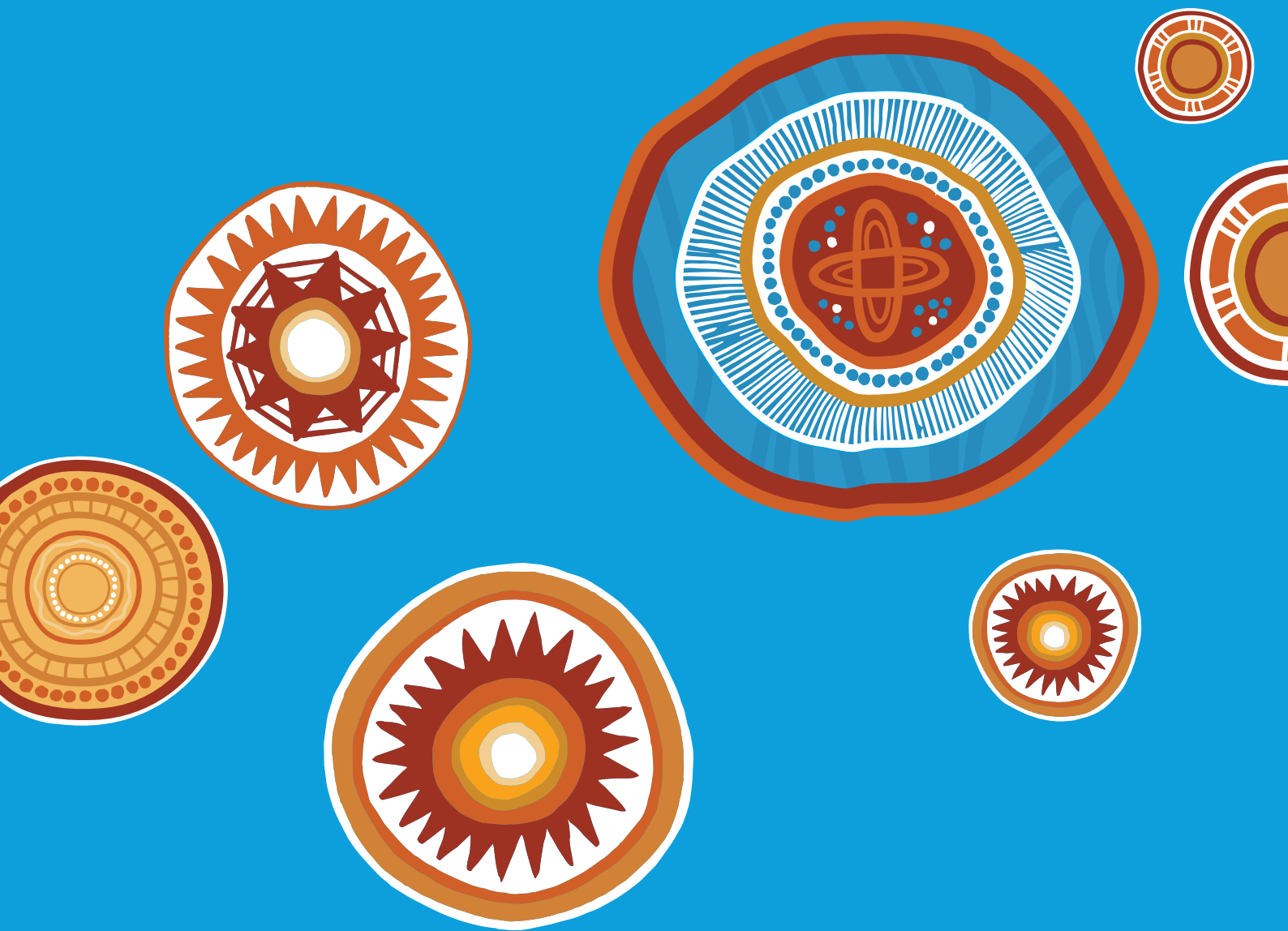


# Stepping stones:

Hunter New England and Central Coast Primary Health Network (HNECC PHN) Cessnock, Kurri Kurri and surrounding communities

## Aboriginal and Torres Strait Islander Healing Forum

26 February 2020



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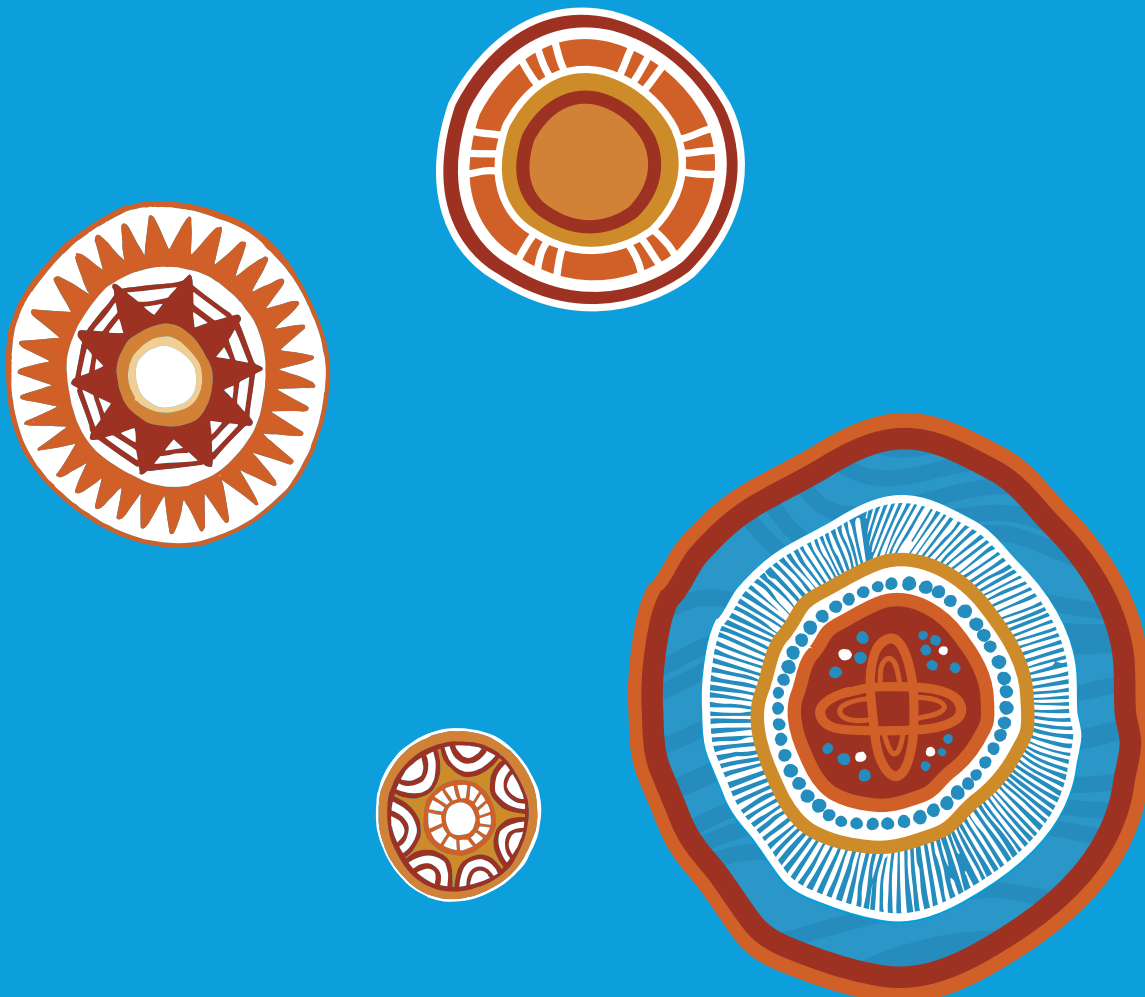
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HUNTER NEW ENGLAND  
AND CENTRAL COAST  
An Australian Government Initiative

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# 1. Introduction

The Cessnock, Kurri Kurri and surrounding communities Healing Forum was the second of four forums to be delivered across New South Wales in 2020 through a partnership between HNECC PHN and The Healing Foundation. The aim of the healing forums is to increase access to Aboriginal community-identified approaches to improving the healing and wellbeing needs of HNECC Aboriginal and Torres Strait Islander communities. The forums aim to:

- empower Aboriginal and Torres Strait Islander communities to identify and design local, culturally relevant approaches to meeting their healing and wellbeing needs
- resource localised approaches to healing that are led by local level and led by Aboriginal and Torres Strait Islander communities to address mental, physical, emotional and spiritual needs, and also connection to culture, family and land
- integrate community healing programs with existing Aboriginal and Torres Strait Islander mental clinical services – including Aboriginal and Torres Strait Islander Community Controlled and mainstream services – to ensure services holistically meet the clinical and cultural healing needs
- promote community development and meaningful partnerships to strengthen the sustainability, community governance and service delivery of community healing programs.

The Cessnock, Kurri Kurri and surrounding communities Healing Forum was co-designed by The Healing Foundation, PHN and local Aboriginal and Torres Strait Islander community members to ensure the forum agenda remained focused on local priority issues.

Thank you to the forum planning group members, including Uncle Richard Edwards, Lisa Morris, Sonia Sharpe, Nick Bailey and Aunty Kerry Roberts.



## 2. About the Healing Forum

The Cessnock, Kurri Kurri and surrounding communities Healing Forum was held at the Kurri Kurri TAFE on Wednesday 26 February 2020. The forum, facilitated by Rowena Lawrie, was opened with a ceremony around the 'learning circle' on site. Uncle Richard Edwards welcomed participants to country in Wonnarua language and then John Manton performed a smoking ceremony. Participants then moved into the conference venue for a welcome 'kunaar' dance performed by the Kirawa Dance Group from Cessnock High School. Catherine Turner and Brad Webb welcomed participants on behalf of the PHN and Nancy Jeffrey welcomed participants on behalf of The Healing Foundation.

Fifty two participants attended the forum, including community members and representatives of Wonnarua Elders Group, health services, the neighbourhood centre, schools and TAFE, justice agencies, Newcastle University, family support services, alcohol and other drug rehabilitation and NSW government. The forum agenda was designed so that community members could share their views on what is undermining wellbeing for children and families in the area and make suggestions as to how local services could support healing outcomes for the community.

Given many community members in attendance also worked for local service providers, participants asked that everyone be clear if they were speaking from a service provider perspective as opposed to sharing their views as a community member. As the forum was supported by PHN, the discussions were primarily focused on health and healing issues and the role that health services can play to support community healing. However, some issues were raised that have implications for other service providers, some of whom were present at the forum. Clarification was sought from a non-Aboriginal and Torres Strait Islander service provider about their role on the day – was it just to sit and listen? Uncle Richard conveyed his expectation to participants that everyone in the room was there to contribute.

The day was structured to allow small breakout yarning circles exploring the following priority themes that were identified during discussions with planning group members:

1. social and emotional wellbeing for children and young people
2. safe families
3. supporting healing for children and families.

Before discussions commenced, participants were asked to identify values that would guide discussion on the day:

- respect – allowing everyone the opportunity to talk and have their say
- consideration – if someone has a different value to your own, take it on board
- acceptance
- honesty and integrity – speaking your truth
- listening
- inclusion
- humour
- safety – creating safety at the table without judgement or fear, maintaining safety for workers supporting each other
- sensitivity – remaining aware of sensitivities around certain issues
- privacy – remembering what's said in the room stays in the room (sacred yarning') and allowing participants to speak off the record, keeping the important themes and issues will go in the report).

Before discussion commenced Lisa lit a candle and participants shared a minute of silence to remember those who have passed.

### 3. About this report

This report was informed by notes taken at the healing forum on the day during feedback from the yarning circles that explored participants' insights into factors undermining community wellbeing and suggestions for how health and other services can support community healing. It also captures the role of community in leading healing and positive change. The report is structured around input in relation to questions that guided discussion on the day.

### 4. Key themes from the discussion

The following is a summary of key themes that emerged from yarning circles at the forum.

Yarning circles commenced with participants exploring the question 'What is healing?' Many conveyed that healing has a different meaning for different people but common threads included connecting and reconnecting with self, others and culture along with sharing stories.

- 'It's about Aboriginal and Torres Strait Islander people telling their stories.'
- 'It's finding your way back to family and country.'
- 'It has a lot to do with past traumas, we need to acknowledge and work through that.'
- 'Finding connection to who you are as a person.'
- 'It's acknowledgment of the whole community, of trauma and history, it's community led.'
- 'Being strong in mind and spirit.'
- 'Identity, knowing where you are from.'
- 'Acknowledge that everyone's journey is different.'
- 'It's healing from loss of identity.'
- 'Journey to being the best you can be at every level.'
- 'Being able to give and receive love.'
- 'Self-growth, inner healing and community healing.'
- 'Establishing relationships within family and community. A sense of belonging.'

## 5. Key issues and factors discussed in yarning circles

### What are the issues impacting our children and young people's social and emotional wellbeing?

### What factors are undermining family safety in our community?

#### Cultural disconnection

There was considerable discussion across the yarning circles about the impact of disconnection from culture and country has on identity and wellbeing. Sadness was expressed at the loss of Elders who previously passed knowledge down. Discussion suggested some Elders were themselves culturally disconnected after being influenced by religion, or a legacy of 'fear of the welfare man'. The lack of cultural role models more generally in the community was also highlighted. Participants voiced the importance of identity, family, language and connection to country. There was also great sadness expressed that many young people don't know where they come from.

*'If you don't know where you're from you feel like you don't belong.'*

A number of concerns (detailed below) such as alcohol and drug misuse, family violence, child removal and incarceration were also seen as undermining attachment between children and parents and eroding cultural connection for families. Language has also been lost between generations. Some children live with disabilities, in some instances undiagnosed, that are creating barriers to their culture, while racism makes it difficult for other children to identify and connect. Sometimes fair-skinned children face lack of acceptance from other Aboriginal and Torres Strait Islander children. It was also suggested that some parents are distracted by technology, which interrupts the sharing of knowledge with children. A breakdown in connection was identified from generation to generation.

A number of participants shared their own experience of cultural disconnection, with many local people living off country, unable to go to visit their Elders. They were concerned that this meant their children also missed out on

experiencing the connection to land and spirit. It was suggested that some people experience fear of not being accepted coming off country to live in the community. Sometimes children born in the area are also excluded with comments like 'You're born here but it's not your country.'

#### Family breakdown and isolation

A number of issues are contributing to the breakdown of family structures and causing some families to live in isolation. Participants reported high levels of child removals from local families, with one participant stating 'We're in a new Stolen Generation, removal rates are out of control'. Community members voiced concern that children are being removed from kinship structures, placed in out of home care and have no family connection, with families completely breaking down. This had eroded connection between younger and older generations. Discussion suggested that alcohol and drugs and domestic violence are key factors in child removal, but the problems are exacerbated by a lack of family support. Many families, particularly those living off country in the area, live in isolation.

*'There is fear if we're not from here. It's hard to make connection when you don't know how to find people. We create stronger communities when we don't segregate ourselves. We need to come together.'*

It was observed that housing policies exacerbate family isolation, with vulnerable families kept in close proximity to each other. Some young people experience feelings of isolation due to sexuality. Native Title Legislation was perceived to have created barriers between some community members by making families compete.

## Trauma and mental health issues

Forum participants attributed many of the negative behaviours that are undermining children and families' wellbeing to the prevalence of intergenerational trauma. Parents have not dealt with their own trauma and it's being passed on to children. A community member stated

*'Intergenerational trauma is a big one, but services still don't really know what it is.'*

Trauma is both historical and contemporary, with ongoing child removals causing significant distress to families. Discussion suggested that there is a lack of awareness of trauma in the community, that many people live with undiagnosed trauma and that trauma is often misdiagnosed as depression or other mental health conditions. Community members observed a tendency for services to focus on the 'after effect' of alcohol and drug use rather than the underlying trauma which manifests in self-medication. People identified how trauma impacts people in different ways, undermining social, emotional and mental health, with suggestions that trauma is what causes some people to live in isolation from the community. Concern was voiced about waiting lists to access mental health services.

## Alcohol and other drugs

While considered to be symptomatic of trauma in many instances, alcohol and other drug use was itself identified as a major factor that is harming children and families. Alcohol and drugs were cited as key to the incidence of family violence, incarceration and child neglect and removal, with a participant suggesting 'We need more rehabs and less prisons.'

Concerns were raised about the easy access to illicit drugs, with known drug dealers living around housing estates. There was some frustration that drug dealers continued to live in the community despite numerous reports being made. A number of participants also voiced frustration at the 'massive' wait lists to access rehabilitation and the lack of services and resources to support people to transition back to community after rehab.



## Incarceration

While interrelated with alcohol and other drugs, incarceration is having a very negative effect on children and families.

*'Our ceremonies are gone, initiation for people over 18 now is incarceration. Jail is a new right of passage.'*

Incarceration is contributing to family breakdown and is a factor in child removal. Community members are concerned that many children in the community have a family member in prison but nobody is supporting those children to try and break the cycle of incarceration. 'Someone needs to teach them you don't need to go to jail to be a man.' There is also a lack of through care to support people to safely transition from custody back into the community.



## Barriers to information and from services

Participants identified a range of barriers that prevent community members from engaging with services that can support their health and healing outcomes. It was observed that the historical behaviour of services, as well as community's own prior experience with them, makes it hard for them to trust them, open up and discuss the challenges they are facing. The removal of children was cited as an ever-present fear for community members who engage with service providers. Several participants shared that community members have experienced stigma when accessing services in the past, which discourages them from returning. Participants voiced frustration that services continue to come in and impose programs rather than working with community to discuss their needs and co-design programs from the ground up. It was also stressed that there is still an over-reliance on non-Indigenous people and services dealing with people on the ground. The stereotyping of Aboriginal and Torres Strait Islander people by non-Indigenous people and services 'Makes us walk away from the services we need.'

Communication and information sharing were also considered inadequate, with some participants indicating there are a lot of services but people don't know that they are there or what they offer. Although the majority of services are non-Indigenous, there is a local Koori interagency. However there is a perception that there is no established means to communicate information from the interagency out to community.

It was also observed that agencies rely on Aboriginal and Torres Strait Islander community engagement workers to build relationships with community, while many senior managers don't know anyone in the community and so don't understand people's support needs.



*'There are so many 'liaison' roles and they're expected to build the relationships. But the managers and other staff know no-one. They need to be involved in that. If you're driving through water you check the water level before you drive through it. You need to be aware and know your environment.'*

It was suggested that the PHN would benefit from more community input, but recognised that the healing forum itself was the beginning of that process. It was suggested that services sometimes enforce unnecessary red tape that poses a barrier to clients, while there was also a feeling that some health service providers are constrained by rules and key performance indicators (KPIs) attached to funding agreements. A number of people shared concerns about perceived nepotism within Aboriginal and Torres Strait Islander community controlled health services, with one participant stating 'Sometimes if you're not in the clique, you won't get access to anything.' Barriers to health service provision resulted in community members living with undiagnosed conditions, including trauma, hearing issues and disabilities.

Concerns were also raised about the lack of suitable programs to support families who are in crisis and having children removed. Many of the programs for families are short term and non-recurrently funded, and support services are disconnected. It was suggested that people who need family support won't engage with them as they're tired of being offered new programs rather than consistent support from familiar people.

## **Bullying and lateral violence**

Bullying was identified as particularly detrimental to young people's sense of identity and wellbeing. Bullying takes many forms and is sometimes perpetrated by non-Indigenous people perpetuating negative stereotypes of Aboriginal and Torres Strait Islander people. Sometimes bullying and lateral violence are perpetrated within the community, with examples cited of some young Aboriginal people questioning the cultural identity of other young Aboriginal and Torres Strait Islander people who have fair skin or blonde hair. There was a need identified for parents to teach children about the diverse nature of culture and the need to respect all Aboriginal and Torres Strait Islander people. Social media has increased the impacts of bullying, with some young people experiencing anxiety because online bullying can occur 24/7.

*'There's nowhere to escape bullying unless you turn your phone off, there is no safe place for anyone anymore.'*

However it was acknowledged that some young people won't stay away from social media even if they're being bullied, as they would feel socially ostracised if they weren't online.

Lateral violence was identified as a concern within the broader community, sometimes resulting in people feeling marginalised from services or events. There was concern voiced though that lateral violence is a construct that is used to negatively stereotype Aboriginal and Torres Strait Islander people, with little recognition that it occurs in the non-Indigenous community as well.



## 6. Healing solutions

While discussion on the day was structured around identifying the role of community in supporting healing as well as the role of health service providers in supporting healing, the need for strong collaboration across community and services was a recurrent theme. While strategies below are grouped under ‘community’ and ‘health services’, most require a community and service provider partnership to succeed. Other service provider partnerships were also suggested to facilitate broader community healing outcomes.

### How can our health services better support healing for children and families?

#### Co-design of person-centred, culturally safe services and information sharing

*‘We live in a massive watering hole. Services need to be stepping stones for community.’*

There was significant discussion at the forum suggesting the need for local programs and services to be built from the ground up through a community co-design process. Rather than imposing pre-determined service models, community expect services to work with them so programs have flexibility to work to the needs of each individual or group.

It was suggested that service providers would benefit from quality relationships with community, which could be realised through advisory committees. Creative ways of engaging community were encouraged, including online engagement and working groups and holding meetings at different times (both morning and evening) so that community members can balance responsibilities and still participate. It was also stressed that when working with community, funding bodies and services need to visit and meet with numerous groups as there are many different communities in the area and they all have unique needs. The importance of children and young people being consulted about, and engaged in the development of programs for them was also stressed.

Participants observed that community partnerships also offer services the chance to promote what’s available more broadly.

*‘People are reluctant to use services outside their mob’s area. The service providers need to come to us, look for key people and let us know what’s out there so we can spread the word.’*

Funding for community led services should be prioritised and Aboriginal and Torres Strait Islander people should be employed where possible as this will enable a level of trust and that will bring people in. There was an identified need for government funding bodies to understand and value cultural capability in services and staff. Aboriginal and Torres Strait Islander staff also need to be respected for their cultural knowledge and be allowed flexibility as it was noted there are too many restrictions and silos. Aboriginal positions need to be recurrently funded as they often short term and uncertain.

All services need to understand trauma, and this requires them to provide opportunities for Aboriginal and Torres Strait Islander Elders and community leaders to come into services to enable truth telling to workers and clients. A focus on the strengths and resilience of culture is also needed. This is one step towards services becoming genuinely trauma aware healing informed but all services need to build their capacity to provide genuine trauma aware and healing informed support for clients.

Where possible services should be made available by outreach, delivered on the ground where people live and in places where they feel safe. Transport needs to be factored in to ensure that services and programs are equitably accessible. Participants also suggested that services need for services to be interconnected and collaborate with one another in order to provide more effective holistic support for clients. When implementing non-recurrent programs, funding bodies need to consider how they can plan for sustained outcomes when funding runs out.

With a strong emphasis on the role of Elders and other community role models in sharing knowledge with children and others, there was a role identified for service providers to train and support them on how to do this and how to manage potentially difficult conversations.

## A focus on accessible health promotion

Participants encouraged a focus on proactive health promotion and services and preventative education rather than reactive services. In addition to asking for more information across the board, participants emphasised the need for access to prevention programs and rehabilitation, including mental health and drug and alcohol programs, before people ended up in a crisis situation.

*‘Things have to be so bad before anything is done then there’s a massive waitlist. So we need health promotion to prevent the need for crisis response.’*

It was suggested that PHN needs a higher profile within the community and needed more input from community, before programs are developed and funded. It was also emphasised that health services need to look at the ‘whole of family’ wellbeing, rather than just looking at a child or an adult’s needs. Importantly, services need to be informed by an understanding of what ‘family’ is to Aboriginal and Torres Strait Islander people and tailor their services to that. Health services need to acknowledge that healing is a priority and to understand what that actually means (see Support for healing from trauma below).

It was suggested that PHN needs to be mindful of, and try to prevent nepotism within Aboriginal and Torres Strait Islander health services, as this discourages community members from engaging.



## Support from health services for holistic healing

Discussion at the forum made it clear that while healing must be led by community, it was also clear that the community needs support from health service providers to enable holistic healing for individuals, families and communities.

*‘Community needs to be at the forefront driving and leading healing.’*

Health services need to acknowledge that healing is a priority and provide resourcing to support it.

It should be acknowledged though that the healing journey is different for every individual and also for families. While there was a lot of discussion about healing for children and families, a number of forum participants cautioned that ‘To heal communities you need to heal yourself first so we’re not passing on trauma.’ This means all community members and services need access to information about trauma, not just Aboriginal and Torres Strait Islander people.

*‘If they don’t accept their own trauma they won’t understand our trauma.’*

Trauma awareness needs to be supported by access to genuine trauma aware healing informed support. The need for Elders in particular to have healing support was stressed, especially given the important role that Elders play in reconnecting children and families with culture. In some instances this may mean providing transport and resources for Elders to have time on Country.

One suggestion was for mental health services to support community networks and groups, developing and delivering programs with them. Participants raised the need for healing programs to be embedded in the mental health system and suggested this could be achieved by having community members and service providers come together to share stories and information. Healing solutions included people learning about cultural ways, learning art, weaving and woodwork and hearing stories from Elders.

Forum participants suggested the community should look at good practice healing programs, with some questions raised about the integrity of some government supported programs promoted as ‘healing’. Participants noted there are a number of respected established programs. It was also suggested that health services should consider supporting access to traditional healing.

## Health promotion and cultural healing in schools

Forum participants identified many ways in which healing support for young people could be embedded in schools.

Schools were identified as the ideal vehicle for health promotion information for children and young people, though it was noted by some participants that it can be difficult for health services to work in the education system. There is a need for children and young people to access expert health education on issues including social and emotional wellbeing, sexuality, sexual health and primary health. Children who are negatively impacted by bullying and low self-esteem could access Social and Emotional Wellbeing (SEWB) support in schools. Schools were also seen as offering a potential opportunity for diagnosis for children regarding issues such as otitis media, disability, trauma, depression and anxiety. Recognising that technology is an integral part of children's lives now, positive apps such as Yarn Up, Feel Deadly and Rise Up should also be promoted in schools.

Schools also offered an opportunity for community members and groups to engage with children and nurture cultural connection. While there are some school based cultural programs in some instances these were considered superficial. One forum participant recommended that community needed to get involved and take a role in program's for children and young people in schools rather than relying on the Aboriginal Education Consultative Group (AECG) and service providers – 'We need to take more responsibility about working with our kids.' It was suggested that Elders could be brought to schools to share stories and cultural knowledge with children.

*'Elders are the glue.'*

Positive men from the Men's Group and other community members could connect with and mentor boys in schools, ideally through cultural activities (similar to the Blacksmith's Men's Shed's Wellbeing Warriors program). Dedicated programs and mentoring are also needed for young women. It is important that cultural education with young people emphasises that Aboriginality is more than the colour of your skin. There are blonde haired blue eyed kids who are no less Aboriginal or Torres Strait Islander than other kids.

*'Identity is a big issue. Give those blonde boys the strength to say "I know my mob".'*

Schools also need to ensure that all children are given cultural education, so that Aboriginal and non-Aboriginal and Torres Strait Islander children learn about the truth of colonial history as well as the strength and resilience of culture. This could help to break the cycle of racism and negative stereotypes of Aboriginal and Torres Strait Islander people among the broader population. These strategies are very important for foster children, with concerns there are not strategies in place to support their social and emotional and cultural wellbeing.

## Kinship restoration - A whole of family support focus

While there were many suggestions for community members to support the strengthening of kinship structures, there were also a number of suggestions identifying how service providers can also support family restoration. Forum participants conveyed how reinstating and validating kinship structures and practices is critical to ensuring that identity and self-worth are passed down from extended families to children.

It was recommended that whole of family services involving mum and dad and children are needed across the board. For these to be effective though non-Indigenous services need to be educated about what family is from an Aboriginal and Torres Strait Islander perspective.

*'In our families it's Aunty, Grandma, Uncle that raise that child. That's the way we've always parented.'*

It is important that children are taught about and reconnected with traditional kinship structures. This will require upskilling in preschools, with accreditation in cultural awareness suggested, along with an identified need for more Aboriginal workers in preschools to improve family engagement and understanding.

It was recognised that efforts to strengthen kinship will require all services to focus on working with dads as well as mums, so they can learn about good parenting and pass on identity. A specific need was also identified for pregnant mothers, especially single mothers, to ensure they are connected and supported to community and culture. For services to be able to work effectively with families they will need more staff with lower caseloads.

Recognising significant concerns about child removal rates, participants suggested that FACS needs cultural policies regarding child removal, written by Aboriginal and Torres Strait Islander people. It was also recommended that services need to focus on improving communication with community and that this should be delivered by Aboriginal and Torres Strait Islander staff. It was also suggested that everyone in the community needs to role model positive behaviour for children.

*'We are responsible for our own behaviour. We need to ensure what we portray is what we want for our children.'*



## Police and community partnerships

A number of community members suggested the need to rebuild police and community partnerships, with a number of community members reflecting positively on a number of previous Police and Police Citizens Youth Club (PCYC) initiatives for young people. It was suggested though that these would require strong co-leadership with community members. Aside from providing crucial recreation opportunities and positive role modelling for young people, participants considered it important that strategies be developed to overcome stigma some young people have towards police. This was seen as an important step in breaking the intergenerational cycle of incarceration.

A number of suggestions were made including:

- police participating in community events to build relationships and trust with young people
- re-establishing Police and PCYC camps for young people
- blue Light discos and activities (with transport)
- local Aboriginal Police to mentor local young people
- domestic violence (DV) programs for children delivered at the PCYC
- transport to increase access to PCYC homework centre.

## Through care and reintegration support

Community members voiced concern about the lack of support options for people returning to community from prison, detention and alcohol and other drug rehabilitation. It was noted that many people end up in institutions because they are in vulnerable situations and upon release they return to those circumstances.

It was suggested that there is a need to maintain connection with men, women and young people who go to prison or detention, with a strategy for Elders and other community role models to visit people in custody suggested. The need for services to map and support the children and

family members of people who go to prison or rehabilitation was also identified, along with a strategy to support the family when parents return from institutions. Legal Aid and other services could also partner with local agencies and work with vulnerable people to assist them to obtain drivers licenses to prevent them from offending. They could also be supported to apply for Work and Development Orders so they can work off fines by attending counselling, education or personal development programs.

## Evidence based practice

Discussion encouraged services to draw from evidence of what works to support health and healing outcomes for Aboriginal and Torres Strait Islander people. A number of seemingly effective healing programs were referenced. While there was some concern that some programs are 'constrained' by KPIs in funding agreements, it was still asserted that services need to ensure that programs they deliver have measurable outcomes. Participants suggested that local health initiatives should include patient's stories in their evaluations. Services also need to share the findings of surveys, research and evaluations so that community can benefit from the knowledge.

Participants also suggested that local services and community networks could also access data to demonstrate the need for services for their community via the Local Decision Makers group and other mechanisms. One participant suggested 'cultural mapping' of Wonnarua Nation, identifying need and recommending solutions to funding bodies, empowering the community to direct service provision instead of government.

*'We have local decision making, we could bring a simple strategic plan back to government to close the gap – but we need to work together.'*

## What is the role of community in supporting healing for our children and families?

### Community connections

Across the yarning circles there was a strong focus on ways in which Aboriginal and Torres Strait Islander community members from Cessnock, Kurri Kurri and surrounding areas could connect and come together. Participants emphasised the need for these groups to be inclusive of all Aboriginal and Torres Strait Islander people living in the area was emphasised, noting the need for strategies to provide local cultural connection and support for the many men and women living off country in the area. These groups could also organise inclusive community camps for families (see Cultural reconnection below).

The need to support men's, women's and Elders' groups in the area was suggested as a priority, as these provide a safe forum where information can be shared and where community members can access cultural support. These networks also provide a mechanism for funding providers to work with when developing programs and services. They also enable men and women to come together to develop strategies to support families and cultural reconnection for young people. The importance of different mobs collectively supporting children was conveyed:

*'Where you come from shouldn't matter – we're all here to look after the kids in this community.'*

Community groups coming together and engaging the broader community in events such as Knockout would provide an opportunity for two-way communication to promote important messages and also hear priorities for action from the community perspective. Participants also suggested that groups could explore if there was funding available for community connectors who could help children as well as adults to find out who they are and connect with extended family. It was suggested that if men's and women's groups were established across the Hunter they could provide a collective regional voice (see Community voice below).

### Community voice

The benefits of Cessnock and other Hunter communities establishing a community voice was also a subject of discussion at the forum.

*'As community members we need to find our voices and be heard. Empower the rest of our community to have their say.'*

The community networks (explained above) provide one means by which community members can come together to collectively identify their needs and priorities. Other mechanisms including Local Decision Makers were also identified. It was noted that a collective community voice can still recognise diversity in needs of different individuals but can provide a means to advise government on local community priorities. One participant acknowledged that government funding is more likely to be given on a regional basis and suggested that a regional Hunter collective voice could be more effective in gaining support for local service priorities. It was suggested that if Aboriginal and Torres Strait Islander services and workers came together and mapped data related to Aboriginal and Torres Strait Islander people in the area (e.g. numbers in criminal justice vs legal services or kids in out-of-home care vs support services) it would empower communities to lead the conversation about what service support they need, rather than just waiting for government to 'impose their solution'.

*'If we all come together, we can have a 'Statement from the Heart' from the Hunter region.'*

The importance of listening to community voice was also emphasised, suggesting mechanisms need to be established to hear community views at community events. The need to give children and young people a prominent voice and listen to them about their support needs was considered crucial, with participants recognising that 'Too often we tell kids what they need.'



## Cultural reconnection

There were many suggestions at the forum about ways to promote cultural connection and reconnection across the community. There was strong support for holding cultural camps that provided opportunity for connection with family as well as other community members. These should also provide opportunities for connection for people living off country in the area.

*‘Camps should include all people who live here, build connections. Different mobs can share their traditions with each other.’*

While the support of services is needed to fund camps, community would make them happen and bring people in to participate. In some instances community could arrange for specialist workers to come in to a camp to work with community members in a safe space.

There are local places where camps could occur, including an unused facility with showers at Wollombi suggested as a potential venue. There are also local sacred spaces but they are not accessible to all people. People could come together in other safe spaces as well, but

it was stressed that cultural reconnection needs to occur outside of services. Camps and other events should aim to connect people with their identity, with a clear message from community that ‘There should be no shame for people who don’t know where they’re from.’

There were also a number of suggestions to help children and adults to learn about and connect with their identity. Supporting families to take children and grandchildren back to country was recommended, as was a strategy to encourage families living off country to take children and grandchildren back home for cultural healing. Participants suggested that the community needs a worker who can help both adults and children to trace the history to reconnect them to family. Elders could come into schools to share stories with all children and also arrangements could be made for Elders to visit people in custody to reconnect them to culture. There is also a need for strategies to give cultural connection to children living in out-of-home care, with a potential role for schools to support this.

Participants noted that all of these strategies need the active support of community members by contributing stories, sharing wisdom and just taking part.



## Community hubs

*'We need a place of belonging.'*

Recognising that Cessnock has a minimal Aboriginal and Torres Strait Islander service sector compared to other Hunter communities, participants suggested that the community and surrounding areas would benefit from community hubs. These were described 'Spaces that aren't services for people to connect with culture and community', though others suggested that community hubs could also provide a safe space where people could engage with outreach service delivery. This is particularly important for services that don't have a permanent presence and provide outreach on a weekly, fortnightly or monthly basis. There were some examples of effective hubs like the Raymond Terrace Men's Shed and other men's sheds but not spaces that could be utilised by different groups in the community. There is a need for women's meeting spaces and spaces that could provide connection for young people to overcome social isolation. A priority was access to an informal space for young Aboriginal women and girls where 'pampering' or other activities could create a safe place for informal yarning.

A community hub could provide a space for Elders, women's and men's groups to meet and also for community to be engaged to share their needs. While this would need to be a community controlled and managed space, participants suggested that all three levels of government could contribute to the provision and staffing of a community hub.

## 7. Conclusion

In conclusion, Catherine Turner and Brad Webb from PHN thanked the local healing forum steering committee members and forum participants and reassured them that PHN staff had listened to the community's concerns and suggestions. PHN undertook to refer this report back to the steering committee for feedback and to discuss the next steps.

In concluding the day, Rowena invited participants to share a word that reflected their thoughts on the day. Key words shared included strength, hope, courage, support, caring, learning, pride, sharing and respect.





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