



The National Empowerment Project  
**Kuranda**





# The National Empowerment Project

# Kuranda

July 2013

William Duffin, Barbara Riley, Glenis Grogan, Anne Butorac, Adele Cox, Pat Dudgeon and Sabrina Swift



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



# The Team

**Professor Pat Dudgeon** is from the Bardi and Gija people of the Kimberley in Western Australia. She is the Co-Chair of the Ministerial Aboriginal and Torres Strait Islander Mental Health Suicide Prevention Advisory Group. She has made outstanding contributions to Indigenous psychology and higher education. She was the Head of the Centre for Aboriginal Studies at Curtin University for some 19 years. She works for the School of Indigenous Studies at The University of Western Australia and is also a researcher with the Telethon Institute of Child Health Research. Pat has always worked in ways that empower and develop other Aboriginal people. Pat is the Project Director for the National Empowerment Project.

**Adele Cox** is a Bunuba and Gija woman from the Kimberley region of Western Australia. She has worked at the Telethon Institute for Child Health Research on numerous projects including Indigenous Suicide Prevention and Maternal and Child Health Research including the WA Aboriginal Child Health Survey. She has also worked at the Centre for Aboriginal Medical and Dental Health at UWA. She currently works full time as a private consultant. Adele is currently a member of the WA Ministerial Council for Suicide Prevention and the National Australian Suicide Prevention Advisory Council. She is also a member of the Ministerial Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group. Adele is the National Senior Consultant for the National Empowerment Project.

**Sabrina Swift** is from the Bardi people of the Kimberley, and was born and raised in Darwin. Sabrina has spent the last 12 years living and working in Perth and is currently working with the School of Indigenous Studies at The University of Western Australia, as the Senior Project Officer for the National Empowerment Project.

## NEP contact details

Carolyn Mascall  
Tel: +61 8 6488 6926  
Email: carolyn.mascall@uwa.edu.au

## Community Organisation

Kuranda  
Mona Mona Bulmba  
PO Box 390  
KURANDA QLD 4881  
Tel: +61 7 4093 7177

**Glenis Grogan** is a Kuku Yalanji woman from the Kuranda Aboriginal community in far north Queensland. She also has strong connections to the Djabugay Dirri and Takalaka people. She is a descendant of the Mona Mona Mission (approximately 45 km from Kuranda) and a Native Title prescribed body corporate. Glenis is currently employed as the National Coordinator of the National Stolen Generation Alliance. Working as a private consultant, Glenis' experience is mostly in the areas of Aboriginal health and education and she is currently working with several Aboriginal Corporations and Native Title prescribed body corporates. Glenis currently lives in Kuranda.

**Anne Butorac** (PhD, M Ed, BA) works as an Independent Consultant, mainly in human services research and evaluation.



**William 'Biri' Duffin** is a local Aboriginal man from Kuranda in Queensland and has come on board recently with the Mona Mona Bulmba Aboriginal Corporation as one of the local Community Consultant Co-researchers. An avid musician

since the age of 15, William loves to get involved in any community events, gatherings and celebrations. His band get involved and run lots of fundraising events and gatherings on behalf of the local community.



**Barbara Riley** was born and raised in the tropical rainforest town of Kuranda, which is located in far north Queensland. Barbara is a descendant of the Djabugay, Kuku Yalanji and Mulurudji Tribes. She is a direct descendant of the late Maggie Donahue, Queen of the Djabugay Tribe. Barbara moved to Armidale, northern New South Wales for a number of years before moving back to her hometown Kuranda. Wanting to be more active in her community, Barbara became involved in the National Empowerment Project as one of the local Community Consultant Co-researchers appointed by Mona Mona Bulmba Aboriginal Corporation.

# Contents

ACKNOWLEDGEMENTS.....	06
1. INTRODUCTION.....	07
Executive Summary.....	08
Background.....	09
Aboriginal and Torres Strait Islander Mental Health .....	11
2. BACKGROUND: NATIONAL EMPOWERMENT PROJECT .....	13
The Kimberley Empowerment Project .....	14
The National Empowerment Project .....	15
Methodology: The National Empowerment Project.....	16
Principles: The National Empowerment Project.....	17
Project Sites: The National Empowerment Research Project .....	18
Community Consultant Co-researchers .....	21
Community Consultant Co-researchers Training .....	21
Conclusion .....	22
3. BACKGROUND: KURANDA COMMUNITY .....	23
4. PROJECT METHODOLOGY.....	27
Research Approach .....	28
Data Collection .....	29
Community Consultations .....	30
Communities and Stakeholder Recruitment .....	30
Profile of Consultations Completed.....	31
5. KURANDA CONSULTATIONS AND RESEARCH FINDINGS .....	33
1.0 INTRODUCTION.....	34
2.0 ISSUES CONFRONTING INDIVIDUALS.....	34
2.1 Family/Community Breakdown Issues .....	35
2.2 Drugs, Alcohol, Gambling Issues.....	35
2.3 Transport Issues.....	35
2.4 Employment-related Issues .....	36
2.5 Issues Impacting on Children/Young People .....	36
2.6 Health/Mental Health Issues.....	36
2.7 Additional Issues.....	37
3.0 ISSUES CONFRONTING FAMILIES.....	37
3.1 Drugs, Alcohol, Gambling Issues .....	37
3.2 Family/Community Breakdown Issues.....	38
3.3 Communication Breakdown .....	38
3.4 Financial Issues/Poverty.....	38
3.5 Employment-related Issues .....	38
3.6 Transport Issues.....	38
3.7 Additional Issues .....	38
4.0 ISSUES CONFRONTING THE COMMUNITY.....	39
4.1 Family/Community Breakdown Issues .....	39
4.2 Drugs, Alcohol and Gambling Issues.....	39
4.3 Boredom/Lack of Activities .....	39
4.4 Communication Breakdown .....	40
4.5 Transport Issues.....	40
4.6 Health/Mental Health Issues.....	40
4.7 Additional Issues .....	40
5.0 MAKING INDIVIDUALS STRONG .....	40
5.1 Strengthening/Unifying Community.....	41
5.2 Building Personal Attributes.....	41
5.3 Education .....	41
5.4 Connecting With Culture.....	41
5.5 Focusing on Health .....	42
5.6 Strengthening Family.....	42
5.7 Additional Issues .....	42



6.0	MAKING FAMILIES STRONG .....	42
6.1	Being Respectful .....	42
6.2	Being More Cohesive .....	43
6.3	Doing Things Together .....	43
6.4	Being Supportive/Caring .....	43
6.5	Education .....	43
6.6	Communicating More Effectively .....	43
6.7	Additional Issues .....	43
7.0	MAKING COMMUNITIES STRONG .....	44
7.1	A Unified Approach .....	44
7.2	Shared Community Events .....	44
7.3	Community Engagement .....	44
7.4	Respect .....	45
7.5	Education/Training .....	45
7.6	Community Programs .....	45
7.7	Additional Items .....	45
8.0	CULTURAL, SOCIAL AND EMOTIONAL WELLBEING, EMPOWERMENT AND HEALING PROGRAMS .....	45
8.1	Health and Lifestyle Focus .....	45
8.2	Gender-based Focus .....	46
8.3	Cultural Focus .....	46
8.4	Recreational Focus .....	46
8.5	Youth Focus .....	46
8.6	General Community Focus .....	46
8.7	Additional Issues .....	46
9.0	BARRIERS TO PROGRAMS .....	46
9.1	Community Attitudes .....	47
9.2	Funding Issues .....	47
9.3	Transport Issues .....	47
9.4	Drug and Alcohol Issues .....	47
9.5	Course Delivery Aspects .....	47
9.6	Community Capacity .....	47
10.0	PREFERRED PROGRAMS IN THE COMMUNITY .....	47
10.1	Community Oriented .....	47
10.2	Delivered by the Community .....	48
10.3	Focus On Education/Training/Employment .....	48
10.4	Outdoors/Activity-based .....	48
10.5	Health/Lifestyle Focus .....	48
10.6	Focus on Youth .....	48
	CONCLUSION .....	49
	REFERENCES .....	51
	APPENDICES .....	53
	Appendix 1: NEP Community Consultant Training .....	53
	Appendix 2: The National Empowerment Project Workshop/Focus Group Program .....	54
	Appendix 3: National Empowerment Project Interview Guide .....	56
	Appendix 4: The National Empowerment Project Interview: Stakeholders .....	60
	Appendix 5: Sample of Community Consulting Notice .....	62

## Abbreviations

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



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- Mona Mona Bulmba Aboriginal Corporation is acknowledged for their support and assistance as our local partner organisation for the Kuranda site and particularly for their wisdom and guidance on the ground.
- **Mona Mona Bulmba Directors:**  
Chairperson: Andrew Duffin  
Deputy Chairperson: Glenis Grogan  
Secretary: Judi Enoch  
Treasurer: Delvine Richards  
Director: Rhonda Brim  
Director: Rhonda Duffin  
Director: Rosemary Moggs  
Director: Walter Brim
- Matthew Galligan was the primary photographer for this Report, with some photos taken by the Project team.
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## 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





## 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 cultural, social and emotional wellbeing needs.

The NEP was conducted at nine sites and at each site the Project was linked to a partner organisation:

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

Community participation is at the heart of the NEP and as such relationships with partner organisation were essential to the Project. At each site two local Aboriginal consultants were employed. This Report will document the findings from Kuranda, Queensland.

The NEP involved two stages. The first stage involved community consultations at each of the sites, while the second stage involved delivering a cultural, social and emotional wellbeing (SEWB) workshop at each site. In addition to this, an empowerment program is currently being developed.

The process and outcomes of stage one are presented for in this Report. Using a participatory action research process, interviews and focus groups were undertaken with a total of 78 people from Kuranda, and surrounding communities Mona Mona, Kowrowa, Mantaka and Koah communities. Given the broad spread of families and relationships across the area, it was appropriate that the consultations include other nearby communities.

During the interviews, participants were asked to comment on the issues, which they viewed as being important to them as individuals, and to their families and communities. Following this, the participants were asked to provide suggestions on how these areas could be improved and made stronger.

Participants identified drug and alcohol use, gambling and community communication breakdown as key problems that in turn led to family violence, conflicts between groups and poverty. Lack of employment opportunities, transport links, and concerns about physical and mental health were also seen as problems. There were concerns about the future of young people, given the lack of opportunities and lack of employment within these communities. Participants also identified a need for community leadership; to empower community members and to build cohesive, unified, supportive, strong communities that would provide the background for stronger people and families.

It was evident that many people have experienced intergenerational trauma as children of Stolen Generations and many of those consulted said that greater family support was required in order to make individuals strong again, including support for counselling, positive parenting and greater awareness and education for children about families and kinship. There was a need to strengthen cultural connections and practices. People reported that there was a need for Aboriginal-specific, culturally appropriate programs and services in the local Kuranda community. There was widespread agreement that programs should be: developed locally and should be culturally appropriate; community based and delivered by local community people; and have the full support and engagement from the local community in all phases. Programs should be culturally based – incorporating culture and cultural activities that go back to country with the knowledge and inclusion of Elders, gender based where appropriate, youth focused, and involve strengthening the community. Topics could include information to increase health awareness on issues such as good diet and nutrition and chronic disease; healthy lifestyle and, sport and other physical activity; mental health and wellbeing; as well as positive parenting programs and support; and opportunities to develop support for addressing family issues, including financial literacy and learning to deal with and resolve violence.

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:**

**Recommendation 1:** Principles: A program needs to be community owned and culturally appropriate. A local Kuranda 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 Kuranda 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 Kuranda 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.

## 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 behavioural 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; Thompson 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; Thompson 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; Thompson 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:

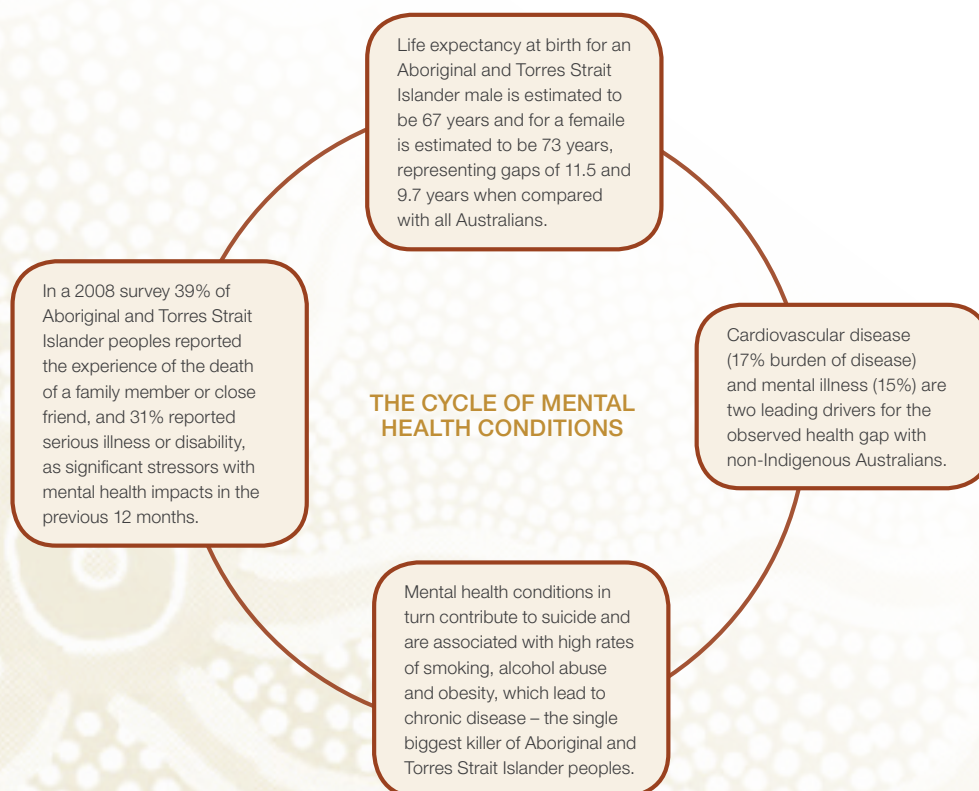
*Across virtually all the indicators in this Report, there are wide gaps in outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. The Report shows that the challenge is not impossible – in a few areas, the gaps are narrowing. However, many indicators show that outcomes 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 colonization, but the proper engagement of Aboriginal and Torres Strait Islander peoples and considerations of the cultural values, expressions, practices and knowledge systems of both cultures 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 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, cultural, 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 cultural, social and emotional wellbeing and mental health. A comprehensive national or regional strategy to assist Aboriginal and Torres Strait Islander communities to restore their cultural, 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 cultural, social and emotional wellbeing across the Aboriginal and Torres Strait Islander population. Universal prevention strategies that promote strong, resilient communities and focus on restoring cultural, 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 cultural, social and emotional wellbeing at individual, family and community levels (Dudgeon et al., 2012).







Many key reports propose that cultural, 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 cultural, 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 catalyse 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, 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 cultural, 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 cultural, 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 officially 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 between 1997 and 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”. Participants 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 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:

- Cultural, social and emotional wellbeing.
- Self-worth.
- Nurturing individual, family and community strengths.
- Problem solving and conflict resolution skills.
- Goal setting.
- Communication skills (especially with family).
- 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 Project in the Kimberley. Since then, the Kimberley Empowerment, Healing and Leadership Project 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 cultural, 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 supported 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 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 meanings of strengthening cultural, social and emotional well-being by and with Aboriginal and Torres Strait Islander peoples themselves.

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

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

### Stage One: Community Consultations

Stage one involved 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 to 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 critical 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 had 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.
- 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 cultural, social and emotional wellbeing workshop as a preparatory module to the empowerment, healing and leadership program.
- 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 peoples 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 community 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 gave 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. Culture, 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 groups and also between Aboriginal and Torres Strait Islander peoples. 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 Indigenous 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 Indigenous peoples is to challenge the dominant discourses about us and to reclaim Indigenous 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 Indigenous self-determination (SHRG, 2004).

### **Principles: The National Empowerment Project**

A set of principles were developed with the Community Consultant Co-researchers for the Project. These principles were informed by the National Aboriginal Torres Strait Islander Healing Foundation 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
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 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 provide 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 continuous feedback.

### **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 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. 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 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 program.



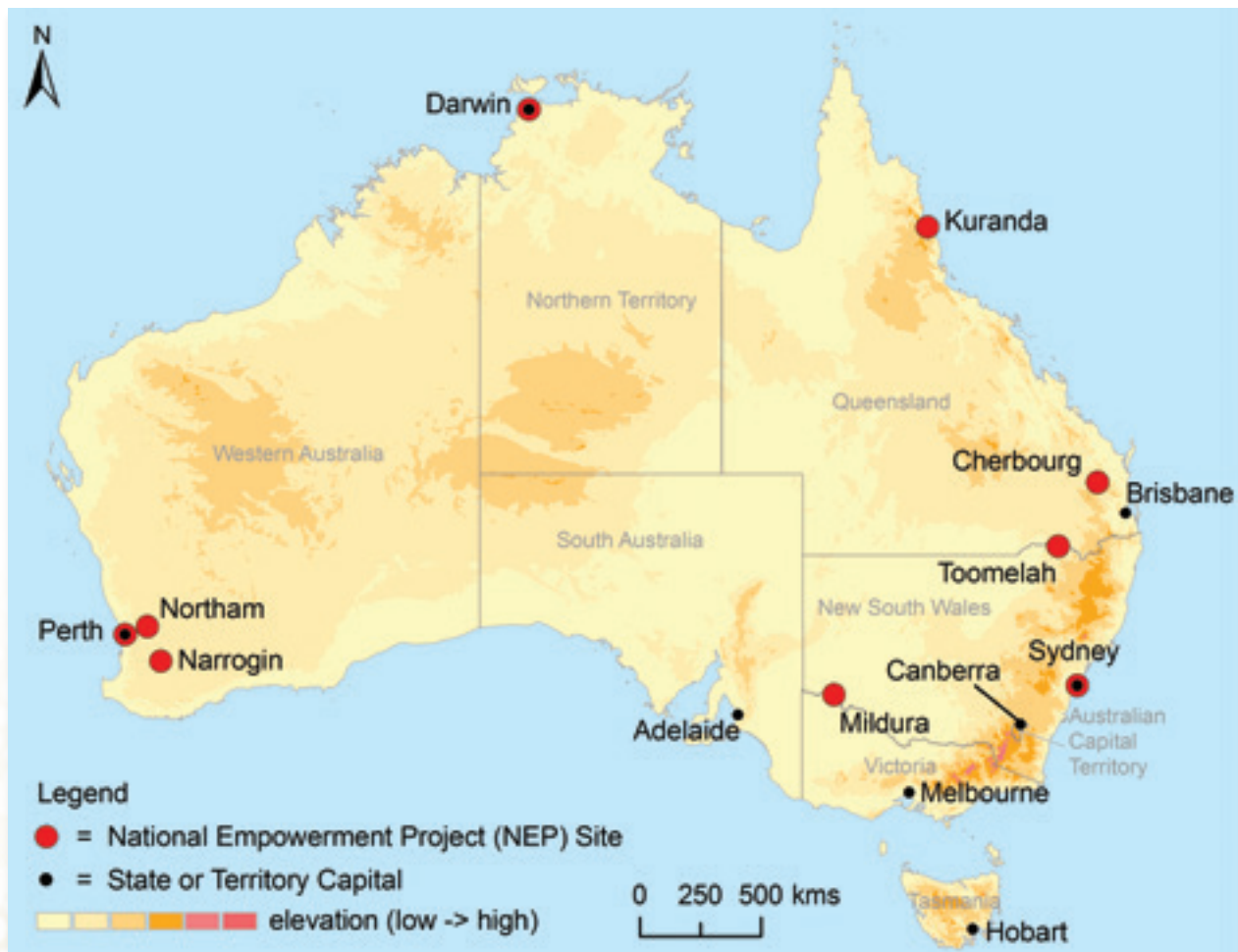
**The Sites, Partner Organisations and Community Consultant Co-researchers that Participated in the National Empowerment Project.**

NATIONAL EMPOWERMENT PROJECT SITE	PARTNER ORGANISATION	COMMUNITY CONSULTANT CO-RESEARCHERS
Perth, Western Australia	Landford Aboriginal Association Inc.	Angela Ryder and Chevienna Hansen
Northam/Toodyay, Western Australia	Sister Kate's Home Kids Aboriginal Corporation – Auspice Agency Communicare Inc.	Tjalaminu Mia and Dezerae 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.
4. Possible connections already established in the community.
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.
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 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, in others, two males.

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 Co-researcher.

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.
6. Ability to work within a set timeframe.

### Community Consultant Co-researchers Training

A total of eleven local Community Consultants (two from Darwin, Mildura, 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 Nyoongar 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.

It should be noted that the consultants themselves chose their title of Community Consultant Co-researchers. Community Consultant Co-researchers also workshoped and finalised the interview guides and principles of the Project.

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

*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; 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 well-being. 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 well-being. Ultimately, it was anticipated that the outcomes of the National Empowerment 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: Kuranda Community



## Introduction

Kuranda is located within the Tablelands Regional Council, 25 km north-west of Cairns and 35 km from Mareeba in far north Queensland. The traditional owners are the Djabugay people and the Kuranda Village to the local Aboriginal people was 'Ngunbay', meaning the place of the platypus.

According to Queensland Government statistics, at time of the 2011 Census, Kuranda had a total population of 4,337 and an Aboriginal and Torres Strait Islander population of 579, 13.3% of the total population, however this number is disputed by the local Aboriginal and Torres Strait Islander peoples.

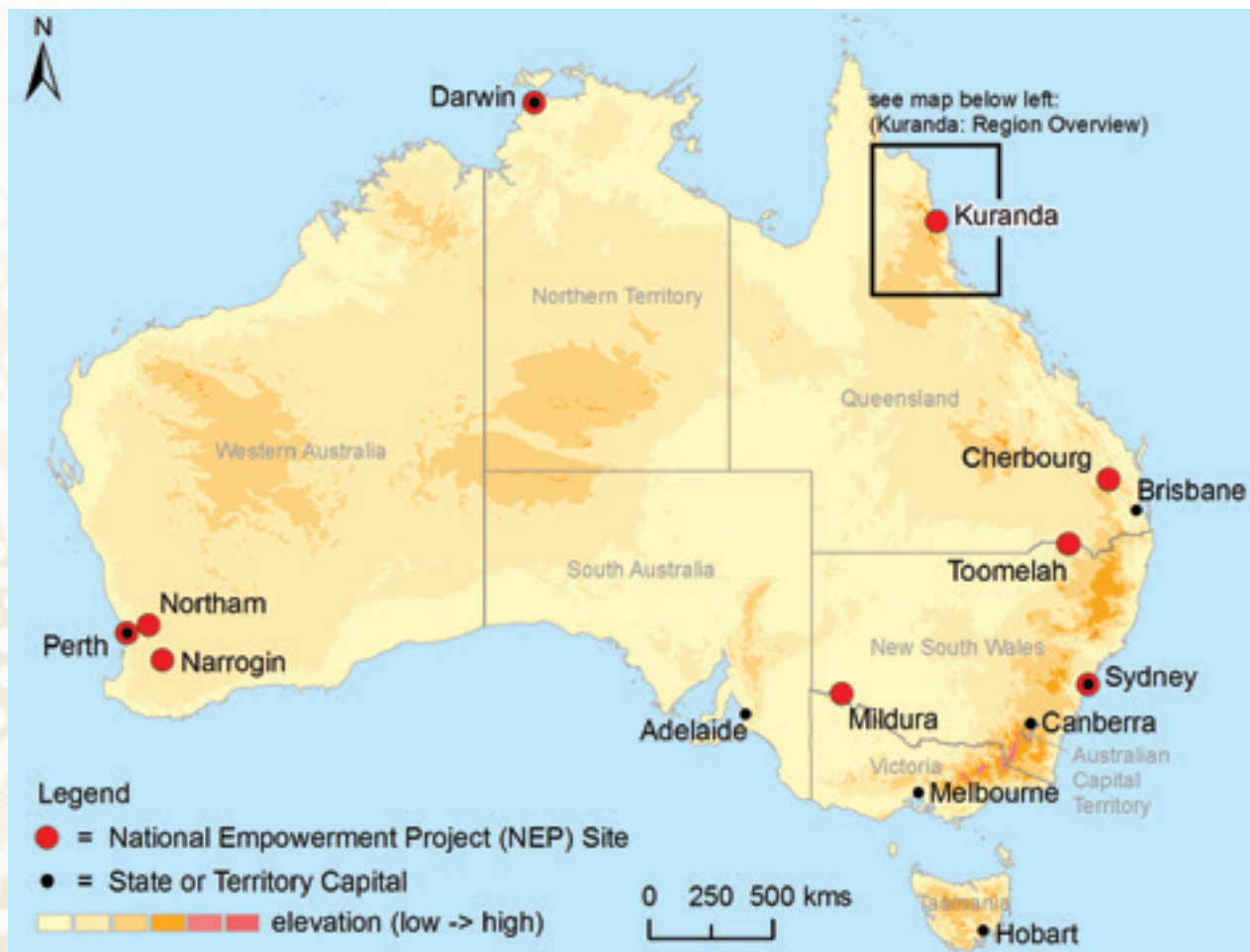
Today, Kuranda is a tourist location however the area suffers a high rate of unemployment and there is minimum access to a wide range of local services, including medical and health care and this has been identified as an ongoing issue for local people in relation to the lack of transport. The cost of living and rental housing is high and certainly not comparable with the average household income.

## History

The area in which the Kuranda community is located was explored and cleared for gold and tin. In May 1886, a railway was constructed from Cairns to Heberton. The Djabugay people were not happy about this development because it ran through a local Aboriginal walking track. The locals withstood the settlement by spearing bullocks and settlers (Grogan, Duffin, & Riley, 2013).

As the settlers entered, traditional hunting and gathering grounds were taken over. This led to the infamous massacre in 1890 where John Atherton took revenge on the Djabugay and sent in native troopers to avenge the killing of a bullock. The Djabugay were segregated from them and forced to live at the Mona Mona Mission Settlement and were unable to hunt and fish or move around. The population numbers of the local traditional people fell dramatically at the turn of the century (Mona Mona Community and Djabugay Tribal Aboriginal Corporation, 1999).

Map of Australia: Kuranda (National Empowerment Project Site)



## Kuranda: Region Overview



## Mona Mona Mission

The Mission is also located on Djabugay Land and was established by the Seventh Day Adventist Mission in 1913 to receive Aboriginal families including children stolen by Government Troopers from Traditional Lands across Queensland and from other states and placed under the Aboriginal Protection Act of 1897 (Mona Mona Community and Djabugay Tribal Aboriginal Corporation, 1999).

The Djabugay People were also rounded up, taken from their traditional clan sites and placed on Mona Mona to also become people registered under the act. Personal freedom, cultural practice and decision rights were taken away by the colonising government through the Seventh Day Adventist Church administration.

The majority of the Aboriginal population of Kuranda are descendants of the Mona Mona Mission. Aboriginal people continue to deal with a history of unresolved trauma that has resulted in poor health, low self-esteem and social and mental health disorders. Social isolation is further exacerbated by the need to leave the community for higher education, housing, employment, hospitalisation or specialist health and medical care (for example birthing and or renal dialysis).

## Kuranda: Detail







### Local Indigenous Organisations

In the Kuranda area there are three main Aboriginal organisations providing support and service to the local people:

1. Ngoonbi Co-Operative Society Ltd.
2. Djabugay Tribal Aboriginal Corporation.
3. Mona Mona Bulmba Aboriginal Corporation.

Ngoonbi Co-Operative Society Ltd provides a number of services for the local people in the Kuranda area. Their core business is Aboriginal Housing and the organisation was established to provide affordable housing for the local Aboriginal people living in and around the Kuranda district.

Ngoonbi offers a number of other programs and services locally, some of these include the Home and Community Care program providing support to the Aboriginal and non-Aboriginal elderly population. This program provides a large range of services and support, including support for transport, home maintenance, respite care and a meals program. Other programs include; support for local recreation and sport; Centrelink Agency Services; Welfare Services; Internet Access, Jobs Creation, Indigenous Community Links and Parent and Community Education (PaCE) program.

Djabugay Tribal Aboriginal Corporation is the Native Title Body Corporate representing the Djabugay Traditional Owner Group on all Native Title matters pertaining to Djabugay Traditional Lands.

Djabugay holds the Cultural Authority for this region and their work is principally concerned with Land and Sea Native Title work activity, Language and other Cultural Matters.

Mona Mona Bulmba Aboriginal Corporation is an organisation established to manage the recently acquired 30 Year Lease of the old Mona Mona Mission site, which is named as a 'Reserve for Government Purposes'.

After prolonged negotiations with the Queensland Government, Mona Mona descendants successfully regained their land to manage, own and control, in order to preserve it for cultural and economic purposes for future generations of the Mona Mona descendants through a lease arrangement. The long-term goal of the local people is to gain 'Inalienable Freehold Title', allowing full access and ownership of the land for ongoing use and preservation.

There are many other key initiatives and programs provided locally to support the local Aboriginal people living in the Kuranda area and details of these can be obtained through the lead organisations outlined above.





## 4. Project Methodology



The aim of the National Empowerment Project (NEP) was to consult with nine communities across Australia to identify the ways in which an empowerment, healing and leadership program might assist Aboriginal and Torres Strait Islander peoples manage the many issues and factors that contribute to community distress and suicide.

The NEP was led and overseen by a research team (Pat Dudgeon, Adele Cox, and Sabrina Swift) who were responsible for the day-to-day management of the Project and its deliverables. The research team also provided support to each of the nine participating communities and the Community Consultant Co-researchers working at these sites. Glenis Grogan provided regular onsite team support to the Kuranda and Toomleh Community Consultant Co-researchers.

Two skilled Community Consultant Co-researchers were engaged through local partner organisations at each site. Their role was to undertake a comprehensive community consultation and to develop and deliver a two day cultural, social and emotional wellbeing program in each of their communities.

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

## Research Approach

The Project used 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 amongst Aboriginal and Torres Strait Islander peoples about research that is being conducted in Indigenous communities. From past experience, research has rarely served the interests of or included in genuine ways the marginalized people it involves. There remain concerns whether current practices are serving to continue the process of colonisation, as non-Indigenous Australians have frequently conducted research with little benefit to communities (Moreton-Robinson, 2000; Oxenham, 1999; Rigney, 2001; Nakata, 1997). Numerous Indigenous scholars and researchers, at national (Martin, 2008) and international arenas (Smith 1999) are challenging western concepts and paradigms that have been deployed to understand Indigenous peoples and their issues. There has been a movement that demands the proper inclusion of Indigenous peoples from the beginning to end of any research activity (Dudgeon, Kelly & Walker, 2010).

The NHMRC Values and Ethics – *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (2003) and the updated NHMRC Statement of Ethical Conduct in Human Research (2007) have evolved to a stronger engagement of Indigenous people in research. These Guidelines explicitly acknowledge the role of research in colonisation and assimilation (NHMRC, 2003). These direct researchers to ‘make particular effort to deal with the perception of research held by many Aboriginal and Torres Strait Islander communities as an exploitative exercise’ and, ‘demonstrate through ethical negotiation, conduct and dissemination of research that they are trustworthy and will not repeat the mistakes of the past’ (NHMRC, 2003, p.18).

PAR includes participants in ‘all the thinking and decision making that generates, designs, manages and draws conclusions from the research’ (Reason, 1994). By using a PAR process, the NEP required Aboriginal people and experiences as a centrally important inclusion and it aimed to strengthen cultural reclamation. The engagement of community through partnerships with organisations and employment of Community Consultant Co-researchers as part of the research team was critical for a number of reasons; to ensure Aboriginal cultural knowledge and experience, to engage in a shared research journey for the creation and articulation of Aboriginal knowledges to capacity build local community and people, and to produce outcomes that would be of benefit to the communities. PAR is further 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). Kemmis and McTaggart (2003) have argued that conventional methods of conducting research are not only disempowering but ineffective as well. PAR enables communities to develop knowledge that can be useful to people and directly improve their lives by producing valued and concrete outcomes, and further, to encourage

people to construct their own knowledge, separate to that which is imposed upon them, as a means of empowering them and bringing about social change.

The NEP aimed to empower Aboriginal local people and to give them a 'voice', so it was essential that a methodology was used that would ensure this happen. The key components of PAR are that:

- It views participants as research partners and their perceptions and knowledge are at the heart of the knowledge generated; it views them as being the experts of their own cultures.
- It is qualitative, reflective and cyclic and focuses on developing people's critical awareness and their ability to be self-reflective.
- It is concerned with concepts of power and powerlessness in society and aims to motivate people to engage in social action.
- It values the opinions and experiences of marginalised groups, which are predominantly oppressed in society.

PAR ensures that 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. Three hundred and seventy one participants took part in the Project across the nine sites, where they participated in a series of one-on-one interviews, focus groups and workshops. To gather information that could be used for programs, the research team were mindful that participants from across the groups that make up Aboriginal communities should be included. Hence, the consultations involved Aboriginal and Torres Strait Islander young peoples (18-25), the elderly, women and men and small numbers of non-Indigenous people (e.g., those who worked in the stakeholder services and programs).

During the one-on-one interviews, workshops and focus groups the Community Consultant Co-researchers asked the participants to consider 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?

As a means of fully engaging in discussions, the participants were asked to consider the following topics:

- 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.

One significant outcome of the workshops and the focus groups were suggestions for future program(s) that could be delivered in the communities as well as the content (e.g., topics, delivery methods) of these programs that participants viewed as being particularly relevant.

In terms of analysing the information that was gathered, a thematic analysis approach was used. This involved gathering together the information from all sources and forming meaningful groups of themes from it. Powerful meanings and issues emerged from the themes, in particular the issues negatively affecting Aboriginal and Torres Strait Islander peoples.

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 Kuranda was the Mona Mona Bulmba Aboriginal Corporation. 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.
- Work collaboratively with the NEP team to collate and analyse responses and feedback from community workshops and interviews.
- With the NEP 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 and leadership program locally for community members.

Mona Mona Bulmba Aboriginal Corporation as the local partner organisation identified the need to provide greater support to the two local Community Consultant Co-researchers by enlisting the support of an additional three local community consultants to assist with the consultations on the ground. This proved useful in terms of getting greater support from Kuranda and surrounding communities, as well as the increased numbers of community participants for the one-to-one interviews and the community focus groups. These additional interviewers were provided with training and support on site to conduct the research, particularly the interviews by the NEP team members.

The gender of Community Consultant Co-researchers was a consideration for the NEP, as in an Aboriginal context same gender interactions are often preferred and enables participants to be more comfortable when engaging in intimate discussions. Where possible, a male and a female was the preferred gender combination of Community Consultant Co-researchers. In Kuranda this was achieved with success.

The Community Consultant Co-researchers for Kuranda were William 'Biri' Duffin and Barbara Riley. Shannon Duffin, Kara Ross and Claudia Doughboy were the three support consultants who were engaged by the local partner organisation to assist conduct interviews and workshops in Kuranda, Mona Mona, Kowrowa, Mantaka and Koah.

## Communities and Stakeholder Recruitment

A key feature of the community consultations for the NEP 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 NEP.

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 NEP 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.

It was recognised by the local partner organisation and the Community Consultant Co-researchers that whilst Kuranda is the primary community identified in the NEP, many of the individuals and families who have ties to Kuranda live in the outlying communities of Mona Mona, Kowrowa, Mantaka and Koah and as such, needed to be included in the community consultations.

Further, many of the participants who were part of the consultations from these other communities are descendants of people who were placed in the Mona Mona Mission and the local Elders from Kuranda strongly urged that their voices be heard and collected as part of our interviews and focus groups.

This additional inclusion meant that the organisation and preparation for community/stakeholder interviews and focus groups needed to occur over a longer period to ensure that enough people were represented adequately, as per the community's request.

A key factor in including such high numbers for the interviews and focus groups was the relationship that local Community Consultant Co-researchers had with people in the community.

A challenge was working across community and family divisions. These divisions were caused either by recent events or disagreements from the past. To ensure that NEP maintained neutrality and were able to engage all parts of the community, the addition of the three local interviewers allowed access to people in various groups that make up the diverse Kuranda Aboriginal community.

The spread of people across all five communities also meant that the time required to conduct the interviews and focus groups posed a challenge and in order to fulfill the required interviews and focus groups, the decision was made locally to get more people on board as part of the local Project team to assist William and Barbara in the first instance.

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. Similarly, when an interview had been organised with an individual community member, sometimes this was cancelled at the last minute and so this created and required more work in terms of scheduling in another time or doing several follow up phone calls and visits as part of this process. Many times this process took longer than expected and in some cases no interviews were conducted at all. Some of the reasons for this are explained in more detail in the following chapter, but included factors such as a 'lack of interest' or they were 'too shame' to be interviewed.

A total number of 78 participants were consulted through community focus groups/workshops and one-to-one interviews over the specified period within the Project. Kuranda had the highest number of interviews compared to other NEP sites.

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 were 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. Overall there was almost an even split between male (49%) and female (51%) participants in the Project and an even spread across the various age groups as outlined in Figure 2 below.

Table 1: List of Number and Type of Participants

LOCATION	INDIVIDUALS	STAKEHOLDERS
Kuranda	22	2
Mona Mona	20	Nil
Kowrowa	14	Nil
Mantaka	11	Nil
Koah	9	Nil
	76	2
	78	

Figure 1: Female and Male Participants

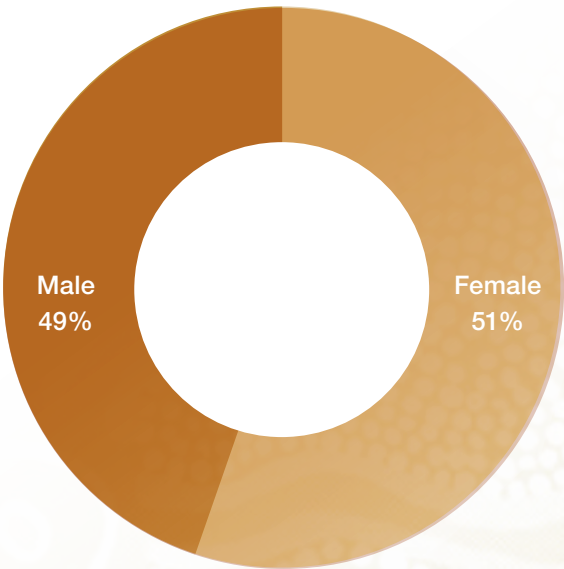
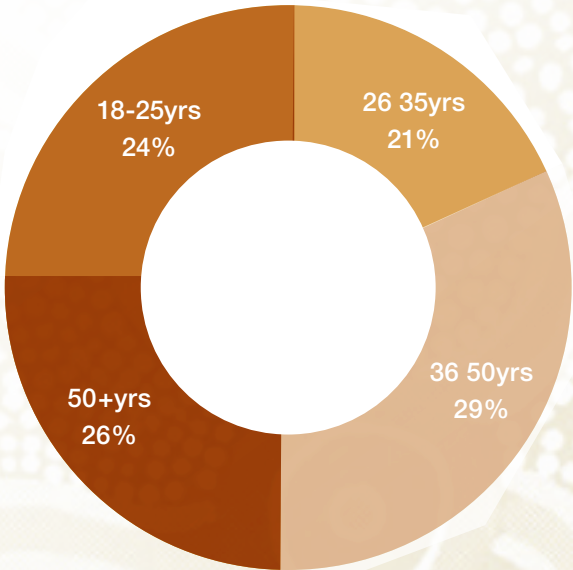


Figure 2: Age of Participants









## 5. Kuranda Consultations and Research Findings





## 1.0 INTRODUCTION

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

- Interviews and Focus Groups. The Community Consultant Co-researchers gathered information from interviews and focus groups according to a pro-forma created specifically for the NEP, which the Community Consultant Co-researchers were involved in creating. They also provided their own summaries about the interviews and focus groups.
- Amalgamation and Thematic Analysis. Because of the richness of the information obtained from the interviews and the outcomes of the focus groups, to do justice to the quantity of information, outcomes were quantified as accurately as possible on the basis of discrete items or themes of information.

The themes were derived entirely from within the data, rather than any pre-conceived categories.

In the case of Kuranda, this amalgamation amounted to 81 pages of information.

- Highlighting Major Themes. To provide an insight into the most common themes for each site, the top (six) themes for key questions on issues and actions have been presented.

Direct quotes from the participants are presented in italics.

## 2.0 ISSUES CONFRONTING INDIVIDUALS

Participants were asked a range of questions concerning issues they perceived to be impacting them as individuals, their families and their communities as a whole. A key opening question relating to individuals was:

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



Table 1 presents an overview of the most common themes emerging from the responses to this question.

**Table 1:**  
**What Kuranda People Say Are Issues Confronting Individuals**

THEMES	RANKING
Family/Community Breakdown Issues	1
Drugs/Alcohol/Gambling Issues	2
Transport Issues	3
Employment-related Issues	4
Issues Impacting on Children/Young People	5
Health/Mental Issues	6
Additional Issues	7

## 2.1 Family/Community Breakdown Issues

Participants reported that family and community breakdown were the most prevalent issue negatively impacting them as individuals. Families fighting and feuding with one another was frequently reported, as was internal friction between communities, and both of these processes had a detrimental effect on the cultural, social and emotional well-being (SEWB). To address this, a need was seen for more people to get involved in the community and to work with the various levels of government.

Participants said:

- *Families and communities dispute.*
- *Too many negatives in the communities.*
- *Domestic violence.*
- *We all family in the community, but we fight each other.*
- *Not acting as a collective, each community within Kuranda acts as separate from each other.*
- *We don't interact or communicate with each other.*
- *Family politics ... most of us in the game of politics are family to each other ... it turns family against family.*
- *Community not unified. When it comes to dealing with housing, education, health, social justice issues – there's too much division in the communities.*
- *We need more people to get involved with community activity and community issues e.g., local/state/national governments.*

The following concern about the community divisions added a historical perspective:

- *I'm frustrated with the division between the communities. To see it go from a united community in the earlier days to how divided it is today. There used to be fun days nearly all the time now they're too far apart or no one wants to step up and organise these community gatherings.*

## 2.2 Drugs/Alcohol/Gambling Issues

Drug and alcohol abuse was highlighted as the second most important issue impacting individuals. Many of those interviewed said that the use, and in some instances the excessive use of drugs and alcohol had a significant negative impact on personal, family and community life. Most notable was the perception and concern about excessive use of substances by young people, and that young people appeared to be consuming alcohol at an earlier age than a few years ago.

Other issues reported to be associated with drug and alcohol abuse were higher rates of domestic violence and abuse, and the use of household funds being spent on purchasing alcohol and drugs.

Gambling was another issue that was perceived as being a problem issue that caused financial distress.

Participants said:

- *Drugs and alcohol, gambling (are a problem).*
- *To see a lot more of the younger generation are taking up drugs and alcohol at an earlier age ... Peer pressure.*
- *Drugs – now there are new forms that people are experimenting.*
- *Alcohol – Causes domestic violence.*
- *Drugs. Cause money problems. Have little money as it is.*
- *Alcohol, drugs, not a lot of activities for our surrounding area.*
- *Drugs and alcohol. Too many young people getting involved... we need more recreational activities to keep them occupied ... like PCYC or camps etc.*
- *Alcohol – people get brave when alcohol's in their system (leads to violence).*

## 2.3 Transport Issues

The third most important issue impacting people lives was the lack of transport. Many said that because of the lack of transport it was hard to travel to places like Cairns for appointments with the doctors, Centrelink, or to other community events and meetings. The cost of public transport was seen as too much, and particularly for larger families having to pay. Some said that although there was some transport available for local's to use, this wasn't adequate and there was a need to increase availability. Many of the participants reported not having a driver's license, which made the availability of public transport even more of an important issue to them.

In addition to the cost of transport, the price of living, particularly for food, in Kuranda was considered expensive. Many participants mentioned that although it was cheaper to buy food and groceries from Cairns, travelling there was not an option and this has contributed to the financial struggle that families faced.

Participants said:

- *Lack of transport in the community (is a huge problem).*
- *Transport (from Kowrowa to anywhere). To get to appointments – Centrelink, Job networks ... to get to – funerals, even to get back home again from where we had to go. We hitch hiked a lot from Kowrowa to get into town.*
- *Hard to get transport 'cause we live out of town and find it difficult to get to places.*
- *Not many people have their license.*
- *Transport to and from appointments e.g., doctors, Centrelink, community outings etc., (is difficult).*



The extent of the transport problem is best summed up in the following account:

*There's only a 21-seater school bus that Mona Mona residents can access to get into town. Not everyone can afford to pay \$5 each way to travel everyday. There are only three registered vehicles in the whole community. You can only do limited food shopping when travelling on the school bus. More or less you can only buy what you can carry from Kuranda Foodworks (expensive) to the bus stop (depart Mona Mona at 7:00am – arrive Kuranda at 8:15am, depart Kuranda at 3:15pm – arrive Mona Mona at 4:30pm).*

## 2.4 Employment-related Issues

The fourth most important issue impacting people's lives was the lack of employment opportunities. Employment opportunities in Kuranda are scarce, and so people have to look outside the area for work. However, this means that travel is required, and as mentioned previously, this presents as an obstacle for many people, especially when they don't have a vehicle or means to travel.

Participants reported that another obstacle they faced when seeking employment was not having the relevant skills and qualifications for particular jobs. Although job networks provide training and courses locally, only a handful of the participants that the Community Consultants spoke to had actually secured paid work. Those participants who missed out reported feeling abandoned and discouraged from participating in future training opportunities for fear that this would not lead to paid work. Many participants reported only participating in training courses to avoid getting cut off from their Centrelink income.

Participants said:

- *Unemployment (is a problem).*
- *No one to help me get a job – job networks don't help me.*
- *A lot of people don't actually want to work.*
- *Lack of employment, education and training.*
- *Lack of employment in Kuranda.*
- *Finding work within the community (was difficult).*
- *It's hard to get employment because we are underqualified.*
- *Unemployment. Not given a chance in our community. Hardly any jobs here.*

## 2.5 Issues Impacting on Children/Young People

The fifth most important issue impacting people's lives were the significant issues impacting children and young people in their communities. Children and young people represent a large proportion of the Aboriginal and Torres Strait Islander population within Australia, and so the fact that issues specifically impacting on children and young people

were identified throughout the community consultations was not surprising. There was a high level of concern for the need to focus on young people as it was felt that they were the future. It was felt that they were not supported and that many had lost their sense of connection to and respect for their culture, their families and themselves.

Most of the concerns raised by participants were based on factors such as alcohol and drug use within families and use by young people themselves; gambling; poor financial management within households; overcrowding; family disputes and feuding; lack of recreational activities; and the affects of cyber bullying.

Participants said:

- *Children, family matters.*
- *Our children roaming the streets.*
- *Cause there's nothing for our children to do after hours (speaking on behalf as a mother).*
- *Young mothers (need) – parenting skills.*
- *Underage drinking and smoking.*
- *The young generation, they got no morals. There is lack of respect for others and themselves.*
- *There is no recognition for what our local community leaders have achieved.*
- *Younger generation have no respect for the Elders in the community.*
- *Day-care not affordable for us on Centrelink payments.*
- *We rely on our families to babysit ... but they can't babysit all the time.*
- *A specific problem was highlighted and elaborated by one person in the following way:*
- *Early school leavers stagnate in the communities and (they) don't want to do anything. They have no respect for anybody. They got no role models, no understanding (lack of life skills).*

## 2.6 Health/Mental Health Issues

The fifth most important issue impacting people's lives was physical and mental health issues. Chronic ill health amongst individuals in Kuranda and the surrounding area affects many people. One of the biggest issues negatively impacting people's physical health in Kuranda is the lack of community controlled medical services and support on the ground. Most local people have to access primary health care from centres such as Cairns, which has the nearest Aboriginal Community Controlled Health Service.

Participants also identified mental health as a major issue in Kuranda. Intergenerational trauma was seen as one of the factors impacting on the mental health of individuals, families and communities particularly because many of the participants were past residents and are direct descendants of the Mona Mona Mission Settlement.

Mental health services are seen to be non-existent in Kuranda. People suffering from extreme mental health issues go straight to the Mental Health Ward in Cairns in the company of the Police. There are no intervention programs, and particularly none for heavy drug users who have developed drug-induced psychosis; a problem that a number of participants reported was a real concern in the area.

Participants said:

- *Health, everyone suffers from some family illness (might be) inherited.*
- *Anger and depression (are problems).*
- *Mental health – early drug use at a young age lead to problems.*
- *(Drugs) effects their moods. Effects how they deal with easy, everyday tasks. How they communicate with others (can go from happy to angry in a second). How they deal with problem solving (frustration can set in very quickly).*
- *Seeing my friends my age dying.*
- *There needs to be better health requirements to suit Aboriginal communities.*
- *Need better health services.*

A more expansive portrayal of mental health issues and their impact on family, exacerbated when substance abuse is involved, as highlighted in the following account:

*Mental health issues. My son suffers with mental health problems and it's hard to get any support from the services to deal with his mental health. It's putting a big strain on my whole family as we are unable to deal and cope with his angry outbursts, taking his frustrations out on the family ... when he's under the influence of drugs and alcohol – things are worse. That's when threats of doing harm to himself and to his own family are made.*

## 2.7 Additional Issues

Other, less frequently reported themes to emerge in response to the issues confronting individuals included:

- *Concerns with education, especially the fact that many young people are not completing their schooling.*
- *The inadequacy of housing.*
- *The lack of facilities and activities, especially for youth.*
- *The need for leadership and commitment to the community.*
- *The need for cultural activities in the community.*

## 3.0 ISSUES CONFRONTING FAMILIES

Those taking part in the interviews were also asked about issues confronting families via the question: To get an understanding, what are some of the issues affecting your family?

Table 2 presents an overview of the most common themes emerging from the responses to this question.

**Table 2: What Kuranda People Say are Issues Confronting Families**

THEMES	RANKING
Drugs, Alcohol, Gambling Issues	1
Family/Community Breakdown Issues	2
Communication Breakdown	3
Financial Issues/Poverty	4
Employment-related Issues	5
Transport Issues	6
Additional Issues	7

## 3.1 Drugs, Alcohol, Gambling Issues

As discussed in detail in the previous section, drug and alcohol use and the impact of gambling was identified as one of the biggest issue affecting families in Kuranda. Alcohol in particular was seen to have caused and fuelled major disruptions to the harmony of families and the community as a whole. According to many participants, alcohol and drugs was seen as responsible for increased violence, unhealthy practices, ill health, early deaths and antisocial behaviour.

Participants said:

- *Alcohol and drugs again are a major issue for family members.*
- *Mainly DRUGS AND ALCOHOL. (Young people) can't handle it ... they get angry and want to argue. Sometimes getting into fights with the family.*
- *Alcohol and drug problems and we suffer as a whole community and family.*
- *Alcohol, which leads to violence, unsafe sex, etc.*
- *Drugs and alcohol – it affects household members.*
- *Drugs and alcohol. (People) don't have any money from spending it on drugs and alcohol. It makes people lazy and don't want to do anything, work, get out of the house and socialise. Creates problems in the family when they're drunk (disputes). A problem between two people can drag the whole family into the situation.*



### 3.2 Family/Community Breakdown Issues

As was identified in the previous question for individuals, breakdown within families and community was a significant issue that was raised as a major concern impacting families. In addition, to information reported above, further issues such as fights over traditional ownership of land; jealousy (both in marital relations and between community members); and domestic violence were mentioned consistently as factors contributing to family and community breakdown.

Participants said:

- *Young people communicating by Facebook and (this is) causing fights between families.*
- *Fighting amongst each other. We all family in Kuranda. It's a shame to see it happening nowadays.*
- *Violence, domestic violence (are common).*
- *Too much gossiping.*
- *You can't have confidentiality with each other because news travels which creates large scale drama resulting in suicides, violence, arguments and negativity.*
- *Internalised oppression is a big issue within all communities.*
- *Family feuds (are common).*
- *Split families and split communities.*
- *Inter family fighting (Native Title), who's from where etc.*
- *Violence – fighting, arguments. Young family – not ready to be parents.*

### 3.3 Communication Breakdown

Lack of personal communication was recognised as an issue affecting families living in Kuranda. It was perceived that over time people have not been able to communicate effectively with each other and this has had a negative impact on daily living and experiences. Lack of communication has caused negativity within families and the community. For example, behaviour such as mischievous gossiping has led to arguing and fighting amongst people. People felt that the lack of interaction between families was different compared to how life used to be within the community in past times.

Participants said:

- *There is a lack of communication. Unable to resolve dispute sometimes. Too much pride gets in the way and can't resolve anything.*
- *There is communication breakdown ... we don't talk out our problems ... everyone think they're in the right and nobody's in the wrong (denial).*
- *Not understanding one another.*
- *Gossiping.*
- *Engaging with community members positively and respectfully is an issue for us here.*
- *Lack of interaction between family members, which is the cause of family breakups.*
- *Arguing amongst ourselves, holding grudges and not being able to work through problems and squash issues amongst family.*

### 3.4 Financial Issues/Poverty

According to the participants, families living in Kuranda are experiencing financial hardship due to a number of factors. Some of these factors include the lack of employment opportunities and the high cost of living. It is perceived that this is having a profound impact on families, and as one participant stated, the participants also spoke about incidents where the Department of Communities and Child Safety would intervene and 'check in' on some families where there was assumed child negligence.

Participants said:

- *Low income, money issues (are major issues).*
- *Sometimes our children suffer*
- *Not enough funds – community wide.*
- *Food shopping expensive in Kuranda.*
- *Food, electricity, (family members who are irresponsible) come home when they're broke and demand family to support their habits e.g., smoking).*
- *Family have child safety on their backs because of their laziness.*

### 3.5 Employment-related Issues

As discussed previously, employment opportunities are scarce in Kuranda. People have to seek employment outside of the town in most instances. The same issues around lack of transport and ongoing training and education needs were brought up again, as noted below:

- *No jobs.*
- *Employment ... lack of jobs ... you have to leave the community to have a full-time job ... (there is no transport).*
- *Lack of jobs ... most of the employers want you to be qualified, have tickets have an open drivers licence, have your own vehicle (which many people do not have).*
- *Money – no job, unemployment. Alcohol and drugs.*

### 3.6 Transport Issues

The lack of transport issue was raised with similar comments as before.

### 3.7 Additional Issues

Other less frequently occurring themes relating to issues confronting families included:

The lack of respect and trust, including, as mentioned by one participant, a lack of respect 'towards each other and also ourselves'.

## 4.0 ISSUES CONFRONTING THE COMMUNITY

Participants were also asked about issues confronting the community via the question: To get an understanding, what are some of the issues affecting your Community?

Table 3 presents an overview of the most common themes emerging from the responses to issues affecting community.

**Table 3: What Kuranda People Say are Issues Confronting Communities**

THEMES	RANKING
Family/Community Breakdown Issues	1
Drugs, Alcohol, Gambling Issues	2
Boredom/Lack Of Activities	3
Communication Breakdown	4
Transport Issues	5
Health/Mental Health Issues	6
Additional Issues	7

### 4.1 Family/Community Breakdown Issues

This theme, which was the most commonly mentioned one under issues confronting individuals, re-appeared as the strongest theme in response to issues for the community. The many diverse aspects symptomatic of the breakdown are illustrated by the following comments:

- *Separatism, which stops us from being able to work together.*
- *Not getting together like we used to in the past ... no social gatherings happening regularly.*
- *Break down of family structure and morals are a major issue within our community.*
- *To make something of yourself you have to leave the community ... same as with getting a higher education ... nobody (should have) to leave their community ... but that's how it is sometimes.*
- *Gossiping ... jealousy ... family not getting involved in empowering the community.*
- *Insecurity – someone could be walking down the street and hear people laughing and that person walking automatically thinks they're laughing at them – fights have started over petty things like that.*

- *Native title – since native title came in, that's when there was a lot of the division in the communities that began to show.*
- *Inter family fighting and arguments.*
- *Lack of culture – no understanding.*
- *Family and community violence.*
- *Cyber abuse.*
- *Alcohol and drug abuse.*

### 4.2 Drugs, Alcohol and Gambling Issues

This issue was perceived as a major concern in the discussions of issues confronting individuals, families and communities. It was reported strongly across the three aspects examined. It is obviously a significant issue for the community.

Participants said:

- *Fighting and arguing when intoxicated.*
- *Drug and alcohol – it's a major issue in our community.*
- *Too many in the community are doing drugs and alcohol.*
- *Drug and alcohol are the main cause of family/ community violence.*
- *It makes people lazy and don't want to do anything, work, get out of the house.*
- *Alcohol e.g., getting in trouble with the law.*

### 4.3 Boredom/Lack of Activities

Participants reported that boredom and lack of activities was a major problem for the community and particularly for young people, because of lack of activities and recreational facilities. Educational opportunities are poor and job opportunities for school leavers are non-existent, even if the individual succeeded academically at school. There are no after school activities and limited sporting activities. Some of the following quotes provide a snapshot of the extent of the issue:

- *There's nothing to keep the youth out of trouble to keep them away from drugs and alcohol.*
- *No recreational facility (no community hall). For a PCYC. For holiday programs.*
- *Drugs and alcohol – what else the kids going to do when they got nothing to do as they get older?*
- *After completing school there's nothing here. That's why they turn to alcohol and drugs ... the drug and alcohol issues you see everyday.*
- *There's no community hall for recreational games (afterhours). There's nothing to do after the tourist are gone and the sun goes down. The only form of entertainment is the pub or the internet café.*



#### 4.4 Communication Breakdown

Similarly with family, the issue of communication was a common concern in the community. This was perceived as having an impact on people's ability to communicate effectively and even safely in some instances. Some problems were perceived to be grudges from the past.

People said:

- *Not settling differences which affects the whole of the community e.g., individuals squabbling.*
- *A lot of negativity and misunderstanding between the family groups and miscommunication.*
- *If we could communicate and cooperate we'd be able to move forward.*
- *The old people ... they have got to stop ... just because they grew up holding grudges with others of the community (can't move forward) ... they have to let us talk now.*
- *Drug and alcohol ... creates problems in the family when people are drunk (disputes). A problem between two people can drag the whole family into the situation.*
- *Cyber/Facebook usage – don't communicate face to face in a positive way.*

#### 4.5 Transport Issues

Again transport is highlighted as a problem confronting the whole community. Some of the following additional quotes highlight the impact that lack of transport has on the community as a whole:

- *Transport ... nearly everyone has to hitch hike to get into town.*
- *Transport ... got to hitch hike everywhere if there's no lift ... harder to hitch hike now the wet season's about to kick in.*
- *Transport to and from venues (is difficult). To get to community events.*

#### 4.6 Health/Mental Health Issues

Health and mental health was raised as an issue of concern in relation to the Kuranda community, particularly issues around living conditions and hygiene, diet and nutrition, and people's lifestyles. Ongoing issues to do with chronic illness are having an impact on the local community and a number of others as highlighted below:

- *Poor diet, dirty houses (are an issue).*
- *Health – our body's still adapting to the new diet we eat today.*
- *Drugs and alcohol ... causes health problems.*
- *No aged care – carers don't get a break if they need to. No place for the Elders to stay if their carers need to go on a break.*
- *Mental health is a big issue.*



#### 4.7 Additional Issues

Other less frequently occurring issues coalesce around the themes of:

- Employment-related issues.
- Education.
- Issues around the law and the justice system.
- Financial issues.

#### 5.0 MAKING INDIVIDUALS STRONG

Participants were asked the question: What do we need to make ourselves strong? Table 4 presents an overview of the key themes emerging in response to this question.

**Table 4: What Kuranda People Say Makes them Strong as Individuals**

THEMES	RANKING
Strengthening/Unifying Community	1
Building Personal Attributes	2
Education	3
Connecting With Culture	4
Focusing on Health	5
Strengthening Family	6
Additional Issues	7

## 5.1 Strengthening/Unifying Community

When asked about what would make people strong as individuals, the most common response was about strengthening the community. Many felt that the community needs to be strengthened more positively and some suggested that ways to do this include more proactive community gatherings that are inclusive of all families in the local area.

It is perceived that over the years there has been so much division and fraction within the community and between families because of family and community feuding. This has taken a toll and weakened the community. There needed to be strategies developed so that people are given tools to be able to deal with and overcome some of these problems and issues.

Participants said:

- *We need to act as a unit – work together – address issues as a collective of community members – not on personal levels.*
- *More community meetings and gatherings.*
- *Sharing each other's knowledge. Coming together as one.*
- *We need to come together to work with each other in the community to create programs etc., to keep our community alive and we need to act as ONE.*
- *Settling differences.*
- *Respect each other! Work together and act as one community and make decisions that benefit US ALL not just a few.*
- *We need to have a lot of interaction in the broader community e.g., to get a feel of self-dependence to get out of their comfort zone ... group activities e.g., to try and settle differences and get along.*
- *Life experiences outside the community. The younger generation needs to experience life outside of their comfort zone (their community) and to gain life experiences to help break the (negative isolated) community mentality. Hopefully when they come back they'd be more likely to wanting to help improve their community.*

## 5.2 Building Personal Attributes

Building personal esteem and confidence were some of the issues identified as having significant impact on making individuals strong. More positive attitudes, experiences and communication skills were needed. The following comments provide a summary of what is required:

- *Will power, self-esteem, respect and healthy living.*
- *Thinking positive and being creative.*
- *Think positive and respect others opinion. Let others be heard. Admit when you are wrong. Don't hold grudges.*
- *Empowerment – through understanding what is happening, know why things are happening. Learn how to negotiate with people/groups, who is leading these entities/shops/government.*
- *We need confidence. To be sure of yourself and your faith.*
- *Be more positive, find the ability to forgive and move forward Support each other and respect each other's opinions.*
- *More communication and skills.*

## 5.3 Education

The need for education was identified strongly as something that was needed to make individuals strong in the Kuranda community. Education was raised more broadly in terms of needing more awareness of lifestyle issues, as well as education in an academic setting. Children and young peoples need to finish schooling and go into VET programs during school and after school. This was discussed at length by many of the participants. They said:

- *Children to complete their schooling and getting into higher education.*
- *Educate ourselves.*
- *Sex education in schools. To help prevent young pregnancy. Awareness about STD's.*
- *Have more training and skills provided to us.*
- *Focus on our children – their education.*
- *Education – go back to TAFE or University – Do more training.*

## 5.4 Connecting With Culture

Connection to culture, including a strong focus on the need to reintroduce and teach local languages was something that many individuals felt was needed to make them strong. As part of this cultural learning, the role of Elders within the community needed to be promoted and supported as the cultural guides and gatekeepers. Respect for Elders was something that was raised on several occasions as well.

Participants said:

- *Culture – better understanding – more knowledge.*
- *Culture – bush camps, church (open) to community. General outings. More community involvement. Stop the negatives and push towards positives.*
- *Learning our culture.*
- *Our culture needs to be learnt from the elders.*
- *Learn the respect of the old days.*





## 5.5 Focusing on Health

The effect of health and wellbeing on people's lives was a common issue raised throughout all of the consultations for Kuranda, and whilst this was mostly to do with primary health care needs and the lack of culturally specific health services in the area, the affect of alcohol and drugs has had a huge impact on individuals. People felt that addressing the issues around alcohol and drugs would make them stronger as individuals, especially introducing things such as drug and alcohol bans (dry communities) locally may have some positive impact long term.

Participants said:

- *Main focus being health.*
- *Drug and alcohol ban in the community (dry community). Cut out drugs and alcohol ... or maybe even just restrictions like when you can drink alcohol in the community (only on weekends). Having designated drinking areas away from the homes (out of sight).*
- *Drug and alcohol awareness in schools. Learning about the affects of drugs and alcohol ... and how it has an affect on your family and the community.*
- *Have an understanding about health issues, life style, so that we can better ourselves to be a happy and healthy person.*

## 5.6 Strengthening Family

The effect of the forced removal and separation (Stolen Generations) has had a significant impact on the lives of many Aboriginal people. In Kuranda particularly, because many of the people and families living in the Kuranda area are descendants of those who were placed and lived in Mona Mona Mission Settlement. This experience has had a number of negative impacts on individuals and families, including the lack of parental guidance and nurturing and the ongoing issues relating to intergenerational trauma, loss and grief. Many of those consulted said that greater family support was required in order to make individuals strong again, including support for counselling, positive parenting and greater awareness and education for children about families and kinship. Participants said the following was needed:

- *Love and respect most of all – for a happy house.*
- *Educate our children.*
- *Family and community support.*
- *Whole families getting counselling.*

## 5.7 Additional Issues

Other minor themes include:

- *The need for more events, activities and social gatherings.*
- *Having mentors and role models in the community.*
- *Being aware of services available.*

## 6.0 MAKING FAMILIES STRONG

Participants in the community consultations were asked the following: What do we need to make our families strong?

A summary of key themes emerging from their responses is presented in Table 5.

**Table 5: What Kuranda People Say Makes Families Strong**

THEMES	RANKING
Being Respectful	1
Being More Cohesive	2
Doing Things Together	3
Being Supportive/Caring	4
Education	5
Communicating More Effectively	6
Additional Issues	7

## 6.1 Being Respectful

Respect was the most common issue identified by interviewees in the community consultations as something that many felt would make families stronger. Being respectful of each other and within community is something that many felt had been lost and not enacted on due to a number of reasons, some of which have been highlighted previously.

Participants said that the following was required:

- *Treating each other with respect.*
- *We need to respect each other because we are all family.*
- *RESPECT ... Need to be educated about respect.*
- *Respect shown from every community.*
- *Create better connections with each other through respect and positivity.*
- *Respect each other's opinions.*

## 6.2 Being More Cohesive

The impact of family feuding and community division has caused considerable distress within Kuranda, and of those consulted, many felt that it was time for the families and communities to come together as one again. Many people within the consultations brought up the need for more cohesion within families across all communities within the area.

Participants said that the following was required:

- *Stick together, sort out our problems and get counselling all round.*
- *We're all related so we need to be together and stand strong together as a whole.*
- *Learn to be family again.*
- *Address issues as a collective of community members ... not on personal levels.*
- *We are all family throughout the communities ... got to start acting like family.*
- *Programs etc., to keep our community alive and we need to act as ONE.*

## 6.3 Doing Things Together

Communal activity encourages social interaction. Many people felt there was a need to organise and run community and family events as a way of providing a forum where community members can communicate with each in a rational and fun way. Suggestions of activities included outings by the river, camping, sporting and music events. More ideas were listed as follows:

- *Outings – like we used to do – go fishing down the coast – visiting family in other communities.*
- *Family day out to get the family bond back.*
- *Having football carnivals, concerts, fun days, and movie nights.*
- *Getting together without talking about work, politics, who's talking about who.*
- *Sitting around the fireplace with a guitar, being happy.*
- *Regular community meetings keep ALL updated on issues and events.*

## 6.4 Being Supportive/Caring

Similar to the previous issues around being more respectful and more cohesive, many people consulted felt that there was a need for individuals and families to be more supportive and caring of each other. Much of what people said was to do with understanding and respecting each other in a caring and supportive way. This includes assisting people when they needed help with day-to-day things such as filling in forms and paperwork.

Participants said:

- *Being caring and understanding and respecting each other.*
- *Looking after and being there for our young and old.*
- *Give families support whenever it's needed and to the best of our knowledge.*
- *Help to assist/provide service to them like helping fill out forms/paperwork etc.*

## 6.5 Education

As previously discussed, there was a strong response about education when it came to identifying what makes families stronger. This mostly centred on supporting children and young people with their education and awareness raising.

Participants said:

- *Teaching our kids family values.*
- *Educate ourselves.*
- *Learn our culture more ... learn who we are, where we from.*
- *Focus on our children and their education and health.*

## 6.6 Communicating More Effectively

Good communication is essential, and there were a number of participants who spoke about the opportunities for regular interaction amongst families and that this was seen as important to encourage good communication. The lack of communication was something that many people felt was the cause of many ongoing rifts and disputes. However, there was clear acknowledgement by community members that there are strategies that can be used to help sort through these issues:

- *Have good communication.*
- *People need to stop being so stubborn and start listening to each other.*
- *Talking about personal problems.*
- *Stop gossiping.*
- *Build a stronger relationship with each other.*
- *Ban social media. Too many people hiding behind Facebook and not sorting out issues face to face ... fights have started over comments written on Facebook.*
- *Interaction plus understanding ... to bond together more.*

## 6.7 Additional Issues

Other themes include:

- *Having strength and confidence.*
- *Living a healthy lifestyle.*
- *Having access to counselling.*
- *Addressing substance abuse.*
- *Working through a focus on culture.*



## 7.0 MAKING COMMUNITIES STRONG

Table 6 presents an overview of the key themes emerging in response to the following question: What do we need to make our communities strong?

**Table 6: What Kuranda People Say Makes Communities Strong**

THEMES	RANKING
A Unified Approach	1
Shared Community Events	2
Community Engagement	3
Respect	4
Education/Training	5
Community Programs	6
Additional Issues	7

### 7.1 A Unified Approach

As with the identified need for communication as discussed previously, those consulted within the community felt that the need to come together in unity was most needed to make the community stronger. Many of the reasons behind the need for a unified approach included some of the following:

- *Breaking down barriers.*
- *Sort out all our differences.*
- *Address issues as a collective of community members ... not on personal levels.*
- *Move and make decisions as a wider community ... white and black.*
- *Instead of being separated from each other on all social levels, we need to work positively together and have positive leadership.*
- *We have to unite and work for our community and their needs.*
- *Positive thinking for community needs, bond together, don't argue amongst each other – leave differences apart, stick together and unite.*
- *Support; give a lending hand without arguing, cultural support and 'how you feel in the community is how you feel at home'.*

### 7.2 Shared Community Events

The need for more community events and gatherings was perceived as a way of positively engaging with the local people and families within the Kuranda area. Many participants suggested that gatherings such as family fun activities, development days, general information and sporting events and programs were examples of events that could be run and contribute to making communities strong.

Participants suggested:

- *Gatherings for all the communities.*
- *We should have regular workshops to bring each other together covering all the issues that affect us in everyday life.*
- *More involvement in today's society (mainstream) and within the community.*
- *Get together e.g., fun days, sporting events...*
- *Have more family type of events like sports or family fun days out at Big Sand/Oak Forest/Mona Mona.*
- *Socialise with all communities.*
- *Having fun days in each of the communities.*
- *Each community having their turn to host the fun day in their community or wherever they want to hold their fun day.*

### 7.3 Community Engagement

Greater community engagement or inclusivity was identified by many participants as one of the issues needing to be worked on and supported in terms of making communities stronger.

Participants reported that community engagement involved being more inclusive of community members and to involve the whole community in activities such as community meetings and gatherings, as a way of making everyone or as many people as possible have ownership over local decisions and solutions. Part of the need to be inclusive also strongly called for a greater need to identify more leaders in the local community.

Participants said:

- *Make the community understand through meetings, select the leader who will get up and make a stand, workshops and involvement.*
- *Ownership of our community.*
- *More recruits from the community to get involved in community affairs.*
- *People need to feel that they belong.*
- *It's time to start making some REAL changes to better ourselves and our community instead of being caught up in the same negative cycles.*
- *Need more drivers in the community.*
- *More involvement in the community.*

## 7.4 Respect

Respect was raised again as an issue that needed to be addressed. As previously discussed, the issue of respect, especially towards elders, was seen to be a contributor towards building a stronger community.

Participants said:

- *Respect our elders.*
- *Respect shown from every community.*
- *Respecting each other.*

## 7.5 Education/Training

The issue of education ranked highly for this specific question as well. Although training was also raised as an issue that needed addressing in order to empower communities and make them stronger.

Participants said:

- *Training.*
- *Having our own people qualified in the communities.*
- *Educate ourselves.*
- *Education, knowledge.*

## 7.6 Community Programs

The lack of programs and services that are Aboriginal-specific or culturally appropriate in the local Kuranda community was mentioned several times by participants throughout the consultations. The need to introduce or develop more locally and culturally appropriate community programs is required. These should involve the full support and engagement from the local community from inception through to development and delivery.

What participants said was needed was:

- *Community programs.*
- *Recreation.*
- *Working together.*
- *Wellbeing programs.*

## 7.7 Additional Items

Other minor themes include:

- *Specific community programs.*
- *Improving communication.*
- *Focusing on culture.*
- *Focusing on youth.*

## 8.0 CULTURAL, SOCIAL AND EMOTIONAL WELLBEING, EMPOWERMENT AND HEALING PROGRAMS

The following section provides a summary of the key themes emerging from the question about 'What types of cultural, social and emotional well being, empowerment and healing programs might be useful for your community? '

**Table 7: What Kuranda People Say are Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs**

THEMES	RANKING
Health and Lifestyle Focus	1
Gender-based Focus	2
Cultural Focus	3
Recreational Focus	4
Youth Focus	5
General Community Focus	6
Additional Issues	7

## 8.1 Health and Lifestyle Focus

The majority of the participants reported wanting more educational programs in the community that focused on health and lifestyle. Programs that included information about health literature, including issues such as diet and nutrition and chronic disease awareness, healthy lifestyle information and awareness, sport and other physical activity were desirable. Other programs they thought would be helpful included mental health education and awareness, positive parenting programs and support, and opportunities to discuss and develop support for addressing family issues, including financial literacy and learning to deal with and resolve violence.



## 8.2 Gender-based Focus

Those consulted stated that any program developed as part of the Project needed to have a gender-specific focus, and this is in keeping with Aboriginal cultural protocols as well. Any program should cater for the need to deliver programs specifically for men and women separately if need be, and also allowing for young people and Elders to be targeted separately as well.

As one participant articulated:

*Men's group ... we need our warriors back ... Aboriginal men need to take their place back in society again as the provider for their family. To police the communities ... to bring order back into the communities ... to pull the troublemakers back in line.*

## 8.3 Cultural Focus

Culture was mentioned consistently throughout the consultations as something that locals felt strongly about promoting and supporting. As such, culture should be incorporated throughout any program so that the reintroduction and or preservation of cultural beliefs and protocols are delivered through various activities and learning's of an empowerment, healing and leadership program.

Opportunities must be provided for Aboriginal cultural knowledge and history to be passed down through the generations, and where possible allow for the program to capture and record some of the cultural teachings and activities as a way of promotion for future generations.

## 8.4 Recreational Focus

Many people identified and encouraged the need for programs to be built around recreational and outdoor activities, where possible. This also allowed for the delivery of the program to be fun and interactive, but also was in keeping with the previous discussions about incorporating culture and cultural activities into the learning. Many people agreed that most of our cultural activities historically have been held on 'country' and out in the bush.

Music and dance was mentioned several times as examples of the types of recreational activities that could be delivered as part of any program.

## 8.5 Youth Focus

As previously discussed in some of the findings from the community consultations, the needs of young people should be taken into account when developing a program locally. Many of the young people themselves who participated in the community consultations acknowledged the need to have youth-specific programs, so that it encourages as many young people as possible to become engaged and empowered.

## 8.6 General Community Focus

Programs need to be developed so that the focus is on community, and that involves community cohesion/coming together. Those consulted said that programs should be offered during the evening or after hours to allow families to be involved in groups, and this would also allow for maximum participation of members of the community who would normally not be able to attend because of other commitments and competing priorities, such as work and school.

## 8.7 Additional Issues

Other minor themes include:

- A drug and alcohol / substance abuse focus.
- Counselling.
- A focus on seniors.

## 9.0 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 8 presents an overview of key themes emerging from their responses.

**Table 8: What Kuranda People Say are Barriers to Introducing Programs**

THEMES	RANKING
Community Attitudes	1
Funding Issues	2
Transport Issues	3
Drug and Alcohol Issues	4
Course Delivery Aspects	5
Community Capacity	6

### 9.1 Community Attitudes

Individual and community attitudes were identified as the biggest barrier for introducing any programs. Some of the attitudes included having a lack of motivation and understanding about the positive impact that some programs can have on people's lives. People also spoke about the shame factor, and that often people were not confident to move out of their comfort zones and try something new. The issue about divisions within the local communities was also raised as a significant barrier, especially if people had to interact with others who they don't necessarily get along with. One participant responded *'Sometimes we stop ourselves from doing these things because of our social lives, which stops us from moving forward and addressing our bigger issues'*.

### 9.2 Funding Issues

Funding and in particular the lack of resources, was a huge barrier for many people living in Kuranda. Many families are on a low income and this prohibits many of them from participating in events and programs.

Another issue raised was that the community perceived that there were many great ideas and initiatives that had been developed for the community but often these proposals did not obtain funding. This has caused many people to become disillusioned about trying to introduce anything new.

### 9.3 Transport Issues

The lack of transport for many people and families was another barrier for introducing any programs because they might not be able to attend due to lack of transport.

### 9.4 Drug and Alcohol Issues

Drug and alcohol issues were identified as one of the barriers and this was because of people's inability to effectively engage in activities because they might be intoxicated or not in the right state of mind. Many felt that often people would choose to get drunk or high instead of joining in with activities or events.

### 9.5 Course Delivery Aspects

The delivery of any program requires the commitment and skill of people who are able to facilitate and provide ongoing support and assistance for the program to be sustained. One of the barriers to introducing programs in Kuranda was the lack of people who are skilled and capable to deliver programs on the ground, that is, in the community. Another issue was the lack of advertising and promotion of activities and programs. Often people didn't know that a program was being delivered.

### 9.6 Community Capacity

The lack of support and knowledge about how to deliver programs was identified as a barrier in relation to the community's capacity to be able to develop and sustain any programs locally. Programs are often delivered and supported by individuals and organisations externally. Many felt that this needed to change in order to allow for the Kuranda people themselves to be able to develop and deliver more localised and ongoing programs. Finding suitable people locally to deliver programs is often a problem as well because of the lack of training and support required.

## 10.0 PREFERRED PROGRAMS IN THE COMMUNITY

Towards the end of the community consultations, after working through questions about issues in the community and aspects of making individuals and the community stronger, the following was posed: What would you like to see in a program(s) and how would you like it delivered? An overview of the most common responses is presented in Table 9.

**Table 9: What Kuranda People Say About Program(s) and Their Delivery**

THEMES	RANKING
Community Oriented	1
Delivered by the Community	2
Focus on Education/Training/Employment	3
Outdoors/Activity-based	4
Health/Lifestyle Focus	5
Focus on Youth	6

### 10.1 Community Oriented

When asked about the types of programs that should be run in community, those who were consulted said that they should be community oriented. That is, the whole community needs to be engaged in all phases. Any program should also be delivered within the local community and within culturally appropriate settings.





### 10.2 Delivered by the Community

Delivery of the program should be by the local community members themselves, and should include mechanisms that allow for local people to be trained as skilled facilitators. Many of those engaged throughout the community consultations felt that the program will only be successful if local people are engaged and have ownership over the development and delivery. One participant responded 'I would like to see these programs delivered by our own community members creating employment, empowerment and positive connections for ourselves'.

### 10.3 Focus on Education/ Training/Employment

Many participants felt that the program should include a focus on education, training and employment so that it can assist to address the myriad of issues raised throughout the consultations relating to the lack of opportunities available in Kuranda and surrounding areas. Most participants commented on the need to support young people in their development and provide skills to help improve their educational outcomes. Also, the need to provide a vehicle to make informed decisions about further training and the importance of getting a qualification in what ever field they desire. More training for the whole community was also required, e.g., learning about basic computer skills, so that the adults can improve their educational opportunities as well.

### 10.4 Outdoors/Activity-based

The program should be delivered through activity-based learning so that participants are able to feel more engaged through the process. As discussed previously, the need for having these programs delivered in outdoor settings on country was also an important consideration that was raised again by participants. People said they wanted programs to be fun and creative and that they should allow people to get out of their normal environment. Part of healing and connecting to culture and spirituality involves having components of any program to be held on country.

### 10.5 Health/Lifestyle Focus

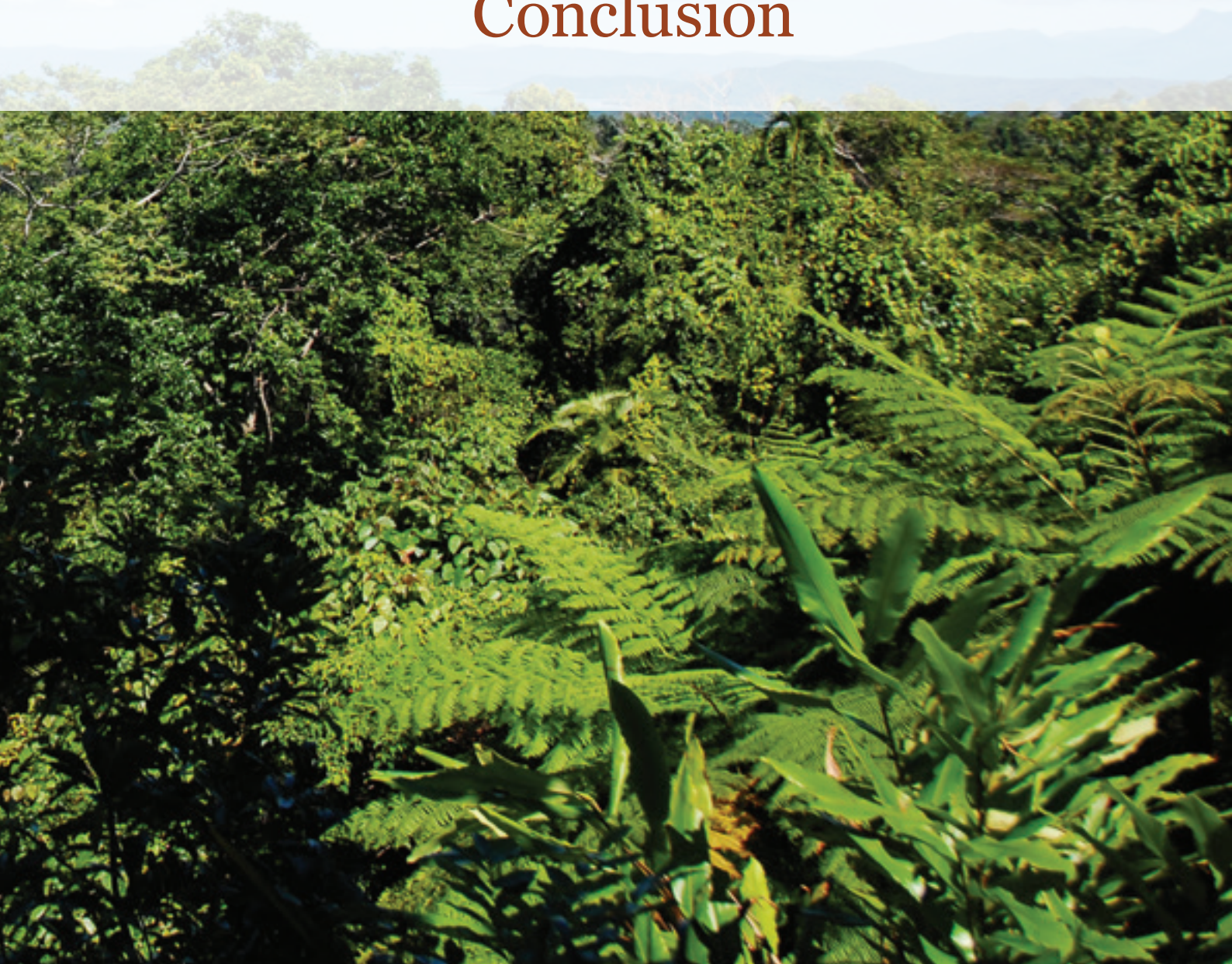
There were strong suggestions to ensure that the program(s) have a strong focus on health, wellbeing and healthy living. Of particular concern was the need to have more awareness and education about the consequences of drugs and alcohol use, as well as learning about healthy lifestyle choices. Mental health and spirituality were also topics that people recognised as important and wanted to know more about. There were also suggestions for more activities around building self-esteem and in general, building hope and positive attitudes towards life – lifting people's spirits. One participant said '(We need) projects that involve building our peoples morale, self respect and confidence in ourselves whether it has to do with our cultural background or not'.

### 10.6 Focus on Youth

Engagement and involvement of young people living in Kuranda was a consideration that was identified on a number of occasions throughout the community consultations. In this instance, mostly the older people living in the community identified it as an issue. One participant said we 'Want to see our younger generation more involved'. Having a focus on young people also means that any program would need to be developed and delivered in a way that is most appropriate for this group within the community.



# Conclusion





Community consultations with local Aboriginal and Torres Strait Islander peoples living in Kuranda and its surrounding communities of Mona Mona, Kowrowa, Mantaka and Koah showed that people perceived a number of critical issues for individuals, families and communities. Findings showed these problems included an inappropriate level of drug and alcohol abuse, gambling and community communication breakdown. These were seen as core problems that led to other problems such as family violence, conflicts between groups and poverty. Lack of employment opportunities, lack of access to transport, and concerns about physical and mental health were also seen as problems. There were concerns about the future of young people, given that the community had little to offer and lack of employment.

The people identified that there was a need for community leadership: to empower community members and to build a cohesive unified supportive strong community that would provide the background for stronger people and families. Many people have experienced intergenerational trauma as children of Stolen Generations and those consulted said that greater family support was required in order to make individuals strong again, including support for counselling, positive parenting and greater awareness and education for children about families and kinship. In addition, there was a need to strengthen cultural connections and practices.

The impact of family feuding and community division has caused considerable distress within Kuranda. Many participants felt that it was time for the families and communities to come together as one again. Further, a need for more cohesion within families across all communities within the area was seen to be of utmost importance.

Despite problems, there was a sense of great hope for the future and people were able to identify solutions and positive strategies that could be used to address problems. Participants said that building personal esteem and confidence were some of the ways of having a significant impact on making individuals strong. More positive attitudes, experiences and communication skills were needed. Education was seen to be important, as this would give people a sense of purpose and financial security.

Connection to culture, including a strong focus on the need to reintroduce and teach local languages was something that many participants felt was needed to make them strong. The role of Elders within the community was seen as needing to be promoted and supported. Ensuring all community members had respect for Elders was an issue that was raised on many occasions.

Overall, the participants felt that a range of community programs were needed and that these should be community oriented. That is, the whole community needs to be engaged in all phases of program development. Any program should

also be delivered within the local community and within culturally appropriate settings. Further, delivery of programs should be by the local community people themselves, and should include mechanisms that allow for local people to be trained as skilled facilitators. Many of those engaged throughout the community consultations felt that any program will only be successful if local people are engaged and have ownership over the development and delivery.

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

**Recommendation 1:** A local Kuranda empowerment program should be focused on health and lifestyle; culture; support for young people; recreational activities; and support for the whole community to allow for better community engagement.

**Recommendation 2:** The program should allow for flexibility especially in relation to gender issues so that separate male and female programs can be delivered if and when necessary.

**Recommendation 3:** The delivery of the program needs to be grounded in the community, i.e. delivered by the community in settings that are appropriate (culturally and logistically) and should also be delivered in a manner whereby opportunities for education, training and employment are provided as potential prospects.

While the National Empowerment Project provided a great opportunity for the local Aboriginal and Torres Strait Islander people's voices to be heard in Kuranda, Mona Mona, Mantaka, Kowrowa and Koah, there is much greater scope and potential for many of the local services and programs to use this valuable information to better inform 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 and enable 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 Kuranda 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
<b>Introduction to NEP, the Team and C/Consultants.</b> <ul style="list-style-type: none"> <li>Welcome to Country</li> <li>House Keeping</li> <li>Team Introductions</li> <li>How the Project Came About</li> <li>Role of UWA</li> <li>C/Consultant roles</li> <li>C/Consultant to share Who They Are and Where They Come From</li> </ul>	<b>Cultural, Social and Emotional Wellbeing. PAR Working in Empowering Ways With Our Communities, Ethics and Principles</b> <ul style="list-style-type: none"> <li>UWA and NHMRC ethics that underly the Project. 'Keeping Research on Track' booklet</li> <li>Forms and Other Documents</li> <li>Workshop on Project Principles</li> </ul>	<b>Research: Collecting the Information:</b> (Continued)  <b>Research: making Sense of the Information</b> <ul style="list-style-type: none"> <li>Thematic Analysis</li> </ul>	Aboriginal Mental Health First Aid Training	Aboriginal Mental Health First Aid Training
<b>MORNING TEA 10.00–10.30</b>				
<b>Introduction to Research – Made Simple</b> <ul style="list-style-type: none"> <li>Basic Project Management</li> <li>What is Research? (quantitative and qualitative)</li> <li>Participatory Action Research (PAR)</li> <li>Aboriginal Ways of Research</li> </ul>	<b>Research: Doing It – Collecting the Information:</b> <ul style="list-style-type: none"> <li>How to do In-depth Interviews</li> <li>How to do focus groups</li> </ul>	<ul style="list-style-type: none"> <li>Exercise on identifying Themes</li> <li>Why Taking Photos are Important</li> <li>Reporting the Information</li> <li>Reports</li> <li>Using Quotes</li> <li>Using Photographs</li> </ul>	Aboriginal Mental Health First Aid Training	Aboriginal Mental Health First Aid Training
<b>LUNCH 12.00–13.00</b>				
<ul style="list-style-type: none"> <li>The importance of an 'Aboriginal Inquiry Methodology' by Dr Michael Wright, Danny Ford, Margaret Colbung and Team</li> </ul> <b>Community Tour</b>	<ul style="list-style-type: none"> <li>Preparation</li> <li>Documentation</li> <li>Ethical Considerations</li> <li>Exercises</li> </ul>	<b>Reporting the Information</b> (continued)	Aboriginal Mental Health First Aid Training	<b>Closing</b> <ul style="list-style-type: none"> <li>Evaluation</li> <li>Certificates</li> <li>Closing Celebrations</li> </ul>
<b>HOME TIME 16.00–17.00</b>				

### 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? <i>(we don't want to duplicate work but rather build on)</i>

## 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





