We can like research...
In Koori hands
A community report on Onemda VicHealth Koori Health Unit’s research workshops in 2007
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Onemda VicHealth Koori Health Unit
We Can Like Research... in Koori Hands is a report about four Koori community workshops run by Onemda throughout 2007. The workshops were held in the Victorian locations of Echuca (April), Melbourne (April), Geelong (July) and Bairnsdale (October), and conducted in cooperation with Njernda Aboriginal Corporation, Victorian Aboriginal Community Controlled Health Organisation, Wathaurong Aboriginal Co-operative Ltd, and Gippsland and East Gippsland Aboriginal Co-operative.

Why did we conduct these workshops? You might recall our very first workshop into Koori health research, when we were called the VicHealth Koori Health Research and Community Development Unit, which we held in Shepparton back in November 1999. Held in cooperation with the Department of Rural Health (The University of Melbourne, Shepparton) and the Rumbalara Aboriginal Co-operative (Shepparton), that workshop produced the highly popular community report entitled We Don’t Like Research... But in Koori Hands it Could Make a Difference (VKHRCDU 2000).

So, we wanted to update the original report, now eight years old, with a fresh series of workshops, and a new report. A working group consisting of Paul Stewart, Nicole Waddell, Angela Clarke, Mark Saunders and Aunty Joan Vickery, AO organised the workshops and brought the original report up to date. Aunty Melva Johnson, Aunty Lyn McInnes, and Aunty Marion Pearce and Uncle Robert ‘Jumbo’ Pearce kindly hosted the workshops in their regions.

In this new report we capture the latest views of workshop participants on Koori health research and the barriers to community-controlled research. Participants updated the ‘history wall’ of key moments in Koori health research for the period 1999 to 2007. We also include six workshop presentations on Koori research and, in a new section, the report envisions our health priorities by 2020, based on what the workshop participants were telling us needed to be done over the next few years. Workshop sessions were tape-recorded and transcribed. The transcripts have been edited to remove repetition and to make the contents of the workshops easier to read.

This report does not set out to represent the views of the whole Koori community, but to open up discussion on ways of improving health research practice for Koori people. Workshop participants contributed to a great deal of discussion and made really good suggestions about ways to increase Koori involvement in, and control of, health research. We hope you enjoy the report as much as the participants enjoyed the workshops and that you will find it useful in your work.

Ian Anderson
Director, Onemda VicHealth Koori Health Unit
Centre for Health and Society
Melbourne School of Population Health
The University of Melbourne
"People conducting research need to be culturally aware of different mobs, kinship, customs, lores and social interactions"
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Acknowledgments

The working group—Paul Stewart, Nicole Waddell, Angela Clarke, Aunty Joan Vickery, AO and Mark Saunders, who organised the workshops and coordinated the report—would particularly like to thank Aunty Melva Johnson, Aunty Joan Vickery, AO, Aunty Lyn McInnes, and Aunty Marion Pearce and Uncle Robert ‘Jumbo’ Pearce for their generous hospitality in hosting the workshops in their regions.

We thank the workshop participants for their time, effort and contributions. We are especially grateful for their full and frank views, and for allowing Onemda, through this report, to share their views with other Indigenous, and non-Indigenous, people.

Our thanks also go to Peter Russ, who we commissioned to attend all workshops and write this report, and to staff at Onemda who helped produce and launch the report.

Abbreviations

AAL  Aborigines Advancement League
ABS  Australian Bureau of Statistics
ACCHO  Aboriginal Community Controlled Health Organisation
ADC  Aboriginal Development Corporation
ANU  Australian National University
ARC  Australian Research Council
ATSIC  Aboriginal and Torres Strait Islander Commission
BRHS  Bairnsdale Regional Health Service
CDEP  Community Development Employment Projects
CEO  Chief Executive Officer
CRCAH  Cooperative Research Centre for Aboriginal Health
DAA  Department of Aboriginal Affairs
DHS  Department of Human Services (Victorian Government)
DSE  Department of Sustainability and Environment (Victorian Government)
GEGAC  Gippsland and East Gippsland Aboriginal Co-operative
IKE  Institute of Koorie Education (Deakin University, Geelong Campus)
KODE  Koorie Open Door Education school (Morwell)
MAV  Municipal Association of Victoria
NAC  National Aboriginal Conference
NACC  National Aboriginal Consultative Council
NACCHO  National Aboriginal Community Controlled Health Organisation
NAHS  National Aboriginal Health Strategy
NAIDOC  National Aborigines and Islanders Day Observance Committee
NAIHO  National Aboriginal and Islander Health Organisation
NCEPH  National Centre for Epidemiology and Population Health
NHMRC  National Health and Medical Research Council
OATSIH  Office of Aboriginal and Torres Strait Islander Health
RAJAC  Regional Aboriginal Justice Advisory Committee
TAFE  Technical and Further Education
VACCHO  Victorian Aboriginal Community Controlled Health Organisation
VAEAI  Victorian Aboriginal Education Association Inc.
VAHS  Victorian Aboriginal Health Service
VAYSAR  Victorian Aboriginal Youth Sport and Recreation
VKHRCDU  VicHealth Koori Health Research and Community Development Unit
Introduction

Onemda places a lot of importance on improving the communication between communities, researchers, practitioners, educators and students through a variety of formal and informal processes. Our workshop program is one informal way in which Kooris involved in health and other sectors can get together to exchange ideas and viewpoints.

This community development program gives Onemda an opportunity to hear and act upon the views of others and, in turn, for it to inform the broader Indigenous community about its research program.

The clear message that has come out of these workshops is that participants want Koori health research to be controlled by Kooris. For this to happen, Aboriginal community organisations need to play a key role in research and in its dissemination, implementation and evaluation. The national Indigenous research reform agenda has created a momentum for change in this direction.

Onemda is committed to supporting the development of Aboriginal research capacity through leadership, curriculum development, community involvement, increased resources and greater mainstream recognition of the value of Koori-controlled research, and the way we go about it.

There are good news stories about Koori research in Victoria that we can share with our own mob and with mainstream circles, but we still have a big challenge in Koori health. The knowledge created by research can play an important role in meeting this challenge—in finding innovative ways to solve problems or providing methods to evaluate the effectiveness of interventions or programs.

We need to promote the development of health policies that are evidence-based and tested. Research can play an important role in this regard. Some of this research may be focused on exploring existing health data. Other types of research might involve a study of local health needs. One model that could be useful in enabling community engagement in research is a participatory action approach, which champions research partnerships and collaborations under the control and direction of Aboriginal community organisations on projects of community benefit.

This report shares what many Koori researchers in Victoria—a lot of whom are based in community organisations—have learned over the years. It is a Koori report about Koori health research. It reflects Koori presentations, Koori discussions and Koori involvement about Indigenous research.

This report is one step in the greater process of continued Indigenous community and organisational involvement in Koori health research.
Who Was at the Workshops?

Echuca: Quality Inn, High Street, Echuca, 3 April 2007

Aunty Melva Johnson  Njernda Aboriginal Corporation
Adam Moffatt  Onemda VicHealth Koori Health Unit, The University of Melbourne
Anke van der Sterren  Onemda VicHealth Koori Health Unit, The University of Melbourne
Barry Fary  Victorian Aboriginal Education Association Incorporated
Des Morgan  Njernda Aboriginal Corporation
Dick Sloman  Njernda Aboriginal Corporation
Felicia Dean  Rumbalara Aboriginal Co-operative Ltd
Jan Muir  Victorian Aboriginal Community Services Association Ltd
Karlene Dwyer  Njernda Aboriginal Corporation
Kevin Rowley  Onemda VicHealth Koori Health Unit, The University of Melbourne
Laura Thompson  Onemda VicHealth Koori Health Unit, The University of Melbourne
Lisa Thorpe  Institute of Koorie Education, Deakin University
Michelle Smith  Royal Children’s Hospital, Melbourne Mental Health Service
Peta White  Victorian Aboriginal Education Association Inc.
Petah Atkinson  Rumbalara Aboriginal Co-operative Ltd, and School of Rural Health, The University of Melbourne
Peter Waples-Crowe  Victorian Aboriginal Community Controlled Health Organisation
Shaun Ewen  Onemda VicHealth Koori Health Unit, The University of Melbourne
Wayne Atkinson  Department of Political Science, The University of Melbourne

Melbourne: Victorian Aboriginal Community Controlled Health Organisation, Smith Street, Collingwood, 27 April 2007

Gary Thomas  Indigenous Education, La Trobe University
John Austin  Australian Bureau of Statistics
Matt Jakobi  Institute of Koorie Education, Deakin University
Mick Gooda  Cooperative Research Centre for Aboriginal Health, Darwin
Robyne Latham  Australian Research Centre in Sex, Health and Society, La Trobe University
Geelong: Wathaurong Aboriginal Co-operative Ltd, Morgan Street, North Geelong, 18 July 2007

Aunty Lyn McInnes  Wathaurong Aboriginal Co-operative Ltd, Geelong
Alister Thorpe  Onemda VicHealth Koori Health Unit, The University of Melbourne
Brad Skellern  Wathaurong Health Service, Geelong
Cindy Alsop  Wathaurong Health Service, Geelong
Julianne Fraser  Centre for Indigenous Education, The University of Melbourne
Renee Owen  Wathaurong Health Service, Geelong
Rocky Tregonning  Dispute Settlement Centre of Victoria, Victorian Department of Justice, Melbourne
Rosie Smith  Victorian Department of Justice, Melbourne

Bairnsdale: Gippsland and East Gippsland Aboriginal Co-operative, Keeping Place Meeting Room, 3 October 2007

Aunty Marion Pearce  Gippsland and East Gippsland Aboriginal Co-operative
Uncle Robert ‘Jumbo’ Pearce  Gippsland and East Gippsland Aboriginal Co-operative
Lidia Thorpe  Healthy for Life/Aboriginal Health Promotion and Chronic Care (Djillay Ngalu) Partnership, East Gippsland
Linda K. Twite  Bairnsdale Court House
Michelle Smith  Royal Children's Hospital, Melbourne
Rob Hudson  Bairnsdale Regional Health Service
Shane O'Shanassy  Gippsland and East Gippsland Aboriginal Co-operative—Medical
Val Swanson  Bairnsdale Regional Health Service

The working group members, who attended each workshop

Aunty Joan Vickery, AO  Patron, Onemda, and Elder in residence and member of Wirraway Mirrim Koori Researchers Group
Angela Clarke  Onemda VicHealth Koori Health Unit, The University of Melbourne
Mark Saunders  Member of Wirraway Mirrim, Koori Researchers Group
Nicole Waddell  Onemda VicHealth Koori Health Unit, The University of Melbourne
Paul Stewart  Onemda VicHealth Koori Health Unit, The University of Melbourne

Apologies

Phillip Morrisey  Culture and Communication, The University of Melbourne
Justin Mohammed  Academy of Sport Health and Education, The University of Melbourne, Shepparton
Andrea Jackamos  Indigenous Issues Unit, Victorian Department of Justice, Melbourne
Background and Goals

It’s been about eight years since we, Onemda VicHealth Koori Health Unit, held our first community workshop on Koori health research in Shepparton. The result of that workshop was the report *We Don’t Like Research… But in Koori Hands it Could Make a Difference* (VKHRCDU 2000). That report is still a popular publication today, and we still get requests for it.

Since that first report, we were wondering if people's views about Koori health research had changed, so we decided, once more, to collect people's thoughts about research, by holding four workshops in Victoria in 2007.

The Koori health research workshops were held in Echuca, Melbourne, Geelong and Bairnsdale. In all, about forty people attended, the same number as the first workshop in 1999. The main difference was that the 2007 workshops were smaller and held in different locations in Victoria, in line with the wishes of many participants at the 1999 workshop.

Like our first workshop, each of our more recent workshops was a chance for Koori researchers to present and discuss their work and/or involvement in research activities and for participants to voice their concerns and aspirations about Koori health research. Significantly, community Elders and young community members also spoke of their experiences and offered opinions.

**The goals of the workshops were to:**

- Listen to the Koori community's views and concerns about research;
- Look at the barriers and the enablers to community control in health research;
- Work out ways of facilitating community control of health research;
- Come up with strategies that would strengthen community participation in, and control of, health research; and
- List priorities the community would like to see happen in Koori health research.

The workshops were designed to be informative and productive. The emphasis was on listening to the stories of others and sharing ideas about how to increase Koori involvement in, and control of, research. The day's activities thus included individual presentations, question and answer sessions, and group activities and discussions, with ‘time out’ for more informal discussions over morning tea, lunch and afternoon tea. This mixture of seminars, group activities and socialising worked well.
The Agenda

The four workshops held in 2007 generally followed the same agenda to the one held in 1999. This is because we wanted to update our knowledge on where we are today regarding Koori health research, if (and what) things have changed since 1999, and whether any of our expectations then have come to pass.

ARRIVAL & COFFEE

Traditional welcome and acknowledgment

Aunty Melva Johnson, Echuca workshop
Aunty Joan Vickery, AO, Melbourne workshop
Aunty Lyn McInnes, Geelong workshop
Aunty Marion Pearce, Bairnsdale workshop

Introduction and overview

By Angela Clarke and Paul Stewart.

Individual activity

Moderated by Mark Saunders. What are our views about research and what are the barriers to good Koori research?

Group activity—‘History Wall’

Moderated by Paul Stewart. What are some of the positives and negatives about Koori research over the years?

BREAK

Stories of Koori health research

Speakers introduced by Paul Stewart. Participants learn about community-based research and allied projects.

Presentation 1: Nyernila Koories Kila Degaia Project, Echuca workshop
Presentation 2: Victorian Aboriginal Ethics Project, Echuca workshop
Presentation 3: Wirraway Mirrim, Echuca workshop
Presentation 4: An Artist’s Journey into Health Research, Melbourne workshop
Presentation 5: Wathaurong Aboriginal Co-operative Research Project: A positive experience, Geelong workshop
Presentation 6: Health Research in Action: The making of a community centre, Bairnsdale workshop
LUNCH

Group activity—Revisiting views and barriers

Moderated by Angela Clarke and Paul Stewart. How do we build Koori community ownership of research? What are the barriers to this occurring? What skills broadly need developing?

What do we expect from Koori health research by 2020?

Moderated by Angela Clarke and Paul Stewart.

BREAK

Feedback from the 2020 vision: Where to from here?

Moderated by Paul Stewart. In this session, participants analysed some of the key themes that emerged from the 2020 session, and gave their votes on the most important visions.

Evaluation

Moderated by Mark Saunders and Angela Clarke. The day ended with participants critically assessing the workshops, and they were given additional opportunity to comment on views and barriers, the ‘history wall’, and the 2020 vision.

CLOSE

"All sessions were good. Not too long or driven by theory but by practical experience, case studies, clear language and no jargon"
Welcome and Acknowledgment to Country

“A research is fine as long it’s handled by our people”

Echuca: Welcome by Aunty Melva Johnson

On behalf of the Yorta Yorta people of this land and the Echuca people—Aboriginal people who have all moved here—I would like to welcome you to our country.

As an Aboriginal person I’ve lived all my life around here. I came off the mission station at Cummeragunja. I moved to the riverbanks in Mooroopna with my family, along with the rest of the people who were part of the walk-off in those days. It was a pretty tough life, and then we’ve moved back on to Cummeragunja.

My first job was working for the manager on Cummeragunja Mission and I got rations for my wages, so a couple of my cousins came up from Melbourne and took me to Melbourne to work. And so I really never went back to Cummeragunja to live but always lived around Echuca, because my mother was a Yorta Yorta person, and my father is Wemba Wemba from the Moonacullah Mission near Deniliquin. Their people, a lot of Wemba Wemba people, moved here too. So we more or less settled here, I couldn’t leave the river, I raised my family up here and worked for the community here.

I suppose in the early days we had a pretty tough life here; we had our babies on verandas, we weren’t allowed where the white ladies had their children. When our kids went to kindergarten, there were only two Aboriginal kids allowed per year at the kindergarten, out of our community.

The vision we had in those days was just to make it better for our children. We applied and were granted funding for a multifunctional centre for our children, so that every Aboriginal child in this town could have access to what non-Aboriginal people had access to—kindergarten—before they went to school. It’s been a tough battle and I think we’ve come through. We never left our vision. The problem we had when we started was that we had no schooling; a lot of mistakes were made in the early days. But we always had our vision for a better place for our kids, and today we have about fifteen or sixteen young Kooris working in town, whereas we only ever had two or three people working mainstream in the early days. That was a fact.

I think that we’ve come a long way, but we’ve gone more into the health sector now. We’re lucky we’ve got people working with us now, who have all the skills that maybe we didn’t have, but we had a vision. We’ve a good small community and we all work well together.

As far as research goes, research is fine as long it’s handled by our people because research has done a lot to split our people. As an Elder, I’ve listened to what my parents told me. And what my Elders have told me in the old days is that as a Yorta Yorta person, this is Yorta Yorta land. You can read a lot of books by people who’ve done research; they tell a different story. As long as research is in Koori hands, and it’s a Koori person doing it, I’ve got no qualms about it. We need research, but we need it to be done properly.

So welcome to our town, I hope that you have a good day.
Melbourne: Acknowledgment by Aunty Joan Vickery, AO

I wish to welcome everybody here. And to acknowledge the traditional owners of the land which we are on today, all people of the Kulin Nation, and Elders past and present. And I hope you have a good day.

We had a magnificent time doing the workshop in Echuca. I think when you are trying to make it easy for people, it is a bit too easy. Now people like to travel, so you might have to go to the bush again to do another workshop.

I hope you have a good workshop and so let’s begin.

Geelong: Welcome from Aunty Lyn McInnes

As chair of the Wathaurong Aboriginal Co-op organisation, a big warm welcome to everyone to Wathaurong country. I’d especially like to welcome the Onemda unit here; it’s great to see some of the faces again.

We’ve kicked a lot of goals over the years, and now this new Wathaurong Health Service facility. When I think back, twenty-five years at the hospital, a lot of publications, all the papers doing stories on us, and VACCHO doing a really good article on us. It’s nice to be recognised for some of the hard work over the years because it has not been easy setting the agenda for Aboriginal health, especially in Victoria.

Just a bit of a recent history here, it’s good to get a practice manager on board, our Aboriginal practice nurse, too, our Aboriginal health worker, and our five GPs.

I keep tabs on a lot of people when they are going through university. And I follow where they are going, so when positions are coming up, I let them know. It’s really important that people come back to work within their community organisations, if there is a job here that they are skilled up to do.

New journeys for people, using skills they have received through their health workers training, that’s rather exciting—especially all the training that the Aboriginal Health Workers have done through VACCHO. They can put their skills in practice. It makes you proud to see our people being skilled up in the area of health. Times are changing, and in saying this, it is important that our people have career paths and choices when working in a community-controlled setting.

So on behalf of the organisation, in our language, Kim barne barre Wathaurong. Welcome to Wathaurong country. I hope you have positive outcomes—it’s extremely important—and that everyone contributes to the meeting to provide these positive outcomes.

Nyatne, thank you.
Bairnsdale: Welcome from Aunty Marion Pearce

Welcome to you all here today, or, in our local language, Wallamurra. I acknowledge our Elders past and present.

Being a health worker for many years, I know the importance of Aboriginal health services to the wellbeing of people from around here. This is going back quite a few years, but we had wanted our own health service. This was because our people were not happy with the family doctor and the mainstream hospitals. It was a struggle, but by the early 1970s we got our own health service opened, largely because of the women’s push.

The health service is really good for the community. From Sale to the New South Wales border, our mob gets looked after pretty well. The service manages individual cases, offers packages of care, organises day programs, and transports aged and disabled Aboriginals.

As for health research, if it can help our people get better, and our people trust it, then research is worthwhile, especially if it’s run by Indigenous people for Indigenous people.

So welcome to our place for your workshop on Koori health research, and I hope you have a successful day.

“As for health research, if it can help our people get better, and our people trust it, then research is worthwhile, especially if it’s run by Indigenous people for Indigenous people”
Views on Koori Research

In the individual activity that sought views about research, participants at the workshops wrote down their views and opinions about Koori health research and methodology. Below, we compile their statements, organising and placing them under common themes (shown as **bold** subheadings), while retaining the voices of individual participants.

**Koori research by Kooris is growing.**

- There are a growing number of Koori people involved in research in Victoria, and lots of Indigenous research happening across Australia.

**Communities are suspicious about mainstream research.**

- Aboriginal people are the most researched in the world, but research has not benefited Koori communities.
- Academic research is often done for research’s sake to occupy time and facilitate funding to academic departments, without providing tangible benefits to the community.
- Bad or unethical approaches have created mistrust towards researchers, which only lessens when research is led by Indigenous/Koori researchers.
- Research often does not provide an end benefit to the community, which leads to community and personal frustration.

**Research should be beneficial to the community, practical and positive.**

- We still have a long way to go to get research into Aboriginal communities right.
- Research needs to be practical and action-orientated, and aligned with community needs.
- It should focus on positives and strengths of being Aboriginal, and connect to Koori-developed policies and outcomes.

**It needs to build our capacity.**

- Research must be a mechanism to build capacity within the Koori community.
- Koori research is incredibly diverse, and needs to be celebrated, elevated and renumerated.
- Young Aboriginal people should be involved in research as part of their learnings.

“Research needs to be practical and action-orientated, and aligned with community needs”
It must strengthen communities.

- Koori research is a social, or political, action of ownership of knowledge, and systems of governing and administration, which strengthens community.
- Koori research has the potential to really be a ‘voice’ for Aboriginal and Torres Strait Islander community and to therefore impact on funding and change for the better.
- It should be the catalyst for change in policy, programs, and practice, in a way that benefits the Koori community.
- Research is important for the whole community—to foster understanding.

Koori community organisations should own and control research.

- Community organisations still do not have the capacity to carry out their own research.
- Until the capacity within Aboriginal organisations is developed and we have full ownership and control, the research being developed will fall by the wayside.
- In my view, if it’s not active research—designed, driven, and controlled by community for community need—there’s not much use doing it.

Partnerships should be led by Kooris.

- Koori research should always be done in partnership with the Koori community.
- We need to work in partnerships with non-Indigenous research partners, but we have to lead the partnerships, to keep research in community control.

Lack of capacity constrains community research.

- Communities are still struggling to do research as they are under-resourced in meeting the health needs of the community.
- Not enough qualified Aboriginal researchers are employed in ACCHOs [Aboriginal Community Controlled Health Organisations].
- Local organisations have difficulty getting funding for evidence-based research, such as for cardiovascular diseases.
- Many good qualitative projects get funding, but quantitative projects still struggle to get funding.
- To secure funding, you need ‘evidence’ of need, but not always easy to get because not enough Kooris doing research.
- The length of time it takes to conduct research needs to be factored in, as communities will always have conflicting time agendas.

Greater community ownership of, and interest in, Koori research is important.

- Community needs to show more interest in research, and to encourage more Koori researchers to do the work.
- Research is a valuable way our people can collect their own information and own it.
- Community knowledge on issues creates more awareness.
**Ethics and protocols need improving.**

- The research must be conducted in a manner that ensures cultural security of participants and the community, and must meet the ethical standards that are relevant to the particular research.
- More information needs to go to Koori communities about the purpose of the research, and feedback given on the research by Koori communities.
- Confidentiality, privacy, and respect are paramount as a tool for researching our mob.
- All Koori research needs to have a Koori reference group—a community advisory group—who can invite outsiders to be involved in the research.

**Research needs to be experience-based, socially oriented, and targeted.**

- Koori research is action taken by peoples and communities investigating current, past, and future needs.
- Mismatch exists between the high level of technical expertise and very specific requirements of mainstream funding bodies on the one hand, and Indigenous people’s high level of knowledge and lived experience of health and social issues in communities on the other.
- Research needs to be simplified and individualised to people and communities—one size does not fit all.
- People conducting research need to be culturally aware of differences between Indigenous and non-Indigenous people, within different mobs, kinship, customs, lores, and social interaction.

**It needs to be fed back to the community, and implemented.**

- We need to make sure that research outcomes are implemented, but this often isn’t built into the proposal.
- We need to feed research findings into the community, so it can get benefits from the research.
- Research results need to be fed back to community in plain language and simplified.

“Confidentiality, privacy, and respect are paramount as a tool for researching our mob”
Barriers to Koori Community-Controlled Research

The individual activity also sought views about the barriers to good Koori research. Participants at the workshops identified the barriers, and the enablers, to effective Indigenous health research. Like the previous section, we’ve organised and placed their written responses under common themes (shown below as bold subheadings), while retaining the voices of individual participants.

Lack of capacity in Koori research needs to be reversed in the community health area.

- There are not enough Koori researchers doing Koori research, with over-representation by non-Kooris.
- ACCHOs don’t have specific designated research officers and teams, and often do not have the physical capacity to house Aboriginal researchers.
- With few resources, and given competing workloads and priorities, Aboriginal community health services cannot devote sufficient time and staff to carry out research projects, sometimes beyond crisis management, and, as a result, the necessary skills are not developed and maintained within the services.
- We need to build the capacity of our communities, and the organisations that represent them, to do more community-initiated research, through on-the-job training and by placing researchers in ACCHOs for a time.
- A register of Koori researchers needs to be developed, to identify Indigenous research capacity in Victoria.

Funding allocation constraints, and lack of access to resources, hamper Indigenous community health research and its application to improved community health.

- Only limited funds and resources are available to communities to conduct their own research, and to put those research findings into action.
- Community health organisations miss out on funding because of the high level of technical demands by mainstream research funding bodies when allocating Indigenous health research funds.
- Places like the NHMRC [National Health and Medical Research Council] just don’t seem to fund many projects in the community-controlled sector. Even the CRCAH [Cooperative Research Centre for Aboriginal Health] does not have many ‘community’ partners (they favour the academic institutions) and to get funding, you must go through a partner.
• The length of time and dollars allocated for Indigenous health projects is often underestimated, as it takes a lot of time and effort for organisations to establish networks and provide accurate data in a consultative framework.
• We need to educate non-Indigenous research organisations that it takes a lot of effort to do our own research and that you can get worn or burnt out.
• Kooris do not have access to archival research.

Racism, even subtle forms, adversely affects Indigenous research funding, and also continues to be a health issue for the community.

• Institutional systemic racism, unethical approaches, continued domination by non-Indigenous interests, and subtle racism are barriers to Indigenous research funding.
• Indigenous-requested research is treated as low priority through government agencies such as the ARC [Australian Research Council], with funding tied to mainstream non-Indigenous health priorities.
• Kooris do not see themselves as competent researchers because non-Kooris make them feel that way, through negative perceptions.
• It’s difficult for people and communities to deal with Native Title issues, which affects their health.

Indigenous people and communities still do not control the research agenda that impacts them.

• ACCHOs don’t identify their own research issues, the researchers do—this needs to change. Research on Kooris ought to be conducted by Kooris, but non-Indigenous researchers are not prepared to recognise Koori control of research, and there is a lack of community ownership/participation.
• Non-Kooris come into the community—especially academics, they have a one-day cross-cultural program, and then they think they are experts on Koori issues. Therefore the biggest barrier is not enough Kooris being taught about research for us to be able to deliver it ourselves.
• There is government inaction and reluctance to give ownership, control and funding of the research agenda to community organisations.

“The biggest barrier is not enough Kooris being taught about research for us to be able to deliver it ourselves”
A more flexible approach to, and a varied mix of, education, qualifications, skills and training is needed for successful Indigenous research.

- Universities still look for Kooris with tertiary education rather than employing them for life and work experience. You shouldn’t have to have a Masters to be recognised to do research. There is a lack of mainstream appreciation of the additional skills that Aboriginal researchers have.
- Changes are needed in Australian higher education to make space for community-based researchers and research, by opening more doors, recognising the roles and skills Aboriginal and Torres Strait Islander people who conduct research for their communities have, and how these skills may be used within the Australian context and more broadly globally.
- A skills base is required to conduct research appropriately, but research is not a skill taught in Koori communities, and Kooris do not have easy access to training in research skills.
- Education statistics for Koori kids in Victoria have not improved.

Community needs more knowledge about the benefits of research to their communities.

- Misunderstanding, and a lack of awareness, exists within communities as to the benefits of research, and the resultant opportunities, to community.
- There needs to be a valuing of research in the Koori community; that is, understanding the good things research can bring and how we can use it for our benefit.

Lack of research ethics, and cultural insensitivities, are ongoing issues for Indigenous communities.

- Ethics committees at universities still do not understand cultural and community protocols in research.
- Non-Indigenous researchers, especially at universities, tend to achieve their research results and academic qualifications without consultation with our communities members about how the research will be carried out and used, or not enough acknowledgment of Koori input into that research.
- Universities are reaping the benefits of Aboriginal research, not the Aboriginal organisations.
- Study results of research are poorly distributed and communicated to Indigenous and general communities, which leads to misconceptions and unawareness.
- Indigenous people should be encouraged and willing to participate in the drafting of research documents, as feelings of exclusion exist for anyone who isn’t involved in the research.
- Ethics training should involve having enough courses available on how to do research in a culturally appropriate way, and where to go for training and advice about ethics.
- There is no Koori ethics committee—we need one.

“There needs to be a valuing of research in the Koori community; that is, understanding the good things research can bring and how we can use it for our benefit.”
Mainstream research is often the problem because it is mistrusted and misdirected.

- From past experiences, Koori community is distrustful and scared of research, and suspicious of researchers with their own agendas coming into communities. Traditional research institutions have not always welcomed Koori involvement: ‘They do it to us, instead of with us.’
- Research done outside of Koori community organisations is often not culturally safe for individual Koori workers, and it creates divisions within communities.
- Mistrust exists around what happens to the information collected and how it will impact on community. Trust in confidentiality is an issue for people being interviewed.
- When knowledge is taken out of Koori hands, there is a mistrust—who are you, what do you want to know and why, who for and where is the information going?

Lack of understanding, and mainstream acceptance, of Koori research aims, methodologies, approaches.

- There is a lack of recognition of Koori knowledge from a research perspective. Most health research focuses too much on statistics and numbers—Indigenous health workers observe trends.
- Research should be by done by focus groups looking at strengths rather than deficiencies.
- Community-based research has to be recognised as research that has impact, is of high quality, and adds to knowledge for use and application across broader sectors of Australian society.

“From past experiences, Koori community is distrustful and scared of research, and suspicious of researchers with their own agendas coming into communities. Traditional research institutions have not always welcomed Koori involvement: ‘They do it to us, instead of with us.’”
The ‘History Wall’

In the next session, the group activity, the workshop participants updated the ‘History Wall’ from our earlier *We Don’t Like Research* report. Participants particularly noted the significant events, both positive and negative, that impacted Indigenous health research from 1990 to 2007. (For a full list of publications mentioned in this section, please see the References section; for an explanation of acronyms, see ‘Abbreviations’ at the front of this report).

## POSITIVES

### 1967
- Referendum—citizenship

### 1968
- Aborigines Welfare Board replaced by Ministry of Aboriginal Affairs (theoretical shift from welfare-driven policy to one of self-determination)
- Starting point of lobby groups
- Political/social activism strong

### 1970s
- Tent Embassy
- Emergence of political movements in the State
- Land rights
- Legal rights
- NAC/NACC had direct link to federal politicians
- NAIHO established
- Key player AAL and others committed to Koori health
- Cultural heritage acts
- Cultural material handed back to communities
- Redefinition by Commonwealth of Aboriginality (to include self-identity and community acceptance)
- Culturally relevant guidelines for research developed
- Emergence and strengthening of community organisations in and around Victoria and interstate:
  - Rumbalara Co-op
  - Aborigines Advancement League (AAL actually started 1932)
  - VAHS
  - Redfern Aboriginal Medical Service
  - Aboriginal Legal Service
  - Aboriginal Educational Consultative Group (became VAEAI)
  - Housing Co-op
  - Hostels
  - Fitzroy Stars Gym
- Aboriginal people who fought for service establishment were really researchers (but used a different word):
  - doing the groundwork
  - doing needs analysis
  - getting community involvement
- Committed people who gave services
- Community becoming united, wanted community control
- Strength of Kooris—ability to fight for rights
- Improved political awareness
- Expansion of services that were required (through consultation/research)
- Partnerships with professionals
- Community controlled organisations enabled people to resist research imposed by government or students
- Bairnsdale Aboriginal Medical Service established
1980s

- Researchers employed by Aboriginal community organisations
- Learning process, setting up guidelines for control
- People who struggled to continue and set up organisations were researchers
- Criterion was researcher being an Aboriginal person
- Significant growth in Aboriginal services
- Many reports/reviews undertaken
  - Deaths in Custody
  - National Aboriginal Health Strategy
- Mabo Case commenced
  - highlighted land rights, culture
- Fitzroy Stars Football Club
- Fred Hollows
- Koori Kollij established
- Increased our profile, confidence, recognition
- Koori units established at universities
- Research undertaken in partnership with Koori organisations (Wronski Report)
- Partnerships developed/enhanced
- First Koori medical student in Victoria
- Establishment of more organisations
- Development of strategies to improve access to services, education, etc.
- Government goals and targets developed for the National Aboriginal Health Strategy
- ‘Link up’ for Stolen Generation
- Change in law/s
- Aboriginal Hospital Liaison Officer Program established
- Victorian Department of Health sets up the Koori Health Unit

1990s

- ATSIC established (amalgamation of DAA and ADC)
- NHMRC established guidelines for Aboriginal research
- VAHS Ethics Committee
- VACCHO/NACCHO established and subsequently resourced
- Child Health Promotion Project
- VKHRCDU (now known as Onemda) established
- Young People’s Project (VAHS)
- Injecting Drug Use Project (VAHS)
- Department of Rural Health, Shepparton, developed with a Koori focus
- Health Promotions VAHS
- Rumbalara Football/Netball Club
- OATSIH established
- Mabo, Wik/Native Title
- Stolen Generations inquiry
- Evaluation of the National Aboriginal Health Strategy
- Research in Northern Territory by Menzies School of Health Research
- Bringing them Home report
- Master of Applied Epidemiology (in Indigenous Health) at ANU
- Ethics guidelines development
- NHMRC devoted special funding for Aboriginal Health research
- Self-determination and community control recognised as credible
- [Public] Health Outcome Agreement
- Framework Agreement
- Yorta Yorta land claim
- Holistic approach recognised
- Influence on policy and strategy continues
- United front—political alliances politically informed and strong
- Working towards reconciliation
- More Koori tertiary students, researchers and academics
- Training of Aboriginal Health Workers
- KODE School in Morwell
- Aboriginal Justice Agreement negotiated via Law Reform Commission review
- Gunditjmara, Northern Territory, land claim lodged, and successful
- Koori positions created in Parks Victoria, DSE and MAV

2000s
- Celebration of Indigenous milestones
  - NAIDOC (50 years)
  - AAL (50 years)
  - Referendum (40 years)
  - VAHS (30 years)
  - IKE (20 years)
- Better and stronger ethical practices within institutions
  - recognition and acknowledgment of Country, traditional owners and community Elders
- Koori research capacity increasing
  - more PhDs, supervisors, researchers
  - better networking and sharing of knowledge locally and globally
  - developing partnerships with mainstream hospitals and universities
  - successful tertiary education rates for Kooris in Victoria
- Indigenous health research and education programs established
  - CRC for Aboriginal Health
  - Deakin Indigenous Master of Public Health program
- Increased Koori publications and academic literature
  - Nyernila Koories Kila Degaia [Listen up to Kooris Speak about Health]
  - Indigenous health research website (Wirraway Mirrim: http://wirrawaymirrim.net/index.html) established
  - Wathaurong children’s cookbook
  - Otitis media project and community report, Koori Kids’ Ears and Health
- Health training increasing
  - VACCHO Aboriginal Health Worker training course
  - graduates of IKE’s Master of Public Health
- Better regional health and social policies and resources
  - Wathaurong gets new health building and resources

“1960s, 1990, 2000—can see how far we have come … Still a lot to be done, we have to keep plugging away”
NEGATIVES

1970s
- Aborigines Welfare Board replaced but theoretical only
- Still an oppressive structure
- Backlash against Aboriginal rights
- Outside community not seeing the needs of Aboriginal people
- Difficult to make outside community aware
- Struggle to get Aboriginal people to see or acknowledge our needs or differences
- Fighting to establish proper services, e.g. housing
- Struggle against outside opposition
- Having to prove ourselves

1980s
- Do not celebrate ‘88
- Deaths in custody
- Coe case lost (New South Wales)
- Programs still under-resourced
- Recommendations from reports/reviews not implemented
- Government lacked political will
- Tokenistic
- Services not delivered in a culturally appropriate manner, i.e. ‘Welfare’ was merely renamed ‘Community Services’
- Research was an excuse for inaction
- Getting employment hard for Aboriginal people
- Pressure to co-opt communities into the numbers game, with the agenda set by government
- White education system and white definitions of ‘academic’

- GEGAC’s memorandum of understanding with BRHS
- more hospital liaison officers
- increase in numbers of Aboriginal Health Workers
- Social and Emotional Wellbeing centres formed
- Stolen Generation Victoria Limited formed

- Focus on justice policies
  - release of Aboriginal Justice Agreement
  - establishment of RAJAC
  - Koori Courts established in response to Stolen Generation report

- Increased employment and work prospects for Koori people
  - increased number and diversity of Aboriginal people employed at the highest levels in various sectors
  - CDEP provides work and life opportunities
  - more Kooris employed in mainstream organisations and services
  - increased trade employment in East Gippsland
  - increased employment of Aboriginal people in Department of Justice: 56 Elder and respected persons, 62 Aboriginal workers, 44 mediators, and 7 Aboriginal lawyers
  - Aboriginal tourism
1990s

- Continued poor health status of Aboriginal people
- Racism
  - effects of oppression has caused the sickness in Aboriginal people
  - institutional racism. Aboriginal people marginalised by government policy
  - political climate undermining community control, such as the dismantling of ATSIC
  - racism in sport. Teams refused to play against Lake Tyers Football Club
- Unfavourable land title decisions
  - Yorta Yorta Native Title claim judgment
  - loss of meeting places
- Community health and social programs lack capacity, funding and resources
  - VAHS Young People’s Project and the Injecting Drug Use Project not implemented
  - Koori hospital liaison officials lost to the mainstream hospital system
  - few parenting awareness strategies to improve children’s development
  - lack of resources for Indigenous people going through court
  - mainstreaming of Indigenous support, such as AbStudy and Centrelink
  - VAHS ethics committee defunct
  - tendering processes introduced in Aboriginal Legal Services
- Koori research controlled by mainstream agenda
  - Koori research, and its funding, dominated by non-Kooris
  - ANU’s NCEPH Master of Applied Epidemiology is very mainstream, with few Indigenous graduates
  - research based on Deficit Model, or negative research agenda/issues
  - Koori research skills, based on life experiences, not valued by mainstream peers
  - guidelines still don’t suit community control

2000s

- Lack of Koori, especially community, control over health research
  - research agenda still being set by mainstream rather than community organisations
  - lack of funding for community organisations compared with mainstream
  - Koori research benefits mainstream academic institutions and individual researchers, not the community
  - ineffective, or limited, partnerships with mainstream
- Ethical guidelines still not in place, or need improving
  - mainstream remains non-committal to Indigenous research ethics
  - lack of accountability of researchers
  - inappropriate cultural awareness training
  - insufficient consultation on research direction and outcomes
- Research purpose, collection, analysis, and use often is unclear
  - lack of connectivity between research and community need
  - ABS data, not representative of our community
  - manipulation of health data by politicians and used against community
  - doubts on how health research knowledge is utilised
- Lack of benefits from mainstream Indigenous research projects
  - research quality framework unsuitable
  - demise of ‘public good’ research
  - mainstream experts lack Indigenous knowledge
  - limited research/understanding of social determinants of health
  - little evaluation of research implementation
- gap in government understanding and implementation of ‘Healthy Start’ and ‘Best Start’ programs

- Lack of research follow-up
  - VACCHO Well Person’s Health Check data rests with Migrant Service Agencies, and not being utilised
  - DHS data still not being fully utilised and analysed
  - eye health and Well Person’s Health Check programs finished, but no public reports

- Continued systemic barriers to Koori research
  - institutional racism
  - negative representations in the media
  - lack of support by major research funding agencies
  - Koori researchers still having to prove themselves, and not valued by peers
  - mainstream competing to attract Kooris away from ACCHOs

- Community organisations still don’t have research capacity to effect positive change
  - not enough Koori researchers at a local, or community, level
  - mainstream setting the research agenda missing the mark, but community organisations reacting to the set agenda because of dollars, for example ‘Best Start’
  - participation in health research workshops is mostly mainstream, rather than from community organisations
  - VAHS research is unfinished
  - some community-controlled research projects started well in the 1990s but then stalled, with ACCHOs unable to develop ‘research units’

- Negative consequences of lack of research capacity
  - individual employees at ACCHS take on other work, resulting in crisis management and under-resourcing
  - ‘cultural fatigue’, burnout, and overuse of our research leaders

- Lack of communications on good research and health initiatives
  - people focusing more on the negatives or not confident to talk up their good stories

- not enough written material for health students
- community initiatives and the positive achievements that don’t get their due recognition in the general highlighting of Indigenous achievements

- Lack of employment opportunities in public and community health sectors
- Master of Public Health at IKE is graduating students, with many working at universities but not in community organisations
- Difficulties for ACCHOs in finding resources to employ Master of Social Health and Master of Public Health graduates
- 15–20 Kooris employed at Bairnsdale hospital in the 1970s–1980s, and now we only have five. Why has this happened, considering that more dollars now available to employ Kooris?

- CDEP, which ended 1 July 2007
  - wasn’t an effective way of skilling up and educating
  - gave no exposure to long-term employment
  - was never fully resourced

- Health and social impacts of
  - stigma of Kooris not being able to work
  - lack of acceptance by employers and general community that Kooris can do the job
  - Koori’s employed by mainstream as ‘cheap labour’, and renumerated inappropriately

- Unfavourable political climate undermining and devaluing community control
  - governments always listen to mainstream organisations, while Koori organisations always have to justify things
  - governments still don’t listen, with ministers and their departments imposing their policies and views on the community

- Indigenous organisations under threat
  - dismantling of ATSIC
  - non-Indigenous Chief Executive Officers (CEOs) in Koori organisations
  - Dulap Bininang not funded
We can like research...In Koori hands

Stories of Koori Community-Initiated Projects

In this session, which presented stories of Koori health research, we wanted to showcase the positive work of some of our social researchers, health professionals and community workers—and what their work means for the health and wellbeing of the Koori community.

Presentation 1: Nyernila Koories Kila Degaia Project Echuca workshop

By Aunty Joan Vickery, AO, Patron, Onemda, The University of Melbourne, and member of Wirraway Mirrim Koori Researchers Group.

I’m just going to talk a little bit about how this oral history project and book came about. I’ll touch on a few negative things, but the positive is the outcome—this book of stories from different individuals about how they were involved in setting up health services in different areas across Victoria.

It took a while for us to get a title, Nyernila Koories Kila Degaia, which means Kooris talkin’ up about health. I got it out of a dictionary at the Koorie Heritage Trust, and I found out later that it was actually Aunty Melva Johnson’s father who helped produce this dictionary.

It was the history unit at the Koorie Heritage Trust, along with Onemda, who wanted to do this project, so the project developed into a partnership between the Trust and Onemda. Initially, they were just going to do eight interviews in Melbourne about how the health services were set up in Victoria. To which I said, ‘No—it’s a no-no—there are more people than Melbourne people, who are involved in health; you can’t have one speaking for all; you got to have a cross section’. So that’s how we started off.

The project team did not write the book: we were the editors. The book is actually written by the people whose stories are in here. We just put it in the written form, so you can understand it.

I want to emphasise that the project team is all Koori women. Angela Clarke and I did most of the interviews. Karen Adams did a lot of the typing from the tapes. We had a young woman called Donna Brown, a Koori woman from New South Wales, who did the computer layout—setting the typing and putting the photographs in, all that sort of stuff. Rhonda Chatfield, a Koori woman from down Warrnambool, did the artwork for the book.
This was the first such project I’d ever done. I was a complete novice, the girls at the Trust did not want to sit down and talk about the project; they just said, ‘Here Aunt, do it!’, so that’s how I copped the job. The first thing was, we got ethics approval from Melbourne University, and we had a reference committee. Unfortunately, I disbanded the reference committee, because you can invite people to a reference committee meeting, but you can’t have one if no one turns up—they had other priorities—so the group could not work, unfortunately, but we managed as a group together to create a fair result.

For me, the thing about doing this book was two-fold. As a student at IKE, I found that every time I did an assignment, I couldn’t find anything written by Kooris about any of the subjects I had to write about. There was nothing about Koori health or who the people were that set up the health services. Also, a resource was required for our young people of tomorrow, to let them know about this history. I was talking one day with Aunty Alma Thorpe [Gunditjmara Elder who co-founded the Victorian Aboriginal Health Service], and she said there were young people who came into the health service who were a bit disrespectful, and she stated, ‘you have to remember that they weren’t born when the health service was set up, so they didn’t know why it was set up and what went into it, being set up’.

I just want to emphasise that this was qualitative research and not data research that counts numbers. For our health services to survive, they deal with health people who give the money out, who are always looking for numbers, how many people come through the door and out the door, and nobody thinks about the qualitative work and research. So, this book is about qualitative research, talking to people and researching papers; it’s not about ticking the boxes and that sort of thing. I believe there is a place for oral history in research and we need to encourage all students, especially our Koori students, to use it.

The book is on sale at the Koorie Heritage Trust, 295 King Street, Melbourne 3000. Tel: +61 3 8622 2600. Email: <info@koorieheritagetrust.com>. Web: <www.koorieheritagetrust.com>.


Contact: Aunty Joan Vickery, AO, Patron, Onemda VicHealth Koori Health Unit, The University of Melbourne. Tel: +61 3 8344 0813. Email: <koori@chs.unimelb.edu.au>. Web: <http://www.onemda.unimelb.edu.au>.
Presentation 2:
Victorian Aboriginal Ethics Project
Echuca workshop

By Paul Stewart, Project Officer/Researcher at Onemda, The University of Melbourne, and Peter Waples-Crowe, Policy and Public Health Officer with VACCHO.

The Ethics Project was initiated out of the ‘We Don’t Like Research… But in Koori Hands it Could Make a Difference’ workshop in 1999. At that time, Aboriginal organisations were concerned that they had little say about how the ethics of research projects were being handled within communities. So, in April 2002, Onemda, in collaboration with VACCHO, started its Victorian Aboriginal Ethics Project.

A literature review had been done earlier on ethics in research by numerous people, including Professor Ian Anderson of Onemda. So, we collected information from Indigenous people and listened to their ideas and concerns about ethics. We also went to Geelong, Bendigo, Bairnsdale to learn about how ethics in research was being dealt with by these communities.

We conducted fourteen in-depth interviews with various types of community people, Elders, CEOs from various organisations in Victoria, as well as non-Aboriginal people. We fed interview notes back to people, which gave them the opportunity to change their information.

Six key models came out of the project. These were:

- **Model 1**: Victorian Aboriginal Ethics Committee
- **Model 2**: Aboriginal Ethics Adviser(s)
- **Model 3**: Register of Trusted Experts
- **Model 4**: Project-specific Ethics Advisory Group
- **Model 5**: Aboriginal Health Research Ethics Advisory Committee
- **Model 6**: Aboriginal representation on Human Research Ethics Committees.

Each of the models had its strengths and weaknesses, which we were able to draw out because of our in-depth interviews and community consultations.

We presented this information back to VACCHO at its members’ meeting in 2004. VACCHO then asked us to consider two of the models: establishment of an Aboriginal Ethics Committee (Model 1) and the Register of Trusted Experts (Model 3).

Model 3: Register of Trusted Experts became our preferred model because it’s the easiest and quickest one to implement. Many ethics applications from researchers are detailed and take ages to read, which causes a lot of tension and overburdens the community. We wanted a model that assists community organisations to work through the ethics applications. The model was disliked more for its name, because calling people trusted experts and then removing them from the register could be contentious. So we decided to call Model 3, Ethics Panel Members. Working through the register of names still required a lot of discussions between the lawyers and experts in the field to see how the list would actually work.
VACCHO is now in a process of trialling this model. We have developed several documents to assist the panel members—including a ten-step guide to inform the Ethics Panel Members of the ethics process required of researchers. Six panel members have been identified for training. It’s hoped that panel members will sit for no more than twelve months, and we’ll keep rotating them, putting on new people with an interest in research and public health.

Our community report, Victorian Aboriginal Ethics Project Report, was launched in November 2005 by the CEO of VACCHO, Jill Gallagher, and Dr Kerry Breen, who at the time was the Chair of the Australian Health Ethics Committee in Canberra. It outlines how Aboriginal people can have more control of the ethics of research that is carried out in, or impacts on, Aboriginal communities in Victoria.


Contact: Paul Stewart, Project Officer—Aboriginal Health Ethics, Onemda VicHealth Koori Health Unit, The University of Melbourne. Tel: +61 3 8344 0813. Email: <paul.stewart@unimelb.edu.au>. Web: <www.onemda.unimelb.edu.au>. Also, Peter Waples-Crowe, Policy Officer, Victorian Aboriginal Community Controlled Health Organisation. Tel: +61 3 9417 3871. Email: <enquiries@vaccho.com.au>. Web: <www.vaccho.org.au>.
Presentation 3:
Wirraway Mirrim
Echuca workshop

By Mark Saunders, member of Wirraway Mirrim
Koori Researchers Group.

My task here today is to talk to you about Wirraway Mirrim. The name Wirraway Mirrim comes from the Woi Wurung language group of the local Wurundjeri Nation and means to challenge deeply, and that’s exactly what happens at our group research meetings.

The Wirraway Mirrim project came about when Angela Clarke and I were coming back from an interstate Aboriginal researchers conference on Aboriginal health issues, and we talked about how frustrating it was that a lot of the presentations were done by non-Aboriginal researchers. We knew there were very capable Aboriginal researchers at the conference and elsewhere, who could also have done presentations about their research. Part of the problem was that often we weren’t aware of each other and the work we were doing. We felt there was a need for Indigenous researchers to start getting together and create a space for themselves and their work.

When we first came up with that idea, and started to talk to others about it, there was an undercurrent of ‘couldn’t it be inclusive?’ But we thought those opportunities, forums, spaces already exist for Indigenous and non-Indigenous researchers to work or meet together. There, however, was no Koori-specific space for Koori researchers to support one another in their work. So we forged ahead, keeping it exclusively for Indigenous researchers, and we discovered that there were like-minded people who believed in what we were talking about, and so from that grew Wirraway Mirrim.

So, Wirraway Mirrim is a formal and informal way of us meeting and supporting one another in the work that we do. We are like a collective of Koori researchers. There isn’t a chairperson of Wirraway Mirrim, we are all equal there. We have a facilitator at each of our meetings, so that there is some order. We collectively make decisions among ourselves to enable better outcomes for us as researchers. No one owns Wirraway Mirrim, it’s all of us working together, providing a culturally safe space, where we can share our knowledge and nurture researchers, independent of our employing organisations.

We do have an Elder on our committee, Aunty Joan Vickery, AO. Aunty Joan’s role is not just as a figurehead, but as an integral part of Wirraway Mirrim. Aunty Joan sees herself as our peer, but we also have that respect for her as our Elder. She provides some of that older person’s guidance that we as Aboriginal people embrace in our lives and work.

Wirraway Mirrim is a work-in-progress. We have a public website, which will allow people locally and around the planet to see what we do and to contact and interact with us. We see Wirraway Mirrim as a way of taking Victorian Koori research to the community and the rest of the world. A lot of positive stuff happening in our communities is world’s best practice, but doesn’t get out there at international conferences, so this is one way we can get our work out there.

In her welcoming statement on the website, Aunty Joan writes that our group wants to hear from Aboriginal people with any interest in research. We get very passionate in our own way of thinking and it is great that we have a place where people can go and have that discussion. So, in our vision statement, we’ve talk about Wirraway Mirrim affirming, enhancing and facilitating the skills and knowledge of Aboriginal and Torres Strait researchers.
Our values and principles are respect, sharing, encouragement and learning. These are common things to Aboriginal people, instilled in us from the moment we are born. We learn that respect thing from our parents; it's the way we are brought up, we share things, so it was easy for us to include them in our statements and approaches.

So, whether you are a researcher, a student, or doing research at a library or researching a family tree, please come along to our regular meetings, and share your insights, your knowledge, with the group. We do have some really good yarns there, it's always fun and jovial, and we organise social events like having lunch together, a picnic or a barbeque.

This group does not exist anywhere else in the country. It's uniquely Victorian and is a Koori thing. It's something that we are all very, very proud of and lends itself very well to having the blackfellas going out there and doing the research. Thank you.

Web: <http://wirrawaymirrim.net/index.html>.
Presentation 4:
An Artist’s Journey into Health Research
Melbourne workshop

By Robyne Latham, Artist and Researcher at Bouverie Centre,
La Trobe University.

I’m a Yamaji woman from Western Australia, and have been living in Victoria for about twenty years. I make and exhibit sculptural works, design and construct sets for theatre, and work in research. How did I get into being a health researcher? The short answer to this is, through people believing in me and encouraging me. I love what I do, but would never have taken up the many work challenges without the support of colleagues, friends and family.

I was sixteen when I completed high school, and the thought of going to uni was just too scary. I decided to take a year off and do something I had always wanted to do; I decided to study art. So, I went to Perth Technical School and undertook a three-year diploma in Advanced Ceramics. There I learned ceramic chemistry, glazing, kiln building, throwing techniques and hand-building techniques. One of my works from that time is this water pitcher, which my Dad still owns.

Then, in my late twenties, after living overseas for a couple of years, I decided it was time to go to uni. Friends and family encouraged studying, and without their belief in me, I’m not sure I would have gone at all. I did a BA in Fine Art at Curtin University in Western Australia, and then a post-grad in Education at Edith Cowen University. Although I loved working in the visual arts, I was, at that time, also very drawn to working in psychology. As a consequence of my deep interest in ‘the human condition’, I chose to work in the field of mental health. For some ten years, in both WA and Victoria, I worked in psychosocial rehabilitation. My client group included people managing schizophrenia, bipolar mood disorder and personality disorder. I worked specifically with homeless and emotionally disturbed adolescents. The professional development in this work included training in interpersonal skills, counselling skills and interviewing skills.

Through my colleagues in mental health, I was offered an academic position at La Trobe University in Behavioural Health Sciences, lecturing and running workshops in interpersonal skills development with physiotherapy, speech therapy and nursing students. Around this time, I decided to refocus on my career as an artist. I began exhibiting my sculptural ceramics in Melbourne. Some fifteen years later, I am now collected in a number of national galleries in Australia.

I also became involved in theatre and was asked to design and construct a set for a friend’s play. The first set I designed and constructed in Indigenous theatre was for Jane Harrison’s Stolen. I really enjoyed the challenge, and before I knew it, I was designing sets for the Malthouse Theatre for the Blak Inside season in 2002. This led to further work, designing and constructing a gallery-cum-cabaret at the Black Box for the Commonwealth Games Tribal Expressions exhibition in 2006. During this time, I also worked at the Institute of Koorie Education, Deakin Uni, in the Fine Art Department. Granted I did embrace the challenges of set design and academia, but again, my friends and family were encouraging and supportive of these decisions.
While studying my Master in Fine Art, by research, at Monash Uni, I was invited to join the Indigenous researchers group, Wirraway Mirrim. It was great to be with other Indigenous researchers. We seemed to have so many issues in common, even though our disciplines were very different. It was through connections with other Indigenous researchers that I was offered a research position at the Australian Research Centre in Sex, Health and Society, La Trobe Uni. The aim of this research project was to identify the barriers to treatment and management of Hepatitis C in the Indigenous community in Victoria. This nine-month position became eighteen months.

I am currently employed in a three-year research position at the Bouverie Centre, La Trobe Uni. The study, ‘Aboriginal Family Therapy Training for Aboriginal Child and Family Workers in Community’, is a cooperative inquiry involving Indigenous and mainstream workers, organisations and researchers in the research process. We’re gathering both Indigenous and mainstream practice knowledge about ways of working effectively with vulnerable and at-risk Indigenous families, and feeding this knowledge back into Aboriginal family therapy training and into Aboriginal communities.

There is a strong link between my health work and creativity. As an artist I am always problem solving, that’s what I do all day, and I’m relatively lateral in the way I think. With the work I’ve done in mental health, I’ve learned to move around things that look like they are not worth confronting, and I’ve learned to confront things that need confronting.

My more recent art works explore ephemeral installations, which honour the Stolen Generations of Australia and, in so doing, acknowledge the trans-generational ramifications for the children themselves; along with their mothers, fathers, sisters, uncles, aunties, brothers, grandparents and grandchildren. Underpinning this work is the rationale that, in remembering and honouring the Stolen Generations, such an ‘act of genocide’ will never happen again. I further believe the impact of this ‘act of genocide’ is etched into the collective psyche (either consciously or unconsciously) of Indigenous and non-Indigenous Australians. Although the psychological ramifications of this are immeasurably different for each person, the knowledge of this dark and shameful history remains. In using the vehicle of a public art work, which is consciously devoid of guilt, blame or resentment, yet visually acknowledges past pains, I believe there is potential for healing.


For information on the Bouverie Centre’s Graduate Certificate in Family Therapy, go to <http://www.latrobe.edu.au/bouverie/academic/grad_certificate.html>.

Contact: Robyne Latham, Researcher, The Bouverie Centre. Tel: + 61 3 9385 5100. Email: <r.latham@latrobe.edu.au>. Web: <www.latrobe.edu.au/bouverie>.
Above | La Mama Poetica, 2007. Set design for Melbourne International Arts Festival. Photograph courtesy Megan West. Set dedicated to the late Lisa Bellear (1961–2006), Aboriginal activist, poet and photographer

Left | Metal Blue Dreaming, 2007. Works from Solo Exhibition, Koorie Heritage Trust. Photograph courtesy Anna Liebzeit

Right | Stoneware pitcher, 1978. Photograph courtesy Robyne Latham
Presentation 5: Wathaurong Aboriginal Co-operative Research Project: A Positive Experience Geelong workshop

By Renee Owen, Aboriginal Health Worker, Wathaurong Health Service, Geelong.

Karen Adams, a Koori woman from Creswick VicHealth Koori Health Unit, contacted me in 2004 about participating in her study about risk factors for ear health problems in children as part of her PhD. The research into otitis media, sometimes called ‘glue ear’ or ‘runny ear’, has produced unexpected bonus programs for our community.

**Phase 1:** Initial study interviews. Although initially hesitant to be involved in the study, I spoke to my managers and agreed to collaborate; having known Karen for a number of years, I was keen to help her with her studies.

The communities who took part in the study included Geelong, Shepparton/Mooroopna, Heywood and Ballarat.

Karen visited Wathaurong and spoke to parents and carers with children under six who attended playgroup on a regular basis.

The interview results for the Western district were presented together, due to small numbers, in order to maintain confidentiality.

Staff from the participating organisations gathered together to analyse the data and results from the various areas and formulate a list of recommendations.

The results were then published in July 2006 in the Creswick document Koori Kids’ Ears and Health.

**Phase 2:** Baia Lak Birrah-lii program (to build strong children). Karen again approached us with the idea of running a program to address the problem areas, and/or risks factors, arising from the initial study.

With a small amount of funding secured, we proceeded to design a six-week program addressing these needs in five areas, which we titled, in Wathaurong language:

- Maternal and Child Health (Gnoordong Wair Re-Rup—meaning Maternal Wise Woman);
- Nutrition (Wan-Ke—to cook);
- QUIT Smoking (Waleema Boort—stop smoke);
- Stress Management (Borella—resting place); and
- Financial Advice (Murra-Mai—magic stone used for trading).

Brochures were distributed to the community inviting them to participate in the program.

**Phase 3:** Nutrition cookbook. In mid-2006 Karen contacted me with the idea of developing an Indigenous-specific resource addressing the issue of food and nutrition.

The idea of producing a kids’ cookbook evolved to include children’s profiles, recipe ideas and positive messages about food, introducing solids, and breast feeding.

Wathaurong became the key applicant for a Telstra Foundation grant on behalf of the other stakeholder—Winda Mara Aboriginal Corporation in Heywood.
Interest in the booklet increased, which required us to source some more dollars for printing costs.

The booklet is being distributed to VACCHO membership organisations around the State.

Positive research experience. I attended the ‘Enhancing Indigenous Capacity—Building a Sustainable Future’ conference in Perth earlier this year, and was interested to learn that some Indigenous communities have not had positive experiences with research projects. Their concerns revolved around the areas of:

- confidentiality;
- ownership of the information/data;
- trust;
- culturally appropriate researchers and presenters;
- commitments required from staff from the organisation; and
- reliance and expectations of the community to be involved and share their personal information/stories.

This really surprised me, especially given that my experiences working with Karen Adams and her research have not presented any problems. My ideas and understanding of research have changed since working with Karen Adams. I have been very impressed with her level of respect and professionalism throughout the entire program. I believe that Wathaurong has benefited greatly from being part of a research project. I look forward to possible future endeavours to do with research and encourage other Indigenous communities to take part, should opportunities present themselves. Thank you.


Contact: Renee Owen, Aboriginal Health Worker, Wathaurong Health Service, North Geelong, Victoria 3215. Tel: +61 3 5277 2038. Email: <r.owen@wathaurong.org.au>.
My life and work here has had its highs, lows, negatives and positives, and you learn from them. Collecting people’s histories, experiences and data from needs analysis, they’re all different names for health research.

We all get caught up in survival mode, so a lot of historical stuff is not being taught back to our people, a lot of experience not being documented and passed on. The centre’s been the hard work of a lot of people who have gone before us. We need to let our kids know all about this—how it all happened.

I came to Bairnsdale in 1968 as a qualified roof tiler. I approached a builder in town, and asked him if I could subcontract to him. He said you can work in this town but only if you work for me. I said, ‘Stick it up your jumper’. I got a job with the railways as a plant operator instead.

At that time, we desperately needed a medical service set up for the Aboriginal community. I had become the taxi driver for the local community group, picking up people and taking them to the local mainstream hospital.

There were a lot of Aboriginal people coming to Bairnsdale, who were seasonal workers, picking fruit and vegies, but there was no work for them when the picking finished. We needed an employment program for Aboriginal people, so we worked hard to get the shire offices and the hospital on board.

There were no community facilities here for Aboriginal people. In the early 1970s we registered our organisation as a medical service, and then incorporated it as the medical centre. We got the centre built here—a recognised site by local Aboriginal people—next to the canoe tree outside our canteen.

Then, Jim Kennan, Labor politician and Minister for Aboriginal Affairs in the 1980s, he came up here, saw our site, gave us funding to develop it further. We came up with plans for a multipurpose hall, but 200 people signed a petition saying that did not want a Koori centre here. Even people as far as Lakes Entrance objected to the hall, fearing drunken people on the site.

For over four years we worked with shire people to dispel people’s fears. What the 40 or so core objectors, mostly retired people in the surrounding streets, were concerned about was the issue ‘our land will devalue’. So I said, ‘We’ll buy you out at the right price if that happens’. There were lots of positives that came out of this process, the Aboriginal community were out there always working with the other mob to dispel fears, and now their property values have been going up. We could have built a brick wall around our property, but then the retired people could have not cut across our property, which is what they liked to do. So, we put a fence around our site and put a gate there, so elderly people can still walk through.
The facilities here have been focal point for the Aboriginal community, our health and social activities. Because of Jim Kennan, our articles and materials that the mainstream museums had been holding came back to our place here. This is positive stuff for our Koori heritage.

It’s been seven years since centre was finished, and we’ve been able to employ community development officers. From 1985 to 1988 I was employed with DHS [Department of Human Services] as a community development worker, and became their regional expert in Aboriginal affairs, with people coming here for our help. I remember a non-Aboriginal DHS worker saying, ‘They have not paid my son’, so I advised him, ‘You bill them’, and his son got paid, because as a Koori man I wasn’t gonna be used as a debt collector.

The advancement for the community here is that the site started off as health service. It’s developed from a $30,000 to a multi-dollar organisation (one doctor, many health workers, and a part-time CEO). Our mob back then were seasonal workers who saw a need—now we have 100 people employed at the co-op, and many more of our people are employed in wider Bairnsdale community.

Getting out there to do preventative stuff is important. Based on our needs analysis of this area, we need to do more work in health, especially the alcohol and drugs problem. Government funding impacts on the way this place operates, but we’ll continue to promote and run this place for the community’s health and benefit.

**Contact:** Gippsland and East Gippsland Aboriginal Co-operative Ltd, 37–53 Dalmahoy Street, Bairnsdale, Victoria 3875. Tel: +61 3 5150 0700.
What We Expect from Koori Health Research by 2020

In this session, which asked ‘what do we expect from Koori health research by 2020?’, participants at all workshops listed what they would like Koori health research to achieve, and what changes they would like to see in Indigenous affairs over the next decade or so. Participants then voted for the top-three items from their workshop’s list of wishes and expectations. The following is a summary of their wish-list priorities.

**Koori health research conference.**

- A state-wide ‘Talkin’ Up Health and Wellbeing’ conference should be held that showcases good news stories relating to Koori health research, and talks about ways to improve the health of Indigenous people through research, teaching and learning, and community development.

**Treaty, sovereignty and self-sufficiency.**

- Treaty, self-determination, self-sufficiency, sovereignty and land rights, and anti-systemic-racism strategies are key elements of any health strategy by governments.

**Strong community approach to Koori health research.**

- Koori organisations, such as VACCHO, should set their own research agenda, and have the capacity to conduct their own research, as part of a supportive Koori health research strategy.

**Increase in research capacity.**

- Building on existing capacity, more Koori students should be doing PhDs across a wide range of health and allied professions—such as pharmacy, physiotherapy, nutrition and dietary studies, and medicine. There should be an increase in Koori kids finishing their education, primary, secondary, TAFE and university. Community organisations should be employing mostly Aboriginal research staff and health specialists.

“More students doing PhDs—as pharmacists, physios, dieticians, doctors”

“Promote the importance of research to our kids”
Promotion of Koori health research.

- Koori culture should be taught throughout the curriculum program from kinder and primary school through to secondary and tertiary levels. At the same time, there should be established Koori media organisations, with more Koori journalists writing about Koori health research.

More control over health and research direction, including methodology and ethics.

- It is important that Koori people be empowered to take control of Koori health strategies, and research directions, methodologies and ethics. This can be achieved by having an Aboriginal head of NHMRC and/or ARC, an Aboriginal Ethics Committee in Victoria, and Aboriginal CEOs in all our Koori organisations.

Funding and resources for research and health.

- Existing Koori community organisation should be appropriately funded over the entire funding cycle, and resourced with health care, research and community infrastructure.

Better health and social outcomes.

- We expect that life expectancy will have increased for our mob, that our mob is no longer stuck in poverty, that mechanisms exist to address racism, and that Indigenous-controlled health and social services become the norm for our people.

“Koori methodology needs to be recognised”

“Giving Koori people more say over what research projects are done”

“More Kooris writing about research, projects, methodology”

“Mainstream hospital and health services researchers to adopt Koori research practices”

“Powers-to-be recognise that we need proper funding to do research for the benefit of our community”
Conclusion: Community Control of Health Research—The Way Forward

In the final activity of the day, which asked ‘where to from here?’, workshop participants reflected on the day’s discussions and listed some key activities and strategies to increase community-controlled research, and some realistic achievements in Koori health research by 2020.

Activities/strategies to increase community-controlled research

- Consult with Koori organisations at the local level, with community input/involvement from the start to the end of projects and programs.
- Increase dollars and resources.
- Improve commitment by the Victorian DHS towards community-controlled activities.
- Develop meaningful partnerships with mainstream institutions, partnerships that are useful to community organisations.
- Give community organisations involved in research partnerships more recognition and power over funding arrangements.
- Build public health capacity in organisations.
- Positively discriminate on Kooris achieving greater equity within the research industry.
- Recognise ACCHOs’ ability to set research agenda and direct the process.

What can we expect Koori health research to accomplish by 2020?

- More Koori researchers doing Koori research.
- Publication of Koori research projects and results.
- Profiling Koori researchers and partnerships with Koori communities in research projects.
- Strategy to get Koori researchers out in schools—primary and secondary—to educate students and raise awareness about Indigenous issues.
- Information sharing with community-controlled sector who aren’t involved in research on how to use Koori researchers.
- More Koori CEOs, more Kooris working in policy and capacity building in communities.
- Control and empowerment of Indigenous people through research and the greater use of oral knowledge in the research and documentation of Indigenous history.
Evaluation

At the end of each workshop, participants were asked to evaluate the day, with most filling out the evaluation form. Responses to our evaluation questions are summarised below. This information helped us to better assess the information gathered from the workshops, and is being used to guide our planning for future consultation events.

1. Was the ‘all day’ agenda suitable? Was the day too long/too short? Did the workshop cover too much or too little? Was the venue and location appropriate?

About two-thirds of the respondents thought that a one-day workshop was long enough, the other one-third would have preferred longer. Participants liked the agenda of the workshops. Respondents desired more local community involvement in the workshops. They liked the small size of the groups, which enabled sharing of opinions and discussions. Almost all respondents liked the choice of venues and locations for the workshops, with some preferring to have more workshops held at community locations.

2. Which session(s) did you like or find the most interesting/useful, and why?

About 25 per cent liked the group discussions, 24 per cent of respondents liked all of the sessions, 23 per cent found the 2020 session the most useful, 15 per cent preferred the ‘history wall’ session, and 13 per cent found the presentations the most interesting.

“It’s good to hear about people’s work... and promote successes”

3. Overall, did your feel the day was useful? Did you feel comfortable to say what you think?

Respondents generally found the day very useful, listening to the variety of views, learning ‘heaps’ and networking. They felt comfortable and relaxed with the interactive and non-competitive nature of the workshops.

4. Can you suggest any ideas that may improve these kinds of workshop?

About half of the respondents wanted more and wider community representations and input, such as more health workers, youth and academics from a variety of Koori organisations. The remaining respondents had views ranging from increased frequency of workshops, more small-group discussions, more take-away messages and the ‘history wall’ session with dates and issues for discussion, to no improvements needed.
5. Overall, how would you describe today’s workshop?

The vast majority of participants gave positive feedback on the workshops, such as ‘bought back some great memories and achievements’, ‘deadly, robust discussion’, ‘really productive’ and ‘very informative/educative and allowing maximum participation’. A small number of responses called for ‘more people’ at the workshops and for the workshops to be conducted in community centres to encourage greater interaction.

6. Would you attend other workshops in the future? What topics would you like to see discussed at future workshops?

There was a resounding ‘yes’ by participants to attend future workshops. Topics for future discussion includes:

- Indigenous-based research—method and practice of oral history
- strategies to increase the knowledge of research in the community
- see and hear from community organisations how they are affected by research and researchers
- successes on research, methods and consultation
- how to further some of the 2020 priorities
- where to focus community program initiatives to suit community.

“I think the small group worked well and suggest having small group workshops elsewhere, rather than thinking more is better”
References and Resources

All publications and major government initiatives referred to in this report can be found in the list below.


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