



The National Empowerment Project
Cherbourg

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Cherbourg

July 2013

Katherine Hams, Bronwyn Murray, Anne Butorac, Adele Cox, Pat Dudgeon and Sabrina Swift



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The National Empowerment Project

The National Empowerment Project is funded by the Australian Government Department of Health and Ageing through the National Mental Health Program.

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Publications ISBN: 978-1-74052-270-0

Online ISBN: 978-1-74052-291-5

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School of Indigenous Studies,

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M303, 35 Stirling Highway, Crawley, WA 6009 Australia

Design and Print: UniPrint

Aboriginal and Torres Strait Islander viewers are advised this Report may contain images of or information on deceased persons.

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Abbreviations

KEP	Kimberley Empowerment Program
NEP	National Empowerment Project
PAR	Participatory Action Research
ABS	Australian Bureau of Statistics
CSEWB	Cultural, Social and Emotional Wellbeing
S.Gs.	Stolen Generations

Acknowledgements

- ◉ The authors would like to acknowledge and thank participants in Cherbourg for sharing their time, thoughts and information as part of the community consultations that formed the basis of this report. The valuable information gathered through these community consultations are being used to develop with the intent of delivering an empowerment, healing and leadership program to be run in the local communities.
- ◉ Graham House Community Centre, for their support and assistance as our local partner organisation for the Cherbourg site and particularly for their wisdom and guidance on the ground.
- ◉ Matthew Galligan was the primary photographer for this Report, with some photos taken by the Project team.
- ◉ Maps were developed and provided throughout this report and on other resources by Stephen Ball, Telethon Institute for Child Health Research.
- ◉ Thanks to Joshua Reynolds from the School of Indigenous Studies for his time and work on the project website.
- ◉ Special mention and thanks to Professor Helen Milroy for use of her original artwork as part of the Project. 'The River of Life' is on our website www.sis.uwa.edu.au
- ◉ Finally, thanks are extended to the Kimberley Empowerment, Healing and Leadership Program team; Cheryl Dunkley, Divina D'Anna, Kathleen Cox, Kate Hams, and Vanessa Poelina. Your contribution and guidance to the National Empowerment Project has been outstanding.



Artwork

Tovani Cox is a young Bunuba and Gija woman originally from Broome.

Communities coming together to share experiences and stories as a way of helping to build strong and healthy people, families and communities.

The circles represent the communities across Australia and the white dots represent the people (Aboriginal and non-Aboriginal). The connecting lines represent the sharing of experiences and stories and once all the communities come together, Aboriginal Australia is 'United'.



1. Introduction



The National Empowerment Project

Executive Summary

The National Empowerment Project (NEP) at The University of Western Australia is an innovative Aboriginal and Torres Strait Islander-led Project working directly with communities across Australia to address their social and emotional wellbeing.

The NEP was conducted at nine sites, Cherbourg was one of the two sites in Queensland and at each site the project was linked to a partner organisation:

- **Cherbourg, Queensland**
(Graham House Community Centre)
- **Kuranda, Queensland**
(Mona Mona Bulmba Aboriginal Corporation)
- **Darwin, Northern Territory**
(Danila Dilba Aboriginal Health Services)
- **Sydney, New South Wales**
(National Centre of Indigenous Excellence)
- **Toomelah, New South Wales**
(Goomeroi Aboriginal Corporation)
- **Mildura, Victoria**
(Mallee District Aboriginal Services)
- **Perth, Western Australia**
(Langford Aboriginal Association)
- **Northam/Toodyay, Western Australia**
(Sister Kate's Home Kids Aboriginal Corporation – Auspice Agency Communicare Inc.)
- **Narrogin, Western Australia**
(Marr Mooditj Foundation)

Community participation is the essential foundation of the NEP and as such the relationships with partner organisations were established and two local Aboriginal consultants were employed in each site. Graham House Community Centre was the partner organisation in Cherbourg.

The NEP involved two stages; firstly a community consultation and secondly, the delivery of a cultural, social and emotional wellbeing workshop. As a result, an Empowerment Healing and Leadership program is being developed.

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 41 people. Participants were asked about the issues that were important for them as individuals, families and community and what was needed to make them strong.

Participants from the Cherbourg consultations identified a range of concerns relating to youth involving crime, fighting and the need for more family responsibility and control. This was also linked to a lack of parenting skills.

Substance abuse was a recurring theme impacting on individuals, family and the community, with a strong link to violence, feuding and family breakdown. Lack of available employment had consequences on individuals and their families. General health and mental health issues were also raised as significant community concerns.

Participants were clear and forthcoming about what needed to happen to make individuals, families and community stronger. High on the agenda was the need for personal self-care and action around making individuals stronger and taking pride in themselves and their community. For individuals; education, good communication skills, being supported, being able to talk things through and seeking advice were all important. Attention was also needed to ensure families were strengthened – from simple things like doing things together as a family through to families being the nurturing environments for future community leaders. A more general focus on strengthening communities as a whole and getting back to cultural ways and values where Elders played a key role was also seen as important.

The disadvantage of Aboriginal and Torres Strait Islander peoples is evident across all indicators and measures such as low employment, low income, lack of housing, lack of access to services, disrupted social networks, disrupted connection to land, high prevalence and experiences of racism and high levels of incarceration. These indicators are inter-related and the consultation outcomes reflected this. This Report focuses upon recommendations pertaining to what types of programs might benefit the community.

The following is a summary of the key issues and recommendations compiled through the community consultations and social emotional wellbeing workshop:

Recommendation 1: Principles. A program needs to be community owned and culturally appropriate. A local Cherbourg empowerment program needs to have community members identifying their problems and designing the solutions. Any program needs to have legitimate community support; be culturally appropriate and locally based; take a community centred and strengths based approach; aim to capacity build, that is, employ and train local people and ensure a valued role of Elders in all aspects.

Recommendation 2: Delivery. Any program should be flexible and delivered on country, where possible; and be able to meet peoples' different needs and stages in their healing journey. The program should consider gender issues so that separate male and female modules can be delivered if and when necessary. A program should also be delivered in a manner whereby opportunities for education, training and employment are provided as potential prospects.



Recommendation 3: Content. The content of programs should include modules that address cultural, social and emotional wellbeing, healing, and self-empowerment. Other skills could include life skills such as problem solving and conflict resolution skills, goal setting, and communication skills (especially with family).

While the National Empowerment Project provided an opportunity for the local Aboriginal and Torres Strait Islander people's voices to be heard in Cherbourg, there is also great scope and potential for many of the local services and programs to use this information to better inform their delivery and support.

Background

Indigenous Australia is made up of two distinct cultural groups – mainland Aboriginal people and Torres Strait Islander people. The Australian Bureau of Statistics (ABS) estimated that in 2011 there were 548,370 Aboriginal and Torres Strait Islander peoples living in Australia. Overall, Aboriginal Torres Strait Islander peoples make up 2.5% of the total Australian population. Among the Indigenous population in 2011, it is estimated that 90% (493,533 people) were of Aboriginal origin, 6% (32,902 people) were of Torres Strait Islander origin and only 4% (21,934 people) identified as being of both Aboriginal and Torres Strait Islander origin.

In 2006, 32% of Aboriginal Torres Strait Islander peoples lived in major cities, with 21% in inner regional areas and 22% in outer regional areas, while 9% lived in remote areas and 15% lived in very remote areas (ABS, 2008). While the majority live in urban settings, the population is much more widely dispersed across the country than is the non-Indigenous population, constituting a much higher proportion of the population in northern Australia and more remote areas (ABS, 2011).

Aboriginal and Torres Strait Islander peoples are the most disadvantaged group in Australia. Aboriginal and Torres Strait Islander peoples in Australia experience poorer health outcomes than others, for example; a shorter life expectancy than others (11.5 years less for males and 10 years less for females) and higher hospital admission rates. In mental health, Aboriginal and Torres Strait Islander peoples report experiencing psychological distress at two and a half times the rate of non-Indigenous people and are hospitalised for mental and behavioral disorders at around 1.7 times the rate of non-Indigenous people. Aboriginal and Torres Strait Islander peoples are hospitalised for non-fatal self-harm at two and a half times the rate of others and suicide death rates are twice that of non-Indigenous people (Commonwealth of Australia, 2012; Thomson et al., 2012).

In education and employment Aboriginal and Torres Strait Islander peoples' participation in education is much less than other Australians. The employment rate has increased over the past 20 years but remains 20% lower than for non-Indigenous Australians and the average Aboriginal and Torres Strait Islander income is lower than others with a much lower proportion of those owning their homes (Commonwealth of Australia, 2011; Thomson et al., 2012).

In the justice system, Aboriginal and Torres Strait Islander peoples were imprisoned at 14 times the rate for non-Indigenous people, with imprisonment rate increasing by 59% for women and 35% for men and juveniles were detained at 23 times the rate for non-Indigenous juveniles. Homicide rates were six times higher for Aboriginal and Torres Strait Islander peoples (Commonwealth of Australia, 2011; Thomson et al., 2012).

Overall, all indicators for Aboriginal and Torres Strait Islander disadvantage are poor and have been that way for some time. Indeed, the 2011 *Overcoming Indigenous Disadvantage: Key Indicators* recognised:

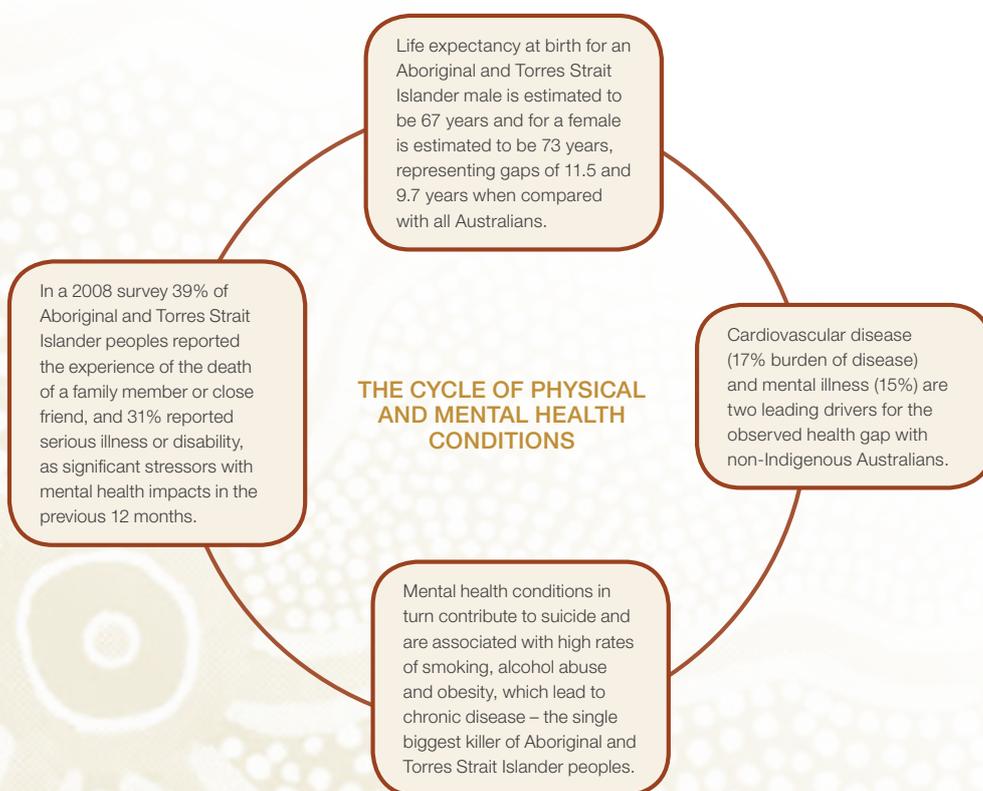
Across virtually all the indicators in this Report, there are wide gaps in outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. The Report shows that the challenge is not impossible — in a few areas, the gaps are narrowing. However, many indicators show that outcomes are not improving, or are even deteriorating. There is still a considerable way to go to achieve COAG’s commitment to close the gap in Indigenous disadvantage (Commonwealth of Australia, 2011, p.3).

Despite these grim statistics, there are great strengths and resilience in Aboriginal and Torres Strait Islander peoples, families and communities. Any discussion about Aboriginal and Torres Strait Islander health and mental health needs to have at the core not only a recognition of the impacts of colonisation, but the proper engagement of Aboriginal and Torres Strait Islander peoples and considerations of the cultural values, expressions, practices and knowledge systems of Aboriginal people across their rich diversity. In

government policies and in the growing body of research, the importance of this is been acknowledged. For instance, in discussions about culture as a strategy to support strength, combat disadvantage and promote positive futures, the Office of the Arts states:

Culture is an important factor to consider in policies and programs to improve outcomes for Aboriginal and Torres Strait Islander peoples. Moreover, the strengthening of Indigenous culture is a strategy to reduce disadvantage in itself, holding enormous potential for contributing to Closing the Gap outcomes. Keeping Indigenous culture strong is a necessary part of the solution to Indigenous disadvantage in Australia and to providing a positive future for Aboriginal and Torres Strait Islander children (2013, p.1).

The National Mental Health Commission provided a comprehensive overview of the interrelated nature of Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and how this is shaped by the need for cultural recognition, the impacts of colonisation and ongoing social determinants in *A Contributing Life: the 2012 National Report Card On Mental Health and Suicide* (2012). The following figure demonstrates this.



National Mental Health Commission (2012, p.41)

Aboriginal and Torres Strait Islander Mental Health

High rates of suicide among Aboriginal and Torres Strait Islander peoples are commonly attributed to a complex set of factors. These include risk factors shared by the non-Indigenous population, social exclusion and disadvantage, and a broader set of social, economic and historic determinants that impact on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. A comprehensive national or regional strategy to assist Aboriginal and Torres Strait Islander communities to restore their social and emotional wellbeing has yet to be implemented. Instead, communities have been left to manage the cumulative effects of colonisation and the contemporary determinants of health and wellbeing as best they can, for several generations.

Nationally, twice as many Aboriginal and Torres Strait Islander peoples experience serious psychological distress (32%) compared to non-Indigenous Australians (17%) (ABS & AIHW, 2010). Serious psychological distress among Aboriginal and Torres Strait Islander peoples tends to be correlated with higher exposure to stressful life events, which accompany the social determinants. Stressful life events include death of family members, serious illness, accidents, incarceration of family members, and crowded housing. It is likely therefore, that the deeper inequities faced by Aboriginal and Torres Strait Islander peoples across the country have produced dangerously high levels of psychological distress. When serious psychological distress exists among 30% of people in any community, it can easily spread and become 'community distress' (Kelly, Dudgeon, Gee & Glaskin, 2010). This risk is further heightened in remote and isolated communities, and amplified again by the interconnected nature of remote Aboriginal communities.

Being perennially identified as an 'at-risk' group within the broader mainstream population has resulted in the repeated delivery of selective or indicated strategies, where only small pockets of the most vulnerable receive short-term support. Evidence suggests that multiple short-term programs, which reach small numbers, will not achieve the critical balance required to restore social and emotional wellbeing across the Aboriginal and Torres Strait Islander population. Universal prevention strategies that promote strong, resilient communities and focus on restoring social and emotional wellbeing are needed. This needs to be done in such a way that each language group/nation and/or community is supported to achieve the goal of restoring social and emotional wellbeing at individual, family and community levels (Dudgeon et al., 2012).



Many key reports propose that social and emotional wellbeing needs to be recognised as an Aboriginal and Torres Strait Islander cultural concept and any program for Aboriginal and Torres Strait Islander peoples should work from this paradigm. In the provision of mental health services and programs, rather than simply adapting and delivering models designed for mainstream Australians, cultural, social and emotional wellbeing and mental health services or programs need to engage with the diversity of cultures and language groups and each group's understanding of social and emotional wellbeing and how best to achieve it (Kelly et al., 2010; Dudgeon et al., 2012).

Identifying the risk and protective factors that contribute to the cultural, social and emotional wellbeing of Aboriginal and Torres Strait Islander communities, and its opposite, community distress and suicide, requires an in-depth knowledge of the historic, cultural and economic risk factors at play in each community. These are best known and understood by community residents themselves. Furthermore, while external change agents might be able to catalyze action or help to create spaces for people to undertake a change process, empowerment can only occur as communities create their own momentum, gain their own skills, nurture family and community strengths and advocate for their own changes.

The National Empowerment Project is an innovative Indigenous-led Project working directly with communities across Australia to address their social and emotional wellbeing. This is being achieved through the development of respectful partnerships with local communities to undertake participatory and community driven research identifying the distinctive and particular needs of each community; in order to develop Empowerment, Healing and Leadership programs to address those issues.



The design and methodology of this national Project is based on extensive research, previous community consultations and a pilot program undertaken across three communities in the Kimberley region of Western Australia (Dudgeon et al., 2012). This research has identified that Empowerment, Healing and Leadership programs can be an effective way for Aboriginal and Torres Strait Islander peoples themselves to address the social inequality and relative powerlessness that are considered major factors in their disadvantage and key social determinants of health. The focus of such programs on mentoring, restoring family relationships, enhancing parenting roles and communication skills, means they are proving particularly effective in restoring a community and facilitating the support and nurturing of their young people, which is a major factor in youth social and emotional wellbeing and suicide.

Both the Kimberly Project and National Empowerment have adopted a universal and selective intervention approach towards preventing suicide. This is in keeping with the principles and approaches held in the Living is for Everyone: (LIFE Framework) (Commonwealth of Australia, 2008) and the principles in the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (Department of Health and Ageing, 2013).



2. Background: National Empowerment Project

The Kimberley Empowerment Project

In June 2011 a *Community Consultation to Develop an Innovative, Culturally Responsive Leadership, Empowerment and Healing Program for Aboriginal People Living in the Kimberley Region Western Australia* (The Kimberley Empowerment Project) (Dudgeon et al., 2012) was implemented. The Kimberley Empowerment Project was initiated in response to the high rates of suicides in the region over a period of time. Between 1999 and 2006, there were 96 Aboriginal suicide deaths in the Kimberley, an average of one suicide per month over that period. These rates have not declined and in the past several years the number of completed suicides have continued at alarming rates, although the numbers are not yet confirmed because of the coronial reporting processes. In the Kimberley, suicide and self-inflicted injuries combined have been identified as the third most common cause of avoidable mortality for Aboriginal people in 1997-2007. Suicide accounts for twice the mortality burden compared to alcohol-related mortality.

Funds were received to undertake an extensive community consultation process in Broome, Halls Creek and Beagle Bay. The consultations explored what the community thought was needed to address suicide and other mental health issues in a long-term community based approach. The partners in this research included the School of Indigenous Studies and Telethon Institute of Child Health Research at The University of Western Australia and the Kimberley Aboriginal Medical Services Council (KAMSC). The research findings from the Kimberley Empowerment Project were published in the *Hear Our Voices Report*, (Dudgeon et al., 2012) and launched in August 2012 in Broome by visiting Emeritus Professor Michael Chandler, a leading academic in the area of Indigenous suicide prevention from Vancouver, Canada, whose work has great relevance (Chandler & Lalonde, 1998; Chandler & Lalonde, 2008). The Report highlighted a number of the key issues and findings affecting Aboriginal people living in the Kimberley region in relation to community distress and suicide.

Across the three communities where consultations took place, there was an overwhelming consensus that there is a real need to support individuals to change their lives. People spoke of needing to “build self-first” and to “make ourselves strong” and to focus on “rebuilding family”. Respondents said they wanted to learn how to talk to one another again, and to share and care for one another and to praise those who do good things for themselves and their communities. Of particular note was the high level of concern and urgency for the need to focus on young people who, it was felt, have lost their sense of connection to and respect for their culture, their family and themselves.

The consultation process also confirmed the need to ensure individual and community readiness to commence any type of healing and empowerment program. There was a concern that those in most need of such a course, especially young people, would be unable and/or unwilling to participate. The community consultations, literature review and program review demonstrated that to be effective, programs needed to be culturally based and incorporate traditional elements. This includes employing local people to work on interventions and training them in community development skills.

The Project also included a comprehensive review and analysis of some of the key literature and theory about healing, empowerment and leadership and relevant programs.

The literature review identified:

- Conceptions of empowerment, healing, and leadership.
- Why these concepts are considered effective in addressing the trauma and dysfunction experienced by Aboriginal and Torres Strait Islander peoples.
- In what ways they build esteem, capacity and improve people’s cultural, social and emotional health and wellbeing (Dudgeon et al., 2012).

Key findings included:

- Aboriginal and Torres Strait Islander peoples conceptions and understandings of healing, empowerment and leadership differ considerably to Western concepts. They are conceived holistically – involving physical, social, emotional, mental, environmental, cultural and spiritual wellbeing.
- Healing, empowerment and leadership are interconnected, and involve a process of decolonisation, recovery and renewal. Only through a healing journey can people become empowered and then be able to assist and lead others in their own journey. This empowerment occurs at the level of the individual, the family and the community.
- Healing and empowerment enable the development of a strong sense of self and a strong cultural identity, which are critical protective factors against community distress and suicide risk (Dudgeon et al., 2012).

A comprehensive review of relevant healing, empowerment and leadership programs in Australia was undertaken. The specific focus of the program review was to:

- Understand what programs or aspects of programs are working to facilitate greater individual and community wellbeing.
- Identify a set of core elements critical to the effectiveness of healing, empowerment and leadership programs for Aboriginal people (Dudgeon et al., 2012).

While no single approach or program can be made applicable across all communities, some common factors seemingly central to the effectiveness and longevity of many of these programs can and have been identified. Findings showed effective programs need to:

- Ensure a community's readiness for change.
- Facilitate community members owning and defining their problems and designing the solutions.
- Have legitimate community support.
- Be culturally appropriate and locally based.
- Take a community centred and strengths based approach.
- Employ and train local people.
- Be adequately resourced and sustainable.
- Ensure the role of Elders.
- Be flexible and delivered on country, where possible; and,
- Be able to meet peoples' different needs and stages in their healing journey.

Programs should focus on:

- Social and emotional wellbeing.
- Self-worth.
- Nurturing individual and community strengths.
- Problem solving and conflict resolution skills.
- Goal setting.
- Communication skills (especially with family); and,
- Mentoring (Dudgeon et al., 2012).

Hear Our Voices (Dudgeon et al., 2012) also identified a number of recommendations with some very practical steps to develop an Aboriginal led Empowerment, Healing and Leadership Program in the Kimberley. Since then, the Kimberley Empowerment, Healing and Leadership Program has been funded through KAMSC and has been delivered to around 100 people across the Kimberley. KAMSC has also commenced a train-the-trainer program to enable local community people to deliver the program now and into the future.

The Kimberley Empowerment Project responded to the suicide crisis in the Kimberley communities in a way that was holistic, strengths-based, and culturally and geographically appropriate. It aimed to enhance the capability and capacity of local Aboriginal and Torres Strait Islander peoples to take charge of their lives and strengthen their communities. Another aim was to address the range of social determinants that impact upon Aboriginal and Torres Strait Islander peoples social and emotional wellbeing.

The Kimberley Empowerment Project in its pilot phase had signs of potential applicability across many regions and areas, and as such, the National Empowerment Research Project was initiated.

The National Empowerment Project

The National Empowerment Project was initiated by the Department of Health and Ageing who identified a need to work with Aboriginal and Torres Strait Islander communities across the country to help lessen the level of community distress and work towards the prevention of suicide and self-harm. The National Empowerment Project is an innovative Project where research in Aboriginal and Torres Strait Islander peoples mental health and cultural, social and emotional wellbeing are recognised as having cultural underpinnings and needing to be undertaken with Aboriginal and Torres Strait Islander communities. It flows on from many formal and informal community consultations across the country about the need for Aboriginal and Torres Strait Islander community based understandings of mental health and the work required to be undertaken to unpack Aboriginal and Torres Strait Islander peoples meanings of strengthening social and emotional well-being by and with Aboriginal and Torres Strait Islander peoples themselves.

The Project aims to contribute towards strengthening the social and cultural bonds among and between Aboriginal and Torres Strait Islander individuals, families and communities. The outcomes will investigate culturally appropriate concepts of Aboriginal and Torres Strait Islander peoples mental health, examine how the community perceives these and how they can be addressed and strengthened and transferred into meaningful programs.

The National Empowerment Project is comprised of Two Stages: Community Consultations and Program Development.

Stage One: Community Consultations

Stage one involves an extensive community consultation process over nine sites across Australia. These sites were selected by the National Empowerment Project and the Department of Health and Ageing, and were identified based on initial community consultation as a way of exploring the communities readiness to engage as part of the Project and be able to develop and deliver a local Empowerment, Healing and Leadership program.

Stage One is a significant part of the empowerment program, as it involves gathering information from each individual community to establish what needs they require to facilitate themselves, their families and their communities to be empowered and healthy. This process is imperative to ensuring communities have ownership and control their own futures. This process in itself empowers the individual and promotes self worth and esteem and gives a sense of hope. This has already been completed in the Kimberley with proven outcomes.

Stage One aimed to:

- Build relationships with at least nine Aboriginal and Torres Strait Islander communities.
- Capacity build local community people to undertake a participatory action research process.
- Train and support up to 18 Community Consultant Co-researchers in skills such as Project planning, scoping the community, interviewing, workshop data collection methods, data analysis, report writing, and project dissemination strategies; and,
- Develop a national network of Aboriginal and Torres Strait Islander organisations and Community Consultant Co-researchers involved in empowerment, healing and leadership.

Stage Two: Program Development

Stage Two involves the development of an empowerment program specifically for each local community and based on the outcomes of Stage One. The data gathered from Stage One has been analysed and put into meaningful information that is being used to specifically design an Empowerment, Healing and Leadership program for each of the sites, (outcomes from the consultations undertaken in each of the nine sites have showed that all sites require healing, empowerment and leadership programs).

Stage Two will:

- Assist local communities to develop an Empowerment, Healing and Leadership program for their own areas.
- Train local community consultants as co-researchers and facilitators to deliver the program.
- Produce training materials, facilitator workbooks and participant workbooks.
- Work with other experts in the field to develop an appropriate program that includes information for each local community about what they need to empower themselves, their families and the wider community.
- Work with local communities to plan and deliver a two day social and emotional wellbeing workshop as a preparatory module to the Empowerment, Healing and Leadership program; and,
- Assist local communities to write submissions and seek funds to ensure delivery of their programs.

Methodology: The National Empowerment Project

Development of Aboriginal knowledges by Aboriginal people is fundamental to the National Empowerment Project. The usefulness of knowledge is a key characteristic of the Project, including findings from an Aboriginal and Torres Strait Islander peoples' perspective, so that practice and program development may be better informed. It utilised a Participatory Action Research (PAR) process which has been widely promoted and used as an effective process in working with Indigenous people in achieving better outcomes in a range of factors such as health, education and community building, (Bacon, Mendez & Brown, 2005; Radermacher & Sonn, 2007). Conventional research practices in many contexts have been perceived as ineffective and disempowering. Hence the National Empowerment Research Project used Participatory Action Research that 'gives voice' to Aboriginal and Torres Strait Islander peoples.

At every stage, research activities have been founded on a process of Aboriginal-led partnership between the researchers and Aboriginal and Torres Strait Islander peoples. The connections between the Aboriginal and Torres Strait Islander researchers, particularly the local Community Consultant Co-researchers, and Aboriginal and Torres Strait Islander communities are inseparable and as such, the National Empowerment Project is driven by community identified needs. The PAR process also enabled the research outcomes to be seen immediately at the community level, which is also central to the integrity of the National Empowerment Project.

The design of the National Empowerment Project has allowed time for respectful engaging relationships to be built with Aboriginal and Torres Strait Islander communities and genuine partnerships with Aboriginal and Torres Strait Islander community organisations to be developed. A National Advisory Committee to the Project was instrumental in ensuring that a strong relationship was in place that gives the Aboriginal and Torres Strait Islander community an empowered and equal position in the research and oversaw and advised all stages of the process of the research Project. Further, the Project used Aboriginal and Torres Strait Islander developed frameworks derived from the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009* (2004), that respected Aboriginal and Torres Strait Islander based understandings of mental health and cultural, social and emotional wellbeing and also facilitated the inclusion of local Aboriginal and Torres Strait Islander knowledges.

This framework described includes: self-determination; a community based approach; holistic perspectives; recognition of diversity and acknowledging the history of colonisation.

Self-determination

Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services. Culturally valid understandings must shape the provision of services and must guide assessment care and management of Aboriginal and Torres Strait Islander people's health, particularly mental health issues (SHRG, 2004).

A Community Based Approach

The underlying principle of all community development and empowerment approaches is that only solutions driven from within a 'risk community' will ultimately be successful in reducing community-based risk conditions. Ensuring the community drives the process is the most important factor if community outcomes are to be achieved. Discussions of successful strategies implemented to address community distress and suicide have highlighted the absolute necessity for the community to go through its own process of locating and taking ownership of any problems and vulnerabilities, and seeking solutions from within. This is critical where the social determinants of community distress and suicide have historical roots, which have contributed to a sense of powerlessness at an individual, family and community level. Solutions brought in by outsiders cannot address the risk factors or harness the protective factors, which lie within each community and within the domains of cultural, social and emotional wellbeing (Dudgeon et al., 2012).

Holistic Perspectives

Aboriginal and Torres Strait Islander health should be viewed in a holistic context that encompasses mental health, as well as physical, cultural and spiritual health. Land, family and spirituality are central to well being. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment. The centrality of Aboriginal and Torres Strait Islander identity, family and kinship must also be recognised (SHRG, 2004).

Aboriginal and Torres Strait Islander Diversity

There is no single Aboriginal and Torres Strait Islander group, but numerous groupings, languages, kinships, and communities as well as ways of living. There is great diversity within the group and also between Aboriginal people and Torres Strait Islander people. These differences need to be acknowledged and valued (SHRG, 2004).

Acknowledging a History of Colonisation

The National Empowerment Project recognised that in Aboriginal and Torres Strait Islander Australia, there are concerns about research and research methodologies as continuing the process of colonisation in determining and owning knowledge about Aboriginal and Torres Strait Islander peoples. These concerns have highlighted how research is inextricably linked with European colonisation. Western knowledge, particularly scientific knowledge, played a role in oppressing Aboriginal and Torres Strait Islander peoples. Many Aboriginal and Torres Strait Islander scholars propose that a central issue in contemporary times for Aboriginal and Torres Strait Islander peoples is to challenge the dominant discourses about us and to reclaim Aboriginal and Torres Strait Islander peoples cultural knowledge and identity. It is important that Aboriginal and Torres Strait Islander researchers/scholars engage in producing cultural knowledge with local groups in appropriate ways, as this furthers cultural reclamation and Aboriginal and Torres Strait Islander peoples self-determination (SHRG, 2004).

Principles: The National Empowerment Project

A set of principles was developed with the Community Consultant Co-researchers for the Project. These principles were informed by the national Aboriginal and Torres Strait Islander Healing Foundation's program principles (2009) and the Department of Health and Ageing's Supporting Communities to Reduce the Risk of Suicide (2013). These were the philosophical underpinnings of the Project team and guided the work we undertook. The following six principles informed the National Empowerment Project:

1. Social Justice and Human Rights.
2. Community Ownership.
3. Community Capacity Building.
4. Resilience Focused.
5. Building Empowerment and Partnerships; and,
6. Respect and Central Inclusion of Local Knowledges.

Social Justice and Human Rights

We, as Aboriginal and Torres Strait Islander peoples have rights. We know and recognise our human rights and attaining social justice is part of our ongoing healing process. All Aboriginal and Torres Strait Islander peoples have the right to be treated as equals, to have cultural difference recognised and to be respected. We also have the right to have a voice and to be heard.

Community Ownership

Our work must be grounded in community, that is, owned and guided by community. Our work needs to be sustainable, strength based and needs to build capacity around local Aboriginal and Torres Strait Islander peoples and cultures. Our work should be a process that involves: acknowledging what the people of local communities are saying; and acknowledging community values and beliefs. All mobs in a 'community' need to have leadership to control their lives and have pride over what belongs to them.

Our work will share learnings with all those involved and these should be promoted in other communities.

Our projects should be sustainable both in terms of building community capacity and in terms of not being 'one off'; they must endure until the community is empowered. Part of our mandate is to provide Aboriginal and Torres Strait Islander workforce and community members with tools to develop their own programs.

Community Capacity Building

There will be an ongoing cycle of developing, training, supporting, and engaging community members as partners. We will ensure that we feedback, mentor and support our communities when we collect information. We will remember and understand that this project has started from grass roots up and we need to keep the wheel turning with a continuous feedback.



Sharon French

Resilience Focused

It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment (SHRG, 2004, p.9). There is great strength in each person and in the whole of our communities. From the life experiences and strengths of our ancestors, our Elders, past and present, and from our own life experiences, there is wisdom and strength. We will nurture and pass on our knowledges and strengths for the next generations. Our work will enable us to develop understandings and skills that will strengthen the leadership of our communities.

Building Empowerment and Partnerships

We will develop respectful partnerships with local community organisations in whatever area we work in. Genuine partnerships with local Aboriginal and Torres Strait Islander stakeholders and other providers will ensure that we support and enhance existing local programs, not duplicating or competing with them. Our relationship with Aboriginal and Torres Strait Islander peoples as key partners will be respectful, genuine, supportive and will include advocacy.

Respect for Local Knowledge

We will respect local communities, local ways of being and doing. Local community knowledges include local culture, stories, customs, language and land. We will also have awareness of the differences within and between the communities themselves. We will respect local knowledge and local ways of being and doing. Our work will ensure that the local knowledges of communities are respected and heard. We will work in ways that respect and value our community and will work to ensure that their goals are foremost. We will work towards the self-determination of our communities.

Project Sites: The National Empowerment Research Project

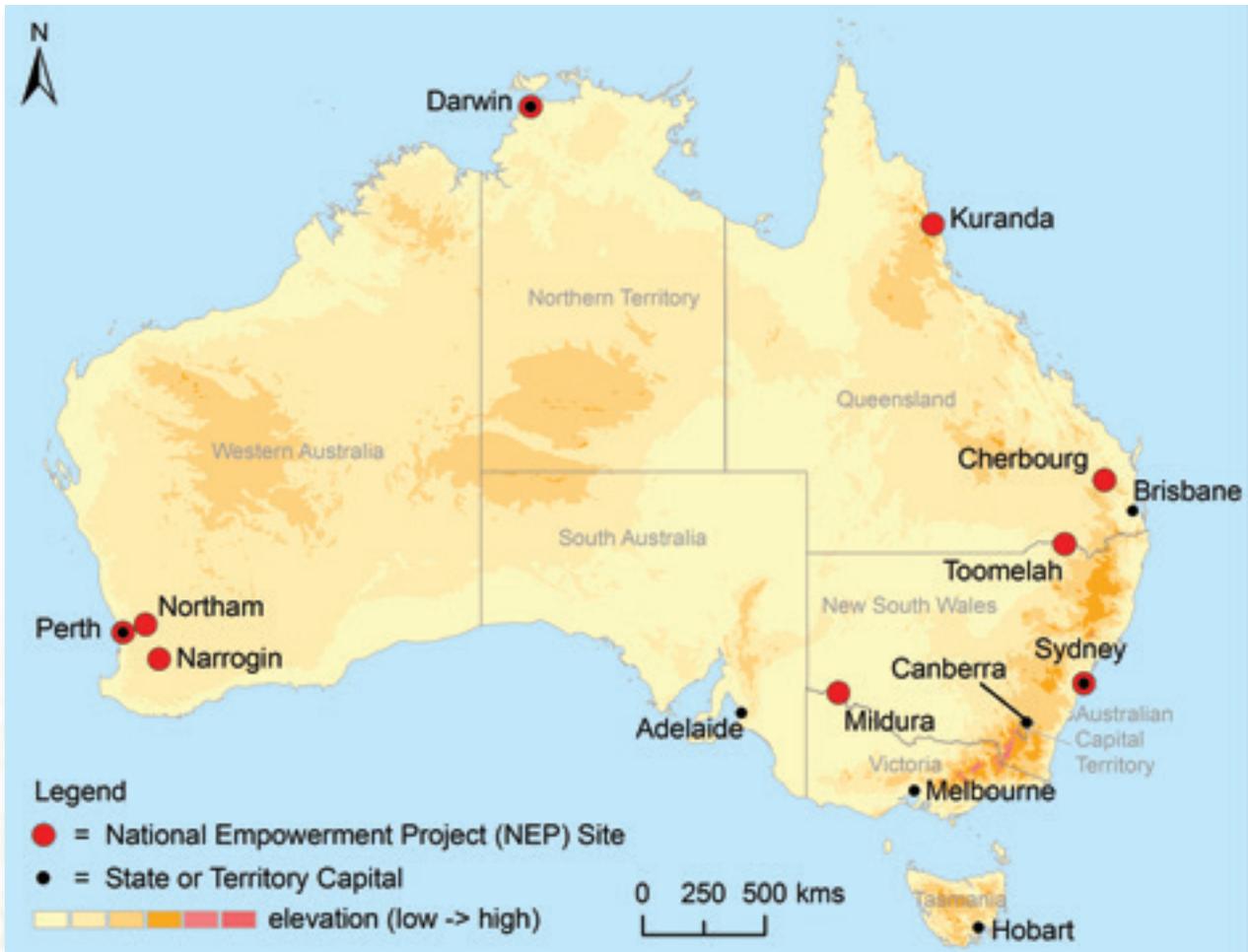
The National Empowerment Project has been working with local partner organisations in nine sites across Australia. These sites were selected by the National Empowerment Project team, the Advisory Committee and the Department of Health and Ageing and formerly identified based on initial community consultation as a way of exploring the communities readiness to engage as part of the project and be able to develop and deliver a local Empowerment, Healing and Leadership program.

The Sites, Partner Organisations and Community Consultant Co-researchers that Participated in the National Empowerment Project.

NATIONAL EMPOWERMENT PROJECT SITE	PARTNER ORGANISATION	COMMUNITY CONSULTANT CO-RESEARCHERS
Perth, Western Australia	Langford Aboriginal Association Inc.	Angela Ryder, Damion Blurton and Chevienna Hansen
Northam/Toodyay, Western Australia	Sister Kate's Home Kids Aboriginal Corporation – Auspice Agency Communicare Inc.	Tjalaminu Mia and Dezeræe Miller
Narrogin, Western Australia	Marr Mooditj Foundation	Venessa McGuire
Darwin, Northern Territory	Danila Dilba Aboriginal Health Service	Karen Geer and Shane Russell
Kuranda, Queensland	Mona Mona Bulmba Aboriginal Corporation	William (Biri) Duffin and Barbara Riley
Cherbourg, Queensland	Graham House Community Centre	Kate Hams and Bronwyn Murray
Sydney, New South Wales	National Centre of Indigenous Excellence	Donna Ingram and Nathan Taylor
Toomelah, New South Wales	Goomeroi Aboriginal Corporation	Glynis McGrady and Malcolm Peckham
Mildura, Victoria	Mallee District Aboriginal Services	Terry Brennan and Andy Charles



The following map highlights the sites that participated in the National Empowerment Project:



Local Partner Organisations and Community Consultant Co-researchers

To ensure that there was strong local ownership and leadership for the National Empowerment Project on the ground it was important to identify and engage with local partner organisations within each of the participating sites. This also ensured that the Project would have carriage and support for its ultimate development and ongoing implementation.

A set of criteria was developed to assist with the selection of a suitable local partner organisation, and these were as follows:

1. Strong presence of a functional Aboriginal Community Controlled Organisation (ACCO) and or Registered Training Organisation (RTO).
2. Population significant enough to obtain the minimum number of interviews required as part of the Project.
3. Communities where suicide is evident at escalating rates.
4. Possible connections already established in the community; and,
5. Geographical diversity across urban, rural and remote areas.

In addition to the above criteria, it was felt strongly by the project team that the local partner organisation should also be selected based on the following additional criteria:

1. Stable governance, management and operations.
2. Existing capacity to develop and implement the National Empowerment Project.
3. Proximity to Aboriginal and Torres Strait Islander population locally; and,
4. Ability to work in a transparent partnership with UWA and the National Empowerment Project team.

Community Consultant Co-researchers

A unique feature of having a local partner organisation involved as part of the project was the assistance provided in identifying and or recruiting locally suitable Community Consultant Co-researchers. These individuals assisted the project the project team with the development and implementation of stages one and two of the National Empowerment Research Project.

Two Community Consultant Co-researchers were identified in each of the Project sites with a preference where possible to have one male and one female consultant to cater for the diversity within community(s) and the need to have gender balance as appropriate. It should be noted that not all sites were able to identify suitable consultants of both genders and so, in some of the sites, two female consultants were selected.

Similar to the identification and selection of the local partner organisation, the Project had identified a number of criteria for the role of community consultant. These criteria were as follows:

1. Demonstrated ability and willingness to enact the values and principles of the National Empowerment Project.
2. Local accepted community member.
3. Demonstrated knowledge about the local community and experienced networking ability.
4. Broad understanding of conducting research and ability to conduct research interviews, workshops and focus groups.
5. Excellent communication skills and ability to lead and facilitate local consultation and workshops; and,
6. Ability to work within a set timeframe.

Community Consultant Co-researchers Training

A total of eleven local Community Consultant Co-researchers (two from Darwin, Toomelah, Narrogin, Perth, Northam/ Toodyay, one from Kuranda, with apologies from Cherbourg and Sydney) were brought to Perth for a five-day training program from the 10th to the 14th September 2012.

The training was held at a local community organisation, Marr Mooditj Foundation. The training program covered topics such as basic Project management, research and research methodologies, particularly participatory action research, research ethics, collecting data and how to do this through one-to-one interviews, focus groups, and stakeholder interviews. Making sense of the data through thematic analysis and reporting the outcomes was also covered in the first three days.



The National Empowerment Project team and the Kimberley Empowerment Project team developed and delivered the training program. This was an important part of the Project in terms of community capacity building, empowerment and local knowledge transference. The original Community Consultants from the Kimberley Empowerment Project shared their experiences with the next set of Community Consultants. Further, in one of the sessions, guests from a local Noongar research group led by Dr Michael Wright from the Centre for Research Excellence in Aboriginal Health and Wellbeing at the Telethon Institute for Child Health Research presented their work and how they were undertaking their research Project from a community based, cultural approach.

The last two training days involved Aboriginal Mental Health First Aid Training delivered by Aboriginal professional trainers. Participants received a certificate for completion of the Aboriginal Mental Health First Aid Training.

As well as providing an overview of the National Empowerment Project and how to conduct the community consultations/research, significant workshops took place about the protocols for the Project and what needed to be in the interview guides.

An evaluation of the training program was conducted. Most participants rated all elements of the training highly and overall comments included:

Excellent. I feel very honoured to be part of this project process.

All facilitators presented very well. Delivery was excellent.

Overall I was impressed and enjoyed the training but feel that the beginning of the training was a bit of a blur, because of the lack of understanding about our exact role, but as the week progressed, it all fell into place.

A *Community Consultation Co-researchers Training Kit* was developed for all Community Consultant Co-researchers to assist them to undertake the community consultations. This included general instructions for the consultants, as well as the ethics paperwork they needed for community participants to complete such as information sheets, consent forms and photograph consent forms (for focus group and stakeholder workshops only). Community Consultant Co-researchers were supported throughout the community consultations with regular visits, telephone contact and peer support provided via a website and email list.

Conclusion

In order to close the gap in Aboriginal and Torres Strait Islander mental health and wellbeing, major challenges exist in terms of delivering programs that meet the needs of community. Working with community is critical where the social determinants of community distress and suicide have historical roots, which have contributed to a sense of powerlessness at an individual, family and community level. Solutions brought in by outsiders cannot address the risk factors or harness the protective factors, which lie within each community within the domains of cultural, social and emotional wellbeing. Rather, programs that enable communities to develop effective leadership and the ability to motivate and encourage people to embark on a journey of recovery are key to achieving effective and sustainable outcomes (Dudgeon et al., 2012).

By having an Aboriginal and Torres Strait Islander-led research collaboration with partnerships established in local areas, the National Empowerment Project represents a significant change in approach. It is also groundbreaking in relation to Aboriginal and Torres Strait Islander research methodologies and community based understandings of mental health and wellbeing. The emerging body of knowledge about Aboriginal and Torres Strait Islander mental health from this Project is significant in itself and is intended to make a substantial contribution to the evidence base and content of community based programs aimed at improving Aboriginal and Torres Strait Islander mental health, and cultural, social and emotional wellbeing. Ultimately, it is anticipated that the outcomes of the National Empowerment Research Project will demonstrate the need for community based Empowerment, Healing and Leadership programs that restore the cultural, social and emotional wellbeing of each community by enhancing the strength and resilience of Aboriginal and Torres Strait Islander peoples.

3. Background: Cherbourg Community

This map illustrates the regions in Queensland that which provide water to Cherbourg. Water was brought to Cherbourg from the Darling Downs region, which was developed by public works from more than 50 separate dams were installed in Queensland from the early 1950s.

Introduction

Cherbourg is a small Aboriginal Community located in the South Burnett region of Queensland. It is situated approximately 250 kms Northwest of Brisbane and 6 km from the town of Murgon. Cherbourg is Queensland's third largest Aboriginal Community. The Cherbourg Aboriginal Shire Council Local Government Area (LGA) comprises of a total area of 32 sq km. The Wakka Wakka and Gubbi Gubbi (Kabi Kabi) people are the traditional custodians of this area (National Empowerment Project, 2013, Cherbourg Council, 2013).

According to the Queensland Government regional profile statistics at the time of the 2011 census the Cherbourg shire had a population of 1225. This may be underestimated; as according to the Cherbourg Aboriginal Council in 2012, there were 2500 Aboriginal people in residence including some transient population. The median age for Cherbourg is 21.9 years (compared to that of Queensland as a whole, with a median age of 36.6 years) (Cherbourg Council, 2013).

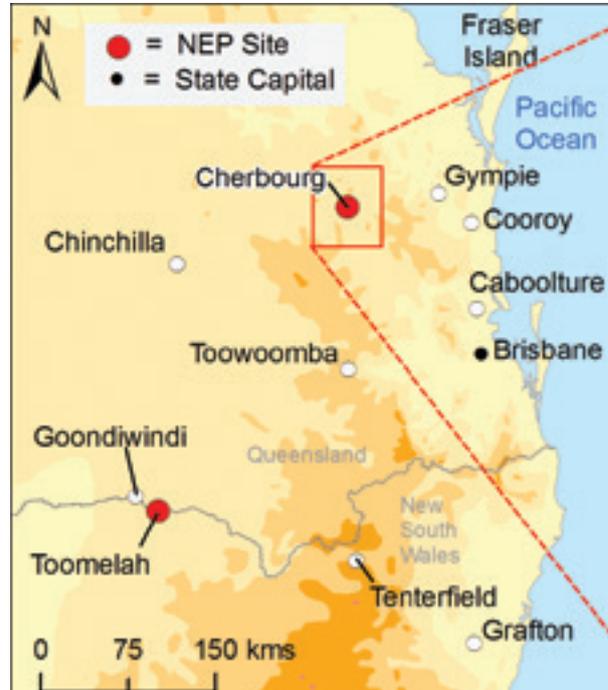
History

In 1894 the Queensland Government commissioned Archibald Meston to make recommendations for improving the condition of Aboriginal peoples in Queensland. Meston's report formed the basis of, the *Aboriginal Protection and Restriction of the Sale of Opium Act* by the colonial legislature in 1897 (Parliament of Queensland, 1897). This officially granted the state power over Aboriginal people, to restrict freedoms and to remove them into missions and reserves.

In 1900 the Barambah Aboriginal Reserve was established, which was gazetted over 7,000 acres (2,800 ha) on 23 February 1901. It was initially populated with local Aboriginal people but not long after people from all across Queensland, from varying language groups, Aboriginal people and their families were forcibly removed from their homes and sent to the reserve (Digital Elder Project, 2010). People were forced to live together regardless of their cultural history, language and family groups, or Lore. The Aboriginal people were from different regions and under the act they were restricted from speaking their language or undertaking any cultural practices.

The effect of mixing different Aboriginal groups together and forcing them to live under such devastating Government restrictions has had a major impact on their cultural heritage. Many of the languages are now considered to be extinct, surviving only in notes and recordings stored at the University of Queensland (Digital Elder Project, 2010).

Cherbourg: Region Overview



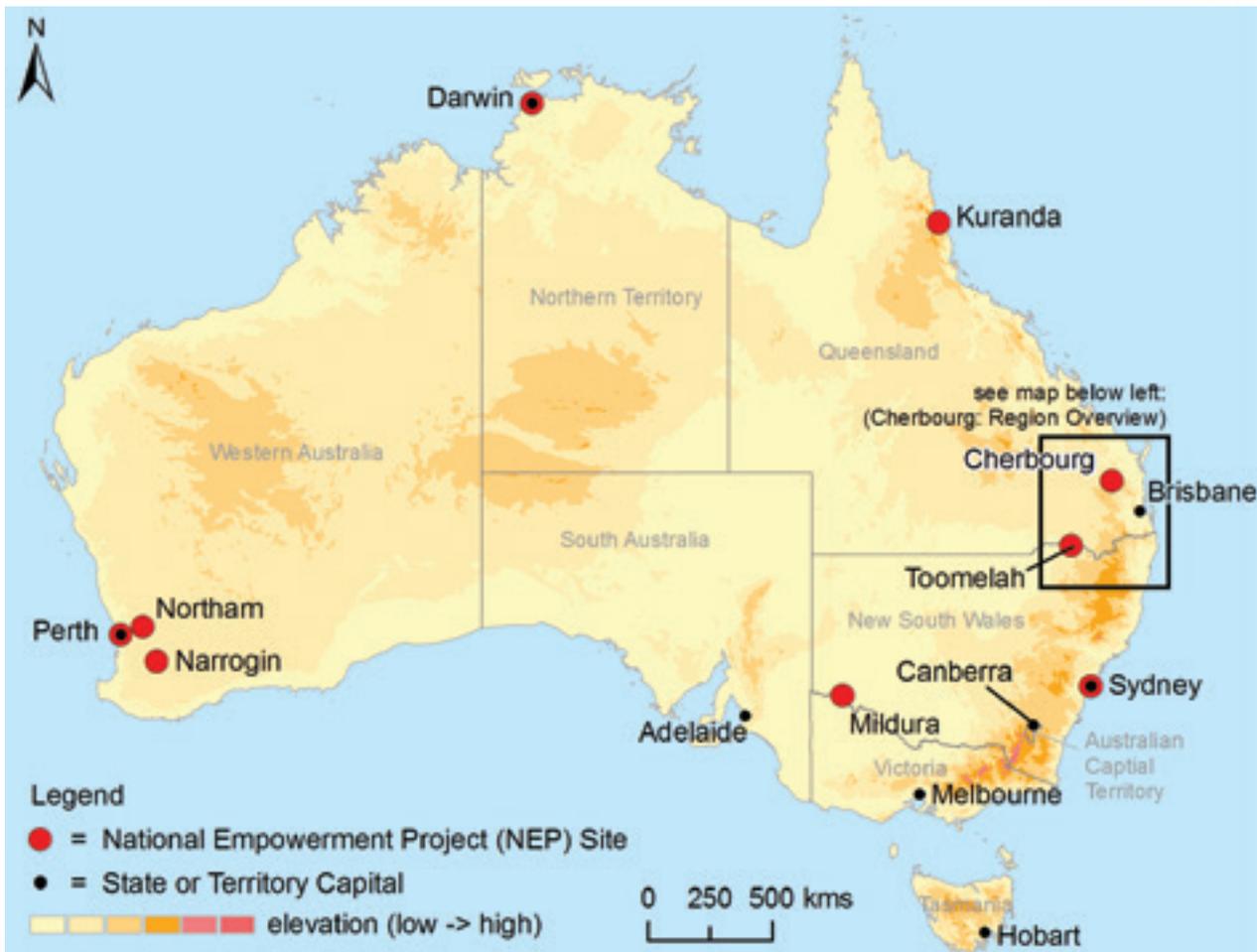
Cherbourg: Detail



During the early period when Aboriginal people were forcibly removed onto the Reserve, the Government administration controlled almost every aspect of Aboriginal peoples' lives; the language they spoke, what they ate, what they wore, where they went, for whom they worked and, in some cases, whom they would marry. Children and families were separated. Children were sent to segregated dormitories and others sent to train to work on cattle stations and as domestics. People were judged and deemed by the authorities as either suitable to be trained or not. Those people who did not abide by the rules of the reserve authoritarians were sent to Palm Island, then a penal colony. Traditional hunting methods were replaced with small rations of food from a shed. Today that shed, now the Ration Shed Museum, has been restored and is a lasting memorial to the early days (Ration Shed Museum: Preserving our History, n.d.).

During the 1920 and 30s the Reserve was enlarged to over 30,000 acres and a larger school and new hospital were opened. Prior to the building of the hospital, and with a community of 1200 residents over 600 cases of influenza were recorded, resulting in 87 deaths and another 33 deaths were recorded at the time due to berri berri. In 1932, the Reserve was re-named 'Cherbourg' as mail being delivered to Barambah station was getting mixed up with mail going to Barambah mission (Ration Shed Museum: Preserving our History, n.d.).

Map of Australia: Cherbourg (National Empowerment Project Site)





It was not until the late 1980's, that Cherbourg developed from a welfare institution to a community (Ration Shed Museum: Preserving our History, n.d.). In 1988 Cherbourg became a Deed of Grant in Trust Community (DOGIT) and in 1991 the first independent Cherbourg Council (managing its own affairs) was elected. Since that time, Cherbourg has had an elected Aboriginal Council.

Conclusion

The Cherbourg Cultural Heritage Precinct consists of the Ration Shed, old Superintendent's office and the old boys' dormitory. It is a multi faceted complex that engages both the past and the present. It is about understanding what happened in the past and understanding how the past has shaped the present.

The Ration Shed Museum is a not-for-profit venture controlled by The Cherbourg Historical Precinct Group. The Ration Shed is governed by a board of Cherbourg community members and aims to tell the story of the community's history. It also creates local employment and provides economic benefits to the community. All profits are re-invested in the growth of the Precinct Project and future community projects. A unique and comprehensive local history, the *Cherbourg Memory*, is part of the project.

1970s & 1980s SELF — DETERMINATION



At last it was recognised that we Aborigines are the original custodians of this land and that Aboriginal culture is an essential and permanent part of Australian society. The next step was for us to have some power over our own lives and affairs.

The Aboriginal flag flew for the first time, although not yet in Cherbourg—and the laws governing our lives in Queensland were still the harshest in Australia.



4. Project Methodology



Deed of Grant in Trust (DOGIT) — 1982
A significant step towards self-determination for our community occurred when Cherbourg was granted a Deed of Grant in Trust (DOGIT) from the Queensland Government.

We now managed our own affairs. Our council, Cherbourg Community Council, was recognised as a local authority and was run by people from the community.

Independence came at a cost. Following the DOGIT transfer, government-owned assets were removed, shut down or sold. Successful industries were closed down and the machinery sold. People lost their jobs and the town lost money.

Without these assets, the Community Council became dependent on Commonwealth and State government funding to do many families and individuals.

Efforts were made to improve the economic life of the Cherbourg community. We worked on the farms, the herds were upgraded and the pastures improved. Modern farm machinery was used and operated by Aboriginal workers.

The sawmill was busy. The Trade Training Centre provided training and work, such as painting, plumbing and joinery, the building and maintenance of roads, and for the drivers of the large mechanical fleet — all serviced at the community garage.

New industries began. A building program was underway. More homes were built, along with a supermarket and Meat Mart. Industries such as the Curio Shop, the pottery, booming factory and toy tools workshop, were considered a 'gold mine' for the Government. Yet Cherbourg workers were still paid below award wages.

The journey towards autonomy was slow and people still struggled in many aspects of their lives. Finally in 1972 we could request permission to control our own bank accounts. The dormitory system was dismantled the following year.

In November 1979, we celebrated Cherbourg's 75th jubilee with a week of festivities. Starting with a procession and ending with an open air church service.



1971

1972

1974

1975

1976

1979

1980

1984

1985



The aim of the National Empowerment Project was to consult with nine communities across Australia to identify the ways in which an Empowerment, Healing and Leadership program could assist Aboriginal and Torres Strait Islander peoples to deal with the many issues and factors that contribute to community distress and suicide.

The Project was led and overseen by a small team who were responsible for the day-to-day management of the Project and its deliverables and support to each of the nine participating communities.

Community Consultant Co-researchers were also a part of the Project Team. They had been engaged through local partner organisations in each site to undertake a comprehensive community consultation and to develop and deliver a two day cultural, social and emotional well being program in each of their communities.

Consultations took place with individuals, families, communities and relevant stakeholders and local service providers in all nine sites across the country. These included Perth, Narrogin, Northam/Toodyay, Darwin, Kuranda, Cherbourg, Toomelah, Sydney and Mildura. These sites represented a diversity of language groups, community history, and local issues.

Research Approach

The Project was community driven using an inclusive, Participatory Action Research (PAR) process as was used with the Hear Our Voices Project (Dudgeon et al., 2012). This demands a community driven and inclusive approach. PAR is appropriate as it:

...involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other contexts, which make sense of it... Participatory action research is not just research, which is hoped that will be followed by action. It is action, which is researched, changed and re-researched, with the research process by participants. Nor is it simply an exotic variant of consultation. Instead, it aims to be active co-research, by and for those to be helped. Nor can it be used by one group of people to get another group of people to do what is thought best for them – whether that is to implement a central policy or an organisational or service change. Instead it tries to be a genuinely democratic or non-coercive process whereby those to be helped, determined the purposes and outcomes of their own inquiry (Wadsworth, 1998, p.9-10).

In Australia, there are concerns about research as continuing the process of colonisation in determining and owning knowledge about Indigenous peoples (Moreton-Robinson, 2000; Oxenham, 1999; Rigney, 2001; Nakata, 1997). These concerns have highlighted how research is inextricably linked with European colonisation. Many Indigenous scholars such as Smith (1999) are concerned with how western systems of knowledge have denigrated and distorted the cultures of the colonised.

This Project was concerned with cultural reclamation and required Aboriginal people and experiences as a centrally important inclusion. Participatory Action Research has been widely promoted as an empowering and effective way in working with Indigenous people in achieving better outcomes in a range of factors such as health, education and community building. Conventional research practices in many contexts have been perceived as ineffective and disempowering (Kemmis & McTaggart, 2003). Participatory Action Research is defined as ‘...inquiry by ordinary people acting as researchers to explore questions in their own lives, recognise their resources, and produce knowledge, and take action to overcome inequalities, often in solidarity with external supporters’ (Dickson, 2000 in Wenitong et al., 2004, p.5).

This Project used a methodology that ‘gives voice’ to Aboriginal people and is aimed at empowering oppressed groups. PAR intends to be participatory, cyclic, qualitative and reflective. This involves participants as research partners in the research process and participant’s experiences and knowledges are critical.

PAR emphasizes developing self-reflexive critical awareness, is concerned about power and powerlessness, and is connected to community social action. Participatory Action Research is also concerned with valuing and validating the knowledge and lived experiences of oppressed groups. This approach is based on the premise that people are experts about their own lives and cultures. It has two objectives;

- to produce knowledge and action that is directly useful to a group of people; and,
- to empower people to reconstruct their own knowledges leading to empowerment and social change (Bacon, Mendez & Brown, 2005; Radermacher & Sonn, 2007).

This method includes the research participants in ‘all the thinking and decision making that generates, designs, manages and draws conclusions from the research’ (Reason, 1994, p.325). It can ensure a transformative process is facilitated with real and concrete outcomes for participants.

Data Collection

The NEP used a qualitative research process in the collection of data because this form of data takes into consideration the complexity of a person's experience, situation and gives them the space to fully express themselves and their stories. A series of workshops, focus groups and one-on-one interviews were completed in each of the nine sites. In Cherbourg, a total of 41 people were consulted. The consultations included men, women, elderly and young people (18-25 years) to ensure future programs and strategies cater for different community group members and differing levels of need. Although a majority of participants were Aboriginal and Torres Strait Islander peoples, non-Aboriginal people were also included as part of the consultations where they worked in stakeholder services and programs.

In the workshops and focus groups, participants were asked to explore the several questions:

- What are the issues affecting you, your families and your communities?
- What do we need to do to make ourselves, our families, and our communities stronger?

To answer the questions, the focus groups involved a lengthy brainstorming session exploring:

- What participants understood about empowerment, healing and leadership.
- What the concepts of empowerment, healing and leadership meant to them; and,
- What people believed was required for an effective empowerment, healing and leadership program.

The workshops and focus groups identified what type of program(s) would be required to meet the needs of the community and the more specific details of the program's content, including the types of topics that should be addressed and the best way to have the course/units delivered.

The one-to-one interviews also followed the same format of questions.

A thematic analysis was conducted whereby the information gathered from all sources was grouped into meaningful themes. Emerging themes provided powerful and meaningful messages. The collection of information or the collective voice of the Aboriginal and Torres Strait Islander peoples builds a strong perspective to the issues facing Aboriginal and Torres Strait Islander peoples. This information when viewed alongside the previous literature review (as part of the Kimberley Empowerment Project) clearly provides a way forward, articulating what the issues are and how these need to be addressed in culturally appropriate ways that enable Aboriginal and Torres Strait Islander peoples to take control of their own destinies.

Community Consultations

The local partner organisation in Cherbourg was Graham House Community Centre, established in 1989 to provide services to meet the needs of community members across the South Burnett region. The Centre provides services in the areas of Family Support, Community Transport, Emergency Relief and is an agency for CentreLink.

Two local Aboriginal Community Consultant Co-researchers were specifically employed to:

- Conduct local community consultations to identify cultural, social and emotional wellbeing issues at the local community level and identify ways to reduce community distress and suicide in Aboriginal and Torres Strait Islander communities.
- Prepare and facilitate local community workshops and interviews with community members.
- With the National Empowerment Team collate and analyse responses and feedback from community workshops and interviews.
- With the National Empowerment Team provide written reports on community consultation processes and outcomes for each site.
- Assist with the development of local community empowerment program (local training modules and resources).
- Report project developments and findings back to the community and stakeholders to ensure maximum community engagement and ownership of the project.
- Prepare and deliver a two day cultural, social and emotional well-being, empowerment, healing and leadership program locally for community members.

The Cherbourg Community Consultant Co-researchers were Kate Hams and Bronwyn Murray. As indicated by the Community Consultant Co-researchers, Graham House Community Centre provided valuable ongoing support to them during the consultation phase.

Communities and Stakeholder Recruitment

A key feature of the community consultations for the National Empowerment Project was the ability to engage and employ local Community Consultant Co-researchers from the local areas. These local team members were critical as they were to be able to engage and involve the community members as part of the community consultations that were integral to the Project.

The Community Consultant Co-researchers' local knowledge and networks, along with the existing relationships and networks that other team members had with the communities, was critical to the successful completion of the community consultation process.

The Project team and Community Consultant Co-researchers developed lists of government and non-government agencies, local groups and individuals in the community to advise them in person, via email or through word of mouth about the forthcoming workshops. In the days leading up to the community consultation meeting, various members were contacted and reminded of the meeting and asked to confirm their attendance.

Although some community members would confirm their attendance for one of the community workshops, many times they didn't attend, likely due to other issues or matters arising and taking precedence.

A number of focus groups/workshops and one-to-one interviews were then conducted over the specified periods within the Project.

Profile of Consultations Completed

Data was obtained through community and stakeholder focus group discussions and one-to-one individual interviews. A wide variety of people was consulted from across all age groups 18 years and above with both male and female participants.

The majority of the participants in the community consultations were Aboriginal people. The predominant number of participants was female (73%) with the remaining (27%) being male (Figure 1). As indicated in Figure 2, participants were spread across the various age groups.

Table 1: List of Number and Type of Participants

LOCATION	INDIVIDUALS	STAKEHOLDERS
Cherbourg	27	14
		41

Figure 1: Female and Male Participants

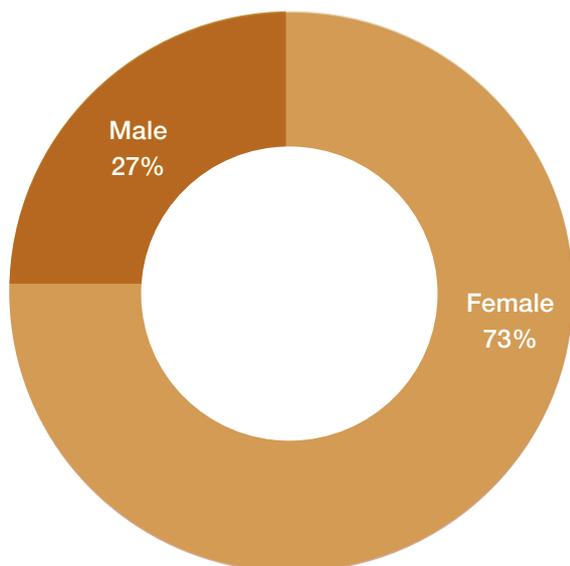
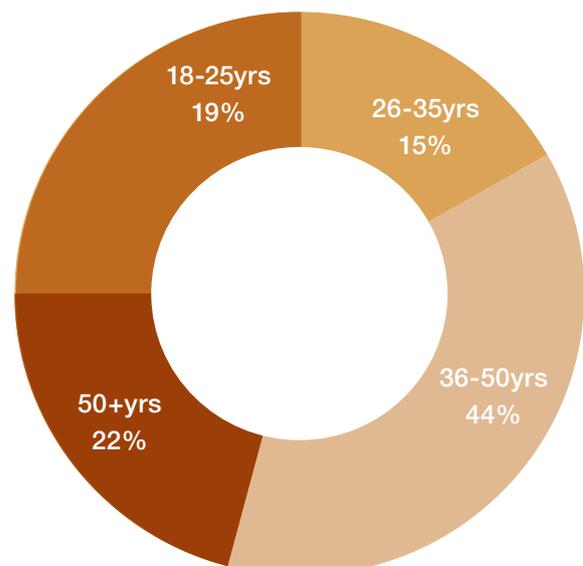
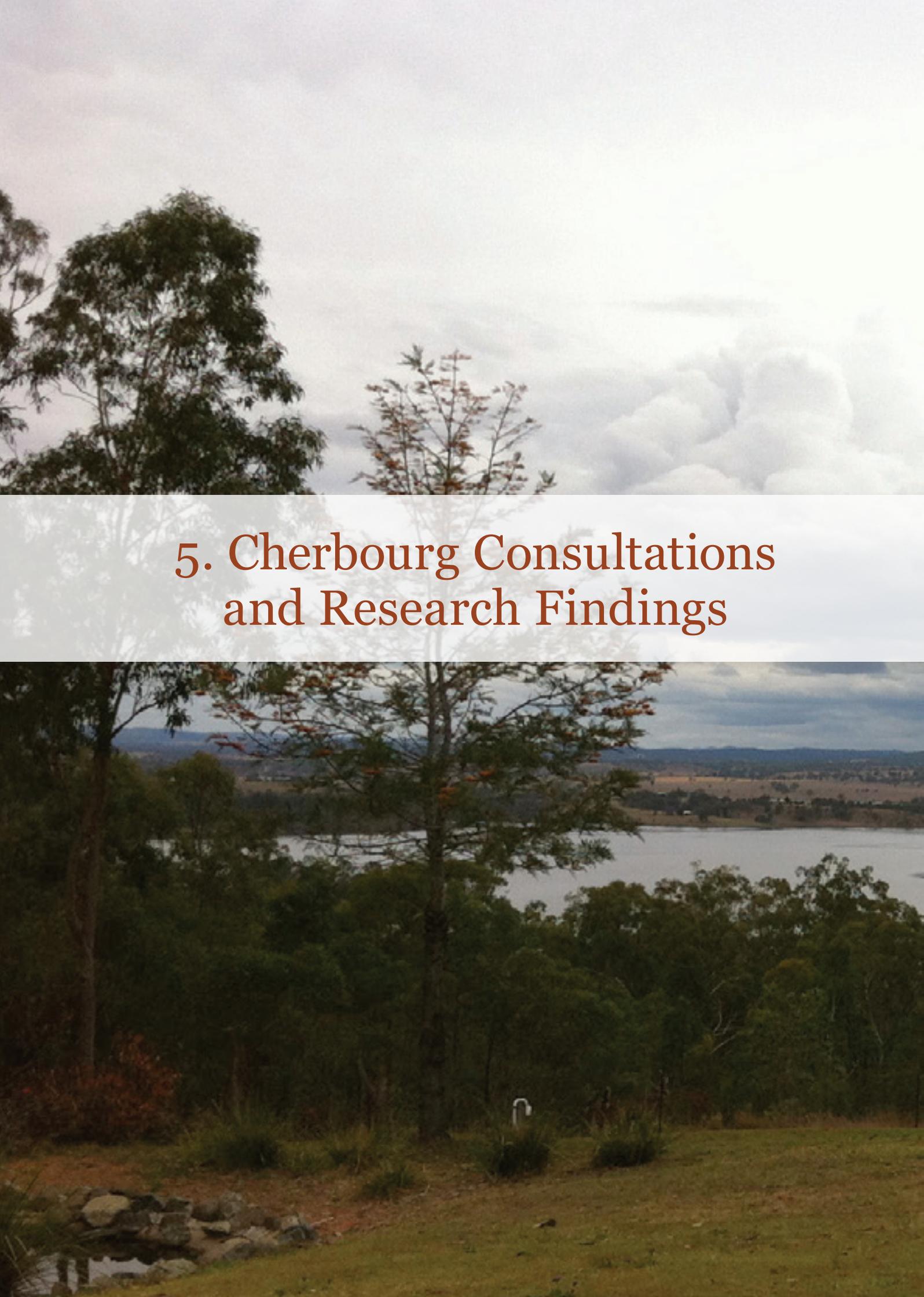


Figure 2: Age of Participants





5. Cherbourg Consultations and Research Findings

1.0 INTRODUCTION

The following section presents an overview of the data gathered from one-on-one community member and stakeholder interviews. These have been analysed in a three-stage process:

- Community Consultant Co-researchers' summary of each meeting. In most cases, Community Consultants Co-researchers noted comments during the meeting and wrote these up on pro-formas provided by the project.
- Amalgamation and thematic analysis of all site summaries. The richness of the database and to do justice to the quantity of data, the outcomes of interviews and focus groups were quantified as accurately as possible on the basis of discrete items of information. The themes were derived entirely from within the data, rather than any pre-conceived categories.
- In the case of Cherbourg this amalgamation amounted to 30 pages of data.
- Highlighting of major themes. To provide an insight into the most common themes, the top themes for key questions have been ranked from 1 (the most frequently occurring) in Table format at the beginning of each section.

Direct quotes are in italics.

2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITIES

Interviewees were asked a range of question about issues they perceived to be impacting on individuals, families and the community as a whole:

- To get an understanding, what are some of the issues affecting you?
- To get an understanding, what are some of the issues affecting your family?
- To get an understanding, what are some of the issues affecting your community?

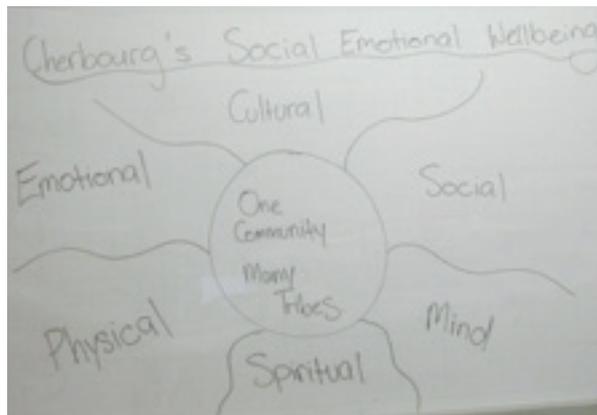


Table 1 ranks the most common themes emerging from the responses to these three questions.

Table 1: What Cherbourg People Say are the Issues Confronting Individuals, Families and the Community

THEMES	RANKING
Youth-related Issues	1
Family-related Issues	2
Personal/Relationship Issues	3
Substance Abuse	4
Violence	5
Community Future	6
Employment-related Issues	7
Health/Mental Health Issues	8

When the responses to the three questions probing issues confronting individuals, families and the community were aggregated, two areas of concern predominated – issues around young people and issues around family. These were each seen as areas of concern in their own right, but also as inter-related and having a causal relationship; the ‘problem’ with youth, in part, being an outcome of family dysfunction.

2.1 Youth-related Issues

The range of issues relating to youth included those in which youth are the victims, issues where youth are the protagonists, as well as issues that are deemed to be the responsibility of others, for example parents. It was perceived that young people needed supervision and the families needed to take responsibility for the actions of youth. In part, it was seen that the problem was that young people did not have enough to do, leading to 'roaming the streets' and disruptive behaviour.

Participants said:

- *[Youth] are getting into crime, causing fights and damage to property.*
- *Children roaming the streets whilst parents are drinking and gambling I am concerned due to some of the youth being family members and because it makes me reflect on my life, because I feel nothing's changed.*
- *Child abuse issues: being brought up around abuse.*
- *Children trying to be adults [teenagers in particular] – Needs family control – children don't understand the importance of education.*
- *Youth need better education on sex; STD's and pregnancy.*
- *Not respecting Elders or their parents.*
- *No support mechanisms and follow-ups here to support and encourage the young people.*
- *No love and attention: young people get upset and [engage in criminal behaviours] and want to self-harm to cope.*
- *Trying to raise children to understand what's ahead for them in the future.*
- *As a mum who has tried to talk to children on how they could get brain damage and health problems [from, substance abuse] but feel that the talk goes through one ear and out the other.*
- *Department of Child Safety: family members in care, not enough family contact and this is losing the connection of kinship between mothers and families. Families without correct priorities.*
- *Stress on other family members when the Department of Child Services are involved.*

Concerns about youth were a dominant theme throughout all the sites, especially where people saw youth as the future of their communities. The broad range of concerns raised by the Cherbourg community were similar to issues raised at other sites.

2.2 Family-related Issues

The following illustrate the broad range of family-specific issues impacting on individuals, family and the community, highlighting the complexity and inter-relatedness of family responsibility, child-rearing and the sharing of those responsibilities across generations. A theme that often emerged across other site's consultations included a concern with parenting skills as exemplified in the comment about parents not being "educated on how to raise children".

Participants said:

- *Mothers and Fathers not being involved in service and community meetings to help their young people.*
- *Families and people not caring for one another.*
- *No family guidance or correcting children's behaviour.*
- *Some family members don't know how to be responsible.*
- *I feel tired and drained and I'm not getting any help from children with house duties.*
- *Family conflict. Family arguments (constantly upsetting everyone, no one getting along).*
- *Families only come together on sad occasions.*
- *Sickness of an elderly member.*
- *My grandchildren: their mother isn't being responsible enough and is relying on me and my family to babysit all the time.*
- *Parents aren't educated on how to raise children and how to be role models for their families.*
- *Having to remember to do everything for each family member (over committed to family).*
- *When my husband is away for work every two weeks and I have to pay bills, put petrol in the car, look after everyone and cater for all our needs.*

Again, the comments about family-related issues expressed above were similar to comments made at other project sites.



2.3 Personal/Relationship Issues

A number of participants shared individual issues emerging from their own personal life experiences – including interpersonal relationships, dealing with issues from the past and issues such as incarceration, personal abuse and suicide. Consultants undertaking the community consultations commented on the willingness and openness of people to share personal stories. As shown in the examples listed below, communication issues were also raised, including people not being listened to, lack of respect and gossiping. The issue of social media, mentioned below, arose in other contexts.

Participants said:

- *No open communication lines.*
- *Community gossip.*
- *Still dealing with personal issues, anger and depression from the past – abuse suffered whilst incarcerated.*
- *Stages of suicidal ideation have just passed.*
- *Get stressed out with other kids always coming around to play. It puts additional pressure on me to look after them and feed them.*
- *Insecurity with community people and family members.*
- *My emotions: very hard to understand myself because of my incidents of rape and abuse.*
- *They don't fully understand me and won't listen to what I have to say, especially my brother, because I have a lot to share being a past alcoholic and drug abuser.*
- *Lack of respect for Elders.*
- *Social Media, (Facebook) is causing issues between family members.*
- *Not being honest with one another. Anger issues e.g., my brothers and uncles are always crabby and snappy.*

2.4 Substance Abuse

Substance abuse (often specifically referred to as 'drugs', alcohol', and occasionally linked with 'gambling') was another recurring theme in the Cherbourg consultation outcomes. Often it was simply listed as broad comments with no further elaboration. The issue of substance abuse by young people was of particular concern, as it was where the abuse of older people impacted on young people.

Participants said:

- *Drugs and alcohol: family members struggling with the effects.*
- *Extended family's young people are drinking.*
- *Alcohol and drugs: living around it in the community, putting up with alcoholics and having me and my kids observing it and their behaviour.*
- *The behaviour of young people using drugs and alcohol are displaying.*
- *Trying to teach family to change and not go down the wrong path of using drugs and alcohol.*

- *Drugs and my children are smoking too much yarndi they just sit, smoke and sleep all day.*
- *Alcohol and drugs: children using drugs and families drinking instead of looking after children.*
- *Young people sniffing petrol.*
- *Girls and boys my age smoking, drinking and partying.*
- *Have to deal with an alcoholic husband who suffers with grief and loss.*
- *Young ones smoking and drinking.*
- *Drugs and alcohol: drinking and not looking after themselves and their family.*
- *The excessive use of alcohol becomes normal behaviour.*

Concerns about substance abuse was also a common theme across all project sites, and one that appears to be a complex one to resolve because of the inter relatedness to a cycle of violence, unemployment, boredom and sense of despair underlined in the comment that substance abuse "becomes normal behaviour".

2.5 Violence

Violence (within and between families and community) was another recurring theme through the consultations. Often the violence was linked to substance abuse and led to people feeling unsafe. There was also the suggestion that violence was self-perpetuating – violence and fighting could lead to further violence.

Participants said:

- *Fights – not one-to-one it's where everybody gets involved and two parties don't solve the problem in a rational way.*
- *Families fighting against one another and against other families over little things.*
- *Lateral violence.*
- *Tall poppy: our own mob fighting one another, everyone wants to drag one another down if they try and do something good.*
- *Adults having arguments over young people's disagreements.*
- *Young people being witness to domestic violence.*
- *The effects of the stolen generation, racism of Aboriginal people to each other.*
- *(Drugs and alcohol) and abusing their partners and children.*
- *Pressure: we are like "crabs in the bucket" bringing one another down, fighting with each other.*
- *Domestic violence: men not knowing how to deal with anger and women wanting to fight until punches are thrown.*
- *Ongoing hurt family fights are causing both adults and children.*
- *Not feeling safe at home and in the community.*

2.6 Community Future

People also raised community issues that affected them, including their concern for the future of the community, and as indicated by one person, these concerns were seen in the light of a community of people with “such potential but not using their skills”.

Participants said:

- *The future of the community concerns me.*
- *Sense of belonging to the community.*
- *The young people destroying the community.*
- *Knowing that community people have such potential but not using their skills, it becomes frustrating in my role as employment coordinator.*

The following comment illustrates the impact on a long-time community member who grieves not seeing changes, and the impact on community members.

I'd like to see change in my community. I've not seen a lot of change in my lifetime. It needs to be run like mainstream community. Our children get bored with nothing to do. Like to see more fishing camps happening. They need to do and get more involved with more than just football.

2.7 Employment-related Issues

Employment-related issues also emerged, mainly associated with the lack of available work opportunities and therefore consequences for individuals and their families.

Participants said:

- *Need more employment in community: trying to find suitable employment for me and my husband.*
- *More employment opportunities need to be brought into community.*
- *Employment: limited opportunities in community and community not motivated to get work. When community people are not working then they are getting bored and drinking and fighting instead.*

The following story suggests the extent of the employment issue across several neighbouring communities, with the interviewee being prepared to seek work across Australia and the feeling of being let down when unsuccessful in job applications.

Finding work. Very hard these days to find work in the community or surrounding towns (Murgon or Wondai). Seeking employment in hospitality. Have applied for work in Western Australia in the kitchen on mining site near partner. Getting no feedback or response from application has made me feel down. Finding work in the mines close to home not successful – didn't pass the fitness test.



2.8 Health/Mental Health Issues

Current statistics of the poor health status and chronic conditions affects of Aboriginal and Torres Strait Islander peoples have been mirrored in the reflections of the community and the needs for increased coordinated health service provision.

Participants said:

- *I worry for my health and my family's health in general.*
- *Health conditions of family members.*
- *Emotions and dealing with healing.*
- *Health cost, medications: A mental illness of a family member and dealing with his ordeals has been stressful. He was told he has to go to Toowoomba to be treated, and I don't understand why he can't go to the Cherbourg Hospital for treatment.*
- *Paying for husband's medication and health condition.*
- *Sex: Diseases STD and STIs, youth need to be educated on sexual talks.*



3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITY STRONG

Participants were asked the following questions about strengthening individuals, families and the community:

- What do we need to make ourselves strong?
- What do we need to make our families strong?
- What do we need to make our communities strong?

Table 2 ranks the key themes emerging in response to these questions.

Table 2: What Cherbourg People Said Makes Individuals, Families and the Community Strong

THEMES	RANKING
Shared Family Activities	1
Supportive Environment	2
Education	3
Better Interpersonal Relationships	4
Community Working Together	5
Cultural and Traditional Ways	6
Focus on Youth	7
Police/Justice System	8
Personal Empowerment/Self Care	9

3.1 Shared Family Activities

Making families stronger could involve families doing things together. Beyond the day-to-day activities that families could share, the community also felt that there were additional things the families could initiate to place further importance on family unity.

Participants said:

- *Putting family first before drugs/alcohol and gambling.*
- *More family orientated events.*
- *Visiting each other more.*
- *Doing family things (example – holidays, fishing, camping).*
- *More sporting activities for families.*
- *Spending more time together like the old times. I don't see many families doing activities anymore.*
- *Spend more quality time with one another. Go on trips, excursions or barbeque outings.*
- *Being able to help other families that have a connection to the family and be available.*
- *Take notice and acknowledge family.*
- *Create a better environment for our little fellas they're our leaders for the future.*
- *Have an open home to anyone.*

3.2 Supportive Environment

Being supportive and respectful of other families and providing support and backup for individual family members at all times was instrumental in making families stronger. To commence the healing process and make individuals stronger, participants highlighted the importance of communication, especially as a means of connecting to others and identifying when individuals need help. Yarning with supportive others, including Elders, was frequently mentioned.

Participants said:

- *Show one another love and respect all of the time.*
- *Being close and supporting one another.*
- *Family supporting one another.*
- *Community support: having services coming into community and visiting people in their homes and asking community people what they need.*
- *Being there for one another at all times.*
- *Family support: helping one another out, talking and visiting each other.*
- *Talk to people about your problems. Don't be afraid to ask for help.*
- *Yarn up to each other.*
- *Spend time with my Elders and seek advice from them.*
- *Talking with family and friends. Example yarning circles that caters for all.*
- *Volunteering to help other families.*
- *Yarning circles for young and old to be included.*
- *Talk to other work colleagues and Elders.*
- *If we see someone down we need to ask, brotha/sista are you alright?*

3.3 Education

Education was seen to be foundational in making individuals stronger. This included education as formal 'schooling' or 'further education', as well as learning from family. Many commented on the importance of education as the key to opening more doors and creating opportunities for all community members.

Participants said:

- *Getting a good education.*
- *Further education.*
- *Making kids go to school everyday.*
- *Education is the most important thing.*
- *Courses such as self esteem, budgeting programs and similar ones.*
- *Knowing what love is and showing it in the right ways.*
- *Knowing the difference between good, bad and need.*
- *Look at the past: how hard things were for grandparents, mum's and dad's educational experience.*
- *Teaching children about sexual talks and behaviours.*
- *Teaching children the difference between right and wrong. Today you can't correct kids cause it breaks out into big fights.*
- *More Government resources and funding put into schools.*
- *Education is important and will make a difference in the community.*

3.4 Better Interpersonal Relationships

Communication and better interpersonal relationships, often simply just talking to one another, emerged as an important element of making families and communities stronger. Participants identified personal attributes (honesty, love, trust) that would improve interpersonal relationships. Again the role of Elders emerged. One of the most frequently mentioned attributes throughout the consultations was 'respect'

Participants said:

- *Work and communicate with each other. No using aggression when speaking.*
- *Show one another more love and respect.*
- *Teach respect, love, how to listen with your heart when a loved one needs your help in a silent way.*
- *Having Elders involved in community and respecting them.*
- *Support and communicate with one another personally for council to come to better agreements on issues of concern.*
- *Trust and honesty.*
- *Try to forgive each other for the past.*

- *Compassion and respect from Elders and community people, people's possessions and property.*
- *Learning respect in family: Both adults and children respecting Elders and Elders respecting each other.*
- *Speak to the family members to make them feel better and maybe take their advice.*
- *Distorted messages and lies creating family feuds and no support for mediation in community.*
- *Facebook (negative influence and causes fights from the comments on peoples Facebook).*
- *People are too quiet to speak up on behalf of their community on their beliefs, no confidence, or scared of payback to voice their own opinions.*

3.5 Community Working Together

A key message relating to strengthening communities centred on the idea of 'unity' and community collaboration through working together on issues of concern to the community as a whole. Strong leadership was also seen as a key factor in strengthening community.

Participants said:

- *Unity and respect in community.*
- *Get together as a community and work on the major issues of concerns that are affecting community.*
- *Learning how to resolve difference and conflict in community.*
- *Learning how to stand together and be united to show community pride.*
- *Unite as an Indigenous race: need to support and encourage our own.*
- *Constructive criticism that no one takes the wrong way.*
- *Everyone to work together – starting with our Council and organisations.*
- *Strong leadership ... leaders that are fair and equal for everyone.*
- *Better leaders that are strong for their community.*

3.6 Culture and Traditional Ways

Again, the theme of culture and community members knowing and being proud of their culture and traditional ways emerged as significant to strengthening community.

Participants said:

- *Coming together in traditional ways.*
- *Getting back to cultural ways and values where Elders teach the next generations.*
- *Culture through song and dance.*
- *Take pride in who they are and where they come from.*
- *Programs that are culturally appropriate with VIP guest speakers.*

Individual inner strength is closely aligned to knowing and understanding one’s own culture. It also helped in restoring individual and community resilience.

Participants said:

- *History to be apart of the curriculum within the local school and taught respect, culture, values, beliefs.*
- *Living very strong cultural ways.*
- *Knowledge and family and lore.*
- *Educating ourselves on culture what tribe and clan group you came from and knowing our history.*
- *I believe the one thing that makes me strong is my people, my culture, history and maybe it’s something I was born with, thriving for the passion for my people, when a raw deal it makes me even more determined.*
- *Cultural respect isn’t here in the community anymore.*

3.7 Focus on Youth

An area of concern to community participants was the lack of youth-specific space for programs and other preventative strategies to defuse destructive behaviours.

Participants said:

- *Provide sporting activities and events for youth: the types of activities that get them out of the house and community sports, bush walks and camps.*
- *Youth Clubs that is decked out with different activities to do.*
- *More projects and activities in place for the kids, youth and adolescents to do.*
- *Parents to take responsibility of their own children.*
- *Drop in Centre for our youth and locally run by community volunteers.*

3.8 Police/Justice System Issues

Participants also highlighted the role in the community that the justice system can assist through a prevention capacity.

Participants said:

- *Police Liaison Officers need to come back into the community – black fellas not white fellas, so they know the community people, their families and understand the issues.*
- *Get the drug dealers (police to charge the drug dealers so they aren’t suppling to community).*
- *Half Way House for our long term prisoners to come home to and allow them to make connections with their community and families in a step-by-step program.*
- *Justice to be taken seriously, e.g., youth are only getting a slap on the wrist for thousands of dollars worth of damages they do.*
- *Police to liaise and get to know the people in the mission on a more personal note, rather than police business.*

3.9 Personal Empowerment/Self Care

Personal self-care, a stronger sense of self and taking responsibility for actions impacting on their own life were seen to be key to making individuals stronger.

Participants said:

- *Plan for time out to myself, quiet time.*
- *Taking pride in myself.*
- *I am a stronger person than I was 20 years ago because I made changes for my life by working in the family domestic violence and health system.*
- *I make myself strong by leaving the community and go away to get away from conflicts, but when I leave my kids get bullied.*
- *I listen to my children CDs.*
- *I could do activities such as arts and crafts but I chose not to most of the time because of others arguing.*

4.0 CULTURAL, SOCIAL AND EMOTIONAL, WELLBEING, EMPOWERMENT AND HEALING PROGRAMS

Table 3 ranks the key themes emerging from the following question:

What types of cultural social and emotional well being, empowerment and healing programs might be useful for your community?

Table 3: What Cherbourg People Said About Preferred Cultural, Social, Emotional, Wellbeing, Empowerment and Healing programs

THEMES	RANKING
Health Focus	1
Youth Focus	2
Gender-Based Programs	3
Cultural Focus	4
Physical Activity/Sporting Focus	5
Family-Focused Social Activities	6

4.1 Health Focus

Health was a central theme encompassing a range of ideas participants felt needed to be addressed in programs around wellbeing, healing and empowerment.

Participants said:

- *Healing sessions: held once a month.*
- *Resources such as an Indigenous wellbeing centre.*
- *Health and wellbeing centre for sniffers, drinkers, druggies and mental health crisis and clients.*
- *Support groups: gambling, drugs, alcohol, general worries.*
- *Information, knowledge and appropriate programs for drugs and alcohol.*
- *Rehabilitation Centre reopened.*
- *Sex talks to children from health workers.*
- *Mental health first aid, first aid courses, therapeutic sessions, Tai Chi, yoga.*
- *Meditation sessions, aerobic classes, how to eat healthy on a budget, leadership programs, boys and girl guides.*

4.2 Youth Focus

The earlier focus on issues and concerns with young people in the community were matched by the need for programs that focused on youth and on parenting skills.

Participants said:

- *Young mothers programs to understand both ways (Aboriginal and non-Aboriginal ways) on how to raise our children and look after them.*
- *Youth Night Drop-in Centre for young ones so they have somewhere safe to go when their parents drink.*
- *More youth programs, trips and camps.*
- *Youth group programs at the Youth Centre.*
- *More youth programs aimed at adolescents.*
- *Programs about volunteers for our Elders to support them and encourage them to teach young ones.*

4.3 Gender Based Programs

A range of programs was suggested for specific groups that clustered around gender, but also linked to other themes such as parenting and cultural restoration.

Participants said:

- *Men's programs to teach young boys culture for them to learn and respect through traditional ways (give young men the proper role models).*
- *Pampering activities for girls.*
- *Women's group.*
- *Men's groups/shelters.*
- *Young mums programs for young adolescents who want to be mothers too soon and what motherhood is about.*
- *Boys and dad's programs about their men's business.*

4.4 Cultural Focus

Matching earlier themes that emphasised loss of cultural knowledge and traditional ways, were suggestions for programs to counter this loss.

Participants said:

- *Cultural education: the cultural education of knowing cultural ways builds pride in self so people become empowered to go forward to achieve.*
- *Historical teaching on genealogy, pride and respect.*
- *Bush camps and learning how to live off the land and what to eat and what not to eat.*
- *Meaning and understanding of Aboriginal culture (example: greed is not part of our culture. Equality, lore and respect is).*
- *The Elders need empowering and need to be involved with the council and community decision-making.*
- *Yarning Circles.*
- *Community people telling Stories.*

4.5 Physical Activity/Sporting Focus

The community lacks sport and recreation and engagement programs that can cater for all. This was an area that emerged as a theme in response to the sort of programs participants wanted.

Participants said:

- *Sporting and social sporting activities for both youth and adults.*
- *More sporting activities to keep us fit and healthy.*
- *Bush walks.*
- *More sporting activities.*
- *Programs and activities: fishing, camping, home parenting classes.*
- *Sporting programs for little ones and adults.*

4.6 Family-Focused Social Activities

Desired programs also included activities that addressed previously mentioned concerns with things that assist in strengthening families and the community.

Participants said:

- *Family/social get togethers.*
- *Community getting together and having family days out.*
- *More family outings and events.*
- *Family unity and what family is and means.*

5.0 BARRIERS TO PROGRAMS

Participants were asked the following question about what they perceived to be barriers:

What do you see are the barriers for introducing any programs?

Table 4 ranks key themes emerging from their responses.

Table 4: What Cherbourg People Said About Perceived Barriers to Introducing Programs

THEMES	RANKING
Program Operational Aspects	1
Other Commitments	2
Negativity/Reluctance	3
Transport Difficulties	4
Funding Issues	5
Shame/Shyness	6

5.1 Program Operational Aspects

In response to the question about barriers to programs, a strong theme that emerged centred around operational aspects of programs – things about how the programs are run. The list was quite extensive.

Participants said:

- Too much family power (nepotism) and in control.
- Boring presenters who talk too much and are up themselves.
- Changed structure within organisations. Not all people should still be in the positions that they are in, they need to move on.
- Catering for the right people, example: programs need to look at what sorts of people need to be interested for both adults and children.
- Groups and services not cooperating and competing against one another.
- Not enough communication and support from presenters and hosts to the community members.
- Promoting and selling the program.
- How the programs are delivered and who they are delivered by.

- Conflict with people delivering or attending.
- Jealousy of people delivering or attending.
- Hosting the programs in appropriate places in community.
- The title of project can influence if people attend the program.
- Community organisation calendar plan in place so that you're not holding something on a day where another organisation is holding an event or program too (have to ensure it does not clash).

5.2 Other Commitments

Barriers to people attending programs often simply related to other commitments such as family or work responsibilities and as suggested by one person people being 'caught up in their own worlds'.

Participants said:

- *Work commitments.*
- *Job cuts for staff.*
- *Family commitment: most families have to look after younger siblings.*
- *No baby sitters.*
- *Other family and home matters to attend to.*
- *They got other things to do: people's priorities are wrong – drinking, gambling.*
- *Community get caught up in their own worlds.*

5.3 Negativity/Reluctance

On the other hand, negativity and the lack of positive attitudes also contributed as barriers to participation. This could impact not only on individuals, but also on others by 'dragging one another down'.

Participants said:

- *Years of negativity and gossip.*
- *Getting motivated to attend.*
- *Dragging one another down – lateral violence.*
- *Getting majority of the community to engage because it's something new and community people become reluctant to be involved in new things.*
- *New projects need to consult with key family members and inform them or otherwise they are the first to target programs and cause conflict and disrespect delivery.*
- *Existing services are jealous of other [new] service providers.*

5.4 Transport Difficulties

While transport as an issue was mentioned by a number of participants, there was little elaboration of the issue beyond indications of a 'lack of transport', 'lack of public transport' or simple 'transport' bluntly named as a barrier to community participation in programs.

5.5 Funding Issues

Similarly, funding issues were not elaborated to any extent. The following gives an indication of how this was raised by community members:

- *Lack of funding.*
- *No funding to get equipment or pay people to run the programs.*
- *Priorities for families – money, family necessities and what we can afford.*

5.6 Shame/Shyness

Shyness or feelings of shame were also attributed as causes of people not participating in community programs, as in the following comments:

- *Shame.*
- *Shame factors.*
- *Shyness in getting people involved.*
- *Shame factor and people don't think they're capable of doing something.*

6.0 PREFERRED PROGRAMS IN THE COMMUNITY

Towards the end of the community consultations, after participants had worked through questions about issues in the community and aspects of making individuals and the community stronger, they were asked the following:

What would you like to see in a program(s) and how would you like it delivered?

A ranking of most common responses is presented in Table 5.

Table 5: What Cherbourg People Said About Preferred Programs and Their Delivery

THEMES	RANKING
Programs Focused on Practical and Life Skills	1
Program Operational/Presentation Aspects	2
Programs With a Cultural Focus	3
Youth/Children's Focus	4
Local Delivery of Programs	5
Physical Activities Focus	6

6.1 Programs Focused on Practical and Life Skills

People mentioned a range of specific programs or services that they felt would be desirable.

Participants said:

- *How to grow food and cultivate the land.*
- *Fishing activities.*
- *Parenting, basic life skills, cooking, hygiene, sewing.*
- *Mechanics courses – basic motor working and maintenance and how to do basic maintenance on cars.*
- *Programs and talks should use hands-on learning and visual aids.*
- *Family programs: togetherness – better home style living.*
- *Learning more about being a carer for children under the child safety.*
- *Photography courses.*
- *Basic Life Skills course – got to be hands on.*
- *Cooking, sewing.*

6.2 Program Operational/Presentation Aspects

Participants also talked about operational aspects of future programs with comments about delivery and learning styles appropriate to Aboriginal and Torres Strait Islander peoples.

Participants said:

- *Use visual aids to present to community to make them understand (use variety).*
- *Have peer mentors for deliverers.*
- *The people presenting the programs needing to be walking the talk. Interpreters and mediators to be present at programs, appointments and educational or training events.*
- *Health Workers who are Aboriginal Torres Strait Islander to bring more understanding and information to community that's culturally appropriate.*
- *Have the people delivering the program be somebody the community respects.*
- *Being taught by someone who has life experience and 'been there, done that'.*
- *Have Elders involved with programs.*



6.3 Programs With a Cultural Focus

The recurring theme of culture also attracted attention here – in terms of both the content and the delivery of future programs needing to be culturally appropriate.

Participants said:

- Culturally appropriate.
- That programs have a cultural and spiritual tone [element].
- Cultural programs: teaching culture, hunting, camping, fishing.
- Cultural: delivered by appropriate Elders.
- Cultural programs in schools.
- A Cultural Centre with cultural programs and to go back to our roots to know who we are, and have respect as a key teaching [principle].

6.4 Youth/Children's Focus

According to the Community Consultant Co-researchers, an underlying theme of the consultations was on youth as the future of the community. The recurring theme of concern with youth was also highlighted in what participants saw as much-needed programs with a youth focus.

Participants said:

- Story group for children, for example, story tellers to tell yarns to the children that can be documented on film or tape.
- Farming programs with animals to maybe create our own zoo for employment needs and also to show children that caring for animals teaches children the skill of love and caring and that the same principles apply at home with family.
- Respect from young ones to each other and the staff of the program and for the staff to respect the young ones in return.
- The police citizens youth club with community police running the activities.
- Prison trips for 5-10 youths to talk to the old timers.
- Prisoners to talk to young juveniles to prevent imprisonment.

6.5 Local Delivery of Programs

Another often-repeated and emphasised theme to emerge from this question about desired programs was the need for programs to be delivered locally.

Participants said:

- Local people need to run the program so they have jobs.
- Local people are employed to do for their own community.
- The programs need to be run by community people and not organisations so that there's more community involvement.
- Local people who know and have the history to deliver programs and are respected people to be able to empower people.
- Deliverers have to have local links outsider would have to have mentors.

6.6 Physical Activities Focus

Several participants referred to programs that involved physical activities such as:

- Horse and motorbike riding.
- Camping and bush walks.
- Sporting activities.



Conclusion



Community consultations with local Aboriginal and Torres Strait Islander peoples living in Cherbourg showed that people perceived a number of critical issues for individuals, families and the community. These issues were also highlighted through the two day cultural, social, emotional and well being workshop which was delivered to Cherbourg following the community consultations.

General concerns with youth, family, community breakdown and inappropriate levels of drug and alcohol abuse were seen as core problems. These then led to other associated issues such as family violence, conflicts between groups and poverty. Lack of employment opportunities and concerns about physical and mental health & wellbeing were also seen as problems. Many of these issues were seen to impact across individuals, family and the community as a whole. While the problems raised through the consultations were seen to impact on the whole community, there were underlying concerns about their impact on youth, especially as many saw young people as the future of the community.

The inter-related issues impacting on individuals, families and the community had a direct relationship in what people perceived was needed to redress the problems. Consequently, strengthening individuals was in part what built stronger families and more cohesive communities. At the same time it was changes in how families and communities worked together, communicated more effectively and supported each other that also helped make individuals stronger. Leadership was another of those intertwining factors; it was contingent on individuals' sense of self, how they were supported and nurtured within the family and community, but in turn, strong leadership was of itself seen to also be key to building stronger families and community for the future.



While the consultations were largely embedded in the present and strongly focused on current 'issues', participants also looked to the future and were able to identify solutions and positive strategies that could be used to address problems. Participants said that focusing on self-care, building personal esteem and confidence were some of the strategies to create significant impact on individual's strength. More positive attitudes, experiences and communication skills were needed. Education and employment possibilities were seen to be important, as these would give people a sense of purpose and financial security.

Connection to culture, including a strong focus on a better knowledge and understanding of traditional ways was something that many participants felt would help make them stronger. The role of Elders within the community was seen as needing to be promoted and supported. Ensuring a greater degree of love and respect, including respect for Elders was a theme that emerged across a number of questions.

Participants also had strong views on the range of community programs needed and provided practical ideas on what they would like and, importantly, how they would like them to be delivered. Programs should be locally based and community oriented, with the whole community being engaged. Programs should also be delivered within the local community and within culturally appropriate settings. Further, the delivery of programs should be by local community people themselves. Many felt that any program would only be successful if local people were engaged and had ownership over the development and delivery.

As mentioned earlier in this Report, the disadvantage of Aboriginal and Torres Strait Islander peoples is evident across all indicators and measures such as low employment, low income, lack of housing, lack of access to services, disrupted social networks, disrupted connection to land, high prevalence and experiences of racism and high levels of incarceration. These indicators are inter-related:

There is a clear relationship between the social inequalities experienced by Indigenous people and their current health status. This social disadvantage, directly related to dispossession and characterised by poverty and powerlessness, is reflected in measures of education, employment, and income (Thompson et al., 2012, p.5).

While these have historical causes, they are perpetuated by contemporary structural and social factors. This was evident in all the sites that were part of the Project, and this certainly is a picture that the research outcomes of the Cherbourg consultations portray. There will be a full discussion of these in the consolidated Report that is forthcoming. This Site Report however, focuses upon recommendations pertaining to what types of programs might benefit the community. While some concerns and the priority of these varied across the sites, it was remarkable that most were shared across all the participants who were part of the Project. Many of the themes reflected previous findings from the literature and program review and consultations in *Hear Our Voices* (Dudgeon et al., 2012). The principles that informed the Project were upheld by all consultations across the sites.

The following is a summary of the key issues and recommendations compiled through the community consultations and social emotional wellbeing workshop:

Recommendation 1: A program needs to be community owned and culturally appropriate. A local Cherbourg empowerment program needs to have community members identifying their problems and designing the solutions. Any program needs to have legitimate community support; be culturally appropriate and locally based; take a community centred and strengths based approach; aim to capacity build, that is, employ and train local people and ensure a valued role of Elders in all aspects.

Recommendation 2: Delivery. Any program should be flexible and delivered on country, where possible; and be able to meet peoples' different needs and stages in their healing journey. The program should consider gender issues so that separate male and female modules can be delivered if and when necessary. A program should also be delivered in a manner whereby opportunities for education, training and employment are provided as potential prospects.

Recommendation 3: Content. The content of programs should include modules that address cultural, social and emotional wellbeing, healing, and self-empowerment. Other skills could include life skills such as problem solving and conflict resolution skills, goal setting, nurturing strengths in families and the community, and communication skills (especially with family).

While the National Empowerment Project provided an opportunity for the local Aboriginal and Torres Strait Islander people's voices to be heard in Cherbourg, there is also great scope and potential for many of the local services and programs to use this information to enhance their delivery and support.

It is also important for the local Aboriginal and Torres Strait Islander peoples and communities in the area to utilise the information presented in this report to better inform discussions and suggestions for change going forward.

Ongoing support and commitment is certainly required, and it is our hope that the stories and voices of the Cherbourg people be heard and listened to in a way that can positively influence the necessary changes and responses required at the community level, otherwise our communities will continue to struggle with the high levels of community distress and suicides. The consultations showed that amidst the problems and issues confronting community people on a daily basis, there is considerable optimism and hope for a better future.

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Appendices

Appendix 1: NEP Community Consultant Training Program

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Introduction to NEP, the Team and C/Consultants. <ul style="list-style-type: none"> Welcome to Country House Keeping Team Introductions How the Project Came About Role of UWA C/Consultant roles C/Consultant to share Who They Are and Where They Come From. 	Cultural, Social and Emotional Wellbeing. PAR Working in Empowering Ways With Our Communities, Ethics and Principles <ul style="list-style-type: none"> UWA and NHMRC ethics that underly the Project. 'Keeping Research on Track' booklet Forms and Other Documents Workshop on Project Principles 	Research: Collecting the Information: (Continued) Research: making Sense of the Information <ul style="list-style-type: none"> Thematic Analysis 	Aboriginal Mental Health First Aid Training	Aboriginal Mental Health First Aid Training
MORNING TEA 10.00–10.30				
Introduction to Research – Made Simple <ul style="list-style-type: none"> Basic Project Management, What is Research? (quantitative and qualitative) Participatory Action Research (PAR) Aboriginal Ways of Research 	Research: Doing It – Collecting the Information: <ul style="list-style-type: none"> How to do In-depth Interviews How to do focus groups 	<ul style="list-style-type: none"> Exercise on identifying Themes Why Taking Photos are Important Reporting the Information Reports Using Quotes Using Photographs 	Aboriginal Mental Health First Aid Training	Aboriginal Mental Health First Aid Training
LUNCH 12.00–13.00				
<ul style="list-style-type: none"> The importance of an 'Aboriginal Inquiry Methodology' by Dr Michael Wright, Danny Ford, Margaret Colbung and Team Community Tour	<ul style="list-style-type: none"> Preparation Documentation Ethical Considerations Exercises 	Reporting the Information (continued)	Aboriginal Mental Health First Aid Training	Closing <ul style="list-style-type: none"> Evaluation Certificates Closing Celebrations
HOME TIME 16.00–17.00				

Documents Distributed

National Empowerment Project – Community Consultation
Co-researchers Training Manual

Keeping Research on Track,

UN Declaration of Indigenous Rights

NHMRC – Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research

Research as Intervention: Engaging Silenced Voices
– Dr Michael Wright

Appendix 2: The National Empowerment Project Workshop/Focus Group Program

Duration: 3 to 4 hours.

1. Introduction:

- a. Introduction of community consultant/researcher – personal background.
- b. House Keeping/Ground Rules.
Have a tea break when appropriate.
 - i. Toilets/exits.
 - ii. Consent Forms (Participants will be talked through this).
 - iii. Photo permission forms.
 - iv. Confidentiality.

2. Welcome/Acknowledgement to Country

3. Participants to introduce themselves. Briefly.

4. Objectives/Aims

- a. Background information.
- b. How the idea came about.
- c. How we are going to do the Project (methodology).
- d. Project protocols.

5. Definitions of social emotional well being, empowerment and healing (brief presentation)

Definition: 'Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health, and physical, cultural and spiritual health. Land, family and spirituality are central to well being. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognized as well as the broader concepts of family, and the bonds of reciprocal affection, responsibility and caring. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander people's health, mental health problems in particular' (Social Health Reference Group, SHRG, 2004:10).

National consultations undertaken by the Aboriginal and Torres Strait Islander Healing Foundation in *Voices From the Campfires* (2009) found that Aboriginal people saw healing as a spiritual journey that requires initiatives to assist in the recovery from trauma and addiction, and reconnection to the family, community and culture. Healing was described as: ...holistic and involves physical, social, emotional, mental, environmental, and spiritual well being. It is also a journey that can take considerable time and can be painful. It is about bringing feelings of despair out into the open, having your pain recognised, and in turn, recognising the pain of others.

It is a therapeutic dialogue with people who are listening. It is about following your own personal journey but also seeing how it fits into the collective story of Aboriginal and Torres Strait Islander trauma (Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009:11).

Empowerment: ... a social action process that promotes participation of people, organisations, and communities in gaining control over their lives in their community and larger society. With this perspective, empowerment is not characterised as achieving power to dominate others, but rather to act with others to effect change (Wallerstein & Bernstein, 1988:380).

This social action process is about working 'towards the goals of individual and community control, political efficacy, improved quality of community life, and social justice'.

Empowerment can operate at the level of the individual, the organisation and/or the community. Thus as a concept, empowerment can be understood as encompassing personal, group and structural change (Wallerstein, 1992:198).

Self-worth, hope, choice, autonomy, identity and efficacy, improved perceptions of self-worth, empathy and perceived ability to help others, the ability to analyse problems, a belief in one's ability to exert control over life circumstances, and a sense of coherence about one's place in the world.



Empowerment occurs when an individual has obtained self-worth, efficacy and an acquired sense of power. They have access to information, resources and learned skills that are self-identified as important. Empowerment can also be considered a journey, emphasizing growth and transition.

Essentially, movement towards empowering practices can be termed empowerment. Viewed as a continuum, empowerment is the process of enabling individuals to acknowledge their existing strengths and encouraging the use of their personal power.

Maybe start with an open question and go around the group: What are some of the issues effecting individuals, their families and their community? This will lead into the definitions.

Break into smaller groups and discuss:

- What do we need to make ourselves, our families and our communities strong?
- Would a program be useful?
- What are some of the barriers that you can see that will stop someone from attending an empowerment and healing program?
- What aspects of a program design will help the program success? For example, how long, where it should be held, what things should be in a program?
- Summarise outcomes and ask participants how these outcomes should be included in an empowerment and healing program, (Break into small groups if necessary).
- Any other comments?
- What happens after this? How participants might stay involved with the Project.

6. Close

**Appendix 3:
National Empowerment Project Interview Guide**

Note: This interview guide was workshopped with Community Consultants during training.

INTERVIEWER:		COMMUNITY:	
LOCATION: For example – office, home, outdoor place.		DATE:	
INTERVIEWEE:		GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female
AGE GROUP:	<input type="checkbox"/> 18 - 25	<input type="checkbox"/> 25 - 35	<input type="checkbox"/> 35 - 50 <input type="checkbox"/> 50 +

INTRODUCTIONS

Interviewer to give information form and tell people:

- About the Project and who is involved.
- Confidentiality.
- Go through consent forms and ethics.
- Background information and the other sites.
- Project methodology (how we are going to do the Project ie community consultations on what people think are the big issues).
- Definitions of cultural social and emotional wellbeing, empowerment and healing.
- That notes will be taken and another contact will be made to confirm the interview outcomes.
- That a community feedback forum will be held.
-

**WHAT DO WE
NEED IN THE
COMMUNITY?**

To get an understanding, what are some of the issues affecting YOU?

To get an understanding, what are some of the issues affecting your FAMILY?

To get an understanding, what are some of the issues affecting your COMMUNITY?
What do we need to make ourselves strong?
What do we need to make our families strong?
What do we need to make our communities strong?
What does cultural social and emotional well being mean to you? What does empowerment mean to you? What does healing mean to you?

What types of cultural social and emotional well being, empowerment and healing programs might be useful for your community?

What do you see are the barriers for introducing any programs?

What would you like to see in a program(s) and how would you like it delivered?

How often should the program(s) be run, where and when?

WHAT IS OUT THERE?

What current course/programs/services do you know of in the local area? *(we don't want to duplicate work but rather build on)*

GENERAL COMMENTS

Any other comments?

**Appendix 4:
The National Empowerment Project Interview: Stakeholders**

DATE:		INTERVIEWER:		COMMUNITY:	
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STAKEHOLDER:	
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INTRODUCTION

The purpose of this is to gather information about what relevant programs are currently offered in the community. This is not a confidential interview. Should a confidential interview be required another appointment will be made.



From your work what do you think are the big issues and needs in the community? What can we do to make the community stronger?

What programs have you previously and currently provide to community members? Give details. Do you think the programs are successful? Why and in what ways? By stakeholders and by the community?

Have you seen a change in community following your past and current programs?

What aspects of a program design will help a program be successful?
Do you see empowerment and healing programs useful in the community?
How could you support a program? For instance, would you refer your Aboriginal clients to such a program?
Any other comments?

HEALING AND EMPOWERMENT PROGRAM INDIGENOUS CONSULTATION WORKSHOP



Moving Towards Healthy Communities Through Strong Individuals
HAVE YOUR SAY



This workshop is aimed to identify the needs of the Indigenous community and allow them to have a say on the development of accredited programs to empower the individual and community as a whole.

Presenters: TBC
When: TBC
Where: TBC
Time: 9.00am – 1.00pm
Registration: Ph: tbc

