The National Empowerment Program
Darwin

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THE UNIVERSITY OF WESTERN AUSTRALIA

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

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Contents

Abbreviations

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

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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.

Eleven sites were part of the Project. Darwin was the only site in the Northern Territory.

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

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

Community participation is at the heart of the NEP and as such relationships with partner organisations were established and local Aboriginal consultants were employed in each site. Danila Dilba Health Service was the partner organisation for Darwin.

The NEP involved two stages; firstly community consultations and secondly, the delivery of an introductory social and emotional wellbeing workshop. In addition, a more detailed six-week cultural, social and emotional wellbeing program has been developed. This CSEWB program was recently piloted in the two Queensland sites, Kuranda and Cherbourg.

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 32 people. People were asked about the issues that affected and were important for them as individuals, families and communities and what was needed to make them strong.

Participants from the Darwin consultations identified a range of concerns, including: Family-related Issues; Substance Abuse; Economic Circumstances; Health/Mental Health Issues; Employment-related Issues; Housing; Education; Cultural Issues and Racism and Discrimination as having a major impact on their lives. The participants discussed how their concerns around family and substance abuse are connected and have a causal relationship, as many of the distresses within the family relate to substance abuse.

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

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

Recommendation 1: A program needs to be community owned and culturally appropriate. A local Darwin 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).

Background

Indigenous Australia is made up of two distinct cultural groups – mainland Aboriginal people and Torres Strait Islander peoples. The Australian Bureau of Statistics (ABS) estimated that in 2011 there were 669,900 Aboriginal and Torres Strait Islander people living in Australia. Overall, Aboriginal Torres Strait Islander peoples make up 3% of the total Australian population. Among the Indigenous population in 2011, it is estimated that 90% (606,200 people) were of Aboriginal origin and 6% (38,100 people) were of Torres Strait Islander origin and 4% (25,600 people) identified as being of both Aboriginal and Torres Strait Islander origin.

In 2011, approximately one third of Aboriginal Torres Strait Islander peoples lived in major cities (223,100 people), 293,800 lived in regional areas and 142,900 people live in remote and very remote regions (ABS, 2011). 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 (11.5 years less for males and 9.7 years less for females) and higher hospital admission rates (ABS, 2012). 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. 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:

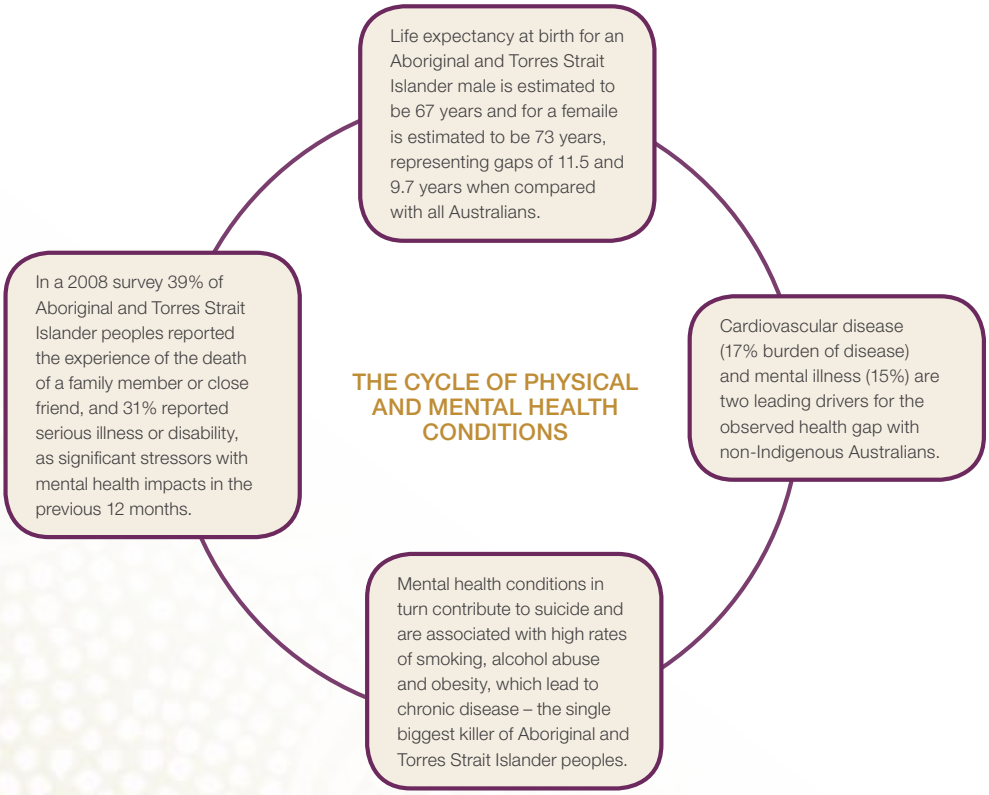
> *Across virtually all the indicators in this Report, there are wide gaps in outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. The Report shows that the challenge is not impossible – in a few areas, the gaps are narrowing. However, many indicators show that outcomes 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 colonisation, 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 has 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, social and emotional wellbeing, and how this is shaped by the need for cultural recognition, the impacts of colonisation and ongoing social determinants in A Contributing Life: the 2012 National Report Card On Mental Health and Suicide (2012). The following figure demonstrates this.

National Mental Health Commission (2012, p. 41)



Aboriginal and Torres Strait Islander Mental Health

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

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

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

Many key reports propose that 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, social and emotional wellbeing and mental health services or programs need to engage with the diversity of cultures and language groups and each groups 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 social and emotional wellbeing of Aboriginal and Torres Strait Islander communities, and the reverse, community distress and suicide, requires an in-depth knowledge of the historic, cultural and economic risk factors influencing each community. These are best known and understood by community residents themselves. Furthermore, while external change agents might be able to catalyze action or help to create spaces for people to undertake a change process, empowerment can only occur as communities create their own momentum, gain their own skills, and advocate for their own changes.

The National Empowerment Project is an innovative Aboriginal led Project working directly with communities across Australia to address their social and emotional wellbeing. This is being achieved through the development of respectful partnerships with local communities to undertake participatory and community driven research identifying the distinctive and particular needs of each community; in order to develop appropriate 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). The 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 life course disadvantage and key social determinants of health. The focus of such programs on mentoring, restoring family relationships, enhancing parenting roles and communication skills, means they are proving particularly effective in restoring a community and facilitating the support and nurturing of their young people, which is a major factor in youth social and emotional wellbeing and suicide prevention. Both the Kimberley Project and National Empowerment Project 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* was implemented (The Kimberley Empowerment Project) (Dudgeon et al., 2012). 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, which equated to 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 continued at alarming rates, although the exact numbers are not yet confirmed because of the coronial reporting processes. In the Kimberley, suicide and self-inflicted injuries combined have been identified as the third most common cause of avoidable mortality for Aboriginal people between 1997-2007. Suicide accounts for twice the mortality burden compared to alcohol-related mortality, although there may be co-morbid factors indicated.

Funds were received by the Kimberley Empowerment Project 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 the alarming suicide rates 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 the importance of cultural continuity for Indigenous suicide prevention from Vancouver, Canada, whose work has great relevance (Chandler & Lalonde, 1998; Chandler & Lalonde, 2008). The Report highlighted a number of the key issues and findings affecting Aboriginal people living in the Kimberley region in relation to community distress and suicide.

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

The consultation process also confirmed the need to ensure individual and community readiness to commence any type of healing and empowerment program. There was a concern that those in most need of participating in such a program, 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 theories about healing, empowerment and leadership and other relevant programs.

The literature review identified:

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

Key findings included:

- Aboriginal and Torres Strait Islander peoples conceptions and understandings of healing, empowerment and leadership differ considerably to Western concepts. They are conceived holistically and involve 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.
- Nurturing individual, family and community strengths.
- Self-worth.
- Problem solving and conflict resolution skills.
- Goal setting.
- Communication skills (especially with family); and,
- Mentoring (Dudgeon et al., 2012).

Hear Our Voices also identified a number of recommendations with some very practical steps to develop an Aboriginal led Empowerment, Healing and Leadership Program in the Kimberley (Dudgeon et al., 2012). Since then, the Kimberley Empowerment, Healing and Leadership Program has been funded through KAMSC and has been delivered to approximately 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. It also intended to address the range of social determinants that impact upon Aboriginal and Torres Strait Islander peoples social and emotional wellbeing.

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

The National Empowerment Project

The National Empowerment Project was 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 peoples mental health and social and emotional wellbeing are recognised as having cultural underpinnings and the need to be undertaken with Aboriginal and Torres Strait Islander communities. It flows on from many formal and informal community consultations across the country about the need for Aboriginal and Torres Strait Islander community-based understandings of mental health and the work required to be undertaken to unpack Aboriginal and Torres Strait Islander peoples meanings of strengthening social and emotional wellbeing by and with Aboriginal and Torres Strait Islander peoples themselves.

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

The National Empowerment Project 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 formerly identified based on initial community consultation as a way of exploring the communities readiness to engage as part of the Project and be able to develop and deliver a local Empowerment, Healing and Leadership program.

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

Stage One aimed to:

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

Stage Two: Program Development

Stage Two involved the development of an empowerment program specifically for each local community, based on the outcomes of Stage One. The data gathered from Stage One had been analysed and put into meaningful information that is being used to specifically design an empowerment program for each of the sites, (outcomes from the consultations undertaken in each of the nine sites showed that all sites required empowerment programs).

Stage Two endeavoured to:

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

Methodology: The National Empowerment Project

Development of Aboriginal knowledges by Aboriginal people is fundamental to the National Empowerment Project. The usefulness of local knowledge is a key characteristic of the Project and includes 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; Radermarcher & 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 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 gives the Aboriginal and Torres Strait Islander community an empowered and equal position in the research and oversaw and advised all stages of the process of the research Project. Further, the Project used Aboriginal and Torres Strait Islander developed frameworks derived from the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009* (2004), that respected Aboriginal and Torres Strait Islander based understandings of mental health and 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 peoples health, particularly mental health issues.

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 the 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.

Holistic Perspectives

Aboriginal and Torres Strait Islander health should be viewed in a holistic context that encompasses mental health, as well as physical, cultural and spiritual health. Land, family and spirituality are central to wellbeing. It must be recognised that Aboriginal people 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.

Aboriginal and Torres Strait Islander Diversity

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

Acknowledging a History of Colonisation

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

Principles: The National Empowerment Project

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

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

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

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

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

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

Community Capacity Building
There will be an ongoing cycle of developing, training, supporting, and engaging community members as partners. We will ensure that we feedback, mentor and support our communities when we collect information. We will remember and understand that this Project has started from grass roots up and we need to keep the wheel turning with 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 on our knowledges and strengths for the next generations. Our work will enable us to develop understandings and skills that will strengthen the leadership of our communities.

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

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

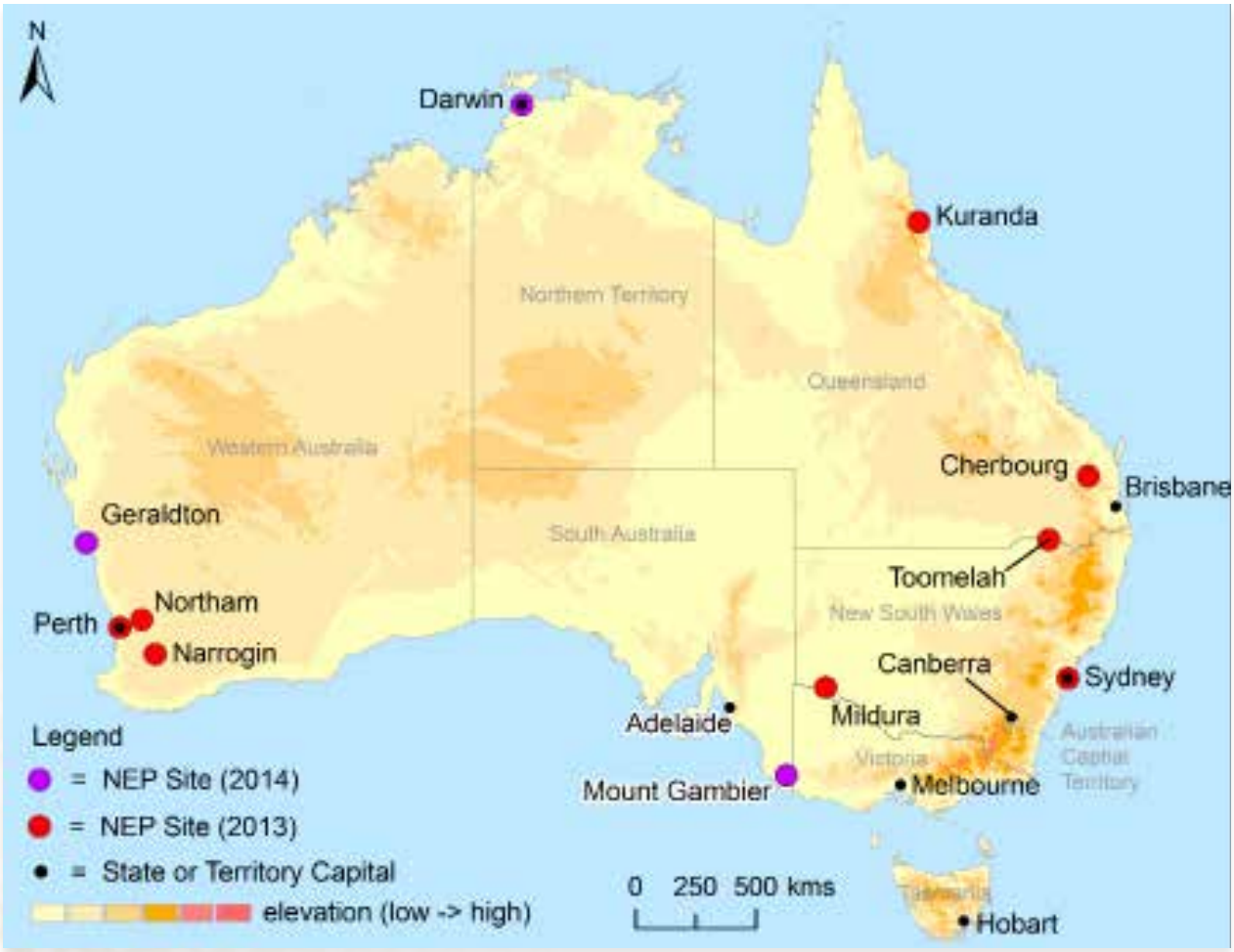
Project Sites: The National Empowerment Research Project

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

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

NATIONAL EMPOWERMENT PROJECT SITE	PARTNER ORGANISATION	COMMUNITY CO-RESEARCHERS
Perth, Western Australia	Langford Aboriginal Association Inc.	Angela Ryder, Damion Blurton and Cheviena 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	Mark Munnich and Adele Cox
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	Mildura Aboriginal Corporation	Terry Brennan and Andy Charles
Mount Gambier, South Australia	Pangula Mannamurna Health Service	Karen Glover, Angela Sloan and John Watson
Geraldton, Western Australia	Geraldton Regional Aboriginal Medical Service	Sonya Crane, Leroy Comeagain and Colin Woods

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



Local Partner Organisations and Community Co-researchers

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

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

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

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

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

Community 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 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 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 Darwin, Adele Cox assisted Mark Munnich.

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

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

Community Co-researchers Training

As part of the initial training provided for the original eight sites of the Project, a total of eleven local community co-researchers (two from Darwin, Toomelah, Narrogin, Perth, Northam/ Toodyay, one from Kuranda, with apologies from Cherbourg and Sydney) were bought 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 co-researchers from the Kimberley Empowerment Project shared their experiences with the National Empowerment Project community co-researchers.

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, the workshops also covered the protocols for the Project and what needed to be in the interview guides.

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

Training and support was provided directly to each of the community co-researchers on site in their location for the three new sites of the NEP. This training was conducted and supported by the NEP Team and involved an abridged version of the full introductory training workshop that was delivered for the original eight sites, as detailed above. This included providing each of the new community co-researchers with a copy of the NEP Training Kit and taking them through the detailed process for conducting the individual interviews and community focus groups as part of the community consultations.

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.

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

3. Background: Darwin Community

Location:
Darwin, situated on the Timor Sea, is the capital city of the Northern Territory. It is the smallest and most northerly of the Australian capital cities and acts as the Top Ends regional centre. The city is built on a low bluff overlooking the harbour. It has a tropical climate and during the wet season is prone to cyclones, heavy monsoonal down pours and spectacular lightning shows.

During WWII, Darwin was bombed by the Japanese and suffered loss of life and property. On Christmas Eve, in 1974, the city was almost completely destroyed by Cyclone Tracy. A pioneering spirit has helped overcome these events and the twice-rebuilt city thrives.

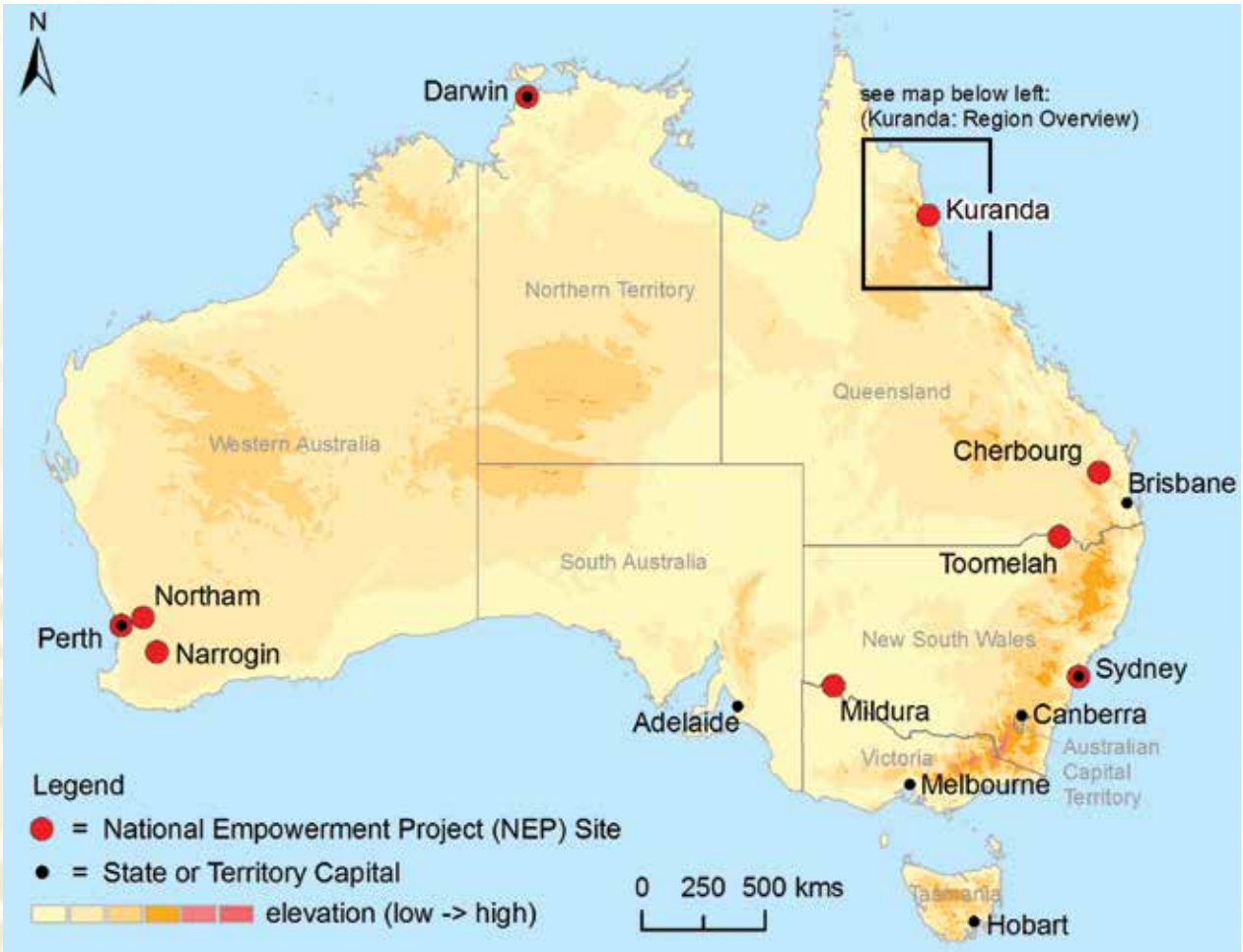
Darwin's early history:
Before European settlement, the Larrakia Aboriginal people had trading routes with Southeast Asia, mostly extending down the western side of the Northern Territory. Established 'songlines' penetrated throughout the country. Trading with Indonesian cultures included the Makassan trepangers, who were known as expert harvesters of trepang. In exchange the Aboriginal goods supplied to the Makassan reached the markets of Southern China.

Colonisation first began in Darwin in 1869, with Captain John Lort Stokes naming the harbor and the settlement after Charles Darwin, a former shipmate of Stokes.

Population:
According to ABS 2011 data, the Aboriginal and Torres Strait Islander population of greater Darwin is 11,099, equating to 8.6% of the total population of 120,586. Of the Aboriginal and Torres Strait population 52.2% are male, 47.8% are female, with a median age of 33.

The Larrakia people also known as 'saltwater people' are the Aboriginal Traditional Owners of the greater Darwin area. Larrakia country extends up to 50 km inland. The original language of the Larrakia is Gulumirrgin.

Map of Australia: Darwin (National Empowerment Project Site)



Darwin is also a meeting ground for many Aboriginal communities within the Top End region, including Arnhem Land, Gove, Groote, Melville and Elcho Islands.

The Bagot Community

The story of the Bagot Community offers an insight into the history of part of the Darwin Aboriginal population, especially regarding the impact of changing government policy. This overview is summarised from Day (2012, Aboriginal People of Darwin, The Bagot Community).

The Bagot Community situated on 23 hectares of suburban land adjacent to the suburb of Ludmilla, began in 1938, as an Aboriginal Reserve established to oversee the increasing movement of Aboriginal people to Darwin from remote settlements, and to provide training in accordance with the prevailing policy of assimilation.

During World War II, Aboriginal people on the reserve were evacuated until 1946, when the old RAAF camp at Berrimah, although 'in a state of disrepair,' was chosen as the most suitable location for the Aboriginal people returning to town.

During the 1950s and for much of the 1960s, approximately 250 people lived at Bagot until the population stabilised to between 300 and 350, with numbers rising to as many as 400 when visitors were in town. Children attended school on the reserve. A pre-school and health clinic were also established.

After Darwin was declared a town in 1959, there was increasing pressure to move the Bagot community. The Minister for the Interior, resolved the issue indicating that Bagot should remain because it had provided a home for Aboriginal people working in Darwin, as well as being a centre for those coming to the city for medical attention or special occasions. In line with its overall assimilation policy, the Federal and NT governments planned to move Aboriginal people throughout new Darwin suburbs while retaining some houses in the Bagot subdivision. With the passing of the Social Welfare Ordinance in 1964 and the introduction of entitlements to Social Security payments, changes ensued: the dining rooms were closed; alcohol became more freely available on the reserve; and children were sent to a special class at Ludmilla Primary School.

In June 1973, Aboriginal residents at the Bagot Reserve indicated their desire to obtain title to the Reserve to develop it as an attractive and useful community living area. Subsequently, in 1979, vacant land previously revoked from the Bagot Reserve was granted to the Gwalwa Daraniki Association as part of a Special Purpose Lease.

In 2007, following a visit by the Federal Indigenous Affairs Minister to Bagot, the Federal Government Emergency Response, known as 'the Intervention' again introduced uncertainty and change. At a meeting in the community hall, residents were informed that if re-elected the Howard government would convert the 23-hectare community into a 'normal suburb.' The proposal was for a private developer to build 150 houses, a medical centre, shops and other facilities. Some areas would be set aside for Aboriginal people. Present tenants would have the opportunity to buy their own houses, provided they could finance a debt of up to $50,000 for improvements.

Uncertainty again ensued following a change of government in late 2007. In 2008, the Northern Territory Government committed $4 million to upgrade services and infrastructure in the Bagot Community 'to the same standard as any other Darwin suburb' to be completed over three financial years. The implementation has been managed by various Indigenous organisations, the Northern Territory Government, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Larrakia representative organisations did speak for the Bagot Community; for many years, the Larrakia were the predominant group at Bagot but today only two Larrakia extended families remain in permanent residence.

Today, the Bagot Community with 400 residents remains a significant and influential section of the Darwin Aboriginal population.

The Long Grass People

In the Darwin and Palmerston region of the Northern Territory, there are groups of people, often referred to as 'Long Grass People,' living an itinerant lifestyle. Many are homeless Aboriginal people, originally from remote communities. The 'long grass' refers to the speargrass that grows more than two metres tall on vacant land around Darwin in the monsoon months from October to April. When dry it is flattened by storms and is usually incinerated by season burn offs. Cleared areas in the grass become hidden places to sleep for people threatened by vagrancy laws.

The Darwin fringe dwelling population, predominantly Indigenous, is diverse and consists of short-term visitors, and medium to long-term migrants from a range of Top End communities. The population fluctuates around 150 to 200 people, though the estimates vary greatly. A number of the temporary camps, or 'Starlight Motels' as they are sometimes called, are well established and have been populated for many decades.

The fringe dwellers exclusion from native title considerations led to their increased politicisation and the establishment of the 'Darwin Longgrass Association' (assisted by prominent Larrakia woman June Mills).

Removal of Children
Under the Aboriginals Ordinance of 1911, Aboriginal peoples were grouped together for administrative and legal purposes and the 'Chief Protector' was made legal guardian of every Aboriginal person regardless of age and of all part-Aboriginal children until they were eighteen.

Police were empowered to remove Aboriginal people found within town boundaries and a policy of containment led to the establishment of the Kahlin Compound in 1912, including a 'Half-caste Home' under the Aborigines Act. Aboriginal children of mixed descent were removed from their mothers and separated from other residents by a fence. By 1917, the whole of the town and neighbourhood of Darwin, except for the compound, was declared a 'prohibited area' under the Aborigines Act, making it an offence for an Aboriginal or mixed descent person to be anywhere but in the compound between sunset and sunrise without a permit.

The Bombing of Darwin and the Evacuation of Aboriginal People
During the war and the bombing of Darwin in 1942 the majority of Larrakia people of mixed descent were evacuated to southern states just prior to the air raids on Darwin and did not return for several years, with significant impact on children. According to Human Rights Commission Bringing Them Home report:

> *The bombing of Darwin in February 1942 forced the evacuation of the missions in the Northern Territory. The children were taken to 'homes, rented rural housing and disgraceful makeshift camps' (Austin 1993, p. 215) in South Australia, New South Wales and Victoria. They lived there for several years, far from their families and communities. In 1946 some but not all of these children returned to the Territory. Some went 'missing'. Others were refused financial assistance by either the Commonwealth or the State governments to return to the Territory (HREOC, 1997, p. 122).*

The Diverse Context an Early Intervention in Education
A recent article describes the challenges in implementing an early intervention program for Aboriginal parents and their children in the Northern Territory. The intervention, a parenting program designed for four- to six-year-old children with behavioural difficulties, was aimed at both Aboriginal and non-Aboriginal children in urban Darwin, as well as Aboriginal children in three communities of the Tiwi Islands (Robinson et al., 2012).

While the overall outcomes of the program were positive, there were marked differences according to gender and socio-economic status. There was also a marked difference in drop-out rates for urban Aboriginal participants.

What the study highlighted was that urban Aboriginal children of Darwin live in a range of circumstances reflecting very wide socioeconomic differences and social heterogeneity. As indicated by the authors, at one end of the spectrum are households in special lease communities (sometimes referred to as 'town camps') in Darwin's suburbs; the largest being the Bagot Community with a population of 243 Indigenous persons in 2006 (ABS, 2007), with two other small communities nearby, Kululuk and Minmarama Park, with 20 and 26 households respectively.

In these communities Aboriginal languages or variants of Aboriginal English are spoken; violence, heavy drinking and drug use are common, with frequent police intervention for family violence, assault and delinquency. These conditions raise questions about community dysfunction and possible 'normalisation by absorption in the suburbs.'

According to the authors, at the other end of Darwin's social spectrum, privately owned or leased housing accounts for approximately 50% of households occupied by Aboriginal residents (Robinson et al., 2012., ABS, 2007). These include secondary and tertiary educated persons who are more likely to be employed and to have children attending school beyond compulsory school leaving age.

Local Partner Organisation:
Danila Dilba Health Service is a community-controlled organisation providing comprehensive primary health care services to Biluru communities in the Yilli Rreung Region of the Northern Territory. Danila Dilba has an all Biluru Governing Committee, whose members are chosen by the community, which governs the organisation (Danila Dilba Health Service, 2014).

4. Project Methodology

The aim of the National Empowerment Project (NEP) was to consult with eleven 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 (Professor Pat Dudgeon, Adele Cox, and Carolyn Mascall) 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 eleven participating communities and the community co-researchers working at these sites.

Highly skilled community 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 an introductory, 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 eleven sites across the country. These sites included Perth, Narrogin, Northam/Toodyay, Darwin, Kuranda, Cherbourg, Toomelah, Redfern/Sydney, Mildura, Geraldton and Mount Gambier.

The sites represented a diversity of language groups, community history and local issues.

Research Approach

The Project used a 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 their communities. From past experience, research has rarely served the interests of, or included in genuine ways the marginalized people it involves. There remains concerns whether current practices are serving to continue the process of European colonisation, as research has been frequently conducted by non-Indigenous Australians with little benefit to communities (Moreton-Robinson, 2000; Oxenham, 1999; Rigney, 2001; Nakata, 1997). Numerous Indigenous scholars and researchers, including Smith (1999) are challenging western concepts and paradigms that have been deployed to understand Aboriginal and Torres Strait Islander peoples and their issues. There has been a movement that demands the proper inclusion of Aboriginal and Torres Strait Islander 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 include a stronger engagement of Aboriginal and Torres Strait Islander peoples in research. These Guidelines explicitly acknowledge the role of research in colonisation and assimilation (NHMRC, 2003). These guidelines 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, p. 325). By using a PAR process, the NEP included Aboriginal people and their experiences as centrally important with the aim of strengthening cultural reclamation. The engagement of community through partnerships with organisations and employment of community co-researchers as part of the research team was critical for a number of reasons. These were 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 which 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 and situation and gives them the space to fully express themselves and their stories. Four hundred and fifty seven participants took part in the project across the eleven 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 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?
- 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 the information from all sources and forming meaningful groups of themes. 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 Danila Dilba Health Service is an Aboriginal community-controlled organisation providing culturally-appropriate, comprehensive primary health care and community services to the local Aboriginal and Torres Strait Islander people living in Darwin and its surrounds.

Local Aboriginal community co-researchers were specifically employed to:

- Conduct local community consultations to identify cultural, social and emotional wellbeing issues at the local community level and identify ways to reduce community distress and suicide in Aboriginal and Torres Strait Islander communities.
- Prepare and facilitate local community workshops and interviews with community members.
- With the National Empowerment team collate and analyse responses and feedback from community workshops and interviews.
- With the National Empowerment team provide written reports on community consultation processes and outcomes for each site.
- Assist with the development of a 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 an introductory social and emotional wellbeing empowerment and leadership program for community members.

The Darwin community co-researcher was Mark Munnich who worked with the NEP team to promote the NEP concept, develop a work strategy and undertook consultation in the region. NEP Consultant, Adele Cox provided additional support during the community consultations along with the management of Danila Dilba Health Service.

Communities and Stakeholder Recruitment

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

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

The Project team and community 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.

Profile of Consultations

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

All participants in the community consultations were Aboriginal people. Overall there were 87% female and 13% male participants in the project and a spread across the various age groups, although there was an over representation of females over 50 years of age in Darwin, as outlined in Figure 2.

Table 1: Profile of Participants

LOCATION	INDIVIDUALS	STAKEHOLDERS
Darwin	32	0
		32

Figure 1: Female and Male Participants

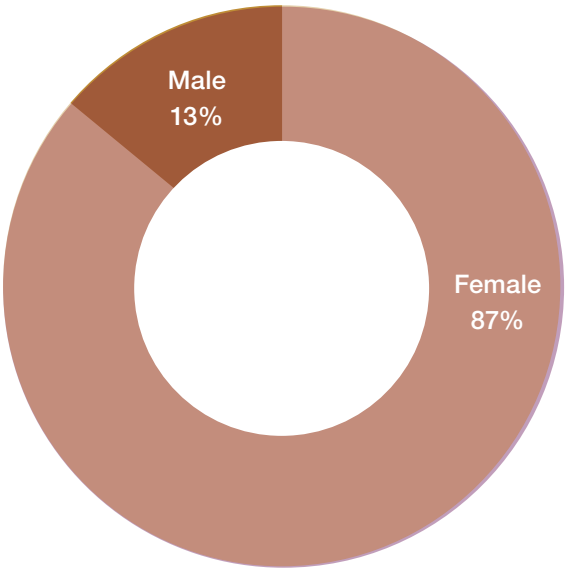
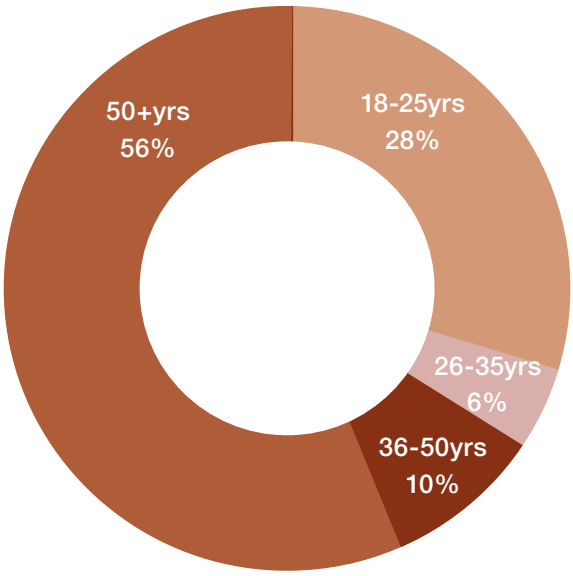


Figure 2: Age of Participants



5.Darwin Consultations and Research Findings

1.0 INTRODUCTION

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

- Community co-researchers summary of each meeting. In most cases, community co-researchers noted comments during the meeting and wrote these up on pro-formas provided by the project.
- Amalgamation and thematic analysis of all site summaries. The richness of the database and to do justice to the quantity of data, the outcomes of interviews and focus groups were quantified as accurately as possible on the basis of discrete items of information. The themes were derived entirely from within the data, rather than any pre-conceived categories.
- In the case of Darwin this amalgamation amounted to almost 20 pages of data.
- Highlighting of major themes. To provide an insight into the most common themes, the top themes for key questions have been ranked from 1 (being the most frequently occurring) in Table format at the beginning of each section.

Direct quotes from the participants are presented in italics.

2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY

Participants were asked the following questions about issues they perceived to be impacting on individuals, families and the community as a whole:

- To get an understanding, what are the issues affecting individuals?
- To get an understanding, what are the issues affecting families?
- To get an understanding, what are the issues affecting community?

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

Table 1:
What Darwin People Say Are Issues Confronting Individuals, Families and Community

THEMES	RANKING
Family/ Community Breakdown	1
Substance Abuse	2
Economic Circumstances	3
Health/Mental Health Issues	4
Employment-related Issues	5
Housing	6
Education	7
Cultural Issues	8
Racism/Discrimination	9

When the responses to the three questions probing issues confronting individuals, families and the community were aggregated, two areas of concern predominated – issues around family and substance abuse. These were each seen as areas of concern in their own right, but also as inter-related and having a causal relationship, that is the 'problem' with family, in part, being an outcome of substance abuse within families and also within the community.

2.1 Family/Community Breakdown

There were a broad range of family-related issues impacting on individuals, families and the community, highlighting the complexity of family relationships and family responsibility, general communication breakdown and sharing responsibilities within the family and across generations. A theme in Darwin and across other site's consultations included a concern with parenting skills as exemplified in the comment "support is needed to assist parents learn to be better parents."

Participants said:

- *Parental anxiety and stresses*
- *Family stresses (constantly worrying for other family members)*
- *Reliance of other family to do things for them all the time (humbug behaviour)*
- *Laziness of other family members who don't contribute to the household*
- *Our family are our lives, especially the grandkids. Without family, there isn't a reason to work hard. Family is the most important thing in our lives*
- *Family affairs – fighting with one another and not getting along and not as close as what we use to be*
- *I worry about when I go (pass away) that my kids and grandkids will wonder why they couldn't have seen me when I was still here and we should've visited her more often before it's too late*
- *My family is currently going through hard times with the separation of parents which happened years ago and it still has an effect on us kids*
- *Too busy to acknowledge what's going on in the family's life. Family falling apart and not as close anymore*
- *Parenting – support is needed to assist parents to learn to be better parents*
- *No respect for parents and grandparents*

The comments about family-related issues expressed above were similar to comments made at other NEP project sites.

2.2 Substance Abuse

Substance abuse often specifically referred to as 'drugs, alcohol, and occasionally linked with gambling' was the second highest ranked theme from the Darwin consultations. The use of methamphetamine or 'ice' and the negative effect this is having on young people and the related family impact was identified by Darwin participants, similar to other NEP sites as being of particular concern. High levels of alcohol consumption and especially by young people was also of significant concern to participants.

Participants said:

- *Alcohol and drugs, e.g. methamphetamines. I have used this before and it affects me more when I am coming down off it. My family are pushing me away as a result*
- *Alcohol – because of the stress, higher consumption*
- *Alcohol and drugs such as gunja and ice. My kids and grandkids don't come and see me because of the fear of me judging them because they are under the influence of alcohol and drugs*
- *Alcohol and drugs such as methamphetamines*
- *Pregnant young women drinking and smoking drugs and cigarettes*
- *Drugs and alcohol and humbug*
- *Drugs (the real hard stuff) such as methamphetamines 'ice' and gunja in the community and particularly within young people*
- *Alcohol and drugs – too much use socially within the community and as a result, so many other issues surface*
- *Alcohol and other drugs, as a result juvenile justice issues surface with youth running amuck and not going to school*
- *Gambling in the community and not having money to feed kids or for kids*
- *Methamphetamines and gunja. Kids have no respect nowadays and breaking and entering into houses to support habits*
- *Drugs and alcohol and no respect for the Elders and adults*
- *Drug issues locally, mostly concerned about use of 'ice'*

Concerns about substance use and abuse were also common themes across all NEP project sites. The complexities surrounding this due to the interrelated cycles of violence, unemployment, boredom and a sense of despair contribute to the ongoing dysfunction attributed to substance abuse. Fears and concerns were raised through the Darwin consultations about illicit substance use, especially methamphetamine. From what participants said, it was perceived that gunja is accepted in the community as not being an illicit substance and this seemed more so since the introduction and increase of methamphetamine.

2.3 Economic Circumstances

The third most pressing area of concern raised by the people of Darwin was the burden and stress of a range of economic circumstances. Many of those consulted spoke about the high cost of living in Darwin which inter-relates with the lack of employment opportunities and appropriate housing availability.

Participants said:

- *Centrelink – changed policy for retirement and as a result the cost of living is too much that my wife has to continue to work in order to maintain the household and other expenses*
- *Expensive living in Darwin and it's hard to be living independently*
- *Financial strain and pressures*
- *Financial strain and stress*
- *No money – financial struggles for a lot of the Elders and the high cost of living in Darwin for many. Find it hard to get by pension by pension*
- *Financial issues – people not being able to manage their money and the strain and cost of living is so high in Darwin*
- *Money and financial issues – strain in recent times with not having enough money. Currently adding extensions to house and they are dealing with the stress of their financial liability (paying 2 mortgages)*
- *Money and financial difficulty*
- *Financial difficulty*
- *Expense of living – costs too much in Darwin*
- *Cost of living in Darwin is very expensive and this is not being matched with salary levels. The family have been considering the option to move down south to try and get on top of things financially*

2.4 Health/Mental Health Issues

Many of the people consulted spoke about issues relating to their health and especially to their concerns about chronic co-morbid health issues and how these can be managed. Mental health issues, especially depression and anxiety and the impacts of suicide were also of serious concern.

Participants said:

- *Health for both of them isn't good and this has affected him particularly as he isn't as mobile as he used to be and he can't work because of health reasons*
- *Health – suffers with diabetes, high blood pressure and weight (potential chronic illness down the track)*
- *Depression and anxiety have a huge impact on my well being*
- *Depression after having baby post-natal depression. Other peoples emotions that affect me. Previous relationship break down where I was left whilst pregnant and became a single mom*
- *Being an asthmatic and makes me have a lack of energy*
- *Impact of suicide*
- *Health issues – need for medications*
- *General health – has borderline diabetes, etc.*
- *Health – general health (weight problems, diabetes, high BP, thyroid, heart)*
- *Health – ongoing personal health problems and issues, mostly chronic health*
- *Mental health and depression*
- *Diabetes and overweight young people getting chronic illnesses at such a young age*
- *Health issues – family members who have ongoing health problems and require ongoing medical care and check ups*
- *Health – a lot of the community suffer with health problems (chronic illness)*

2.5 Employment-related Issues

The lack of employment opportunities in the Darwin area was a concern that was raised by many people. For those people who were currently employed, there was anxiety and stress about the lack of support being provided by employers and the pressures involved around job security and long term financial commitments.

Participants said:

- *Work pressures – stress from work and work colleagues, and dealing with the issue of no stability with my employment position (work security). There are also issues around trust with particular work colleagues*
- *The project/program I've been working on has recently changed, and so have the positions within the team, so the position is about to be advertised again and she's feeling anxiety about this whilst trying to save face and operate as 'business as usual'*
- *Workload – never enough time to do everything*
- *Work stress*
- *Time – so much to do with not enough time*
- *Restricted in relation to other opportunities, e.g. study opportunities and support to do this*
- *Looking for work is quite hard*
- *Shorten workforce and lack of job opportunities*
- *Stigma about accessing Centrelink. The system makes my kids feel they are begging for the benefits and how they force people to do things so they don't utilize the system*
- *High unemployment – jobs aren't available locally*
- *Employment opportunities and the lack of, causing issues relating to money and financial strain and burden*
- *Not enough opportunities provided locally*
- *Lack of employment (not enough opportunities locally)*

2.6 Housing

Housing was also identified as an issue impacting on individuals, families and the community. Particular concerns relating to the inadequacy and availability of housing, the high cost of housing and the lack of appropriate support from service providers to deal and assist with housing issues was discussed. People consulted also mentioned the issue of overcrowding.

Participants said:

- *Homelessness*
- *Housing – lack of housing available*
- *Support services around housing, food for kids who don't have access and having more after hours stay places and providing cheaper housing options because housing is so expensive up here, food for kids*
- *Housing and accommodation issues*
- *Housing and the wait periods to get a house up in Darwin*
- *Housing and accommodation – availability and cost of rent, etc.*
- *Housing and accommodation – lack of and it's expensive, overcrowding issues, homelessness*
- *Housing – lack of state housing available and the waiting list is too long*

2.7 Education

Education was deemed as a concern to the local people of Darwin. This was raised in the context of both the past and present education opportunities and recognizing that past education opportunities have been foregone. The appropriateness of the education system and supports and a general lack of education and awareness of Aboriginal issues was of concern to Darwin participants.

Participants said:

- *Education – not knowing enough about what's going on and missed opportunity to further their education when they were younger*
- *Education (academic) not enough being encouraged or supported within family*
- *Literacy and numeracy levels and skills are not high enough for children and young people*
- *Lack of education about the affects of alcohol and drug use*
- *School system – the education system and those who work in the schools don't have a full understanding of the issues for our Aboriginal kids and families*
- *Lack of education and awareness of wider society about Aboriginal issues and struggles*

2.8 Cultural Issues

Culture was raised by many people as being an issue which affected people at individual, family and community levels, especially the lack of cultural knowledge and for some the acceptance of Aboriginal culture. Most of this stemmed from the ongoing impact of, for example, the Stolen Generations and is something that most saw as having an ongoing and lasting effect on people.

Participants said:

- *Loss of culture – mostly due to the impact of the stolen generations, a lot of the Elders said that loss of culture has had a huge impact on their lives and their families, e.g. not knowing where country was and who family is, etc.*
- *Racism and discrimination – due to lack of understanding of culture*
- *Culture – lack of knowledge and participation*
- *Disconnect from culture – fear that our children and grandchildren won't be excepted by their cultural groups and connections because they're living away from country*

2.9 Racism/Discrimination

Racism and discrimination were raised as both specific issues that impact on individuals and families and more broadly in terms of the levels of racism and discrimination effecting people within the local Darwin community.

Participants said:

- *Some of the issues that affect me is the amount of racism in the community. This prevents me to do anything good for myself such as going to find a job as I have experienced racism within my work place in previous employment*
- *Racism when my brother goes down to Tasmania to visit father, there is a lack of understanding of culture*
- *Racism – within systems and society in general*
- *Racism and stereotypes generally*

3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITIES STRONG

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

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

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

Table 2: What Darwin People said Makes Individuals, Families and Community Strong

THEMES	RANKING
Focusing on Self	1
Focusing on Family	2
Community Empowerment	3
Focusing on Culture	4
Communication Issues	5
Health and Wellbeing	6
Supportive Environment	7

3.1 Focusing on Self

The most common theme emerging from Darwin interviews was the need to focus on one's self to ensure that they as individuals are well and have the confidence to make and contribute to positive change around them, within their families and ultimately within the community.

Participants said:

- *Giving myself permission to be selfish and look after myself first instead of others all the time*
- *Self care*
- *Personal life planning*
- *Building resilience, spoiling ourselves and doing stuff for ourselves*
- *Need to put ourselves first – importance of self-care*
- *Having the courage and believing in ourselves. My kids give me strength*
- *Having faith in yourself and believing in myself getting through the hard times*
- *You're the only one that can help yourself if you want something done or changed, you've got to do it yourself*
- *Believing in ourselves and developing confidence to talk to others and speak out*
- *Reconcile with ourselves and others before we can move onto our next adventure*
- *Standing up for ourselves and being a powerful woman against domestic violence*
- *Looking after ourselves is important and looking after number one, which is me*
- *Our own wellbeing*
- *Self-care is important before you can look after others*
- *Personal life planning*

3.2 Focusing on Family

The need to have a stronger focus on family was the second most common theme that people in the Darwin area said was important to ensure that individuals, families and the community was stronger. Most of the people spoke about the need to have more family connections and support and to spend more time with family.

Participants said:

- *Stronger connection to family*
- *Spending time with family and friends*
- *Having family around, playing sports, shopping*
- *Nurturing and supporting my kids and seeing them succeed*
- *Family support and being around family. Providing opportunities for family*
- *To have more family time and be around family and to communicate a lot more with family as this has been lacking for a long time within my family. Keeping in touch with family*
- *Greater family support – rather than always only having one family member responsible for everything*
- *Looking after our brothers and sisters and ensuring that they are alright*
- *Love and support which is lacking right now within my family*
- *We can't do anything with family unless they are prepared to do something to help themselves. But at the same time providing support for them*
- *Family planning – setting time to take time out and to actually do this*

3.3 Community Empowerment

The broad issue of empowering community and having a sense of community cohesion and togetherness was also raised as an important factor to strengthen individuals, families and the community. A lot of people spoke about the need to be able to provide greater community awareness about Aboriginal and Torres Strait Islander peoples and culture through ongoing cultural awareness activities to assist to break down the barriers and stereotypes that exist in society.

Participants said:

- *Start taking a strong stance and backing ourselves. Disciplining perpetrators of people who commit crime*
- *Educating people on issues and other factors that contribute to the community*
- *Need to rise above all the stresses and problems within community and set achievable aims and goals*
- *Breaking down the stereotypes*

- *Overarching community planning – greater push for more mob in parliament*
- *Community resilience*
- *Use DRISPN as model for other areas in the Territory*
- *Having more community events and community consultations for events and meetings with community to determine what they want done in the community*
- *Until this happens we still continue to be disempowered*
- *We need to unite as one – decisions need to be made based on inclusion rather than exclusion*
- *Need for more action and not just talking*
- *Stronger discipline on perpetrators who are being negative in the community and are doing the wrong thing*

3.4 Focusing on Culture

Culture and the need to reclaim and pass on knowledge and information about cultural traditions and values was highlighted strongly as something that would provide strength to people in the Darwin area. Whilst most people simply responded quite broadly saying that 'culture' would make them, their families and the community strong, others spoke more specifically about the need to have more connection with family and country.

Participants said:

- *Going out bush*
- *Culture – language; practice; food and hunting; ceremony; healing*
- *Traditional foods and diets*
- *More cultural awareness*
- *Traditional healers*
- *Culture*
- *We need to reclaim our Identity, our Business, our Land*
- *Celebrating our culture*
- *Learning and reclaiming our language and culture*
- *Giving off pride in who we are, especially to our young people*
- *Looking after land and caring for country*
- *Culture – more connection to, and knowing where and who your mob are*
- *Stronger connection and recognition about who our mob are and where they come from, especially when and if living away from country. Being confident that my children and grandchildren will be accepted and acknowledged by their cultural tribes*

3.5 Communication Issues

Interestingly, similar to other NEP sites more effective communication has been identified by Darwin participants as potentially supporting people to make them stronger. People discussed improving their current talking and listening skills and sharing of information as well as the importance of passing on stories through the generations.

Participants said:

- *Share our stories – don't take it to the grave, the stories need to be passed down through generations*
- *Pass on the knowledge and know how to upcoming generations*
- *Better communication and togetherness (family reunions)*
- *Family meetings (communication issues)*
- *Listening*
- *Participants and engagement need to be inclusive to make sure that everyone is involved locally, not just the Larrakia*
- *Talk about issues upfront – don't 'sugar coat' the issues at hand otherwise the direct problem may not always get resolved*
- *Community gatherings so that issues and solutions can be talked about*

3.6 Health and Wellbeing

Previously people spoke about their ongoing issues to do with health and wellbeing for themselves and their families. It isn't surprising that the need to have better health and wellbeing was raised as being important to make individuals, families and the community strong.

Participants said:

- *Be more harder on drug users and the people who supply drugs that are being accessed in our community. Stop the suicides*
- *No drugs and alcohol*
- *Anger management strategies and support*
- *Our own wellbeing*
- *Need timeout (e.g. Healing Room)*
- *Regular medical and health check ups*
- *Better health*

3.7 Supportive Environment

Providing support for one another as well as support from services and programs on the ground was raised by people in Darwin as being important to strengthen individuals, families and the community.

Participants said:

- *Providing support and letting them know I am always there to help*
- *Nurturing and supporting my kids and seeing them succeed*
- *Stick by each other and support one another and being there for one another*
- *Better consideration of services to prevent confusion and duplication/overlap of programs available on the ground*
- *Better support systems (family focused and more government supports)*

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

Table 3 presents the key themes emerging from the following question:
What types of cultural, social and emotional wellbeing, empowerment and healing programs might be useful for your community?

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

THEMES	RANKING
Age-specific Focus	1
Cultural Focus	2
Substance Abuse Focus	3
Community Focus	4
Prevention Programs	5

4.1 Age-specific Focus

The most common response from people in Darwin when asked about preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing programs, was about the need to specifically have programs that catered for the various age cohorts. Examples were, specific child and youth focused programs and, or Elders programs and supports.

Participants said:

- *Continue with the Stolen Generations Healing Group at DDHS*
- *Appropriate physical activity (age appropriate)*
- *Bring back 'stretch breaks' program. It was a program that was developed and provided to Elders by Arthritis and Osteoporosis NT*
- *Children's programs*
- *Drop in centres like the YMCA and "The Red Cross Shak" Shelters for men, women and children. Charities programs that support Elders being more culturally appropriate. Healthy meals for Elders*
- *Children based events. Having more youth based events, also to stop anti-social behaviour and boredom such as family gatherings and fun days*
- *Mentoring programs – cross generational*
- *More support services for those kids who aren't at risk*

4.2 Cultural Focus

The second most prominent response in relation to the question about preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing programs was culture, cultural programs and a cultural focus.

Participants said:

- *More cultural programs – e.g. youth service camps "Back to Bush"*
- *Cultural influences and impact*
- *Cultural and healing centre – venue that can be used by all local Aboriginal and Torres Strait Islander people and community*
- *Cultural camps*
- *Programs that support Elders being more culturally appropriate*
- *Cultural awareness*

4.3 Substance Abuse

As people in Darwin already highlighted the ongoing issues associated with drug and alcohol use and abuse, this was also something that people felt was strongly needed in terms of developing and providing more substance abuse focused programs, which included suggestions such as more information and awareness about the effects of substance abuse, etc.

Participants said:

- AOD and tobacco programs and information
- More beds in rehab (AOD) for short term need
- Alcohol and other drugs programs with a strong focus on Fetal Alcohol Spectrum Disorder while pregnant

4.4 Community Focus

The need for more community focused activities and programs continued to be highlighted by people as something that was needed. This included suggestions for more community events and local specific programs and services.

Participants said:

- *More community events that promote reconciliation and having families coming together as one*
- *Community activities that involve families coming together*
- *More community services programs that involve community*

4.5 Prevention Programs

Whilst the community level activities and programs were identified as needing further focus and support, many people also felt the need to provide more specific prevention type programs and activities which could also assist to deal with individual, family and community needs.

Participants said:

- *Suicide prevention programs – crisis response support and team*
- *Bereavement support group and services*
- *Bereavement support and counselling – including trauma support programs*
- *Specific Aboriginal and Torres Strait Islander Counselling services and programs (especially for Elders and young people). Should be available 24 hours*

5.0 BARRIERS TO PROGRAMS

Participants were asked the following question about what they perceived to be barriers:
What do you see are the barriers for introducing any programs?

Table 4: What Darwin People Said About Barriers to Introducing Programs

THEMES	RANKING
Funding/Bureaucracy	1
Program Delivery	2
Community Support/Involvement	3
Competing Priorities	4
Transport	5

5.1 Funding/Bureaucracy

The most common barrier identified by people living in the Darwin area, which prohibits people from attending programs and activities, was the lack of funding and resources. People also felt that part of the barriers to attending programs and activities was government and bureaucratic uncertainty.

Participants said:

- *Funding issues – including lack of and the competitiveness between services and organisations for limited resources*
- *Funding and resourcing*
- *Funding and resourcing – need to have long term investments*
- *No barriers just Government support*
- *Changes of Government changes of policy*
- *Government funding cut and lack of support from Government. No community support*
- *Lack of funding*
- *No funding*

5.2 Program Delivery

How a program is delivered and by who, were the key responses received from the local Darwin people. Many said that one of the barriers to attending any program or activity was based on the fact that non-Indigenous people were the ones who were delivering the program, and they would much prefer to have local and or other Aboriginal and Torres Strait Islander people run programs.

Participants said:

- *Having non-Indigenous people running this and having no control over our own organisation*
- *Depends on who's delivering the program*
- *One off consults with no feedback or outcomes*
- *Setting programs up too fast and rushing*
- *One size does NOT fit all*
- *Finding the right people to develop and deliver the program*
- *Peoples skepticism of "yet another program"*
- *Location of the event such as for people who live in Darwin city and Palmerston and outer rural areas of Darwin and the greater Darwin area*
- *Services not being culturally appropriate and that non-Indigenous will make Elders feel uncomfortable*
- *Top down approach – programs and workshops usually brought in from outside of Darwin and the NT and is often placed on community, rather than the community identifying what's needed and then develop programs from this*

5.3 Community Support/Involvement

General perceptions about people's lack of interest to attend any type of program or activity was raised by many people who were consulted locally. The types of responses ranged from 'people just aren't interested' to 'lack of support from my workplace to attend programs and events.'

Participants said:

- *People not interested in participating because of influences when people drink while they are pregnant and when baby is born they say "my baby turned out fine and I drank and smoked throughout pregnancy" when at an event they aren't engaged and possibly won't come back to program*
- *People not attending the event*
- *Lack of participation from community*
- *Setting up programs and supports exclusively – need to be inclusive of all the different clans and tribes*
- *Workplaces not being supportive*
- *People want it easy*
- *Laziness*

5.4 Competing Priorities

For many people the most common barrier to attending any programs or activities was the fact that they had other competing priorities to contend with, and often attending programs and events were not seen as important because of these other issues. Other priorities included things such as having carer responsibilities or health and other medical needs.

Participants said:

- *Child care – needing to look after kids at home*
- *Competing priorities*
- *Issues at home*
- *Other priorities – may have other important life events going on which will take priority over attending a workshop or program*
- *Carer responsibility – some of the Elders are carers for other family members*
- *Financial barriers*
- *Health and wellbeing*

5.5 Transport

One of the most common barriers identified across the majority of site locations as part of this project was the issue of transport, and people's inability to get to programs and or events. Darwin people also raised this as a barrier.

Participants said:

- *Transport – a lot of the Elders require transport support to enable them to attend many community events and activities*

6.0 PREFERRED PROGRAMS IN THE COMMUNITY

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

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

An overview of their most common responses is presented in Table 5.

Table 5: What Darwin People Said About Programs and Their Delivery

THEMES	RANKING
Program Delivery	1
Community Led	2
Topic-specific Programs	3
Age-specific Focus	4
Cultural Focus	5

6.1 Program Delivery

The way that programs are run, including the specific details about how and when, were important features of any future local empowerment program. There were a number of suggestions about specific program delivery, including venue and catering and that programs need to be sustainable and ongoing.

Participants said:

- *Regular*
- *Held in community healing room*
- *Good food and catering is important (home cooked and traditional meals)*
- *Venues that are accessible (including for disabled people)*
- *Delivering programs with factual and graphical content to see more participation and awareness*
- *Should consider participant remuneration where appropriate*
- *Program needs to be sustainable and ongoing*
- *Program can be staged and provided progressively – but no "one offs"*
- *Venue needs to be neutral*
- *All of the above needs to be accommodating according to the best times of the day for the various age groups, e.g. youth programs could be run through the schools or the university*
- *All the time 24/7. Having more men workers on board and ensuring that confidentiality is assured*
- *Food is important (factor in meals into the program)*

6.2 Community Led

Another key and important feature to the success of any local program(s) is to ensure that the program from its inception to delivery is community led and has input from key people locally, including Elders at every step of the way. Other key features also included the need to have local Aboriginal and Torres Strait Islander people involved in program delivery and implementation.

Participants said:

- *Delivery to be done by Aboriginal and Torres Strait Islander people*
- *Program needs to be sustainable and ongoing*
- *More community participation is all it comes down to*
- *Community involvement which involves the community running the event and for the community (by the community for the community)*
- *More run by Indigenous people where we get the final say in decisions that impact us*
- *Community run for community by community and who have experienced the issue of why the programs being run, because often there is people who don't have that experience in issues such as domestic violence*

6.3 Topic-specific Programs

There was a strong expression from those consulted about the need to have topic-specific programs that are suited to local needs. Some examples of specific topics that can be included in a program(s) include, communication skills, financial management, and the need for specific suicide prevention programs and further information and resources.

Participants said:

- *Motivational speaking*
- *Communication skills*
- *Anger management*
- *How to deal with stress and conflict*
- *Suicide prevention specific*
- *Information about other supports that are available locally*
- *Financial management*
- *Self care*
- *Gender specific*

6.4 Age-specific Focus

Ensuring that all the specific needs of community are met is important, and this includes being able to offer and tailor programs(s) according to the needs of the various age cohorts. Suggestions about having youth and Elder-specific programs were some ideas expressed by Darwin people as part of the consultations.

Participants said:

- *Opportunities for individuals, families and communities that are tailored and meet the specific local needs*
- *Elders to be more informed about what's available*
- *Elders to be integral to the development and especially the delivery (and not just Larrakia Elders)*
- *Youth specific (although it may be OK to have male and female combined)*
- *Elder specific*
- *An event or program where it is reaching the targeted audience like youth and children because they are heavily affected by boredom*

6.5 Cultural Focus

One of the other strong suggestions from people in Darwin about what should be included in a program(s) was the need to ensure that content and delivery is culturally appropriate and appropriate to the needs of the local community. This is something that a majority of the other project sites stated.

Participants said:

- *Cultural component – including historical awareness and timelines*
- *Programs need to be culturally appropriate*
- *More culturally appropriate try and avoid jargon upon delivering programs. Delivering programs with factual and graphical content to see more participation and awareness*

Conclusion

Community consultations with local Aboriginal and Torres Strait Islander peoples living in Darwin suggest people perceived a number of critical issues impacting on individuals, families and communities.

The most significant issue confronting Darwin participants was family-related, highlighted by the complexity of family relationships and family responsibility. Within this theme, and similar to other NEP sites, was a concern about parenting, with participants acknowledging that more support for parents and developing parenting skills was important.

Another recurring theme across all NEP sites is the issue of substance abuse and its impact on family relationships and family breakdown. The negative impact of illicit drug use and alcohol misuse on families and the community and in particular the increase in access to illicit drugs and more specifically to methamphetamine or 'ice' is causing excessive personal, family and community breakdown.

Many participants stated that they were experiencing financial stress and related this to the high cost of living in Darwin. This was having a detrimental impact on their ability to provide for their families.

Health also emerged as a general concern among community members, especially around issues such as wellbeing, mental health and suicide. Underlying the concerns raised so far were fundamental economic issues relating to a lack of employment opportunities and inadequate levels of participation in education. Poverty and lack of housing were other factors impacting on the community.

The consultations revealed that in order to become strong, people needed to focus on self to ensure that they are well and have the confidence and are able to contribute to positive change within themselves, their family and ultimately in the community. Focusing on family was the second most important theme that participants identified as helping them to become strong. Planning and spending more time with family, providing support to family and empowering the community was seen as ways of strengthening individual, families and the community. Participants also identified reclaiming and increasing cultural awareness and improving health and wellbeing as determinants of becoming stronger.

Similar to all other sites, participants were very clear that the program development and program delivery be by Aboriginal peoples for Aboriginal peoples. Participants thought that there needed to be more specific programs that were beneficial to people such as financial and communication management and suicide prevention.

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

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

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

The principles that informed the Project were upheld by all consultations across the sites.

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

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

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

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

While the National Empowerment Project provided a great opportunity for local Aboriginal people's voices to be heard in Darwin there is also great 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 local Aboriginal people and the community in the area to utilise the information presented in this report to better enable discussions and suggestions for change and going forward.

Ongoing support and commitment is certainly required, and it is our hope that the stories and voices of the Darwin 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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Appendix 1:
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). In: *National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Well Being 2004-09*. Canberra: Department of Health and Ageing).

Healing: 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). *Voices from the campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation.* Canberra: Healing Foundation).

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, N., Bernstein, E. (1988:380). *Empowerment education: Freire's ideas adapted to health education.* ISC4:379-94).

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 organization and/or the community. Thus as a concept, empowerment can be understood as encompassing personal, group and structural change (Wallerstein, N. (1992:198). *Powerlessness, empowerment, and health: Implications for health promotion programs. American Journal of Health Promotion.* Jan-Feb, 6(3): 197-205).

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 (Alberta Health Services, 2002).

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 2:
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:	☐ Male	☐ Female

AGE GROUP:	☐ 18 - 25	☐ 25 - 35	☐ 35 - 50	☐ 50 +

INTRODUCTIONS

Interviewer to give information form and tell people:

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

WHAT DO WE NEED IN THE COMMUNITY?

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

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

What types of cultural social and emotional well being, empowerment and healing programs might be useful for your community?
What do you see are the barriers for introducing any programs?
What would you like to see in a program(s) and how would you like it delivered?
How often should the program(s) be run, where and when?

WHAT IS OUT THERE?

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

GENERAL COMMENTS

Any other comments?

Appendix 3:
The National Empowerment Project Interview: Stakeholders

DATE:		INTERVIEWER:		COMMUNITY:	

STAKEHOLDER:	

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?

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