



The National Empowerment Project
Redfern, Sydney

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July 2013

Donna Ingram, Nathan Taylor, Anne Butorac, Adele Cox, Pat Dudgeon, Sabrina Swift



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The National Empowerment Project

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

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Contents

ACKNOWLEDGEMENTS.....	06
1. INTRODUCTION.....	07
Executive Summary.....	08
Background.....	09
Aboriginal and Torres Strait Islander Mental Health.....	11
2. BACKGROUND: NATIONAL EMPOWERMENT PROJECT	13
The Kimberley Empowerment Project.....	14
The National Empowerment Project	15
Methodology: The National Empowerment Project.....	16
Principles: The National Empowerment Project	17
Project Sites: The National Empowerment Research Project.....	18
Community Consultant Co-researchers.....	21
Community Consultant Co-researchers Training	21
Conclusion	22
3. BACKGROUND: Redfern, Sydney Community.....	23
4. PROJECT METHODOLOGY.....	29
Research Approach.....	30
Data Collection	31
Community Consultations.....	31
Communities and Stakeholder Recruitment	32
Profile of Consultations Completed.....	33
5. REDFERN, SYDNEY CONSULTATIONS AND RESEARCH FINDINGS.....	35
1.0 INTRODUCTION.....	36
2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND INDIVIDUALS	36
2.1 Physical, Mental and Emotional Health	36
2.2 Economic Circumstances.....	37
2.3 Family	37
2.4 Substance Abuse	38
2.5 Racism/Discrimination.....	38
2.6 Housing.....	39
2.7 The Justice System	39
3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITY STRONG	39
3.1 Family Stability.....	39
3.2 Building Community	40
3.3 A Supportive Environment.....	40
3.4 Culture.....	40
3.5 Health and Healing	41
3.6 Education	41
3.7 Importance of Leadership/Role Models.....	41
3.8 Employment	42

4.0 CULTURAL, SOCIAL AND EMOTIONAL WELLBEING, EMPOWERMENT AND HEALING PROGRAMS.....	42
4.1 Health/Healing Focus	42
4.2 Focus on Children/Youth.....	42
4.3 Cultural Focus	42
4.4 Support Focus	43
4.5 Education Focus.....	42
4.6 Access Issues	42
5.0 BARRIERS TO PROGRAMS.....	43
5.1 Empowerment and Project Ownership	43
5.2 Funding/Bureaucracy.....	43
5.3 Access/Awareness Issues.....	44
5.4 Community Attitudes.....	44
5.5 Appropriateness of Delivery.....	44
5.6 Shame.....	44
PREFERRED PROGRAMS IN THE COMMUNITY	45
6.1 Cultural Aspects	45
6.2 Program Delivery.....	45
6.3 Health/Healing Focus.....	46
6.4 Having Local Involvement.....	46
6.5 Self Development Focus.....	46
6.6 Family Focus	46
CONCLUSION	47
REFERENCES.....	50
APPENDICES.....	54
Appendix 1: NEP Community Consultant Training	54
Appendix 2: The National Empowerment Project Workshop/Focus Group Program	55
Appendix 3: National Empowerment Project Interview Guide	57
Appendix 4: The National Empowerment Project Interview: Stakeholders	61
Appendix 5: Sample of Community Notice	63

Abbreviations

KEP	Kimberley Empowerment Program
NEP	National Empowerment Project
PAR	Participatory Action Research
ABS	Australian Bureau of Statistics
SEWB	Social and Emotional Wellbeing
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.

Nine sites were part of the Project. Sydney was one of the two sites in New South Wales.

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

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

Community participation is at the heart of the NEP and as such relationships with partner organisations were established and two local Aboriginal consultants were employed in each site. The National Centre of Indigenous Excellence (NCIE) located in Redfern was the partner organisation for Sydney.

The NEP involved two stages; firstly a community consultation and secondly, the delivery of a cultural, social and emotional wellbeing workshop. In addition, an empowerment healing and leadership program is being developed.

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 38 people. People were asked about the issues that were important for them as individuals, families and communities and what was needed to make them strong.

Participants from the Sydney consultations identified a range of issues. Uppermost were concerns with physical, mental and emotional health, including access to appropriate health and mental health services. Health issues impacted not only those suffering health and mental health problems, but also impacted on their carers. Many were also concerned with economic circumstances, lack of employment opportunities and supporting their families financially.

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

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

Recommendation 1: A program needs to be community owned and culturally appropriate. A local Sydney 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 people. The Australian Bureau of Statistics (ABS) estimated that in 2011 there were 548,370 Aboriginal and Torres Strait Islander people living in Australia. Overall, Aboriginal Torres Strait Islander people make up 2.5% of the total Australian population. Among the Indigenous population in 2011, it is estimated that 90% (493,533 people) were of Aboriginal origin, 6% (32,902 people) were of Torres Strait Islander origin and only 4% (21,934 people) identified as being of both Aboriginal and Torres Strait Islander origin.

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

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

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



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

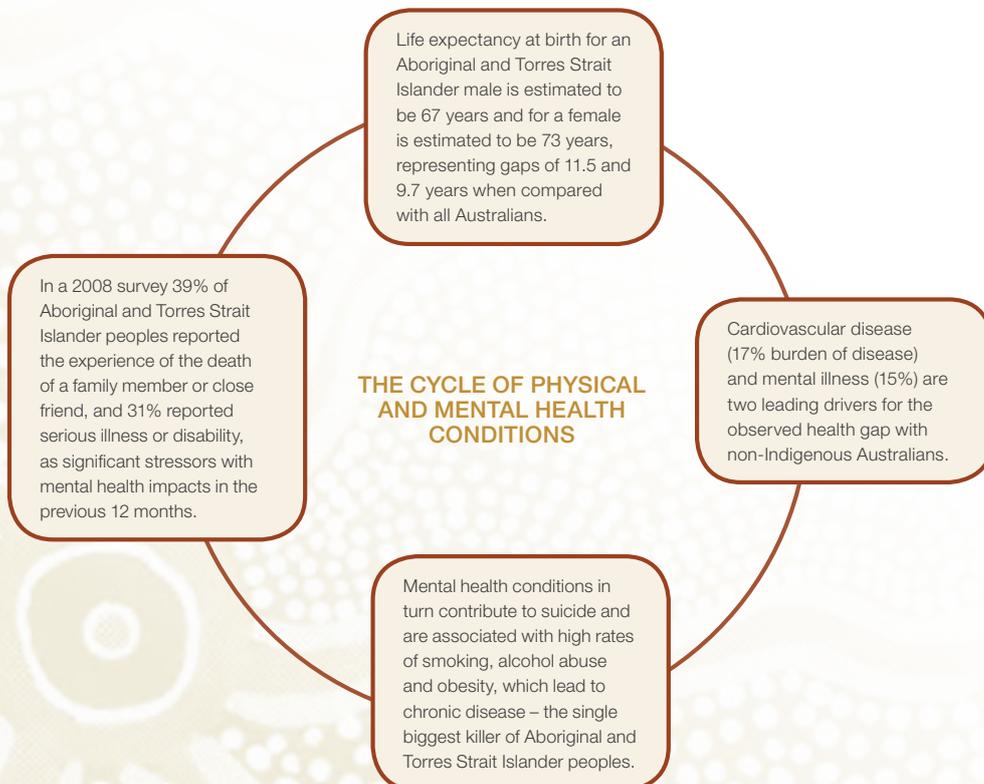
Overall, all indicators for Aboriginal and Torres Strait Islander disadvantage are poor and have been that way for some time. Indeed, the 2011 *Overcoming Indigenous Disadvantage: Key Indicators* recognised:

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

Despite these grim statistics, there are great strengths and resilience in Aboriginal and Torres Strait Islander peoples, families and communities. Any discussion about Aboriginal and Torres Strait Islander health and mental health needs to have at the core not only a recognition of the impacts of colonization, but the proper engagement of Aboriginal and Torres Strait Islander peoples and considerations of the cultural values, expressions, practices and knowledge systems of Aboriginal people across their rich diversity. In government policies and in the growing body of research, the importance of this is being acknowledged. For instance, in discussions about culture as a strategy to support strength, combat disadvantage and promote positive futures, the Office of the Arts states:

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

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



National Mental Health Commission (2012, p.41)

Aboriginal and Torres Strait Islander Mental Health

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

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



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



Many key reports propose that cultural, social and emotional wellbeing needs to be recognised as an Aboriginal and Torres Strait Islander cultural concept and any program for Aboriginal and Torres Strait Islander peoples should work from this paradigm. In the provision of mental health services and programs, rather than simply adapting and delivering models designed for mainstream Australians, cultural, social and emotional wellbeing and mental health services or programs need to engage with the diversity of cultures and language groups and each group's understanding of 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 its opposite, community distress and suicide, requires an in-depth knowledge of the historic, cultural and economic risk factors at play in each community. These are best known and understood by community residents themselves. Furthermore, while external change agents might be able to catalyze action or help to create spaces for people to undertake a change process, empowerment can only occur as communities create their own momentum, gain their own skills, 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 cultural, social and emotional wellbeing. This is being achieved through the development of respectful partnerships with local communities to undertake participatory and community driven research identifying the distinctive and particular needs of each community; in order to develop Empowerment, Healing and Leadership programs to address those issues.

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

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



2. Background: National Empowerment Project

The Kimberley Empowerment Project

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

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

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

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

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

The literature review identified:

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

Key findings included:

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

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

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

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

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

Programs should focus on:

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

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

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

The National Empowerment Project

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

The Project 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 mental health, examined how the community perceives these and how they can be addressed and strengthened and transferred into meaningful programs.

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

Stage One: Community Consultations

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

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

Stage One aimed to:

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

Stage Two: Program Development

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

Stage Two will:

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

Methodology: The National Empowerment Project

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

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

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

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

Self-determination

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

A Community Based Approach

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

Holistic Perspectives

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

Aboriginal and Torres Strait Islander Diversity

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

Acknowledging a History of Colonisation

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

Principles: The National Empowerment Project

A set of principles was developed with the Community Consultant Co-researchers for the Project. These principles were informed by the National Aboriginal 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.
6. Respect and Central Inclusion of Local Knowledges.

Social Justice and Human Rights

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

Community Ownership

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

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

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

Community Capacity Building

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

Resilience Focused

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

Building Empowerment and Partnerships

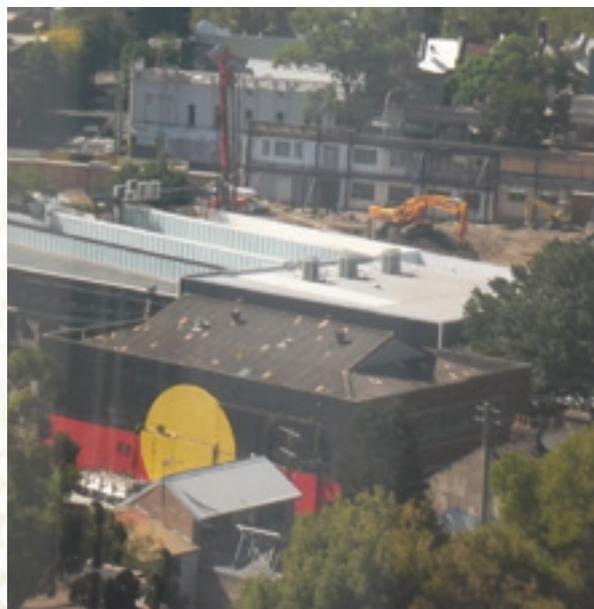
We will develop respectful partnerships with local community organisations in whatever area we work in. Genuine partnerships with local Aboriginal and Torres Strait Islander stakeholders and other providers will ensure that we support and enhance existing local programs, not duplicating or competing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

Respect for Local Knowledge

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

Project Sites: The National Empowerment Research Project

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



The Site, Partner Organisations and Community Consultant Co-researchers that participated in the National Empowerment Project

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



The following map highlights the sites that are selected and participating in the National Empowerment Research Project:



Local Partner Organisations and Community Consultant Co-researchers Secondary

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.
5. Geographical diversity across urban, rural and remote areas.

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

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

Community Consultant Co-researchers

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

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

Similar to the identification and selection of the local partner organisation, the Project had identified a number of criteria for the role of Community Consultant Co-researcher. These criteria were as follows:

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

Community Consultant Co-researchers Training

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

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





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

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

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

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

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

All facilitators presented very well. Delivery was excellent.

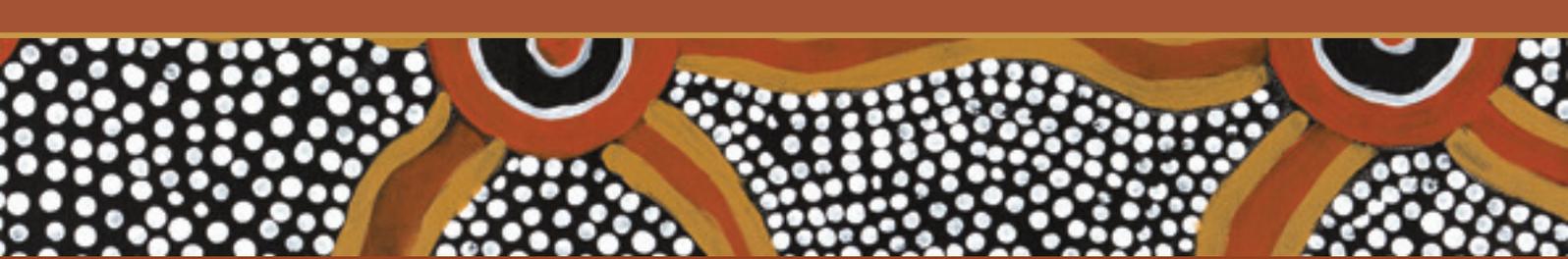
Overall I was impressed and enjoyed the training but feel that the beginning of the training was a bit of a blur, because of the lack of understanding about our exact role, but as the week progressed, it all fell into place.

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

Conclusion

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

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



3. Background: Redfern, Sydney Community



Introduction

Sydney, Australia's largest city is the state Capital of New South Wales. Sydney was the site of the first British colonial contact and settlement in Australia. In January 1788, when the British arrived, it is estimated that there were more than 1500 Aboriginal people living in the area from Botany Bay to Broken Bay and as far west as Parramatta. Many groups made up the population in the local area, including the Gadigal, Wangal, Wallumedegal, Boromedegal, Gamaragal, Borogegal, Birrabirragal and Gayamaygal (Australian Museum, 2013). The City of Sydney, in consultation with local Aboriginal groups of Sydney, acknowledge the Gadigal of the Eora Nation as the traditional custodians of Sydney. According to their research, there are 29 local groups of the Sydney metropolitan area, are collectively the Eora Nation. The Gadigal are a group of the Eora Nation. The more generic term Eora, meaning 'here' or 'from this place', was used by local Aboriginal people to describe themselves to the British. As indicated in Sydney Barani the name Eora is today proudly used by the descendants of the original inhabitants and that central Sydney is therefore referred to as 'Eora Country' (City of Sydney, 2013).

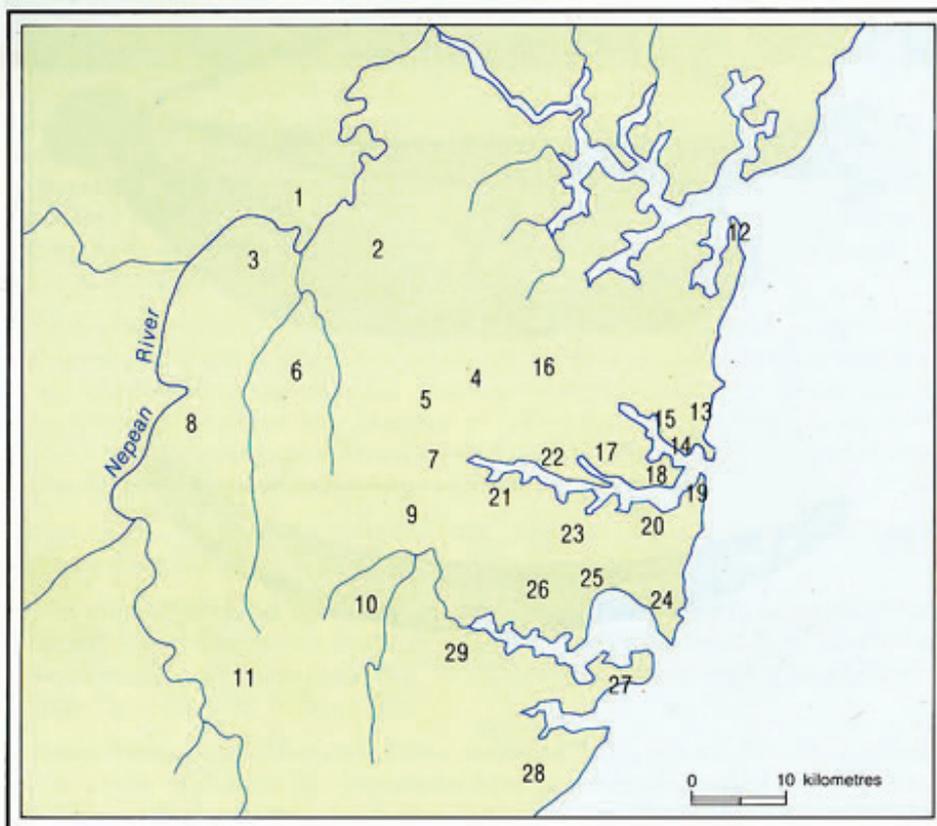
Many of the Gadigal people were murdered and dispossessed during the British invasion and settlement of the Sydney area, however, there are descendants of the Eora still living in Sydney today. Despite a history of occupation and physical disruption of the landscape from settlement, the surrounding bushland contains remnants of traditional plant, bird and animal life with fish and rock oysters available from Blackwattle Bay (City of Sydney, 2013).

Below is a map of the distribution of linguistic groups of the Sydney area in 1788.

The Greater Sydney area is comprised of 43 local government areas, one of which is the City of Sydney. Across more than 400 suburbs the Greater Sydney area is home to people from all over the world and is said to be one of the world's most multicultural cities.

Sydney is the most densely populated city of Australia. The population of Greater Sydney is 4,391,674, of which 54,746 (1.2%) are Aboriginal and Torres Strait Islander peoples (ABS, 2011).

City of Sydney 2013



Locations of Aboriginal groups in the Sydney area.
J. GOODRUM

- 1 KURRAJONG
- 2 CATTAL
- 3 BOOROOBERONGAL
- 4 BIDJIGAL
- 5 TOOGAGAL
- 6 GOMERRIGAL
- 7 CANNEMEGAL
- 8 MULGOA
- 9 BOOL-BAIN-ORA
- 10 CABROGAL
- 11 MURINGONG
- 12 CARIGAL
- 13 CANNALGAL
- 14 BOROEGAL
- 15 KAYIMAI
- 16 TERRAMERRAGAL
- 17 CAMMERAIGAL
- 18 GORUALGAL
- 19 BIRABIRRAGAL
- 20 CADIGAL
- 21 BURRAMATTAGAL
- 22 WALLUMATTAGAL
- 23 WANGAL
- 24 MURU-ORA-DIAL
- 25 KAMEYGAL
- 26 BEDIAGAL
- 27 GWEAGAL
- 28 TAGARY
- 29 NORONGERRAGAL

The Greater Sydney area has many important Aboriginal sites, many under daily threat from development, vandalism and natural erosion. Various local government areas have recorded the Aboriginal history within their jurisdiction. The Sydney area is noted for a collection of rock carvings, attributed in part to the fact that it is made up predominantly of sandstone, a suitable surface for rock carving.

Early History

Early Aboriginal history of the Sydney area is estimated to date back approximately 45,000 years. The extent of Aboriginal history in Australia was firmly established with important archeological finds at Lake Mungo near Mildura in 1981. Archaeological evidence from Lake Mungo testified to the area's historical significance as an Aboriginal site dating back at least 40,000 years. Lake Mungo, located about 90 km North-east of Mildura, is one of the 17 lakes of the Willandra Lakes region. The site has become famous for its many archaeological finds, the most famous of which have become known as Mungo Man, the oldest human remains found in Australia. Estimates of his age range from 40,000-60,000 years.

At the time of the arrival of the first British fleet, the Greater Sydney area provided Aboriginal inhabitants with a varied ecology around bushland, sandstone cliffs and ridges, bays and coves, sandy ocean beaches, rocky headlands, mangrove swamps, creeks and tidal lagoons. United by strong ties of kinship, and a rich saltwater economy, Aboriginal people survived as skilled hunter-fisher-gatherers in family groups or kinship groups scattered along the coast.

The history of Aboriginal people of the area took a dramatic turn with the arrival in Botany Bay of Captain James Cook on April 28th, 1770. In order to proclaim the land British, it was declared that the land was 'terra nullius', a Latin term for 'empty' and 'nobody's land'. Not long after, with the arrival of the first British fleet in 1788 and the establishment of a penal colony, the history of Aboriginal Australia was to change irrevocably.

The impact of European settlement on the local Aboriginal people was disastrous. Local food stocks were depleted and diseases introduced by the new settlers, to which the Aboriginal population had no genetic immunity, took their toll. In April 1789, a disastrous epidemic of smallpox (or possibly chicken pox) and bullets resulted in the death of hundreds of local Aboriginal people.

Sydney: Region Overview



Sydney: Detail



Settlement and Aboriginal Peoples of the Sydney Area

From the early penal history of European settlement, the gold rushes of the mid-19th Century brought large numbers of immigrant miners into Sydney. This and the demand for infrastructure to support the growing population and subsequent economic activity, further impacted on Aboriginal people of the area.

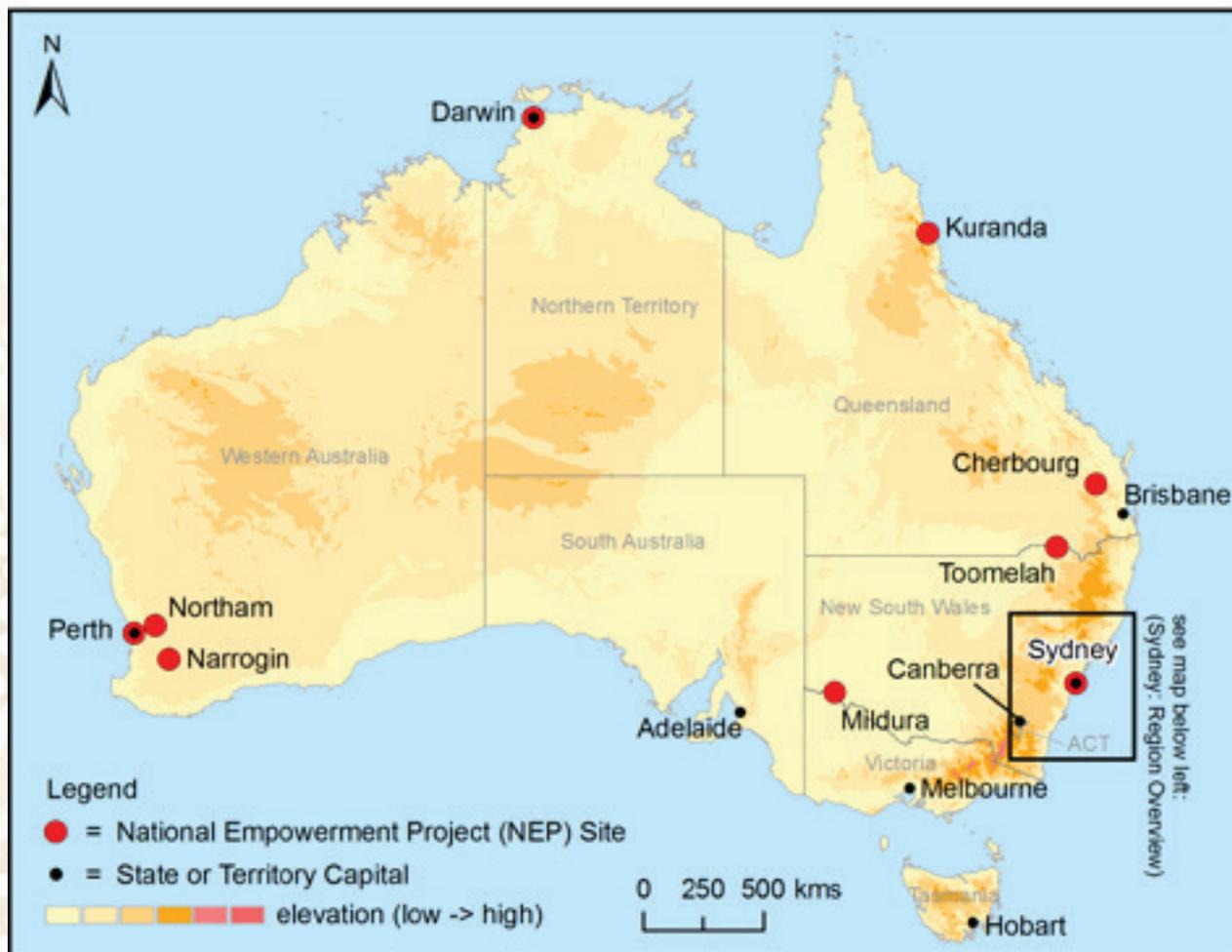
The end of convict transportation and the rapid growth of population following the gold rushes led to further demands for 'British institutions' and the consolidation of government in New South Wales.

With the coming of Federation in 1901, the Commonwealth Constitution stated that in reckoning the Australian population, Aboriginal people were not to be counted, and left the power over Aboriginal Affairs with the states. The New South Wales Aborigines Protection Act of 1909 excluded Aboriginal children from public schools. This was

followed by a period of establishing Aboriginal schools on reserves set aside for Aboriginal people. The Act also made it illegal for 'half-castes' to live on reserves. In 1915 and 1918 amendments to the Act gave the New South Wales Aborigines Protection Board greater powers to remove children from their families for training as domestic servants. After the 1940s there was a change in policy towards assimilating Aboriginal people into white society but not as equals (Heiss, 2013).

While espousing the benefits of assimilation to Aboriginal people, the assimilation policy still denied their basic rights, even in the 1960s. It stopped them from raising their own children, stopped freedom of movement, having access to education, receiving award wages, marrying without permission, eating in restaurants, entering a pub, swimming in a public pool or having the right to vote (Heiss, 2013).

The following map highlights the sites that are selected and participating in the National Empowerment Research Project:



Many of the national struggles for Aboriginal Rights took place in Sydney, such as the establishment of the Australian Aboriginal Progressive Association, the 1938 Day of Mourning Protest, the establishment of the first Aboriginal Medical Service and Aboriginal Legal Service, both of which are now models for Aboriginal community controlled health and legal organisations across Australia. There was also the establishment of the first Aboriginal Children's Service and Murawina Aboriginal Pre-School. It was also the centre of early activists, Jack Patton and William Ferguson, who published a landmark manifesto, *Aborigines Claim Citizenship Rights*. They led the organisation of the Day of Mourning Protest.

In the 1938 pamphlet, *Aborigines Claim Citizenship Rights!* They wrote:

You are the New Australians, but we are the Old Australians. We have in our arteries the blood of the Original Australians, who have lived on this land for many thousands of years. You came here only recently; you took our land away from us by force. You have almost exterminated our people, but there are enough of us remaining to expose the humbug of your claim, as white Australians, to be a civilised progressive, kindly and humane nation. By your cruelty and callousness towards the Aborigines you stand condemned in the eyes of the civilised world (Stokes, 1997, p. 161).

Charles Perkins was also based in Sydney where in the famous freedom rides in 1965 where University of Sydney students toured rural NSW and exposed racism (City of Sydney, 2013). Gary Foley in *Black Power in Redfern 1968 – 1972*, gives a first hand account of the civil rights movement that was driven by young activists in Redfern, Fitzroy and South Brisbane (Foley, 2001). Later political landmark events in Sydney included the famous 1992 Paul Keating Redfern Speech that was the first public acknowledgement of the dispossession of Aboriginal and Torres Strait Islander peoples by a Commonwealth Government.

The NSW Land Rights Act 1983 is acknowledged as an important milestone in the struggle for equality and cultural rights. Heiss (2013) states:

The dispossession of Aboriginal people from their land is acknowledged in the Act's preamble, which states:

- Land in the State of New South Wales was traditionally owned and occupied by Aborigines;
- Land is of spiritual, social, cultural and economic importance to Aborigines;
- It is fitting to acknowledge the importance which land has for Aborigines and the need for Aborigines of land:

- It is accepted that as a result of past government decisions the amount of land set aside for Aborigines has been progressively reduced without compensation.

In 2010, New South Wales became the third Australian state (after Victoria and Queensland) to recognise Aboriginal and Torres Strait Islander peoples within their constitutions, with an acknowledgement of Aboriginal people as the first inhabitants of NSW and their spiritual economic and cultural ties to the land.

Redfern

Redfern is an inner city suburb of Sydney and has national significance to most Aboriginal and Torres Strait Islander peoples across Australia for having a history of being one of the centres of political action for the struggle for Aboriginal Rights. Redfern has a strong and proud Aboriginal population. Many Aboriginal people moved to Redfern from rural areas in the 1920s seeking work particularly in the Eveleigh rail yards (Redfern Aboriginal Corporation, 2013). Recent statistics show that for the 2011 Census in Redfern, there were 288 Aboriginal and Torres Strait Islander peoples. The median age was 38 years (ABS, 2011).

Redfern has been home to many Aboriginal people and it has always been a meeting place for us.

We have had to stand strong and restore pride in ourselves and our community. As Aboriginal Elders and leaders we have to pave the way to build a strong foundation for the next generation of children, based on respect and our traditional values in an urban environment.

We are overcoming the problems of the past and have had to reclaim our community by saying no to alcohol and drugs. It is important that we continue to foster relationships between Aboriginal and non-Aboriginal people. It is a new era, we want to encourage our community and other communities to connect with each other, and bring them closer using modern technology and the "Koori grapevine" for communicating and promoting community harmony (Aboriginal Housing Company Limited, 2013).

Redfern has significant social and political history for Aboriginal people, having established the first Aboriginal Legal Service and Aboriginal Medical Service and also the first Indigenous housing project: the Aboriginal Housing Company for 'The Block'. In the 1990s, Redfern changed with heroin abuse becoming widespread. In 2004, there was also civil unrest when a teenager, TJ Hickey was killed after a police chase. Local people took to the streets in protest which are now known as the Redfern Riots. Australia's poor race relations were brought to international attention (Pliker, 2004). There is a growing body of

knowledge, importantly from Aboriginal people themselves about their lived experiences in Redfern. The Redfern Aboriginal Corporation (2013) has an oral history project that includes interviews by many significant people from the Block. Their views on Redfern, past and present, and hopes for the future, are important as they speak from the voice of the community.

There are many positive initiatives happening in Redfern now that augur well for the future. For instance, the award winning television series, Redfern Now, has reclaimed prominence for Redfern as an urban Aboriginal community and is the first TV drama about Aboriginal people written, directed and produced by Aboriginal people. Other initiatives include the establishment of the National Centre for Indigenous Excellence.

Other programs and organisations that are operating in Redfern include:

Wyanga Aboriginal Aged Care Program – Wyanga administers Community Aged Care Packages for Aboriginal Elders living in Sydney to enable them to live in their own homes for as long as possible. Looking after the Elders is of significant importance to Aboriginal and Torres Strait Islander peoples.

Gadigal Information Service – Gadigal was established as a communication organisation in response to negative stereotypes portrayed in mainstream media about Aboriginal and Torres Strait Islander peoples. Gadigal is also a media arts hub that launches creative Kooris. Gadigal operates Koori Radio 93.7, a national radio service that operates live from Redfern 24 hours a day, seven days a week.

Gadigal also organises and produces Yabun Festival which is held annually on Australia Day. Yabun is the largest and most important single day Aboriginal and Torres Strait Islander Festival. Yabun attracts up to 15,000 people and showcases Aboriginal and Torres Strait Islander art, music and culture through current and informative cultural programs.

Weave Youth Services – Weave runs various support and diversionary programs for Aboriginal and non-Aboriginal youth in the South Sydney area and has been doing so for many years. These programs engage youth in positive activities and strategies to encourage them to live positive and productive lives and to be active members of their local community.

Redfern All Blacks Aboriginal Rugby League Football Club (RAB) – RAB is a local football club that was established over 40 years ago in Redfern. The club was set up to allow Aboriginal people to come together to enjoy a sport that they loved without fear of racism and discrimination. The games were also a great opportunity for individuals and families to come together as a community on a regular weekly basis.

Clean Slate Without Prejudice (CSWP) – CSWP is a program that aims to address Aboriginal youth recidivism rates and operates out of the National Centre for Indigenous Excellence (NCIE) in Redfern. This program is run by Redfern Police Local Area Command in association with the Tribal Warrior Association Mentoring Program. The program is aimed at forming good habits, guiding by example and acknowledging and including everyone. The program has been credited with decreasing crime in the area by 70%.

The National Congress of Australia's First Peoples are based in Redfern and are the national voice for Aboriginal and Torres Strait Islander peoples and the advisory peoples for Government.

Yaama Dhiyaan is a hospitality training program based in Redfern and will be opening a café in Redfern called Pepperberries, where trainees will be offered further employment and training opportunities.



4. Project Methodology



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

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

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

Consultations took place with individuals, families, communities and relevant stakeholders and local service providers in all nine sites across the country. These included Redfern, Sydney, Mildura, Toomelah, Narragin, Northam, Perth, Darwin, Kuranda and Cherbourg. These 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 Indigenous communities. From past experience, research has rarely served the interests of or included in genuine ways the marginalized people it involves. There remain concerns whether current practices are serving to continue the process of 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 Indigenous 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 a stronger engagement of Indigenous people in research. These Guidelines explicitly acknowledge the role of research in colonisation and assimilation (NHMRC, 2003). These direct researchers to, 'make particular effort to deal with the perception of research held by many Aboriginal and Torres Strait Islander communities as an exploitative exercise' and, 'demonstrate through ethical negotiation, conduct and dissemination of research that they are trustworthy and will not repeat the mistakes of the past' (NHMRC, 2003, p.18).

PAR includes participants in 'all the thinking and decision making that generates, designs, manages and draws conclusions from the research' (Reason, 1994, p.325). By using a PAR process, the NEP required Aboriginal people and experiences as a centrally important inclusion and it aimed to strengthen cultural reclamation, The engagement of community through partnerships with organisations and employment of Community Consultant Co-researchers as part of the research team was critical for a number of reasons; to ensure Aboriginal cultural knowledge and experience, to engage in a shared research journey for the creation and articulation of Aboriginal knowledges to capacity build local community and people, and to produce outcomes that would be of benefit to the communities. PAR is further defined as '...inquiry by ordinary people acting as researchers to explore questions in their own lives, recognise their resources, and produce knowledge, and take action to overcome inequalities, often in solidarity with external supporters (Dickson, 2000 in Wenitong et al., 2004, p.5). Kemmis and McTaggart (2003) have argued that conventional methods of conducting research are not only disempowering but ineffective as well. PAR enables

communities to develop knowledge that can be useful to people and directly improve their lives by producing valued and concrete outcomes, and further, to encourage people to construct their own knowledge, separate to that which is imposed upon them, as a means of empowering them and bringing about social change.

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

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

Data Collection

The NEP used a qualitative research process in the collection of data because this form of data takes into consideration the complexity of a person's experience, situation and gives them the space to fully express themselves and their stories. Three hundred and seventy one participants took part in the Project across the nine sites, where they participated in a series of one-on-one interviews, focus groups and workshops. To gather information that could be used for programs, the research team were mindful that participants from across the groups that make up Aboriginal communities should be included. Hence, the consultations involved Aboriginal and Torres Strait Islander young peoples (18-25), the elderly, women and men and small numbers of non-Indigenous people (e.g. those who worked in the stakeholder services and programs). In Sydney, a total of 38 people were consulted.

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

- What are the issues affecting you, your families and your communities?
- What do we need to do to make ourselves, our families, and our communities stronger?
- As a means of fully engaging in discussions, the participants were asked to consider the following topics:
- What participants understood about empowerment,

healing and leadership.

- What the concepts of empowerment, healing and leadership meant to them.
- What people believed was required for an effective Empowerment, Healing and Leadership program.

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

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

The collection of information or the collective voice of the Aboriginal and Torres Strait Islander peoples builds a strong perspective to the issues facing Aboriginal and Torres Strait Islander peoples. This information when viewed alongside the previous literature review (as part of the Kimberley Empowerment Project) clearly provides a way forward, articulating what the issues are and how these need to be addressed in culturally appropriate ways that enable Aboriginal and Torres Strait Islander peoples to take control of their own destinies.

Community Consultations

The local partner organisation in Sydney was The National Centre of Indigenous Excellence (NCIE), which runs a variety of programs in the pathways of arts and culture, health and wellness, learning and innovation and sport and recreation. NCIE works with Pathway Partners to deliver programs to over 5000 young Aboriginal and Torres Strait Islander Australians each year.

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

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

- ◉ Assist with the development of local community empowerment program (local training modules and resources).
- ◉ Report project developments and findings back to the community and stakeholders to ensure maximum community engagement and ownership of the project.
- ◉ Prepare and deliver a two day cultural, social and emotional wellbeing empowerment and leadership program locally for community members.

The Redfern, Sydney Community Consultant Co-researchers were Nathan Taylor and Donna Ingram, who worked as a Team to promote the NEP concept, develop a work strategy and undertook the community consultations in Sydney.

Communities and Stakeholder Recruitment

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

the community members as part of the community consultations that were integral to the Project.

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

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

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



Focus groups/workshops and one-to-one interviews were then conducted over the specified periods within the Project.

Profile of Consultations Completed

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

The majority of the participants in the community consultations were Aboriginal and Torres Strait Islander peoples. Of the total of 38 people, 32 were from Redfern and 6 from Penrith. The majority of participants were female (68%) with the remaining (32%) male (Figure 1). Figure 2 indicates the spread across the age groups, with the greatest proportion (37%) being in the 18-25 years age group and the lowest proportion (10%) in the 50+ age group.

Table 1: List of Number and Type of Participants

LOCATION	INDIVIDUALS
Redfern	32
Penrith	6
	38

Figure 1: Female and Male Participants

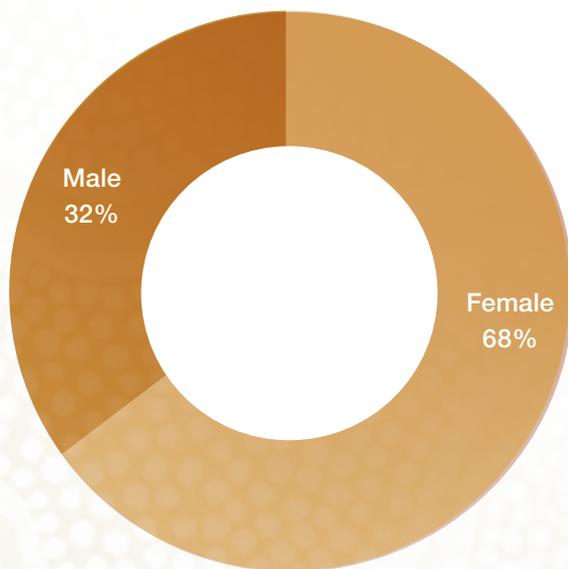
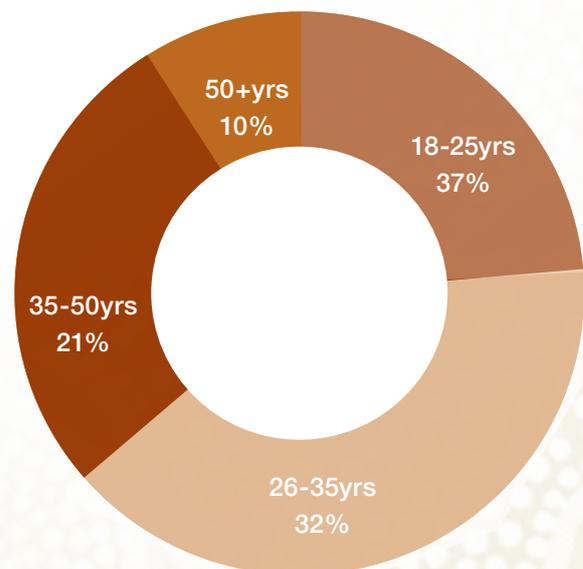
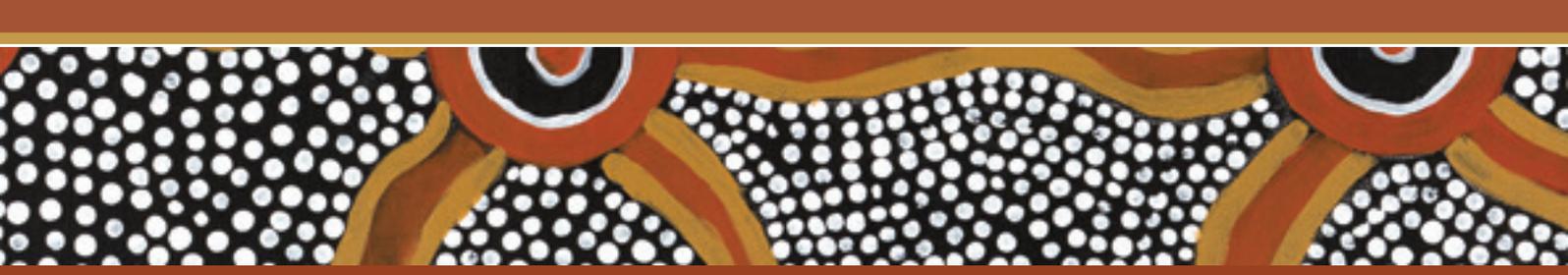


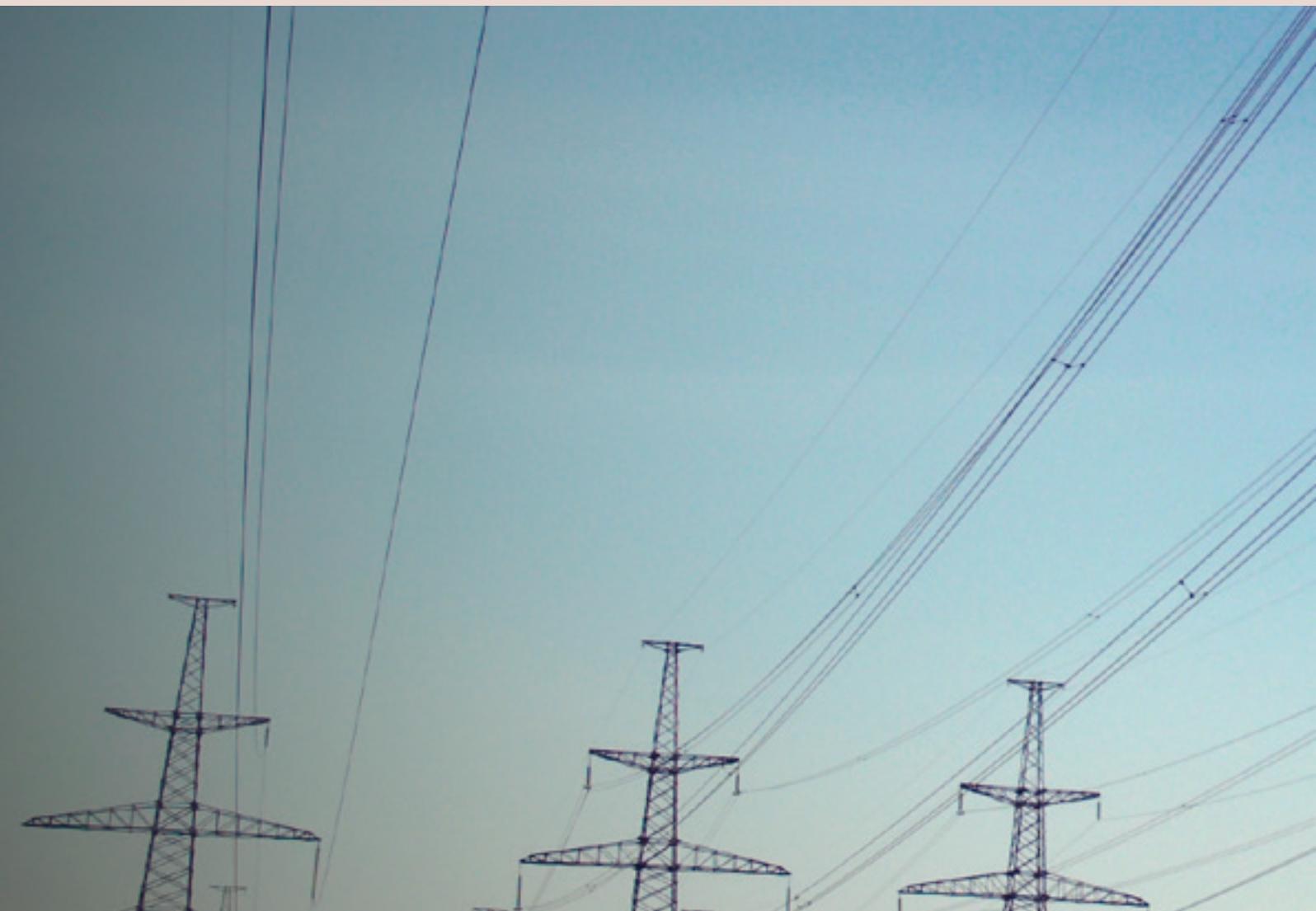
Figure 2: Age of Participants







5. Redfern, Sydney Consultations and Research Findings



1.0 INTRODUCTION

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

- Community Consultants Co-researchers' Summaries. As well as the information from interviews and focus groups Community Consultant Co-researchers gathered information from interviews and focus groups according to a pro-forma provided by the Project.
- Amalgamation and Thematic Analysis. Because of the richness of the information from interviews and outcomes of focus groups and to do justice to the quantity of information, outcomes were quantified as accurately as possible on the basis of discrete items or themes of information. The themes were derived entirely from within the data, rather than any pre-conceived categories. In the case of Sydney, this amalgamation amounted to 33 pages of information.
- Highlighting Major Themes. To provide an insight into the most common themes for each site, the key emerging themes for each question have been ranked.

Direct quotes are in italics.

2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY

Participants were asked a range of questions about issues they perceived to be impacting on individuals, families and on the community as a whole. A key opening question relating to individuals was:

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

Table 1 presents an overview of the most common themes emerging from the responses to these questions.

Table 1: What Redfern, Sydney People Said are the Issues Confronting Individuals, Families and the Community

THEMES	RANKING
Physical, Mental and Emotional Health	1
Economic Circumstances	2
Family	3
Substance Abuse	4
Racism/Discrimination	5
Housing	6
The Justice System	7

2.1 Physical, Mental and Emotional Health

When participants' responses to questions about issues impacting on individuals, families and the community were merged, the most pressing area of concern related to physical, mental and emotional health, including access to appropriate health services. Poor physical health was often identified as being an issue that was of direct concern to the participants. Those who were not personally suffering health and lifestyle problems, often experienced mental anguish as carers of family members with health problems. The range of health issues was extensive and the data suggest individuals often suffered complexities of health and lifestyle issues.

Participants said:

- I am concerned about diabetes and overweight family members with health issues.*
- Our people's health. Physical, mental and emotional health.*
- Physical health and appearance is of concern.*
- Health issues are largely affecting the community. Obesity and Diabetes are widespread amongst the community.*

- ◉ *It is very frustrating as an Aboriginal person to watch. Trying to encourage others to be healthy.*
- ◉ *Health is another aspect which effects X. He exercises regularly, having lost some weight in recent times, and has tried to influence his family to pursue healthier lifestyles, but with limited success. Cancer has affected his family.*
- ◉ *X has had severe health problems over the past few years. She was battling cancer for quite a while, and has only just overcome it. She is in remission. Due to her illness, she has suffered/struggled to aspire to further her career aspirations. She is unsure of what she wants to do with her life at this stage. The cancer has had a negative effect on her family, even though she is OK now, it was still an emotional roller coaster for herself and family, this has caused a lot of stress.*
- ◉ *Health services offer some support – not enough, and some people don't like to ask. Transporting kids makes it even harder.*
- ◉ *Daughter's health – travel to Sydney for health checks. Finances is also an issue because of the travel costs for these check ups.*
- ◉ *X's health problems have caused a stressful environment for her family. Although she has been focused on her own battle, she realises the effect this is having on her family.*
- ◉ *Old age and dementia. Aged care – lack of.*
- ◉ *His grandmother passed away from cancer, due to a lifetime of smoking. Several Aunties and Uncles continue to smoke. His grandfather on his mother's side has had several health issues over the years, including being overweight, and drinking heavily.*
- ◉ *Health Issues – majority of extended family are obese, and have health issues such as cancer and diabetes.*
- ◉ *Many young Aboriginal Mums too shame to access services (mainstream).*
- ◉ *Transport – medical appointments hard to get to with no car. ... Transporting kids makes it even harder.*

2.2 Economic Circumstances

The second most pressing area of concern centred on a range of issues related to people's economic circumstances. Many of the participants' individual concerns were related to supporting their families financially. Employment emerged as a key issue affecting the individuals interviewed. Many of the younger participants, aged 18-25, expressed concern about finding skilled employment without tertiary education. Older participants also expressed concern about unemployment and job security and identified that they felt that there were inadequate education and training opportunities for them.

Participants said:

- ◉ *Family, although they work, are somewhat financially reliant, which makes for added financial pressure.*

- ◉ *Financial issues - try not to let the finances affect family life.*
- ◉ *Centrelink payments are not enough to get by. Child care fees are very expensive.*
- ◉ *Employment: As a young Mum it is hard to find meaningful employment as most employers want full-time workers and this is not possible for young Mums.*
- ◉ *Employment: Many of my family members have a criminal record which makes it very difficult to get a job.*
- ◉ *Her father struggles with obtaining/retaining employment. She has stated her father does drink, and has not got any tertiary education.*
- ◉ *Supporting family. I have to go back to work. I couldn't afford to go onto long day care – wouldn't feel comfortable until baby is a bit older.*
- ◉ *Family members with more than 3 children find it hard to get around on public transport. Redfern Station has a big access issue.*
- ◉ *Money is a large issue affecting her family. Her mother is constantly asking her for money, for what X believes to be a gambling addiction. Her mother works and earns significantly more, though asks for money regularly.*
- ◉ *Due to lack of employment opportunities, family has struggled with money, grandmother lives in community housing, and is at risk of being removed.*
- ◉ *Education is a large issue, in that many community members have had limited education, which has limited their employment opportunities and earning potential later on in life. Often leading to a lower standard of living.*
- ◉ *Education, or a lack of, is a big issue affecting the community - not enough encouragement to pursue further educations or employment skills.*

2.3 Family

The next most pressing area of concern related to general vulnerability of the family, especially around issues to do with children and childrearing. A lack of affordable, appropriate and accessible childcare services was identified as a large issue impacting on parents and was seen to have consequences for other aspects of their lives. Again participants expressed concern about the adequacy of services.

Participants said:

- ◉ *Her mother's side of the family is quite divided and fractured, she has a relationship with her mother, but not many of her extended family.*
- ◉ *Her family is separated. She lives with her mother. She does not have a strong relationship with her father.*
- ◉ *She is not close with her older siblings and feels family pressures for not living up to expectations.*
- ◉ *Conflict – extended family.*
- ◉ *Death – Grandfathers passing was a big loss to the family, since death family has been more divided. Her grandfather passed away a few years ago, and there*

are still some lingering feelings of grief in her aunts and uncles. Her nan is now alone, and there is no family support for her.

- ◉ Siblings/children disputes. I have two children and there are often conflicts between them about my input into their lives.
- ◉ There is not enough support for young Mums. When you are a young Mum you need guidance and support about what to do and how to do it in raising your child. More services in this area would be helpful.
- ◉ Childcare is costly and there are long waiting lists.
- ◉ More long day care service is needed for working families - childcare that is culturally appropriate (such as Murawina used to be). Aboriginal controlled. Also needs to be subsidised. Co-ordinated health programs for Mothers would be helpful to get back into exercise etc.
- ◉ Uncle being a good father to my nephews is an issue for me re family stability. My nephews may not be as strong in their Aboriginal identity without that stability. There is always the worry of drugs.
- ◉ There is quite a lack of communication among her aunts and uncles. No patriarch to hold the family together. Family jealousy (tall poppy) is relevant, in that some family members are envious of perceived opportunities given to other family members.
- ◉ Alcohol and drugs lead to domestic violence.
- ◉ Identifies domestic violence as an issue the community faces. Again, cycles has come into the discussion, in that he feels it is now common practice for men to hit their women and for that behaviour to be passed on, almost as a custom.

2.4 Substance Abuse

Substance abuse (including easy access to drugs and alcohol) emerged as a recurring theme in relation to areas of concern about individuals, families and the community. Substance abuse could also be linked causally to other issues of concern such as unemployment and family violence. While a local issue, people also referred to those who are not local residents but who travel to Sydney for drug and alcohol treatment.

Participants said:

- ◉ Drugs and alcohol – drug treatment programs are based in Sydney. This is usually where problem started. People try to go home where appropriate services are not available. They end up back in Sydney – usually return to drugs.
- ◉ Normalisation of bad habits – drugs and alcohol and unemployment as examples.

- ◉ Ensuring that our kids that partake in drug and alcohol use are advised properly of what repercussions can be. They think they are being powerful.
- ◉ Drugs (use of morphine and wondering how they are getting the stuff).
- ◉ Biggest issue: substance abuse – just had big disagreement with SSWHAS re needle dispensing machine. Community moved addicts and sellers out and ADM will encourage their return.
- ◉ Alcohol and drugs, which lead to domestic violence.
- ◉ Drugs and alcohol are affecting her community, citing how easy it is to get drugs.

2.5 Racism/Discrimination

Dealing with racism and negative stereotyping were identified as being issues affecting the individuals interviewed, along with a general lack in the broader community of cultural awareness, sensitivity or knowledge relating to Aboriginal and Torres Strait Islander cultures.

Participants said:

- ◉ Racism/prejudice – not necessarily malicious. They just don't know.
- ◉ Cultural awareness is there but there is still misunderstanding about communication styles.
- ◉ Police: As a health worker at the Cross, I always carry ID so that I don't get harassed by Police. Only person who is asked for a ticket on the train.
- ◉ X also feels that stereotypes and stigmas against Aboriginal people also affect him. He has a fair skin complexion and is often not recognised as being Aboriginal, which can sometimes be difficult, and create issues surrounding identity. Common phrases heard are "You don't look Aboriginal", and "You don't sound Aboriginal".
- ◉ Racism - Has experienced some racism from people, being fair skinned, with people not knowing he is Aboriginal. Also experiences some lateral violence from some Aboriginal people for being "white".
- ◉ It is hard to get a job due to racism – leads to stereotyping of blacks being lazy. There is also guilt by association; i.e. shoplifting or drugs. This can have a negative effect on wellbeing and self-esteem.

2.6 Housing

Housing was also identified as an issue impacting on individuals. Particular concerns relating to inadequacy, inappropriateness of available housing, the high cost of housing and lack of appropriate support from housing providers.

Participants said:

- *Housing - should be cheaper for the whole community.*
- *Social housing is inappropriate. I have recently been home invaded and they have returned a couple of times. I am having another child and the unit is too small. Waiting list for bigger place is very long. There is a lack of compassion and understanding from housing providers.*
- *Housing - there are long waiting times for public housing. I am currently living in unsuitable temporary accommodation.*
- *Live in shared accommodation. People around me have many issues including mental health, hygiene, laziness issues. Waiting for own housing (5 years) private/ community. Need to get out of the house so I go to TAFE Eora Centre.*
- *Homelessness. I am currently in between accommodations. Demands from family. Community obligations in regards to money.*
- *Aboriginal Housing Office not supportive; I want to move/relocate and give succession of tenancy to my daughter and am getting different answers from different people*

2.7 The Justice System

For some, issues relating to police and the justice system were areas of concern, as was people’s knowledge of the legal system.

Participants said:

- *Police harassment is still a big issue.*
- *Prejudice from police and society in general is another issue.*
- *Lack of understanding re legal issues i.e. AVO’s etc. Rights get taken advantage of if you don’t know them.*
- *My father is in prison and there is not enough support for his elderly parents or for us as his children. There are some services available but there are not enough or they are too costly. Alcohol abuse is an issue as two uncles have died from this and it has lead to imprisonment for my father.*
- *Many of her uncles and aunties have experienced trouble with the law, and have been incarcerated for offences ranging from domestic violence to theft.*

3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITY STRONG

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

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

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

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

THEMES	RANKING
Family Stability	1
Building Community	2
A Supportive Environment	3
Culture	4
Health and Healing	5
Education	6
Importance of Leadership/Role Models	7
Employment	8

3.1 Family Stability

As indicated in Table 2, family stability ranked most highly in relation to making individuals in the community become stronger. The priority given to family in this discussion matched participants’ earlier concerns with families and the range of issues faced within the family. The roles played by a range of family members (mother, father, grandparent, aunt, uncle, sibling), as well as other ‘care-givers’ were recognised.

Participants said:

- *Simply put, X feels the love and support a family gives each other is most important. Having that internal support network is key.*
- *Stability. Has a negative impact if they [families] don’t have that. Strong Aboriginal Fathers are needed. There are many single Aboriginal Mothers and Grandmothers raising kids.*
- *Strong family foundations. Parents and carers are first role models. If they are living positive lifestyle i.e. education and work, this has a positive influence on children to adopt positive behaviours.*
- *Building family relationships. Love. Education in family. Paedophilia not acceptable. Can have loving family but that is not acceptable. Not to grow up hating. Break cycle and instil love. One parent to be strong enough to believe if child reports incident that is inappropriate.*
- *X pays tribute to her stable upbringing, although she feels some family pressure to perform, she says her solid foundations have given her a step up in life, and have*

given her a good sense of self.

- ◉ *Unity! Between different families. Need to be honest in terms of welfare for our clients.*
- ◉ *Having a stable household and strong connection to her mother is important.*
- ◉ *Sense of security/home. Make your home a safe place. Knowing you have a safe place to go to (home).*
- ◉ *Family based programs – not individual. Focus on Aunties/Uncles etc. and other caregivers in community. Programs where whole family can participate together.*
- ◉ *Families would benefit from regular cultural experiences, e.g. DOCS situation – participants to learn together as family.*
- ◉ *Before X's grandfather passed away, the men of the family, although not close, would gather and support each other. Since the grandfathers passing, the family is much more divided and do not support each other the way they used too.*
- ◉ *X feels that support groups, men's groups in particular, are important to maintain strength. Having a patriarchy within the family.*

3.2 Building Community

In response to the questions about making individuals, families and the community stronger, focusing on the community also emerged as a dominant theme. In this discussion of building community, 'networks' and 'connections' were often mentioned, as were notions of 'unity', working together or coming together for shared community events.

Participants said:

- ◉ *Having a strong community network is important.*
- ◉ *Having community input and support is also important.*
- ◉ *Support in dealing with emotional blackmail – families/communities within it causing ongoing rifts.*
- ◉ *Need more community support networks. Family connections are not as strong as they were in our day.*
- ◉ *Community networks, having an active family that supports the community and visa versa, "the more you put in, the more you get out".*
- ◉ *Working together as a community/team. Supporting each organisation to implement positive programs and come together. Work towards a common goal. Things can be better if we work together.*
- ◉ *Unity. Clean up the politics. There are too many egos. Put them to the side. Need definition of 'Elder'. Cultural education. Stop being a victim and stop hating. We've come a long way in 200 years. Don't forget. We have different ways to represent ourselves as Aboriginal people.*
- ◉ *Need connection to community. Finding out more about individuals and community. Even in a general sense.*
- ◉ *Being active members of, or having active members of the community is important in building strength.*
- ◉ *More community gatherings – not just NAIDOC and*

Yabun. Will give people opportunity to get to know each other and maybe help and support them.

3.3 A Supportive Environment

Individuals, families and the community thrive in a supportive environment. Participants repeatedly mentioned the need for support – the support that can occur on a person-to-person basis, peer support, the support of a family, as well as the more communal support of a 'community network'. Reference was also made to formal support services.

Participants said:

- ◉ *Network that is supportive. Most of the time it's not family that is supporting you. It should be extended family and friends. Families often judge too much and always offer their opinion.*
- ◉ *Having solid relationships – Family support. Having a good support network, she specifically listed her close friends as being her direct support network. With family support ranking second.*
- ◉ *Also noting that a strong support network is key to being strong. Family, friends and colleagues are also a great support network.*
- ◉ *Counselling support and follow up. Let family know that you support them regardless of the situation – even if you disagree with their lifestyle choices.*
- ◉ *More family support – a component into existing organisations (respite). Mothers with kids, resources to send their kids to school on a daily basis.*
- ◉ *Support – non-judgemental (family support services). Understanding everyone has different points of view.*
- ◉ *Support services aimed at supporting whole family, not just women, men or kids. These services should be available in all areas.*
- ◉ *Awareness that there are services available i.e. AMS that are safe and that they can confide in. Health Services and AMS's.*
- ◉ *Have's and have not's. All opinions should be heard. They are all valid. We need to treat each other better as Aboriginal people.*
- ◉ *Access to good services/support networks.*
- ◉ *Program support is also an important tool for strengthening the community, and in creating a supportive environment.*

3.4 Culture

Another recurring message about what makes individuals, families and the community strong involved aspects of culture and identity, language and traditional Aboriginal ways. Most of the suggestions involved individuals connecting with their own cultural heritage. Also, aspects of culturally appropriate delivery of program and services were also mentioned.

Participants said:

- ◉ *Need more cultural programs – dance, language, bush knowledge needs to be passed to young people by Elders as they are dying out.*
- ◉ *Resources need to be put into existing organisations so that they can have their own cultural healing component in their services.*
- ◉ *Cultural exchange programs – city – bush kids. This would be good for elderly people – they would like to visit their place of birth. But not to live there.*
- ◉ *More culturally appropriate programs conducted by respected and appropriate community people and more support for these programs. When Governments deliver programs or employ people there should be community consultation re Aboriginality and acceptance in community (Metro Local Aboriginal Land Council process?). Onus of proof needs to be more stringent.*
- ◉ *Learn our language. Oral history. Family tracing is important.*
- ◉ *Having cultural support is also extremely important - having connection to country and culture is imperative for a strong individual and community.*
- ◉ *Having a strong connection to culture, developing a community spirit.*
- ◉ *Cultural fetes and festivals maybe held on public holidays.*
- ◉ *Having events that celebrate culture and create a positive environment for Indigenous culture.*

3.5 Health and Healing

Matching participants' concerns with issues of health, especially mental health, was an emphasis on the importance of focusing on these issues to make people stronger. Several referred specifically to healing in order to address Stolen Generations issues.

Participants said:

- ◉ *Need good mental health, overall.*
- ◉ *A healthy mind and body. X knows what activities she enjoys and what she doesn't, which allows her to keep control of her life.*
- ◉ *Set up advocacy and healing centres in communities.*
- ◉ *More transparent qualified personnel to be employed within agencies or health organisations to quantify all of their necessary indicators that are essential as part of the general healthcare.*
- ◉ *Mental strength is key. Having a positive attitude is extremely important when combating the hardships of life.*
- ◉ *Stolen generations – need parental guidance; may not know how to show affection; has become difficult.*
- ◉ *More support from organisations that are set up to support Stolen Generations. This would make me feel better (as in taking care of my kids/grandkids).*
- ◉ *X's grandparents had direct experiences with the Stolen Generation, and he feels that for his family healing emotionally is important to being strong.*

3.6 Education

Education also emerged as a key theme. This ranged from comments about school education, further education (TAFE and University), up-skilling within the community, as well as 'cultural' education.

Participants said:

- ◉ *Educational support and programs to benefit the community is also important in building strength.*
- ◉ *School is important – need healthy breakfast. Appropriate schooling and culturally accepting/ understanding teachers.*
- ◉ *More encouragement; Educational incentives, especially kids with learning disabilities or lack of role models. How do you measure kids with disabilities? This leads to lack of basic life skills. More homework centres to assist kids would be helpful.*
- ◉ *Expressing to desire to pursue further education.*
- ◉ *Having some forms of education is key to progressing and being strong. Strong foundations.*
- ◉ *A solid education is key to making a strong individual - in today's society, one must have some education to succeed or risk getting left behind. Need to be an acceptance of institutions such as TAFE's and Universities.*
- ◉ *Up-skilling within communities. Known community people rather than just someone who is qualified to run programs which leads to empowerment.*
- ◉ *Cultural education educating kids – generational.*

3.7 Importance of Leadership/Role Models

Participants also recognised the positive part played by strong leaders and role models as a way of making individuals, families and the community become strong.

Participants said:

- ◉ *Having strong community role models and leaders and mentors, e.g. the Moree Bombers (local footy team) providing the men with a support group, and providing a positive atmosphere for the younger men to become leaders themselves.*
- ◉ *Having recognisable community leaders that people feel they can go to, and feel represent them on important issues.*
- ◉ *Role models within community and out that are involved in programs. Preferably within community to set a good example.*
- ◉ *Younger people stepping up and becoming leaders and role models.*
- ◉ *Leaders in the community.*

3.8 Employment

Several participants mentioned the importance of employment.

Participants said:

- Need to be seeing more black faces in workforce.
- Enjoying work, although she can find it stressful, she enjoys her works, and the benefits it has on the community.
- She also believes having a job is important

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 Redfern, Sydney People Said about Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing

THEMES	RANKING
Health/Healing Focus	1
Focus on Children/Youth	2
Cultural Focus	3
Support Focus	4
Education Focus	5
Access Issues	6

4.1 Health/Healing Focus

In response to the question about preferred cultural, social and emotional wellbeing, empowerment and healing programs, the strongest message was about a range of issues and programs that focused on health and healing.

Participants said:

- Aboriginal run healing programs/social/cultural. Not good to have non-Aboriginal people telling you how to feel. Counselling not effective if person hasn't been there, done that. People don't like the word 'counselling'. Get together in park/yarning more effective.

- Healing programs need to be more regular. Different ones targeted at younger and older people.
- Massage: We don't touch people. Need more human contact, especially for our old people. Learn about traditional medicines and healing. Cross cultural exchange with Healing House.
- Health and wellbeing for families and caregivers in the community. Needs to be a female based healing program in the community to cover social, emotional and cultural wellbeing. eg: Sistas and Aunties (NCIE).
- Pilates: Training your mind/brain re posture & health etc. Acupuncture is good for losing weight. It is also a kick-start to a healthy life. Motivates you to do other things.
- Mental Health awareness and rehabilitation programs and units.
- Drugs and alcohol – prevention and awareness programs.
- Stolen Generations – not necessarily understanding family dynamics. Lived in fear – how to deal with it and manage it. Dysfunction comes from this. Learning about history can be distressing.

4.2 Focus on Children/Youth

Programs involving and supporting children and young people also featured prominently as preferred options in the community. The focus on youth incorporated activity-based options, education and leadership, as well as the need to enrich the social and cultural aspects of young people's lives.

Participants said:

- More/different playgroup services.
- More youth programs – support for when they muck up.
- More support programs for Aboriginal young Mums.
- Youth gathering spaces with activities and offers security. Not enough in community where you feel welcome, not judged. Someone to talk to.
- Youth Programs – Homework/Educational support; Sporting programs.
- Cultural support, a place where youth can engage with their culture.
- Social activities - youth could benefit from activities that run on evenings and weekends to support youth that are bored.
- Mentoring/Leadership programs – support youth outside of school.
- Assist youth that have not got much family support, youth that have 'fallen through the gaps'.

4.3 Cultural Focus

Participants also talked about programs with a cultural focus, including: connecting to country; documenting family history; Elders sharing experiences.

Participants said:

- More access to cultural programs especially in Sydney.

Kids may not know how to express that. Anything around traditional culture; dance/art/music. They build self-esteem.

- *Documenting family history / stories – videos.*
- *Taking groups out bush. Group sessions with Elders. Age-appropriate programs for Elders/youth.*
- *Cultural programs that focus on connection to country and communities.*
- *Cultural programs for children and families to connect to culture.*

4.4 Support Focus

The theme of support again emerged, as a reminder that participants recognised the importance of an overall supportive environment.

Participants said:

- *Supporting existing men or women’s networks.*
- *Family support groups.*
- *Having a broad approach to issues, but then provide links to other organisation/programs that can offer further support if needed.*
- *Development of support networks.*

4.5 Education focus

Reference was made, again, of the importance of education.

Participants said:

- *Education for the wider community about us would be useful.*
- *Education strategies ensuring that of reintroducing or copycat initiatives.*
- *Educational/empowerment programs.*
- *Education programs – Providing the community with ownership over education, ultimately empowering the community to utilise education further.*

4.6 Access issues

Apart from comments about the possible content of programs, issues of access were also raised, participants said:

- *There are many programs available – access and use of these programs is the issue.*
- *Give people opportunity and more awareness of what is available.*
- *Available to everyone.*
- *Outreach support – Existing organisation to do outreach, not everyone is able to access the services available.*

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 presents an overview of key themes emerging from their responses.

Table 4: What Redfern, Sydney People Said About Barriers to Introducing Programs

THEMES	RANKING
Empowerment and Program Ownership	1
Funding/Bureaucracy	2
Access/Awareness Issues	3
Community Attitudes	4
Appropriateness of Delivery	5
Shame	6

5.1 Empowerment and Program Ownership

A major barrier for participants related to who delivers the programs. It was important for the community, and specifically the Aboriginal and Torres Strait Islander communities, to feel empowered and have ownership of the programs, rather than having ‘white people knowing what’s best’.

Participants said:

- *Nothing unless appropriate community people are consulted and the community people are running programs.*
- *Getting to the point of confidence that we know we can run programs and do things ourselves.*
- *Positive approach to issues. Make people feel empowered.*
- *Don’t want to talk to ‘outside’ people. Trust needs to be there.*
- *Aboriginal people to run programs, not non-Aboriginal.*
- *Lack of community support. Need to involve the community from the beginning, create that ownership.*
- *Expectation – Aboriginal people do it for themselves for free vs. white fellas are paid \$\$.*
- *Not white people knowing what’s best.*
- *New people ignorant of culture and community – don’t know how to deal with Koori people.*
- *Need to know about community. Up to community.*

5.2 Funding/Bureaucracy

Participants raised concerns about the funding of the programs and were wary of ‘strings’ attached to program funding. There were also concerns about the need for

longer-term funding for sustainability of the programs.

Participants said:

- *Funding – bureaucracy, because of red tape.*
- *Funding is not ongoing. Needs more commitment and support.*
- *More programs not necessarily needed – existing programs need more funding.*
- *Funding always hard to access. Government interest is needed to access funding and other community organisations.*
- *Financial – funding needs to be ongoing/long term. Some organisations don't have capacity to access funding. Partnerships would be helpful but they are not linking up to support smaller organisations.*
- *Funding. Too many strings attached to financial support.*
- *Funding outside of urban areas. He feels there is an abundance of programs in urban areas, but not nearly enough for rural or remote areas.*

5.3 Access/Awareness Issues

Participants perceived that access issues (of which transport to venues was a major one) also posed a barrier to programs.

Participants said:

- *Transport is always an issue.*
- *Transport – hard to get around, especially for elderly and the parents of small kids.*
- *Access to services – transport – time management skills.*
- *Lack of facilities in remote areas.*
- *Programs not being promoted to the community. Lack of awareness and some urban areas.*
- *Not enough outreach to the community.*
- *Poor awareness of programs.*
- *There may be a lack of skills – need up-skilling*

5.4 Community Attitudes

Participants recognised that community participation in programs was important, but community attitudes could be a barrier, for example negative perceptions of the program, lack of engagement and people being set in their 'old ways'.

Participants said:

- *Negative perception of government programs. Anything provided by the government is immediately shunned.*
- *[Lack of] Community engagement is needed to ensure relativity.*
- *Old ways – some people are set in their ways and hopefully this will change soon.*
- *Community involvement, lack of participation or engagement.*
- *Acceptance from the community.*
- *Community support is also a barrier. Suggested ways around this were a consultation phase in the program delivery.*

5.5 Appropriateness of Delivery

Apart from the earlier comments about 'who' delivers the programs, participants also talked about 'how' they might be delivered, with key messages being about engagement and cultural appropriateness.

Participants said:

- *Judgemental service or service providers would be a barrier. Negative word of mouth. Lack of trust. Where is service? (Location). Is it convenient? Sense of belonging is wanted.*
- *A co-ordinated approach.*
- *Language use – name of programs.*
- *Don't like workshop set-up. Get togethers more effective. Like-minded people yarning is more effective.*
- *Engagement is also a barrier. How?*
- *For a program to be successful, there needs to be proper facilitation. Otherwise, people won't engage.*

5.6 Shame

Several participants also commented on people lacking confidence or feeling shame.

Participants said:

- *Lack of confidence – shame (in regards to white people).*
- *Fear. What are they gonna make me do? Am I going to have to give away too much information? Look too stupid. Will I look too white? Be embarrassed? Will I fit in? (It's ok to be ok – sometimes people feel like they have to have had trauma in their lives to participate in program). There is a misconception that all Aboriginal people have had trauma in their lives.*

6.0 PREFERRED PROGRAMS IN THE COMMUNITY

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

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

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

Table 5: What Redfern, Sydney People Said about Programs and their Delivery

THEMES	RANKING
Cultural Aspects	1
Program Delivery	2
Health/Healing Focus	3
Having Local Involvement	4
Self-development Focus	5
Family Focus	6

6.1 Cultural Aspects

The primary theme to emerge about preferred programs was the need to have a constant and consistent cultural message, described by one person as a cultural ‘awakening’ or ‘spirituality’. While the main message here was about the community connecting to its own cultural heritage, it was also about the broader community becoming more culturally aware. The cultural message was also extended beyond a focus on Aboriginal and Torres Strait Islander culture to incorporating learning about other cultures

Participants said:

- Always have an aspect around culture. Delivered by appropriate, respected, qualified community members.
- To learn from other cultures.
- Dance – cultural exchange; locally, nationally, international.
- For Elders – excursion funding – to show them places they have never seen – Uluru, Lake Mungo. Cultural exchanges.
- Bit of everything – cultural knowledge delivered by people who know what they are talking about; what is appropriate and what is not.
- City/Country – cultural immersion. City kids don’t know about bush. Involve community members and the police – history. Good to hear about to put things into perspective.
- Activities which include cultural activities, physical activity.
- More cultural awareness for workers (health, housing, shop assistants, etc.).
- Especially nurses/doctors and health workers. Better understanding of Aboriginal culture will lead to better outcomes. Year 12 learning more about our culture, especially in rich areas or where there aren’t too many Aboriginal people living.

6.2 Program Delivery

Consistently, throughout the consultations an underlying message about program delivery focused on Aboriginal and Torres Strait Islander peoples ownership and what was needed for people to feel connected and involved. Programs needed to be responsive to community needs and be relevant and accessible to all.

Participants said:

- Somewhere where we could go to voice our opinion eg; AMS etc.
- Improved knowledge of basic living skills, i.e. budget/job seeking/resume skills.
- Ongoing program that evolves to the communities needs, not just same thing offered over and over again.
- Positive approach to issues. Make people feel empowered.
- Active programs.
- Present information in an engaging way. Activities that promote a social atmosphere.
- Honest service delivery of programs. Without underhanded and manipulative craft that is in play within our divisions.
- Programs that do not discriminate re individual homes. (Stolen Generations). Should be for all – run by people with experience. Not just uni graduates who don’t know issues.
- Offer programs for free. Available to everyone.

6.3 Health/Healing Focus

- Mirroring previous messages about health and healing, the question about preferred programs again elicited responses around this theme. The target populations for health, healing and healthy lifestyle programs ranged across age groups with suggestions also for targeting whole families.
- Participants said:
- Workshops around healthy lifestyles for the whole family to participate.
- Healing involving counselling and conflict resolution.
- Education around health issues and how negative habits can lead to a shorter life.
- I'd like to see more health programs for both Elderly and youth.
- Drug and Alcohol awareness and rehabilitation programs. Safe house.
- Auxiliary support, sometimes people just want someone to talk to.
- Health programs for older generations and families.
- Anti-smoking programs.

6.4 Having Local Involvement

This question emphasised the need for the local community to be involved and consulted and to target programs to specific groups.

Participants said:

- Aboriginal controlled and run programs.
- If about men, ask the men; if about women, ask women.
- Delivered on a community/grass roots level.
- Program that addresses core issues controlled and government by our own people.

6.5 Self-development Focus

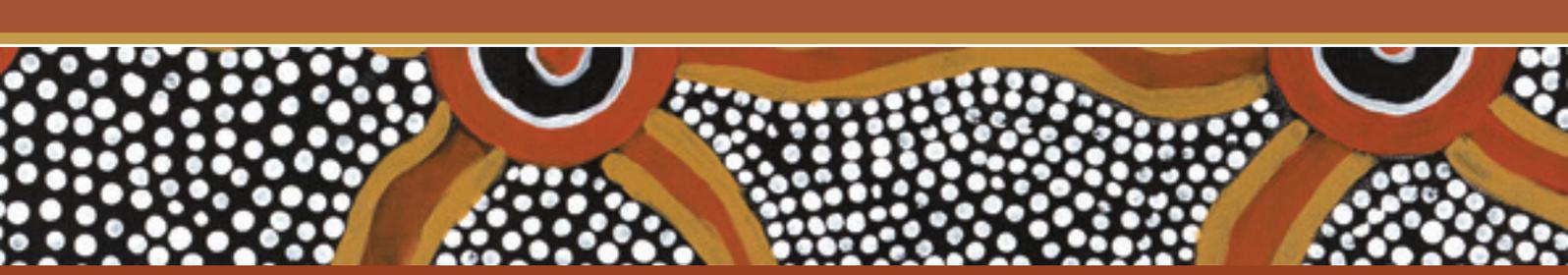
Several participants suggested a focus on personal self-development.

Participants said:

- Programs aimed at self-esteem.
- More training in becoming a better person. Role model to inspire them. Nice day out to kick start this process.
- Teach you how to represent yourself in workplace (appropriately). How to take responsibility for yourself. Don't need to stop being black. Adapt to your situation. Workplace support would be helpful. Liaison officers/peer support to raise issues.

6.6 Family Focus

- Several also specified programs aimed directly at the family, participants said:
- Family based programs eg: NA & AA Intervention type, with other families/own family. To show person the effect they are having on family.
- Family day – something for whole family to do – activities. Not just put kids on a ride and walk away. Re structured/informal – is it culture or just sharing a meal and conversations? Is it about fitness and exercise? Have movie nights for family/men/women.



Conclusion



Community consultations with local Aboriginal and Torres Strait Islander peoples living in Redfern, Sydney suggest people perceived a number of critical issues for individuals, families and communities. These issues were also highlighted through the two day cultural, social and emotional wellbeing workshop which was delivered to Redfern, Sydney following the Community Consultations.

The consultations revealed a range of pressing concerns faced by individuals, families and the community as a whole. High among these was a concern with physical, mental and emotional health, including access to appropriate health services. The range of these concerns was extensive and the data suggest individuals often suffered from a complex mix of health, mental health and lifestyle issues. Health concerns extended beyond the immediate health and lifestyle issues as they impacted on individuals, to concerns with their impact on carers and other family members.

Other major concerns that emerged from the Redfern, Sydney consultations involved issues related to people's economic circumstances – financial burdens, unemployment and contributing inadequate education and training opportunities. Substance abuse (including easy access to drugs and alcohol) also emerged as a recurring theme in relation to areas of concern about individuals, families and the community. Substance abuse was linked causally to other issues such as unemployment and family violence. Underpinning all of these issues confronting individuals, families and the community was dealing with racism and negative stereotyping, along with a general lack in the broader community of cultural awareness, sensitivity or knowledge relating to Aboriginal and Torres Strait Islander cultures.

Other areas of concern frequently mentioned by participants in the Redfern, Sydney consultations included issues around policing and the justice system and housing inadequacy, the high cost of housing and lack of appropriate support from housing providers.

Paralleling the concerns and issues raised by the participants in the Redfern, Sydney consultations were suggestions for what could be done to make individuals, families and the community stronger. At the core of the many suggestions, ensuring the stability of the family

unit was the most frequently recurring theme. The roles played by a range of family members (mother, father, grandparent, aunt, uncle, sibling), as well as other 'care-givers' were recognised. Along with the prominence given to family was a corresponding focus on what could be done to build a stronger and more supportive community. In this discussion, 'networks' and 'connections' were often mentioned, as were notions of 'unity' and working together. Building stronger connections with Aboriginal and Torres Strait Islander culture and traditional ways were also significant themes.

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 peoples 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).

While these have historical causes, they are perpetuated by contemporary structural and social factors. This was evident in all the sites that were part of the Project, and this certainly is a picture that the research outcomes of the Redfern, Sydney 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 the cultural, social and emotional wellbeing workshop:

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

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

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

While the National Empowerment Project provided a great opportunity for the local Aboriginal and Torres Strait Islander people's voices to be heard in Redfern, Sydney, 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 the local Aboriginal and Torres Strait Islander peoples and communities in the area to utilise the information presented in this report to better inform discussions and suggestions for change going forward.

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

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Appendices

Appendix 1: NEP Community Consultant Training Program

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

Documents Distributed

National Empowerment Project – Community Consultation
Co-Researchers Training Manual

Keeping Research on Track,

UN Declaration of Indigenous Rights

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

Research as Intervention: Engaging Silenced Voices
– Dr Michael Wright

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

Duration: 3 to 4 hours.

1. Introduction:

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

2. Welcome/Acknowledgement to Country

3. Participants to introduce themselves briefly.

4. Objectives/Aims

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

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

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

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

It is about bringing feelings of despair out into the open, having your pain recognised, and in turn, recognising the pain of others.

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

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

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

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

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

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

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

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

Break into smaller groups and discuss:

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

6. Close



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

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

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

INTRODUCTIONS

Interviewer to give information form and tell people:

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

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

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

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

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

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

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

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

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

WHAT IS OUT THERE?

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

GENERAL COMMENTS

Any other comments?

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

DATE:		INTERVIEWER:		COMMUNITY:	
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STAKEHOLDER:	
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INTRODUCTION

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



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

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

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

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

HEALING AND EMPOWERMENT PROGRAM INDIGENOUS CONSULTATION WORKSHOP



Moving Towards Healthy Communities Through Strong Individuals

HAVE YOUR SAY



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

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

