



The National Empowerment Project
Narrogin

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July 2013

Venessa McGuire, Jean Boladeras, Leonard Collard, Clinton Bracknell, Anne Butorac, Adele Cox, Pat Dudgeon, and Sabrina Swift



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The National Empowerment Project

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

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Abbreviations

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

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Artwork

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

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

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

A close-up photograph of a wooden deck made of horizontal planks. The wood has a natural, weathered appearance with varying shades of brown and tan. Long, dark shadows are cast across the planks, suggesting a low sun position. The shadows are cast from the right side of the frame towards the left. A white horizontal band is overlaid on the middle of the image, containing the text '1. Introduction'.

1. Introduction

Executive Summary

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

Nine sites were part of the Project. Narrogin was one of the three sites in Western Australia.

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

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

Community participation is at the heart of the NEP and as such relationships with partner organisations were essential to the Project. At each site two local Aboriginal consultants were employed. This Report will document the findings from Narrogin, Western Australia.

The NEP involved two stages. The first stage involved community consultations at each of the sites, while the second stage involved delivering a cultural, social and emotional wellbeing workshop at each site. In addition to this, an empowerment program is currently being developed.

The process and outcomes of stage one are presented in this Report. Using a participatory action research process, interviews and focus groups were undertaken with a total of 33 people from the Narrogin region.

During the interviews, participants were asked to comment on the issues, which they viewed as being important to them as individuals, and to their families and communities. Following this, the participants were asked to provide suggestions on how these areas could be improved and made stronger.

Participants identified drug and alcohol use, gambling and community communication breakdown as key problems that in turn led to family violence, conflicts between groups and poverty. Lack of employment opportunities, transport links, and concerns about physical and mental health were also seen as problems. There were concerns about the future of young people, given the lack of opportunities and lack of employment within these communities. Participants also identified a need for community leadership; to empower community members and to build cohesive, unified, supportive, strong communities that would provide the background for stronger people and families.

It was evident that many people have experienced intergenerational trauma as children of Stolen Generations and many of those consulted said that greater family support was required in order to make individuals strong again, including support for counselling, positive parenting and greater awareness and education for children about families and kinship. There was a need to strengthen cultural connections and practices. People reported that there was a need for Aboriginal-specific, culturally appropriate programs and services in the local Narrogin community. There was widespread agreement that programs should be: developed locally and should be culturally appropriate; community based and delivered by local community people; and have the full support and engagement from the local community in all phases. Programs should be culturally based – incorporating culture and cultural activities that go back to country with the knowledge and inclusion of Elders, gender based where appropriate, youth focused, and involve strengthening the community. Topics could include information to increase health awareness on issues such as good diet and nutrition and chronic disease; healthy lifestyle and, sport and other physical activity; mental health and wellbeing; as well as positive parenting programs and support; and opportunities to develop support for addressing family issues, including financial literacy and learning to deal with and resolve violence.

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:

Recommendation 1: Principles: A program needs to be community owned and culturally appropriate. A local Narrogin 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 an opportunity for the local Aboriginal and Torres Strait Islander people's voices to be heard in Narrogin there is also great scope and potential for many of the local services and programs to use this information to enhance 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 Narrogin 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.

Background

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

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

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

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

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

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

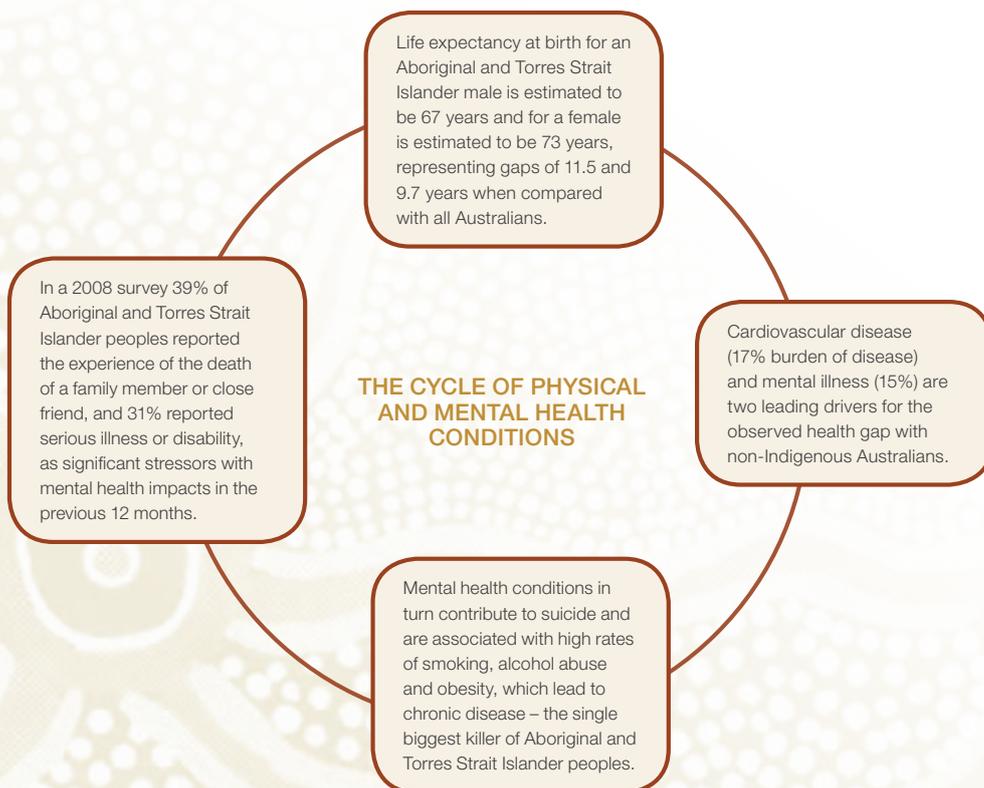
Across virtually all the indicators in this Report, there are wide gaps in outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. The Report shows that the challenge is not impossible – in a few areas, the gaps are narrowing. However, many indicators show that outcomes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

Despite these grim statistics, there are great strengths and resilience in Aboriginal and Torres Strait Islander peoples, families and communities. Any discussion about Aboriginal and Torres Strait Islander health and mental health needs

to have at the core not only a recognition of the impacts of colonisation, but the proper engagement of Aboriginal and Torres Strait Islander peoples and considerations of the cultural values, expressions, practices and knowledge systems of both cultures across their rich diversity. In government policies and in the growing body of research, the importance of this is been acknowledged. For instance, in discussions about culture as a strategy to support strength, combat disadvantage and promote positive futures, the Office of the Arts states:

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

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



National Mental Health Commission (2012, p.41)



Aboriginal and Torres Strait Islander Mental Health

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

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

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



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

The National Empowerment Project is an innovative 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).



2. Background: National Empowerment Project



The Kimberley Empowerment Project

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

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

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

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

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

The literature review identified:

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

Key findings included:

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

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

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

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

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

Programs should focus on:

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

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

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

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

The National Empowerment Project

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

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

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

Stage One: Community Consultations

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

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

Stage One aimed to:

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

Stage Two: Program Development

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

Stage Two will:

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

Methodology: The National Empowerment Project

Development of Aboriginal knowledges by Aboriginal people is fundamental to the National Empowerment Project. The usefulness of knowledge is a key characteristic of the Project, including findings from an Aboriginal and Torres Strait Islander peoples' perspective so that practice and program development may be better informed. It utilised a Participatory Action Research (PAR) process which has been widely promoted and used as an effective

process in working with Indigenous peoples in achieving better outcomes in a range of factors such as health, education and community building, (Bacon, Mendez & Brown, 2005; Radermacher & Sonn, 2007). Conventional research practices in many contexts have been perceived as ineffective and disempowering. Hence the National Empowerment Research Project used Participatory Action Research that 'gives voice' to Aboriginal and Torres Strait Islander peoples.

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

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

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

Self-determination

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

A Community Based Approach

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

Holistic Perspectives

Aboriginal and Torres Strait Islander health should be viewed in a holistic context that encompasses mental health, as well as physical, cultural and spiritual health. Culture, 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 recognised.

Aboriginal and Torres Strait Islander Diversity

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

Acknowledging a History of Colonisation

The National Empowerment Project recognised that in Aboriginal and Torres Strait Islander Australia, there are concerns about research and research methodologies as continuing the process of colonisation in determining and owning knowledge about Aboriginal and Torres Strait Islander peoples. These concerns have highlighted how research is inextricably linked with European colonisation. Western knowledge, particularly scientific knowledge, played a role in oppressing Aboriginal and Torres Strait Islander peoples. Many Aboriginal and Torres Strait Islander scholars propose that a central issue in contemporary times for Aboriginal and Torres Strait Islander peoples is to challenge the dominant discourses 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.

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; and,
6. Respect and Central Inclusion of Local Knowledges.

Social Justice and Human Rights

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

Community Ownership

Our work must be grounded in community, that is, owned and guided by community. Our work needs to be sustainable, strength based and needs to build capacity around local Aboriginal and Torres Strait Islander 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. 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.



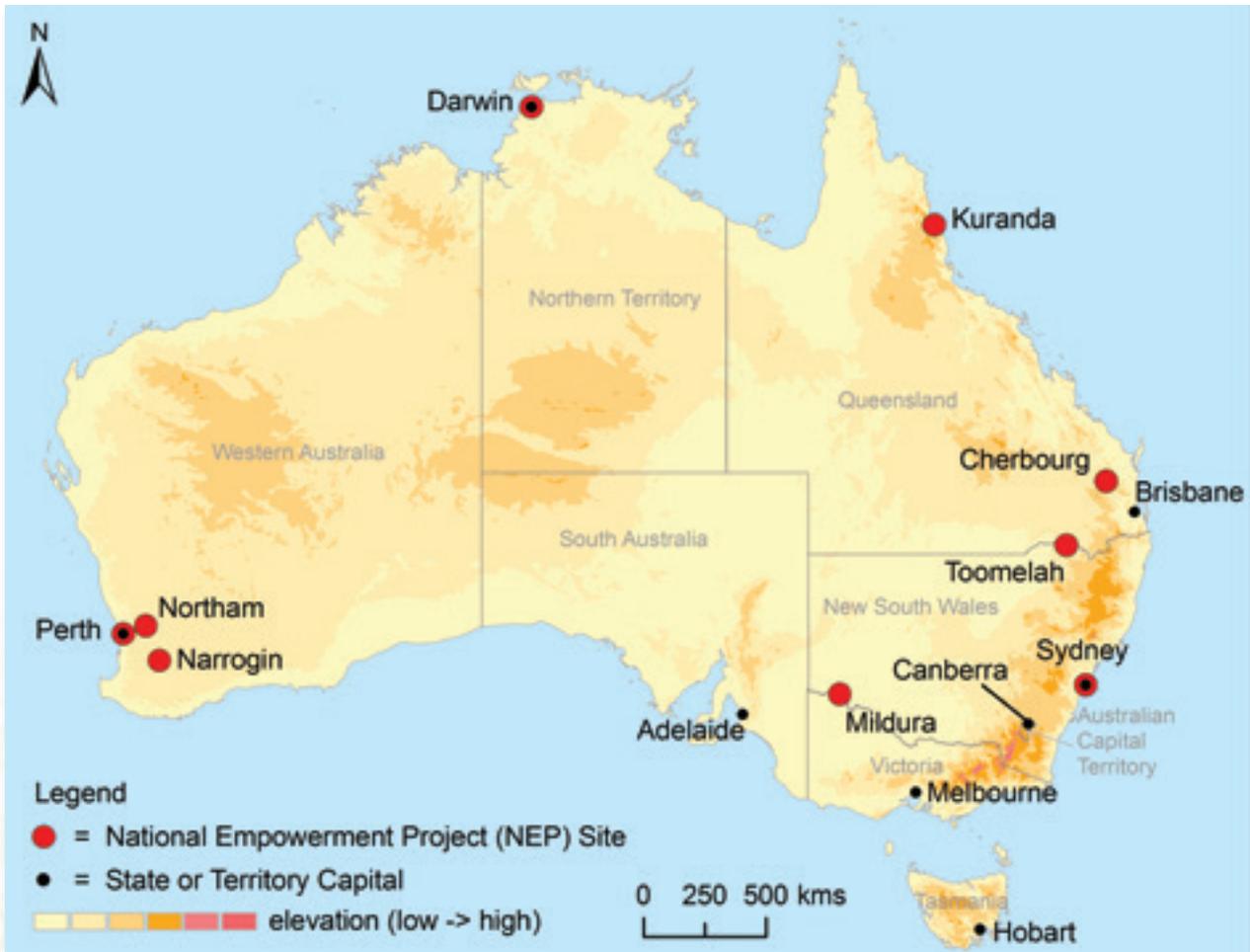
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The Sites, Partner Organisations and Community Consultant Co-researchers that Participated in the National Empowerment Project.

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



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



Local Partner Organisations and Community Consultant Co-researchers

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

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

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

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

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

Community Consultant Co-researchers

A unique feature of having a local partner organisation involved as part of the project was the assistance provided in identifying and or recruiting locally suitable Community Consultant Co-researchers. These individuals 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. These criteria were as follows:

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

Community Consultant Co-researchers Training

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

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



The National Empowerment Project team and the Kimberley Empowerment Project team developed and delivered the training program. This was an important part of the Project in terms of community capacity building, empowerment and local knowledge transference. The original Community Consultant Co-researchers from the Kimberley Empowerment Project shared their experiences with the next set of Community Consultant Co-researchers. Further, in one of the sessions, guests from a local 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.

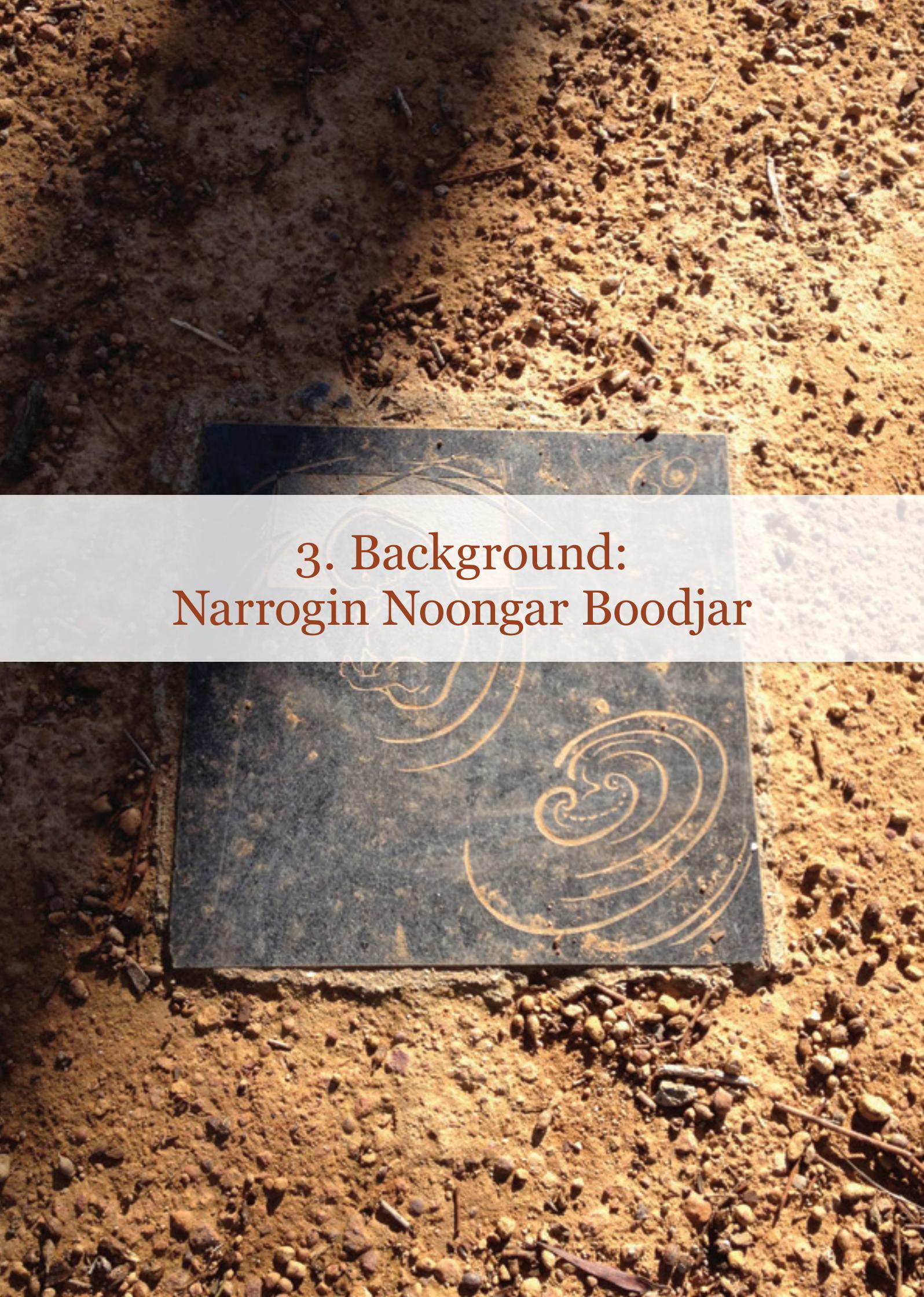
Overall I was impressed and enjoyed the training but feel that the beginning of the training was a bit of a blur, because of the lack of understanding about our exact role, but as the week progressed, it all fell into place.

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.

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



3. Background:
Narrogin Noongar Boodjar

Introduction

Aboriginal People in the South West of Western Australia

Aboriginal Australians have histories spanning well over 40 000 years. In that time *Noongar* have occupied and managed the South West of Western Australia (WA) (Hallam, 1981). *Noongar* is the generic name that describes Aboriginal people whose ancestors originally occupied and continue to occupy the whole South West (Collard & Harben, 2010). Noongar Elder Reverend Sealin Garlett explains the importance of Country to Noongar people:

Boodjar means land to Aboriginal people. It really is the sense of identity and sense of belonging. This is my country where I belong. This is **demangarmarn**, my grandmother and grandfather's land. This is their land

where their spirits move now. **Boorda** or later on, this is going to be the responsibility of my children and my children's children, their home and this place will always be linked to their spirit (Collard, 2002).

The word *Noongar* is commonly accepted as meaning 'person' or 'people' (Mountford & Collard, 2000; SWALSC, 2010-2012). *Nyungar*, *Nyoongar* and *Nyoongah* are a range of other spellings that are in common use today. The Noongar language changes a little as you move through the South West, and different Noongar people have described their regional dialectic groups using terms including *Amangu*, *Yuat*, *Whadjuk*, *Binjareb*, *Wardandi*, *Balardong*, *Nyakinyaki*, *Wilman*, *Ganeang*, *Wirlomin*, *Bibulman*, *Kwetjman*, *Mineng*, *Goreng*, *Wudjari*, *Ngokgurring* and *Njunga* (Tindale, 1974; Curr 1886; Scott & Roberts, 2011).

Figure 1: Map of *Noongar Boodjar* the Peoples Land (SWALSC, 2010-2012 adapted from Tindale, 1974)



Noongar responsibilities, beliefs and values have been based on the same principles since *kura* (a long time ago). As demonstrated by the decision of Justice Wilcox in September 2006 that native title existed over the Perth metropolitan region (Host & Owens, 2009), today there is a growing awareness that Noongar communities maintain cultural capital, including intergenerational links to language, locality, story and song, which demonstrates the ongoing connection to Noongar boodjar, the peoples' country. A number of prominent organisations in the South West of Western Australia actively promote and maintain Noongar language, culture and heritage (Wirlomin, 2011; SWALSC, 2010-2012; WANALA, 2013; National Trust, 2012).

Perth

Located in the South West coast of WA, Perth is Australia's most isolated capital city. It is Australia's fourth-largest capital, but Perth's population is quickly growing due to its strong industrial economy (Robertson, 2011). The 2011 ABS population data indicates that Greater Perth has a total population of 1,728,867 with 27,105 (1.56%) of whom identify as Indigenous peoples (ABS, 2011a). The Greater

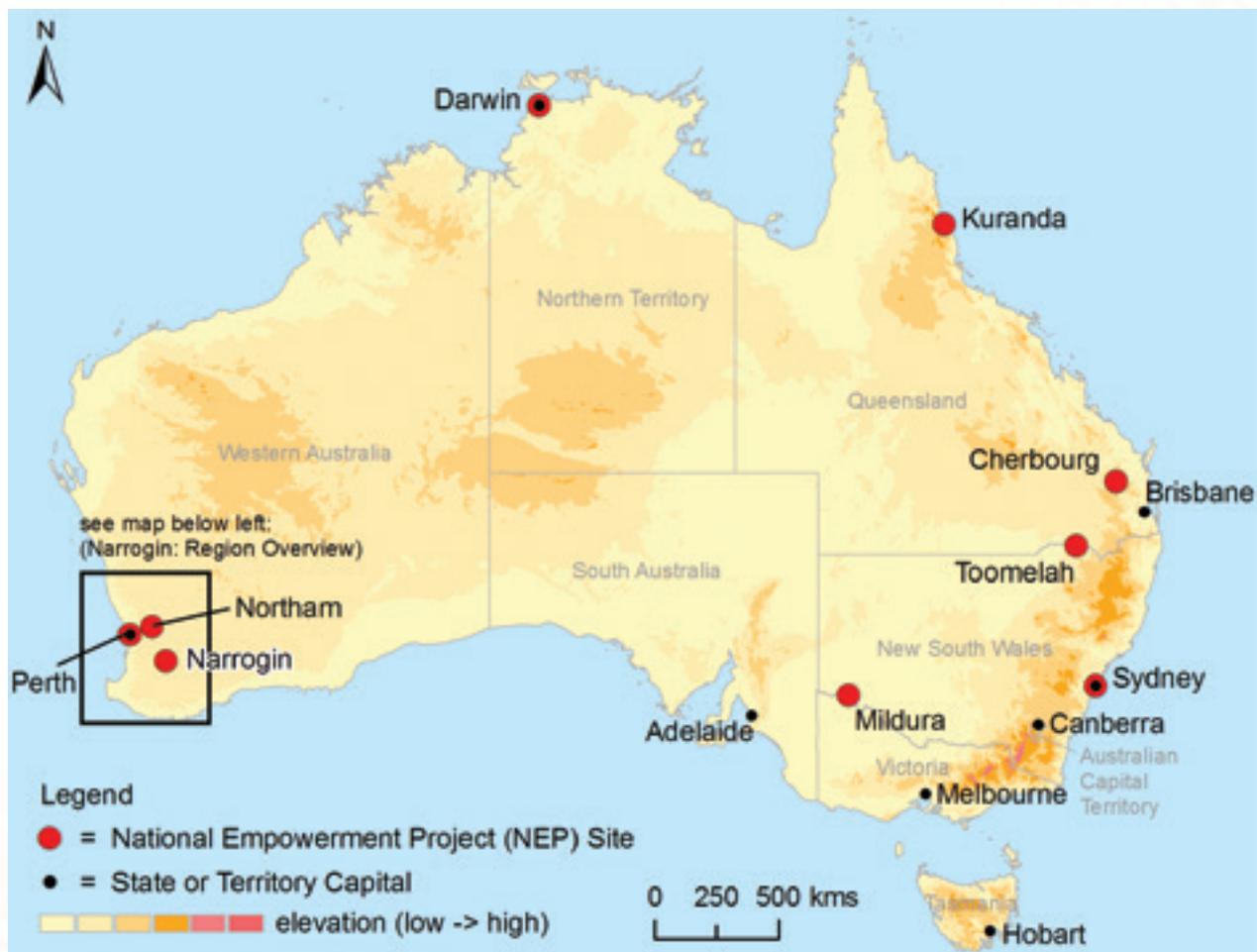
Perth Aboriginal and Torres Strait Islander population represents 38.9% of the State's total Indigenous population (ABS, 2011a).

Perth was the initial site of British colonial expansion into Western Australia. From 1829, the first fifty years of colonisation in the South West coincided with a drastic reduction in the Noongar population (ALSWA, 1995). Noongar Elder Tom Bennell discussed the colonisation of Perth:

*All this country belonged to the Noongars, and the white people come into this country and what did they get, nothing for it. They just took it from them ... The Noongar name is **Birrit**. See, the white people called it Perth (Collard, 1986).*

In the ensuing period until the mid 1970s, the Noongar and other Aboriginal people of Western Australia endured a range of racially discriminatory government legislation that entrenched intergenerational disadvantage and facilitated a process of cultural denigration, functioning to separate Aboriginal peoples from family, community, culture and

Map of Australia: Narrogin (National Empowerment Project Site)



country while actively discouraging pride in Aboriginal identity and cultural heritage (Haebich, 1988; 2000; SWALSC, 2010-2012).

Western Australian Government Acts of 1886, 1905, 1936 and 1945 have drastically restricted the potential for Aboriginal peoples in Western Australia to engage in gainful employment, own property, move freely and with out interference by government officials, raise their own children and have contact with their immediate and extended families (Haebich, 1988; 2000; SWALSC, 2010-2012). In recent times, many Indigenous authors have examined the effects of these discriminatory policies, for example, Dudgeon and colleagues conclude:

*The Western Australian **Aborigines Act 1905** has special connotations today because of its gross erosion of rights, resulting in forcible removal of children and internment of Aboriginal people in bleak reserves, to live in servitude and despair. It marked the start of a period of formidable surveillance and oppression of Aboriginal people. The WA **Aborigines Act 1905** made the Chief Protector of Aborigines the legal guardian of every Aboriginal person and of 'half-caste' children. At the local level, police constables or pastoralists were delegated powers as Protectors of Aborigines. 'Half-caste' children were to be removed from their families so that they could have 'opportunities for a better life', away from the contaminating influence of Aboriginal environments. Missions and reserves were established. The Chief Protector also had the power to remove any Aboriginal person from one reserve or district to another and to be kept there. Aboriginal people were forbidden from entering towns without permission and the co-habitation of Aboriginal women with non-Aboriginal men was prohibited. Local Protectors implemented these new regulations (Dudgeon et al., 2010, p.30).*

Successive years of racist Aboriginal policy-making based on ideas of segregation and assimilation inevitably resulted in the near universal marginalisation of Western Australia's Aboriginal population. These policies impacted heavily upon Noongar people in the South West of Western Australia. In 1975, a federal parliamentary committee (House of Representatives Standing Committee on Aboriginal Affairs, 1975) indicated an appreciation of the negative inter-generational effects of these policies. Given this historical context, many Aboriginal people in Western Australia, including many Noongar people, did not grow up with opportunities to develop a strong economic base or acquire and maintain their ancestral language, cultural practices and intergenerational family networks.

Although Noongar language is considered 'endangered' (AIATSIS et al., 2005), the Noongar population has grown throughout the recent decades to well over 30,000 people,

mostly living in the South West (Green, 2009; SWALSC, 2010-2012). However, Perth is also home to a large number of Aboriginal and Torres Strait Islander residents from all over Australia. Demographic data indicates that the Aboriginal and Torres Strait Islander population of Perth and the Southwest is heavily skewed toward the younger generations, the median age being 21 years (ABS, 2011a), which poses both challenges and opportunities for policy-makers.

Young Aboriginal and Torres Strait Islander Peoples in WA

Many have concluded that Aboriginal and Torres Strait Islander young peoples have largely 'lost their culture and spirituality' through exposure to generations of Christian-beliefs or doctrines and the Western Australian Government racial policy influence. At first glance this may appear the case. However in the Australian Bureau of Statistics (ABS) 2006 census, 24% of Aboriginal and Torres Strait Islander Australians who responded to the question about their religion, 24% reported they had no religious affiliation, compared with 21% of the non-Indigenous population. Among those surveyed only 1% reported affiliation with an Aboriginal and Torres Strait Islander traditional religion, with this being highest in very remote areas (6%) than in all other areas (less than 1%). In contrast, 73% of the Aboriginal and Torres Strait Islander population reported an affiliation with a Christian denomination. On the face of it one may assume that Indigenous people have replaced Aboriginal and Torres Strait Islander traditions with Christianity.

However, it is important to be cautious and look further. The evidence is overall that young people's involvement in religion is declining. In 2011 Aboriginal and Torres Strait Islander young peoples were much less likely to identify themselves as following a religion than they were in 1976 (29% having no religion in 2011, compared to 12% in 1976) (ABS, 2013). This is consistent with the global pattern of Aboriginal and Torres Strait Islander young peoples rejecting the authority and relevance of the church (Englebretson, 1999). However, this does not mean that they reject the idea of spiritual experience. Indeed, according to Webber (2002, p.40), the majority of 'young people Aboriginal and Torres Strait Islander peoples believe in God, or some kind of supernatural force but do not see the church as important or helpful in expressing their spirituality'. So it is therefore worth accepting the much broader definitions of spirituality evident in Aboriginal and Torres Strait Islander philosophical and sociological traditions today.

There is also mounting evidence that Aboriginal and Torres Strait Islander young peoples are very actively involved in 'culture' in Western Australia. ABS data from 2008 demonstrate very high levels of involvement in Aboriginal and Torres Strait Islander ceremony, with 24% of those 15 years or over claiming they had attended an Indigenous

ceremony in the 12 months prior to interview in 2002. Almost half (47%) had been to an Aboriginal and Torres Strait Islander funeral. Those in remote areas were three times as likely to attend a ceremony compared to those in non-remote areas (ABS, 2011b). In the 2008 Aboriginal and Torres Strait Islander Social Survey, 65% of children and young peoples claim to have been to one or more selected cultural events (fishing and hunting, ceremonies and NAIDOC events) in the past year (ABS, 2011b).

Almost all Aboriginal and Torres Strait Islander young peoples (98%) said that they would like to participate in cultural events and cultural activities. Of these:

- 22% did so at least once a month
- 29% did so several times a year
- 16% did so once a year
- 15% did so less than once a year
- 17% had never attended cultural events/activities (ABS, 2011b).

According to the National Aboriginal and Torres Strait Islander Social Survey (ABS, 2008), Aboriginal and Torres Strait Islander languages and cultures has a great influence. For example, in 2008 19% of Aboriginal and Torres Strait Islander young peoples aged 15 years and over and 13% of children (3–14 years) spoke an Aboriginal or Torres Strait Islander language. There is also evidence that more Aboriginal and Torres Strait Islander peoples are identifying with a clan, tribal or language group, increasing from 54% in 2002 to 62% in 2008. Furthermore, in 2008 72% of Aboriginal and Torres Strait Islander peoples aged 15 years or over reported that they recognised a particular area as their homelands or traditional country. According to this study 70% of Aboriginal and Torres Strait Islander children and 63% of people aged 15 years or over were involved in cultural events, ceremonies or organisations in 2008. In 2008, almost one-third (31%) of Aboriginal and Torres Strait Islander children had spent at least one day a week with an Aboriginal and Torres Strait Islander leader or Elder (ABS, 2011c).

The experiences and actions of this growing group of young Aboriginal and Torres Strait Islander peoples will undoubtedly shape the future for Noongar young people in and around Greater Perth, Northam/Toodyay, Narrogin and the wider South West of Western Australia

Narrogin

Narrogin is a town in the Wheatbelt region of WA, located 192 kilometers southeast of Perth on the Great Southern Highway between Pingelly and Wagin. The town's name comes from a Noongar language word given to describe a local pool in 1869 when colonial pastoralists moved into the region and is likely a derivation of ngarnaginy, literally, 'drinking' (Landgate, 2013) however more cultural analysis is needed to confirm this explanation.

Narrogin: Region Overview



Narrogin: Detail



The Narrogin 'Native' Reserve was opened in 1905 and ensuing years saw the establishment of local laws prohibiting Noongar people from possum hunting and mallet bark stripping, thus constricting Noongar people's ability to generate income (Haebich 1988). However, the Aboriginal labour was regarded as integral to the establishment and continuation of local agricultural industries (Haebich, 1988; SWALSC, 2010-2012). Despite this, Aboriginal women were still not allowed to give birth inside the Narrogin hospital into the 1940s and stories of discrimination toward Aboriginal people generated statewide media attention through the 1960s (SWALSC, 2010-2012).

The total population of Narrogin today is around 4,219, approximately 393 of whom identify as Indigenous peoples, the median age being 17 years (ABS, 2011c). Most Indigenous people in Narrogin identify as Noongar.

Before the arrival of Europeans, the Noongar population was estimated to have been over 6,000 people. British colonisation with warfare, introduced diseases and take over of lands took a heavy toll on the population.

Recent History

In 2008, the Narrogin Noongar community was devastated by a spate of eight suicides and four attempted suicides. Responding to the suicides, Aboriginal Health Council of WA Chief Executive Officer, Darryl Kickett, highlighted the mental health crisis in Narrogin and plight of Aboriginal families, with the following question: *"What is causing these problems and what access do they have to mental health care services?"* (WA Today, 2008).

In response to the Narrogin crisis, a local Narrogin Aboriginal Community Reference Group rallied to help families of those who had taken their lives or who had attempted suicide. A community forum was held with Aboriginal psychologist, Darrell Henry, providing urgent counselling services. Oxfam funded this service due to a lack of government funding for culturally appropriate psychological services.

Oxfam Australia committed emergency funding to provide a range of approaches to healing and advocating for better support. Another aspect of the healing work was a four-day photography workshop by Oxfam for 15 Aboriginal young people. The workshop introduced the young people to the basics of photography to enable them to tell their own stories. This culminated in the *Morditj Warniny* (Strong Change) exhibition, which opened at Western Australia's Parliament House on National Close the Gap Day in March 2010 and subsequently toured Perth and Narrogin (Oxfam News, 2010).

In February 2010 the federal government announcement a \$1.5 million grant over three years to fund culturally appropriate mental health services in Narrogin. Oxfam Australia continued to work with the South Western Aboriginal Medical Service (SWAMS) to provide healing programs to communities in this region and the South-West of the state.

The Narrogin Aboriginal Community Reference Group has taken a leading role in highlighting poor service delivery to the community. In a submission to the Select Committee on Regional and Remote Indigenous Communities, they outlined that service delivery in Narrogin was seen as irrelevant, ineffective, duplicated, uncoordinated and culturally inappropriate. They called for recognition of the right for and action towards Aboriginal self determination in that local people should lead identifying issues and exploring solutions, and for long term support and funding from government bodies (Narrogin Aboriginal Community Reference Group, 2009).

Reconciliation

Narrogin has been subject to media attention about family feuding (this might be mislabelling as other local Narrogin groups see this as individual disputes) and about racism (Davies, 2010). Recently, the Town of Narrogin worked with the community to develop a Reconciliation Action Plan 2009-2011 to pave the way for a united Narrogin. Key aspects of the plan were to recognise, embrace and enhance Noongar cultures, histories and heritage in the Narrogin region, This was to involve Noongar people in every aspect of the community as a way of learning from each other and developing real awareness, understanding, appreciation and respect. There is hope that this can bring about some of the much needed changed in Narrogin; *Moving from exclusion to inclusion of the whole community is healing for all*. This is yet to have genuine outcomes, as racism and discrimination remain key issues according to the consultations undertaken for this site of the National Empowerment Project.

Conclusion

Aboriginal people in Greater Perth, Northam/Toodyay, Narrogin and the broader South West of Western Australia face the challenge of maintaining community cultural, social and emotional wellbeing while dealing with a legacy of institutional marginalisation (Haebich, 1988; 2000). Noongar resilience and ongoing connection to country and culture remain powerful resources to draw upon today and in to the future (Collard & Harben, 2010; Scott and Roberts, 2011). Evidence that a growing number of Noongar people, young and old, are identifying with clan and country, spending time with Elders and participating in cultural activities (ABS, 2011c) is encouraging, and must be nurtured by ongoing institutional policy and practice designed to redress the social and economic imbalances which characterise contemporary Australian statistics (ABS, 2006).



4. Project Methodology

The aim of the National Empowerment Project (NEP) 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 manage 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 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, relevant stakeholders and local service providers in all nine sites across the country. These sites included Perth, Narrogin, Northam/Toodyay, Darwin, Kuranda, Cherbourg, Toomelah, Sydney and Mildura. The sites represented a diversity of language groups, community history and local issues.

Research Approach

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

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

In Australia there are concerns amongst Aboriginal and Torres Strait Islander peoples about research that is being conducted in Indigenous communities. From past experience, research has rarely served the interests of or included in genuine ways the marginalized people it involves. There remains concerns whether current practices are serving to continue the process of European colonisation, as research has been frequently conducted by non-Indigenous Australians with little benefit to communities (Moreton-Robinson, 2000; Oxenham, 1999; Rigney, 2001; Nakata, 1997). Numerous Indigenous scholars and researchers, including Smith (1999) are challenging western concepts and paradigms that have been deployed to understand 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 which 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 Narrogin, a total of 33 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.

The consultations included men, women, elderly and young people (18-25 years) to ensure future programs and strategies cater for different community group members and differing levels of need. Although a majority of participants were Aboriginal and Torres Strait Islander peoples, non-Aboriginal people were also included as part of the consultations where they worked in stakeholder services and programs.

In the workshops and focus groups participants were asked to explore the 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?

To answer the questions, the focus groups involved a lengthy brainstorming session exploring:

- 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.

The workshops and focus groups identified what type of program(s) would be required to meet the needs of the community and the more specific details of the program's content, including the types of topics that should be addressed and the best way to have the course/units delivered.

The one-to-one interviews also followed the same format of questions.

A thematic analysis was conducted whereby the information gathered from all sources was grouped into meaningful themes. Emerging themes provided powerful and meaningful messages. 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 Narrogin was Marr Mooditj Training Inc., which is committed to the education and training of Aboriginal and Torres Strait Islander peoples, to empower them to deliver and manage health care and community services in a culturally appropriate manner.

Two local Aboriginal Community Consultants 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 Narrogin Community Consultant Co-researchers were Venessa McGuire and Darin Truvey. Due to other commitments, Darin was unable to complete the Project and Venessa McGuire undertook the consultations with support from the Project team, and the Sister Kate's Home Kids Aboriginal Corporation – NEP Northam/Toodyay Community Consultant Co-researchers.

Communities and Stakeholder Recruitment

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

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

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

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

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



Profile of Consultations Completed

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

The majority of the participants in the community consultations were Aboriginal people. There were 33 people who participated in the consultations equating to 61% of female participants and 39% of male participants, and an even spread across all age groups (Figure 2).



Table 1: List of Number and Type of Participants

LOCATION	INDIVIDUALS
Narrogin	33
	33

Figure 1: Female and Male Participants

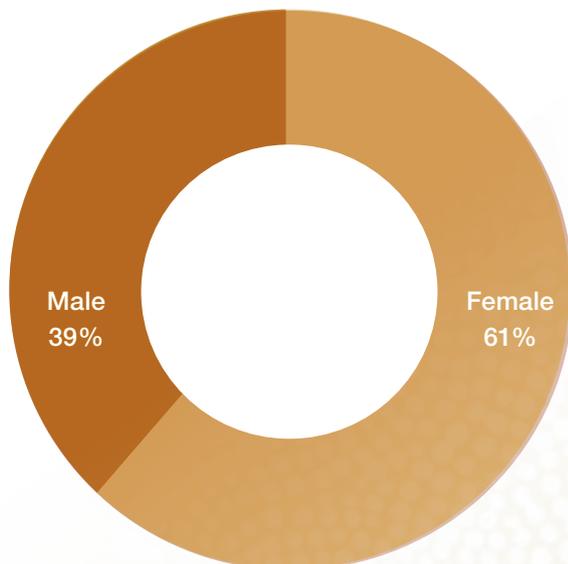
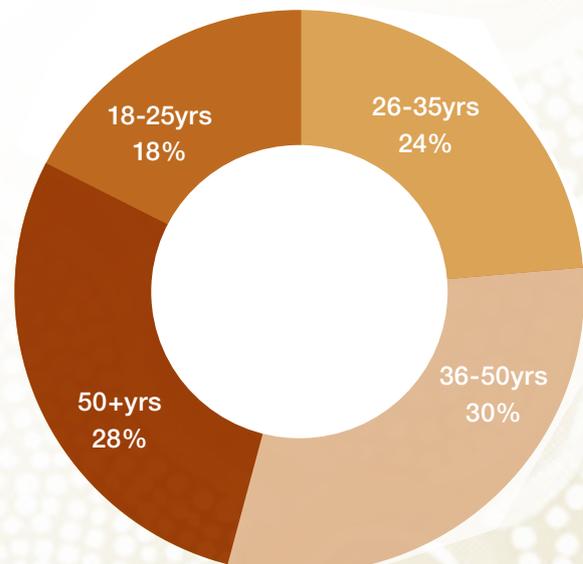


Figure 2: Age of Participants







5. Narrogin Consultations and Research Findings



1.0 INTRODUCTION

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

- Community Consultants Co-researchers' Summaries. As well as the information from interviews and focus groups Community Consultant Co-researchers gathered information from interviews and focus groups according to a pro-forma provided by the Project.
- Amalgamation and Thematic Analysis. Because of the richness of the information from interviews and outcomes of focus groups and to do justice to the quantity of information, outcomes were quantified as accurately as possible on the basis of discrete items or themes of information.

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

In the case of Narrogin, this amalgamation amounted to 16 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. While most of the quotes are in the first person, some are in the third person if presented by the Community Consultant Co-researchers.

2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY

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

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



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

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

THEMES	RANKING
Conflict/Feuding	1
Racism/Discrimination	2
Substance Abuse	3
Youth Issues	4
Health Issues	5
Employment/Education	6
Tragic Events	7
Communication Issues	8

2.1 Conflict/Feuding

Throughout the consultations, the most frequently mentioned issue impacting across individuals, families and the community as a whole in Narrogin involved conflict and feuding. Feuding (often linked with alcohol abuse) within the Narrogin community has been an ongoing issue between communities and has caused tension between families. Several people specifically mentioned the impact of family feuding on children. Feuding at individual and family levels has split the community; even for this consultation process, separate meetings had to be held to avoid feuding families being in the same context.

Participants said:

- ◉ *Family feuding (is an issue) we need to all get along with each other.*
- ◉ *Very public fighting.*
- ◉ *The community is a split community, and all of it is based on feuds.*
- ◉ *In my work in Narrogin and regional areas, I came across a lot of instances where the feuding affected young kids.*
- ◉ *I would go door knocking to pick kids up for sports or events, and the kids would be rearing to go. Then the parents wouldn't let them go, because other families' kids that they are feuding with might be there. And there was always conflicts like that. The kids were deprived of their sports, and their fun, and dragged into the bitterness of the feuding. It affected me when the kids were involved like that.*
- ◉ *All families in Narrogin and surrounding areas are affected to some degree by the feuding, and mental health issues.*
- ◉ *I didn't actually grow up in this town so I haven't been affected by feuding to the same degree as some people, but I am related to a lot of the families here, so I know how much it has influenced their whole lives.*
- ◉ *It comes down to not being able to deal with the conflicts. It is very sad, but the parents keep it going. It is their choice.*

2.2 Racism/Discrimination

Another key theme that was identified strongly through the consultations involved racism, discrimination and a sense of injustice felt by people at many different levels. They report experiencing racism in many different forms; overt and covert; and personal and systemic. Many specific examples were given and though the following list is extensive, only part is presented to indicate the range and depth of discrimination.

Participants said:

- ◉ *The ignorance of the wider community to understand and be compassionate to the Nyoongar situation is non-existent.*
- ◉ *Another issue that is very difficult for families is that the kids suffer from all the negativity, but it is perpetuated in many different guises.*
- ◉ *Narrogin (the non-Aboriginal population) just wishes all the Aboriginal people would just disappear.*
- ◉ *There appears to be much racism and critical stereotyping of Aboriginal people in the town.*
- ◉ *There is such a lack of justice in so many ways in dealings with Aboriginal people. After all the training, we are over-skilled but have no experience because there are no jobs. So the only thing to do is sit around with no way of earning a good living.*
- ◉ *I have a job, I don't drink, I don't take drugs, and I don't even smoke, and yet when something happens the wider community – all look at us as though we are all painted with the same brush. They need to bear responsibility for that stereotyping.*
- ◉ *It also annoys me that COAG funding doesn't seem to benefit Aboriginal people, and the Royalties for Regions is just a joke. I have not heard of any benefit to Aboriginal people through that.*
- ◉ *Aboriginal people here in Narrogin have got nothing. We are just statistics in a box. All the Government agencies here employ wadjalas (non-Aboriginal people) who don't understand our culture. Why don't they employ Aboriginal people to attend to Aboriginal matters?*
- ◉ *If men or boys are incarcerated in prison, then they are encouraged to learn painting, because it's a cultural thing. So while they are inside they are made to feel that they can earn a living with their paintings, then when they are on the outside reality hits. It is very patronising.*
- ◉ *There are reports of Aboriginal children being sat in the back of the class, not recognised for their achievements.*

- ◉ *There is not enough representation of Aboriginal people in councils or decision making government departments like housing and employment to give them a chance to make changes in their lives.*
- ◉ *Stories of NAIDOC funds distributed to the council or the library where there is no consultation with Aboriginal people as to how the funds will be spent.*
- ◉ *They feel that any support they have had in the past such as homework centre for kids, a certain representation in government departments for employment, or even the CDP have been taken away over the years and now there is nothing to help us keep our heads above water.*

2.3 Substance Abuse

Though participant comments on substance abuse issues were not as expansive as those on racism and discrimination, concerns about substance abuse also ranked highly as issues impacting on individuals, families and the community as a whole. Often people just referred to 'drugs' or 'alcohol'. Substance abuse was often seen in causal relationship to other individual, family or community issues.

Participants said:

- ◉ *In my opinion the biggest issues for each and everybody is the alcohol and feuding.*
- ◉ *Alcohol and drugs are the issues in families.*
- ◉ *My cousins are older than me and are into heavy drinking.*
- ◉ *Some of them are drunk all the time. It is a way of life.*
- ◉ *All families in Narrogin and regions are affected in some ways by the public drinking and feuding.*
- ◉ *Young Aboriginal men are killing themselves with drugs and alcohol.*
- ◉ *The main issues are mental health and the drinking. There is a lack of empathy.*
- ◉ *The alcohol and feuding is so prevalent in this community that you can't fight it. All you can do is try to avoid conflict. If someone passes you in the street, and makes a remark, you just don't re-act. You have to ignore all these incidents as best you can.*

2.4 Youth Issues

A particular group often singled out in the community consultations was youth. Participants expressed a range of concerns about young people in the community, these included the lack of suitable activities for them and likelihood of incarceration. Apart from present concerns regarding young people, youth (and their concerns) were also projected into the future of the community.

Participants and Community Consultant Co-researchers said:

- ◉ *Many of the issues in Narrogin revolve around youth.*
- ◉ *Their education levels are low and there is still no culturally appropriate learning.*
- ◉ *They lack life skills and opportunities to get training and jobs.*
- ◉ *Youth are bored. Their attitudes to life are that they do nothing for nothing even if it meant improving themselves.*
- ◉ *He [participant] shows a deep empathy for the children of the community, and is frustrated by the lack of sporting activities for kids. He has long experience in the Nyoongar community.*
- ◉ *They (the youth) saw no future and were the main instigators for fuelling the family feuding even if they had lost what they were fighting for.*
- ◉ *The participants of the workshop were mainly from the older community and I sensed that they felt hopeless as they also did not see a future and way out for the youth of the town and felt overwhelmed with the issues and how to go about (identifying) some solution.*
- ◉ *I am very angry that 70 of the young children from Banksia Hill (youth prison) have been incarcerated in Hakea Prison (adult men's prison). This is a disgrace. If you work out percentages that means about 50 of them are Aboriginal. This works out to about 350 Aboriginal members of families being directly affected by the imprisonment of their children in an adult prison.*
- ◉ *And where do the girls go? To Bandyup (adult women's prison). There are all kinds of bullying and sexual harassment there. A relative of mine who is a very small size person was sent there and she was subjected to all kinds of sexual approaches.*
- ◉ *(A participant) was very concerned about the welfare of children, especially future generations.*
- ◉ *We have been saying for years that we need to take our young people back to country and teach them culture.*

2.5 Health Issues

Concerns with health issues were dominated by concerns with mental health, ranging from concerns about depression to concerns about suicide.

Participants said:

- All families in Narrogin and surrounding areas are affected by the feuding, and mental health issues.
- Health problems.
- Too many suicides.
- The mental health people are going around this the wrong way. No Aboriginal person wants to go and sit in a room and talk about themselves for ten minutes. It doesn't work that way in Aboriginal culture. That is not going to make them better. We have been saying for years that we need to take our young people back to country and teach them culture.
- Well, mental health issues are very sad and degrading.
- Homelessness and depression is very common.
- The mental health issues from these things cause depression and a way of thinking where people think 'I might as well just kill myself.' It is the suicide effect.

2.6 Employment/Education

Mention was also made of the lack of employment and education opportunities in the Narrogin community.

Participants said:

- Our people go through so many training schemes or cadetships, and (yet) at the end of it we have no prospects of employment.
- What affects me, and I am passionate about is education for Nyoongar kids. The school is not willing to work with Nyoongar kids in a helpful way.
- No employment – employment agency eg., Coles
- [The lack of] Work opportunities.

2.7 Tragic Events

People also talked about the impact of tragic events in the lives of individuals and the community, the impact of the Stolen Generations, as well as what one person described as her deep grieving for the children of today.

Participants and Community Consultant Co-researchers said:

- She [participant] is related to the families who have been devastated by recent tragic events in Narrogin, and has a lifetime of experience in dealing with Aboriginal issues.
- Traumatic effects of Stolen Generations carried down to other generations.
- Deaths – someone to talk to and get support in community.
- [Participant] grieves very deeply for the children, and is frustrated that the children seem set to continue in the patterns that are causing so much sadness currently. The theme seems to be the inadequacy of government departments to deliver worthwhile services.

2.8 Communication Issues

Communication issues were also raised as concerns for the community.

Participants said:

- Not enough communication with the whole community of Narrogin.
- Facebook – (causes) disharmony in the community.
- Health – not enough communication on all levels with the public and causes of depression.
- Little respect.

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 Narrogin People Said Makes Individuals, Families and the Community Strong

THEMES	RANKING
Leadership/Self-management	1
Strengthening Family	2
Improving Health/Lifestyle	3
Action on Feuding/Drinking	4
Focusing on Culture	5
Bringing People Together	6
Communication	7
Being Supported	8
Having a Future Vision	9

3.1 Leadership/Self-management

The strongest message to emerge about making individuals, families and the community stronger revolved around being positive, resilient at a personal and community level, and getting the 'right people' to take on community leadership roles. As indicated by one participant, this is not easy and there is no 'magic wand' and requires help from beyond the community itself.

Participants said:

- *We need strong Aboriginal leadership.*
- *We need to manage our own affairs.*
- *Be positive, be resilient, have confidence.*
- *If we get the right people, those with their hearts really in it, we could do it. There is no magic wand to fix this. It will take a lot of hard work. We need people who understand the wants and needs of the community.*
- *We need a stronger legal system and support*
- *The Town of Narrogin does not help. If they contributed with some dollars spent to overcome these problems, we might get somewhere.*

3.2 Strengthening Family

According to participants, making families stronger relies on a number of things, including housing, employment, a reasonable income and family counselling when needed. Stronger families were seen to be of critical importance to young children. Participants said:

- *We need to be strong for our family.*
- *Counselling for family.*
- *Our families need employment, housing, and reasonable money to live on. I got everything I have through hard work, and there are plenty of Aboriginals willing to do the same, but lack of opportunity and resources time-after-time forces you to give up and live from day-to-day any way you can.*
- *I know a young man 21, and he has a little family, wife and baby, and he took me out to where they are living. I didn't say anything to him, but I was so shocked. It is a very old little wooden house, high rent, and not fit to live in, and he is trying to do the best he can. I felt so sorry for them, and wondered how they could possibly manage. I tried to encourage them, but it is very hard.*
- *We need to remember that our kids are beautiful. They are living in a hostile place.*
- *I got on a train and these young kids were on there and mucking about. But they were so sweet to me, offering me a seat, saying 'Here you go, Auntie, here's a seat for you' with such lovely respect for me.*
- *It tears me apart to think these beautiful kids are already on a hard road.*

3.3 Improving Health/Lifestyle

A number of messages emerged around the theme of health, healing and lifestyle. As indicated by one person, even though the appalling mortality rate of Aboriginal people has been recognised, on-the-ground health practice does not seem to have improved.

Participants said:

- *Healing and education sessions.*
- *Proper mental health treatment.*
- *The Government has promoted this CTG (Closing the Gap) because even the World Health Organisation recognised the appalling mortality rates for Aboriginal people. Nyoongars live 15-20 years less than other Australians.*
- *It [recognition of mortality rate] sounds good but when you go to some doctors – they don't recognise it. There should be professional accountability.*
- *We need health and justice hand-in-hand. When will they ever get it right?*

3.4 Action on Drinking/Feuding

Matching the high priority given to issues around substance abuse and feuding, a key theme in response to questions about strengthening individuals, families and the community related to action on drinking and feuding in the community. One person suggested these were issues that needed to be sorted out before the take-up of any further new programs.

Participants and Community Consultant Co-researchers said:

- *We need to get rid of the drugs and alcohol.*
- *We need to do something about the feuding. Until this is done people will always be fighting among themselves, and there is no chance of being able to work together as a team.*
- *We have to not react when feuding starts, and not get mixed up in it.*
- *With the best will in the world you become a bit wary of suggesting things, because it might blow up in your face. You get used to not reacting to provocation. Narrogin needs to sort out these issues before any good will come of programs.*
- *[Participant] emphasises that until the feuding and drinking is taken seriously by the community, then change and renewal is unlikely. However, he is not hopeless, but realistic in his opinions.*
- *Elders meet with young people re feuding and talk about issue in the community.*

3.5 Focusing on Culture

Cultural revival was another theme that was deemed to be important in making individuals, families and the community stronger.

Participants said:

- *The old women need to be consulted, and the Elders need to be fully involved. The old people have lost their roles as teachers and guides. And the young people are growing up without knowing their culture. WE need to fix that, and if you could see the pride in the old men when they stand up to talk about their culture, you would know what I mean.*
- *We need strong cultural leadership from the Elders and from all sections of the community. Everyone has to pitch in and have the right attitude.*
- *There is a lack of culture in the town. But there is no easy fix. It is very hard to know who to trust to talk to.*
- *The DCP (Department of Child Protection) needs to approach family situations from a cultural perspective.*
- *We need programs run by Aboriginals to offer cooking, sewing, budgeting, mothers and baby care, shopping*
- *One of the major problems is that there is no land available for people to be free on. Because of rapid settlement and history there has been no South-west land available. In the North there is plenty of land, and people have been able to establish themselves on homelands. That does not happen in the South.*

3.6 Bringing People Together

Some of the action needed to strengthen the community included activities that were inclusive, respectful and helped bring people together.

Participants said:

- *Start mixing together again and forget about the past few years.*
- *Acceptance in community.*
- *Getting an understanding of people/communities.*
- *Activities and more entertainment for the town and community.*
- *Work together.*
- *To be involved and have some pride in our community, respect others.*
- *Be respectful without being rude to others.*

3.7 Communication

A number of messages about strengthening the community involved ways of communicating – from people talking more effectively with each other to more open ways of consulting and sharing power in the community and recognising the importance of listening to Aboriginal people, especially community Elders. Within this was also a need for non-Aboriginal individuals and bodies to listen to the local people.

Participants said:

- *Start communicating with each other.*
- *Start talking more to each family.*
- *Better understanding and honest communications.*
- *We need to be LISTENED to. We know what's right for us. We don't want wadjalas to tell us what to do.*
- *They say we are doing the driving, but they are always holding the reins.*

3.8 Being Supported

Having a supportive, respectful and encouraging environment could also make individuals stronger.

Participants said:

- *Be supportive.*
- *Encourage self doing.*
- *Don't push or rush.*
- *If they need help give it to them, then they will come out strong.*
- *Encourage and teach the disadvantaged.*
- *Be respectful not selfish*

3.9 Having a Future Vision

While there was strong focus on the present, some participants also commented on the need for a future vision, especially in terms of future generations.

Participants said:

- *Look towards the future.*
- *Our community needs to pull together as one for the next generation. This feuding has got to stop.*
- *We need strong leadership and ongoing funding to work this out. I don't have the answer to how to do it, but we are ruining the lives of future generations.*

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 Narrogin People Said about Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

THEMES	RANKING
Cultural Focus	1
Health/Mental Health	2
Focus on Youth	3
Communicating/Sharing	4
Developing Skills	5
Achieving Outcomes	6

4.1 Cultural Focus

The predominant theme in response to the question about what people saw as the preferred programs addressing cultural, social and emotional wellbeing, empowerment and healing centred on aspects of Aboriginal culture, language and what people referred to as ‘traditional ways’.

Participants said:

- *To me cultural values was lost and taken away when the Stolen Generations was done.*
- *We need cultural understanding and training, reintroduced back into our schools with language first up and rest will follow of mind and country.*
- *First off – all issues should stay at the door. We should insist on common courtesy. All the old ways and traditions and knowledge are necessary for cultural empowerment. To go back to country to rejuvenate still applies. We have a unique world culture and we need to acknowledge it in our hearts.*
- *Strong cultural stories for the children to grow up with. At CAN WA (Community Arts Network of Western Australia) we run programs at the school for 25 kids from years 8-11 such as the Bush Babies TV and radio initiative.*
- *I think a cultural and social centre would go a long way to giving some pride in this town.*

4.2 Health/Mental Health

Addressing health issues was mentioned by a number of people, and focussed mainly suggestions for programs to address drug and alcohol programs and mental health issues.

Participants said:

- *Nyoongars have a lot of mental health issues caused by social problems.*
- *I tell people about PHaMs (Personal Helpers and Mentors) which is mental health help, and people just don't know about it. A lot of people suffer in silence, and are reluctant to seek help.*
- *Alcohol programs for people and drug programs.*
- *It would be good to do something for those people who are badly affected by alcohol.*

4.3 Focus on Youth

Once again, young people emerged as a key focus for the community with participants offering suggestions to address cultural, social and emotional wellbeing, empowerment and healing of young people in the community.

Participants said:

- *Something for the youth.*
- *We also need a youth centre. Somewhere for the kids to go where they won't get into trouble.*
- *In the past we used to have a lot of sports days, and used to compete against other towns. It was always a great day, and of course the Nyoongar kids would shine at running and sports. The whole community loved it and the Wadjalas and Nyoongars got on well through sports. We don't do that anymore, and that is a great opportunity that has passed by.*
- *We also had school faction sports and that gave the kids a friendly rivalry. I'm a great believer in sports for good health in body and mind.*

4.4 Communicating/Sharing

Programs were also needed that helped people communicate and share more effectively. Participants said:

- *Hearing and getting people in touch with each other.*
- *Drop in centre for young girls i.e. internet, pool table for boys, music roles models with real experience i.e. attempted suicide.*
- *Yarning with Elders.*

4.5 Developing Skills

Developing skills was another theme to address cultural, social and emotional wellbeing, empowerment and healing.

Participants said:

- *I would suggest that practical programs like teaching life skills, and assisting with getting a driver's licence, or truck licence is very valuable.*
- *Back to basics, as I said before. Years ago we had doll-making lessons at CAN WA (Community Arts Network of Western Australia). It was very successful, and the Nyoongar hand-made dolls became quite famous. They were exhibited in museums and art galleries. At one two day workshop we had 150 participants. We will be taking the dolls to Canberra for an exhibition soon. These are the sorts of things that show the skills of Nyoongar people.*

4.6 Achieving Outcomes

Apart from the broad range of suggestions about areas that future programs might focus on to address cultural, social and emotional wellbeing, empowerment and healing, several people focused on the need for outcomes, for 'something to come of' such programs.

Participants said:

- *I think that programs and services have to show quick results and outcomes. Good results build confidence.*
- *Nothing is worse than doing a program or training and nothing comes of it.*

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 Narrogin People Said about Barriers to Introducing Programs

THEMES	RANKING
Feuding in the Community	1
Lack of Community Consultation	2
Other Possible Barriers	3

5.1 Feuding in the Community

Again the issue of feuding in the community emerged as a highly ranked issue – this time as a possible barrier to the introduction of programs, with a caution from one person that programs may add 'fuel to the fire'.

Participants said:

- *Healing in the community i.e. feuding etc.*
- *The parents are going to have to drop this feuding, and let the kids mix in with each other. If they don't, it won't work.*
- *Not adding fuel to the fire.*
- *At the moment people don't want to get involved because they want to avoid being dragged into feuds or other trouble. We are going to have to sort this out sooner or later.*

5.2 Lack of Community Consultation

Participants' concerns with past lack of consultation with the community underlined the need for such consultation about programs that might be introduced in the community.

Participants said:

- *Lack of communication.*
- *Talking to the people first.*
- *We negotiate with the mining companies, and they acknowledge the old traditional owners. They acknowledge by paying royalties and so on. (But it is felt that people are belittled in some meetings) It is a disgrace. The people should have the power.*

5.3 Other Possible Barriers

Other, less frequently mentioned, possible barriers to programs included:

- *Lack of finance and the will to get it going.*
- *Finding the venues to put cultural teaching in place.*
- *Unemployment, because it leads to you not feeling good about yourself.*

6.0 PREFERRED PROGRAMS IN THE COMMUNITY

Towards the end of the community consultations, after interview participants had worked through questions about issues in the community and aspects of making individuals and the community stronger, they were asked the following: *What would you like to see in a program(s) and how would you like it delivered?*

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

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

THEMES	RANKING
Employment-related Programs	1
Culturally Appropriate Programs	2
Gender-based Healing	3
Outdoor Activities	4
Self Development Focus	5
Life-skills Focus	6

6.1 Employment-related Programs

Programs focusing on employment emerged as the most frequently mentioned single theme. Vocational training was important, but it needed to be training linked to jobs.

Participants said:

- *I would like to see young men involved in programs that will train them for a useful career. We had some young men doing woodcraft instruction and they were so good. But the funding ran out and now they have nothing to do, and can't get work.*
- *Long term goals re employment.*
- *Support to get employable skills.*
- *We are also looking at a partnership deal with the Boddington Gold mine. We want training with jobs.*
- *I definitely want to see work readiness programs, very important.*

6.2 Culturally Appropriate Programs

It was considered important by participants that programs were culturally appropriate, and this also translated to programs being managed and delivered by Aboriginal people.

Participants said:

- *I would like to see it run properly by strong Aboriginal people, and delivered in culturally appropriate ways.*
- *Young people listening to their Elders.*
- *Constant theme is the importance of Aboriginal management and delivery of Aboriginal cultural programs and services.*
- *We desperately need adequate mental health care. I would like to see that in a culturally appropriate way.*

6.3 Gender-based Healing

Suggestions were made by some participants that programs might need to be organised on a gender basis.

Participants said:

- *For healing and empowerment I would like to see the women coming together meeting and yarning,*
- *And separately the same for the men.*
- *I would like to see men and women expressing their own separate opinions. I believe that we should all have our say. Let them speak, they have the right.*

6.4 Outdoor Activities

Outdoor activities were suggested by some participants.

Participants said:

- *Camps – bush walks by Elders.*
- *Sports and other activities going for the young and the old.*
- *As I said, sports is a great leveller for all people.*

6.5 Self Development Focus

Programs that had a personal development focus were suggested.

Participants said:

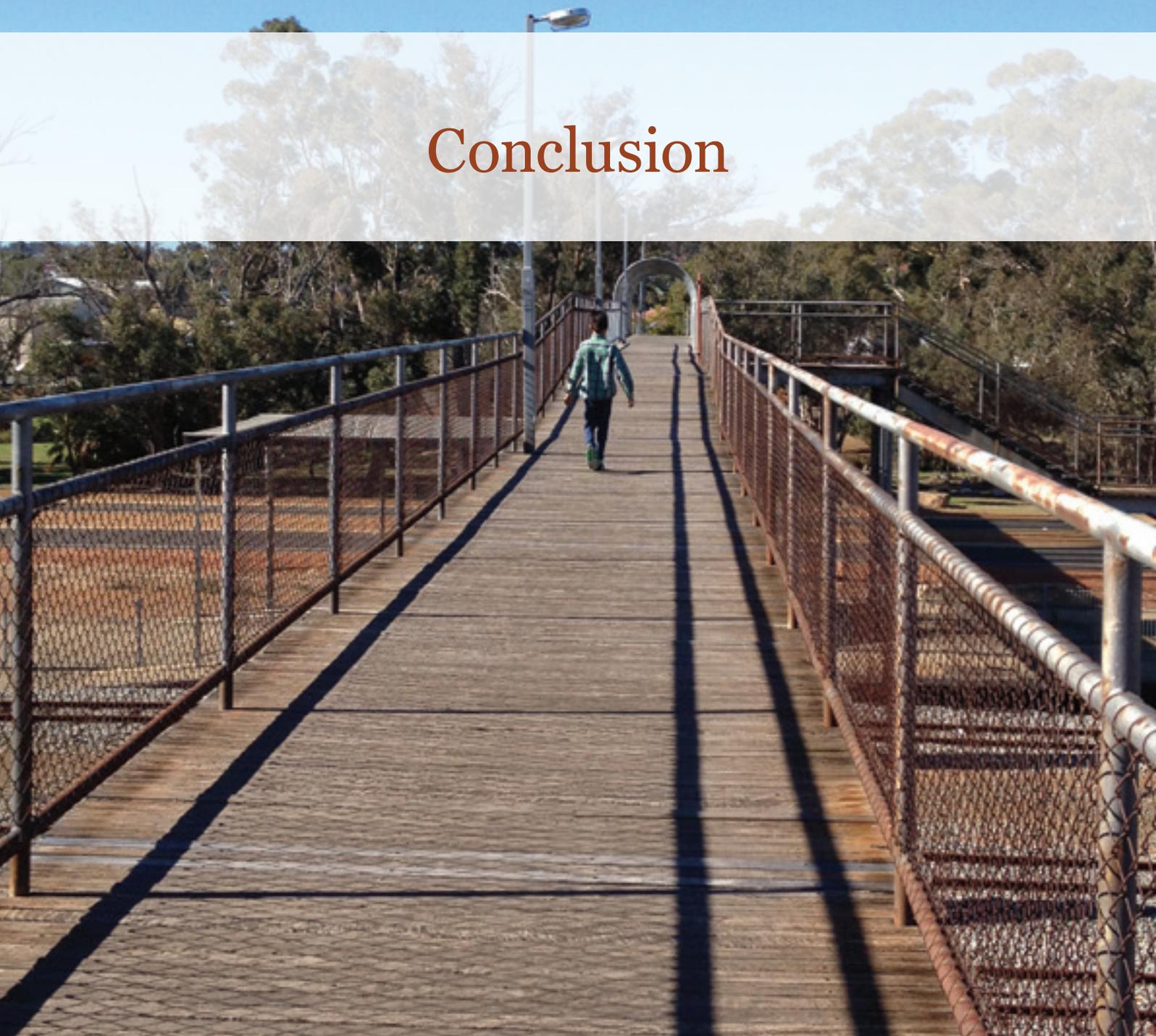
- *Mentoring for young males and females.*
- *Confidence.*
- *Self respect.*

6.6 Life-skills Focus

A preferred direction for one participant was for programs that addressed specific life skills, namely:

- *I think programs that teach financial planning; debt avoidance; buying a car, or a home (are important). Long term planning is vital.*

Conclusion



Community consultations with local Aboriginal people living in Narrogin suggested people perceived a number of critical issues for individuals, families and the community. These issues were also highlighted through the two day cultural, social and emotional well being workshop which was delivered in Narrogin following the community consultations.

The most pressing concerns to emerge across issues faced by individuals, families and the community as a whole in Narrogin involved conflict and family feuding. As suggested throughout the consultations, feuding within the Narrogin Aboriginal community (often linked to alcohol abuse) has had a long history and has caused ongoing tension between families. It even impacted on how the current consultations were undertaken. However, it should be noted that some local groups have challenged the concept of community feuding. The Narrogin Aboriginal Community Reference Group (2009) stated that this could be perceived as disputes between individual families, rather than mislabelled widespread community feuding that the public media portrays about Aboriginal communities.

Another major issue was the experiences of racism, discrimination and injustice felt by Aboriginal people in Narrogin. Substance abuse was often seen in causal relationship to other individual, family or community issues such as unemployment, inadequate housing and health issues.

Participants often spoke of their concerns about young people as a group and expressed concerns about their well being and future. The range of issues currently impacting on young people included the lack of suitable activities targeting youth. As indicated earlier in this Report, several years ago Narrogin suffered a high rate of mental illness and youth suicide. This devastating history has left the community with concerns about the well being of young people. These concerns about young people were also linked to worries people held for the future of the community.

The inter-related issues impacting on individuals, families and the community had direct relationships in what people perceived was needed to redress the problems. Consequently, strengthening individuals and helping to build strong future leaders of the community was important, in helping to redress some of the issues and concerns raised. Improving health and lifestyle, and bringing about healing were important. Given the public recognition of the appalling mortality rate of Aboriginal people, participants indicated they had a corresponding expectation that there would be an improvement in on-the-ground health practice. The other anticipation was that priority be given to issues around substance abuse and feuding, a key theme when they were asked about current issues.



While the consultations were largely embedded in the present and strongly focused on current issues, participants also looked to the future and were able to identify solutions and positive strategies that could be used to address problems. Connection to culture was a strong theme, with the need to address cultural, social and emotional wellbeing. Empowerment and healing centred on aspects of Aboriginal culture, language and what people referred to as 'traditional ways'. Additionally, young people emerged as a key focus for the community with participants offering suggestions to address cultural, social and emotional wellbeing, empowerment, leadership and healing of young people in the community.

Participants also shared their thoughts on the range of community programs and services needed to support efforts at individual and family levels. High among their considerations were employment-related programs and training that led to jobs, especially for young people. They also offered practical ideas on what they would like in the content and, importantly, how they would like them to be delivered. A strong message was that programs and services should be culturally appropriate, locally based and community oriented, with the whole community being engaged.

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

There is a clear relationship between the social inequalities experienced by Indigenous people and their current health status. This social disadvantage, directly related to dispossession and characterised by poverty and powerlessness, is reflected in measures of education, employment, and income (Thompson et al., 2012, p5).

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 Narrogin consultations portray. There will be a full discussion of these in the consolidated Report that is forthcoming. This Site Report however, focuses upon recommendations pertaining to what types of programs might benefit the community. While some concerns and the priority of these varied across the sites, it was remarkable that most were shared across all the participants who were part of the Project. Many of the themes reflected previous findings from the literature and program review and consultations in Hear Our Voices (Dudgeon et al., 2012). The principles that informed the Project were upheld by all consultations across the sites.

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

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

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

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

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

It is also important for local Aboriginal people and the community in the area to utilise the information presented in this Report to better enable discussions and suggestions for change going forward.

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

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Appendices

Appendix 1: NEP Community Consultant Training Program

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

Documents Distributed

National Empowerment Project – Community Consultation
Co-researchers Training Manual

Keeping Research on Track,

UN Declaration of Indigenous Rights

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

Research as Intervention: Engaging Silenced Voices
– Dr Michael Wright

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

Duration: 3 to 4 hours.

1. Introduction:

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

2. Welcome/Acknowledgement to Country

3. Participants to introduce themselves. Briefly.

4. Objectives/Aims

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

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

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

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

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

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

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

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

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



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

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

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

Break into smaller groups and discuss:

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

6. Close

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

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

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

Interviewer to give information form and tell people:

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

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

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

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

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

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

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

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

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

WHAT IS OUT THERE?

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

GENERAL COMMENTS

Any other comments?

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

DATE:		INTERVIEWER:		COMMUNITY:	
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STAKEHOLDER:	
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INTRODUCTION

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



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

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

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

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

NATIONAL EMPOWERMENT PROJECT

Invitation for participants to attend a
2 Day Workshop



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

LUNCH WILL BE PROVIDED

Presenters: Venessa McGuire, Tjalaminu Mia and Dezeræ Feutrill

When: Tuesday the 11th June and Wednesday the 12th June 2013

Where: Dryandra Country Visitors Centre – Cnr Park and Fairway Sts, Narrogin

Time: 10:00am – 3:00pm

Registration: Venessa mb: 0498 116 647
Dezeræ mb: 0408 759 422

