A FRAMEWORK FOR COMMUNITY CAPACITY BUILDING

Advancing the health, wellbeing and human rights of people of refugee backgrounds who have experienced torture or other traumatic events.
The primary locations of the Victorian Foundation for Survivors of Torture Inc., Brunswick, Dallas, Dandenong, Ringwood and Sunshine, are on the traditional lands of the Kulin nation. In keeping with Foundation House’s aspirations to heal individuals and communities we recognise the loss of land, children, language, lore and spiritual and physical wellbeing of the people of the Kulin nation and other Indigenous Victorians due to the impact of colonisation.

We believe that acknowledging the past and its impact on the present is vital in building strong Victorian communities. We recognise the survival and enduring strengths of Victorian Indigenous culture in spite of such dispossession and aim to build respectful and informed relationships with the Victorian Indigenous community based on the acknowledgment of their unique position as the traditional owners of Victoria. Foundation House is committed to the acknowledgment and participation of Indigenous Victorians within Foundation House events and this is reflected in our official protocols.
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMEP</td>
<td>Adult Migrant English Program</td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>C/A</td>
<td>Counsellor Advocate</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CDW</td>
<td>Community Development Worker</td>
</tr>
<tr>
<td>CLW</td>
<td>Community Liaison Worker</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training</td>
</tr>
<tr>
<td>DEEWR</td>
<td>Department of Education, Employment and Workplace Relations</td>
</tr>
<tr>
<td>ECAP</td>
<td>Early Childhood Access and Participation</td>
</tr>
<tr>
<td>FASSTT</td>
<td>Forum of Australian Services for Survivors of Torture and Trauma</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Authority</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>MEA</td>
<td>Multicultural Education Aide</td>
</tr>
<tr>
<td>REAL</td>
<td>Relationships to Enhance Accessible Learning</td>
</tr>
<tr>
<td>SRC</td>
<td>Student Representative Council</td>
</tr>
<tr>
<td>VCAP</td>
<td>Victorian Certificate of Applied Learning</td>
</tr>
<tr>
<td>VFST</td>
<td>Victorian Foundation for Survivors of Torture (Foundation House)</td>
</tr>
<tr>
<td>YAC</td>
<td>Youth Advisory Committee</td>
</tr>
</tbody>
</table>
BACKGROUND

This document is designed to orient readers to the specialist work done by the Victorian Foundation for Survivors of Torture (VFST, also known as Foundation House) in community capacity building.

OUR ORGANISATION

Foundation House provides services to advance the health, wellbeing and human rights of people of refugee backgrounds in Victoria who have experienced torture and other traumatic events in their country of origin, whilst fleeing those countries.

The organisation was established in Melbourne in 1987 and is non-denominational, politically neutral and non-aligned. It is constituted as a non-profit organisation managed by an elected Board of Management. Foundation House’s work is funded by the Victorian and Commonwealth Governments, charitable organisations and donations from private individuals.

We have over 200 staff located in five offices in metropolitan Melbourne (Brunswick, Dallas, Dandenong, Ringwood and Sunshine). We also provide services in partnership with other agencies in rural and regional centres across Victoria including: Ballarat, Bendigo, Geelong, Mildura, Shepparton, Swan Hill and the Latrobe Valley. Further information about our mission, principles and organisational structure can be found in Appendix 10.

We:

• provide services to clients across the lifespan, in the form of counselling, advocacy, family support, group work, psycho-education and complementary therapies.

• work with client communities to improve their capacity to access services, and to enable those services to support recovery.

• offer professional and organisational development, consultancy and resources to assist community service providers, including health, education and employment, to enhance the responsiveness of their services for people of refugee backgrounds.

• work with the Victorian and Commonwealth Governments to ensure that policies and programs are responsive to the needs of people of refugee backgrounds.

• conduct, and contribute to, research about issues relating to people of refugee backgrounds.

1. ‘Refugee backgrounds’ includes:
   - people who have been found to be refugees (by the UNHCR or the Australian Government)
   - people who have suffered persecution in their country of nationality or usual residence
   - people who have been subjected to substantial discrimination and human rights abuses in their country of nationality or usual residence
   - immediate family members, such as a child, of the above.

Someone may have a refugee or refugee-like background without meeting the specific Refugee Convention definition of a refugee.
OUR CLIENTS, COMMUNITIES AND SETTINGS

Our clients are people from refugee backgrounds living in Victoria, who have experienced torture or other traumatic events. Our clients have had to leave their home countries and are unable to return because they were (or were at risk of) being seriously harmed through persecution or other gross human rights violations.

The lives of refugees are characterised by extensive exposure to traumatic experiences such as physical and mental torture, imprisonment without charge and arbitrary arrest, and direct experience of or witnessing violence inflicted on individuals, groups or communities. Children as well as adults may be intentionally targeted or suffer, because their parents or other adult carers have been killed or abducted, or families have become separated when fleeing danger.

Refugees commonly spend protracted periods of displacement in poor countries adjacent to those from which they fled. Displaced populations are often deprived of adequate food, shelter, access to health services, education and basic security. Women and girls, especially if they are unaccompanied by an adult male, are at particular risk of sexual and gender based violence.

The effects of pre-arrival experiences may persist long after arrival in a safe country. Psychological symptoms and disorders can interfere with meeting the challenges and demands of settlement such as learning English, finding employment, participating in education and forming supportive relationships with other people in the community. As well as affecting individual survivors, the refugee experience can undermine cohesion and supportive relationships within families and communities.

Each year Foundation House delivers services to more than 5,000 survivors of torture and other traumatic experiences who come from more than 50 countries of origin. At present the largest groups come from Iraq, Iran, Afghanistan, Syria and Burma (Myanmar).
SECTION 1

1. INTRODUCTION

This resource provides a framework for community capacity building, which is one component of the Victorian Foundation for Survivors of Torture’s integrated trauma recovery service model. The model is outlined in detail in Integrated Trauma Recovery Service Model: Advancing the health, wellbeing and human rights of people of refugee backgrounds who have experienced torture or other traumatic events (VFST, 2015) and is summarized in Figure 1 below.

**Figure 1: VFST’s integrated trauma recovery service model**

Community capacity building fits within the goal of improving the capacity of service systems and communities. Other initiatives within this goal are detailed separately.
TRAUMA-INFORMED COMMUNITY CAPACITY BUILDING

All services provided by the Victorian Foundation for Survivors of Torture (VFST) seek to assist people to recover from experiences of torture and other traumatic events, based on the four fundamental goals at the centre of the recovery model. Using examples of VFST community capacity building programs, this resource illustrates how communities become more cohesive and independent when members learn, plan and work together, how building a community’s capacity contributes to recovery goals and resettlement, and how building constructive links between communities and service providers results in improvements to services in VFST itself, and broader service systems.

The Integrated Trauma Recovery Service Model refers to the social determinants of health, and the risk and protective factors for trauma recovery on arrival in Australia. It points out that “the settlement host country can provide opportunities for rebuilding lives and strengthening protective factors in the recovery process” (VFST, 2015, p.5). This is a fundamental consideration in VFST community capacity building programs, along with an understanding of how cultural factors influence their delivery, and the importance of principles of practice which incorporate social justice and human rights. Community capacity building encourages health and wellbeing through a trauma-informed approach which identifies and addresses risk factors and provides opportunities to enhance protective factors.

Trauma-informed community capacity building is a process which contributes to the strength and recovery of a community by developing self-reliance through:

- encouraging cohesive relationships and external partnerships;
- enhancing and harnessing community skills and resources; and
- promoting participation in decision-making and leadership to ensure community ownership.

TRAUMA-INFORMED COMMUNITY CAPACITY BUILDING: A CASE STUDY

When Karen young people from Burma (Myanmar) who were at risk of disengagement from the community learnt about harm minimisation strategies related to alcohol and other drugs (AOD), they recognized the unhealthy role played by AOD when dealing with the impact of traumatic experiences and the challenges of settlement. The young participants themselves were able to incorporate harm minimisation strategies into their lives. Their strategies had an impact on the wider community, when they presented their learnings to 70% of their community at formal gatherings. They also produced YouTube clips to promote the issue more widely amongst Karen youth.
2. THE ROLE OF COMMUNITY CAPACITY BUILDING IN RECOVERY

Torture and other traumatic events have a devastating impact on both the individual and a community. Individuals are likely to have survived extreme violence, displacement, a dangerous journey, long periods in difficult conditions in a refugee camp, or living in poverty in a transit country, and lengthy processes for seeking asylum in a safe country. These experiences also destroy communities: “Torture and state-sanctioned violence seek to destroy relationships between individuals and within families, groups and networks. Community structures are dismantled, social icons and economic networks are destroyed, and with them, a community’s identity, values, activities, livelihood and vision for the future. The perpetrator may encourage betrayal of family and friends, resulting in distrust and shame. All such events destroy the essence of a community.” (Mitchell and Correa-Velez, 2010, p.2)

These factors have an impact on the psychological and social functioning of individuals, family and community. The Integrated Trauma Recovery Service Model states: “Fear and terror are deliberately cultivated (by oppressive regimes). Once internalised, they can emerge well after the cessation of violence. Core attachments to others and place are deliberately disrupted, and the integrity of the self, family and community, fragmented. Violence and persecution usually occur on a mass scale leading to distrust in humanity, and a struggle for identity and justice. The most invasive of persecutory acts, such as rape, are used to create shame and guilt, condemning people to isolation, destroying the family unit and ultimately the community.” (VFST, 2015, p.5)

Community capacity building contributes to the recovery goals through programs which build safety and agency, connection, meaning and dignity and a sense of opportunities for the future. Community capacity building work is strengths-based, participatory, flexible to community needs, and seeks to empower individuals and increase a community’s sense of belonging. To achieve this, community capacity building promotes a more cohesive community where members trust and cooperate with each other, feel safe, have shared values and have stronger links with the broader Australian community. Inherent in this approach are the following guidelines to achieve recovery goals:

Safety and agency:

- Community members have control over decisions and actions, decide on joint concerns and plan actions which are achievable.
- Community members recognise their existing skills and knowledge, gain new information and influence the wider community.

Connections and belonging:

- Relationships are built with people both within the community (bonding) and with external agencies and the wider community (bridging) (Ager and Strang, 2008).
- There is a sense of purpose in working with other community members and service providers towards goals which will support the community into the future.

Meaning, identity and justice:

- Given community members hold a range of community perspectives, trust needs to be established amongst participants.
- Processes are designed to give voice to experiences of communities and redress ongoing inequities.

Dignity and value:

- Groups meet in an environment where all participants are valued and respected, and differences are validated.
SECTION 3

3. WHAT IS A COMMUNITY?

In this resource, a community is described as a group of people of refugee background who are survivors of torture and other traumatic events and who recognise a shared identity and common interest, or are place-based.

On arrival in a resettlement country, people from refugee backgrounds may be perceived as a community because they come from the same country or ethnicity, have a shared language or common experiences. However, as a result of trauma and state-sanctioned violence, refugee background communities may be fragmented, with a significant amount of internal conflict and few, if any, formal structures.

Newly arrived communities are not necessarily cohesive. Their members may have vastly different backgrounds and experiences, including previous animosities or tensions between ethnic groups, despite a shared national identity. Some new arrivals may be educated while others have never had the opportunity to study. Some may come from cities, some from isolated rural areas. Some may follow common cultural practices from their country of origin, others may not. After arrival, divisions may surface as some embrace the culture of the host country quickly, while others do not. Different faiths or attendance at different places of worship can also play a part in dividing what might otherwise be seen as a cohesive community.

SINGLE AND MULTIPLE COMMUNITY IDENTITIES

For the reasons outlined above, it is important that the definition of community recognises that people do not only belong to a single ethnic community, but that they can belong to various and diverse communities simultaneously. A community group’s common interest is frequently the focus of VFST programs, and groups may be of the same ethnicity, though with different life experiences and religions. Through its work with individual survivors of torture and other traumatic events and/or consultation with community members, VFST may identify issues within a community, or a community may report difficulties and concerns. For example, leaders from a newly arrived South Sudanese community identified their lack of knowledge about Australia’s education system and parenting practices, and how the legacy of their pre-arrival experiences was impacting on the settlement of parents and children. This resulted in a capacity building project which provided information and facilitated future actions by the community. Other common concerns may become the basis of a community capacity building project. For example, when the then Department of Education and Early Childhood Development in Melbourne’s West reported that children from a particular group of new arrivals were not being enrolled in kindergarten or attending Maternal and Child Health (MCH) services in 2010, consultation with the community identified systemic barriers for parents. Parents with a shared identity (Chin parents from Burma) with a common interest in supporting their young children participated in the resulting project.

PLACE-BASED COMMUNITY

A community may also be place-based, either instead of or in addition to having a shared identity or common interest. The location of the community may reflect neighbourhoods in which newly arrived people from refugee backgrounds are settling or the community may gather in an educational setting or a place of worship. Psycho-education groups, for example, are often conducted in classes of Adult Migrant English Program (AMEP) providers or in English Language Schools and Centres where recently arrived students develop a sense of community.

3. VFST, Coming Together: Two Cultures, One Life: Community Development with Sudanese Refugees, a Case Study, 2006

© VFST 2017 A Framework For Community Capacity Building
SECTION 4

4. PRINCIPLES OF COMMUNITY CAPACITY BUILDING - VFST

Community capacity building is underpinned by three key principles which work towards the independence and autonomy of a community. This results in the sustainability of community capacity building programs. Programs are guided by a group of community members, who share their knowledge with the wider community through contacts and presentations. As a result, community members are able to access support services and understand systems sufficiently to advocate on their own behalf. This enhances their settlement in Australia and ongoing participation in society. Where useful, VFST may work with the community to support their aims by, for example, promoting policies through sector development activity.

The three key principles which guide VFST’s approach to building the capacity of communities are:

1. Build cohesive relationships and external partnerships
2. Build reciprocal understanding through dialogue
3. Build on community skills and resources

These principles are informed by recovery goals, and in turn inform implementation stages which are explored in Section 5 and illustrated by project and program examples.

Figure 2: Principles of Community Capacity Building
BUILD COHESIVE RELATIONSHIPS AND EXTERNAL PARTNERSHIPS

This principle guides the engagement of community members and the service sector, including VFST, in a structured partnership which builds the capacity of all participants. VicHealth’s partnerships analysis tool suggests a continuum of partnerships in health promotion, mapping partnerships against networking, coordinating, cooperating and collaborating. VFST’s approach to community capacity building encourages partnerships which aim for collaboration within a community and between community and the service sector “for mutual benefit and common purpose” (VicHealth, 2011). Participants with a range of community perspectives are carefully selected and a trusting and inclusive environment is developed in which constructive dialogue can occur.

BUILD RECIPROCAL UNDERSTANDING THROUGH DIALOGUE

This principle guides the development of reciprocal understanding through dialogue between participants in a community capacity building program. Dialogue between community members, the service sector and the wider community is underpinned by mutual respect, which values all input equally. Programs are structured to facilitate the expression of community participants’ opinions and knowledge. As a result, service sector participants and the wider community gain an understanding of community concerns and their approaches to addressing them. Agencies are able to explain their missions and practices, allowing community members to gain knowledge of Australian systems. Participants collaborate to identify priorities for community and organisational changes, and discuss how to move towards these goals.

BUILD ON COMMUNITY SKILLS AND RESOURCES

This principle guides a mapping of human resources within the community, acknowledging the wealth of experience therein. Strengths and weaknesses are canvassed to identify where capacity building may be of value to the community to determine a program’s focus. Every community has its own explanation for concerns and strategies to address them. Trust is needed to understand the community’s perception of weaknesses. Group participants identify their reach into the community through personal contacts or community gathering places (“spheres of influence”) and share the knowledge they gain from the program. Connections are made with services that match the program focus, and dialogue encourages priorities to be identified. Collaborative plans are made and implemented for mutual benefit.

PSYCHO-EDUCATION: A DEFINITION

Foundation House uses the term psycho-education to refer to the education and information offered to clients with an intention:

- to make sense and meaning of traumatic experiences, and explain physical, emotional and behavioural responses to those experiences
- to empower participants to take a proactive role in recovery, and to explain strategies which support recovery.

PSYCHO-EDUCATION AND COMMUNITY CAPACITY BUILDING

Explicit references to trauma are central to psycho-education groups. For example, in the program for parents and caregivers from refugee backgrounds, participants discuss how traumatic experiences affect children and adults, and how these effects interact with the loss, dislocation and resettlement challenges. Participants are then able to identify strategies for supporting children to recover from traumatic experiences, and to settle positively in Australia. When community capacity
building is structured around an Advisory Group, participants learn about trauma when discussing experiences in their home countries, and how this has impacted on their settlement in Australia. Some Advisory Groups request information on trauma to enable them to support family members and others in the community. The information builds on health promotion processes of “enabling people to increase control of their life and its determinants, and thereby improve their health”.

TRAUMA INFORMED COMMUNITY CAPACITY BUILDING

An example of a Foundation House project which both addressed a community’s concerns on health and education, and supported recovery from trauma is the early years project involving new arrivals from the Chin community in Melbourne’s West referred to on page 8. Young children were not being enrolled in kindergarten, and mothers and babies were failing to attend MCH services. A group of Chin parents was formed, and they shared their traditional ways of rearing children, as opposed to rearing small children in their new settlement country. They discussed health services in Burma (Myanmar), and refugee camps, which acknowledged the deprivation inherent in their journey, and their traumatic experiences. The group was provided with information about early childhood practices and health services in Australia, and was able to identify barriers to accessing services. Facilitated dialogue with early childhood service providers resulted in the group setting goals, and working with the service providers to dismantle those barriers for the Chin community. Their dialogue with service providers supported recovery goals by building the community’s self-worth, sense of belonging, self-confidence, self-esteem and self-reliance.

SECTION 5

5. IMPLEMENTING COMMUNITY CAPACITY BUILDING

There are 10 implementation stages in community capacity building programs and this section describes the implementation logic. It begins with building an understanding of the community and its concerns, and ends when the community is able to decide on and achieve its own aims. Recovery goals are central to this process. VFST aspires to an integrated approach to supporting recovery across work with individuals, families, communities and service sectors. Within this context, community capacity building may be the primary focus of an activity at a community level; be part of an integrated strategy for working with communities and services/sectors; or inform individual, family and/or therapeutic group work. Recovery goals are a feature of community capacity building by:

- establishing safety within any structures which are formed;
- encouraging trust and connections both within and outside the community;
- empowering community members to take and act on decisions; and
- valuing all members equally.

Experiences must be validated, and coping mechanisms suggested. Information on trauma may be provided in groups which focus on psycho-education or may feature “incidentally” in Advisory Groups.

4. The Ottawa Charter for Health Promotion from the 1st International Conference on Health Promotion (1986) and modified at the 6th Global Conference on Health Promotion in a Globalized World (2005) convened by the World Health Organization
Figure 3 illustrates stages in the community capacity building implementation logic which move towards a community which understands and manages trauma, and increases control over its health, education and other social aspects of individual lives.

Community capacity building implementation stages are summarized below and expanded in the next section. They reference the capacity building principles in Figure 2, working towards community empowerment through dialogue, which builds relationships and assets. These stages are not necessarily sequential. For example, there may be an existing understanding of particular issues and links with community advisors, but formal project or program planning may not previously have been undertaken with these advisors.

**Figure 3: Trauma-informed community capacity building implementation logic**
1. **UNDERSTAND A COMMUNITY**

This stage maps the community (demographics, settlement locations, community support groups, agencies supporting the community, internal structures, leaders, assets, concerns, and literature references). Settlement data is useful to identify ethnicity and numbers of new arrivals and settlement locations. Talking with agencies providing services to the community, and VFST staff who work directly with clients, can provide information regarding client groups, their concerns and contact points in the community. Community Liaison Workers (CLWs) will be especially aware of the history of their community, and any dynamics within it, which might impact on capacity building processes. This stage is likely to identify issues which will form the basis of a community capacity building approach and some strategies VFST will adopt.

2. **ESTABLISH A RELATIONSHIP WITH A COMMUNITY**

This stage is fundamental to future activities and time is therefore well spent on understanding and establishing relationships through community engagement and networking. Consulting with community support groups, leaders and elders about their concerns and how VFST services may be useful, encourages a good relationship with the community as well as trust in the agency. Again, CLWs will be invaluable at this implementation stage. They are able to encourage trust in VFST services and intentions, and identify useful contacts. Community advice, concerns and dynamics may surface in this stage, and may become the basis for capacity building. Alternatively, a need or access issue may have been identified through VFST’s direct work with clients and communities, another community organization, educational institution or government department (e.g. health or education). In these circumstances, the topic can be raised with CLWs, community advisors and/or other community organisations to assess community opinions. This may suggest additional contact points within the community.

3. **DEVELOP AND PLAN STRATEGIES**

Equipped with knowledge of the community and having formed preliminary relationships, this stage decides on a topic which reflects a key concern for the community. If program or project funding has been received prior to substantial community consultation, the community is asked to express their concerns about that topic. Project or program plans are developed, including establishing goals; strategies for achieving them; timelines; and identifying what skills and other resources may be required. At this stage, workers or other advisors may be recruited from the target community and provided with training, or existing CLWs may be allocated to the team. Roles and responsibilities are agreed and the program or project is designed in detail. Evaluation processes are put in place, establishing outcome indicators, and methods for collecting and analysing data. Timelines include the time needed by the staff team to reflect on progress as the program proceeds. This time allocation should not be underestimated, as community discussions are liable to take unexpected directions, and plans will invariably need to be modified following community group meetings. In some circumstances, particularly where there are resource constraints or redesign of other steps is required based on findings of earlier work, a series of inter-related projects and programs may be planned and undertaken over a period of time, to achieve short term and longer term outcomes.

4. **IDENTIFY PEOPLE OF INFLUENCE IN THE COMMUNITY**

The first two stages are likely to identify key community representatives who may be recruited for participation in a capacity building process. Well-regarded community elders and leaders are important in community capacity building, and their authority and contacts may be crucial. However, elders and leaders may not represent or reach into all sections of their community and it is important to ensure different perspectives are represented in any group. For example, in many communities, selecting male leaders and elders may exclude the voice of women, young people,
those of different belief systems, or different socio-economic groups. Representatives from these groups may have a different perspective to community leaders and may be able to exert influence through more informal peer networks. Bringing together leaders and women from a rural background who are unable to read or write in their own language, will provide very different and important perspectives. Identifying people who are not obvious leaders requires research into community make-up and activities. For example, talking with a sewing group facilitated by a service provider may identify women who are trusted and admired by the group, or teachers may know women who are active parents in their school.

5. **ESTABLISH A STRUCTURE**

This stage establishes selection criteria for group membership and identifies people of influence who best fit the criteria and will provide a range of perspectives on the topic area. Following discussions with CLWs, other service providers and community leaders, people who fit the criteria are recruited to form a group. The topic area is explained and timelines established. Procedures, a code of behaviour and meeting rules are agreed and group members are encouraged to get to know each other. Some groups formed by VFST are short term, to promote knowledge of the impact of trauma, whereas others may continue to meet over a protracted period. Advisory groups may be set up to guide a project which may be for a few months or up to 4 years in duration. Whatever type of group, it is important to establish a feeling of equality and respect amongst group members. Some people may have a tendency to dominate discussions, whereas others may feel inadequate to speak up, particularly in communities where women have traditionally remained in the background. The group facilitator needs to recognize differences in status amongst group members, and plan strategies to encourage the voice of all participants. Identifying interpreter needs is also important at this stage. In some cases, different ethnic languages may be represented in a group, and lack of interpreters may disadvantage some group members. Early meetings with groups aim to establish trust within the group, with facilitators, and with processes.

6. **MAP ASSETS TO IDENTIFY COMMUNITY GOALS**

This stage identifies any strengths and weaknesses of the group and explores assets in the wider community. This process helps to decide on boundaries for the capacity building exercise and goals for community action. For example, what do group participants and the community feel are important issues? Which issues are relevant to the work of VFST? Within this context, what is the most important issue? How do group participants plan to address the issues? What do they need to know about the topic? Who should deliver that information? What does the group want to do with the information? How will the group influence service providers if relevant? How will the group spread the message to the community? Where might there be resistance and how might this be overcome? At this stage, goals and strategies can be agreed. If information on trauma is to be the primary focus of a group process, there may be an exploration of people’s understanding of trauma. What is their understanding of trauma? How do they express trauma in their language? What behaviour related to trauma do they observe in their community? How can they support other community members to understand trauma? Spheres of influence are also explored at this stage, and processes for providing feedback to the broader community are established. For capacity building to have a community-wide impact, participants must have a sphere of influence that allows them to pass on information, and persuade others in the community to access it. Here again, it is important that participants can reach into a range of community groups to ensure women, young people, the elderly, different ethnic, religious and socio-economic groups are informed.

7. **FORM RELATIONSHIPS WITH EXTERNAL SERVICE PROVIDERS**

Once activities have been agreed with the group, key service providers might be invited to meet with or participate in the group, to discuss their services or build a collaborative partnership. This provides a bridge into, and an understanding of, Australian services and
practices. In some groups, VFST may provide information on its own services, and simply discuss what other services may be useful. In other groups, external providers may be asked to attend part of a meeting to summarize their services and referral protocols. In the case of the Advisory Group model, service providers may be involved in meetings throughout a project, entering into a partnership with advisors to identify and remove barriers to using services.

8. ENGAGE IN DIALOGUE TOWARDS COMMUNITY GOALS

Having identified goals, there is dialogue between partners to facilitate action to achieve them. This may emerge through dialogue within the group or with VFST and other service providers, depending on the nature of the group. In exploring community assets, the group will have identified what information they need and which service providers are able to deliver it. If a psycho-education group is to discuss information about trauma, a goal may be to gain skills to recognize the impact of trauma within their own family and community, and know what advice to provide. Where goals are set which seek to dismantle barriers to accessing services, the best outcomes are achieved when a dialogue is encouraged between community participants and service providers. When well structured, this redresses power imbalances, and can result in working together to identify cultural differences and how they may impact on access to services. Joint strategies to overcome barriers can then be developed and collaboratively implemented. Having understood information, group participants are able to spread the word amongst their community contacts. Service barriers or similar issues may be identified, requiring sector level advocacy.

9. EXTEND REACH OF THE OUTCOMES

This important stage extends group participants' knowledge to others in the community, crucially ensuring the capacity of the whole community is enhanced. Participants are encouraged to use their spheres of influence to spread the key messages. A typical and effective group of participants might consist of a small group of elders and leaders and other significant community stakeholders. Each of these groups is able to spread the message to their own networks. Elders and leaders have recognized authority and influence throughout their community, while community stakeholders reach into particular groups they are linked with (e.g. mothers groups, places of worship, youth groups, study groups). It is important that messages are intentionally rather than casually shared with the community. Members are asked to report back on who they have spoken with, and any feedback they have received. Formal presentations may be made to community gatherings (at places of worship, for example) and VFST may support group members to prepare their presentations. Group strategies may include the production of messages that can be broadcast to the community, for example via community radio or through YouTube. If messages are not distributed, only the capacity of the group is enhanced, rather than that of the whole community, emphasizing the importance of this process.

10. SUPPORT COMMUNITY SUSTAINABILITY

While the aim of community capacity building is for a community to be self-reliant, VFST may support the goals and strategies adopted by the community, working alongside them to ensure community empowerment is sustained into the future. CLWs may support community leadership, or offer advice to other community members. Other support strategies may include advocating on issues raised by the community, offering advice, facilitating relationships, supporting funding submissions, and developing policies and programs which support community aims through sector development activity. Importantly, when the service sector changes practices as a result of capacity building processes, these become sustainable, benefiting the whole community into the future.
SECTION 6

6. RESOURCES FOR COMMUNITY CAPACITY BUILDING

Successful community capacity building requires:

- Skilled staff
- Community Liaison Workers
- Sufficient time for all implementation stages, including short and long term evaluation
- Infrastructure (over and above the usual agency costs)

6.1 SKILLED STAFF

Trauma-informed: To ensure approaches to community capacity building are trauma-informed, staff know the history of the communities they work with; the implications of the trauma communities are likely to have experienced; trauma recovery goals; and principles of recovery. Staff have the skills to use this knowledge to guide program strategies and processes, which work towards recovery goals. Staff are able to employ the community capacity building principles discussed in Section 4, working towards empowerment of a community by forming relationships, facilitating dialogue and building on community assets. Staff ensure participants have control over program directions.

Cross cultural understanding: Community capacity building requires diverse skills, including good cross-cultural and interpersonal communication, and the ability to network amongst and engage community members. Staff are able to recognize and deal with the dynamics and divisions within a community, and can identify a range of community perspectives for group work, ensuring that women and young people feel included and safe. Having brought the group together, group facilitation skills and an understanding of conflict management are necessary. Trust is encouraged, to redress rather than perpetuate, the history of violence participants are likely to have experienced.

Facilitation and group-work skills: Sensitivity and diplomacy are required when analysing community assets and facilitating dialogue to identify gaps in knowledge. It is important that participants’ self-esteem is enhanced by the process. Being able to engage and motivate participants and encourage mutual trust and respect is critical for any community capacity building worker, but particularly when working with survivors of torture and other traumatic events. Group-work skills are essential, and flexibility to both guide and follow community directions, ensuring control lies with the participants.

Communication and importance of interpreters: Effective use of interpreters underpins communication with community members, and staff must know how to brief interpreters on the program intentions, and ensure they understand the often difficult concepts that are discussed. Staff need to be alert to any miscommunications that arise in group dialogue, and to be able to clarify words and meanings when necessary. Where possible, the same interpreter should attend all group sessions, as the dynamics of the group may change with a new interpreter.

Project management: High levels of organisational skills are needed to follow the implementation logic for a community capacity building program or project (as summarized in Section 5). Project plans are recorded and used to guide implementation by the team. Evaluation is an integral part of the plan, and staff establish processes and indicators to collect, record, analyse and disseminate data. Evaluation processes are explored in more detail in Section 8, including cost implications.
### 6.2 COMMUNITY LIAISON WORKERS

Community Liaison Workers (CLWs) play an important role in community capacity building and are included in the staff team if their community is the focus of a program. CLWs support their community, service providers and VFST staff, and are recruited from settlement communities. Their role is to:

- develop partnerships between VFST and identified refugee communities, in order to build capacity within communities, including community leadership
- contribute to the integration of VFST programs and direct services practice to support refugee communities
- contribute to communities and VFST working together towards shared goals and vision
- work with other service providers to advocate for the needs of the communities
- map and document the learnings around community needs and specific cultural perspectives in order to identify an appropriate planning response, both within VFST, and by other service providers

CLWs have invaluable knowledge about their communities which is used to advise program planning and implementation. They are a conduit into the community and know their community’s history, community members, community dynamics and community concerns.

The CLW role within the community capacity building team requires that they share and make use of their community knowledge, and are able to carry out duties that are important for all team members (outlined above). If there are CLWs in the staff team, they are advisors and co-facilitators rather than interpreters, because of their unique knowledge of the community. It is important that they work within the staff team at the same time as working within their community.

Involvement in community capacity building programs may cause tensions between CLW’s time and loyalty to their community, and this should be carefully monitored. When CLWs participate in a community capacity building program, they require sufficient time-out from other duties to fulfil project requirements and avoid over-commitment. Expectations of CLWs should realistically match the time allocation, and their possibly newly-arrived status, capacity and experiences. Sufficient time should be allocated for professional development and supervision, particularly in managing boundaries between community and work expectations, and gaining knowledge of recovery and community capacity building principles. A mentor arrangement could be considered if necessary.

### 6.3 TIME

Community capacity building can be a lengthy process, and the budget should allow sufficient time to thoroughly focus on all implementation stages. Time spent on the early stages of understanding a community and forming relationships with key community members underpins the future success of a program, and should not be underestimated. If there is a limited budget, aims might be tailored to fit into a tight timeline.

Community capacity building may take unexpected turns, and time should be available to deal with this. For example, if community dynamics require personal negotiations with a number of representatives, this may require time that is not in the planning framework. Time is also needed for the staff team to reflect on strategies and outcomes as the program progresses, to ensure a coordinated response. Time is also required for conducting evaluation and this is further discussed in Section 8.

### 6.4 INFRASTRUCTURE

There are a number of infrastructure costs associated with community capacity building programs, over and above staff costs and the time required for a successful outcome. When conducting Advisory Groups, an honorarium is provided to Advisory Group members to cover their incidental expenses; child care may be required; refreshments will be needed for a long meeting; and it may be necessary to back-fill the cost of service providers’ attendance at meetings.
SECTION 7

7. APPROACHES TO COMMUNITY CAPACITY BUILDING

VFST undertakes a range of approaches to capacity building across the agency. These are:
1. Community Advisory Groups
2. Community-based Psycho-education
3. Testimonials
4. Therapeutic Group Work
5. Community Engagement and Networking
6. Community Advice and Consultation
7. Partnerships

This document examines in detail two of these approaches:
1. Community Advisory Groups
2. Community-based Psycho-education

7.1 COMMUNITY ADVISORY GROUP MODEL

A partnership between community members and service sector representatives (including VFST) is central to the Advisory Group Model. This structure allows for meaningful consultation with the community through dialogue between partners of equal status. In many projects, a Network is formed, consisting of Advisory Group members and service providers, as illustrated in Figure 4.

Figure 4: Advisory Group Model
When effectively implemented, this model results in Advisory Group members better understanding how to access and use services, and enables them to identify barriers to service use, be it their own traditional ways of doing things or service provider practices which are non-inclusive. Service providers gain an understanding of a community’s culture, experiences and concerns, and recognize how their own services might be improved. This includes strategies which might be implemented to better manage the impact of trauma. The dialogue between Advisory Group and service provider suggests strategies for positive change on both sides.

An important element of the model is the provision of a safe space in which service providers and advisors are regarded as equals. Joint discussions result in the exchange of information which is useful to both. Bonds are formed between community advisors, and bridges are built with service providers, both of which encourage successful future relationships. For new arrivals to Australia, confidence is gained by being able to express their opinions in a safe and constructive environment and by providing advice to their own community. An Advisory Group is made up of community members with a range of perspectives, and when advisors are not community leaders, Advisory Group membership enhances their status within the community and increases their sense of self-worth. When an Advisory Group is made up of people with a variety of perspectives, members get to know others in the community outside their existing peer group. This encourages cohesion and tolerance within a community. A clear example of this was seen in the formation of an Afghan Advisory Group in the Strengthening Family Wellbeing project.

COMMUNITY COHESION THROUGH COMMUNITY CAPACITY BUILDING:

When researching the make-up of the Afghan community, three ethnic groups were identified (Pashtun, Tajik and Hazara). VFST staff were acquainted with the persecuted Hazara group because of their recent arrival in Australia, but had limited knowledge of the Pashtun and Tajik groups who had been in Australia for some time. There were other dynamics at play in the community. There were differences in socio-economic and educational backgrounds between people from country and city areas. There were religious, language and gender divides. Women had suffered from human rights violations in Afghanistan and were discriminated against. All community perspectives were needed for an Advisory Group focusing on family strengthening and wellbeing, but before its establishment, project workers had to research and get to know all groups. They also had to persuade them to sit and work together for the four year project. This was successfully achieved by initially meeting with each of the different groups within the community to explain project intentions. Meetings of men and women were also held separately. Explanations about the need for the range of representatives in the Advisory Group were provided in these meetings. VFST facilitators were required to have a high level of confidence and diplomacy to challenge divisive perspectives, hierarchies and gender issues. Even though there was some dissent in early meetings, the dialogue eventually encouraged cohesion and tolerance amongst the group, which spread to the wider community. Amongst other outcomes, the Advisory Group organized Eid celebrations which brought members of the different Afghan communities together.

Advisory Group processes are based on recovery goals, community capacity building principles and on the implementation logic. Examples of how Advisory Groups move through these stages are provided in Appendix 6. In the Advisory Group Model, VFST pursues the following strategies:

1. COMMUNITY ENGAGEMENT AND CONSULTATION

The first three stages of the community capacity building are fundamental to forming any Advisory Group. They take time, but their importance cannot be over emphasized, as they engage the community, and begin a consultation which becomes a partnership for dialogue. It is important to understand and have a relationship with a community and develop preliminary project plans.
which reflect their concerns. CLWs are crucial to these stages, with their knowledge of and links into the community. They can assist other VFST staff to understand the community’s history and culture. They are able to explain VFST’s services and intentions to the community, and encourage the partnership. They can help to establish shared program goals to underpin the program’s planning stage.

2. FORMING THE GROUP

In the fourth and fifth stages of the community capacity building, selected community members form the Advisory Group structure. This guides the project and becomes the basis for the dialogue between partners. The Advisory Group often has a shared identity, a common interest and is place-based. For example, the early childhood program referred to previously was conducted with an Advisory Group of Chin parents of young children (shared identity) in the suburb of Sunshine (place-based) who were of an age to access kindergarten and MCH services (common interest). People of influence for the Advisory Group are identified while getting to know the broader community and its issues, in the early stages of the project.

Representation: Advisory Group members are carefully selected to fit the project criteria, and provide a range of community perspectives. The Advisory Group aims to have gender, age, socio-economic, religious and cultural balance, and 10-30 advisors may be recruited. A member profile is established in the planning stage of the project and broadly includes people who:

- are active in their community, but not necessarily formal leaders
- have a keen interest in the project topic, and
- are available for meetings and have the capacity to contribute to discussions.

It is important that a range of community perspectives are provided by the Advisory Group. Well-regarded community elders and leaders are important in extending the reach of messages, but this group may not be at the centre of a project. For example, one of the five Advisory Groups in the REAL project (described below) was made up of Afghan women whose children attended the same school. None were recognized as elders within their community, but their spheres of influence included other parents in the school, parents at playgroup, study groups, language school, places of worship, watching children’s sport, social activities within the community, and other interest groups. This meant that they would be able to chat about project messages in these informal settings, and share their knowledge and understandings with other women.

Funding community representatives: Advisory Groups meet on a regular basis for up to 3 hours, and VFST compensates each advisor with an honorarium for their expenses. This not only covers the costs of attending a meeting, but also values the participant’s time and expertise, and encourages them to attend. The honorarium must be factored into funding agreements, and this can be controversial, as it is rare for other agencies to reward advisors’ input with a financial contribution. However, VFST regards the payment as crucial for a number of reasons. VFST facilitates dialogue and joint decision-making by Advisory Group members and service providers in project Networks, and this is important work which deserves compensation for participants, who are providing expert advice about community concerns. The payments also encourage confidence and self-esteem in Advisory Group members, because it recognises their expertise and values their input. This may be a new experience for survivors of trauma, especially for women who have had no previous place in decision making.

3. MAP ASSETS AND SET GOALS

The next two stages of community capacity building are based on dialogue which maps the assets of Advisory Group members in preliminary workshops, and sets goals which reflect their concerns.
The project’s topic area is explored from the point of view of (1) common understandings of roles, practices and attitudes in participants’ home countries (2) roles, practices and attitudes in Australia and (3) matches and mismatches generated by comparison between old and new. Through this dialogue, the group clarifies their needs within the project area, and where there are barriers to accessing services which might address these needs. As a result, the group is able to identify goals and strategies to achieve them. Throughout the preliminary and later workshops, the impact of displacement and trauma on Advisory Group members is acknowledged, and strategies to support recovery are discussed where appropriate.

4. RELATIONSHIP WITH SERVICE SECTOR

The next two stages of community capacity building form the relationship between the Advisory Group and service providers, to enable dialogue between the two groups. This may consist of inviting service providers to speak at an Advisory Group meeting, or they may be invited to be part of a Network partnership (see Figure 4) which meets regularly to discuss the project topic area. The Network promotes dialogue between service providers and new arrivals to Australia to identify ways in which cultural beliefs and practices can influence access to services. Advisory Group members receive information from service providers, and respond by identifying how services may not meet the needs of their community. They suggest ways in which those services could be changed to encourage better access, and the dialogue produces strategies for making such changes. For service providers, dialogue with those from refugee backgrounds prompts an analysis of practice and systemic changes that may increase use of their services. The dialogue enables the Network to build on goals established by the Advisory Group, and work towards achieving them.

5. EXTEND THE REACH OF THE MESSAGE

In preliminary workshops, Advisory Group members are asked to explore their spheres of influence because of their role in spreading information. They are expected to share the knowledge gained from a project with their wider community, which might be, for example, through community organizations and groups, informal gatherings, places of worship. If this sharing of information does not occur, the capacity of the community will increase no further than the core group of community representatives. Facilitators intentionally ensure that the information is shared, by asking participants for feedback from their network, and workshopping possible strategies if they have not spoken with others.

Spreading project messages is likely to occur at different points throughout the project. Members are invited to report back on their contacts and promotional activities at Advisory Group meetings. Reporting back may also include feedback from community members who have made comments to Advisory Group members. In some instances, community presentations may be well organized and scripted, as in the Supporting the Health and Wellbeing of Karen Youth project. Young people made presentations at churches and reached 70% of their community with project messages about alcohol and other drugs. In other instances, project messages may be spread informally by work-of-mouth. VFST facilitators encourage and support group members to speak to others in the community, to ensure the capacity of the whole community is enhanced by knowledge gained through participation in the project.

In some projects, the advisor role is taken further, by training “peer educators” to train others in their community. One VFST project aimed to increase the capacity of communities to understand and access family services in their local area, while simultaneously building the capacity of service providers to work with people from refugee backgrounds. As a result, bicultural workers were employed in family services, and formed an Advisory Group for agencies involved in the project. One community identified the critical nature of family violence in family functioning, and partnered with local service providers to train 12 people as peer educators within their community.
6. SUPPORT FOR SUSTAINABILITY

Community independence and autonomy are an important outcome of community capacity building. A successful capacity building project empowers the community to set their own goals and work towards them into the future. The community may be able to pursue their goals alone, or VFST may be asked for advice or links to other services. For example, a community leader in the Two Cultures, One Life project was keen to join a school council having learnt about the Australian education system. He approached the Principal of his local school, and was supported by VFST in his negotiations with the school to establish a training program for his community. Other projects have identified issues to be pursued in future programs. For example, issues raised in the Strengthening Family Wellbeing project prompted the Service Literacy Project to increase access to family services, which in turn prompted the Having a Baby in a New Country and Bridging the Gap projects (see Appendix 1 for details)

VFST staff support Advisory Groups to move through the stages of implementing community capacity building and ensure that information related to managing trauma is incorporated. An agenda is established for each meeting, and minutes are kept, distributed and reviewed at the next meeting. This is an important strategy for reminding group members of their plans. Throughout an Advisory Group project, VFST staff carry out research and planning; provide information; facilitate discussions; document outcomes and feed them back to the group; encourage service providers to address the concerns of the group; check that the wider community is kept informed of the project topic area; and support community actions that may occur during or after the project has finished. Staff conduct evaluation throughout the project, collecting and analysing data to reflect on and improve processes, report to funding bodies and provide feedback to communities.

7.2 EXAMPLES OF THE ADVISORY GROUP MODEL

Advisory Groups have formed the basis of a number of VFST community capacity building projects and these are summarized in Appendix 1. Four of these are explored in some depth in Appendices 3-6 to provide examples of the Advisory Group model. They demonstrate how the implementation stages in community capacity building guided each project (illustrated in Appendix 6) and what outcomes were achieved for communities, and service providers.

The four projects are:

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>COMMUNITY</th>
<th>LOCATION</th>
<th>YEAR(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coming Together: Two cultures, One Life</td>
<td>South Sudanese</td>
<td>Brimbank</td>
<td>2004</td>
</tr>
<tr>
<td>Early Childhood Access and Participation</td>
<td>Chin Burmese</td>
<td>Sunshine</td>
<td>2011</td>
</tr>
<tr>
<td>Supporting the Health and Wellbeing of Karen Youth</td>
<td>Karen Burmese</td>
<td>Wyndham</td>
<td>2010-11</td>
</tr>
<tr>
<td>Relationships to Enhance Accessible Learning</td>
<td>• Assyrian Chaldean • Afghan • South Sudanese • Chin Burmese • Karen Burmese</td>
<td>• Roxburgh Park • Dandenong • Traralgon • Mooroolbark • Laverton</td>
<td>2013-15</td>
</tr>
</tbody>
</table>
In summary, all projects successfully planned and achieved participants’ goals, and there was an increase in participants’ self-confidence and self-esteem. Connections were strengthened both within the community, and with the service sector. Knowledge and skills increased, and plans were made for future activities. Outputs and outcomes were sustainable. For example, service providers translated promotional material, and changed practices to benefit the community into the future.

7.3 COMMUNITY-BASED PSYCHO-EDUCATION GROUP MODEL

People of refugee backgrounds who have experienced torture or other traumatic events may be unaware of the impact of trauma on their lives. Core components of trauma reaction are described in Rebuilding Shattered Lives (1998) and include:

- Anxiety
- Perceived loss of control
- Changes in the capacity for intimacy
- Depression
- Loss of trust
- Altered view of the future
- Shame
- Feelings of helplessness
- Changes to relationships
- Grief
- Shattering of previously held assumptions
- Destruction of meaning and identity
- Guilt

From their work with individual clients, VFST is aware that communities are likely to have limited knowledge of trauma and its impact. This was clearly enunciated by South Sudanese elders and leaders in the Two Cultures, One Life project, when they selected trauma as one of the three areas for community learning and action. They expressed their trauma as “pain in our minds and in our hearts” and said “we are counselling ourselves but maybe the counsellors need help too”. They described how trauma from the war and their refugee journey was affecting the community’s ability to settle in Australia, and how it reverberated within families and across the community.

Their elders were trying to address the impact of trauma in the community, but felt the need for professional advice.

Psycho-education groups were adopted as a community capacity building approach by VFST in response to concerns such as those expressed by the South Sudanese community. By providing psycho-education to recently arrived groups from refugee backgrounds, VFST alerts them to the possible impact of trauma, and the support services available, at an early stage in their settlement. By conducting multiple groups, the messages about trauma reach into the community. The number and spread of psycho-education groups increases the likelihood of a collective community response to trauma by newly arrived people from refugee backgrounds.

In facilitating psycho-education groups VFST aims to promote awareness of the nature of trauma, the effects of traumatic experiences and possible coping strategies. Awareness is achieved through shared dialogue between facilitators and group members, and within the group. Through dialogue and sharing of psycho-education information, participants engage in a process of understanding the impacts of torture and trauma on themselves, other family members, friends and community, and possible strategies to build their capacity to deal with current challenges and work towards future goals.

Dialogue begins with the establishment of a shared understanding of trauma, based on the expressions and language of the participants. They may, for example, talk about pain in their hearts, which allows group facilitators to use these words to identify the impact of trauma. This not only allows participants to better understand the information, but simplifies the way participants can talk about what they have learnt with friends and family. They may observe behaviour in other
community members which they recognize as being trauma related, and be able to offer advice on VFST services. Psycho-education groups have resulted in a significant number of referrals to VFST for individual and family counselling. CLWs have commented that people from refugee backgrounds often do not talk about or understand, the impact of trauma on arrival in Australia. However, once community members have participated in psycho-education groups and talked about them in their networks, there is a greater recognition of trauma throughout the community, and of the support which is available.

Group dialogue focuses on how to build a successful life after trauma, and how VFST can provide support. Being in a group structure encourages participants to understand that they are not alone in their experiences, but that there are others who face similar challenges. Being part of the group contributes to the sense of being a community, with both a shared identity and a common interest. One facilitator commented: “In a group, people see that they’re not the only ones. It breaks down that sense that there’s something wrong with me and me alone. When I talk about trauma reactions, there’s a chorus of agreement and nodding heads and people break into conversations with each other. The whole group acknowledges it”. Group structures are also more attractive to young people, who may be unwilling to attend individual counselling.

Psycho-education groups tend to be place-based, with a common ethnic or language identity, and an interest in understanding trauma. The location of a group is likely to be a suburb where newly arrived people from refugee backgrounds are settling. In the main, ethno-specific groups are conducted in classes of Adult Migrant English Program providers or in English Language Schools and Centres. Studying together in a new country encourages friendships, and a sense of belonging to a community. Shorter groups are conducted in AMEP centres and as part of the AMES Settlement Information Orientation program.

While psycho-education groups are of value in their own right, they can be an entry point into the community for further capacity building activities. Some groups are time and topic limited, and may not immediately move through all implementation stages of the community capacity building process. Other groups may be more self-directed, deciding on future topics for additional group sessions. Some participants may be involved in future capacity building projects which are prompted by group discussions. In all groups, participants are asked to use the information they acquire to help others, thereby encouraging a community to collectively acknowledge and explain trauma.

Psycho-education groups focus on recently arrived humanitarian entrants. VFST recognizes that this community has experienced torture and other traumatic events, but is unlikely to know of services which can assist recovery.

Psycho-education group processes are based on recovery goals, community capacity building principles and on the implementation logic. Examples of how psycho-education groups move through the implementation stages are provided in Appendix 9. In the community-based psycho-education model, VFST pursues the following strategies:

1. **COMMUNITY ENGAGEMENT**

VFST staff are aware of the backgrounds and settlement location of newly arrived communities from settlement data and arriving entrants from AMES Australia, the Department of Immigration and Border Protection, AMEP providers, English Language Schools and the Centre for Multicultural Youth. From interventions with new arrivals and consultations with service providers, VFST staff are able to identify community leaders and others who might contribute to group processes. CLWs may be recruited from the community, and are able to recommend group participants who represent a range of community perspectives for psycho-education groups. Other group members may be identified by schools, AMES, or AMEP programs.
2. PROGRAM PLANNING

Groups are planned in areas of new arrival settlement based on the research outlined above, and there are negotiations with relevant service providers (such as educational institutions) for space, time allocations and possible participants. The content of group sessions was developed by VFST staff with a deep appreciation of trauma and its impact on people’s lives, and they consulted with new arrivals in trial groups in 2013. Group members participated in trial sessions, and provided feedback on the content. There are also continual adjustments to session content based on participants’ feedback, including formal group evaluations.

3. GROUP FACILITATION

Group processes and content are explained to those who may be interested in attending psycho-education groups, after which participants self-select. CLWs, who are themselves significant within their communities, assist in the facilitation of groups alongside counsellor advocates (C/As). They explain the program to group participants, and facilitate and report back on small group discussions. They are aware of group dynamics and are able to brief C/As on this aspect of the group process.

4. IDENTIFICATION OF GROUP ASSETS AND CONCERNS

While there is a session outline for psycho-education groups, participants talk about their own experiences and contribute to the direction of discussions. Facilitators are led by suggestions from participants, at the same time providing information on the impact of trauma. For example, groups of young people share their memories from the past, which allows facilitators to explain the impact of those past memories on both the present and the future. Having received information on trauma, groups may suggest other topics of concern for discussions. For example, one group of Tibetan parents asked for further sessions to learn about what happens for their children in schools.

5. DEVELOPMENT OF RELATIONSHIPS WITH SERVICE SECTOR

Participants predominantly learn about VFST services in psycho-education groups. However, they may raise concerns which enable facilitators to talk about other services which would be helpful. Following a group session, individual participants may approach facilitators to talk about their own issues, and this again may prompt referrals to other agencies. In addition, the group program has an impact on service providers where the group is located. They may observe or co-facilitate a group, which enables them to consider how their service might better respond to people from refugee backgrounds.

6. SHARING THE MESSAGE

Groups are intentionally asked to share what they learn with others in the community. They are invited to identify who the information may help: have they observed community members who are struggling emotionally, and are there ways to support them based on what they have learnt in the psycho-education group? Do they attend community forums where they could talk about what they have learnt? Would they like to refer other community members to future psycho-education groups? Having participated in a group where they were invited to tell other people about what they learnt, some young people returned to a second group bringing friends who they thought would benefit from the trauma information. A monk attended a psycho-education group for Tibetan parents, recognizing that he could use the information within his community.
7. SUPPORT SUSTAINABILITY

Having made strong connections with participants in psycho-education groups, VFST is able to support any future actions which may arise. This could include forming groups for further information, or a project which is developed to address concerns that arise in a group session. An example of this came from young community leaders who participated in a psycho-education group. They appreciated that being in a group allowed them to talk together on topics they felt unable to share outside the group. They requested more frequent groups with topics to be decided by group members, and invitations extended to others in the community. VFST staff facilitated three-weekly groups, and a counsellor was available on site for anyone requesting an individual and confidential session. In other instances, groups have become close friends and have requested excursions to have fun together. One group was concerned that their culture would be lost to their children. They were provided with information on Saturday language schools, and how to support their children to retain language and culture.

Since 2014, two types of psycho-education groups have been conducted by VFST which are summarized in Appendices 6 and 7. They are further explored in Appendix 8, describing how community capacity building implementation logic is applied.

SECTION 8

8. EVALUATION

A key question for community capacity building programs is “what were the outcomes and did they reflect what program partners set out to achieve?” There are other questions which contribute to evaluation of the overall goal. Did participant knowledge and skills increase as a result of group processes? Did they share that knowledge within their community? Did the service sector make practice changes? Did the community make more use of services they learnt about and helped to change? There are also questions which may be more difficult to answer. Did participants’ networks expand because of capacity building processes? Was there an improvement in confidence and self-esteem in group participants and beyond? Was community leadership strengthened by the process, and did the community become more self-reliant? Are outcomes of the program sustainable into the future?

Some questions can be answered in the short term, while others can only be determined after some time has passed. A Framework for Evaluating Community Development Projects in Agencies Working with Survivors of Torture and Trauma, (FASSTT, 2007) is a useful guide to evaluating the processes and outcomes of community capacity building, suggesting evaluation “determines the extent to which a program has achieved its desired objectives, and assesses the contribution of the different processes that are applied to achieve these objectives”. The Framework provides an evaluation model and tools. Section 11 in Coming Together: Two Cultures, One Life (VFST, 2006) also provides a framework for participatory evaluation, with suggestions for data collection tools.
RATIONALE

Reasons to evaluate a community capacity building program include the following:

- Report outcomes to participants in the community and service sector
- Improve decision making and enhance reflective practice in the program planning and implementation stages
- Investigate and analyse problems to improve the quality of a program
- Develop models of best practice for future implementation
- Ensure funding body requirements are met
- Advise future funding
- Make decisions about the future direction of a project or program
- Advise VFST’s budgeting decisions for future programs
- Report on the program: to funding bodies, conferences, journals

Both process and outcome evaluation are important in order to address the above. Process evaluation considers what is involved in developing and delivering a program. Staff and participants reflect on processes throughout the program to assess what is working well towards program objectives and where things may have gone off-track or taken an unintended direction. Outcome evaluation considers what changes have occurred and whether project objectives have been met. Outcome indicators are established when the program is planned and measured at the start, during and at end of a program.

DATA COLLECTION

A number of VFST Advisory Group projects have been evaluated in the short term, but funding was unavailable to measure the impact of projects in the longer term. The most common forms of data collection were:

- Staff records of group meetings and activities
- Observing group meetings and activities
- Interviews with staff, community participants and service providers
- Surveys and questionnaires to identify knowledge gained in the project
- Participatory data collection that was integrated into project activities and allowed opinions to be verbally expressed and measured
- Investigating project outputs
- Examination of service provider data
CHALLENGES

Advisory Group evaluations identified a number of challenges when conducting community capacity building with participants from refugee backgrounds:

- The concept of evaluating a project is not necessarily understood by all groups, and needs to be explained, using examples that are familiar to participants.

- Participants’ cultural inclination to “be polite” may result in favourable opinions rather than constructive suggestions for change. Facilitators need to demonstrate the importance of constructive criticism.

- There is a need for a range of suitable data collection tools to enable full participation.

- The evaluator must gain the trust of participants by becoming part of the processes, rather than being an external observer.

- Empirically measuring the attributes which contribute to recovery (such as trust, confidence, wellbeing and empowerment), particularly in the short term, and outside the project.

- Identifying when recovery-linked outcomes result from the community capacity building program, as opposed to other events in the community.

FUNDING

While it is important to evaluate community capacity building outcomes in both the short and long term, funding is often limited to short term evaluation and, even then, is frequently insufficient to explore the impact on the group participants’ wider community. The resource implications of community capacity building need to be considered when seeking funds, planning and budgeting for a program. It is important that both VFST and funding bodies recognise the true cost of evaluating a program, to ensure that appropriate resources are available.

The major cost of evaluation is staff time, planning, implementing and analysing evaluation strategies as a component of project planning. These are lengthy processes for which funding is required.

PLANNING SHORT TERM EVALUATION

The evaluation process begins in the project planning stage, when the purpose of the evaluation has been clarified. An evaluation framework forms the basis for establishing goals and objectives, deciding on indicators to measure those objectives, and providing suggestions about what and how information might be collected, and how it might be analysed. Staff establish indicators, develop data collection tools, participate in data collection training where necessary, conduct evaluation exercises, possibly work with an external evaluator, and record, analyse and disseminate results.

MEASURING LONG TERM IMPACTS

There are a number of challenges to long term evaluation including funding, following up on participants who re-locate and isolating the impact of the community capacity building processes.

CLWs could possibly be trained in evaluation, to monitor what happens within their community as a result of capacity building processes. Follow-up generally requires a formal process with an established framework that is informed by both community participants and service providers, who could be asked, for example, how practices have changed, whether client numbers have increased, whether clients are confident to use the services, and whether complaints have reduced. Informal feedback can be obtained by linking short-term projects over time, through a project officer and/or CLW.
ETHICAL CONSIDERATIONS

A Framework for Evaluating Community Development Projects in Agencies Working with Survivors of Torture and Trauma (FASSTT, 2007) proposes a number of ethical considerations for collecting, using and reporting data, particularly when working with people who have previously been traumatised. For example, data collection for some measurements may be considered too intrusive or disrespectful, and will need to be framed in a way which is acceptable to the community. Ideally, the evaluation process, including data collection, will be driven by participants, and be participatory, transparent, and balanced. VFST staff should refer to the agency’s ethical processes for data collecting, handling and reporting.

APPENDICES

APPENDIX 1: COMMUNITY ADVISORY GROUPS

VFST has conducted eleven major community capacity building projects which were guided by Community Advisory Groups. Projects are listed below and four of them (marked *) are featured throughout the resource to demonstrate the community capacity building implementation logic. They are also expanded in the following Appendices.

1. COMING TOGETHER: TWO CULTURES, ONE LIFE *(2004)

The Coming Together: Two Cultures, One Life project was implemented following the arrival of a large number of South Sudanese people from refugee background in Victoria. The project aimed to identify and support community structures, strengthen social interaction and build the community’s capacity. An Advisory Group of 35 elders and leaders was established and they identified issues that were of concern in their community: education; being a parent in Australia; the impact of trauma on the family. A number of initiatives were implemented as a result of a series of workshops on these themes.

2. STRENGTHENING FAMILY WELLBEING (2008/12)

VFST research suggested that there was a relatively low engagement with mainstream family support services by refugee background families. There was also a relatively low capacity within family support agencies to provide services to attract refugee background families. The program was designed to increase the capacity of selected communities to understand and access family services in their local area, while simultaneously building the capacity of service providers to work with refugees. South Sudanese, Karen and Afghan communities were involved in the project and it was an early intervention strategy. Bi-cultural workers were employed in family service agencies for a year, and the group provided advice to service providers throughout the life of the project, resulting in constructive changes to agency policies and practices. Each community identified concerns related to family wellbeing and the Afghan group, for example, decided addressing family violence as critical. Twelve people were trained by service providers to be peer educators for countering family violence within their community, and four of the men became White Ribbon Ambassadors. A Dari program on family violence was also prepared for radio. Bi-cultural workers secured permanent employment following the project.
3. SERVICE LITERACY PROJECT (2013)

This project grew out of the Strengthening Family Wellbeing project. It aimed to increase the participation rates of families and individuals from Afghan and Assyrian Chaldean communities in mainstream services, by enhancing the capability of the services to provide culturally relevant and informed programs. Bi-cultural consultants advised and gained knowledge of the services, with a view to increasing support, service provision and engagement for their communities. They were asked to identify key issues affecting families’ access to those services. The Assyrian Chaldean consultants identified family relationships as the key area, and they provided information sessions within their community, and facilitated the feedback to service providers. The Afghan consultants identified concerns using services for the birth of their babies, and this informed what has become a longer term program of work with the Murdoch Children’s Research Institute.

4. HAVING A BABY IN A NEW COUNTRY (2012-2013)

The Having a Baby in a New Country research project was informed by the service literacy project. It was undertaken to provide evidence about how women and men of refugee background experience health services at the time of having a baby. It was a two year project with a community engagement framework. It included female and male Afghan community researchers, community and sector stakeholder advisory groups, and community consultation and engagement. The project was undertaken as a partnership between VFST and the Murdoch Children’s Research Institute.

The project and its findings served as a platform to engage with Maternal and Child Health (MCH) to improve services for families from refugee backgrounds. A partnership of nine agencies was formed led by the Murdoch Children’s Research Institute and Foundation House. The partnership was successful in its application for a 4 year National Health and Medical Research Council partnership grant, to undertake Bridging the Gap: Partnerships for change in refugee child and family health.

The program includes multiple quality improvement projects that are being implemented in two maternity hospitals (Sunshine Hospital and Dandenong Hospital) and two local government Maternal and Child Health services (Cities of Wyndham and Greater Dandenong) with evaluation of process and outcomes occurring concurrently.

5. EARLY CHILDHOOD ACCESS AND PARTICIPATION (ECAP) * (2010)

This project was a partnership between the Department of Education and Early Childhood Development in the Western Metropolitan Region of Melbourne and VFST Chin people from Burma living in the City of Brimbank, and local early childhood service providers. Chin parents of young children formed an Advisory Group, which advised early childhood services on practices that were discouraging their access to kindergarten and MCH services. This resulted in practice changes and advisors promoted what they had learnt within their community, to encourage parents to enrol their children in kindergarten and attend MCH services.

6. SUPPORTING THE HEALTH AND WELLBEING OF KAREN YOUTH * (2011)

Young people who arrive in Australia from refugee backgrounds face a range of opportunities and challenges when settling in their new country. The Supporting the Health and Wellbeing of Karen Youth project aimed to assist these young people to maximize opportunities, and overcome barriers, to achieving healthy and positive lives. A Youth Advisory Committee (YAC) was established, and meetings focused on key project topics around alcohol and other drugs, reasons for disengagement from family and community, and intergenerational relationships. YAC members delivered presentations to community gatherings, and liaised with community elders to promote their learnings from the program.
7. STRENGTHENING RELATIONSHIPS (2012)

This project continued on from the project Supporting the Health and Wellbeing of Karen Youth. It brought together an Advisory Group of YAC members and elders from the Karen community to discuss and strengthen intergenerational relationships. The group planned and worked towards a number of community activities, which included a debate on the topic “Australia is the land of milk and honey for Karen people”. This sparked much community interest and was attended by an audience of 350 people of mixed ages. Other activities included a talent quest performed by Advisory Group members, a mini-Olympics, and an outing which included community elders and young people who were at risk of disengaging from the community. The project successfully encouraged positive intergenerational relationships.

8. RELATIONSHIPS TO ENHANCE ACCESSIBLE LEARNING (REAL) * (2013/15)

While parental support is important to a child’s education, many parents from refugee background feel unable to help their child with school work because of their unfamiliarity with the education system in Australia. The project brought together parents from refugee backgrounds and school leadership teams in five state schools in Victoria. Parents were selected from a dominant ethnic community within each school, and were identified as advisors to the school. Working together, parents and schools established best practice techniques for parent engagement with the aim of enhancing students’ education.

The REAL project prompted a subsequent process with students, who formed Advisory Groups consisting of Year 10 students from refugee backgrounds, and non-refugee background students who were new to the school. The Advisory Group worked towards social inclusion in the school by identifying spaces which were difficult for them to access. Advisory Group members bonded with each other throughout the process, increased their social networks in the school, and took decisions which changed school practices (2015).

9. PARENT ADVISORY GROUPS (PAGS) IN SCHOOLS (2015/16)

This program grew out of the work of the Child, Adolescent and Family (CAF) team at VFST who were keen to promote their counselling services in schools. Parent Advisory Groups were established in 2 schools and members participated in a psycho-education group for parents. The groups explored what was affecting families’ emotional well-being and how this well-being could be strengthened. The Afghan Women’s Advisory Group in Melbourne’s South East expressed their concerns about how racism impacted on family members. Their advice resulted in communications with the Ethnic Communities Council of Victoria, City of Casey Council, and the Australian Government Social Cohesion Task Force. The Assyrian Chaldean Advisory Group explored the impact of family violence in their community.

10. CHILDREN’S ACCESS TO MENTAL HEALTH PROGRAMS (2015)

This program was implemented because of the low number of children from refugee backgrounds accessing mental health services. A partnership was established between VFST, Royal Children’s Hospital Mental Health Services Travancore team, and an Advisory Group from the Assyrian Chaldean community. This group had a range of perspectives represented by parents with children, single and married women, from different educational and professional backgrounds. Group members were identified by VFST CLWs who briefed members on the project aims. Travancore was receiving very few referrals from refugee background communities, and Advisory Group members provided advice on what information would be useful to raise awareness of Travancore’s services, and child development and mental health issues. From this advice, an information package was developed which Travancore, VFST staff and Advisory Group members delivered to the community. This included child-care workers, community leaders and multicultural
education aides. Advisory Group members also worked with Travancore to develop key questions for intake workers to engage Assyrian Chaldean families referred to Child and Adolescent Mental Health Service. The dialogue between partners increased the capacity of both community and service providers. An intended outcome of the project is to record an English version of the session, provide an Arabic translation (and other languages when required) and develop a kit of translated information to accompany the DVD, for use in small group discussions with parents. Advisory Group members will be instrumental in disseminating the DVD and kit to relevant groups.

11. ASSYRIAN CHALDEAN WOMEN’S GROUP (ONGOING)

While this group is not structured as an Advisory Group, it nevertheless provides advice to service providers. Group members are not paid an honorarium as in the Advisory Group structure. The project grew out of a partnership with Anglicare’s family services, which were keen to encourage women from the Assyrian Chaldean community to access their services. The Network, consisting of Assyrian Chaldean women, Anglicare and VFST met frequently over a four year period and a psycho-education component was included. The women’s group continued to meet after the partnership with Anglicare was no longer necessary because of improvements in their response to the needs of the community. The ongoing group of approximately 45 women meets at Connections@Craigieburn, has an Executive Committee and is facilitated by the VFST Assyrian Chaldean CLW. Leadership programs have been conducted with the women and the group is a point of entry into the community for service providers seeking advice from the community such as the host agency (Brotherhood of St. Laurence), local councils, community health centres, and family services. The group also welcomes Assyrian Chaldean new arrivals into the community to support their settlement.

APPENDIX 2: COMING TOGETHER: TWO CULTURES, ONE LIFE

This project was the first to be comprehensively guided by an Advisory Group.

In summary, the Coming Together: Two Cultures, One Life project was implemented in the City of Brimbank following the arrival in Victoria of a large number of South Sudanese people from refugee backgrounds in the early 2000s. The project aimed to identify and support community structures, strengthen social interaction and build the community’s capacity. Two Community Development Workers (male and female) were recruited from the community. An Advisory Group of 35 elders and leaders was established, through research and consultation with those working with the community. The group selected three issues to work on that were of concern to their community: (a) children’s education; (b) being a parent in Australia; and (c) the impact of trauma on the family. The Advisory Group attended three weekend workshops to explore each issue, and where relevant, agencies were invited to talk about their services. VFST staff devoted a weekend to providing information on trauma, its impact and management. The Advisory Group was very much in control of the directions of the project, and members were enthusiastic participants. The group formed themselves into committees which met between workshops, decided on the focus areas for the project, planned strategies, and decided which service providers to invite to workshops. There was a noticeable increase in confidence, self-esteem and bonds throughout the project. The project resulted in Advisory Group members gaining knowledge about education and parenting in Australia, as well as the impact of trauma on the family. The group proposed ways in which they could use their new knowledge, and a number of initiatives were implemented as a result of the project.
Major project outcomes included:

- The establishment of a community structure of sub-committees
- Community decisions on project directions, including the workshop schedule and content
- Decisions on project topic areas and information that was needed by the community
- An increased understanding of education, parenting and trauma
- Exploration of future partnerships with service providers (including VFST, community health, child protection, family violence and police services)
- Discussions with a school to establish a pilot training program about the Victorian education system and incorporate a Sudanese representative onto School Council
- Action plans for the future
- Plans for future workshops for women and girls, and men and boys to address inter-generational communication issues
- Plans to ensure project directions were sustainable within their own community structures

The project was comprehensively evaluated, and the following outcomes were observed which contributed to the recovery of South Sudanese advisors:

- Increase in self-confidence and self-esteem of participants
- Increase in members’ sense of connection with, and belonging to, the South Sudanese community (bonding)
- Increased knowledge of the assets of members to benefit the community
- Increase in members’ sense of belonging to, and engagement with, the wider local community (bridging)
- Increase in confidence to deal with service providers into the future, particularly health, education, child protection, family violence and the police
- Increase in knowledge and resulting positive sense of the future
- Identification of themselves as a community, with the skills to solve problems
- Trust in VFST and willingness to identify where help was needed to recover from trauma
- Incorporation of trauma recovery goals into the practices of the community-appointed South Sudanese counsellors
- A shift in values to incorporate modern ideas of thinking into traditional ways, to benefit the future of the family and their life in Australia

An Advisory Group member commented:

VFST is an organisation that suits Sudanese. We have been subjected to much trauma as a result of the refugee experience. So it is good that the Foundation has come to us and asked for our participation in the process of trauma recovery. It is also good that they want to help us to work things out for ourselves. You have not given us a fish, you have shown us how to fish for ourselves.
Two resources are crucial references to understanding the project and the role of VFST staff in more detail:


**APPENDIX 3: EARLY CHILDHOOD ACCESS AND PARTICIPATION**

In 2011, the Western Metropolitan Region of DET commissioned the Early Childhood Access and Participation (ECAP) project to increase access to early childhood programs (Maternal and Child Health services and kindergartens) by people from refugee and CALD backgrounds. Consultations with local government areas in Melbourne’s West suggested that VFST should focus on Chin families in the Sunshine area. Preliminary research noted that Chin families had limited knowledge of Maternal and Child Health (MCH) services and kindergartens. Even when families were aware of kindergartens, the concept was new for those arriving from Burma or refugee camps in bordering countries. Kindergarten promotional strategies were not reaching Chin families. A very limited number of promotional leaflets were translated into the Chin language, and even when translations were available, not all families were literate. Kindergarten enrolment forms were not translated, and families were unable to complete them without help, which was often unavailable. Kindergarten staff were uncertain how to book and use interpreters. Some Chin families attended MCH services to weigh and measure their babies, but appointment systems were hard to understand, and attendance figures appeared low and inconsistent. Barriers identified in preliminary research became the basis for the project.

Through consultation with CLWs and community elders, twelve Chin parents of young children were identified to form an Advisory Group. A Chin CLW (male) was allocated to the project and a Chin leader (female) recruited to liaise with the group. The group identified barriers to using early childhood services from their perspective, and proposed strategies to overcome them. A Network was formed consisting of the Advisory Group and early childhood services, and they met regularly to discuss project issues. This resulted in the identification and implementation of strategies to overcome the barriers to accessing kindergartens and MCH services. Service providers made changes to their practices and Advisory Group members learnt about early childhood services and the related system. Advisors promoted what they had learnt within their community, to encourage parents to enrol their young children in kindergarten and attend MCH services.

Major project outcomes included:

- Kindergarten enrolment forms were translated into the main Chin community languages
- A more user-friendly kindergarten orientation process for Chin parents
- A more user-friendly Maternal and Child Health appointment system
- Translated promotional material featuring Chin children
- Provision of accurate information to families and service providers on how to access interpreters
- Chin advisors learnt skills in meeting procedures
- Chin parents understood how to enroll children in kindergarten
- Chin parents were able to make MCH appointments
• Chin parents gained knowledge in how to best support their children in an Australian context e.g. the importance of early childhood education, how to play with children at home, dietary requirements

• Relationships between early childhood service providers and the Chin community were strengthened

• Relationships between early childhood service providers were strengthened

• Service providers increased their knowledge of the Chin culture, and made links into the Chin community

The following outcomes contributed to the recovery of Chin advisors:

• Increase in self-confidence and self-esteem of participants

• The Chin community’s sense of belonging was enhanced by the bridges to service providers and the bonds within the community

• Chin Advisors gained confidence in their dealings with early childhood service providers

• Chin Advisors gained trust in Advisory Group members, service providers and VFST

• Chin Advisors better understood the Australian early childhood culture and environment and were able to manage their access to services

• Chin Advisors learnt skills for playing with their children, strengthening their family relationships

• Chin Advisors felt confident to engage in formal meetings and presentations

A Chin Advisor commented:

When we started the project, I didn’t understand what it was about. By the end I understand that parents have a role in helping children to learn before they go to kindergarten. I also know how to manage the system to make sure my child can succeed in this country.

The VFST resource describing the ECAP project was not published (available through VFST), but is a very helpful reference to understanding the project and the role of VFST staff in more detail:

The Early Childhood Access and Participation Project: Talking with Chin Families from Burma about Early Childhood Services – A Guide to the Model (December 2011)

The resource not only described the project model, but also talked about the social importance of early childhood education, particularly for disadvantaged children and those from refugee backgrounds. References cited included Ager and Strang (2008), DEEWR (2009), The Centre for Community Child Health (2008 and 2010), Commission on Social Determinants of Health (2008), COAG (2009) and DEECD (2008).
APPENDIX 4: SUPPORTING THE HEALTH AND WELLBEING OF KAREN YOUTH

Young people who arrive in Australia from refugee backgrounds face a range of opportunities and challenges when settling in their new country. The Supporting the Health and Wellbeing of Karen Youth project aimed to assist these young people to maximize opportunities and overcome barriers to achieving healthy and positive lives.

The project aimed to:

- Enhance the capacity of marginalised young Karen men to adopt more positive health related behaviours;
- Engage the Karen community in promoting the well-being of their vulnerable young people, and
- Collaborate with service providers to strengthen their capacity to be more responsive to marginalised young people from refugee backgrounds.

The 20-month project started mid-2010 and was piloted in the Wyndham area of Melbourne because of the high concentration of young Karen people. A CLW (male) was allocated to the project, and a young leader (female) was appointed to work alongside him. A Youth Advisory Committee (YAC) was established, bringing together engaged and disengaged young people in a safe and constructive, setting where they gained a greater understanding of and trust in each other. YAC meetings focused on key project topics of alcohol and other drugs (AOD), reasons for disengagement from family, and community, and intergenerational relationships. The project developed collaborative relationships with AOD agencies to strengthen their capacity to be more responsive to at-risk young people of refugee backgrounds. Two group programs were conducted with disengaged young men, one in a school setting and the other with an older age group. The school-aged boys in the group program were able to put the learnings to use, and some decided to stay on at school after being at risk of dropping out. YAC members delivered presentations to community gatherings, which represented 70% of the Wyndham Karen community. YAC members also liaised with community elders to promote their learnings from the program. This provided a foundation for further discussions to identify strategies for the community to respond to problems affecting disengaged young people, including intergenerational relationships. During and after the project, young people developed a CD and YouTube video to promote health and well-being.

Major project outcomes included:

- Establishment of a group program for disengaged youth of refugee background
- Increased understanding between young people who were engaged with the Karen community and those who were not
- Increased understanding of AOD and harm minimisation strategies
- Increased knowledge of AOD services
- Increased understanding of the background and impact of traumatic events
- Design of a project logo by young participants
- Presentations to the Karen community by young participants
- Production of a health promotion resource by young participants for their community
- Production of an information sheet for service providers, to enhance their understanding of the Karen culture
- Facilitated dialogue between young people and community elders on inter-generational relationships
• Strengthened relationships between service providers and the Karen youth community
• Service providers increased their knowledge of the Karen culture and young people and made links into the Karen community
• Foundations were laid for the “Engaging Youth” program to make music videos with health and harm minimisation messages for Karen youth

The following outcomes contributed to the recovery of Karen young people:
• The Karen young people’s sense of belonging was enhanced by the bridges to service providers and the bonds within their community
• Tolerance developed between different groups in the Karen community. For example, the young leaders in the community learnt about the reasons for disengagement and risk-taking amongst some of their peers, recognizing, as one young woman said, that they were “human and labeled by the community rather than disengaged”
• Karen young people gained confidence in their dealings with each other, their elders and service providers
• The young people felt a sense of ownership and control over the project and its outputs
• Karen young people better understood issues related to AOD, how to access services and how to manage their health
• Karen young people gained knowledge of the feelings and difficulties of elders within the community and gained confidence in communicating with them
• Karen young people learnt skills in meeting procedures and presentations, and felt confident to engage in formal meetings and presentations
• Karen young people gained trust in each other and VFST

At project end, a VFST staff member commented:

Everyone wants to be part of the presenting, sharing their voice. They want to put their ideas forward and there’s no hesitating. They learnt a new way of working, having a meeting, talking together, sharing ideas.

AND

(A young boy) said that he wants to continue at school and do VCAL. He claims he has stopped chroming and smoking cannabis. Teachers have also observed much less truancy and that he has been more interactive. He got very good feedback from work experience, working hard and asking appropriate questions.

VFST resources describing the Karen youth project were not published, but these are helpful references to understanding the project and the role of VFST staff in more detail:


Responding to challenges of misuse of alcohol and other drugs by young people of refugee backgrounds: Reflections from two projects (2013)
APPENDIX 5: RELATIONSHIPS TO ENHANCE ACCESSIBLE LEARNING

Students from refugee backgrounds are likely to be disadvantaged when attending school in Australia because of their refugee background, lack of English and limited schooling. While parental support is important to a child’s education, many parents from refugee background feel unable to help their child with school work because of their unfamiliarity with the education system in Australia. The Relationships to Enhance Accessible Learning (REAL) project was a community engagement strategy supporting schools and families from refugee backgrounds.

In 2013, the project brought together parents from refugee backgrounds and school leadership teams in five state schools in Victoria, and encouraged dialogue to establish successful practice techniques for parent engagement in their children’s education. Through consultations with the schools and their Multicultural Education Aides (MEAs), parents were selected from a dominant ethnic community within each school, and were identified as advisors to the school. Three primary, one secondary and one P-12 schools took part in the project and parents came from Iraq, Afghanistan, South Sudan and Burma (Chin and Karen ethnic groups). All Advisory Groups agreed on a definition for parent engagement activities, being “A two-way collaboration between families and schools based on good communication, trusting relationships and respectful partnerships, with the goal of enhancing children’s education”. All schools worked towards improvements in school practices related to communication, interacting with parents from refugee backgrounds, helping parents to support their children’s education, transition between schools, and helping parents to contribute to the school.

The REAL project prompted a subsequent process with students, who formed Advisory Groups consisting of Year 10 students from refugee backgrounds and non-refugee background students who were new to the school. The Advisory Group worked towards social inclusion in the school by identifying spaces which were difficult for them to access. Examples were basketball courts which were dominated by one ethnic group, and soccer training which was promoted on screens which students from refugee background were unable to read. They also identified lack of halal food in canteens, and the difficulty of becoming members of the Student Representative Council (SRC). Advisory Groups met ten times and elected a chair, minute taker, and time keeper. Having identified issues in the school, they invited appropriate staff members to address the topics. Advisory Group members bonded with each other throughout the process, increased their social networks in the school, and took decisions which changed school practices.

As a result of the project, parent advisors:

- Know how to communicate with school staff and ask for an interpreter
- Understand how to read a school report
- Understand the importance of attending parent/teacher interviews
- Understand the importance of attending careers information
- Learnt skills to help their children with school work
- Learnt skills to help children in the classroom
- Understand the processes for transitioning between schools
- Have increased their knowledge of what is happening at school because of changes to presentation of newsletters
- Understand disciplinary laws related to schools and parents
- Understand the school structure and layout
- In some instances, attend School Council and plan to continue
- Have an increased understanding of the background of trauma, and how it might impact on their lives
As a result of the project schools:

- Have a greater understanding of the difficulties faced by parents from refugee backgrounds within the school system
- Appreciate the importance of all staff understanding how to communicate with parents from refugee backgrounds
- Changed their parent/teacher interview practices to encourage advisors to attend
- Changed their careers information practices to encourage advisors’ understanding
- Changed the ways in which school notices and newsletters are communicated
- Understand the need for processes which encourage parents to help in the classroom
- Understand the need for processes which encourage parents to participate in School Council
- Have an increased understanding of the background and impact of trauma, and how their school can better support parents from a refugee background

The following outcomes contributed to the recovery of parents and families:

- The Advisory Group’s sense of belonging was enhanced by the strengthening of bridges to the schools and bonds within the parent community
- The advisors gained confidence in their dealings with each other, other parents in the school community, and school staff
- Advisors experienced a lowering of anxiety in approaching school staff
- The advisors felt a sense of ownership and control over the project and its outputs
- Advisors better understood issues related to their children’s education, and were able to positively contribute to their family
- Advisors learnt a range of skills and had more confidence in relation to education, family relationships and meeting procedures

At project end, a parent advisor commented:

"I’ve been involved with this school for 2 years. Since I started this program I’ve gained self-confidence and feel I know everything about the school. Previously I was anxious and now I don’t have this anxiety because I know my daughter is in safe hands and it’s a safe place. The good thing about this program was the opportunity for us to discuss the problems we had back home and compare it with the information we gained about school here."

Two VFST resources describe the REAL project with parents and are crucial references to understanding the project and the role of VFST staff in more detail:

*Educating Children from Refugee Backgrounds: A partnership between schools and parents* (2015)

### APPENDIX 6: IMPLEMENTATION LOGIC FOR ADVISORY GROUPS

<table>
<thead>
<tr>
<th>Community capacity building stages</th>
<th>Project steps: Two Cultures, One Life</th>
<th>Project steps: ECAP</th>
<th>Project steps: Health and Wellbeing of Karen Youth</th>
<th>Project steps: REAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand a community</td>
<td>1. Research 2004 settlement data</td>
<td>1. Consult council and state government early childhood services in Melbourne’s West to assess community with low enrolment figures in Maternal and Child Health (MCH) services and kindergartens</td>
<td>1. Research settlement data relating to young Karen people</td>
<td>1. Select five schools to participate in the project based on their past relationship with VFST and their whole-school approach to cultural awareness and students from refugee backgrounds</td>
</tr>
<tr>
<td></td>
<td>2. Assess VFST client group patterns</td>
<td>2. Based on low enrolments, confirm community group for project: Chin parents of pre-school children</td>
<td>2. Consult all areas of VFST to identify issues observed in its work with Karen clients</td>
<td>2. Brief schools on project and assess which people from refugee background constitute the dominant ethnic group within the school</td>
</tr>
<tr>
<td></td>
<td>3. Assess client group patterns of local settlement organisations</td>
<td>3. Research settlement data for Chin humanitarian entrants</td>
<td>3. Assess client group patterns and issues identified by local settlement and youth organisations, including any divisions within the community</td>
<td>3. Negotiate with each school to identify 10 parents from the dominant ethnic group who meet project criteria (been in Australia for at least 2 years, children at the school, able to share project information with their community, able to participate for 18 months and committed to project and children’s education)</td>
</tr>
<tr>
<td></td>
<td>4. Decide on community group for project: people from South Sudan</td>
<td>4. Identify settlement location with lowest Chin enrolments in MCH services and kindergartens</td>
<td>4. Confirm target of project: Karen youth living in Wyndham</td>
<td>4. Discuss with each school the educational issues related to the dominant ethnic group in their school</td>
</tr>
<tr>
<td></td>
<td>5. Identify suburbs where new arrival South Sudanese people are settling and select target suburb (Brimbank)</td>
<td>5. Confirm geographic boundaries of project (Sunshine) and identify location of kindergartens and other key stakeholders</td>
<td>5. Research literature on Karen young people from refugee backgrounds, local Karen organisations and groups, and any similar projects globally</td>
<td>5. Discuss with VFST’s school team the educational issues for children and parents from the 5 ethnic groups</td>
</tr>
<tr>
<td></td>
<td>6. Identify ethnic makeup of South Sudanese in Brimbank</td>
<td>6. Research demographics of Chin people in Sunshine</td>
<td>6. VFST Karen Community Liaison Workers consult with Karen organisations, elders and leaders about issues related to young people in their community</td>
<td>6. Support each school to recruit parents as potential advisors to the project</td>
</tr>
<tr>
<td></td>
<td>7. Select Dinka group as main project focus</td>
<td>7. Research data for MCH and kindergarten take-up by Chin in Sunshine</td>
<td>7. Meet with MEA to become familiar with project and children’s education (project criteria) and prepare them to participate for 18 months and committed to project and children’s education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Research literature on Dinka background, local South Sudanese organisations and groups, and any similar projects globally</td>
<td>8. Research literature on early childhood education particularly children from refugee background</td>
<td>8. Through MEA, organize two preliminary meetings with parents in each school to familiarize them with the project, and get to know them using fun ice breakers, and by exploring their own experiences of education</td>
<td></td>
</tr>
<tr>
<td>Establish a relationship with the community</td>
<td>1. Identify VFST contacts with South Sudanese organisations, elders and leaders</td>
<td>9. Research literature on Chin background, local Chin organisations and groups</td>
<td>9. VFST Karen Community Liaison Workers consult with Karen organisations, elders and leaders about issues related to early childhood services</td>
<td>3. Meet with MEA to become familiar with issues related to advisory group members in their school</td>
</tr>
<tr>
<td>Community capacity building stages</td>
<td>Project steps: Two Cultures, One Life</td>
<td>Project steps: ECAP</td>
<td>Project steps: Health and Wellbeing of Karen Youth</td>
<td>Project steps: REAL</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------</td>
<td>------------------------------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| Develop and plan strategies       | 1. Recruit 1 male and 1 female Dinka community development worker (CDW)  
2. Orient new workers and build good working relationships and communication within the team as a whole  
3. CDW consult with elders and leaders to identify major issues which could usefully be addressed by a project  
4. Consult with other providers whose services target community issues identified in the community consultation  
5. Name the project to reflect discussions: Coming Together - Two Cultures One Life  
6. Identify project focus (Parenting in Australia) and areas for workshops (parents' role in education in Australia; being a parent in Australia; the impact of trauma on the family)  
7. Plan project structures, aims, objectives, timelines, strategies, team roles and responsibilities  
8. Decide on aims for evaluation, establishing measurable objectives, indicators of achievement and tools for collecting data  
9. Establish participatory evaluation framework measuring project inputs, processes, outputs and impacts  
10. Ensure staff team is familiar with project and evaluation plans  
11. Decide on location for meetings which is accessible to Advisory Group members  
12. Decide on interpreter processes (male Chin Community Liaison worker to project with sufficient time allocation)  
13. Check project strategies against VFST philosophies and principles (CDW) and individual and community recovery goals | 1. Allocate VFST Chin Community Liaison worker to project with sufficient time allocation  
2. Build good working relationships and communication within the project team  
3. Team plans project structures, aims, objectives, timelines, strategies, team roles and responsibilities  
4. Decide on aims for evaluation, establishing measurable objectives, indicators of achievement and tools for collecting data  
5. Establish participatory evaluation framework measuring project inputs, processes, outputs and impacts  
6. Ensure staff team is familiar with project and evaluation plans  
7. Decide on location for meetings which is accessible to Advisory Group members  
8. Decide on interpreter processes (male Chin Community Liaison worker)  
9. Throughout the project, allocate sufficient time for staff to reflect on each stage and plan the next (action/reflection)  
10. Check project strategies against VFST philosophies and principles and individual and community recovery goals | 1. Allocate VFST Karen worker/community leader (male) to project with sufficient time allocation  
2. Recruit 1 female Karen community youth worker (peer of project participants)  
3. Assess other VFST staff who have skills and knowledge to support the project, and negotiate time allocation  
4. Orient new worker and build good working relationships and communication within the team as a whole  
5. Decide on location for meetings which is accessible to Youth Advisory Group members  
6. Decide on interpreter processes (Karen community youth workers where possible)  
7. Decide on locations for discrete groups of school-aged boys and older boys  
8. Plan project structures, aims, objectives, timelines, strategies, team roles and responsibilities  
9. Decide on aims for evaluation, establishing measurable objectives, indicators of achievement and tools for collecting data  
10. Establish participatory evaluation framework that is simple, straightforward, non-intrusive and integrated into the community capacity building process, at the same time as measuring project inputs, processes, outputs and impacts  
11. Ensure staff team is familiar with project and evaluation plans  
12. Throughout the project, allocate sufficient time for staff to reflect on each stage and plan the next (action/reflection)  
13. Check project strategies against VFST philosophies and principles and individual and community recovery goals | 1. Plan project structures, aims, objectives, timelines, strategies, team roles and responsibilities across the five schools  
2. Decide on aims for evaluation, establishing measurable objectives, indicators of achievement, and tools for collecting data  
3. Establish participatory evaluation framework that is simple, straightforward, non-intrusive and integrated into the community capacity building process, at the same time as measuring project inputs, processes, outputs and impacts  
4. Throughout the project, allocate sufficient time for staff to reflect on each stage and plan the next (action/reflection)  
5. Check project strategies against VFST philosophies and principles and individual and community recovery goals |
<table>
<thead>
<tr>
<th>Community capacity building stages</th>
<th>Project steps: Two Cultures, One Life</th>
<th>Project steps: ECAP</th>
<th>Project steps: Health and Wellbeing of Karen Youth</th>
<th>Project steps: REAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify people of influence in the community</td>
<td>1. Consult with CDW to identify well-respected, trusted and active community members with a range of “spheres of influence” ensuring gender balance 2. Interview selected community members to assess their level of interest in the project topic and commitment to an intense process and meeting schedule 3. Recruit 35 community participants for Advisory Group who meet criteria above and have also supported their community in Sudan and transit countries as well as Australia. Ten are key elders and leaders and others are significant community stakeholders</td>
<td>1. Through Chin elders and leaders and service providers, identify men and women within the Chin community in Sunshine who have pre-school children, are well-respected and trusted within their community and are involved in community networks 2. Interview community members to assess their level of interest in the project topic, and commitment to an intense process and meeting schedule 3. Appoint 12 community participants to an Advisory Group who meet criteria above</td>
<td>1. Through consultation with elders, leaders, community groups, VFST staff and service providers, identify young men and women within the Karen community who are well-respected and trusted, and are active within their community 2. Through consultation with elders, leaders, community groups, VFST staff and service providers, identify young men within the Karen community who are at risk of disengaging from the community 3. Discuss participation in the project with young men within the Karen community who are at risk of disengaging from the community 4. Discuss participation in the project with young men and women within the Karen community who are well-respected and trusted, and are active within their community 5. Interview young people to assess their level of interest in the project topic and commitment to an intense process and monthly meeting schedule</td>
<td>1. Consult with MEA, school principal and potential Advisory Group members to better know their background 2. Consult with MEA, school principal and Advisory Group members to identify community leaders who may be useful to the project in the future</td>
</tr>
<tr>
<td>Community capacity building stages</td>
<td>Project steps: Two Cultures, One Life</td>
<td>Project steps: ECAP</td>
<td>Project steps: Health and Wellbeing of Karen Youth</td>
<td>Project steps: REAL</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>------------------</td>
</tr>
</tbody>
</table>
| Establish a structure             | 1. Form project participants into an over-arching Advisory Group and establish 3 sub-committees for the project topics (education, parenting, trauma)  
2. Meet committee members to provide comprehensive briefing on the project  
3. Agree on project schedule (3 residential weekend workshops over 3 months) and establish processes  
4. Establish meeting procedures, schedule and guidelines for discussions  
5. Set broad project goals with community participants | 1. Provide comprehensive briefing on the project to community participants  
2. Establish structure to encourage dialogue between Advisory Group and service providers (Chin Advisory Group; Network consisting of Chin Advisory Group and service providers; Reference Group of stakeholder management representatives)  
3. Meet Advisory Group members 3 times to familiarize them with meeting processes  
4. Establish meeting procedures, schedule and guidelines for discussions | 1. Appoint 25 Karen young people to a Youth Advisory Committee (YAC) with balance of genders; representatives from 7 different Karen groups; leaders and disengaged youth  
2. Provide comprehensive briefing on the project to YAC members  
3. Form YAC working groups for production of project outputs  
4. Establish meeting procedures, schedule and rules for discussions  
5. Form 2 discrete groups to target issues of (1) school aged boys at risk of disengaging from school and community (2) older young men who identified as disengaged from the community | 1. Appoint 10 advisors in each school to Advisory Groups, taking gender and willingness to contribute into account  
2. Provide comprehensive briefing on the project to Advisory Group members in each school  
3. Encourage participation by workshopping and agreeing on a definition for parent engagement activities  
4. Establish meeting procedures, schedule and rules for discussions  
5. Facilitate “getting to know each other” activities with advisory group members which encourage communication and trust |
| Map group and community assets to identify community goals | 1. Workshop “spheres of influence” and ways in which participants can spread project messages  
2. Workshop individual and community assets for each focus area in an engaging way  
3. Explore focus area from the point of view of (1) traditional roles and practices in Sudan (2) roles and practices in Australia and (3) matches and mismatches generated by the comparison between old and new and any barriers to accessing required services  
4. Set goals and strategies to address issues identified by the group | 1. Workshop “spheres of influence” and ways in which participants can spread project messages  
2. Workshop individual and community knowledge of early childhood services in an engaging way  
3. Explore early childhood from the point of view of (1) traditional roles and practices in Burma (2) roles and practices in Australia and (3) matches and mismatches generated by the comparison between old and new and any barriers to accessing required services  
4. Set goals and strategies to address issues identified by the group | 1. Workshop YAC members’ attitudes to health and well-being, including use of AOD and intergenerational relationships  
2. Workshop knowledge of AOD issues  
3. Set goals and strategies to address issues identified by the group | 1. Workshop educational experiences of Advisory Group members and provide information on educational experiences and the system in Australia  
2. Identify gaps in Advisory Group’s knowledge of how to support their children and interact with the school  
3. Set project goals to increase understanding of Advisory Group members, focussing broadly on communication strategies, interaction with teachers, supporting children in Australian schools, transition to primary school and high school, contributing to the school practices and structure |
<table>
<thead>
<tr>
<th>Community capacity building stages</th>
<th>Project steps: Two Cultures, One Life</th>
<th>Project steps: ECAP</th>
<th>Project steps: Health and Wellbeing of Karen Youth</th>
<th>Project steps: REAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form relationships with external service providers</td>
<td>1. Identify which service providers can best provide information on concerns identified by the group (including community health, child protection, family violence, trauma and police) 2. Invite service providers to speak about their services and related community concerns (e.g. child protection, education, trauma counselling), including VFST counsellors 3. Brief service providers about the project, the group, its processes and concerns 4. Facilitate preparation of community questions for service provider presentations</td>
<td>1. Identify which service providers can best address concerns identified by the group 2. Invite service providers to join a project Network consisting of Chin Advisory Group and service providers, with a regular meeting time 3. Brief service providers about the project, the group, its processes and concerns 4. Invite managers of service providers to join a project Reference Group</td>
<td>1. Identify which service providers can best contribute to the project (services in settlement, youth, AOD, education, recreation, vocational areas) 2. Brief service providers about the project, the group, its processes and concerns 3. Invite one key settlement service provider to participate in all YAC meetings 4. Invite selected service providers to make presentations at YAC meetings to address gaps in YAC knowledge</td>
<td>1. Ensure schools allocate time for project team to attend every meeting 2. Ensure schools allocate sufficient time for MEA to attend every meeting and remind Advisory Group members of meetings and project strategies 3. Ensure schools allocate project time to staff who present, as required at meetings 4. Encourage relationship and communication between Advisory Group members and school representatives at each meeting</td>
</tr>
<tr>
<td>Dialogue towards community goals</td>
<td>1. Brief community elders to facilitate small discussion groups in workshops 2. Brainstorm solutions to identified problems in each topic area 3. Prepare plans to achieve solutions based on priority strategies (what), actions (how), responsibility (who), timelines (when) 4. Document plans and review them with sub-committees and community participants</td>
<td>1. Facilitate regular Network meetings to discuss community issues related to early childhood services and provide information on these issues 2. Brainstorm proposals to address barriers experienced by Chin community in accessing early childhood services 3. Prepare plans to pursue strategies for change (what), actions (how), responsibility (who), timelines (when) 4. Document plans and review them with Network</td>
<td>1. Facilitate monthly YAC meetings to establish trust and explore AOD health strategies and family relationships 2. Brainstorm YAC proposals to address issues of young Karen people 3. Produce project logo and health promotion material aimed at young Karen people, including leaflet and DVD 4. Produce advice sheet on Karen youth for AOD and other service providers 5. Document plans and review them with YAC 6. Recruit school aged boys at risk of disengaging from school and facilitate activities, including advice on managing AOD, recreational and vocational activities. Activities include a camp designed to encourage the boys to work together, connect with the environment, and encourage health and wellbeing. 7. Recruit young men identified as disengaging from the community and facilitate their activities, including advice on managing AOD and confidence-building recreational activities</td>
<td>1. Facilitate up to 14 meetings between Advisory Group and school project team in each school 2. At each meeting, decide on an activity which will progress project goals and workshop ways in which the activity will be achieved. Examples include attendance at a careers information evening, helping in the classroom, helping children at home, participating in a school tour 3. Invite relevant teachers to present information at meetings as required 4. At each meeting, report back on previous activity to identify successes and barriers to participation 5. Workshop ways in which barriers to participation can be overcome 6. At each meeting, school reports back on any changes made to practice to encourage parents’ participation in the school and their children’s education</td>
</tr>
<tr>
<td>Community capacity building stages</td>
<td>Project steps: Two Cultures, One Life</td>
<td>Project steps: ECAP</td>
<td>Project steps: Health and Wellbeing of Karen Youth</td>
<td>Project steps: REAL</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| **Extend the reach of outcomes** | 1. Establish process for disseminating project information after each workshop  
2. Community participants report back on their processes to spread project messages | 1. Establish process for spreading project information to the Chin community after each Network meeting and at project end  
2. Report back by Advisory Group members on their processes to spread project messages | 1. Establish processes for spreading project information to the Karen community, including YAC presentations to church and community groups, and community elders and leaders  
2. Assist in preparation of formal presentations  
3. Report back by YAC members on their processes to spread project messages | 1. Consult advisory group members on ways in which they can reach out to other parents from their ethnic group within the school to share project information  
2. Consult advisory group members on how they will share project information with community leaders  
3. Report back by advisory group members at each meeting on their contact with other parents and community leaders |
| **Support community sustainability** | 1. Facilitate introductions to other relevant service providers  
2. Facilitate follow-up workshops to promote healthy family relationships  
3. Scope and seek funding for future projects to support the community goals (e.g. Strengthening Family Well-being Project)  
4. Promote the model and community concerns through policy advice to relevant government departments, conferences and discussion papers | 1. Facilitate Parent Information Forum for wider Chin community with presentations by early childhood service providers  
2. Liaise with Department of Education and Training to disseminate and use project outcomes  
3. Promote the model and community concerns through policy advice to Department of Education and Training, conferences and discussion papers | 1. Facilitate meetings between YAC members and community elders to discuss intergenerational relationships  
2. Establish “Engaging Youth” program to make music videos with health and harm minimisation messages  
3. Promote the model and community concerns through conferences and discussion papers | 1. Publish desktop guide for schools to promote model and knowledge gained from the project  
2. Incorporate knowledge gained from project into professional development for schools  
3. Promote the model and community concerns through policy advice to Department of Education and Training, conferences and discussion papers |
APPENDIX 7: PSYCHO-EDUCATION PROGRAM FOR PARENTS

The psycho-education program for parents and caregivers was first conducted in 2014 because of the crucial role of families in determining how children cope following traumatic experiences. It is based on an understanding that “familial support and parental emotional functioning are strong factors mitigating the development and duration of trauma symptoms in children, as well as enhancing a child’s resilience and capacity to resolve trauma symptoms”. 6

The program consists of two psycho-education sessions being:

• Explaining how traumatic experiences affect children and adults, and how these effects interact with the loss, dislocation and resettlement challenges

• Identifying strategies for supporting children to recover from traumatic experiences and to settle positively in Australia

Groups consist of 6-14 participants and are facilitated by two VFST counsellors and a CLW. Sessions encourage group discussions and are responsive to issues raised by group participants. VFST services and roles are explained to the group and participants initially talk about the places they have lived, their family and their arrival in Australia. When talking about trauma, participants are invited to share their language for the meaning of trauma, so this can be incorporated into sessions. Group participants receive information about the symptoms of trauma and how to support their children. The impact of traumatic events on the present and the future are also discussed, including ways in which this may affect settlement. At the first session, participants are invited to share their knowledge later with others in their community, and during the second session they are asked where they have been able to do so.

This program is mostly conducted with ethno-specific groups, though there have been language-specific groups with mixed ethnicities and religions. Groups are delivered in Adult Migrant English Program settings or in settlement agencies. The program has been delivered to Chin, Hazara, Tibetan, Iranian, Assyrian Chaldean and Arabic speaking parents.

Major program outcomes include an understanding of:

• The nature and impact of trauma

• The impact of trauma on children

• How to support children who experience trauma

The following outcomes contribute to community capacity building:

• Trauma is acknowledged and validated

• Knowledge and skills are enhanced

• The group’s concerns are acknowledged and valued

• A secure and familiar environment is established for the group gatherings

• A non-judgemental environment encourages participants to feel safe in expressing their opinions

• Activities encourage trust amongst participants and facilitators

• Individual isolation is reduced by participating in a group

• Group processes promote communication

6. Extracted from program outline: A Psycho-Education Program for Parents/Caregivers

© VFST 2017 A Framework For Community Capacity Building
• Relationships are built both within the group (bonding) and with VFST (bridging)
• Community cohesion and tolerance is encouraged when group members come from different religious backgrounds, but recognize their shared experiences of persecution and trauma
• A sense of belonging is affirmed through a common identity and shared concerns
• There is a view of a better future where the impact of trauma can be managed and family relationships improved
• Program processes integrate the past, present and future
• Group processes seek to enhance self-confidence, self-reliance and resilience

Group participants commented:

“Your description of trauma is all well and good, but you need to understand about the social, cultural, historical and political context in which trauma occurs. You need to include those details. It has been happening for generations and all over the world”

AND

“Our community needs to hear this because we need to understand why we are feeling the way we are. It is not us but it is because of what we have lived through for years”

A VFST resource is available for facilitators:

A Psycho-Education Program for Parents/Caregivers (2014)

APPENDIX 8: PSYCHO-EDUCATION PROGRAM FOR YOUNG PEOPLE

The aim of the psycho-education program for adolescents and young adults is to provide young people with information which assists them to understand the nature of trauma, normalises the effects of traumatic experiences, and assists in identifying positive strategies for meeting present challenges and achieving future goals. The psycho-education groups are conducted in 3 sessions with up to 16 young people who have recently arrived in Australia. Groups are mostly ethno-specific with a common language and there is ideally gender balance in the group. Sessions consist of both whole group and small group activities facilitated by 2 VFST staff, including a CLW from the relevant community. Facilitators highlight commonalities amongst group members, such as everyone being young, recently arrived in Australia and starting a new life. Activities encourage participants to have discussions and bond with each other. They are told there are no right or wrong answers, that everyone will listen to and respect each other, share ideas and learn from each other. Group photographs are taken throughout the process and shared amongst participants in the final session.

Activities are participatory, exploring past experiences and how they impact on the present, both positively and negatively. Traumatic experiences which are common to the refugee experience and their resulting symptoms are identified and normalised, and strategies are proposed to address symptoms. The final session identifies the participants’ present challenges and their hopes for the future, with strategies for meeting challenges and building a positive life in Australia. Participants are encouraged to record their hopes for life in 1, 5 and 10 years and check in with these hopes in the future. A guest speaker, who shares a background similar to that of group participants, is asked to speak about his/her settlement journey.
Groups are delivered in a school setting or post-secondary language programs, sometimes in a whole class context or when two classes are brought together. Where the program is run with adolescents in a school setting, there is the option to invite parents/caregivers of participants to attend a separate 2 session parent psycho-education program (see outline above). This program has been conducted with ethno-specific groups and has been delivered to Chin, Karen, Somali, Assyrian Chaldean and Hazara, young people.

**Major program outcomes include:**

- An understanding of the nature and impact of trauma
- An appreciation of how to manage the impact of trauma during settlement in Australia
- Plans for the future and strategies to overcome challenges

Outcomes contribute to the recovery of participants in similar ways to adults (see above), though young people tend to bond more easily and enjoy friendships made in the group.

**A young group participant commented:**

This group is special because here we are a community. We share many of the same things and we get to talk about things that we don’t usually talk about in other places.

**A VFST resource helps to both understand and facilitate the program:**

Psycho-education: Adolescents and Young Adults Program (2015)
### APPENDIX 9: IMPLEMENTATION STAGES FOR PSYCHO-EDUCATION GROUPS

<table>
<thead>
<tr>
<th>Community capacity building stages</th>
<th>Psycho-Education Program for Parents and Caregivers</th>
<th>Psycho-Education Program for Adolescents and Young Adults</th>
</tr>
</thead>
</table>
| Understand a community            | • Research settlement data to identify ethnicity and location of newly arrived families  
• Consult VFST staff about the backgrounds of and referrals from newly arrived families  
• Select a newly arrived community which will benefit from ethno-specific groups  
• Identify educational facilities attended by new arrivals from selected community  
• Select location for psycho-education group and negotiate space, time and group with host educational facility  
• Research issues related to family relationships and trauma within the community | • Research settlement data to identify ethnicity and location of recent arrival young people  
• Consult VFST staff about the backgrounds of and referrals from newly arrived young people  
• Select a newly arrived community of which young people will benefit from ethno-specific groups  
• Identify educational facilities attended by new arrivals from selected community  
• Select location for psycho-education group and negotiate space, time and group with host educational facility |
| Establish a relationship with the community | • Allocate relevant CLW to program and take their recommendation on community leaders and parents/caregivers who may benefit from a group  
• Consult with community leaders to identify parents/caregivers who may benefit from a group  
• Consult with other VFST staff and selected educational facility to identify parents/caregivers in the community | • Allocate relevant CLW to program and take their recommendation on community leaders and young people who may benefit from a group  
• Consult with community leaders to identify young people who may benefit from a group  
• Consult with other VFST staff and selected educational facility to identify young people in the community |
<table>
<thead>
<tr>
<th>Community capacity building stages</th>
<th>Psycho-Education Program for Parents and Caregivers</th>
<th>Psycho-Education Program for Adolescents and Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and plan strategies</td>
<td>• Plan program structure, content, aims, objectives, timelines, strategies, team roles and responsibilities</td>
<td>• Plan program structure, content, aims, objectives, timelines, strategies, team roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td>• Make plans for evaluating the program</td>
<td>• Make plans for evaluating the program</td>
</tr>
<tr>
<td></td>
<td>• Decide on interpreter processes</td>
<td>• Decide on interpreter processes</td>
</tr>
<tr>
<td></td>
<td>• Check program strategies against VFST philosophies and principles and individual and group recovery goals</td>
<td>• Check program strategies against VFST philosophies and principles and individual and group recovery goals</td>
</tr>
<tr>
<td>Identify people of influence in the community</td>
<td>• Select parents/caregivers who may be interested in the group</td>
<td>• Present group plan to young people identified in consultations with community leaders, service providers and VFST staff</td>
</tr>
<tr>
<td></td>
<td>• Discuss program with selected parents/caregivers</td>
<td>• Recruit young people who are interested in attending the group</td>
</tr>
<tr>
<td></td>
<td>• Recruit parents/caregivers for the group program</td>
<td></td>
</tr>
<tr>
<td>Establish a structure</td>
<td>• Form group</td>
<td>• Form group</td>
</tr>
<tr>
<td></td>
<td>• Explain group program and processes</td>
<td>• Explain group program and processes</td>
</tr>
<tr>
<td>Map assets to identify community goals</td>
<td>• Discuss ways in which past experiences impact on children’s development and settlement</td>
<td>• Invite participants to explore past experiences to discuss impact on the present</td>
</tr>
<tr>
<td></td>
<td>• Plan ways in which parents/caregivers can support their children’s development and settlement</td>
<td>• Explore and record hopes for the future and identify challenges and strategies</td>
</tr>
<tr>
<td>Community capacity building stages</td>
<td>Psycho-Education Program for Parents and Caregivers</td>
<td>Psycho-Education Program for Adolescents and Young Adults</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
| Form relationships with external service providers | • Fully explain VFST services and ways to use them  
• Identify individual concerns in the group and make referrals to appropriate service providers  
• Liaise with host educational facility to discuss ways in which their practice can best support children and parents from refugee backgrounds | • Fully explain VFST services and ways to use them  
• Identify individual concerns in the group and make referrals to appropriate service providers  
• Liaise with host educational facility to discuss ways in which their practice can best support young newly arrived people |
| Dialogue towards community goals | • Provide information on the impact of trauma on children and ways in which parents can support them  
• Discuss further concerns of the group for future activities | • Provide information on the nature of trauma and identify positive strategies for meeting present challenges and achieving future goals  
• Discuss further concerns of the group for future activities |
| Extend the reach of outcomes | • Ask participants to speak with others in the community about what they have learnt  
• Invite feedback on where/how participants have shared their knowledge | • Ask participants to speak with others in the community about what they have learnt  
• Invite feedback on where/how participants have shared their knowledge |
| Support community sustainability | • Invite participants to engage in counselling with VFST and promote this to others in the community  
• Decide on ways in which VFST is able to support future community activities | • Invite participants to engage in counselling with VFST and promote this to others in the community  
• Decide on ways in which VFST is able to support future community activities |
APPENDIX 10: MORE INFORMATION ABOUT FOUNDATION HOUSE

OUR MISSION
To advance the health, wellbeing and human rights of people from refugee backgrounds who have experienced torture or other traumatic events.

OUR GUIDING PRINCIPLES
1. Torture is an unacceptable violation of human rights regardless of the perpetrator or the purposes for which torture is used.
2. Survivors of torture have the right to services to support their recovery from the harm inflicted on them.
3. VFST is independent and not aligned politically, and will denounce the use of torture by any regime.
4. VFST will provide services that support our clients to rebuild their lives and foster their self-determination and independence.
5. VFST will advocate for policies that respect and advance the health, wellbeing and human rights of refugees and asylum seekers.
6. VFST will maintain a productive, innovative and sustainable culture that supports and strengthens the capacity of our staff.

GOVERNANCE AND LEADERSHIP
As an incorporated not-for-profit membership organisation, governance of VFST rests with a Board of Management. An Agency Management Team is comprised of the CEO and seven senior managers and oversees the day to day operations of the agency and participates in strategic management of the organisation. Overall responsibility for the organisation rests with the Board of Management.

ORGANISATIONAL STRUCTURE AND MANAGEMENT
VFST is structured around program areas which work closely together to form an integrated approach to service planning, development and operation. We have a permanent staff of over 200.
LITERATURE


Centre for Community Child Health (2010), “Engaging Marginalised and Vulnerable Families” in Policy Brief (18): Translating early childhood research evidence to inform policy and practice, The Royal Children’s Hospital, Melbourne

Centre for Community Child Health (2008), “Rethinking School Readiness” in Policy Brief: Translating early childhood research evidence to inform policy and practice, No. 10, The Royal Children’s Hospital, Melbourne


Council of Australian Governments (2009), Investing in the Early Years – A National Early Childhood Development Strategy, Commonwealth of Australia, Canberra

Department of Education and Early Childhood Development (2008), Blueprint for Education and Early Childhood Development, State of Victoria, Melbourne

Department of Education, Employment and Workplace Relations (2009), Social Inclusion: Social inclusion and early childhood development, Australian Government, Canberra

Department of Education, Employment and Workplace Relations (2009), Belonging, Being and Becoming: the Early Years Learning Framework for Australia, Commonwealth of Australia, Canberra


Forum of Australian Services for Survivors of Torture and Trauma (2007) A Framework for Evaluating Community Development Projects in Agencies Working with Survivors of Torture and Trauma, FASSTT, Melbourne


VicHealth (2011) The partnership analysis tool, Victorian Health Promotion Foundation, Melbourne


Victoria Foundation for Survivors of Torture (2015) *Psycho-education: Adolescents and Young Adults Program*, VFST, Melbourne


Victoria Foundation for Survivors of Torture (2013) *Responding to challenges of misuse of alcohol and other drugs by young people of refugee backgrounds: Reflections from two projects*, VFST, Melbourne


OUR MISSION

To advance the health, wellbeing and human rights of people from refugee backgrounds who have experienced torture or other traumatic events.
<table>
<thead>
<tr>
<th>Metropolitan Offices</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dallas (Northern)</strong></td>
<td>Level 4, 61 Riggall Street,</td>
</tr>
<tr>
<td></td>
<td>Dallas, VIC 3047, Australia</td>
</tr>
<tr>
<td></td>
<td>t: (03) 9389 8899</td>
</tr>
<tr>
<td></td>
<td>f: (03) 9277 7871</td>
</tr>
<tr>
<td><strong>Dandenong (South Eastern)</strong></td>
<td>155 Foster Street,</td>
</tr>
<tr>
<td></td>
<td>Dandenong, VIC 3175, Australia</td>
</tr>
<tr>
<td></td>
<td>t: (03) 8788 3333</td>
</tr>
<tr>
<td></td>
<td>f: (03) 8788 3399</td>
</tr>
<tr>
<td><strong>Ringwood (Eastern)</strong></td>
<td>Suite 5, 45-51 Ringwood Street,</td>
</tr>
<tr>
<td></td>
<td>Ringwood, VIC 3134, Australia</td>
</tr>
<tr>
<td></td>
<td>t: (03) 9879 4638</td>
</tr>
<tr>
<td></td>
<td>f: (03) 8788 3399</td>
</tr>
<tr>
<td><strong>Sunshine (Western)</strong></td>
<td>163 Harvester Road,</td>
</tr>
<tr>
<td></td>
<td>Sunshine, VIC 3020, Australia</td>
</tr>
<tr>
<td></td>
<td>t: (03) 9300 8670</td>
</tr>
<tr>
<td></td>
<td>f: (03) 9277 7871</td>
</tr>
</tbody>
</table>