Senator Moore asked for further information on rent payments at Foyer.

I can advise that we run a flat rent (depending on age) so per week its - $135 for young people that are Youth Allowance Eligible, $150 for New start eligible and $230 for Young Parents. In addition we charge a second tier rent for the first two groups who choose to occupy top floor (penthouse) units of $170 and $185. These units are not suitable for single parents. All rents are inclusive of utilities.

Senator Reynolds sought additional information on Results Based Accountability and how we measure outcomes.

Please find attached a number of documents that provide this information.
1. RBA Flyer – gives an overview of what RBA does
2. Impact Measurement Awards Submission – Proposal that gives a good idea of how we have implemented RBA within Anglicare as well as our successes and challenges
3. FAST Housing example
4. Elements of Headline report (shown using FAST as the example)
5. 5-7 Financial Counselling, Albany Women's Centre and Supporting Children after Separation examples
6. RBA on RBA report

Collectively these documents will provide a good picture of how it works. I would be happy to provide additional information if this is required.

The Committee showed a general interest in the operation of the Halls Creek Healing Foundation.
I have spoken with the Foundation and have endorsement to share the attached Sub Strategy addressing Family and Domestic Violence, a component of the full Healing Strategy.
As discussed at the hearing Anglicare has agreed to a structure that is for us to be involved for three years with decision gate for both parties after two years with the intention to hand the project over to community to run, via the Taskforce. Anglicare see project as a learning pilot with line management responsibility of Program Manager directly to Anglicare senior management and Anglicare W.A. Aboriginal Advisor, along with Taskforce.

Regards

Mark Glasson

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ANGLICARE WA

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We acknowledge Aboriginal people as the traditional custodians of this land

anglicarewa.org.au

Turning the Curve

RESULTS BASED ACCOUNTABILITY

ANGLICARE WA
CHANGING LIVES

We all want to know if we are making a difference.
We all want to improve the lives of our clients.

Anglicare WA does.

At its heart, RBA asks of us three questions:

How much do we do?
How well do we do it?
Is anyone better off?

Anglicare WA has adopted a beneficiary performance indicator - the ability of clients to thrive within their lives and relationships - and our performance against this indicator will be at the core of everything we do.

Results Based Accountability (RBA) will help us do that. It is an outcomes based approach that enables services to understand their impact on clients' lives.

Surely if we can answer those three questions we will be well on the way to knowing our impact. We can use RBA's 'Turn the Curve' tool to understand trend data, and construct strategies for improving our outcomes.

Anglicare WA has chosen RBA because it is easy to use, provides a common language, is outcomes focused and it is a framework that staff can embrace.

Anglicare WA is rolling out RBA across all our services – more than 50 of them.
And importantly, we will be sharing our learnings with the sector.

We think RBA will be a useful tool for many other organisations in the community sector.
We will be:

- Keeping you informed through newsletters and online information
- Running seminars and training courses, sharing our own experiences and bringing national and international speakers to WA to share their RBA knowledge
- Offering community sector organisations one-on-one RBA introductory sessions

If you want to receive regular information or explore how you can participate please email **rba@anglicarewa.org.au** or call Desiree Nangle, Evaluation Project Manager, on **(08) 9263 2157**.

ABOUT ANGLICARE WA

Anglicare WA is a not for profit community services agency. We provide services from 35 locations across the state, from as far north as Kununurra to Albany in the south. We assist more than 35,000 Western Australians every year.

Anglicare WA works together with people, families and their communities to enhance their abilities to cope with the challenges of life and relationships. We work from the street corner to the halls of Parliament. Our ultimate aim is that the people we walk alongside can thrive.

Where we seek to make a difference:

Relationships: we work with individuals and families to build resilient relationships

Housing: we work with people to secure affordable, stable and appropriate homes

Financial stress: we work with people in times of financial crisis to deal with their immediate needs and plan for a more sustainable future

We rely on the generous support of the community, government and the private sector to continue to offer these services.

Anglicare WA has been on a two and a half year journey of building a culture of evaluation and continuous improvement across the organisation. Driven by our Strategic Plan and our single Beneficiary Performance Indicator (BPI) of moving clients from surviving to thriving, this choice is centred on a strong desire to know and have evidence of the impact our services have.

Before beginning this journey, research into best practice was sought and reviewed. The benefits of creating an organisational culture of evaluation are well documented so Anglicare WA applied for, and won, a Social Innovations Grant from the Department of Communities. This award allowed two years of employment for a fulltime evaluation manager to oversee the implementation of Results Based Accountability (RBA) internally, across approximately 68 services, as well as externally to share learnings with the sector.

Two and a half years later, the journey toward an organisational culture of measurement continues. The process started with introducing individual services to RBA and having them begin implementation. Starting with those services who volunteered for the training, one-by-one, services complete workshops with the evaluation manager to define their outcomes and begin setting up systems to allow for data collection and analysis.

Early roadblocks appeared immediately, mainly stemming from the lack of outcomes measurement within the organisation. Most of our services were found to only be reporting on outputs, as required by funders. Another huge barrier to seamless implementation was not having one overarching database with capacity to capture and analyse the outcome data that would be needed. Having identified these issues and still needing to progress the initiative, solutions for data storage had to be tackled immediately.

Along with data management issues, resource and time management have also been very prevalent throughout this journey. Staff approval and buy-in was identified from the outset as imperative to success. Anglicare WA, aligning with research in change management, took a bottom-up approach, supported by top-down endorsement, with implementation. Starting with the service staff has had huge benefits for both acceptance of measurement and use of results. Allowing staff to define their own outcomes for their services increased their sense of ownership in the process and their accountability for client outcome results.

Early successes were evidenced when services began reflecting on their practices and making changes as a result of analysing RBA data. To make data presentation meaningful and less overwhelming, services focus on 3-5 outcomes at a time. This ensures the most important indicators of success are constantly being monitored, staff aren't drowning in data, and all results can be displayed in a user-friendly, one-page report. It was also found that presenting services with their own data in this one-page, 'headline measure' report resulted in abundant gains in staff understanding and buy-in!

While the main objective of this initiative is to build a culture of evaluation allowing for continuous service improvement for our clients, it would be added benefit if service staff support this initiative and find it useful. To practice what we preach and continuously monitor, and therefore improve, our chosen approach to measurement, a meta-evaluation (RBA on RBA) has been collected alongside services' RBA frameworks.

Results from this measurement, mainly obtained through an all-staff survey that has, so far, been completed four times from December of 2011 through March of 2013, show encouraging results! Staff reporting they understand what RBA is has increased from 53.6% (2011) to 80.9% (2013). Additionally, 66.1% of staff who completed the

most recent survey in 2013 (31.4% or 209 staff members) agreed or strongly agreed that implementing RBA within Anglicare WA is a good thing. This latter result was very inspiring giving the time constraints staff are under in that although data measurement takes time, sometimes away from what is identified as their main objectives in client work, they find the results of that work to be useful enough to support the resources required to obtain them.

Moving forward on this road toward impact measurement, Anglicare WA will continue to monitor and work on improving understanding and support of RBA as a tool to measure client outcomes. Recent steps taken to make data and measurement more 'fun' include highlighting a service's "curve of the month" on the intranet and in our staff newsletter as well as posting relevant cartoons on bulletin boards to make data more relatable, fun and familiar.

Anglicare WA's road to building a culture of evaluation has been long and fraught with learnings but has already led to improvements for our clients! We have also had the opportunity to walk alongside other organisations and mentor them while they undertake implementing RBA within their services. As the community service sector moves in the direction of understanding and rigorously measuring impact, we have learned a lot about what it means to better serve our clients in meaningful ways. RBA is just the beginning of our journey and was chosen for its clear, simple, introductory concepts into impact measurement, but is only meant to be the first step on our evolving quest into evaluation. Alongside RBA, some programs are already using Social Return on Investment (SROI), Most Significant Change (MSC), and Collective Impact (CI) to enhance the RBA work being done.

As of today, 87% of Anglicare WA's services have begun their RBA process by identifying their outcomes and approximately 40% have been collecting outcomes data for over a year. Our evaluation project manager has also been able to work with over 20 external organisations, independent consultants and government agencies to help them learn and implement RBA within their own areas of service. Additionally, Mark Friedman, the founder of RBA, sponsored by Anglicare WA, has also been to Perth two times (in 2012 and 2013) to meet with Anglicare WA as well as other interested organisations to critically review and guide them in their RBA work.

For further information and examples of work being done by Anglicare WA in this area, please visit our website RBA page at: http://www.anglicarewa.org.au/resources/results-based-accountability.aspx .
Our RBA blog is also available for viewing at: http://www.anglicarewarba.org.au/ .
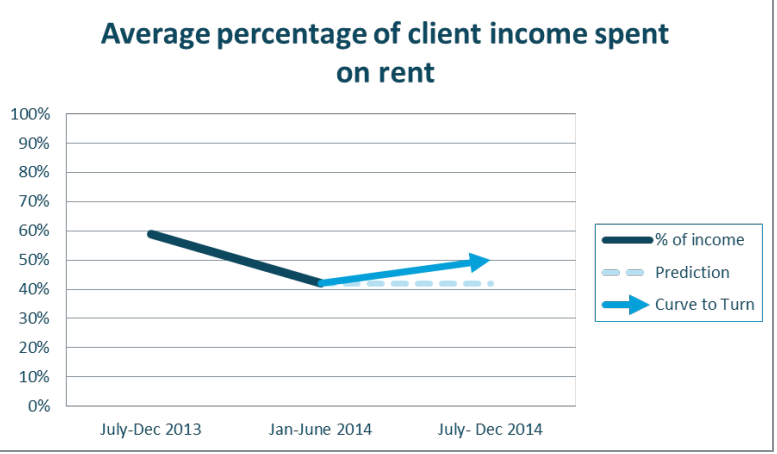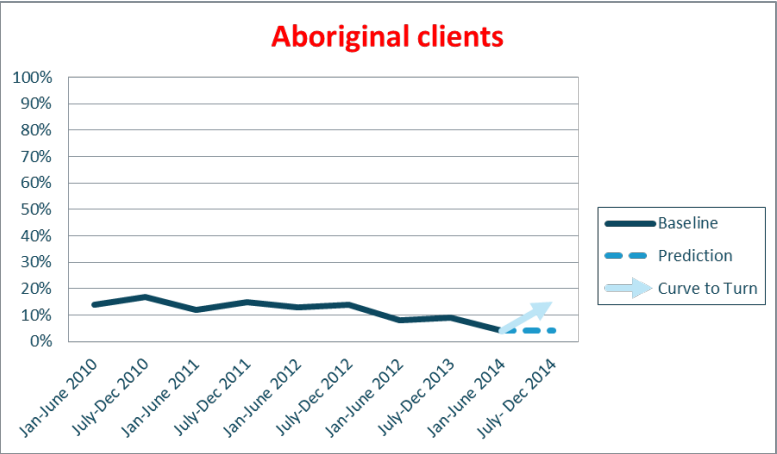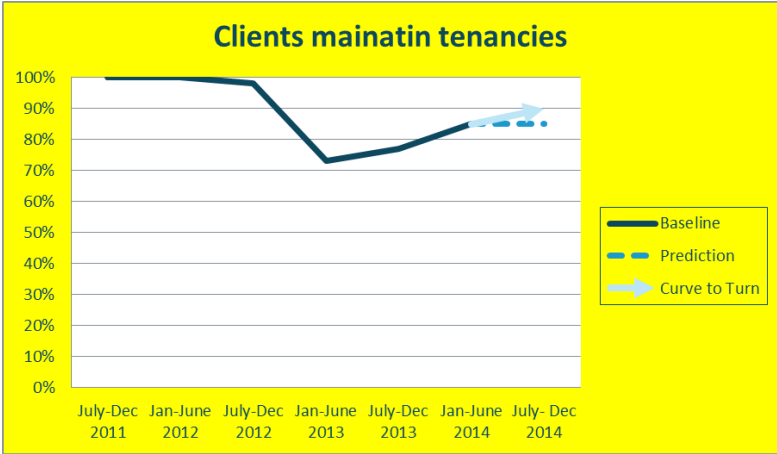
Fremantle Anglicare Stabilising Tenancies (FAST) January- June 2014: RBA Program Headline Performance Measures Report

Service Description: FAST provides tenancy support to people in the South West Metro area that are in private tenancies to sustain and maintain their tenancy.

Clients

People in a private tenancy at risk of homelessness

RBA HEADLINE PERFORMANCE MEASURES

Clients mainatin tenancies

Legend: Baseline, Prediction, Curve to Turn

Aboriginal clients

Legend: Baseline, Prediction, Curve to Turn

Average percentage of client income spent on rent

Legend: % of income, Prediction, Curve to Turn

Number of Clients

Between January and June 2014, FAST services saw a total of 55 clients.

Story Behind the Baselines

- The number of clients maintaining their tenancies has increased by 7.5%. This is due to networking and better relationships with the local Real Estate property managers. Clients are more competent at managing their own finances due to the budgeting education and information that HSW's provide. Out of the 8 people who were unable to sustain their tenancies in this reporting period, 3 moved in with family or friends, 1 found a cheaper rental, 1 separated from her husband and also moved back with family, and 3 moved out of the area and lost contact.
- The number of Aboriginal clients has remained under 10% this is mainly due to the local Aboriginal specialist services providing support in the area. The Aboriginal clients mainly come for tenancy liability and not ongoing housing and budgeting assistance
- The average percent of income spent on rent has decreased by 18% since the last reporting period. This is possibly due to clients maintaining their tenancies so the rents are not increasing by huge amounts. The figure of 42% still shows that there is a major number of tenants in rental stress.

Action Plan to continue Turning the Curves

In an effort to continue improving performance on our headline measures, FAST will:
- Build better relationships with the Real Estates that are new to the area
- Build networking in the area with the specialist Aboriginal services so that we can work collaboratively towards better outcomes for clients
- Continue to educate clients in budgeting areas and refer clients to other programs and services to help maintain tenancies

Partners who can help us do Better

SMYL, Tafe, JSA's, Centrelink, PAC's, Young Hearts, MEM, Counsellors, Financial Counsellors, Real Estate Agencies.

Data Development Agenda

Continue to develop better feedback so that figures can accurately reveal
Financial Literacy improvement
Employment and education
Feedback
Increased knowledge of other community Services

Reporting Period	July - December 2011	January - June 2012	July - December 2012	January-June 2013	July-Dec 2013	Jan- June 2014
Number of clients in reporting period	26	54	50	73	47	55
Percentage of clients in stable accomodation at end of reporting period or case closure	100%	100%	98%	73%	(36/47) = 76.5%	47/55= 85%

Period	Total Number of Clients (Actual)	Total ATSI Clients	Percentage of ATSI Clients
Jan - Jun 2010	7	1	14.28
Jul - Dec 2010	18	3	16.66
Jan - Jun 2011	25	3	12
Jul - Dec 2011	27	4	14.8
Jan - Jun 2012	54	7	12.96
Jul - Dec 2012	56	8	14.28
Jan - June 2013	73	6	8.21
July-Dec 2013	47	4	8.51
Jan- June 2014	55	2	3.6

FAST: Income spent on rent		
Ave % of income spent on rent	# of clients	% of income
July-Dec 2013	47	59%
Jan- June 2014	55	41.94%

The top 3-5 measures that services have data for make up the **Headline Measure Report**. These are the things believed to be most important by the service staff

Yellow graphs show client OUTCOMES while white graphs show outputs (numbers of things) or quality measures (things that add quality to the service but do not necessarily mean clients are 'better off'

Story behind the baselines describes why the graphs look the way they do. They explain what went right (in that what the reasons were that clients achieved the desired outcome) as well as diagnose potential reasons some clients did not achieve the outcome

The Action Plan to Turn the Curves explains what more or different (new) the service will do in the coming 6 months to try to ensure all clients receive the desired outcomes of the service. They should also focus on low-cost/no-cost ideas as well as out of the box ideas to encourage innovation
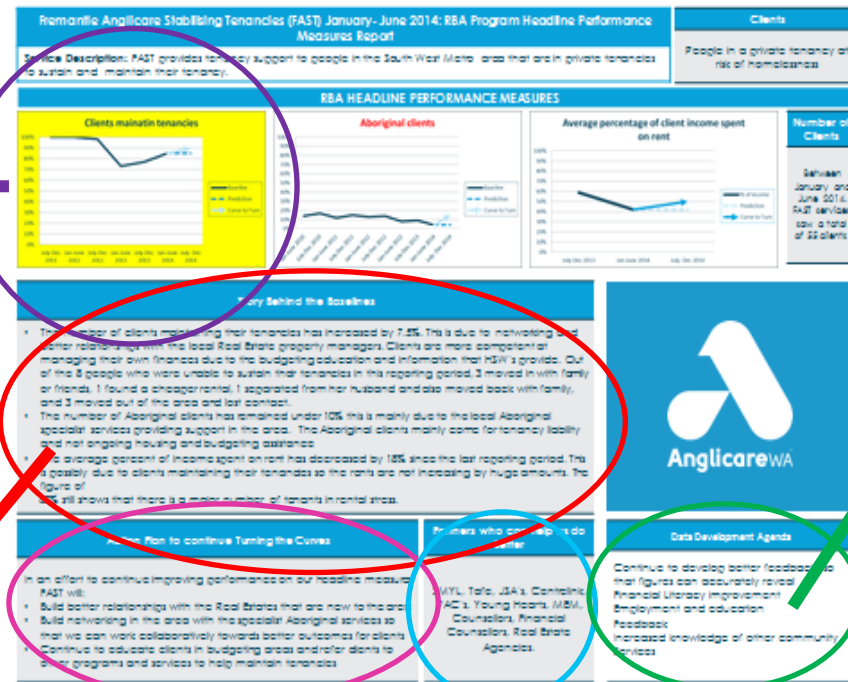
Data Development Agenda highlights the additional data the service currently does NOT collect but thinks would be useful to have in the future.

Partners list internal and external partners who could have a role to play in helping turn the curves. This recognises that no one person or agency can be expected to do this work alone and opens up the possibilities for collaborations – Collective Impact

Service Description: Financial Counselling helps people work through any problems they are having with money. This may include managing a household budget, negotiating outstanding bills, or saving for the future.

Clients

Anyone seeking financial information

RBA Program Headline Performance Measures

Clients have confidence they will use skills and knowledge learned in the future

6 month follow-up: Clients have used the skills and knowledge learned from the Financial Counsellor after exiting the service

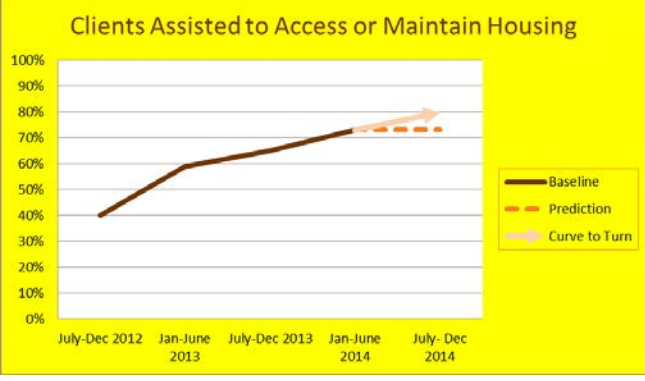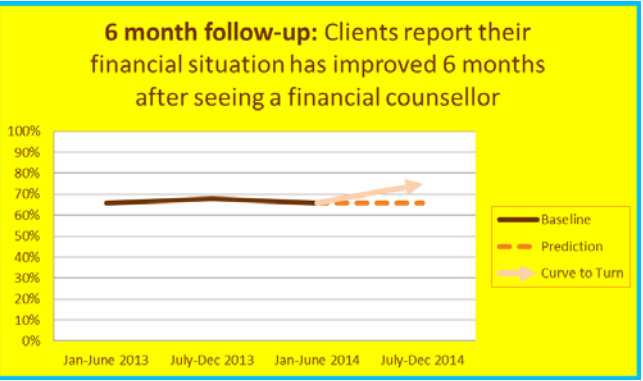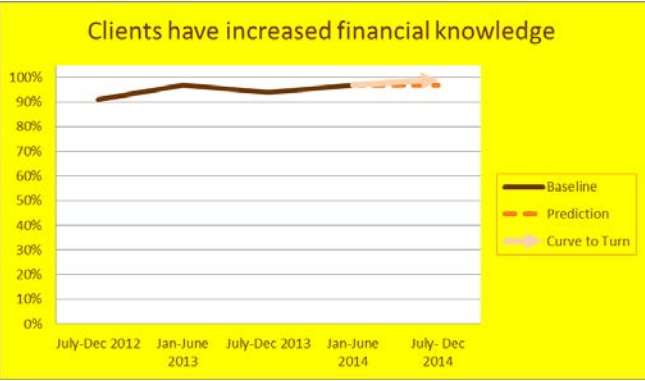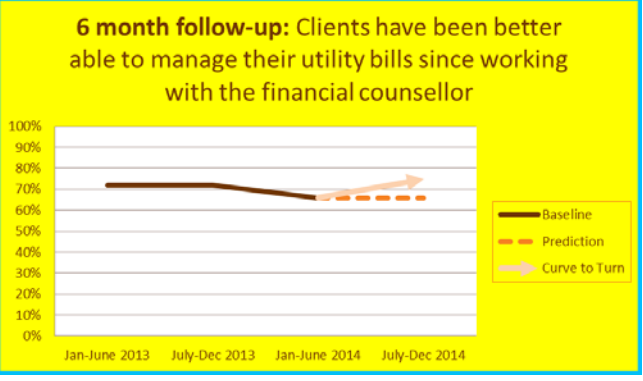Clients feel they can maintain utility payments on their own

6 month follow-up: Clients have been better able to manage their utility bills since working with the financial counsellor

Clients have increased financial knowledge

6 month follow-up: Clients report their financial situation has improved 6 months after seeing a financial counsellor

Clients Assisted to Access or Maintain Housing

Number of Clients

Total number of clients for January to June 2014: 1679

Reasons for client visits:
Utilities (73%)
Budgeting (83%)
Housing (14%)

Survey response rate:13%

Story Behind the Baselines

Graphs 1 and 2. Results from the post service survey do not support the same evidence from the 6 monthly follow up. One reason for this could be that after the client has had an intensive interview with the Financial Counsellor, offering assistance and person centred service, the client would feel very confident in being able to use skills and knowledge learned, however as time progresses and support is withdrawn, the client is very susceptible to the economic environment. Clients are finding that the cost of personal living expenses are extremely difficult to meet if their only income is from Commonwealth Income Support.

Graphs 3 and 4. this is again the case in clients who feel they can maintain utility payments on their own. Following an interview, the clients receive positive support and guidance and have realistic achievable goals they feel they can meet quite comfortably, however they only need an unexpected expense occur in their lives that they have not had the funds to budget for and they are left on a downwards spiral. It may be that clients are just managing their living expenses with no surplus and they hear a media release that states their Commonwealth Income will be reduced and power will increase by 4.5%. This is enough to put them in a negative mind set that they will not actually manage resulting in negative effects on mental health and family relationships.

Graphs 5 and 6 It would always be expected that a client accessing the service would have increased their financial knowledge. This would be done during a one on one interview with the financial counsellor who talks to the client about their particular issue and may also be due to the brochures that are available for pickup at each of the services. it is very pleasing to see that 68% of clients have reported that their financial situation has improved 6 months after being assisted by a financial counsellor. This is a fabulous achievement and one that we strive to improve on.

Graphs 7. there has been a recordable increase on clients being assisted to access or maintain their housing. This may be due to the increased financial literacy sessions where clients chose to disclose (in a group) their accommodation situation. those in public housing have previously felt very hard done by, however of late, they realise that their public housing is a safety net to be cherished and appreciated and they may be developing more respect for maintaining this entitlement, because if they were in mainstream, they have a greater knowledge of how high housing costs can be.

Action Plan to continue Turning the Curve

- All FC to keep their brochures and literature in a well ordered and accessible place for clients to access
- Regular financial literacy sessions are delivered at all FC locations.
- All FC to use person centred approaches when looking at the clients' situation holistically, giving meaningful referrals to issues outside the scope of FC
- All emergency relief requirements to be referred to appropriate alternate agencies
- Client who are coming back to the service to access a repeat HUGS, must attend a financial literacy workshop to assist with building their knowledge and skills.

Data Development Agenda

1. As a team we would like to improve on the number of completed client feedback forms
2. We would like to increase the number of follow up phone interviews
3. Encourage more team work participation in RBA process.

Partners who can help us do Better

- Department of Community Protection
- Department of Housing
- Southwest Aboriginal Service
- Community Legal Services
- Anglicare WA Making Ends Meet
- Anglicare WA Housing Programs
- WA NILS
- FCAWA
- Centrelink Social workers.

AnglicareWA

Data from post surveys

I feel I will be able to maintain payment of utilities on my own

Date	# Stg Disagree	# Disagree	# Neither	# Agree	# Stg Agree	# agree+Stg agree	% agree+stg agree
July-Dec 2012	2	9	36	113	41	154/201	76.6%
Jan-June 2013	3	8	22	76	56	132/165	80.0%
July-Dec 2013	7	4	25	69	28	97/133	72.9%
Jan-June 2014	6	3	42	100	61	161/212	76%

Clients have increased financial knowledge

Date	# Stg Disagree	# Disagree	# Neither	# Agree	# Stg Agree	# agree+Stg agree	% agree+stg agree
July-Dec 2012	1	3	15	105	95	200/219	91.3%
Jan-June 2013	0	0	6	82	88	170/176	96.5%
July-Dec 2013	0	2	7	74	60	134/143	93.7%
Jan-June 2014	1	2	4	103	98	201/208	97.0%

The skills and knowledge I have gained today will be useful to me in the future

Date	# Stg Disagree	# Disagree	# Neither	# Agree	# Stg Agree	# agree+Stg agree	% agree+stg agree
July-Dec 2012	0	2	18	100	98	198/218	90.8%
Jan-June 2013	0	1	11	79	83	162/174	93.1%
July-Dec 2013	0	0	7	75	56	131/138	94.9%
Jan- June 2014	1	2	4	93	115	208/215	97.0%

Because of support received I/we are able to maintain access to housing

Date	# Stg Disagree	# Disagree	# Neither	# Agree	# Stg Agree	# agree+Stg agree	% agree+stg agree
July-Dec 2012	2	6	69	31	19	50/127	39.3%
Jan-June 2013	0	0	38	31	23	54/92	58.6%
July-Dec 2013	0	1	27	20	33	53/81	65.4%
Jan-June 2014	0	2	35	44	57	101/209	73.0%

Wordle representing client feedback when asked for suggestions to improve the service

6 month follow up: In the time since I worked with the financial counsellor I have used the skills and knowledge I learned						
Jan-June 2013	# of responses	July-Dec 2013	# of responses	Jan- June 2014	# of responses	
Strongly disagree	0	Strongly disagree	0	Strongly disagree	5	
Disagree	1	Disagree	0	Disagree	7	
Neither	5	Neither	3	Neither	8	
Agree	24	Agree	16	Agree	47	
Strongly agree	2	Strongly agree	0	Strongly agree	4	
Total # Responses	32	Total # Response	19	Total # Responses	71	
Agree + Strongly agree 75% + 6.3% = 81.3%		**Agree + Strongly agree 84.20%**		**Agree + strongly agree 72%**		

Follow up: As a result of the work with the FC, have you been better able to manage your utility bills?							
Jan-June 2013	% of responses	# of responses	July-Dec 2013	% of responses	# of responses	Jan- June 2014	# of responses
Strongly disagree	3.60%	1	Strongly disagree	0.0%	0	Strongly disagree	4
Disagree	10.70%	3	Disagree	5.3%	1	Disagree	10
Neither	14.30%	4	Neither	21.1%	4	Neither	7
Agree	67.90%	19	Agree	68.4%	13	Agree	40
Strongly agree	3.60%	1	Strongly agree	5.3%	1	Strongly agree	0
Total # responses	100%	28	Total # responses	100%	19	Total # responses	61
Agree + Strongly agree 67.9 + 3.6 = 71.4%			**Agree + Strongly agree 5.3+68.4= 71.4%**			**Agree + Strongly agree 66%**	

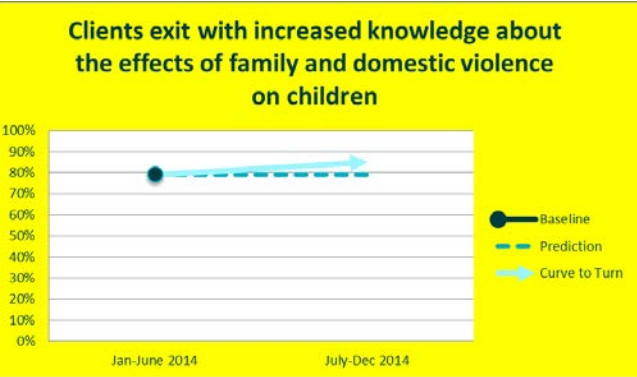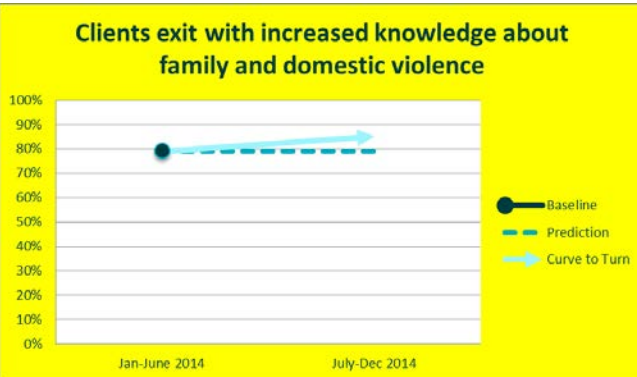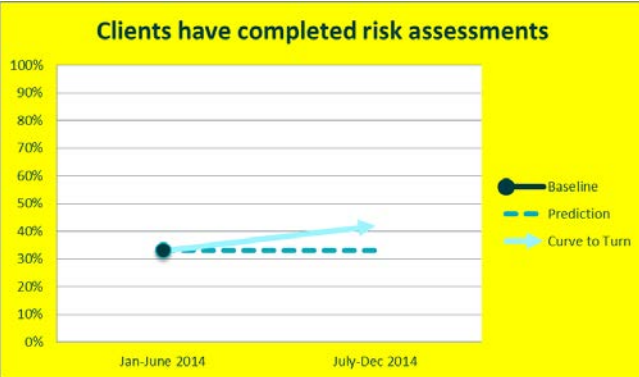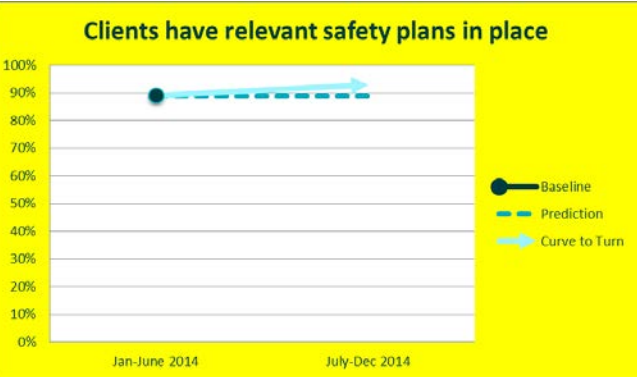| 6 month follow-up: As a result of the work with the FC, has your financial situation improved?						
Jan-June 2013	# of responses	July-Dec 2013	# of responses	Jan- June 2014	# of responses	
Strongly disagree	1	Strongly disagree	0	Strongly disagree	5	
Disagree	5	Disagree	2	Disagree	27	
Neither	5	Neither	4	Neither	9	
Agree	22	Agree	13	Agree	31	
Strongly agree	0	Strongly agree	0	Strongly agree	0	
Total # responses	33	Total # responses	19	Total # responses	72	
Agree + Strongly agree 66.6+0 = 66.6%		**Agree + Strongly agree 68.4+0= 68.4%**		**Agree + strongly agree= 43%**		

Albany Women's Centre Jan-May 2014: RBA Program Performance Headline Measures Report

Clients

Service Description: Albany Women's Centre offers women, with or without children, who are victims of Family and Domestic Violence, a safe refuge and support services.

Women and their children who are homeless or at risk of homelessness due to family violence

RBA Program Headline Performance Measures

Clients have relevant safety plans in place
Baseline / Prediction / Curve to Turn

Aboriginal Clients
% of clients that are Aboriginal

Clients have completed risk assessments
Baseline / Prediction / Curve to Turn

Clients exit with increased knowledge about family and domestic violence
Baseline / Prediction / Curve to Turn

Clients exit with increased knowledge about the effects of family and domestic violence on children
Baseline / Prediction / Curve to Turn

Clients met half or more of their case management plan goals
Baseline / Prediction / Curve to Turn

Support Periods
Total Number of Closed Support Periods
Total Number of Ongoing Support Periods

Number of Clients

Albany Women's Centre saw a total of 82 clients between January - May 2014

40 Clients had worker outcomes assessments completed, making the response rate 48.7%

Story Behind the Baselines

Graphs 1 & 3: something that the AWC has always done really well. The whole purpose of the refuge is to help clients feel safe. However, as shown by graph 3, not everyone has their safety plans and risk assessments completed. Some clients come to AWC during the night and leave in the morning, making it difficult for staff to cover these two things.

Graph 2: AWC has adopted a different way of working with ATSI clients. The community now understands and view AWC as an appropriate and safe place for Aboriginal clients. This was achieved through our last action plan which included employing an ATSI support worker and having group work to change the community's perceptions

Graphs 4 & 5: for clients who stay for longer, the worker discusses with them the cycle of violence, the power and control wheel, and have safety planning conversations to ensure that clients exit with increased knowledge of FDV and of its effects on children. Some clients do not have children, so the information given is tailored to fit them. In the future, the CWS worker will be assessing this outcome with mums who come to AWC.

Graph 6: The number of closed cases decreased for this period because with a dedicated DVOR and CRS worker, the clients are being referred to more appropriate support services.

It is worth pointing out that out of the number of clients (total 82), that 42 were children and we did not do any RBA assessments for each child but SHIP recognises them as clients showing this statistic. The CWS worker will be capturing data for the children from July 2014 onwards.

Action Plan to continue Turning the Curves

- Will be completing safety plans and risk assessments as soon as a client enters AWC.

Data Development Agenda

- Indicators for client safety will be identified to make it more standardised across workers.
- A mid and post question about safety plans will be added to ensure that the plans are being reviewed and refined to fit the client's circumstances.
- Increased knowledge about effects of FDV on children and clients meeting half or more of their goals will not be measured in the future. Most clients leave without meeting those goals.

Partners who can help us do Better

- Other local DV services
- Child, Aboriginal and DV consultant
- Education Department
- SAC, WANSLEA,YAP, Aboriginal Health

AnglicareWA

Clients have relevant safety plans in place				
Date	# Clients	# Yes	# No	% with plans
Jan-June 2014	37	33	4	89.1%

Percentage of clients that are Aboriginal	
July 2011-June 2012	35%
July-Dec 2012	26.60%
Jan-June 2013	35%
July-Dec 2013	48%
Jan- May 2014	39%

Does the client have a completed risk assessment?				
Date	# Clients	# Yes	# No	% complete
Jan-June 2014	40	13	27	32.5%

Client exited with increased knowledge of FDV			
Jan-June 2014	# Yes	% Yes	% increased knowledge
Support meetings held with support worker	39/40	97.50%	
Support plan completed and referrals made to groups/counselling where required	33/40	82.50%	
Cycle of violence explained/power and control wheel/other relevant material explained	25/40	62.50%	158/200 = 79%
Client asks questions during support meetings and safety planning conversations	34/40	85%	
Client can apply knowledge to their situation	27/40	67.50%	

Client exited with increased knowledge of FDV effects on children			
Jan-June 2014	# Yes	% Yes	% increased knowledge
Support meeting held with child support worker	22/24	91.60%	
Child needs assessment completed and referrals made to groups/counselling where required	20/24	83.30%	
Effects of violence on children explained	21/24	87.50%	103/120 = 85.8%
Asks questions during support meetings	20/24	83%	
Client can apply knowledge to their situation	21/24	87.50%	

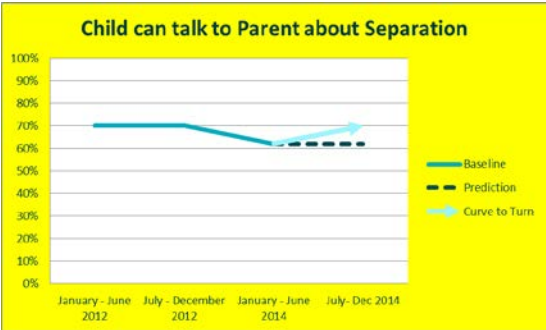| Clients met half or more of their goals	
Date	% met at least half of goals
Jan-June 2013	14%
July-Dec 2013	35%
Jan- May 2014	64%

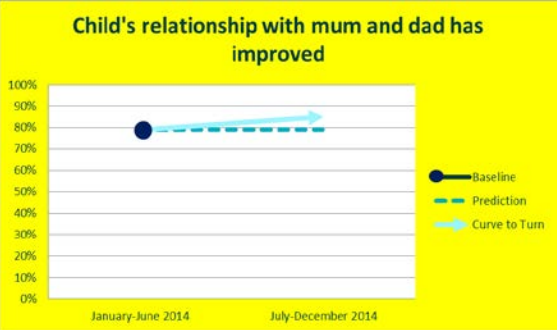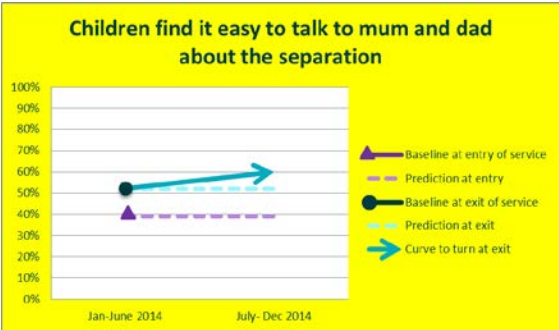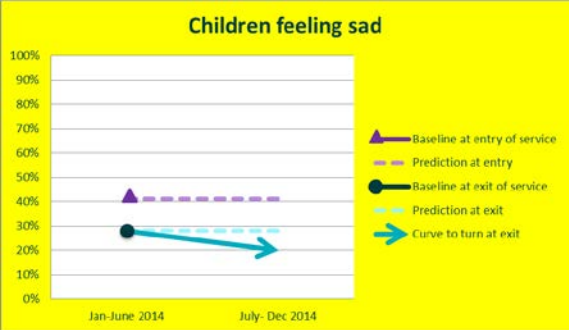| Support Periods		
Date	Total number of closed periods	Total number of ongoing support periods
July 2011 - June 2012	219	39
Jan-June 2013	68	32
Jan- May 2014	21	31

Clients

Service Description: The program aims to help children and young people to:
- adjust to the changes that arise from separation
- identify and express their feelings and thoughts about the separation
- develop and enhance family relationship in what can be a difficult time, and
- gain life skills and social skills that will enable them to face challenges in their lives
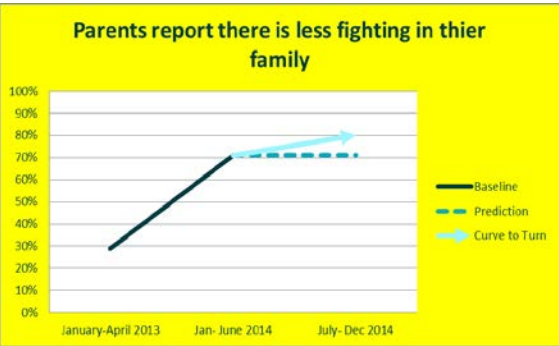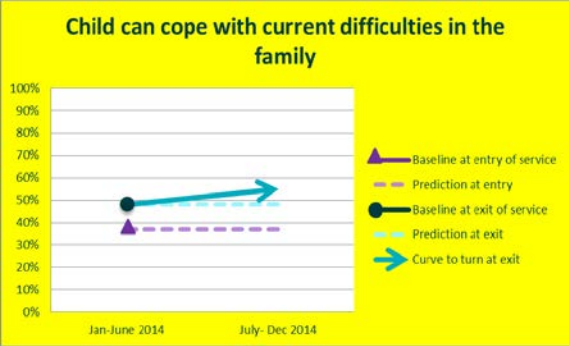
The program is for children and young people up to 18 years of age who have parents who are going through a separation or have already separated.

RBA Program Headline Performance Measures

Children feeling sad

- Baseline at entry of service
- Prediction at entry
- Baseline at exit of service
- Prediction at exit
- Curve to turn at exit

Children find it easy to talk to mum and dad about the separation

- Baseline at entry of service
- Prediction at entry
- Baseline at exit of service
- Prediction at exit
- Curve to turn at exit

Child's relationship with mum and dad has improved

- Baseline
- Prediction
- Curve to Turn

Child can talk to Parent about Separation

- Baseline
- Prediction
- Curve to Turn

Child can cope with current difficulties in the family

- Baseline at entry of service
- Prediction at entry
- Baseline at exit of service
- Prediction at exit
- Curve to turn at exit

Parents report there is less fighting in thier family

- Baseline
- Prediction
- Curve to Turn

Number of Clients

SCASP saw a total of **195** between January and June 2014

Story Behind the Baselines

- The number of children and young people reporting that they feel less sad after completing the program has shown to increase which can be attributed to children and young people better understanding and managing their emotional responses and therefore feeling better equipped to cope with the difficulties that family separation presented.
- Upon completion of the program children indicate that they feel more trust towards their parents resulting in more effective communication in their relationships. This is perhaps due to children and young people developing a stronger acceptance of the change.
- However, children and young people have indicated that they are less likely to talk to their parents about the family separation. This may be a reflection of the children's and young people's acceptance of the change and of family separation no longer being a presenting concern.
- Children and young people have indicated that they continue to have good relationships with their parents. This may be a reflection of the parent's understanding that their children require a separate space to explore their responses to the choices that the parent's had made.
- Parents have indicated that due to their children participating in the program they are in less conflict with each other. This may be due to the children's program connecting parents to the parenting programs that AnglicareWA also offer.

Action Plan to continue Turning the Curves

In an effort to continue improving performance on our four headline measures, SCASP will:

- Continue monitoring children and young people's well being
- Provide children, young people and their parents with pre and post assessments to determine the effectiveness of the therapeutic services
- Provide children and young people a safe place to learn new skills to adapt to life's challenges
- Provide children and young people with links to services that support them to strengthen their understanding of their rights and responsibilities towards themselves and others
- Provide children and young people with factsheets to encourage the development of a greater understanding on the processes of family separation
- Provide parents links to services that support them to develop child focused parenting skills
- Provide parents with factsheets to encourage the development of a greater understanding of the child's perspective on family separation

Partners who can help us do Better

Parents
MDF
Parenting Coordinators
Admin support
Schools
Family courts

Data Development Agenda

Supporting Children After Separation Program will continue using the validated questionnaires with children, young people and their parents.

AnglicareWA

Child data

Pre data

Q1. Which one did the client choose?

Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	% strongly agree + agree
1. I feel angry	12	13	11	4	4	44	18%
2. I cry and I don't know why	11	12	10	9	1	43	23%
3. I feel sad	10	8	8	12	6	44	41%
4. I find it easy to talk to Mum about the separation	7	10	7	6	13	43	44%
5. I find it easy to talk to Dad about the separation	10	12	7	3	12	44	34%
6. I feel safe at Mum's house	2	5	4	10	23	44	75%
7. I feel safe at Dad's house	5	3	4	15	17	44	73%
8. I enjoy being at school	3	6	4	7	24	44	70%
9. I enjoy being with my friends	0	0	3	12	29	44	93%

Pre SCASP:

"feels unsafe at mums in case someone breaks in. feels unsafe at dads in case little sister swallows his lego"

"very sad about separation, in denial"

Post data

Q1. Which one did the client choose?

Questions	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	% strongly agree +agree
1. I feel angry	9	5	9	1	1	25	8%
2. I cry and I don't know why	10	4	3	6	2	25	32%
3. I feel sad	9	5	4	5	2	25	28%
4. I find it easy to talk to Mum about the separation	1	2	5	4	13	25	68%
5. I find it easy to talk to Dad about the separation	4	5	7	1	8	25	36%
6. I feel safe at Mum's house	0	0	3	6	15	24	88%
7. I feel safe at Dad's house	2	2	3	4	13	24	71%
8. I enjoy being at school	1	0	3	4	15	23	83%
9. I enjoy being with my friends	0	1	0	5	18	24	96%
10. My relationship with my Mum has improved	0	0	4	4	16	24	83%
11. My relationship with my dad has improved	1	1	4	5	13	24	75%
12. I feel better able to manage my parent's separation	1	0	9	7	8	25	60%
13. I enjoyed coming to see my SCASP counsellor	0	2	0	4	18	24	92%

Parent Data

Pre data

Q1. How would you describe your child?

Questions	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	% strongly agree +agree
My child appears angry	4	11	13	14	1	43	35%
My child cry's without reason	7	18	6	10	2	43	28%
My child appears sad	2	13	15	11	2	43	30%
My child can talk to me about the separation	1	5	4	21	12	43	77%
My child enjoys being at school	1	2	2	20	18	43	88%
My child enjoys being with their friends	0	0	0	17	26	43	100%
My child appears able to cope with current difficulties in our family	2	6	19	16	0	43	37%

Post data

Questions	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Total	% strongly agree + agree
My child appears angry	5	7	4	3	2	21	24%
My child cry's without reason	4	10	4	2	1	21	14%
My child appears sad	3	8	4	4	1	20	25%
My child can talk to me about the separation	0	2	6	12	1	21	62%
My child enjoys being at school	0	1	3	11	6	21	81%
My child enjoys being with their friends	0	0	2	5	14	21	90%
My child appears able to cope with current difficulties in our family	2	1	8	10	0	21	48%

Q1. As a result of attending SCASP:

Questions	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	% strongly agree +agree
I have information about other services which can help my family	0	2	3	15	1	21	76%
My child enjoyed coming to see their SCASP counsellor	0	0	1	8	12	21	95%
There is less fighting in our family	0	4	2	14	1	21	71%

Q1. Overall, how helpful have you found the SCASP program?

Question	Extremely Unhelpful	Unhelpful	Neither Helpful nor Unhelpful	Helpful	Extremely Helpful	Total	% strongly agree + agree
Overall, how helpful have you found the SCASP program?	0	1	1	12	7	21	90%

2014 Results Based Accountability Headline Measures Report

Service Description: Anglicare WA has chosen to implement Results Based Accountability (RBA) framework across all its services. This choice is centred on a strong desire to know and have evidence the impact our services have.
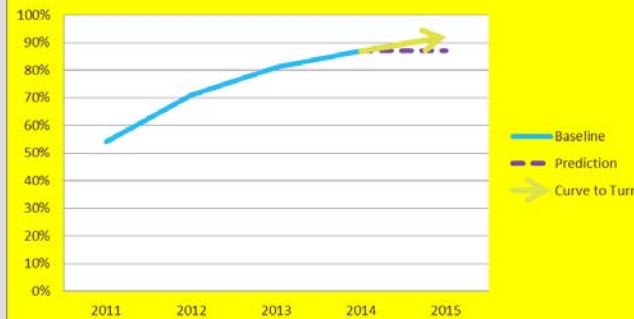
Clients

All Anglicare WA staff

Number of Clients

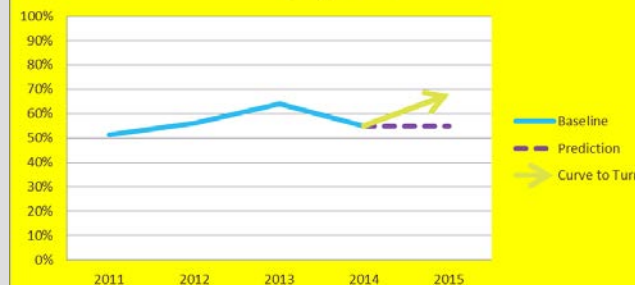Anglicare WA has 433 staff

123 staff completed the survey, a response rate of 28%

RBA HEADLINE PERFORMANCE MEASURES
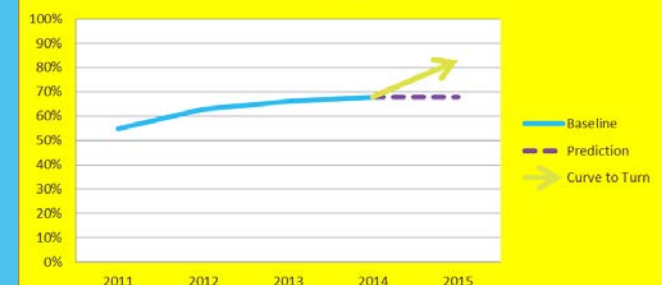

Staff understand what RBA is

Staff think RBA will help improve their program

Programs in Phase 3 of RBA Implementation

Staff report RBA is a good thing for Anglicare WA

Story Behind the Baselines

Three of our four headline measures increased in March 2014 from their previous data period in March 2013.

Graph 1 shows that more staff in March 2014 understand what RBA is compared to the March 2013 data. This is also true for Graph 3 which shows an increase in the number of programs in phase 3 of RBA implementation. These increases are due to the fact that the RBA team expanded to include a new research officer to help reach more services; do more introductory RBA sessions with staff; and increase visits to regional offices to help staff with their headline reports.

Graph 2 shows a 9% decrease in staff who think that RBA will help improve their programs in March 2014 compared to 2013. This could be because of the high turn-over of staff in programs and new staff not having enough exposure to RBA to see its benefits. This could also be due to the ever-changing data collection tools that staff were being asked to use. Because of this, there was no data consistency for some of these programs and could have left staff feeling that RBA was not meaningful for their programs.

Interestingly, graph 4 shows an increase (2%) in staff who think that RBA is a good thing for AnglicareWA. It is possible, that staff think that RBA is good for the organisation as a whole but is not something they should be doing themselves . RBA was seen as 'extra work' on top of other admin and reporting duties in the open-ended questions where staff also noted that RBA took "time away from their clients".

Action Plan to Continue Turning the Curves

In an effort to continue improving performance on our four headline measures, Anglicare WA will:

- Work in-depth with one service in each of our sub-brand areas (Relationships, Community, Youth, Housing) and use them as case studies
  - This will help us determine if more intensive support correlates to better understanding and, more importantly, high use of the RBA framework for service improvement
- Increase information to all staff on RBA success stories through the intranet and staff meetings
- Offer more RBA introduction sessions for staff who are new or need a refresher on the basics of the framework
- Encourage teams to present RBA at their team meetings and across teams: integrate RBA in daily business
- Share more examples with staff of RBA and where it works
- Make RBA a part of induction to help deal with staff turnover issues
- Implement an award for "Curve of the Month" to highlight progress being made by service

Partners Who Can Help Us Do Better

All Anglicare WA Programs and Staff

The Community Sector

Other Not-for-Profit Organisations

National and Federal Government

Trained RBA Trainers

Data Development Agenda

1. Determine population outcomes our services contribute to and begin using these across service's headline measure reports
2. Determine whether or not there are questions we can ask across services that use the same wording and same scale

Turning the Curve
RESULTS BASED ACCOUNTABILITY

AnglicareWA
FOR TODAY. FOR TOMORROW
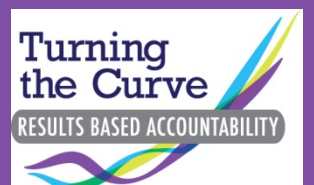
Staff Understand what RBA is

Date	Total # Responses	# Strongly Dis	# Disagree	# Neither	# Agree	# Strongly Agree	% Agree + Strongly Agree
Dec-11	138	14	21	29	64	10	53.6%
Apr-12	126	10	7	23	75	11	68.3%
Aug-12	106	6	8	14	69	9	73.5%
Mar-13	189	3	13	20	125	28	80.9%
May-14	116	3	7	5	74	27	87.1%

|	
Total Survey Responses	123
# of staff on payroll	485
# of staff paid last fortnight	433
Response rate	123/433 = 28.4%

RBA will help improve my program

Date	Total # responses	# Strongly Disagree	# Disagree	# Neither	# Agree	# Strongly Agree	# N/A	% Agree+Stongly Agree (-NA)
Dec-11	135	0	8	54	51	15	7	51.5%
Apr-12	124	2	4	44	45	22	7	57.2%
Aug-12	106	2	6	36	39	14	9	54.6%
Mar-13	189	5	14	48	82	37	3	63.9%
May-14	114	9	12	30	43	20	0	55.26%

Services in Phase 3

Date	% services in Phase 3
Jan-Mar 2013	31.1%
April-June 2013	45.3%
July-Sept 2013	50.0%
Oct-Dec 2013	45.0%
Jan-Mar 2014	53.0%

Staff think RBA is a good thing for Anglicare WA

	Total # Responses	# Stg Disagree	Disagree	Neither	Agree	Stg Agree	% Agree+Stg Agree
Dec-11	134	1	5	54	56	18	55.2%
Apr-12	124	4	5	40	49	26	60.4%
Aug-12	101	2	0	32	51	16	66.3%
Mar-13	189	5	10	49	84	41	66.1%
May-14	115	7	5	25	52	26	67.8%

Staff Understand what RBA is
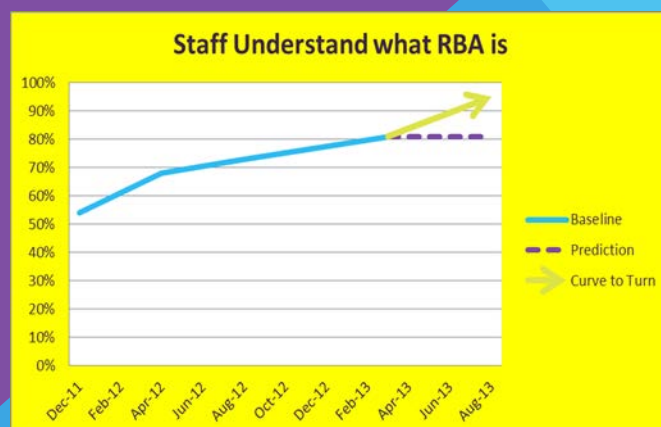
Yellow graphs = OUTCOME measures

Document 4: Combined Healing Strategy and Logframe Matrices

Introduction

The healing project consultant's work together with the project auspice agency Yuri Yungi Aboriginal Medical Service, over the past six months have catalysed and begun several healing changes and allied developments in Halls Creek. This accords with the original project description by Government that the work focus on designing a healing strategy and implementing where possible.

The project host agency, Yura Yungi (YY) has begun at an early stage of the project to support healing work through its own programs and its regional body, Kimberly Aboriginal Medical Services. Several series of training in Empowerment and Leadership, Mental Health First Aid and StandBy Assist suicide support training courses have been delivered to many of the YY board members and to the wider community. Ongoing training is planned. Further, a specialist Social and Emotional Wellbeing project worker has been employed and a visiting psychologist engaged on a week per month block schedule. Community members have been supported to attend a NSW Heal for Life, weeklong, intensive residential healing program by YY and the Department for Child Protection. Department of Corrective services have planned a Heal for Life youth healing camp in Kununurra and Halls Creek with Program Carer training to be commenced in Halls Creek for two people. The latter will allow this program to be ongoing locally. Initial developmental healing support groups with men and Stolen Generation people have begun.

Additionally the Project consultants view the support given to Healing Taskforce members and the taskforce itself as a deliberate focus on healing through listening, acknowledging and validating their work over such a long time. This is a practical example of healing through Aboriginal empowerment. It is through this work that stronger Aboriginal governance in Halls Creek can be established. Again this is an essential part of a healing process. Members of the taskforce have been supported to express their views on a national stage in Canberra, locally and regionally.

Collectively these initiatives mean that the Healing Strategy has a significant momentum already. This document has to factor in that there is an overlap between stage two (the current work) and stage three implementation. This is addressed in the previously presented Staged Project Development diagram (Document 1) where five stages purposefully overlap to ensure project continuity.

The Strategy seeks to be a balanced plan. That is, a structured approach that is detailed enough to be implemented directly but to be developmental in allowing deeper ongoing community input throughout its life.

A Strategy provides a way ahead – a map of developments that are needed for healing and processes for development. In this case that has meant four substantial stages of project drawing board work together with the community development focus noted above. The current document is the fourth and only makes sense in that sequence.

To recap, the four drawing board stages in this project are: building an essential conceptual framework for Aboriginal Healing that distinguishes the project from what exists and connecting this to like developments (Document 1); planning for project integration into the existing services matrix and financial models to sustain this (Document 2); Planning for a new service model, physical infrastructure developments and workforce development strategies (Document 3); then the Strategic plan of service and program developments. Collectively all of these documents are the Strategy. The final document is the most simple document of the four because all the work of 'clearing the way and conceptual building' for it has been done.

Finally, the Strategy series of documents and particularly this one cannot be fully fleshed out until they have been through a planned and full project implementation series of stages. This requires a

skilled implementation team that co-works with the Halls Creek Healing Taskforce and agencies. From conception this project was presented variously as twelve months, six months with an extension of one year. The final project brief included outcomes that in part ran for twelve months. This is apparently due to attempting to factor-in the unknown variables that are part of work in this field, the organic nature of community and project development. It also allows for the possibility that the skill sets of design and implementation may be different and require different contractors – so stage two is to be completed before stage 3 etc.

The current contractors have completed stage two development and implementation work. This places the project in a position to begin implementation of Stage 3 to 5, based on the Strategy itself and the community and service momentum it has generated in Halls Creek.

The following document is in three sections. The opening section describes the structure of the Strategy, identifies and gives a brief overview of areas which are to be developed. Then follows the presentation of the Strategy in a project development format as used by AusAid in international initiatives – a logical matrix framework (Logframe). This best captures the Strategy's individual and conjoint initiatives for the purposes of Implementation in stages 3 -5. The third section presents recommendations for how to continue the project.

Section 1

Overview of Essential Elements of the Strategy

Three Layers of Healing initiatives

The whole Halls Creek Healing Strategy is a primary health initiative. The following planned programs and initiatives including the focus on Aboriginal governance fall within the domains of addressing the social determinants of health and collectively the initiatives develop a Social and Emotional Wellbeing infrastructure.

This primary health domain is currently the focus of national social policy and investment. The Strategy is innovative in being a fully planned and articulated expression of this national health focus. All of the strategy has uniform project logic to that end – of fully addressing how to integrate and make more effective

- Population and community health delivering outcomes in Quality of Life, reduced risk and positive trajectories for health and mental health
- Social-environmental health – transforming over time social environmental immersion in deleterious cycles of violence, trauma and grief
- Reducing over time incidents of chronic physical and mental presentations to social and medical services through early and earlier intervention in physical and mental dysfunction and establishing a whole of 'community health and mental health culture' - a re-established Aboriginal healing culture that includes modern circumstances and environment
- Connecting primary, secondary and tertiary care in a continuum of consumer lead healing initiatives – securing continuity of care principles from intensive tertiary professional intervention through to care in community

The importance of focusing on these social determinants for health in Aboriginal communities has many supporters. In particular it is the view of the Commonwealth Government as expressed in its response to the World Health Organisation's report on Aboriginal health[1]. This is a key part of any Aboriginal health strategy and has been the core message of FaHCIA's Australian Aboriginal and Torres Straight Islander Healing Foundation's recent (2013) presentations to the National Framework for Social and Emotional Wellbeing round of consultations and to the national consultations on Aboriginal Health as part of the Close the Gap campaign (personal communication from ATSHF).

In the field of Indigenous healing the respective layers of health responses are seen as vital, of equal importance and as forming holistic practice, as defined in Document 1. The Strategy is designed to develop and action healing potentials in three increasingly specialized and differently focused layers. To avoid confusion it is noted that primary health is currently not structured this way – the whole range of issues in this domain is left under a global definition of 'Primary Health'.

So the following are a sub-set within the overall Primary health field. They mirror and repeat the global categorizations used in Health and Mental Health fields – Primary (Population-wide), Secondary (population at risk or who need a service) and Tertiary (where emergency, critical care, intensive and specialist responses are required). As a sub-set, they create an Aboriginal healing

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[1] Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation". Commonwealth of Australia Publications. ISBN 978-1-74229-798-9
20 March 2013.

paradigm shift to drilling down within the primary health domain to identify and respond to different levels of needs that, in the main, have previously not been systematically addressed. This focus allows issues of healing issues of latent trauma, internalized oppression, trans-generational trauma and generalized social and emotional malaise to be surfaced.

This complexity is further clarified under the following Strategy Framework.

Strategy Framework

Briefly the Strategy layers are identified below and are given operational form in the following body of the document.

1. Population: Living Cultural transmission programs, generic healing education programs that focus on cultural strengthening, empowerment and leadership training. Cultural guidance and teaching and motivational programs (healthy living etc.) gender based cultural and psycho-educational programs like anti-violence programs, healthy living and lifestyle campaigns.
   As a main body of work in this layer, the cultural healing focus draws on learning from the evaluation of the Alice Springs Akeyulerre Healing Centre that to remain a living cultural expression:

   > The only way the healing centre could make things work is to work
   >
   > Inside families and across all generations and across different families too. Akeyulerre is not 'a service' - it doesn't provide services but it helps people connect to language, culture and country and that is what makes the healing centre so powerful and strong. The healing centre is really important because unless we protect and support those systems of knowledge many young Aboriginal people won't grow up to be proud and strong.[2]

This level also includes developing initiatives that different groups want and will further develop as part of this organic healing Strategy. For instance, those projects/programs that Stolen Generation members want for their own and their family's social and emotional wellbeing and healing[3]. This also follows for families, youth, men, women and older children to further express their needs and to elevate these to the Strategy level.

The current strategy directions are clear however. Halls Creek people want a healing Centre in Town that has a drop in, yarning focus, where people can come and get a level of caring open support that doesn't mirror mainstream formal counselling service structure and function. There would be living cultural, art and language support with capacity to have private dialogue when necessary.

The Centre would support bush trips, cultural guidance and learning on country. These would be integrated with healing support with no boundary between teaching, guidance, leadership and therapeutic work – as would be the case in mainstream services. Healing would be part of cultural transmission, relationship, identity and reconnection.

When needed people who are distressed, troubled or unwell would go to a residential healing centre on country to get away from destructive influence, to focus more deeply on healing and to strengthen and learn new ways of living with identity, respect, responsibility

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[2] Guenther, J. et al. Two Knowledges Working Together. Tangentere Researchers and Charles Darwin University. Evaluation of Arrente Akeyulerre Healing Centre. Working paper University of Tasmania Conference. 2010.
[3] This is the result of recent dialogues with Stolen Generation members in Halls Creek through Yura Yungi.

to self, family and others, responsibility to land and to learn new skills in expression, relationship, education and work.

The Healing facilities would have provision for escalating therapeutic work to co-located secondary and tertiary healing services.

2. Secondary: Targeted healing programs for low to high-risk individuals and groups including identified families. These include healing programs and services for a variety of issues. For instance: youth at risk; women and men at risk of continuing/becoming perpetrators and/or victims of violence; adults and youth returning from prison; young girls and boys entering bullying and violence; adults, children and youth who are becoming or have become disassociated and marginalized etc. It is noted that this group also includes motivational and leadership work with adults and youth who have no identified or identifiable mental health issues, but who have entered the Amotivational Syndrome of passive dependency and non-participation in positive social situations, family, work etc

The Strategy plans for the following initiatives after consulting each of the above groups in Halls Creek, but also from an experience base of working with these issues and from research findings in the field. In this sense the Strategy uses a knowledge base and plans programs that are not easily traced back to community wishes. It is planned that an implementation stage of the Strategy further needs to skilfully broker these programs with the respective groups and motivate more widespread community ownership. From past experience in many Aboriginal communities this can be achieved as the kind of programs planned in the Strategy were designed by Aboriginal people and have been very successful. This is also not to say that there isn't significant community support for these programs already. Rather that they need to be further developed over the first year/s of implementation.

3. Tertiary: Direct responding to grief, trauma or any of the seven areas of dysfunction noted in Document 1. These initiatives stem from a clinical and research knowledge base. They are designed from expertise to respond to broad aims that have been expressed in community – such as 'reduce violence and abuse', 'addressing sexual abuse' etc. Being specialized responses they involve the community learning, accepting and valuing through experience, processes that for many, are healing responses that are not familiar. This is because Aboriginal healing services have simply not been available or accessed.

It is also to be noted however, that in this Strategy the primary, secondary and tertiary responses can occur at any layer. In that sense the model operates as a circle rather than a linear progression of severity, with all responses having the capacity to focus on the immediate issue and respond at the appropriate level, ranging from palliative care, psycho-educational focus and personal development levels to responding to deeply personal grief and trauma. This is necessary when there is a prevailing immersion in negative issues and pervasive layers of trauma as noted in previous Documents (Document 1 and 2).

Concurrent and Multi-Generational Initiatives

The population of Halls Creek Shire has been identified in Document 1 as having high level needs for Aboriginal healing services together with and compounding with high levels of social disadvantage. This was further confirmed by Aboriginal and mainstream service providers, as noted in the Project's Mapping and Gap analysis (appendix to Document 3). This analysis was tailored specifically to focus on services directly aimed at these needs.

The healing programs and activities under the Strategy collectively include therapeutic processes for individuals, couples, gender and combined groups, families and community. These processes are short, medium (one to six months) and long-term (6 months and upwards to 2 years). Healing

serious trauma is a long-term process. Healing multiple traumas needs to be intensive and long-term. Healing as a journey is sometimes life-long.

To address compounded trauma the Strategy is long term, generational and gradually builds core groups of people from each family group in town and subsequently the Shire, who have an understanding of Healing through having undergone a two year foundation healing program (as detailed in Document 3 under the healing centre model) and various ongoing formal accredited training modules from a range of training bodies[4].

Addressing Multiple-Issues and Compounding Effects – Holistic Practice

The third layer of tertiary therapeutic healing targeted at specific grief and trauma issues is presented as a matrix with 7 program areas and five target groups. The skeleton structure of the Strategy is seen in Diagram 1 below. The Strategy is detailed with a Logframe matrix for each program/service area[5]. This is a strategy/project framework that allows complex programs to be presented relatively simply. Each blank box below will be further logged according to this structure detailing

- The Aimed for Results. These are specified for the Project as a whole and then for each program area. These are global or higher order changes previously expressed in the Project Vision and Target outcomes
- The outcome indictors – the above vision is given an operational focus
- Measurement and Verification. How we know and can prove targeted changes have happened.
- Necessary conditions. Project assumptions and
- Consideration of Risks/Risk Management

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[4] It is noted that KAMSC has offered to run most courses that are necessary.
[5] International project development tool also used by AusAide.
http://www.ausaid.gov.au/ausguide/Documents/ausguideline3.3.pdf

Diagram 1. Brief version of skeleton matrix structure of the Strategy

PROGRAM	MEN	WOMEN	CHILDREN	YOUTH	FAMILY	COMMUNITY
CULTURAL STRENGHTHENING OF GENDER ROLES RESPONSIBILITIES and CULTURAL HEALING						
FAMILY VIOLENCE, LATERAL VIOLENCE						
ABUSE AND NEGLECT, SEXUAL ABUSE						
GRIEF AND LOSS						
SUICIDE AND SELF DESTRUCTIVE BEHAVIOURS						
STOLEN GENERATION						
IDENTITY AND CULTURAL LOSS						

Across Agency Spread

The full range of service and program developments in this Strategy would most strategically be spread across existing agencies. The community has in the main supported the need for healing services based in Aboriginal agencies. These include Yura Yungi, Jungarni Jutiya, The Kimberly language Centre and various church groups. It is understood that this also would include Wunan and possibly the newly reformed Aboriginal body, XXXX. A newly constituted body to House the Healing Strategy after a development stage supported by Yuri Yungi is also planned. The final form of this body may be part of an agency partnership agreement, located in an existing agency structure or be completely independent.

However, the main core operational Aboriginal Cultural Healing services are necessary additions to the existing services and would be based in a town Healing Centre and a Residential Family Healing Centre on country as detailed in Document3.

Further, mainstream agency programs can be developed to become part of the healing strategy and recommendations are made to that end.

Ongoing Development and Momentum - Organic Construct

The best image of the structure and process of the Strategy and healing initiatives is that of a tree. This has been presented in Document 3 courtesy of the ATSIHF[6], the Healing Centres Model.

The Strategy has three essential qualities – the capacity to grow, be dynamic and adaptive. These three essential qualities are described below.
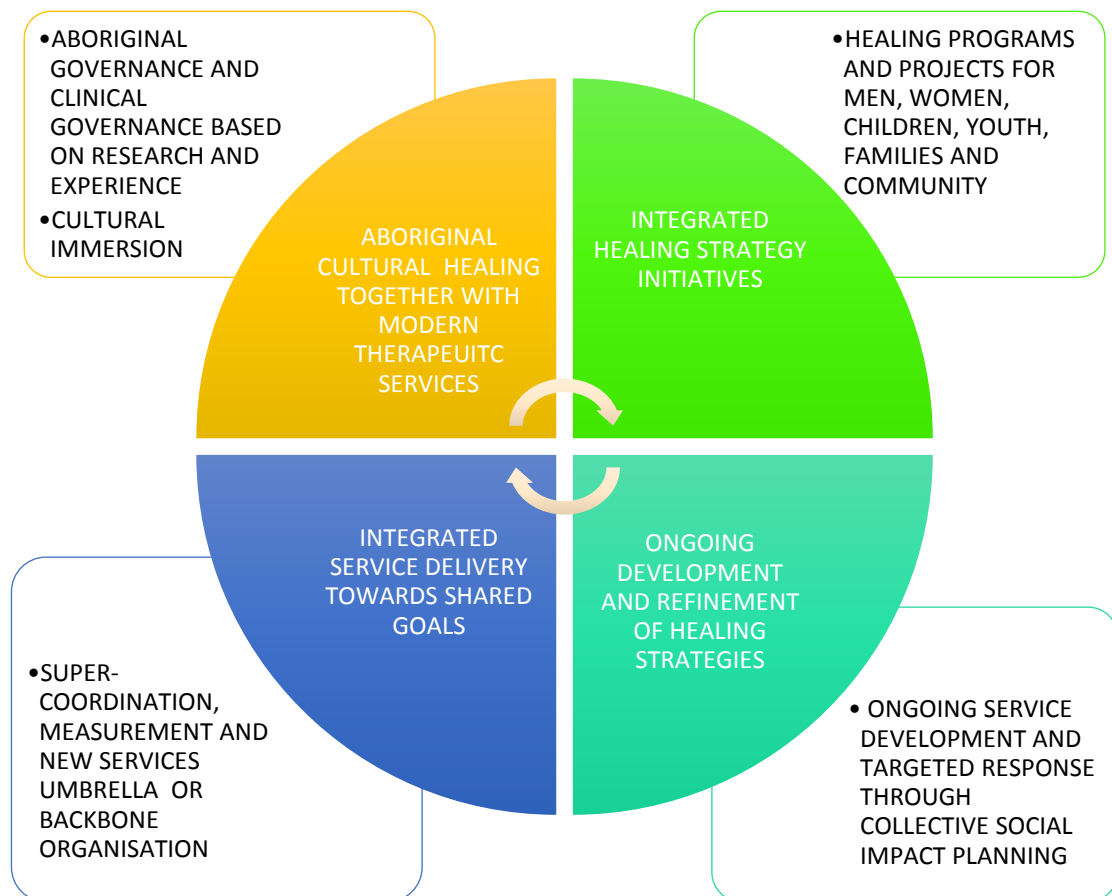
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[6] Healing Centres - Final Report. Aboriginal and Torres Straight Islander Healing Foundation. December 2012.

Firstly the Strategy plans to grow services and a therapeutic workforce from a number of fronts consecutively. All of these are based in the existing community social capitol. This has already been a feature of the current stage-two project development process.

Secondly the dynamic quality is represented in the following diagram (Diagram 1). The Healing Strategy allows for the organic nature of community development and substantial social change work that moves in complex trajectories. For example, it builds-in capacity, through the Collective Social Impact process, to respond to local community shifts and crisis. Examples of this are community events such as cluster suicides, a shift in gender and age cohort risks and other significant shifts.

Diagram 1. A Structured and Dynamic Strategy

- ABORIGINAL GOVERNANCE AND CLINICAL GOVERNANCE BASED ON RESEARCH AND EXPERIENCE
- CULTURAL IMMERSION

ABORIGINAL CULTURAL HEALING TOGETHER WITH MODERN THERAPEUITC SERVICES

- HEALING PROGRAMS AND PROJECTS FOR MEN, WOMEN, CHILDREN, YOUTH, FAMILIES AND COMMUNITY

INTEGRATED HEALING STRATEGY INITIATIVES

INTEGRATED SERVICE DELIVERY TOWARDS SHARED GOALS

ONGOING DEVELOPMENT AND REFINEMENT OF HEALING STRATEGIES

- SUPER-COORDINATION, MEASUREMENT AND NEW SERVICES UMBRELLA OR BACKBONE ORGANISATION

- ONGOING SERVICE DEVELOPMENT AND TARGETED RESPONSE THROUGH COLLECTIVE SOCIAL IMPACT PLANNING

Process

Secondly the multiple issue focus is presented as a suite of initiatives that can respond to the layering of co-morbid issues of multiple traumas and inter- connected risk, aberrant behaviour and symptoms. These are planned to have a cascading effect throughout the whole community. Diagram 2 below represents this.

Diagram 2. There is a planned Flow on effect through generations through consecutive, multifaceted healing work
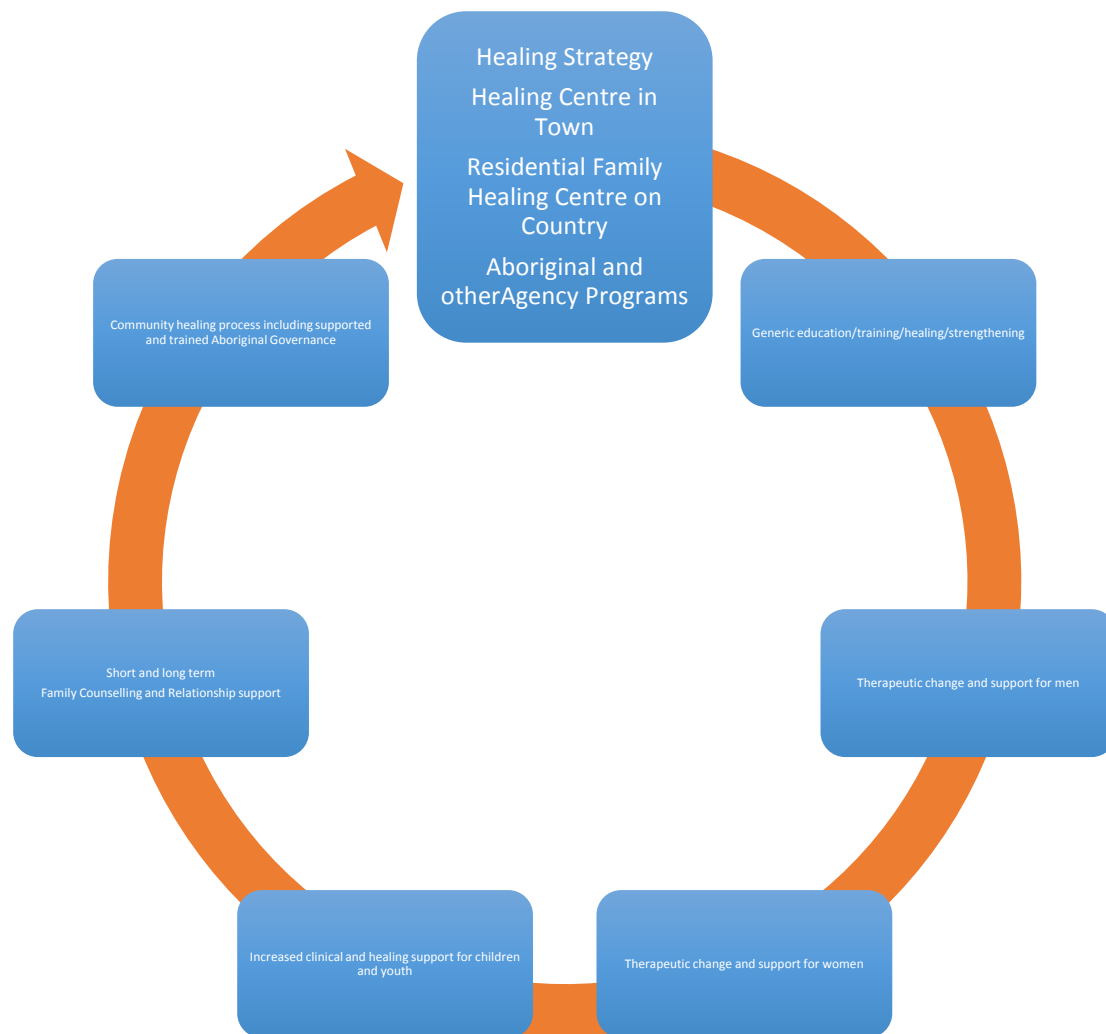
Thirdly the Strategy is adaptive. Using an ongoing process of community development, community people's input is brought to the table at all stages. Previous documents have underlined the critical importance of ongoing Aboriginal Governance. This is a significant, central undertaking and financial commitment in this project and is not a 'bolt-on'. Aboriginal Governance in the Strategy works together with a 'Backbone organization' (Document 2) to continually adapt the Strategy to local changes and needs.

Ongoing Strategy Planning With Core Focus Groups

The following groups are prioritized but the strategy needs to have ongoing relationship and input to further co-design with these groups, the form of what is needed and to finalize the respective initiatives. The developmental and design work is beginning through Yura Yungi with the Stolen Generations group and men. All initiatives will require further development as full strategies that of necessity are organic, requiring the empowered input of men, women, youth and families. This Strategy will focus on detailing secondary and tertiary responses as directions that have an evidence base.

Youth Healing Change Programs

The Strategy for youth is necessarily a work in progress. It will need to be further developed with senior people and youth themselves, by the healing taskforce, the planned position of taskforce Project Officer/Coordinator and possibly a Clinical Healing Strategy Director. It is envisaged that the momentum of support for this work will be one of the core areas of developmental focus for the Collective Social Impact backbone organization together with the participating agencies. The main responsibility of this developmental work is to design with young people at the table and to support initiatives that arise from this.

From developments in this field nationally and internationally it is clear that this work will take several directions. There is a wide array of programs and responses needed for strengthening, supporting youth potentials for clinical support, peer support, leadership and social entrepreneurship as well as the essential and key focus for senior Aboriginal people on teaching and healing youth in Halls Creek. Again these have a primary or population health/mental health focus that can escalate to secondary and tertiary needs.

This is a priority area for Healing Taskforce members and other community people, particularly elders, senior people and members of the stolen generation. Given that 40% of the population of Halls Creek are children and youth, the substantial project developments that are needed with youth are vital to the success of the Strategy, the wellbeing of the whole community and the future of the Shire.

The Healing Strategy for youth is to develop a two-pronged approach - an ongoing supported development of youth initiatives by young people and an ongoing structured and timetabled intensive Cultural learning program led by senior people.

This Strategy underlines that the most effective social change agents in a community, given organizational support, support for opportunity and enrichment and a range of mentorship and support are potentially, young people and youth.[7] The Strategy aims to potentiate this capacity and provides as a first step a structure and vehicles for this development. It envisages a partnership with national bodies, such as the Foundation for Young Australians, National Aboriginal Youth Leadership Forum etc.

In parallel to the Healing Strategy a process of developing a Youth Strategy for Halls Creek has been underway through the Shire[8]. Rather than cross over this work the consultants have prioritized other areas, kept abreast of the directions of this work and planned to include it in principle. It is understood at this stage that the Shire Youth strategy prioritizes a program structure and substance that mirrors the Fitzroy Valley Yirman youth- elders project - teaching culture, personal conduct, learning modern and ancestral responsibility from and for country. This is combined with formal

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[7] Foundation for Young Australians. http://www.fya.org.au

[8] This will be appended to the Strategy when it is finalized.

modern land-care and environmental skills work training. It is noted that this work has an understated healing focus that the Strategy emphasizes as a core part of this work.

Also planned in the Shire Youth Strategy are teaching/healing on country trips with elders and a trial of a NSW healing from trauma youth program – Heal for Life. These are currently planned by the Youth team together with the WA Department of Corrective Services Youth Justice.

Concurrently the Healing Strategy also includes as a major ongoing work, a formalized teaching on country program. This will include the senior 'Culture people', the various churches and healing and learning bush camps. The coordination and structuring of this work is part of the Strategy implementation and developmental process. Coordination with the planned Halls Creek Cultural Governance project, a project as part of the RSD Kimberly sites, which also currently focuses on this area of work is also planned.

Youth at Risk

Diversion, residential care, personal development, mentoring and training:

Bina Waji is an existing shining light Halls Creek initiative that covers a critical community need and can be regarded as an essential part of the Healing Strategy. Bina Waji has its own integrity and independence, and without any sense of co-opting this work under the Strategy, it is a cornerstone initiative that would have to be created if it didn't exist.

Bina Waji is an established initiative created by two senior local people that has an overt focus on strengthening youth through a diversionary program, education, teaching life skills and stock work. Because of the skill in the way the program is conducted, the high needs group it characteristically deals with and the compassionate ongoing relationship of challenge, respect and personal, multifaceted support given to the youth, the program is cutting edge. It has demonstrated that disaffected, high risk disengaged youth participants can undergo a dramatic attitude, behaviour and lifestyle change. This is an empowering, healing change for marginalized young males. The organization and program has larger potentials for expansion and consolidation. These include further infrastructure development, secure land tenure, and project development support including succession planning, significant ongoing continuity of funding and increased/secured staff remuneration. The latter needs to be formalized at a level that acknowledges the unique and high-level skill set that is required.

The Project consultants have recommended, in the early stages of the Strategy project that this program receive the level of funding and support that is needed to ensure its expansion and longevity. These issues remain (as at May 3013). This organization's work is included in the Healing Strategy because it is an essential program/project sector. It is noted that the Strategy seeks only to support this work without any overriding intention to intrude on influence what is already working well.

Further to this work, but as a separate program area, youth who want or need strengthening through healing would be referred to the residential Family Healing Centre. This is regarded by the Taskforce as a critical service issue for children. This includes older children, youth and young people who are habitually using marihuana and alcohol and who need rehabilitation program before it is possible for them to complete education or enter the workforce and training.

Children in Crisis and Healing

As part of the Project work a series of recommendations about service gaps has already been presented.[9]For children it has been recommended that children at high risk who are in residential care receive intensive ongoing therapeutic support to deal with trauma and neglect issues and the complications of abandonment and loss issues that can arise through being in care itself. This is generally seen as a mainstream psychological/social work service role with a variety of intensive therapies being required. The Department for Child Protection views this work as an essential part of the 'sanctuary' model of child care'[10]. The current consultant's recommendation regarding healing for children in care was presented to the Healing Strategy Executive Committee and is presented below:

> That the children at the DCP hostel receive sexual abuse treatment services, trauma counselling and regular child focused art/play therapy on a scale commensurate with their socio-psycho-educational needs. This needs to be determined according to the Department of Child Protection's Rapid Response program.
>
> > Rapid Response is a Cabinet endorsed across-government framework and action plan to help address the specific and complex health, housing, psychological, educational and employment needs of children and young people in the care of the Chief Executive Officer (CEO) of the Department for Child Protection.
> >
> > Many services provided to children and young people in care (or those who have been in care) are not adequately meeting their needs. These children and young people require a high level of priority access to services and potentially the development of different services.'
> >
> > (Robyn McSweeney MLC. Minister for Child Protection, seniors and Volunteering, Women's Interests and Youth)[11].

The mainstream service provision increase and intensification of psychological direct, continuous therapeutic service delivery that this aim requires is yet to be forthcoming in Halls Creek.

The Strategy prioritizes Aboriginal healing work for children and families together with mainstream services. Following the precedent and learning of the West Australian Yorgum Aboriginal Counselling Service in Perth Aboriginal lay and latterly in its development, professional Aboriginal counsellors, can provide a healing service for children and families. Services provided under longstanding mainstream contracts from the Department of Child Protection are for children and adults who have been traumatized through family violence, abuse and child sexual abuse. They are referred from many Aboriginal families and institutions in Perth including co-working relationships between lay Aboriginal counsellors and mainstream psychologists and social workers attached to children in care placements and children's homes.

Children in Halls Creek who have been identified by families or through the school, DCP workers, children's hostel care workers, doctor, hospital, police as being at risk or suffering from mental health problems would be similarly referred to the Aboriginal Healing Centre.

The most effective method of referral for children at risk is through community referrals to the Healing Centre. This provides an early intervention, non-statutory capacity that can change the

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[9] Appendix to Document 3

[10] http://www.**dcp**.**wa**.gov.au/Organisation/Documents/ResidentialCare

[11] http://www.dcp.**wa**.gov.au/Organisation/Documents/Rapid Response

common trajectory of such cases of disturbance in childhood into the arena of chronic need and the subsequent need for statutory intervention.

This work, under the guidance of the Strategy implementation team, can develop into establishing a form of community lead child protection processes that are currently not active in Australia. The aspirations of Aboriginal communities for this are seen in Queensland, Victoria and South Australia – where child protection is a formally funded, shared responsibility under community control together with statutory government child protection services.

Men's Support Programs

Generic primary support

Dialogues regarding this area in Halls Creek have stressed that this is a vital area to begin initiatives that start as being openly supportive for any issue men have and want to deal with. While there has been talk of a 'Men's shed' development like that in Fitzroy Crossing it is noted that the conceptual framework around this issue is not developed. Yuri Yungi has begun supporting this group and delivery of the 'Hey Dad' program is planned to strengthen men's family roles and skills.

A range of counselling (secondary and tertiary) and behaviour change programs is planned in the Strategy. The whole range of trauma and grief issues identified in Document 1 have program/project responses in the Strategy. While they are presented as across-community initiatives, men have indicated that they want a specific men's counselling service staffed by men who they trust. The current model of design of a healing centre in town has a separate men's wing. This does not fully address the issue that men have raised of the need for a residential men's house in town where they can remove themselves or be supported to go to as a cooling off place and a respite place where they are mentored and counselled by other men.

As with the Healing Centre model (Document 3) senior men would undergo a healing program and Community Counsellor Training to fill this role. The healing centre and the residential healing place on country are initiatives that are strongly supported by men. This includes healing for men, but also their view places a high priority on healing for the whole family and includes relationship counselling and support.

In particular the men consulted, and again it is acknowledged that many more men could eventually be involved in program design, believed that a new model of response to family violence needed to be developed. This was envisaged as having responses which were supportive of men and provided them with refuge and ways of breaking the cycles of violence, supported mediation with spouses and whole family groups, ongoing separate counselling for men and women and relationship counselling and support. This would be a central role of the healing centre.

It is also noted that the WA Attorney General's Department is in 2013 placing a priority development on family violence and victims of violence in both Halls creek and derby. It would obviously benefit the department to build this component of the Strategy together with other Strategy initiatives. Aboriginal people stress that men are also victims of violence and some men go on to become perpetrators.

Men's Violence programs

There are currently no ongoing men's programs in Halls Creek. Community reports about a Men's Violence program run by a local man in partnership with a Kununurra FaHCSIA funded men's violence program and run through Jungarni Jutiya were very positive. Because of the national and

State high priority for men's programs in the Family and Domestic Violence policy arena[12] development of these programs as secondary and tertiary initiatives is integral to the Strategy.

Dialogues with informed men in Halls Creek have focused on the need for programs that are mostly available in Prison, to be delivered to youth, women and men in community. The Strategy plans to deliver either the programs themselves or adaptations of them for community settings. These include Indigenous Men Managing Anger and Substance Abuse (IMMASU), Think First and Cognitive Skills Training. Another statewide WA Prison program that deals with cognitive and emotional skill development as a psycho-educational program to address criminal offending, recidivism and violence, Building On Aboriginal Skills (BOAS) is a valuable potential program. This program, which was originally designed to be run in prison and in community, is also included in this Strategy.[13]

Conjoint men and women's programs were also suggested in community consultation.

Men consulted in Halls Creek saw a priority in having similar levels of support and facilities for both men and women. For men this would include a men's house where men who are under pressure, verbal threat, violence and distress could seek support and possible temporary accommodation refuge. This concept would need to be further developed and weighed up in association with development of a men's section of the Healing Centre.

Men's and Youth Sexual Abuse Program

Given that Halls Creek has a widespread history of sexual abuse that was acknowledged by senior community people in 2006 (Document 1) the Strategy includes the establishment of a child and adult sexual abuse treatment program. Like most of the project/programs identified in the Strategy this will be a staged development.

As noted earlier, there is a need for a combines Child and Adult Sexual Abuse Treatment Service (CSATS) for those who have suffered sexual abuse in Halls Creek. Within an Aboriginal healing strategy, in an area which has predominately an Aboriginal population, it is appropriate for this to be an Aboriginal specific treatment service such as in Roebourne, Derby and Perth. A full response to this issue however needs to include, with holistic practice, the treatment of the family, children, youth and adults. As noted this would mirror developments in Yorgum Aboriginal Counselling Services - that is the treatment of children, youth, women and men under various programs.

This full approach is essential when there is a prevalence of sexual abuse, when it has become trans-generational and when there is immersion in aberrant sexual histories reaching back to sexual abuse in station life and missions.

It also needs to prioritize the treatment of offenders – as the trajectory of male and female victims of sexual abuse leads to forms of abuse of self and others[14]. For men this means that the majority of men who sexually abuse children are all victims of sexual abuse. It is noted that most women who have been sexually abused as children have a tendency to direct abuse at themselves. This can include promiscuous behaviour in self-harmful sexual situations.

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14 Family and Domestic Violence Prevention Strategy to 2022
http://www.dcp.wa.gov.au/Documents/WA FDV Prevention Strategy.

[13] Building On Aboriginal Skills: An Aboriginal Cognitive Skills Training Program for Offenders. WA Department of Corrective Services. program designed by Darrell Henry, 2008

[14] Briggs, Frieda. From Victims to Offenders. Allen and Unwin. 1995

Consideration should be given in the next stages of implementation and development of the Healing Strategy to how these respective services can best be located. It is possible that there is an operational separation of young men and men's treatment services from other services. However it is noted that there also needs to be therapeutic programs that connect families with youth and men who have sexually abused children, at some stage of formal reintegration into community. The latter is lacking in most treatment programs in Australia and this leaves men who have histories of sexual abuse to live in communities without having to address openly the safety issues that can be involved.

Women's Programs

Generic Primary Support

There are currently no formal women's support programs in Halls Creek. Some women have raised the need for these to address specific issues that cover a wide range – from broad gender role support to specific issues such as how to strengthen women's roles: parenting issues form the women's point of view: managing specific issues such as mental and emotional changes throughout life based on variables such as hormonal changes: relationship issues: sexuality and managing difficult emotions such as jealousy; leadership and empowerment of women; managing work and family commitments etc.

These needs also in part, parallel the expressed desire from several senior women to pass on traditional cultural women's wisdom to young women. The strategy also prioritizes this work as part of the cultural transmission and identity strengthening process.

As with men's needs, a suite of programs for women is to be developed that can be run through exiting agencies, the women's shelter and/or the healing centre. YY is currently developing a stronger approach to child and infant maternal health program that includes the potential to address the mental, emotional and spiritual needs of mother and their partners. This includes relationship counselling for stress and distress as this has such a strong and well-researched effect for babies in utero and post birth[15].

Violence Programs and Healing

As noted in the Mapping and gap analysis of the previously mentioned Appendix to document 3, the whole area of support for women needs to be developed. An early recommendation by the consultants to the Healing Taskforce Project Executive group included the following. The existing women's shelter is a neglected facility that suffers from inadequate funding and lacks adequate supports.

A) That the Halls Creek Women's Shelter be supported to explore the different needs of different groups of community women for safety and shelter support in response to family violence both imminent and immediately critical before they are bashed and wounded and after the event. That the capacity of the shelter to respond in these circumstances be explored and that some other alternatives for women seeking shelter are explored. It is suggested that together with the DCP, The Women's Council for Domestic and Family Violence or a similar body that a consultant be engaged to:

- Determine what levels of support are needed by the Shelter and to provide this as a service improvement and development initiative under the COAG safer communities building block

- Understand the issues for women in Halls Creek who have a need for shelter and refuge and co-design with the existing shelter any service additions that may be needed
- Discover ways to provide organizational support to the shelter in a collegiate manner (rather than a governance, compliance and funding accountability measure)

B) Additionally, and as a matter of urgency, that the proposal to have a Project Officer work together with the Board, Chairperson and Coordinator to develop the organization's systems and processes be expedited

C) That Department of Housing expedite, by any means the repairs to the facility and the overall upgrade that is necessary for this facility to be able to offer a suitable standard of care and support. This includes security cameras, security and privacy fencing and external night lighting

D) That the coordinator and assisting coordinator (anticipated new role) positions be paid at a level commensurate with their role, responsibilities and function rather than the current award for shelter staff. At present the organization struggles to secure employees who have the requisite skill to operate effectively

It is understood that a focus on these has begun through the National Partnership RSD Local Operations Centre. The Strategy adds a level of formal project and program planning and response that is not yet contemplated or actualized except in seed form, by the informed women who have managed and chaired the women's shelter board and by Healing Taskforce members.

The normal course for women who have been victims of domestic violence is a cyclic repetitive one that few women break without intensive family and counselling support. The consultants are aware through the Halls Creek, Fitzroy, Derby and Roebourne women's shelters/refuges that it is common for several members of each generation of women in a family to seek refuge from violence. Many women repeatedly seek refuge for short periods throughout their lives from the same or a series of different men. A concerted behaviour change and healing response is required and this includes programs about violence and its effects being delivered in shelters and the provision of counselling services that extend beyond the time that a woman generally seeks shelter – mostly short-term.

It was noted under men's programs that the Strategy will include a model of separate men and women's counselling/healing with mediation and ongoing relationship support. Community lead protocols for the working of this model would be established in a planned collaboration between men, women and service providers.

Family and Partner Relationships

While Anglicare has the main funded program for relationship counselling in the Kimberly the capacity to deliver relationship and family programs rarely reaches Halls Creek in a manner which is intensive enough to be able to provide sustained therapeutic input and support into a relationship that has become highly vexed and problematic.

The strategy plans to directly support relationship and family dynamics through the Healing centre and the Residential healing centre. In both the family relationships are central and community counsellors will be experientially trained to a competency level in the appropriate counselling methods. . This includes modules on family therapy with possibilities for participants to follow further training in Family Therapy training institutes in Australia. Under a model of holistic practice, for every issue that is addressed, an opportunity for a wider family involvement will be made (according to the client's wishes).

Relationship and family issues based programs need to be developed as part of the implementation of the Strategy, specifically for Aboriginal people. These, together with adaptations of existing family and relationship programs in Australia would form a range of programs that can be spread across agencies.

Training Initiatives

The strategy relies heavily on training input directly to community people. Aspects of this have been identified in Document 3. The following categories are indicative however it is noted that the strategy relies on most proposed training being delivered in community and has a focus on increasing the capacity of lay community, family oriented Aboriginal people who characteristically either do not see this as important generally, nor consider that they should get these skills or are qualified to participate. This is a 'grass roots approach which is intended to gradually build a groundswell of motivation to become more highly skilled in these areas. Each category is focused on healing. The format of three tiers or levels is continued so that intensive healing processes for high level trauma is a conceptualized as a distinct form of training/healing.

The predominant process of training is competency based rather than academic and needs to be tailored to the specific Halls Creek conditions in substance and delivery. Unique to this Strategy the healing training is immediately integrated with practice and personal and role competency development are unified.

Where appropriate and available accredited training is the preferred option, however it is noted that the broadest approach, and for this Strategy the most effective approach is to open training to people who are currently suffering, who would not generally seek out training, but who with support can develop skills to help their family and community. As in Document 3 under the Healing Centre model the Strategy underwrites these people's potentials. This population group have significant 'social capital' and life wisdom, but do not necessarily see themselves as having this and who are currently more likely to present and be seen as needing services and as clients. It is noted that this is potentially a challenging perspective and reverses current thinking. The effectiveness of this approach has been noted previously regarding the development of Yorgum Aboriginal Counselling Services and others in Document 1.

Specialist training that requires high levels of literacy and dedicated block training, some of which is delivered at major centres, is planned. It is envisaged that people will self-select for this more formalized and accredited training/development pathway.

There is currently no specialized, accredited widely accepted Aboriginal Healing training program that can be delivered in Halls Creek. The Strategy uses the learning through healing approach to found the on the job training, mentoring, supervision and co-working of the healing centre workers and interested community members that was scoped and accepted by the Halls Creek community in 2010 (Document1 and detailed in Document 3). The core substance of this has been presented in these documents and above.

Stage 3 of the Healing Strategy will expand and coordinate the precise mix of training requirements and liaise with particular training bodies best suited to the needs of the Strategy. As part of this stage of the Healing Strategy Project, which includes initial implementation, the range of Training initiatives has begun under Yura Yungi Aboriginal Medical Service, delivered by KAMSC, StandBy Suicide response service and a private clinical psychologist.

Generic Training (for the Population Health layer)

This is a large body of ongoing work in the strategy. The following are to be delivered to key people in all family groups. It is also planned that over five years that all families and as large a number of people as possible receive this training. This includes delivery to children and youth. The experience in Yarrabah of a major transformation in the whole town from an empowerment-training program, which was delivered continuously for ten years,[16] has been noted in Document1.

- Mental Health First Aid
- Kimberly Empowerment and Leadership Training
- Assist suicide support training (primary and tertiary training effects)
- Yarning Circles (ATSIHF Trauma Awareness Training)
- Senior cultural custodians healing on country programs. Training potential
- Working with Children carer training
- The DoHA Headspace program (requiring adaptation to Aboriginal remote population)

Some of this existing training needs to be further developed to specific groups. Initial discussions regarding these adaptations that are necessary for the Strategy have begun (e.g. with KAMSC re developing and delivering Empowerment training to young people, youth and older children). Consideration will be given as to whether the various programs designed by Dr Tracy Westerman, Indigenous Psychological Services, would add capacity to exiting training branches of the strategy.

Counseling, Community Worker and Carer Training. Responses to At-Risk Groups.

There are a number of training options in this category including

- The succession of Mental Health Certificate training (TAFE et al)
- Counselling training courses (KAMSC)
- Community Counselling and Healing courses in several universities (e.g. Aboriginal Healing Arts. WA Curtain University
- NSW University Aboriginal mental health worker training (block training utilized by the southern branch of the State-wide Aboriginal Mental Health Service)
- The Seasons For Healing Program (developed by Adelaide University, Sisters of St Josephite, SA Children in Care Aboriginal Agency, supported by ATSIHF)

'Specialist' Aboriginal Healing Training for Tertiary Healing Responses

- 2010 Community Aboriginal Counsellor training as endorsed by Halls Creek community as recorded in the original FaHCSIA LIP. Two year learning through healing, experiential learning process, co-working, On-the-Job training, supervision, mentoring and debrief. This includes experiential training delivered directly in community, in personal, group and family therapy covering all of the core issues of trauma and grief. It uses a range of therapeutic models (Safecare Consortium)[17]
- Block Training potential with Professor Judy Atkinson. We-Ah-Lee Aboriginal program of working with trauma. Queensland.
- Trauma Informed care and therapeutic model of Heal for Life. NSW. Training with potential to be delivered in community. (Train the trainer/Carer program has already begun)

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[16] Ibid. Yarrabah Family Empowerment Program Evaluation.

[17] A prior interest by the current consultants has been declared at the beginning of this Project- that the current consultants are part of this consortium. There are no other precedents for this work being delivered directly in community in Australia with integrated community developmental processes

- Cultural Healing process. To be arranged following cultural protocols. Potential Learning from Warmun Elders drug and alcohol healing group and St Josephite Sister Theresa Morellini.
- Balgo Kapalangalu Women's Healing Circles – a potential learning exchange could be arranged through cultural channels. Potential Training from Maparn/ Healers in the Shire.
- Specific training courses covering working with children who have experienced high levels of trauma, sexual abuse and neglect. Delivered by specialist agencies (e.g. Yorgum Aboriginal Corporation – Child Sexual Abuse Treatment Service)
- Stolen generation healing program. (South Australia)

Specialist Therapy Training

As noted above a model for this was scoped and accepted by community in 2010, but also needs to include, for those with high level of literacy and moderate level of education (possibly with prior tertiary training)

- Narrative therapy course. South Australia block training
- Family therapy
- Gestalt therapy – All capital cities
- Various private Psychotherapy training institutes including Notre Dam University. Perth

Section Two

The next section of document consists of a list of projects/programs to be developed under a Project Development format. Healing is focused on what needs to healed. This gives the following section a focus on negative states of behaviour and functioning. It is to be underlined that (as in Document 1) the Healing Strategy also includes an essential positive focus on supporting pro-life, pro-social family and community, work, study and education. The effectiveness and outcomes of the Strategy are measured according to these positive outcomes as well as decreases in negative states and behaviours.

The current focus of the Strategy is squarely on healing dysfunction. A further development and reiteration of the Strategy is envisaged in a refresh, in two to three years time, which may need to comprehensively address directly supporting pro-social engagement. The fundamental tenant of the Strategy is that other programs are addressing work, training education positive motivational programs etc (e.g. Wunan) but that healing is needed immediately both for its own sake and to increase creative positive, self motivated participation in family, work and education programs, community governance etc. –as a watershed. It is also noted that healing is also planned to occur consecutively with the learning of new skills and uptake of new involvements and occupations.

The format of the following section is a matrix. Terms and categories are defined in a program/project development framework. These have been described earlier but are reiterated here as they are further broken down to more discrete categories. These are defined as:

Results – The results of implementing the Strategy in terms of three dimensions

- **Goal**– the broad goals being aimed for
- **Outcomes** expressed particularly – what kinds of change are targeted
- **Outputs** – what actions are implemented to achieve goals

Each of the above four, as noted earlier, have specific sections focusing on men, women, children, family and community – including various sub-groups. Each of the Results is divided into four sections which answer key

- **Outcome Indicators** – What areas will show the results of change?
- **Verification –** What measureable data will show changes?
- **Assumptions** – What conditions are necessary for the results to be achieved and can be reasonable predicted and achieved?
- **Risks and Risk Management** - What are key risks with the respective initiatives and ways to proactively manage these

Each matrix addresses aspects of healing that are essential. The Circle of Dysfunction was presented in Document 1 and is repeated below for clarity.
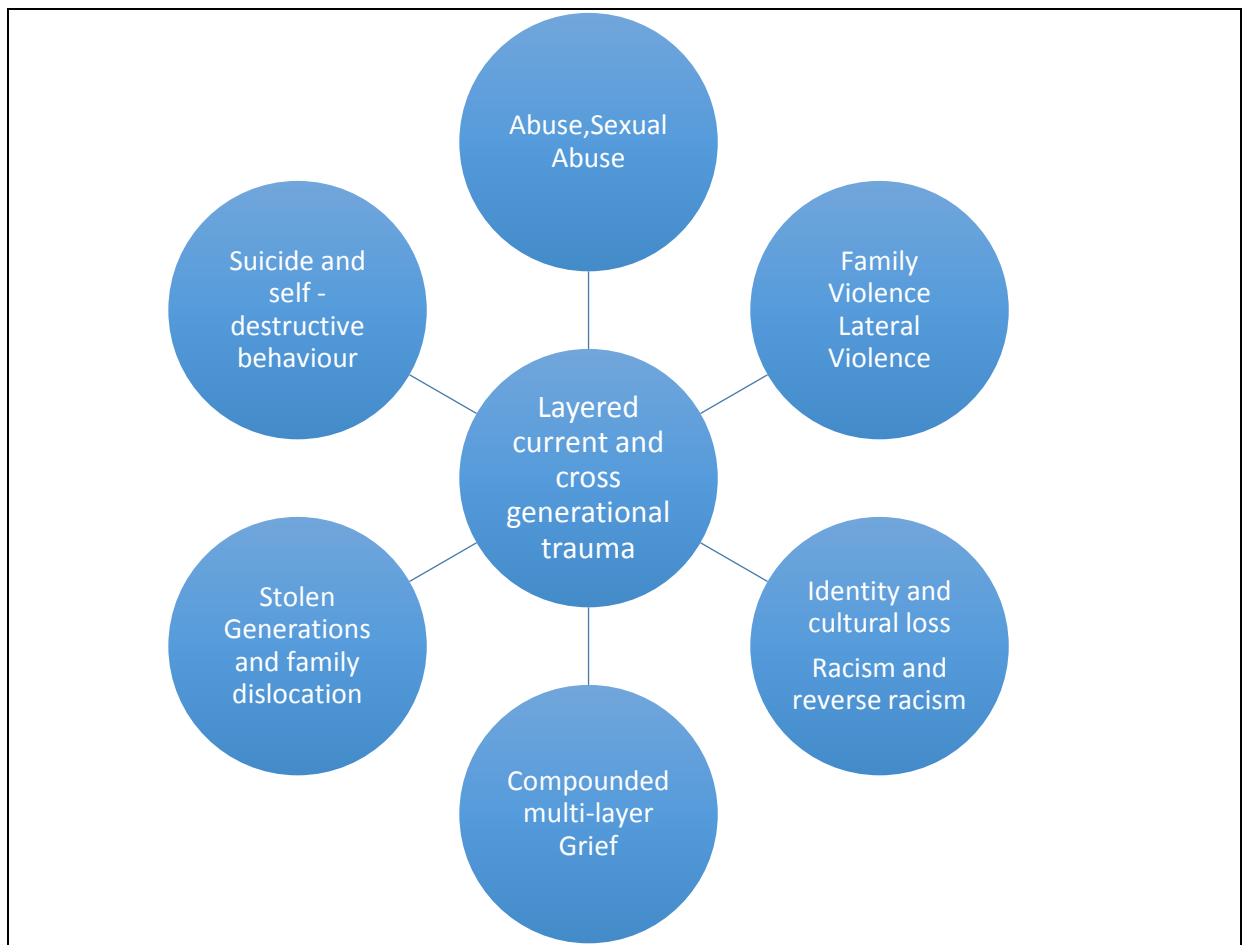
Figure 3 (Document 1)

Figure 3 illustrates the wheel of dysfunction that is at the core of social malaise

LOGFRAME MATRICES FOR HALLS CREEK HEALING STRATEGY APRIL 2013

Project and Program Areas

1 HEALING INITIATIVES FOR WHOLE STRATEGY TO BE BASED ACROSS AGENCIES, HEALING CENTRE ANDRESIDENTIAL FAMILY CENTRE

1 PROJECT DEVELOPMENT FOR COMBINED 6 AREAS OF TRAUMA DEFINED IN HALLS CREEK HEALING STRATEGY.

The Strategy covers core areas of dysfunction that run across Health, Mental Health, Child Protection, Justice, Employment and Education.

The outcomes for each of these areas are detailed in the Healing Strategy overall vision/ outcome indicators (Document 1).

Layered Current and Cross Generational
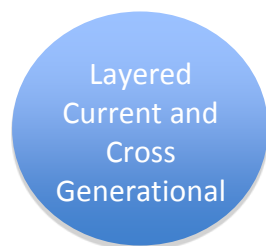
LogFrame for Addressing Compound Layering of Trauma and Developing Prosocial Activity and Lifestyle

Results	Indicators	Verification	Assumptions	Risks and Risk Management
GOAL Community of Halls Creek embodies principles of civil society and has a quality of life equal to non-Indigenous Australians. The Shire communities are culturally strong and have developed proactive vehicles for building and maintaining positive social determinants of health, mental health and social and emotional wellbeing, Local people govern staff and run healing initiatives	As per the Foundation Document 1 of the Halls Creek Healing Strategy - Outcome Indicators (The particular target outcome indicators are described in the following logs of areas in subsequent pages). There are ongoing cultural immersion, teaching and language programs A well functioning Aboriginal Governance body that has wide community endorsement and significant numbers Men, women and young people are employed, in voluntary work training towards work. This includes a proportion of those with disabilities and with diagnosed mental illness Higher retention rates in work, training and education	*A body such as the Telethon Institute of Child Health Research, University of WA, NSW or other research Institute to conduct base- line mapping of indicators and ongoing periodic evaluation against national benchmarks. *WHO Quality of Life Surveys * Use WHO Mental health research tool *Crime, recidivism, police reports, level of social disturbance, hospital admissions *Qualitative survey of community perception of harmony, empowerment, service accessibility comprehensiveness and quality	*Fully implemented Aboriginal Healing Strategy - not 'cherry picked'(Staged Implementation over four years) Continuity of funding for 5, 10 and 20 years *Continued sector focus and investment on remote community work and rehabilitation *Increased cultural relevance of all services *Parallel Mainstream Service development commensurate to need *Heightened service collabo-ration Current developments in the employment and training sector continue to expand with a focus on personal, social and economic responsibility *Aboriginal Governance is adequately resourced	Partial implementation of a few elements will lead to services being overwhelmed high levels of 'burnout' and distress in community workers. Ensure full staged implementation with strong Clinical oversight, training and supervision of community workers The Strategy fails to generate support from government, philanthropic and corporate bodies for initial project start-up and for significant funding streams from government and private sectors. A formal staged project development plan has been submitted with the next stage 3 focusing on a communication, publicity and social innovation funding strategy. Continue to build a wide support base for the Strategy and Champions. Create ongoing position for project development funding

*Current focus and investment in Close The Gap is Maintained particularly the recent focus on primary health and the social determinants of health

* Aboriginal governance of Project is adequately resourced

* Current focus and momentum of Close the Gap is maintained by successive governments

and submissions officer

Large scale, scope and necessary integrity of the Strategy can confuse, drift and fail unless there is ongoing formal Direction/Management and Clinical Governance Community does not continue to drive for healing needs and gives up hope. Support body constituted for Clinical and Aboriginal Governance. Ensure some Strategy components are begun as soon as possible. Begin healing and training key people.

Existing and developing services can work in silos, duplicate, compete and not maximise resource effectiveness, divide on differing Cultural understandings and practices. Implement the model of Collective Social Impact.

Higher retention rates in work, training and education because trauma and distress have been addressed in healing

Employment stats including retention in employment

Agencies such as Wunan are successful and funded

OUTCOMES

Safer community and families	Fewer incidents of civic disturbances and feuding, domestic violence, bullying as result effective family violence programs and community education campaigns and healing/ counselling work Habitual and new offenders receive support and healing treatment, personal change programs etc. Children and Youth who have receive diversionary programs either with or without sentencing	* Police and hospital records, community reports *Qualitative assessment - Most Significant Change surveys (biannually) attendance at behaviour change healing prongs. records of healing centre and other agencies criminal justice records	Integration of the Strategy with current initiatives and upcoming initiatives of Dept. of Attorney General Victims of Violence programs Adequate funding for men's and women's safety and support places, mediation and reconciliation etc The full range of WA Aboriginal Justice agreements is followed through	Sections of community will become hostile to the Strategy as they can feel targeted with increased vigilance and service inreach. Build-in continual community forums at all public events, ongoing communication strategy, enlist men and women champions, set up representation of key family members on project and governance committees. Implement circle of safety model with all family groups included
Stronger positive outcomes in Child Protection	Fewer child removals Faster return of children from care and less care and protection orders, DCP assisted in accessing difficult to reach clients	DCP records Increase of community reports to DCP and Healing Centre regarding child abuse, neglect and sexual abuse. More children able to remain at home with intensive counselling and healing support	Strong partnership between Healing Centre etc and DCP. A community wide, brokered agreement with all family groups regarding these issues is successful	Community will see Child Protection as not their role and that is about betraying' families to authorities. Institute ongoing community wide processes of engendering support. Regular forums and empowered feedback to DCP in ongoing formal relationship Establishment of priority for children in all healing programs
	Children in care and at		DCP is willing and able to fund,	Minimization of children's

	Children's Hostel receive both healing and an increased level of professional therapeutic care	Records of DCP Records of healing Centre	secure professional child psychologists, social workers, at the level of intensity that is necessary.	needs when they appear to be coping and happy. Provide ongoing program to all children in care.
	Parents and family receive therapeutic/healing program	Ongoing community evaluation process	Being engaged and supported by Aboriginal Counsellors will overcome barriers and resistance by parents to address their issues and responsibilities	Initial high level of disengagement, hostility and racial barriers regarding child protection will need to be overcome through empowerment programs and an Aboriginal healing focus that prioritizes children and families together
Increase in Health and Mental Health	Health and mental health indices gap reducing. Men, women and youth readily access both mainstream and Aboriginal health services, enabling early intervention in the course of mental and physical disturbance leading to chronic issues	Health statistics show less chronic presentations, higher retention in treatment and decreased incidence of mental health issues that require hospitalization.	Dedicated Collective Social Impact - Planning and Coordination that builds the whole area of Primary Health	Silo approach of agencies and program/service funding will limit the capacity of services to have shared funding agreements and limit the potential for conjoint effort.
		Agency statistics Agency assessments of number of clients who are referred and records of those that attend to address health needs	Increased community outreach and education programs re health and mental health.	Service capacity is already restricted. Services at capacity need to be extended.
			Increased inreach to families through Aboriginal volunteers and paid counsellors	
		* Evaluation by research institute	* That the type of healing from trauma training be delivered at	

* Records from service providers
* Trained counsellors keep records

a high level of intensity and be experience-based to foster an actual healing process for all

participants
* That workers have strong cultural and clinical mentoring, supervision and on-the-job training
* That current training and support processes for community continue to expand

OUTPUTS
For clarity the following outputs are grouped in terms of the main overall service developments of the Strategy. The specific projects/program outputs are detailed in the sections following.

Healing Centre established and running with a suite of programs. Sequential build of the number family group of community people who have undergone healing and healing skills development with the aim whole community involvement.

Programs in family violence trauma, Grief etc established

Development of a strong healing culture' and practice that supports Aboriginal culture and includes modern ways of healing trauma and grief

Development of early response to personal and family difficulties

development of counseling skills to respond to chronic

(i) Number of people who have received healing training, participated in other mental health and empowerment or other training
(ii) Mapping family groups and identifying key senior people who have a demonstrated capacity to respond to crisis and who report confidence in their lay counseling abilities and this is validated by clinical supervisor
(iii) Increased no. referrals to

Gradual build up of community trust in the healing service through track record of consumer satisfaction and experience of confidentiality

Agencies will support the healing centre with system of cross referrals and info sharing, established protocols etc

Gradual build up of agency confidence in the healing

Lay counselors may over-reach their capacity. Close Clinical Direction and supervision with on-the -job training and co-case working for three years - until high level competency is achieved

Lay counselors may give wrong advice. Immediate and strong role training that counseling and healing is not about giving advice.

(i) All families in Halls Creek to have a knowledge of healing empowerment and mental health and suicide risk (ii) Within every family a core of health and mental health literate people who can provide immediate healing responses (iii) At risk families and people receive therapeutic intervention by Aboriginal counselors and/ or mainstream services	trauma Overall improvement of Quality of Life of all participants Children, youth, men, women and families have a recognized and accepted place to go for healing services and programs. Barriers to accessing Aboriginal and mainstream service are reduced	mainstream services (iv) Heightened retention of clients in mainstream services or through Healing Centre (v) increasing participation in healing centers public events and positive evaluation by majority of community upon annual survey and community forums.	Centre based on effectiveness, usefulness, collegiate working relationships, increased client uptake of their own services	Lay counselors will not be accepted by professional groups as having sufficient competency in counseling, written and verbal literacy skills. Institute verbal case conferencing procedures. Clinical Director to underwrite all cases and provide written reports where needed (for the first two - three years) with ongoing training in report writing etc. Proof in pudding approach.
Residential Healing Centre on country with capacity to intake individuals, couples and families Established programs for healing with Therapeutic Community processes - i.e. self paced experiential learning with peer therapeutic processes - learning from others.	People are willing to voluntarily choose to live in the centre and bring family members to do therapeutic work/healing. The community will function with twenty - thirty people who focus on traditional responsibilities and learning; modern clinical work, education and job skills preparation; work on the property undertake reintegration programs to ordinary communities - all leading to personal and family healing and new positive lifestyles, work social support	Number of bed days Completion of programs Qualitative consumer survey Length of time people stay (up to two years) One year follow up assessment after discharge	Support for this work from all communities in Halls Creek Shire - Balgo, Warmun etc	risk of centre becoming dominated by one cultural group is managed through having seats for communities on the governing board and through Aboriginal elder cultural protocols

etc

	Coerced clients- program places made available to Clients of DCP, children in care reuniting with parents for trial/transition periods, Justice, Prisons, Prison work camps, youth detention centers, Juvenile justice	Fulfillment of agency requirements and objectives together with personal client and family objectives	assessment of externally motivated clients needs to be closely evaluated by community and family

Mix of coerced and voluntary clients has potential problems that need to be closely monitored and managed to ensure environment of choice and not jail mentality. |
	Criminal recidivism and risk of offending is significantly reduced	Institution of full through care model from prison etc to transition in healing community to community with support from healing centre.	
Community Crisis Response Group	Adults, youth and children are supported in crisis in a timely fashion. Immediate and ongoing support	Ongoing assessment throughout community each six months then annually	A close inreach to community, youth and families will allow early intervention and promote access to supportive and appropriate services.	Crisis responders are burnt out and overloaded. Institute full Strategy. Strong training from Lifeline followed by ongoing supervision, formal peer support process and clinical support/ supervision
	Continuous decrease in in adult and youth suicide, threats and actual incidents of self harm.	The number of suicides and incidents of self harm continues to decrease according to Police and community network reports, hospital and agency records	Agencies such as Standby continue to have capacity to work closely with healing initiatives	Needs to be realistic view of progress that factors in cluster suicides and periodic nature of these. Longer term evaluation with most results beginning to be seen after 3-4 years
	Crisis responders group continues to grow, with a large	Increasing group of		

group of family members spread throughout community who can be the formal crisis support contacts. This includes youth and peer responders who are trained various ways of responding.

community responders provide ongoing regular verbal report to Healing Taskforce and Centers

establish a web or network of community healing support people that draws on work already being done by key family people, church groups etc.

Individuals and families are confident to raise issues because they get ongoing support at the level they need and want

Consumer satisfaction reports

Model of two-way through care from service to agencies and back is established

Agencies may not appreciate lay counselor's legitimate concerns. The crisis response service may over identify risk initially but these would be corrected over time.

Increased and integrated Agency program delivery in family violence, sexual abuse, suicide response, primary mental health, health 'through care', Community & youth justice, women's centre/ shelter, men's support places

All issues that present are responded to in a healing and supportive manner with ready access to appropriate programs.

Community readily access Agency services

Consumer reports Agency evaluation and report

Evaluation of program outcomes - change in behavior, decrease in intensity of issues and repeat presentations.

Community wide assessment of primary mental health and health

Agencies collectively and individually work to reduce barriers to their services and address perceived barriers through instituting cultural security measures and staff training in local cultures, employment of Aboriginal staff

Agencies are funded to run programs for significant

Funding priorities e.g. Victims of violence van overlook the need for a full; range funding. Rely on senior government project champions who understand whole Strategy.

periods, ideally long-term

2 LOGFRAME OUTPUTS BY PROJECT/PROGRAM FOR EACH CORE ISSUE FOR HEALING

(The respective project/program goals have been already identified under section 2 - Combined Strategy)

2.1

Suicide and self - destructive behaviour

LogFrame Matrix for Suicide and Self-destructive Behavior for Halls Creek town, Shire and East Kimberly Region

Staged development beginning with intensive focus on town, then extended to communities.

Results	Indicators	Verification	Assumptions	Risks and Risk Management
Outcome 1 Reduction of suicides, attempted suicide, self harm to similar or less than the national rates within 4-5 years in Halls Creek town and halls Creek Shire within 7-10 years.	Total number of requests for awareness program from schools % of requests for information/ presentations on suicide self harm and threats; Awareness from community, church groups and cultural leaders is increased with increased capacity to respond	*Healing House records *Standby Assist records * Seasons for Healing records *Crisis Responders records *Agency records	Fully funded strategy with the three layers of Critical Responders, healing centres and agencies having the necessary capacity to provide services to a large group of young people who are at risk with heightened risk for extended period after suicide in the community	Large funerals for suicide victims seen by some as glorifying suicide. Provide intensive support and heightened vigilance after any funeral. Conduct ongoing community education campaigns Focus on suicide can have paradoxical effects. Focus of all programs and interventions to be positive, life affirming

and focused on healing.

Outcome 2

Increased community youth attitude that suicide and self-harm unacceptable ways to deal with troubles. Enlisted group of young people who feel strongly about suicide and are able to positively contribute to multimedia forums including social media, peer support groups etc	Increased early intervention and prevention activities	Increased Number of suicide/ self-harm presentations to crisis responders		
	Number and % by language and gender trained as crisis responders	Healing Centre records		
	Community Forums for Healing and Suicide - community education about potential service support			
In partnership with school and families a positive life approach is supported along with a healing approach to suicide and death with lay &professional counselling provided to all children who have experienced suicide in their family	Widespread ability to talk more openly about suicide and knowledge about services that can and do help.	Assessed as part of overall ongoing research		

OUPUTS

(i) Develop Circles of Safety with key people trained from each family	Individuals and families report a greater sense of : safety and caring in families and community with reduced rates of mental distress; less critical level presentations;	Evaluation report	A widened number of senior community people and elders willing to be involved in helping cultural renewal. Strong support by agencies including language centre	Elders work could be taken for granted rather that prioritized and properly funded.
(ii) Strengthen Seasons for Healing program		Agency records		
(iii) Support ASSIST program		Number of opportunities for bush trips with elders and uptake and evaluation of		Senior people in families

(iv) After hours crisis response
(v) critical response team
(vi) Shepherd clients into treatment and support programs
(vii)provision of Intensive Healing program
(viii)healing on country run by elders
(ix) Cultural teaching program

increased sense capacity to respond to critical incidents and less marginalization of children youth and adults who are in chronic distress

Youth and young adults are becoming culturally stronger and clearer about identity, responsibility and country

these

already overloaded. Need to provide ongoing support financially and in healing for them. This also includes equipment vehicles, fuel and running costs.

Voluntary workers 9 who are already providing nurture, support and refuge for many children and youth at risk can get offside with the healing Strategy if their considerable effort and financial burden is not supported.

2.2

Family
Violence
Lateral
Violence

LogFrame Matrix for Family and Lateral Violence Phased for Halls Creek town, Shire and Region

Results	Indicators	Verification	Assumptions	Risks and Risk Management
GOAL Significantly reduce domestic and lateral violence (i) in Halls Creek town (ii) in Halls Creek Shire (iii) In Kimberley Region	(i) Number of domestic violence protection orders sought (ii) Number of reported incidents of violence to police (iii) Number of people sentenced for violence related offenses (iv) Number of people admitted to hospital following violence (v) Number of people presenting for family violence counselling (vi)Number of women attending the Women's Shelter (vii) Women increasingly empowered to speak out against violence	Police and Court records Police reports Court sentencing records Hospital records Counsellor Records WACHS records Women Shelter records Baseline study No. of mediations	Community of women work together to support actions against violence and men's support Community and Women's resistance to report violence is gradually overcome and that under-reporting of incidents is tracked through community grape vines' Staged project development from town to outlying Sire communities Strengthened women's shelter Safe place for men to get support	# Women who report violence are vilified and/or attacked by opposing family and community. Need mediation and conciliation process and the Healing Centre male and female staff to work with the whole family to secure support for both victims and perpetrators. Undertake to build a groundswell of strong community men who openly support women victims of violence and conduct widespread community education campaigns in school, workplaces and community

(viii) Family mediation

OUTCOMES
Counselling and legal assistance and support services

Counselling, legal and support services provided for victims and perpetrators of family violence, including physical, financial and emotional abuse. All clients of legal services and cases which proceed to court have counselling and healing processes	*(i) Total number & % of requests for information by women & men from violence program service provider* *(ii) % of requests for information to delivery org from community and church leaders* *(iii) Total number of admissions to Women's Shelter and number or repeat admissions*	Court, Legal Service and Agency records Shelter records	Legal services and courts will place a priority on healing when they are familiar with what is available in Halls Creek	Potentials for inter and intra familial conflict require planned mediation and an investment in this work locally.

OUTPUTS

Implement family process where men and women get separate counselling and healing, with separate programs then proceed to mediation and possible reconciliation process and relationship or separation support - Using Healing Centre, different agencies (i) Establishment of men's safe	Number of cases progressing through all stages Feedback from clients and family members	Centre and Agency records	Clear feedback and support from respective men's and women's groups and ongoing support for these programs and the process model Continuous provision of Family Empowerment program to all family groups Agency support for the	Risks of escalating violence must be managed through stages of family elders, then if necessary Police

places and healing and support programs	Regular use stats.	Agency stats and records	community based support and programs for offenders	Male offenders are often vilified and punished. Instituting healing change programs can meet with service misunderstanding and bias. Publicise relevant research at service meetings and enlist support actively.
(ii)Safe and secure Women's Shelter with easy access to crisis and ongoing counselling and programs for family violence	number of admissions and number of repeat admissions	Shelter records	Clear and strong safety protocols community and staff around cases where there has been or currently is, violence	
(iii) Healing processes for children and youth who have been affected by violence. All children from households where there has been violence receive counselling		Infant, child care and education records	Significant numbers of staff to spread the caseload and when appropriate or necessary to keep male and female clients separate for safety and other reasons.	Healing can be seen as a soft approach and this itself can lead to tensions in the community. All interventions in this arena need to be widely discussed in public forums with a psycho-educational focus. Enlist male and female champions of change through healing - particularly of men.
(iv) Violence mediation service for families				Family lateral violence can rapidly escalate. All services to engage family group meetings, in understanding what has occurred and what is being done to support each party.

2.3

Abuse, Neglect, Sexual Abuse

LogFrame Matrix for Abuse, Neglect and Sexual Abuse Phased for Halls Creek town, Shire and Kimberly Region

Results	Indicators	Verification	Assumptions	Risks and Risk Management
GOAL				
Phased significant reduction of Abuse, Neglect and Sexual Abuse. Priority for children's wellbeing will become normalised (i) in Halls Creek (ii) Shire of Halls Creek (iii) in connected Kimberley	Community wide awareness of abuse issues Women, youth and children increasingly empowered to an understanding they have a right to safety, to say no and to safely report abuse without fear of adverse judicial or statutory consequences for themselves or their family (ii) Number of clients reporting sexual abuse to police/hospital (iii) Number of clients presenting for treatment as victims or perpetrators of abuse (iv) Number of children with sexually transmitted diseases	*Statistics from Anglicare Sexual Abuse counsellor *Healing House records * Sexual abuse treatment program records * Hospital records Yura Yungi records *WACHS records *DCP records	Support for non-custodial community based treatment of offenders in addition to, and as a through care plan for prison and juvenile detention (also called a safety reintegration pan) Equal priority given to healing victims and offenders	Incidents of sexual abuse can have a long history and they tend to stay hidden out of shame, trauma and fear. Community people fear 'lifting the lid' Ongoing teaching about mental health and transmitted trauma needs to be delivered with a focus on the positive potentials of healing. Community supporters of healing sexual trauma enlisted to help break the cycle of offending, model healing and support community to speak out and address these issues.

reduced
(iv) Number of children removed
by Dept of Child Protection for abuse, neglect or sexual abuse
(v) Number of men entering treatment programs for violence
and abuse (both voluntary and
coerced)
(vi) Number of children and youth relieving treatment for abuse and neglect

OUTCOME 1

Men and women who have been sexually abused get ongoing treatment and support and improve their quality of life, opportunities and positive family involvements.	Community begins to and support these healing services with increasing disclosure and follow through to programs and counselling/healing	Community survey Attendance at special community forums	A majority of community will support this work and the focus on healing	Extreme polarisation and tension in this field of work can lead to negativity, resistance and confusion - particularly regarding the treatment of men and youth who have sexually offended.
They are supported by services & community to report abuse follow through with court actions against perpetrators.	Disclosures of sexual abuse increase and are followed through either through legal proceedings healing or preferably both.	Client, police and court statistics	Men and young males who are found to be not guilty of sexual offences will also be motivated by authorities and families to undergo therapeutic programs that do not require them to have committed an offence or to have been found guilty	Need ongoing communication strategy - * Group work modelled by community men who have admitted their own sexual abuse as role models for others * Educational awareness that sexual abuse perpetration is a

result of childhood trauma and abuse which
*success stories of people who have been through healing processes

OUTCOME 2

Children who have been subject to neglect are routinely given treatment and support for this as a significant trauma through professional help and/or Healing Centre	Children in care and those at risk receive a specific program of intensive therapeutic service. Parents support this as part of a positive dialogue with agencies including DCP, Children's and family centre, school etc. Parents participate in Parent Support programs and receive support and counselling from Healing Centre.	Agency records Parent feedback Observations of Mums and Bubs program, Preschool, Kindy, School etc re child's social skills, emotional states general performance etc *Counsellor client records *DCP statistics *Hospital statistics *Yura Yungi statistics *WACHS statistics *Anglicare/Kinway Sexual abuse counsellor statistics *Healing House and Family Healing Centre records	Modern research findings would guide this work	Family and community may not support this work because initial signs are covert and not obvious. Institute a community awareness campaign. Focus on non-punitive intervention.

OUTCOME 3

Children and youth who have suffered abuse from by	*(i) Number of repeat clients using community or other*	Consumer statistics and service satisfaction evaluation	(a) Victims and perpetrators not reporting because of	* Enable and encourage self-reporting and family reporting

parents or family, peers or others receive priority counselling and healing programs

counsellors for abuse, neglect or sexual abuse
(ii) Drop in number of children removed from families by DCP
(iii) Drop in number of people presenting at hospital or to police for incidents of abuse, neglect or sexual abuse

shame
(b) Victims not reporting due to relatives forbidding them to come because of shame a

which include conditional confidentiality if the child is safe and perpetrator is undergoing treatment under professional psychological care with the aim being a full disclosure in line with mandatory reporting. Distinguish being supportive of men therapeutically and not of abuse or any minimisation of offending.

OUTPUTS
Across agencies and Healing Centre
(i)Healing Centre and Agency programs covering all aspects of sexual abuse treatment
(ii)Child and Youth Sexual Abuse Treatment Service
(iii) Men's Sexual Abuse Treatment Service
(iv)Family healing process
(v) Regular delivery of ASSIST suicide intervention program

Community is supported to address all aspects of sexual abuse and there is an increasing awareness, safety and management of offenders who return to the community. All victims are given healing support and this includes families of victims and perpetrators.

Community surveys

Agency Stats. Court referrals and stats.

Integrated treatment and healing services with protocols that support this

Ongoing effective supervision from Justice and Police supported by family and community

Sexual abuse occurs in cycles and over long-term trajectories. Services thus need to be long term and not simply evaluated on client numbers.
Community can become complacent so long term awareness campaigns need to be in place.

Section 3

Recommendations for Implementing the Healing Strategy

To be effective the Strategy needs to be implemented as a whole initiative including all the elements. A strategy of this completeness and complexity requires at start-up, a number of initiatives to be implemented consecutively. It is envisaged that training, staff support and the establishment of some healing initiatives are priorities. As noted these have already begun but there is an immediate need for the Critical Response Group that is detailed in Document 3. Funding is already being sought for this with training mooted from sources such as emergency helplines.

The following are recommendations about key positions and roles necessary for the next stage/s of project development.

1. Strong formal Aboriginal Governance is essential and this requires an ongoing paid position of Healing Strategy Project Officer/Coordinator. The duties of this role would be to
   - Convene and coordinate community meetings and Healing Taskforce meetings about healing projects
   - Provide an administrative base and support for the Strategy and the Healing Taskforce
   - Formally represent community at interagency meetings and forums including conjoint program planning and evaluation through a Collective Social Impact process
   - Develop and implement and ongoing Healing Strategy community communication strategy
   - Conduct regular forums and meetings throughout the town (and Shire) to get feedback and direction regarding the needs and effectiveness of healing projects/programs
   - Participate in and support evaluation and research processes
2. Expert Clinical Direction and Governance is essential to further develop each initiative.
   - Project Direction - Provide clear vision and oversight of the development of the Strategy based on Aboriginal and clinical, healing knowledge
   - Coordinate (with Project Officer) and oversee/direct developments of the Strategy and agency participation through Collective Social Impact process
   - Participate in training, on the job skills development, supervision, co-working and support of local workers
   - Further fine tuning and planning of each initiative
   - Plan and supervise development of infrastructure and establish initial short-term transitional arrangement for service operation, operation base etc.

3. Project Financial Development, Project Development and Research Officer. The Strategy requires significant funding for facilities, projects and programs. This is a full time work when combined with the need to organize close ongoing research and data collection that such a comprehensive strategy requires.
4. Working together the three positions above form the Collective Social Impact Backbone organization which can operate in association with existing agencies but have a level of independence defined by clear roles to implement, coordinate, monitor, measure, adjust and set up new projects as determined by interagency forums and community. Yura Yungi is prepared to contribute a proportion of internal positions to work with this team to activate the Collective Impact model of coordination.

Further Strategy implementation is to be planned form this base as noted in Stages 3 and 4. The proposed positions can be initially implemented for a one/two year period to demonstrate the cogency and effectiveness of these approaches but will eventually need to be ongoing.

Conclusion

As noted earlier there is already a groundswell of support for this Strategy and some work underway, particularly with the support of Yura Yungi. It is important in conclusion to note what to many is obvious: that the Strategy is not easily grasped in a single sitting and is not easily communicated in its particularities. The Strategy has brought together complex systems concepts, policy processes for addressing complex and 'wicked social problems', as so named by the Australian Public Service Board, together with an understanding of Aboriginal and mainstream healing processes. This is an innovative approach.

Several of the intersecting paradigms in these documents are also based on socially innovative models.

This complexity is a disadvantage which can be overcome in the process of implementation – staged project development processes of each element. The complexity comes about because the matters of healing Aboriginal individuals, families and communities have not been systematically attended to in Australia on this scale. It is early days in the development of the ATSIHF's work in Australia of locating healing at the core of social change policy.

Communicating the complexities of the Strategy with community is an ongoing work that is planned for. However essentially it gives a developmental framework for what many have been asking for. That is simple. A significant body of local people want healing, a healing place in town and country. They want as part of this, that children, young people and adults be strengthened by old people and to become strong in identity and culture. They want this as part of modern world knowledge and as support to involvement in society and