# The National Empowerment Program
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## December 2014

Colin Woods, Leroy Comeagain, Sonya Crane, Pat Dudgeon, Vicki Caulfield, Carolyn Mascall and Adele Cox

THE UNIVERSITY OF WESTERN AUSTRALIA

## The National Empowerment Project

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

# The Team

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Pat works for the School of Indigenous Studies at The University of Western Australia and has always worked in ways that empower and develop the capacities of other Aboriginal people. Pat is the Project Director for the National Empowerment Project.

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

**Carolyn Mascall** has studied and worked in health promotion, education and community liaison throughout her extensive working career in metropolitan Perth. She has worked with General Practitioners, raising awareness of cultural appropriateness and supporting community access to primary health care, has supported international aid sponsored students in a University setting and worked with young students participating in vocational education training in schools.

**Colin Woods** is a Ngoongar man born in Albany but has lived most of his life in Perth. He moved to Geraldton in 2007 and started his family life as a father of two boys. Colin works at Geraldton Regional Aboriginal Medical Service as a Tobacco Action Worker and is pursuing greater education to empower and educate community members.

**Leroy Comeagain** is a Noongar Yamatji man, born in Perth but grew up and lived and in the Midwest in Mullewa, a small country town iin Western Australia. Leroy has a young family of his own, and enjoys outdoor activities and other sports, such as football and basketball. Currently employed as a Healthy Lifestyle Worker with GRAMS, he is helping his family, community and other Aboriginal people of the Geraldton region.

**Sonya Crane** is a Wadgalah woman from Gnowangerup. Sonya is a partner to Richard, a mother of three and a social worker by nature and profession. Sonya is a proud employee of the Geraldton Regional Aboriginal Medical Service, an agent for social change with a strong commitment to social justice.

# Contents

## Abbreviations

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

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## Artwork

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

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

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

# 1. Introduction

## Executive Summary

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

Eleven sites were part of the Project. Geraldton is one of four sites in Western Australia.

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

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

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

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

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 43 people in Geraldton. People were asked about the issues that affected and were important for them as individuals, families and communities and what was needed to make them strong.

Participants from the Geraldton consultations identified a broad range of issues, including: Substance Abuse; Employment; Economic Circumstances; Housing, Violence and Family-related Issues, Racism and Discrimination and Health and Mental Health Issues. The most common concern was the misuse of illicit drugs and especially methamphetamine and the negative impact this is having in the community. The lack of meaningful employment opportunities was also of significant concern to people and this was heavily correlated with financial and housing issues.

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

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

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

## Background

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

In 2011, approximately one third of Aboriginal Torres Strait Islander peoples lived in major cities (223,100 people), 293,800 lived in regional areas and 142,900 people live in remote and very remote regions (ABS, 2011). While the majority live in urban settings, the population is much more widely dispersed across the country than is the non-Indigenous population, constituting a much higher proportion of the population in northern Australia and more remote areas (ABS, 2011).

Aboriginal and Torres Strait Islander peoples are the most disadvantaged group in Australia. Aboriginal and Torres Strait Islander peoples in Australia experience poorer health outcomes than others, for example; a shorter life expectancy (11.5 years less for males and 9.7 years less for females) and higher hospital admission rates (ABS, 2012). In mental health, Aboriginal and Torres Strait Islander peoples report experiencing psychological distress at two and a half times the rate of non-Indigenous people and are hospitalised for mental and behavioural disorders at around 1.7 times the rate of non-Indigenous people. Aboriginal and Torres Strait Islander peoples are hospitalised for non-fatal self-harm at two and a half times the rate of others and suicide death rates are twice that of non-Indigenous people (Commonwealth of Australia, 2012; Thompson et al., 2012).

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

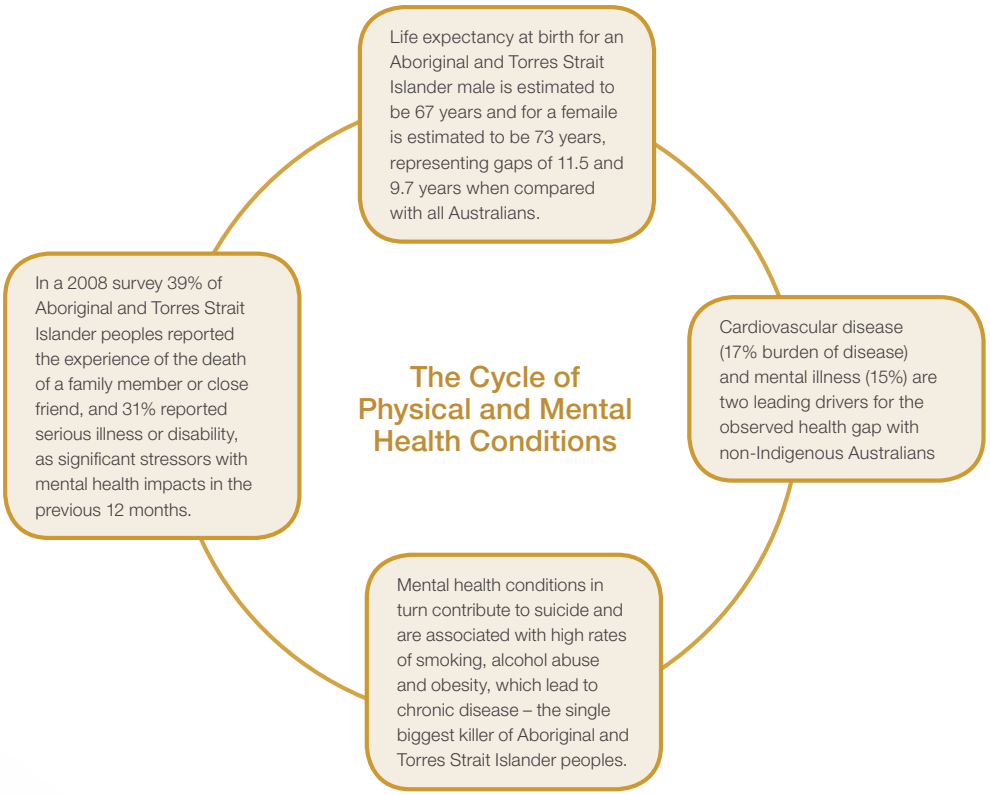
In the justice system, Aboriginal and Torres Strait Islander peoples were imprisoned at 14 times the rate of non-Indigenous people, with imprisonment rate increasing by 59% for women and 35% for men. Juveniles were detained at 23 times the rate of non-Indigenous juveniles. Homicide rates were six times 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. 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 has been acknowledged. For instance, in discussions about culture as a strategy to support strength, combat disadvantage and promote positive futures, the Office of the Arts states:

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




National Mental Health Commission (2012, p. 41)

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

## Aboriginal and Torres Strait Islander Mental Health

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

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


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

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

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

The National Empowerment Project is an innovative Aboriginal led Project working directly with communities across Australia to address their social and emotional wellbeing. This is being achieved through the development of respectful partnerships with local communities to undertake participatory and community driven research identifying the distinctive and particular needs of each community; in order to develop appropriate Empowerment, Healing and Leadership programs to address those issues. The design and methodology of this national Project is based on extensive research, previous community consultations and a pilot program undertaken across three communities in the Kimberley region of Western Australia (Dudgeon et al., 2012). The research has identified that Empowerment, Healing and Leadership programs can be an effective way for Aboriginal and Torres Strait Islander peoples themselves to address the social inequality and relative powerlessness that are considered major factors in their disadvantage and key social determinants of health.

The focus of such programs on mentoring, restoring family relationships, enhancing parenting roles and communication skills, means they are proving particularly effective in restoring a community and facilitating the support and nurturing of their young people, which is a major factor in youth social and emotional wellbeing and suicide prevention. Both the Kimberley Project and National Empowerment Project have adopted a universal and selective intervention approach towards preventing suicide. This is in keeping with the principles and approaches held in the *Living is for Everyone: (LIFE Framework)* (Commonwealth of Australia, 2008) and the principles in the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013).

# 2. Background: National Empowerment Project

## The Kimberley Empowerment Project

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

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

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

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

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

The literature review identified:

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

Key findings included:

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

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

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

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

Findings showed effective programs need to:

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

Programs should focus on:

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

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

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

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

## The National Empowerment Project

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

**Stage One: Community Consultations**

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

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

Stage One aimed to:

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

**Stage Two: Program Development**

Stage Two involved the development of an empowerment program specifically for each local community and based on the outcomes of Stage One. The data gathered from Stage One was analysed and put into meaningful information that was 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 endeavoured to:

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

## Methodology: The National Empowerment Project

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

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

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

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

### Self-determination

Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services. Culturally valid understandings must shape the provision of services and must guide assessment care and management of Aboriginal and Torres Strait Islander peoples health, particularly mental health issues.

### A Community Based Approach

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

### Holistic Perspectives

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

### Aboriginal and Torres Strait Islander Diversity

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

### Acknowledging a History of Colonisation

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

## Principles: The National Empowerment Project

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

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

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

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

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

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

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

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

## Building Empowerment and Partnerships

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

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

## Project Sites: The National Empowerment Research Project

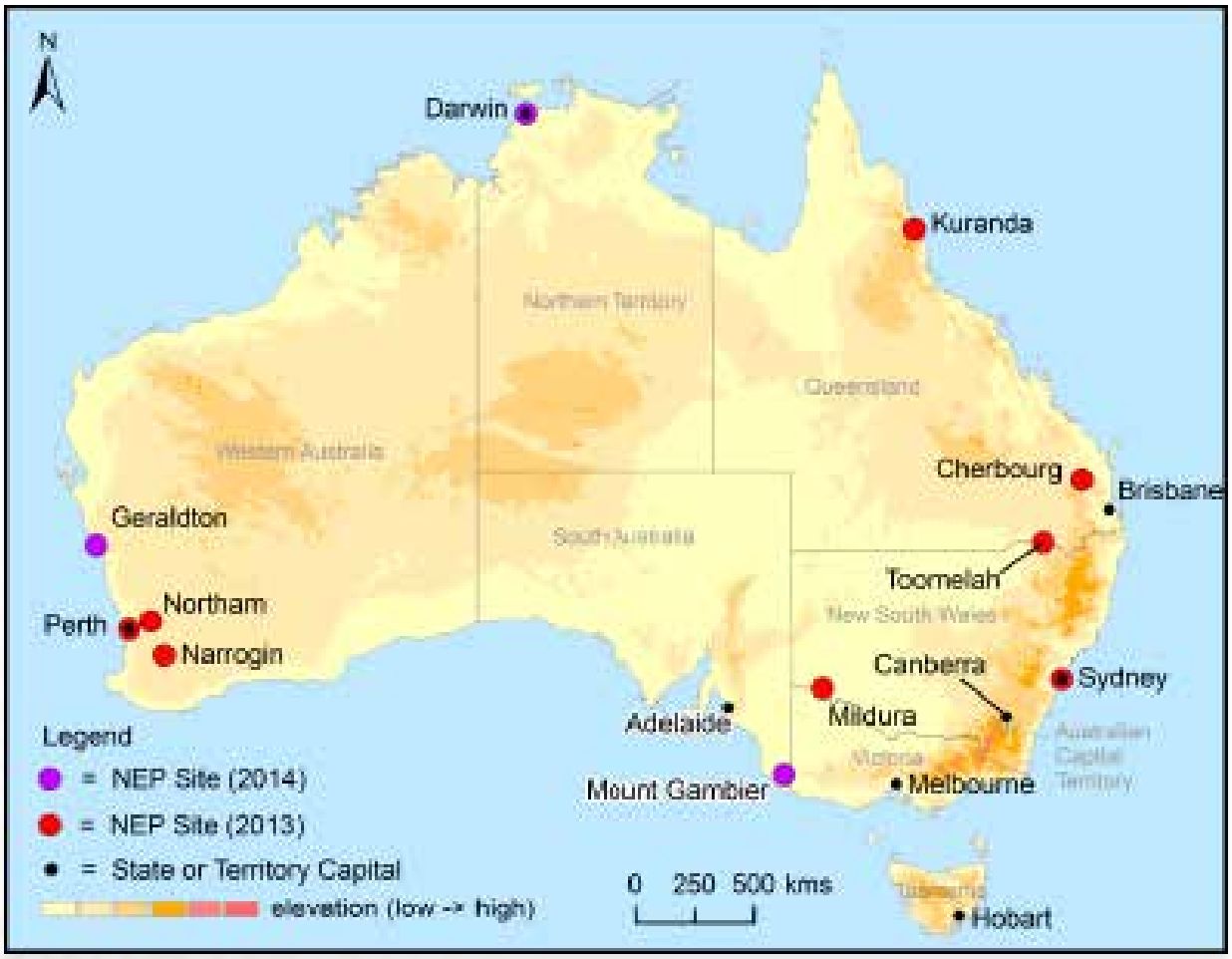
The National Empowerment Project has been working with local partner organisations in eleven sites across Australia. These sites were selected by the National Empowerment Project team, the Advisory Committee and the Australian Government Department of Health and were formerly identified based on initial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

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

| NATIONAL EMPOWERMENT PROJECT SITE | PARTNER ORGANISATION | COMMUNITY CO-RESEARCHERS |
|---|---|---|
| Geraldton, Western Australia | Geraldton Regional Aboriginal Medical Service | Leroy Comeagin, Sonya Crane, Colin Woods |
| Perth, Western Australia | Langford Aboriginal Association Inc. | Angela Ryder, Damion Blurton and Cheviena Hansen |
| Northam/Toodyay, Western Australia | Sister Kate's Home Kids Aboriginal Corporation – Auspice Agency Communicare Inc. | Tjalaminu Mia and Dezerae Miller |
| Narrogin, Western Australia | Marr Mooditj Foundation | Venessa McGuire |
| Darwin, Northern Territory | Danila Dilba Aboriginal Health Service | Mark Munnich, Adele Cox |
| Kuranda, Queensland | Mona Mona Bulmba Aboriginal Corporation | William (Biri) Duffin and Barbara Riley |
| Cherbourg, Queensland | Graham House Community Centre | Kate Hams and Bronwyn Murray |
| Sydney, New South Wales | National Centre of Indigenous Excellence | Donna Ingram and Nathan Taylor |
| Toomelah, New South Wales | Goomeroi Aboriginal Corporation | Glynis McGrady and Malcolm Peckham |
| Mildura, Victoria | Mildura Aboriginal Corporation | Terry Brennan and Andy Charles |
| Mount Gambier, South Australia | Pangula Mannamurna Health Service | Karen Glover, Angela Sloan and John Watson |

## Local Partner Organisations and Community Co-researchers

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




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

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

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

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

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

## Community Co-researchers

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

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

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

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

## Community Co-researchers Training

As part of the initial training provided for the original eight sites of the Project, a total of eleven local community co-researchers (two from Darwin, Toomelah, Narrogin, Perth, Northam/ Toodyay, one from Kuranda, with apologies from Cherbourg and Sydney) were bought to Perth for a five-day training program from the 10th to the 14th September 2012.

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

The National Empowerment Project team and the Kimberley Empowerment Project team developed and delivered the training program. This was an important part of the Project in terms of community capacity building, empowerment and local knowledge transference. The original community co-researchers from the Kimberley Empowerment Project shared their experiences with the National Empowerment Project community co-researchers.

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

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

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

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

## Conclusion

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

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

# 3. Background: Geraldton

## Introduction

Geraldton is one of the states largest regional centres in Western Australia's mid-west region, 450 kilometres from Perth. The traditional owners of the mid-West or Murchison/ Gascoyne region are the Yamatji Aboriginal people. Yamatji country stretches from Carnarvon in the north, to Meekatharra in the east, and to Jurien Bay in the south and covers nearly one-fifth of the state.

The term Yamatji comes from the Wadjarri word and has been developed to mean the Aboriginal people of the region. The main Yamatji language groups are known as the Kartu languages. These include Naagaja, Nanda, Malagana, Budimia, Inggada, and the most widely spoken language of Wadjarri (see the map below for locations and other language groups).

The Aboriginal and Torres Strait Islander population of the mid-West resides primarily in Geraldton and Carnarvon, and significant numbers of Aboriginal people live in the smaller towns of Mullewa, Mt Magnet, Shark Bay, Cue and Gascoyne Junction. There are also rural and remote communities such as Burringurrah, Pia Wadjarri, Yulga Jinna, Barrell Well, Wandanooka, Mungullah and Buttah Windee (Government of Western Australia, 2012).

Prominent organisations in the region that actively promote and support Yamaji culture and rights are the Yamajti Language Centre and the Yamaji Marlpa Aboriginal Corporation (YMAC), the official native title representative body for the Murchison, Gascoyne and Pilbara regions.

Geraldton has a population of almost 36,000 of which 9.5% identify as Aboriginal and Torres Strait Islander (ABS, 2011). At an average age of 21 years, the Indigenous population is comparatively young and has a higher proportion of females than the non-Aboriginal populace.


**Figure 1. Map of Yamaji languages, Yamaji Language Centre**

## Early History

The first recorded European contact was in 1616, when Dutch explorer Dirk Hartog landed on the west coast. Although many European expeditions visited the coast during the next 200 years, there was no lasting attempt to establish a permanent settlement until the mid-1800s when the Swan River Colony began to expand.

The discovery of valuable minerals and fertile land soon created interest in the Murchison region. In 1848 Governor Fitzgerald travelled to the Murchison River to look over the discoveries and, as an early sign of resistance by the local Aboriginals, he was speared in the leg at a place now known as Elephant Hill. Soon afterwards, on 21st November 1849 and with no consultation with the traditional land owners, the district was claimed for European settlement. The settlers erected barracks and appointed a magistrate to guard their land claims.

It was during the time after 1850, that clashes with the Yamatji tribes escalated and similar to so much of the rest of Australia, the Aboriginal population was quickly decimated by introduced diseases, conflict and massacres. Since the early colonization period, Aboriginal people of the mid-west have been subjected to the same racially discriminatory government policies and oppressive community attitudes as elsewhere and suffered the long-term effects of cultural dispossession, family dislocation, forced removals and socio-economic disadvantage.

The 1850's also saw the establishment of pastoralism, agriculture and lead and copper mining industries. Over time the region has experienced periods of economic and population growth and decline. However pastoralism, agriculture, mining and fishing industries have been joined by tourism and service industries as the main economic basis for the region.

## Aboriginal Health and Wellbeing

The health status of the Aboriginal residents of the mid-west region shows similar characteristics to other parts of Western Australia. Aboriginal people have a shorter average life span, higher mortality rates, and a higher rate of preventable disease and hospitalizations than non-Aboriginal residents (Government of Western Australia, 2012).

Regional data from 2009 revealed that 65% of Aboriginal people report at least one long-term health condition and approximately 27% of Aboriginal children have one or more long term health conditions (Government of Western Australia, 2012). The high burden of chronic disease, such as diabetes, kidney, respiratory and cardiovascular disease, is reflected in the hospital admissions rates that are up to 12 times higher than for the general population. From 1997 to 2007, the leading cause of avoidable mortality for Aboriginal residents was ischemic heart disease and diabetes (Government of Western Australia, 2012).

Across a number of measures, Aboriginal families in Geraldton are at a disadvantage compared to the non-Aboriginal population. For example, the Western Australian Child Health Survey found a high reliance on public housing in Aboriginal communities (WAACHS, 2005). In the Geraldton region, the survey reported a high proportion (77%) of Aboriginal family homes were rented and many were overcrowded and of substandard quality. Based on a range of factors, such as family financial strain and the quality of diet, the WAACHS also found that approximately 20% of Aboriginal children were living in families that were functioning at disadvantaged levels.

There are several local key Aboriginal organisations that provide support and services to the local Aboriginal community, these include organisations such as the Geraldton Regional Aboriginal Medical Services, the Yamatji Marlpa Aboriginal Corporation, and Bundiyarra Aboriginal Community Aboriginal Corporation.

The local partner organisation in Geraldton is the Geraldton Regional Aboriginal Medical Service (GRAMS), which provides a comprehensive range of high quality curative mental and physical health awareness and treatment to Aboriginal people living in Geraldton. GRAMS vision is for Aboriginal people to live healthy lives, enriched by a strong living culture, dignity and justice.


Connection to Community
Weakened
· Not being accepted
· Removal from the Community
· No Voice
· Too busy
Strengthened
· Relationships
· Feeling of belonging
· Respected
· Ownership (Land)
· Family
· Birthplace
· Memories
· Nature
How can I strengthen my connection to Community
· Share (consultation)
· Involvment
· Relationships
· Collaboration
· Education

# 4. Project Methodology

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

The NEP was led and overseen by a research team (Professor Pat Dudgeon, Adele Cox, and Carolyn Mascall) who were responsible for the day-to-day management of the Project and its deliverables. The research team also provided support to each of the eleven participating communities and the community co-researchers working at these sites.

Highly skilled community co-researchers were engaged through local partner organisations at each site. Their role was to undertake a comprehensive community consultation and to develop and deliver an introductory, social and emotional wellbeing program in each of their communities.

Consultations took place with individuals, families, communities, relevant stakeholders and local service providers in all eleven sites across the country. These sites included Perth, Narrogin, Northam/Toodyay, Darwin, Kuranda, Cherbourg, Toomelah, Redfern/Sydney, Mildura, Geraldton and Mount Gambier.

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

## Research Approach

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

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

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

Kemmis and McTaggart (2003) have argued that conventional methods of conducting research are not only disempowering but ineffective as well. PAR enables communities to develop knowledge that can be useful to people and directly improve their lives by producing valued and concrete outcomes, and further, to encourage people to construct their own knowledge, separate to that which is imposed upon them, as a means of empowering them and bringing about social change.

The NEP aimed to empower Aboriginal local people and to give them a 'voice', so it was essential that a methodology was used which would ensure this happens. 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. Four hundred and fifty seven participants took part in the project across the eleven sites, where they participated in a series of one-on-one interviews, focus groups and workshops. To gather information that could be used for programs, the research team were mindful that participants from across the groups that make up Aboriginal communities should be included. Hence, the consultations involved Aboriginal and Torres Strait Islander young peoples (18-25), the elderly, women and men and small numbers of non-Indigenous people (e.g. those who worked in the stakeholder services and programs).

During the one-on-one interviews, workshops and focus groups the community co-researchers asked the participants to consider several questions:

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

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

- What participants understood about Empowerment, Healing and Leadership?
- What the concepts of Empowerment, Healing and Leadership meant to them?
- What people believed was required for an effective Empowerment, Healing and Leadership program?

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

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

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

## Community Consultations

The local partner organisation Geraldton Regional Aboriginal Medical Service is an Aboriginal community-controlled organisation providing culturally-appropriate, comprehensive primary health care and community services to local Yamatji and other Aboriginal and Torres Strait Islander people living in Geraldton and its surrounding areas.

Local Aboriginal community co-researchers were specifically employed to:

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

- With the National Empowerment Team provide written reports on community consultation processes and outcomes for each site.
- Assist with the development of a local community empowerment program (local training modules and resources).
- Report project developments and findings back to the community and stakeholders to ensure maximum community engagement and ownership of the project.
- Prepare and deliver an introductory social and emotional wellbeing empowerment and leadership program for community members.

The Geraldton community co-researcher's are Colin Woods, Leroy Comeagain and Sonya Crane, all of whom worked with the NEP team to promote the NEP concept, develop a work strategy and undertake consultation in the region.

## Communities and Stakeholder Recruitment

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

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

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

## Profile of Consultations Completed

Data was obtained through community 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 were 40% male and 60% female participants in Geraldton and a spread across the various age groups as outlined in Figure 2 below.

**Profile of Participants**

| LOCATION | INDIVIDUALS | STAKEHOLDERS | TOTAL |
|---|---|---|---|
| Geraldton | 41 | 2 | 43 |

**Figure 1: Female and Male Participants**

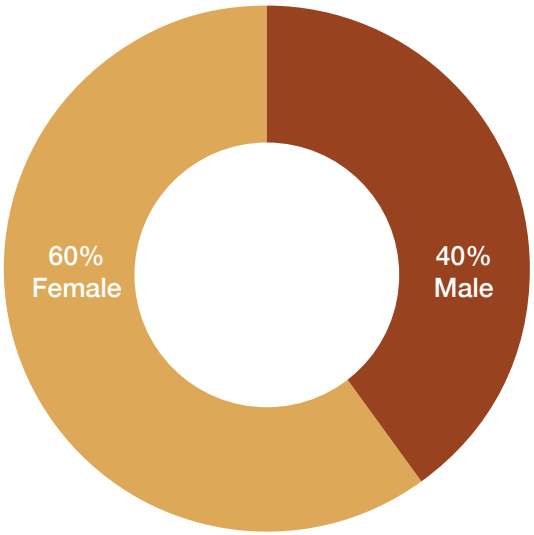
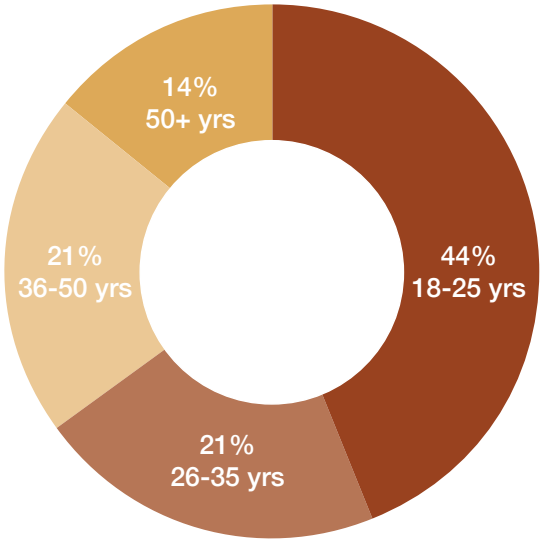



**Figure 2: Age of Participants**



# 5. Geraldton Consultations and Research Findings

## 1.0 INTRODUCTION

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

- Community co-researchers summary of each meeting. In most cases, community co-researchers noted comments during the meeting and wrote these up on pro-formas provided by the project.
- Amalgamation and thematic analysis of all site summaries. The richness of the database and to do justice to the quantity of data, the outcomes of interviews and focus groups were quantified as accurately as possible on the basis of discrete items of information. The themes were derived entirely from within the data, rather than any pre-conceived categories.
- In the case of Geraldton this amalgamation amounted to almost 15 pages of data.
- Highlighting of major themes. To provide an insight into the most common themes, the top themes for key questions have been ranked from 1 (the most frequently occurring) in Table format at the beginning of each section.

Direct quotes are in italics.

## 2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITIES

Interviewees were asked a range of questions 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 response to these three questions.

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

| THEMES | RANKING |
|---|---|
| Substance Abuse | 1 |
| Employment-related Issues | 2 |
| Economic Circumstances | 3 |
| Housing | 4 |
| Violence-related Issues | 5 |
| Family-related Issues | 6 |
| Racism and Discrimination | 7 |
| Health/Mental Health Issues | 8 |

When the responses to the three questions probing issues confronting individuals, families and the community were aggregated, two areas of concern predominated, issues around substance abuse and employment-related issues. Of particular concern was the rise in crime rates locally because of people's substance abuse issues.

## 2.1 Substance Abuse

Substance abuse was the most common issue that people in Geraldton said was having an impact on individuals, families and the community. The use of illicit drugs and alcohol appears to be increasing, and particularly so for young people who are starting to 'use' much earlier in life.

Participants said:

- *Alcohol issues*
- *Drugs, Drugs and alcohol – too much use within families and impacting on family life*
- *Drugs – methamphetamines*
- *Drug use and family break ups because Mum and Dad are on 'speed', etc.*
- *Drug and alcohol – too much use within families*
- *Drug and alcohol – younger family members are drinking and smoking marijuana too early and this is causing issues within the family, e.g. causing conflict and violence*
- *Alcohol issues affecting the family and causing violence and feuding*
- *Drugs and alcohol – crime becoming more bigger of a thing for our young family*
- *Drug and alcohol – too much use and availability within the community*
- *Drug use and youth mental health and family break downs where little kids are on the streets*
- *Alcohol and drugs – use of alcohol and drugs by local people has had an impact on the community because of violence and trouble making*

## 2.2 Employment-related Issues

Most people spoke about their concern that people aren't able to get jobs locally in the area. Many people mentioned that unemployment is causing a major strain and burden on families particularly because there is no formal and regular income for households.

Participants said:

- *Trying to get a job – not enough job opportunities available in Geraldton*
- *Unemployment – currently not working, and finding it hard to live without any proper finance or money coming in*
- *Not being able to find work has caused an increase in depression amongst some of the people locally*
- *Unemployment – trying to find a job is hard*
- *Work issues*
- *All we seem to do is work but its not getting us in front financially and we're still renting*
- *Unemployment – a lot of the family members aren't working at the moment*
- *Not enough job opportunities for employment locally in the Geraldton area*
- *No employment – lack of jobs/training*
- *Not enough job opportunities in town*

## 2.3 Economic Circumstances

The third most pressing area of concern raised by the people of Geraldton was the burden and stress of a range of economic circumstances. Many also spoke about the high cost of living in Geraldton and that this is having a huge impact on them as individuals and within their family settings. Many people spoke about the links between unemployment and the inability to financially provide for their families.

Participants said:

- *Money, financial – not enough to keep ends meet… financial cycle – work – earn – pay bills*
- *Financial issues, struggling to make ends meet because she's not working at the moment*
- *Debt - financial struggles because he's not working at the moment so there's no money coming in to pay off the bills*
- *Cost of living – Lack of remote allowance*
- *Not having enough money*
- *Stress over bills, making sure my children have what they need if we're able to provide properly for them*
- *Money problems – need to budget*
- *Not enough money, which leads to more stress and debts and bills, etc.*
- *Financially blocked as individuals, but supportive as a whole within family*
- *Financial issues within families trying to support one another and relying on assistance from others*
- *Electricity and gas bills are too expensive, its hard to keep up*
- *Bills affect my family – too expensive and feels like we're unable to catch up financially*
- *Lack of opportunities to generate income*

## 2.4 Housing

The issue of the availability of housing in Geraldton was highlighted by many people through the consultations and of particular concern was the increase in the numbers of people who are homeless. Generally, people mentioned that there wasn't enough public housing available in Geraldton and its surrounds and that for many the only option was private renting and this was often too expensive for people and families to afford.

Participants said:

- *Not enough houses – up to 20 people living in one house*
- *Homeless situation locally is increasing*
- *Overcrowding with housing, 'people are house jumping'*
- *Having no where to stay*
- *No housing – lack of houses available*
- *Housing and accommodation*
- *Homelessness – house hopping*
- *Homeless assistance*
- *Homelessness and housing – lack of housing available and suitable*

## 2.5 Violence-related Issues

Family feuding and violence and its impact on individuals and the community was evident in the consultations. Also of concern was the increase in domestic violence within relationships, as well as use of social media for fuelling general violence within the community.

Participants said:

- *Family and community violence*
- *Fighting – family feuding has become an issue in the community*
- *Social media – Facebook in general causing grief and starting of disagreements and fights, etc.*
- *Fighting – always been around in the community*
- *Family feuding – a bit of both, e.g. affects the sporting and community events*
- *Domestic violence*
- *Family feuding – division within family arguing all the time and impacting on the whole family*
- *Family feuding*
- *Violence – domestic violence (physical mostly)*
- *Feuding within families – poor social modeling in terms of parenting*
- *Family arguments in the community – public display*
- *Domestic violence in the community*

## 2.6 Family-related Issues

There was a mixed array of responses in relation to family-related issues from people in Geraldton, some of which included things like having to deal with reliance and expectations from other family members as one example.

Participants said:

- *Expectations – placed on us both personally and by others*
- *Intergenerational*
- *Death in family*
- *Relationship issues*
- *Younger teenagers in family stealing and breaking the law*
- *Dependence on family to support and assist with things such as transport*
- *Reliance on family to assist with housing issues*
- *Our Community is Our Family*
- *Not enough activities for young people and Elders to get involved with*
- *No respect for people or their belongings*

## 2.7 Racism and Discrimination

Racism and discrimination was another issue that many felt was significantly negatively impacting on the community, and particularly around people's experiences of it from local services and shops. Participants also spoke about harassment specifically in the case of 'mistaken identity.'

Participants said:

- *Harassment*
- *Discrimination*
- *Racism – some services discriminate*
- *Social media is adding to the level of racism and discrimination in Geraldton – "people yarning and spreading yarns"*
- *Racism – still present in the community, e.g. people interact during sporting events but not normally in social settings*
- *Trust in agencies – stemmed from people's past experiences*
- *Social norms, expectations*

## 2.8 Health/Mental Health Issues

Health and mental health issues was the final theme aggregated from the consultations. Depression was the most common response people gave in relation to mental health issues, whilst others spoke about their own personal health and other lifestyle problems.

Participants said:

- *Depression*
- *Personal health issues – weight and keeping healthy*
- *Sporting injuries*
- *Better youth mental health care*
- *Depression – this has come about because of not been able to find suitable work and employment*
- *Everyday lifestyle*
- *Not enough sleep/rest*
- *Mental wellbeing – I am not able to be confident within myself and am unable to let things/problems go*
- *Health issues*
- *Youth mental health*
- *Counselling services*
- *Health programs, insufficient programs relating to suicide/depression*

## 3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITIES STRONG

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

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

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

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

| THEMES | RANKING |
|---|---|
| Community Unity | 1 |
| Education and Awareness | 2 |
| Family Focus | 3 |
| Personal Wellbeing and Focus | 4 |
| Communication Issues | 5 |
| Local Services and Support | 6 |
| Respect | 7 |

## 3.1 Community Unity

The most common theme that people in Geraldton said was an important factor in strengthening individuals, families and the community was to have unity within the community. This included having strong leaders and people willing to work together. More community gatherings and events that promote positive images of local Aboriginal people and culture were also mentioned.

Participants said:
Strong community

- *Community coming together*
- *More community meeting groups*
- *More community sporting events*
- *Strong leaders, not puppets*
- *More local people standing up and saying "I'll do it" and not to be the one to point the finger, "make the change"*
- *More stuff in the community for our younger community*
- *Strong community support, more interactions from all people from all walks of life*
- *Stronger community representation*
- *Come together as a community with sporting events and cultural awareness*
- *Be united and do communities events*
- *More interaction with associated departments*
- *More community projects or community gatherings, featuring ideas on budgeting, cheap meals, etc.*
- *Greater and more community support*
- *To make our community strong we need more community gatherings*
- *Positive media coverage of Aboriginal people*

## 3.2 Education and Awareness

More training and education opportunities were raised as the second most common theme. Participants recognised that education was very important and greater support was required for school aged children.

Participants said:

- *Education from people who have walked the life of a drug user to share first hand experience and stories*
- *More training and education opportunities*
- *More role models, more workshops activities for all ages and maybe drug and alcohol centres for people to get off the stuff*
- *Get ourselves an education, Education is very important*
- *Schooling – address the truancy issues and particularly for teenagers who aren't going to school*
- *More understanding of the issues*
- *More workshops, training and education to obtain employment, more cultural awareness and cultural activities. Awareness of resources, facilities available to help "give up" alcohol and drugs. More education on affect of social media - make it a target to all age groups and more of the community*

## 3.3 Family Focus

Less feuding and more family supports were highlighted by the local community as contributing to making individuals, families and community strong. Families coming together more often with greater support for each other was also noted throughout the consultations.

Participants said:

- *Family friendly department and local agencies*
- *Knowing connections*
- *Being close as family*
- *Help each other out if we can't find someone who can*
- *To make our families strong we need a strong sense of who we are and what we want to achieve for our families*
- *Family values – having stronger family ties*
- *Greater and more family support*
- *Understand parenting as a responsibility*
- *Family sticking together*
- *Less feuding*
- *More activities as a family, e.g. BBQ's, sporting events together, just being together*
- *Good support from family and friends*

## 3.4 Personal Wellbeing and Focus

Focusing on self and looking after one's health and wellbeing was the next common theme that people discussed in the consultations. People spoke about being actively involved in sports and exercise and knowing your limits as examples.

Participants said:

- *Physical activity and keeping fit*
- *Sport – being involved in sport*
- *Humour and laughter – more of it*
- *Love and affection*
- *Self care*
- *Going home to country*
- *Knowing your limits*
- *Try not to do drugs and alcohol – go back to the old ways to the bush*
- *Healing*
- *Less stress, try to not let things get me down*
- *To make ourselves strong we need to believe in ourselves and our abilities*
- *Stay strong, be confident and have faith*
- *Be proud of who you are*

## 3.5 Communication Issues

Communicating and having better communication within families and the community was something that people said was important to them. The passing on of information whilst also having the ability to listen to others were some of the things that were raised.

Participants said:

- *Communication*
- *Better networking and communication between Aboriginal and non-Aboriginal people*
- *Good communication – there needs to be more communication within families*
- *Open conversation*
- *Conversation*

## 3.6 Local Services and Support

Greater support and need for more local Aboriginal services and workers were some of the issues highlighted in response to what would make individuals, families and the community strong. Agencies and services working more closely with each other was also raised.

Participants said:

- *More Aboriginal health workers*
- *More suicide prevention programs and supports*
- *Having the support and services available*
- *Agencies to work together*
- *More funding and resources, especially for positive and strengths based programs*
- *More workers in the community, e.g. doctors and health staff*
- *An extension of GRAMS, e.g. set up another building/ clinic in Spalding*

## 3.7 Respect

Respect was mentioned several times by people locally as something that is needed to make them, their families and the community strong. Not passing judgement and showing empathy and kindness to others was also raised.

Participants said:

- *Non-judgement*
- *Teach the young kids about respect at home and school*
- *Empathy and kindness*
- *Respect*

# 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 Geraldton People Said About Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs**

| THEMES | RANKING |
|---|---|
| Cultural Focus | 1 |
| Topic-specific Programs | 2 |
| Prevention Programs | 3 |

## 4.1 Cultural Focus

Programs that have a strong cultural focus were highlighted as being most important when asked about preferred cultural, social and emotional wellbeing, empowerment and health programs. Whilst 'culture' was the most common response from participants, various cultural perspectives such as including Aboriginal culture in the curriculum were discussed.

Participants said:

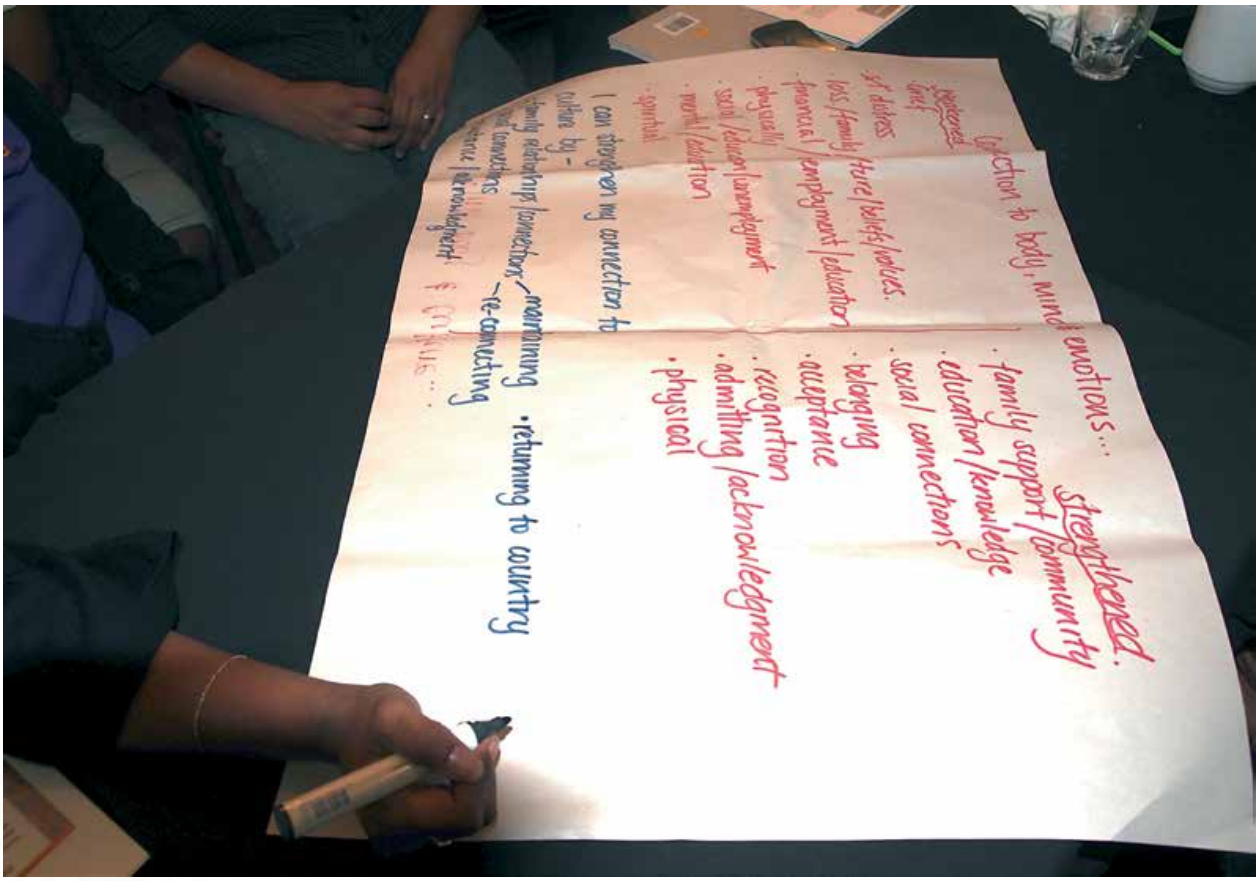
- *Culture to be introduced into the education curriculum (the local Aboriginal history rather than learning about the first settlers)*
- *Cultural camps for all ages and gender*
- *Cultural awareness and healing for younger people*
- *Culture – teach young ones about their culture*
- *Healing and cultural awareness*

## 4.2 Topic-specific Programs

Programs that cater and respond to specific needs of the individual, families and the community were the next most common response and included suggestions for such things as more music and sporting programs.

Participants said:

- *Indigenous parenting and sporting groups*
- *Music programs*
- *Sporting programs*
- *Cooking classes*
- *Social groups, e.g. Mum's group, Men's group, where men can meet and learn and do building projects*
- *Programs for young people*
- *More awareness and education about different topics*




## 4.3 Prevention Programs

Suicide prevention programs was the final most common theme to be presented through the consultations as well as broad mental health type activities and programs such as *Act, Belong, Commit.*

Participants said:

- *Any programs to deal with drugs and alcohol issues*
- *Suicide prevention programs*
- *Mental health programs and support*
- *Suicide prevention and mental health programs to be introduced in schools, but not targeted specifically as an Aboriginal issue*
- *Act Belong Commit*

## 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 Geraldton People Said About Barriers to Introducing Programs**

| THEMES | RANKING |
|---|---|
| Funding/Bureaucracy | 1 |
| Lack of Support | 2 |
| Program Delivery | 3 |
| Transport | 4 |

## 5.1 Funding/Bureaucracy

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

Participants said:

- *Funding*
- *Lack of funding*
- *Lack of funding and support*
- *Unsympathetic government policies, practices, funding and expectations*
- *Too much 'red-tape'*

## 5.2 Lack of Support

A general lack of support from the community to attend any programs and or activities was noted as a barrier to people in Geraldton. More specific issues included lack of child care support to enable parents to attend programs and negative attitudes in general from people.

Participants said:

- *Agencies passing the buck*
- *Lack of support*
- *Trivial stuff and no interest to attend*
- *Lack of community support*
- *No one cares*
- *Child care is an issue*

## 5.3 Program Delivery

Most people spoke about the fact that most programs are offered or being run during times when people are either at work or not able to attend. Others also spoke about the locality and venue of the program also being a potential barrier as people might not feel comfortable at some places and locations.

Participants said:

- *Barriers might include time and place*
- *Certain times when programs are delivered aren't suitable for people to attend*
- *People may not know or like the people running the program*
- *Accessibility*
- *Location*

## 5.4 Transport

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

Participants said:

- *Barriers would include transportation*
- *Transport to attend programs is an issue*
- *Lack of transport available*

# 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, families and the community stronger, they were asked the following:

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

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

**Table 5: What Geraldton People Said About Programs and Their Delivery**

| THEMES | RANKING |
|---|---|
| Topic-specific Programs | 1 |
| Cultural Focus | 2 |
| Gender and Age-specific | 3 |
| Program Delivery | 4 |

## 6.1 Topic-specific Programs

There were a number of suggested topics for inclusion in a local empowerment program and these ranged from 'food and nutrition' to learning about 'social media rights.' People also spoke about the potential to include sport or physical activity into the program so that people were able to keep fit and healthy at the same time.

Participants said:

- *Pamper courses*
- *Mechanics courses*
- *Workshops – dancing, make up, clothes making*
- *Food and nutrition*
- *Social media rights*
- *More discussion about suicide and mental health*
- *Sports and recreation*
- *Sports program – football and basketball*
- *Programs that focus on social and emotional wellbeing*
- *Specific programs and information and awareness about drugs and alcohol*

## 6.2 Cultural Focus

The terms 'cultural awareness' and 'culture' were said mentioned many times throughout the consultations, and this confirmed that like many of the other project sites, people in Geraldton also felt strongly about the need to ensure that any program has a strong cultural focus and cultural content.

Participants said:

- *Cultural awareness*
- *Culturally approved*
- *Going back to country*
- *Learning about natural remedies and medicines*

## 6.3 Gender and Age-specific Focus

As highlighted throughout this chapter, the need to have gender and age-specific programs is important, and ensures that everyone in the community is being catered to and supported.

Participants said:

- *Youth group – have a night time activity at the pool or basketball courts*
- *Men's group – boomerang making, didgeridoo playing, education and training for employment*
- *Women's group – food making, education and training opportunities*

## 6.4 Program Delivery

Specific program delivery aspects that people in Geraldton spoke about included, making sure that the right people were responsible for delivering the program and this may likely include Aboriginal people, as well as suggestions about making information available in books and on CD.

Participants said:

- *Find the right person to deliver the program*
- *A variety of information to be included in the program and make the materials available in booklets for people to take away*
- *As needed locally*
- *I would like to see a range of information delivered in books and CD's*

# Conclusion

Community consultations with local Aboriginal and Torres Strait Islander peoples living in Geraldton suggest people perceived a number of critical issues for individuals, families and communities. These issues were also highlighted in the social and emotional wellbeing workshop, where substance abuse, with specific reference to methamphetamine (ice) was revealed as being of very serious concern to the community as a whole. The impact of increased alcohol and other drug misuse was also highlighted.

Employment-related issues was the second most concerning factor impacting on peoples lives in the Geraldton area. Many people spoke about the lack of employment opportunities and also the lack of support to assist people find work and maintain long term employment. This reflected negatively on job security and the ability of people to be able to plan for the future.

Many participants stated that financial strain was a concern for them, especially with the lack of employment opportunities in Geraldton. This was having a huge impact on families, personally and socially. Many said that this also impeded on their ability to provide proper support to their families, including their capacity to meet the needs of their children for such things as sporting and educational needs.

Poverty and lack of housing were other factors impacting on the community, along with people's concern about family and community cohesion. Most of those engaged as part of the community consultations felt that there was a huge breakdown within families and that this is also contributing to social breakdown within the community. People also mentioned ongoing issues of racism and discrimination as they spoke about the need for community togetherness and unity.

People identified community unity and a stronger family focus as the most significant factors that would positively impact on the community. People expressed very serious concerns and a personal loss regarding the lack of unity within the community. Increasing capacity for people to uptake further education and training opportunities and to focus on self and one's own wellbeing was also seen as being important for people to become strong.

Cultural awareness and a cultural focus were one of the key themes addressed when people were asked about their program preference and this was similar to all eleven sites, once again highlighting the importance of culture to Aboriginal and Torres Strait Islander peoples. Also similar to all other sites, participants were very clear that the program development and program delivery be by Aboriginal peoples for Aboriginal peoples. Participants thought that there needed to be more support and help for individual community members so that they, in turn, were better equipped to help others.

Participants also indicated that they would prefer subject specific programs that would further their skills and knowledge base.

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

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

While these indicators have historical causes, they are perpetuated by contemporary structural and social factors. This was evident in all the sites that were part of the Project, and this certainly is a picture that the research outcomes of the Geraldton 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 Geraldton empowerment program needs to have community members identifying their problems and designing the solutions. Any program needs to have legitimate community support; be culturally appropriate and locally based; take a community centred and strengths-based approach; aim to capacity build, that is, employ and train local people and ensure a valued role of Elders in all aspects.

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

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

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

It is also important for local Aboriginal people and the community to utilise the information presented in this report to better 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 Geraldton 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: The National Empowerment Program 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 selfworth, efficacy and an acquired sense of power. They have access to information, resources and learned skills that are self-identified as important. Empowerment can also be considered a journey, emphasizing growth and transition.

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

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

Break into smaller groups and discuss:

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

**6. Close**

## Appendix 2:
## National Empowerment Program Interview Guide

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

| | | | |
|---|---|---|---|
| INTERVIEWER: | | COMMUNITY: | |

| | | | |
|---|---|---|---|
| LOCATION: For example – office, home, outdoor place. | | DATE: | |

| | | | | |
|---|---|---|---|---|
| INTERVIEWEE: | | GENDER: | ☐ Male | ☐ Female |

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

**INTRODUCTIONS**

Interviewer to give information form and tell people:

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

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

| To get an understanding, what are some of the issues affecting YOU? |
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| **To get an understanding, what are some of the issues affecting your FAMILY?** |
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## Appendix 2:
## National Empowerment Program Interview Guide continued

| To get an understanding, what are some of the issues affecting your COMMUNITY? |
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| What do we need to make ourselves strong? |
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| What do we need to make our families strong? |
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| What do we need to make our communities strong? |
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| What does cultural social and emotional well being mean to you?<br>What does empowerment mean to you?<br>What does healing mean to you? |
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## Appendix 2:
## National Empowerment Program Interview Guide continued

| What types of cultural social and emotional well being, empowerment and healing programs might be useful for your community? |
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| What do you see are the barriers for introducing any programs? |
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| What would you like to see in a program(s) and how would you like it delivered? |
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| How often should the program(s) be run, where and when? |
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| **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)* |
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## Appendix 2:
## National Empowerment Program Interview Guide continued

| GENERAL COMMENTS |
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| Any other comments? |
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## Appendix 3:
## National Empowerment Program 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? |
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| 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? |
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| Have you seen a change in community following your past and current programs? |
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## Appendix 3:
## National Empowerment Program Interview: Stakeholders continued

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