



The National Empowerment Project
Mildura

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Mildura

July 2013

Terry Brennan, Andy Charles, Anne Butorac, Adele Cox, Pat Dudgeon and 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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Abbreviations

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

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Artwork

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

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

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



1. Introduction



Executive Summary

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

Nine sites were part of the Project. Mildura was the only site in Victoria.

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

- **Mildura, Victoria**
(Malle District Aboriginal Service)
- **Northam/Toodyay, Western Australia**
(Sister Kate's Home Kids Aboriginal Corporation – Auspice Agency Communicare Inc.)
- **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)
- **Sydney, New South Wales**
(National Centre of Indigenous Excellence)
- **Toomelah, New South Wales**
(Goomeroi Aboriginal Corporation)

Community participation is at the heart of the NEP and as such relationships with partner organisation were established and two local Aboriginal consultants were employed in each site. The Mallee District Aboriginal Service was the partner organisation in Mildura.

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 40 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 Mildura consultations identified a range of concerns relating to youth around crime, fighting and the need for more family responsibility and control. This was also linked to a lack of parenting skills. Substance abuse was a recurring theme impacting on individuals, family and the community, with a strong link to violence, feuding and family breakdown. Lack of available work had consequences on individuals and their families. General health and mental health issues were also raised as a community concern.

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

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

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

Recommendation 1: A program needs to be community owned and culturally appropriate. A local Mildura 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 Mildura, 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.

Background

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

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

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

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

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

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

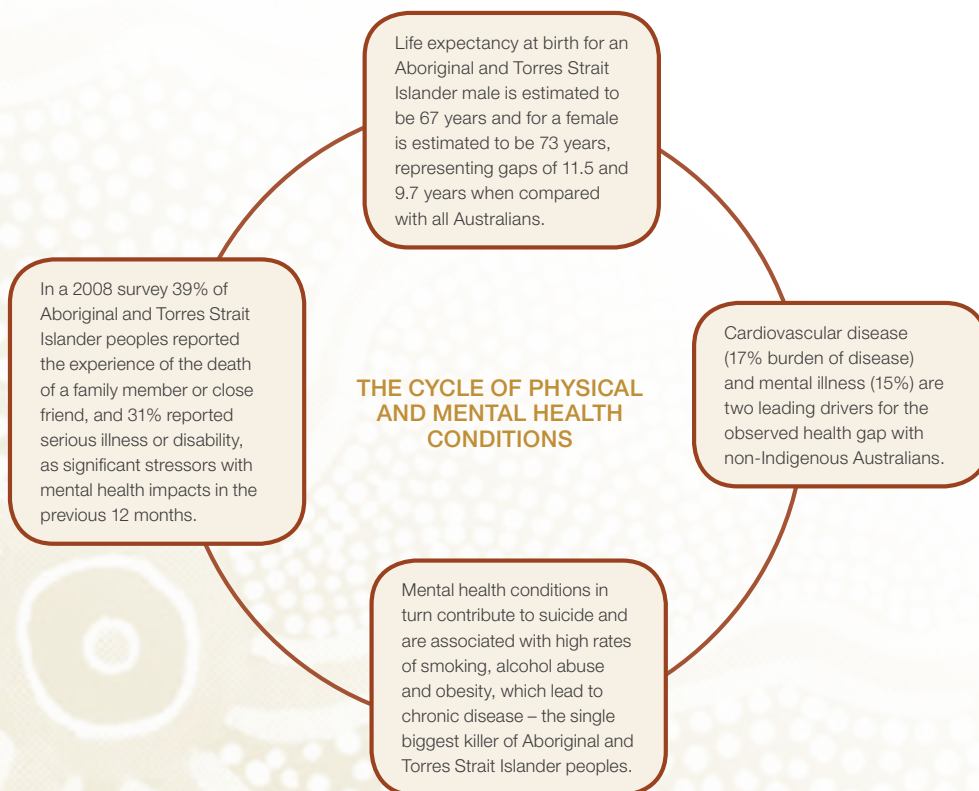
Across virtually all the indicators in this Report, there are wide gaps in outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. The Report shows that the challenge is not impossible – in a few areas, the gaps are narrowing. However, many indicators show that outcomes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

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

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

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

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



National Mental Health Commission (2012, p.41)



Aboriginal and Torres Strait Islander Mental Health

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

Nationally, twice as many Aboriginal and Torres Strait Islander peoples experience serious psychological distress (32%) compared to non-Indigenous Australians (17%) (ABS & AIHW, 2010). Serious psychological distress among Aboriginal and Torres Strait Islander peoples tends to be correlated with higher exposure to stressful life events, which accompany the social determinants. Stressful life events include death of family members, serious illness, accidents, incarceration of family members, and crowded housing. It is likely therefore, that the deeper inequities

faced by Aboriginal and Torres Strait Islander peoples across the country have produced dangerously high levels of psychological distress. When serious psychological distress exists among 30% of people in any community, it can easily spread and become 'community distress' (Kelly, Dudgeon, Gee & Glaskin, 2010). This risk is further heightened in remote and isolated communities, and amplified again by the interconnected nature of remote Aboriginal communities.

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



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

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



2. Background: National Empowerment Project



The Kimberley Empowerment Project

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

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

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

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

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

The literature review identified:

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

Key findings included:

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

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

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

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

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

Programs should focus on:

- 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 peoples 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 peoples mental health and cultural, social and emotional wellbeing are recognised as having cultural underpinnings and needing to be undertaken with Aboriginal and Torres Strait Islander communities. It flows on from many formal and informal community consultations across the country about the need for Aboriginal and Torres Strait Islander community based understandings of mental health and the work required to be undertaken to unpack Aboriginal and Torres Strait Islander peoples meanings of strengthening 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 peoples mental health, examine how the community perceives these and how they can be addressed and strengthened and transferred into meaningful programs.

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

Stage One: Community Consultations

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

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

Stage One aimed to:

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

Stage Two: Program Development

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

Stage Two will:

- Assist local communities to develop an empowerment, healing and leadership program for their own areas.
- Train local Community Consultants as Co-researchers and facilitators to deliver the program.
- Produce training materials, facilitator workbooks and participant workbooks.
- Work with other experts in the field to develop an appropriate program that includes information for each local community about what they need to empower themselves, their families and the wider community.
- Work with local communities to plan and deliver a two day 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.

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.

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 people and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment. The centrality of Aboriginal and Torres Strait Islander identity, family and kinship must also be recognized.

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 and Torres Strait Islander peoples. These differences need to be acknowledged and valued.

Acknowledging a History of Colonisation

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

Principles: The National Empowerment Project

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

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

Social Justice and Human Rights

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

Community Ownership

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

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

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

Community Capacity Building

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

Resilience Focused

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

Building Empowerment and Partnerships

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

Respect for Local Knowledge

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

Project Sites: The National Empowerment Research Project

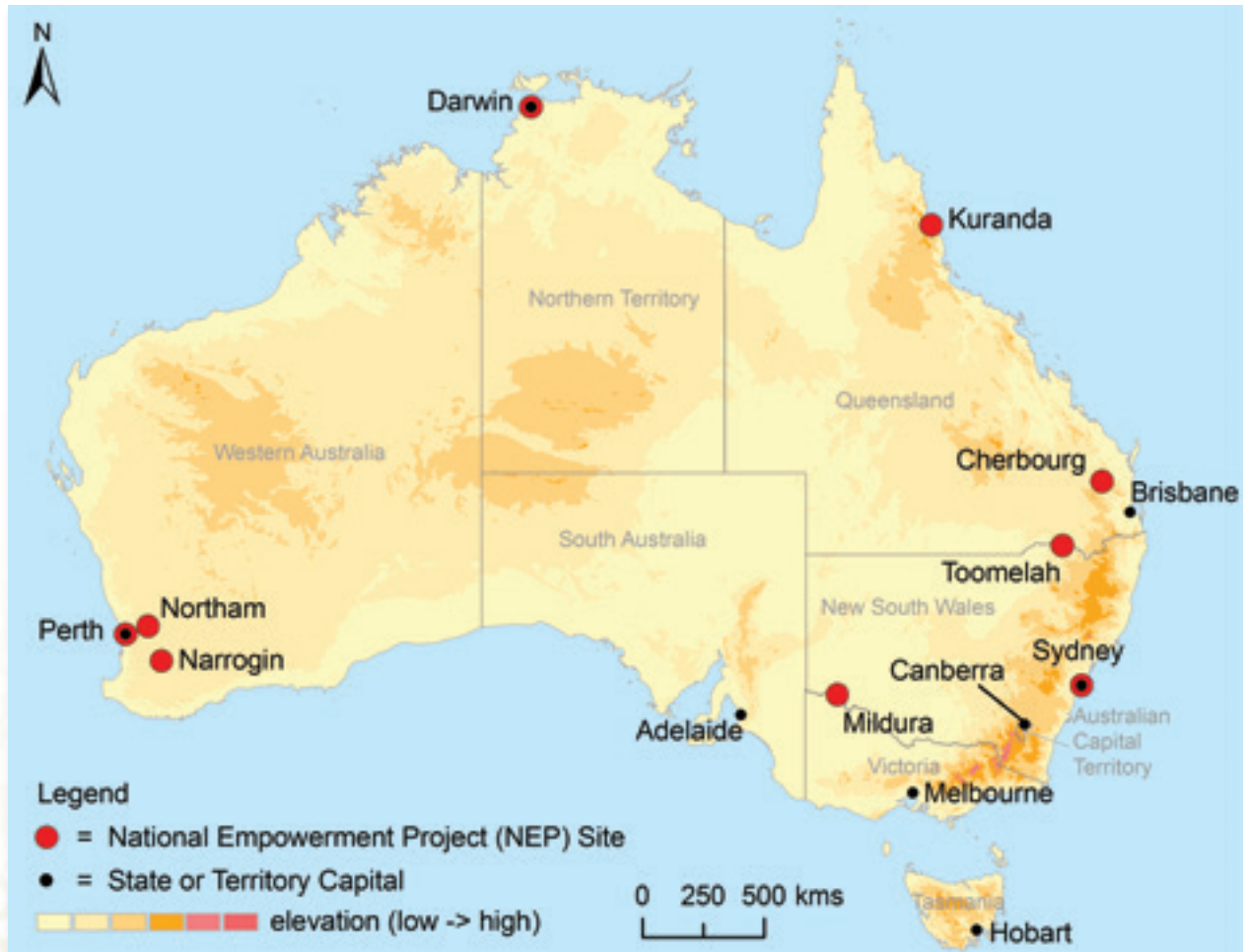
The National Empowerment Project has been working with local partner organisations in nine sites across Australia. These sites were selected by the National Empowerment Project team, the Advisory Committee and the Department of Health and Ageing and were identified based on initial community consultation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

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

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



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



Local Partner Organisations and Community Consultant Co-researchers

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

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

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

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

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

Community Consultant Co-researchers

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

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

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

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

Community Consultant Co-researchers Training

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

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



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

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

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

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

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

All facilitators presented very well. Delivery was excellent.

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

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

Conclusion

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

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: Mildura Community



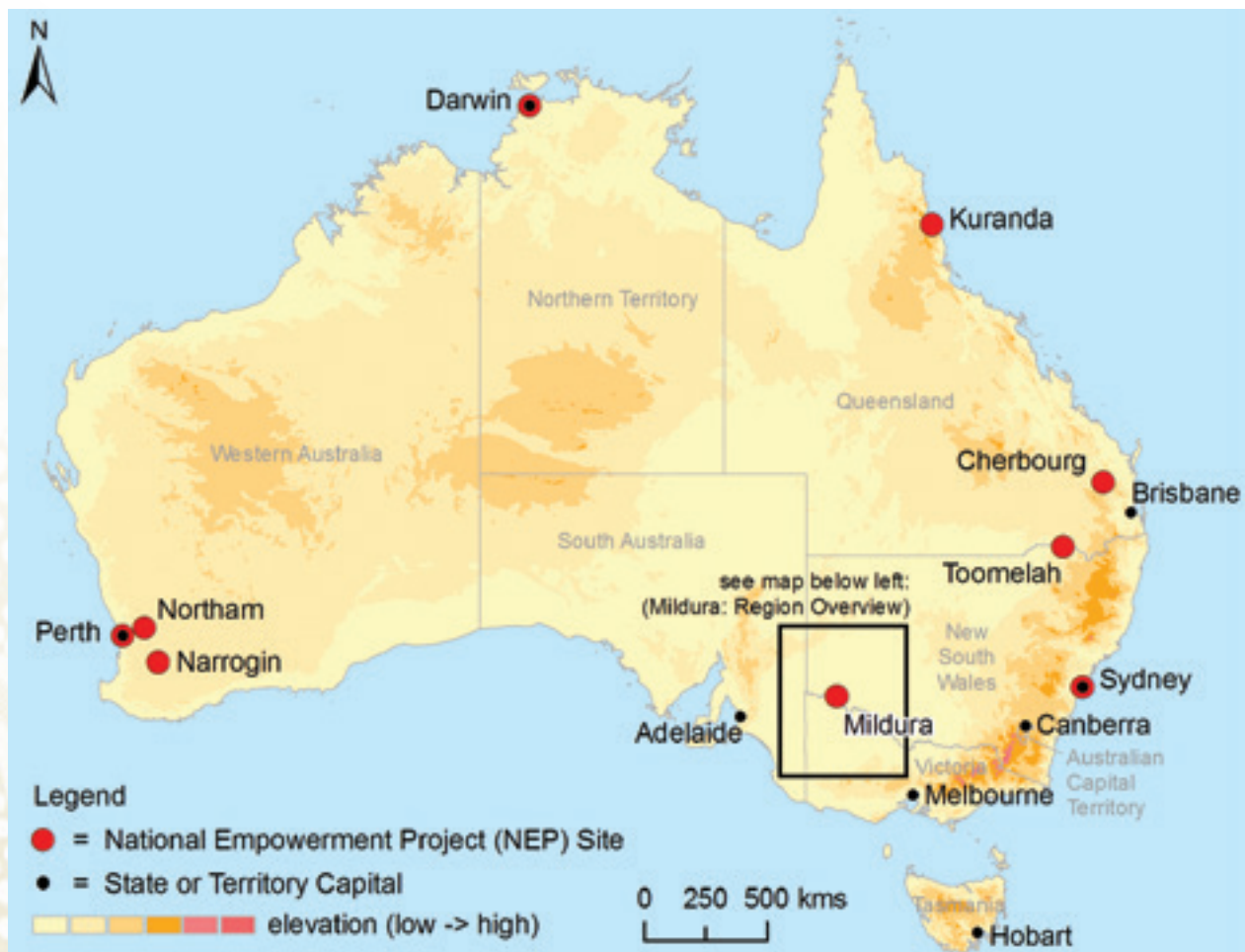
Background

Mildura is a major city of the Mallee region in Northwest Victoria. The Mallee, (from 'Mali' a traditional Aboriginal name for the vegetation *Eucalyptus Dumosa*) encompasses the River Murray and is the driest and hottest region of Victoria. Mildura is located on the banks of the Murray River, one of Australia's longest rivers.

The 2011 ABS population data indicate Mildura has a total population of 50,979 of which 1,837 (3.6%) are Aboriginal and Torres Strait Islander peoples (ABS, 2011). Local people recognise the Latje Latje and Barkindji (also known as Paakantji) peoples amongst others as being original inhabitants of present-day Mildura. In the Latje Latje language, the name Mildura has been taken to mean 'red earth'.

Today, many Aboriginal people living in Victoria and south-central New South Wales refer to themselves as 'Koorie' ('Koori'). The term derives from the word for 'people' in the Aboriginal languages of the coastal groups of central and northern New South Wales.

Map of Australia: Mildura (National Empowerment Project Site)



Early History

Aboriginal people have been living along the Murray River for thousands of years. They called the river Millewa or Tongala. The land and the river with its swamps and billabongs have always been of significance to Aboriginal peoples living along the river (Bickford, 1982).

Lake Mungo, located approximately 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 archeological finds. In 1974, the oldest human remains found in Australia, Mungo Man, estimated at between 40,000-60,000 years were discovered at this site (Australian Geographic, 2013). Archeological evidence from Lake Mungo, including artifacts such as flake tools, sandstone grinders and food sources from the lake and from hunting testify to the area's historical significance as an Aboriginal site dating back at least 40,000 years (Lake Mungo, 2013).

Although the name 'Mungo' is not a traditional Aboriginal name, the local Elders have chosen not to rename the lake and its surroundings because of the national and international significance that it brings to the area (Welcome to Country, 2013).

Missions and Protectionism

Following further colonial expansion, the massive decline of the Aboriginal population and in response to public pressure, in 1860 the colonial Government of Victoria set up the Central Board for the Protection of Aborigines. The Board oversaw the establishment of missions and reserves, which were commissioned to provide food rations, a place to live, as well as an introduction to the Christian way of life.

While the reserves and missions may have contributed to the physical survival of some Aboriginal people they also facilitated the destruction of Aboriginal culture, languages and lifestyle and severely undermined the independence of the people.

Many Aboriginal people today still associate with the mission station or reserve where they or their family members lived.

In the town of Dareton NSW, across the Victorian border from Mildura was the nearest local Aboriginal mission. The old mission site is now a local residential area for local Aboriginal people.

Mildura: Region Overview



Mildura: Detail





Mallee District Aboriginal Service (MDAS)

The Mallee District Aboriginal Service (MDAS) provides a range of services for Aboriginal people including:

- Drug and alcohol services.
- Employment services.
- Family welfare services.
- Health-care and respite services.
- Housing and accommodation services.
- Youth justice; and
- Youth services.

The MDAS (formerly the Mildura Aboriginal Corporation) started from humble beginnings in the early 1980's under a government initiative aimed at supporting Aboriginal communities to address their own needs. It began life as the Sunraysia District Aboriginal Corporation with two workers in a single room providing health services, including drug and alcohol counselling, and a Koori playgroup offering respite and social connection for parents of small children.

In the first decade, the service grew rapidly as community needs were identified and the Organisation linked with other providers and government agencies. With growth came the need for new premises and led the Organisation into a social enterprise venture with a building company that provided new premises as well as training and employment for the Aboriginal community.

Currently, the MDAS is again about to experience a transition. As reported in the Mildura Independent (December 19, 2012), work was about to commence on a new four million dollar Aboriginal Health Centre. The new centre would double the size of the existing the organisation's capacity. A key factor in the expansion was the need for adequate counselling rooms for mental health and drug and alcohol clients.

In the Action Plan, Lisa Neville Minister for Mental Health, writes:

Suicide is a significant issue in Victoria and within Victorian Aboriginal communities in particular. Suicide is an incredibly complex social issue that can result from a range of factors such as adverse life events, physical and mental health issues, drug and alcohol misuse, social isolation, socio-economic disadvantage and poor family support. For Aboriginal communities, these factors may be further compounded by historic government policies, racism, loss of land and culture, social disconnection and living in an environment of relative disadvantage (Department of Health, 2010, p.2).

Mallee District Aboriginal Services, Chief Executive Officer, Rudolph Kirby, lamented the lack of Aboriginal mortality data but suggested "anecdotal evidence indicates there have been 12 cases of suicide or attempted suicide in the Mildura and Robinvale regions in the past six months". He pointed to the importance of the Corporation's planned new \$4 million health centre and said he was pleased Mildura had been chosen as a site for the current National Empowerment Project on Koori youth suicide.



4. Project Methodology



The aim of the National Empowerment Project has involved consulting with nine communities across Australia to identify the ways in which an empowerment, healing and leadership program could assist Aboriginal and Torres Strait Islander people to deal with the many issues and factors that contribute to community distress and suicide.

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

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

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

Research Approach

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

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

In Australia, there are concerns amongst Aboriginal and Torres Strait Islander peoples about research that is being conducted in their communities. From past experience, research has rarely service the interest of or included in

genuine ways the marginalized people it involves. There remains concerns whether current practices are serving to continue the process of European colonization, as research has been frequently conducted by non-Indigenous Australians with little benefit to communities (Rigney, 2001; Moreton-Robinson, 2000; Oxenham, 1999; Nakata, 1997). Numerous Indigenous scholars and researchers, including Smith (1999) are challenging western concepts and paradigms that have been deployed to understand Aboriginal and Torres Strait Islander peoples and their issues. There has been a movement that demands the proper inclusion of Aboriginal and Torres Strait Islander peoples from the beginning to end of any research activity (Dudgeon, Kelly and 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 Aboriginal and Torres Strait Islander peoples 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).

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 organization in Mildura was Mallee District Aboriginal Service, which provides a number of services including Drug and Alcohol, Employment, Family Welfare, Health and Health Care and Respite Services, Housing and Accommodation Services.

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

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

The Mildura Community Consultant Co-researchers were Terry Brennan and Andy Charles.

Communities and Stakeholder Recruitment

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

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

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

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

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

Profile of Consultations Completed

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

The majority of the participants in the community consultations were Aboriginal people. Overall there was almost an even split between male (47%) and female (53%) participants in the project (Figure 1) and a predominance of people in the 18-25 and 36-50 age groups (Figure 2).

Table 1: List of Number and Type of Participants

LOCATION	INDIVIDUALS	STAKEHOLDERS
Mildura	37	3
	40	

Figure 1: Female and Male Participants

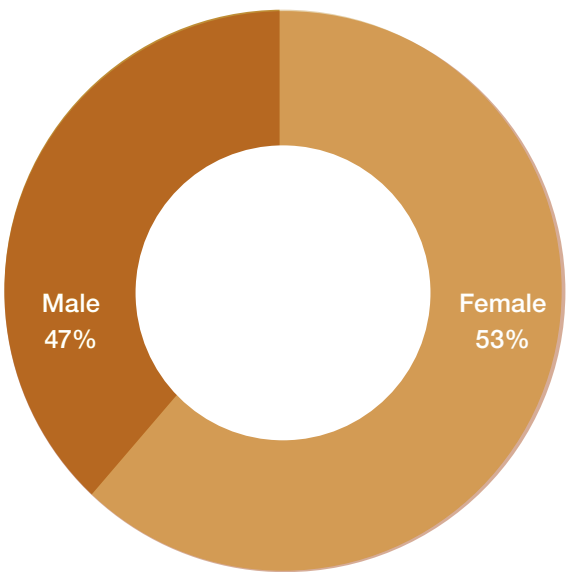
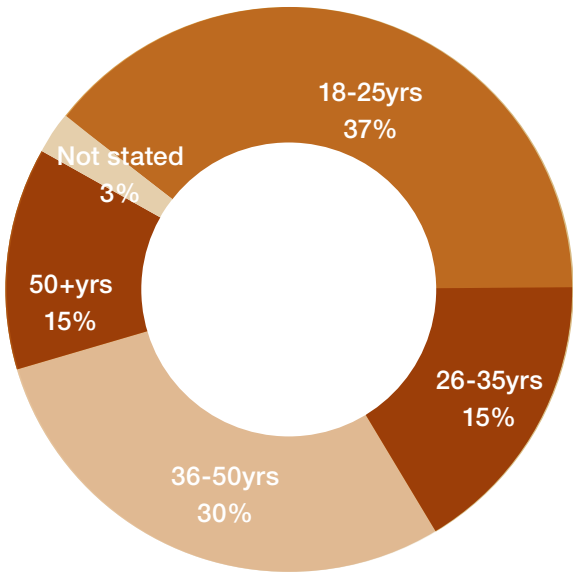


Figure 2: Age of Participants





5. Mildura Consultations and Research Findings



1.0 INTRODUCTION

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

- Community Consultant Co-researchers' summary of each meeting ... In most cases, Community Consultant Co-researchers noted comments during the meeting and wrote these up on pro-formas provided by the project.
- Amalgamation and thematic analysis of all site summaries ... Because of the richness of the database and to do justice to the quantity of data, they were quantified as accurately as possible on the basis of discrete items of information.

In the case of Mildura this amalgamation amounted to 25 pages of data.

- Highlighting of major themes ... To provide an insight into the most common themes for each site, the top themes for key questions on issues and actions have been presented in Table format at the beginning of the following write-up of data.

All direct quotes are italicised.

2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY

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

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



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

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

THEMES	RANKING
Substance Abuse	1
Health/Wellbeing Issues	2
Housing Issues	3
Employment/Work-related Issues	4
Violence	5
Concerns About Family	6
Need for Support	7

2.1 Substance Abuse

Substance abuse was the most commonly raised issue of concern in the Mildura consultations. The increased levels of drug abuse, lack of knowledge and awareness around how to deal with new drugs in the community (Meth-Amphetamine) have resulted in an ice epidemic in Mildura and surrounding areas. Often people simply referred to 'drugs and alcohols', but often it was raised in the context of underlying causes of substance abuse and of the abuse consequences for individuals, families and the community as a whole.

People said:

- Drug and alcohol use is big. Not many community workers, their all stuck in officers and not out dealing with us on the streets.
- I have an alcohol problem because of this [father passing away] as well.
- Drugs and grog. My dad drinks and my brother smokes yarnd.
- As a result of the depression, I turned to alcohol.
- Not having family in my life has been hard and I have turned to alcohol.
- Substance abuse affects: family time; family awareness; accessibility (of services and support); finance; education/knowledge.

- Drugs and alcohol and its distress and its affect on our youth.
- The ICE epidemic is destroying our blokes' lives and making it hard for us single mums.
- I think drugs and alcohol is destroying our community.
- Not enough information on how to help our Elders to deal with the young ones on drugs.
- Due to the use of alcohol and drugs we have lost a lot of our respect for each other.
- Break down in family due to D&A.
- Alcohol (mum and other family members turned to alcohol to take away the hurt as well).

2.2 Health/Wellbeing Issues

General health, mental health and emotional wellbeing were also raised frequently throughout the consultations. Specific health concerns included diabetes, cancer, palliative care and a range of mental issues ranging from depression, post-traumatic stress to suicide. Mental health issues following trauma and grief were not uncommon.

People said:

- Effects of poverty with immediate family and the impacts of this on family health, which leads to chronic health problems.
- Important to try and maintain her social and emotional wellbeing.
- His mother also developed depression because of the struggles she encountered in support of her son.
- Health (diabetic).
- Currently going through domestic violence issues as the victim and was placed out at Warrakoo Rehabilitation Hostel ... health (diabetic).
- Acute health issues – has overcome cancer in the recent years.
- Palliative care.
- Mental health: lack of understanding; support system; family support; awareness.
- I am suffering from depression because my Dad just passed away.
- Post-traumatic stress due to son's suicide. Resulting in bipolar.
- Depression (currently on anti-depressants) (middle child)– Dad died five years ago, we need more community members that can identify and help depression.
- Depression – developed early in life as a young person who was wrongly accused of a crime that he didn't commit.
- Youth suicide.
- Health and access to health, including trusting the individual providing care or the service.

2.3 Housing Issues

Lack of housing and a long waiting list are some of the main factors that are affecting families in the community causing overcrowding. This also impacts on community feeling unsafe and puts them at risk of being homeless. Issues of housing were inter-related with poverty, unemployment general cost of living, especially affordability of housing and high rentals.

People said:

- Not enough housing support.
- I'm homeless at the moment.
- Housing: Aboriginal housing (cost increases depending on how much you earn (income based), general cost of utilities is also expensive, issues around maintenance).
- Cost of housing: expensive, rising cost and affordability; harder to get housing for single people; struggling families; young families; access and affordability; private rent is often hard to get as well (possible racism, affordability).
- Some of the issues affecting me at the moment are housing for my family/myself as private rent is really expensive and transport, security of the premises where we live and safety for my family.
- Lack of housing and support of getting housing.
- I live in a house with six other people.
- Housing – access to Aboriginal housing and the lack of ... her Mum has only just settled into her own place after not having a home for so long. Her brother has also just recently moved out from living with her and her husband.
- Personal safety because of the area they live.
- We are homeless, we are under DHS, which is the welfare service and we can't afford to move into a house yet.
- Not enough housing, that's why I'm homeless, and there's no support really out there to help me get a house
- Housing – currently in private housing and its very expensive (not enough public housing available).



2.4 Employment/Work-related Issues

Unemployment was frequently raised as a concern for Aboriginal people in Mildura especially as it impacts on young 'fellas' and single mothers. Apart from the lack of employment opportunities in the community it was also seen to relate to inadequate education and training. Some who were employed talked about issues within their workplace.

People said:

- Employment and the lack of opportunities for me.
- I don't have a job at the present.
- Not enough jobs in Mildura for young fellas.
- Inter-professional issues at work within the system and with other work colleagues.
- Not enough support for single mums to get back into the work force.
- Employment – lack of available opportunities.
- Some of the issues are employment, not enough qualification for jobs.
- The lack of work in the community is contributing to more problems like domestic violence and alcohol use.

2.5 Violence

Violence in a range of forms – interpersonal violence, family violence, violence in the streets, lateral violence – was raised by a number of people. Violence has become a big issue because of increased levels of drug abuse, lack of knowledge and awareness around how to deal with new drugs.

People said:

- Domestic Violence: self-respect; respect for others; supports; awareness and/encouragement; advertisement (via computers/online?).
- Family/domestic violence.
- Lateral violence – gossiping.
- Lateral violence – being subjected to by people telling you they don't like what you're doing.
- There are more cases of domestic violence within the Koori community.
- Too much violence on the streets.
- I'm becoming violent to everyone.
- Bullying.
- Crime such as stealing, drugs, assaults.

2.6 Concerns About Family

With the range and complexity of issues in the community today, the pressures on families and family breakdown were recognised by many people. Families are finding it harder to remember traditional family values.

People said:

- Loss of family time – mum is now a single working mum; finding time is hard for family time anymore. Fighting and arguing amongst themselves, oldest brother trying to take on role as 'Dad' and the other brothers don't agree at times.
- Family felt the pressure and worry because of his previous actions, stigma attached (crime not committed).
- Arguing (family feuding, especially in relation to questions about his innocence, etc.).
- Family obligations – including the burden of financial assistance.
- Child protection.
- Elderly abuse.
- The connection we all had to each other.
- We were split up and don't know most of them are (immediate family – Mum had two marriages and the older kids went with their father and the younger kids from second marriage haven't had much if not any contact with other siblings).
- Lack of support from kids' fathers.

2.7 Need For Support

People recognised that they needed support and a better promotion and the raising of awareness around supports that were already available in the community.

People said:

- Lack of support.
- Awareness of what services are out there for support.
- Lack/no of awareness for support services.
- Lack of support programs for men.
- Lack of support in critical areas.
- No supports for youth/families.

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: What Mildura People Said Makes Individuals, Families and the Community Strong

THEMES	RANKING
Focus on Family	1
Supportive Environment and Programs and Services	2
Counselling/Talking to Others	3
Focus on Community	4
Cultural Strengthening	5
Health/Wellbeing	6
Self-belief	7

3.1 Focus on Family

For most people, building more resilient families was at the core of strengthening individuals and the community. Building this resilience could be something as simple as family simply doing things together and helping each other. As mentioned by several people, getting together but 'not just for funerals'.

People said:

- Keep family together and strong.
- Being with family.
- To be a close and tight family.
- A bit more support from each other at a time when we really need it. (Loss of family member).
- Help each other and family by attending programs.
- (FAMILY) Spending more time together and understanding each other's need.
- More family time together.
- Quality time.
- Family getting together not just for funerals.
- To keep the family together.

- We need to pull together more. Support each other more in times of trouble and build good foundations for our families to grow together.
- Need to make time for families to get together, not just for funerals eg. family BBQs.
- More family activities, such as camping out bush without mobiles or TV.

3.2 Support Environment and Programs and Services

Beyond people getting together and building their own families, participants recognised that individuals and families needed a range of supports. These included having (and being aware of and making use of) available support services and programs. Several people saw the need for specific programs for men.

People said:

- We need more services for our mob.
- We need more agencies who are sensitive to the way us fellas grieve. Drinking and taking drugs is only the coping mechanism not the problem.
- Awareness of support services and programs: more advertisements; flyers, pamphlets and word of mouth.
- Good foundations and the commitment to enforce them – more communication between the siblings, but also more support from parents.
- More support and programs for the community and awareness in programs.
- More programs for men in the community (men's groups).
- More support for men and families in the community, Re: drug and alcohol break down of family. Not enough support for men in these areas.
- Programs for strengthening families (fathers to realise they have a part to play in family life).
- Greater support for families, e.g. childcare support and available services.
- More programs and support for men who find themselves on their own raising a family (single fathers).
- More help for families with issues. Drugs, alcohol, gambling, fighting.
- We need to encourage more to attend services that can help them with their problems.



3.3 Counselling/Talking to Others

Participants also recognised that help could come from supportive individuals in the community. It was considered important that people recognise who these supportive 'others' could be and to seek them out when necessary.

People said:

- Listen to each other. Accept help that is available in these programs.
- More yarning to our Elders for guidance and our culture.
- Trusting/talking to someone; counselling services.
- Be social and ask for help.
- Talk and help each other.
- Accept help from those that are prepared to offer.
- Help each other.
- I think we need to understand the feelings when we lose someone close to us and be prepared to ask for help in the things that we need help with (grief and counselling).
- Creating meaningful opportunities to maintain and establish contact.

3.4 Focus on Community

A range of suggestions were made for strengthening the community including getting people in the community together to share, to help each other and to exchange ideas about what needs to change in the community.

People said:

- More community days and events.
- We need to pull together and teach the mob to stick together when we need to.
- Creating meaningful forums to allow contact with other community members.
- Events where you involve the community and all should be culturally acceptable.
- We need to get back to helping each other. We need to be able to have our own areas where we can get together and yarn. These days when the coppers see a lot of Koori's together they think it means trouble.
- We need to get together more often and speak about the issues in our community.
- We need to get together more and express to each other that change needs to happen. This can only happen if we as a Community all work together.

3.5 Cultural Strengthening

A focus on culture and traditional ways also emerged as a way of strengthening individuals, families and the community.

People said:

- I feel we need to connect more with our culture and family values.
- Knowing your culture: family heritage; history; knowledge about local and other tribes nationally; resources; local heroes.
- Programs for the young men and to go out bush with the old men (camps).
- Good influences, from the mob, our own place where we have responsibilities and believe in ourselves that we can be.
- Cultural awareness and education: workplaces; within sports; counsellors; police; other family support programs.
- We need to be recognised for who we are and not what the white fellas think we are.
- Yarning Circles: respect; Elders knowledge.

3.6 Health/Wellbeing

Maintaining a healthy lifestyle was another theme emerging in response to the questions about strengthening individuals, families and the community.

People said:

- Be healthy and positive.
- Exercise and healthy living.
- Maintaining the work-life balance.
- Healthier lifestyles – including sport, food and exercise programs.
- Get healthy, give up the grog and drugs.
- Healthy lifestyle with support from the ones we respect.

3.7 Self-belief

A need was also seen for individuals in the community to believe in themselves, to feel strong, to be given a fair go and to have a sense of self-worth.

- We need to believe in our self-more.
- To believe in ourselves. Be strong.
- A fair go and more opportunities to make us feel worth something.
- To have confidence and self-esteem to talk to someone about your issues.
- In the old days a man could go out get a day's pay and not have to report everything like we do today to Centrelink.

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 Mildura People Said About Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing

THEMES	RANKING
Cultural Focus	1
Men's Focus	2
Health Focus	3
Community Services/Programs	4
Focus on Children/Youth	5
Community Focus	6

4.1 Cultural Focus

The most common theme related to preferred cultural, social and emotional wellbeing, empowerment and healing programs centred on programs with a cultural focus in schools, in the community (including bush settings) and involving Elders and younger people, but as mentioned also being mindful of gender issues.

People said:

- Program that allows for local stories to be created, especially where some of that culture and history hasn't been passed down the generations.
- Cultural programs that bring community together.
- Cultural programs in schools – cultural curriculum in education.
- Cultural awareness for youth (out bush) and teach culturally appropriate.
- Elders giving talks.
- Aboriginal dry-outs.
- More workshops on our culture: not knowing where we come from; contributing to all of the above; getting back to country.
- Cultural events (more bush camps and outings).
- Program that brings together the Elders and young people being mindful of the gender issues.

4.2 Men's Focus

As mentioned previously, a focus on men and men's issues re-emerged here as a highly ranked theme of preferred cultural, social and emotional wellbeing, empowerment and healing programs.

People said:

- More men's group camps and help for men.
- Men's program, life style programs.
- More camps for men.
- Men's business groups and programs that teach us how to cope with our problems.
- Leadership program like going out bush with other young men and teaching what they need to know.
- Men's health group.
- Men's empowerment programs.

4.3 Health Focus

Matching the previously mentioned concerns with issues of health and wellbeing were preferred cultural, social and emotional wellbeing, empowerment and healing programs.

People said:

- Healthy living (learning more about nutrition) and moving forward.
- Drug rehabilitation centre and mental health.
- Suicide prevention program – start with adolescents: mental health issues; early diagnosis.
- Drug and alcohol awareness.
- More information about depression.
- Alcoholics Anonymous (AA) that is culturally proper for us.
- A big community ICE forum with guest speakers from mental health, rehab centres and from St. Vincent hospital.
- Beyond blue, (with a Koori specific outlook).
- More on suicide prevention as drugs lead to depression and suicide.

4.4 Community Services/Programs

A range of community services and programs was seen as desirable to help develop cultural, social and emotional wellbeing, empowerment and healing.

People said:

- Outdoor programs such as camping and fishing.
- Support programs for the homeless.
- More social workers that understand our mob. Men's groups, sisters day out.
- Better understanding of programs and what is available.
- Community awareness around grief and loss would be good. Being able to share your stories with other's that understand us.

4.5 Focus on Children/Youth

Preferred cultural, social and emotional wellbeing, empowerment and healing programs also included those focused on children and youth.

People said:

- General youth support program/after school programs.
- Koori Childcare Centre: parental health; maternal health; child health; early years training.
- More support for kids in schools (our own people).
- More anger management programs for our troubled youth.
- More sex education programs to prevent teen pregnancy and diseases.

4.6 Community Focus

Preferred cultural, social and emotional wellbeing, empowerment and healing programs also included those where mention was made of building community.

People said:

- There could be events that involve the whole community, giving everyone a job on their knowledge and strengths.
- Supporting programs that are making a difference in our community.
- Community get together.

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 Mildura People Said about Barriers to Introducing Programs

THEMES	RANKING
Money/Resources	1
Program Delivery	2
Attendance	3
Aboriginal Involvement	4
Shame	5
Transport/Travel	6

5.1 Money/Resources

A major barrier perceived by people in the community revolved around lack of money and community resources to facilitate programs.

People said:

- Not enough money to run them or people to do them.
- Availability of resources.
- Lack of money and areas to run the programs such as yarnning circles.
- Lack of funding and people to deliver them.
- Funding is hard to get for some programs.

5.2 Program Delivery

How the programs might be delivered, their cultural appropriateness and how they were promoted were also considered to be potential barriers to programs in the community.

People said:

- Awareness of program dynamics.
- The delivery of them. Mainstream programs are catered for all the community. We need specific ones for our mob.
- Too much red tape.
- Programs not culturally appropriate.
- Not enough information about them.
- More awareness and advertisements.
- Not enough of our mob to deliver programs.

5.3 Attendance

Lack of participants, through disinterest or for other personal reasons could also be a barrier.

People said:

- Not enough people attending them.
- Most of our mobs that are leaders are in paid work and they can't get time off to come to men's group.
- Health and wellbeing of the participants themselves.
- Not enough people wanting to go to them.

5.4 Aboriginal Involvement

Because cultural appropriateness and Aboriginal involvement in program delivery were seen to be important, lack of such Aboriginal involvement could be a barrier.

People said:

- Local organisations seen as the peak Aboriginal body to others from outside, but they don't necessarily represent all Aboriginal people and families in and around the Mildura area. Sometimes their response isn't always best.
- Not being local: confirmation of Aboriginality/local knowledge.
- No understanding of Koori culture.
- Not enough qualified Koori people training to run Koori programs.

5.5 Shame

Sometimes feeling a sense of shame could act as barriers to their participation.

People said:

- Shame: no confidence and no supports; low self esteem.
- Frightened (shame, lack of confidence).
- 'Shame Factor', no one likes to admit to having a problem, so by attending this would expose them.

5.6 Transport/Travel

Distance and lack of transport might also be barriers.

People said:

- Transport.
- We have to travel way out to do anything with our kids.
- The lack of transport to programs.

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 Mildura People Said About Programs and their Delivery

THEMES	RANKING
Culturally Appropriate Delivery	1
Communication Focus	2
Aspects of the Setting	3
Cultural Focus	4
Health and Substance Abuse Focus	5
Access Issues	6

6.1 Culturally Appropriate Delivery

Again, the need for cultural appropriateness was raised – this time as the top-ranking theme of preferred programs and their delivery. Here a number of dimensions were explored: who delivers the program to ensure its cultural appropriateness; their commitment to the community; delivery in through a range of media to appeal to different learning styles. An underlying premise was that people from the community would know about the issues people face because of their lived experience.

People said:

- We need more of our own mob to be delivering them.
- Is accredited and have training Indigenous workforce to support and deliver the program.
- Delivery by qualified community persons (Black faces).
- Everyone takes in information different so maybe verbal and/or visual.
- Commitment from the people delivering them. To make sure they're really helping the issues with our mob and to be honest.
- More follow up of programs that are delivered in our community and cultural training for those white fellas that are delivering them. It should be our mob delivering them.
- I'd like to see more Elders run the programs.
- More interactive to EMPOWER OUR MOB!
- I would like them delivered by my mob and in a place that is inviting.
- I would like to see outcomes that help me with me and my community's issues.
- Delivered by people from my community that have had to overcome their own issues. Nothing better than someone whose been there and done that.
- 'Real people' delivering them for a start, life experience is the way our mob learns. No good putting people up front who get the knowledge out of books.
- More culturally appropriate – so we understand it. More training for our mob to deliver it.

6.2 Communication Focus

More open communication and communication leading to action were also raised as aspects of program delivery.

People said:

- More awareness of what programs are available and when and who delivers. More follow up after programs.
- Group speaking, information sharing.
- More networking.
- More advertisements.
- Less talk more action.



6.3 Aspects of the Setting

People also talked about what was important about the setting for preferred programs. Mention was also made about the lack of central and accessible venues.

People said:

- Venues where people feel comfortable talking about their problems.
- Is delivered in a visible space, which is common ground.
- In a central place where we don't have to travel and we feel comfortable talking about it.
- Safe environment.
- Lack of venues: central and accessible.

6.4 Cultural Focus

Apart from the previously mentioned aspects of program delivery being culturally appropriate, mention was also made about programs that had Aboriginal cultural awareness as their prime focus.

People said:

- Cultural awareness and culturally acceptable within the community.
- Cultural programs for youth so that they can learn about their culture, programs that involve the whole family so that everyone is on the same page.
- Culturally appropriate and be significant to the needs of our mob.
- They need to be culturally sensitive and to the point.

6.5 Health and Substance Abuse Focus

Preferred programs also included programs with a health focus, including substance abuse.

People said:

- Issues with health.
- More awareness about drugs and alcohol.
- Drug, alcohol and health issues to be delivered on a level to be understood by all.

6.6 Access Issues

A final cluster of comments centred on aspects of accessibility of programs.

People said:

- Accessible, free of charge and not exclude anyone.
- Transport ... reading/writing skills ... no licenses ... no vehicle ... expenses.
- Childcare: lack of childcare; expenses of childcare.
- Availability: making time for program and accessibility.



Conclusion



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

The most pressing single concern to emerge across issues faced by individuals, families and the community as a whole was substance abuse. Increased levels of drug abuse, lack of knowledge and awareness around how to deal with new drugs in the community (Meth-Amphetamine) have resulted in an ice epidemic in Mildura and surrounding areas. Substance abuse was seen as a core problem contributing to youth, family and community breakdown and was causally linked to concerns with health and wellbeing and issues of violence in a range of forms – interpersonal violence, family violence, violence in the streets and lateral violence.

Housing and unemployment were also interlinked issues impacting on individuals, families and the community. Lack of housing, overcrowding and a long waiting list are some of the main factors that were seen to be affecting families in the community. Lack of adequate housing was also seen to impact on community safety. Unemployment was frequently raised as a concern for Aboriginal people in Mildura especially as it impacts on young people and young parents. Inadequate education and training was also seen to relate to unemployment.

The inter-related issues impacting on individuals, families and the community related to what people perceived was needed to redress the problems. Consequently, strengthening individuals was in part what built stronger families and more cohesive communities. At the same time it was changes in how families and communities worked together, communicated more effectively and supported each other that also helped make individuals stronger.



For most people, building more resilient families was at the core of strengthening individuals and the community. Beyond people getting together and building their own families, participants recognised that individuals and families needed a range of supports. These included having (and being aware of and making use of) available support services and programs. Participants also recognised that help could come from supportive individuals in the community. It was considered important that people recognise who these supportive 'others' could be and seek them out when necessary.

General health, mental health and emotional wellbeing were also raised frequently throughout the consultations. Specific health concerns included diabetes, cancer, palliative care and a range of mental issues ranging from depression, post-traumatic stress to suicide. Mental health issues following trauma and grief were not uncommon.

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

Connection to culture, including a strong focus on a better knowledge and understanding of traditional ways was something that many participants felt would help make them strong. The role of Elders within the community was often stressed.

Participants also had strong views on the range of community programs and services needed to support efforts at individual and family levels. They also offered practical ideas on what they would like and, importantly, how they would like them to be delivered. A strong message across all NEP sites was that programs and services should be locally based and community oriented, with the whole community being engaged. Programs should also be delivered within the local community and within culturally appropriate settings. Further, the delivery of programs should be by local community people themselves. Many felt that any program would only be successful if local people were engaged and had ownership over the development and delivery.

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

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

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

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

Recommendation 1: A program needs to be community owned and culturally appropriate. A local Mildura 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 Mildura, there is also great scope and potential for many of the local services and programs to use this valuable information to better inform and enable their delivery and support.

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

Ongoing support and commitment is certainly required, and it is our hope that the stories and voices of the Mildura 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 affecting 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:	
STAKEHOLDER:					

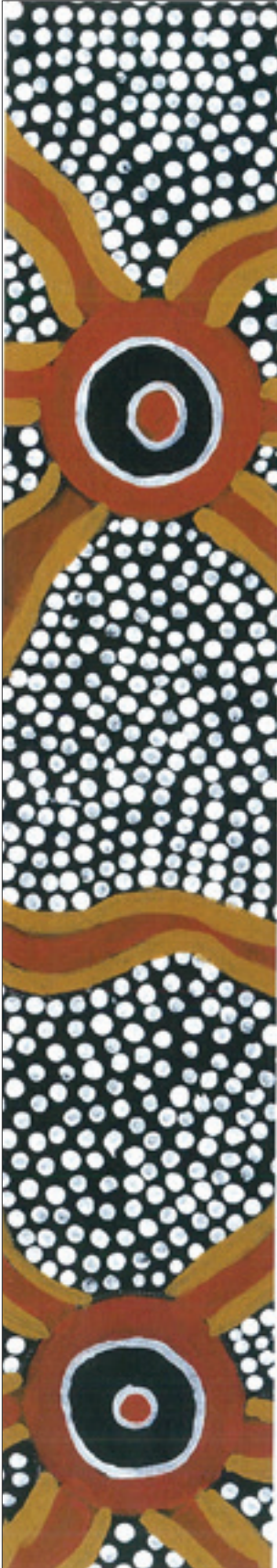
INTRODUCTION

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



From your work what do you think are the big issues and needs in the community? What can we do to make the community stronger?
What programs have you previously and currently provide to community members? Give details. Do you think the programs are successful? Why and in what ways? By stakeholders and by the community?
Have you seen a change in community following your past and current programs?


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



National Empowerment Project

2 day workshop

Empowerment, Leadership and Healing Program



EMPOWERMENT, LEADERSHIP AND HEALING

- Find a Voice
- Connect to traditions
- Have a future vision
- Learn to make positive change
- Find cultural ways of healing
- Recognise your potential
- Find a Voice

This workshop is aimed to provide a greater understanding of social emotional wellbeing required to build an empowered individual with the resilience and strength to have an enriched and fulfilling life.

Presenters: Adele Cox, Terry Brennan and Andy Charles
When: Thursday the 13th and Friday the 14th of June 2013
Where: Pine Avenue Activity Centre 21 Pine Ave (opp Kmart)
Time: 10.00am to 3pm each day
Registration: 9.30am (if form not filled in prior).
Transport: Contact M.A.C if you need to be picked up to attend 50184100 (no later than Wednesday the 12th of June)

MORNING TEA AND LUNCH WILL BE PROVIDED

