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Aboriginal and Torres Strait Islander Healing Foundation

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Contents

Executive Summary

This report has been prepared by KPMG for the Aboriginal and Torres Strait Islander Healing Foundation (the Foundation). KPMG was engaged by the Foundation to provide program design guidance for healing centres for Aboriginal and Torres Strait Islander people, drawing on both existing knowledge and practice in Australia, and insights drawn from international experience. This brief has been fulfilled through the preparation of this report, outlining recommendations for the future role of the Foundation in supporting healing centres.

Healing and Healing Centres

Healing is an important concept and practice for Aboriginal and Torres Strait Islander people. It involves the application of existing cultural knowledge, as well as the development of new ways to practice this in a contemporary context, in order to address trauma stemming from colonisation and to restore and sustain holistic wellbeing. As recognised in the Foundation's tagline, *Strong Spirit, Strong Culture, Strong People,* healing draws from the deep foundations of Aboriginal and Torres Strait Islander cultures.

A healing centre is a space which supports healing work for Aboriginal and Torres Strait Islander people. While there is a natural diversity in how healing centres are structured, staffed, funded and operated, and across the activities which each centre supports, a number of common design principles can be identified. Healing centres:

♦ Are physically, socially and culturally safe and meaningful spaces for Aboriginal and Torres Strait Islander people, and for the community which they serve in particular.

♦ Are founded from an Aboriginal and Torres Strait Islander worldview, and strengthen connections between families, communities, land and culture.

♦ Are developed, led and primarily staffed by Aboriginal and Torres Strait Islander people, but also draw on complementary skills from mainstream partners and professions.

♦ Are operated with and for their own communities, and work to empower individuals and communities to overcome the causes and symptoms of trauma.

♦ Facilitate healing through an experimental approach and emphasis on 'what works', drawing on both traditional and modern healing practices.

There is a strong body of evidence drawing on international experience which demonstrates that cultural healing works. Healing centres have been proven as one of the most effective investments made in Canada to prevent the negative health and wellbeing outcomes associated with intergenerational trauma experienced by Indigenous communities [1]. A final report of the Canadian Aboriginal Healing Foundation found that 'properly funded and community administered Indigenous healing centres have led to significant reductions in many of the most socially damaging problems (including suicide) in families and communities impacted by the residential school system [2]. Experts in the field of mental health and wellbeing for Aboriginal and Torres Strait Islander Australians cite healing centres as a promising approach to realise the many social and economic benefits of increased cultural, mental, emotional and physical wellbeing, amongst them reduced youth suicide rates.

1   Silburn. S, G. B. (2012). Preventing Suicide among Indigenous Australians, Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.
2   Aboriginal Healing Foundation (Canada). (2006). Final report of the Aboriginal Healing Foundation. Ottowa: AHF.

There is also recognition within Australia, including by Commonwealth State and Territory governments, that a new approach to working with Aboriginal and Torres Strait Islander communities is needed[3]. Government support for community owned and operated healing centres aligns with strategic policy priorities identified in a recent review of funding for Indigenous programs, including:

♦ Ensuring that government policies and programs meet local needs through close engagement and active partnership with the people they are designed to assist.

♦ Taking a long term investment approach which is 'patient and supportive of enduring change', and which prioritises the long-term economic viability and sustainability of Aboriginal and Torres Strait Islander communities.

♦ A more responsive and coordinated approach by government to meet the complex and multifaceted needs of Aboriginal and Torres Strait Islander communities.

Structure and development of this report

This report was developed through a process of consultation with people who are working to establish or who are already operating healing centres for Aboriginal and Torres Strait Islander communities. Insights from international literature in support of healing work, much of which has been written by Indigenous people, has been used to support the development of the concepts of healing and healing centres for Australia. The knowledge and insight presented within this report belongs to these healing leaders, and to their communities.

This report is structured in five sections. The first section describes healing and healing centres as articulated by the groups consulted as part of this project, and presents working definitions of each. The second section presents the evidence sourced from a review of international literature of healing and healing centres. The third section presents an indicative program logic model for the establishment and operation of healing centres. This is informed by the insights shared by the groups consulted, by the international literature, and by sociological theory around community empowerment and capacity building.

The fourth, fifth and sixth sections present a summary of the common resources, principles and processes which have underpinned the work of establishing healing centres. These sections draw on the insights shared by the groups consulted, and are structured against the indicative program logic model. Finally, four guidelines are attached. These are tools intended to assist interested communities in the work of establishing a healing centre.

3   Department of Finance (2010) Strategic Review of Indigenous Expenditure: Australian Govenrment

Healing and healing centres

This section of the report describes healing and healing centres as articulated by the groups consulted [4] as part of the Healing Centres Program Design project, as well as key staff within the Aboriginal and Torres Strait Islander Healing Foundation. Evidence and lessons drawn from a review of international literature is presented separately, in Section 2 of this report. This is in keeping with the emphasis that workshop participants placed on recognising and valuing Aboriginal and Torres Strait Islander knowledge and expertise in healing.

> *Knowledge about how healing works belongs to Indigenous people. The knowledge that healing works can be shared openly. There must be a recognition and acknowledgement that we have the tools and skills to treat our people [5].*

1.1 What does healing mean?

Healing is an important concept and practice for Aboriginal and Torres Strait Islander people, and is deeply rooted in culture. Healing involves the application of existing cultural knowledge, and the development of new ways to practice this in a contemporary context, in order to address trauma stemming from colonisation and to restore and sustain holistic wellbeing.

> *Healing occurs throughout a person's life journey as well as across generations. It can be experienced in many forms. Mostly, however, it is about renewal. Leaving behind those things that have wounded us and caused us pain. Moving forward in our journey with hope for the future, with renewed energy, strength and enthusiasm for life [6].*

According to Carauna (2010) [7] the idea of 'healing' as an approach to Indigenous disadvantage is not a concept that is always well understood. Healing programs encompass a range of practices (traditional and western), cover a range of issues or problems being experienced by individuals, groups of individuals (e.g. youth, men, women), families, and sometimes whole communities, and have as their core a focus on spirituality and culture. They span the areas of mental health, social and emotional wellbeing, family violence, child protection, addictive behaviour (alcohol, drugs, gambling etc.), sexual abuse, youth development, justice and corrections. There is also a growing emphasis on the need for preventative and restorative approaches in addition to those which are based on therapeutic intervention.

Critical to healing programs is an emphasis on restoring, reaffirming and renewing a sense of pride in cultural identity, connection to country, and participation in and contribution to community. Cultural identity and connection to country are seen as crucial elements of everyday life for Indigenous people. Cultivating a sense of this cultural distinctiveness is inextricably linked with spiritual, emotional, social health and wellbeing and is also an important part of strengthening communities.

> *Healing gives us back to ourselves. Not to hide or fight anymore. But to sit still, calm our minds, listen to the universe and allow our spirits to dance on the wind … [and] drift into our dreamtime. Healing ultimately gives us back to our country. To stand once again in our rightful place, eternal and generational. Healing is not just about recovering what has been lost or repairing what has been broken. It is about embracing our life force to create a new and vibrant fabric that keeps us grounded and connected [8]*

Carauna (2010), in her review of the literature on healing programs, has drawn on the current thinking of experts and evidence from program evaluations to suggest a core set of characteristics which are or should be present in effective Indigenous healing programs.

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4 Refer to Annexe E for details of groups consulted
5 Healing Centres Program Design Workshop
6 Associate Professor Helen Milroy, Aboriginal Child Psychiatrist and Australia's first Aboriginal doctor, 2009, sourced from Mackean, T. (2009). A healed and healthy country: understanding healing for Indigenous Australians. *Medical Journal of Australia* , 522-523.
7 Aboriginal and Torres Strait Islander Healing Foundation. (2012). Why Aboriginal and Torres Strait Islander healing services are a good investment for business and industry
8 Associate Professor Helen Milroy, Aboriginal Child Psychiatrist and Australia's first Aboriginal doctor, 2009, sourced from Mackean, T. (2009). A healed and healthy country: understanding healing for Indigenous Australians. *Medical Journal of Australia*, 522-523.

Table 1: Core characteristics of Indigenous healing (adapted from Carauna, 2010).
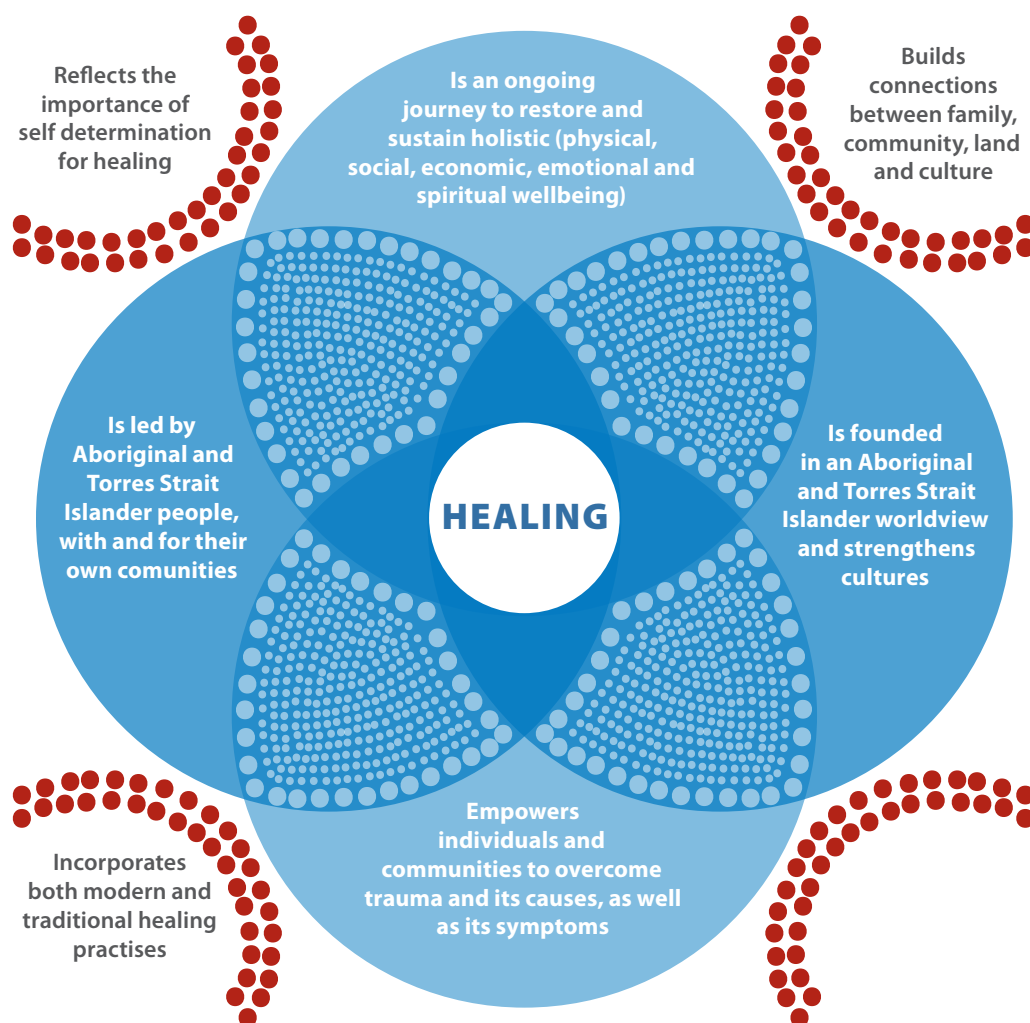
Indigenous ownership, design and evaluation of services	Informed by an Indigenous, not a western, worldview and using culturally sensitive screening and assessment tools.
Holistic and multidisciplinary approach	Addressing mental, physical, emotional and spiritual needs with a focus on familial and community interconnectedness, as well as connectedness to the environment and the spiritual realm.
Centrality of culture and spirituality	Cultural renewal is seen by some as an essential precursor to healing.
Informed by history	Being cognisant of the historical source of trauma rather than focusing too strongly on the individual pathology.
Adopting a positive, strength based approach	Recognising and promoting the resilience of Indigenous people.
Preventative and therapeutic strategies	Rather than reactive responses that merely seek to reduce symptoms.
Commitment to healing	As a process – a journey that takes time rather than a one-off event.
Commitment to adaptability, flexibility and innovation	Programs must be inclusive to ensure they reach people who may not have strong cultural ties and to incorporate localised practices.
Utilisation of particular approaches best suited to the indigenous context	Programs to include approaches such as narrative therapy, group processes and a combination of western and traditional practices, such as the use of traditional healers or Ngangkari.

1.1.1 Key elements involved in organising healing work

Diagram 1 illustrates a summary of key elements involved in organising healing work. These elements have been identified through analysis of consultation and workshop material.

♦ Healing is an ongoing journey to restore and sustain holistic wellbeing, including physical, social, economic, emotional and spiritual wellbeing.

♦ Healing is led by Aboriginal and Torres Strait Islander people, with and for their own communities. This reflects the important principle of self determination, which is an essential part of healing for Aboriginal and Torres Strait Islander people.

♦ Healing is founded in an Aboriginal and Torres Strait Islander worldview, and strengthens cultures. This means that healing builds familial and community connectedness, as well as connectedness to the environment and culture.

♦ Healing empowers individuals and communities to overcome trauma and its causes, as well as its symptoms. It does so both through modern and traditional healing practices.

Diagram 1: Key elements involved in organising healing work

Reflects the importance of self determination for healing

Builds connections between family, community, land and culture

Is an ongoing journey to restore and sustain holistic (physical, social, economic, emotional and spiritual wellbeing)

Is led by Aboriginal and Torres Strait Islander people, with and for their own comunities

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Is founded in an Aboriginal and Torres Strait Islander worldview and strengthens cultures

Incorporates both modern and traditional healing practises

Empowers individuals and communities to overcome trauma and its causes, as well as its symptoms

Source: KPMG, developed from workshop materials

An initiative without these characteristics may still be a valuable complement to healing work, but cannot be considered as healing itself, or as a replacement for healing work. Examples of initiatives which complement healing work include:

♦ The provision of services tailored to meet the needs of Aboriginal and Torres Strait Islander people, but which are not led by Aboriginal or Torres Strait Islander communities

♦ Services or initiatives which address the symptoms and/or causes of trauma (such as family violence), but which do not otherwise match the characteristics of healing work

♦ Initiatives or services led by Aboriginal and Torres Strait Islander people which are of value to their communities, but not intended to be or characteristic of healing work.

As discussed in section 4.3, healing initiatives are often financially and practically supported by mainstream (non-Indigenous) partners, and healing practice also borrows tools and concepts from mainstream disciplines, such as counselling. That this occurs is a reflection of both the importance of healing work, and the flexible diversity of healing practice. Provided that the defining characteristics are present, initiatives with these features are healing work.

1.2   Why is healing needed?

Workshop participants considered healing to be the single most important priority for Aboriginal and Torres Strait Islander people. The fundamental reasons underpinning this are summarised below. These reasons are supported by the literature documenting International experience, presented in section 2.

1.2.1   Conventional approaches are not bringing about the desired results

First, conventional welfare based approaches have not brought about the results that Aboriginal and Torres Strait Islander communities want, and are entitled to. Healing is seen as a promising alternative response which can be generated from within Aboriginal and Torres Strait Islander Communities, and respond more flexibly and appropriately to their priorities.

Healing should be number one priority. We have tried all of the techniques of what our service providers have wanted us to do, but where do you think this has ended up? There are so many of us in prison [9].

1.2.2   A holistic, transformational approach is called for

Second, the depth of trauma from which Aboriginal and Torres Strait Islander communities are recovering - and the complexity of the challenges which this presents - call for change at a deeper level. Healing is seen to enable 'second order' or transformational change.

Many services address first order change – such as drug and alcohol problems or gambling addiction, but they don't look at the issues underneath where second order change can happen. This is where people act out from feeling bad inside. We need to address the cause, not just the symptom. Second order change means that families are able to create their own solutions [10].

1.2.3   Recognition of culture, knowledge and experience is a foundation for healing

Third, the recognition of Aboriginal and Torres Strait Islander history, culture and knowledge is in itself a healing act. Acknowledging colonisation, racism and harmful policies as the common factors underpinning trauma in Aboriginal and Torres Strait Islander communities provides a more facilitating environment for healing to occur. Healing will often make use of both mainstream and traditional knowledge and practices, but valuing Aboriginal and Torres Strait Islander knowledge and leadership is a prerequisite for adaptive solutions to be developed.

People are not looking with the right eyes. There needs to be a translation. Often we do need to recognise the clinical diagnosis, but the treatment is founded in both systems. We need to be able to fight that battle on a national level. We need promotion of the body of evidence that justifies Indigenous leadership and solutions. It is important that government understand that we are connected as people that we share a commonality and that we share knowledge systems that are working effectively [11].

9   Healing Centres Program Design Workshop
10   Consultation with Aboriginal Family Support Services
11   Healing Centres Program Design Workshop

1.3   What is a healing centre?

Broadly defined, a healing centre is a space which supports healing work for Aboriginal and Torres Strait Islander people. There is variation between existing plans and models in Australia in the focus, design, staffing, resourcing and activities of healing centres. This is reflective of the diverse histories, characteristics and priorities of Aboriginal and Torres Strait Islander communities, as well as variations in available resourcing. However, a number of common design principles can be clearly identified. Table 2 below summarises these principles, and identifies the most common ways in which these manifest within healing centres.

Table 2: Common design principles for Australian Healing Centres

Healing Centres	How these are commonly reflected in healing centres
Are physically, socially and culturally safe and meaningful spaces for Aboriginal and Torres Strait Islander people	• Healing centres are led and staffed primarily by Aboriginal and Torres Strait Islander people and community members with relevant skills, knowledge and experience to facilitate healing. • Healing centres create appropriate spaces and arrangements for men, women, children, community gatherings, small groups, counselling and reflection. Traditional language/s, cultural norms, symbols and practices are often prominent within the space. • Healing centres may be situated on custodial land, or on a site with significant meaning to the healing centre community. Activities may include visiting custodial land and meaningful sites, and the use of bush medicine, traditional tools, bush tucker and other produce.
Strengthen positive relationships with culture, land and community, as well as self and society	• Healing centre activities generate opportunities for cultural strengthening and renewal, learning, and the practice of cultural and healing traditions. Connections between 'caring for country' and caring for self and community may be strengthened. • Healing centres support individuals to develop and apply strategies to improve the quality of their life and relationships, often through a combination of mainstream and culturally specific therapeutic approaches (such as trauma informed counselling, restorative practices, yarning, advice and support from peers and elders, positive behaviour modelling, and opportunities for positive engagement, such as through meaningful work or creation of artwork). • Healing centres tend to provide longer term, holistic and individualised support for individuals to heal. This support is not usually provided as a 'service' in the conventional sense, but is characterised by a creative and responsive partnership between the individual and the healing centre community.
Proactively identify and focus on meeting their community's healing needs	• Healing centres are developed by Aboriginal and Torres Strait Islander communities in response to a holistic understanding of their own healing needs. This requires an ongoing, iterative process of consultation and consensus making ('bringing the community with') when determining the future directions for a healing centre. • Healing centres may focus on addressing a specific issue which is critically important to the community (such as the removal of children from families, or the maintenance of traditional healing practices), or a broader vision for the community's future.
Facilitate healing through an experimental approach and emphasis on 'what works'	• Activities undertaken by healing centre communities strengthen holistic (spiritual, physical, emotional, social and economic) wellbeing. Activities are often diverse, exploratory, and informal, and evolve through the participation and input of community members • A healing centre may target specific areas of wellbeing (such as family relationships), but healing work is informed by an understanding of the interconnectedness of these elements. • Healing centres may integrate mainstream services and practical support with traditional healing practices either within the centre, or through referrals to complementary services.

Source: KPMG, developed from workshop materials

It is worth noting here that healing centres have intentionally been referred to as a 'space', rather than a place. This is because communities start the work of establishing a healing centre, and are already doing the work of healing, *before* a physical healing centre is established. Place is a significant feature of a healing centre, as indicated in the characteristics described above, and securing appropriate land and buildings is an important goal for communities. However, healing can - and does - begin before this occurs.

2 The evidence base for healing

This section presents the evidence sourced from a review of international literature of healing and healing centres. It is presented in two sections, the first focusing on understandings of the nature and value of healing, and the second focusing on lessons learnt through international experience supporting healing and healing centres.

The concept of healing for Indigenous peoples, while in use across a number of countries with similar colonial histories to Australia, is not easily defined [12]. The Canadian Aboriginal Healing Foundation provides on its website a rationale for healing, and a vision for what healing can achieve [13], but no firm definition of the process. Nevertheless, there is considerable consensus around many of the defining characteristics [14] of healing for Indigenous peoples.

2.1.1 Healing is a journey

Many authors describe healing as a lifelong journey [15]. Healing does not lead to the destination of being 'healed'. This reflects the fact that healing is not seen to end with the process of restoring function. Rather, it involves an ongoing process of renewal.

> *Healing is not just about recovering what has been lost or repairing what has been broken. It is about embracing our life force to create a new and vibrant fabric that keeps us grounded and connected, wraps us in warmth and love and gives us the joy of seeing what we have created [16].*

This also reflects the fact that healing takes time [17]. The Canadian Aboriginal Healing Foundation estimated in its final report that it took at least 36 months for organisations delivering healing services to identify needs and to engage a community in therapeutic healing, and an average of 10 years for a community to move beyond denial, create an environment of safety within which to deal with the trauma and initiate healing.

2.1.2 Healing addresses trauma

The literature indicates that healing for Indigenous people must recognise the 'historical and societal causes for individual trauma' [18], yet empower individuals to overcome the effects of this trauma on their own life. Trauma is not only a result of harmful historical policies and events, but also experienced by Aboriginal and Torres Strait Islander people as a result of ongoing racism, violence and disadvantage. Healing involves seeing both the prevalence of trauma and ongoing systematic disadvantage faced by Indigenous peoples, and celebrating the resilience and strength with which individuals face and transcend this [19].

12 Caruana, C. (2010). Healing Services for Indigenous People. *Family Relationships Quarterly* , 17, P5

13 www.ahf.ca/faqs

14 Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ontario: Aboriginal Healing Foundation, P1

15 Ibid, P7

16 Associate Professor Helen Milroy, Aboriginal Child Psychiatrist and Australia's first Aboriginal doctor, 2009, sourced from Mackean, T. (2009). A healed and healthy country: understanding healing for Indigenous Australians. *Medical Journal of Australia* , 522-523.

17 Feeney, M. (2009). Reclaiming the Spirit of Wellbeing: Promising Healing Practices for Aboriginal and Torres Strait Islander People. The Stolen Generations *Alliance, P4*

18 Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ontario: Aboriginal Healing Foundation, P

19 Caruana, C. (2010). Healing Services for Indigenous People. *Family Relationships Quarterly* , 17, P5

Recognising and addressing *intergenerational* trauma is also central to healing for Indigenous people[20], both in Australia and elsewhere[21]. This concept explains the transmission of trauma from Indigenous people who experienced the worst of colonialism on their families and communities. For Aboriginal and Torres Strait Islander people a history of forced removal of children, policies such as racial assimilation, and socially sanctioned racism and violence are drivers for intergenerational trauma, as are grief over the loss of land and culture[22].

The literature indicates that there are similarities in how trauma manifests for colonised peoples. Common manifestations include alcohol and substance abuse, interpersonal violence, homelessness, physical illness, criminality, and disruption in meaningful social relations[23]. Suicide has also been linked to cultural disruption caused by colonisation[24]. Similarly, lateral violence, including family and sexual violence, is recognised as an outcome of historical oppression and violence against Aboriginal and Torres Strait Islander people. Healing recognises these elements of the context within which Aboriginal and Torres Strait people live, and the impact that this has on their wellbeing and ability to heal.

2.1.3   Healing practices are diverse and flexible

Healing is a holistic response to both the causes and symptoms of trauma, and the nature of the response differs according to the individual and community history. Healing must also be able to respond to a variety of Aboriginal and Torres Strait Islander people, with diverse histories, beliefs and preferences[25]. This need to respond to context means that there is a need for 'flexibility, eclecticism, and diversity in treatment approaches'.[26]

> *Successful treatment programs are able to adjust program goals and therapeutic techniques to individual contingency. There is no singular model of best practice for the psychotherapeutic treatment of Aboriginal people; rather, there are locally derived models that seem effective for the clients who are likely to be involved* [27]

Healing often borrows liberally from mainstream disciplines, adopting and adapting what works[28, 29]. Experience in Canada indicates that tools from biomedical and psychotherapeutic treatment paradigms are amenable to being integrated within healing programs.

> *One of the overarching lessons from all that are experienced in this area seems to be that any investment in Indigenous healing needs to be grounded in the Indigenous traditions, values and cultures whilst simultaneously integrating the best of what contemporary evidence-based healing approaches have to offer.*[30]

2.1.4   Healing requires agency

Healing differs from conventional understandings of 'treatment' in that it is done by, rather than to, the person affected. Healing does not involve the patient – practitioner relationship characteristic of medical practice, or conventional psychotherapy. It requires personal agency.

20   Ibid
21   Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice.* Ontario: Aboriginal Healing Foundation, P3
22   Aboriginal and Torres Strait Islander Healing Foundation. (2012). *Our Healing, Our Solutions: Volume 3.* Aboriginal and Torres Strait Islander Healing Foundation, P9
23   Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice.* Ontario: Aboriginal Healing Foundation, P3
24   Chandler, M. J., & Lalonde, C. (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry* , 35 (2), 191-219.
25   Feeney, M. (2009). Reclaiming the Spirit of Wellbeing: Promising Healing Practices for Aboriginal and Torres Strait Islander People. *The Stolen Generations Alliance,* P7
26   Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice.* Ontario: Aboriginal Healing Foundation, P4
27   Ibid, P4
28   Aboriginal Healing Foundation . (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, P39
29   Aboriginal Healing Foundation . (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, P50
30   Feeney, M. (2009). Reclaiming the Spirit of Wellbeing: Promising Healing Practices for Aboriginal and Torres Strait Islander People. *The Stolen Generations Alliance,* P5

Healing is an active, not passive, process: it is something you do, not something you think or that is done to you. In this sense, healing is work, it is ongoing and requires dedication. First and foremost, it requires commitment from the individual. No one can heal you or make you heal. Personal agency is stressed above all else [31].

This has implications for the staffing of healing centres. The most applicable staffing model for a healing centre is one resembling that of a therapeutic community [32] – a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change. This model enables the reciprocal relationships between staff and community members characteristic of healing programs funded by the Canadian Aboriginal Healing Foundation, and so valued by program participants.

Treatment staff members who were also on their own healing journey and who had personal histories paralleling those of the clients were particularly valued... therapists were simultaneously patients learning from their clients as they continued on their own healing journey; and clients were simultaneously therapists offering their own troubled life experiences as a reflective tool for self healing by the therapists [33].

The Canadian Aboriginal Healing Foundation found that staff for a healing centre or program must have three characteristics. In order of importance, first was empathy with the community, second was competencies which support healing, and third was Aboriginality. As recognised by the Foundation, non-Aboriginal staff can therefore play in important role in healing provided that they fulfilled the first two criteria, and provided that the staff of a program included reasonable representation of Aboriginal people [34]. Importantly, in most cases the governing structures for healing programs were staffed primarily by Indigenous people.

2.1.5   Culture is healing

Strengthening individual and community connections to culture and supporting cultural renewal are central elements of healing for Indigenous peoples [35]. Loss of culture as a result of colonisation is often cited as a source of ongoing grief for Aboriginal and Torres Strait Islander people [36], and Indigenous people in other countries [37]. Culture acts as a protective measure for Aboriginal and Torres Strait Islander children and young people against risk and harm [38]. In Canada, the degree of cultural continuity maintained by different Aboriginal groups has been identified as a protective factor against youth suicides, which are highest in those groups without strong cultural practices [39]. Healing work addressing the loss of culture and its impact through a process of cultural renewal, including the preservation and renewal of culture, language, and traditional practices.

Indigenous healing services need to be culturally meaningful and must focus on why people are at risk of succumbing to physical disease and to using drugs and alcohol, as well as the ways in which restoring cultural norms and repairing the social fabric can mitigate these negative disruptions. Health professionals must be culturally competent and need to understand the cultural and spiritual elements of health [40].

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31   Aboriginal Healing Foundation. (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, P6

32   Ryan, K., Brooks, R., & Holcombe, S. (2012). *Healing Centres and Applicability to Aboriginal & Torres Strait Islander Healing: A Brief Review of the International Literature.* Aboriginal and Torres Strait Islander Healing Foundation, Research Unit

33   Ibid, P7

34   Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice.* Ontario: Aboriginal Healing Foundation, P5

35   Aboriginal Healing Foundation . (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, P49

36   Aboriginal and Torres Strait Islander Healing Foundation. (2012). *Our Healing, Our Solutions: Volume 3.* Aboriginal and Torres Strait Islander Healing Foundation

37   Archibald, L. (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, PV

38   Stephen, R. et al (2012) Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.*

39   Chandler, M. J., & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor Against Suicide in First Nations Youth. *Horizons – A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future , 10* (1), 68-72

40   Mackean, T. (2009). A healed and healthy country: understanding healing for Indigenous Australians. *Medical Journal of Australia ,* 522-523.

Healing, therefore, is not only unique to each individual's experience, but also to their cultural heritage, and the means through which individuals and their communities are able to strengthen culture. This means that the practices which support cultural reconnection and renewal, while sharing some common elements across different contexts, cannot be easily transplanted from place to place.

Some core values, such as holism, balance and connection to family and the environment, are common to Aboriginal worldviews across cultures; others are clearly rooted in local customs and traditions. The variety of therapeutic combinations in use suggests a powerful commitment to the values of adaptability, flexibility and innovation in the service of healing. This is consistent with the holistic approach to healing common to Indigenous value systems [41].

The centrality of culture to healing also means that healing is premised on self-determination for Aboriginal and Torres Strait Islander people and communities. Healing work cannot be led from outside of these communities, as it requires authentic knowledge of and authority in practicing culture which belongs to the local Aboriginal and Torres Strait Islander community.

2.1.6 Country is healing

Substantial research indicates the importance of connection to country for the wellbeing of many Aboriginal and Torres Strait Islander people, including physical health. Some studies have shown a statistically significant correlation between connection to country and improved health outcomes, including lower prevalence of diabetes, hypertension and obesity, and lower mortality and hospitalisation rates [42]. There is also evidence suggesting that living remotely is associated with stronger social and emotional resilience for Aboriginal and Torres Strait Islander people.

To understand our law, our culture and our relationship to the physical and spiritual world, you must begin with land. Everything about Aboriginal society is inextricably woven with, and connected to, land. Culture is the land, the land and spirituality of Aboriginal people, our cultural beliefs or reason for existence is the land [43].

2.1.7 Healing is holistic

Finally, there is significant agreement in the literature that healing is holistic [44,45]. The concept of healing encompasses not only physical and emotional wellbeing, but spiritual, social, and economic as well. For Aboriginal and Torres Strait Islander people, these elements of wellbeing also encompass a person's connection to country, kin, culture and spirit, as well as physical and mental health ability to sustain oneself and meet practical needs [46]. As the concept of healing is holistic, so too must be the approach. Healing is seen to address the root causes, rather than just the symptoms, of Indigenous suffering and disadvantage.

Healing needs to occur at various levels – from cells, organs and systems to individuals, families and communities. A number of different modalities may be used to ensure healing is meaningful to different people and different communities. For example, this could mean Western-trained doctors working alongside Ngangkaris (traditional healers from Central Australia) to deliver an optimal health service that facilitates physical repair, psychological buffering, social nurturing, cultural reclamation and spiritual maintenance [47].

41 Archibald, L. (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland*. Ontario: Aboriginal Healing Foundation
42 Rowley, K. et al. (2008). Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralized community. *Medical Journal of Australia,* 188(5), 283–87.
43 Dodson, M. (1977). Land rights and social justice. In *Galarrwuy Yunupingu* (Ed.), In our land our life: Land rights past, present and future (pp. 39–51). Brisbane: University of Queensland Press.
44 Aboriginal Healing Foundation . (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland*. Ontario: Aboriginal Healing Foundation, P50
45 Caruana, C. (2010). Healing Services for Indigenous People. *Family Relationships Quarterly* , 17, P3
46 Feeney, M. (2009). Reclaiming the Spirit of Wellbeing: Promising Healing Practices for Aboriginal and Torres Strait Islander People. *The Stolen Generations Alliance*, P9
47 Mackean, T. (2009). A healed and healthy country: understanding healing for Indigenous Australians. *Medical Journal of Australia* , 522-523.

2.1.8   Political support facilitates healing

The literature indicates that the existence of treaties that are recognised and respected by government and incorporated into government policy provide an environment conducive to the development of healing programs designed, delivered and controlled by Aboriginal people.

Failures on the part of governments to formally recognise and affirm Indigenous rights and to accept responsibility for past policies aimed at assimilating Indigenous people is an impediment to healing, both symbolically and with respect to the development of policies and programs that support individual and community healing [48].

2.1.8   Evaluation of healing must be culturally informed

The literature recognises the fact that it is important to research 'what works', but let the practitioners define success and the mechanism. Experience in the Canadian context indicated that 'Aboriginal treatment models cannot be, and certainly must not be, pigeonholed through the imposition of dominant psychotherapeutic understandings of best practices.' [49]
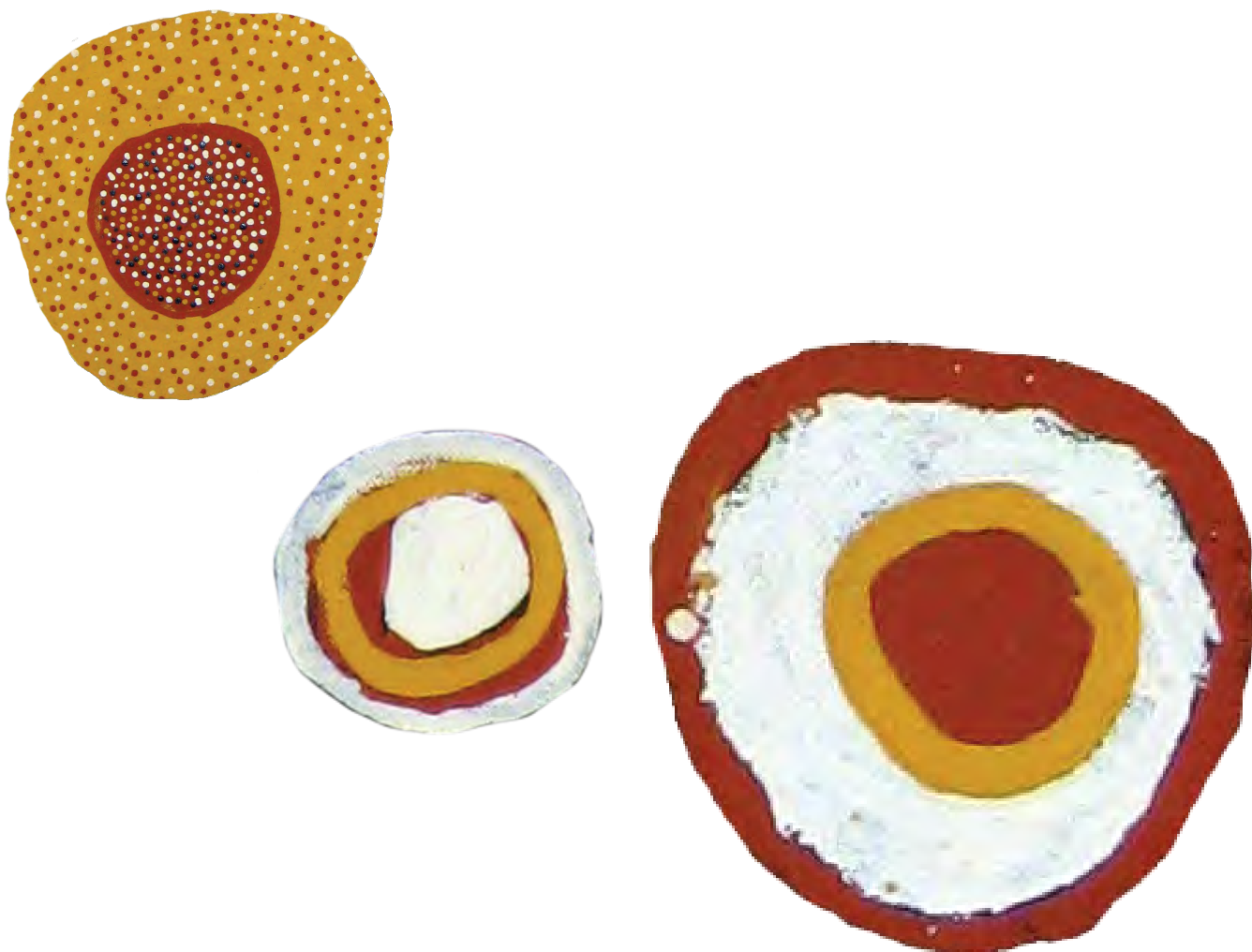
48 Archibald, L. (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, PV
49 Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice.* Ontario: Aboriginal Healing Foundation, P5

2.2 Outcomes: what can we expect from healing ?

There is a strong body of evidence drawing on international experience which demonstrates that cultural healing works. Healing centres have been proven as one of the most effective investments made in Canada to prevent the negative health and wellbeing outcomes associated with intergenerational trauma experienced by Indigenous communities [50]. Research has linked cultural identity and renewal with reduced rates of suicide amongst Indigenous youth [51]. A final report of the Canadian Aboriginal Healing Foundation found that 'properly funded and community administered Indigenous healing centres have led to significant reductions in many of the most socially damaging problems (including suicide) in families and communities impacted by the residential school system [52].

In Australia, literature has demonstrated that the core elements of healing work are associated with tangible benefits in terms of resilience, mental health, and reduced risk of disease for Aboriginal and Torres Strait Islander people [53]. Individuals consistently report stronger connections to culture as well as positive feelings about themselves and their community as outcomes from healing work. These 'protective factors' of connection to land, culture, spirituality, ancestry, family and community 'serve as a source of resilience and can moderate the impact of stressful circumstances on social and emotional wellbeing at individual, family and community level' [54]. Experts in the field of mental health and wellbeing for Aboriginal and Torres Strait Islander people cite healing centres as a promising approach to realise the benefits of increased cultural, mental, emotional and physical wellbeing.

However, the literature also recognises that understanding the outcomes of healing can be a complex task, often requiring clarification of the differing goals of healing work as defined by communities, funding bodies and governments. This also requires recognition of the fact that healing is lifelong work, and that change is often incremental [55]. In program theory terms, healing can be classified as complex or chaotic, meaning that while the purpose and the means can be understood in advance, the process and final outcomes are unique, and a product of many variables [56]. Like other empowerment approaches, it provides people with the tools to create their own outcomes, which leads to a greater diversity of timeframes and outcomes.

Changes are often subtle, perceptible only to those close to the individual and likely invisible in a clinical assessment of therapeutic efficacy. In the end, however, the question of whether these programs work well risks taking attention away from the therapeutic process in which clients and therapists are involved. They work well insofar as those involved continue to feel positive about the experience. Since there is no "magic bullet" in the treatment of psychosocial trauma, this simple fact alone should suffice to inform that these programs are doing an important job. [57]

Importantly, the groups consulted as part of this project reported a host of positive outcomes from healing work, the most common of which are reflected in the indicative program logic diagram presented in the following section of the report.

50 Silburn. S, G. B. (2012). Preventing Suicide among Indigenous Australians, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.*
51 Chandler, M. J., & Lalonde, C. (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry* , 35 (2), 191-219.
52 Aboriginal Healing Foundation (Canada). (2006). Final report of the Aboriginal Healing Foundation. Ottowa: AHF.
53 Stephen, R. et al (2012) Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.*
54 Ibid
55 Aboriginal Healing Foundation . (2006). *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland.* Ontario: Aboriginal Healing Foundation, P52
56 Funnell, S. C., & Rogers, P. J. (2011). *Purposeful Program Theory: Effective Use of Theories of Change and Logic Models.* John Wiley & Sons.
57 Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice.* Ontario: Aboriginal Healing Foundation, P5

3   Indicative program logic for healing centres

This section presents an indicative program logic model for the establishment and operation of healing centres. This logic model was developed drawing on both the literature presented in Section 2 of this report, and the insights of the groups consulted for this project, presented in Sections 1, 4, 5 and 6. It is intended as a tool to assist understanding of how healing, and healing centres can work, rather than as a conclusive 'one size fits all' model. The components of the model are explored in more detail in sections 4, 5 and 6.

Diagram 3: Indicative program logic diagram for healing centres

Source: KPMG, developed from literature review and consultation materials, tested at consultation.
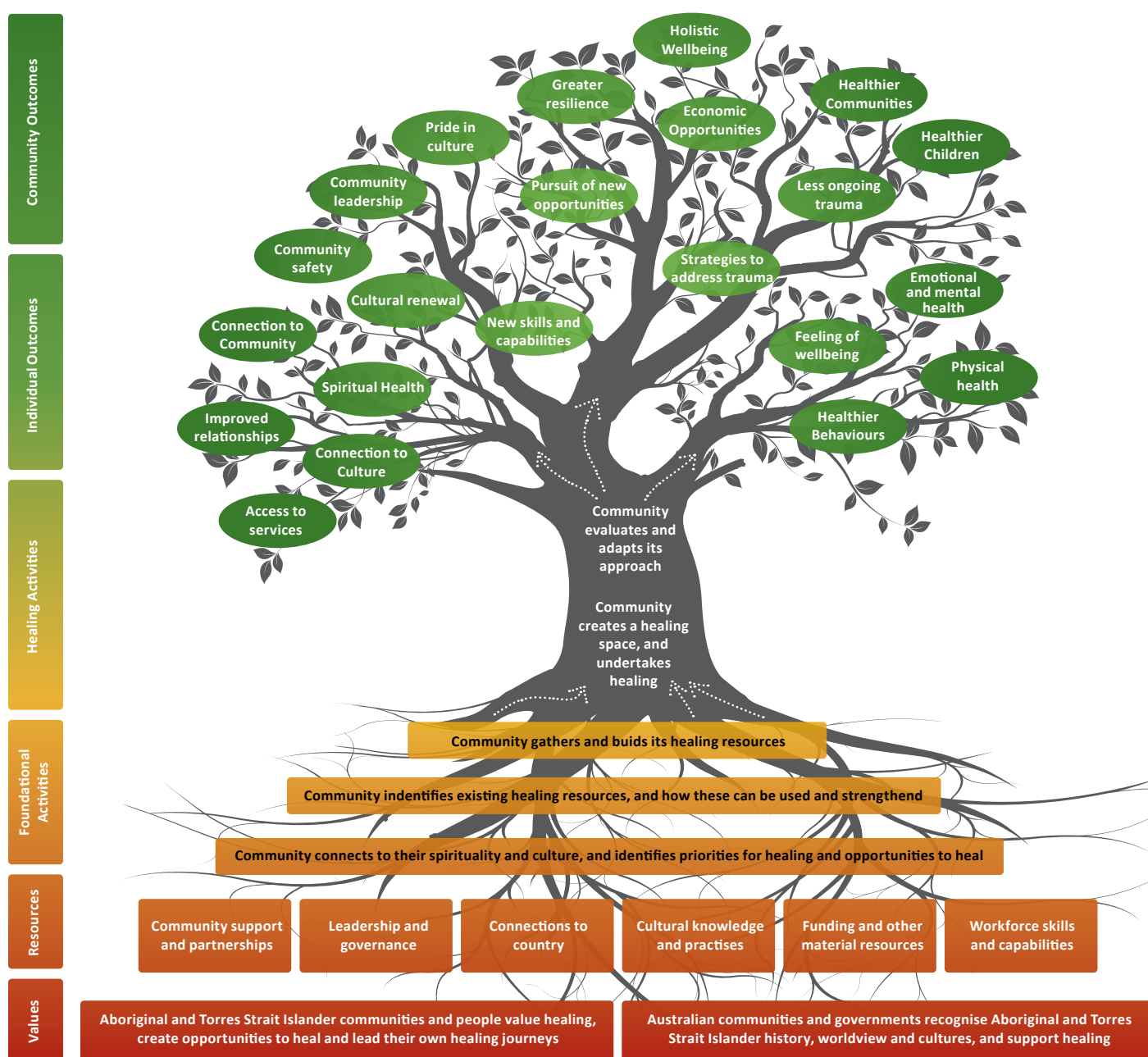
4   Mobilising resources for a healing centre

This section of the report documents insights shared by the groups consulted[58] as part of this project about the resources required for healing work in Aboriginal and Torres Strait Islander communities, and how these can be harnessed to establish healing centres. It refers back to the resources identified in Diagram 3, the indicative program logic for healing centres.

Resources for healing can be broadly grouped into six categories: cultural knowledge and practices; community support and partnerships; leadership and governance structures; funding and other material resources; connection to country; and workforce skills and capabilities. These categories are explored in more detail below.

4.1   Cultural knowledge and practices

The groups consulted identified cultural knowledge and practices as the most significant resources for healing for Aboriginal and Torres Strait Islander people. This includes knowledge and skills in traditional healing, but also broader cultural resources. Skills in artwork, bush medicine, bush tucker and traditional tools; knowledge of traditional languages, men's and women's business, lore and custom, custodial lands and their management, kinship systems, song lines and dreamtime stories; and spiritual wisdom are all resources for healing, and have each been drawn on in the development and work of different healing centres.

Cultural connection is the source of healing. Cultural knowledge and practices, both ancient and contemporary, are central to healing, and strengthening culture is both a vehicle for and an important outcome of healing. Workshop participants used the image of a tree to explain how healing is integrally connected to culture. The tree is not a metaphor for healing itself, but rather an illustration of an Aboriginal and Torres Strait Islander worldview which connects people intrinsically to culture and country. The process of healing involves restoring and strengthening these connections.

> *In this diagram the fruit is me, the branches and the trunk are our culture, and the roots are our philosophy, our spirituality. To keep this tree strong we need to feed it, to fertilise it, and then the tree stands strong and the fruit becomes good. If we concentrate just on the tree, then the fruit will never be good [59].*

The nature of cultural resources and the extent to which different communities of Aboriginal and Torres Strait Islander people have access to these resources varies. Some communities may have access to a significant repository of cultural resources through their elders, or through existing initiatives within their community which maintain culture. Others, including those whose members have been removed from their family and cultures, or in urban settings where different communities work together on healing, may have more diffuse and varied access to cultural resources. This diversity of experience does not weaken the role of culture in healing, but rather, calls for a diversity of approaches in strengthening connections to culture.

Importantly, the groups consulted recognised that while cultural knowledge is not readily transferrable from one group to another or one place to another, sharing healing practice and experience between communities can play a role in helping Aboriginal and Torres Strait Islander communities to recognise and recover lost knowledge.

4.2   Connection to country

The groups consulted also saw connections to country as an important resource for the healing of Aboriginal and Torres Strait Islander people. Connections between country and the practice of healing manifest in a number of ways through the design and work of healing centres. These practices reflect the significance of country as the birthplace of Aboriginal and Torres Strait Islander cultures.

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58   Refer to Annexe E for details of groups consulted
59   Healing Centres Program Design Workshop

Many cited the fact that returning to country had been essential for understanding how to heal their people. For some, the situation of a healing centre on custodial land enabled strong links between all elements of the healing centre's activities, and the ability of individual people to connect to their country. For others, the situation of a healing centre within an urban landscape also held significant meaning because of the history of the area, the beauty of the landscape, and its accessibility to the community the healing centre aimed to work with. In all cases, location was significant.

Many of the activities planned or undertaken by the groups consulted also enable people to connect to country in different ways. Some healing centres planned or undertook visits to custodial land, where participants could camp, spend time with other community members, yarn, and practice culture. Some used materials from custodial land, including plants which provide materials for food, medicine and tools. Others plan to or offer training in the skills required to care for country, equipping community members to work on country and earn an income through employment through relevant government programs.

4.3   Community support and partnerships

Community support and broader partnerships were also seen to play a central role in the development of healing centres. Community support for a healing centre is developed and maintained over time through purposeful effort to ensure that a healing centre both engages and meets the needs of the community it is seeking to heal.

At the outset, many of the groups undertook extensive consultation within their community. Newsletters and informal opportunities were often used to communicate what was being done about healing. Some healing centres developed their activities organically, such as by building on community get-togethers to cook up food. Many groups attributed their success in working towards or establishing a healing centre to the connections and trust that one or two people had with their community. These people were seen as 'champions' – a driving force who continued to build consensus and mobilise the community to support a healing centre.

Partnerships with organisations beyond the Aboriginal and Torres Strait Islander community were also seen as a significant resource, with the potential to help attract funding, practical support, and complementary expertise (see section 5.3.3 for further details).

4.4   Workforce skills and capabilities

Existing skills and capabilities within a community were also seen as an important resource for healing. This includes practical life and business skills, such as business planning and administration, communication, organisational development, and the ability to apply for and report against funding, as well as the mix of skills which enable development and delivery of healing programs. The nature of a healing centre will determine the mix of skills required.

A healing centre's core staffing needs to representatively reflect the community with which it works. This means, for example, that both women and men will be represented, and where relevant, so are the different language groups within a community. Healing centre staff may include a mix of elders and younger community members with relevant skills and experience, or the desire to develop them. Staff drawn from the community may be complemented by mainstream therapists and partners - who may not be Aboriginal or Torres Strait Islander, but have the personal qualities and skills which enable them to support healing work.

As healing centres are relatively new to Australia, there is work to be done in terms of defining professional development pathways, standards and conditions for a healing workforce [60] (see section 4.3.2 for further details).

....
60   The Aboriginal and Torres Strait Islander Healing Foundation has commissioned a study to identify the professional development needs and qualifications standards for a healing workforce.

4.5   Leadership and governance

Leadership within the community and good governance arrangements for a healing centre were also highlighted as an important resource. Community leaders were seen to play a crucial role in mobilising their community around the priority of healing, and bringing people towards consensus and focused action. Spiritual leadership, both personal and within the community, was seen as critical to healing (see section 4.2.1 for further discussion of this idea).

Governance is an area of negotiation between Aboriginal and Torres Strait Islander law, tradition and social protocols, the requirements of Australian legislation, and the expectations of mainstream partners who may support a healing centre. Good governance may blend approaches from each. For instance, a good Board was seen as being important, but the role of elders in providing leadership and guidance also needs to be recognised.

> *Elders and families can provide guidance, like in our old times. We can have a Board, keeping everything tidy and ensuring that we can move between two worlds, using white man technology* [61].

Community members, government representatives and relevant service providers could each have a role to play in governance through a role on the Board or a reference group, provided that on balance, the principle of self determination for the community is reflected.

4.6   Funding and other material resources

Attracting sustainable funding specifically to support healing was seen as a significant challenge by the groups consulted, yet even minor amounts of funding was seen to present valuable opportunities. The main funding currently available specifically to support healing is that offered through the Aboriginal and Torres Strait Islander Healing Foundation. While there is a strong voluntary work ethic amongst healing leaders, a lack of sustainable resourcing constrains what can be achieved, and contributes to stagnation of efforts and 'burn out'.

While some groups consulted were able to secure funding for work which connects to other priorities, such as diverting Aboriginal and Torres Strait Islander people from the justice system or providing family support services, the use of this funding for healing work was seen as problematic. Healing work tends to produce longer term, diverse and transformational outcomes, rather than the short term outcomes that funding bodies are often looking for, which makes reporting and accountability challenging. The insecurity of funding grants as an income stream, as well as the burden of reporting on multiple small grants were also seen as a challenge for undertaking the long term work of healing. Section 5.3.4 explores the challenges and opportunities around generating funding for healing centres in more detail.
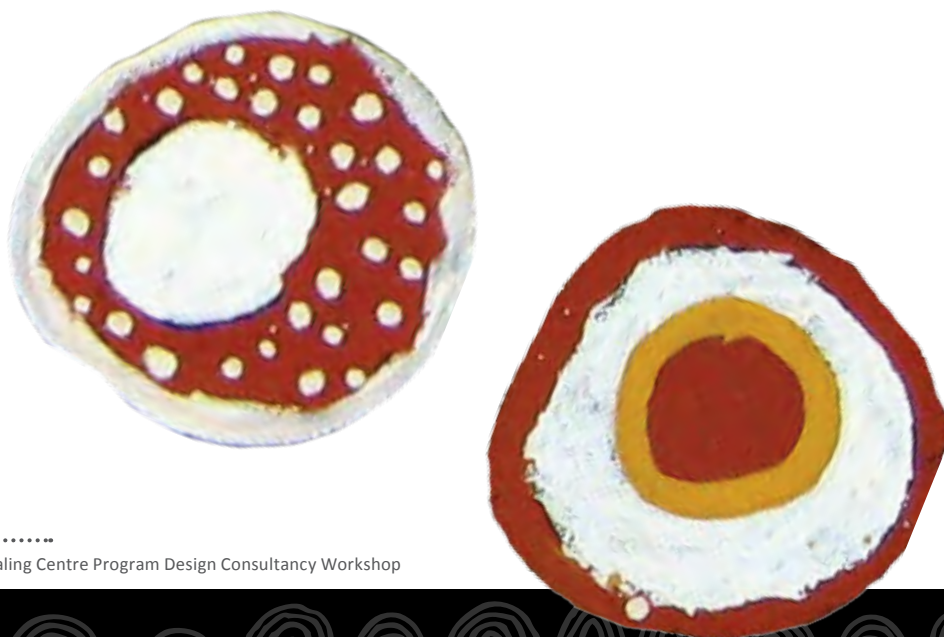
5   Principles for establishing healing centres

This section of the report documents insights shared by the groups consulted [62] as part of this project about the process of establishing a healing centre. It addresses the principles of good practice for healing centres, key steps in the process, and strategies to overcome challenges. The section also draws on the indicative program logic diagram shown at Diagram 3.

Diagram 3: Principles for establishing a healing centre
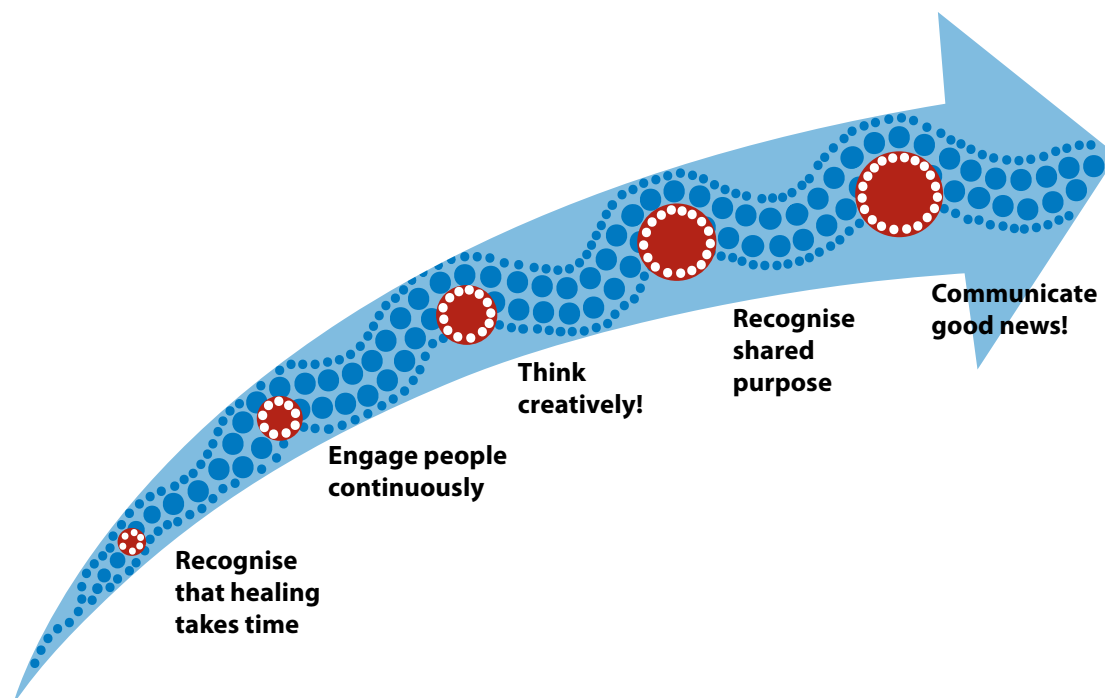
5.1   Principles for a good practice process

The groups consulted identified principles which are common across different kinds of healing centre. These are also useful principles for partners who may support the work of healing centres to keep at the front of mind.

5.1.1   Recognise that healing takes time

The process of healing takes time, and the process of establishing a healing centre takes time. It is transformational work. The outcomes may not be seen or understood for years. Healing leaders start small, pace their efforts, and focus on a good quality process.

5.1.2   Engage people continuously

Healing is a process of empowering a community to generate positive change. It cannot be achieved without keeping community members engaged. Healing leaders are inclusive in their approach, and invest time and effort in continually encouraging others along the way.

5.1.3   Think creatively

Healing is a challenging process of addressing deeply entrenched issues. These cannot be answered using existing thinking. Healing leaders think creatively about how to address complex issues, including, at times, working in non-conventional ways with governments as part of the solution.

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62   Refer to Annexe E for details of groups consulted

5.1.4 Recognise shared purpose

Focusing on healing can surface disagreement within and between communities about priorities and how scarce resources should be directed. Healing leaders recognise that while Aboriginal and Torres Strait Islander communities have different histories and cultures, they are united through a shared purpose of healing, and a shared sense of spiritual connection.

5.1.6 Communicate the good news

Healing work provides opportunities for Aboriginal and Torres Strait Islander communities to communicate what they are doing for themselves, and counter negative assumptions and stereotypes. Healing leaders find ways to get the good news out and focus on a broad range of activities including the arts, sports and academia.

6   Key steps in the journey

The following steps broadly indicate the order and nature of the process which communities work through when establishing a healing centre and undertaking healing work. As with healing itself, there may be delays and set-backs within the journey, and the steps may need to be revisited over time in order to confirm directions and consolidate process.

6.1.1 Connecting to culture

Cultural connectivity is the foundation underpinning healing for Aboriginal and Torres Strait Islander people. The work of healing, therefore, needs to start with and grow upwards from a deep sense of connection to culture. The groups consulted were very clear that healing does not begin with strategy, logic, or a business plan, but rather this process of 'connecting'.

The first step is understand your own. Look deep inside first, push away external mindsets, find individual and group ways of expressing healing, and then you may surface potential common ground [63].

Once individuals within a community have made this connection, together they can form a vision for healing in their community. From this vision spring a clarity in the purpose of healing for the community, and the identification of priorities and opportunities to heal.

6.1.2 Identifying healing priorities and opportunities

Each of the groups consulted had gone through a process of identifying the most important priorities for healing in the community with which they were working, and understanding the opportunities to create immediate and lasting improvements.

Some healing centres are being developed as a holistic response to a specific issue, such as keeping Aboriginal and Torres Strait Islander children safe within their families [64]. Others are broader in nature, and intended to develop several elements of community wellbeing through an integrated approach [65]. In each case, there is clarity around the priorities the healing centre will address, and clarity of vision around what better outcomes will look like.

63   Healing Centre Program Design Consultancy Workshop
64   Aboriginal Family Support Services *Therapeutic Wellbeing Family Centre*. Unpublished.
65   Bana Yarralji Bubu Nyungkal Rangers. *Healing Nyungkal Way - The Healing Hub: Gathering Learning Listening Healing Growing*. Unpublished.

6.1.3 Community identifies, gathers and builds healing resources

All communities have resources (described in section 4) with which to undertake healing work. These resources can be used to respond to the healing priorities and opportunities in a way that is meaningful and appropriate for each community. Resources can also be built upon, for example though seeking funding, partnering with relevant organisations, or consolidating cultural knowledge within the community. Building resources enables communities to increase what they are able to achieve through healing work over time.

### 6.1.4 Community creates a healing space, and undertakes healing work

The groups consulted spent significant time and effort in establishing a meaningful, safe space within which to undertake healing work. For some, this meant designing and constructing a purpose built centre. For others, it meant finding and making do with a suitable space where they could begin their work, while growing their plans for a healing centre. Appendix A provides more detail around potential costing for establishing a healing centre.

As discussed in Section 1, the focus of healing centres and the programs and activities which they support vary considerably. All groups consulted as part of this project had invested significant effort in developing their approach to healing, healing programs, and healing centre activities, and continued to develop these on an ongoing basis. Some had formalised business plans, while for others, decision making was driven less formally by elders and the community. Appendix B provides more detail about what a healing centre business plan may look like.

6.1.5 Community evaluated and adapts its approach

Evaluation was recognised as a useful, even essential tool to help communities to understand what works, and build an evidence base for healing. It was seen as critical that healing is evaluated *by* the communities who are undertaking healing work. This ensures that the measures used are meaningful, the process of evaluation is appropriate and respectful, and that the findings will be useful. More detail is provided in Appendix D (Evaluating Healing).

It is up to us in using evaluation to be able to tell the story of healing – helping others to understand the meaning of healing and helping funding bodies to understand the significance of what we are capturing, and what healing can achieve [66].
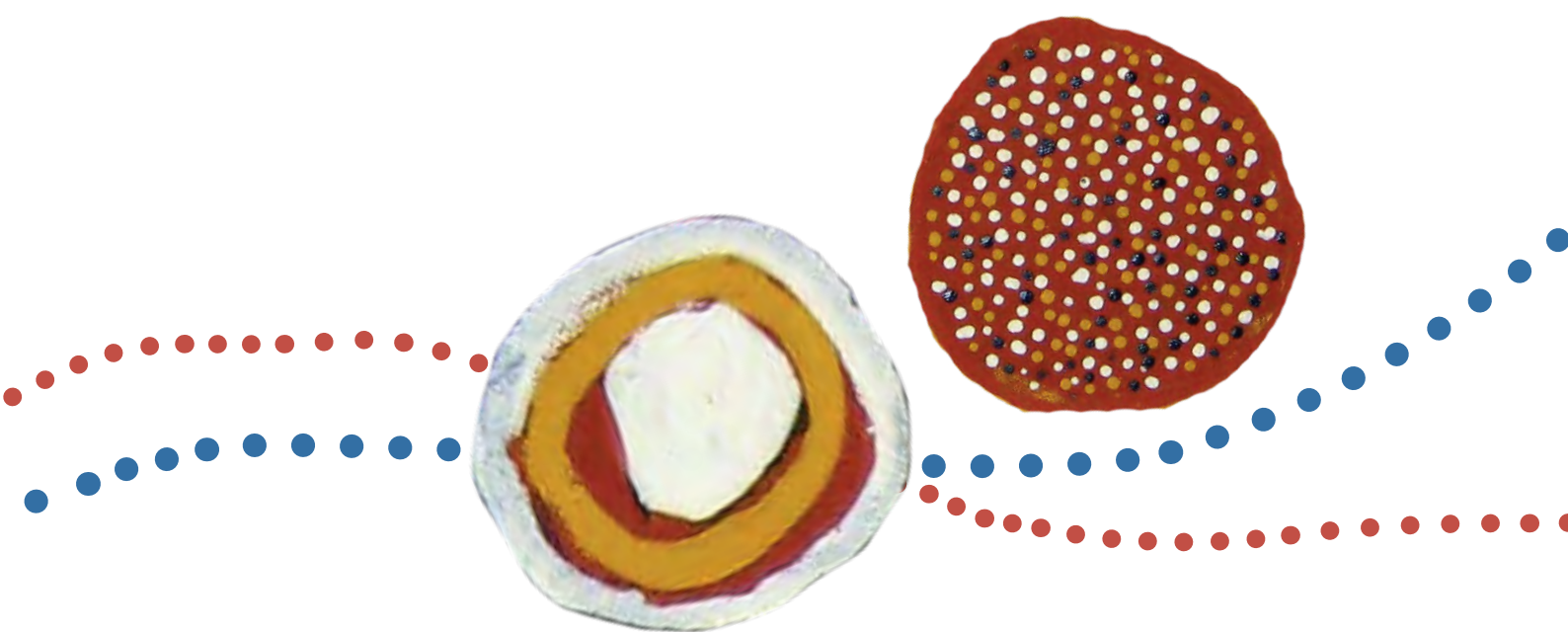
66   Healing Centre Program Design Consultancy Workshop

6.2   Challenges and opportunities

This section explores some of the most significant challenges and opportunities associated with establishing a healing centre, and presents the insights shared by the groups consulted as part of this project. These are also areas where the Aboriginal and Torres Strait Islander Healing Foundation can provide leadership[67].

6.2.1   Developing a healing workforce

The groups consulted estimated that a fully functioning healing centre would need in the order of six staff. Most of these people would be drawn from the Aboriginal and Torres Strait Islander community. Much of the cultural knowledge is likely to be generated from within the healing centre workforce and community. However, an ongoing process of developing skills and capabilities is likely to be needed as the healing centre evolves its programs and activities, particularly if it draws on mainstream practices, such as counselling.

One of the key challenges of developing a professionally recognised healing workforce is developing a culture of professional collaboration between healing practitioners and the professions of medicine, psychology, corrections, and social protection workers.

Their technical words around 'fixing' people need to be brought together with our understandings of what healing is. The cultural business is our business. What matters is that we have a shared outcome. We need to focus on this, and the mainstream needs to develop trust in our approach to healing [68].

Healing centres may make use of 'twining' or 'shadowing' arrangements for professional learning, and the secondment of staff with relevant skills into the centre in order to develop capacity. There is also a recognition amongst the groups consulted that healing centres will need to invest in young people, and grow their skills and capabilities in order to continue the work of healing for the next generation and to avoid 'burning out' elders.

6.2.2   Partnering with mainstream providers

The groups consulted identified partnerships with mainstream providers and counterparts as both a great opportunity and challenge for establishing healing centres in Australia. Partners cited included non-government organisations, universities, churches, providers of complementary services such as employment services, and government funded programs. Partners were seen to bring a combination of practical skills and resources, including:

♦ Access to appropriate land, buildings and facilities, for example through the bequest of land to an Aboriginal and Torres Strait Islander community trust, or the use of university land to grow plants for traditional medicine.

♦ Assistance and expertise with negotiating aspects of government systems, such as applications for government funded grants, seeking council approval for building a healing centre, or advocating with government agencies for cooperation.

♦ Complementary skills, such as expertise in trauma informed counselling or knowledge of the child protection system, and the ability to 'translate' and adapt healing tools and approaches from mainstream disciplines.

♦ Moral and practical support and encouragement, particularly in the early stages of working towards establishing a healing centre when members of the Aboriginal and Torres Strait Islander community are likely to have no dedicated resources or staff.

67   Recommendations regarding the Healing Foundations future role have been made separately in a paper for the Foundation's Board of Directors.
68   Healing Centre Program Design Consultancy Workshop

To be a suitable partner, organisations need to demonstrate an understanding of the history and context of the Aboriginal and Torres Strait Islander community with whom they are working, as well as the value of healing. In practice, partners needed to be open to learning and 'doing things differently', and respectful of the fact that healing must be fundamentally led by Aboriginal and Torres Strait Islander communities. The groups consulted noted that there is broader work to be done to develop a common understanding around healing.

We need to challenge mainstream Australia on its own turf – e.g. psychiatry, because the outcomes of mainstream programs are extremely poor. The majority of the money goes to these professions, yet they have missed the main game for Indigenous people. Doctors as well. We need a good body of evidence to prove that mainstream practices alone do not suit Aboriginal people. We need to prove the role that healing plays, and how it integrates with these mainstream services. This is about changing powerful systems. We need to create the space for our work [69].

6.2.3   Attracting or generating funding

As indicated in Section 4.6, attracting funding for healing work was seen as both a challenge and opportunity by the groups consulted. Because healing is about empowering individuals and communities to generate holistic, sustainable and self directed change, reliance on funding which is short term, fragmented, or provided on the basis of specific, short term outcomes is problematic. Ideally, the funders of healing work need to be comfortable with:

♦ Long term outcomes, because healing work takes time, both in terms of establishing healing centres and programs that respond to community healing needs, and in terms of seeing change within individuals and communities.

♦ Uncertainty, because healing empowers people and communities to make their own changes, and therefore the pathways and individual outcomes of healing cannot be readily known in advance.

The groups consulted recognised the importance of either attracting funding specifically for healing work, where funders expectations align with the reality described above, or generating some or all of their funding independently in order to support their healing work. The most promising options for attracting funding for healing were seen to be the Aboriginal and Torres Strait Islander Healing Foundation [70], followed by partnership with non-government [71] and private sector organisations[72] that are willing to invest in healing.

When working with funding partners, conflict only comes around understanding and measurement of progress. We agree on the outcomes – there is just a gap in understanding how to get there. Funders' expectations don't allow for addressing causes as well as symptoms [73].

The most promising options for self-generated funding were seen as small business ventures (such as the production and sale of bush medicines or bush tucker), and in-kind support through the employment of community members in complementary work, such as through caring for country programs.

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69 Ibid

70 The groups consulted recommended that the Healing Foundation play a brokerage role in attracting funding from Government and private sector sources in support for healing, and distributing this funding to individual healing centres. This idea will be presented to the Healing Foundation Board in more detail through a board paper prepared by KPMG.

71 It was noted that international non-government organisations, such as OXFAM or World Vision, tend to understand the importance and value of healing more readily than many Australian based organisations, and therefore may be useful partners in attracting funding for healing.

72 Private sector companies, in particular those operating in the Australian mining sector, were noted as potential partners for healing work and an area which needed further exploration.

73 Healing Centre Program Design Consultancy Workshop

6.2.4 Developing the Healing Foundation's role as a broker

The groups consulted formed a recommendation to the Healing Centre that the organisation's role as a broker for Aboriginal and Torres Strait Islander people and individual healing centres should be further developed. It was proposed that this role include greater responsibilities for raising and distributing funds to support healing centres, developing an evidence base to build the case for healing centres, and to establish protocols to protect intellectual property which may be exposed to misappropriation through the development of healing work.

It was envisaged that the Healing Foundation could perform this important leadership roles through the following functions:

♦ Brokering access to funding for healing centres. The Foundation could do this by liaising with parties interested in funding healing work, including government bodies and potential private donors, presenting a unified vision of what healing centres can achieve, and allocating funds according to merit and need.

♦ Developing the evidence base. The Foundation could do this by collecting reporting across a range of healing centres and healing programs, and conducting meta-analysis to develop broad findings about the outcomes which can be achieved through supporting healing. It was also suggested that the Foundation could establish a 'roving' centre of excellence, comprised of experienced healers, healing centre managers and staff, which could be available as a resource for communities.

♦ Developing protocols to protect intellectual property. The Foundation could take a three pronged approach to this. First, it could develop strong internal protocols and resources which support the protection of intellectual property. Second, it could provide advice to communities about the risks of their intellectual property being misappropriated, and legal and practical measures to protect against this. Finally, it could extend these protocols to ensure that any material it shares or publishes is not inadvertently exposed to misappropriation.

The potential benefits of this approach are twofold. First, the Healing Foundation's leadership in these selected areas can reduce the overall work burden, uncertainty and risk associated with establishing healing centres, thereby lowering some of the most significant barriers for Aboriginal and Torres Strait Islander communities.

Second, positioning the Healing Foundation as a broker means that individual healing centres will be supported by and reporting primarily to an Indigenous organisation, which reflects the principle of self determination for Aboriginal and Torres Strait Islander people. As highlighted throughout this report, enabling Aboriginal and Torres Strait Islander communities to develop and lead their own solutions is essential to allow healing to occur.

A   Guideline for costing

For the successful operation of a healing centre, the start up and ongoing costs are the main considerations when developing a costing plan. These costs need to be offset against any revenue or income received to determine whether the healing centre will be financially viable.

1.1   Start-up costs

The start-up costs are once only costs that need to be factored in when developing your budget. They may include:

A.1.1   Entity establishment

If the healing centre is not part of an existing organisation, then the healing centre will need to create an entity to hold a business name. Examples of entities include sole traders, an Australian registered company, an Australian registered body or other incorporated entity, an unincorporated entity, a partnership or joint venture. The most likely options for a healing centre are an Australian registered company or an Australian registered body. The costs for registering a company or body range between $357-$433.[74]   The healing centre should seek legal or financial advice regarding the establishment of the entity as there may be other factors such as GST, FBT and charitable status that need to be considered. The cost of this legal and financial advice will also need to be included in the start-up costs or healing centres may seek to have these services provided on a pro-bono basis.

A.1.2   Business name registration

Once you have established an entity, you may want to register a business name. Business name registration costs $30 for one year of $70 for three years.[75]

A.1.3   Office equipment

The cost of office equipment (phones, computers, desks, chairs) will need to be included in the start-up budget. There are a range of options that should be considered including buying new, buying second-hand or leasing.

1.2   Ongoing costs

Ongoing costs are costs that will continue throughout the life of a business. Staff costs, the cost of facilities and ongoing running costs are the three main categories to consider.

A.2.1   Staff

Healing centres will require trained staff to provide clinical and support services to community members as well as individuals with strong community ties to provide leadership and promote the centre throughout the community. The number and type of staff will vary based on the needs of the community and the aims of the healing centres. Based on discussions with existing and developing healing centres, the following are estimated costs for the core staff required for a healing centre:

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74   www.asic.gov.au/asic/pdflib.nsf/LookupByFileName/Fees_for_commonly_lodged_documents.pdf/$file/Fees_for_commonly_lodged_documents.pdf at 21/12/12
75   www.asic.gov.au/asic/asic.nsf/byheadline/Business+name+payments+and+fees?openDocument at 21/12/12

1 x Community Coordinator

Description: A Community Coordinator must be someone with strong ties in the community, it may be an Elder whom is respected and trusted within the community. The Community Coordinator will be in charge of ensuring the community understands the objectives of the healing centre and the programs that are available to them.

Salary [76]: As a guide, under the NSW Health Service Health Professionals (State) Award this role could be paid as a Level 4 Counsellor, Social Worker or Welfare Worker. The salary range is $91,838 - $94,134. On-costs of approximately 23 percent need to be added to cover superannuation, payroll tax, workers compensation and leave entitlements.

1 x Women's Business facilitator

Description: The women's business facilitator role will be responsible for running the women's healing programs at the healing centre.

Salary: As a guide, under the NSW Health Service Health Professionals (State) Award this role could be paid as a Level 3 Counsellor, Social Worker or Welfare Worker. The salary range is $84,633 - $87,466. On-costs of approximately 23 percent need to be added to cover superannuation, payroll tax, workers compensation and leave entitlements.

1 x Men's Business facilitator

Description: The men's business facilitator role will be responsible for running the men's healing programs at the healing centre.

Salary: As a guide, under the NSW Health Service Health Professionals (State) Award this role could be paid as a Level 3 Counsellor, Social Worker or Welfare Worker. The salary range is $84,633 - $87,466. On-costs of approximately 23 percent need to be added to cover superannuation, payroll tax, workers compensation and leave entitlements.

1 x Counsellor/Social worker

Description: A Counsellor/social worker will help people attending the healing centre to deal with personal and social problems. They can also plan and carry out programs to benefit entire communities.

Salary: As a guide, under the NSW Health Service Health Professionals (State) Award this role could be paid as a Level 2 Counsellor, Social Worker or Welfare Worker. The salary range is $68,351 - $78,686. On-costs of approximately 23 percent need to be added to cover superannuation, payroll tax, workers compensation and leave entitlements.

76   All salaries quoted are at 16 November 2012

A.2.2 Facilities

The location of the healing centres is an important consideration, when estimating costs. It needs it to be accessible for the community and a cost effective choice to ensure that overheads are minimal and funding can be used for the running of the centre's programs.

Purpose built

This guide does not propose indicative costs of a purpose built facility. However, if an organisation was intending to build a purpose built facility then land acquisition through bequests, native title or government issued land can be considered as a cost saving initiative.

As a baseline, we would expect any purpose built healing centre facility to include:

♦ Women's area

♦ Men's area

♦ Multipurpose area

♦ Consultation rooms

♦ Quiet spaces

♦ Outdoor area

Rented space

It is assumed that a healing centre will include a women's area, men's area, multipurpose area as well as consultation rooms. A property of this size is likely to be 70m^2 or larger. Leasing an office space within Sydney city will cost between $450 and $550 per square metre. Leasing a property in Tamworth will cost between $120 and $250 per square metre with some buildings with 125m^2 leasing for $25,000 per year.

Costs will vary depending on the space and location.
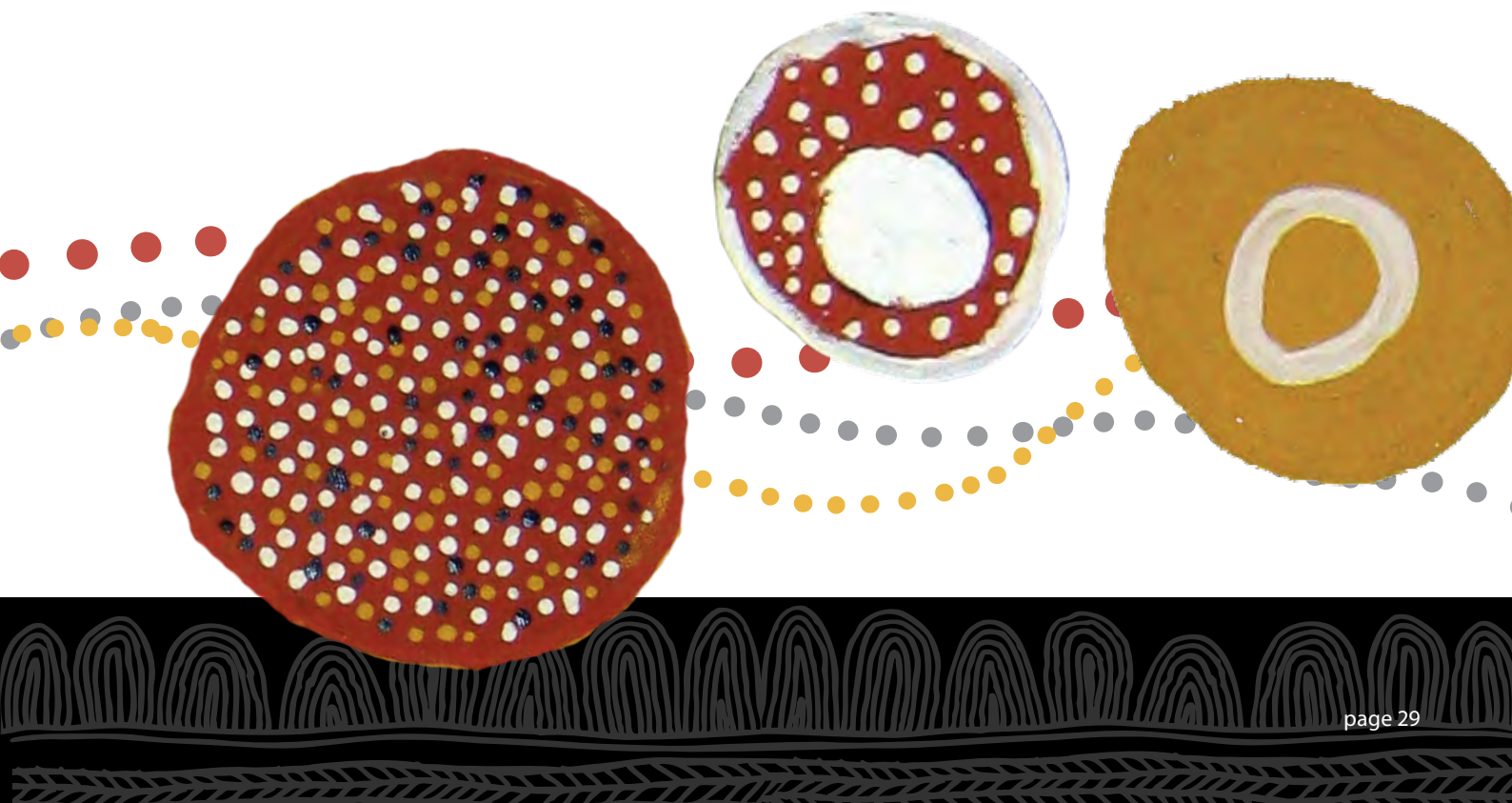
A.2.3 Running Costs

The running costs that need to be considered for the healing centre are in relation to the administrative costs and utilities.

Administrative expenses that should be estimated include:

♦ Accountancy fees

♦ Advertising

♦ Audit costs

♦ Bank charges

♦ Consumables (stationery, tea/coffee)

♦ Insurance (public liability and professional indemnity)

♦ Internet

♦ Licensing fees

♦ Meeting expenses

♦ Petty cash

♦ Postage

♦ Printing

♦ Subscriptions

♦ Telephone

♦ Transport

♦ Travel expenses

♦ Utilities (electricity, gas, water)

A.3 Revenue

Revenue or income may be received by the healing centre in the form of grants, donations, bequests, fundraising or charges levied from centre participants.
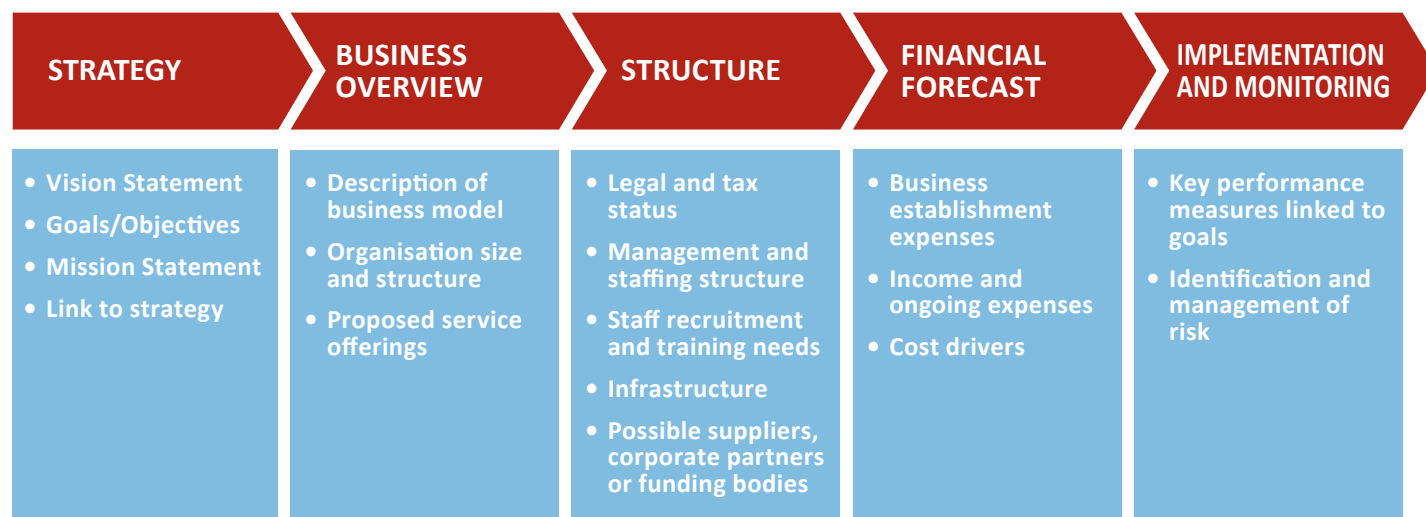
Revenue should be identified as set up or seed funding, recurrent or non-recurrent.

B Guideline for business planning

A Business Plan outlines the purpose and future opportunities of an organisation. It considers the goals and outcomes the organisation wants to achieve and looks at the steps the organisation can take to achieve them.

The wellbeing of Aboriginal people is intrinsically linked to local culture, history and ties to the land. With the understanding that there is no single way to improve the wellbeing of Aboriginal people, empowering community members to develop their own culturally appropriate healing centres is vital.

B.1 Creating a Business Plan

STRATEGY	BUSINESS OVERVIEW	STRUCTURE	FINANCIAL FORECAST	IMPLEMENTATION AND MONITORING
• Vision Statement • Goals/Objectives • Mission Statement • Link to strategy	• Description of business model • Organisation size and structure • Proposed service offerings	• Legal and tax status • Management and staffing structure • Staff recruitment and training needs • Infrastructure • Possible suppliers, corporate partners or funding bodies	• Business establishment expenses • Income and ongoing expenses • Cost drivers	• Key performance measures linked to goals • Identification and management of risk

B.1.1 Strategy

Mission Statement

The mission statement is a broadly defined expression of the organisation's unique purpose that distinguishes it from other organisations of its type. It essentially answers the question 'why are we here?'[77].

Vision statement

A vision statement describes more broadly what/where the organisation wants to be when the purpose has been accomplished[78].

Goal / Objectives

The goals / objectives of the organisation should clearly state what the organisation wants to achieve and by when.

Values

The values of the organisation should drive all strategic decisions. There should be common values that all employees operate by.

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77 Harris MG. and Associates. (2002) *Managing Health Services: Concepts and Practice.* MacLennan & Petty Pty Ltd
78 Ibid

B.1.2   Business Overview

Description of Business Model

The organisation needs to define the problem and outline the solution. It should look at what the community wants, how they want to receive it and how the organisation can best deliver the service required.

Organisational Structure

The organisation's structure will depend upon its size and services. Organisational structures can vary and it is likely that healing centres will have a relatively flat profile with a strategic/decision-making level and an operational level.

Proposed Service Offerings

The organisation needs to state what services it will deliver. The services should be value driven and aim to achieve the vision of the organisation.

B.1.3   Structure

Legal and tax status

Healing centres should seek legal and/or financial advice on the type of entity that they should establish. A key consideration should be the preferred entity status required by potential funding bodies. There may also be specific requirements depending on the state/territory in which the healing centre will be located.

Resources

Healing centres need to consider the range of resources required to implement their goals/objectives. For example, do staff have the skills they need or will they require further training or will the healing centre use contractors. Other considerations include specialised equipment, the location and type of facility that the healing centre will operate from.

Financial Forecast

Financial forecasts are generally projected up to three years. These forecasts should include both revenue and expenses. When establishing a new business there are set-up costs that need to be considered in addition to recurrent costs (see Appendix A for further detail on costing a healing centre).
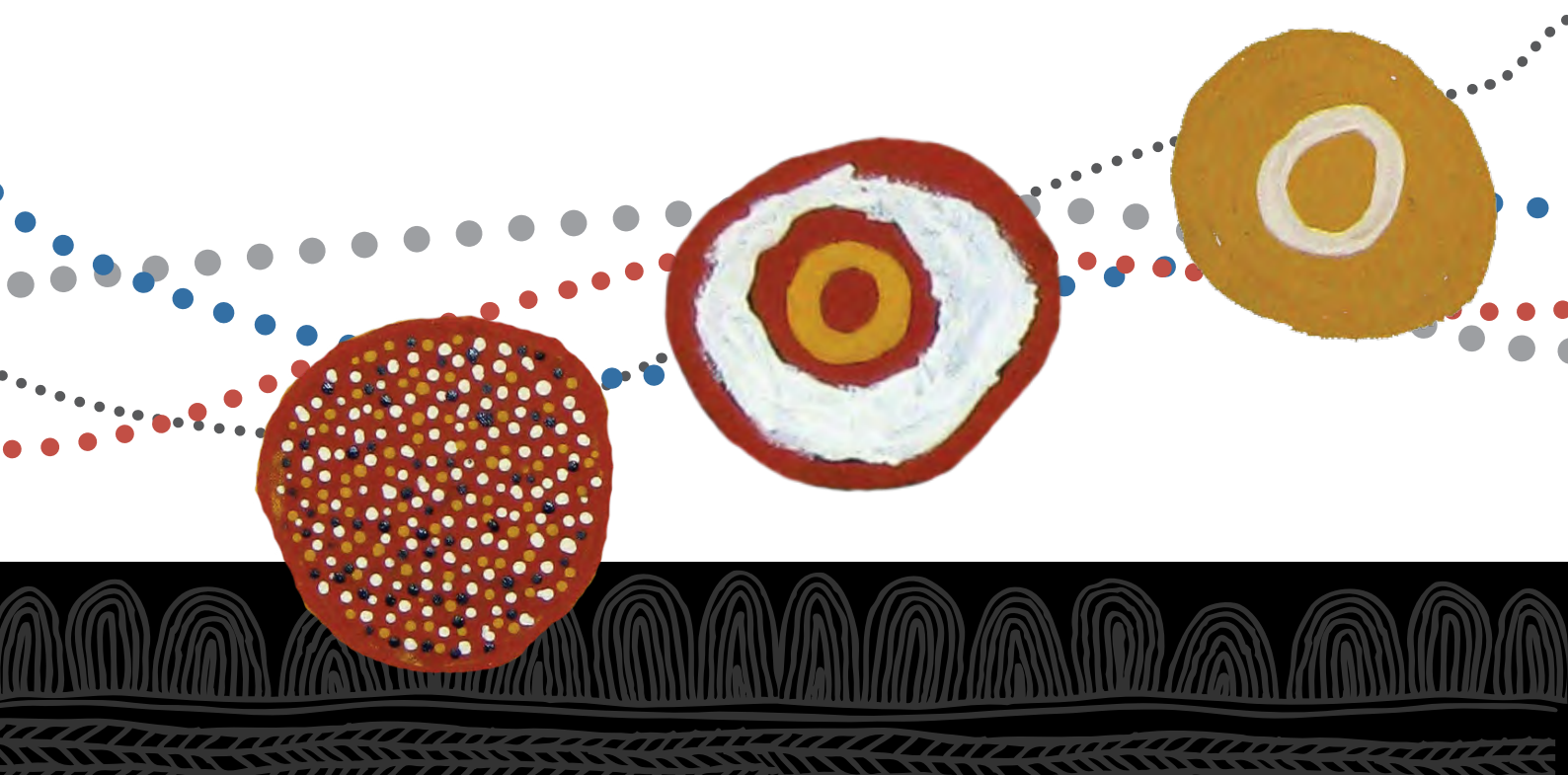
B.1.4 Implementation and Monitoring

Key performance measures

When healing centres determine their goals/objectives they should consider how they will know whether they have been achieved. This requires the development of key performance indicators. Key Performance Indicators should meet the SMART criteria, that is, they should be:

♦ specific – so as to focus on those results that can be attributed to the particular intervention/program.

♦ measurable – include quantifiable units or targets that can be readily compared over time;

♦ achievable – realistic when compared with baseline performance and the resources to be made available.

♦ relevant – embody a direct link between the program's objective and the respective effectiveness KPI.

♦ relevant – embody a direct link between the program's objective and the respective effectiveness KPI; and

♦ timed – include specific timeframes for completion [79].

Risk Management

Risk is "the effect of uncertainty on objectives" [80] that is, the chance of something happening that will have an impact on an organisation achieving its objectives. It is measured in terms of consequences and likelihood. Healing centres should consider implementing the Australian standard on risk management (ISO 31000:2009) that provides a generic framework for identifying and managing risk.

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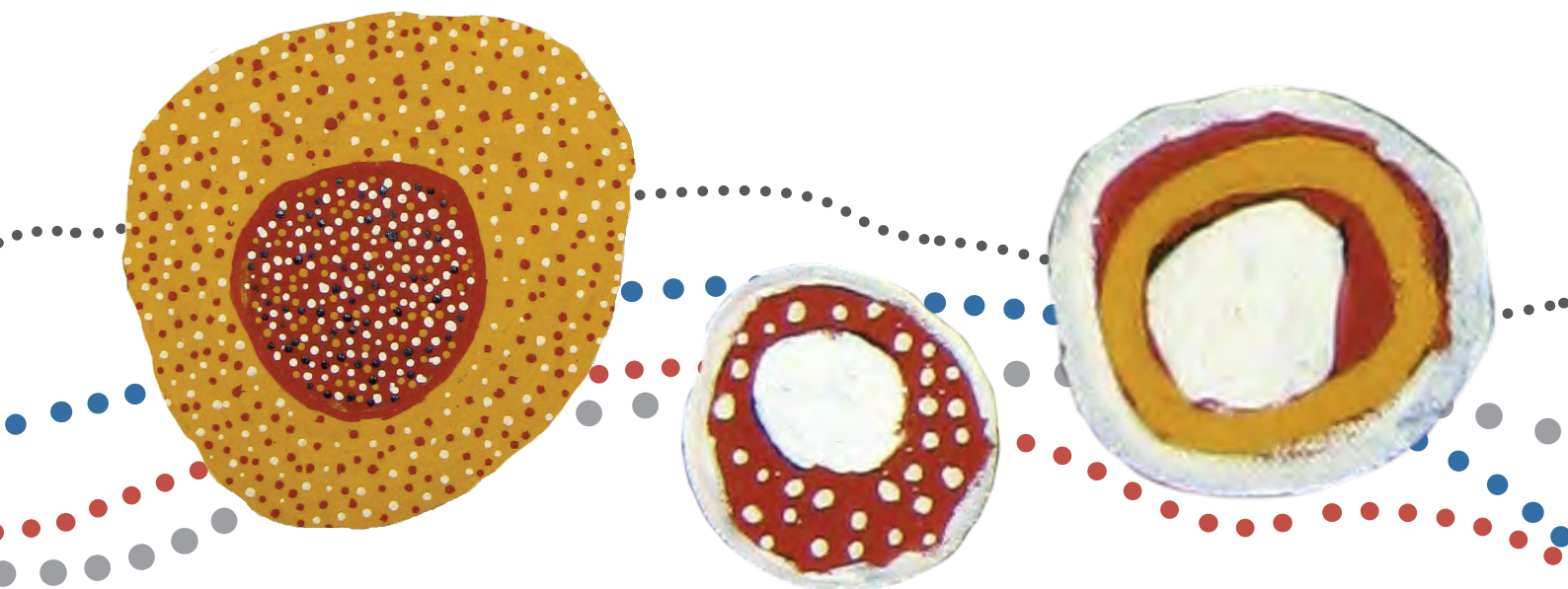
79 Australian National Audit Office. (2011) Audit Report No.5 2011–12 Development and Implementation of Key Performance Indicators to Support the Outcomes and Programs Framework
80 SAI Global. (2009) ISO 31000:2009

C   Guideline for presenting a business case

The following provides a sample format for developing a business case. [81]

C.1   Executive Summary

This highlights the overall story and the key points of the business case. While it is the first section of the business case, it is often the last section completed.

C.2   Project Title

This should provide a brief title for the project.

C.3   Problem

This section should provide some background to the problem or issue being addressed, a definition of the problem, and the evidence of the problem. An indication of why the problem needs to be solved at this time and whether this is a unique problem or one that is faced by a number of organisations may also be helpful. The inclusion of data that indicates the magnitude of the problem/issue and whether this has changed over time (improved or deteriorated) will further support the business case.

C.4   Benefits

This section should outline the key benefits that will flow if the problem is solved. This can be demonstrated by a program logic map. You should also highlight if there are any negative consequences that may arise.

This section should highlight how it will help the healing centre to achieve its objectives and the potential funding agency (such as government) objectives. This section should define the key success measures, including key performance indicators. An evaluation strategy/framework could also be included.
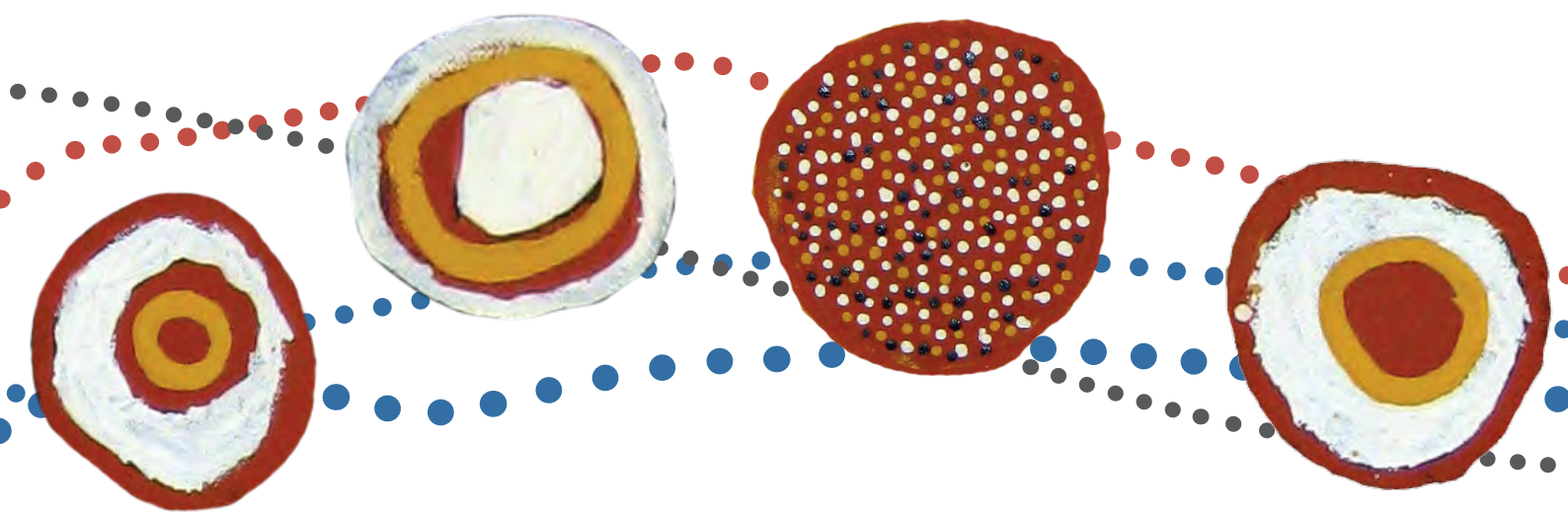
81 Victorian Department of Treasury and Finance (2012). Lifecycle Guidance – Full business case template. www.lifecycleguidance.dtf.vic.gov.au/subsection.php?section_ID=1&subsection_ID=15

C.5   Strategy

This section should include the following elements:

♦ Preferred option. A description of the option(s) for addressing the problem. If there is more than one option you should rank the options. When ranking the options you should consider (at a high level) the benefits, costs, time, risks, and disadvantages. You should identify which option you wish to implement.

♦ For the preferred option you should describe in as much detail as you can the programs that the healing centre will deliver, the location of the healing centre (including whether you need to build a facility) and the number of staff and other resource requirements.

♦ For the preferred option you should also provide evidence of why you have selected this option and why you think it is the most appropriate for your community.

♦ Funding sources. A description of the proposed funding sources such as government, private sector or donations.

♦ Governance. A detailed governance structure.

♦ Stakeholder engagement and communications plan. Provide a list of key stakeholders and their likely response to the establishment of a healing centre and how this would be managed.

♦ Change management strategy. Outline how process changes or staff re-training will be managed to ensure the benefits of the healing centre are delivered.

♦ Timelines and milestones. Outline the project schedule, including any procurement or recruitment steps, statutory approvals (for example Development Applications) and key decision points.

♦ You should also consider whether there are competing priorities, dependencies or skills capabilities.

♦ Performance measures. Provide specific information on the performance measurement, including key performance indicators.
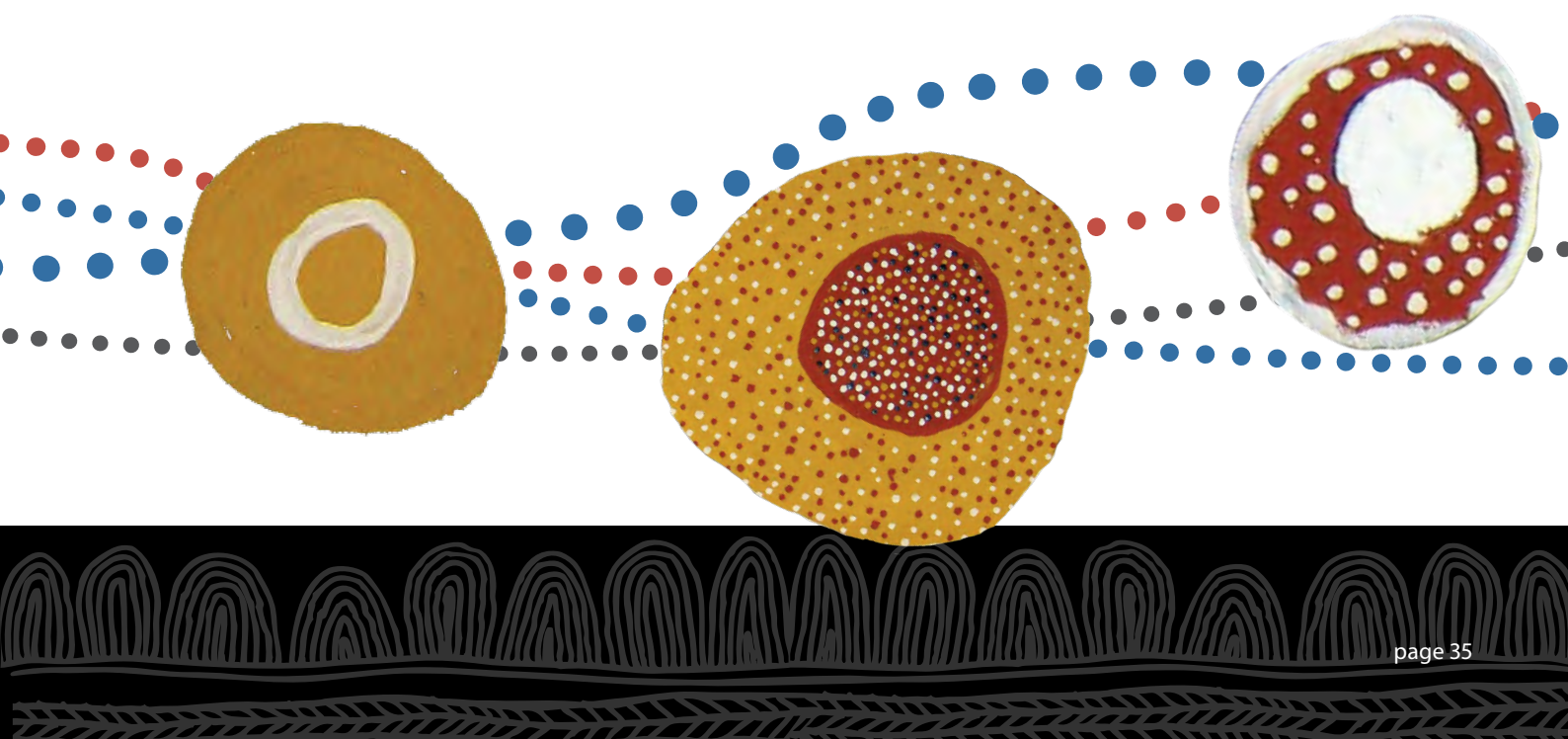
D   Guideline for evaluating healing

This guideline offers practical advice for communities and healing leaders who are interested in evaluating their healing work or healing centre. It also provides links to further, more detailed information sources that may be of use. The guideline draws on insights provided by the groups consulted as part of this project, as well as relevant evaluation literature.

D.1   Evaluating healing

Evaluation has an important role to play in helping Aboriginal and Torres Strait Islander communities to strengthen their own healing practices, as well as encouraging broader support for healing work. Evaluation can provide evidence and insight about how healing works for different people, as well as documenting the broader outcomes of healing work.

Evaluation makes everyone accountable. It gives us the evidence base to negotiate for our work, and a chance to influence what government values [82].

To fulfil this role, evaluation must be undertaken in a way that:

♦ Reflects an Aboriginal and Torres Strait Islander worldview

♦ Is accountable to Aboriginal and Torres Strait Islander communities, and

♦ Acknowledges and respects Aboriginal and Torres Strait Islander histories, cultures, and knowledge systems.

Evaluation which is responsive to, and ultimately owned and led by Aboriginal and Torres Strait Islander communities will work differently. Timeframes, methods, relationships between evaluators and stakeholders, and the identification and measurement of outcomes all need to be adapted. Involving Aboriginal and Torres Strait Islander community members in conducting, and ultimately leading evaluations is critical to developing appropriate approaches. Collaboration between mainstream professions (including evaluators) and Aboriginal and Torres Strait Islander communities is a good starting point for this.

We want to build bridges between mainstream professions and Aboriginal and Torres Strait Islander people by using their expertise, but within our frame of reference [83].

Some evaluation approaches are already recognised as likely to be valuable. Opportunities for building relationships and trust over time, and seeking and sharing information in culturally appropriate ways are known to be important. The recognition and use of stories and community language can also make evaluation more relevant and accessible to Aboriginal and Torres Strait Islander people. Reporting in oral and visual formats is also likely to be useful.

While there may be similarities in the evaluation approaches preferred by Aboriginal and Torres Strait Islander communities, it is important that each community have the opportunity to shape evaluation of their own healing centre or programs, and to select measures, tools, approaches and responses which are meaningful to them [84].

D.2   What kind of evaluation ?

Evaluation can be undertaken in different ways, in order to meet different purposes. There are also a variety of ways of categorising and talking about evaluation. For the purposes of evaluating healing centres, the most useful distinction is that between developmental, formative and summative evaluation. These are briefly described in Table 1 below.

82 Healing Centre Program Design Consultancy Workshop
83 Ibid
84 Utilisation focused evaluation, an approach led by Michael Quinn Patton, emphasises the importance of engaging key stakeholders for any intervention in planning and undertaking evaluation, including the work of creating meaning, forming recommendations, and implementing a response. This significantly increases the likelihood of evaluation findings being used, and recommendations implemented.

Table 1: Developmental, formative and summative evaluation and uses

Kind:	Developmental	Formative	Summative
Purpose:	Helps to <u>develop</u> something by providing insights into how it might work.	Helps to <u>improve</u> something by providing feedback about how it is working.	Helps to <u>understand</u> the value of something by providing evidence about outcomes and their value
Use:	Most useful when designing or implementing something innovative, or which operates in a complex environment.	Most useful when seeking to refine the design and implementation of something in order to get the best outcomes.	Most useful when seeking to produce evidence of or to assign value to the outcomes achieved through something being implemented.
Timing:	Before or in the early stages of implementing something	During implementation, or in-between phases of implementation	Often before/during and after implementation, to enable comparison

Source: KPMG, adapted from Patton (2011) Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use

As indicated in the table, the kind of evaluation most relevant to you will depend on what you want the evaluation to help you do, and how well established your healing centre is.

D.3　When to evaluate

Evaluation is not only relevant once something is completed. Especially when trying something new, and if there is limited evidence available about what works, evaluation can help you *develop* your approach, as well as *improve* what you do as you do it. Also, in order to *understand* the outcomes of your work, you will usually need to collect information about the situation beforehand.

It's a good idea to think about what you want from evaluation before establishing a healing centre, and to plan for this in advance

The best time for an evaluation is when it can provide useful information to important stakeholders. For a healing centre, the most important stakeholders are the community which the centre serves, as well as the people who manage the centre and develop its programs and activities. Funders and other partners who support (or may support) a healing centre are also stakeholders, and may have requirements. While it is important to focus an evaluation on the most important questions, often the information generated can be useful to multiple stakeholders.

D.4   Planning and managing evaluation

There are a number of guides and tools available to help with planning and undertaking an evaluation. The Better Evaluation website (www.betterevaluation.org) provides a useful overview, and links to further resources. Generally, as described on this website, planning and undertaking an evaluation involves the following core tasks.

Table 3: Core tasks for planning and undertaking an evaluation

Core Task:	What is involved:
Manage	Manage an evaluation (or a series of evaluations), including deciding who will conduct the evaluation and who will make decisions about it.
Define	Develop a description (or access an existing version) of what is to be evaluated and how it is understood to work.
Frame	Set the parameters of the evaluation – its purposes, key evaluation questions and the criteria and standards to be used.
Describe	Collect and retrieve data to answer descriptive questions about the activities of the project/program/policy, the various results it has had, and the context in which it has been implemented.
Understand Causes	Collect and analyse data to answer causal questions about what has produced outcomes and impacts that have been observed.
Synthesise	Combine data to form an overall assessment of the merit or worth of the intervention, or to summarise evidence across several evaluations.
Report & support use	Develop and present findings in ways that are useful for the intended users of the evaluation, and support them to make use of them.

Source: Better Evaluation Website: betterevaluation.org/plan, reformatted into the above table

How these core tasks are undertaken, and by who, will vary. Further detail about the tasks, and potential methods for undertaking them, are provided in the planning tool (betterevaluation.org/resource/tool/be_planning_tool)

D.5   Promising methods for evaluating healing

There are a number of evaluation methods which may prove useful in evaluating healing or healing centres, depending on the context and purpose of the evaluation. The Better Evaluation website provides a brief introduction to a broad range of methods which can be selected, combined, and flexibly applied in order to meet your evaluation requirements. (Better Evaluation guide to methods: betterevaluation.org/approaches).

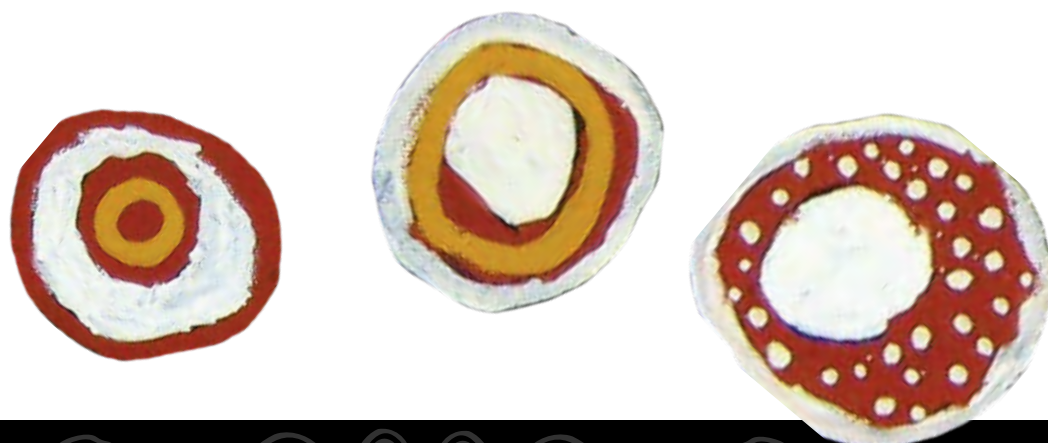The following methods (see Table 3) are promising options for evaluating healing centres.

Table 3: Promising methods for evaluating healing

Method	Description	Useful features	Limits / Adaptations
Participatory Action Research[1]	Cyclical process of building understanding about a situation, and acting to change it. It needs to be done by the people who are most involved.	Participatory, usually combined with other methods for evaluation.	Requires a consistent approach over time, and a system to be established within an organisation.
Most Significant Change[2]	Collects and analyses personal accounts of change, includes processes for learning about what changes are most valued by individuals and groups.	Qualitative, usually combined with other methods for evaluation	Increased strength or connectedness may be more relevant measures of healing than 'change'.
Outcomes Mapping[3]	Unpacks an initiative's theory of change, provides a framework to collect data on immediate, basic changes that lead to longer, more transformative change.	Systematic, feeds evaluation results back into strategy development.	Requires a consistent approach over time, and a skilled facilitator usually within the organisation
Social Return on Investment[4]	Identifies and places a financial value on a broad range of social outcomes, not only the direct outcomes for the intended beneficiaries of an intervention.	Provides quantitative results, useful for presenting a funding case	Placing financial value on abstract benefits can be challenging, and potentially inappropriate

D.6   Getting help with evaluation

Evaluation is a complex discipline, and there are many different and competing views about how evaluations can and should be done. If you are looking for help with your evaluation, it may be useful to keep these tips in mind when selecting a partner (or consultant) to work with.

♦ A good evaluation partner is flexible, and responsive to your priorities. There is always more than one way to approach an evaluation, so look for someone who listens, who is happy to talk to you about the options, and who is willing and able to tailor their approach and methods to suit the purpose and context.

♦ While the discipline may be complex, the tools and process don't need to be. A good evaluation partner will be able to relate to you using everyday language, and apply their expertise without overwhelming you with technical language and details. They should be able to explain their methods and approach clearly.

♦ There are many different ways to get involved in an evaluation. For example, you could conduct your own evaluation with the partner or consultant in a mentoring role. You can also help to develop or review the method and tools, play a part in collecting and analysing data, and in communicating the outcomes of the evaluation. A good evaluation partner will be able to discuss how you can be involved.

♦ When you are choosing a partner, consider their priorities and experience. Some partners will be more comfortable with the approach that suits you than others. Consider, for example, whether they have experience using qualitative methods, or translators, if these are important for your evaluation. Ask them whether they have any issue with a flexible timeframe or process, if this is important to you.

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1   There are several toolkits describing how to apply participatory action research to different social issues, See: http://www.fahcsia.gov.au/our-responsibilities/housing-support/publications-articles/homelessness-youth/reconnect-action-research-kit or http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0011/92477/Toolkit_Web_final_with_logo.pdf

2   www.betterevaluation.org/plan/approach/most_significant_change

3   www.betterevaluation.org/plan/approach/outcome_mapping

4   www.betterevaluation.org/approach/SROI

D.7   Ethical evaluation

Evaluation involves working with people, and this requires ethical practice. There are two main activities commonly undertaken during evaluations which may require formal ethics approval: collecting personal information; and seeking consent to participate. For example, conducting a survey which collects information about people's medical, financial, or family history would usually require formal ethical approval, and a suitable process for ensuring informed consent. There are also broader questions around ethics to consider when conducting evaluations. For example, ethical practice includes informing people about how their input is used. The following resources are useful starting points when considering the ethics of conducting an evaluation, and whether formal ethics approval may be required.

Table 3: Resources for planning an ethical evaluation

| Source	Usefulness	Resource
National Health and Medical Research Council: Statement on Ethical Conduct in Human Research	These guidelines apply to any research that collects information about or from people. They provide guidance on how to conduct ethical research, and on whether ethics approval is required.	http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72.pdf
Better Evaluation Website: resources for ethical evaluation	This website is a useful source from which to select guidance to apply to your evaluation work, as well as providing links to more detailed articles and advice.	http://betterevaluation.org/evaluation-options/ethical_guidelines
Australasian Evaluation Society: guidelines the conduct of ethical evaluations	An ethical code endorsed by the peak body for evaluators in the Asia-Pacific region. Useful as a 'baseline' from which to set expectations for ethical conduct in evaluations. Evaluation consultants may be familiar with this code of practice.	http://www.aes.asn.au/images/stories/files/About/Documents%20-%20ongoing/AES%20Guidlines10.pdf
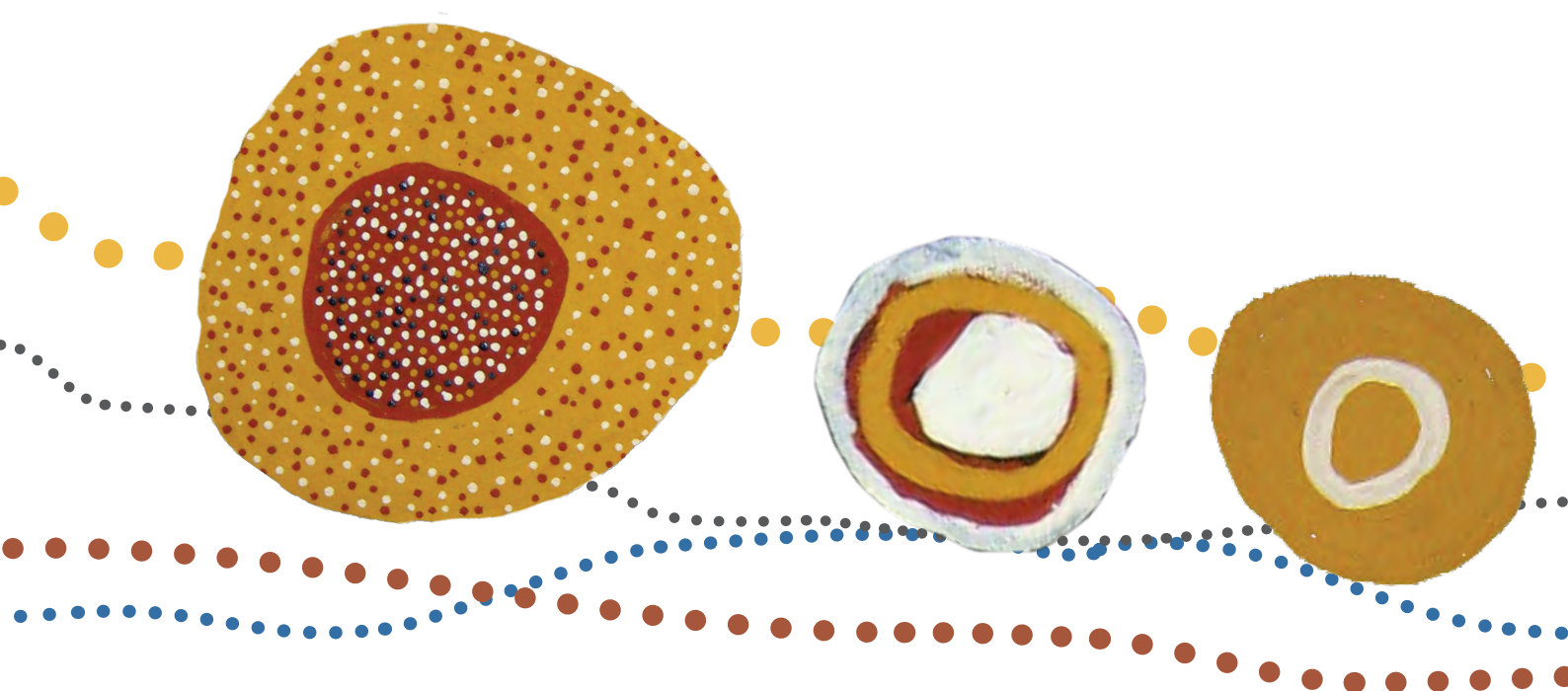
E   Groups consulted

Individuals from the organisations presented in Table 1 below were consulted as part of this project. Details of individuals have not been included, for privacy reasons.

Consultation was conducted through telephone conferences, and participation in a three day workshop held over 17-19 September 2012. Many workshop participants also undertook further consultation with other members of their organisation, and broader community.

Table 1: Organisations consulted

Organisation	Further Details
Aboriginal Family Support Services	www.afss.com.au
Atkinson Consulting Group	atkinsonkerr.com.au
Akeyulerre Healing Centre	Email: admin@akeyulerre.org
Rumbulara Healing centre	www.rumbalara.org.au
Northern Carers Network	www.ncnw.org.au
Bana Yarralji Bubu Healing Centre	banayarralji.blogspot.com.au
Sister Kates Healing Centre	www.communicare.org.au/About-Communicare/skhkac.html
Selected members of the Aboriginal and Torres Strait Islander Healing Foundation Board	www.healingfoundation.org.au
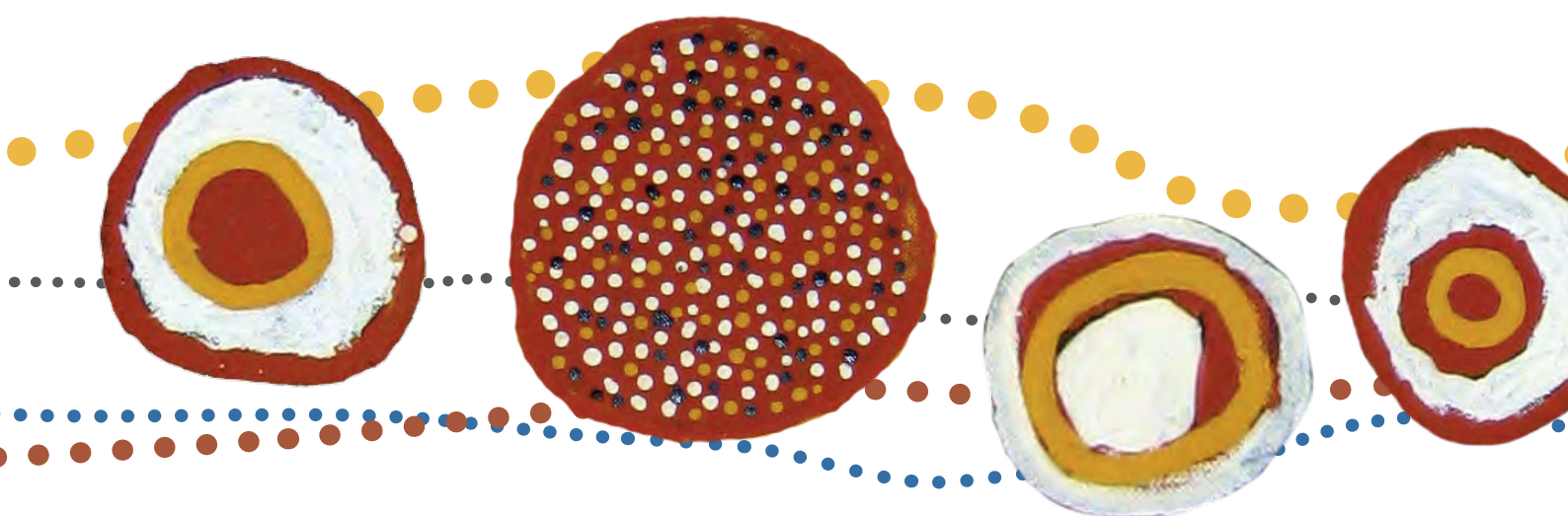
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Chandler, M. J., & Lalonde, C. E. (2004). Transferring Whose Knowledge? Exchanging Whose Best Practices?: On Knowing About Indigenous Knowledge and Aboriginal Suicide. In D. Beavon, & J. White (Eds.), *Aboriginal Policy Research: Setting the Agenda for Change, Vol.II*. (pp. 111-123). Toronto: Thompson Educational Publishing.

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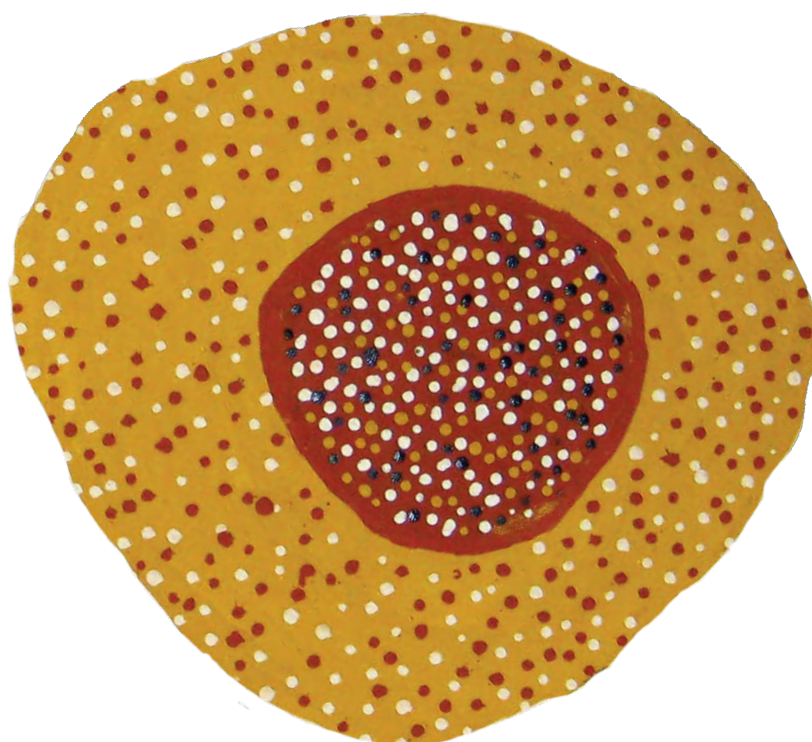
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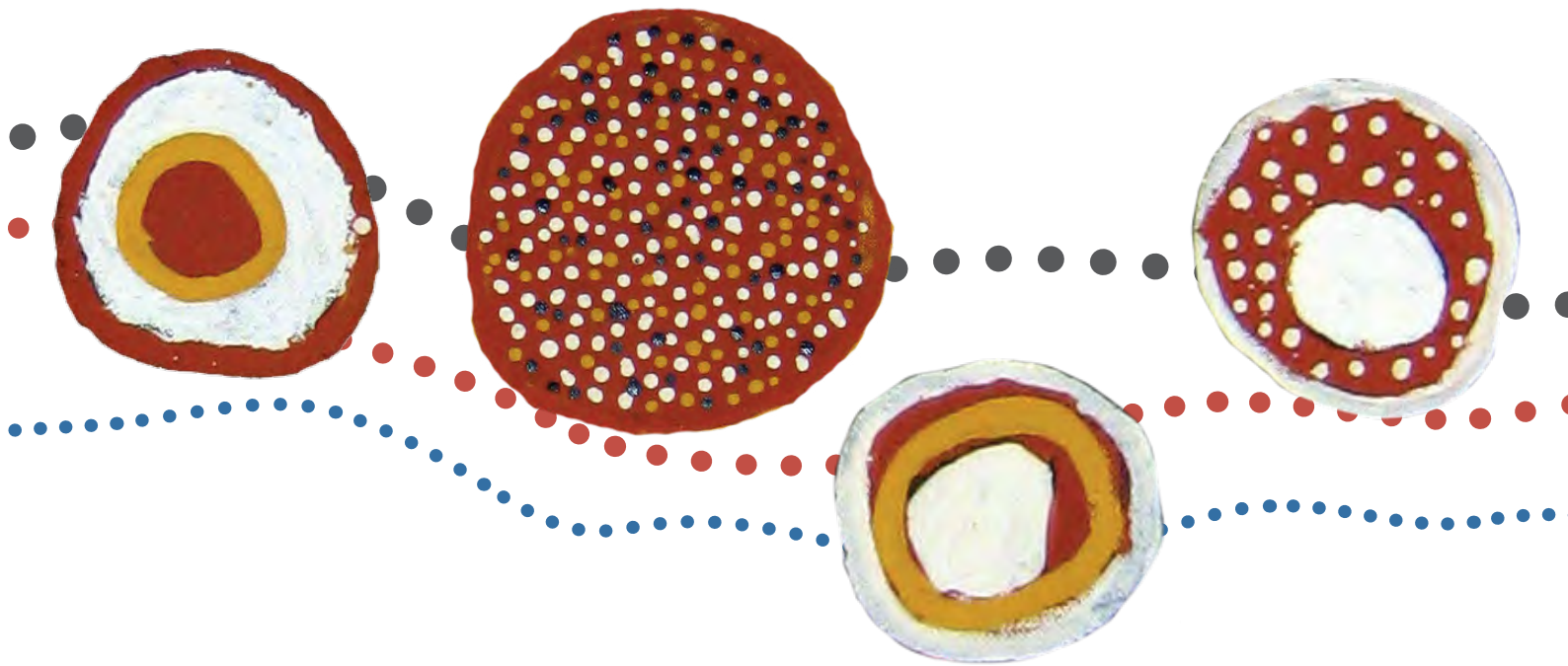
Williams, E., Guenther, E., & Arnott, A. (2011). *Traditional Healing: A Literature Review*. Retrieved September 2012, from The Convaluator Network: Working Paper Series 2: www.covaluator.ne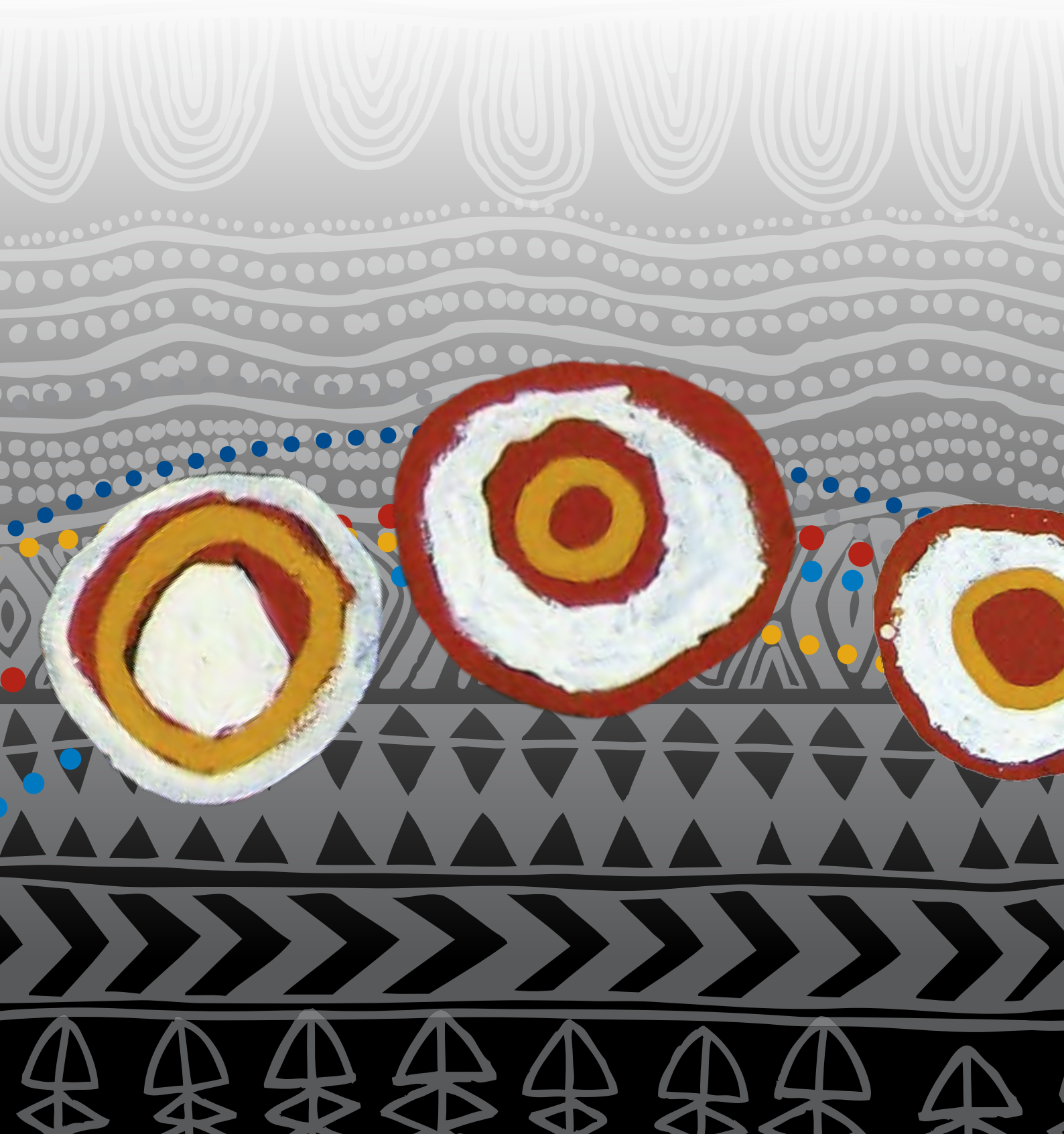t/docs/S2.2_traditional_healing_lit_review.pdf