



# The National Empowerment Project Perth





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# Perth

July 2013

Angela Ryder, Damion Blurton, Cheviena Hansen, Leonard Collard, Clinton Bracknell, Adele Cox, Pat Dudgeon, Sabrina Swift



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## National Empowerment Project

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# Contents

ACKNOWLEDGEMENTS.....	06
1. INTRODUCTION.....	07
Executive Summary.....	08
Background.....	09
Aboriginal and Torres Strait Islander Mental Health .....	11
2. BACKGROUND: NATIONAL EMPOWERMENT PROJECT .....	13
The Kimberley Empowerment Project .....	14
The National Empowerment Project .....	15
Methodology: The National Empowerment Project.....	16
Principles: The National Empowerment Project.....	17
Project Sites: The National Empowerment Research Project .....	18
Community Consultant Co-researchers .....	21
Community Consultant Co-researchers Training .....	21
Conclusion .....	22
3. BACKGROUND: PERTH NOONGAR BOODJAR.....	23
Young Aboriginal and Torres Strait Islander Peoples in WA .....	26
Conclusion .....	28
4. PROJECT METHODOLOGY.....	29
Research Approach .....	30
Data Collection .....	31
Community Consultations .....	31
Communities and Stakeholder Recruitment .....	32
Profile of Consultations Completed.....	32
5. PERTH CONSULTATIONS AND RESEARCH FINDINGS.....	33
1.0 INTRODUCTION.....	34
2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY.....	34
2.1 Substance Abuse .....	35
2.2 Family-related Issues .....	35
2.3 Violence.....	35
2.4 Health/Mental Health/Suicide.....	36
2.5 Education/Employment Issues .....	36
2.6 Economic Circumstances.....	36
2.7 Youth .....	36
2.8 Lack of Support .....	36
3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITY STRONG .....	37
3.1 Having a Supportive Environment .....	37
3.2 Focusing on Family.....	37
3.3 Focusing on Self.....	38
3.4 Building Community .....	38
3.5 Education .....	38
3.6 Focusing on Health/Lifestyle .....	38
3.7 Being More Respectful .....	38
3.8 More Workshops/Programs .....	39



3.9 Focusing on Youth.....	39
3.10 Focusing on Culture.....	39
4.0 CULTURAL, SOCIAL AND EMOTIONAL WELLBEING, EMPOWERMENT AND HEALING PROGRAMS .....	39
4.1 Health/Healing .....	39
4.2 Cultural Focus .....	40
4.3 Youth Focus .....	40
4.4 Family Focus .....	40
4.5 Community Focus .....	40
4.6 Women's Programs .....	40
5.0 BARRIERS TO PROGRAMS.....	40
5.1 Funding/Resources .....	41
5.2 Program Delivery .....	41
5.3 Community Support/Involvement.....	41
5.4 Attitudes/Perception.....	41
5.5 Lack of Information.....	41
5.6 Skills/Knowledge Base.....	41
6.0 PREFERRED PROGRAMS IN THE COMMUNITY.....	42
6.1 Programs About Culture/Tradition/History.....	42
6.2 Delivery Aspects.....	42
6.3 Importance of Attendance/Support.....	42
6.4 Hands-on/Practical Programs.....	42
6.5 Focus on Youth/Children .....	42
CONCLUSION .....	43
REFERENCES.....	46
APPENDICES.....	50
Appendix 1: NEP Community Consultant Training .....	50
Appendix 2: The National Empowerment Project Workshop/Focus Group Program .....	51
Appendix 3: National Empowerment Project Interview Guide .....	53
Appendix 4: The National Empowerment Project Interview: Stakeholders .....	57
Appendix 5: Sample of Community Consulting Notice .....	59

## Abbreviations

LAA	Langford Aboriginal Association Inc.
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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- Langford Aboriginal Association Inc. (LAA), for their support and assistance as our local partner organisation for the Perth site and particularly for their wisdom and guidance on the ground, and in particular to Cassandra Ryder, Manager, LAA.
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- Finally, thanks are extended to the Kimberley Empowerment, Healing and Leadership Program team; Cheryl Dunkley, Divina D'Anna, Kathleen Cox, Kate Hams, and Vanessa Poelina. Your contribution and guidance to the National Empowerment Project has been outstanding.



## 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 photograph of a residential backyard. In the foreground, there is a green lawn. To the left, a wooden bench is partially visible. In the middle ground, a circular brick patio is surrounded by a bed of brown mulch. Several wooden benches are placed around the patio. A large, dark tree trunk stands in the center. In the background, a white fence and a house with a red-tiled roof are visible. The sky is overcast.

# 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. Perth 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;

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

Community participation is at the heart of the NEP and as such relationships with partner organisations were established and two local Aboriginal consultants were employed in each site. Langford Aboriginal Association Inc. (LAA) was the partner organisation for Perth.

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

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 40 people. People were asked about the issues that were important for them as individuals, families and communities and what was needed to make them strong.

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

Participants were clear and forthcoming about what needed to happen to make individuals, families and communities stronger. High on the agenda was the need to address the high levels of substance abuse, violence and family feuding in the community. Linked to these were concerns about mental health and high levels of suicide, especially among young people. To address some of these key concerns, participants called for a more supportive environment; one which started with individuals, but also extended to supportive families and the community as a whole. Suggestions were also made how individuals could make themselves stronger by focusing on developing a more positive self-image, becoming more confident and self-reliant. Other areas that were highlighted included: building a more cohesive community, focusing on health and lifestyle issues, as well as youth and cultural recovery.

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



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

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

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

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

## Background

Indigenous Australia is made up of two distinct cultural groups – mainland Aboriginal people and Torres Strait Islander peoples. The Australian Bureau of Statistics (ABS) estimated that in 2011 there were 548,370 Aboriginal and Torres Strait Islander people living in Australia. Overall, Aboriginal Torres Strait Islander 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 and 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, 21% in inner regional areas and 22% in outer regional areas, 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).

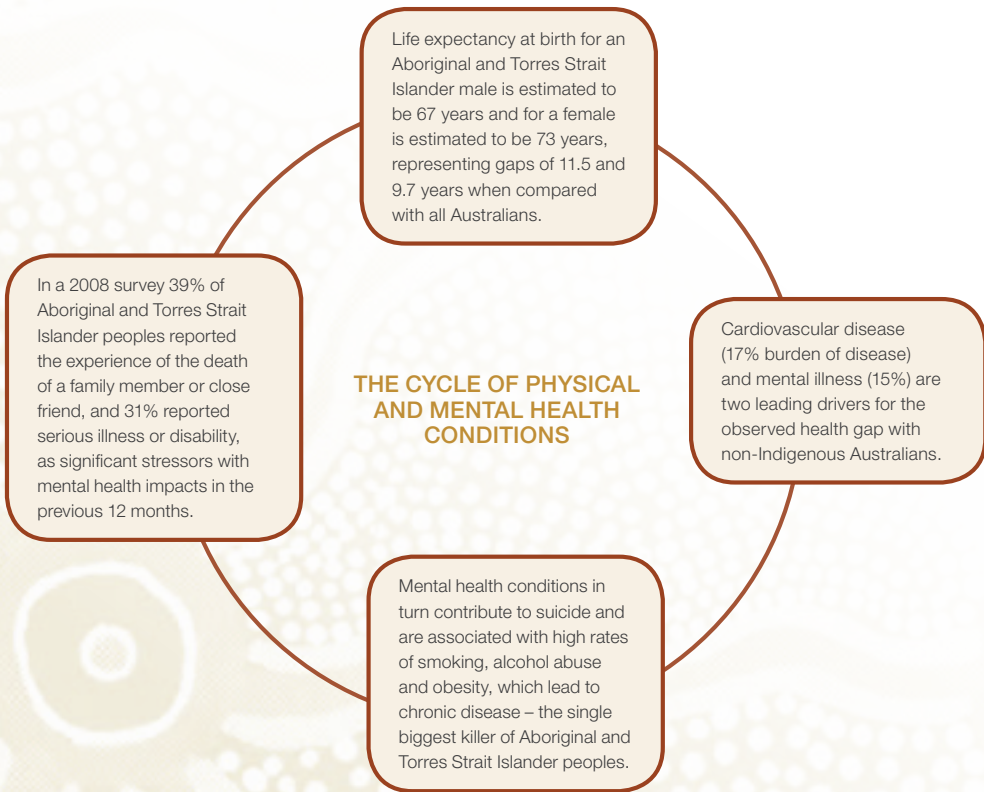
Overall, all indicators for Aboriginal and Torres Strait Islander disadvantage are poor and have been that way for some time. Indeed, the 2011 Overcoming Indigenous Disadvantage. Key Indicators recognised:

*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 social and emotional wellbeing and mental health. A comprehensive national or regional strategy to assist Aboriginal and Torres Strait Islander communities to restore their social and emotional wellbeing has yet to be implemented. Instead, communities have been left to manage the cumulative effects of colonisation and the contemporary determinants of health and wellbeing as best they can, for several generations.

Nationally, twice as many Aboriginal and Torres Strait Islander peoples experience serious psychological distress (32%) compared to non-Indigenous Australians (17%) (ABS & 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 social and emotional wellbeing across the Aboriginal and Torres Strait Islander population. Universal prevention strategies that promote strong, resilient communities and focus on restoring social and emotional wellbeing are needed. This needs to be done in such a way that each language group/nation and/or community is supported to achieve the goal of restoring social and emotional wellbeing at individual, family and community levels (Dudgeon et al., 2012).





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

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

The National Empowerment Project is an innovative Aboriginal led Project working directly with communities across Australia to address their 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 social and emotional wellbeing and suicide. Both the Kimberley Project and National Empowerment Project have adopted a universal and selective intervention approach towards preventing suicide. This is in keeping with the principles and approaches held in the *Living is for Everyone: (LIFE Framework)* (Commonwealth of Australia, 2008) and the principles in the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013).





## 2. Background: National Empowerment Project



## The Kimberley Empowerment Project

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

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

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

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

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

The literature review identified:

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

Key findings included:

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

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

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



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

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

Programs should focus on:

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

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

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

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

## The National Empowerment Project

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

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

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

### Stage One: Community Consultations

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

Stage One 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 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. Land, family and spirituality are central to well being. It must be recognised that Aboriginal people and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment. The centrality of Aboriginal and Torres Strait Islander identity, family and kinship must also be recognised.

### **Aboriginal and Torres Strait Islander Diversity**

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

### **Acknowledging a History of Colonisation**

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

### **Principles: The National Empowerment Project**

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

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

### Social Justice and Human Rights

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

### Community Ownership

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

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

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

### Community Capacity Building

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

### Resilience Focused

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

### Building Empowerment and Partnerships

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

### Respect for Local Knowledge

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

### Project Sites: The National Empowerment Research Project

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



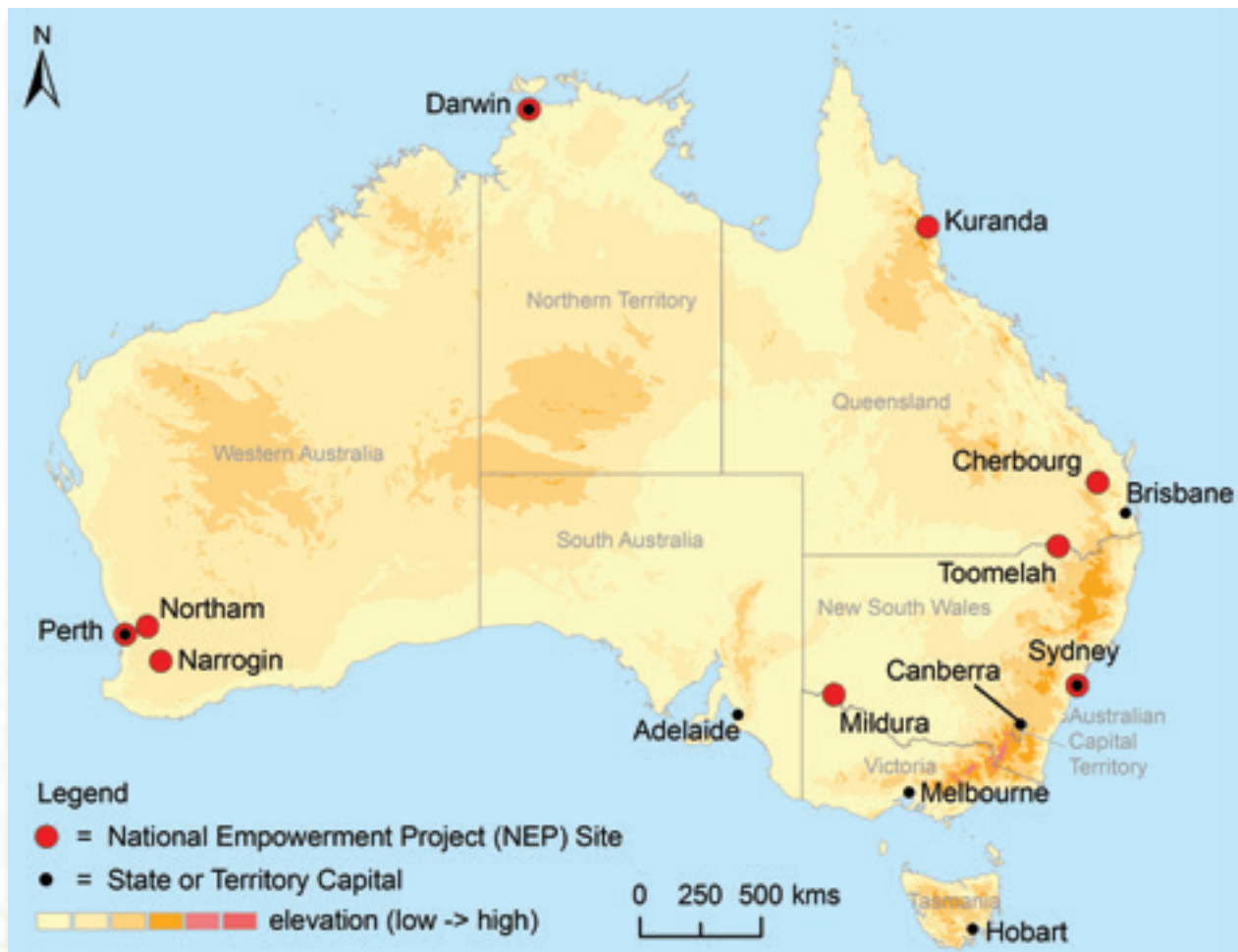


**The Sites, Partner Organisations and Community Consultant Co-researchers that Participated in the National Empowerment Project.**

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



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



#### Local Partner Organisations and Community Consultant Co-researchers

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

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

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



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

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

### Community Consultant Co-researchers

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

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

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

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

### Community Consultant Co-researchers Training

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

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





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



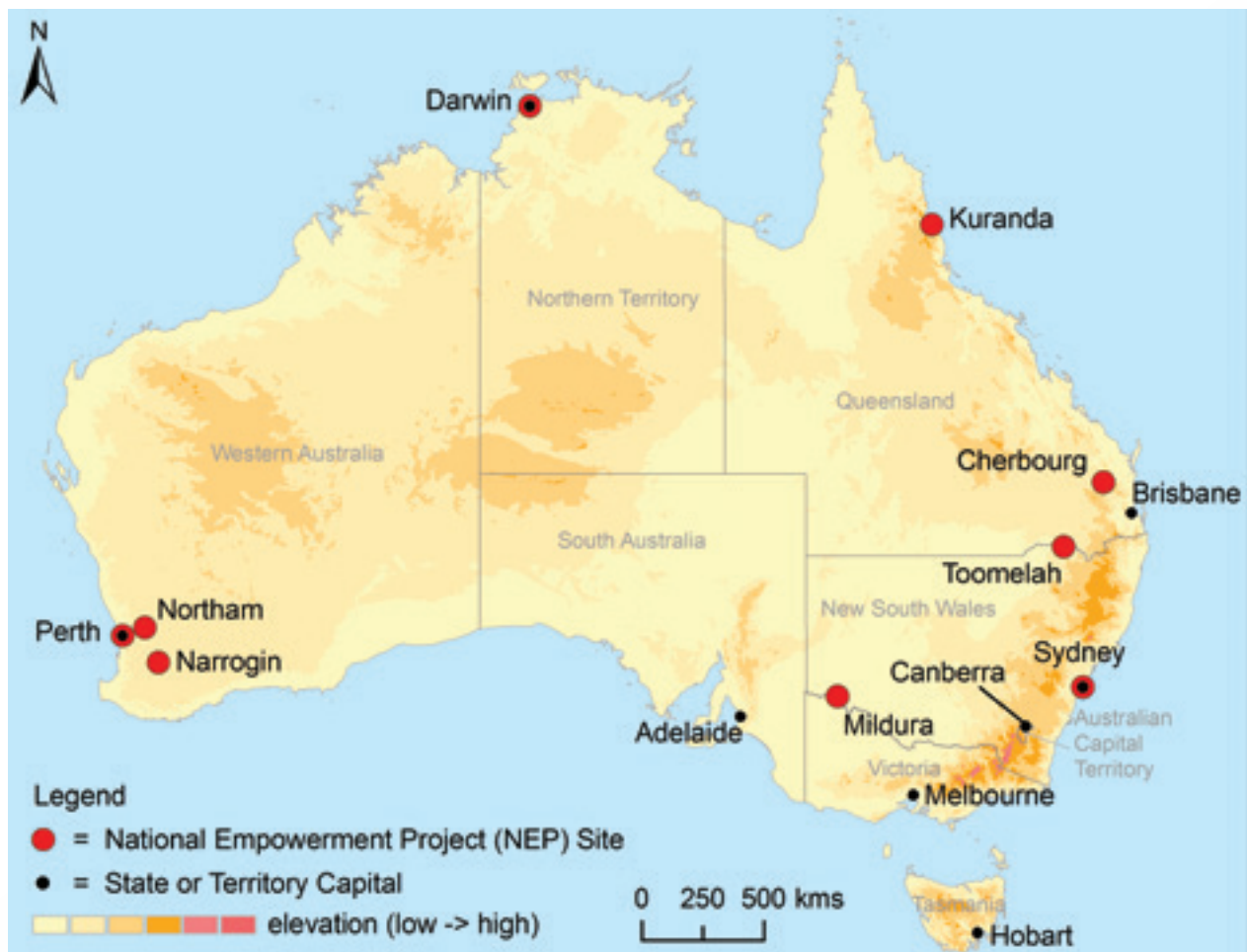


Noongar responsibilities, beliefs and values have been based on the same principles since *Koora* (a long time ago). As demonstrated by the decision of Justice Wilcox in September 2006 that native title existed over the Perth metropolitan region (Host & Owens, 2009), today there is a growing awareness 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 Aboriginal and Torres Strait Islander peoples (ABS, 2011a). The Greater Perth Aboriginal and Torres Strait Islander population represents 38.9% of the State's total Indigenous population (ABS, 2011a).

Map of Australia: Perth (National Empowerment Project Site)



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 **Birritt**. 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 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 people in Western Australia to engage in gainful employment, own property, move freely and without 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 Aboriginal 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 and 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 Aboriginal and Torres Strait Islander peoples 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 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 Aboriginal and Torres Strait Islander 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).

Perth: Region Overview



Perth: Detail





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

## Conclusion

Aboriginal people in Greater Perth 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 & 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).



The background image shows a school building with a white fence and trees. A large tree trunk is on the left, and another is on the right. A black light fixture is mounted on the building's roof. The ground is covered with brown mulch and several colorful, square-shaped objects are scattered on it. A concrete sidewalk is visible in the foreground.

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

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

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



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

The NEP aimed to empower Aboriginal local people and to give them a 'voice', so it was essential that a methodology was used 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).

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

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

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

- What participants understood about Empowerment, Healing and Leadership?

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

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

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

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

## Community Consultations

The local partner organisation in Perth was the Langford Aboriginal Association (LAA). Three local Aboriginal Community Consultant Co-researchers were specifically employed to:

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

The Perth Community Consultant Co-researchers were Angela Ryder, Damion Blurton and Chevienna Hansen who worked as a team to promote the NEP concept, develop a work strategy and undertook consultation in the region.

Communities and Stakeholder Recruitment

A key feature of the community consultations for the National Empowerment Project was the ability to engage and employ local Community 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.

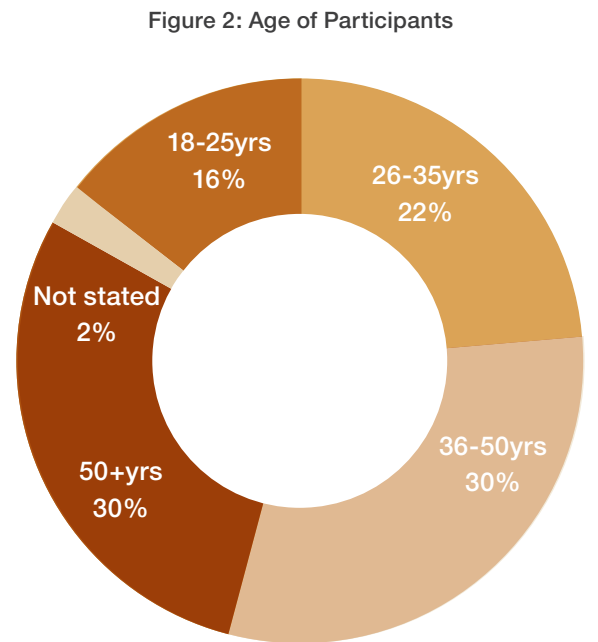
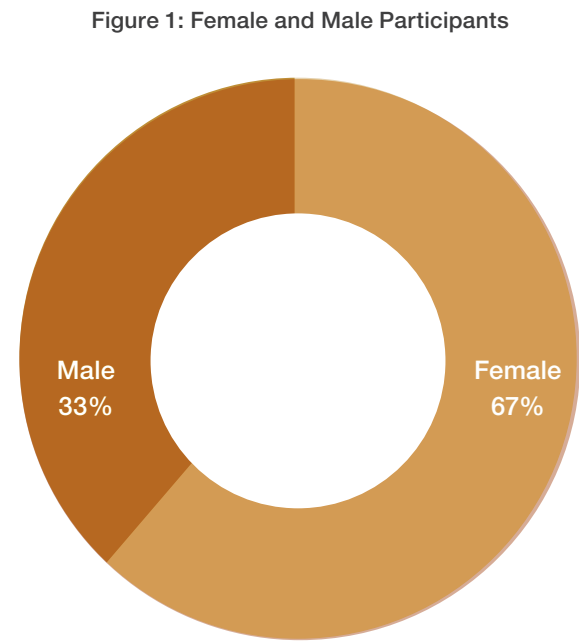
Profile of Consultations Completed

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

The majority of the participants in the community consultations were Aboriginal people. Overall there were (33%) male and (67%) female participants in the project and a spread across the various age groups as outlined in Figure 2 below.

Figure 2: Profile of Participants

LOCATION	INDIVIDUALS	STAKEHOLDERS
Perth	33	7
	40	







## 5. Perth Consultations and Research Findings





## 1.0 INTRODUCTION

The following section presents an overview of the information gathered from one-on-one individual interviews and return 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 Perth, this amalgamation amounted to 36 pages of information.

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

Direct quotes are in italics.

## 2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITY

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

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



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

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

THEMES	RANKING
Substance Abuse	1
Family-related Issues	2
Violence	3
Health/Mental Health/Suicide	4
Education/Employment Issues	5
Economic Circumstances	6
Youth	7
Lack of Support	8



## 2.1 Substance Abuse

When the responses to the three questions about issues impacting on individuals, families and the community were collated, substance abuse emerged as the most dominant theme that participants talked about. Participants were very honest in naming the issues. Their responses indicated that the overuse of alcohol and drugs is of real concern and, given the responses, were equated with family breakdown and trauma. Access to drugs and alcohol by underage youth was of real concern and affected their employment opportunities.

Participants said:

- *Drugs, alcohol and parties. I go to parties and get on the drink and drugs.*
- *Drugs and alcohol in the community with teenagers – normal acceptance by society.*
- *I think that I abuse alcohol and drugs.*
- *Negative exposure to drugs and alcohol.*
- *My two eldest sons do drugs and drink alcohol and I think that they go out to parties too much.*
- *People throw out of control parties where there is lots of alcohol and drugs.*
- *Alcohol and drug abuse is an issue. Unemployment amongst Aboriginal people and no gathering place (are other important issues).*
- *Drug and alcohol is too accessible to the youth, some are only 12-14 years old.*
- *ALCOHOL abuse and DRUGS that are being sold to children.*
- *With drugs – there is a high risk of misuse of drugs.*

## 2.2 Family-related Issues

Family-related issues also featured significantly in the responses. The range of issues was very broad and varied and included the impact of the Stolen Generations, family structure breakdowns and distances between families resulting in isolation and the difficulties associated with this. Knowing one's own family history was considered important and something that was the responsibility of all, including older family members.

Participants said:

- *Impacts of the Stolen Generations.*
- *Mum was part of the Stolen Generations; I was part of the Stolen Generations but because I was placed with family to care for me I was not considered by Redress to be assessed as in an institution although I remember being in an institution.*
- *Teenage daughter issues.*
- *Having to give up a home to look after sick people.*
- *Family Court WA involvement (are issues) as I have conflict with my ex partner and ex mother in law for the last four years.*

- *Isolation from family. Due to the distances living away from family. This can be, and is, emotionally and physically draining.*
- *Loneliness of living some distance from family*
- *We as Aboriginal people need to know our family tree. We need to know or find out who our family are as there are intermarriages between people who are related but they were not aware they were. Older family members are to blame to some extent as they are not letting young people know.*
- *Balancing family; breakdown family structure/values.*
- *Work – shift work and balancing family – fatigue and balancing shift work.*
- *Generally my family is good, although there is some family feuding.*
- *Family disagreements.*
- *Having judgmental family. That doesn't help much.*
- *Parents not looking after their kids – neglect and welfare.*

## 2.3 Violence

Participants indicated that there was a high rate of crime and violence in the community, which led to feuding and domestic violence and impacted on community safety. They were most worried about the safety of family members, particularly children and also had concerns about stopping the bullying and 'keeping their mob safe'. Violence was linked to substance abuse. The range of ways that violence manifests in the community was extensive.

Participants said:

- *Conflicts and feuds in the community.*
- *In my community the youth are becoming feral with lack of respect for self and others and property.*
- *I ended a violent relationship that I was in.*
- *Aboriginal bullying can start feuding threats.*
- *Young people abusing our home – (having too many) parties.*
- *Worrying about kids having a safe place.*
- *Domestic violence.*
- *Bullying.*
- *High rate of crime affects community trust – not safe in country.*
- *Lots of feuding start with youth" bitchiness".*
- *Violence in the community, drugs and a lot of dealers in the community and alcohol abuse.*
- *I believe there is a high rate of crime such as burglary and stealing cars.*
- *Elder abuse – loneliness.*
- *Trying to keep daughter safe.*
- *Safe places for children.*

## 2.4 Health/Mental Health/Suicide

Participants were concerned about a number of issues such as suicide, mental health and wellbeing and chronic illnesses. The number of incidents of suicide and other deaths was a concern, as was mental health issues within families. Parents are trying to seek support not only for their children, but also for themselves.

Participants said:

- *The other main thing affecting me is health concerns. I have diabetes (Type II), and have experienced depression and panic attacks.*
- *High rate of deaths in family.*
- *Suicide is a big issue that needs to be addressed. Also people with mental health conditions are often left and forgotten as they are usually given options to partake in programs whereas they should make this compulsory.*
- *I am a mental health patient and being Aboriginal, I deal with a lot of racism with the workers and there is a race gap.*
- *Change of beliefs about mental illness (is needed).*
- *My daughter went through suicidal tendencies, and had a mental health assessment.*
- *My two adult children have mental health issues and I have to actually demand to gain any help for them or any assistance for myself. Over the last 8 years they have been forgotten because they refused to participate in any programs and outings and now their conditions have worsened.*

## 2.5 Education/Employment Issues

Participants stated that there is a lack of employment opportunities and that education is needed to overcome barriers to employment opportunities. Though employment was difficult to find, one participant suggested lack of motivation (and laziness) could also be a contributory factor.

Participants said:

- *A lot of Aboriginal people not WORKING.*
- *Jobs are extremely hard to get.*
- *Not enough job opportunities.*
- *Unemployment – we need more jobs for Aboriginal people.*
- *Young parents – no skills and no home.*
- *Low level skills.*
- *Need to offer apprenticeships.*
- *Not working, laziness. I am unemployed, looking for work and sometimes get lazy when looking for work not enough help or it takes too long.*

## 2.6 Economic Circumstances

The lack of finances, housing and the high cost of living were also factors impacting on the community.

Participants said:

- *Low income.*
- *No money.*
- *With high costs of living in community.*
- *No housing.*
- *Discrimination with regards to housing and everyday life.*

## 2.7 Youth

Participants from a range of age groups mentioned a number of issues affecting youth. There were strong views expressed about the need to support youth.

Participants said:

- *There is no place for youth to go to openly discuss their own issues.*
- *There is no trust or bonding for youth.*
- *Seeing young people not having their rights and being falsely accused (is common).*
- *Youth who don't do something more constructive (in their lives).*
- *Identity – old fellows are disheartened by young people's attitude and behaviour – DISRESPECT.*

## 2.8 Lack of Support

Participants thought that there needed to be more support to help individual community members and to train them so that they were better equipped to help others.

Participants said:

- *Lack of help and support (is a important issue).*
- *Support bases in community are not there.*
- *Having to help everyone else – cannot help everyone and community needs skills to plan ahead to help themselves.*
- *Support programs outside the family unit and supporting each other.*
- *Probably no community support and not being accepted in a community.*
- *Having judgmental family that don't help much.*



### 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 Perth People Said Makes Individuals, Families and the Community Strong**

THEMES	RANKING
Having a Supportive Environment	1
Focusing on Family	2
Focusing on Self	3
Building Community	4
Education	5
Focusing on Health/Lifestyle	6
Being More Respectful	7
More Workshops/Programs	8
Focusing on Youth	9
Focusing on Culture	10

### 3.1 Having a Supportive Environment

Comments about the importance of being supported at individual, family and community levels rated most prominently by participants. Aboriginal organisations needed to be valued and supported to work with the Aboriginal community. A workshop incorporating aspects of support was also seen as a potential benefit to the community.

Participants said:

- Understand processes and have support from family and community.
- Bring community together for support and help in any aspect of life skills and support that is needed.
- More community support where learning and teaching may be involved.
- Family support. Community support. Support each other.
- Support – help – love – encouragement.
- To keep on learning and teaching maybe breaking down barriers and things that stop the support.
- Having my family understand and be more supportive.
- To love them [family] and be there for them.
- Compassion/understanding of each other's journey.
- Strong community support. Love and encouragement.
- Having better support programs.
- Support organisations for Aboriginal people.

### 3.2 Focusing on Family

Another central message about strengthening the community as a whole was the need to focus activities and action around the family to build stronger families. Family gatherings were seen to be important to promote respect and reduce feuding.

Participants said:

- Avoid feuding especially amongst our own people. Avoid conflict against each other.
- Family have negative input as have own dramas and issues even though we are good family (no drugs and alcohol and no sleepovers).
- Family get-togethers – a common meeting place, ridding homes of alcohol, drugs and abuse.
- Filters down; dad and mother very respectful; no swearing; taught to greet Aunt and Uncle even if not related.
- We need more building bridges programs uniting families.
- Looking after elderly.
- Don't turn your back on them [family], build their confidence and believe in them.
- Workshops on building family relationships.
- Family tree workshops; how to research family trees.
- Stable homes and home environment.

### 3.3 Focusing on Self

Individual participants listed a range of ideas that could contribute to them being strong – ideas to make them more confident, independent and having more self-respect. Several mentioned the need to set, and strive towards, personal goals. A workshop incorporating these ideas would be of benefit.

Participants said:

- *Heal oneself.*
- *A sense of pride in yourself.*
- *Self esteem, inner peace – help ourselves without medicating.*
- *To have less stress.*
- *Respect yourself.*
- *To achieve your goal to make ourselves strong to become a role model for the younger children of today (talk to other groups).*
- *Independence.*
- *Goals in life to strive for and achieve.*
- *Confidence.*
- *Getting work.*
- *Getting that job and keeping it to bring in the money.*

### 3.4 Building Community

A wide range of different activities/programs for different ages was important. To have a set location to help the community with things like education, workshops and apprenticeships is essential. Community gatherings could also contribute to a positive focus on community.

Participants said:

- *More community events, community centres for us younger people to hang out and have fun.*
- *More community gatherings.*
- *Places that empower. A common place of education, workshops, apprenticeships, traineeships, courses.*
- *Meetings to develop programs that work and more community events.*
- *More involvement in the community.*
- *A hostel for homeless people and abused women.*
- *Elders involvement and participation.*

### 3.5 Education

Education was considered important to promote confidence and self esteem. Various education programs, with appropriate content, were suggested.

Participants said:

- *Education is the key.*
- *Elocution and deportment classes should be provided.*
- *Cooking and cleaning courses, driving – all classes.*
- *Teaching people to read and write.*
- *Invite them to other programs, do more workshops in vocational training.*
- *Parent programs in schools, online, radio, NITV.*
- *Passing on new and old information.*

### 3.6 Focusing on Health/Lifestyle

There was also a recurring message about good health and a positive lifestyle contributing to the community being strong.

Participants said:

- *Maybe good health and wellbeing.*
- *Cooking, maybe good health and wellbeing, and sewing for young mothers and how to clean home quickly and efficiently.*
- *We need to make alcohol less available by maybe bringing in shorter opening hours for businesses selling alcohol.*
- *We need more drug busts especially amphetamine sellers.*
- *Workshops on the affects of alcohol and drugs on our mind, body and soul. This is for all people not just young people.*
- *Information and education on diabetes.*
- *First aid training.*

### 3.7 Being More Respectful

Many references were made during the consultations about respect and/or the lack of it. Self-respect, respect between individuals and respect for the community were all considered essential by participants.

Participants said:

- *We need to gain back our own self respect.*
- *We need to build on making our youth respect themselves and others.*
- *Support them, respect them and listen to what they say.*
- *Love, guidance, respect and caring.*
- *Respect for each other; ripples out to the community then straightens the community.*
- *Respect others.*
- *Respect fellow members of your family.*
- *Respect, pride, understanding, morals, love.*



### 3.8 More Workshops/Programs

Participants identified some key areas to incorporate into future workshops.

Participants said:

- *Workshops on building our confidence.*
- *How to get rid of the shame.*
- *Grooming and deportment.*
- *Makeup (how to apply makeup.)*
- *We need more programs like "Red Dust Healing" available to all ages and in all areas of WA.*

### 3.9 Focusing on Youth

The consultations also showed a strong focus on working with young people and providing activities for them. Alternative education facilities for youth were also supported.

Participants said:

- *We need programs for youth to understand themselves.*
- *More activities for kids to keep them active and out of trouble.*
- *Working with young people.*
- *Having something in place for kids that don't go to school. More things for kids to do to keep them out of trouble.*
- *Education and sport for children.*

### 3.10 Focusing on Culture

Cultural identity along with cultural awareness of the wider community was considered essential by some participants.

Participants said:

- *Placement role re grandparent and what they are supposed to do is gone.*
- *Cultural awareness.*
- *Place of belonging.*



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

THEMES	RANKING
Health/Healing	1
Cultural Focus	2
Youth Focus	3
Family Focus	4
Community Focus	5
Women's Programs	6

### 4.1 Health/Healing

The most common theme in response to this question focused on a range of health, mental health and healing programs. Perth people want healing programs that include a range of workshops ranging from, drug and alcohol to general wellbeing.

Participants said:

- *A healing centre and drug and alcohol programs.*
- *STDs.*
- *Breast checks.*
- *Women's Doctor; what to say to the doctor and what to ask. Doctors should use a visual diagram of the male and female body so we can show where pain is; we need to be told the truth; there is a lot of fear in the community.*
- *More access to drop in places to discuss life stresses when they arise.*
- *Maybe stress relieving and problem solving. Getting into the habit of good health and wellbeing, and understanding healing.*
- *Not much out there for people with mental illness.*
- *Alcohol and drug programs.*
- *Healing centre not just for Stolen Generations but for everyone and could be held by Langford Aboriginal Association and others. Could do languages and healing camps back to bush.*

## 4.2 Cultural Focus

Participants felt very strongly about going back to country and for the community to know their culture and to learn traditional ways. As indicated by one person, 'cultural recovery equates to cultural healing'.

Participants said:

- Cultural recovery equates to cultural healing; compulsory cultural program; cultural program where high school kids work with Elders; language is a very important factor to identity (this participant is very strong about Langford Aboriginal Association role as a language centre as the only one in this area who is delivering language outside of schools) parents could attend and learn/work with young people; they could do homework; as well as language; this would be valued.
- Getting back to dreamtime stories and our roots.
- Going back to your grass roots and core of culture.
- Back to country, old ways, cultural practice of healing.
- Knowing your Noongar areas – eg., What Kalamunda is; shires should promote Aboriginal history of areas; have a plaque.
- Cleansing and smoking ceremonies.
- Yarning sessions with the Elderly.
- Teaching respectfulness and identity.
- Reconnecting with your land and environment.

## 4.3 Youth Focus

Matching people's concerns for young people, was a strong focus on youth and the need for youth activities that focused on building positive behaviour.

Participants said:

- There needs to be more programs, education and prevention for the younger generation.
- More kids involvement and role models support.
- More youth camps.
- We also need negative and positive role models to speak to young people.
- Need programs like 'Red Dust Healing' program. Boot-camps for the repetitive misbehaved youth to lessen prison institutionalisation.
- More development centres for youth.
- Sports events.
- Drug and alcohol prevention programs targeting school students.

## 4.4 Family Focus

Again, a focus on strong family emerged. It was important for people to know their families and relations. Having family outings and having a good yarn were useful.

Participants said:

- Knowing family groups.
- Having a connection of who is in what area – oldies.
- Camps and outings for families.
- Family festivals – could invite other community agencies.
- Domestic Violence prevention programs.

## 4.5 Community Focus

For some community members an important feature of healing and empowerment was having a strong sense of belonging to (and being involved) in community.

Participants said:

- Feeling of belonging to a community and increase identity and increase pride.
- Community gatherings.
- No link in community re identity.

## 4.6 Women's Programs

Some women participants thought it would help to have a workshop on general knowledge and having access to women's clinics.

Participants said:

- Women's clinic – health.
- Women's workshop.

## 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 Perth People Said about Barriers to Introducing Programs**

THEMES	RANKING
Funding/Resources	1
Program Delivery	2
Community Support/Involvement	3
Attitudes/Perceptions	4
Lack of Information	5
Skills/Knowledge Base	6



### 5.1 Funding/Resources

Participants came up with a wide range of funding issues that could be a hassle when starting programs. The issues ranged from transportation money issues for people getting to location of program, through to being able to source Government funding.

Participants said:

- *Funding – limited funds for Aboriginal programs and organisations.*
- *Funds – not having a bus fare.*
- *Funding from the government.*
- *Funding being removed once starting up; not long term or recurrent; when successful then funding is removed*
- *Money for the programs, resources and education.*
- *Everything costs money.*
- *Funding – monetary society; fighting for same buckets of money; Aboriginal organisations competing against each other; shame on government as WA is the richest state in Australia; if we had cultural healing and money we would have more CSEWB.*
- *Continued funding to ensure successful outcomes.*

### 5.2 Program Delivery

An important issue in delivering a program is the location of the program for the attendees, and comes down to accessible transportation to the location and money. Another key issue was that the attendees would feel more comfortable for Aboriginal people to facilitate the programs.

Participants said:

- *Existing programs not working.*
- *No amenities and facilitators.*
- *Poor management of programs already in place.*
- *Locations.*
- *Nowhere to do programs.*
- *White people always in control and telling us what we can and can't do.*
- *Well known and respected advocates and mentors (could be involved).*
- *Promotion, advertising.*

### 5.3 Community Support/Involvement

Participants needed a wide range of support for themselves, family and community. This ranged from being supported and encouraged to attend programs, through to being able to get into contact with the right people for their needs.

Participants said:

- *Good old-fashioned support.*
- *Family and community support.*
- *Helping to get there on time or being motivated and going to the program.*
- *Support to get to the program.*
- *Finding people to all come and access them.*
- *Helpers and volunteers.*

### 5.4 Attitudes/Perceptions

It was important to have programs that would help the attendees feel comfortable in attending, so they wouldn't feel as shamed and would be more positive and motivated in going to programs/workshops.

Participants said:

- *Fear of being judged.*
- *Being told that I would not amount to anything – turned to drink; always criticism; assumptions.*
- *Shame factor.*
- *Shame as community members will not come by themselves.*
- *Making it comfortable so that there is no shame.*

### 5.5 Lack of Information

Participants suggested needing to have more information about the programs. When creating flyers/posters having more information on the program would be helpful for them. Knowing whether or not the program is for them is a key issue.

Participants said:

- *People not going because they don't know.*
- *Non-communication.*
- *Lack of knowledge.*
- *Barrier is the distrust.*

### 5.6 Skills/Knowledge Base

Some suggested that people might feel intimidated to attend programs if they felt that they did not have the skills to participate.

Participants said:

- *The barriers are the skills that you need and understanding from beginning of delivery person.*
- *Apply or adapting to use any information or timings at the beginning and to understand what it means.*
- *Having the awareness and knowledge.*



## 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 Perth People Said About Programs and their Delivery**

THEMES	RANKING
Programs About Culture/Tradition/History	1
Delivery Aspects	2
Importance of Attendance/Support	3
Hands-on/Practical Programs	4
Focus on Youth/Children	5

### 6.1 Programs about Culture/ Tradition/History

Participants had strong messages about the facilitators being Aboriginal – helping their mob in the community and pointing them in the right pathways. Others wanted Aboriginal studies for all ages, but especially for youth so they could know more about their own culture.

Participants said:

- *Cultural recovery and cultural healing is a major component for healing already addressed.*
- *I would like to see Aboriginal people guiding other Aboriginal people in the right direction and career paths and helping them to be someone in the community.*
- *We should start with our own roots and then extend into all branches of our lifestyles.*
- *Back to country for many sometimes works.*
- *Aboriginal studies for everyone – all ages.*
- *Teaching young girls and boys about traditions and laws.*
- *Bush programs; held out in country; all the better if kids can go back to own country to promote identity; make a DVD more of a positive chance of attaining a sense of well being. Be part of education as a compulsory component.*

### 6.2 Delivery Aspects

Again an important message was the need to have the programs delivered by Aboriginal people for Aboriginal people.

Participants said:

- *Designed by Aboriginal people and delivered by Aboriginal people.*
- *Culturally formulated by and run for Aboriginal people.*
- *To be run by Aboriginal people.*
- *Through non-government, non-bureaucratic ways.*
- *Not clinical based structure.*

### 6.3 Importance of Attendance/Support

It would be useful for individuals and programs to be supported. More support from community members building relationships amongst programs.

Participants said:

- *Need more people attend programs.*
- *I would like to see more input and support from others eg community, agencies and family supporting.*
- *Elders – encourage community to read to them and VISIT Elders; provide transport for this to happen.*
- *Support, encouragement formal setups.*
- *One on one when it comes to families. People with lots of children find it hard to get to groups. In the home. Then having day care available when the program is in a group.*

### 6.4 Hands-on/Practical Programs

The Perth people would like programs to assist the community in understanding basic life skills, communicating with others or groups and having healthy foods provided at workshops to also help with healthy lifestyle.

Participants said:

- *Programs designed to assist people learn basic life skills when their lives have faltered.*
- *Hands-on and realistic programs.*
- *Demonstrate and use visual aids and tools.*
- *Role plays – to understand better and break the ice; provide healthy food as part of the program.*

### 6.5 Focus on Youth/Children

Participants suggested programs for the whole family, so that both the parent and child/children understand and learn from each other. Also having knowledge on a healthier and positive lifestyle upbringing would be of benefit to the community.

Participants said:

- *A program that specifically targets a healthy positive lifestyle and upbringing of children.*
- *Programs for all the family to do together teaching children to protect themselves and to tell someone about abuse.*
- *Reinstating old-fashioned values and attitudes in parents and extended family so that children be loved, looked after, protected and guided through life to be valued adults in society.*





## Conclusion





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

The consultations revealed a range of critical issues faced by individuals, families and the community as a whole. High among these was a concern with substance abuse, with overuse of alcohol and drugs being equated with family breakdown and trauma. Access to drugs and alcohol by underage youth was of real concern and affected their employment opportunities.

Family related issues also featured significantly in the responses. The broad range of issues included the impact of the Stolen Generations, family structural breakdown and family feuding. Given the prominence of the Stolen Generations issue in this community, it is not surprising that themes around knowing one's own family history and understanding the Stolen Generation's impact on people today was seen as an important part of understanding the whole history of contact and helping individuals know their Aboriginal heritage and identity.

Participants also indicated that there was a high rate of bullying, violence and crime in the community, which fuelled, and was fuelled by, family feuding and impacted on community safety. They were most worried about the safety of family members, particularly children and also had concerns about 'keeping their mob safe'. Violence was linked to substance abuse. The range of ways that violence manifests in the community was extensive.



Health also emerged as a general concern among community members, especially around issues such as wellbeing, mental health and suicide. Underlying the concerns raised so far were fundamental economic issues relating to a lack of employment opportunities and inadequate levels of participation in education. Poverty, lack of housing and the high cost of living were other economic factors impacting on the community.

The key theme addressed under the header of 'preferred programs' related to programs about Aboriginal culture and history. Participants were very clear that the Aboriginal elements should not only address the development and content of the programs, but delivery. Any program should be developed by and delivered for Aboriginal people by Aboriginal people. Participants thought that there needed to be more support and help for individual community members so that they, in turn, were better equipped to help others.

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

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



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

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

**Recommendation 1:** A program needs to be community owned and culturally appropriate. A local Perth 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 Perth, 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 Perth 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
<b>Introduction to NEP, the Team and C/Consultants.</b> <ul style="list-style-type: none"> <li>Welcome to Country</li> <li>House Keeping</li> <li>Team Introductions</li> <li>How the Project Came About</li> <li>Role of UWA</li> <li>C/Consultant roles</li> <li>C/Consultant to share Who They Are and Where They Come From.</li> </ul>	<b>Cultural, Social and Emotional Wellbeing. PAR Working in Empowering Ways With Our Communities, Ethics and Principles</b> <ul style="list-style-type: none"> <li>UWA and NHMRC ethics that underly the Project. 'Keeping Research on Track' booklet</li> <li>Forms and Other Documents</li> <li>Workshop on Project Principles</li> </ul>	<b>Research: Collecting the Information:</b> (Continued)  <b>Research: making Sense of the Information</b> <ul style="list-style-type: none"> <li>Thematic Analysis</li> </ul>	Aboriginal Mental Health First Aid Training	Aboriginal Mental Health First Aid Training
<b>MORNING TEA 10.00–10.30</b>				
<b>Introduction to Research – Made Simple</b> <ul style="list-style-type: none"> <li>Basic Project Management,</li> <li>What is Research? (quantitative and qualitative)</li> <li>Participatory Action Research (PAR)</li> <li>Aboriginal Ways of Research</li> </ul>	<b>Research: Doing It – Collecting the Information:</b> <ul style="list-style-type: none"> <li>How to do In-depth Interviews</li> <li>How to do focus groups</li> </ul>	<ul style="list-style-type: none"> <li>Exercise on identifying Themes</li> <li>Why Taking Photos are Important</li> <li>Reporting the Information</li> <li>Reports</li> <li>Using Quotes</li> <li>Using Photographs</li> </ul>	Aboriginal Mental Health First Aid Training	Aboriginal Mental Health First Aid Training
<b>LUNCH 12.00–13.00</b>				
<ul style="list-style-type: none"> <li>The importance of an 'Aboriginal Inquiry Methodology' by Dr Michael Wright, Danny Ford, Margaret Colbung and Team</li> </ul> <b>Community Tour</b>	<ul style="list-style-type: none"> <li>Preparation</li> <li>Documentation</li> <li>Ethical Considerations</li> <li>Exercises</li> </ul>	<b>Reporting the Information</b> (continued)	Aboriginal Mental Health First Aid Training	<b>Closing</b> <ul style="list-style-type: none"> <li>Evaluation</li> <li>Certificates</li> <li>Closing Celebrations</li> </ul>
<b>HOME TIME 16.00–17.00</b>				

### Documents Distributed

National Empowerment Project – Community Consultation  
Co-researchers Training Manual

Keeping Research on Track,

UN Declaration of Indigenous Rights

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

Research as Intervention: Engaging Silenced Voices  
– Dr Michael Wright



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

Duration: 3 to 4 hours.

### 1. Introduction:

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

### 2. Welcome/Acknowledgement to Country

### 3. Participants to introduce themselves. Briefly.

### 4. Objectives/Aims

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

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

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

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

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

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

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

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

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



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

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

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

Break into smaller groups and discuss:

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

## 6. Close



### Appendix 3: National Empowerment Project Interview Guide

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

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

#### INTRODUCTIONS

Interviewer to give information form and tell people:

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

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

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


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


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



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


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


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


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


## WHAT IS OUT THERE?

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


## GENERAL COMMENTS

Any other comments?



Appendix 4:  
The National Empowerment Project Interview: Stakeholders

DATE:		INTERVIEWER:		COMMUNITY:	
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STAKEHOLDER:	
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<b>INTRODUCTION</b>
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.

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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?



## Langford Aboriginal Association

The National Empowerment Project (NEP) team would like to invite you, your mob and all community members to a workshop that will be an introduction to a new program. The new program aims to strengthen cultural, social and emotional wellbeing and decrease community distress and suicide in Aboriginal communities. This workshop will be run over three (3) evenings at LAA and you would be required to commit to attending all three sessions.

**When:** Monday 13th May and  
Wednesday 15th May and  
Monday 20th of May

**Time:** 5pm to 9pm

**Where:** Langford Aboriginal Association, 15 Imber Place,  
Langford

**RSVP:** Phone: 9451 1424 or email [admin@laalangford.com.au](mailto:admin@laalangford.com.au)



\*Refreshments will be provided





