

Discussion Paper

Reclaiming the Spirit of Well Being:
Promising healing practices for
Aboriginal and Torres Strait Islander people

The Stolen Generations Alliance

by

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Reclaiming the Spirit of Well Being: Promising healing practices for Aboriginal & Torres Strait Islander people

1. Introduction

This paper was requested by the Stolen Generations Alliance who wanted to develop a comprehensive and well considered approach to healing practices for their people. The paper presents a summary of healing practice options suitable for Australian Indigenous people who have suffered the impact of government policies of forced child removal from family, clan and country. The paper also applies to all who have suffered due to the impact of colonisation more generally. The enormity of the loss people have suffered as a result of the removal policies is expressed by Joyleen Koolmatrie (Koolmatrie & Williams, 2000) in the following quote:

If you've been taken away from your country and your people, then that means you're grieving for everything that you are. You've lost everything. So being taken away – it's not just like a White person being taken away from your Mum and Dad. You've been taken away from a place of belonging, a country that's important to you, that's got your dreaming story. That's got your food sources, all your laws in it" (p161).

The *Bringing Them Home Report* exposed the extent to which such trauma has impacted on Indigenous Australians and concluded that most families have been affected by the forcible removal of one or more children. The need to address the legacy of forced removal, by considering special investment in Indigenous healing, was a strongly supported recommendation at the 2020 Summit held in Canberra in April 2008. Reference was made by summit participants to the medical anthropologist Gregory Phillips' proposal that healing is fundamentally about therapeutic change and cultural renewal.

A holistic view of healing approaches was elegantly outlined by the Human Rights and Equal Opportunity Commission (HREOC) in their *National Inquiry into the Separation of*

Aboriginal and Torres Strait Islanders Children from their Families. HREOC supported measures of restitution of language, culture, and records of harm done; be combined with measures of rehabilitation such as offering therapeutic services. The proposed HREOC package also included acknowledgement by way of a formal apology, assurance that policies of forced child removal would not occur again and monetary compensation.

Australia is at the perfect time for moving forward in supporting the journey of healing of its Indigenous people following the Rudd Government's national apology. The apology was an important reconciliation action that acknowledged the pain caused and broke the drought of denial, allowing a river of healing to start flowing. This paper aims to nurture that flow so that the best possible investment in healing is made. Whilst acknowledging the importance of redress for the harm done through financial compensation, it is outside the scope of this paper to address this area. The *Moving Forward Report* (Cornwall, 2002) is a good source of material to consider action in this area.

The focus here looks at options for regeneration work, by developing therapeutic practices and programs that support individual healing and community cultural renewal. The paper features lessons, insights and ideas from the activities of the Canadian Aboriginal Healing Foundation, but also includes Australian and other literature where available. It is intended to evoke discussion, debate and serve as an initial footstep in the journey of designing healing options. The final agreement on what is the most suitable way forward will need to be made following comprehensive engagement with Aboriginal and Torres Strait Islander peoples. This report is written with an openness to present a range of ideas from the literature, rather than pushing a particular position.

The approach to healing presented in this paper widens beyond the physical or social dimension. It aims to encompass a wide circle of how to heal people who have been stripped of their identity, language, connection to country, culture, laws and pride. A broad view of healing demands well thought out creative responses. One lesson stands out from the literature: it is important not to rush into funding particular projects without proper consideration of the many and varied opportunities that could support healing in different locations, for men and women, and for elders as well as younger people. True sustained healing can not be rushed nor can the vehicles that help facilitate it. Good ideas need a good

dose of reflection, discussion and even dissension before implementation. We have the implementation of the Northern Territory Intervention to learn from in this respect. Anything as important as this step toward sustained individual and community healing needs to be done by balancing the urgency to do something *now* with careful consideration of how to take action that heals, rather than missing the mark and wasting precious resources, or at worst causing further harm. We need to make sure that we facilitate a range of options that generate wellness in the best possible way.

Fortunately we can track the lessons of people who have been walking in this territory. The Bringing Them Home counsellors funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) been working with and listening to the needs of the Stolen Generations for a long time and have insights to share from their personal and professional experience. There are some very rich lessons captured regarding Canada's First Nations people and their establishment of an Aboriginal Healing Foundation. There are Aboriginal therapists in Australia and elsewhere that are currently working with loss and grief issues. There is much to gain from listening to people's ideas that were expressed in 2001 in the *Moving Forward: achieving reparations* report. One of the overarching lessons from all that are experienced in this area seems to be that any investment in Indigenous healing needs to be grounded in the Indigenous traditions, values and cultures whilst simultaneously integrating the best of what contemporary evidence-based healing approaches have to offer. This paper explores a range of possibilities that show promise in how to do this.

2. Report Structure

The report begins by introducing the context within which a need for a Healing Foundation has arisen. It then defines and sets the limitations of the report's scope and the use of the Indigenous terminology. This is followed by a section on some of the background literature on the healing journey and a section on appropriate governance for overseeing distribution of resources for healing practices. A healing Practice Model Logic is then presented which is followed by coverage of promising healing activities. There is a section on approach specific target groups and a discussion of a range of implementation issues that

there is benefit in learning from. At the end of the paper there is a section on potential healing outcomes before the conclusion. Where relevant there are boxes included that highlight areas that would benefit from further discussion and decision-making by Indigenous people, in an open and consultative process.

3. Methodology Limitations

A full scope of the literature on overcoming direct and intergenerational trauma, loss and grief is beyond the scope of this initial discussion paper. Sometimes the most creative and successful work in this area is not always written up and made publicly available. Knowledge about what works and ideas about what is possible is often transmitted orally through sharing stories. Some attention to gathering people's insight through alternative means is recommended. One of the possible healing practice options to establish is to support culturally embedded ways of exchanging and passing on knowledge about healing. This paper is a starting point to further consultation and discussion, not just with national leaders but ordinary folk at the grass roots level impacted on by removal policies.

The paper has included material on Indigenous healing traditions from other cultures outside the Australian context. Despite many approaches being culturally and geographically-specific, there is still much to be gained through an exchange of ideas from different contexts. For example it has been valuable to learn from and draw on examples and ideas from Canada and New Zealand, but this has been done whilst acknowledging that we have to be careful in thinking through how and when different options might apply here in the Indigenous Australian context, and in which locations and for which people and groups.

4. A note on Indigenous Terminology

Indigenous where used includes both Aboriginal and Torres Strait Islander people regardless of where they live. This term encompasses the many peoples and language groups who were living in Australia before European settlement, and have experienced colonisation for more than 200 years. The author acknowledges that whilst it is more respectful to use locally relevant words the national focus of this report makes this approach less feasible.

5. The Healing Journey

There is already a fair bit known about approaching healing with Indigenous people who have suffered at the hands of colonisation and forced child removal policies. A strong theme is that individual healing needs to occur in an environment that is conducive to healing practices flourishing. Sometimes the bigger more primary issues need to be addressed first. This includes environmental factors relating to basic social order, safety, housing and employment as well as the political landscape such as the offering of an apology and making a treaty. The theme of managing unresolved grief and loss, whilst simultaneously acknowledging the socio-political context, was reinforced by Koolmatrie and Williams (2000).

Archibald (2006a) also emphasises the need to be mindful of the variation in people's and communities' experiences of trauma, loss and grief. This point was also emphasised by the Bringing Them Home counsellors who have experience listening to thousands of different people's stories from different areas and conclude that all need different responses. They also go on to add that "healing should not be conclusive" in that for some there may never be final real healing and that we need to realise that sometimes what we are aiming for is helping people cope with the effect of their experiences. Sometimes, the concept of healing can be insulting to people as it could conjure up a focus on "getting over" what has

happened. Practices need to be mindful of the variation of experiences and perceptions associated with healing (Simon Boyce personal communication, July 2008).

Judith Herman's stages of recovery from post traumatic stress disorder (PTSD) have been applied to the trauma inflicted on Indigenous Australians. She states that recovery unfolds in three stages: the first stage is the establishment of safety; the second stage is remembrance and mourning; and in the third stage, the individual reconnects with ordinary life (Herman, 1997). Another model of healing and recovery presented by Archibald (2006b) suggests healing is influenced by the following factors:

- individual experiences, strengths and resources;
- relationships within the family;
- community social, political and economic conditions;
- community culture, traditions, language, history, resources and governance;
- the degree of leadership support for healing; and
- community capacity, including access to experienced healers and therapists.

The work of Indigenous psychologist Joyleen Koolmatrie is reported in a special edition of the *Australian Psychologist* journal that looked at how the field of psychology could contribute to improving the physical, emotional and social status of Indigenous Australians (Koolmatrie & Williams, 2000). Based on Koolmatrie's personal experience and extensive work with supporting members of the Stolen Generations she strongly emphasises the power of group processes in the healing journey because they provide opportunities for connection and peer support.

Linda Archibald (2006a) looked at the issue of decolonisation and healing in the United States, New Zealand, Australia and Greenland. She argues that context matters and therefore healing models need to adopt localised practices that suit a particular region, cultural group, language and link with localised practices be they traditional or contemporary. She also highlights the importance of practices being able to address people who do not have strong cultural ties. The same could be said to make sure we address the needs of people who do not live within discrete communities. Another strong theme she presents is that there needs to be a blend of traditional practices with Westernised

approaches that come together under a framework of Indigenous philosophy, which includes principles such as holism, balance and connection to family and the environment. Holistic healing is the foundation of any model that takes into account multiple perspectives of the individual: their spirituality, physical health, emotional and social dimensions, environment, land, connection to country, interpersonal relations and practical needs.

Canada established their Aboriginal Healing Foundation (AHF) in 1998 following the federal government committing \$350 million to support community-based healing of the legacy of physical and sexual abuse at residential schools. The AHF became a facilitator of the healing process by promoting awareness, providing resources for healing and nurturing a supportive public environment. Fortunately it invested in recording lessons and insights from its journey which were published in three volumes.

The AHF held the vision to support more people on a healing journey, and was led by a nine member board that focused on detailing the objectives of the organisation, its governance model, the parameters of community efforts it would fund, and the criteria it would uphold in managing the resources. Australia is at the cross roads of potentially moving in this direction and it would be prudent to absorb the lessons from Canada's AHF. A key lesson concerns the degree of government control in setting the Healing Foundation's operational parameters. This was an area that apparently resulted in significant tension. One of the lessons for Australia in supporting the healing journey for its Indigenous peoples concerns shaping an appropriate governance model to move forward on this. This is discussed briefly in the next section.

6. Governance

Governing the development of healing practices and the distribution of resourcing for this purpose is an important primary consideration in the healing journey. Agreeing on a suitable governance model was an area of debate in the inception stage of the Canadian AHF and tensions emerged between the government wanting to control aspects of the agenda and the actual residential school survivors and their families feeling it was an important part of the healing journey for them to take full control. As the need for healing

has arisen as a result of harm done by government policy, governments are not a suitable option for directing the administration process. At best, the role of government should be as an enabler or facilitator of healing, not as a controller or director. This could mean identifying and communicating what support can be given, providing ideas and options that dovetail with government policies and priorities but leaving the decision making about process and outcomes to those who are experts in the problem: that is the Indigenous Australians who have been impacted by forced removal policies and colonisation.

Contracting the role of establishing a specific healing organisation out to an existing community agency is one option, but this would need to be an agency that is controlled by Aboriginal and Torres Strait Islander people and that had a national focus in its representation and mission. Despite the strong capacity of some of the larger national charity organisations, they would be unsuitable for historical, cultural and representational reasons. The Canadian experience suggests that, despite the extra effort involved in establishing a purpose specific body to oversee the healing work, establishing an Indigenous controlled Healing Foundation, has many advantages. Firstly, healing is a journey of empowerment, reclaiming control and self determination. Secondly, the governance of the process would benefit from specific skills, including those possessed by people who have directly or indirectly suffered the direct or intergenerational impacts of forced removal and have been on their own healing journey. Finally, it would be important to have an organisation directing the healing journey process that has the specific constitution for this task. Its role could then be focused on overseeing the planning, prioritising, policy development, promotion, nurturing and evaluation of healing practices. It is likely to be too large and complex a role to for an existing organisation, unless it already had a very similar mission.

Yarning Points

YP 1 – What role should government take in the establishment of a Healing Foundation?

YP 2 - Should a purpose built Healing Foundation be established or should the work be integrated into an existing organisation?

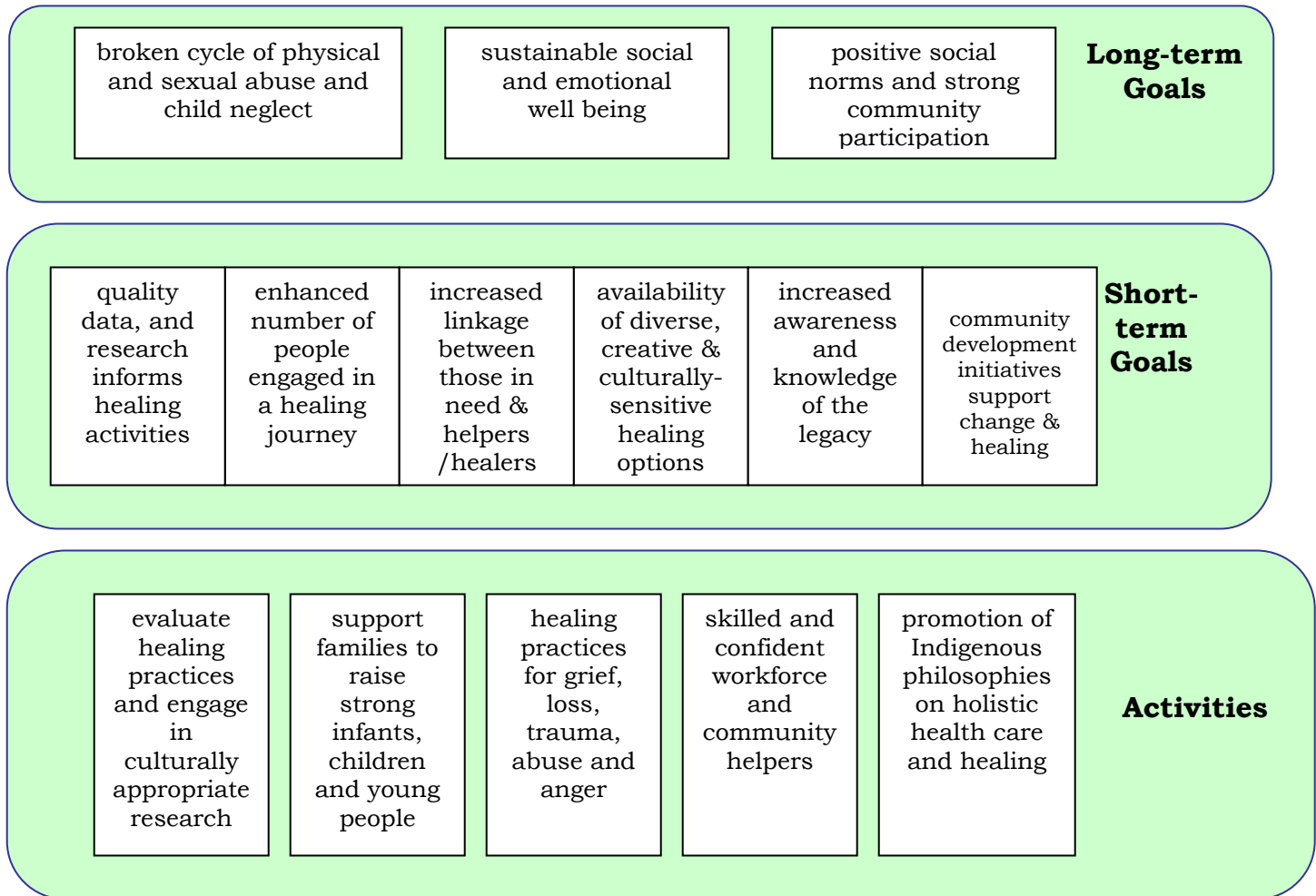
7. Proposed Healing Model Logic

Before focusing on what types of activities that would help individual and community-level healing, an important next step in moving forward is to develop a vision of what the Indigenous peoples of Australia would like to see as the outcomes of any investment in healing practices. This can be represented through a Healing Model Logic that defines the long and short term goals of future investments that would hoped to be achieved through funded activities. This can help in guiding policy development and also provides a good structure from which to measure and track actions.

Figure 1 below is a draft healing model logic for discussion. It integrates insights from the Canadian AHF and Australia's *Social and Emotional Well Being framework* for Aboriginal and Torres Strait Islander people (Department of Health & Aging, 2004). It presents that an ultimate long-term goal should be to achieve sustainable social and emotional well-being in those impacted directly or indirectly by forced removal policies. Specifically, this may include breaking the cycle of self harm expressed as substance abuse and cycles of abuse enacted upon others (physical, sexual and neglect) arising from the pain of the past expressed in its many guises (emotional, physical, cultural, spiritual). Community level outcomes would include creating positive social norms where healing and harmony are expressed and kept alive through active community participation.

The figure proposes activities that fall within a range of areas which will be discussed in more detail in the below section. In summary, there needs to be promotion of more holistic ways of offering healing as well as skilling up the professional healing workforce and grass roots community helpers. Provision of therapeutic practices that can address complex issues such as trauma, abuse, anger within an Indigenous context is important. Support for families raising the next generation so that they can break the cycle of pain is another area for activity. Evaluation of healing practices and strategies as well as research on who is best able to deliver sustainable change programs are also important.

Figure 1 - Proposed Healing Model Logic *



* This figure integrates ideas from the Aboriginal Healing Foundation's (2006) *Measuring Progress: Program Evaluation Volume II*, and the Department of Health and Aging (2004) *Social and Emotional Well Being Framework*.

Figure 2 - Community Healing Journey*

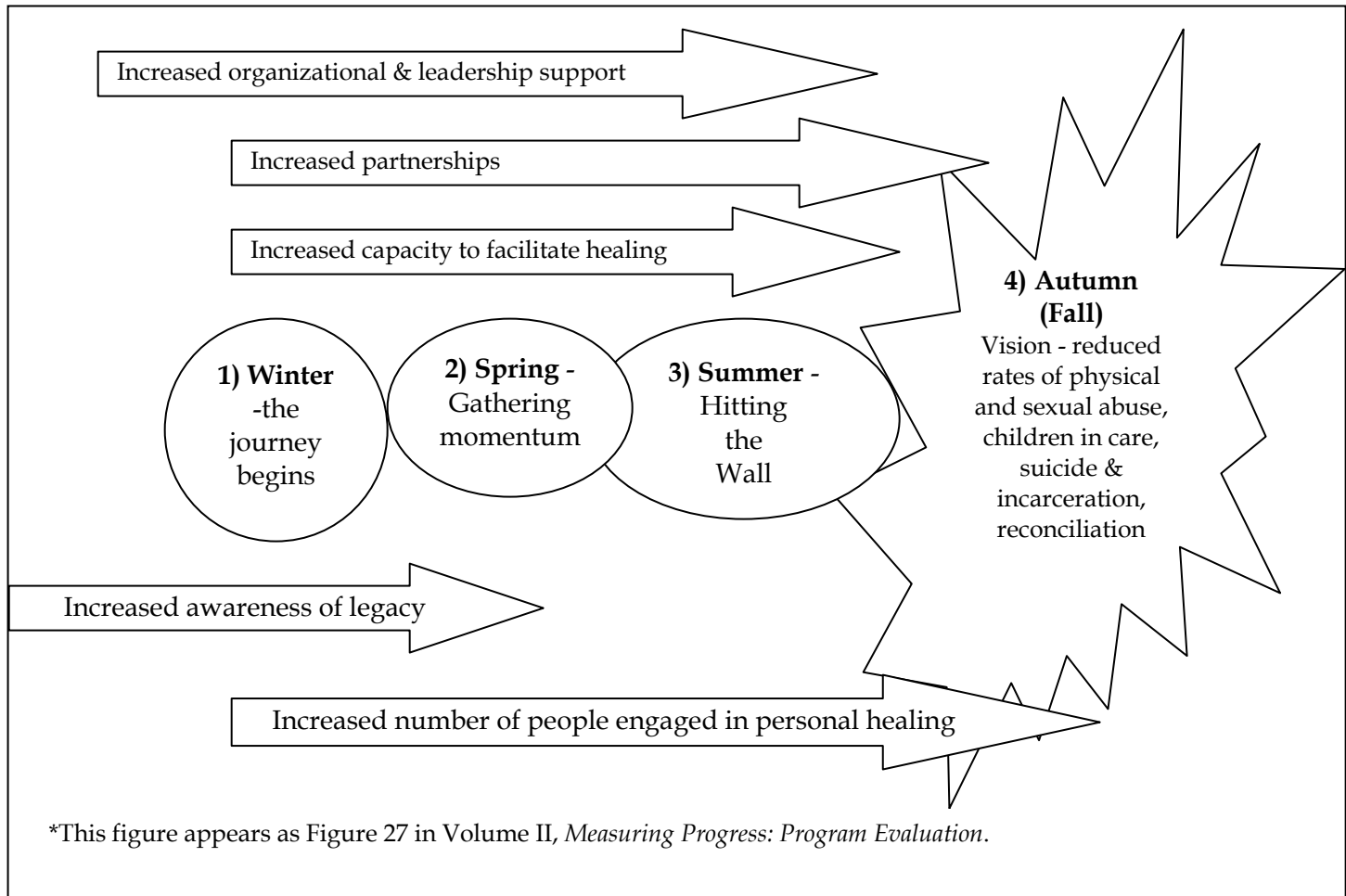


Figure 2 maps the journey derived from reviewing Canadian cases of how healing had progressed in individuals and communities over two decades. The first stage, (Winter) “the Journey Begins,” is characterised by dysfunction that grips a community due to the oppression and trauma which is considered as normal. At this stage, only some pioneering individuals have engaged in the healing journey. The second stage, (Spring) “Gathering Momentum,” is where there are significant levels of engagement with the healing journey and a critical mass has been reached. The third stage (Summer) “Hitting the Wall” is where there is a feeling that the healing has reached a barrier. Workers are beginning to burn out, feel run down and experience low levels of motivation. The fourth stage (Autumn/Fall) “from Healing to Transformation” is where a significant change in consciousness emerges. Surface fixing of problems deepens into sustainable healing. The focus on healing individuals and groups expands to encompass systems change. The systems change leads to

reduced rates of dysfunction and new social norms and systems that reduce behaviours that proliferate inter-generational trauma such as physical and sexual abuse, children in care, incarceration and suicide.

Yarning Points

YP – 3 What is the big picture healing vision we would like to achieve?

YP – 4 Broadly speaking, what tangible activities will help achieve our goals?

8. Promising Healing Activities

Healing projects should ideally include a combination of individual engagement in therapeutic activities and group involvement in community events that promote well-being. For instance activities might range from individual counselling, putting on plays that tell the story of survivors, community development approaches that raise awareness and create opportunities for positive cultural expression. Projects could fall into the following categories listed below.

Therapeutic Activities to support the personal, social, mental and physical well-being of survivors and inter-generationally impacted through culturally appropriate, preferably Indigenous led therapeutic change programs. Examples include:

- Family reunification work run by specialist Stolen Generations counsellors in conjunction with Link Up case worker services
- Long and short-term group and individual counselling on issues such as: trauma, loss, grief, mental illness, substance abuse, co-morbidity, relationship problems, family breakdown, violence
- Healing peer support & training groups
- Community healing teams that plan and coordinate healing activities
- Action-oriented therapeutic group processes (eg developing monuments or art pieces)

- Offering therapeutic activities in formal places (eg clinics) and informal places (eg on the beach, around the campfire or in the bush)
- Targeted programs in prisons aimed at psychological healing and reducing recidivism
- Peer support and healing activities for youth including specific target groups such as gays and Lesbians
- Healing centres with the capacity to run residential programs and / or outreach programs

Strengthening Family and Parenting Skills

- Parenting skills program combining traditional and Western models and approaches
- Culturally-based, non-mandated therapeutic home for children/adolescents and their families at risk of involvement with protective services.

Cultural Renewal

- Programs to facilitate cultural renewal and strengthen cultural identity (celebrations)
- Supporting healing rituals
- Researching, writing and delivering creative arts (plays, stories, films, psychodrama) that educate about the legacy of the Stolen Generations
- Remembrance activities and mourning
- Land-based activities

Training and capacity building

- Projects to train a core of community caregivers to help the healing process of others
- Capacity building in child protection systems to prevent further child removal trauma
- Enhance existing service delivery to respond better to the needs of child removal trauma and intergenerational impacts
- Social activities that build healing bonds between people and strengthen social capital
- Training specialist Aboriginal psychological trauma and healing professionals
- Training health workers, teachers, social workers and others in how to recognize intergenerational trauma and treat it in a culturally appropriate way

- Mental health “first aid” for community members in areas like suicide prevention and how to support people seeking to overcome addictions
- Alcohol and substance abuse rehabilitation for Aboriginal mental health workers in need of it
- Establish support network that includes debriefing for workers dealing with traumatised communities
- Life skills training
- Build sustainable resources for projects from a variety of sources

Research, Evaluation and public education

- Access to personal and family records
- Family tracing and reunion services
- Identifying, promoting and evaluating best practice in Indigenous healing
- Activities that raise awareness in the broader community of the issues confronting the Stolen Generations (eg radio broadcasts)
- Running conferences
- Mapping the healing journey at the community / regional level, rather than at the project level, tracking a 5-10 year plan that integrates development and outcomes
- Bringing people together to identify what is working and why

Changing Systems, Redefining Social Norms

- Support for communities and families seeking to discuss and reintroduce culturally appropriate social norms
- Assistance for leaders to reassert appropriate social norms reforms to the child welfare and juvenile justice system to ensure there are guarantees against repetition

The Canadian Aboriginal Healing Model made the majority of its investment directly in healing projects (70.9%). The breakdown of the other types of investment include prevention and awareness (11%); training (7.1%); knowledge (6.6%); history (1.7%); needs assessment (1.2%); design/set up (1.1%); and conferences (0.4%). The areas that were

reported as needing additional resource levels included: team staffing, facilities, improve and expand projects, training, addressing special needs, equipment, professional assessment, stolen generations involvement, develop and distribute history, partner network, evaluation, community involvement and communication. The most *used* services reported were healing/talking circles; Legacy education; workshops; ceremonies, Elder liaison, and one-on-one counselling. The services rated most effective were Elder liaison, ceremonies, one-on-one counselling, healing/talking circles, traditional medicine and workshops.

9. Healing Practice Target Groups

The Stolen Generations survivors expressed concern in the *Moving Forward* consultations that they often get overlooked as a discrete group with unique needs. It is important that resources for healing are targeted to meet the special needs of survivors of child removal policies and those inter-generationally impacted. It seems prudent to consider that approaches have options that are specific to different age groups, gender and location. Healing practices should also specifically target a range of groups such as women, men, youth, Elders, incarcerated, gays, lesbians and the homeless. Drawing on Canadian figures, the characteristics of the AHF participation in healing activities were largely taken up by the intergenerational impacted group (49%), women (38%), youth (30%), men (25%) and Elders (9%). These groups are not mutually exclusively with participants crossing more than one group. The AHF identified in their evaluation the need to better target programs to older survivors, children and men.

Some people may not be initially ready to enter a healing process, particularly therapeutic engagement. The AHF evaluation reports 'readiness' as a stable commitment to sobriety and drug free lifestyle, as well as sufficient trust and willingness to feel. Community level strategies, cultural renewal programs and story telling opportunities can serve as primary level engagement for those not ready to enter a more intensive healing process. Thus healing practices need different engagement points to meet the need of the different target groups.

10. Implementation Issues

The literature suggests that quality Indigenous healing services ensure that those in need of healing are given choices that meet both where they are in the healing journey and their own preferences and capacity. It also suggests that strengthening of culture can become a prime motivator for embarking on a personal journey to restore well being. In the Canadian instance cultural reinforcement and healing that used traditional approaches were found to be highly effective ways to address special needs. Archibald's (2006b) synthesis of healing practice found the success of services that could integrate approaches and offer holistic strategies.

Some services provide screening of participants engaged in projects to check their readiness for embarking on the healing journey. Archibald (2006b) suggests that culturally sensitive screening and assessment therapeutic tools should consider relationship aspects of Indigenous persons, spiritual dimensions, participation in ceremonies, connection to land, communities and kinship. Projects funded by the AHF used criteria such as self motivation, sobriety and stability.

The AHF evaluation reports a number of strategies that were employed to reach out and engage people who were not "ready" to begin the healing journey. The AHF suggests that engagement strategies need to vary to match different levels of readiness to heal, for example someone who is plagued with self-destructive problems, has many practical barriers or distractions to healing might be best approached with awareness raising or outreach services. Someone who is open-minded and willing to engage, but fearful of what it will involve or bring up, should again be approached differently.

A starting point for those with a heavy Legacy burden is running awareness campaigns where healing is framed as "an act of courage and empowerment, a rightful reclamation of culture and balance" (Castellano, 2006, p 79). Increasing the level of strategy intensity would be running outreach programs that engage people through home visits and individualised attention; relationship building through nonthreatening, positive social activities that might give the "hard to reach" groups a chance to display their competencies in particular areas (eg music, art, cooking, land care, fishing, story telling). Patience in

waiting for people to take up referrals and welcome people when they initially engage is also considered important.

Helpers involved in healing need to be confident, skilled and well supported to be able to address the complexity of problems involved in working with the target group. The use of local staff and having a majority of Indigenous staff on healing projects is preferable. Koolmatrie suggested that the advantages of Indigenous staff include familiarity with the culture, knowledge of the history of removal and having the lived experience of the cultural reality and the grief (Koolmatrie & Williams, 2000). The Canadian AHF achieved 91% of Aboriginal people in project positions.

Huriwai et al. (2000) argue that services should be culturally sensitive but not restrictively so. They suggest a commitment to biculturalism, as research on Maori-dedicated treatment programs suggests flexibility is needed when delivering services for Maori who are not well connected to their traditional culture or family. They report similar challenges are faced in North American cities where Aboriginal people seeking healing come from a variety of cultures and nations. The lesson in this is that healing practices need to go beyond stereotypical and sometimes romantic views that Indigenous people have the same values and needs whilst at the same time considering processes and practices that would increase “cultural connectedness” (pg 291).

Healing practices need to be suitable for people with poor health, drug or alcohol addiction, history of suffering or perpetrating abuse and at varying levels of denial, grief and poverty. This raises issues in regards to the support, training levels required for staff running the projects. The AHF found a key lesson was that adequate staffing resources were essential to success. Having extending hours of service and integrated services are also important (Archibald, 2006b).

Typical project teams that were funded under the AHF tended to be composed of management positions, elders as cultural teachers, resource persons (facilitators, instructors, survivors), counsellors, trainees, child care workers, office administrator, professional therapists, health workers, research and evaluators and community development workers.

Koolmatrie and Williams (2000) report a range of factors that are important to working with the Stolen Generations. Positive self regard for the healers or therapists is highly

critical, as is offering an environment where people can feel physically and emotionally safe. The Bringing Them Home counsellors suggest a client focus should dictate practices. Maintenance of confidentiality and assurance of personal safety is highly important to integrate into service model as this can influence people's motivation to engage in a healing service. For instance, group members need ensure ensuring respect and confidentiality when listening to each others' stories. Giving people the chance to have their stories told and validated is an important starting point, although it takes time for people to tell their stories, so program time frames need to be adequate for a slow unfolding. People should not be pushed beyond where they are ready to go. Another important recommendation is that different therapeutic models will work at different times in the healing journey. Story telling is important in the early stages followed by more focused therapeutic approaches such as rational emotive therapy to look at irrational beliefs.

Involving members of the residential homes into service development was considered an important good practice by the AHF. Other areas the AHF evaluation found important to achieving quality outcomes include providing staff training; encouraging community and school involvement; focusing on family support and parenting; developing and distributing information on the history and legacy of the stolen generation; having adequate resources to work with people with special needs; developing partnerships and networks; offering transport to participants; maintaining good communication with the Indigenous community and the general public; having the resources to buy equipment and resources and conducting project monitoring and evaluation.

The Assembly of First Nations (1997) identified some principles that have been found to support success for Indigenous health programs in Canada, the United States and Australia. They include: projects tend to be tradition-based and values-based; interventions focus on the entire family; links are made between spirituality and therapy; there is an intimate knowledge of the tribal community and a drawing together of traditions; projects respond to the needs of the community; and there is community supported healing and recovery.

The National Health and Medical Research Council (1997) identified good practice principles in nine funded Indigenous projects that were chosen to represent a variety of

regions and health issues. The set of principles of good practice hold lessons for the establishment of a healing foundation. The principles are:

- needs are identified by the community;
- partnerships feature strongly in the work of projects including between Indigenous workers, communities and non-Indigenous workers;
- there are adequate resources and organisational support;
- there are strong levels of community control;
- outcomes are clearly identified; and
- sustainability is built into the project.

Castellano (2006) reports results from the AHF evaluation on environments that hinder healing and environments that support healing. There are listed in Table 1 below.

Environmental Factors that Hinder Healing	Environmental Factors that Help Healing
Situations where violence is pervasive, tolerated and considered normal	Cultural pride, practice and celebration
Youth criminal or gang activity	Interagency collaboration and professional networks
Murder or suicide	Easy, local access to a variety of services
Addictions (alcohol and drugs)	Training availability
Political instability	Awareness of the Legacy
Imbalanced political priorities (when land claims or other issues consume all political energies)	Recreation (i.e., Elders' gatherings, alcohol free social events, youth activities)
	Media coverage
	Public apologies
	Word-of-mouth communication
	Family support (particularly parenting skills)
	Children's services
	Youth programs
	Individuals and communities genuinely want healing

*This information appears in Kishk Anaquot Health Research (2006) Chapter 3, *Volume II, Measuring Progress: Program Evaluation*.

Yarning Points

YP 5 - What kind of projects would we like to see supported?

YP 6 - What target groups do we think most need to help?

YP 7 – What good practice principles should guide service development?

11. Potential Healing Outcomes

People most reported their goal of engaging in a healing process was to develop self-awareness, which they defined as a deeper sense of self, identity and self esteem. People reported that bonding with survivors' groups allowed them to feel supported in their struggle. Cultural celebrations and reinforcement gave people what was lost: their identity and pride and helped them feed their spirit.

Funding of a strategy wide evaluation to track the evidence of changes would be important in any investment of healing practices. Healing practices can only really be understood however from within the environment it operates. The time frame for the AHF program and evaluation activity has been too short to measure long-term impacts on sexual abuse, physical abuse, suicide, incarceration and children in care. However, AHF has gathered valuable information on the nature and impact of Aboriginal healing activities. This information can provide the basis for longer-term research.

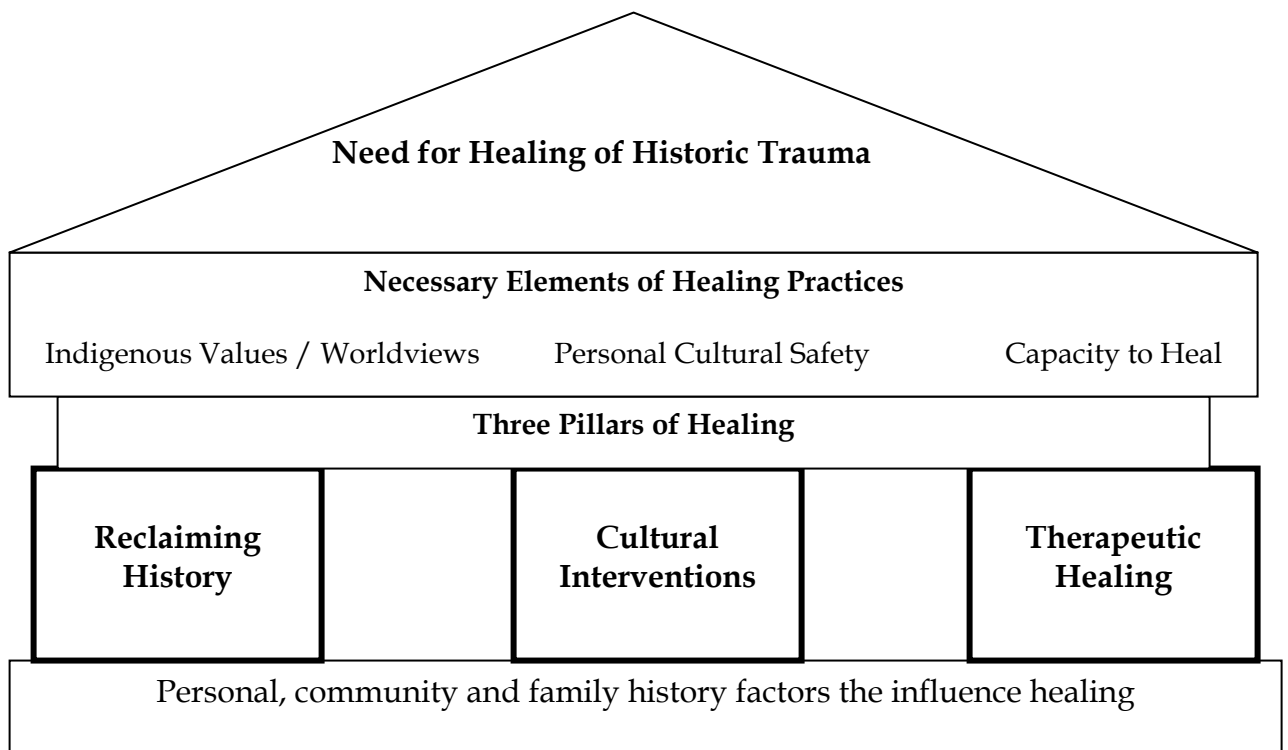
The AHF looked at the following areas of change that projects contributed to:

1. A substantial contribution to education about the legacy of child removal
2. The capacity of Aboriginal people to heal others

3. Projects enhanced service delivery systems response to survivors and intergenerational trauma with a focus on healing
4. Expanding the linkages between survivors and healers
5. Participation in the healing journey
6. Sharing and documenting history and honour for Survivors
7. Healing environments are created.

Figure 3 below provides a framework for understanding healing of trauma that was presented in the final report of the AHF (Castellano, 2006). The Need for Healing of Historic trauma is the overarching motive. The promising elements important to achieving this goal would mean funding projects that integrate Indigenous values and world views; establish personal and cultural safety for program participants and offer programs run by people (healers, therapists, Elders, volunteers) with commitment and strong capacity.

Figure 3 Framework of Healing Trauma



12. Conclusion

This paper aims to help contribute to the discussion on how we can move forward in developing more targeted and effective healing practices for people suffering historic trauma. The paper suggests that we need to be mindful of the diverse needs to be accounted for across Australia rather than be locked into a “one-size-fits-all” model. There are many different possible paths to walk to ensure the issues in different locations and groups are accounted for. Some possible options could include brokerage models being provided to existing support services to increase the scope of their work; community development projects funded to build readiness for healing; increase the capacity of those on their healing journey to support others; and celebrate and renew cultural expression. Clearly the health and healing professions could play a role in supporting capacity development of Indigenous staff.

What the governance and guidelines for funding might look like requires some additional work once the outcome of what is trying to be achieved is agreed on. Follow this it will also become clearer on who the investors in a healing fund might be. Government as well as the private sector are sources of funding. It would be exciting to see government take a fresh approach to funding by adopting an enabling role where models of investment support flexibility, creativity, action learning, innovation and support diversification from other sources. This of course would mean avoiding the establishment of undue interference and non-value adding accountability requirements. There are real opportunities to move forward in a spirit of supportive collaboration.

In conclusion, we would benefit from conceptualising healing as a long journey, not a quick fix solution open to short-term investment. It also needs to be seen as a task requiring some special qualities in the people actually holding out their hand to help others in their healing journey. The qualities of the people facilitating the healing have been found to be highly important. The AHF found project staff needed qualities such as, openness to not knowing everything, ability to work with ambiguity and capacity to build harmony and trust. We would do well to hold these same qualities as we step forward in building a platform to deepen the healing options available to Indigenous people.

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