The National Empowerment Program
Mount Gambier

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THE UNIVERSITY OF WESTERN AUSTRALIA

The Team

Professor Pat Dudgeon is from the Bardi and Gija people of the Kimberley in Western Australia. She is the Co-Chair of the Ministerial Aboriginal and Torres Strait Islander Mental Health Suicide Prevention Advisory Group. Pat has made outstanding contributions to Indigenous psychology and higher education. She was the Head of the Centre for Aboriginal studies at Curtin University, for some 19 years.

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

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

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

Karen Glover is a Mein:tnk Wotjobaluk woman from the SE of South Australia and NW of Victoria. Karen is the CEO of Pangula Mannamurna, the Aboriginal Community Controlled Health Service located in Mount Gambier. Pangula Mannamurna provides health services to Aboriginal and Torres Strait Islander people across the South East of South Australia. Karen is keen to ensure that the organisation is responsive to the social and emotional wellbeing needs of the regional community, and believes community and organisational capacity can be built through the NEP.

John Watson has been working at Pangula Mannarmurna for 3 years, and is employed as a Strong Fathers and Strong Family's Coordinator. The program started with 6 men and now has 26 men participating. The program takes men and their children on cultural fishing camps, helping children to learn the traditional ways of hunting and gathering. The Aboriginal Drug and Alcohol Council also run workshops at the camps. John has completed a Certificate IV in Aboriginal Primary Health Care. John works two days a week with the Strong Family program and three days as an Aboriginal Health Worker, helping his community. Over the three years he has run different workshops with the men's group, including anger management, healthy cooking, complete male health days, chronic disease management workshops, and tobacco cessation.

Angela Sloan is a Ngarrindjeri woman. Angela has 23 years experience in developing, promoting and managing Aboriginal employment, recruitment, training and retention across state, federal and local government. Angela has contributed to National Round Table discussions to develop national policy around Aboriginal employment and training and has been a key note speaker at state, national and international conferences on best practice models. Angela continued to maintain her personal interests of Aboriginal student support, mentoring and retention through her membership on the Western ICAN Management Committee and support for Aboriginal and Torres Strait Islander Arts as a Board Member of Tandanya. Angela currently works with Pangula Mannamurna Inc. in Mount Gambier and has commenced facilitation of Lateral Violence workshops for the community and is a committee member of the "Treasuring Life, Aboriginal and Torres Strait Islander Suicide Prevention Action Plan."

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Abbreviations

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

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Artwork

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

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

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

1. Introduction

Executive Summary

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

Eleven sites were part of the Project. Mount Gambier was the only site in South Australia.

The NEP was conducted at the following 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 Health Services)

- **Sydney, New South Wales**
  (National Centre of Indigenous Excellence)

- **Toomelah, New South Wales**
  (Goomeroi Aboriginal Corporation)

- **Mildura, Victoria**
  (Mallee District Aboriginal Services)

- **Mount Gambier, South Australia**
  (Pangula Mannamurna Health Service)

- **Geraldton, Western Australia**
  (Geraldton Regional Aboriginal Medical Service)

Community participation is at the heart of the NEP and as such relationships with partner organisations were established and local Aboriginal consultants were employed in each site. Pangula Mannamurna Inc. was the partner organisation for Mount Gambier.

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

The process and outcomes of stage one are reported here. Using a participatory action research process, interviews and workshops were undertaken with a total of 41 people. People were asked about the issues that affected and were important for them as individuals, families and communities and what was needed to make them strong.

Participants from the Mount Gambier consultations identified a broad range of issues, including: Substance Abuse; Health and Mental Health; Family-related Issues; Economic Circumstances; Employment; Education; Transport; Grief, Loss and Culture and Identity Issues. The two most common issues mentioned by participants were the family-related issues, which included family feuding and breakdown in communication and concerns about the high levels of substance misuse within the town, especially illicit drug use.

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 Mount Gambier 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 669,900 Aboriginal and Torres Strait Islander people living in Australia. Overall, Aboriginal Torres Strait Islander peoples make up 3% of the total Australian population. Among the Indigenous population in 2011, it is estimated that 90% (606,200 people) were of Aboriginal origin and 6% (38,100 people) were of Torres Strait Islander origin and 4% (25,600 people) identified as being of both Aboriginal and Torres Strait Islander origin.

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

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

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

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

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

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

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

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

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)

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

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

THE CYCLE OF PHYSICAL AND MENTAL HEALTH CONDITIONS

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

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

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

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

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

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

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

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

2. Background:
National Empowerment Project

The Kimberley Empowerment Project

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

Funds were received by the Kimberley Empowerment Project to undertake an extensive community consultation process in Broome, Halls Creek and Beagle Bay. The consultations explored what the community thought was needed to address the alarming suicide rates 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 the impotance of cultural continuity for Indigenous suicide prevention from Vancouver, Canada, whose work has great relevance (Chandler & Lalonde, 1998; Chandler & Lalonde, 2008). The Report highlighted a number of the key issues and findings affecting Aboriginal people living in the Kimberley region in relation to community distress and suicide.

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

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

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

The literature review identified:
- Conceptions of empowerment, healing, and leadership.
- Why these concepts are considered effective in addressing the trauma and dysfunction experienced by Aboriginal and Torres Strait Islander peoples.
- Ways to build esteem, increase capacity and improve 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 and involve physical, social, emotional, mental, environmental, cultural and spiritual wellbeing.
- Healing, empowerment and leadership are interconnected, and involve a process of decolonisation, recovery and renewal. Only through a healing journey can people become empowered and then be able to assist and lead others in their own journey. This empowerment occurs at the level of the individual, the family and the community.
- Healing and empowerment enable the development of a strong sense of self and a strong cultural identity, which are critical protective factors against community distress and suicide risk (Dudgeon et al., 2012).

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

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

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

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

Programs should focus on:

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

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

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

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

The National Empowerment Project

The National Empowerment Project was supported by the Department of Health and Ageing who identified a need to work with Aboriginal and Torres Strait Islander communities across the country to help lessen the level of community distress and work towards the prevention of suicide and self-harm. The National Empowerment Project is an innovative Project where research in Aboriginal and Torres Strait Islander peoples mental health and social and emotional wellbeing are recognised as having cultural underpinnings and the need to be undertaken with Aboriginal and Torres Strait Islander communities. It flows on from many formal and informal community consultations across the country about the need for Aboriginal and Torres Strait Islander community-based understandings of mental health and the work required to be undertaken to unpack Aboriginal and Torres Strait Islander peoples meanings of strengthening social and emotional wellbeing 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 involved an extensive community consultation process over nine sites across Australia. These sites were selected by the National Empowerment Project and the Department of Health and Ageing, and were formerly identified based on initial community consultation as a way of exploring the communities readiness to engage as part of the Project and be able to develop and deliver a local Empowerment, Healing and Leadership program.

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

Stage One aimed to:

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

Stage Two: Program Development

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

Stage Two endeavoured to:

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

Methodology:
The National Empowerment Project

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

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

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

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

Self-determination

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

A Community-Based Approach

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

Holistic Perspectives

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

Aboriginal and Torres Strait Islander Diversity

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

Acknowledging a History of Colonisation

The National Empowerment Project recognised that in Aboriginal and Torres Strait Islander Australia, there are concerns about research and research methodologies as continuing the process of colonisation in determining and owning knowledge. 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 and to reclaim cultural knowledge and identity. It is important that Aboriginal and Torres Strait Islander researchers/scholars engage in producing cultural knowledge with local groups in appropriate ways, as this furthers cultural reclamation and Aboriginal and Torres Strait Islander peoples self-determination.

Principles:
The National Empowerment Project

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

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

Social Justice and Human Rights

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

Community Ownership

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

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

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

Community Capacity Building

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

Resilience Focused

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

Building Empowerment and Partnerships

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

Respect for Local Knowledge

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

Project Sites: The National Empowerment Research Project

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

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

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

The following map highlights the sites that participated in the National Empowerment Project:
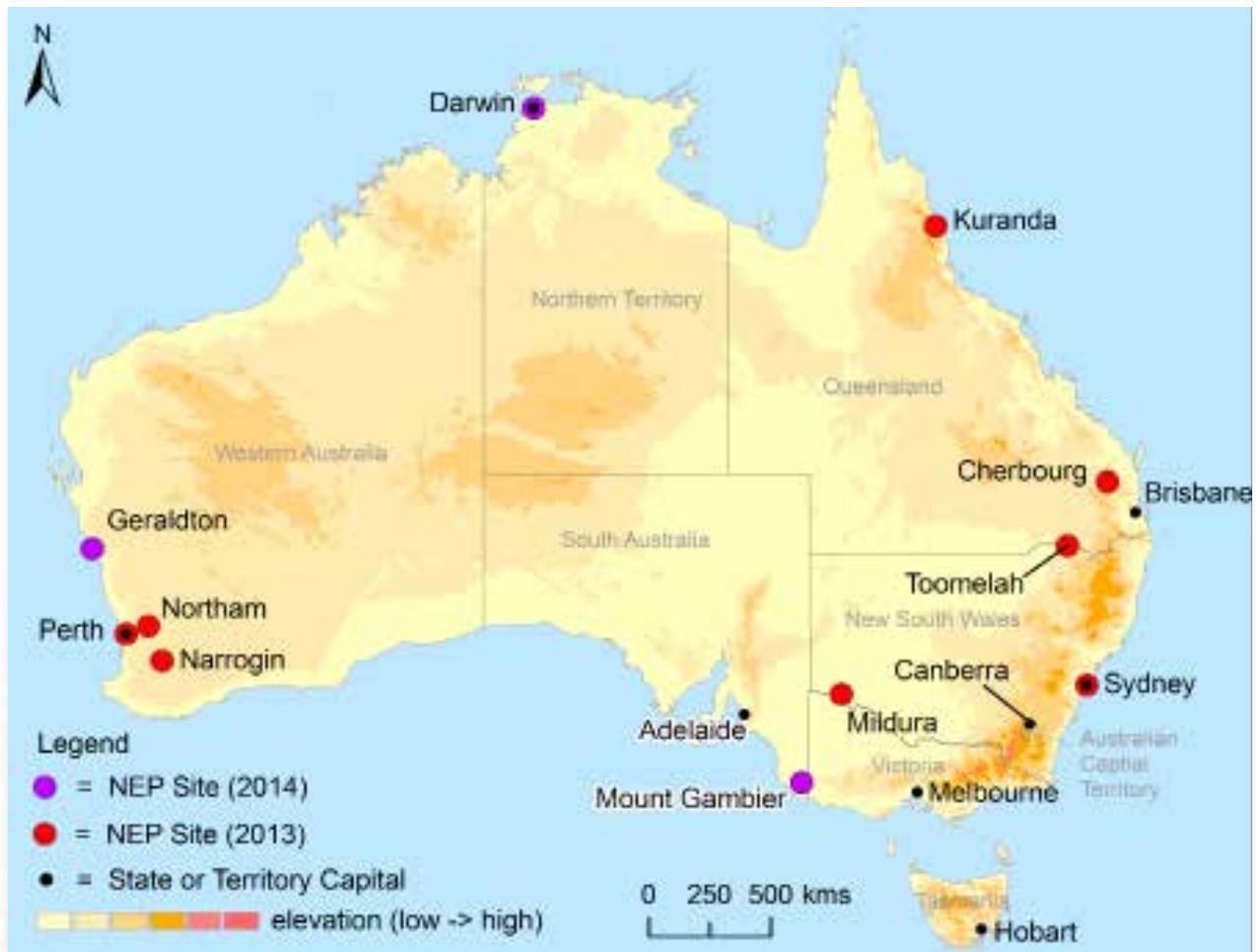
Local Partner Organisations and Community Co-researchers

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 Co-researchers

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

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

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

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

Community Co-researchers Training

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

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

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

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

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

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

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

Conclusion

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

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

3. Background: Mt Gambier
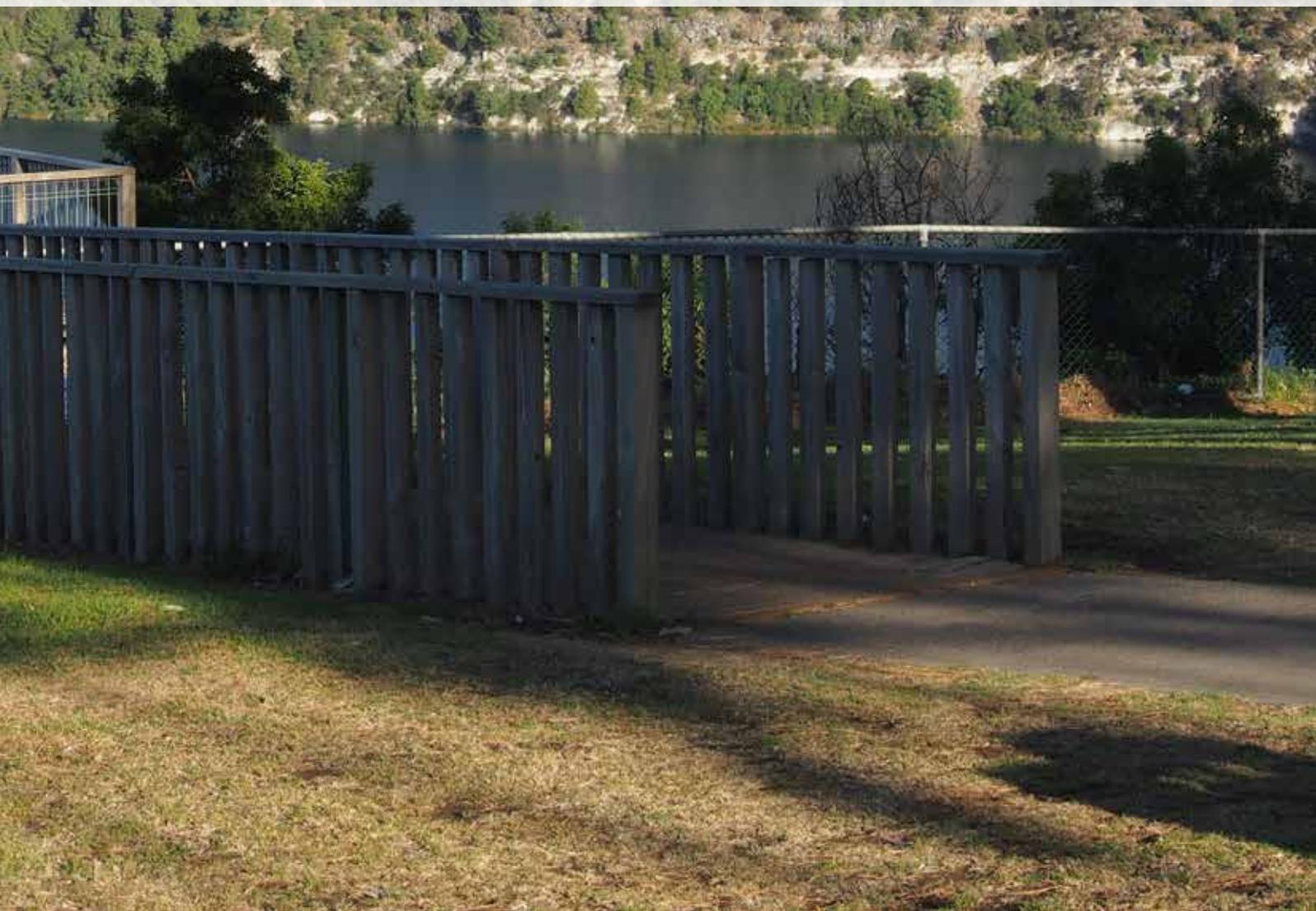
Introduction

Situated in the Limestone Coast region of the south east of South Australia, Mount Gambier is the second largest city in South Australia with a population of 25,911 (2011 Census), of which 2.3% identify as Aboriginal and Torres Strait Islander. The city is located on the slopes of an inactive volcano in the south east of the state, about 450 kilometres from Adelaide on the Victorian border. Millicent with a population of 5,339 and Naracoorte with a population of 5,882 and the smaller town of Penola, Bordertown, Keith, Robe and Kingston are other towns situated in the Limestone Coast Region. In the June 2011 census there were just over 1,000 Aboriginal and Torres Strait Islander people living in the region with the majority of peoples living in Mount Gambier. Mount Gambier was officially declared a city in 1954 and is now an important tourism destination and service hub for the region. Industry in the region includes agriculture, forestry, fishing, manufacturing, retail and trade, health and community services.

The area has always been rich in resources and Aboriginal people have lived there for at least 20–30,000 years. Middens, rock shelters and burial grounds are scattered throughout the area and some sites have been dated to approximately 9,000 years. The traditional people of the Mount Gambier region are the Buandik with Bunganditj

as the main language (Smith, 1880). The name Pangula Mannamurna translates in Buandik language with Pangula meaning 'medicine man' and Mannamurna 'joining in hands.' Pangula Mannamurna aims to provide health and social and emotional wellbeing services to Aboriginal and Torres Strait Islander people living in the region.

The region is of high socio-economic disadvantage with Mount Gambier and Millicent assessed as being in the top 20% of socially disadvantaged communities in Australia. As indicated by the Australian Bureau of Statistics 2013, the Aboriginal and Torres Strait Islander population has increased significantly over the past few years. This increase in population relates to the growing prison population and families moving to the area to be close to their incarcerated family member. These people do not necessarily have traditional or familial links to the region. The prison is expanding and it is therefore expected that more families will move to the area.

The Aboriginal and Torres Strait Islander people of the Limestone Coast region experience a disproportionately higher level of socioeconomic disadvantage with an unemployment rate of 17.1% compared to the non-Indigenous rate of 5.1%. The average weekly income of the Aboriginal and Torres Strait Islander people is 72% of the non-Indigenous personal income.

The following map highlights the sites that participated in the National Empowerment Project:
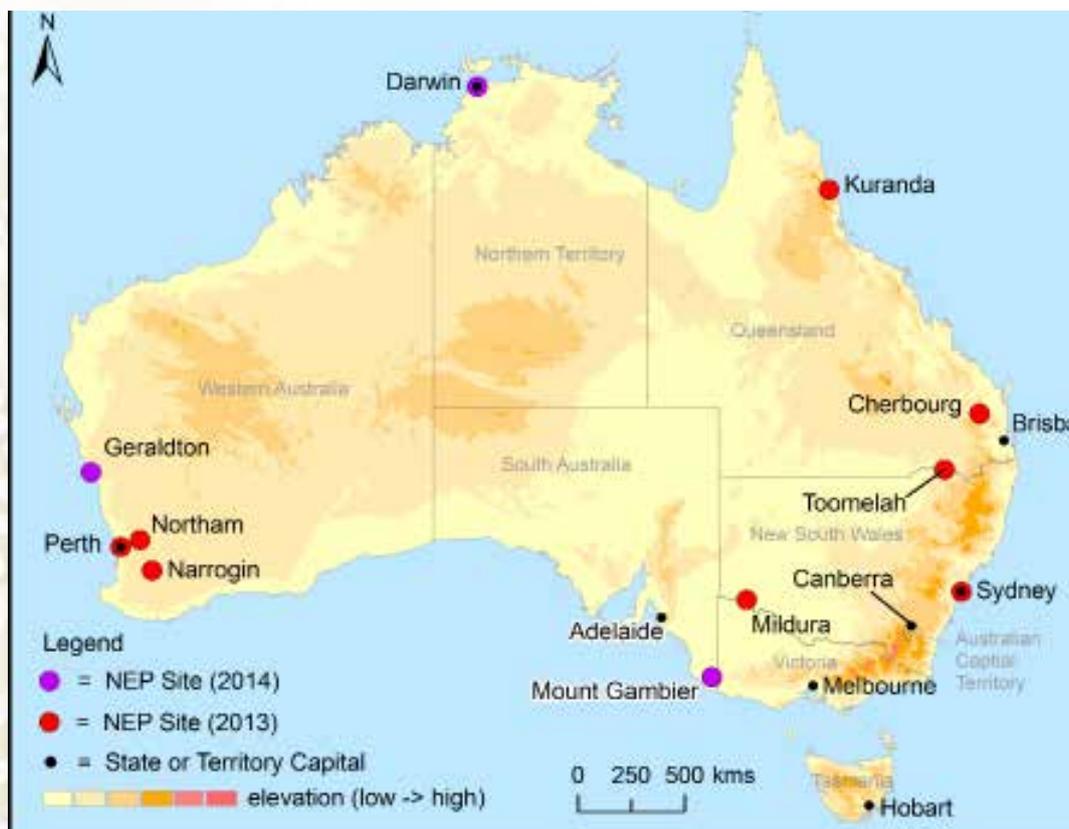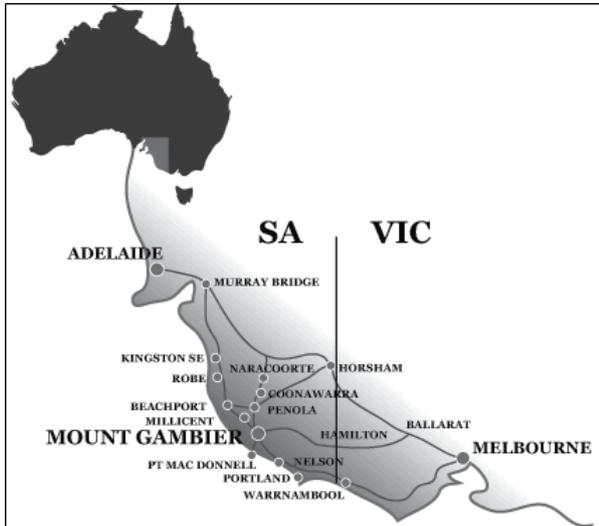
History of Mount Gambier

First contact between the Buandik and Europeans occurred in the 1820s. In the mid-1830s the British Parliament passed the South Australia (Foundation) Act. The first British settlement to be established in South Australia was on Kangaroo Island in 1836, five months before Adelaide was founded. In contrast to the rest of Australia, *terra nullius* did not apply to the new province. Although the Act guaranteed land rights under force of law for the Indigenous inhabitants, it was largely ignored by the South Australian authorities and squatters (Ngadjuri Walpa Juri Lands and Heritage Association (n.d)).

Settlement occurred rapidly over the first two decades of the new state. There was extensive conflict between settlers and Indigenous peoples and incidents between parties resulted in theft, shootings and spearings, through to devastating massacres and poisoning of Indigenous peoples. Such conflicts, combined with disease and forced removals of peoples from their land, saw the Buandik people significantly decline in number by 1865.

Today the descendants of the Buandik continue to protect and nurture their culture and historical sites through various not for profit organisations.

Aboriginal Health and Wellbeing

In 2012, with funding from the Closing the Gap National Partnership Agreement, South Australia Health partnered with The University Adelaide to complete its first ever specialised population health survey of Aboriginal people. The report of the South Australian Aboriginal Health Survey provided a snapshot of Aboriginal health across the State, revealing that 17% of Aboriginal adults in South Australia have doctor-diagnosed diabetes, 12% of Aboriginal adults have experienced symptoms of asthma, 6% have kidney disease, 10% have a hearing problem, 20% have high blood pressure, and over 10% have a mental health problem diagnosed by a doctor (Government of South Australia, 2012). These illnesses are more pronounced in those over 45 years of old. The survey also considered the social and emotional wellbeing of respondents measured by using a modified Kessler Psychological Distress Scale (ABS, 2012).

Conclusion

The local partner in the National Empowerment Project is the Aboriginal community-controlled organisation Pangula Mannamurna Inc. Pangula provides comprehensive counselling and health services to improve the quality of life for Aboriginal and Torres Strait Islander people of the lower Limestone Coast, South East region of South Australia. The organisation assists families to deal with intergenerational trauma caused by colonisation and to enhance the social, emotional and spiritual wellbeing of the community. Since its inception, Pangula Mannamurna has recognised the importance of culture to overall health and wellbeing and, with the advice, attendance and engagement of the Elders and community, has included cultural activities and components into programs and services (Pangula Mannamurna, 2014).

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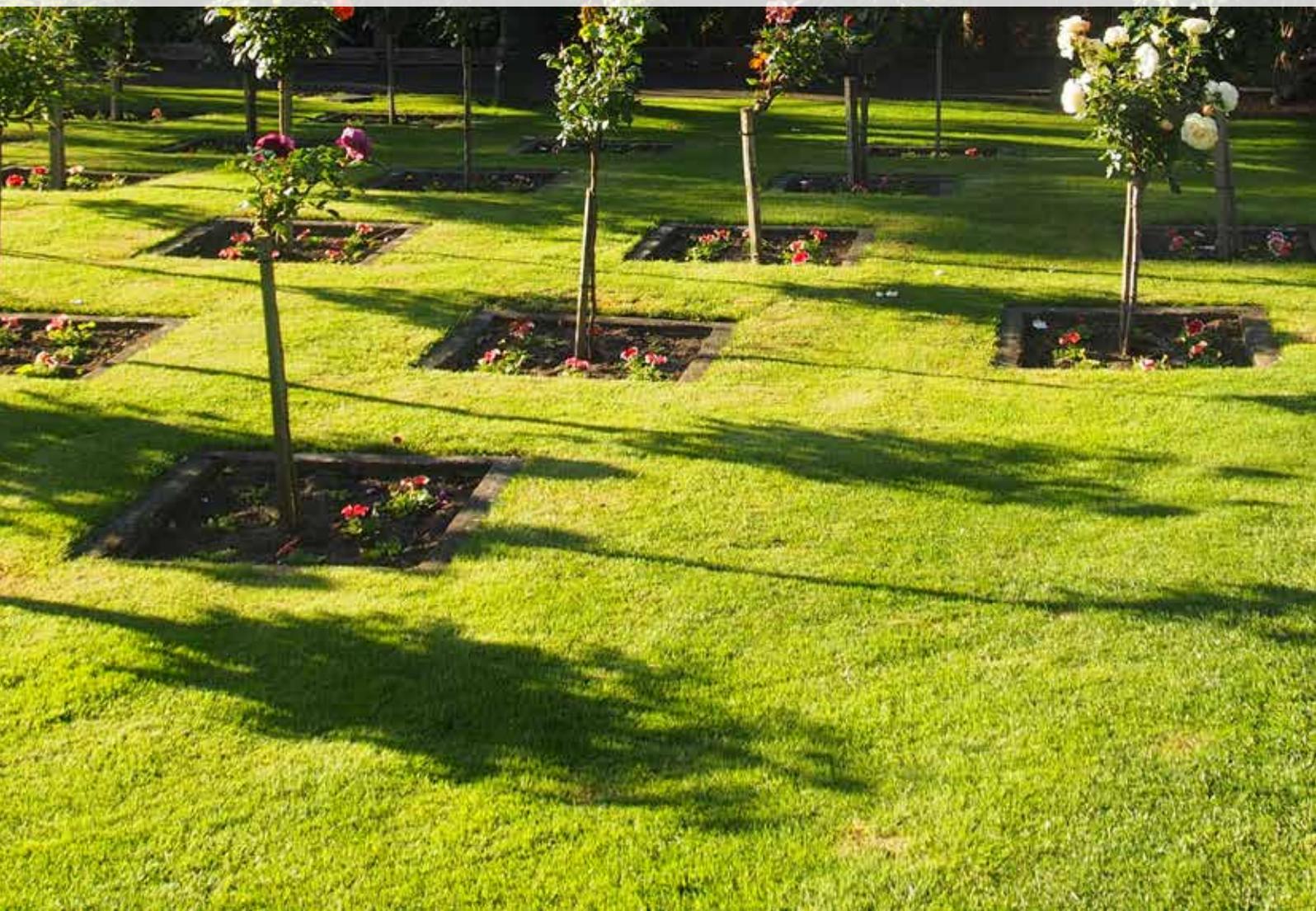
The aim of the National Empowerment Project (NEP) was to consult with eleven communities across Australia to identify the ways in which an Empowerment, Healing and Leadership program might assist Aboriginal and Torres Strait Islander peoples manage the many issues and factors that contribute to community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

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

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

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

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

Research Approach

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

…involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other contexts, which make sense of it… Participatory action research is not just research, which is hoped that will be followed by action. It is action, which is researched, changed and re-researched, with the research process by participants. Nor is it simply an exotic variant of consultation. Instead, it aims to be active co-research, by and for those to be helped. Nor can it be used by one group of people to get another group of people to do what is thought best for them – whether that is to implement a central policy or an organisational or service change. Instead it tries to be a genuinely democratic or non-coercive process whereby those to be helped, determinedthe 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 include 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 guidelines 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 included Aboriginal people and their experiences as centrally important with the aim of strengthening cultural reclamation. The engagement of community through partnerships with organisations and employment of community co-researchers as part of the research team was critical for a number of reasons. These were 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 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 and situation and gives them the space to fully express themselves and their stories. Four hundred and fifty seven participants took part in the project across the eleven sites, where they participated in a series of one-on-one interviews, focus groups and workshops. To gather information that could be used for programs, the research team were mindful that participants from across the groups that make up Aboriginal communities should be included. Hence, the consultations involved Aboriginal and Torres Strait Islander young peoples (18-25), the elderly, women and men and small numbers of non-Indigenous people (e.g. those who worked in the stakeholder services and programs).

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

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

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

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

In terms of analysing the information that was gathered, a thematic analysis approach was used. This involved gathering the information from all sources and forming meaningful groups of themes. 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 Pangula Mannamurna Inc. is an Aboriginal community-controlled organisation providing culturally-appropriate, comprehensive primary health care and community services to the local Aboriginal and Torres Strait Islander people living in the Mount Gambier area and its surrounds.

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

The Mount Gambier community co-researcher's, John Watson and Angela Sloan, worked with the NEP team to promote the NEP concept, develop a work strategy and undertook consultation in the region. Karen Glover the CEO of Pangula Mannamurna Inc. also provided additional support during the community consultations.

Communities and Stakeholder Recruitment

A key feature of the community consultations for the National Empowerment Project was the ability to engage and employ local community co-researchers from the local areas. These 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 co-researchers local knowledge and networks, along with the existing relationships and networks that other team members had with the communities was critical to the successful completion of the community consultation process.

The Project team and community co-researchers developed lists of government and non-government agencies, local groups and individuals in the community 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 44% male and 56% female participants in the project and a spread across the various age groups as outlined in Figure 2.

Table 1: Profile of Participants

LOCATION	INDIVIDUALS	STAKEHOLDERS
Mount Gambier	36	5
	41	

Figure 1: Female and Male Participants

Female 56%

Male 44%
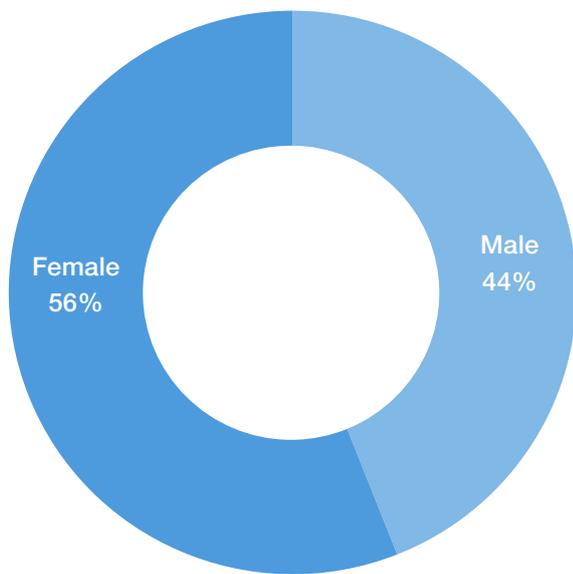
Figure 2: Age of Participants

18-25yrs 19%

26-35yrs 19%

36-50yrs 29%

50+yrs 33%
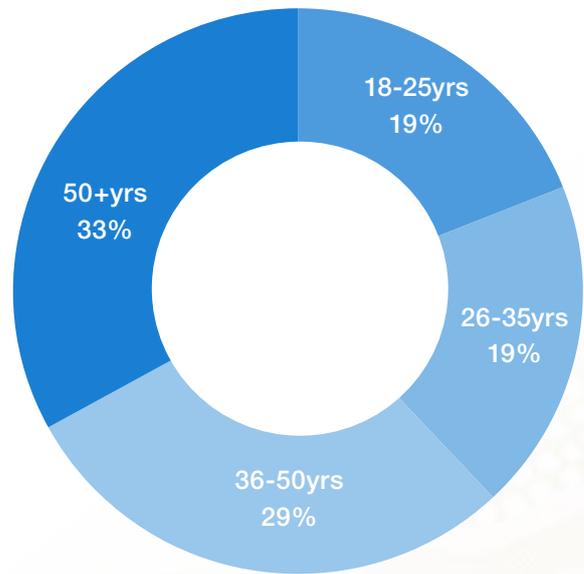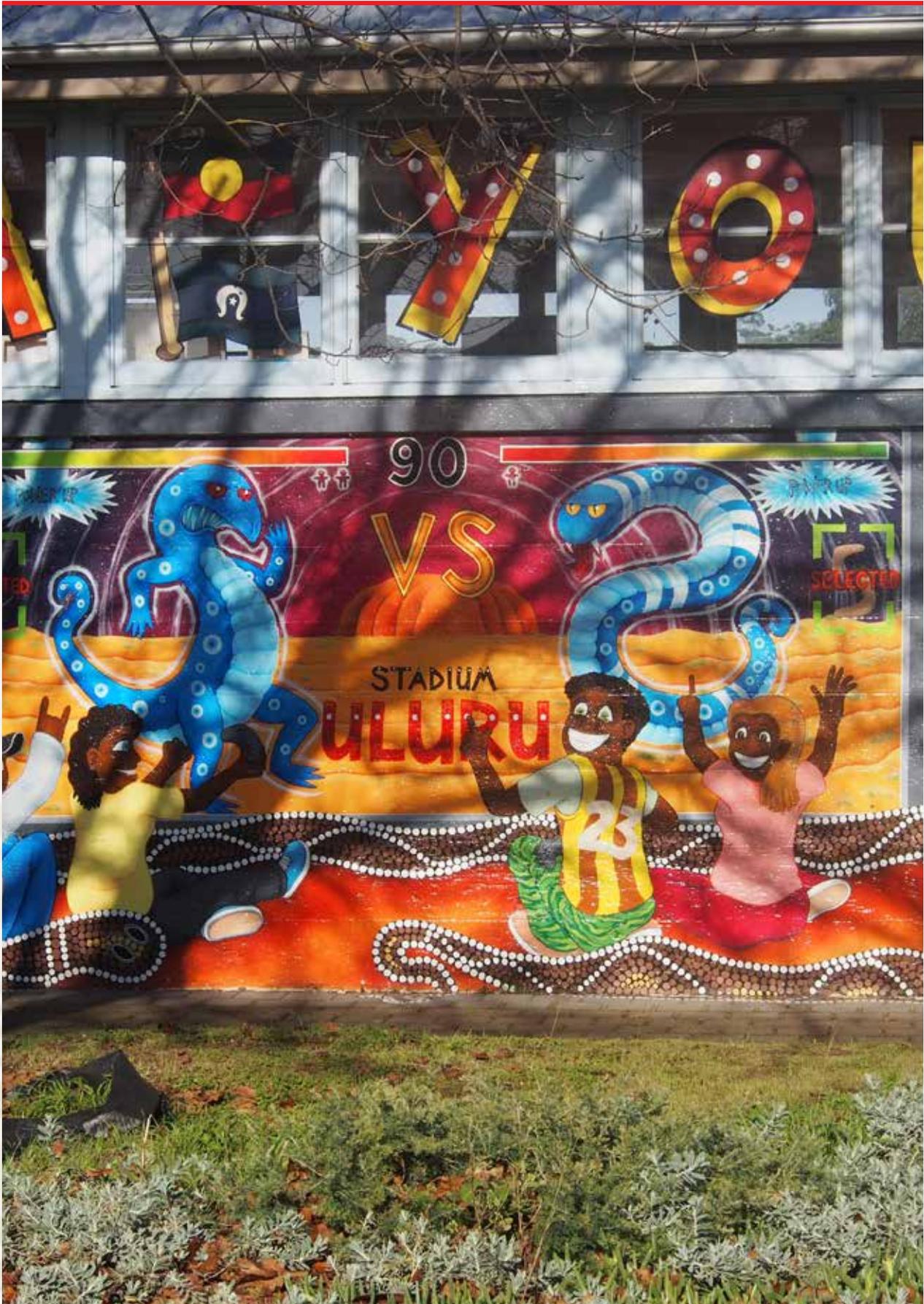
5. Mount Gambier Consultations and Research Findings

1.0 INTRODUCTION

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

- Community co-researchers summary of each meeting. In most cases, community co-researchers noted comments during the meeting and wrote these up on pro-formas provided by the project.
- Amalgamation and thematic analysis of all site summaries. The richness of the database and to do justice to the quantity of data, the outcomes of interviews and focus groups were quantified as accurately as possible on the basis of discrete items of information. The themes were derived entirely from within the data, rather than any pre-conceived categories.
- In the case of Mount Gambier this amalgamation amounted to 20 pages of data.
- Highlighting of major themes. To provide an insight into the most common themes, the top themes for key questions have been ranked from 1 (the most frequently occurring) in Table format at the beginning of each section.

Direct quotes are in italics.
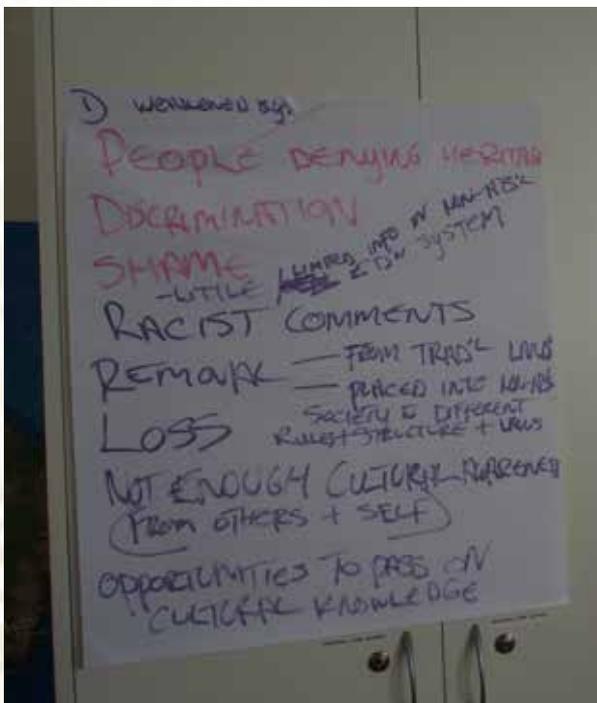
2.0 ISSUES CONFRONTING INDIVIDUALS, FAMILIES AND COMMUNITIES

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

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

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

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

THEMES	RANKING
Substance Abuse	1
Health/Mental Health Issues	2
Family-related Issues	3
Economic Circumstances	4
Employment-related Issues	5
Education	6
Transport-related Issues	7
Grief and Loss Issues	8
Culture and Identity Issues	9

When the responses to the three questions probing issues confronting individuals, families and the community were aggregated, two areas of concern predominated – issues around substance abuse and health and mental health. There was particular concern about the very high levels of substance abuse in the Mount Gambier area.

2.1 Substance Abuse

The most commonly discussed issue and topic throughout most of the consultations with community was about the use and increased use of illicit drugs and alcohol in the Mount Gambier area. Similar to other project sites, local people expressed strong concern that the use of 'ice' particularly is becoming out of hand.

Participants said:
◉ *Drugs and Alcohol*
◉ *Alcohol misuse*
◉ *Young ones with nothing to do and smoking ice*
◉ *Marijuana and alcohol use by adult sons*
◉ *Alcoholism*
◉ *Marijuana use*
◉ *Drug and alcohol issues – rehab not available locally, need to go to Adelaide, no follow up support after rehab. Other services to assist weren't that great, could not connect, no experience, using a step by step program which is not about being client focused and starting out where the client is at. Not everyone is the same*
◉ *Drugs and alcohol - nothing for the children to do in the community. Children being taken off their parents, turning into another stolen generation, as a result of this*
◉ *Ice is running rampant*
◉ *Drugs and impacts of drugs in the community and the impact on families as well as the individual*
◉ *Issues affecting community are drug and alcohol with the young and old*
◉ *Drugs and alcohol in young and old in terms of use*

2.2 Health/Mental Health

Health and mental health was the second most significant issue raised as a concern by the local people of Mount Gambier. Whilst many spoke about the primary health care issues and needs, most people spoke about mental health and specifically about issues to do with depression. Many people said that mental health and more specifically depression were of great concern.

Participants said:
◉ *Mental health issues*
◉ *Health*
◉ *Depression and anxiety, so I am disproportionately worrying about things, Depression can lead to drug use*
◉ *Mental health – services too busy, too long a wait for appointments, follow up care not happening, limited psychologists available locally*
◉ *The waiting time to get a appointment to see a Doctor*
◉ *Always have to travel for health and other supports*
◉ *Waiting time to get a doctor's appointment – frustration about trying to get in to see a doctor, local access issues*
◉ *Lack of mental health support, this is diluted, can't get appointments when they are needed*
◉ *Mental health – accessibility*
◉ *Health issues e.g. need more help and support for younger kids as not only elderly have health issues, also people under 40's with chronic diseases. How to deal with this, causes a shock to find out about diabetes 2 in younger people*
◉ *Diabetes and the ongoing issues about food in the house and appropriate lifestyles*
◉ *Glasses are now available through Pangula and this is good, otherwise it is too expensive, there is also the need for dental services – too unaffordable*
◉ *Suicides*
◉ *Lot of people suffer depression and anxiety but not understanding of the severity but do not have an understanding of the severity and its impacts*

2.3 Family-related Issues

Not having stability within the family has caused many people locally to express their concern about family dysfunction and disconnect. Parenting concerns, family feuding and lateral violence were raised by many as issues and concerns

Participants said:
- *Not taking care of kids, not making children priority, or role modeling, feeding themselves and running around looking after themselves*
- *Lateral violence and family fighting*
- *Family fighting and Domestic violence*
- *Nowhere and no way to connect with Stolen Generation, and isolation for all Aboriginal people without extended family supports*
- *Grandchildren are having a more stable experience and both are gaining from their education since moving in with me*
- *Issues with in laws and lack of supports for assisting with grandchildren*
- *Playing games on the PS/ console games – no more family time*
- *Extended family not supportive of me trying to make rules at my house, for my children, when I want kids to learn about routines and to go and get a job, other family members may say 'why bother'*
- *Dad is in prison and it's been a real stress for Mum and I*
- *Having teenage pregnancy in the family, and cultural issues with non-Indigenous family*
- *Mixed family, non Aboriginal and Aboriginal and how we are perceived by others*
- *Family unrest, in fighting – parents separated, problems and conflict between various members of the family (dad and sister, dad and mum, me and my sister)*
- *Helping my adult children and family responsibilities*
- *Trivial things little things from family – the one family comes to listen and spend time*
- *Flow on effects and impacts when family cannot get their 'stuff' together, ability to cope – not still harping on about old issues*
- *Need more supports for family structure*
- *Taking care of grandchildren whilst also having a very busy full time job. Tired, no support from the adult parent of the grandchildren. Parents living in Adelaide and 5 hour drive to go there for visits*
- *I'm the 'rock' for my family, if my foundations crumble, everything turns to sh--*

2.4 Economic Circumstances

The cost of living in Mount Gambier and its surrounds was one of the issues raised through the consultations, and the impact that this is having on parents and families inability to support other needs and costs for children within the households. There was also strong links between the lack of local employment opportunities and that without work, people aren't able to afford basic necessities.

Participants said:
- *Money, Finances, - up and down electricity and car registration costs. Not managing like I used to and got out of routine of putting a bit aside regularly for bills*
- *Financial pressures as sons not working full time*
- *Cost of living is too high, can't afford it sometimes*
- *Rent is too expensive, Food, money, bills, cost of fuel… all keep adding up*
- *Money – trying to make ends meet to support family, not enough income coming in and not enough employment opportunities*
- *Financial issues, only art tie work and going to TAFE, is not enough*
- *Adult children studying or trying to get work with a liveable pay*
- *Because of the children and grandchildren, there is some level of financial stress*
- *Too many bills, not enough money for food and clothing*
- *Reliance on welfare, Poverty*

2.5 Employment-related Issues

Generally people felt that there was a lack of employment opportunities in the region and this is having a huge impact on the other issues already discussed within this chapter, including the financial strain felt by many individuals and families.

Participants said:
- *Jobs, lack of employment and also low income, affordable training*
- *Lack of jobs. Unemployment has made people's health worse and contributes to mental health issues*
- *Unemployment – issue for someone who wants to work and contribute financially to family and cannot, and who cannot have the regular contact with other people outside the family*
- *Lack of support in the workplace, changes in workplace and leadership*

2.6 Transport-related Issues

One of the most common responses received from people when raising the issue of transport was the lack of affordable local transport in town. Many people said that they were unable to keep medical appointments as one example, because often this required travel from Mount Gambier to Adelaide, and people could not afford this.

Participants said:
- *Transport to appointments – any transport but especially mental health appointments, and Pangula only provides transport when the referral has come from Pangula, not providing transport for clients who were referred from other referral points, e.g. other GP clinics specialist (this was repeated by a number of participants)*
- *No transport to pick up medication from the chemist if there hasn't been an appointment. Webster packs are the only medications that the chemist will deliver, no other medications no transport to see specialist (this was repeated by a number of participants)*
- *Always have to travel for health and other supports, I am also asked to advocate on behalf of one of the children at the local school occasionally*
- *Cultural education not enough*
- *A lot of people don't have their license and so can't drive*

2.7 Grief and Loss

Dealing with the grief and loss at any time is hard, but many people spoke about the fact that this particular issue is ongoing and continues to occur. Some people spoke about the specifics of not feeling supported from their workplaces because bereavement leave isn't adequate or appropriate, whilst others were concerned that members of the local community were passing on at an early age.

Participants said:
- *Grief and loss and not able to deal with and recover, this affected my physical and mental health*
- *Not enough bereavement leave – 2 days is not enough, not a chance to grieve properly because we had to organise funeral and business*
- *Grief, loss and trauma, close friends and family members who you've grown up with*
- *Reminisce help and support broken relationships and those who have passed on*
- *People passing away at an early age, and the impact of ongoing grief and loss. As an Elder in the community, this has had a huge impact because people are passing away so young*
- *Coping with grief and loss from the number of deaths in one year (4)*
- *Concerns about family – connectedness and their levels of resilience and strengths could be grief and loss and anger the way of vocalizing is through anger*
- *Close connections to other people – grief and loss happens and impacts on everyone, nowhere for people to get help, get help from each other*

2.8 Education

Appropriate education opportunities have been identified in Mount Gambier, similar to other sites. People are concerned about cultural appropriateness and childrens and parents non-engagement with the schools.

Participants said:
- *Access to cultural programs, not enough Aboriginal education at schools, no Aboriginal studies at school anymore*
- *Could connect with other Aboriginal people in Mount Gambier and being with Aboriginal people in an Aboriginal specific training environment for example, where there is a common purpose and all participants are Aboriginal*
- *School attendance not as good as it could be and parents not valuing education and don't worry about kids missing days*
- *Education, too many are disengaged from school*
- *If not at school, how to get education, not necessarily at school*
- *Educational attainment overall and the link between the value of education and gaining meaningful employment*

2.9 Culture and Identity Issues

Culture and the need to reconnect to country was mentioned by many people as being important to them, their families and the community. Unfortunately though, many also spoke about the lack of cultural programs and activities in Mount Gambier and that this is something that people would like to see more of.

Participants said:
- *Nothing culturally available e.g. camps for people to go away together to connect to culture and other people*
- *Not knowing until my adult years about my Indigenous heritage. Recently been getting active and involved in finding out more and going along to events and activities locally*
- *Not enough cultural activities happening locally to promote culture and identity, etc. probably only activities are run through Pangula*
- *No culturally specific programs e.g. camps, no Aboriginal specific programs*
- *Identity issues which may sometimes lead to suicide when the individual cannot come to terms with their own identity to be proud in the community and the community may in turn be calling them names e.g. coconut*
- *Connections to country and culture*

3.0 MAKING INDIVIDUALS, FAMILIES AND COMMUNITIES STRONG

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

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

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

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

THEMES	RANKING
Focusing on Family	1
Focusing on Culture	2
Education	3
Positive Attitude and Goal Setting	4
Local Role Models	5
Local Programs and Services	6
Community Cohesion and Support	7

3.1 Focusing on Family

The need to have a stronger focus on family was overwhelmingly the most highlighted theme that people in the Mount Gambier area said was important to ensure that individuals, families and the community was strong. Most of the people spoke about the need to have more family connections and support and the fact that families are central to ensuring that individuals are healthy and well.

Participants said:
- *My family, support and when there is unity, family working together to 'back you up' and do what they can to help*
- *My family comes first – if you are involved in these addictions, the family is not coming first – we all care about each other - Help and support from family and friends*
- *Family gatherings and catching up with extended family*
- *Work as a family together to achieve family goals - Be there for each other no matter what*
- *Teach children – parents are the ones who love them, and want to keep them safe, anyone misusing drugs are not interested in keeping children safe*
- *Parent supporting kids and kids should be involved in something artistic; sport; so they have interest because if ever unemployed or isolated, then still have other interests and can relate to other people*
- *More family reunions and family cultural activities. These things used to happen in the past but not anymore. Should try and organise more of these now*
- *Family encouragement on finding things to fulfill your time other than drug and alcohol abuse*
- *Family goals and individuals within family too may have goals*
- *Always talking things within family*
- *Help families to get out of denial about whatever issues are facing them and keeping their families unsafe or 'down' e.g. drug and alcohol, family violence, identity*
- *Elders and family members taking up their responsibilities and ensuring that everyone is doing what is important e.g. setting family plans and goals, children at school, parents nurturing children*
- *Being strong and taking responsibility – not running other family members down and supporting other family members*
- *Get kids to school; decrease family violence*
- *Young ones need to participate early in different things and parents supporting their kids*
- *More supports for parents having trouble parenting. Families SA leaving problems too late, why not intervene earlier and come to Pangula to get the family and provide supports, not leaving it to contact Pangula when they are ready to take the kids off them*
- *Families/close friends open discussion and other community members for support too. Other community members are going through or have gone through these issues too*

3.2 Focusing on Culture

Culture and the need to reclaim and pass on knowledge and information about various cultural traditions and values was highlighted strongly as something that would provide strength to people in the Mount Gambier area. Whilst most people simply responded quite broadly saying that 'culture' would make them, their families and the community strong, others spoke about the need to have more connection with family and country, and to be able to have more cultural events and activities.

Participants said:
- *Cultural identity and healing, getting over grief*
- *Cultural camps for the young and old to pass on knowledge*
- *Communication and more interaction with the community. More community gatherings to get together and yarn*
- *Cultural activities, come together as one, government keep funding Aboriginal programs that help our community*
- *Camps like strong fathers and making everyone strong e.g. bush tucker and traditional fishing*
- *Gap between youth and Elders in knowledge and lifestyle and passing on the culture*
- *More cultural understanding, more education on our cultural etc. Cultural camps, hunting and gathering education*
- *Community cultural camps for young and old, communicating more with each other and for the Elders to pass on their knowledge*
- *Staying strong through cultural identity – knowledge, practices, connections to country and Elders*
- *Feeling comfortable around groups and own culture – they've learnt things e.g. spear fishing, making the spears, cooking and bush tucker*
- *Mens group – sons also attended at times and benefitted from the cultural experiences*
- *Going camping together, or fishing*
- *Spending time with individuals in the family and having special time. Especially discussing Aboriginal culture and spirituality and experiences*
- *Weekend cultural activities, Cultural gathering, Sports day outings*
- *Cultural healing workshops, cultural camps, counselling for drugs and alcohol and grief and loss. More of these types of programs or workshops need to be delivered*
- *Mens groups – cultural aspects, different things/ knowledge to pass on, different kinds of people at the group e.g. Torres Strait Islander, Maori, and Aboriginal and not all local Aboriginal people, bring lots of different ideas and culture to the group*
- *Strong mens groups, cultural awareness training, change the way we live*

- *Learn more about cultural awareness, have a common language. Elders day where they share their cultural knowledge, learn our language, staying in contact with our culture*

3.3 Education

Education was spoken about in the context of both formal academic attainment and support, mostly for children and young people, but also in terms of broader education and awareness about particular issues and topics for the whole of community.

Participants said:
- *Awareness and education on the negative effects of drug and alcohol abuse*
- *Nunga playgroup – learning through play, education, mums and bubs and strong fathers, to put support in place to make families stronger*
- *Educate community and education is the key to everything*
- *Schools, education program about Aboriginal culture*
- *Youth education session specifically about housing, services, staying on track, and young leaders program*
- *Education is key, if don't know, how to improve or fix*
- *Community education on a variety of topics to help make decisions*
- *Querying and reasoning – if you don't ask, you don't know, and have the confidence to ask questions, be accepted as part of the community to be able to communicate*

3.4 Positive Attitude and Goal Setting

Having a positive attitude about life and setting achievable goals was highlighted by many when asked about what would make them, their families and their community strong.

Participants said:
- *Goal setting and planning for life. Not following school to education to work pathway and then getting involved in the wrong things*
- *Kids to aspire and see that anything is possible, not living off Centrelink income as the end goal*
- *Being positive and not focus on the negative - Sense of purpose*
- *Achievement whether sporting, academic, other interests that keep a positive focus that it is possible to achieve at something*
- *Social skills learned from participating e.g. good winner and gracious loser, also need artistic side*
- *Being positive and not focusing on negative stuff*
- *Think positive thoughts and stay active – walk a lot, both morning and night*
- *Goals, short and long term*
- *Individual/person goal setting and follow through*

3.5 Local Role Models

The recognition for the need to have more local Aboriginal role models within the community was something that also came through from the consultations when asked about potential strengths.

Participants said:

- *Aboriginal leaders stepping up and thinking about whole of communities and not only their own extended family*
- *Good and strong role models*
- *Mentors*
- *Unity and good and positive role models locally*
- *Meet other people and become well rounded*

3.6 Local Programs and Services

Many felt that there was still a need for more local programs and services to support individuals, families and the community. There were suggestions for more specific programs and services that dealt with issues such as family relationships, and more localized drug and alcohol programs.

Participants said:

- *Support services, e.g. Family relationship centre – advise and be there if necessary and also with programs for whole family*
- *Aboriginal organisation if they are going well, healthy organisations*
- *Need help and support from specific services such as drug and alcohol, suicide services*
- *More employment opportunities and support for local Nunga people*
- *Aboriginal drug and alcohol counsellor worker – community would be more open with an Aboriginal worker and more comfortable*

3.7 Community Cohesion and Support

Getting the community to come together united and in support of one another was raised as something that would make the community strong. Whilst some people spoke about the specific need to build relationships with local services and agencies, others spoke about the need to promote and support local events such as NAIDOC.

Participants said:

- *Gaining confidence to support each other and to stand up and say 'no' to the things that are not making communities strong e.g. lateral violence; drug and alcohol misuse; family violence; disrespectful behaviours*
- *Attend and be actively involved in community events e.g. NAIDOC, but at other times too not just a one off*
- *Being proud as a group of Aboriginal people*
- *Community members to attend the 'in service' sessions (has happened once and community members who participated gave good feedback) and see what we are doing as staff, will help community to see that we are not just sitting around at our desks*
- *Community members, diversity in the community*
- *Improve relationships with SAPOL; has had a history of harassment, especially for young people*

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 Mount Gambier People Said About Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

THEMES	RANKING
Cultural Focus	1
Gender and Age-specific Focus	2
Topic-specific Focus	3
Lifestyle Programs	4
Education and Training Focus	5

4.1 Cultural Focus

The most common response from people when asked about what types of cultural, social and emotional wellbeing, empowerment and healing programs they preferred, was 'culturally focused.' There were a lot of specific cultural activities and aspects that were raised, as noted below.

Participants said:

- *Outings on the weekend, Cultural dancing, Cultural camps hunting and gathering*
- *Spiritual and cultural health, what is there, nothing or very little*
- *Lacking Aboriginal cultural and spiritual opportunities*
- *Need more cultural opportunities e.g. cultural, spiritual, and language teaching, this could be on weekends, not wait for schools to pick this up, do this ourselves and support it*
- *Bush medicine and bush foods, bush culture*
- *Different Aboriginal groups living in Mount Gambier – still need to be connected to our own mobs, even if we live here. Culture workshops camps and meetings and being connected. Gathering and celebrating and holding ceremonies here for everyone*
- *Healing Circles project – put to use regularly and more often have ceremony gatherings*
- *Going back to grass roots – go back to 'country' where we relate to, visit the places and sites e.g. the Elders visited my country and I was there and found out something about my own grandmother, this was significant for me and is important for my family to know about this*
- *The programs that might be useful are – day trips with the young and old involving culture. Cultural camping, mens camps, womens camps cultural activities*

4.2 Gender and Age-specific Focus

The need for specific programs that cater to men and women was the second most common response in relation to preferred programs. The need for specific age-appropriate programs was also noted.

Participants said:

- *Womens and mens programs as supportive and empowering. Allowing community members to socialise, seek support from others, yarning and opens door that may not have been opened*
- *Young leaders program 'coaching young people for success'*
- *Learning knowledge from our Elders, mens groups and womens groups programs*
- *More focused on youth to develop strengths and sense of pride and connectedness and be involved in wider population, living in clusters of Aboriginal people and also families, need to be part of the broader population*
- *Mothers, grandmothers and aunties more so than fathers, but family and community, and focus on female carers for the 0 – 2*
- *Aboriginal youth group is needed – kids now have nothing*

4.3 Topic-specific Focus

There are so many issues that were raised earlier in this chapter, therefore it is not surprising that many people have suggested that programs that focus on specific areas, such as grief and loss and drug and alcohol were preferred.

Participants said:

- *Issues facing the community and working on these*
- *Mental health treatment, cognitive/behavioural therapy respect from other culture rather than fear*
- *Bring people together e.g. drug and alcohol and discuss and work out how best to support them about their wellbeing and confidence and connections*
- *Programs, role models where domestic and family violence and have been through that and can now say 'no'*
- *Stop talking about 'shame'*
- *Naming the issues e.g. acknowledge drugs are a problem, suicide, family and lateral violence*
- *Everyone deals with grief. Coping with grief. Could be grief from loss of employment, relationship, not only death. Providing programs to cope with and build coping techniques – some shut out, others are overwhelmed and different effects of grief on different people*
- *Drug and alcohol support group – whole families affected and no one to turn to, the drinker and their families feel all alone and yet there are also others suffering, and who would benefit from the shared information and support*
- *Grief but also other emotions, dealing with them all – some can be overwhelming, this affects wellbeing and performance in life*

4.4 Lifestyle Focus

People in Mount Gambier identified specific lifestyle issues that they thought could be addressed and delivered in programs.

Participants said:

- *Nutrition program/ cooking/ planning menu and shopping – label reading for everyone don't wait till already diabetic, get in early*
- *Not everyone has had a great upbringing including life skills and skills to cope with life events, from parents*
- *Teach a cooking program*
- *Programs which provide opportunities for participants to gain insight into why they may be in a 'rut'; or not learning from the same mistakes, and working through a range of 'tools' to help with coping and healing*
- *Sports camps*
- *Skills building*
- *Programs that are developed from a place of cultural respect and are about assisting and supporting participants with making informed decisions e.g. nutrition, smoking and other drugs and alcohol use, physical activity*

4.5 Education and Training Focus

The final theme to arise from the responses that people gave in terms of preferred programs was that they should have an education and or training focus. Many stated that assistance with career planning and the need for more local Aboriginal content to be taught within the school curriculum were some of the suggestions raised.

Participants said:
- *Career planning program e.g. apply for jobs through job networks, but check that the job is of interest and fit with capabilities, goals, requirements and how long and cost of courses etc.*
- *Education and love to see youth group and goal setting to plan for the future*
- *Structured education sessions be available, opportunity to connect to other services and to each other for support and discuss the issues*
- *Opportunities to learn in environments that are activity based and closer to 'natural gatherings' where relationships may be developed and nurtured*
- *Need Aboriginal school, local Aboriginal languages taught there, as well as culture, basics – real life history as well as the 3R's*
- *Hard to reach young people to 'get' empowerment, Maslow's hierarchy of need, people may not be high up on the Maslow's triangle and may not feel strong. Need to get higher on the triangle, sort out the drug and alcohol issues – jobs housing and other issues and then start to 'empower' compared with people on drugs and with addiction's, waiting for the next drug fix then get off and get better*

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 Mount Gambier People Said About Barriers to Introducing Programs

THEMES	RANKING
Funding and Resources	1
Transport	2
Program Delivery	3
Community Involvement and Participation	4
Discrimination	5

5.1 Funding and Resources

The most common response to barriers to introducing programs related to limited funding and resources. This was something that also featured prominently in other project site reports.

Participants said:
- *Appears to be more supports for refugee and other ethnic community groups for health and other community services, access and get more supports*
- *Costs of programs, equipment, instrument - money to keep program going*
- *Funding and government taking away funding for successful programs*
- *Lack of resources, lack of trained workers*
- *Costs in developing, running and evaluating impact of programs*
- *Politicians not funding the programs, government lack of understanding the need for cultural programs. The barriers would be politicians not funding programs*
- *Capacity – having enough staff and resources to make this possible*

5.2 Transport

Another key issue raised was the lack of transport available for people to be able to access and attend various programs and activities. Specifically, people mentioned that it was hard to travel to other parts of the region because they didn't have their own car and there are not enough other local transport options.

Participants said:
- *Meeting across the region – transport*
- *Transport, some do not have cars or money to pay for transport*
- *Access to get to some of the programs is hard without transport*
- *Lots of people don't have their drivers license*
- *Shortage of appropriate transport options*

5.3 Program Delivery

Programs that are culturally responsive and respectful, and were delivered by trained and qualified local Aboriginal people were one of the most common aspects of program delivery that needed to be addressed, and many felt that this currently contributes to some of the issues around barriers for attending and supporting programs.

Participants said:

- *When there hasn't been consultation, the starting point for community is unknown*
- *People are content and don't think anything is wrong, don't want to change*
- *Developing the local knowledge in the region so that we don't have to rely on bringing people in from outside every time, this is expensive*
- *Timeframes for the actual program, length and whether it is gender or age specific and then some parts of the community may miss out, e.g. TAFE courses must be run during term times and there is no flexibility*
- *Sometimes the program is not adapted to local conditions and experience and participants feel as though it was not as relevant as it could have been*
- *Government lack of understanding the needs of the community*
- *Responsive to issues – not just for the sake of it, but to tackle issues e.g. dry out centre has to be embracing of culture and need e.g. whole family visiting the service*
- *Culturally respectful and empowering – staffing, access, needs consultation, not under resourced or unsupported, is it available after hours*
- *Availability of qualified staff to run the programs or willingness to be involved*
- *Community reaction/ interest / relevance – find out what is needed first, this is good process*

5.4 Community Involvement and Participation

The issue of 'shame' and people's inability to feel comfortable about participating in local programs and activities was also raised. Other people spoke quite simply about the fact that the times in which programs and activities were being run was not suitable for many, especially if they had young children to care for and attend to.

Participants said:
- *Poor attendance at any courses*
- *Access - kids and other family members too?*
- *Parents of young children like to participate but this is difficult without child care, either on site or off site*
- *'Shame' to come out and mix - Even though might know each other – may be 'shame' to talk about our issues, people may need to go and get help*
- *Very important to still be respectful, others may be disrespectful and judgemental when disclosing personal issues and experiences in a group*
- *Fear of something new by community if not promoted and supported by Elders, families, mothers and fathers – need community backing*
- *Low self-esteem by community and anxiety and other health problems make it harder to get people to be part of it in the beginning – all takes time to build up*
- *Motivation and commitment from people to participate*
- *Too hard, people may think 'I don't want to do it'*
- *Fear of judgement or of feeling stupid*
- *Welfare mentality about someone else should provide it*

5.5 Discrimination

Discrimination was the last common theme that presented through the analysis of the consultations, and this included people stating that they felt that some programs and those who delivered the programs did not have a good understanding of the issues that local Aboriginal people face.

Participants said:
- *Authorities lack of understanding of the programs*
- *'Red necks' – lack of understanding, not willing/ choose to learn – ignorance, shops not serving and deliberately not approaching the Aboriginal customer*
- *Racism and classism*
- *Aboriginal people have no supports*

6.0 PREFERRED PROGRAMS IN THE COMMUNITY

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

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

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

Table 5: What Mount Gambier People Said About Programs and Their Delivery

THEMES	RANKING
Program Delivery	1
Community Led	2
Cultural Focus	3
Gender-specific	4

6.1 Program Delivery

The way programs are run including the specific details about how and when were important features of any future local empowerment program. There were a number of suggestions about specific program delivery, which included, appropriateness of program content as well as the use of interactive activities where possible.

Participants said:
- Informal, not like school, don't need the 'lame' old people trying to be 'cool' to young people - Definitely need someone who has been on that journey and who can relate and share their story about how they healed
- A way for people in the program to help each other e.g. AA has a kind of 'sponsor' model, but beware of this too, could involve people who can cause harm too
- Opportunity to talk with each other
- Other people, guest speakers and trainers come in to bring new skills and try out activities and information, not just sit and listen needs to be interactive
- Any workshops should be 'on country' community takes it in more, including when kids attended with the fathers
- Spoke about also having a separate camp with women, might be at the same time or different time, but would not be in the same area at the same time

- Run wherever it needed to be e.g. under a tree, in the bush, by/on the water, also some classroom - Mixture of theory, activity tasks, hands on e.g. role-play, watch DVD and respond as a group - Using many visuals, pictures - Variation of tools and aids used, including role play, small groups
- If holding workshops non-Aboriginal people should be very sensitive if they are there
- If the presenters have been through issues and have dealt with those issues and can share this
- Extended time on each topic (e.g. not all in 2 days) check with community e.g. drug and alcohol, suicide prevention
- Some discussion about what the evidence tells us, how it is relevant to the local area, illustrated with examples and time to discuss and reflect what it means to us as individuals, families and communities
- Evaluation process occurring at the same time
- Skills and knowledge transfer from the trainers to local group to develop at least two potential trainers. (Train the trainer)
- Honest and realistic – identify expectation and risk areas to ensure trainers don't get burnt out (resilience, empathy and what supports are needed)
- For presenters: How to get a break or cannot do this all the time
- To be included: What are the benefits of an empowered Aboriginal community within and interacting with the general population
- Timeline history – grieving because not on country and still grieving
- Follow up afterwards
- Client focus approach, if not relevant, then won't attend and won't be involved
- Face to face not teleconference or like telemedicine
- Group sessions feels more comfortable if not alone, also with the presenter/ to be available separately from the formal sessions
- Positive promotion, media and presentation e.g. Facebook
- Also needs some computer 'savvy' training aspects to be inclusive of those with computing interest and skills

6.2 Community Led

Another key and important feature to the success of any local program(s) is to ensure that the program from its inception to delivery is community led and has input from key people locally including, Elders at every step of the way. Other key features, similar to all other sites, included the need to have local Aboriginal and Torres Strait Islander people involved in program delivery and implementation.

Participants said:
- *Outreach for the programs to cover the whole South East to do activities. It would be a way for the Elders to pass on their knowledge to the young*
- *Make sure it suits the community*
- *Local Nunga to facilitate*
- *Nunga coming together, reconnecting and sharing stories, includes grief and loss*
- *Rejoicing and help other Nungas to reconnect with each other – the significance of this to our overall social and emotional wellbeing*
- *Going back to basics, reconnect family, country and strengthening connections with each other*

6.3 Cultural Focus

There was a strong suggestion from people in Mount Gambier who said that any new program to be delivered locally needs to have a cultural focus, especially as this was something that was highlighted as being positive previously in this chapter.

Participants said:
- *Cultural awareness, learning and identity - appropriate Elders involved*
- *Cultural aspects, delivered 'on country', as well as sitting around in a room*
- *Aboriginal culture delivered by Aboriginal people – empower selves so should be running it all locally*
- *Camps*
- *More outreach around South East to do more culture activities. Outreach for the Elders to pass on the culture knowledge to generation to generation*
- *Everyone come together for cultural and spiritual learning*
- *Somehow to support kids doing cultural, artistic and sporting activities*

6.4 Gender-specific Focus

Specific male and female programs and activities were also identified as important to consider when developing and delivery programs locally.

Participants said:
- *Mens Group cultural activities more of, mens workshops, Education for families, Elders sharing their experiences*
- *Mens and youth cultural workshop, cultural camp, music, hip-hop sing, to pass on knowledge*
- *Strong fathers group*
- *Gender specific sessions too*

6. Conclusion

Community consultations with local Aboriginal and Torres Strait Islander peoples living in Mount Gambier suggest people perceived a number of critical issues for individuals, families and communities.

The consultations revealed a range of critical issues faced by individuals, families and the community as a whole. High among these was concerns with illicit substance misuse and in particular with "methamphetamine or ice" which has been identified as a significant concern across all sites. Use of illicit drugs and alcohol has huge impacts on families and the community, and many said that with the increase in access to illicit drugs particularly, is causing many personal, family, and community problems. The impacts of drugs and alcohol on all community members, including the young and Elders were emphasized.

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 and lack of housing were other factors impacting on the community.

The broad range of critical issues included the impact of the Stolen Generations, family structural breakdown and family feuding. Participants expressed concerns that not enough communication within families and family oriented gatherings were happening.

Many participants stated that financial strain was a concern for them, especially in terms of the cost of living. This was having a huge impact on families, personally and socially. Many said that this also impeded on their ability to provide proper support within the families, including for the needs of children for sporting and educational requirements.

Consultations revealed that strength within individuals, families and community would come from focusing more on family and culture. Families would become stronger by spending more time together and doing cultural activities together. Further education opportunities were also noted as an important factor in supporting people to become stronger, as was remaining positive and strong within one self.

Aboriginal culture and history were the key themes addressed when discussing what program participants preferrred. Participants were very clear that the Aboriginal elements should not only address the development and content of the programs, but also the 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 Mount Gambier 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 Mount Gambier 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 Mount Gambier 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 and going forward.

Ongoing support and commitment is certainly required, and it is our hope that the stories and voices of the Mount Gambier 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.
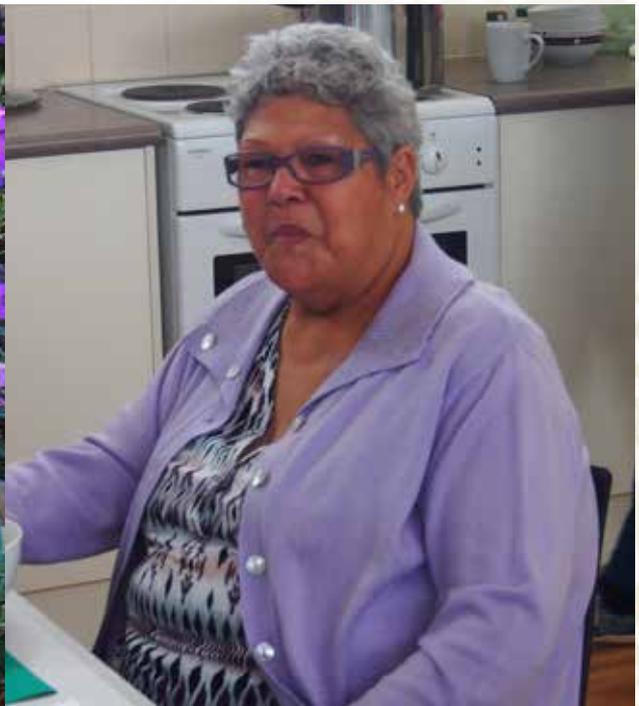
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Appendix 1:
The National Empowerment Project Workshop/Focus Group Program
Duration: 3 to 4 hours.

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

2. Welcome/Acknowledgement to Country

3. Participants to introduce themselves. Briefly.

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

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

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

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

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

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

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

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

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

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

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

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

6. Close

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

INTERVIEWER:		COMMUNITY:	

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

INTERVIEWEE:		GENDER:	☐ Male	☐ Female

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

INTRODUCTIONS

Interviewer to give information form and tell people:

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

WHAT DO WE NEED IN THE COMMUNITY?

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

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

What do we need to make ourselves strong?

What do we need to make our families strong?

What do we need to make our communities strong?

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

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

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

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

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

WHAT IS OUT THERE?

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

GENERAL COMMENTS

Any other comments?

DATE:		INTERVIEWER:		COMMUNITY:	

STAKEHOLDER:	

INTRODUCTION

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

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

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

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

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