The National Empowerment Project
Toomelah

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Glynis McGrady, Malcom Peckham, Glenis Grogan, Anne Butorac, Adele Cox, Pat Dudgeon, Sabrina Swift

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

The Team

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

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

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

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

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Malcolm Peckham is currently employed by Joblinkplus in Toomelah and has come on board with the National Empowerment Project as a Community Consultant Co-Researcher. He is a father of six and is a member of several local boards, including, Toomelah Co-Operative and Dandaloo Corporation. Mal is also involved in coaching rugby league.

Glynis McGrady is a strong Murri Woman and a daughter of the Goomeroi Nation. Glynis come's from and has lived in Toomelah all of her Life. Glynis's mob come from Eurabe – Old Toomelah, in the North Western Area of NSW and are the keepers of Boobera Lagoon, the resting Place of the Rainbow Serpent. Glynis come's from a big Family. She and her partner Jack have 5 children. Glynis works in Toomelah, managing Dandaloo Gayngil Aboriginal Corporation, a Child Care Centre and provides administrative assistance to the Goomeroi Elders Aboriginal Corporation Toomelah group. Glynis has been involved in many community projects aspiring to improve living and social conditions in Toomelah. Glynis has tried long and hard to establish capacity building projects and a healing centre to assist her people to overcome the emotional traumas of the past and present. Glynis's community strives to heal their spirit and establish a community that is culturally safe. Glynis's involvement in the Project gives hope and will enable Toomelah to move forward and help her community to set up immediate and long term programs that meets the needs of her people.

Glenis Grogan is a Kuku Yalanji woman from the Kuranda Aboriginal community in far north Queensland. She also has strong connections to the Djabugay Dirri and Takalaka people. A descendant of the Mona Mona Mission (approximately 45 kms from Kuranda) and current Deputy Chairperson of the Mona Mona Bulmba Aboriginal Corporation, she was part of the groups successful reclamation of the mission and its surrounding land and they now hold 1610 hectares on behalf of all descendants.

Working as a private consultant, Glenis' experience is mostly in the areas of Aboriginal health and education and she is currently working with several Aboriginal Corporations and Native Title prescribed body corporates.

Contents

Abbreviations

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

Acknowledgements

Artwork

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

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

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

1. Introduction

Executive Summary

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

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

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

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

Community participation is at the heart of the NEP and as such relationships with partner organisations were established and two local Aboriginal consultants were employed in each site. Goomeroi Aboriginal Corporation was the partner organisation for Toomelah.

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

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 31 people. People were asked about the issues that were important for them as individuals, families and communities and what was needed to make them strong.

Participants from the Toomelah consultations identified a broad range of issues, including: Inadequacy of services; Substance abuse; Violence and fighting in the community; Youth issues; Health (especially Mental Health) issues; Lack of employment opportunities; Boredom and inactivity; Issues around schooling; Discrimination and racism; and Housing issues. The two most commonly mentioned issues were the inadequacy of services in the community and issues around substance abuse.

The many issues raised by the Toomelah community were inter-related and addressing them called for cultural and community restoration and was linked to making individuals stronger to help build families and provide strong leadership and role models in the community.

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 social emotional wellbeing workshop:

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

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

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

Background

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

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

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

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

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

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

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

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

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

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

THE CYCLE OF PHYSICAL AND MENTAL HEALTH CONDITIONS

Life expectancy at birth for an Aboriginal and Torres Strait Islander male is estimated to be 67 years and for a female is estimated to be 73 years, representing gaps of 11.5 and 9.7 years when compared with all Australians.

In a 2008 survey 39% of Aboriginal and Torres Strait Islander peoples reported the experience of the death of a family member or close friend, and 31% reported serious illness or disability, as significant stressors with mental health impacts in the previous 12 months.

Cardiovascular disease (17% burden of disease) and mental illness (15%) are two leading drivers for the observed health gap with non-Indigenous Australians.

Mental health conditions in turn contribute to suicide and are associated with high rates of smoking, alcohol abuse and obesity, which lead to chronic disease – the single biggest killer of Aboriginal and Torres Strait Islander peoples.

National Mental Health Commission (2012, p.41)

Aboriginal and Torres Strait Islander Mental Health

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

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

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

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

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

The National Empowerment Project is an innovative Indigenous-led Project working directly with communities across Australia to address their cultural, social and emotional wellbeing. This is being achieved through the development of respectful partnerships with local communities to undertake participatory and community driven research identifying the distinctive and particular needs of each community; in order to develop Empowerment, Healing and Leadership programs to address those issues.

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

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

TOOMELAH

2. Background:
National Empowerment Project

The Kimberley Empowerment Project

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

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

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

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

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

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

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

A comprehensive review of relevant healing, empowerment and leadership programs in Australia was undertaken. The specific focus of the program review was to:
- Understand what programs or aspects of programs are working to facilitate greater individual and community wellbeing.
- Identify a set of core elements critical to the effectiveness of healing, empowerment and leadership programs for Aboriginal people (Dudgeon et al., 2012).

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

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

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

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

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

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

The National Empowerment Project

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

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

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

Stage One: Community Consultations

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

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

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

Stage Two: Program Development

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

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

Methodology:
The National Empowerment Project

Development of Aboriginal knowledges by Aboriginal people is fundamental to the National Empowerment Project. The usefulness of knowledge is a key characteristic of the Project, including findings from an Aboriginal and Torres Strait Islander peoples' perspective so that practice and program development may be better informed. It utilised a Participatory Action Research (PAR) process which has been widely promoted and used as an effective process in working with Indigenous peoples in achieving better outcomes in a range of factors such as health, education and community building, (Bacon, Mendez & Brown, 2005; 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 Consultant Co-researchers, and Aboriginal and Torres Strait Islander community are inseparable and as such, the National Empowerment Project is driven by community identified needs. The PAR process also enabled the research outcomes to be seen immediately at the community level, which is also central to the integrity of the National Empowerment Project.

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

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

Self-determination

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

A Community Based Approach

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

Holistic Perspectives

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

Aboriginal and Torres Strait Islander Diversity

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

Acknowledging a History of Colonisation

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

Principles:
The National Empowerment Project

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

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

Social Justice and Human Rights

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

Community Ownership

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

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

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

Community Capacity Building

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

Resilience Focused

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

Building Empowerment and Partnerships

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

Respect for Local Knowledge

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

Project Sites: The National Empowerment Research Project

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

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

NATIONAL EMPOWERMENT PROJECT SITE	PARTNER ORGANISATION	COMMUNITY CONSULTANT CO-RESEARCHERS
Perth, Western Australia	Langford Aboriginal Association Inc.	Angela Ryder and 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	Karen Geer and Shane Russell
Kuranda, Queensland	Mona Mona Bulmba Aboriginal Corporation	William (Biri) Duffin and Barbara Riley
Cherbourg, Queensland	Graham House Community Centre	Kate Hams and Bronwyn Murray
Sydney, New South Wales	National Centre of Indigenous Excellence	Donna Ingram and Nathan Taylor
Toomelah, New South Wales	Goomeroi Aboriginal Corporation	Glynis McGrady and Malcolm Peckham
Mildura, Victoria	Mallee District Aboriginal Services	Terry Brennan and Andy Charles

The following map highlights the sites that are selected and participating in the National Empowerment Research Project:
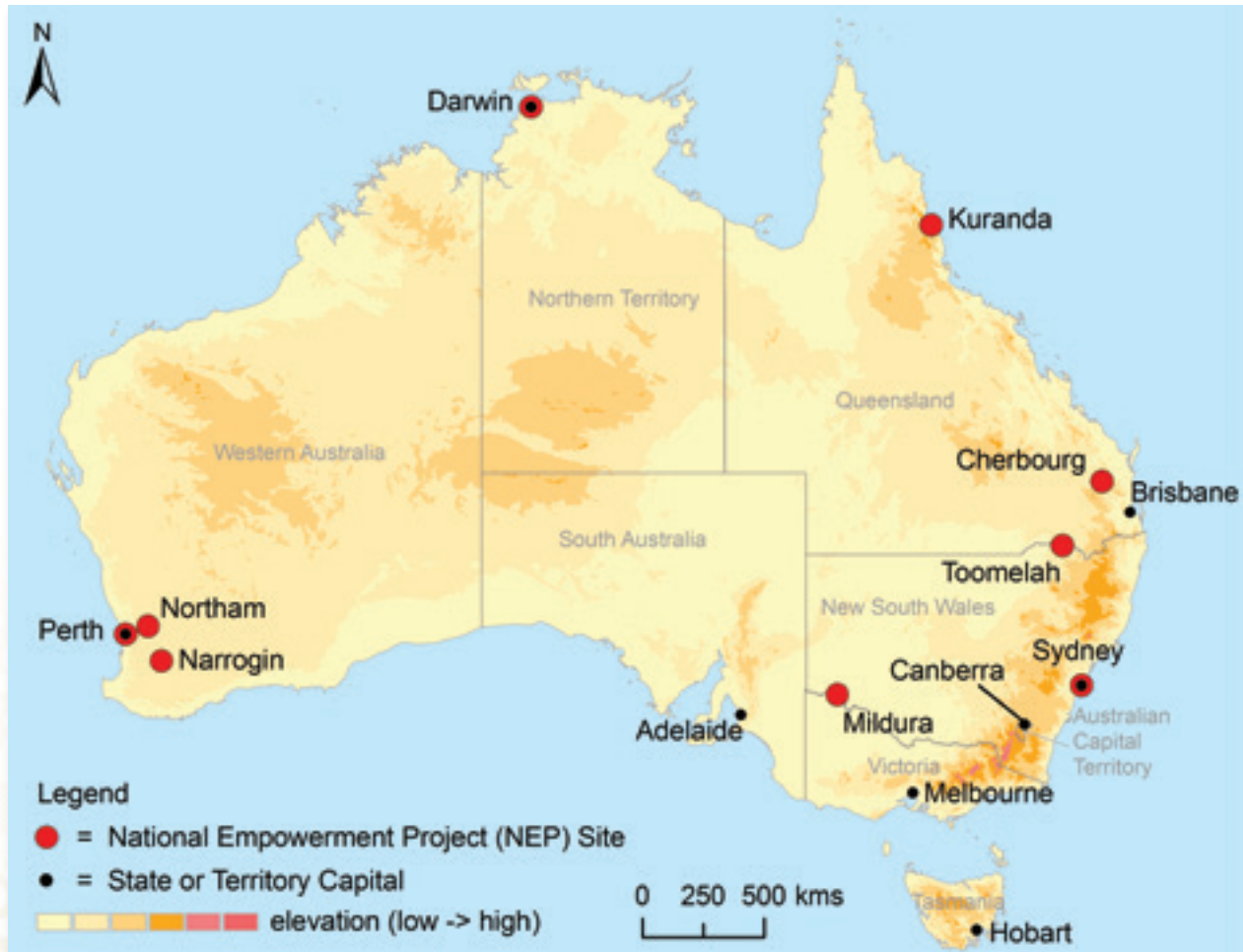
Local Partner Organisations and Community Consultant Co-researchers Secondary

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

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

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

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

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

Community Consultant Co-researchers

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

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

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

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

Community Consultant Co-researchers Training

A total of eleven local Community Consultants (two from Darwin, Northam/Toodyay, Toomelah, Perth, one from Kuranda, with apologies from Cherbourg and Redfern, 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 Consultant Co-researchers from the Kimberley Empowerment Project shared their experiences with the next set of Community Consultant Co-researchers. Further, in one of the sessions, guests from a local Nyoongar research group led by Dr Michael Wright from the Centre for Research Excellence in Aboriginal Health and Wellbeing at the Telethon Institute for Child Health Research presented their work and how they were undertaking their research Project from a community based, cultural approach.

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

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

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

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

All facilitators presented very well. Delivery was excellent.

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

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

Conclusion

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

By having an Aboriginal and Torres Strait Islander-led research collaboration with partnerships established in local areas, the National Empowerment Project represents a significant change in approach. It is also groundbreaking in relation to Aboriginal and Torres Strait Islander research methodologies and community based understandings of mental health and wellbeing. The emerging body of knowledge about Aboriginal and Torres Strait Islander mental health from this Project is significant in itself and is intended to make a substantial contribution to the evidence base and content of community based programs aimed at improving Aboriginal and Torres Strait Islander mental health, and cultural, social and emotional well-being. 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: Toomelah Community

Background

Toomelah is an Aboriginal Community in the far north of inland New South Wales within the Boggabilla locality in Moree Plains Shire on the New South Wales-Queensland border. Toomelah is 14 kilometres from Boggabilla in New South Wales, and 27 kilometres from Goondiwindi in Queensland.

The Toomelah Aboriginal community is part of Goomeroi nation originally drawn from communities including Moree, Boggabilla/Toomelah, and Goondiwindi. Goomeroi country extends from the Upper Hunter Valley through to the Warrumbungle Mountains in the West and up through the present-day centres of Coonabarabran, Quirindi, Tamworth, Narrabri, Walgett, Moree and Mungindi in New South Wales, and to Nindigully in South-west Queensland (Carved Trees, 2013).

According to Government of New South Wales documents at the time of the 2011 Census, there were 233 people in Toomelah who identified as Indigenous, representing 72% of the total population of 323 persons. This indicates a decrease in the Toomelah population, which at the time of the 2001 Census was Indigenous (261) within a total (364) (Government of New South Wales Hansard, 2012). The NSW Government, Office of Communities, Aboriginal Affairs, Community Portrait for Toomelah/Boggabilla (2013) provided the following population snapshot.

Toomelah 2013
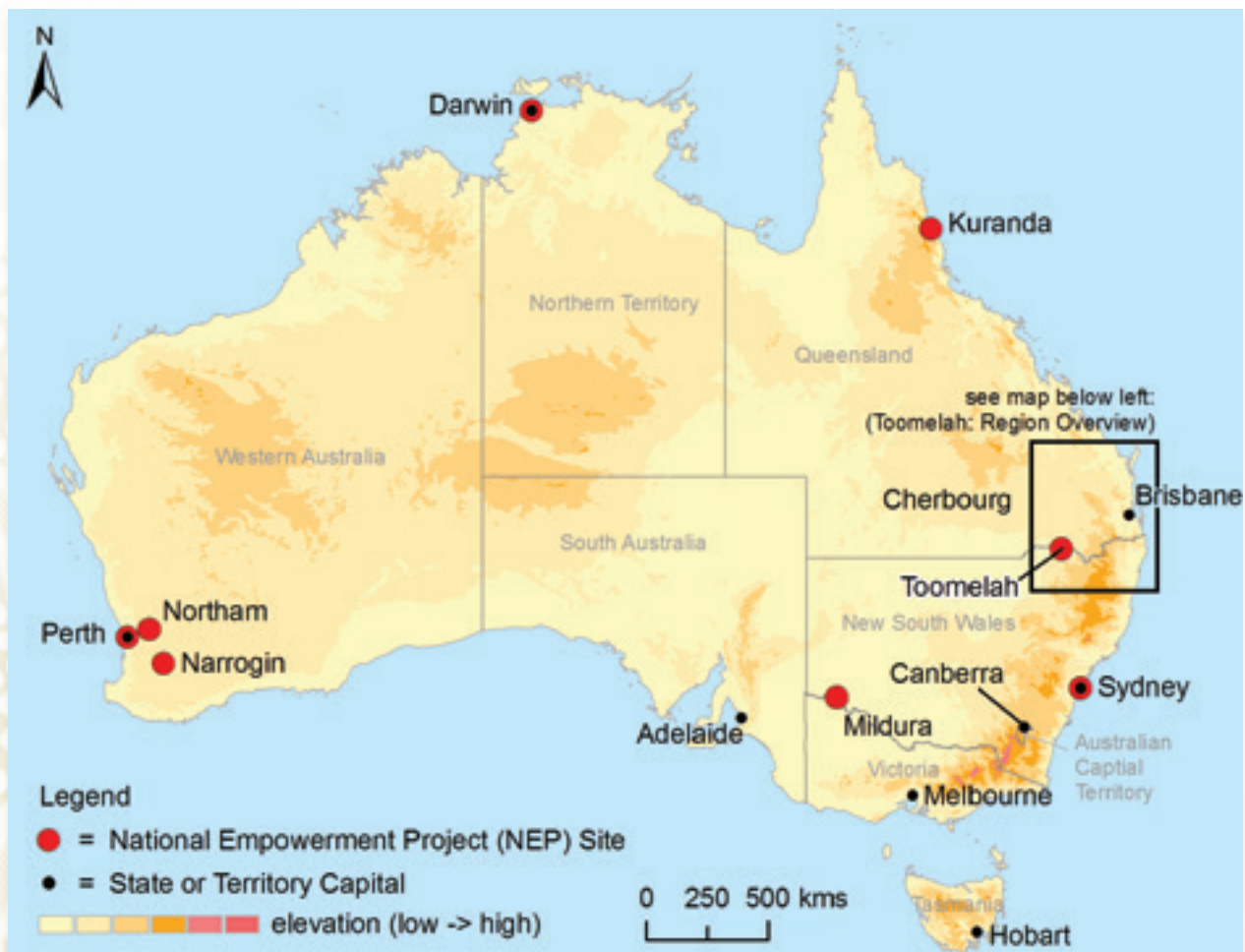
Aboriginal Snapshot: Toomelah / Boggabilla 2011

- In the 2011 Census, 598 residents out of 950 counted in Toomelah / Boggabilla said that they had Aboriginal or Torres Strait Islander origins, or both. Of these, 99% were Aboriginal.
- Between 2006 and 2011, the counted Aboriginal population fell by 2% from 608; the overall population of Toomelah / Boggabilla fell by 3%.
- About 12% of the population were under 5 in 2011, accounting for all of the counted population growth between 2006 and 2011. The ABS estimates that the Census undercounted the Aboriginal population by 17%, so on average, the Aboriginal population is about one-fifth larger than counted.
- The Aboriginal community is significantly younger than the non- Aboriginal population of NSW, with a median age of 18 vs 38 years.
- There was a much higher proportion under 18 years old, 48% compared with 23%. There was a much lower proportion aged 65 or more, 3% compared with 15%.
- Aboriginal households had an average of 4.7 residents in 2011, which was 82% larger than non-Aboriginal households in NSW.
- One in three Aboriginal households were couples with children. One in five were multi-family households. 14% of the Aboriginal households were single-person (vs 25% of other households).
- Aboriginal households most commonly lived in rented dwellings (89%), with 7% in fully owned dwellings.
- In all, 7% of Aboriginal households in Toomelah / Boggabilla were home-owners (with or without a mortgage), which was little changed since 2006.
- In 2011, the median income* of Aboriginal adults here was about $277 a week, which was 34% less than for all adults in NSW ($566).
- The median income gap had closed by 2% since 2006.
- 28% of Aboriginal adults were in the labour force, compared with 63% of non-Aboriginal adults in NSW.
- 43% of this Aboriginal workforce were unemployed, compared with 6% of the non-Aboriginal workforce in NSW.
- One in three Aboriginal residents (209 people) were attending an educational institution in 2011.

- 24 Aboriginal people had completed Year 12, which was 60% more than in 2006.
  Compared with non-Aboriginal residents of NSW of the same age, there were: – 41% fewer Aboriginal 20 -24 year olds in education; – 33% fewer Aboriginal 15–19 year olds in education. 22% of Aboriginal adults had some type of post-school qualification, compared with 37% of non- Aboriginal adults in NSW (2% had a degree or higher, compared with 9%).
- 45 Aboriginal people (7.2% of the Aboriginal population) reported that they had a severe or profound disability*.
- Aboriginal people had higher disability rates than average in most age groups. – the disability rate for Aboriginal 20–24 year olds was 12 times the average for this age group in NSW. – for 0–4 year olds, the Aboriginal rate was 8 times the average in NSW. 20% of Aboriginal adults (aged 15+) gave assistance to a person with a severe disability.
- In 2011, 28% of the communities' Aboriginal households had an internet connection, which was 22% more than in 2006. (NSW Government, 2013, p. 3)

Toomelah Mission

What is now the Aboriginal community of Toomelah, began as a 'reserve' and then later became a 'mission.' Originally established as a Pentecostal mission the church has been closed up and fenced off. The reserve was opened in 1937, with the New South Wales Government moving the Goomeroi people from Old Toomelah 100 kilometres further west to the current site (Robb, 2011).

Today, the people of the Toomelah Aboriginal community live at the old Mission site on the banks of the Macintyre River on the border of Queensland and New South Wales. The old Mission is only a few hundred acres in size, but is surrounded by thousands of acres of cotton farming and grazing.

Harsh Living Conditions

Over the past few decades, the small community of Toomelah has been plagued by racism, poverty, appalling living conditions and community dysfunction. Since the 1980s Toomelah has gained national publicity for some of the worst living conditions in Australia, for example:

Goondiwindi/Bogabilla 'race riots'. As a consequence of ongoing poor community relations between Aboriginal and non-Aboriginal people in Goodiwindi , Bogabilla and Toomelah, a 'riot' took place in Goondiwindi in January 1987. Local Aboriginal people protested against the appalling levels of racism and disadvantage that confronted their communities.

Toomelah Inquiry. This led to the first of such inquiries conducted by the Human Rights and Equal Opportunity Commission - the Inquiry into the Social and Material Needs of the Residents of the NSW – Queensland border towns of Toomelah, Boggabilla and Goondiwindi. The Commission was aware that other issues other than merely prejudice and hatred were underlying the riot and the Inquiry sought to identify these issues (HREOC, 1991).

> *The Inquiry found that the Aboriginal communities were living in appalling conditions. Contributing factors included the failure of relevant government bodies to acknowledge their responsibilities for providing basic goods and services such as education, health and housing. There was poor inter-agency co-ordination and few attempts had been made to implement long-term programs. This highly publicised Inquiry prompted the authorities to act in a positive manner and resulted in significant improvements in economic and social conditions for the Aboriginal people of Toomelah. One of the most significant achievements of the Toomelah Inquiry was to raise the awareness of non-Aboriginal Australians and alert them to the problems faced by Aboriginal people (HREOC, 1991, pp. 4-5).*

In 2008, the Special Commission of Inquiry into Child Protection Services in New South Wales heard evidence of abuse and neglect of children in remote Northern New South Wales communities, including Toomelah. The Inquiry gathered information on children acting out sexual assaults on other children in schools, as well as the concerns of local Elders, battling to address the problems with inadequate support or resources (ABC Local Radio, 2008).

The Demise of CDEP

Toomelah has been subject to much media attention. Graham provides an in-depth analysis about the political issues surrounding Toomelah, suggesting that bad government policy has set the community back decades (Graham, 2012). The article by Graham informs concisely about the background of the media history regarding Toomelah and focuses on the abandonment by successive governments of the Community Development Employment Program (CDEP). From its inception in 1977, CDEP was a scheme using unemployment benefits funding to provide local work to address community needs. By 1996, CDEP had grown to employ more than 29,000 Aboriginal and Torres Strait Islander peoples. Toomelah was one of the communities that benefitted positively from the CDEP.

> *In Toomelah, as in many Aboriginal communities, there was no shortage of people looking for work. They too embraced CDEP. Local participants provided most of the civil services that local, state and federal governments should provide Aboriginal communities, but rarely do. By 2009, Toomelah's CDEP workers ran the local shop through the Toomelah Co-op. CDEP crews kept the streets clean, mowed the parks and gardens and the footy oval, drove the community bus, and repaired and maintained local housing and infrastructure (Graham, 2012, p. 1).*

Toomelah was an empowered and successful town, with local people involved in town maintenance, including looking after the cemetery, doing night patrols, working in local organisations such as the Co-op, the health clinic, pre-school and the land council. The Toomelah Co-op took over administration of CDEPs in outlying towns (Graham, 2012). In 2009, CDEP was abolished in non-remote areas with established economies, Toomelah was one of these. According to Graham, the demise of CDEP in Toomelah resulted in moving people from being employed to unemployment.

For Toomelah, it seems that little has changed over the years in terms of self-determination and empowerment. Warren Mundine, the Chair of the Prime Ministers Indigenous Advisory Council, who was involved in the Toomelah Inquiry in 1988 recently visited the community and reported that while considerable resources are being deployed to Toomelah, little has changed. Given the poverty still confronting the community, it would seem that the current programs in place do not benefit people greatly:

> He says they do little to improve the health, education and welfare of the local Indigenous community. "It's like a cyclone, you see, the Aboriginal people in the eye of the storm are sitting there and this whole storm is going on around, of money being spent, but it's really not doing anything for the Aboriginal community," he said. "We've got to stop that storm, we've got to re-assess how we're doing these things, get the money out on the ground to the Aboriginal people and put them in charge of the process" (ABC, 2013).

Clearly programs and initiatives that involve the community in all levels might make a difference.

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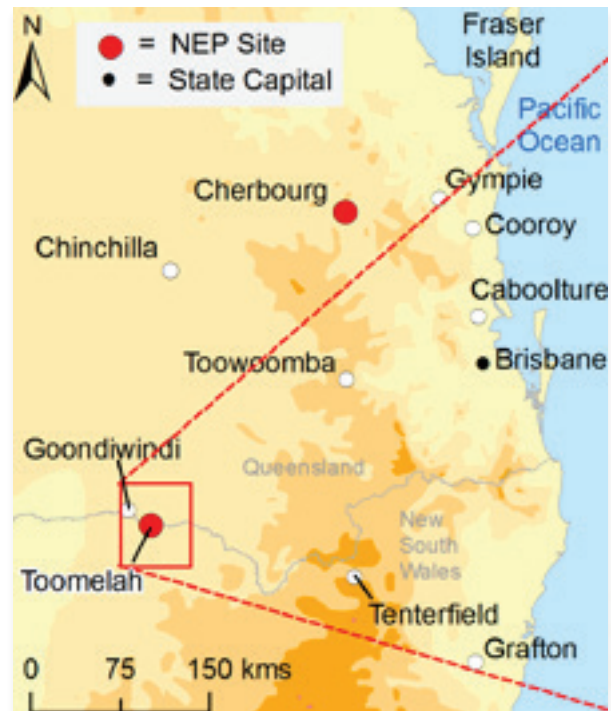
Toomelah: Detail
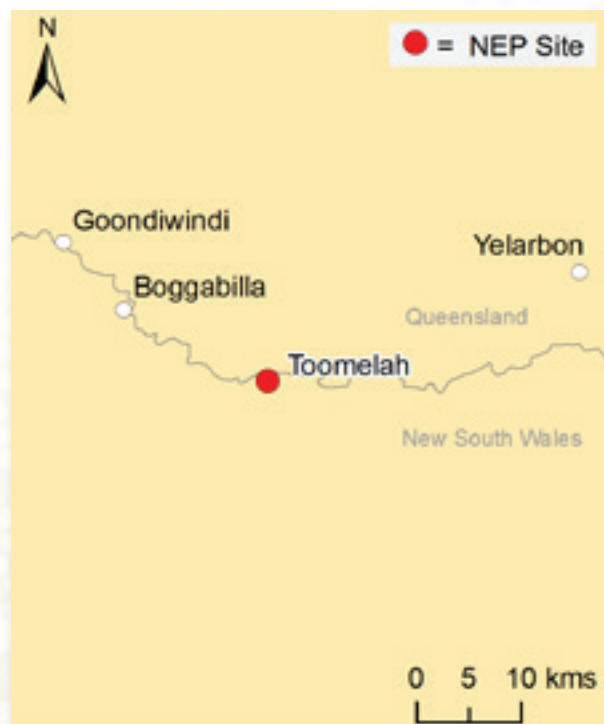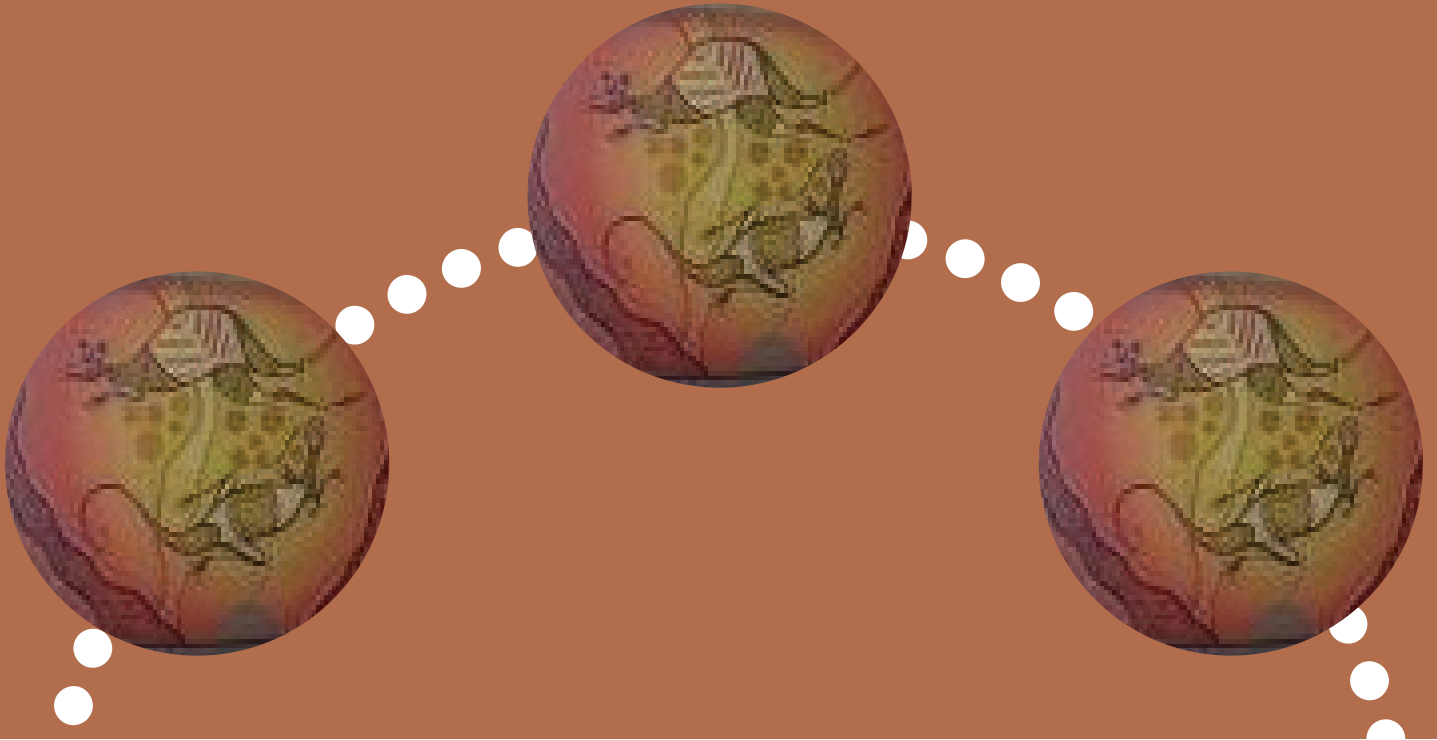
4. Project Methodology
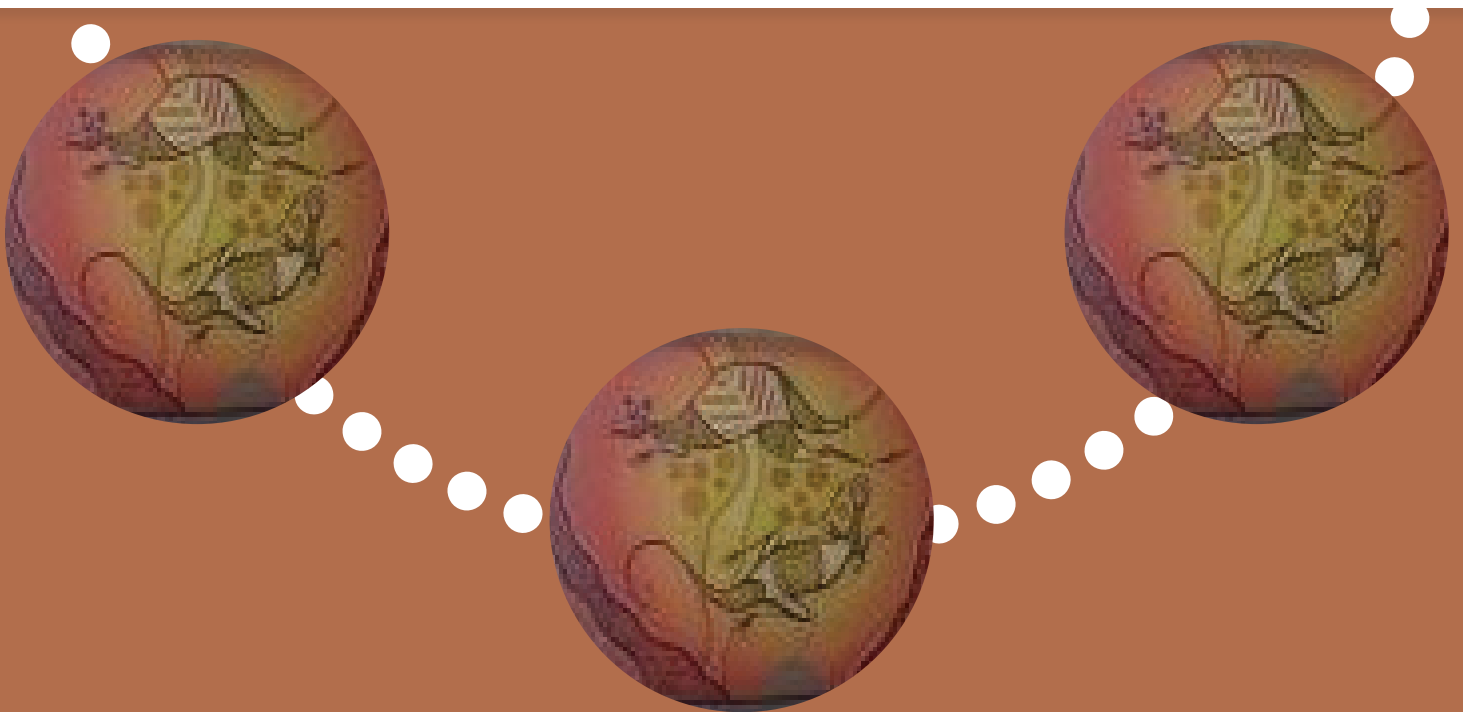
The aim of the National Empowerment Project was to consult with nine communities across Australia to identify the ways in which an Empowerment, Healing and Leadership program might assist Aboriginal and Torres Strait Islander peoples to deal with the many issues and factors that contribute to community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

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

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

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

Research Approach

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

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

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

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

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

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

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

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

Data Collection

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

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

- What are the issues affecting you, your families and your communities?

- What do we need to do to make ourselves, our families, and our communities stronger?

- As a means of fully engaging in discussions, the participants were asked to consider the following topics:
- What participants understood about empowerment, healing and leadership.
- What the concepts of empowerment, healing and leadership meant to them.
- What people believed was required for an effective Empowerment, Healing and Leadership program.

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

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

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

Community Consultations

The local partner organisation in Toomelah was the Goomeroi Elders Aboriginal Corporation.

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

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

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

The Toomelah Community Consultant Co-researchers were Glynis McGrady, Malcolm Peckham and Glennis Grogan, who worked as a team to promote the NEP concept, develop a work strategy and undertook the community conservations in Toomelah.

Communities and Stakeholder Recruitment

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

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

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

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

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

Profile of Consultations Completed

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

The majority of the participants in the community consultations were Aboriginal people. Of the total of 31 people, the majority of participants were female (65%) with the remaining (35%) male (Figure 1). Figure 2 indicates the spread across the age groups, with the greatest proportion (32%) being in the 35-50 years age group through to the lowest proportion (19%) in the 25-35 age group.

Table 1: List of Number and Type of Participants

LOCATION	INDIVIDUALS
Toomelah	31

Figure 1: Female and Male Participants

Male 35%

Female 65%
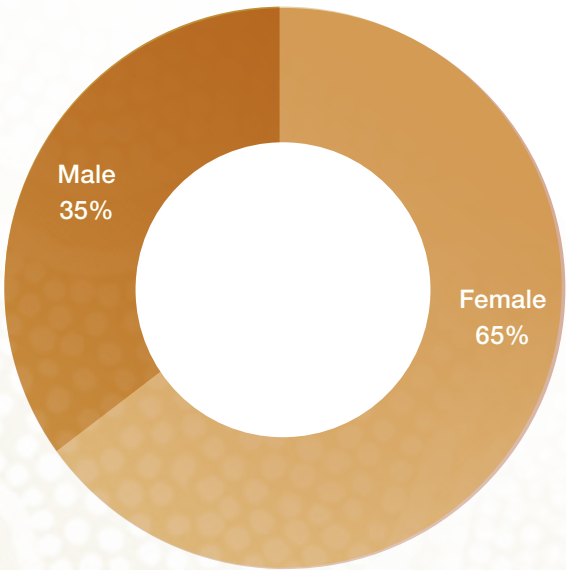
Figure 2: Age of Participants

50+yrs 10%

18-25yrs 37%

35-50yrs 21%

26-35yrs 32%
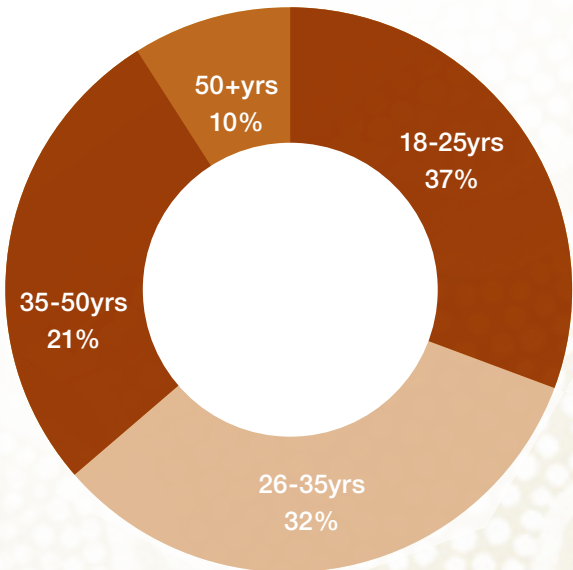
5. Toomelah Consultations and Research Findings

1.0 INTRODUCTION

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

◉ Community Consultants Co-researchers' Summaries. As well as the information from interviews and focus groups Community Consultants gathered information from interviews and focus groups according to a pro-forma provided by the Project.

◉ Amalgamation and Thematic Analysis. Because of the richness of the information from interviews and outcomes of focus groups and to do justice to the quantity of information, outcomes were quantified as accurately as possible on the basis of discrete items or themes of information.

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

In the case of Toomelah, this amalgamation amounted to 29 pages of information.

◉ Highlighting Major Themes. To provide an insight into the most common themes for each site, the key emerging themes for each question have been ranked.

Direct quotes are in italics.

2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY

Participants were asked a range of questions about issues they perceived to be impacting on individuals, families and on the community as a whole. A key opening question relating to individuals was:
◉ To get an understanding, what are some of the issues affecting you?
◉ To get an understanding, what are some of the issues affecting your family?
◉ To get an understanding, what are some of the issues affecting your community?

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

2.1 Inadequacy of Services

The most pressing issue identified by Toomelah participants was the lack or inadequacy of services, especially medical services. While many comments were made about the lack of services, even those that did exist were problematic because of lack of follow up, the loss of community trust and services that were racist or culturally inappropriate.

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

THEMES	RANKING
Inadequacy of Services	1
Substance Abuse	2
Violence/Fighting in the Community	3
Youth Issues	4
Health/Mental Health	5
Lack of Employment	6
Boredom/Inactivity	7
School Issues	8
Discrimination/Racism	9
Housing Issues	10

Participants said:
- *Confidentiality in local clinic – can't trust – no health check – not wanting to talk to locals or face reality.*
- *No resources. No prevention programs*
- *No follow up.*
- *Health workers – need to be aware, reject racism and stereotyping.*
- *Police try to interact with community - a lot of things fall away.*
- *Service providers to have induction to Toomelah and cultural awareness and education - essential.*
- *Toomelah needs the shop working.*
- *They (services) don't offer culturally appropriate and holistic approach. Culturally appropriate is just a word They don't live it or practice it.*
- *Need to get help and support*
- *All rights taken from the people who are herded together.*
- *Lost that ability to get their rights Find it very upsetting*
- *They are worried about misdiagnosis. Their attitudes are bad.*
- *People put trust in service. Trust gets betrayed and then we don't go back to get any service.*
- *Lots have people have died because of inadequate medical treatment.*
- *They tend to have bad approach even though they say it is a holistic approach.*
- *Services from the hospital are atrocious Treats us as second-class citizens.*

2.2 Substance Abuse

Second to issues about services were issues around substance abuse. Substance issues were linked to people being bored, and drug and alcohol abuse led to other significant 'devastating' community issues such as fighting, mental health issues, domestic violence, family breakdown and suicide.

Participants said:
- *Boredom leads to drugs and alcohol issues, mental health issues.*
- *Drugs & Alcohol - can't sleep from noise, cause fights, no respect for elders, worry about people getting hurt. Incidence every week.*
- *People are dealing drugs.*
- *Financially money going to drugs – taking food off the table - the dealing has been around for a long time.*
- *Seem to be marijuana only - other drugs are available in Boggabilla.*
- *Drugs and Alcohol are killing them and sending them mental.*
- *Effects are devastating - from the alcohol and drugs and the impact on health – mental conditions, suicides, domestic violence that leads on to many responses.*
- *Lot of women drink – a lot don't.*
- *Up late – needing to support people and kids – stop situations and potential suicides.*

- *Young people dying from a young age.*
- *Lots of fear – police don't respond straight away and when they arrive – situation is calmed then the victims don't want to do anything.*
- *Worry when you know your family is out drinking – so up all night waiting for them to come home.*
- *Closure of the CDEP and essential services caused the community to go down, and that's when the drugs and alcohol got bad.*
- *Peer pressure – mates are drinking – pretty hard to say no.*
- *Drinking – lack of care of children – neglect.*
- *Drugs affect the whole community really bad.*

2.3 Violence/Fighting in the Community

Fighting and violence (verbal and physical) also emerged as a major issue of concern. The conflicts can be fuelled between individuals, between families and across communities (Toomelah, Boggabilla and Moree). Jealousy as an underlying cause of the feuding and fighting was mentioned on several occasions.

Participants said:
- *Fighting, feuding, domestic violence.*
- *Fights happening between Toomelah and Boggabilla fighting each other – jealousy.*
- *Fights – sick of them - also threats from outside of Toomelah.*
- *A young man who fights well is constantly challenged, harassed, abused and people want to fight him – then it gets physical. The same situation happens with many people. Have a fight with one then you have to fight the family. It's all about jealousy.*
- *Organisations - personal attacks on the organisation to shut it down – a major family is discriminated against because of jealousy - causes threats to job loss, to your person, your children are threatened and harassed by grownups – they are mostly verbally, sexually and physically abused.*
- *Intimidates children by taking photos - verbal abuse.*
- *Division in community is happening over power and land councils.*
- *Some good fights (one on one) and bad fights or funny fight – some people go 'womba'. 'Bad fights': cars try to run over people; group bashing; double banking. 'Good fight': have a fight, walk away, shake hands. 'Funny fight': two drunken fellas trying to fight.*
- *Boggabilla, Toomelah and Moree people fight and or 'ring ins' that come in to fight Toomelah people.*
- *There's a jealousy in Community of people that bothered to get knowledge and have sacrificed to get it.*
- *The ones that are jealous have stayed behind. They haven't made any effort and sacrifice, their jobs are given to them with training.*

2.4 Youth Issues

Many participants expressed concerns about young people ranging from the lack of activities for youth, lack of discipline and parental supervision and as a consequence young people getting involved in anti-social behaviour.

Participants said:
- *Youth are bored. No activities.*
- *Leads to vandalism, hooning – late at night is a problem - 2 or 3 in the morning – disturbs people at night.*
- *Parental supervision and teaching needed. Kids are given what they want*
- *A lot of Kids not going to school - leads to truancy officers, child safety and parent sometimes have trouble with their kids - they know the kids.*
- *Bullying, terrorizing. Kids are stealing.*
- *Don't like the idea of kids out walking around at all hours of the night School suffers, kids tired, kids don't learn.*
- *Need a drop in centre (youth centre).*
- *No activities for the children – and when they make up something to do they get abused.*
- *Youth and kids are being intimidated by other members (so called leaders) by being recorded and photographed.*

2.5 Health/Mental Health

General health and mental health issues emerged as a common theme. Mental health concerns ranged from 'social and emotional' issues through to more chronic mental health and suicide issues. Again concerns were raised about the adequacy of services.

Participants said:
- *Can't rely on people to do follow up – health services not reliable.*
- *Health … mental health.*
- *Dying young.*
- *Son has mental health issue – on tablets that made him sick. He is now off them. Ok may have been drug induced.*
- *Increased deaths from cancer.*
- *Suicide – hear people say they going to go kill themselves over their boyfriend or girlfriend.*
- *My employers don't like or want me to work with mental health clients, but who else is going to - they say that they are wasting their time and their money.*
- *Mental Health affects the whole community. It affects everybody.*
- *Mental health services not adequate.*
- *Lot more social and emotional issues probably.*
- *The whole community is sick.*

2.6 Lack of Employment

Concerns about unemployment and lack of opportunities were expressed by many of the participants. Most of the responses simply listed 'no employment' as the issue, though some also linked it to the demise of the Community Development Employment Program (CDEP).

Participants said:
- *No employment.*
- *Unemployment no work sitting watching everyone else doing it.*
- *Lack of employment opportunities.*
- *Need Employment.*
- *Unemployment - most of these things [anti-social behaviour] happen because there is nothing to do.*
- *2009 CDEP finished.*
- *Need businesses.*

2.7 Boredom/Inactivity

Through previously linked to the theme of substance abuse, boredom and a lack of activities was also raised in its own right. People said:

- *Lack of things to do in general – boredom leads to domestic violence, child neglect/abuse.*
- *No recreational facility. No sports.*
- *Nothing to do.*
- *No programs.*
- *Bored – saying this everyday.*
- *Drive around – do burn out – not safe but it a lot of risky fun – no one is around early in the morning.*
- *No motor bike tracks.*

2.8 School Issues

Participants also raised concerns about schools, with some preferring to send their children to school in neighbouring towns. Some also linked problems at school with children being too tired to learn. People said:

- *Don't like the idea of kids out walking around at all hours of the night. School suffers, kids tired, kids don't learn.*
- *The behaviour of the school and the protection of the children is in question.*
- *Schools – most of us have taken our kids out of the school and they are sent to either Goondiwindi (27 Ks away) or to Boggabilla (15Ks).*
- *Some children from Toomelah do not send their children because of abuse, from staff, i.e. won't let them go to the toilet.*
- *Humiliation of children, e.g., a child couldn't read and the Teacher humiliated the child in the classroom.*
- *Want a school that you feel safe to send your children to.*
- *Government trying to close preschool down.*
- *Some like the Toomelah school.*

2.9 Discrimination/Racism

Another recurring theme involved racism, discrimination and people being treated as 'second class citizens'. There was also a sense of everyone being treated as a homogenous group … 'tarred with the same brush'. People said:

⊙ *You are labelled if you are Aboriginal.*
⊙ *We are all tarred with the same brush.*
⊙ *Aboriginal people are treated differently because they think of us as being dumb, drunks, and low life just because we are black.*
⊙ *They always assume that we are dirty and don't wash and steal.*
⊙ *Puts everyone in a box – fit one category.*
⊙ *People die because they are treated as second-class citizens.*
⊙ *Feelings of being alienated.*
⊙ *Didn't see racism until I got older because I lived on a farm. Felt very angry and upset when I first experienced it I am still very angry and upset.*

2.10 Housing Issues

Inadequacy of housing also emerged as a common issue. People said:

⊙ *Housing – Housing Managers don't fix it.*
⊙ *Houses are not secure.*
⊙ *Overcrowding – need units for younger/single people.*
⊙ *Housing – not knowing the Toomelah Land Council position with the housing management, maintenance and other issues i.e. rent.*
⊙ *Renting may teach a little respect for responsibilities.*
⊙ *Uncomfortable conditions create situations – can't sleep – affects school children learning, getting to school early.*

3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITY STRONG

Participants were asked the following questions about strengthening individuals, families and the community:
⊙ What do we need to make ourselves strong?
⊙ What do we need to make our families strong?
⊙ What do we need to make our communities strong?

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

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

THEMES	RANKING
A Focus on Culture	1
Coming Together as a Community	2
Improving Education/Knowledge	3
Stopping the Feuding	4
Improving Services/Programs	5
More/Improved Leadership	6
More Facilities/Activities	7

3.1 A Focus on Culture

The strongest theme to emerge in response to questions about what makes individuals, families and the community strong involved suggestions focusing on culture. Some of the responses alluded to a general appreciation and respect of traditional Aboriginal culture, but many also linked this to individual identity, to people needing to know who they were and their personal history.

Participants said:
⊙ *Strong culture. Be a strong black person - for culture, identity.*
⊙ *Our mob's culture.*
⊙ *Need to bring back cultural law, punishment.*
⊙ *Respect cultural protocol.*
⊙ *Cultural activities. Cultural learning and practice.*
⊙ *Need to know ancestry.*
⊙ *People need to know who they are.*
⊙ *Know where you belong and who you belong to.*
⊙ *Stay connected to culture and own spirit and on the ground.*
⊙ *To reconnect to land and to each other.*
⊙ *Know who we are, identity.*
⊙ *Don't see people working around it.*
⊙ *Culture doing corroboree. Bush medicine, bush tucker.*
⊙ *Good to know story about where you come from.*
⊙ *You're nothing without story.*
⊙ *All of the people, all women taught from the river.*

3.2 Coming Together as a Community

For many, building a stronger community involved people coming together and having pride in their community. Coming together to address community needs was one way of bringing people together around a common cause. *People said:*

- *Create a friendly community.*
- *Need to meet on a regular basis to address community needs find resolution.*
- *Engagement of all groups / all families participating in community meetings – community meeting should be held at appropriate times i.e., during day for non workers at night for workers of people with commitment.*
- *Need unity. Make partnerships.*
- *Good community meetings, networking showing and receiving respect.*
- *People used to do it differently – in today's environment no one visits anymore. Old style stuff – very small.*
- *There is not a lot of mixing among people.*
- *Support – sharing knowledge and responsibility – take responsibility.*
- *Sense of self, community and belonging.*
- *You got to get down and in with the people – you need to mix, get to know and get your hands dirty – so to speak.*

3.3 Improving Education/Knowledge

Education and knowledge were important to build stronger individuals and community. Participant suggestions included: evolving in body, mind and spirit; being 'open minded'; training for jobs; and knowing rights.

Participants said:
- *We need knowledge.*
- *Kids programs- more opportunities with work, improve to higher standards of education in the Toomelah school.*
- *Adult Literacy and numeracy.*
- *Training that give job opportunities.*
- *Open our minds. To be open minded to absorb and learn.*
- *Evolve in body, mind and spirit.*
- *We have to be smarter to overcome …*
- *Know our rights.*
- *Support for the preschool.*

3.4 Stopping the Feuding

The need to stop the feuding, the rumours and gossip that often fuel the feuding also emerged as an important message to strengthen individuals, families and the community.

Participants said:
- *Deal with the feuding.*
- *Native title arguments – land claims – recent land claims caused major rift – mainly to do with the gas line $s.*
- *Stop the arguing of anything i.e., land.*
- *Everything is back to front with black people - Divide and conquer - Give one mob more than the other - It's really bad - To survive you have to be cunning - Governments (they think) – that's all right – we got these blacks fighting - You need to know your country, tribes – Bigumbul, Wanaroo, Bungalong, etc.*
- *Stop belittling – rumour mongering - humiliating others – jealousy - need to find ways to support each other – regular meetings/discussions etc.*
- *Main thing – don't listen to rumours. World is run by rumours and gossip.*
- *Family feuding mediation.*

3.5 Improving Services/Programs

Better services and programs could help make individuals, families and the community stronger. Many of these were alluded to in other questions in response to concerns raised previously.

Participants said:
- *Improve HACC services.*
- *A community bus service.*
- *Grief and loss counselling.*
- *Healing programs.*
- *Mediation – sitting and talking issues out – for long time resolution.*
- *Well run services.*
- *Better transport.*
- *Programs for youth.*
- *Strong men and women's group.*
- *Better aged care services.*

3.6 More/Improved Leadership

Strong leadership and role models could also help make individuals, families and the community stronger. Strong leaders could get involved in governance and decision-making.

Participants said:
◉ *Main thing with government, Toomelah got no men leaders.*
◉ *Governance training.*
◉ *Leadership and leadership training.*
◉ *Strong people and positive role models.*
◉ *Be part of the decision-making.*

3.7 More Facilities/Activities

Matching people's earlier concerns with lack of activities and boredom (especially for young people) were comments about the need for more facilities and activities.

Participants said:
◉ *Activities to keep everyone busy.*
◉ *Need things to do (stop being bored).*
◉ *Youth activities and youth programs, Fix the Ewan McGrady oval and shed.*
◉ *No recreational facilities – haven't got the resources to maintain the resources available.*
◉ *Men's/women's group.*
◉ *Business development (Market garden Planting trees Horticultural activities Emu farm Art and craft Tourism – TAFE Yard maintenance business Shop at Toomelah.*

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 Toomelah People said about Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing

THEMES	RANKING
Focus	1
Culture and Language	2
Youth Focused Programs	3
Education and Training	4
Community Management	5
Supporting Families	6

4.1 Health/Healing Focus

In response to questions about cultural, social and emotional wellbeing, empowerment and healing programs for Toomelah, participant responses focused primarily on health and healing. This included aspects of nutrition, grief and loss counselling, as well as information and programs addressing drugs and alcohol.

Participants said:
- Healing – you can't help or support anybody until you help yourself.
- Grief and loss.
- Healing programs - emotional, health and well being.
- Healing and reconnecting to culture.
- In community, physical health.
- Nutrition.
- Individual counselling and group therapy.
- Information about drugs and alcohol.
- Drug and alcohol programs.

4.2 Culture and Language

Focusing on aspects of culture again emerged as a theme – this time in response to questions about cultural, social and emotional wellbeing, empowerment and healing.

Participants said:
- Cultural programs, artifacts.
- Local music and other entertaining.
- Language is important.
- Collecting bushfoods, collecting and preparing bush medicine.
- Spiritual.
- Know your spiritual place.

4.3 Youth Focused Programs

Participants also saw the importance of programs focused on youth to achieve cultural, social and emotional wellbeing, empowerment and healing.

Participants said:
- Kid's programs.
- Youth Programs.
- Activities for the young kids.
- Motorbike riding.
- Sports. Boxing. Racing Cars. Touch football, NRL.
- More Stormco activities.

4.4 Education and Training

Education and training (across all ages) were important if the community was to achieve cultural, social and emotional wellbeing, empowerment and healing.

Participants said:
- Literacy and numeracy for adults.
- Programs for kids who like school to re-engage in school and high school.
- Training.
- Hands on stuff/ activity / learning for the youth.
- Better kid's education.
- Media program

4.5 Community Management

Some participants focused their comments on how to better manage their community.

Participants said:
- Ways to run our community better.
- TLAC apply for funding to run the community – internal management of Toomelah.
- Partnership with shire council re maintenance etc.
- Get all the local community organisations up to date administratively – get rid of debts.
- Co-op and Dandaloo are struggling.
- Implement By Laws to stop alcohol and drugs.

4.6 Supporting Families

Support for families was also a theme that emerged with respect to cultural, social and emotional wellbeing, empowerment and healing.

Participants said:
- Parenting programs.
- Budgeting.
- Domestic violence.
- Men and women's programs.
- Young mothers.

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 Toomelah People Said About Barriers to Introducing Programs

THEMES	RANKING
Other Commitments	1
Feuding in the Community	2
Shame/Lack of Confidence	3
How the Program is Delivered	4
Transport Issues	5

5.1 Other Commitments

In response to the question about possible barriers to introducing programs in Toomelah, the most common theme to emerge related to other commitments of people in the community, including having to attend to community problems.

Participants said:
- Community issues may present a problem that has to be resolved and will stop you from being able to do anything else.
- Pay days.
- Entertainment / happy hour.
- Appointments.
- Kids.
- Funerals.

- It they had a late night, night before. Tired.
- Don't like to leave girlfriend or boyfriend.
- If someone is sick or died.

5.2 Feuding in the Community

Feuding, conflict and general disharmony in the community were also seen as possible barriers to introducing programs.

Participants said:
- Fighting, feuding or community upsets.
- Family fights or community / fights night before.
- Internal fighting.
- Lack of community getting together.
- Different family groups.
- Jealousy.
- Black people – division amongst people.

5.3 Shame/Lack of Confidence

Shame or lack of confidence could also be barriers to people participating in programs.

Participants said:
- Intimidation.
- Shame.
- Lack of confidence, motivation.
- Fear of the unknown.
- Scared of failure.
- Fear of rejection.

5.4 How the Program is Delivered

Aspects of how a program was delivered could also be barriers to a program's introduction into the community.

Participants said:
- How is this going to happen?
- Who else is going to be there e.g. coppers, health or Department of Communities people (DoCs).
- Communication.
- Language.
- Not run at Toomelah.
- Not right workers to run right programs.

5.5 Transport Issues

Access to the programs could be hindered because of transport problems, for example:

- No transport.
- Can't get a licence due to fines.

6.0 DELIVERING PROGRAMS IN THE COMMUNITY

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

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

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

Table 5: What Toomelah People Said about Programs and their Delivery

THEMES	RANKING
Getting People Job Ready	1
How the Program is Delivered	2
Who Delivers the Program	3
Where it is Delivered	4
Interpersonal Relationships	5

6.1 Getting People Job Ready

A major common theme about delivering programs for Toomelah focused on aspects of preparing people for employment through appropriate education aimed at getting people to be 'job ready'.

Participants said:
- People must be prepared and or be job ready.
- You need to work.
- Accredited learning. Receive certificates, tickets etc with a plan for definite employment.
- People who have tickets / certificates put in a lot of effort to find employment.
- Matching people skills / likes to suitable activity / jobs / training.
- Work skills, life skills.
- Prepared for job team probations.
- Learning about routines.
- Deliverers of the programs must be responsible and ensure that the program and outcomes are received and completed – certs – jobs.
- Assisted with identifying education needs.

6.2 How the Program is Delivered

Once again, the theme of how the program is delivered assumed as much prominence as did the content of the program.

Participants said:
- A program that motivates.
- Relevant to the topic and people.
- Keep people engaged – structured.
- Providing food.
- Have appropriate resources.
- Respecting of culture.
- As often as it could be possible and regular.

6.3 Who Delivers the Program

Also of importance was who delivers the program and the message here was strongly about the 'right', 'local' people to deliver the program.

Participants said:
- Locally delivered.
- Empowering to the people.
- There was follow up provided.
- Have the right facilitators and information.
- Right people to deliver – who understand those with the right knowledge.

6.4 Where it is Delivered

The location of delivery was also a common theme, for example:

- A program will be successful if it is held in the community.
- 4 week Intense Program at Billabong.
- On community or in the bush but on our country not anywhere else.
- School and wherever.

6.5 Interpersonal Relationships

Some participants also focused on the delivery being about interpersonal relationships, for example:

Participants said:
- Conflict resolution.
- Communication skills.
- Confidence building.
- Team building.

Conclusion

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

The consultations revealed a range of pressing concerns faced by individuals, families and the community as a whole. The most striking issue identified by Toomelah participants related to inadequate services, especially medical services. These concerns were followed closely by concerns about substance abuse, especially by young people who lacked engaging activity. Substance abuse was seen as a 'devastating' community issue with many repercussions such as fighting, mental health issues, domestic violence, family breakdown and suicide. All of these concerns were also linked to general health and mental health issues. Unemployment was also a community concern, linked by some to the demise of the Community Development Employment Program (CDEP).

While Toomelah participants raised many concerns about issues that impacted on individuals, families and their community, they also had a clear sense of what could make individuals, families and the community stronger. Foremost were suggestions focusing on culture, from the need to have a general appreciation and respect of traditional Aboriginal culture, to people needing to know who they were and their personal history. For many, building a stronger community involved people coming together and having pride in their community. Education and knowledge were important to build stronger individuals and community, as was the need to stop the feuding and the rumours and gossip that often fuelled the feuding. Strong leadership and positive role models could also help make individuals, families and the community stronger.

In response to questions about cultural, social and emotional wellbeing, empowerment and healing programs for Toomelah, participant responses focused primarily on health and healing. This included aspects of nutrition, grief and loss counselling and information and programs addressing drugs and alcohol. Focusing on aspects of culture again emerged as a theme and participants saw the importance of programs focused on youth to achieve cultural, social and emotional wellbeing, empowerment and healing. Preparing people for employment through appropriate education aimed at getting people to be 'job ready' were also important considerations for the future of Toomelah.

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 powerless, is reflected in measures of education, employment, and income (Thompson et al, 2012, p.5).

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

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

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

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

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

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

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

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Appendices

Appendix 1:
NEP Community Consultant Training Program

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Introduction to NEP, the Team and C/Consultants. ⊙ Welcome to Country ⊙ House Keeping ⊙ Team Introductions ⊙ How the Project Came About ⊙ Role of UWA ⊙ C/Consultant roles ⊙ C/Consultant to share Who They Are and Where They Come From.	**Cultural, Social and Emotional Wellbeing. PAR Working in Empowering Ways With Our Communities, Ethics and Principles** ⊙ UWA and NHMRC ethics that underly the Project. 'Keeping Research on Track' booklet ⊙ Forms and Other Documents ⊙ Workshop on Project Principles	**Research: Collecting the Information:** ⊙ (Continued) **Research: making Sense of the Information** ⊙ Thematic Analysis	⊙ Aboriginal Mental Health First Aid Training	⊙ Aboriginal Mental Health First Aid Training

MORNING TEA 10.00–10.30

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Introduction to Research – Made Simple ⊙ Basic Project Management, ⊙ What is Research? (quantitative and qualitative) ⊙ Participatory Action Research (PAR) ⊙ Aboriginal Ways of Research	⊙ Research: Doing It – Collecting the Information: ⊙ How to do In-depth Interviews ⊙ How to do focus groups	⊙ Exercise on identifying Themes ⊙ Why Taking Photos are Important ⊙ Reporting the Information ⊙ Reports ⊙ Using Quotes ⊙ Using Photographs	⊙ Aboriginal Mental Health First Aid Training	⊙ Aboriginal Mental Health First Aid Training

LUNCH 12.00–13.00

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
⊙ The importance of an 'Aboriginal Inquiry Methodology' by Dr Michael Wright, Danny Ford, Margaret Colbung and Team **Community Tour**	⊙ Preparation ⊙ Documentation ⊙ Ethical Considerations ⊙ Exercises	⊙ Reporting the Information (continued	⊙ Aboriginal Mental Health First Aid Training	⊙ Closing ⊙ Evaluation ⊙ Certificates ⊙ Closing Celebrations

HOME TIME 16.00–17.00

Documents Distributed

National Empowerment Project – Community Consultation Co-Researchers Training Manual
Keeping Research on Track,
UN Declaration of Indigenous Rights
NHMRC – Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research
Research as Intervention: Engaging Silenced Voices
– Dr Michael Wright

Appendix 2:
The National Empowerment Project Workshop/Focus Group Program
Duration: 3 to 4 hours.

1. Introduction:

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

2. Welcome/Acknowledgement to Country

3. Participants to introduce themselves briefly.

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

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

National consultations undertaken by the Aboriginal and Torres Strait Islander Healing Foundation in Voices From the Campfires (2009) found that Aboriginal people saw healing as a spiritual journey that requires initiatives to assist in the recovery from trauma and addiction, and reconnection to the family, community and culture. Healing was described as: …holistic and involves physical, social, emotional, mental, environmental, and spiritual well being. It is also a journey that can take considerable time and can be painful. It is about bringing feelings of despair out into the open, having your pain recognised, and in turn, recognising the pain of others.

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

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

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

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

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

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

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

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

Break into smaller groups and discuss:

◉ What do we need to make ourselves, our families and our communities strong?

◉ Would a program be useful?

◉ What are some of the barriers that you can see that will stop someone from attending an empowerment and healing program?

◉ What aspects of a program design will help the program success? For example, how long, where it should be held, what things should be in a program?

◉ Summarise outcomes and ask participants how these outcomes should be included in an empowerment and healing program, (Break into small groups if necessary).

◉ Any other comments?

◉ What happens after this? How participants might stay involved with the Project.

6. Close

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

INTERVIEWER:		COMMUNITY:	

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

INTERVIEWEE:		GENDER:	☐ Male	☐ Female

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

INTRODUCTIONS

Interviewer to give information form and tell people:

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

WHAT DO WE NEED IN THE COMMUNITY?

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

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

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

What do we need to make ourselves strong?

What do we need to make our families strong?

What do we need to make our communities strong?

What does cultural social and emotional well being mean to you? What does empowerment mean to you? What does healing mean to you?

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

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

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

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

WHAT IS OUT THERE?

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

GENERAL COMMENTS

Any other comments?

DATE:		INTERVIEWER:		COMMUNITY:	

STAKEHOLDER:	

INTRODUCTION

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

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

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

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

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

HEALING AND EMPOWERMENT PROGRAM
INDIGENOUS CONSULTATION WORKSHOP

EMPOWERMENT → LEADERSHIP → HEALING

Moving Towards Healthy Communities Through Strong Individuals
HAVE YOUR SAY

Overcome barriers · Find a voice · Build resilience · Learn to make positive change · Have a future vision · **EMPOWERMENT** · Connect to traditions · Recognise your potential · Find cultural ways of healing

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

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