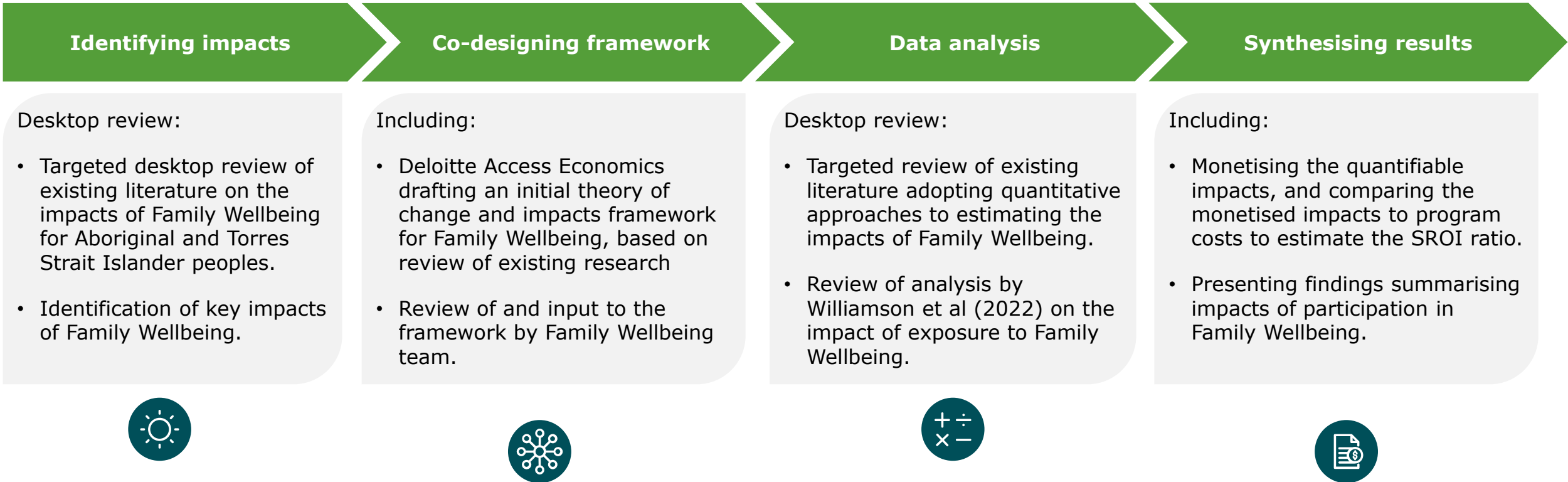
¹ Social Value UK 2016, *The Guide to Social Return on Investment* <<http://www.socialvaluelab.org.uk/wp-content/uploads/2016/09/SROI-a-guide-to-social-return-on-investment.pdf>>.

Approach

Social return of Family Wellbeing in Yarrabah

The SROI analysis for the Family Wellbeing program was undertaken across four stages of work – including a desktop literature review to identify impacts, co-design of the impacts framework, a targeted literature review to inform impact quantification and attribution, and calculation of the SROI results (Figure 3).

Figure 3: Economic evaluation approach



Approach

Thiitu Tharrmay Brief: Family Wellbeing and Empowerment Outcomes

This forthcoming paper by Williamson et al (2022) from the Australian National University (ANU) provides a national cross-sectional study of Family Wellbeing participant outcomes across several health and empowerment outcome areas including personal control, general health and community empowerment. The analysis is based on data collected through Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing, and including all responses received nationally between October 2018 to December 2020 (n=9,843).

Key findings

The analysis concludes that there are strong associations between Family Wellbeing exposure and empowerment outcomes at the family and community level. Compared to non-participants, Aboriginal and Torres Strait Islander participants in Family Wellbeing reported:

- a 13% increase in **family functionality**
- a 74% increase in **higher cultural wellbeing**
- 21% increase in **higher levels of local decision-making** in community.

The analysis also found an increase in the **prevalence of positive precursory health outcomes** amongst Family Wellbeing participants, such as the share reporting:

- quitting alcohol (26.4% of participants versus 20.4% of non-participants),
- regular exercise (67.7% versus 66.3%),
- quitting smoking (33.4% versus 31.9%) and
- educational attainment at the Year 12 level or above (57.8% Family Wellbeing versus 53.2% in the Non-Family Wellbeing).

Findings from Williamson et al (2022) are used throughout this report to quantify the empowerment impacts of Family Wellbeing for participants in Yarrabah.

1 Williamson L et al, 'Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples' (forthcoming in 2022, provided by ANU).

Chronology of impacts

Traditionally, models of empowerment consider how personal empowerment can contribute to organisational and community-level empowerment outcomes.

However, the analysis by Williamson et al (2022) suggests that this model may be inverted. **The strongest impacts associated with exposure to the Family Wellbeing program are observed at the community and organisation levels of empowerment**, rather than the personal level.

This may partly reflect the manner in which Family Wellbeing is administered, often through local community organisations. It may also be related to the Indigenous sense of wellbeing, which is holistic and centred in community physical, social, emotional, cultural and spiritual wellbeing – rather than individualised.

Limitations

Limitations of this analysis in supporting the social return of Family Wellbeing in Yarrabah include that:

- findings are not specific to Yarrabah between 2001 and 2021, but Family Wellbeing participants who have completed the Mayi Kuwayu survey between 2018 and 2020. This assumes that the impacts of the program are broadly consistent over this period and between regions
- there is uncertainty in when survey respondents completed Family Wellbeing, or which stage of the program was completed (Stage 1 or the extended program)
- findings are evidence of correlation, or association between empowerment outcomes and Family Wellbeing, rather than causation.

While these limitations influence how the findings of this evaluation can be interpreted, the approach of applying the overarching study results to the Yarrabah context (a vulnerable community, with high program exposure), is **likely to be underestimating, rather than overestimating, program impact.**

Approach

Assumptions and limitations

Key assumptions and limitations in the approach to the economic evaluation include that:

- **Pre/post intervention data** is not currently available for Yarrabah Family Wellbeing participants, or from Williamson et al (2022). To account for this, the SROI analysis adopts a series of conservative assumptions, including an assumed attribution factor of 20% for all benefits except healing (50%). The impact findings are also informed by evidence from pre/post intervention evaluations of Family Wellbeing in other Indigenous and non-Indigenous settings (outlined in the reference list).
- The assumed **attribution factor of 20%** is intended to reflect the uncertainty in the identification of the impact of Family Wellbeing program in Yarrabah, in isolation of other social and emotional wellbeing programs implemented in Yarrabah between 2001 and 2021. The rate of 20% was selected considering that Family Wellbeing was introduced to Yarrabah as one of three targeted suicide prevention initiatives introduced to address the spate of suicides in the mid-1990s – alongside the establishment of Gurriny Yealamucka Health Service, and the Yaba Bimbie Men's Group. This reflects an assumption that these initiatives each contributed to health and empowerment outcomes in Yarrabah over the period, in conjunction with other community initiatives and responses. Sensitivity analysis of the selection of the attribution factor is outlined on page 47.
- Consistent data on Yarrabah program delivery and costs is not available, due to limitations on resourcing from inconsistent funding over the period 2001 to 2021. Instead, cost estimates are informed by estimates from Kinchin et al (2017), based on the costs of delivering Family Wellbeing to a remote Aboriginal community in Cape York. This is expected to **overstate the costs** of delivering Family Wellbeing in Yarrabah, due to the additional costs associated with delivery which were not incurred in Yarrabah (such as the cost of flights for program facilitators).

- This analysis only captures those impacts which could currently be monetised, which collectively represent only a **portion of the overarching benefits** of Family Wellbeing in Yarrabah. Many of the important impacts of the program could not be quantified or monetised in this analysis with available data.
- In particular, given the demonstrated and quantified impacts of participation in Family Wellbeing on participants' **cultural wellbeing**, future evaluations can consider approaches to monetising the value of improved cultural wellbeing. This should be approached through conversations with Indigenous stakeholders in order to create a meaningful measure of cultural wellbeing, and communicate the impacts that matter to Aboriginal and Torres Strait Islander communities.
- Yarrabah specific population data is often regarded by the community as unreliable, due to underreporting in Census data. Where there was uncertainty in data relied upon in the analysis, conservative assumptions or estimates were adopted.

Application to other communities

In light of these assumptions and limitations, this assessment of the 'value for money' of Family Wellbeing in Yarrabah should be **understood as an indicative and conservative estimate**. Paired with the conservative attribution factors employed, the actual social return of the program is expected to be higher.

In future years, a more robust figure can be determined by gathering longitudinal participant data.

Evaluations can also be undertaken in other locations, to understand how transferable social impacts are across different communities – and the overarching return on investment on the Family Wellbeing program in Australia.

The impacts framework

Expected impacts of the Family Wellbeing Program

Impact framework

The Family Wellbeing **theory of change**, or program logic framework, maps the inputs and outputs involved at different stages of the Family Wellbeing program (Figure 4). The theory of change was co-designed with the Family Wellbeing evaluation team, drawing on existing literature on the evidenced impacts of Family Wellbeing.

Given the flexibility of the Family Wellbeing program in adapting to community priorities and specific cultural practices, the benefits expected from implementation of the program are **expected to manifest in different ways across locations and applications**. However, the theory of change seeks to capture the primary benefits associated with the program.

Given the central focus on building participants’ sense of empowerment, many of the impacts identified in the theory of change flow from the knowledge and understanding gained by individual participants in Family Wellbeing, to individual level empowerment outcomes.

However, analysis by Williamson et al (2022) on the impacts of exposure to Family Wellbeing indicates that the strongest impacts are expected within community-level empowerment outcomes, rather than personal outcomes – suggesting that **community level impacts precede individual level impacts**.

This inverts the traditional model of empowerment proposed by Wallenstein, whereby empowerment builds from an individual level of personal control through to organisational, and community-level empowerment.

In light of this context, the theory of change collectively considers individual, family and community outcomes. Overtime, as more robust longitudinal data is collected on the impact of the Family Wellbeing program in Yarrabah, the understanding of how individual, family and community outcomes interact in reference to the program will become increasingly nuanced.

The **impact framework** builds from the theory of change, identifying four overarching themes of impact for the Family Wellbeing program. Table 1 outlines reporting measures for each unique impact, indicating whether impacts are reported in monetary, quantitative, or qualitative terms. The four impact areas are outlined below:



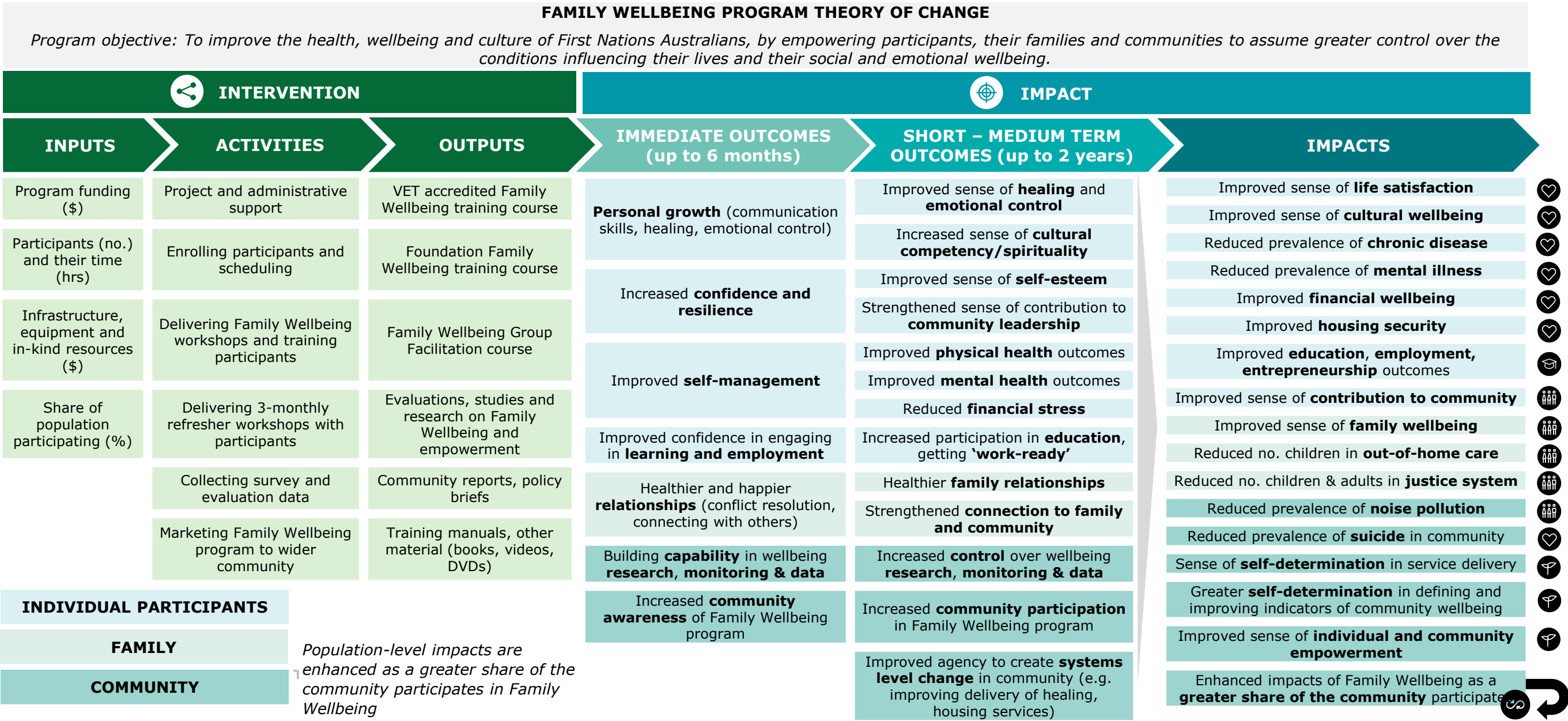
Monetised impacts from across these four areas are then aggregated, and compared with estimated program costs, to estimate the **social return of the Family Wellbeing program in Yarrabah between 2001 and 2021**.

It is noted that not all impacts identified in the impact framework are quantified in this analysis. This partly reflects difficulties in data collection to support monetisation, as well as the need to avoid double-counting impacts.

For example, while an improved sense of cultural wellbeing is an important standalone benefit, it may also lead to improved outcomes in healing and chronic health issues, which are separately captured and monetised in this analysis.

Theory of change





Figure 4: Family Wellbeing program Theory of Change



Impacts framework

Table 1 sets out the social impact framework adopted in this analysis. The impacts identified in the Family Wellbeing Theory of Change (Figure 4) were verified through a targeted desktop review of existing literature on Family Wellbeing. The social impact framework only includes the main social impacts qualified through this review. Each impact is discussed in turn in the following section.

Table 1: Family Wellbeing indicator framework

Impact	Data source	Approach
 Health, wellbeing and culture		
Improved sense of cultural wellbeing for participants	Mayi Kuwayu survey	Qualitative
Improved sense of life satisfaction for participants	Mayi Kuwayu survey	Qualitative
Reduced prevalence of chronic disease for participants	Mayi Kuwayu survey	Partly monetised
Improved financial wellbeing for participants	Mayi Kuwayu survey	Qualitative
Reduced prevalence of suicide in community	Other literature and community data	Monetised
 Education and employment		
Improved education outcomes for participants	Mayi Kuwayu survey	Monetised
Improved employment outcomes for participants	Other literature and community data	Qualitative
 Families and connectedness		
Improved sense of healing for participants	Mayi Kuwayu survey	Monetised
Improved sense of family wellbeing for participants	Mayi Kuwayu survey	Qualitative
Reduced number of children and adults in justice system in community	Other literature and community data	Qualitative
 Self-determination and empowerment		
Increased sense of empowerment	Mayi Kuwayu survey	Qualitative
Greater sense of self-determination in service delivery for communities	Mayi Kuwayu survey	Qualitative
Greater self-determination in research and defining indicators of community wellbeing	Other literature and community data	Qualitative

Impacts

Economic, social and cultural impacts of the Family Wellbeing program

Impacts

 Health, culture and wellbeing

Health, wellbeing and culture



Improved sense of cultural wellbeing

Cultural wellbeing is a central part of Indigenous conceptions of health. It includes both learning and knowledge about culture, and the practical application of this knowledge through cultural activities. Cultural wellbeing is linked to connection to language, country and caring for country, family and community relations, and opportunities for cultural expression.

The National Aboriginal Health Strategy (1989) defines health as:

“...not just the physical well-being of the individual but the **social, emotional, and cultural well-being of the whole community**. This is a whole-of- life view and it also includes the cyclical concept of life-death-life”.¹

Family Wellbeing promotes participants’ cultural wellbeing primarily through participants’ connections to family and community, and through exploring participants’ life stories.

Williamson et al (2022) highlight that the existing evidence on the importance of cultural wellbeing to health for Aboriginal and Torres Strait Islander peoples points to a need for a greater emphasis on culture in understanding **protective factors and addressing health inequity**.³

Beyond improved protective factors, improving cultural wellbeing also carries **intrinsic value** for Aboriginal and Torres Strait Islander participants. Analysis by Williamson et al (2022) can be used to quantify this impact - finding that exposure to Family Wellbeing results in a **74% increase in self-reported cultural wellbeing for participants**. To help capture the full impacts of Family Wellbeing, and communicate the impacts that matter to Aboriginal and Torres Strait Islander communities, future evaluations can consider approaches to monetising the value of improved cultural wellbeing. This should be approached through conversations with Indigenous stakeholders to create a meaningful measure of cultural wellbeing.

1 National Aboriginal Health Strategy Working Party, 'A national Aboriginal Health Strategy' (1989). 2 Bourke et al, 'Evidence Review of Indigenous Culture for Health and Wellbeing' (2018) 8 *The International Journal of Health, Wellness, and Society* 11. 3 Williamson L et al, 'Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples' (forthcoming in 2022, provided by ANU).

Box 1: Association between Family Wellbeing and cultural wellbeing

Analysis by Williamson et al (2022) finds that **exposure to Family Wellbeing results in a 74% increase in self-reported cultural wellbeing** (probability ratio 1.00 for non-participants, and 1.74 for participants).

It is noted that among former drinkers, this reduced to a 13% increase (probability ratio 1.00 for non-participants, and 1.13 for participants).

For the purposes of this economic evaluation, the benefits of cultural wellbeing increases – though significant in magnitude – have not been monetised.

There is strong evidence that increased cultural wellbeing has a significant positive association with protective factors and outcomes captured and monetised elsewhere in this analysis, such as social and emotional wellbeing, physical health, participation in education and employment, and reducing risk-taking behaviours.²

Future evaluations can consider how the intrinsic value of cultural wellbeing for Aboriginal and Torres Strait Islander participants might be monetised.

“Dance is just like words. I could dance the meaning of those topics or the whole thing. Get the message through by dance.”

Bradley Baird, Family Wellbeing and Men’s Group participant in Yarrabah²



Improved sense of life satisfaction

As a self-reported measure, 'life satisfaction' can mean different things to different people. For Aboriginal and Torres Strait Islanders, there are clear associations between low reported levels of life satisfaction and relative disadvantage, including poor health, unemployment, not completing schooling, experiencing violence or threats of violence, and being less likely to be able to access support in a time of crisis.¹

Given the focus of the Family Wellbeing program on healing and wellbeing, it was hypothesised that participation should improve participants' sense of life satisfaction. However, the Family Wellbeing impact study found **no evidence for an association between exposure to Family Wellbeing and life satisfaction**. This may be the result of limitations in 'life satisfaction' as an indicator of wellbeing:

- Williamson et al (2022) highlight the potential for a **limiting 'ceiling effect'**, given that Family Wellbeing participants and non-participants report similarly high levels of life satisfaction – limiting the potential for variation between groups.²
- given the focus in Family Wellbeing on community level empowerment, it may be that exposure **enables participants to better identify issues in their life and community** that can be improved. This is compatible with an 'Opposing Outcomes Model' for cultural efficacy, which splits the concept of life satisfaction into personal and national domains. Systemic changes may therefore be required to achieve a positive result, as participants are made **more aware of their circumstances and the impacts on their lives**.

Further longitudinal study could examine these domains separately, to test the validity of an opposing outcomes model in the context of Family Wellbeing and Indigenous Australians.

Box 2: Association between Family Wellbeing and life satisfaction

Analysis by Williamson et al (2022) finds **no significant differences in reported life satisfaction** between Family Wellbeing participants and non-participants (probability ratio 1.00 for non-participants, and 0.98 to 1.02 for participants).

There is insufficient evidence for a monetisable, or other, benefit at this time. Further longitudinal research which evaluates both individual and national life satisfaction may further clarify any impacts on life satisfaction. However, it is noted that monetising life satisfaction should be approached with caution due to the risks of double counting benefits, given associations with other outcomes.



An Opposing Outcomes Model: Māori wellbeing

Houkamau and Sibley argue that as cultural efficacy increases for Māori peoples, personal life satisfaction increases but satisfaction with the nation and government decreases.³

The authors suggest that greater cultural efficacy can promote alternative ideas about how society should operate, which decrease satisfaction with the Western model, in which Māori peoples have systemically poorer life outcomes.

1 Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey, 2014-15* (2016) <<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Main%20Features~Social%20networks%20and%20wellbeing~4>>. 2 Williamson L et al, 'Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples' (forthcoming in 2022, provided by ANU). 3 C A Houkamau and C G Sibley, 'Māori Cultural Efficacy and Subjective Wellbeing: A Psychological Model and Research Agenda' (2011) 103 *Soc Indic Res* 379.





Reduced prevalence of chronic disease


Indigenous Australians experience worse health outcomes than non-Indigenous Australians, and have lower life expectancies. The burden of disease among Aboriginal and Torres Strait Islander people is 2.3 times that of non-Indigenous Australians.¹ An eight year gap in life expectancy exists between Indigenous and non-Indigenous Australians.² There are several factors that contribute to this gap, including chronic disease, social determinants and behavioural risk factors.

Family Wellbeing can be seen as part of a Primary Healthcare Model, building participants' empowerment to control areas that affect health – including social determinants and behavioural risk factors. The program aims to build knowledge and understanding of holistic health and wellbeing, increasing participants' capacity to make healthier choices, alongside providing navigator support for referrals and clinical care.

The disease burden gap is a systemic issue, and cannot be solved at an individual or local level. However, Family Wellbeing has contributed to the health of the community in Yarrabah in three main ways:

 **Individual** – exposure to Family Wellbeing is associated with some improvements in healthy behaviours, reducing risk factors for chronic disease (See Box 3).

 **Children and the next generation** – Family Wellbeing builds capacity for families to care for children, such as by referring children for appropriate medical care, along with clinical and therapeutic supports.

 **Community** – Family Wellbeing has facilitated the growth of a community controlled health service in Yarrabah. Gurriny Yealamucka was the first community-controlled health organisation in Australia to deliver primary health services in an Aboriginal Community.

Box 3: Association between Family Wellbeing and chronic disease

Analysis by Williamson et al (2022) finds that **exposure to Family Wellbeing results in improved health behaviours and risk factors** – including positive precursory health outcomes such as quitting alcohol (26.4% compared to 20.4%), stopping smoking (33.4% compared to 31.9%) or an increased desire to stop smoking (79.8% compared to 76.6%), and increasing regular exercise (67.7% compared to 66.3%).

Despite these contributions towards promoting healthy behaviours and reducing the prevalence of chronic disease, Williamson et al find **no evidence of an association between exposure to Family Wellbeing and self-reported general health** (probability ratio 1 for non-participants, and 0.95 for participants).

Given the structural nature of the gap in the burden of chronic disease between Indigenous and non-Indigenous Australians, it may also be the case that Family Wellbeing contributes to better **management** of participants' existing chronic disease in the short- to medium-term – rather than reducing the **prevalence** of chronic disease.

To capture the monetised benefits of these improved health behaviours, this analysis examines the economic value of behaviours including quitting alcohol and quitting smoking associated with Family Wellbeing in Yarrabah.

1 Australian Institute of Health and Welfare (2016) *Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011—Summary report*. Australian Burden of Disease Study series no. 7. Cat. no. BOD 8. Canberra: AIHW. 2 Department of the Prime Minister and Cabinet (2020) *Closing the Gap Report 2020*. 3 H Klieve et al, 'A safe haven to support me': An evaluation report on the Central Coast Family Wellbeing Program' (2019, National Centre for Family Wellbeing, Brisbane, Cairns, Melbourne).

Health, wellbeing and culture



Reduced prevalence of chronic disease – reduced alcohol consumption and smoking

Between 2001 and 2021, the Family Wellbeing program generated an estimated **\$326,773 in benefits from reduced alcohol consumption for participants in Yarrabah – in addition to \$1.11 million from reduced prevalence of smoking.**

In Yarrabah, many Family Wellbeing deliveries are focussed on alcohol rehabilitation, and are delivered by Gindaja, an Alcohol and Other Drug (AOD) service in the community.

Based on analysis of Mayi Kuwayu survey results, Williamson et al (2022) find that one quarter of Family Wellbeing participants (26.4%) report quitting alcohol, compared to 20.4% of non-participants (n=9,843). Similarly, 33.4% of participants report quitting smoking, compared to 31.9% of non-participants.

“He’s joined a gym, he’s given up cigarette smoking and I don’t think he does drugs and he looks really healthy.”¹

Family Wellbeing facilitator (NSW)

“Family wellbeing has taught me a lot about myself and how to control my emotions, actions, etc. I have now become a new person and I have planned to do things for myself and I have now gone in to meditation. This new way has made me **change my diet, exercise** more than I used to. I’ll continue listening to people who empower themselves in a positive way.”²

Family Wellbeing course participant.

Box 4: Approach to benefit monetisation for reduced alcohol consumption



Box 5: Approach to benefit monetisation for reduced prevalence of smoking



1 H Klieve et al, “A safe haven to support me”: An evaluation report on the Central Coast Family Wellbeing Program’ (2019, National Centre for Family Wellbeing, Brisbane, Cairns, Melbourne). 2 K Tsey and A Every, A, ‘Evaluating Aboriginal empowerment programs: the case of Family Wellbeing’ (2000) 25(5) *Australian and New Zealand Journal of Public Health* 509.



Improved financial wellbeing

Financial stress is another social determinant of health and wellbeing.¹ Aboriginal and Torres Strait Islander people tend to earn lower average incomes compared to non-Indigenous Australians.¹ This can increase stress in meeting basic needs – including in food quality, access to housing, health care, exercise, and social participation. In 2018-19, almost 2 in 5 (39 per cent) of Indigenous Australians aged 15 and over reported that their **household had days without money for basic living expenses** in the last 12 months.²

Participation in Family Wellbeing may contribute to reduced financial stress and improved financial wellbeing for Aboriginal and Torres Strait Islander people, in the following ways:

- Increased participation in education, in turn contributing to increased expected lifetime earnings (page 33). Increased participation in employment, and retention in employment, can also support higher earnings (page 34).
- Improved health behaviours can contribute to improved financial management – reduced expenditure on alcohol or tobacco (page 28). This can supported increased life satisfaction, as participants can redirect to spending in other health or social areas.

Further research is needed on the impacts of Family Wellbeing on participants' financial wellbeing, including longitudinal data on participants' income and financial management skills.

Box 6: Association between Family Wellbeing and financial wellbeing

Analysis by Williamson et al (2022) finds that Family Wellbeing participants are **more likely to report that they 'don't have enough'** in describing their family's financial status than non-participants (17.13% compared to 15.67%).

This may reflect pre-existing participant characteristics.

Alternatively, this may be linked to a greater understanding of basic needs and improved financial management. By building on participants' understanding of individual and family needs, this may reflect participants' reflection on their situation.

There is insufficient evidence for a monetisable, or other, benefit associated with improved financial wellbeing at this time.

“Oh, yeah, things have changed. I guess I used to drink a lot and that and now I don't drink that much. Now I've got money in the house, now that I've stopped drinking and I've got money to buy for the children. It's because of the Family Wellbeing and the women's group; it is those two things together”

North Queensland Family Wellbeing participant³

¹ J Mackenbach, *Socioeconomic inequalities in health in high-income countries: the facts and the options* in R Detels, M Gulliford, QA Karim and CC Tan (eds), *Oxford textbook of global public health* (Oxford University Press, Oxford, 2014).

² Australian Institute of Health and Welfare, 'Indigenous income and finance' <<https://www.aihw.gov.au/reports/australias-welfare/indigenous-income-and-finance>>. ³ Perera et al, 'We are not stray leaves blowing about in the wind: exploring the impact of Family Wellbeing Empowerment Research 1998-2021' (2022) 21(2) *International Journal for Equity in Health*.



Reduced prevalence of suicide in community

The Family Wellbeing program was introduced to Yarrabah following a spate of suicides in the 1980s and 1990s. It was part of a community movement to address this local issue, which included changes to the alcohol canteen, a life promotion program and the forming of other groups (many of which use Family Wellbeing principles).

Multiple research projects have found that **the delivery of Family Wellbeing has contributed to reduced prevalence of suicide in Yarrabah**.¹ An evaluation from the Healing Foundation found that Yarrabah was one of only two communities across Australia to reduce high suicide rates in the past 20 years, and noted that Family Wellbeing has made essential contributions to that reduction.²

Family Wellbeing addresses issues of suicide by empowering participants to take action in their lives and in the community, and by addressing other risk factors. Suicide attempts and ideation have been linked to high prevalence of racism and discrimination, and protective factors include a strong connection to culture and community.³

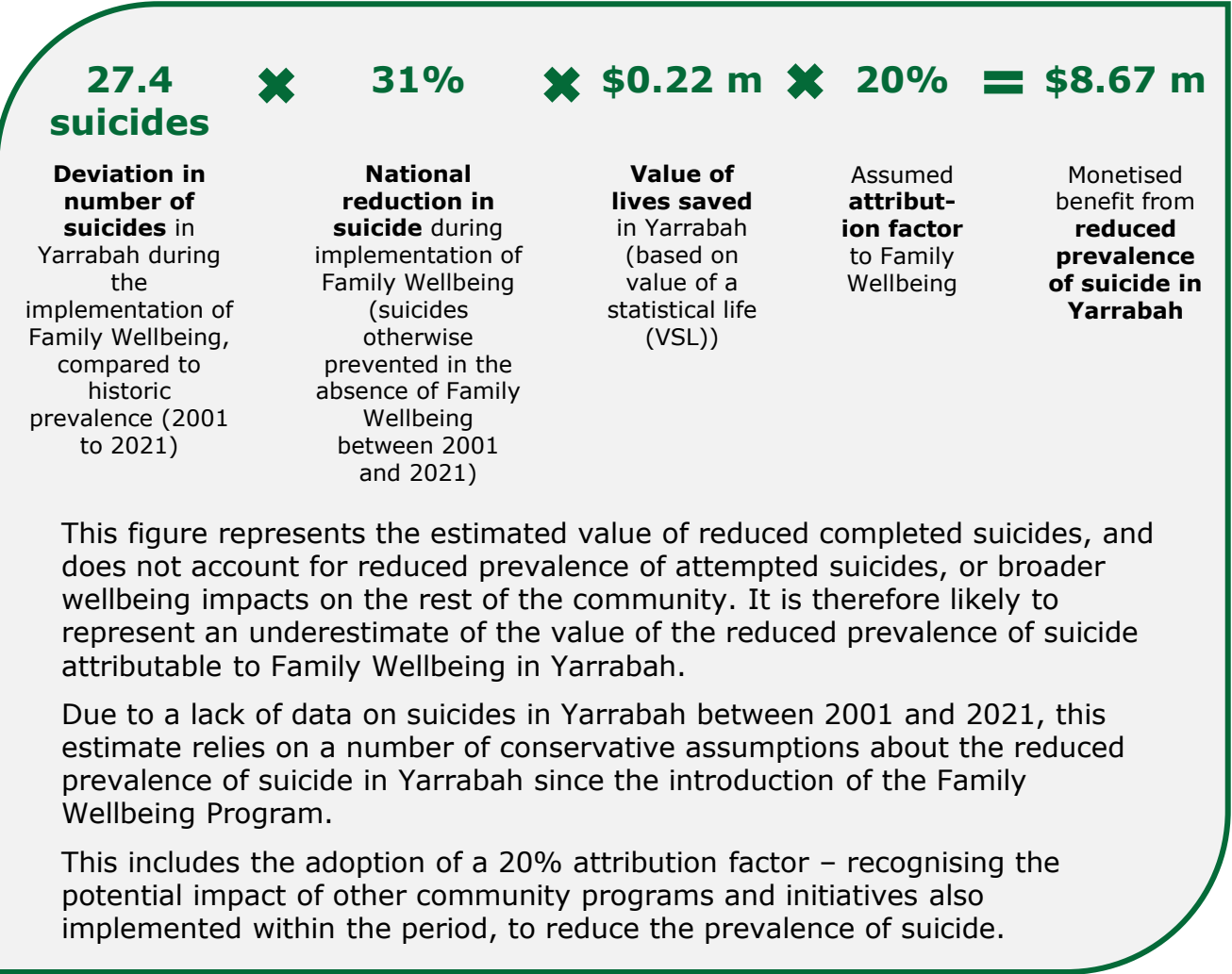
“There were about 95 suicide attempts over time and mainly male. The youngest was a 12 year old boy...it affected many families and there were many causes. People had different points of view but alcohol, drugs, family violence and community violence were all thought to be problems that were leading [to suicides]. We didn’t know for sure though.

Yarrabah community member⁴

“We can’t be done with suicide until we are all healed from the past and current trauma. We have Intergenerational Trauma so we can’t expect people won’t still think about suicide.”

Yarrabah community member (Ibid)

Box 7: Approach to benefit monetisation for reduced prevalence of suicide



1 J Prince et al, 'Stories from community: How suicide rates fell in two Indigenous communities' (Healing Foundation, 2018). 2 Ibid. 3 McCalman et al, 'Indigenous men taking their rightful place: How one Aboriginal community is achieving results' (2007) 31(3) *Aboriginal and Islander Health Worker Journal* 8. 4 J Prince et al, 'Stories from community: How suicide rates fell in two Indigenous communities' (Healing Foundation, 2018).

Impacts



Employment and education

Education and employment



Improved education outcomes for participants

Increasing educational outcomes for Aboriginal and Torres Strait Islander peoples is a key part of the *Closing the Gap* strategy. Improving indicators of educational outcomes – such as school attendance and Year 12 attainment – can have flow-on effects for other health and wellbeing outcomes, such as reducing the likelihood of chronic disease, increasing employment opportunities, increasing life satisfaction, and increasing personal empowerment.

In Yarrabah, Yarrabah State School offers schooling to Year 10, meaning that students must leave the area to complete Year 12. One in four (25.3%) adults in Yarrabah report having completed Year 10 as their highest level of educational attainment, compared to one in ten (10.8%) of adults nationally.¹

Many facilitators report evidence of Family Wellbeing leading participants to **reengage with formal education**. The program's focus on empowerment and the capacity to make change, together with processes of reflecting and learning about oneself and one's community, can be seen to encourage participants' curiosity and confidence in learning.

This can take place across schooling and higher education. Pilots of Family Wellbeing in schools have resulted in **increased school attendance**, alongside significant **social and emotional growth for students**.² Other facilitators have reported seeing participants prepare for, or enrol in, higher education.³

Family Wellbeing program facilitators also play an important role in helping participants to navigate their options in education and employment.

Beyond impacts for individual participants, there are also potential **educational benefits for participants' families and children**. Through an increased sense of family wellbeing, school attendance and outcomes for participants' families may also improve.

“I considered myself illiterate. I was pretty insecure. Once I did Family Wellbeing I had more than I believed I had. Then I went to college and studied counselling. I had to write assignments. I hadn't been to school since I was 14.”

Central Australia Family Wellbeing participant⁴

Leslie left school in Year 10, thinking education was not for him. Once he did Family Wellbeing in 2001 and learnt to set goals he decided to go to university. He completed a Master's Degree in Drug and Addiction Studies at Sydney University in 2014 and became a lecturer in a community organisation using Family Wellbeing to develop drug and alcohol education courses for Indigenous students from across Australia.

Tsey et al (2019)⁵

The James Cook University Empowerment and Wellbeing program of research supported seven doctoral students related to Family Wellbeing to completion, all of whom are now established academics and researchers in their own rights.

Tsey et al (2019)⁶

1 Census. 2 M Whiteside et al, 'Capturing Research Impact: the case study of a community wellbeing research partnership' (2021) *Australian Social Work*. 3 M Whiteside et al, 'Connecting and Strengthening Young Aboriginal Men; a Family Wellbeing pilot study' (2016) *Australian Social Work*. 4 K Tsey et al, 'Assessing research impact: Australian Research Council criteria and the case of Family Wellbeing research' (2019) 73 *Evaluation and Program Planning* 176. 5 Ibid. 6 Ibid.

Education and employment



Improved education outcomes for participants (cont.)

Analysis by Williamson et al (2022) finds a **significantly higher level of educational attainment for Family Wellbeing participants** (with 57.8% of participants completing Year 12 compared to vs 52.% of non-participants, and 40.0% compared to 45.2% completing Year 10).

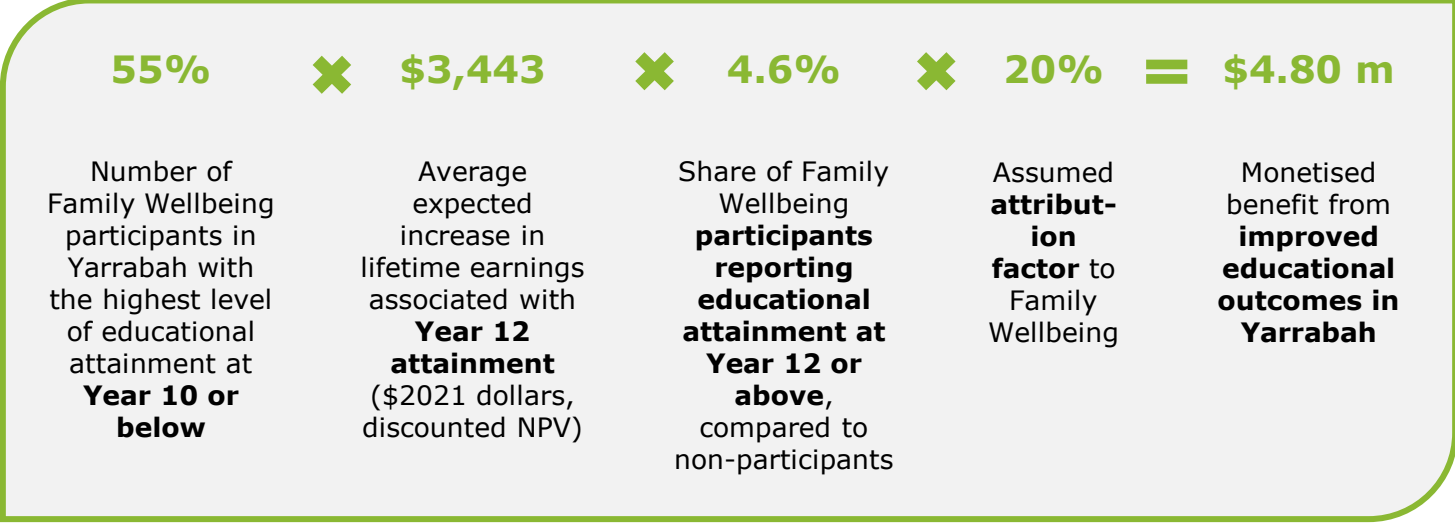
While the study is evidence of association, rather than causation, it is expected that further research based on longitudinal participant information will confirm the positive impact of Family Wellbeing on participants' educational outcomes.

Family Wellbeing qualifications

In addition, there are also educational outcomes associated with the six-month Family Wellbeing program, delivered as a Certificate II through vocational education and training (VET). Further research is required to identify the impact of this qualification for a typical Family Wellbeing participant. One previous study has found qualifications at the Cert I and II level to be associated with increased labour market participation – but not significant increases in earnings – when compared to completion of Year 11.¹

This suggests that the main educational outcome for Family Wellbeing is the increased readiness for re-engaging in education, and associated impacts on employment, health, and life satisfaction outcomes.

Box 8: Approach to benefit monetisation



1 A Leigh, 'Returns to education in Australia' (2008) 27(3) *Economic Papers: A Journal of Applied Economics and Policy* 233.

Education and employment



Improved employment outcomes for participants

Un- and under- employment is a key social issue in Yarrabah. In 2021, employment data from Wugu Nyambil estimated that around 900 people in the region were unemployed.¹ The unemployment rate was estimated at 45.4% in the Census.²

Unemployment can exacerbate other issues of disadvantage, impacting issues in health, access to housing, life satisfaction, for individuals as well as families and communities. Access to employment and job retention are also impacted by other issues, including feelings of empowerment, education, and drug and alcohol dependencies. Wugu Nyambil note that: '[i]ssues affecting longer term employment are generally not employment related but can be affected by family situations, transport, motivation, social barriers, commitment, preparedness and a purpose for employment.'

Participation in the Family Wellbeing program can improve employment outcomes in three main ways:

- The program focuses on addressing the barriers to employment through topics of empowerment and change. Program facilitators also provide follow up support for navigating employment options. Facilitators have reported marked changes in **participants' preparedness and motivation for work**, alongside improved confidence in seeking different types of work (such as longer term or more highly skilled positions). In a pilot of Family Wellbeing for young Aboriginal men, 47.4% reported major improvements in their attitude to work.² In Victoria, community members were reported to be getting "work ready", for example going to a job agency or getting their drivers licence.
- Some participants that complete the **facilitator training go on to be employed to run Family Wellbeing** programs themselves, or related professions in the community (such as health workers). Some participants have gone on to be **employed in the research of Family Wellbeing** within higher education institutions.

Box 9: Employment of Family Wellbeing facilitators in Yarrabah

Between 2001 and 2021, the Family Wellbeing program has been delivered over 76 courses. Implementation relies on the employment of two facilitators – one external Family Wellbeing facilitator, and one local co-facilitator.

To date, **10 facilitators have been trained through the Family Wellbeing program in Yarrabah**. Facilitators are paid an average hourly rate of \$40.4 per hour (in 2013 dollars).

Facilitators may go on to further employment in delivering Family Wellbeing in Yarrabah or other communities, or contributing to research of Family Wellbeing within higher education institutions.

“...one of our young guys ...ended up getting a job on an NBN construction line going around New South Wales earning \$1,400 a week”

Facilitator of a NSW Family Wellbeing Program.³

“While I was not unemployed previously, I was possibly underemployed. My feelings of not being valued and recognised with my previous employer made my decision to move on so much easier. I felt I had more to offer but having [sic] not been given the opportunity”

Family Wellbeing participant and researcher⁴

¹ Yarrabah Employment Support Data provided by Wugu Nyambil Limited. ² Australian Bureau of Statistics (2016) Yarrabah (S) 2016 Census All persons', <<https://www.abs.gov.au/census/find-census-data/quickstats/2016/SSC33236>>. ³ M Whiteside et al, 'Connecting and Strengthening Young Aboriginal Men; a Family Wellbeing pilot study' (2016) *Australian Social Work*. ⁴ H Klieve et al, '“A safe haven to support me”: An evaluation report on the Central Coast Family Wellbeing Program' (2019, National Centre for Family Wellbeing, Brisbane, Cairns, Melbourne). ⁵ C Brown 'What's in It for Me?: My Story of Becoming a Facilitator of an Aboriginal Empowerment Program' (2010) 34(5) *Aboriginal and Islander Health Worker Journal* 12.

Impacts



Families and connectedness

Families and Connectedness



Improved sense of healing for participants

Between 2001 and 2021, the Family Wellbeing program generated an estimated **\$575,770 in healing benefits for participants in Yarrabah.**

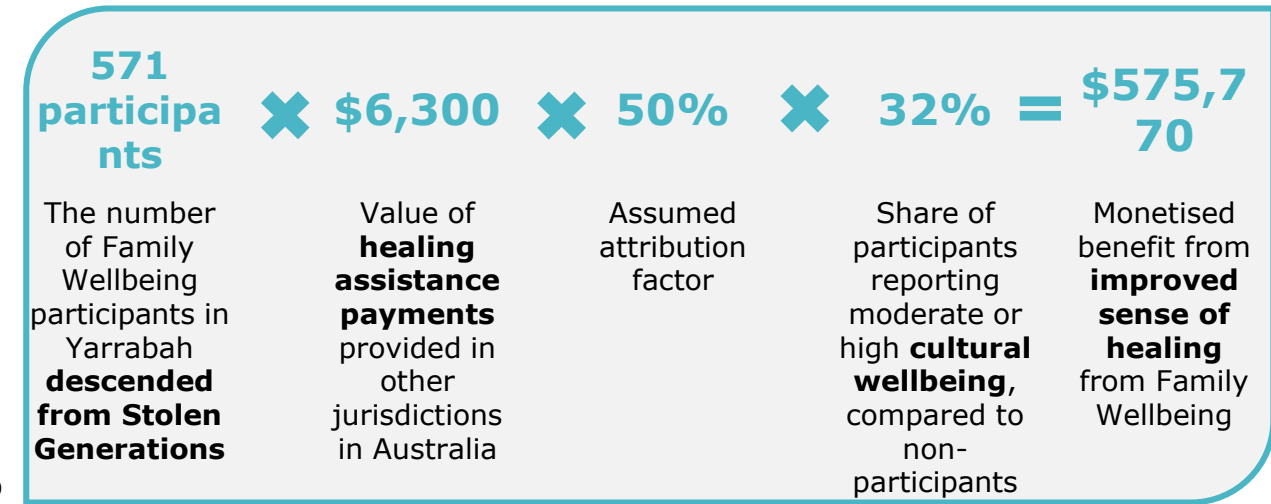
Following a community needs assessment in late 1990s, the Yarrabah community identified reclaiming healing spirit and land as key to improved health outcomes.

The Family Wellbeing Program was developed by, and for, Aboriginal people, to deal with the legacy of the Stolen Generations and the lasting impacts of colonisation on Indigenous physical, emotional, mental and spiritual aspects of life. Although enduring systemic racism and entrenched structures of disadvantage continue to oppress Indigenous people, Family Wellbeing works on the ‘micro’ level to support healing and empowers participants to take control over the decisions they have, improve family relationships and reconciliation within cross-cultural relationships. Some use Family Wellbeing as a “stepping stone” for seeking professional help. Resolving trauma is also hypothesised to protect future generations by breaking the cyclical transmission of violence.¹

There has been little attempt to quantify or monetise these healing benefits for Stolen Generations and other Aboriginal and Torres Strait Islander peoples, and it is beyond the scope of this evaluation to do so. Further research into the effects of trauma informed programs and empowerment programs is needed.

However, as part of reparations and redress packages across Australia, financial compensation has been offered by governments to provide healing assistance and trauma informed counselling. While these costs do not directly map onto the benefits of healing, and are individual rather than community focussed, they provide some indication of a financial proxy, in that they have similar benefits to the Family Wellbeing program. Further detail on how these have been used to monetise the benefit of healing is provided in the Appendices.

Box 10: Approach to benefit monetisation



"The good thing is it helped me voice all that pain. What I see as a young person is different, when I was growing up, we always seen the European people, we looked at them in hate, that was the mentality you know? I didn't know that European people could be good, this sort of changed my way, I can use this Family Wellbeing to make myself better too, I can work to make myself better in the team, can relate to our European brothers and sisters... That's what it is about really, change, changing that way of thinking, change the attitudes..."

Yarrabah Family Wellbeing participant, 2005²

1 This hypothesis is discussed by many authors but see Atkinson, *Trauma Trails, Recreating Song Lines: The Transgenerational Effects of Trauma in Indigenous Australia* (2002). 2 K Tsey et al, 'Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research' (2009) 18(2) *Health and Social Care in the Community* 169.

Families and Connectedness



Improved sense of family wellbeing for participants

Healthy family relationships are another protective factor for social and emotional wellbeing.¹ Empowering participants with the knowledge and understanding to improve wellbeing within their families and relationships is one of the central objectives of the Family Wellbeing program. The program aims to help **break the cycle of family and intergenerational trauma**, including the lasting impacts and trauma from the Stolen Generations and the overrepresentation of Indigenous children in out-of-home care.

Family Wellbeing can contribute to an improved sense of family wellbeing through strengthening participants' personal capacity to communicate needs, manage relationships, and resolve conflict. One study of a pilot of Family Wellbeing for 16 adult men in Central New South Wales found that 75% of participants reported a major improvement in their **ability to evaluate and manage family relationships** after the program, and 65% reported a major improvement in **dealing with emotions**.² Participation in Family Wellbeing may also be a **preventative measure for domestic and family violence**.³

Box 11: Association with sense of family wellbeing

Analysis by Williamson et al (2022) finds a **significant 13% increase in higher levels of family wellbeing** among Family Wellbeing participants (PR 1.13) compared to non-participants (PR 1.00). This finding is consistent across participants' gender, age, location, and former drinking status.

There is potential to monetise this outcome in the future, particularly with respect to the avoided costs of family violence.

“Before when me and my wife used to fight, I used to get the rage and wanted to hit her...but now doing the Family Wellbeing, I get to find other ways [of dealing with anger], plus [learning] how to deal with emotions and I find myself more at peace.”

Yarrabah Family Wellbeing participant, 2005⁴

“How family should be together and not to live in fear or have these fights and things like that—you know, domestic violence. Because I know for a fact that I lived through that, through the years with my families. Sorry to say but you know I know what it is. So when I came here it was a bit heart-breaking. It really hurt me you know. Thinking about myself...it was a good help. I realised it after that.”

Cape York Family Wellbeing participant⁵

“The Stolen Generations have meant the next generation have not learnt about family connection...when the children were taken away love was taken away...they stole love out of a traditional family structure and connections were broken and then no one knew how to do that family stuff.”

Community Member⁶

1 M Whiteside et al, 'Connecting and Strengthening Young Aboriginal Men; a Family Wellbeing pilot study' (2016) *Australian Social Work*. 2 Ibid. 3 Yarrabah Family Violence Report 2008. 4 Tsey et al (2009) empowerment and Indigenous Australian health a synthesis of findings from Family Wellbeing formative research. 5 K Tsey et al, 'The role of empowerment through life skills development in building comprehensive Primary Health Care systems in Indigenous Australia' (2005) 11(2) *Australian Journal of Primary Care* 16. 6 J Prince et al, 'Stories from community: How suicide rates fell in two Indigenous communities' (Healing Foundation, 2018).

Families and Connectedness



Reduced number of children and adults in the justice system in the community

Aboriginal and Torres Strait Islander peoples are overrepresented in the criminal justice system and in incarceration, including in prison and youth detention. These are structural and systemic issues that need intervention that is far beyond the reach of an individual.

Family Wellbeing is a preventative (or rehabilitative) measure helping to protect against factors that may lead to incarceration or involvement with the justice system. When implemented at scale within a community, the program can act as a **whole of community preventative approach**, alongside other measures.¹

This can be through community wide improvements such as creating strong role models, building sense of empowerment or pride in accomplishments, as well as reduction in drug and alcohol use. Drug and alcohol use are anti-social behaviours in themselves but also can lead to crime to support addiction or substance misuse.

An evaluation of the Central Coast Family Wellbeing Program found that for young men at risk of dropping out of school or engaging with justice system, Family Wellbeing lead to positive outcomes for personal empowerment. Facilitators reported participants taking new, healthier, pro-social courses of action in their lives. For example, one young man recently released from juvenile detention enrolled in a preparation for university program.²

Box 12: Experience of incarceration among Family Wellbeing participants

Analysis by Williamson et al (2022) finds that most Family Wellbeing participants have **no experiences of incarceration** (83.3% of Family Wellbeing participants).

However, Family Wellbeing participants are **more likely to report experiences of incarceration in prison** than non-participants (10.7% compared to 8.1%) as well as **youth detention** (1.9% compared to 1.8%). This likely reflects pre-existing participant characteristics.

1 Yarrabah Family Violence Report 2008. 2 H Klieve et al, 'A safe haven to support me': An evaluation report on the Central Coast Family Wellbeing Program' (2019, National Centre for Family Wellbeing, Brisbane, Cairns, Melbourne).

Impacts



Self-determination and empowerment

Self determination and empowerment



Increased sense of empowerment for participants

Empowerment encompasses a sense of control at multiple levels in life, including personal control, family and community empowerment:

“the capacity of individuals, organisations and communities to **gain control over their lives to improve health and wellbeing**.”¹

Building participants’ sense of empowerment is a central objective of Family Wellbeing. Through developing participants’ sense of self-worth, resilience, and problem-solving skills, the program can support participants’ abilities to take steps to improve their wellbeing and that of those around them.¹

Evidence of the impacts of Family Wellbeing varies at different levels of empowerment outcomes. Analysis by Williamson et al (2022) finds evidence of an **association between exposure to Family Wellbeing and participants’ sense of community empowerment** (Box 13). Conversely, the analysis finds no evidence for an association between exposure to Family Wellbeing and personal empowerment.

This points to the importance of capturing family and community-level indicators of wellbeing outcomes for Family Wellbeing participants, as participants may experience varying empowerment outcomes at different levels.

It may also point to the relevance of an Opposing Outcomes Model. Given the focus in Family Wellbeing on community level issues, it may be that exposure **enables participants to better identify structural barriers impacting their life and community** that can be improved. This may result in a changed understanding of personal empowerment in the context of structural barriers, and the sense that personal choices can only go some way to creating community-level change.

¹ M Whiteside et al, ‘Empowerment as a framework for Indigenous workforce development and organisational change’ (2006) 59 *Australian Social Work* 422. ² Ibid. ³ J Prince et al, ‘Stories from community: How suicide rates fell in two Indigenous communities’ (Healing Foundation, 2018). ⁴ K Tsey and A Every, A, ‘Evaluating Aboriginal empowerment programs: the case of Family Wellbeing’ (2000) 25(5) *Australian and New Zealand Journal of Public Health* 509.

Box 13: Association with personal and community-level empowerment

Analysis by Williamson et al (2022) finds **evidence of an increase in sense of community empowerment** among Family Wellbeing participants (measured by 74.5% of participants reporting that “a little to a lot” of Aboriginal or Torres Strait Islander people make decisions in their community, compared to 45.8% of non-participants).

Conversely, the analysis finds **no evidence of an association between participation in Family Wellbeing and self-reported personal empowerment** (measured by 93.7% of participants reporting “a little to a lot” of life control, compared to 94.0% of non-participants).

“**You have to know as a community you can deal with the problem...** when we met for the big community meeting we did not fully understand why or how but we knew we could deal with the problem because we had strong leaders and the presence and wisdom of the Elders. We had strong cultural protocols and without honoring these protocols we have failure. Then you need to know who else can help.”

Yarrabah course participant³

“**Family Wellbeing has taught me a lot about myself and how to control my emotions, actions, etc.** I have now become a new person and I have planned to do things for myself... This new way has made me change my diet, exercise more than I used to. I’ll continue listening to people who empower themselves in a positive way.”

Course participant⁴

Self determination and empowerment



Greater sense of self-determination for communities

In communities where a **critical mass of the population has participated** in Family Wellbeing, the program can also contribute to an increased sense of self-determination and empowerment within communities. Family Wellbeing can contribute to self-determination within communities in three main ways:

- Building participants' **confidence in contributing to local decision-making and leadership**. Where participants become aware of their ability to play a role in leadership and create change in their community, this may lead to increasing community representation in local wellbeing and community services – which should lead to greater trust in those services within the community.² In turn, increased trust in local organisations can lead to improved outcomes, as service providers are better used.¹ In Yarrabah, the growth of the **community-controlled health service Gurriny Yealamucka** is partly attributed to the contribution of Family Wellbeing in building a local workforce of health workers.³
- Building **capability in the Aboriginal and Torres Strait Islander research workforce** (discussed on the following page 42).
- Family Wellbeing is itself an example of a **self-determined community service**, developed by Indigenous people based on their personal experiences, needs and solutions.³

Aboriginal and Torres Strait Islander peoples are **more likely to receive effective assistance from self-determined services that are culturally relevant**, and which are delivered by Indigenous service providers.⁴

As self-determination in community services is expected to act as a precursor to other health and wellbeing outcomes captured in the framework, it is not separately monetised.

1 M Whiteside et al, 'Empowerment as a framework for Indigenous workforce development and organisational change' (2006) 59 *Australian Social Work* 422. 2 K Tsey et al, 'Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research' (2009) 18(2) *Health and Social Care in the Community* 169. 3 L Baird, 'The solution to Indigenous suicide crises lies in listening to Aboriginal people' (Overland, 24 June 2019). 4 L A Onnis, H Klieve, and K Tsey, 'The evidence needed to demonstrate impact: A synthesis of the evidence from a phased social and emotional wellbeing intervention' (2018) 70 *Evaluation and Program Planning* 35. 5 M Whiteside et al, 'Empowerment as a framework for Indigenous workforce development and organisational change' (2006) 59 *Australian Social Work* 422.

“I got on the Disability Advocacy Rights and Action Board...**I’ve got some power to do things** and challenge service providers and government departments so that each individual is valued as a human being.”

Yarrabah course participant¹

“Much of our sense of disempowerment, individually and as a community, came from **not being able to make critical decisions about our own lives. A course designed by people like us was what we needed.** It spoke our language, it understood how we experienced empowerment and wellbeing.”

Yarrabah course participant³

“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.”

Course participant⁴

“I learnt that **we can step up to the challenge and we all have that leadership potential and it’s not about having to be some huge person in the department** and [anyone] can be [a] leader in their own little group and... so it’s about, sort of like, stepping up to the mark just a little bit... more involvement”

Course participant⁵

Self determination and empowerment



Greater determination in research and defining indicators of community wellbeing

Another important impact of Family Wellbeing is through the **training of facilitators** and **engagement in community-based participatory research**. Often, facilitators use the Family Wellbeing training to contribute to research on the impacts of the Family Wellbeing, as well as other social and emotional wellbeing programs or health interventions in communities across Australia.¹

The training of Family Wellbeing facilitators and researchers leads to further impacts in self-determination, through supporting Aboriginal and Torres Strait Islander determination in defining and researching indicators of community wellbeing. This occurs in the following ways:

- Empowering **Aboriginal and Torres Strait Islander people to participate in social and emotional wellbeing research and academia**. Training Family Wellbeing facilitators and research supports the development of an Indigenous research workforce in communities across Australia. Developing a representative research network has important benefits, in contrast to the historic role of social work in relation to the Stolen Generations. This also supports replacing a deficit view with a strengths-based approach.
- Family Wellbeing is associated with an **increase in ownership over community outcomes and issues**, reflected in the number of participatory research projects, papers and reports generated through the program. Family Wellbeing research is user- and community-driven, creating partnerships between research users and researchers.¹
- **Shaping Aboriginal and Torres Strait Islander wellbeing policy decision-making** through contributing to the public discourse on social and emotional wellbeing issues, priorities and solutions.
- Contributing to empowering Aboriginal and Torres Strait Islander communities to **determine, and measure, relevant indicators of wellbeing**.

“It will never be people up there in ivory towers or outside our communities that make the change, **it is us – people, families and leaders in the community, people on the ground** [that] make the difference...we know what to do now.”

Community member²

“**They helped to demystify this thing called ‘research’ which had always been done to us by outsiders.** We loved learning about it and it gave us ownership over our information. Through the Family Wellbeing workshops, we brought participants and community members together to talk about the issues that mattered most to them. We started tackling problems like the chronic housing shortage, poor school attendance, and boredom.”

Les Baird³

“**Australians are bombarded with a deficit view of Aboriginal people**, so much so that we often become complacent, and doubt that solutions can be found. Rarely do we listen to the solutions that Aboriginal people find for themselves. Like most Aboriginal communities, Yarri has seen its fair share of health programs come, show promise, lose funding and disappear. What was different about Family Wellbeing was the long-term commitment we made with Komla’s team.”

Les Baird⁴

¹ Perera et al, ‘We are not stray leaves blowing about in the wind: exploring the impact of Family Wellbeing Empowerment Research 1998-2021’ (2022) 21(2) *International Journal for Equity in Health*. ² J Prince et al, ‘Stories from community: How suicide rates fell in two Indigenous communities’ (Healing Foundation, 2018). ³ L Baird, ‘The solution to Indigenous suicide crises lies in listening to Aboriginal people’ (Overland, 24 June 2019). ⁴ Ibid.

Health, healing, wellbeing and culture



Case study: Housing security

Housing security has been a key community issue in Yarrabah. In 2017, the council reported that 700 families were homeless, alongside issues in overcrowding. While data is limited in accuracy and availability, the council estimated that, on average, 15 people lived in each house, with up to 30 in some.¹

Housing, homelessness and overcrowding are structural and systemic issues that need intervention that is far beyond the reach of an individual. However, the implementation of Family Wellbeing in Yarrabah is reported to have led to some **community-level action towards greater housing security**.

One Family Wellbeing participant described living in a tin hut outside Yarrabah with her children. Through her participation in Family Wellbeing, and learning on topics of basic human needs, she came to recognise her and her family's need for housing security, and formed a **Community Housing Action Group**. The group sought to influence the local council by advocating for improved local housing. While the group was not successful in achieving all outcomes targeted, they successfully influenced the council to make changes to planned infrastructure in Yarrabah by providing road, water and electricity infrastructure to areas not previously captured in the council's strategic plan.²

Improved housing security has significant flow on benefits, particularly in the context of overcrowding, where chronic health conditions are exacerbated. To avoid double-counting across other impacts in the social impact framework, this outcome is not separately monetised.

“I didn't expect these kinds of changes but it showed me that once ordinary community members get knowledge then they are able to act in a more constructive way to deal with issues such as housing. Knowledge is power.”

Yarrabah Family Wellbeing participant¹

“People who have never had the opportunity before have been a voice in the community. It is affecting a fair bit of people.”

Yarrabah Family Wellbeing participant²

1 Perera et al, 'We are not stray leaves blowing about in the wind: exploring the impact of Family Wellbeing Empowerment Research 1998-2021' (2022) 21(2) *International Journal for Equity in Health*. 2 Yarrabah Aboriginal Shire Council's submission to the Queensland Productivity Commission – "Service delivery in remote and discrete Aboriginal and Torres Strait Islander communities" (2017), p 8. 3 K Tsey et al, 'Assessing research impact: Australian Research Council criteria and the case of Family Wellbeing research' (2019) 73 *Evaluation and Program Planning* 176. 4 McEwan et al (2009) The Role of Spirituality in Social and Emotional Wellbeing Initiatives: The Family Wellbeing Program at Yarrabah.

Impacts

 Overall social return of Family Wellbeing

Program costs

Costs of implementing the Family Wellbeing program in Yarrabah

Based on an assumed cost profile, the total costs of implementing Family Wellbeing in Yarrabah between 2001 and 2021 are estimated at **\$3.35 million in 2021 dollars** (Table 1). This includes costs of program delivery, as well as Family Wellbeing research activities in Yarrabah.

Other costs not captured in this analysis include the costs to Family Wellbeing program facilitators in the time required to apply for short-term grant funding to continue delivering the program. This **funding insecurity** has impacts for program facilitators:

“Staff have to rewrite their resumes every year to justify their positions to funders. Plans for the future become tricky when they are subject to the uncertainty of funding rounds. Dedicated workers in the community, forming relationships with young people as part of suicide prevention, are unable to say how long they will be there. We need to be able to establish confidence and security in these positions.”²

Program delivery in Yarrabah

Consistent data on Yarrabah program costs is not available, due to limitations on resourcing from inconsistent funding over the period 2001 to 2021. Instead, cost estimates are informed by Kinchin et al (2017), based on the cost profile of delivering Family Wellbeing to a remote community in Cape York. Based on this research, the mean cost of delivering Family Wellbeing in the remote community is estimated at \$2,766 per participant (inflated to 2021 dollars).¹

This includes both the direct costs of program delivery, such as personnel costs, administrative, transport, accommodation, catering, and materials costs – as well as indirect costs, or the opportunity cost of absence from work for Family Wellbeing program participants.

Research activities in Yarrabah

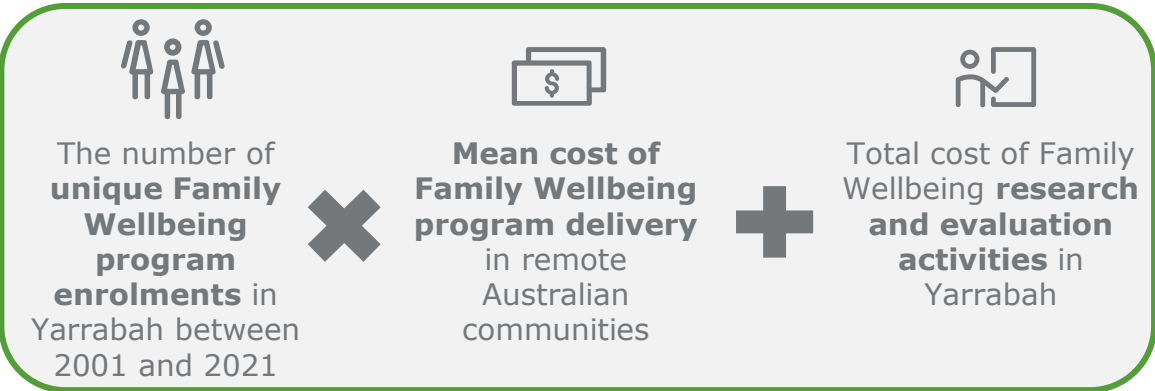
Based on historic grant funding data, this includes expenditure on research activities supporting the implementation of Family Wellbeing in Yarrabah over the period.

¹ I Kinchin et al, 'Delivering an empowerment intervention to a remote Indigenous child safety workforce: Its economic cost from an agency perspective' (2017) 64 *Evaluation and Program Planning* 85. ² L Baird, 'The solution to Indigenous suicide crises lies in listening to Aboriginal people' (Overland, 24 June 2019).

Table 1: Illustrative costs of implementing Family Wellbeing in Yarrabah, 2001 to 2021

Cost category	Value (\$m, 2021 dollars)
Program delivery	\$3.05
Direct costs:	
Personnel (external and internal facilitators)	\$0.43
Administrative (administration, transport, accommodation, catering, materials)	\$0.99
Indirect costs:	
Opportunity cost (absence from work)	\$1.18
Research and evaluations	\$0.31
Total costs	\$3.35

Box 15: Approach to estimating program costs



Social return of Family Wellbeing

Social return on investment (SROI) of the Family Wellbeing in Yarrabah

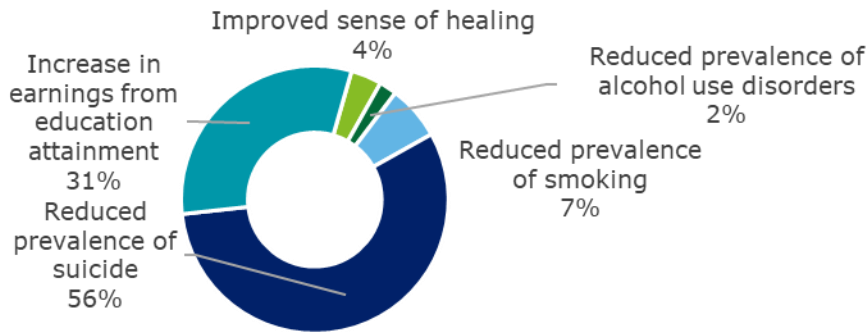
Based on the monetised social impacts of Family Wellbeing captured in this analysis, the estimated program **SROI ratio is 4.6** (Table 2). The **net present value (NPV) of \$12.0 million** represents the value of the historic stream of benefits and costs, expressed in 2021 dollars.

In other words, **for every dollar of investment in the Family Wellbeing program between 2001 and 2021, \$4.60 of benefits were produced for participants and the community in Yarrabah.**

The largest benefit of the Family Wellbeing program is through the **reduced prevalence of suicide** in the community, representing approximately half (\$8.67 million) of monetised benefits captured in the period (Chart 2).

Central assumptions underpinning the monetisation of each benefit are set out in the Appendices.

Chart 2: Breakdown of monetised benefits (present value, \$2021 dollars)



It is noted that these SROI results only reflect the benefits which could be monetised in this analysis, and a portion of the overarching benefits of Family Wellbeing. Many of the important community and cultural impacts of the program could not be quantified in this analysis based on available data. Paired with the conservative attribution factors employed, the **actual social return of the program is expected to be higher.**

Table 2: Summary of SROI results (present value, \$2021 dollars)

Cost or benefit item	Units	Result
Benefits (monetisable)		
Improved healing	\$m	\$.58
Reduced prevalence of alcohol use disorders	\$m	\$0.33
Reduced prevalence of smoking	\$m	\$1.01
Reduced prevalence of suicide in community	\$m	\$8.67
Increase in earnings through additional educational attainment	\$m	\$4.80
Total benefits	\$m	\$15.38
Costs		
Program delivery	\$m	\$3.05
Research and reporting	\$m	\$0.31
Total costs	\$m	\$3.35
Net present value	\$m	\$12.03
Social return on investment		4.6

Note: Assumptions and sensitivities underpinning the benefits monetisation is outlined in the Appendices.

SROI assumptions and limitations

Other key assumptions and limitations informing the SROI calculation are outlined below:

- **Attribution:** An assumed attribution rate of 20% is applied to each of the benefits of the Family Wellbeing program captured in this analysis (with the exception of healing impacts). This is intended to reflect the uncertainty in the identification of the impact of Family Wellbeing program in Yarrabah, in isolation of other social and emotional wellbeing programs implemented in Yarrabah between 2001 and 2021.

The rate of 20% was selected considering that Family Wellbeing was introduced to Yarrabah as **one of three** key community-driven suicide prevention interventions, to address the spate of suicides in the mid-1990s – alongside the establishment of Gurriny Yealamucka Health Service, and the Yaba Bimbie Men’s Group. The rate of 20% reflects the assumption that these interventions each contributed equally to health and empowerment outcomes in Yarrabah over the period, and allows for an additional combined effect of the three interventions.

For the healing impacts of Family Wellbeing, an attribution rate of 50% was adopted. This reflects the unique focus of Family Wellbeing in adopting a trauma-informed approach to addressing healing and reconciliation compared to the other interventions.

- **Impacts of exposure to Family Wellbeing:** Findings of Williamson et al (2022) on the impacts of exposure to Family Wellbeing is based on cross-sectional analysis of characteristics of Aboriginal and Torres Strait Islander respondents to the Mayi Kuwayu survey, comparing respondents who have been exposed to Family Wellbeing, to those who have not been exposed to the program. A limitation of these findings is that the association with exposure to Family Wellbeing *may reflect other unobserved characteristics linked to participation in Family Wellbeing*. Future longitudinal analysis of the impact of exposure to Family Wellbeing, using linked pre- and post-exposure data for participants in Yarrabah, will support the further identification of these impacts.
- **Displacement:** This analysis is based on an assumption that the activity supported by Family Wellbeing did not displace the implementation of another similar activity or program in Yarrabah.
- **Present value and discount rate:** Results are presented in 2021 dollars. As this analysis represents an evaluation of historic costs and benefits associated with the program, costs and benefits are not discounted.

Sensitivity analysis

The attribution rate is a central assumption underpinning the results in this analysis.

To understand the impact of the selection of this assumption on the results, the following sensitivities have been tested:

- a reduced attribution rate of 10%
- an increased attribution rate of 30%

Table 3 shows that the SROI ratio is sensitive to the attribution rate selected. However, the SROI ratio remains positive at all rates tested.

Table 3: Sensitivity of SROI results to attribution rate assumption (present value, \$2021 dollars)

	Attribution rate	NPV (\$m)	SROI ratio
Central (adopted)	20%	\$12.03	4.6
Low	10%	\$4.63	2.4
High	30%	\$19.43	6.8

Next steps

Future measurement and evaluation

In light of the conservative assumptions and limitations, this assessment of the 'value for money' of Family Wellbeing in Yarrabah should be **understood as an indicative and conservative estimate**. Paired with the attribution factors employed, the actual social return of the program is expected to be higher.

In future years, a more robust figure will be able to be determined by gathering additional data, particularly longitudinal participant outcomes data. Key recommendations for ongoing measurement and evaluation are outlined below.

Recommendations for ongoing data collection for future evaluations:

- Gathering **longitudinal participant data** can be used to better understand the attribution of Family Wellbeing to the expected impacts, removing the need to apply the assumed attribution factor of 20%.
- Analysis by Williamson et al (2022) quantifies the impact of Family Wellbeing on participants' cultural wellbeing – finding that exposure to Family Wellbeing results in a 74% increase in self-reported cultural wellbeing for participants. To help communicate this impact, and reflect the impacts that matter to Aboriginal and Torres Strait Islander communities, future evaluations should consider approaches to monetising the value of **improved cultural wellbeing**. This should be approached through conversations with Indigenous stakeholders to create a meaningful measure of the value of cultural wellbeing.
- Impact evaluations – ideally also utilising the Mayi Kuwayu survey – can also be undertaken in **other locations**, to understand how transferable impacts are across different communities – and the overarching return on investment on the Family Wellbeing program in Australia.
- Given the evidence of strong associations between Family Wellbeing exposure and empowerment outcomes at the family and community level, there is a need to routinely gather additional **community-level data** (outlined below).

Community-level data collection

There is a need to routinely gather community data in the locations where Family Wellbeing is implemented. This can be used to demonstrate community-level impacts alongside the individual impacts demonstrated in this analysis.

Examples of the community-level indicators which could be routinely (e.g., annually) collected include:

- number of Family Wellbeing participants engaging in employment or entrepreneurship
- number of Family Wellbeing participants/facilitators engaging in further research activities (including into Family Wellbeing)
- average job retention outcomes in the community
- number of adults and children interacting with the justice system
- number of children in out-of-home care
- measures of housing security in the community
- suicide prevalence
- measures of noise pollution in the community
- case studies of self-determined service delivery in the community.

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Qualitative studies

1. K Tsey and A Every, A, 'Evaluating Aboriginal empowerment programs: the case of Family Wellbeing' (2000) 25(5) *Australian and New Zealand Journal of Public Health* 509.
2. M Whiteside, K Tsey and W Earles, 'Locating Empowerment in the Context of Indigenous Australia' (2011) 64(1) *Australian Social Work* 113.
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5. K Tsey et al, 'Social determinants of health, the 'control factor', and the Family Wellbeing Empowerment Program' (2003) 11 *Australasian Psychiatry* 34.
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7. K Tsey et al, 'Adapting the family wellbeing empowerment program to the needs of remote Indigenous young people' (2005) 29(2) *Australian and New Zealand Journal of Public Health* 112.
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14. K Tsey et al, 'Assessing research impact: Australian Research Council criteria and the case of Family Wellbeing research' (2019) 73 *Evaluation and Program Planning* 176.

Studies involving quantitative pre/post intervention evaluation data

1. Williamson L et al, 'Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples' (forthcoming in 2022, provided by ANU).
2. H Klieve et al, '"A safe haven to support me": An evaluation report on the Central Coast Family Wellbeing Program' (2019, National Centre for Family Wellbeing, Brisbane, Cairns, Melbourne).
3. M Whiteside et al, 'Feasibility of the Family Wellbeing Program for people who are supporting methamphetamine users in Aboriginal communities: a pilot study' (2018) 71(3) *Australian Social Work* 358.
4. M Whiteside et al, 'Connecting and Strengthening Young Aboriginal Men; a Family Wellbeing pilot study' (2016) *Australian Social Work*.
5. I Kinchin et al, 'An empowerment intervention for Indigenous communities: an outcome assessment' (2015) 3 *BMC Psychol* 29.

Study on the costs of delivering FWB

1. I Kinchin et al, 'Delivering an empowerment intervention to a remote Indigenous child safety workforce: Its economic cost from an agency perspective' (2017) 64 *Evaluation and Program Planning* 85.

Reviews of Family Wellbeing research findings

1. L A Onnis, H Klieve, and K Tsey, 'The evidence needed to demonstrate impact: A synthesis of the evidence from a phased social and emotional wellbeing intervention' (2018) 70 *Evaluation and Program Planning* 35.
2. K Tsey et al, 'Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research' (2009) 18(2) *Health and Social Care in the Community* 169.

Appendices

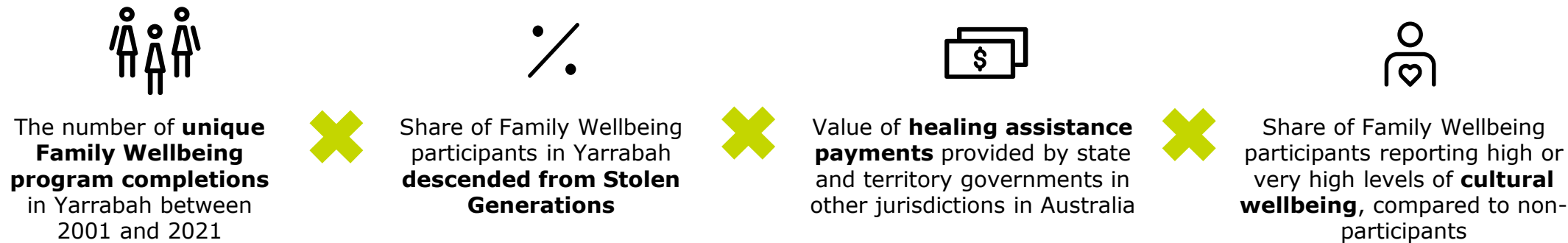
Methodology

Methodology

Determining the value of healing for descendants of the Stolen Generations

This impact was measured by adopting the financial proxy of healing assistance payments provided by state and territory governments in Australia. An overview of the calculation is provided in Figure A.1.

Figure A.1: Monetisation of healing benefits for Family Wellbeing participants descending from Stolen Generations, 2001 to 2021



Source: Deloitte Access Economics

Key assumptions

Several key assumptions informed this analysis, including:

- **Number of Family Wellbeing program participants and completions:** Data provided by Family Wellbeing administration indicate that between 2001 and 2021, 940 participants enrolled in Family Wellbeing in Yarrabah, with 714 unique completions of Stage 1.
- **Share of participants in Yarrabah descending from the Stolen Generations:** As a former mission, Yarrabah is home to a relatively higher proportion of residents descended from Stolen Generations. In 2005, a program evaluation of Family Wellbeing in Yarrabah estimated that 80 per cent of the population in Yarrabah are descended from Stolen Generations.
- **Financial proxy of healing assistance payments:** Across Australia, as well as other nations globally with a history of colonisation, some jurisdictions are introducing reparations payments to compensate for the trauma or suffering caused. For example, the Victorian Government has introduced the Stolen Generations Reparations Package, offering a lump sum payment of \$100,000 for persons removed in Victoria, as well as access to supports such as up to 35 hours of trauma-informed counselling (at up to \$180 per hour, to a total of \$6,300). The Territories Stolen Generations Redress Scheme offers a redress payment of up to \$75,000 and a healing assistance payment of \$7,000. This analysis adopts the lower healing assistance payment of \$6,300 as a financial proxy for the value of healing supported by participation in the Family Wellbeing program.
- **Share of Family Wellbeing participants reporting high or very high cultural wellbeing:** There is evidence that exposure to the Family Wellbeing program is strongly associated with higher levels of cultural wellbeing for Aboriginal and Torres Strait Islander peoples. Based on analysis of Mayi Kuwayu survey results, Williamson et al (2022) find that almost three quarters of Family Wellbeing participants (70.9%) report moderate or high cultural wellbeing outcomes, compared to 38.9% of non-participants (n=9,843).

Methodology

Determining the value of the reduced prevalence of smoking

This impact was measured by estimating the value of the average number of quality adjusted life years (QALYs) gained as a result of the reduced prevalence of smoking among Family Wellbeing participants. An overview of the calculation is provided in Figure A.2.

Figure A.2: Monetisation of the benefits of the reduced prevalence of smoking for Family Wellbeing participants, 2001 to 2021



Source: Deloitte Access Economics

Key assumptions

Several key assumptions informed this analysis, including:

- **Number of Family Wellbeing program participants and completions:** Data provided by Family Wellbeing administration indicate that between 2001 and 2021, 940 participants enrolled in Family Wellbeing in Yarrabah, with 714 unique completions of Stage 1.
- **Share of participants who are current smokers:** Data from the Australian Bureau of Statistics (ABS) indicates that in 1994, approximately half (54.5%) of Aboriginal and Torres Strait Islander people aged 18 and over were current smokers. This declined to 43.4% in 2018-19. The latter rate was adopted to estimate the share of participants in Yarrabah who were current smokers at the time of participation.
- **Value of average QALYs gained as a result of quitting smoking:** To estimate the average number of additional healthy years of life gained attributable to quitting smoking, this analysis adopts estimates of the average years of life lost for the major causes of death attributable to tobacco smoking (including lung cancer, chronic obstructive pulmonary disease, coronary heart disease, and other cancers and strokes). Based on the average of years of life lost due to these diseases, the average years gained from quitting tobacco smoking is estimated at 12.75 years. This includes deaths from these diseases at all ages, including in old age. The value of these years of life gained is monetised by applying the value of a statistical life year estimated by the OBPR (\$220,000 in 2021 dollars).
- **Share of Family Wellbeing participants reporting quitting smoking:** There is evidence that exposure to the Family Wellbeing program is strongly associated with positive precursory health outcomes such as quitting smoking, regular exercise, and quitting smoking for Aboriginal and Torres Strait Islander peoples. Based on analysis of Mayi Kuwayu survey results, Williamson et al (2022) find that one third of Family Wellbeing participants (33.4%) report quitting smoking, compared to 31.9% of non-participants (n=9,843).

Methodology

Determining the value of the reduced prevalence of alcohol use disorders

This impact was measured by estimating the value of the average number of quality adjusted life years (QALYs) gained as a result of the reduced prevalence of alcohol use disorders among Family Wellbeing participants. An overview of the calculation is provided in Figure A.3.

Figure A.3: Monetisation of the benefits of the reduced prevalence of alcohol use disorders for Family Wellbeing participants, 2001 to 2021



Source: Deloitte Access Economics

Key assumptions

Several key assumptions informed this analysis, including:

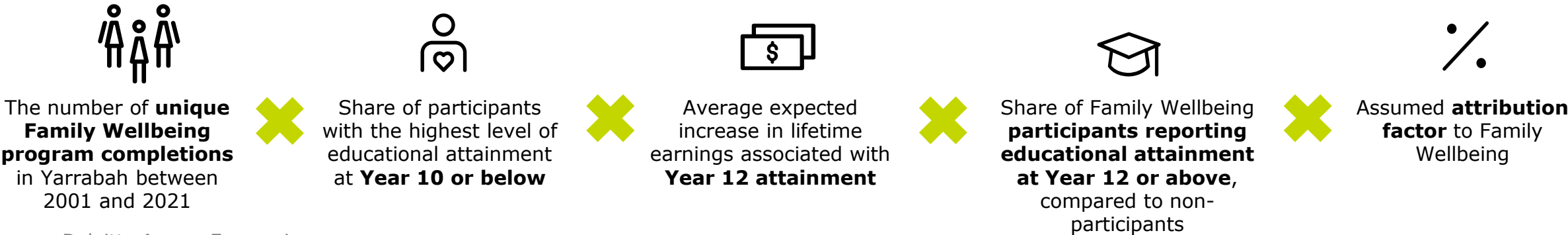
- **Number of Family Wellbeing program participants and completions:** Data provided by Family Wellbeing administration indicate that between 2001 and 2021, 940 participants enrolled in Family Wellbeing in Yarrabah, with 714 unique completions of Stage 1.
- **Share of participants enrolled through the Alcohol Rehabilitation Service:** Family Wellbeing administration data indicate that between 2001 and 2021, 676 participants in Family Wellbeing in Yarrabah were enrolled through the Alcohol Rehabilitation Service, with 672 completions of Stage 1.
- **Value of average QALYs gained as a result of quitting alcohol:** To estimate the average number of additional healthy years of life gained attributable to quitting drinking, this analysis adopts evidence of the total burden of disease which is attributable to alcohol for Aboriginal and Torres Strait Islander people. In 2011, the total burden of disease attributable to alcohol use disorders among Aboriginal and Torres Strait Islander people was estimated at 14.6 QALYs for every 1,000 people. The value of these years of life gained is monetised by applying the value of a statistical life year estimated by the OBPR (\$220,000 in 2021 dollars).
- **Share of Family Wellbeing participants reporting quitting alcohol:** There is evidence that exposure to the Family Wellbeing program is strongly associated with positive precursory health outcomes such as quitting smoking, regular exercise, and quitting smoking for Aboriginal and Torres Strait Islander peoples. Based on analysis of Mayi Kuwayu survey results, Williamson et al (2022) find that one quarter of Family Wellbeing participants (26.4%) report quitting alcohol, compared to 20.4% of non-participants (n=9,843).

Methodology

Determining the additional expected lifetime earnings from improved educational attainment

This impact was measured by adopting the financial proxy of healing assistance payments provided by state and territory governments in Australia. An overview of the calculation is provided in Figure A.4.

Figure A.4: Monetisation of the benefits of improved educational attainment for Family Wellbeing participants, 2001 to 2021



Source: Deloitte Access Economics

Key assumptions

Several key assumptions informed this analysis, including:

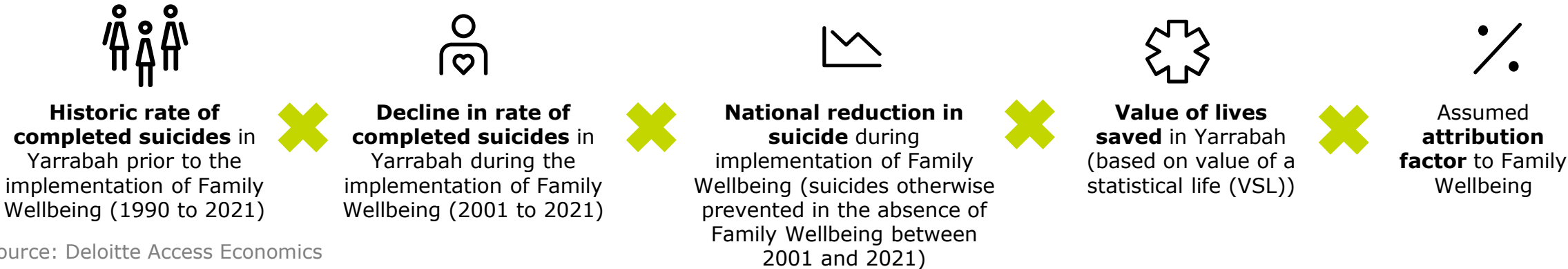
- **Number of Family Wellbeing program participants and completions:** Data provided by Family Wellbeing administration indicate that between 2001 and 2021, 940 participants enrolled in Family Wellbeing in Yarrabah, with 714 unique completions of Stage 1.
- **Share of participants with a highest level of educational attainment at Year 10 or below:** Based on Census data, approximately half of the population aged 15 years and over in Yarrabah have completed a highest level of education at Year 10 or below.
- **Average expected increase in lifetime earnings associated with Year 12 attainment:** Given the uncertainty in the ages and education levels of Family Wellbeing program participants in Yarrabah over the evaluation period, the average benefit to expected lifetime earnings associated with completing Family Wellbeing can be estimated based on the average change in lifetime earnings attributable to Year 12 attainment. Based on the average benefit in net present value (NPV) terms adopted in the Healing Foundation (2017), this results in an average benefit of \$3,118 in 2016 dollars.
- **Share of Family Wellbeing participants reporting educational attainment at Year 12 or above:** There is evidence that exposure to the Family Wellbeing program is associated with an increased prevalence of Year 12 or higher educational attainment for Aboriginal and Torres Strait Islander peoples. Based on analysis of Mayi Kuwayu survey results, Williamson et al (2022) find that 57.8% of Family Wellbeing participants report completing Year 12 or a higher level of education, compared to 53.2% of non-participants (n=9,843).

Methodology

Determining the value of the reduced prevalence of suicide

This impact was measured by estimating the value of the estimated number of suicides prevented as a result of the implementation of Family Wellbeing in Yarrabah between 2001 and 2021. An overview of the calculation is provided in Figure A.5.

Figure A.5: Monetisation of the value of the reduced prevalence of suicide in Yarrabah, 2001 to 2021



Source: Deloitte Access Economics

Key assumptions

Several key assumptions informed this analysis, including:

- **Historic rate of suicides in Yarrabah, prior to the implementation of Family Wellbeing:** Prior to the implementation of Family Wellbeing in 2001, it is estimated that 2.125 suicides were recorded in Yarrabah each year, on average, between 1990 and 1997 (varying between 0 in 1990, and peaking at 5 in 1995). It is noted that these estimates are lower than community data.
- **Decline in the rate of completed suicides in Yarrabah during the implementation of Family Wellbeing:** McCalmén et al (2007) estimate that suicide rates dropped from an estimated 3 to 4 completed suicides each year in Yarrabah in the mid-1990s, to approximately 2 suicides between 1998 and 2007 (in addition to a decline in injury rates). This is assumed to represent a halving in the rate of completed suicides in Yarrabah within the Family Wellbeing implementation period.
- **National reduction in suicide between 2001 and 2021:** The prevalence of suicide also reduced across Australia over the period 2001 to 2021. Based on the widest reductions in the number of suicides by gender, national suicide rates are assumed to have declined by 69% over the period – representing the deadweight, or the reduction in the prevalence of suicide which would have occurred even in the absence of Family Wellbeing if the same rate of decline were applied to Yarrabah.
- **Value of lives saved:** The expected value of lives saved is monetised by applying the value of a statistical life adopted by the OBPR (\$5.1 million in 2021 dollars).

Methodology

Costs of implementing the Family Wellbeing program in Yarrabah

The costs of implementing Family Wellbeing in Yarrabah include costs of **program delivery**, as well as the cost of Family Wellbeing **research and evaluation activities** in Yarrabah. An overview of the calculation is provided in Figure A.6.

Figure A.6: Costs of implementing Family Wellbeing in Yarrabah, 2001 to 2021



Source: Deloitte Access Economics

Key assumptions

Assumptions informing this analysis include:

- **Number of Family Wellbeing program enrolments:** Data provided by Family Wellbeing administration indicate that between 2001 and 2021, 940 participants enrolled in the Family Wellbeing program in Yarrabah.
- **Mean cost of Family Wellbeing program delivery in remote Australian communities:** Based on research by Kinchin et al (2017), the mean cost of delivering Family Wellbeing in remote Australian communities was estimated at \$2,766 per participant (and inflated to 2021 dollars). This figure includes both the direct costs of program delivery, such as personnel costs, administrative, transport, accommodation, catering, and materials costs – as well as indirect costs, or the opportunity cost of absence from work for Family Wellbeing program participants.
- **Total cost of Family Wellbeing research and evaluation activities in Yarrabah:** Based on historic grant funding data provided by Family Wellbeing administration, this includes expenditure on research and evaluation activities supporting the implementation of Family Wellbeing in Yarrabah between 2001 and 2021.



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