

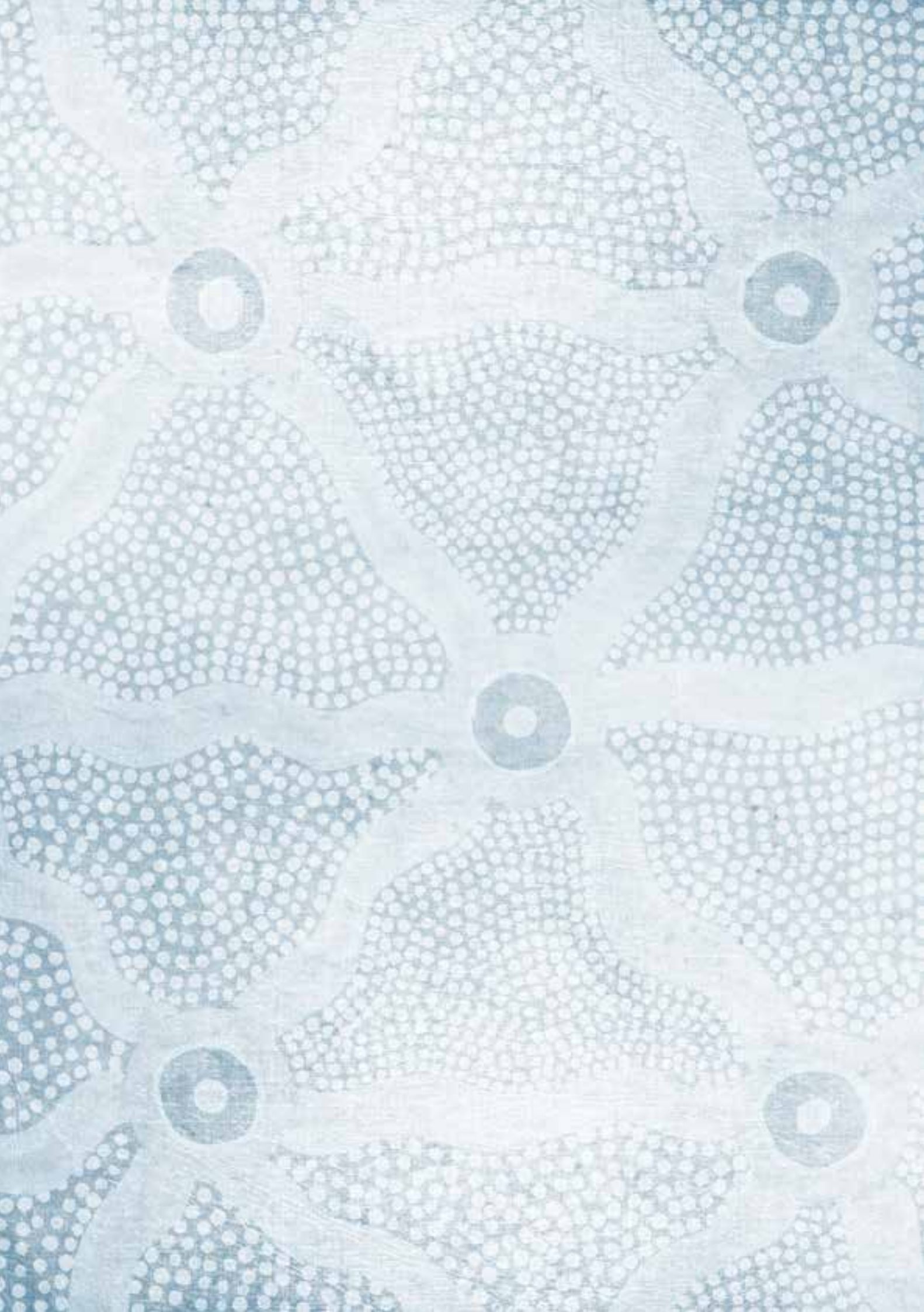


Voices of the Peoples:

THE NATIONAL
EMPOWERMENT
PROJECT

RESEARCH REPORT • 2015

*Promoting **cultural, social** and **emotional** wellbeing
to **strengthen** Aboriginal and Torres Strait Islander communities*



THE NATIONAL EMPOWERMENT PROJECT

RESEARCH REPORT
2015

The Authors

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THE NATIONAL EMPOWERMENT PROJECT

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Aboriginal and Torres Strait islander viewers are advised that this report may contain images of, or information on deceased peoples.

FOREWORD

Empowerment, healing and ‘community-led solutions’ are often proposed as responses to the challenges faced by many Aboriginal and Torres Strait Islander communities. However, we rarely get to grapple with how they might work in practice. This report changes that. Here we have the opportunity to hear from 11 very different communities about the problems they face, and the potential solutions they see, through the lens of community, family and individual healing and empowerment.

It is striking that 11 communities with different histories, locations, and sizes identify similar challenges, although their priorities vary. Colonisation and its aftermath, the intergenerational impacts of forced child removals, ongoing racism, the grinding effects of poverty, alcohol and other drug misuse, and a deep and passionate concern for their cultures and their young people, are evident in all.

Likewise, all 11 communities share a yearning to regain their resilience and to provide a culturally strong environment that supports the recovery and healing of their members. People said they wanted to learn how to talk to one another again and to care for one another again. Critically, community members said they wanted to be the ones to design and deliver the programs, and to administer the cultural medicine to heal the cultural wounds.

There is little that is abstract in this report, and common threads run through the solutions that are proposed:

- For communities: strong leadership, strong cultural practice, control over the design and delivery of programs and services, and for an end to feuding.
- For families: relationships programs and parenting training, particularly for Stolen Generations Survivors.
- For individuals: cultural programs to ‘build self’ and resilience against the grinding force of racism and internalised shame; and for connection to the esteem building worlds of employment and education.

I welcome the publication of *Voices of the Peoples* as an important contribution to our understanding of how social and emotional wellbeing in our communities can be improved in practice; including ways to tackle the appallingly high levels of suicide in some of our communities.

I hope this report will inspire others in our communities to develop their own empowerment initiatives. I also hope that policy makers and the service providers will be inspired to start doing things differently. That is, to work with communities, families, and individuals rather than ‘on’ them; to hear our voices, and to trust our Elders, our communities, our knowledge, and our cultures as real things to harness in the national efforts to close the gap and to Reconciliation.

I commend this report, *Voices of the Peoples: The National Empowerment Project - Promoting Cultural, Social and Emotional Wellbeing to Reduce Distress and Suicide in Aboriginal and Torres Strait Islander Communities* to you.

Winthrop Professor Jill Milroy AM

ABBREVIATIONS

AATSIHS	Australian Aboriginal and Torres Strait Islander Health Survey
ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Services
ACPAR	Aboriginal Community Participatory Action Research
AIHW	Australian Institute of Health and Welfare
AHURI	Australian Housing and Urban Research Institute
AIHWS	Australian Institute of Health and Welfare Services
AMS	Aboriginal Medical Service
COAG	Council of Australian Governments
CSEWB	Cultural, Social and Emotional Wellbeing
CTG	Closing the Gap
DOHA	Department of Health and Ageing
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HREOC	Human Rights and Equal Opportunity Commission
KAMSC	Kimberley Aboriginal Medical Services Council
KEHLP	Kimberley Empowerment Healing Leadership Program
KEP	Kimberley Empowerment Project
NAHS	National Aboriginal HPF Aboriginal and Torres Strait Islander Health Performance Framework
NATSISS	National Aboriginal Torres Strait Islander Social Survey
NEP	National Empowerment Project
NHMRC	National Health and Medical Research Council
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health NT Northern Territory
OID	Overcoming Indigenous Disadvantage Health Strategy
PAR	Participatory Action Research
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SEWB	Social and Emotional Wellbeing
SEWBF	Social and Emotional Wellbeing Framework
STAR	Support, Training, Advocacy, Research
Stolen Gens	Stolen Generations
UWA	University of Western Australia
WAACHS	Western Australian Aboriginal Child Health Survey
WHO	World Health Organization

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Perth, Western Australia

Langford Aboriginal Association

Northam/Toodyay, Western Australia

Sister Kate's Home Kids Aboriginal Corporation
– Auspice, Communicare WA

Narrogen, Western Australia

Marr Mooditj Foundation

Kuranda, Queensland

Mona Mona Bulmba Aboriginal Corporation

Cherbourg, Queensland

Graham House Community Centre

Redfern/Sydney, New South Wales

National Centre of Indigenous Excellence

Toomelah, New South Wales

Goomeroi Aboriginal Corporation

Mildura, Victoria

Mallee District Aboriginal Services

Geraldton, Western Australia

Geraldton Regional Aboriginal Medical Service

Mount Gambier, South Australia

Pangula Mannamurna Health Service

Darwin, Northern Territory

Danila Dilba Health Service

Further, the National Empowerment Project team and community co-researchers would like to thank all community participants in the consultations, who gave up their time to support the aims of the Project. We hope we have honoured their voices and experiences, and that the outcomes from this Project make a lasting contribution to supporting positive change in their lives and their communities.

Maps were developed and provided throughout this report by Stephen Ball, Telethon Kids Institute.

Artwork

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

The artwork depicts 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'.

Richard Easton from Easton States design provided technical editorial services for this report.

EXECUTIVE SUMMARY

The National Empowerment Project (NEP) is an Aboriginal and Torres Strait Islander-led initiative that undertook research with 11 Aboriginal and Torres Strait Islander communities over 2013 - 2014. These communities included:

- Narrogin, Perth, Northam/Toodyay, and Geraldton, Western Australia
- Cherbourg and Kuranda, Queensland
- Mount Gambier, South Australia
- Darwin, Northern Territory
- Toomelah and Redfern, Sydney, New South Wales and
- Mildura, Victoria.

Its purpose was to involve community members in identifying the challenges they face, and potential responses, through the lens of individual, family, and community empowerment. In this way, the Project aimed to support communities to build social and emotional wellbeing (SEWB), and prevent psychological distress and suicide.

The Project is an exemplar of the application of participatory action research (PAR) in Aboriginal and Torres Strait Islander communities. This is an empowerment-based form of research that gives a voice to communities and works to produce action for the benefit of the communities rather than research for its own sake.

FINDINGS

The main findings from this research are:

Firstly, while the 11 communities were very different in size, location, history, and remoteness, it is striking that all identified a similar range of challenges, although each groups' priorities varied considerably. These issues included:

- Concerns around the impacts of colonisation and the aftermath;
- The intergenerational impacts of forced child removals;
- Poor or non-existent services;
- Ongoing racism;
- The relentless effects of poverty;
- Alcohol and other drug misuse;
- Deep and passionate concern for their cultures; and
- Deep concerns for their young people.

Secondly, along with similar challenges, all 11 communities also articulated a need to strengthen and regain their resilience, and to provide a culturally strong environment that supports the recovery and healing of all members. All shared a common belief in the power of a positive cultural identity and the importance of connection to culture if their community, family, and individual lives are to improve.

Finally, common themes also emerged in what the communities identified as appropriate programs. These included:

- For communities: the need for strong leadership, strong cultural practice, for control over the design and delivery of programs and services, and for an end to feuding.
- For families: the need for relationships programs and culturally appropriate parenting training, particularly for Stolen Generations Survivors.
- For individuals: the need for cultural programs to ‘build self’ and resilience against the forces of racism and internalised shame; and for connection to the esteem building opportunities of employment and education.
- Critically, participants also said they wanted to be involved in designing and delivering the programs they wanted to see in their communities, and to be part of ensuring that community based and culturally appropriate interventions occur.

Yet despite the common ground, there were also significant differences of emphasis in the solutions proposed by the 11 communities. Some felt connecting the community to employment was a priority. Others felt violence and feuding had to stop before anything else would be possible. For others again, addressing alcohol and other drug misuse and providing diversionary activities for young people took priority.

KEY STAGES

- The research and publication of the Kimberley Empowerment Project’s *Hear Our Voices* report, and its recommendations for empowerment programs in communities as a tool for preventing suicide and psychological distress. This approach was taken to a national context.
- The establishment of a National Advisory Committee comprising experts and leaders in SEWB and related areas, with terms of reference that included oversight of all significant NEP activity.
- The NEP team building relationships with 11 communities and formal relationships with Aboriginal and Torres Strait Islander partner organisations in each.
- The NEP team, with the help of partner organisations, selecting two people in each community to be employed as community co-researchers.
- The community co-researchers with training and support from the NEP team undertaking community consultations in each site that involved focus groups and interviews.
- The community co-researchers with training and support from the NEP team delivering a two-day introductory SEWB workshop where community members were enabled to gain a better understanding of cultural, social, and emotional wellbeing and how it relates to them as individuals, families, and communities. Further, the workshops enabled people to identify the main challenges they face in terms of historical and social determinants, and to explore avenues whereby they could build on their individual, family, community, and cultural strengths to address these challenges.

The next phase of the NEP looked at how extended programs could be developed that meet the above identified needs, and that these prove as responsive and culturally relevant for informing work with communities on SEWB as the initial phase of NEP.

IMPLICATIONS

Participatory Action Research (PAR) as a Method for working in Aboriginal and Torres Strait Islander Communities

In an Aboriginal and Torres Strait Islander context, participatory action research has been used successfully as a community empowering research approach – for instance, to support Stolen Generations Survivors (Tsey et al., 2007). The NEP suggests the application of this methodology in the development of a universal health promotion/primary prevention strategy for reducing suicide and psychological distress in communities by building on SEWB and cultural strengths is most appropriate. This allows for diversity among communities to exist and avoids the pitfalls of a ‘one size fits all’ approach.

Working with Social and Emotional Wellbeing (SEWB)

Social and emotional wellbeing is a concept that holds that the physical and mental health of an Aboriginal and Torres Strait Islander individual is connected to the health of their families, communities, and cultures. Policy-makers accept that building SEWB is a critical part of closing the health gap. Yet how to do this in practice is poorly understood.

The NEP demonstrates a practical method that enables communities to build on their SEWB and cultural strengths, potentially shaping the work of service providers and policy makers.

For decades Aboriginal and Torres Strait Islander peoples have reported experiencing the same challenges, thus highlighting the failure of Australian governments to implement the *Social and Emotional Wellbeing Framework 2004-09* (Social Health Reference Group, 2004) the *Ways Forward* report (Swan & Raphael, 1995) and others. This is evidence of the overwhelming need for programs such as the NEP and related SEWB programs in communities.

1

INTRODUCTION

1.1 THE NATIONAL EMPOWERMENT PROJECT

Oppression resulting in soul wounding has afflicted Indigenous communities... Culture is part of the soul. As human beings we are all part of a culture and not separate from it.

(Duran, Firehammer & Gonzalez, 2008, p. 288)

The National Empowerment Project (NEP) is an innovative, Aboriginal and Torres Strait Islander-led project working directly with communities across Australia to develop and implement a universal health promotion/primary prevention intervention program. The strategy aims to strengthen cultural, social, and emotional wellbeing (SEWB). It also aims to increase resilience, and reduce psychological and community distress and high rates of suicide in Aboriginal and Torres Strait Islander communities. This is being achieved through participatory action and community driven research to identify what individuals, families, and communities require to address the issues impacting upon their cultural, social, and emotional wellbeing.

The design and methodology of the NEP is based on previous community consultations and a pilot program undertaken across three communities in the Kimberley, Western Australia (WA) by the The Kimberley Empowerment Project (KEP).

These research consultations identified empowerment, healing, and leadership programs as an effective way for Aboriginal and Torres Strait Islander peoples to begin to address the sense of powerlessness and disconnection from Indigenous-specific domains of cultural, social, and emotional wellbeing as a result of historical and social determinants of health. The focus of these programs is on restoring and strengthening connections to these Indigenous-specific domains in order to increase resilience and decrease the psychological distress shown to strongly predict suicide ideation.

The NEP works from the premise that by healing and empowering themselves and their communities, Aboriginal and Torres Strait Islander peoples are able to have greater control over their life and take responsibility for their situation. They are able to become culturally and spiritually strong, and reconnect with their culture and community.

Participatory Action Research (PAR)

For many years, Aboriginal and Torres Strait Islander peoples and academics have expressed concerns about research conducted in their communities. They argue that much research has failed to serve their interests (Moreton-Robinson, 2000; Oxenham et al., 1999; Rigney, 2001; Smith, 1999). Furthermore, several writers have argued that research can serve to operate as an extension of oppressive practices inherent to colonisation where members of the dominant group define and describe the subordinate group (Nakata, 2007; Stanley et al., 2009). In 1994 Aboriginal academic Mick Dodson criticised the consequences of this practice as "... a preoccupation with observing, analysing, studying, classifying and labelling ..." Aboriginal people as a problem to be solved (p. 2).

Since then, there has been formal recognition of the critical need for researchers to understand, engage with, and address issues that contribute to the oppression of Aboriginal and Torres Strait Islander peoples, including research that serves dominant interests rather than the interests of Aboriginal and Torres Strait Islander peoples. The NHMRC *Values and Ethics - Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (2003); the NHMRC *Statement of Ethical Conduct in Human Research* (2007); and the NHMRC *Road Map II: a Strategic Framework for Improving the Health of Aboriginal and Torres Strait Islander People through Research* (2010) explicitly 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. They will need to 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).

Challenges to research have also come from an increasing recognition of the need for the genuine inclusion of Aboriginal and Torres Strait Islander peoples throughout any research activity (Dudgeon, Kelly & Walker, 2011). This extends to ensuring Aboriginal and Torres Strait Islander research participants are able to voice their experiences using their own preferred methods. By facilitating Aboriginal and Torres Strait Islander people's identification of the impacts of racism, colonialism, and oppressive elements and discourse in their lives (both past and present), research has the potential to facilitate Aboriginal and Torres Strait Islander healing, cultural and identity reclamation, and self-determination – at the same time elevating Aboriginal and Torres Strait Islander knowledges, values, and understanding of family, community, culture, and spirituality.

Community Consultations

The NEP involved extensive consultations in 11 sites across Australia by and with Aboriginal and Torres Strait Islander peoples. These consultations involved an exploration of the key issues impacting on the health, wellbeing, and effective functioning of individuals, families, and communities. Across all the NEP sites an extensive number of issues were repeatedly highlighted as directly impacting on individuals, families, and communities' health, wellbeing, and ability to function effectively. General concerns with youth, family, and community breakdown and inappropriate levels of alcohol and other drugs misuse were identified as core problems. Participants in all sites affirmed that these problems in turn led to other issues such as family violence, conflicts between groups, and a lack of communication. Many of these issues are associated with the oppression, inequality, and disadvantage Aboriginal and Torres Strait Islander peoples face.

The impact of the social determinants of health, such as, lack of employment opportunities, transport, and infrastructure contribute to people's inability to access services and live healthy, meaningful lives. A particularly powerful theme was the concern for the impact of all these issues on children and

young people who are regarded as the future of the community and yet appear to be so disadvantaged.

The consultations also involved asking what is needed to keep people strong in the face of these challenges. The data provides evidence of Aboriginal and Torres Strait Islander people's values regarding their cultural strengths and identity. Participants believe a positive cultural identity and connection to culture will help their families, children and young people, and communities to maintain their resilience. They want to ensure that local cultural values and protocols are included in the development, content, and delivery of any proposed programs.

Ultimately, the NEP consultations offer unique insights into the way that Aboriginal and Torres Strait Islander peoples experience and perceive the difficulties in their lives. They provide an important evidence base on the factors Aboriginal and Torres Strait Islander peoples deem necessary for maintaining cultural, social, and emotional wellbeing.

Key Outcomes

- Creation of a network of supported local community research consultants with skills and capacity in participatory action research.
- Successful application of a research process and environment where Aboriginal and Torres Strait Islander voices are heard and knowledge is valued.
- Empowerment of individuals and communities to identify and develop their own pathways to restore their wellbeing, and the health and functioning communities.
- Extensive and rich evidence base on personal, family, and community issues and what is needed for people to heal.
- Support for communities to devise the content of cultural, social, and emotional wellbeing programs that are culturally appropriate, locally relevant, and address their needs, priorities, and aspirations.
- The delivery of a two-day introductory social and emotional wellbeing workshop highly rated by the communities.
- Clear direction for national policy aimed at facilitating the cultural, social, and emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families, and communities.

Key Findings

- Historical determinants of community distress and suicide have contributed to a transgenerational sense of **powerlessness** at an individual, family, and community level.
- There is a **lack of basic services** in Aboriginal and Torres Strait Islander communities and a **lack of investment into programs that maintain the integrity of Aboriginal and Torres Strait Islander-specific concepts of cultural, social, and emotional wellbeing**. This service and program deficiency contributes to poor health and wellbeing and acts as a barrier to seeking help.
- Aboriginal and Torres Strait Islander communities are very concerned about **young people**, including the lack of suitable activities and employment opportunities, the influence of alcohol and other drugs, and their cultural disconnectedness.
- A genuine participatory research process can enable Aboriginal and Torres Strait Islander peoples, families and communities to become **empowered** to take steps to restore or strengthen their cultural, social and emotional wellbeing. For some, this may be the start of a healing journey where they overcome the impact of the historical determinants of their cultural, social and emotional wellbeing.
- Adopting a community consultation approach has been effective in enabling and empowering communities to go through their own process of locating and taking ownership of the risk and protective factors that are impacting on their cultural, social, and emotional wellbeing.
- The importance of focusing on **acknowledging and enhancing connections to the domains of cultural, social, and emotional wellbeing** to provide the greatest source of strength and healing for Aboriginal and Torres Strait Islander peoples.

Further to the key findings, the NEP has demonstrated that a genuine participatory research process can enable Aboriginal and Torres Strait Islander peoples, families, and communities to become empowered to take steps to restore or strengthen their cultural, social, and emotional wellbeing. For some, this may be the start of a healing journey where they overcome the impact of the historical determinants of their cultural, social, and emotional wellbeing.

It is also particularly critical to informing the strategic approach of national policy – one that supports lasting and positive change for Aboriginal and Torres Strait Islander peoples and communities.

1.2 REPORT STRUCTURE

This report details the background, key activities and findings, and analysis of the two stages of Phase One of the National Empowerment Project (NEP). Firstly, it presents a discussion of a model of social and emotional wellbeing (SEWB), measurements of wellbeing, and an overview of the mental health gap in relation to Aboriginal and Torres Strait Islander populations and the wider community. Secondly, it provides a background to the NEP – the research that preceded and instigated the national project; and its objectives and methodology, including the protocols, processes, and structure for the legitimate engagement of Aboriginal and Torres Strait Islander peoples and recognition of their rich and diverse cultural values, expressions, practices and knowledges, as well as the issues impacting on their lives.

Finally, the report presents the outcomes of the consultation process and the key findings and analysis. These are presented as the overarching themes arising from the exploration of the issues impacting on the health, wellbeing and effective functioning of individuals, families, and their communities across 11 sites in Australia.

This report provides significant insights into what Aboriginal and Torres Strait Islander peoples identified as the necessary strategies and solutions to the many issues they raised. In so doing, it makes a substantial contribution to the evidence base about what Aboriginal and Torres Strait Islander peoples see as necessary to restoring and strengthening the functioning and wellbeing of individuals, families, and communities. This is important to the development of content appropriate programs and in the establishment of appropriate services.

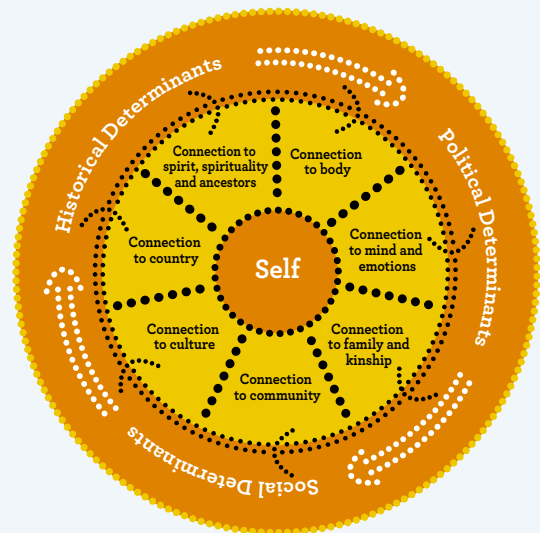
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BACKGROUND: SOCIAL AND EMOTIONAL WELLBEING AND THE MENTAL HEALTH GAP

2.1 SOCIAL AND EMOTIONAL WELLBEING (SEWB)

The concept of social and emotional wellbeing (SEWB) is multi-layered and although often used to describe issues of 'mental health' and 'mental illness', has a much broader and deeper scope. It is a whole-of-life view that incorporates and reflects a holistic understanding of health, and that prioritises and emphasises wellness, harmony, and balance rather than illness and symptom reduction (Hunter & Milroy, 2006). It is more accurate to understand SEWB as a series of connections and interdependent relationships between and to body, mind and emotions, family and kinship, community, culture, land, and spirituality (as depicted in the below model). The term 'connection' refers to the diverse ways in which people experience and express these various domains of SEWB throughout their lives and across the lifespan (Gee et al., 2014).

Determinants of Social and Emotional Wellbeing



Reference: Gee, Dudgeon, Schultz,
Hart and Kelly, 2013 on behalf of AIPA.
Artist: Tristan Schultz

Connection to body, mind, and emotions refers to all those aspects of health and wellbeing - the bodily, individual, and intrapersonal experiences. These include all biological processes, markers of physical health and mental wellbeing, which encompasses the range of cognitive, emotional, and psychological experiences. Connection to mind and emotions are also governed by fundamental human needs such as: the experience of safety and security, a sense of belonging, control or mastery, self-esteem, meaning making, values and motivation, and the need for secure relationships.

Connection to family, kinship, and community has always been central to Aboriginal and Torres Strait Islander people's interpersonal relationships and social and emotional wellbeing. These connections are critical to people's cultural identity and involve reciprocity, obligation, and caring. While complex, these relationships serve to maintain a person's interconnectedness, and situate them in networks of support that define their ways of knowing and being.

Spirituality is a key source of connection to culture and identity for many Aboriginal and Torres Strait Islander people and governs their unique worldviews and values, and how they learn about the past, the landscape, and life stages. Spirituality also underpins systems of moral and ethical behaviour (Edwards, 1994; Poroch et al., 2009). Spirituality is also closely tied to people's connections to land or 'country' that can involve a deep experience, belief, or feeling of belonging (Ganesharajah, 2009; Garnett et al., 2009; Kingsley, Townsend, Phillips & Aldous, 2008).

Connection to culture refers to people's healthy, strong relationship to their Aboriginal or Torres Strait Islander heritage. This includes all of the associated systems of knowledge, law, and practices that constitute this heritage. Culture is, however, a complex concept. Hovane, Dalton and Smith (2014) describe Aboriginal and Torres Strait Islander culture as constituting a body of collectively shared values, principles, practices and customs, and traditions. Within this context, maintaining or restoring social and emotional wellbeing is tied to a secure sense of cultural identity and cultural values, and to participation in cultural practices that enable

people to exercise and experience their cultural rights and responsibilities. Yet how these rights, responsibilities, and practices are articulated can vary considerably given the variation and increasing complexity of Aboriginal and Torres Strait Islander identity (Paradies, 2006).

Social, Cultural, Political and Historical Determinants

Social and emotional wellbeing is also determined by and linked to a set of broader level determinants. Zubrick et al. (2014) demonstrate that the social determinants of mental health and social and emotional wellbeing for Aboriginal and Torres Strait Islander people can include socioeconomic status and the impact of poverty, unemployment, housing, educational attainment, racial discrimination, exposure to violence, trauma and stressful life events, and access to community resources. Importantly, they note these social determinants do not occur in isolation, but rather impact concurrently and cumulatively.

The impact of history, namely dispossession and colonialism, policies of protection and assimilation and continued neglect and denial of cultural and citizens' rights, is particularly important when considering broader determinants impacting on Aboriginal people's social and emotional wellbeing (Atkinson, 2002; Calma, 2007; Dudgeon, Wright, Paradies, Garvey & Walker, 2014; Henderson et al., 2007). Recognition of the impact of history on Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing is one of the nine guiding principles proposed by Swan and Raphael in 1995 in their *Ways Forward National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* (1995). This was the first national analysis to report specifically on Aboriginal and Torres Strait Islander mental health. It confirmed that past policies of forced removal of children from their families, dispossession from land, and continuing social and economic disadvantage had resulted in transgenerational trauma, grief, and loss and contributed to widespread SEWB problems. Hovane et al. (2014) note Aboriginal and Torres Strait Islander people's disproportionately high levels of contact with the criminal justice system throughout Australia can be seen as

a manifestation of the complex interplay of several key factors including: colonisation and ongoing oppression, transgenerational trauma, socioeconomic circumstances, and substance misuse, all impacting on the health and wellbeing of people in Aboriginal communities.

Similarly the impact of racism is a critical consideration in Aboriginal and Torres Strait Islander people's social and emotional wellbeing, and has created a burden that can extend across generations of Aboriginal and Torres Strait Islander families. Racism has been shown to impact on a disturbingly high proportion of Aboriginal and Torres Strait Islander peoples (Paradies, Harris & Anderson, 2008). The literature suggests that racism and discrimination is linked to the high stress profile of Aboriginal and Torres Strait Islander peoples which is one of the direct causes of psychological distress. It is also implicated as having an indirect effect on wellbeing via pathways involving smoking, alcohol and substance misuse or by reducing people's ability to seek health, housing, welfare or other services from providers they perceive to be unwelcoming or negative towards them (Paradies, 2006; Priest, Paradies, Gunthorpe, Cairney & Sayers, 2011).

The literature on the intrinsic and extrinsic factors that define and determine Aboriginal and Torres Strait Islander people's social and emotional wellbeing confirms the range of factors necessary to consider and address in order to support and improve people's social and emotional wellbeing. It also highlights the complex interplay between these factors and the sense in which they cannot be addressed in isolation from each other. Importantly, the NEP community consultations have enabled people to identify some of the external determinants that warrant the greatest priority in terms of addressing the issues impacting on their lives and those of their communities. The consultations also highlighted and confirmed the importance of programs that incorporate and build on people's connections to their family, community, spirituality, land and culture, and that start from a holistic perspective.

2.2 THE MENTAL HEALTH GAP

Aboriginal and Torres Strait Islander peoples first documented the inability of the mental health system to meet their needs in the *National Aboriginal Health Strategy* in 1989:

Culturally appropriate services for Aboriginal people are virtually non-existent. Mental health services are designed and controlled by the dominant society for the dominant society. The health system does not recognise or adapt programs to Aboriginal beliefs and law, causing a huge gap between service provider and user (Department of Health, 1989, p. 172).

Similar findings have been reported by the *Royal Commission Into Aboriginal Deaths in Custody* (1991), the first national Aboriginal Mental Health Conference (1993), the Human Rights and Equal Opportunity Commission report *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Burdekin, 1993); the *Ways Forward National Aboriginal and Torres Strait Islander Mental Health Policy: National Consultancy Report* (Swan & Raphael, 1995); the *National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (HREOC, 1997); *Out Of Hospital And Out Of Mind* report (Groom, Hickie & Davenport, 2003); the *Not for Service - Experiences of Injustice and Despair in Mental Health Care in Australia* report (Mental Health Council of Australia, 2005); the *Senate Select Committee on Mental Health, A National Approach to Mental Health – From Crisis to Community* (Senate Select Committee on Mental Health, 2006); the *Inquiry Into Mental Health Services In Australia* (2008); and the *Inquiry Into Suicide by the Senate* (Community Affairs Reference Committee, 2010).

Each of the abovementioned reports drew attention to the inter-connected issues of cultural dislocation and trauma, as well as the ongoing stresses of disadvantage, racism and exclusion, and their contribution to a heightened risk of mental health problems and suicide. The reports advocated for the need for policies which:

- i) Reflect Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing (SEWB);
- ii) Address the historical determinants of Aboriginal and Torres Strait Islander SEWB: widespread grief, loss and trauma associated with colonisation and the widespread removal of children;
- iii) Address the mental health impacts of on-going disadvantage and the social determinants of wellbeing.

2.2.1 Different Understandings – The SEWB Framework

The lack of ‘fit’ between Aboriginal and Torres Strait Islander concepts of SEWB and mainstream concepts of mental health that have informed the development of mental health plans and strategies has been well documented (Burdekin, 1993; HREOC, 1997; National Aboriginal Mental Health Conference, 1993; Senate Community Affairs Committee, 2008; Swan & Raphael, 1995).

In response to recommendations made by the *Royal Commission Into Aboriginal Deaths in Custody* (1991), the Commonwealth Government commissioned the first national consultation to focus specifically on Aboriginal and Torres Strait Islander mental health, which resulted in the report *Ways Forward National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* (1995). The *Ways Forward Report* made it clear that Indigenous-specific concepts of SEWB required policy approaches that differed from those developed for mainstream populations. The Commonwealth Government adopted the *Ways Forward Report* as the baseline document to be used when planning and delivering services, developing policy, developing education and training programs, and developing data collection and research priorities.

For instance, the *Bringing Them Home Report* (1997) recommended Indigenous mental health services:

- Be based on a mental health promotion and prevention model.
- Emphasise the primacy of Aboriginal and Torres Strait Islander empowerment and self-determination.
- Adopt a holistic approach.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004-2009* (Social Health Reference Group, 2004) was designed to complement the Third National Mental Health Plan and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (2003) and was endorsed by the Australian Health Ministers Advisory Council in 2004.

The SEWB Framework offers a set of guiding principles for delivering SEWB and mental health services for Aboriginal and Torres Strait Islander peoples. The Framework broadened the focus from mental ill health to a wider view of wellbeing. It recognised that Aboriginal and Torres Strait Islander peoples required a policy and service response different to that of mainstream populations.

Guiding principles drawn from the *Ways Forward Report* (1995) underpin the *Social and Emotional Wellbeing Framework 2004-2009*. They are:

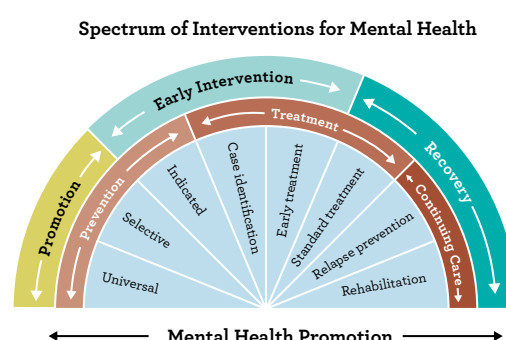
1. Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.
2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples health problems generally and mental health problems in particular.

4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have intergenerational effects.
5. The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.
6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility, and sharing.
8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.
9. 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.

Unfortunately, the SEWB Framework was not resourced or implemented before it expired in 2009. It is currently being renewed. The NEP is an important step in highlighting the importance of, and need for, practical applications of SEWB understanding within national mental health policy.

2.2.2 Population Approaches to Mental Health

In the past, it was thought mental health issues were best addressed with clinical interventions. It is now well recognised that the mental health of populations is largely determined by factors and conditions that lie outside the domains of the mental health system. As part of on-going reforms, a population health approach has been adopted using a spectrum of mental health interventions under the National Mental Health Strategy (Commonwealth Department of Health & Aged Care, 2000).



Source: adapted from Commonwealth Department of Health & Aged Care, 2000, Mrazek and Haggerty 1994
Reference: Commonwealth Department of Health and Aged Care (2000) National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.

The first level of intervention is mental health promotion, which re-conceptualises mental health in positive rather than negative terms and shifts the focus toward the process of enabling positive mental health. When introduced in 2000, population health was described as 'attending to the health status and health needs of whole populations'. Interventions are targeted to reduce identified risk factors and enhance known protective factors (Commonwealth Department of Health & Aged Care, 2000; Mrazek & Haggerty, 1994). Preventative programs based on risk and protective factors are targeted at the whole population (universal prevention strategies), vulnerable population subgroups at risk of developing mental disorders (selective strategies), and those identified as being at high risk of developing a disorder, but do not meet diagnostic levels (indicated strategies). Treatment strategies begin with diagnosis of a mental health disorder.

Most risk and protective factors for mental health lie outside the domain of mental health and health services—they derive from conditions in the everyday lives of individuals and communities. The World Health Organization's (WHO) *Commission on Social Determinants of Health: Closing the gap in a generation; Health equity through action on the social determinants of health* (2008) has defined the social determinants of health as the conditions in which people are born, grow, live, work, and age, and the structural drivers of those conditions, that is, the distribution of power, money and resources. Population health approaches seek to reduce health inequities among and between specific population groups. As well as the factors influencing the 'mental health' of all Australians, the social determinants have been shown to contribute to the development of up to 80% of serious psychological distress, and the suicide ideation associated with this (Kelly, Dudgeon, Gee & Glaskin, 2010).

Inequity

Inequity refers to differences that are considered unfair or unjust and are largely due to factors that are avoidable. Swan and Raphael (1995) noted "an absence of adequate information on Aboriginal mental health, lack of understanding of the processes which influence it and of risk and protective factors... and methods to evaluate the effectiveness of health interventions" (p. 95). *The International Mid-Term Review of the Second National Mental Health Plan* found the needs of the Aboriginal and Torres Strait Islander populations differed from non-Indigenous Australians, were not well understood and were not being met (Betts & Thornicroft, 2002). A review of the *National Mental Health Plan 2003-2008* also reported widespread concerns that the needs of the Aboriginal and Torres Strait Islander population were not being met (Curie & Thornicroft, 2009). The failure to ensure Aboriginal and Torres Strait Islander peoples would benefit proportionally across the *COAG National Action Plan on Mental Health 2006-2011*, and the lack of integration of Aboriginal and Torres Strait Islander concepts of SEWB into

any of the measures, has served to exacerbate the inequities which existed prior to the implementation of the National Action Plan.

One of the unintended consequences of the lack of a comprehensive national Aboriginal and Torres Strait Islander mental health plan, is that Aboriginal and Torres Strait Islander populations and communities have missed the opportunity to implement universal strategies to promote the positive mental health and cultural, social, and emotional wellbeing of the Aboriginal and Torres Strait Islander populations. Risk and protective factors can only be properly understood and addressed within an Aboriginal and Torres Strait Islander people's framework of SEWB.

The fragmentation of national population health strategies into vertical, issues-specific approaches has been identified as inappropriate for Aboriginal and Torres Strait Islander peoples, where a holistic, comprehensive approach has been widely recommended (Murray et al., 2002).

A review of Indigenous expenditure in 2010 found that "in the Indigenous area, more than any other, there has been a huge gap between policy intent and policy execution, with numerous examples of well-intentioned policies and programs which have failed to produce their intended results because of serious flaws in implementation and delivery" (Department of Finance and Deregulation, 2010, p.11).

Promising Developments in Mental Health

The Australian Government released the first *Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013) that will see increased investment for Aboriginal and Torres Strait Islander specific suicide prevention activities. The core objective of the Strategy is to reduce the cause, prevalence, and impact of suicide on individuals, their families, and communities.

The six goals of the Strategy are as follows:

1. Reduce the incidence and impact of suicide and suicidal behaviour in the Aboriginal and Torres Strait Islander population and in specific communities affected by suicide.
2. Ensure that Aboriginal and Torres Strait Islander communities and populations are supported within available resources to respond to high levels of suicide and/or self-harming behaviour with effective prevention strategies.
3. Implement effective activities that reduce the presence and impact of risk factors that contribute to suicide outcomes in the short, medium, and long term and across the lifespan.
4. Build the participation of Aboriginal and Torres Strait Islander peoples in the workforce in fields related to suicide prevention, early intervention, and SEWB through the provision of training, skills, and professional qualifications at all levels.
5. Build the evidence base to support effective action and to evaluate the outcomes of suicide prevention activity at local, regional, and national levels.
6. Make high quality resources, information, and methods to support suicide prevention for Aboriginal and Torres Strait Islander peoples available across all contexts and circumstances (Department of Health, 2013).

The process of a national consultation and subsequent principles in the Strategy augur well for positive change, being community based and requires Aboriginal and Torres Strait Islander leadership.

Empowerment to Overcome Health Disparities

The World Health Organization's Jakarta Declaration on *Leading Health Promotion into the 21st Century* (1997) identified self-determination and empowerment as the cornerstones of community development approaches and effective strategies for reducing health disparities. They improve both the ability of individuals to take action, and the capacity of groups, organisations, or communities to influence the determinants of health.

A meta-analysis review of empowerment strategies identified two major pathways: the processes by which empowerment is generated and its effects in improving health and reducing health disparities. Empowerment is recognised both as an outcome by itself, and as an intermediate step to being able to deliver improved health and wellbeing outcomes (Wallerstein, 2006). Ensuring the community drives the process is the most important factor if community outcomes are to be achieved (Mitchell, 2000). While external change agents might be able to catalyse action or help to create spaces for people to undertake a change process, empowerment can occur only as communities create their own momentum, gain their own skills, and advocate for their own changes. For this reason successful empowering interventions cannot be fully shared or 'standardised' across multiple populations, but must be created within or adapted to local contexts by community members themselves.

In the absence of a strong commitment on the part of the mental health system to meet the needs of Aboriginal and Torres Strait Islander people, there is an urgent need to support Aboriginal and Torres Strait Islander stakeholders to develop strategies to establish SEWB early, to maintain it throughout the life cycle, and for resources to be allocated to intervene early when problems arise.

A Rights Based Approach

Indigenous peoples around the world retain social, cultural, economic, and political characteristics that are distinct from those of the dominant societies in which they live (United Nations, 2007). The United Nations Declaration on the Rights of Indigenous Peoples emphasises the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures and traditions, and to pursue their self-determined development, in keeping with their own needs and aspirations. Indigenous peoples and individuals have the right to be free from any kind of discrimination in the exercise of their rights based on their Indigenous origin or identity (United Nations, 2007).

A rights based approach is also focused on determining the adequacy of steps being taken. That is, consideration must be afforded to whether: core minimum obligations are being met; progress is being made towards the realisation of the right to health for Aboriginal and Torres Strait Islander peoples; the rate of progress is sufficient; and whether programs are targeted, delivered, and financed at a level that is capable of addressing the level of inequality. Whilst steps and actions are being taken to focus on rights based approaches for Aboriginal and Torres Strait Islander people, further work is required to fully address this issue.

2.3 POPULATION AND MEASUREMENTS OF WELLBEING

2.3.1 A Brief Overview of the Aboriginal and Torres Strait Islander Population

Based on the 2011 Census, the Australian Bureau of Statistics (ABS) has estimated that the resident Aboriginal and Torres Strait Islander population of Australia as at 30 June 2011 was 669,900 people, or 3% of the total Australian population (ABS, 2011).

State or Territory	Estimated Aboriginal and Torres Strait Islander population
New South Wales	208,500
Queensland	189,000
Western Australia	88,270
Northern Territory	68,850 - 30% of the population, the highest proportion of any state or territory
Victoria	47,333
South Australia	37,408
Tasmania	24,165
Australian Capital Territory	6,200

(ABS, 2013)

As at 30 June 2011, around one-third of all Aboriginal and Torres Strait Islander peoples lived in major cities (233,100 people). A further 147,700 people lived in inner regional areas and 146,100 people in outer regional areas. The remainder lived in remote (51,300 people) or very remote areas (91,600 people) (ABS, 2011).

2.3.2 Measurements of Aboriginal and Torres Strait Islander Wellbeing

Aboriginal and Torres Strait Islander peoples fare poorly on indicators of mental health/wellbeing. When compared with other Australians, Aboriginal and Torres Strait Islander peoples have significantly higher rates of psychological distress and suicide, and report experiencing a greater number of stressors (Australian Indigenous HealthInfoNet, 2015).

Family Stressors

A family stressor is an event or circumstance that a person considers has been a problem for them, or someone close to them. The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) (ABS, 2013) collected data from approximately 13,000 Aboriginal and Torres Strait Islander respondents. It found 73% of Aboriginal and Torres Strait Islander peoples aged 15 years and over reported that they, their family, or friends had experienced one or more stressors in the previous year. This table highlights the most commonly reported stressors and some of the significant differences in the experience of stressors reported by women and men:

Stressor	Aboriginal and Torres Strait Islander peoples (% of respondents)	Within This Group: Aboriginal and Torres Strait Islander Females	Within This Group: Aboriginal and Torres Strait Islander Males
Death of a family member or friend	37%	39%	34%
A serious illness	23%	24%	22%
Inability to get a job	23%	22%	23%
Mental illness	16%	19%	13%
Alcohol-related problems	Not published	16%	12%

(ABS, 2013)

In major cities and regional areas, 75% of respondents reported more than one stressor in the previous year compared to 69% of those in remote and very remote areas. Differences in the experience of stressors are set out in the table below (ABS, 2013):

Stressor	Aboriginal and Torres Strait Islander peoples (% of respondents)	Remote and very remote	Major cities and regional areas
Death of a family member or friend	37%	42%	35%
A serious illness	23%	16%	25%
Inability to get a job	23%	18%	24%
Mental illness	16%	8%	18%
Overcrowding at home	Not published	14%	9%

For Aboriginal and Torres Strait Islander young people age 15 – 24 years, the most common reported stressors were the death of a family member or friend (31%); inability to get a job (24%); serious illness (19%); pregnancy (16%); mental illness (12%); and trouble with the police (12%) (ABS, 2013).

Psychological Distress

In the AATSIHS 2012–13, respondents were asked questions about their feelings, and the frequency of those feelings, to indicate levels of psychological distress. Based on this, the survey reported 30% of respondents over 18 years of age had high/very high psychological distress levels in the four weeks prior to the survey interview (ABS, 2013). This indicates a 3% increase in Aboriginal and Torres Strait Islander peoples reporting high/very high levels of psychological distress when compared to the 27% of respondents who reported such in the 2004-05 National Aboriginal and Torres Strait Islander Health Survey (ABS, 2006). Further:

- Aboriginal and Torres Strait Islander peoples over 18 years were nearly three times as likely as non-Indigenous people to have experienced high/very high levels of psychological distress (rate ratio of 2.7). This pattern was evident for both men and women across all age groups.
- Aboriginal and Torres Strait Islander women reported significantly higher levels of psychological distress than men. Across all age groups, 36% of women compared with 24% of men reported having high/very high levels of psychological distress. Only in women age 45–54 years was parity with men reported.
- Aboriginal and Torres Strait Islander peoples living in major cities and regional areas reported significantly higher levels of high/very high psychological distress than those living in remote and very remote areas (32% compared with 24%). This difference existed across all age groups, except for those age 25–34 years.

Aboriginal and Torres Strait Islander Suicide

In 2013, intentional self-harm (suicide) was the fifth leading cause of death among Aboriginal and Torres Strait Islander people living in NSW, QLD, SA, WA, and NT (ABS, 2015). Suicide accounted for 5.2% of all registered Aboriginal and Torres Strait Islander deaths in 2013, compared with 1.7% for other Australians. The overall Aboriginal and Torres Strait Islander suicide rate was more than twice the rate reported for non-Indigenous people (23.8 and 10.8 deaths per 100,000 respectively). Further, for the period 2009-2013:

- The highest age-specific rate of suicide was among Aboriginal and Torres Strait Islander males aged 25-34 years (58.9 deaths per 100,000 population).
- For Aboriginal and Torres Strait Islander females, the highest rate of suicide was among those aged 15-24 years (22.7 deaths per 100,000 population).
- The greatest difference in rates of suicide between Aboriginal and Torres Strait Islander peoples and non-Indigenous people was in the 1-14 year age group for both males and females. The suicide rate for Aboriginal and Torres Strait Islander females aged 1-14 years was 9.5 times the rate reported for non-Indigenous females in this age group, while for males the corresponding rate ratio was 6.7.

Suicidal Thoughts and Suicide Attempts Among Aboriginal Young People

The 2004-05, Western Australian Aboriginal Child Health Survey remains the most up-to-date, comprehensive source of information on the health and wellbeing of Aboriginal and Torres Strait Islander children. It included a sample of 1,480 'young people' (age 12 – 17 years) (Zubrick et al., 2005). Among these, in the 12-months prior to the survey, it reported:

- An estimated 15.6% had seriously thought about ending their life. Significantly fewer males had had suicidal thoughts (est. 11.9%) compared with females (est. 19.5%). There were no statistically significant differences between young people in major cities, regional areas, and remote and very remote areas.
- Being female, at high risk of clinically significant emotional or behavioural difficulties, or being exposed to family violence, experiencing racism, and having low self-esteem or friends who have attempted suicide were all associated with suicidal thoughts. These variables were also associated with each other.

- An estimated 6.5% had tried to end their own life: 9% of females and 4.1% males. The proportion of young people who had attempted suicide was significantly lower in areas of extreme isolation (1.2 per cent). All other areas had similar proportions of young people attempting suicide.

It is evident from the data presented that Aboriginal and Torres Strait Islander peoples experience the greatest burden in all domains of social and emotional wellbeing when compared with other Australians. This highlights the failings of past programs developed to address this disturbing disparity. The NEP seeks to overcome the limitations of previous programs by focusing program design and content on the expressed needs of community members while also incorporating aspects of a holistic suicide prevention program with demonstrated success in the Kimberley region of Western Australia.

3

PROJECT OVERVIEW

3.1 BACKGROUND

3.1.1 The Kimberley Empowerment Project (KEP)

In June 2011, a community consultation process was undertaken to develop an innovative, culturally responsive, leadership, empowerment, and healing program for Aboriginal and Torres Strait Islander peoples living in the Kimberley region of Western Australia – The Kimberley Empowerment Project (KEP). The KEP was initiated in response to the high rates of suicides in the region over a period of time – an average of one suicide per month between 1999 and 2006 (Dudgeon et al., 2012).

The absence of a comprehensive national Aboriginal and Torres Strait Islander mental health plan or suicide prevention policy at that time resulted in the repeated delivery of selective or indicated strategies, where only small pockets of the most vulnerable people received short-term support (Dudgeon et al., 2012). Such an approach is recognised for its failings to deliver long-term sustainable change.

The KEP was underpinned by the belief that identifying and addressing the complex social, economic, and historic determinants that impact on Aboriginal and Torres Strait Islander cultural, social, and emotional wellbeing, health and mental health; and strengthening an individual's and community's capacity through leadership, empowerment and healing, would result in a reduction in the issues that were impacting negatively on people's lives and hopes

for the future. The Australian Government recognised that existing programs and policies focusing on individualistic explanations and treatments for problems were not working and committed funds to support the proposed innovative program.

With support from a number of partner organisations, a comprehensive community consultation process was undertaken in Broome, Halls Creek, and Beagle Bay to explore community perceptions of what was needed to address suicide and other mental health issues in a long-term community based approach. The consultations revealed an overwhelming consensus of the need to support individuals to change their lives. People spoke of needing to build self first, to make themselves strong, and to focus on rebuilding family (Dudgeon et al., 2012). Respondents said they wanted to learn how to talk to one another again, 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 for young people who, it was felt, had lost their sense of connection to and respect for their culture, their family, and themselves (Dudgeon et al., 2012).

The consultation process confirmed the need to ensure individual and community readiness to commence any type of healing and empowerment program. There was a concern that those in most need of such a program, especially young people, may not have the capability or motivation to participate. The

community consultations also identified that to be effective, programs needed to be culturally based, incorporate traditional elements, and employ and train local people in community development skills to work on interventions. These findings aligned with the comprehensive review and analysis of the key literature, theory, and relevant programs concerned with healing, empowerment, and leadership in Aboriginal and Torres Strait Islander peoples communities undertaken as part of the Project.

The research findings were published in the report *Hear Our Voices* and were accompanied by 12 key recommendations for developing an Aboriginal and Torres Strait Islander led empowerment, healing, and leadership program in the Kimberley. Since then, the Kimberley Empowerment, Healing and Leadership (KEHL) Program has been funded through the Kimberley Aboriginal Medical Services Council (KAMSC) and is being delivered across the region in various community settings. It is proving to be a successful model for supporting and empowering local Aboriginal and Torres Strait Islander peoples and communities. The KEHL has since been developed and implemented as a 'train the trainer' program and allows for greater participation by community members throughout the Kimberley.

The KEP response to the suicide crisis in the Kimberley communities was preventative, holistic, strengths based, and geographically and culturally appropriate. It aimed to enhance the capability and capacity of Aboriginal and Torres Strait Islander peoples to take charge of their lives and strengthen their communities; and to address the range of social determinants that impact upon their cultural, social, and emotional wellbeing.

This upstream initiative is in stark contrast to most mainstream mental health services that tend to be dominated by a western biomedical focus seeking primarily to treat an individual's mental illness through the provision of clinical care. In fact, the project highlighted that the array of issues impacting on people's cultural, social, and emotional wellbeing and mental health are generally beyond the capacity of the mainstream health and mental health systems and do not respond to the needs of Aboriginal and Torres Strait Islander peoples. It also

exposed the lack of investment into programs that are derived from an understanding, and seek to facilitate, the broader community's ideas about promoting mentally healthy behaviors, and the necessary factors to provide mental health care for Aboriginal and Torres Strait Islander peoples.

3.2 ESTABLISHING THE NATIONAL EMPOWERMENT PROJECT

Following on from the findings and recommendations of the KEP, the Australian Government Department of Health (DOH) acknowledged the need to work with Aboriginal and Torres Strait Islander communities across the country to address the high levels of community distress and work towards the prevention of suicide and self-harm. In May 2012, the National Empowerment Project (NEP) was initiated by DOH in partnership with the School of Indigenous Studies (SIS) at the University of Western Australia (UWA). A NEP team was established with Professor Pat Dudgeon appointed as the Project Director for the two-phased NEP program. Ethics approval for the NEP was received from the UWA Human Research Ethics Office, the WA Aboriginal Health Information Ethics Committee, and the NSW AHMRC Research Ethics Committee. Later with the inclusion of further sites, ethics approval was received from the Aboriginal Health Research Ethics Committee (Aboriginal Health Council of South Australia) and the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research.

3.2.1 NEP Sites

The sites for the NEP were determined by the National Steering Committee, Executive Group, the NEP team, and representatives from DOH.

Criteria for Community Selection

A set of criteria were developed to assist with the inclusion of suitable local sites:

- i) Strong presence of a functional Aboriginal Community Controlled Organisation (ACCO) and/or Registered Training Organisation (RTO).

- ii) Population large enough to obtain the minimum number of interviews required for the project.
- iii) Communities where suicide is evident at high or escalating rates.
- iv) Possible connections already established in the community.
- v) Geographical diversity across urban, rural, and remote regions.

The final 11 sites selected were based on initial community consultation that involved exploring the communities' readiness to engage as part of NEP and be able to develop and deliver a local empowerment program. Further details of partner organisations can be found in **Appendix A**.

The following locations were part of the NEP:

- Narrogin, Western Australia
- Perth, Western Australia
- Northam/Toodyay, Western Australia
- Geraldton, Western Australia
- Darwin, Northern Territory
- Cherbourg, Queensland
- Kuranda, Queensland
- Toomelah, New South Wales
- Redfern, Sydney, New South Wales
- Mildura, Victoria
- Mount Gambier, South Australia

National Empowerment Project Sites



Summary of Sites

Kuranda

Kuranda village is located 25 kilometres northwest of Cairns, in far north tropical Queensland. It had 4,337 residents at the time of the 2011 Census. Of these, 579 identified as Aboriginal and Torres Strait Islander peoples (approximately 13% of the total population) (Duffin et al., 2013).

The Djabugay people are the traditional owners of the Kuranda area and fiercely resisted settlement in the late nineteenth century. Eventually, they were forcibly settled on the Mona Mona Mission (mission), as were Aboriginal and Torres Strait Islander children from across Queensland. In 1962, the mission was closed and the residents forcibly removed again to Palm Island and other reserves (Duffin et al., 2013).

A majority of the Aboriginal and Torres Strait Islander population of Kuranda are descendants of the mission residents who eventually returned to Kuranda and its surrounding communities (including Mona Mona, Kowrowa, Mantaka and Koah). They continue to deal with unresolved intergenerational and transgenerational trauma from the experience of dispossession, dislocation, and forced removals, including a legacy of poor health, low self-esteem, and social and mental health disorders (Duffin et al., 2013).

The above are compounded by contemporary factors. Today, the cost of housing and living is relatively high, and the rate of employment and incomes are low. Access to services, particularly health care services, is poor. Racism is widely reported. People leave the area for higher education, better housing, employment, hospitalisation, or specialist health and medical care.

NEP consultation participants reported that high levels of alcohol and other drug misuse, gambling, and community communication breakdown were core problems that led to other problems, such as family violence, feuding, and poverty. Lack of employment opportunities, lack of transport, and concerns about physical and mental health were also seen as problems.

There were particular concerns about the future of young people, given that the community had little to offer and lack of employment prospects.

NEP participants reported a need for locally designed and delivered programs to foster strong community leadership and to build a cohesive, supportive strong community that would, in turn, support families and individuals. Family support programs were also needed, including those that provided counselling and parenting skills, and that met the needs of Stolen Generations Survivors. Strengthening cultural connections and practices, including through the teaching of Aboriginal languages and support for Elders playing a greater role in community life, was also called for (Duffin et al., 2013).

Northam/Toodyay

Northam is located approximately 100 kilometres north east of Perth. It had 6,580 residents at the time of the 2011 Census. Of these, 468 identified as Aboriginal and Torres Strait Islander peoples (approximately 7.1% of the total population) with a median age of 15 years. The Aboriginal and Torres Strait Islander population of Toodyay, about 28 kilometres from Northam, was also included in this project site (Mia et al., 2013).

The Ballardong Noongar peoples are the traditional owners of the Northam area, with several language groups present. They fiercely resisted settlement and in 1933 the entire population were forcibly moved to Moore River Native Settlement. Many children were also forcibly removed from their families and placed in institutions in this time. Issues common to Stolen Generations Survivors were widely reported in the NEP community consultations.

There has been a significant return of Aboriginal and Torres Strait Islander peoples to the area in recent decades. For them, a great challenge is dealing with the intergenerational and transgenerational effects of the disrupted familial and social networks and connection to land. The effects of contemporary low employment and income, housing shortages, lack of access to services, racism, and high levels of incarceration compound these challenges.

In the NEP community consultations, the Aboriginal and Torres Strait Islander residents saw the five most pressing issues as family breakdown and feuding, health and mental health issues, violence and abuse, alcohol and other drug misuse, and the intergenerational and transgenerational impacts of forced child removals.

There are already programs for Aboriginal and Torres Strait Islander peoples in the Northam area, although a concern raised by Elders in the NEP consultations was that they did not sufficiently coordinate their activities. In fact, a tight fiscal environment meant that they competed for funds to the detriment of locals. There were also concerns as to the actual impact of the programs.

Perhaps indicative of the reported high prevalence of Stolen Generations Survivors among the population, the NEP consultations revealed that the community saw strengthening Aboriginal and Torres Strait Islander culture and identity as the key to addressing many of the pressing issues listed above. Also important were family and individual healing programs, and programs to directly address community feuding.

There was a strong desire for programs to work better for Aboriginal and Torres Strait Islander peoples, which included Aboriginal and Torres Strait Islander control of services. A further concern was that community services be culturally appropriate (Mia et al., 2013).

Redfern, Sydney

Redfern is an inner city suburb of Sydney. At the 2011 Census, 288 people identified as Aboriginal and Torres Strait Islander peoples within the area defined as Redfern, with many concentrated around an area known as 'The Block'. Their median age is 38 years. The area is a hub for many of the approximately 50,000 Aboriginal and Torres Strait Islander peoples living in the Sydney - Wollongong area with the large Redfern Aboriginal Medical Service and other community facilities based there (Ingram et al., 2013).

The Gadigal people are the traditional owners of Redfern and were decimated in the colonisation process. Many Aboriginal and Torres Strait Islander peoples then moved to Redfern from rural areas in the 1920s seeking work in the rail yards. The area has a long and proud association with Aboriginal and Torres Strait Islander activism. It was the location of the first Aboriginal medical, legal and housing services.

Participants from the NEP consultations identified their physical, mental, and emotional health as key issues. These impacted not only on those with the health issue but also on their carers and families. Many were also concerned with economic circumstances, lack of employment opportunities and supporting their families financially. Family issues and relationships were also identified. In particular, a lack of affordable, appropriate, and accessible childcare services was impacting on parents with consequences on other aspects of their lives (i.e., employment). Alcohol and drug misuse was linked causally to other issues such as unemployment and family violence. Underpinning all the above was dealing with racism and negative stereotyping (Ingram et al., 2013).

The NEP consultations also found that family stability was a major concern of participants. It was seen as key to restoring both the wellbeing of individuals and the community as a whole. The priority given to family in desired empowerment programs matched participants' concerns (discussed above) with families and the range of issues faced within the family.

Along with the prominence given to family was a corresponding focus on what could be done to build a stronger and more supportive community. In this discussion, 'networks' and 'connections' were often mentioned, as were notions of 'unity' and working together. Building stronger connections with Aboriginal and Torres Strait Islander culture and traditional ways were also significant themes (Ingram et al., 2013).

Toomelah

Toomelah is in the far north of inland New South Wales, near the Queensland border. At the 2011 Census, 323 people were resident, of whom 233 identified as Aboriginal and Torres Strait Islander peoples (72% of the total population). Their median aged was 18 years, with 12% under five years of age. The population appears to be decreasing (NSW Government, 2013).

The Gamilaroi are the traditional owners of the Toomelah area. Many Gamilaroi were originally settled on a mission west of Toomelah, and then moved to the current site in the 1930s when it operated as a mission.

Toomelah has gained notoriety for what are believed to be some of the worst living conditions in Australia. A 1987 'race riot' protesting these, caught the attention of the media. A subsequent inquiry by the Human Rights and Equal Opportunity Commission resulted in action being taken to improve water and housing (McGrady et al., 2013).

The Community Development Employment Program (CDEP) brought significant improvements to Toomelah with local people involved in town maintenance, night patrols, and working in the local organisations (such as the Co-op, the health clinic, pre-school and land council). The abolishment of CDEP in 2009 had a devastating impact on the town. Many people moved from CDEP-employment to long-term unemployment with its attendant problems. Today, residents see a lack of employment opportunities, boredom and inactivity as significant issues facing the community (McGrady et al., 2013).

Beyond unemployment, the Toomelah NEP consultations revealed a range of pressing concerns. The most important was inadequate services, especially medical services, followed closely by concerns about alcohol and other drug misuse by young people who lacked engaging activity. Alcohol and other drug misuse was seen as a 'devastating' community issue with many repercussions such as fighting, mental health issues, domestic violence, family breakdown, and suicide. Many participants noted the interrelationship of these issues.

Toomelah participants also had a clear sense of what could make individuals, families, and the community stronger. Foremost were suggestions focusing on building on cultural and community strengths and identity, particularly among young people. Strong leadership and role models as well as education and knowledge were important, as was the need to build community relationships and stopping feuding and violence.

There was an identified need for culturally appropriate health and healing programs particularly focusing on health promotion, nutrition, grief and loss counselling, and information and programs addressing drugs and alcohol. Preparing people for employment through appropriate education aimed at getting people 'job ready' were also important considerations for the future of Toomelah (McGrady et al., 2013).

Narrogin

Narrogin is a town in the wheat belt region of Western Australia, located 192 kilometres southeast of Perth. At the 2011 Census, it had 4,219 residents, of whom 393 identified as Aboriginal and Torres Strait Islander peoples. Their median age was 17 years (McGuire et al., 2013).

The traditional owners of the Narrogin area are the Noongar, and most Aboriginal and Torres Strait Islander peoples in Narrogin identify as such. In 1905 the Narrogin reserve was established to enable the police to better control the Narrogin Noongar. Strict laws were later enacted to restrict traditional practices, and Noongar were widely discriminated against in relation to health and other services. Poverty and poor health were endemic and continue into present times (McGuire et al., 2013).

In 2008, the Narrogin Noongar community was devastated by a spate of eight suicides and four attempted suicides. In February 2010, the Federal Government announced a \$1.5 million grant over three years to fund culturally appropriate mental health services in Narrogin. At the time, Oxfam Australia worked with the South Western Aboriginal Medical Service to provide healing programs to communities in this region and the southwest of the state.

Throughout the NEP consultations, the most frequently mentioned issue impacting across individuals, families, and the community involved conflict and feuding. Feuding (often linked with alcohol misuse) within the Narrogin community has been an ongoing issue between communities and has caused tension between families. It was considered the single most important impediment to progress in the area. Feuding at individual and family levels has split the community to the point that, the NEP consultation conducted separate meetings to avoid feuding families being in the same context.

Another key challenge was racism, discrimination, and a resultant sense of injustice felt by Aboriginal and Torres Strait Islander residents. Alcohol and other drug misuse was often seen in causal relationship to other individual, family, or community issues. In particular, participants expressed a range of concerns about young people in the community, including the lack of suitable activities for them to engage with and the likelihood of incarceration.

Messages to emerge about making individuals, families, and the community stronger revolved around ending the feuding and related alcohol consumption, and getting the 'right people' to take on community leadership roles. Making families stronger was viewed to rely on a number of factors, including housing, employment, a reasonable income, and family counselling when needed. Stronger families were seen to be of critical importance to young children. Cultural appropriateness was identified as critical to the delivery of much needed health and other services (McGuire et al., 2013).

Perth

Perth, the capital city of Western Australia, is located on the southwest coast of the State. Greater Perth had a total population of 1,728,867 at the 2011 Census, with 27,105 identifying as Aboriginal and Torres Strait Islander peoples (1.56% of the total population) (Ryder et al., 2013).

From 1829, the first fifty years of colonisation resulted in a drastic reduction in the Perth-region's Noongar population.

Until the mid 1970s, they continued to endure a range of racially discriminatory government legislation that entrenched intergenerational disadvantage and facilitated a process of cultural denigration. Such policies functioned to separate Aboriginal peoples from family, community, culture, and country while actively discouraging pride in Aboriginal identity and cultural heritage.

Disadvantage continues to this day with poverty and poor housing widely reported by NEP consultation participants. The consultations also revealed a number of critical issues for individuals, families, and communities. High among these was a concern with alcohol and other drug misuse, with overuse of alcohol and other drugs being equated with family breakdown and trauma. Access to alcohol and other drugs by underage youth was of real concern and affected their employment opportunities.

Family related issues also featured significantly in the responses. These included the intergenerational and transgenerational impact of forced child removals prior to the 1970s, family structural breakdown, and family feuding. Given the prominence of the Stolen Generations issue in this community, it is not surprising that themes around knowing one's own family history and understanding the impact of forced removals on people today was seen as an important part of gaining self-knowledge and understanding Aboriginal and Torres Strait Islander heritage and identity (Ryder et al., 2013).

Participants also indicated that family feuding was impacting on community safety and the safety of family members, particularly children. Violence was linked to alcohol and other drug misuse. Health also emerged as a general concern among community members, especially around issues such as wellbeing, mental health, and suicide. Underlying the concerns raised were poverty, relating to a lack of employment opportunities and inadequate levels of participation in education. Lack of housing and the high cost of living were other economic factors impacting on the community.

The most common programs seen as critical to empowering the community were a range of health, mental health, and healing programs.

Perth people want healing programs that include a range of workshops ranging from, drug and alcohol to general wellbeing. Participants also felt very strongly about going back to country and for the community to know their culture and to learn traditional ways.

Participants were very clear that any programs, including community and family programs, should be designed and delivered by Aboriginal and Torres Strait Islander/Noongar peoples (Ryder et al., 2013).

Mildura

Mildura is an important regional centre on the banks of the Murray River in northwest Victoria. It had a population of 50,979 at the 2011 Census, of which 1,837 people identified as Aboriginal and Torres Strait Islander peoples (3.6% of the total population) with a median age of 18 years (Brennan et al., 2013).

The Latje Latje and Barkindji peoples, amongst others, are recognised as being original inhabitants of present-day Mildura. In 1860 the colonial Government of Victoria began to set up reserves for Aboriginal peoples operated by missionaries. Dareton NSW, across the Victorian border from Mildura, was the nearest local Aboriginal mission. The old mission site is now a local residential area for local Aboriginal peoples.

The most pressing concern to emerge from the NEP consultations was a reported methamphetamine and other drug misuse epidemic in Mildura and surrounding areas. Drug misuse was seen as a core problem contributing to youth, family, and community breakdown and was causally linked to concerns with health and wellbeing and interpersonal violence, family violence, violence in the streets, and lateral violence (Brennan et al., 2013).

Housing and unemployment were also viewed as connected issues. Lack of housing and overcrowding were some of the main factors that were seen to be affecting families in the community. Unemployment was frequently raised as a concern, particularly for young Aboriginal and Torres Strait Islander peoples in Mildura.

For most participants, building more resilient families was at the core of strengthening individuals and the community. However, participants recognised that individuals and families also needed a range of supports.

For individuals the need for health, mental health, and emotional wellbeing services were raised frequently throughout the consultations. Specific health concerns included diabetes, cancer, palliative care and a range of mental health issues ranging from depression, post-traumatic stress, to suicide. Mental health issues following trauma and grief were particularly common.

Participants identified that focusing on self-care and building personal esteem and confidence could make individuals strong. More positive attitudes, experiences, and communication skills were needed. Education and employment possibilities were seen to be important, as these would give people a sense of purpose and financial security.

Connection to culture, including a strong focus on a better knowledge and understanding of traditional ways, was something that many participants felt would help make them strong. The role of Elders within the community was often stressed (Brennan et al., 2013).

Cherbourg

Cherbourg is an Aboriginal and Torres Strait Islander community located approximately 250 kilometres northwest of Brisbane, Queensland. The 2011 Census estimated the population of Cherbourg and its surrounding areas at 1,226 people (ABS, 2013). Cherbourg Aboriginal Council estimate over double that number of people if a significant transient population are included. The median age estimated in Cherbourg is 21.9 years (Hams et al., 2013).

The Wakka Wakka and Gubbi Gubbi people are the traditional owners of the Cherbourg area. Cherbourg began as the Barambah Aboriginal Reserve, established in 1900. It was initially populated with local peoples, but peoples from all across Queensland, from varying language groups, tribes and families were forcibly sent to live on the reserve over time. The effect of mixing different groups together and forcing them to live in such poor circumstances has

resulted in significant cultural losses. Children and families were also forcibly separated. High rates of death from disease and poor conditions were reported.

In the late 1980s Cherbourg transitioned to a community. In 1988 Cherbourg became a Deed of Grant in Trust community and in 1991 the first Aboriginal community controlled council was elected (Hams et al., 2013).

During the NEP consultations, concerns with youth-adult, family and community relationship breakdowns, and inappropriate levels of alcohol and other drug misuse were seen as core problems. These, in turn, led to family violence, feuding, and kept people trapped in poverty. A lack of employment opportunities and concerns about physical and mental health and wellbeing were also seen as underlying causes of stress.

The primary concern of participants was with the youth of the community. It was viewed that adults needed to take greater responsibility for young people, and that parenting skills programs would help. It was identified that young people themselves did not have enough to do, leading to at-risk behaviours.

Programs and activities for strengthening families were seen as central to addressing the community's problems along with providing support, assistance, and encouragement for individual family members. At the community level, improving relationships and communication among community members was critical. Overall, culture was seen as key to building community pride and unity. Connection to culture, including a strong focus on a better knowledge and understanding of traditional ways, was something that many participants felt would help make them stronger. The role of Elders within the community was identified as needing to be promoted and supported.

Participants agreed that programs should be designed and delivered by community members, with the whole community being engaged. Such programs should be culturally appropriate (Hams et al., 2013).

Darwin

Darwin is the capital city of the Northern Territory. The 2011 Census estimated that the total population of Darwin was 120,585 peoples, of which approximately 11,101 (19.6% of the total population) were identified as being of Aboriginal and Torres Strait Islander descent (Munnich, et al., 2014).

The Larrakia people also known as 'saltwater people' are the traditional owners of the greater Darwin area. Larrakia country extends up to 50 kilometres inland from Darwin. The original language of the Larrakia is Gulumirrgin. Darwin is also a meeting ground for many Aboriginal communities within the Top End region, including Arnhem Land, Gove, Groote, Melville, and Elcho Islands.

Much of the history of Aboriginal and Torres Strait Islander peoples in Darwin resides with the Bagot community. It began as an Aboriginal Reserve in 1938, established to oversee the increasing movement of Aboriginal and Torres Strait Islander peoples to Darwin from remote settlements. As the population increased, a preschool and health clinic were established on the Reserve. The introduction however of the assimilation policy and the Federal Government Emergency Response ('the Intervention') threatened the future of the Bagot Reserve. It was not until 2008 when the Northern Territory Government committed funds to upgrade services and infrastructure in Bagot that the community's future was secured. Other historical events having an immense impact on the lives of Aboriginal and Torres Strait Islander peoples in Darwin include the removal of Aboriginal and Torres Strait Islander children from their families, and the 1942 bombing of Darwin and subsequent evacuation of Aboriginal and Torres Strait Islander peoples to southern states.

The NEP consultations revealed the prevailing concerns for individuals, families, and communities in Darwin were family related issues and alcohol and other drug misuse. Participants reported family responsibility problems, communication issues, and concerns regarding parenting skills. Interrelated with family related issues was the pressing issue of alcohol and other drug misuse, with particular

concern aimed at the increase of illicit drug use (e.g., methamphetamine) and the high levels of alcohol consumption by young people. Also impacting on Darwin community members were economic circumstances, namely the high cost of living, and health and mental health issues (Munnich, et al., 2014).

A commonly agreed upon important factor for strengthening individuals, families, and community was for people to focus on themselves to ensure they were well and had the confidence to make positive changes. Secondary to this, participants believed a stronger focus on the family was needed, particularly in terms of family connections and support. Also regarded as important was creating a sense of community cohesion and togetherness through generating awareness about Aboriginal and Torres Strait Islander peoples and culture.

To address the issues identified in the community and in turn, strengthen communities, participants reported wanting programs that catered for the different age cohorts in the community, and wanted programs that focused on culture and alcohol and other drug use. Programs with a community focus, such as community activities and events, as well as prevention programs were also said to be of benefit to community members (Munnich, et al., 2014).

Mount Gambier

Mount Gambier is the second largest city in South Australia with a population of 25,911 peoples (2011 Census), of which 2.3% identify as Aboriginal and Torres Strait Islander. The traditional people of the Mount Gambier region are the Buandik with Bunganditj as the main language (Watson, et al., 2014).

The region is of high socioeconomic disadvantage with Mount Gambier and Millicent (a smaller South Australian town) assessed as being in the top 20% of socially disadvantaged communities in Australia. The Aboriginal and Torres Strait Islander population in Mount Gambier has increased significantly over the past few years, due largely to the growing prison population and families moving to the area to be close to their incarcerated family members.

The first British settlement to be established in South Australia was on Kangaroo Island in 1836, five months before Adelaide was founded. Settlement had a devastating effect on the traditional peoples, with reports of theft of sheep, spearings, massacres, and deliberate poisoning of the peoples. In addition to this conflict, disease and forced removals of peoples from their land led to a significant decline in the Aboriginal and Torres Strait Islander population in the Mount Gambier region (Watson, et al., 2014).

Contemporary issues facing the Mount Gambier region include the prolific misuse of alcohol and other drugs. NEP participants discussed their serious concerns about the rise of alcohol and illicit drug misuse among community members, particularly young people, and the lack of locally available services and programs to manage this problem. Related to alcohol and other drug misuse, and also of great concern to the participants, was the prevalence of mental health issues in the community and the poor availability and accessibility of mental health services. Similarly associated with alcohol and other drug misuse, as well as mental health issues, were family issues. Participants reported family dysfunction, disconnection, and violence as negatively impacting on the people in Mount Gambier. To address these salient issues, participants reported a need for programs in the community that focus on culture, young people, as well as separate programs for males and females to cater for their specific needs (Watson, et al., 2014).

Geraldton

Located 450 kilometres from Perth, Western Australia, Geraldton is one of the largest regional centres in the State's mid-west region. The traditional owners of the mid-West or Murchison/Gascoyne region are the Yamatji Aboriginal people. Yamatji country covers nearly one-fifth of the State. The main Yamatji language groups are known as the Kartu languages. These include Naagaja, Nanda, Malagana, Budimia, Inggada, and the most widely spoken language of Wadjarri (Woods, et al., 2014).

Geraldton has a population of almost 36,000 people, of which 9.5% identify as Aboriginal and Torres Strait Islander. At an average age of 21 years, the Indigenous population is comparatively young and has a higher proportion of females than the non-Aboriginal Torres Strait Islander populace (Woods, et al., 2014).

The first recorded European contact was in 1616, however, it was not until the mid-1800s when valuable minerals and fertile land was discovered in the Murchison region that the district was claimed for European settlement. Following 1850, clashes between the settlers and the Yamatji tribes escalated, and the Aboriginal population was quickly decimated by introduced diseases, conflict, and massacres. Since the early colonisation period, Aboriginal people of the mid-west have been subjected to the same racially discriminatory government policies and oppressive community attitudes as elsewhere and have suffered the long-term effects of cultural dispossession, family dislocation, forced removals, and socioeconomic disadvantage.

Reflecting the concerns expressed by participants in the other NEP sites, the NEP participants in Geraldton reported that their prevailing concern was alcohol and other drug misuse. Participants remarked that not only was the misuse of alcohol and other drugs on the increase, but people were engaging in this behaviour at a much younger age. Also of particular concern to the participants was the lack of employment opportunities in the region and the subsequent financial burden this placed on individuals and families. Similarly related to these concerns was the increase in homelessness in Geraldton due to the lack of available and affordable housing.

Participants offered numerous ideas of ways to strengthen individuals, families, and the community. Featuring prominently in these discussions was the need to create unity within the community by organising more community events and gatherings, and through greater leadership within the community. Participants also reported that programs that focus on culture, as well as topic specific programs (namely sport and alcohol and other drug use/misuse) would facilitate the development of stronger individuals, families, and the communities in Geraldton (Woods, et al., 2014).

3.2.2 National Advisory Committee

A NEP National Advisory Committee (NAC) was formed to ensure that the Aboriginal and Torres Strait Islander peoples' communities had an empowered and equal position in the research. The NAC oversaw and advised all stages of the research process. The first meeting (NAC Executive Group) was held in Canberra on the 14 June 2012 at the National Aboriginal Torres Strait Islander Healing Foundation.

The outcomes of the first NAC meeting included:

- Confirmation of the national sites.
- The finalisation of the list of invited and delegated NAC members.
- The establishment of an Executive NAC group.
- The draft Terms of Reference for the NAC and Executive NAC.
- The draft methodology for the direction and development of the NEP.
- Clarification of Project research ethics processes.

A second NAC Executive Group meeting was held in Perth on 27 July 2012 at the School of Indigenous Studies (SIS) at UWA. The outcomes of the meeting included:

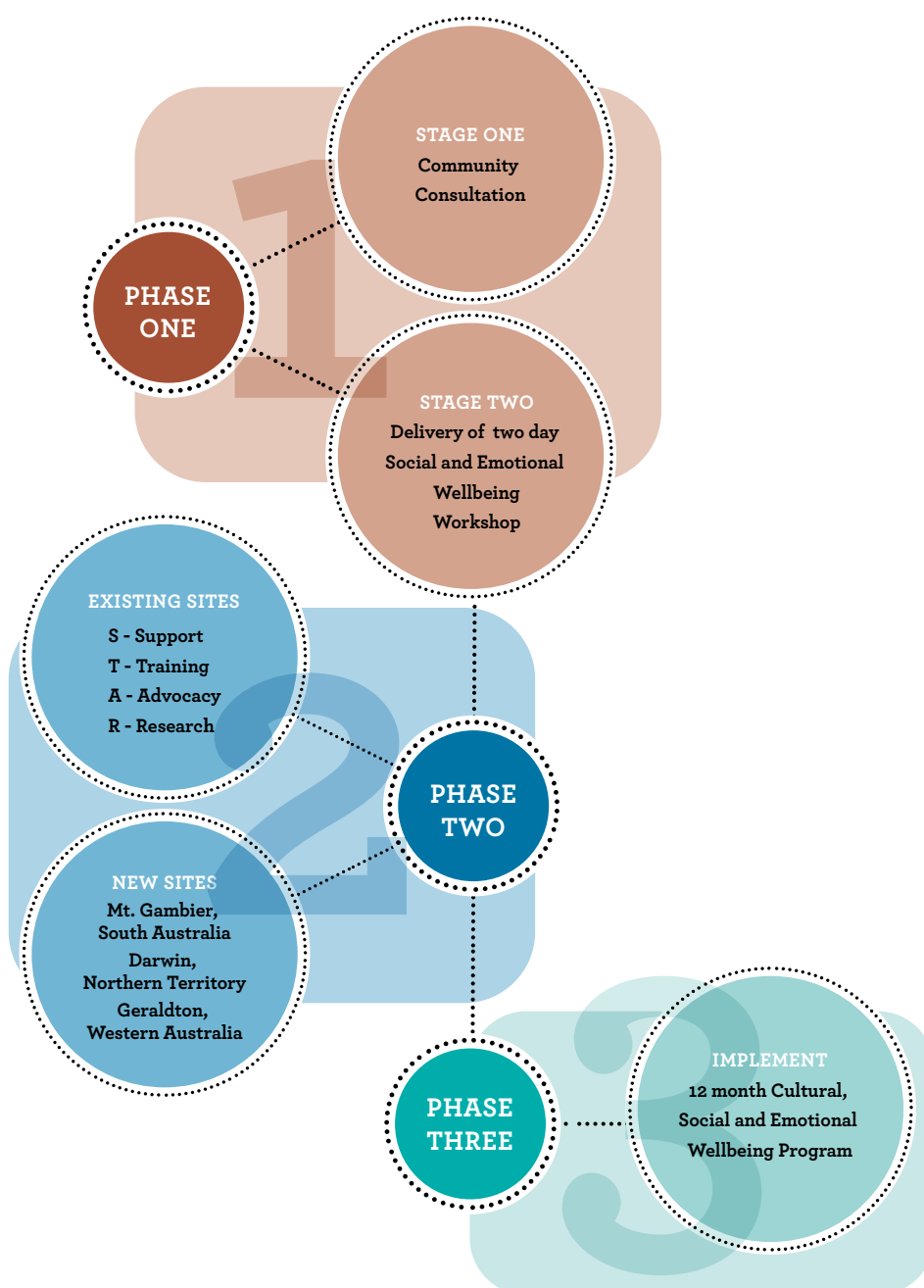
- Updates on the partner organisations and community consultant selection and amended NEP sites.
- Further clarification of the Project research ethics approval processes.
- Research methodology for the Project.
- Discussions about Stage Two of the NEP.
- NEP – Intellectual property.
- Discussion about the evaluation of the Project.

A full National Advisory Committee Meeting with all members was held in Canberra on Thursday 18 October 2012 at the National Healing Foundation. Subsequent meetings have been held in Perth in February and June 2014 and February 2015. The NAC Terms of Reference is included at **Appendix B**.

3.3 PROJECT APPROACH

To date, the NEP has been implemented in three phases, although the three phases interchange at various times. Phase One of the Project consisted of two stages, stage one involved community consultations in eight initial sites across the country and stage two, the delivery of a social and emotional wellbeing workshop in all of these eight sites. Phase Two of the Project involved support, training, advocacy for the existing sites, further research for the whole project and community consultations at three new national sites, as well as the delivery of a social and emotional wellbeing workshop at the sites. Phase Three of the Project has involved the implementation of the Cultural, Social and Emotional Wellbeing (CSEWB) Program which had been developed earlier. The CSEWB program continues to be implemented in the two sites in Queensland and support, training, advocacy and research will continue for other sites.

National Empowerment Project



National Empowerment Project Phase One

Stage One – Community Consultations

Community engagement and consultations were undertaken with 8t sites across the country.

Stage Two – Program Development and Delivery

A two-day Introductory Social and Emotional Wellbeing Workshop was delivered in the 8 sites.

3.3.1 Stage One: Community Consultations

Stage One involved an extensive community consultation process in eight sites across Australia. This required firstly building relationships with the selected communities and establishing formal partnerships with community based organisations in each of the initial eight project sites.

I. Partner Organisations

The role of partner organisations was to:

- Support engagement and employment of the community co-researchers.
- Provide administrative and general project support for the NEP and the work of the community co-researchers.
- Ensure access to culturally appropriate counselling as part of the NEP community engagement and consultation.

Partner organisations were selected on the following criteria:

- Stable governance, management, and operations.
- Existing capacity to develop and implement the NEP.
- Proximity to Aboriginal and Torres Strait Islander populations locally.
- Ability to work in a collaborative partnership with UWA and the NEP team.

A full list of the partner organisations to the NEP is attached at **Appendix A**.

II. Community Co-researchers

The second aspect to Stage One - the community consultations - involved identifying and training up to 22 local community people in each site as co-researchers to undertake the project planning, interviewing, data collection, data analysis, report writing, and community feedback and dissemination of research findings.

The partner organisations provided assistance in identifying and/or recruiting local community members to be trained as community co-researchers. Two co-researchers (one male and one female where possible) were identified in

each site to have gender balance as appropriate (not all sites were able to recruit both male and female consultants and in some of the sites two female or two male consultants were employed).

The co-researchers were selected on the following criteria:

- Demonstrated ability and willingness to enact the values and principles of the NEP.
- Locally accepted community member.
- Demonstrated knowledge about the local community and experienced networking ability.
- Broad understanding of conducting research and ability to conduct research interviews, workshops, and focus groups.
- Excellent communication skills and ability to lead and facilitate local consultation and workshops.
- Ability to work within a set timeframe.

III. Training

Co-researchers came to the Project with a range of knowledge and experience in undertaking one-on-one interviews and facilitation of focus groups (also referred to in training materials as 'yarning circles'). The experience ranged from one or two having no prior experience to those with extensive experience, or experience in related areas such as oral history.

The co-researchers were provided with the skills required to participate actively in each stage of the research process. Training and support for locally based community co-researchers was provided via forums (on-the-ground workshops and websites to exchange ideas). Ongoing mentoring was also necessary and important to their capacity building.

A total of 11 local co-researchers (two from Darwin, Mildura, Toomelah, Narrogin, Perth, Northam/Toodyay, one from Kuranda, with apologies from Cherbourg and Sydney) travelled to Perth for a five-day training program in September 2012.

Members from both the NEP team and the Kimberley Empowerment Project (KEP) team developed and delivered the training program. The training program covered topics such as basic project management, research

methodologies, particularly participatory action research, research ethics, collecting data through one-to-one interviews, focus groups, and stakeholder interviews, thematic analysis, and reporting the research outcomes.

The co-researchers from the KEP were a part of the program and shared their experiences. This was an important part of the Project in terms of community capacity building, empowerment, and local Aboriginal and Torres Strait Islander peoples' knowledge transfer.

As well as providing an overview of the NEP and how to conduct the community consultations, workshops took place about the research ethics and protocols for the Project and what needed to be included in the interviews. Along with the training, a 'kit' was developed to assist co-researchers to undertake the community consultations. This included instructions and information for the consultants, consent forms, and photograph consent forms (for focus groups, stakeholder workshops, and one-on-one interviews). Importantly, the last two training days involved Aboriginal Mental Health First Aid (MHFA) Training delivered by Aboriginal and Torres Strait Islander professional trainers to ensure duty of care and risk management for participants in the community consultation. The researchers received a certificate for completion of the Aboriginal MHFA Training. An evaluation of the NEP community co-researchers training program was subsequently conducted with most participants rating all elements of the training highly.

On site training was provided for the local co-researchers of the three new sites in their location as these sites were established in 2013/14. An abridged version of the introductory NEP training workshop was delivered on site by a member of the NEP team.

A second three-day training program with the co-researchers was delivered in May 2013. The objective was for the co-researchers to complete the final write up and findings from their community consultations, as well as prepare a power point presentation to present the findings back to their communities as part of their dissemination strategy. On the final day of the training, a NEP forum was held with a number

of invited guests, including key stakeholders who were involved and/or interested in the work carried out through Stage One of the NEP. The presentations were video recorded to provide a further training and information resource for stakeholders and communities. During this, community co-researchers were trained so that they would be able to deliver a two-day workshop in their communities with support from the Perth NEP team.

3.3.2 Stage Two: Program Development and Delivery

The development and delivery of an introductory social and emotional wellbeing workshop took place in each of the NEP site locations. A second element of Stage Two involved the development of the *Cultural, Social and Emotional Wellbeing Program* for all sites in accordance with the data gathered from Stage One. This is a comprehensive 12 month program which is implemented in Phase Three of the NEP. Community co-researchers were provided with a training workshop to be able to deliver the program in their local sites. This aspect of the NEP is ongoing with support, training, advocacy, and research (STAR) being provided to all partner organisations and community co-researchers.

I. Introductory Social and Emotional Wellbeing (SEWB) Workshops

Stage Two involved working with local communities to plan and deliver a two-day SEWB workshop as a preparatory module to a longer program.

The NEP team engaged two external consultants - Cheryl Dunkley - the Senior Consultant for the KEHL Program; and Kerrie Kelly, an experienced psychologist, to assist with the development of the two-day CSEWB workshop. Following on from the themes generated from the NEP community consultations, participants had identified individual, family, and community strengths and weaknesses that reflected a cultural, social, and emotional wellbeing framework. Various workshop materials and activities were subsequently developed.

Delivery of the Two-day Workshop

The delivery of the two-day introductory social and emotional wellbeing workshops was supported by:

- i) A *Facilitator Guide* outlining: a schedule for the two days; the history of the NEP; aims and guiding principles; a guide (and tips) for facilitators; set-up and preparation for the two-day workshop; a debriefing guide and a powerpoint presentation.
- ii) A *Participant Guide* including: a program for the two days; a history of the NEP; aims and guiding principles; a copy of the powerpoint presentation; a description of social and emotional wellbeing and practical exercises, such as *Dadirri: Listening to One Another*. The focus of the *Participant Guide* was on exploration and practical support to achieving social and emotional wellbeing.

Participation rates varied across the initial eight sites:

- A total of 95 people participated on Day One and 88 on Day Two.
- Average attendance for Day One was 12; for Day Two the average was 11 participants.
- The highest attendance for one site was 20 on Day One; and for another site 21 on Day Two.

The delivery of the introductory SEWB workshop was condensed to one day for the three new sites, as two full days was not required. There were 17 participants in Geraldton and 10 participants in Mount Gambier. A Darwin SEWB workshop was arranged, however due to unforeseen circumstances the workshop did not proceed.

The timing of the workshops was not ideal for some locations and provided lessons on the need for more intense promotion and support of future workshops. Local co-researchers highlighted this issue at a later training workshop in October 2013, in Perth. This important issue of promoting a forthcoming program will be considered when planning the development and implementation of the comprehensive program.

SEWB Workshop Feedback

According to feedback from participants, the majority of those who attended the workshops indicated they found the workshops useful. Participants also reported that the workshop being delivered by Aboriginal facilitators (NEP Perth team and local community co-researchers) was an important feature. Participants rated the individual workshops highly. On a four level rating of 'excellent', 'very good', 'good', and 'average', 60% rated the workshops as 'excellent', a further 38% as 'very good', and 2% as 'good'.

On another measure, a comparison was made on the basis of those who had participated in the Stage One consultations and those who had participated only in the Stage Two SEWB workshop. The outcomes suggested those who had participated in Stage One consultations were more positive about the workshops than were those who had not participated in these. The difference in responses highlights the significance of participation in the Stage One consultations and the synergy between people being involved in both the consultation process and the ensuing social and emotional wellbeing workshop.

Participants were also invited to comment on a series of questions about the workshops. Their responses suggested the following:

- As a result of the workshops, participants felt they would make changes in their personal lives, including taking better care of oneself, taking steps towards self-improvement, being more reflective, and thinking before acting.
- Participants would also act differently with others, mainly within the family but also in relation to the community, showing leadership and being more supportive of efforts to bring divided communities together.
- Many participants indicated the workshop provided them with tools and learning about how to contribute to resolving community issues.

- The coming together of people and their willingness to share openly and honestly were seen as strengths of the workshop. Some commented on the commonalities that brought people together; others commented on the diversity. Some also appreciated sharing with a group of women.
- The strength of the workshop for some participants was its capacity to raise awareness and develop understandings.
- The way in which the workshop was presented was a strength, with positive comments about the facilitators, along with comments about the fact that they were Aboriginal and Torres Strait Islander peoples and ‘our people’ who could personally relate to the content. Some also commented on their enjoyment of the workshop.
- A number of people expressed concern about workshop attendances; in that it would have been more encouraging to have more people in general and in particular more younger people and more males.
- Some comments highlighted specific aspects of the presentation that might be improved to suit different learning styles.

Both quantitative data from rating scales and qualitative data from participant and facilitator feedback indicated that the social and emotional wellbeing workshops were successful. The strongest indicator was that all participants indicated they would recommend the workshop to others. One concern (and, by inference, an indicator of the value of the workshop) was the regret expressed by a number of participants that attendance from their communities was not higher.

One must remain cognisant that the Stage Two SEWB workshop was a small project with a short timeline and was, in a sense, a bridge between NEP Stage One (the extensive community consultation phase) and ongoing ‘Phases’. These Phases will involve the roll out of a comprehensive Cultural, Social and Emotional Wellbeing Program to form the framework of a potential ongoing holistic community program.

4

PROJECT METHODOLOGY

The National Empowerment Project (NEP) utilised a participatory action research (PAR) process underpinned and directed by a set of protocols and an Aboriginal and Torres Strait Islander knowledge framework.

4.1 NEP PROTOCOLS

A set of six protocols were developed by the NEP team and the community co-researchers during the first training workshop to direct how the Project would work within the communities. The six protocols are consistent with, and are a direct application of, other recognised principles promoting Aboriginal and Torres Strait Islander cultural, social, and emotional wellbeing (Aboriginal and Torres Strait Islander Healing Foundation; 2009 Swan & Raphael, 1995) and community ownership (NHMRC research principles). Out of respect for the origins of the protocols and to ensure the voices of the Aboriginal and Torres Strait Islander peoples are maintained, the below protocols have been written in first person.

1. Human Rights and Social Justice

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.

2. Community Ownership

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

3. 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.

4. 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

(Social Health Reference Group, 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 knowledge and strengths to the next generations. Our work will enable us to develop understandings and skills that will strengthen the leadership of our communities.

5. 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 service providers will ensure that we support and enhance existing local programs, not duplicate nor compete with them. Our relationship with Aboriginal and Torres Strait Islander peoples as key partners will be respectful, genuine, supported and will include advocacy.

6. Respect for Local Knowledge

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

4.2 NEP ABORIGINAL KNOWLEDGE FRAMEWORK

The NEP embraced an Aboriginal and Torres Strait Islander knowledge framework that underpinned the approach to all knowledge generated by the project. This framework included recognition of: a community based approach; holistic perspectives; diversity and self-determination; and the history of colonisation.

I. A Community Based Approach

The underlying principle of all community development and empowerment approaches is that only solutions driven from within a 'vulnerable 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 and positive transformation are to be achieved. Discussions of successful strategies implemented to address community distress and suicide highlight the absolute necessity for any community to go through its own process of identifying and taking ownership of any problems and vulnerabilities, and seeking solutions from within.

II. 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 wellbeing. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, and endurance as well as 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.

III. Aboriginal and Torres Strait Islander Diversity

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

IV. Self-determination

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

V. Acknowledging a History of Colonisation

NEP recognises that Aboriginal and Torres Strait Islander peoples have concerns about research and research methodologies as continuing the process of colonisation in determining and owning knowledge about Aboriginal and Torres Strait Islander peoples. These concerns have highlighted how research is inextricably linked with European colonisation. Western knowledge, particularly scientific knowledge, played a role in oppressing Aboriginal and Torres Strait Islander peoples. Many Aboriginal and Torres Strait Islander scholars propose that a central issue in contemporary times for Aboriginal and Torres Strait Islander peoples is to challenge the dominant discourses and to reclaim their 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 self-determination.

4.3 NEP PARTICIPATORY ACTION RESEARCH PROCESS

One of the strengths of the NEP is the use of a legitimate and thorough Aboriginal and Torres Strait Islander community based participatory action research process (PAR). PAR was intentionally utilised because of its potential to enhance the efficacy of empowerment, healing, and leadership within Aboriginal and Torres Strait Islander communities. It focuses on developing community capacity to participate as co-investigators in developing, conducting, disseminating, translating, and implementing the research. It also aims to ensure research is responsive to community needs, is conducted in a culturally appropriate manner, and is beneficial to the community. PAR repositions the subjects of the research as participants in the research process - in effect the researched become the researchers' and researchers become facilitators rather than 'experts' (Baum, MacDougall & Smith, 2006). It recognises and values the knowledge of 'ordinary' people as a legitimate form of inquiry and local knowledge, including the ways of collecting such knowledge, as valid and necessary to understanding a specific research topic (Kidd & Kral, 2005).

Participatory action research process generates knowledge and shared understanding to mobilise collaborative action for change. Central to this is the collective ownership of the research processes and outcomes. In this sense, research becomes a process for change directed by those most affected by the issues being examined. Undertaken correctly, PAR can support the collective ownership of the research process and its outcomes. It can achieve this by working to create a process of shared cultural knowledge between the consultants/researchers and those being consulted. PAR also enables communities to develop knowledge that can be useful to them and directly improve their lives by producing valued and concrete outcomes. It also encourages people to construct their own knowledge as a means of empowering them and challenging much of what is imposed upon them. Key components of PAR are:

- 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.

Using a PAR process meant the NEP prioritised the experiences of Aboriginal and Torres Strait Islander peoples and engaged people in a shared research journey for the creation and articulation of Aboriginal and Torres Strait Islander knowledges. As such, the NEP aimed to both facilitate and strengthen a process of cultural reclamation, and to produce outcomes that would be of benefit to the communities. Key components of the NEP PAR process were its engagement of community through genuine partnerships with local organisations, and the inclusion of the community co-researchers as part of the research team.

4.3.1 Partnering With Local Organisations

A unique feature of NEP was its Aboriginal and Torres Strait Islander management and delivery of the Project at two levels. This occurred through the central coordination at the School of Indigenous Studies at UWA, and the community based partner organisations. It also occurred through the partnering with local organisations in each of the 11 sites. This ensured strong local ownership and leadership for the NEP, and support for the development and implementation of Stage Two of the NEP.

4.3.2 Inclusion of Local Community Members as Co-researchers

The other unique feature of the NEP PAR process was the inclusion of locally based community members as co-researchers to conduct the research. The relationship between interviewer and interviewee is crucial to this process, as data is generated through these interactions. The co-researchers proved critical to the achievement of a localised community PAR process. They facilitated the collection of an extremely rich database of community identified issues and priorities and achieved high levels of community participation. The training and support provided to the co-researchers was central to the genuine and culturally responsive PAR process. Moreover, it resulted in enhancing local skills and resource networks in each of the sites, which will be sustained beyond the life of the Project. The community co-researchers were an active part of the team and were involved in deciding many aspects of the Project. For instance, they developed the principles for the Project and the interview guides. They also engaged in knowledge transfer between themselves, the Kimberley researchers, and local Nyoongar researchers who attended to share their experiences of community based research. The co-researchers took their roles as researchers seriously and were intent in ensuring the Project empowered and listened to the issues in the community.

4.4 DISCUSSION: NEP AND PAR

While PAR is increasingly used in research with Aboriginal and Torres Strait Islander peoples and in health settings, there are few published examples of the day-to-day practicalities of using this approach to undertake research with Aboriginal and Torres Strait Islander communities in Australia. The NEP demonstrates a genuine way of utilising this methodology and the immediate and longer benefits that can be gained both for the community and the research team. The NEP highlights how a community based PAR methodology can develop community research capacity and enable an exploration of highly sensitive and challenging issues with community members. Importantly, given that the NEP took place with communities deliberately selected on the basis of a level of vulnerability, the process also proved to be a potentially therapeutic intervention for participants in having their voices heard. It also facilitated direct community participation and input into developing the content of programs that are community-owned, locally relevant, and culturally appropriate.

The rich data that was collected by the community co-researchers is testament to what can be achieved with PAR. It permits unique access to community voices and perspectives by facilitating trust, engagement, and support. Two aspects of NEP identified by the independent evaluation show the strength of the PAR process for the participants of the Project.

I. Being Heard

The NEP provided an opportunity for local Aboriginal and Torres Strait Islander people's voices to be heard from 11 communities across Australia. A strong theme that emerged from the independent evaluation concerned the power of the consultations as the 'voice' of the community, and as evidence of the issues faced by, and the aspirations of, the community. As one consultant noted it is a voice that is 'often heard but not listened to'. The importance of being heard is also evident in the extensive community involvement and the high levels of enthusiasm in the individual interviews and focus groups. Some interviews and focus groups

extended to three to four hours due to the willingness and desire of participants to share their views and stories.

II. Owning the Future

Aboriginal and Torres Strait Islander 'ownership' was also a theme that emerged strongly from the consultation processes and was identified by the independent evaluation as a key contributor to community members feeling comfortable to speak honestly and openly. This was also reflected in feedback directly to the community co-researchers. People spoke about the significance of the community being involved 'at last' in a meaningful way and hoped that this would result in the types of resources the community wants (and knows it needs) to be able to deal with its issues.

Utilising a PAR methodology brings considerable challenges for researchers and communities and requires considerably more time, money, personnel and personal commitment than traditional research 'survey' approaches. Yet as the NEP showed, it also overcomes some of the barriers and suspicion to research held by Aboriginal and Torres Strait Islander peoples, and has the potential for communities not only to see the benefits of research, but to establish their own research capacity that responds to the priorities set by their communities – utilising their own understanding of the issues and knowledge for addressing them.

The design of the NEP allowed time for respectful, engaging relationships to be formed with Aboriginal and Torres Strait Islander communities, and genuine partnerships with Aboriginal and Torres Strait Islander community organisations to be developed. More importantly, this approach sets the groundwork for empowerment and leadership processes and helps embed ownership and action for change within the community itself. It also provides community perspectives of the changes required to move forward – a key element that is perhaps the missing link that policy makers and program and service providers need in order to effectively address the issues within many communities. These factors are discussed in detail in the following sections.

5

COMMUNITY CONSULTATIONS

The community consultations were guided by a pre-determined set of 12 questions/discussion prompts developed in consultation with the community co-researchers (see **Appendix C**). These were used as a basis for the one-on-one interviews and, with minor modifications, for the focus groups. Each interview/focus group commenced with an overview of the NEP. The questions explored participants' perceptions on:

- The issues impacting on individuals, families, and the community.
- What makes individuals, families, and the community stronger.

- Understandings of cultural, social, and emotional wellbeing, empowerment, leadership, and healing.

The questions also sought participants' ideas on what (and how) programs in their community might achieve some of the above; and what programs/services were currently available.

5.1 PARTICIPANT DEMOGRAPHICS

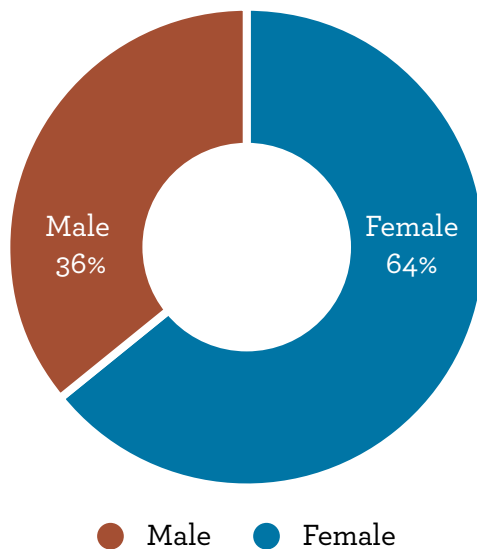
The community co-researchers aimed to involve 40 participants from each of the sites. At the end of the consultations, a total of 457 participants were involved across the 11 sites - an average of 42 consultations per site.

NEP Site	Type of Area	Number of Participants
Perth, WA	RA1 Major City	40
Northam/Toodyay, WA	RA2 Inner Regional	40
Narrogin, WA	RA3 Outer Regional	33
Geraldton, WA	RA3 Outer Regional	43
Kuranda, QLD	RA3 Outer Regional	78
Cherbourg, QLD	RA2 Inner Regional	41
Toomelah, NSW	RA3 Outer Regional	31
Redfern, Sydney, NSW	RA1 Major City	38
Mildura, VIC	RA3 Outer Regional	40
Mount Gambier, SA	RA2 Inner Regional	41
Darwin, NT	RA3 Outer Regional	32
Total		457

Department of Health (2015)

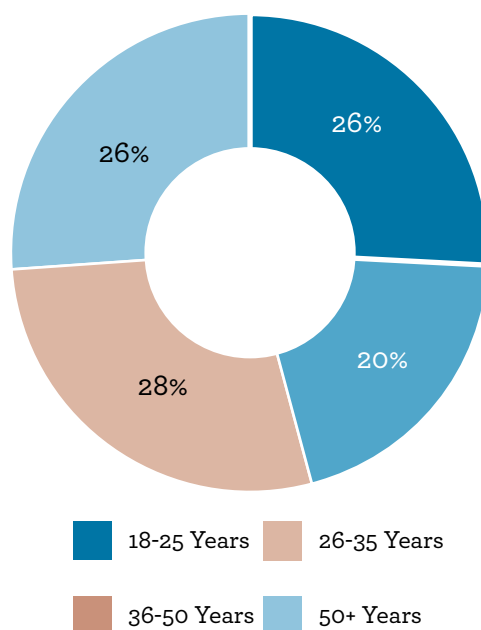
The research team were intent on recruiting a diverse range of participants to ensure a good representation of the the communities. Several approaches were used for recruiting participants, including posters, radio, and word of mouth. The recruitment process resulted in young people (18-25 years), middle-aged people, the elderly, women, and men participating in the community consultations.

Figure 1: Gender of Participants



The research team were mindful that a range of participants be included to ensure a good representation of the different age groups within each of the communities. Hence, the consultations involved young people (18-25), the elderly, women and men.

Figure 2: Age of Participants



As the above charts indicate, the majority of the people participating in the Project were female (64%). Each of the age cohorts were similarly represented, which gives confidence that the data reflects the views and opinions of community members at varying life stages. An overwhelming majority of the participants identified as Aboriginal and/or Torres Strait Islander, with non-Indigenous people comprising only a small percentage of the participant sample.

5.2 DATA ANALYSIS

There was a notable richness and high quality and quantity of information collected from all the interviews and focus groups. The final database was extensive, totalling 325 pages. Participants provided both written and oral information to the Project team. A transcriber was used to obtain oral information from some participants. Thematic analysis was used to analyse the qualitative data. This involved quantifying the data on the basis of discrete items or themes of information. The themes were derived entirely from within the data, and then confirmed through consensus rather than using any pre-conceived categories. To ensure the trustworthiness of the themes generated from the analysis, the findings were returned to participants and co-researchers for confirmation. To that end community feedback sheets were developed (See **Appendix D**). Powerful meanings and issues emerged from the themes, in particular the many issues negatively affecting Aboriginal and Torres Strait Islander peoples, their families, and communities.

5.3 THE FINDINGS

5.3.1 Introduction

During the one-on-one interviews, and focus groups, the community co-researchers asked participants to consider two overall 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?

Examining the issues as they impacted on individuals, families, and communities was a deliberate and necessary approach. The NEP team acknowledged the importance of providing individuals with the space to reflect on their lives and sense of wellbeing, and on what they needed to make themselves strong. The focus and link with family and community can often mean that people do not consider their own needs and issues as individuals as having a detrimental effect on their ability to maintain resilience and a sense of mastery and control (factors that have been shown to be critical for individual, family, and community wellbeing). In fact, some participants commented on never considering their own issues as opposed to that of others in their family or community. As such, the Project is recognised for providing a forum that permitted participants to share their personal stories and life experiences.

The questions also recognised the interconnectedness not only of peoples' issues – but also people's lives, especially the important causal role of familial ties and community. Emphasis on the individual runs counter to Aboriginal and Torres Strait Islander perspectives where family and community are an essential aspect of the self. Of particular importance in examining Aboriginal and Torres Strait Islander peoples' health and wellbeing is recognition of the role of strong social and familial relationships, and the community as determinants of mental health.

5.4 WHAT PEOPLE SAY ARE THE ISSUES CONFRONTING INDIVIDUALS, FAMILIES, AND COMMUNITIES

Across all Project sites the consultations showed that people perceived a number of critical issues for individuals, families, and communities. There were inevitably some differences in the emphasis afforded to some of the issues by participants in different sites. Each of the individual site reports outline more detail regarding the particular concerns and views expressed by participants and should be read for a greater understanding of the issues impacting on each community. Many of the differences in emphasis between the sites can perhaps be attributed to the differing historical, economic, political, and cultural circumstances of the communities. In some communities the impact of the Stolen Generations was more pronounced in discussions than in others. Similarly, in some communities, family conflict and communication breakdown permeated the consultations about what was of greatest concern to people and causing such distress. Some of these differences can also be seen as reflecting those that exist between urban, regional, and remote communities as well as those that exist for communities in rural and coastal settings (Dudgeon & Ugle, 2014).

Notwithstanding this, one of the notable findings from the NEP consultations is the fact that despite the nuances, overall there were a set of key concerns repeatedly identified by all the communities as impacting on their lives and ability to function effectively. Many of these also reflect previous findings from the literature, program review, and community consultations in *Hear Our Voices* (Dudgeon et al., 2012).

The following tables outline a full list of the concerns and their ranking from the amalgamated data across all the sites. The ranking reflects their priority once each of the individual rankings was combined.

The tables highlight the range of key issues people identified as impacting on their lives, their families, and community. It is important to note that participants were not given pre-determined issues/concerns to rank, rather the participants volunteered the information during their interviews or focus group discussions.

Table 1: What People Say Are Issues Confronting Individuals

Themes	Ranking
Health/Mental Health	1
Employment	2
Drugs and Alcohol	3
Family	4
Children/Young People	5
Violence	6
Personal Issues	7
Housing	8
Racism/Discrimination	9

Table 2: What People Say Are Issues Confronting Families

Themes	Ranking
Drugs, Alcohol, Gambling	1
Health/Mental Health	2
Family	3
Financial Issues	4
Employment	5
Violence	6
Housing	7
Communication Breakdown	8

Table 3: What People Say Are Issues Confronting Communities

Themes	Ranking
Drugs and Alcohol	1
Employment	2
Violence	3
Health/Mental Health	4
Youth	5
Family	6
Accessing Services	7
Housing	8
Racism/Discrimination	9

Many of these key concerns can be seen as evidence of how Aboriginal and Torres Strait Islander people's lives are confronted on a regular and ongoing basis by a range of interrelated issues. These all impact on their quality of life and pose risks to their cultural, social, and emotional wellbeing. While many of these single issues might have a tolerable effect on their own, when combined they can have a strong interactive effect, and exposure to multiple issues and stressors over time can have a cumulative effect (Zubrick et al. 2014). In addition, many of these issues have historical causes and are perpetuated by racism, discrimination, and disadvantage – all of which directly impact on peoples' health and cultural, social, and emotional wellbeing.

The following section explores in more detail the key issues and concerns reported by participants. These key themes were generated by combining all the issues identified as impacting on individuals, families, and the community from across the 11 sites.

5.4.1 Key Themes

I. Legacy of Stolen Generations

The NEP consultations highlight the pervasive effect of forced removal and separation on the lives of many Aboriginal and Torres Strait Islander peoples. In some sites, participants talked about the impact of the Stolen Generations on themselves (the 'Stolen Gens') with many not forgetting what happened to their grandparents, their parents, themselves, and their brothers and sisters. For instance, in one regional area, a participant said that in their family, four generations had been removed from the one family across three government institutions over four decades. The impacts of forcible removal was widely acknowledged as having an ongoing effect on individuals and families, including a lack of parental guidance and nurturing, loss of culture, and the ongoing issues relating to intergenerational trauma, loss, and grief. This supports the evidence that shows that the loss of affectionate bonds, especially in childhood, can have significant, adverse effects on child development and across the life-course, leaving children and adults with mental health problems, poor coping mechanisms, and difficulty in forming relationships, which often

contribute to self-medication and alcohol and other drug misuse (Milroy, Dudgeon & Walker, 2014). These very issues formed much of the dominant discourse among the participants in this Project.

It [Stolen Generations] has had a lot of influence on people's life, which they couldn't do anything or prevent anything happening to them.

It has affected their children and my children, their grandchildren today.

I mean if things like that didn't happen then maybe we would have a different relationship with our families and maybe would be better people and then most of my family members would not be in prison (Participant, Inner Regional Area).

Loss of culture – mostly due to the impact of the Stolen Generation, a lot of the Elders said that loss of culture has had a huge impact on their lives and their families lives, such as not knowing where country was and who family is etc (Participant, Outer Regional Area).

II. Racism and Discrimination

Dealing with racism, discrimination, negative stereotyping, and a sense of injustice were key issues raised throughout the consultations. The participants spoke of experiencing the impact of these in many different forms: overt and covert; personal and systemic. Concerns were also raised about a general lack of cultural awareness, sensitivity, or knowledge relating to Aboriginal and Torres Strait Islander culture in the broader community.

Aboriginal people are treated differently because they think of us as being dumb, drunks, and low life just because we are black (Participant, Outer Regional Area).

Racism occurs at both interpersonal and systemic levels in Australian society and it affects a disturbingly high proportion of Aboriginal and Torres Strait Islander peoples. In a 2011 survey of 755 Aboriginal and Torres Strait Islander people across Victoria, 97% of all participants reported at least one racist incident in the preceding 12 months (Ferdinand, Paradies & Kelaher, 2013).

Racial discrimination can isolate people from both mainstream society and their own culture and community. It is also increasingly accepted that racism can directly lead to ill health by: reducing access to the resources required for good health (e.g., employment, education, housing, health care); causing negative self-esteem and self-worth leading to mental ill health (especially depression and anxiety); stress and negative emotional reactions which lead to mental ill health, as well as, affecting the immune, endocrine, and cardiovascular systems; disengaging from healthy activities (e.g., exercise, adequate sleep, taking medications); harmful responses to racism, such as smoking, alcohol and other drug use; and injury through racially motivated assault, resulting in further negative physical and mental health outcomes (Dudgeon, 2012; Ferdinand et al., 2013; Paradies et al., 2008).

Some of the issues that affect me is the amount of racism in the community. This prevents me to do anything good for myself such as going to find a job as I have experienced racism within my workplace in previous employment (Participant, Outer Regional Area).

Despite the destructive impact of racism on Aboriginal and Torres Strait Islander people's mental health, few policy documents and health plans acknowledge the role of racism as a determinant of mental health and wellbeing. The *Supplementary Paper to the A Contributing Life: The 2012 National Report Card on Mental Health and Suicide Prevention*, stresses the importance of tackling racism in its various forms, in a wide range of settings, to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (Holland, Dudgeon & Milroy, 2013).

Aboriginal people can't handle a lot of the racism in (the town). They carry this as a burden that's not theirs. Yeah that's where they get blocked... (Participant, Inner Regional area).

III. Drugs and Alcohol

When the responses to the three questions about issues impacting on individuals, families, and the community were collated, excessive use of alcohol and other drugs emerged as one of the most dominant themes. For some participants, alcohol and other drugs were an immediate way of coping, *not having family in my life has been hard and I have turned to alcohol.*

Many participants said that the use, and in some instances, the excessive use of alcohol and other drugs had a significant negative impact on personal, family, and community life. Some spoke of the impact of living amongst high levels of alcohol and other drug misuse – especially on children. One participant spoke of the way that, *the excessive use of alcohol becomes normal behaviour.*

The responses regarding the impact of alcohol and other drugs indicated that this issue is of real concern and is equated with family breakdown and trauma.

Drugs and alcohol (are affecting families). Too much use within families and impacting on family life (Participant, Outer Regional Area).

Most notable was the perception and concern about excessive use of alcohol and other drugs by young people, and that the starting age for drinking and drug use was very young.

It really hurts to see our children the way they are –

fighting all the time or walking the streets ... either drunk or drugged up –

them living for their next drink or high.

It's no way to live their lives – they are our future,

If they are all like this, then what is going to happen to our families and our culture? (Participant, Inner Regional Area).

Younger family members are drinking and smoking marijuana too early and this is causing issues within the family – causing conflict and violence (Participant, Outer Regional Area).

Other implications of alcohol and other drug misuse included higher rates of domestic violence and abuse. Alcohol in particular was seen to have caused and fuelled major disruption to the harmony of families and communities.

Alcohol issues (are) affecting the family and causing violence and feuding (Participant, Outer Regional Area).

According to many people, the misuse of alcohol and other drugs are responsible for increased violence, ill health, antisocial behaviour and early deaths, and is linked to unemployment, boredom, and a sense of despair.

Seeing the amount of sniffing in the streets where I live and the community is not getting any safer like back in the days it was more safer to walk around at night (Participant, Outer Regional Area).

Alcohol and other drugs, domestic violence, anti-social behaviour, nothing to do, which is why people run amuck using grog and drugs as an excuse to stop being bored (Participant, Outer Regional Area).

Another significant impact is the amount of household funds spent on alcohol and other drugs leaving many families struggling financially.

(People) don't have any money from spending it on drugs and alcohol.

It makes people lazy and don't want to do anything, work, get out of the house and socialise. Creates problems in the family when they're drunk (disputes). A problem between two people can drag the whole family into the situation (Participant, Outer Regional Area).

Alcohol and other drug misuse has been shown to lead to, and stem from, family breakdown. In turn, family problems can lead to breaks in schooling and education, disrupted social relationships, and social alienation (Steering Committee for the Review of Government Service Provision, 2007). Accordingly, harmful levels of alcohol and other drug misuse have the potential to evoke antisocial behaviour,

domestic violence, and family breakdown (Walker & Shepherd, 2008). This also plays a significant part in family and community conflict.

IV. Violence: Lateral, Family, and Domestic

Our history of colonisation casts a dark shadow across our present. While lateral violence has its roots in our history, it thrives today because power imbalances, control by others, identity conflict, negative stereotypes and trauma continue to feed it (Australian Human Rights Commission, 2011, p. 64).

The consultations highlighted the pervasive impact many forms of violence had on people's lives, families, and communities. Of particular concern however was the escalation of lateral violence across all the sites, with reports of harmful behaviours, such as physical violence and family feuding, dominating a lot of the discussions.

Family feuding has become an issue in the community (Participant, Outer Regional Area).

We are like 'crabs in the bucket' bringing one another down, fighting with each other (Participant, Inner Regional Area).

Everything is back to front with black people –

Divide and conquer –

Give one mob more than the other –

It's really bad –

To survive you have to be cunning –

Governments (they think) – that's all right – we got these blacks fighting (Participant, Outer Regional Area).

Violence was such a prominent feature in the communities that it impacted negatively on peoples' daily lives, leaving them to feel unsafe walking the streets, engage in social events, or to access necessary services or programs. In one site, individual and family feuding had split the community to such a degree that separate consultation meetings had to be held to avoid feuding families being in the same space.

Well, personally I don't feel safe, like going for a walk along the river about 8 at night, there are young teenagers roaming around. And I don't feel safe in my own town, like I keep to myself because of the feuding. And they are just, you know, having fights all around town and you don't feel safe. I just keep to myself really, I am safe when I do that (Participant, Inner Regional Area).

Many participants saw their communities as unstable with unpredictable levels of violence often fuelled by excessive alcohol use, and to a lesser degree, ineffective communication.

(the) use of alcohol and drugs by local people has had an impact on the communities because of violence and trouble making (Participant, Outer Regional Area).

Lateral violence is one of the focus issues in the *Social Justice Report 2011* (Australian Human Rights Commission, 2011), which demonstrates the significance of this issue in Aboriginal and Torres Strait Islander communities. The Social Justice Commissioner, Mick Gooda, remarks that lateral violence is a consequence of the process of colonisation and that this created the conditions for lateral violence through: powerlessness; dismemberment of traditional roles, structures, and knowledge; attacking and undermining Aboriginal and Torres Strait Islander culture and humanity; and through creating conflict about Aboriginal and Torres Strait Islander identity. Lateral violence not only impacts an individual's wellbeing, but also acts as a significant barrier to people seeking help, especially if that involves having to interact with others.

The potentially damaging outcomes of children being repeatedly exposed to violent behaviour was a concern expressed by many participants. Namely the potential this exposure created for perpetuating the cycle of violence and the long-term negative impacts such violence can have on all domains of child development.

Young boys see their parents ... their dad bashing on their mum.

So they end up growing up thinking that it's okay to hit women, when it's not. So it is a vicious cycle. And so the people who perpetrate, they were victims themselves (Participant, Inner Regional Area).

In *A Contributing Life: The 2012 National Report Card on Mental Health and Suicide Prevention* (National Mental Health Commission, 2012), Professor Helen Milroy stated that the impact of trauma on Aboriginal and Torres Strait Islander children and their families is a major undetected, underestimated, and misunderstood determinant of mental health conditions in the adult population. She suggests that Aboriginal and Torres Strait Islander children can be subjected to high numbers of death, traumatic incidents, and violence at a very young age. Left undetected such experiences can themselves lead to a range of social, physical, and psychological issues that serve to perpetuate the cycle of high levels of violence, incarceration, poverty, and distress that were identified in the NEP consultations.

V. Family and Youth

Concerns related to family and young people were each seen as areas of concern in their own right, but also as inter-related and having a causal relationship. For many participants, the 'problem' with youth, in part, was an outcome of family dysfunction. The range of issues relating to youth included those in which youth are seen as the victims, or the protagonists, as well as issues that are deemed to be the responsibility of others, for example parents. Many participants believed that young people needed supervision and their families needed to take responsibility for their actions. Others felt that young people did not have enough to do, and a lack of parental supervision led to them 'roaming the streets' and exhibiting disruptive behaviour.

...kids roaming the streets and not finishing school. Breaking into houses and cars (Participant, Outer Regional Area).

Younger teenagers in family stealing and breaking the law (Participant, Outer Regional Area).

Stealing – younger generation seems to be getting up to mischief and there has been an increase of these sorts of activities in the community (Participant, Outer Regional Area).

Aboriginal and Torres Strait Islander communities are predominantly young with a median age of 19 years. One of the consequences of this young population is that there are very few older age groups to provide buffering and support for children and community life (Milroy, 2014). Across the consultations there was an overwhelming concern about the impact of dysfunction and disunity on children and young people. There were concerns about the "lack of support mechanisms to support and encourage young people". People also spoke of the lack of safe places for children to go and the need for programs that enrich the lives of young people and guide them.

...there is nothing in place, especially to support young people who want to become local leaders and have the capacity (Participant, Outer Regional Area).

One of the concerns was the impact of all these stresses and difficulties in peoples' lives on the ability of families to function effectively. Family functioning is an important aspect of the family environment that influences the physical, social, and emotional wellbeing of children. It also serves as a key protective factor in building children's resilience and reducing their current and future risks associated with adversity and disadvantage (Shepherd & Walker, 2008).

There were a broad range of family-specific issues seen as impacting on individuals, family, and the community highlighting the complexity and inter-relatedness of family responsibility, childrearing, and the impact of sharing those responsibilities across generations. In some communities, grandparents talked of being tired and burnt out from constant child rearing and babysitting of grandchildren. One participant commented that *their mother isn't being responsible enough and is relying on me and my family to babysit all the time.*

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 [city] and five hour drive to go there for visits (Participant, Inner Regional Area).

A related theme that often emerged across the sites included a concern with the poor parenting skills of young parents.

Parents aren't educated on how to raise children and how to be role models for their families (Participant, Inner Regional Area).

VI. Physical and Mental Health

One of the most pressing areas of concern for participants related to physical, mental, cultural, social, and emotional health, including access to appropriate health services. Poor physical health was often identified as being an issue that was of direct concern to the participants.

Health for both of them isn't good and this has affected (person's name) particularly as he isn't as mobile as he used to be and he can't work because of health reasons (Participant, Outer Regional Area).

Many participants spoke of their personal struggles with mental health issues, highlighting the pervasiveness of poor mental health in Aboriginal and Torres Strait Islander communities.

...(I) wake up crying at night because I'm very anxious and have panic attacks (Participant, Outer Regional Area).

Depression and anxiety have a huge impact on my wellbeing (Participant, Outer Regional Area).

Grief and loss featured prominently in participants' discussions, thus demonstrating the inextricable link between grief and loss, and poor mental health.

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 on her personally because they are passing away so young (Participant, Inner Regional Area).

Grief and loss and not able to deal with and recover, this affected my physical and mental health (Participant, Inner Regional Area).

Those who were not personally suffering health and lifestyle problems often experienced mental anguish as carers of family members with health and mental health problems. The range of health issues was extensive and the data suggest individuals often suffered from a complex mix of health and lifestyle issues.

My son suffers with mental health problems and it's hard to get any support from the services to deal with his mental health. It's putting a big strain on my whole family as we are unable to deal and cope with his angry outbursts, taking his frustrations out on the family ...

when he's under the influence of drugs and alcohol - things are worse.

That's when threats of doing harm to himself and to his own family are made (Participant, Outer Regional Area).

Many participants talked about the mental health issues impacting on young people in the communities and the lack of services and support available to help them and their families to deal with the consequences.

(We need) better youth mental health care (Participant, Outer Regional Area).

Mental health services too busy, too long a wait for appointments, follow up care not happening, limited psychologists (Participant, Inner Regional Area).

Similar findings were reported in *Hear Our Voices* (Dudgeon, et al. 2012), which showed the need for greater services and resources for young people across the Kimberley. It also resonates with a recent systematic review that highlighted the limited information on mental health among young Aboriginal peoples aged 10-24 years, particularly in urban settings (Azzopardi, et. al. 2013). As with previous reviews the authors found research priorities identified by Aboriginal and Torres Strait Islander young people and their communities are often overlooked. For example, a qualitative study of Aboriginal and Torres Strait Islander adolescents in a remote area identified substance use, violence, boredom, and racism as significant issues (Mohajer, Bessarab & Earnest, 2009), however according to Azzopardi, there appears to be a mismatch between estimates

of the burden of disease, the needs reported by young people, and the focus of research and interventions (Azzopardi, et al. 2013).

VII. Education and Employment

A range of concerns around education and employment emerged as key issues affecting participants. This ranged from comments about school education, tertiary education (TAFE and University), up-skilling within the community, as well as 'cultural' education and learning from family.

The education system and those who work in the schools don't have a full understanding of the issues for our Aboriginal kids and families... sometimes the systems are the ones who fail our kids (Participant, Outer Regional Area).

Many commented on the importance of education as the key to opening more doors and creating employment opportunities for all community members.

Our families need employment, housing, and reasonable money to live on.

I got everything I have through hard work, and there are plenty of Aboriginals willing to do the same, but lack of opportunity and resources time-after-time forces you to give up and live from day-to-day any way you can (Participant, Outer Regional Area).

Many of the younger participants, aged 18-25, expressed concern about finding skilled employment without tertiary education. Older participants also expressed concern about unemployment and job security and identified that they felt that there were inadequate education and training opportunities for them.

Employment opportunities in many communities are scarce. In most instances, where employment is available it is often outside of the community and travel is required, which presents a significant challenge for many people, especially when they don't have a vehicle or means to travel.

High unemployment (in the community) – jobs aren't available locally (Participant, Outer Regional Area).

Unemployment – not enough opportunities for employment locally in the area (Participant, Outer Regional Area).

Another challenge is that most of the employment prospects are dependent on people having the relevant skills and qualified trade for a particular job. Although job networks provide training and courses locally, only a handful of the participants actually secure paid work. Those participants who miss out feel abandoned and become discouraged in participating in any future opportunities. Many only participate in training courses in order to avoid being cut off from their Centrelink income.

After all the training, we are over-skilled but have no experience because there are no jobs. So the only thing to do is sit around with no way of earning a good living (Participant, Outer Regional Area).

VIII. Housing

Housing was also identified as an issue impacting on individuals. Particular concerns related to the inadequacy and inappropriateness of available housing, the high cost of housing, and the lack of appropriate support from housing providers.

No public affordable housing, private rental too expensive, am trying to save for a deposit to buy. Too many people on waiting lists and large families have priority over single people on low income, and rental price too high (Participant, Inner Regional Area).

There is an extensive body of research showing the direct links between housing and health outcomes on Aboriginal and Torres Strait Islander peoples – especially the detrimental impact of overcrowding, poor quality housing, and lack of access to housing and housing services on physical and emotional wellbeing (Runcie & Baillie, 2000; Silburn, et al. 2014). Evidence shows that Aboriginal and Torres Strait Islander adults living in dwellings with structural problems were more likely to report high or very high levels of psychological distress compared with those who did not (37% compared with 28%) (ABS & AIHW, 2010).

Not enough housing, that's why I'm homeless, and there's no support really out there to help me get a house (Participant, Outer Regional Area).

IX. Lack of Appropriate Services and Programs

A lack of services and support, and a lack of appropriate programs for Aboriginal and Torres Strait Islander peoples were strong themes. This included those aimed at addressing people's mental health issues.

Aboriginal people here in (this town) have got nothing.

We are just statistics in a box.

All the Government agencies here employ wadjalas (non-Aboriginal people) who don't understand our culture.

Why don't they employ Aboriginal people to attend to Aboriginal matters?

(Participant, Outer Regional Area).

Most communities have no intervention programs particularly for heavy alcohol and drug users, while people suffering from extreme mental health issues are often taken away to a mental health ward in the company of the police.

Rehab not available locally, need to go to (capital city), 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 focussed and starting out where the client is at. Not everyone is the same

(Participant, Inner Regional Area).

In terms of mental health services, one participant commented that,

Better understanding of Aboriginal culture will lead to better outcomes (Urban Centre participant).

Many suggested that they wanted to see local people employed in the delivery of services and programs.

Having Aboriginal people running the program would be appropriate because they'll have more of an idea of how people feel, you know (Participant, Inner Regional Area).

X. Barriers to Accessing Programs

There are many programs available – access and use of these programs is the issue

(Participant, Major City).

Shame

In the consultations, both individual and community attitudes were identified as the biggest barrier for introducing any programs. People spoke about, intimidation, lack of confidence and motivation, fear of the unknown, being scared of failure, a fear of rejection, and shame in relation to participating in programs that seek to address health and wellbeing.

What are they gonna make me do?

Am I going to have to give away too much information?

Look too stupid.

Will I look too white?

Be embarrassed?

Will I fit in? (Participant, Major City).

Shame is a term used by many Aboriginal and Torres Strait Islander peoples – it extends beyond embarrassment in certain situations to totally overwhelm and disempower a person, directly impacting on their behaviour and those of others – including seeking help and using services often for issues related to their wellbeing. People will often avoid participating in an activity or fail to seek help if they perceive it or someone else has deemed such an action as causing 'shame'.

Everyone knows Aboriginal people are shame.

Yep, what more can I say?

It's engrained in Aboriginal people.

This has come from what's happened to us and our culture.

One way to combat this is with the younger generations.

Empowering them to believe in themselves.

With oldies they'll always have that shame.

That's just how it is for us; it goes back to how we were bought up in missions (Participant, Inner Regional Area).

Transport

The lack of transport for many individuals and families was perceived to be an issue that had significant implications on people's lives. Many said that because of a lack of transport it was hard to travel to places to access vital services, including medical appointments, Centrelink, places for more affordable food and groceries, and community events and meetings.

Lack of transport to go to doctor appointments. No transport to chemist to get medication, no transport to see specialist (Participant, Inner Regional Area).

For many participants public transport was often unavailable or inadequate and too expensive to use, particularly for larger families. Another chronic issue was the fact that many people did not have a drivers licence. This was particularly so for people living in regional, rural, and remote areas.

Program Delivery

A major barrier for participants related to who delivers the programs. It was important for the community, and specifically the Aboriginal and Torres Strait Islander community, to have Aboriginal and Torres Strait Islander peoples delivering programs, rather than having 'white people knowing what's best'. This was also an issue in terms of the programs being delivered in a culturally appropriate way.

Not good to have non-Aboriginal people telling you how to feel.

Counselling not effective if person hasn't been there, done that.

People don't like the word 'counselling'.

Get togethers in park/yarning is more effective (Participant, Major City).

It was noted by many participants that programs are often delivered and supported by individuals and non-Aboriginal and Torres Strait Islander organisations outside of the community. Many felt that this needed to change in order to allow local people themselves to be able to develop and deliver more localised and ongoing programs.

However, participants acknowledged that finding suitable people locally to deliver programs is often a problem due to the lack of training and support required.

Other barriers to accessing and attending local programs included their availability, noting that many programs were offered during work hours, which prohibit people attending who are in employment. There was also a notable lack of knowledge about programs across all the sites. Participants suggested needing to have more information about the various programs, for instance flyers/posters providing more information about the program.

5.5 ANALYSIS

It is depressing to still see the ongoing lack of basic services that are our absolute human right...how hard is it to get the very basic services for our people, and why do we continuously get blamed for what happens to us, I just find beyond me!

(Winthrop Professor Jill Milroy, Dean, School of Indigenous Studies, NEP presentation, personal communication, May, 2013).

Across all the NEP sites there were an extensive number of issues that were repeatedly identified by participants as impacting on individuals, families, and communities' health, wellbeing, and ability to function effectively. While the focus or emphasis for some issues differed, there was an overwhelming level of concern for youth, family and community breakdown, and harmful levels of alcohol and other drug misuse as core problems. These then led to other problems such as family violence, conflicts between groups, and a lack of communication. Many of these issues are associated with the oppression, inequality, and disadvantage Aboriginal and Torres Strait Islander peoples face, which manifests itself in a range of destructive and dysfunctional behaviours that directly and indirectly impact on people's physical and mental health, their sense of control, and their hope for the future. These issues are contributing to a sense of powerlessness and disunity across families and communities and demonstrate the undeniable, ongoing devastation caused by the forced removal and separation inflicted on the lives of many

Aboriginal and Torres Strait Islander peoples. It also signals to the lack of essential services and culturally appropriate services which understand the issues experienced by Aboriginal and Torres Strait Islander peoples. One participant commented,

I would like people [officials] to come around, sit down, get to know our environment and where we come from, how we live. This will help them see and understand us and our culture.

They can see a little bit of how we live daily and stuff like that (Participant, Inner Regional Area).

Similar concerns were raised during the consultations undertaken for *Hear Our Voices*. There it was noted that many of the services that are available do not respond to what Aboriginal and Torres Strait Islander peoples see as their needs and priorities. In terms of people's mental health, the research found that

“even if General Practitioners and mental health care providers were geographically accessible to Aboriginal and Torres Strait Islander communities, the lack of cultural competence in service providers creates an additional barrier to effective service provision within a cultural, social, and emotional wellbeing framework” (Dudgeon et al., 2012, p.42).

Similar findings about the lack and poor quality of services in Aboriginal and Torres Strait Islander communities – and the impact of these on people's cultural, social, emotional, and mental health - were also identified in the *Western Australian Aboriginal Child Health Survey* (WAACHS), Volume 4, *‘Strengthening the Capacity of Aboriginal Children, Families and Communities’* (Silburn et al., 2006). This survey remains the largest consultation with Aboriginal and Torres Strait Islander families that has been undertaken in Australia. While it was conducted in Western Australia, subsequent consultations with Aboriginal and Torres Strait Islander peoples around Australia, such as the NEP, confirm the ongoing relevance of its findings. More disturbing is the fact that it appears very little has changed since that time.

It is not just the provision of basic services that is required to address many of the issues Aboriginal and Torres Strait Islander peoples identify as impacting on their wellbeing and ability to function effectively. Also lacking are programs that reflect Aboriginal and Torres Strait Islander people's understanding about the issues impacting on their lives; and what they require to address these issues so as to improve their health and wellbeing. Hence, a central aspect of the NEP consultations was exploring what Aboriginal and Torres Strait Islander peoples think they need to make themselves, their families, and communities strong. These findings are discussed in the following section.

The key issues and concerns reported by participants in the NEP consultations provide a clear indication of how inequalities in economic, environmental, and social domains contribute to the poor mental health and cultural, social, and emotional wellbeing of Aboriginal and Torres Strait peoples. Evidence from past research supports this notion by demonstrating how Aboriginal and Torres Strait Islander people's "... life experiences and social arrangements, one's place in the social context, or perceived stresses of living, embed themselves in cognitions reflected by psychosocial characteristics and biology over the life cycle" (Daniel et al., 2006, p.7). This has a flow on effect with many of the factors that support development in early life either missing in the lives of many Aboriginal and Torres Strait Islander children (Hayes et al., 2014; Milroy, 2014) or too limited to produce sustainable benefits that protect them in later life (Zubrick et al., 2014). As a result, many Aboriginal and Torres Strait Islander people (both young and adult) find themselves overwhelmed by the stresses of everyday life and unable to cope effectively. This typically leads to high levels of violence, alcohol and other drug misuse, communication breakdown, and mental health problems as well as psychological distress, which can lead to suicide (Milroy, 2014). Certainly these distressing, yet preventable, scenarios were evident within all of the communities involved in the NEP.

5.6 WHAT PEOPLE SAY COULD MAKE INDIVIDUALS, FAMILIES AND COMMUNITIES STRONG

...Our people have left us deep roots, which empowered us to endure the violence of oppression. They are the roots of survival, but not of constriction. They are the roots of which all growth is possible. They are the roots that protected our end from the beginning (Mick Dodson, 1994, p. 11).

The NEP consultations not only focused on the issues impacting on people's wellbeing and health, but also those things that can enhance their resilience to overcome such adversity. This approach is particularly important and focuses on the sources of strength inherent to Aboriginal and Torres Strait Islander people's culture, families, and community.

As with the issues impacting on people and communities, there was an interconnection between the factors that would strengthen individuals, build stronger families, and create more cohesive communities. When asked about what would make people strong as individuals, the most common response related to strengthening the family and community.

A sense of self, community and belonging (Participant, Outer Regional Area).

The participants acknowledged that individuals, families, and the community thrive in a supportive environment. Participants repeatedly mentioned the need for support on a person-to-person basis, for families, and for a 'community network'. In addition there was a need for greater support from formal services, especially those addressing the impact of the Stolen Generations.

A strong support network is key to being strong (Participant, Major City).

Leadership was also identified as a means for making people strong, and was seen as contingent on individuals' sense of self and how they were supported and nurtured through family and community. In turn, strong leadership was key to building stronger families and communities.

The following tables provide the rankings from the amalgamated data across the sites. These highlight the priorities for the participants.

Table 1: What People Said Could Make Individuals Strong

Themes	Ranking
Connecting with Culture	1
Education	2
Strengthening/Unifying Community	3
Building Self/Personal Attributes	4
Health and Wellbeing	5
Supportive Environment	6
Strengthening Family	7
Communication Skills	8
Specific Programs/Services	9

Table 2: What People Said Could Make Families Strong

Themes	Ranking
Doing Things Together	1
Education	2
Communicating More Effectively	3
General Family Focus	4
Culture	5
Being Respectful	6
Supportive Environment	7
Programs/Support Services	8

Table 3: What People Said Makes Communities Strong

Themes	Ranking
Culture	1
Education and Awareness	2
Shared Community Events	3
A Unified Approach	4
Community Engagement	5
Respect	6
Leadership	7
Health and Wellbeing	8
Strengthening Community	9

The following section provides more detail regarding the key themes from the consultation data about what people said could make them, their families, and communities stronger. These key themes were generated by combining all participant responses, from across the 11 sites, for the questions what do we need to do to make (i) ourselves strong, (ii) our families strong, and (iii) our communities strong.

5.6.1 Key Themes

I. Connecting With Culture

Having connection to country and culture is imperative for a strong individual and community (Participant, Major City).

Connection to culture, including a strong focus on the need to reintroduce culture into people's lives, was regarded by the majority of individuals as crucial in making individuals, families, and communities strong. Individual inner strength was closely aligned to knowing and understanding one's own culture. It also helped in restoring individual and community resilience.

Staying strong through cultural identity – knowledge, practices, connections to country and Elders (Participant, Inner Regional Area).

Key to this was acknowledging and addressing the loss of Aboriginal and Torres Strait Islander culture and identity, along with the need for learning, especially cultural heritage, language, and the traditional ways of healing. Linked to cultural learning was the role of Elders - seen by many participants as the community's cultural guides and gatekeepers, and whose role was identified as needing to be promoted and supported. Many participants wanted opportunities for Aboriginal and Torres Strait Islander cultural knowledge and history to be passed down through the generations, and where possible, to allow for a program to capture and record some of the Elder's cultural teachings for future generations.

The old people have lost their roles as teachers and guides.

And the young people are growing up without knowing their culture.

We need to fix that, and if you could see the pride in the old men when they stand up to talk about their culture, you would know what I mean (Participant, Outer Regional Area).

Across all sites, the reintroduction and or enhancement of cultural values, spirituality, connection to country, and kinship ties through various activities and learnings were seen as priorities in the design and content of any programs seeking to address their wellbeing. Participants spoke of wanting 'cultural programs that bring community together', 'cultural programs in schools' and 'cultural awareness for youth (out bush)'.

Programs that allow for local stories to be created, especially where some of that culture and history hasn't been passed down the generations (Participant, Outer Regional Area).

II. Being Respectful

Respect was another common theme identified in the consultations that would make individuals, families, and communities stronger. Being supportive and respectful of other families, and providing support and backup for individual family members at all times, was seen as instrumental in making families stronger.

Be more positive, find the ability to forgive and move forward and support each other and respect each other's opinions (Participant, Outer Regional Area).

The issue of respect, especially towards Elders, was also seen to be a contributor towards building a stronger community.

Learning respect in family: Both adults and children respecting Elders and Elders respecting each other (Participant, Inner Regional Area).

III. Strengthening Families

Simply put ...the love and support a family gives each other is most important. Having that internal support network is key (Participant, Major City).

The consultations highlighted that family stability ranked highly in relation to making individuals in the community strong.

Many participants identified a need for more cohesion within families with participants recognising the potential sources of strength offered by this.

Standing together and being united which makes us a strong and proud family. Being more together and not living separate lives. Having family gatherings to come together again (Participant, Outer Regional Area).

Aboriginal and Torres Strait Islander families are pivotal to the wellbeing of their communities and their culture and survival. Families help in defining a sense of identity and a sense of connectedness to kinship and spiritual and cultural belonging. Concerns about family breakdown were strongly felt by women who saw the need to work together, to embrace each other more in a positive way in order to ‘get our people stronger’.

Stronger families were seen to be especially critical to young children with the roles played by a range of family members (mother, father, grandparent, aunt, uncle, sibling), as well as other ‘caregivers’ all recognised as important.

We need to pull together more. Support each other more in times of trouble and build good foundations for our families to grow together (Participant, Outer Regional Area).

IV. Cohesive Community

Evidence shows that a unified and cohesive community is one of the key factors for improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (Zubrick et al., 2005). The concept of community is fundamental to Aboriginal and Torres Strait Islander identity and concepts of self within Aboriginal and Torres Strait Islander cultures (Dudgeon et al., 2014).

For the NEP participants, cohesion and community were identified as a direct way of redressing many of the issues they saw as negatively impacting on their lives. Participants spoke of ‘pulling together’ and needing to ‘teach the mob to stick together’. The need for ‘networks’ and ‘connections’ were often mentioned, as were notions of ‘unity’, ‘working together’ or ‘coming together’.

We need to get together more and express to each other that change needs to happen. This can only happen if we as a community all work together (Participant, Outer Regional Area).

...more interaction with the community. More community gatherings to get together and yarn (Participant, Inner Regional Area).

Many NEP participants felt there was a need to organise and run community events that are inclusive of all families in the local area and which provide a forum where they can communicate with each other in a rational and fun way.

We need to come together to work with each other in the community to create programs etc. to keep our community alive and we need to act as ONE (Participant, Outer Regional Area).

V. Communicating More Effectively

Effective communication was regarded as important in aiding the healing process. Many participants spoke about the need for more opportunities for regular interaction amongst families to encourage good communication.

Staying in contact and connecting with families. Communicating with one another and hanging out with one another (Participant, Outer Regional Area).

Good communication – there needs to be more communication within families (Participant, Outer Regional Area).

The lack of communication was identified as the cause of many ongoing disputes and family feuding leading to violence. Community members identified several strategies to help work through these issues and circumvent the violence:

- Start listening to each other.
- Talking about personal problems.
- Stop gossiping.
- Build a stronger relationship with each other.
- Ban social media.

Too many people hiding behind Facebook and not sorting out issues face to face ... fights have started over comments written on Facebook (Participant, Outer Regional Area).

VI. Education and Employment

The need for education and employment were identified as key factors in making individuals, families, and communities strong, providing a sense of purpose and financial security.

A solid education is key to making a strong individual - in today's society, one must have some education to succeed or risk getting left behind (Participant, Major City).

Employment – strong self esteem, got own money, being a bit independent with own money and not asking others (Participant, Inner Regional Area).

A broader concept of education was raised in terms of the need for a greater awareness of lifestyle issues, as was education in an academic setting. Concerns about children and young people leaving school too early, and the need for VET programs during school and after school, was discussed at length by many participants.

Early school leavers stagnate in the communities ...

(they) don't want to do anything...have no respect for anybody.

They got no role model...no understanding (Participant, Outer Regional Area).

5.7 ANALYSIS

While participants were able to readily identify what they require to make themselves, their families, and their communities strong, many of these identified elements are missing in the majority of programs and services currently on offer. This suggests the need for a paradigm shift in the conceptualisation of policy and program formulation. Policy and programs must be aligned more effectively with Aboriginal and Torres Strait Islander values and priorities, and utilise a strengths based approach. There is also a need for a more intense and integrated approach to strengthening young people, families, and communities. Previous research has similarly reported that concurrent and sufficiently intensive initiatives are needed to improve the health and wellbeing of whole families – especially children and young people – support primary carers and, which foster community leadership and governance (Dudgeon et al. 2012; Shepherd & Walker, 2008; Silburn et al. 2006).

The findings also highlight the need for more critical assessment of the validity, applicability, and relevance of programs and interventions in Aboriginal and Torres Strait Islander contexts – especially the extent to which mainstream programs and program providers are meeting the differing needs of Aboriginal and Torres Strait Islander people. This necessitates Aboriginal and Torres Strait Islander stakeholders having input into both the evaluation methods and indicators established to measure the effectiveness of programs and interventions (Walker, Ballard & Taylor, 2002).

The findings also show that more resources need to be directed towards preventive policies and services that work 'up-stream' particularly focusing on the early-life factors that promote emotional resilience in children and young people. A necessary first step to this is supporting the healing and empowering of individuals, families, and communities.

6

PROGRAM REQUIREMENTS

The mental health people are going around this the wrong way. No Aboriginal person wants to go and sit in a room and talk about themselves for ten minutes. It doesn't work that way in Aboriginal culture. That is not going to make them better. We have been saying for years that we need to take our young people back to country and teach them culture (Participant, Outer Regional Area).

While discussions in the consultations were largely embedded in the present and strongly focused on current 'issues', participants also looked to the future and were able to identify solutions and positive strategies that could be used to address their problems and those of the community.

The participants were specifically asked to consider the following topics:

- What types of cultural, social and emotional wellbeing, empowerment and healing programs might be useful to you?
- What are barriers to programs?
- What would you like to see in a program and how would you like it delivered?

Participants across all the NEP sites said that they wanted strategies to give people the skills to be able to appropriately manage and overcome some of the problems and issues. Addressing high levels of alcohol and other drug use was identified by many as a necessary first step in stopping the violence and conflict. Participants also reported that a focus on self-care, building personal esteem and confidence,

and enhancing interpersonal skills would help to make individuals, families, and communities stronger.

6.1 REQUIREMENTS FOR AN EFFECTIVE PROGRAM

There was overwhelming support across all sites for the creation and development of local cultural, social and emotional wellbeing programs that address the issues of looking after self, family, and community and included a focus on young people, community healing, and enhancing local leadership.

I. Focus on Self

Participants talked specifically about needing to understand and resolve personal issues so that change can 'come from within'. Addressing issues of grief and loss was regarded by many as a necessary first step in making this change.

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 (Participant, Inner Regional Area).

Participants also spoke about the need for individuals to believe in themselves, to feel strong, to be given a fair go, and to have a sense of self-worth. The need to develop "Self esteem, inner peace, to help ourselves without self-medicating". People also spoke of the importance of spirituality and to "know your spiritual place".

Participants listed a range of ideas that could contribute to them being strong – ideas to make them more confident, independent, and more self-respectful. Participants wanted the content of programs to also focus on developing interpersonal skills, including problem solving and conflict resolution, goal setting, and communication skills (especially with family). Several mentioned the need to set, and strive towards, personal goals.

To achieve your goal to make ourselves strong to become a role model for the younger children of today (Participant, Major City).

II. Healing Family

The priority given to healing family in this discussion corresponded with participants' concerns with the range of issues faced within the family, including feuding and a lack of communication, and the impact of these on children.

A focus on healing programs at a family level was important to participants as well as a range of family based programs where the whole (extended) family can participate together. This included appropriate counselling, positive parenting programs, and greater awareness and education for children about kinship.

Reinstating old-fashioned values and attitudes in parents and extended family so that children will be loved, looked after, protected and guided through life to be valued adults in society (Participant, Major City).

III. Healing Community

Along with individuals needing to heal to strengthen themselves, there was a parallel need for the community to heal. Just as individuals needed to have a vision to move forward, the community needed to let go of the past.

There was also a strong emphasis placed on ensuring the appropriateness of program content and delivery – programs must be tailored to the specific concerns and issues within each community.

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 (Participant, Inner Regional Area).

Programs and workshops usually brought in from outside of (community) and is often placed on community, rather than the community identifying what's needed and then develop programs from this (Participant, Outer Regional Area).

IV. Focus on Young People

Participants were resolute in ensuring young people received appropriate help, support, and guidance. Many participants believed that implementing programs specifically for young people would relieve boredom, encourage them to set and achieve goals, and instil in them attributes such as pride.

(We need) sporting programs for children, get our children fit, healthy.

Keeps them occupied, teaches them skills (Participant, Outer Regional Area).

(Programs need to be) more focussed on youth to develop strengths and sense of pride and connectedness (Participant, Inner Regional Area).

(I would) love to see youth group. Young leaders program 'coaching young people for success', education, and goal setting to plan for the future (Participant, Inner Regional Area).

V. Appropriate Design and Delivery

Participants were very clear about how programs should be delivered in their community and provided practical ideas and suggestions for the approach of any future empowerment, healing, and leadership programs. Future programs should include the following fundamentals:

Community Ownership

Participants acknowledged that programs need to have legitimate community support and wanted programs that are based on community members identifying their problems and designing the solutions.

Culturally and Locally Appropriate

They wanted programs whereby content and delivery are culturally appropriate and responsive to local issues, needs, and priorities.

Strengths Based

They wanted programs that adopt a community centred and strengths based approach. This included support and resources to be devoted to ensuring the capacity of local people to be trained and employed.

Flexible

Participants acknowledged that programs need to be flexible and delivered on country, where possible, and be able to meet peoples' different needs and stages in their healing journey. Participants also spoke of the need for programs to be delivered in an interactive, varied, and inclusive manner to maximise community engagement.

Respect for Gender

A focus on men and men's issues was an important theme in the content of empowerment and healing programs. Programs should also consider gender issues so that separate male and female modules can be delivered if and when necessary.

6.2 ANALYSIS

The findings confirm that increasing levels of personal and community empowerment, and cultural, social and emotional wellbeing are recognised by Aboriginal and Torres Strait Islander peoples as a tangible and important way to address and reduce the sense of disconnect and powerlessness they feel, and enhance their self-determination. They show that the links between the individual and the collective cannot be easily separated when discussing ways to heal and empower Aboriginal and Torres Strait Islander peoples. In fact, some participants suggested that one of the main reasons why so many mainstream programs fail, stems from a lack of understanding about the interdependence of individual and collective goals. Rather, as participants in the consultations articulated, services need to incorporate the cultural, social and emotional wellbeing of the collective community.

I. Importance of Culture

The NEP consultations provide evidence of Aboriginal and Torres Strait Islander people's values regarding their cultural strength and identity. There was a strong focus in the consultations on the role of culture and the need to foster and enhance connection to culture as a source of wellbeing. There was also a notable emphasis placed on cultural factors as a source of strength, unity, healing, and empowerment. This resonates with other research and evidence that suggests a strong link between Indigenous people's ability to maintain a stronger affinity with their culture and better life and health outcomes (Chandler & Lalonde, 1998; Hallet, Chandler & Lalonde, 2007; Rowley et al., 2008; Silburn et al., 2006; Zubrick et al., 2005). The central argument being that cultural identity and engagement acts as a protective factor against the myriad of stresses, grief, and trauma associated with historical loss, discrimination, and alcohol and other drug misuse that beset many Indigenous communities and populations.

In Canada and North America, the work of Chandler and Lalonde (1998) and others has been ground breaking in identifying cultural continuity as an important source of strength and resilience or 'hedge' against suicide and suicide ideation, for Indigenous communities. From their research, the authors formulated an important list of factors they identified as necessary to ensuring their protection. While this work has been relevant for all Indigenous peoples, it is important that Aboriginal and Torres Strait Islander communities in Australia be supported to identify their own components of what makes for cultural resilience and be provided with the support to develop, enhance, and sustain those factors/practices. In this regard, the evidence base provided by the NEP consultations and analysis is significant for offering Aboriginal and Torres Strait Islander perspectives to moderate/prevent/address the impact of an array of stressful circumstances on the cultural, social and emotional wellbeing of individuals, families, and communities. The repeated focus on cultural factors and request for cultural content in programs is especially noteworthy.

II. Strengths Based Approach

The consultations also confirm other research that shows that in order to foster positive cultural, social and emotional wellbeing, programs need to work ‘upstream’ to enable Aboriginal and Torres Strait Islander peoples to enhance and build on their unique sources of strength and resilience linked to their connections to family and kin, country, and cultural identities (Dudgeon et al., 2014). This strengths based discourse is important because it shifts from one that pathologises Aboriginal and Torres Strait Islander peoples’ lives and treats people as ‘damaged goods’, to one that positively identifies their opportunities for responding and adapting to adversity and gaining from that experience (Fleming & Ledogar, 2008).

The concept of empowerment is widely accepted as an effective strengths based strategy for Aboriginal and Torres Strait Islander peoples (Dudgeon et al., 2012). Research highlights the strong influence mastery, control, and empowerment has on Aboriginal and Torres Strait Islander people’s health and wellbeing, and the links between empowerment and self-determination (Daniel et al., 2006). Empowerment programs are regarded as a first step in overcoming the loss of control and powerlessness Aboriginal and Torres Strait Islander peoples feel – often because of the assumption that they and their communities lack the tools or ability to address their own issues (Dudgeon et al., 2012; Tsey et al., 2007). It also addresses a sense of powerlessness and lack of control borne out of policies and services that are designed to fix problems *for* Aboriginal and Torres Strait Islander peoples rather than working to enhance the community’s strengths from *within*. Yet as the NEP consultations confirm, many Aboriginal and Torres Strait Islander communities not only want to resolve their own problems – they want their own people to be supported to achieve this. After developing and delivering a two day social and emotional wellbeing program, the community members who were a part of the NEP saw empowerment as part of an overarching cultural, social and emotional wellbeing program. Further, community co-researchers have determined that this should be entitled ‘cultural, social and emotional wellbeing’ as it is based upon supporting the identification and expression of local cultures.

Overall, the community consultations highlight that to be effective, programs and services need to be culturally based and incorporate elements relevant to the local priorities, values, and needs of Aboriginal and Torres Strait Islander peoples. They also need to adopt a strengths based, developmental approach. Again these findings reiterate those identified in the WAACHS, Volume 4 (Zubrick et al., 2005) and *Hear Our Voices* report (Dudgeon et al., 2012). The findings also confirm that in order to successfully address and improve the health and wellbeing outcomes for Aboriginal and Torres Strait Islander children and families, policy makers and service providers must be strongly encouraged to incorporate the following five principles in their specific areas of work:

1. Consult and include Aboriginal and Torres Strait Islander peoples in the leadership, direction, development, implementation, and accountability of strategies to improve Aboriginal and Torres Strait Islander outcomes.
2. Adjust program content and delivery to take proper account of the capability profile of the Aboriginal and Torres Strait Islander population.
3. Develop programs and implement funding that reflect the Aboriginal and Torres Strait Islander population distribution in urban, rural, and remote regions throughout Australia.
4. Adjust programs for the regional and cultural diversity of the Aboriginal and Torres Strait Islander population.
5. Test strategy and program content for its capacity to improve the developmental opportunities to build the capabilities of children and families (adapted from Silburn et al., 2006, p. 555).

Ultimately, the NEP consultations confirm that the cultural, social and emotional wellbeing and effective functioning of individuals, families, and communities is tied to: one’s physical health, connections to family and kinship, community, culture, and access to support and services (Gee et al., 2014; Kelly et al., 2010). They show that disconnect from one’s culture and disunity among families and communities results in individuals, families, and communities experiencing poorer health and wellbeing, which leads to ongoing conflict and distress. Conversely, restoring or strengthening these factors are seen as directly enhancing people’s wellbeing, strength, and ability to manage the range of adversities in their lives.

7

POLICY IMPLICATIONS

Public policy is primarily a discourse between non-Indigenous Australians – engaging Aboriginal people as subject matter. Aboriginal voices tend to be muted (quietly groaning and desperately looking in the visual images that are background to the commentary) or constrained to activist comment

(Anderson, 2003, p.224).

It is, of course, questionable whether the racism inherent in Australian society can be addressed through policy without active reflection on the racism inherent in the institutions and sectors promulgating policy-including health

(Hunter, Milroy, Brown & Calma, 2012, p.460).

Numerous reports, research, and policy documents have identified health as a holistic construct for Aboriginal and Torres Strait Islander peoples and emphasised the importance of cultural, social and emotional wellbeing on mental health status. Similarly, the evidence regarding the impact of historical, political, economic, and social determinants on poor health, wellbeing, and rates of psychological distress and suicide is well established. Yet the absence or ad hoc nature of programs and services that truly reflect Aboriginal and Torres Strait Islander concepts of wellbeing and respond to the range of causal and connected processes played by historical, political, and social factors on people's mental health and wellbeing, suggest this understanding is not so universal.

SILO POLICY APPROACH

A silo policy mentality that perpetuates a focus on poor mental health and wellbeing as only of concern to the health sector reflects a failure to adequately conceive and respond to, the needs of Aboriginal and Torres Strait Islander peoples. Many of the issues impacting on individual, family, and community's wellbeing are beyond the capacity of the mainstream health system and require a range of policy sectors (Walker et al., 2014).

The myopic approach in much national policy also reflects a broader issue at play – namely, an inability to embed Aboriginal and Torres Strait Islander ways of knowing in policies, planning, and services. While there has been a gradual shift in research toward greater reflection about the ways it has focused on Western ways of knowing that fail to fully reflect the

needs of Aboriginal and Torres Strait Islander communities; such recognition is largely absent from the policy process. Without such realisation the approach to Aboriginal and Torres Strait Islander peoples' wellbeing cannot respond appropriately to their needs. In fact, it means that much of the approach, including the targets within national policy, is at risk of replicating the sorts of unequal power relations underpinning the very issues it seeks to address in the first place.

WHOSE EVIDENCE?

As Anderson and others stress, policymaking is a highly politicised and contested domain (Anderson, 2003; Chesterman, 2008; Yu, 2012). Policymaking involves hierarchical and western ideas about 'knowledge' and an 'enormous structural inequality' where fiscal authority and ultimate decision-making is held by government (Maddison, 2012, p. 272). Repeated calls for more evidence-based policy can be criticised for what exactly counts as evidence. Much of the evidence used for policy making is limited to statistical data, research, studies, and other empirically and scientifically based literature, much of which does not value Aboriginal and Torres Strait Islander voices and perspectives (Walker, Schultz & Sonn, 2014). This is especially the case with regard to a strengths based approach.

Nguyen and Cairney suggest that current government frameworks gather statistical information for the purposes of policy analysis and program development and therefore use indicators that are important to policy. Yet as they note, such frameworks including the *Aboriginal and Torres Strait Islander Health Performance Framework*; the *Overcoming Indigenous Disadvantage Framework*; the *Aboriginal and Torres Strait Islander Wellbeing Framework*; and the *National Aboriginal and Torres Strait Islander Social Survey* often produce a narrative that describes deficit, disadvantage, and dysfunction. They suggest the need to develop a wellbeing framework that serves to recognise 'the strengths and resilience of Aboriginal and Torres Strait Islander peoples as well as reflecting their worldviews, perspectives, and values' (Nguyen & Cairney, 2013, p. iii).

Zubrick, Kelly and Walker (2010) are similarly critical of existing indicators of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing that tend to focus on the measurement of severe mental health outcomes—rates of hospitalisation for anxiety, depression, self-harm, and child abuse substantiations. They argue that emphasis on these aspects can inadvertently limit the funding and development of programs and services that focus on more holistic approaches to Aboriginal and Torres Strait Islander cultural, social and emotional wellbeing, which encompasses social justice, self-determination, sense of connectedness with culture, family, and country.

This brings into question the usefulness of indicators and measures of wellbeing that not only paint a picture of Aboriginal and Torres Strait Islander disadvantage, but fail to capture the substance and potential source of strength within Aboriginal and Torres Strait Islander understandings of wellbeing (Yap, 2011).

A policy brief was developed from the outcomes of the first NEP sites and has been used to inform governments (**See Appendix E**).

INAPPROPRIATE MEASUREMENTS AND TARGETS

There is a need for far greater incorporation in much national policy direction and targets for recognising and encapsulating the range of factors identified as important to Aboriginal and Torres Strait Islander peoples such as: language maintenance, healing, participation in cultural events and organisations, restoration and maintenance of family networks and community, and ongoing connection to country. What has been identified as one of the greatest limitations of the COAG Closing the Gap targets and related policy, is the disconnect with, and lack of recognition of, distinct notions of Aboriginal and Torres Strait Islander wellbeing (Closing the Gap Clearinghouse, 2013). Biddle argues that the assumption of a *strong* association between achievement of these COAG targets and enhanced wellbeing for Aboriginal and Torres Strait Islander Australians is “not necessarily supported by the evidence” (Biddle, 2011, p. 12). Biddle suggests that the aim for closing the gap must be improving Aboriginal and Torres Strait Islander wellbeing, rather than “simply reducing the disparity between Aboriginal and Torres Strait Islander and non-Indigenous Australians across a set of mainstream indicators” (Biddle, 2011, p. 14). Certainly, perceptions and causes of ‘the gap’, and ways to address it, need to be explored from Aboriginal and Torres Strait Islander perspectives. Otherwise decisions about policy directions, spending, resources, and indicators of improvements will continue to be made without regard to what Aboriginal and Torres Strait Islander people identify as necessary, meaningful, and effective.

Nguyen and Cairney (2013) are right in suggesting the need for:

Genuine, active and ongoing involvement of Aboriginal and Torres Strait Islander people in the ‘ground up’ development and coordination of frameworks, indicators and reporting processes on issues central to their wellbeing, and stronger linkages between data collection and action are therefore necessary to achieve improved wellbeing (p. 6).

NEED FOR DIFFERENT APPROACH

Research is showing that working to improve and enhance Aboriginal and Torres Strait Islander mental health and cultural, social and emotional wellbeing requires a focus on the many causal processes impacting on mental health and wellbeing outcomes. Thus, Aboriginal and Torres Strait Islander mental health and cultural, social and emotional wellbeing policy needs to be informed by a mix of evidence-based and theoretical models that can respond to these causal relationships and the various dimensions of disadvantage that relate to one another. This includes attention to the impacts of colonisation, racism and social exclusion, discrimination, unresolved grief and loss, domestic violence, alcohol and other drug misuse, trauma and abuse, family breakdown, social disadvantage, separation from families, and loss of land and culture – on personal, familial, and community wellbeing (Dudgeon et al., 2014). To do this effectively, policy and programs must take an integrated and cross-sectorial approach to ensure health, family and community, education, the arts, and justice sectors work together to provide multi level, multi setting, and multi strategy interventions (Ferdinand et al., 2013).

Aboriginal and Torres Strait Islander people’s right to contribute to policies and programs that impact on their lives is inextricably linked, and fundamental to, the achievement of their rights as Aboriginal and Torres Strait Islander peoples, and to the principles and goals of self-determination. A necessary first step to realising this is consultation and research to ensure a full understanding and incorporation of what it is they require for enhancing and strengthening their mental health and wellbeing. This must be seen as a necessity – not just a matter of choice.



CONCLUSION

One of the important aspects to the National Empowerment Project (NEP) is that it focused on Aboriginal and Torres Strait Islander peoples' *inherent strengths* not their deficits; worked *with* Aboriginal and Torres Strait Islander peoples rather than using a 'top down' approach; and worked from the assumption that Aboriginal and Torres Strait Islander peoples are *best placed* to identify the issues in their community and the ways to address them.

Stage One of the NEP and its predecessor the Kimberley Empowerment Project (KEP), represent a way of genuinely listening to the experiences of Aboriginal and Torres Strait Islander peoples and to their ideas about what can positively change in their lives. The knowledge gathered during the NEP consultations represents Aboriginal and Torres Strait Islander peoples defining their own experiences, their own needs, and ways of representing themselves. What the NEP demonstrates clearly is an absolute need for Aboriginal and Torres Strait Islander communities to be heard as part of their healing and empowerment journey; and for programs, services and policies to truly respond to and reflect what Aboriginal and Torres Strait Islander peoples are saying they need to address the issues that impact on their lives.

The approach of the NEP is an exemplar of some of the key principles articulated over twenty years ago in the *Ways Forward Report*,

in particular the importance of consultation and partnership with Aboriginal and Torres Strait Islander communities as an effective way of working to support and strengthen their cultural, social and emotional wellbeing. The NEP highlights that individuals, families and communities need the tools and support to heal and strengthen themselves otherwise they will continue to struggle with high levels of community distress and suicides. One of the positive elements of the project is the fact that 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.

The findings from the NEP consultations represent a significant body of knowledge about Aboriginal and Torres Strait Islander mental health and cultural, social and emotional wellbeing – acquired by and from Aboriginal and Torres Strait Islander peoples themselves. They make a substantial contribution to the evidence base about the range of issues impacting on people's lives. They also show what is important to people's wellbeing and what is required in programs aimed at improving wellbeing. The findings offer great potential to the local communities in each of the NEP sites who can potentially utilise the information to better inform discussions and suggestions for change.

CONCLUSION

Ultimately, the NEP is testament that through a genuine participatory action research process, Aboriginal and Torres Strait Islander peoples, families, and communities can start their healing journey. In so doing, they can be empowered to identify their own sources of strength and resilience, and what is required to support and enhance those factors.

The message from the NEP is clear: Only through inclusive processes that recognise Aboriginal and Torres Strait Islander values and knowledges, where healing, empowerment and the fostering of cultural strength, leadership and family unity are priority areas for action and outcomes, can we begin to address the high rates of psychological distress and suicide, and support positive social change in the lives of Aboriginal and Torres Strait Islander peoples.

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10

APPENDICES



APPENDIX A: DETAILS OF PARTNER ORGANISATIONS

Cherbourg: Graham House Community Centre

Graham House Community Centre was established in 1989 to provide services to meet the needs of community members across the South Burnett region. The Centre provides services in the areas of Family Support, Community Transport, Emergency Relief and is an agency for Centrelink.

Kuranda: Mona Mona Bulmba Aboriginal Corporation

Mona Mona Bulmba Aboriginal Corporation is an organisation established to manage the recently acquired 30 Year Lease of the old Mona Mona Mission site, a 'Reserve for Government Purposes'. After prolonged negotiations with the Queensland Government, Mona Mona descendants successfully regained their land to manage, own and control, in order to preserve it for cultural and economic purposes for future generations of Mona Mona descendants through a lease arrangement prior to Inalienable Freehold Title.

Mildura: Mallee District Aboriginal Services

Mallee District Aboriginal Services provides a number of services including Drug and Alcohol, Employment, Family Welfare, Health and Health Care and Respite Services, Housing and Accommodation Services.

Narrogin: Marr Mooditj Training

Marr Mooditj Training is a Registered Training Organisation committed to the education and training of Aboriginal and Torres Strait Islander people, to empower them to deliver and manage health care and community services in a culturally appropriate manner.

Northam/Toodyay: Communicare Inc. (Sister Kate's Home Kids Aboriginal Corporation)

Provide healing programs that generate hope and a sense of cultural, social and emotional wellbeing. The Group is made up of Home Kids and their descendants and is set up to assist the Sister Kate's Home Kids. The Aboriginal Corporation is providing healing and advocacy relief service information to Home families in the Perth metro area and Wheatbelt region.

Perth: Langford Aboriginal Association

Langford Aboriginal Association Inc. (LAA) is a not-for-profit Aboriginal community managed organisation based in Langford, located in the City of Gosnells in Perth, Western Australia. LAA delivers programs that raise awareness of health and well-being issues and promote social interaction. LAA provides adult community education and implement programs for youth at risk in a professional, confidential and holistic manner.

Redfern, Sydney: National Centre of Indigenous Excellence

The National Centre of Indigenous Excellence (NCIE) runs a variety of programs in the pathways of arts and culture, health and wellness, learning and innovation and sport and recreation. They work with their Pathway Partners to deliver programs to over 5000 young Aboriginal and Torres Strait Islander Australians each year.

Toomelah: Goomeroi Elders Aboriginal Corporation

The objectives of the Goomeroi Elders Aboriginal Corporation are to: Increase Aboriginal participation in mainstream life (especially employment, education, recreation and sport); Educate/promote and advise on local cultural history; Under the Land Rights Act, acquire, preserve and maintain Aboriginal Land; Improve community health issues in conjunction with local community health service providers; and Reduce racism and other obstacles to Aboriginal participation and other sources of intergroup tensions.

Darwin: Danila Dilba Health Services

Daniila Dilba Health Service is a community-controlled organisation providing comprehensive primary health care service to Biluru communities in the Yilli Rreung Region of the Northern Territory. Danila Dilba has an all Biluru Governing Committee, whose members are chosen by the community, which governs the organisation.

Geraldton: Geraldton Regional Aboriginal Medical Service

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

Mount Gambier: Pangula Mannamurna Health Service

Pangula Mannamurna is a community-controlled organisation providing 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.

APPENDIX B:

NATIONAL ADVISORY COMMITTEE FOR THE NATIONAL EMPOWERMENT PROJECT: TERMS OF REFERENCE

An important part of the National Empowerment Project is to convene a National Advisory Committee (NAC). This will be established to advise and oversee the Project. The NAC brings together a group of experts who will provide valuable direction and expert advice. Membership includes experts and regional representation. Some of the proposed members have already been part of advisory group to the Kimberley empowerment, healing and leadership consultation. This previous membership list will be negotiated with the Department of Health and Ageing and will be amended to represent a broader national perspective and will include senior officers from the Department.

1. TITLE

The name of the body will be the National Advisory Committee (NAC).

2. ROLE

The National Advisory Committee shall provide a consultative forum that can effectively offer advice to the University of Western Australia and the Department of Health and Ageing on issues relating to National Empowerment Project:

- Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, in particular, empowerment and healing;
- Policy and program approaches that could improve Indigenous peoples access to services and mental health outcomes;
- Advice about the sites that are part of the National Empowerment Project;
- Liaison with other key stakeholders and advisory groups that might be relevant for the National Empowerment Project.

3. TERMS

The NAC will be established for a period of one year or the life of the Project. The membership and role of the NAC can be reviewed by the University of Western Australia and the Department of Health and Ageing, at any time in line with emerging needs and requirements.

4. CHAIRPERSON

The Chairperson of the National Advisory Committee will be Professor Jill Milroy. The position of Chairperson will be for the life of the Project.

5. MEETINGS

It is expected the National Advisory Committee will meet not less than once per year and that meetings will be held in Canberra unless otherwise advised.

Winthrop Professor Jill Milroy AO
(Chair and Executive Committee Member)
Dean, School of Indigenous Studies,
The University of Western Australia
Is the Chair of the NAC.

APPENDIX C:

NATIONAL EMPOWERMENT PROJECT INTERVIEW GUIDE

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

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

INTRODUCTIONS

Interviewer to give information form and tell people:

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

WHAT DO WE NEED IN THE COMMUNITY?

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

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

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

What types of cultural social and emotional well being, empowerment and healing programs might be useful for your community?
What do you see are the barriers for introducing any programs?
What would you like to see in a program(s) and how would you like it delivered?
How often should the program(s) be run, where and when?

WHAT IS OUT THERE?

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

GENERAL COMMENTS

Any other comments?

APPENDIX D: COMMUNITY FEEDBACK SHEETS

KURANDA COMMUNITY FEEDBACK 2013

Developing an Innovative Empowerment and Leadership Program - Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Family and community breakdown
- Issues to do with alcohol, drugs and gambling
- Lack of transport available in the community
- Lack of employment opportunities
- Issues impacting on children and young people
- Health and Mental Health
- Financial constraints and hardships
- Breakdown in communication amongst community members

What makes Individuals, Families and Communities Stronger?

- Communities need to be unified so that people can live and work more cohesively
- Developing and maintaining respect for each other
- More educational opportunities and support
- Stronger focus on connection to culture
- Being more supportive and caring
- Community engagement
- Community run programs delivered and shared locally
- Effective communication between individuals, families and the community as a whole



Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Health and lifestyle type programs and activities
- Gender based so that programs are offered in a culturally appropriate way
- Focus on culture and the importance of introducing and or maintaining cultural values, beliefs and practices
- Programs that are fun and interactive, preferably held in recreational areas
- Youth-specific focus to support the young people living in the community
- Locally appropriate to community needs

Barriers for Introducing Programs

- Community attitudes and general reluctance to get involved in anything
- Lack of funding for local programs to be delivered
- Transport issues and people's inability to get to programs
- Drug and alcohol issues, particularly in relation to people's ability to attend and participate fully in activities and programs
- How the course is delivered, especially if there is no local involvement
- Communication breakdown, particularly if programs aren't well advertised

What do people want in a Program?

- Community participation at all levels, especially the design and delivery
- Focus on education, training and employment support and assistance
- Programs should be delivered out on country and not always in a meeting room
- Activity-based so that its more hands on and interactive
- Provide information and skills for healthy lifestyle
- Focus on children and youth and supporting their needs in community

Funded by the Department of Health and Ageing

Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need hear the voices of Aboriginal and Torres Strait Islander provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicides and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

Professor Pat Dudgeon, William 'Biri' Duffin, Barbara Riley, Glenis Grogan, Adele Cox, Sabrina Swift and Carolyn Mascall.

If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>

NORTHAM/TOODYAY COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program – Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Family Breakdown/Feuding
- Health/Mental Health Issues
- Violence/Abuse
- Substance Abuse
- Impact of Stolen Generations
- Cultural Prejudice/Discrimination
- Youth Issues
- Inadequate Resources/Services
- Lack of Trust/Respect

What makes Individuals, Families and Communities Stronger?

- Aboriginal Identity/Culture
- Bringing People Together
- Empowering/Motivating People
- Cultural Healing/Better Health Care Provision
- Stopping the Fighting
- Specific Programs/Services
- Education
- Enhancing Communication

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Stolen Generations Focus
- Communication and Cultural Focus
- Getting Together



Barriers for Introducing Programs

- How the Program is Delivered
- Access Issues
- Shame Factor

What do people want in a Program?

- Cultural Aspects
- Ownership of Program Delivery
- Addressing Negativity/Racism

Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional wellbeing program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

Professor Pat Dudgeon, Tjalaminu Mia, Dezerae Miller, Adele Cox, Sabrina Swift and Carolyn Mascall.

If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>



Funded by the Department of Health and Ageing

REDFERN, SYDNEY COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program – Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.

Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Physical, Mental and Emotional Health
- Economic Circumstances
- Family
- Substance Abuse
- Racism/Discrimination
- Housing
- Justice System

What makes Individuals, Families and Communities Stronger?

- Family Stability
- Building Community
- A Supportive Environment
- Culture
- Health and Healing
- Education
- Importance of Leadership/Role Models
- Employment

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Health/Healing Focus
- Focus on Children/Youth
- Cultural Focus
- Support Focus
- Education Focus
- Access Issues





Barriers for Introducing Programs

- Empowerment and Program Ownership
- Funding/Bureaucracy
- Access/Awareness Issues
- Community Attitudes
- Appropriateness of Delivery
- Shame

What do people want in a Program?

- Having a Cultural Focus
- Program Delivery
- Health/Healing Focus
- Having Local Involvement
- Self-development Focus
- Family Focus



Funded by the Department of Health and Ageing



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many other issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional wellbeing program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

Professor Pat Dudgeon, Donna Ingram, Nathan Taylor, Adele Cox, Sabrina Swift and Carolyn Mascal.

If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>

TOOMELAH COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program – Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Inadequacy of Services
- Substance Abuse
- Violence/Fighting in the Community
- Youth Issues
- Health/Mental Health
- Lack of Employment
- Boredom/Inactivity
- School Issues
- Discrimination/Racism
- Housing Issues

What makes Individuals, Families and Communities Stronger?

- A Focus on Culture
- Coming Together as a Community
- Improving Education/Knowledge
- Stopping the Feuding
- Improving Services/Programs
- More/Improved Leadership
- More Facilities/Activities

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Health and Healing
- Culture and Language
- Youth Focused Programs
- Education and Training
- Community Management
- Supporting Families



Barriers for Introducing Programs

- Other Commitments
- Feuding in the Community
- Shame/Lack of Confidence
- How the Program is Delivered
- Transport Issues

What do people want in a Program?

- Getting People Job Ready
- How the Program is Delivered
- Who Delivers the Program
- Where it is Delivered
- Interpersonal Relationships



Funded by Department of Health and Ageing



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

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- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional wellbeing program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

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If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>

NARROGIN COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program – Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities:

This is what the community told us:

- Conflict/Feuding
- Racism/Discrimination
- Substance Abuse
- Youth Issues
- Health Issues
- Employment/Education
- Tragic Events
- Communication Issues

What makes Individuals, Families and Communities Stronger?

- Leadership/Self-management
- Strengthening Family
- Improving Health/Lifestyle
- Action on Feuding/Drinking
- Focusing on Culture
- Bringing People Together
- Communication
- Being Supported
- Having a Future Vision

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Cultural Focus
- Health/Mental Health
- Communicating/Sharing
- Developing Skills
- Achieving Outcomes



Barriers for Introducing Programs

- Feuding in the Community
- Lack of Community Consultation
- Other Possible Barriers

What do people want in a Program?

- Employment-related Programs
- Culturally Appropriate Programs
- Gender-based Healing
- Outdoor Activities
- Self Development Focus



Funded by the Department of Health and Ageing



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional wellbeing program for each of the sites involved in the Project and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

Professor Pat Dudgeon, Vennessa McGuire, Jean Boladeras, Adele Cox, Sabrina Swift and Carolyn Mascall.

If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>

PERTH COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program - Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.

Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Substance Abuse
- Family-related issues
- Violence
- Health/Mental Health/Suicide
- Economic Circumstances
- Youth
- Lack of Support
- Education/Employment Issues

What makes Individuals, Families and Communities Stronger?

- Having a supportive environment
- Focusing on Family
- Focusing on Self
- Building Community
- Education
- Focusing on Health/Lifestyle
- Being More Respectful
- More Workshops/Programs
- Focusing on Youth
- Focusing on Culture

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Health/Healing
- Cultural Focus
- Youth Focus
- Family Focus
- Community Focus
- Women's Programs





Barriers for Introducing Programs

- Funding/Resources
- Program Delivery
- Community Support/Involvement
- Attitudes/Perceptions
- Lack of Information
- Skills/Knowledge Base

What do people want in a Program?

- Programs About Culture/Traditional History
- Delivery Aspects
- Importance of Attendance/Support
- Hands-on/Practical Programs
- Focus on Youth/Children



Funded by the Department of Health and Ageing



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

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- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional wellbeing program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

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MILDURA COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program - Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Substance Abuse
- Health/Wellbeing Issues
- Housing Issues
- Employment/Work-related Issues
- Violence
- Concerns About Family
- Need for Support

What makes Individuals, Families and Communities Stronger?

- Focus on Family
- Supportive Environment
- Programs and Services
- Counseling/Talking to Others
- Focus on Community
- Cultural Strengthening
- Health/Wellbeing
- Self-belief

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Cultural Focus
- Men's Focus
- Health Focus
- Community Services/Programs
- Focus on Children/Youth
- Community Focus



Barriers for Introducing Programs

- Money/Resources
- Program Delivery
- Attendance
- Aboriginal Involvement
- Shame
- Transport/Travel

What do people want in a Program?

- Culturally Appropriate Delivery
- Communication Focus
- Aspects of the Setting
- Cultural Focus
- Health and Substance Abuse Focus
- Access Issues



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide, and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

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- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

Professor Pat Dudgeon, Terry Brennan, Andy Charles, Adele Cox, Sabrina Swift and Carolyn Mascall.

If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>

Funded by the Department of Health and Ageing

CHERBOURG COMMUNITY FEEDBACK 2013

Developing an Innovative, Empowerment and Leadership Program - Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 8 sites across the country – Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney and Mildura.



Based on the successful Kimberley Empowerment Project, this national project worked towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Youth-related Issues
- Family-related Issues
- Personal/Relationship Issues
- Substance Abuse
- Violence
- Community Future
- Employment-related Issues
- Health/Mental Health

What makes Individuals, Families and Communities Stronger?

- Shared Family Activities
- Supportive Environment
- Education
- Better Interpersonal Relationships
- Community Working Together
- Cultural Knowledge and Practice
- Focus on Youth
- Police/Justice System
- Personal Empowerment/Self Care

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Health Focus
- Youth Focus
- Gender-based Programs
- Cultural Focus
- Physical Activity/Sporting Focus
- Family-Focused Social Activities



Barriers for Introducing Programs

- Program Operational Aspects
- Other Commitments
- Negativity/Reluctance
- Transport Difficulties
- Funding Issues
- Shame/Shyness

What do people want in a Program?

- Programs Focused on Practical and Life Skills
- Program Operational/Presentation Aspects
- Programs with a Cultural Focus
- Youth/Children's Focus
- Local Delivery of Programs
- Physical Activities Focus



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project will assist to further develop a program for each of the 9 sites across the country that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

We are about to assist in developing a cultural, social and emotional wellbeing program for each of the sites involved in the Project, and will continue to work with the communities to ensure that funds are sought and ongoing support is provided.

Project Team

Professor Pat Dudgeon, Katherine Hams, Bronwyn Murray, Adele Cox, Sabrina Swift and Carolyn Mascal.

If you want more information or want to talk to someone about this project you can call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>



Funded by the Department of Health and Ageing

DARWIN COMMUNITY FEEDBACK 2015

Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander Peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 11 sites across the country, including Darwin, Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Sydney, Mount Gambier, Geraldton and Mildura.



Based on the successful Kimberley Empowerment Project, this national project is working towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Family and community breakdown
- Issues to do with alcohol and drugs
- Financial hardship including high cost of living
- Health and Mental Health Issues
- Employment-related Issues and mostly the lack of opportunities
- Lack of appropriate housing issues around availability
- Education, not enough educational opportunities locally
- Cultural Issues
- Racism and discrimination

What makes Individuals, Families and Communities Stronger?

- Focusing on the needs of the individual
- Focusing on family to allow greater support
- Whole of community focused so that everyone can build capacity and strengths
- Focusing on Culture
- Stronger and more transparent communication
- Health and wellbeing
- Supportive environments, including appropriate services

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Age-specific focus so that the right types of programs can be delivered according to need
- Cultural focus to reinforce the positive impact that culture has on people and communities
- Information relating to substance use and its impacts
- Community Focus
- Programs that focus on prevention



Barriers to Introducing Programs

- Funding/Bureaucracy and the ongoing issue of lack of funding and support
- The way in which the program is delivered, especially if being delivered by non-Indigenous people and services
- Lack of community support and involvement
- Competing priorities for those who want to attend programs
- Lack of transport to attend programs

What do people want in a Program?

- Programs that are delivered locally by local people
- Community led and supported
- Topic-specific programs to suit the local needs
- Age-specific focus
- Cultural Focus



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project has developed a 6-week Cultural, Social and Emotional Wellbeing program that is currently being delivered in two NEP sites in Queensland, Kuranda and Cherbourg. This program will be updated and amended to specifically address the local needs of all other NEP sites. The NEP will continue to support and advocate for the program to be implemented in all sites.

The NEP will continue to support the implementation of CSEWB Program to ensure that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

Project Team

Professor Pat Dudgeon, Adele Cox, Mark Munnich and Carolyn Mascal.

For more information or if you would like to talk about this project please call
08 6488 6926 or visit our website
<http://nationalempowermentproject.org.au/>

Funded by the Australian Government Department of Health

MOUNT GAMBIER COMMUNITY FEEDBACK 2015

Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander Peoples

COMMUNITY FEEDBACK

Where did we go?

The National Empowerment Project consulted widely with communities in 11 sites across the country, including Mount Gambier, Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Redfern Sydney, Darwin, Geraldton and Mildura.



Based on the successful Kimberley Empowerment Project, this national project is working towards finding holistic, cultural and local relevant solutions to the crisis of cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- High levels of substance use within the community
- Health/Mental Health Issues
- Family-related issues including violence and feuding
- High cost of living and lack of financial supports
- Employment-related issues, particularly the lack of employment opportunities locally
- Lack of educational opportunities and supports
- Lack of transport and burden on individuals not able to attend appointments, etc.
- Ongoing issue with grief and loss
- Lack of cultural identity

What makes Individuals, Families and Communities Strong?

- Family cohesion and positive engagement and supports
- Cultural connections and knowing who 'mob' are and from where
- Education
- Positive attitude and goal setting
- Having local role models who provide positive images and reinforcement
- Local programs and services
- Community cohesion and support

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Programs with a stronger focus on culture
- Gender and age-specific focus so that local needs are met
- Topic-specific focus so that the appropriate issues are worked on
- Lifestyle programs. Including things such as nutrition and cooking
- Education and training focus



Barriers to Introducing Programs

- Lack of appropriate funding and resources
- Lack of appropriate transport services and support
- Specific program delivery, e.g. programs that are brought in from the outside tend not to work
- A general lack of community involvement and participation
- Discrimination

What do people want in a Program?

- Programs that are delivered and locally led
- Community led programs with local content
- Stronger focus on culture
- Gender-specific programs to suit local community needs



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

The National Empowerment Project has developed a 6-week Cultural, Social and Emotional Wellbeing program that is currently being delivered in two NEP sites in Queensland, Kuranda and Cherbourg. This program will be updated and amended to specifically address the local needs of all other NEP sites. The NEP will continue to support and advocate for the program to be implemented in all sites.

The NEP will continue to support the implementation of CSEWB Program to ensure that:

- responds to the different needs and issues identified by communities
- is well resourced and relevant to local issues
- respects and supports individuals, families and communities to empower and continue peoples journey of healing over the longer term.

Project Team

Professor Pat Dudgeon, Adele Cox, John Watson, Angela Sloan, Karen Glover and Carolyn Mascall.

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08 6488 6926 or visit our website
<http://nationalempowermentproject.org.au/>

Funded by the Australian Government Department of Health

GERALDTON COMMUNITY FEEDBACK 2015

Promoting Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander Peoples

COMMUNITY FEEDBACK Where did we go?

The National Empowerment Project consulted widely with communities in 11 sites across the country, including Geraldton, Perth, Narrogin, Northam/Toodyay, Kuranda, Cherbourg, Toomelah, Redfern Sydney, Mount Gambier, Darwin and Mildura.



Based on the successful Kimberley Empowerment Project, this national project continues to work towards finding holistic, cultural and local relevant solutions to Aboriginal and Torres Strait Islander peoples cultural, social and emotional wellbeing and suicides in the community, building on the strengths within individuals, families and communities.



Communities were asked:

What are the Issues Confronting Individuals, Families and Communities?

This is what the community told us:

- Ongoing issues with high use of substances
- Employment-related issues and specifically the lack of opportunities locally
- High cost of living and lack of income for many individuals and families
- Lack of appropriate housing and issues with homelessness
- Violence-related incidents and impact on families and community
- Family-related issues such as feuding and violence as well as lack of family supports and cohesion
- Issues around racism and discrimination
- Health/Mental Health Issues

What makes Individuals, Families and Communities Stronger?

- Community coming together in unity
- Having appropriate education and awareness
- Family supports and networks
- Personal health and wellbeing
- Communication within families and the community
- Local services and support
- Respect, especially relating to elders

Preferred Cultural, Social and Emotional Wellbeing, Empowerment and Healing Programs

- Programs that have a strong cultural focus
- Topic-specific programs so that local needs are met and addressed
- Programs that specifically focus on prevention and early intervention



Barriers to Introducing Programs

- Lack of long term funding and ongoing issues with government and local organisational bureaucracy
- Lack of support from community members and local services
- Programs that are delivered from outside the community
- Lack of transport facilities and support

What do people want in a Program?

- Programs that focus on specific topics
- Stronger focus on culture and its positive impacts
- Gender and Age-specific programs
- Programs that are delivered and developed locally



Where to from here?

We will be relaying to government and relevant organisations, agencies and people that they need to hear the voices of Aboriginal and Torres Strait Islander peoples and provide more resources to develop local programs that can help individuals, families and communities deal with and respond to the high levels of community distress, suicide and the many issues relating to cultural, social and emotional wellbeing.

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Project Team

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For more information or if you would like to talk about this project please call 08 6488 6926 or visit our website <http://nationalempowermentproject.org.au/>

APPENDIX E: POLICY BRIEF

VOICES OF THE PEOPLES: THE NATIONAL EMPOWERMENT PROJECT

Promoting Cultural, Social and Emotional Wellbeing to Strengthen Aboriginal and Torres Strait Islander Communities.

KEY POINTS

- The National Empowerment Project (NEP) is an innovative Aboriginal-led suicide prevention project that has worked with eight Aboriginal and Torres Strait Islander (herein Aboriginal) communities across Australia since 2012. Its purpose was to firstly consult with communities to: identify their needs and the factors contributing to the high levels of psychological distress and suicide in these communities; and empower communities to take action to address these issues and promote positive social and emotional wellbeing.
- Phase Two of NEP is supporting communities to find the resources to implement an empowerment program that was considered a critical strategy to strengthening people's cultural, social and emotional wellbeing. In so doing, the project aims to increase the resilience of individuals and families by minimising risk and increasing protective factors in these communities.
- The NEP utilised a community participatory action research (PAR) approach that was critical to the appropriateness and effectiveness of its processes and the outcomes. It also demonstrates a practical, culturally respectful approach for service providers and policy makers to work with Aboriginal communities.
- The NEP allowed for the diversity among communities to be acknowledged and for each community to identify their own issues, yet all participants across the 8 communities identified a similar set of issues and factors impacting on the wellbeing of individuals, families and the community. All communities shared a concern for the impact of drugs, alcohol and violence and gave priority to meeting the needs of young people. All individuals, families and communities identified the need for programs to address family or community violence and drug and alcohol misuse. They also identified the need for shared activities to strengthen/restore connections within and between families and a sense of community. They also wanted programs that provided opportunities to strengthen and empower individuals.

- The NEP consultations – which brought Aboriginal peoples’ voices to the fore – makes a substantial contribution to identifying the challenges that communities are dealing with and some of the solutions. The emphasis on restoring and enhancing cultural strength and identity, and requests for culturally specific programs, reinforces the value people place on these as effective ways of overcoming high levels of psychological distress. The priority accorded to programs and resources that focus on healing and strengthening people’s connectedness to family, community and culture also marks an important difference between Aboriginal and non-Aboriginal social and emotional wellbeing.
- The community perspectives identified throughout the NEP consultations establishes parameters for how programs and services should be established and operate in communities: That they should be designed and delivered with the guidance and involvement of the community; that they should employ and build the capacity of local people; and that they should be culturally appropriate.

BACKGROUND

In May 2012 the Department of Health launched the NEP, in partnership with the School of Indigenous Studies at the University of Western Australia. The purpose of the NEP was to work with eight communities to identify the key factors impacting negatively on the social and emotional wellbeing of individuals, families and the community itself as part of a suicide prevention initiative. At the same time, each community was asked to identify strategies that could work to strengthen the cultural, social and emotional wellbeing of individuals, families and the community. The eight communities across Australia were selected through an initial consultation process to represent the cultural, geographic, social and historical diversity experienced among Aboriginal communities. These were Narrogin, Perth and Northam/Toodyay in Western Australia; Cherbourg and Kuranda in Queensland; Toomelah and Redfern in New South Wales; and, Mildura in Victoria.

This national Project expanded on the earlier research of the Kimberley Empowerment Project and its recommendations for empowerment, healing and leadership programs as a tool and first step for preventing suicide and psychological distress (on this see *Hear our Voices Report* Dudgeon et al., 2012). Both projects are responding to the devastating impact of adverse social determinants and disadvantage on individuals, families and communities across Australia as seen in ongoing high rates of psychological distress and suicide. The NEP was also a response to the lack of appropriate mental health and related programs in communities, and the growing demand for early intervention programs to deal with social and emotional problems such as family violence and substance abuse, as well as common mental health issues such as anxiety and depression.

RESEARCH METHOD

The NEP is an exemplar of the results that can be achieved using a PAR process with Aboriginal communities. PAR focuses on developing community capacity to engage in developing, conducting and disseminating and translating/implementing research. PAR aims to ensure research is responsive to community needs, is conducted in a culturally appropriate manner, and is beneficial to the community. This empowerment-based research approach gives a voice to communities and is an inclusive way of Aboriginal people identifying the factors impacting on their social and emotional wellbeing. It also supports individuals to identify broad pathways to restore and strengthen connections to Aboriginal-specific domains of social and emotional wellbeing, including connection to culture, family and country and to see themselves as agents of social change.

The PAR approach enabled participants from the eight communities to develop their own understandings of the complex factors impacting on their social and emotional wellbeing and identify responses to address these issues. Critically, these were informed by the conceptual framework provided by the Aboriginal-specific domains of social and emotional wellbeing (Gee et al., 2014).

The NEP team engaged in building relationships with the communities and established formal relationships with local partner organisations that were predominantly Aboriginal community controlled. Two people from each community were selected and trained as community co-researchers and carried out focus groups and interviews with approximately 40 community participants in each site. Such an approach represents a best practice example of community-based research with Aboriginal peoples and exemplifies the ethical standards, values and goals of the National Health and Medical Research Council.

KEY FINDINGS

The NEP consultations reinforce the extensive evidence regarding the range of social determinants negatively impacting on Aboriginal and Torres Islander people's mental health and social and emotional wellbeing.

The eight communities were very different in size, location, history and levels of remoteness, yet all identified a similar range of challenges and issues impacting negatively on their social and emotional wellbeing.

While the priority allocated by each community varied, the main issues identified by all as impacting negatively on their social and emotional wellbeing included: problems with youth; family disharmony, feuding and violence; substance abuse; mental health issues; racism; and, a lack of education, training, employment, suitable housing, transport and services. The findings also highlight how these things do not occur in isolation, but rather concurrently and cumulatively.

Across all the communities people are concerned about excessive use of drugs and alcohol, escalating fighting between family groups and between younger generations, and the impact this has on people's wellbeing and mental health. The ways that violence manifests in the communities was extensive. Many saw their communities as unstable with unpredictable levels of violence often as a result of excessive alcohol use. An inability for families to communicate effectively with each other was another issue seen as negatively impacting on peoples' daily lives.

All eight communities identified a similar set of strategies to strengthen the cultural, social and emotional wellbeing of individuals, families and their communities.

These are:

- *For individuals:* restore and strengthen connections to culture, family and community; focus on youth; focus on health; offer life skills programs (e.g. communication, self-esteem, mentors, role models).
- *For families:* restore and strengthen connections within and between families through shared activities (to restore sense of community); offer life skills programs (e.g. communication, dealing with conflict, healthy lifestyle); provide access to education/training and transport.
- *For communities:* focus on youth (provide activities, drop in centres, camps, connect to elders, health promotion and education sessions, parenting programs, restore sporting competitions); restore and strengthen sense of community through shared activities (e.g. hosting community events such as fun days, competitions, projects); self-determination; men's and women's groups; provide access to employment, education, housing and transport.

Significantly, all participants across all sites identified the need for programs to address family violence and drugs and alcohol abuse as essential to strengthen individual, family and community social and emotional wellbeing.

POLICY IMPLICATIONS

The findings from the NEP consultations confirm the evidence of several national surveys that report high numbers of Aboriginal people experiencing high to very high psychological distress levels, and alarming rates of suicide and attempted suicide in their communities. The NEP also shows that Aboriginal communities in 2013 are still reporting the same challenges they have been reporting for decades, particularly a lack of basic services, access issues and frustrations with external service providers.

This suggests that policy and program development remains largely disconnected from what Aboriginal people identify as a priority and as appropriate for their needs.

Policy-makers accept that enhancing social and emotional wellbeing is critical to closing the gap in health outcomes. Similarly, the evidence regarding the impact of historical, political, economic and social determinants on poor health, wellbeing and rates of psychological distress and suicide is well established. Yet the absence or ad hoc nature of programs and services, largely delivered without due consultation or engagement with the community, or by community people themselves, suggests a limited understanding of what is required.

Aboriginal people have been suggesting for some time that there is a need to do things differently. The evidence base provided by the NEP data gives access to the lived experience of Aboriginal people and to their ideas about what is required from government. It is a critical resource for governments to be better informed about how to tackle some of the issues impacting on Aboriginal communities and achieve its goals, including better school retention, enhanced capacity for employment, and people living healthy, meaningful lives in safe and vibrant communities.

The NEP consultations highlight the urgent need for programs focusing on healing from stress and trauma, and empowering people to regain a sense of control and mastery over their lives. These are critical to strengthening people's resilience, social and emotional wellbeing. Providing people with tools for addressing their stress and trauma and reducing levels of violence and tension in their communities are also necessary first steps to communities addressing some of the issues underlying the drugs, alcohol and violence impacting on many of their families, and to creating environments where children can thrive.

The NEP confirms that governments must ensure Aboriginal peoples' access to a range of basic services, as well as the need for more culturally appropriate programs designed in partnership with communities, that are responsive to the local context and decision making processes in which they are delivered, and employ local people. Ultimately, it is these factors that Aboriginal people see as critical to addressing some of the key issues contributing to high levels of psychological distress and suicide in their families and communities, and to creating a positive future for their children and young people.

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FURTHER INFORMATION

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The full report can be found at <http://nationalempowermentproject.org.au>

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