“Bringing us back to our origin”: adapting and transferring an Indigenous Australian values-based leadership capacity-building course for community development in Papua New Guinea

Janya McCalman, Komla Tsey, Russell Kitau & Sue McGinty

To cite this article: Janya McCalman, Komla Tsey, Russell Kitau & Sue McGinty (2012) "Bringing us back to our origin": adapting and transferring an Indigenous Australian values-based leadership capacity-building course for community development in Papua New Guinea, Community Development, 43:3, 393-408, DOI: 10.1080/15575330.2011.593266

To link to this article: http://dx.doi.org/10.1080/15575330.2011.593266

Published online: 28 Oct 2011.

Article views: 450

View related articles

Citing articles: 2 View citing articles
CD CASE

“Bringing us back to our origin”: adapting and transferring an Indigenous Australian values-based leadership capacity-building course for community development in Papua New Guinea

Janya McCalman*, Komla Tsey, Russell Kitau and Sue McGinty

School of Indigenous Australian Studies, James Cook University, Townsville, Townsville 4811, Australia

The pilot delivery of an Indigenous Australian community development leadership training program was examined to determine its appropriateness and relevance for Papua New Guinea (PNG) public health leaders. The training program comprised two steps: the implementation of a values-based personal capacity-building process, which aimed to address the social and emotional well-being of individual participants; and delivery of selected topics of the program to participants’ families, workplaces or community groups. Employing a constructivist grounded theory approach, the study found that participants “took ownership” of the two-step process, citing its benefit as “bringing us back to our origin”. To ensure sustainability, the program was endorsed as a core requirement for PNG postgraduate public health programs and cross-institutional agreements were developed for further program delivery and support. The study is potentially useful for other researchers and program managers attempting cross-national translation of leadership development approaches and their sustainability.

Keywords: capacity-building; international development; leadership; Pacific Rim; university–community relations

Introduction

It is important when transferring development approaches from one context to another to evaluate their appropriateness and relevance. This paper describes the pilot delivery of the Australian Aboriginal Empowerment and Change program to the staff and students of the Division of Public Health at the University of Papua New Guinea (UPNG). Although the training program was based on emerging evidence of effectiveness in Australian Indigenous contexts (Tsey & Every, 2000; Tsey et al., 2009; Whiteside, Tsey, & Cadet-James, 2011), we did not assume that it would necessarily be appropriate or relevant for Papua New Guinea (PNG). Two research questions were identified: how acceptable and relevant is the two-step Empowerment and Change leadership training program for PNG contexts; and what are the opportunities and limitations for sustaining such international university-led collaborations over time? The phased approach described in this case study and related
issues of capacity, program ownership and sustainability may be relevant for both PNG and other interested communities.

The Papua New Guinea context
PNG faces formidable development challenges, ranking last of the Pacific nations on social indicators such as the United Nations Human Development Index and Human Poverty Index. With approximately 6.6 million residents, and more than 800 distinct language groups, an estimated 39% citizens were living on less than US$1 a day in 2003 (Asian Development Bank, 2011). Literacy levels are low and there are entrenched gender inequalities in access to education and employment opportunities, and high levels of violence against women. Life expectancy is just 57 years, and infant and maternal mortality rates are high (Australian Agency for International Development, 2010a, 2010b). PNG is currently the only Pacific Island country with a generalised epidemic of HIV and there are projections that cases will double every two years (Asian Development Bank, 2011). Providing access to basic health, water and sanitation services, particularly for the 87% of residents who live in rural and remote areas, is challenging. Growing numbers of people are moving to urban centres where poverty, unemployment and civil unrest are growing.

Faced with deteriorating health and social indicators, PNG leaders have been searching for appropriate leadership models to meet PNG people’s needs for a sustainable and equitable community development approach (John Maru, personal communication, 8 July 2010). What is required is the strengthening of leadership capabilities to take positions grounded in explicit values of right and wrong on issues such as government effectiveness across sectors and levels, rule of law, and control of corruption, violence and conflict (Australian Agency for International Development, 2010a, 2010b). PNG is at a juncture in its development. Since independence from Australia in 1975, PNG has remained reliant on aid aimed at reducing poverty and achieving sustainable development (Australian Agency for International Development, 2010b). Recent rapid economic growth, driven largely by the mineral resources sector and a stable political environment, provides some prospect for reducing this dependence on aid. PNG development priorities include the creation of employment and building infrastructure in roads, health and education (Independent Review Team, 2010).

Literature review
Transformational leadership encompasses a focus on the behaviours and skills of an individual leader (or leader development), but also takes the view that leaders are responsible for the development of a broader, collective framework by members of an organisation or community (Dalakoura, 2010; Yukl, 1994). Developing such leadership capacity is a key element of community development through empowering and mobilising community members to prioritise and act for their own improvement (Bolden & Kirk, 2009; Brennan & Israel, 2008). Leadership can include positions of authority, but it can also be informal and be held at many levels. For example, households and kinship networks, and the informal inter-relationships between individuals are important (Acquaye-Baddoo et al., 2010).

In the field of community development, there is frequently a gap between knowing what is needed for the
development of transformational leadership and knowing how to accomplish it. It is important to distinguish between the so-called “hard capacities” such as technical skills, functions, structures and systems, and the “soft capacities” such as people’s values, motivations and personal ethics. The soft capacities are extremely important in leadership capacity-building in the context of community development but have often not been given such high-priority attention (Morgan, Land, & Baser, 2005). Change processes need to start from making explicit the tensions arising from the disjuncture between old common values and shared understandings with new circumstances in order to generate the momentum for change. At the same time, it is important that change processes act towards sustainable community development that “meets the needs of the present without compromising the ability of future generations to meet their own needs” (World Commission on Environment and Development (Brundtland Commission), 1987; Yukl, 1994).

A major factor shaping these dynamics is the difference between the concerns and priorities frequently found between western aid donors and researchers and the aspirations of the communities whom they are meant to serve (Campbell, Pyett, McCarthy, Whiteside, & Tsey, 2007; LaFrance & Nichols, 2010; Temby, 2007; Voyle & Simmons, 1999). This highlights the complex ethical issues associated with leadership development such as when to lead and when is leadership manipulation or social control; when participation is co-option; and when self-help leaves challenging issues to communities’ rather than working for redistribution and equity (Mowbray, 2005). The history of top-down implementation of community development leadership approaches and the transfer of approaches from specific localities across borders to other settings has been problematic (Dominelli, 2005). Best-practice models have rarely been fully transferable since an action that may promote socially innovative initiatives in one situation may produce a different outcome in another (Gonzalez & Healey, 2005).

The international literature provides examples of both exploitation and disrespect for the needs of the local community program recipients (Dominelli, 2005). In PNG, for example, a recent independent review of Australia’s aid program questioned the appropriateness of Australia’s current top-down and supply-driven Australian-conceived, designed and implemented models of capacity-building through advisors (Independent Review Team, 2010; Temby, 2007). It noted widespread dissatisfaction due to a perceived lack of impact and cost-effectiveness. The models were seen as potentially undermining local capacity and participation and as having limited success in promoting sustainable development (Temby, 2007).

It is rare for Indigenous leadership development programs to be transferred across nations. A search of the literature found that the development of local, situational Indigenous leadership development programs had been influenced by the sharing of narratives across international networks linking Indigenous groups (Tumoana Williams, 2007; Voyle & Simmons, 1999), but no cases of Indigenous program transfer. Similarly, literature described locally-developed Indigenous evaluation frameworks that incorporated key principles of Indigenous ways of knowing as well as western evaluation practice (LaFrance & Nichols, 2010; Voyle & Simmons, 1999), but not their application across nations. This paper examines whether the transfer of a
bottom-up Australian Indigenous approach to PNG would avoid the problems of program transfer described above.

Methodology

Resource-poor PNG universities have often drawn on Australian academics to provide short-term teaching blocks on a fly-in–fly-out basis to bolster training for their community service professionals. Given close institutional proximity and building on long-standing arrangements between the UPNG and James Cook University (JCU), JCU hosted visits by the Acting Chairman of UPNG’s Division of Public Health to Cairns and Townville campuses and to Yarrabah Aboriginal community in September 2008. The Acting Chairman hoped to develop a memorandum of understanding between the two institutions for mutual cooperation in teaching and research in the social sciences and public health.

The Acting Chairman sought to augment the somewhat technical focus of the existing community development course within the postgraduate public health training offered by UPNG. In particular, in the context of endemic corruption, the oppressive position of women, crime and violence, he aimed to equip students to manage the many challenges associated with turning around PNG’s worsening health status by strengthening their value-based “soft capacities”. On his side, the Masters of Public Health (MPH) and Diploma of Community Health (DCH) students included experienced public health professionals such as medical practitioners, nurses, midwives, community health workers, public health officers and a research officer. Many students held strong Christian beliefs. Most had been able to attend postgraduate public health study only through significant personal sacrifice. These factors fuelled their motivation to improve PNG’s health and wellbeing. Further, students originated from across PNG, living in hostel accommodation on the university campus but intending to return to their home communities. This provided potential for piloting a new approach in diverse sites. In this context, the Acting Chairman recognised that JCU’s Empowerment and Change course was a potentially useful approach to introduce training in the soft capacities of leadership into UPNG’s postgraduate course.

As part of determining the practical relevance of Empowerment and Change, it was important not to add new demands to students’ already full workloads; Empowerment and Change was substituted as a temporary replacement for UPNG’s compulsory community development course. JCU agreed to provide two facilitators for one week to deliver the course, and to assess students’ assignments and analyse evaluation data. UPNG provided funding for facilitators’ travel and accommodation and supported student assignments. Ethical clearance was received from JCU.

Two researchers (one male, one female) from JCU delivered Empowerment and Change in May 2009. Because of competing demand in Australia for Indigenous Australian facilitators of the program at the time, perhaps ironically, the translation of the Australian Indigenous program at UPNG was facilitated by a Ghanaian (with relevant lived experience of the effects of colonisation in that developing country) and a New Zealander. The course was delivered to a core group of 22 MPH and DCH students. In addition, staff and students from other Divisions of UPNG were invited, and eight Community Health Nurse...
Diploma students were present from the second day. One retired senior health administrator attended in the capacity of a professional and cultural mentor and advisor. Of the 30 students, 16 (53%) were male and 14 (47%) female with an age range of 23–60. More than one-half were 40 years or older.

The pilot UPNG leadership capacity development approach

Three dynamic processes comprised the pilot leadership capacity development approach at UPNG. These are depicted in Figure 1.

The first process was the delivery of the JCU postgraduate Empowerment and Change short course. Empowerment and Change was adapted in 2007 from the Indigenous Australian values-based Family Wellbeing (FWB) community development and empowerment education program. The aim of Empowerment and Change was to better skill future Australian health, education and social service workers in the operationalisation of values-based empowerment approaches, particularly for those working in Indigenous contexts. In brief, FWB is a pedagogic approach that provides an interactive environment for acknowledging past history along with the impact of history on people’s lives today. However, rather than remaining in the past or problems, group processes enhance opportunities for new conversations in the context of people’s own stories. These conversations focus on personal resilience, strength and competency. They broaden understanding, reinforce potential connections, minimise divisions and build confidence to plan and work together (Whiteside et al., 2011). The focus is on exceptions to problems and helping people to understand their situation in a new and more

Figure 1. Program theory: transformational leadership training for UPNG postgraduate public health students.
helpful light. Participants are also given theoretical knowledge and analytic frameworks to analyse and better understand their experiences.

These conversations through FWB are particularly important for many Indigenous people as it helps them to move from self-blame, victimhood and poor self-esteem toward a position of greater strength and control. For example, the topic on leadership qualities required students to select one person from their family and one from their workplace that they respected and to consider why. The qualities were shared with the larger group. Despite considerable discrepancies in educational attainment between family members and professional work colleagues, many of the qualities suggested were similar. Students then reflected on the qualities they admired about themselves. Sharing such narratives is essential to the process of community development and resonates powerfully with Indigenous knowledge systems. When people feel safe and confident to share stories and experiences with each other, they often develop greater understanding, respect and empathy among themselves. This enhances social cohesion and stability (Tsey, 2009).

FWB facilitator training normally requires participation in five stages with each incorporating 10 topics. The five stages are: engagement and empowerment, the process of change, changing the patterns, opening the heart and facilitation skills (Tsey, Gibson, & Pearson, 2006). For the postgraduate UPNG students, it was considered that stage one FWB delivery was sufficient (see Figure 2). Delivery of each topic followed a simple format, which was modelled by the JCU facilitator.

Step two involved follow-up processes aimed at supporting the students to facilitate one or two FWB topics to a group of people in students’ homes, workplaces or communities. In the context of this pilot with UPNG, this follow-up organisation and advocacy for family, work and community change was framed as the students’ assignment. Thirdly, students were asked to act as co-enquirers by negotiating to obtain evaluation feedback from their participants groups; generating further data to assess their ability to bring about change and the relevance and appropriateness of the approach. In addition, a simple evaluation framework was used post-workshop and repeated after seven months. The evaluation elicited student reflections about what they liked and disliked about the program and their intended and actual implementation of topics.

Data collection and analysis

Five data sources were used to determine the acceptability and relevance of the Empowerment and Change leadership training program for PNG and the opportunities and limitations for sustaining the international university-led collaboration. These were as follows:

- observations of students’ responses during the delivery of Empowerment and Change recorded in field notes by the JCU co-facilitator;
- students’ completed evaluation forms at the end of the block course ($n = 30$);
- students’ evaluations and reflections on the relevance and acceptability of the approach facilitated by UPNG seven months post-workshop ($n = 20$); and
- interviews with UPNG managers, records of meetings, and documentation of formal partnership arrangements between UPNG and JCU.
Grounded theory methods were used to “study the unstudied” (Glaser & Strauss, 1967). The usual trajectory for a grounded theory study is to start by purposefully sampling participants, who are able to articulate their experience of the research issue. These data are coded and analysed. Deciding which data to collect next is based on a desire to further explore theoretical concepts that emerge from this early sampling (Glaser & Strauss, 1967). In this pilot study, constraints (for JCU staff) of distance, poor communication technology (UPNG has intermittent access to Internet and telephone) and minimal funding meant that UPNG staff took responsibility for follow-up data.

The datasets were coded segment by segment, using NVIVO software to facilitate the process. Codes from one data source were compared with others.
or to elaborate on the properties of others. Memos were written as coding progressed (Charmaz, 2006). Analytic categories were then built from the participants descriptions of their experiences with the program. Because of the empirical nature of this study, all partners experienced the research situation first hand (in different roles) and had some grasp of the opportunities and constraints inherent in the exchange. But there were trans-cultural (Australia/PNG), structural and power (resource-rich/poor environments and teacher/student) divides. It is important to note that the authors of this paper represent both universities, including staff and students.

Findings
Providing health services in an empowering way is challenging. Practitioners can be faced with a myriad of clients’ issues, often requiring sensitivity and specialised skills, knowledge and experience to manage. Nevertheless, UPNG students “took ownership” of the processes of personal and family, workplace and community empowerment: “tell(ing) the people that health is in their own hands”.1 The process of taking ownership involved a three-part dynamic process of: touching the lives of individual participants; acting to meet family and community needs; and “starting a big fire with a spark”. They described its outcome as “bringing us back to our origin” (see Figure 3).

Dynamic one: touching the lives of individual participants
Student feedback at the end of Empowerment and Change reflected a strengthening of students’ personal

Figure 3. Bringing us back to our origin: an empowerment approach for values-based community development.
capacity. In reflecting on the workshop after seven months, students recalled initial reservations about being taught empowerment or family well-being: “at the start of the workshop I asked myself what this FWB program has got to do with my course. I came to this university, is it to learn about Family Well-being or what?” Nine of the 20 students who provided follow-up reflections said that they had initially been concerned about the personal (and sometimes emotional) nature of topics taught: “the topics discussed were very personal and too sensitive to disclose to the group”. Concerns included “publicly bringing back fond memories of the missing ones long gone in our lives” and feeling “emotionally sad when going through their life journey”. However, although addressing emotional issues was difficult, students typically acknowledged the benefits of doing so: “on the other hand it gave me a challenge to strive up to their level”.

Criticisms of the course at the end of the four-day block related to the constraints of fly-in–fly-out delivery. Seven students disliked the short time frame and requested written references or textbooks and advance information. Two students asked for a greater involvement with Indigenous Australians, including “Slides or movies of Indigenous Australia – so we may be able to get a clear picture of it” and “exchange programs with the Indigenous people of Australia”.

All 30 students provided examples of aspects of the workshop that they liked. In order of response frequency, these included the relevance of the course to PNG issues by “going back to basics” (n = 10); the structure and participatory style of the course delivery (n = 6); the opportunity for personal reflection (n = 4); specific topics (n = 4); the contribution of the course to their MPH and DCH studies (n = 4); and “everything” (n = 3). A typical student response was: “the course was an eye opener and it really touched their heart, emotions, mentally and felt the need to change their attitude”. This resulted in students being able “to realize and appreciate what is really happening around them, what they can and cannot do, how can they approach issues or needs and challenges and when can they do it”.

**Dynamic two: acting to meet family and community needs**

Student assignments required delivery of FWB topics with family, work colleagues and community members, many students intending to do so with more than one group. Hence the numbers total more than 30. As Table 1 presents, the actual delivery fell short of students’ intentions.

However, many of the students’ deliveries were ambitious well beyond the expectations of course requirements. For example, one student delivered a three-day workshop to 50 participants in his remote village setting. This was notable given students’

<table>
<thead>
<tr>
<th>Students’ delivery of FWB with . . .</th>
<th>Intended to facilitate (evaluations received, n = 30)</th>
<th>7 months later, had facilitated (evaluations received, n = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>28 (93%)</td>
<td>8 (40%)</td>
</tr>
<tr>
<td>Work colleagues</td>
<td>24 (80%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Community</td>
<td>26 (87%)</td>
<td>8 (40%)</td>
</tr>
</tbody>
</table>
challenging circumstances, including high workloads, employment and family responsibilities, substantial distances to some home locations, their limited FWB training and meagre financial resources.

Seven months after the delivery of Empowerment and Change, more than one-half of respondents \( (n = 11) \) indicated that they had taken ownership of the program and implemented it with minimal support from UPNG or JCU staff. One-quarter \( (n = 5) \) reflected that they had some capacity to deliver the program, but needed further support. Requirements included funding, feedback and support from the JCU team, “materials, training kits and supervision” and training in all stages of FWB. Only two students reported no attempt to facilitate FWB, one citing disappointment that an opportunity to organise the training did not eventuate. Two elder women did not provide responses. This may imply that they did not see it as relevant or applicable. Further theoretical sampling could have verified whether this was the case.

Eight students had delivered FWB topics with extended family members, reporting outcomes such as improved family organisation, more equitable sharing of roles and household responsibilities, and more enjoyment of family life. Examples included use of group agreements: “We have decided to change some house-rules for a start; instead of ladies cooking all the time – now boys/men are rostered to cook”. Several students facilitated the basic human needs topic: “as head of the family ... I apologized to my wife and the kids for not setting priorities right for my family. We worked on family budget which was the most important issue that was missed”. A male student facilitated the conflict resolution topic and found:

that my kids are obeying me more now since they feel respected. When there is a conflict between me and my wife about certain issues and when I sense that my temper is building up, I go out of sight from my wife or just take a walk. After 1 or 2 hours I come back and talk it over with her.

As an example of a workplace application, a student and senior medical practitioner reflected on the value of the FWB approach in relation to the challenges of managing the stressful Emergency Department of Port Moresby General Hospital:

Many times beds are full and the arresting patients have to resuscitate on the floor. To make the situation worse some staff will be absent when you really need them. Furthermore, to aggravate the situation, the necessary medical supply will be out of stock. Not only that, the drunken patients and guardians will be using abusive languages and disturbing the health personals and other people. While you are experiencing that, someone will rush quickly to you and tell you that someone is about to die.

He applied the leadership qualities topic:

you need to prioritize your personal in certain locations. They have to be explained on what to do. The patients have to be managed from triaging to ABC approach. It has been done in sequence manner and to be done fast. I came to realize and appreciate those leadership qualities only after I learnt the Family Wellbeing.

Finally, eight students reported delivery of FWB topics to diverse groups within their communities. These included church groups, women leaders, unemployed married fathers, youth, a group of three families, and members of students’ home communities. They students applied the
course concepts to issues related to (un)employment, youth leadership and gender roles. For some of their participants, this was their first opportunity to take part in adult educational discussions and students reported keen engagement. Student facilitators reflected that FWB was highly relevant to participants’ lives: “the teaching sessions were really in line with basic fundamental needs and concerns of important issues in the ordinary people’s life”. An unemployed Port Moresby father said: “this kind of program is good for us grass roots and it will help us meet our need. And also it makes us feel part of the society and not overlooked or left out”. A 38-year-old village woman said:

I am really grateful to come to this session with my husband. We can both work together sharing our family responsibilities. So many times I as a women have to perform certain task because I am a women but now I guess my husband can help me or I will help him to share our family daily activities, thank you.

Dynamic three: starting a big fire with a spark

Perhaps euphorically at times, UPNG students perceived a huge potential for the FWB approach in PNG: “We do not sit and expect large resources or sophisticated technologies to improve the country’s health status; all we need is the Family Wellbeing approach to adopt in our system”. Several students spoke of the value of starting from the home or family as the core unit of society, using natural processes of diffusion to spread the principles of FWB more broadly: “Empowered families can spread the news to communities – the communities can deliver empowerment to the wards then – districts – Province – Nation. (Big fire starts with a spark)”.

Outside of the MPH or DCH course requirements, seven months after the training, 60% \( (n = 12) \) of students said that they intended to continue to deliver FWB topics within their own spheres of influence. Planned applications included further delivery through churches, workplaces, communities, suburbs, consultation clinics, routine health duties, tertiary community health worker training, school curricula, village health rural programmes and pastoral and leadership training for youth. Issues included health, education, security, conflict resolution, financial issues and environmental health. Students were also motivated to encourage hospital staff to try on their families; produce a simple training manual for facilitators and discuss the approach with politicians and leaders: “I just wished all the community spokesmen and women all over the country were there with us to learn about it so that they too can teach their communities to change for a better tomorrow without depending on others”.

Beyond their own capacity to facilitate, UPNG students recommended disseminating the program into education “from elementary level and up to the higher grades”, health and community welfare services “implemented in community setting prioritising family concerns”. They also perceived potential to deliver Empowerment and Change as a sustained course within UPNG’s Public Health Division and its extension to other disciplines, universities and training institutions “to sustain this very vital program”. Further evaluation to develop an evidence base was recommended.

Bringing us back to our origin

The UPNG students narrated their negotiation of everyday tensions and
conflicts as a result of PNG’s rapid adoption of western development approaches and problems arising from the decline in the health and social indicators. For example, students described conflicts relating to the allocation of traditional land within a rural village; the requirement that maternity staff register the clan name of all babies born despite some Port Moresby women no longer knowing their traditional clan; and (as a doctor), needing to appease a group of village people who suspected a supernatural cause of death of a man who died in his 40s. Losses attributed to PNG’s adoption of western forms of development included: “a lot of people (younger generation) do not know their identity, to have grown up in urban areas/settlements resulting in alcohol, drug problems, etc”. Also of concern to students were the prevalence of conflict and violence and its direct and indirect health impacts. For example, one student said: “in most parts of Highlands, tribal conflicts and civil unrest has prevented basic services reaching bulk population living in remote communities”. A male student commented on the impact of gender roles on violence and efforts to improve health. The lack of improvement was attributed to: “overall behaviour and attitude of men and their general disregard of women, which is based on customary values”.

Discussion of the principles of conflict resolution led the senior advisor/mentor to observe that FWB could help people resolve disputes by finding common ground using the reflective basic needs framework. Principles for working towards solutions included attention to developing clarity about ground rules, roles and responsibilities, respect for people affected, and attempting to meet everyone’s basic needs. He said: “We need to go away from always blaming others mentally; we need to pick up from where we are and start working towards improving ourselves”. A student added: “This course, FWB is trying to bring us back to our origin or where we come from . . . If we know our origin, then we will know our destination”.

Hence “bringing us back to our origin” did not imply a retreat from development and westernisation back to traditional customs, but taking responsibility and integrating inner strengths present within individuals: “these qualities are actually within us now at a deep level and the more we trust this part of ourselves, the more confident we’ll be to tackle challenges in life and help others in their own needs and problems”. As well, students recognised the potential for applying these strengths in their families, communities and health service provision roles: “I realized, in all the years working, I have performed health at superficial approaches only, but now I have understood health at a more inner sense and emotional aspect of health behaviour”. The approach was also seen to have potential application to health service clients: “improve the well being and give them hope to see the importance of what is already there within them that is valued”.

Sustaining the international university-led collaboration

Evaluation of this pilot delivery of Empowerment and Change led to its endorsement by the UPNG Senate in August 2009 as a core subject within postgraduate public health qualifications. In January–February 2010, the first “home-grown” delivery of the program was facilitated by a UPNG staff member and two students who had been trained in the program in 2009 to the next cohort of postgraduate
public health students. This completed the cycle of program transfer. With consecutive cohorts of students, there is likely to be a steady diffusion of the approach to different PNG contexts. UPNG students were able to deliver FWB topics with local PNG people as effectively and with as much (or possibly more) impact as would have been the case with an outside experienced facilitator. With sustained support, more students would have the capacity to implement the approach to a greater extent in more contexts; that is, its diffusion would be more rapid.

This integration of the approach within the UPNG public health training is underpinned by a recently endorsed memorandum of understanding between JCU and UPNG that allows resource-poor PNG students to access JCU higher degrees without paying fees. It is heartening that the Acting Chairperson of UPNG’s Division of Public Health has chosen to undertake his doctorate study through this collaborative arrangement, and that his research question pertains to the sustainability of such community development approaches. In response to UPNG students’ keen interest in further FWB training and support by JCU, the Australian aid agency guaranteed support for the approach for a further two years to enhance facilitation capacity and support the development of a UPNG research base to evaluate the implementation and impact of FWB.

Discussion

As suggested by Wallace (2009), one of the challenges when doing development differently is to document the processes by which it occurs and reflect on what is needed for this to happen. Unusually, this study reports on a leadership development approach that was transferred across Indigenous populations. Australian Indigenous people and PNG nationals both share consequences of processes of colonisation and urbanisation, but their cultures and histories are distinct. It was important therefore to carefully document the relevance of the program for PNG leaders by adopting a phased implementation approach and applying a sensitive and customised evaluation framework.

The pilot leadership development approach began by strengthening the personal leadership capacity of UPNG students by providing an opportunity for students to share personal narratives. These tapped into their innate capacity for resilience, motivation and control and their social and cultural values. Giving attention to psychosocial factors has been criticised as a retreat from the structural causes of health inequalities, thus leading to individualised explanations and reactionary social policy (Bolam, Hodgetts, Chamberlain, Murphy, & Gleeson, 2003). But the impact of the program went beyond personal empowerment by improving the confidence and capacity of the health leaders to enact grassroots improvements in relation to everyday, informal family workplace and community issues and systems through the experiential process of facilitating topics. Hence the program approach led students to “take ownership” of the program; this has been found to be a critical factor in fostering the empowerment of Indigenous people in other community development studies (Campbell et al., 2007; Voyle & Simmons, 1999).

The participatory reflective evaluation method was also important for students’ leadership capacity enhancement. By engaging all stakeholders (UPNG staff and students and the participants of students’ groups) in
the evaluation process, local knowledge and intuition were respected and the evaluation yielded practical suggestions for the improvement, spread and sustainability of the approach (Mulwa, 2006). The modelling of evaluation processes (as well as program topics) within the workshop provided students with the opportunity for theoretical and experiential learning. The development of a trusting, respectful partnership between UPNG staff and students and the JCU outsiders supported this evaluation approach (Campbell et al., 2007; LaFrance & Nichols, 2010; Voyle & Simmons, 1999).

There was a tension in students’ narratives “between the real and the wished for, the story and the dream” (Riessman, 1993, p. 52). As well as describing their present experiences, students also conceived of a hypothetical future “big fire” that could be started with the FWB spark. Within PNG’s resource-poor and fragmented health system, everyday relational community development actions by health professionals could potentially provide a sustainable contribution to improved well-being (Brennan & Israel, 2008). Such expressions of future aspirations enabled the researchers to “come close to seeing into [the narrator’s] subjective experience – what life ‘means’ to her at the moment of telling” (Riessman, 1993, p. 52) as well as demonstrating the potential for the approach in PNG. In this approach, the theoretical framework of empowerment (Wallerstein, 1992) served to focus such aspirations towards action for small-scale health improvement.

UPNG students clearly perceived that the basic human needs framework of the leadership development approach supported their traditional values or “origin”. Further, the related conflict resolution framework provided a useful reflective framework for negotiating moral and ethical issues arising from the disjuncture between traditional and western development approaches. As found in African contexts, Papua New Guineans aspired for leadership founded on universal values such as respect for self, others and for life, honesty, inclusion, freedom, responsibility, caring, compassion and equity at personal, family and community levels (Bolden & Kirk, 2009). It was notable that, despite the difficulty of changing entrenched gender roles, several students identified this as a priority, and through the course were able to make modest changes in their personal circumstances. The notion of “bringing us back to our origin” offers potential for further development as a Papua New Guinean community development leadership model.

The phased approach described in this case study demonstrated the relevance of the leadership development approach for UPNG. It provided a framework for starting with the concerns and aspirations of the postgraduate students and strengthened their capacity to tackle the many challenging development issues facing their communities. Complications that arose in transferring the leadership development approach into action included the time constraints of the fly-in–fly-out approach and the need for resources for a dedicated local coordinator to maintain student engagement and support post study.

A second phase of the approach will involve a deliberate strategy to spread the approach by training and supporting a consolidated group of leaders to apply FWB and research approaches within various community development contexts. The two universities are still negotiating how best to enhance the sustainability of the approach. The approach may also
contribute to leadership theory and development for other global contexts.

Acknowledgements
The 2009 postgraduate students from the Division of Public Health at the University of Papua New Guinea participated in and informed this study. We acknowledge the support of the Lowitja Institute, Australia’s National Institute for Aboriginal and Torres Strait Islander Health Research for this paper.

Note
1. English is often a third or fourth language for PNG nationals. In this paper we have left the students’ spelling and grammar as per the original.

References


