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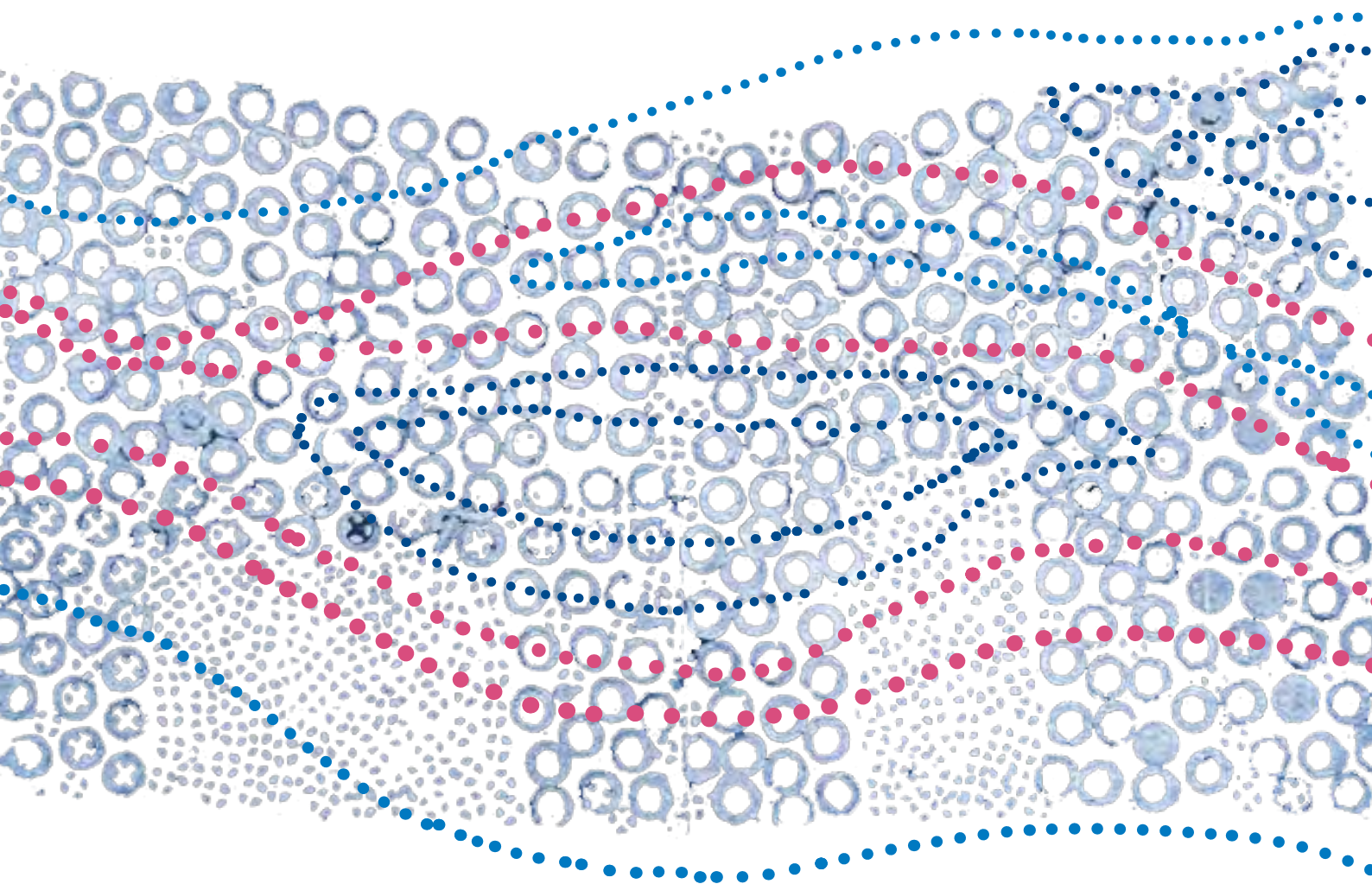
Strong Spirit • Strong Culture • Strong People

***A Resource for Collective Healing
for Members of the Stolen Generations***

Planning, implementing and evaluating effective local response

A Resource for Collective Healing for Members of the Stolen Generations

Planning, implementing and evaluating effective local responses



Prepared for the Aboriginal and Torres Strait Islander Healing Foundation by
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ACKNOWLEDGEMENTS

In the spirit of respect, we acknowledge this country as belonging to the Aboriginal and Torres Strait Islander peoples of Australia.

This country is the only place in the world where Australia's First Peoples belong, and there is no place in Australia where this is not true.

This resource represents the combined work and collective wisdom of many people, most of them members of the Stolen Generations. We acknowledge the contributions of the Aboriginal and Torres Strait Islander Healing Foundation Stolen Generations Reference Committee and the assistance provided by the Foundation's Programs Team, in particular Caitlin Mullins (Project Officer). We are enormously grateful to everyone who participated in the stakeholder consultations, both telephone interviews and workshop, for generously sharing their experiences, ideas and own resources. All the unattributed quotations in the resource come from them. The national workshop was facilitated by Benny Hodges. We are grateful also to the Aboriginal and Torres Strait Islander organisations that contributed to the project review.

The program logic, illustrated as a 'collective healing tree', built on previous work presented in the *Healing Centres* report prepared for the Healing Foundations by KPMG.

The Muru Marri Consultancy Team comprised Dr Ilse Blignault, Professor Lisa Jackson Pulver, Sally Fitzpatrick, Rachelle Arkles, Megan Williams, Associate Professor Melissa Haswell and Marcia Grand Ortega.

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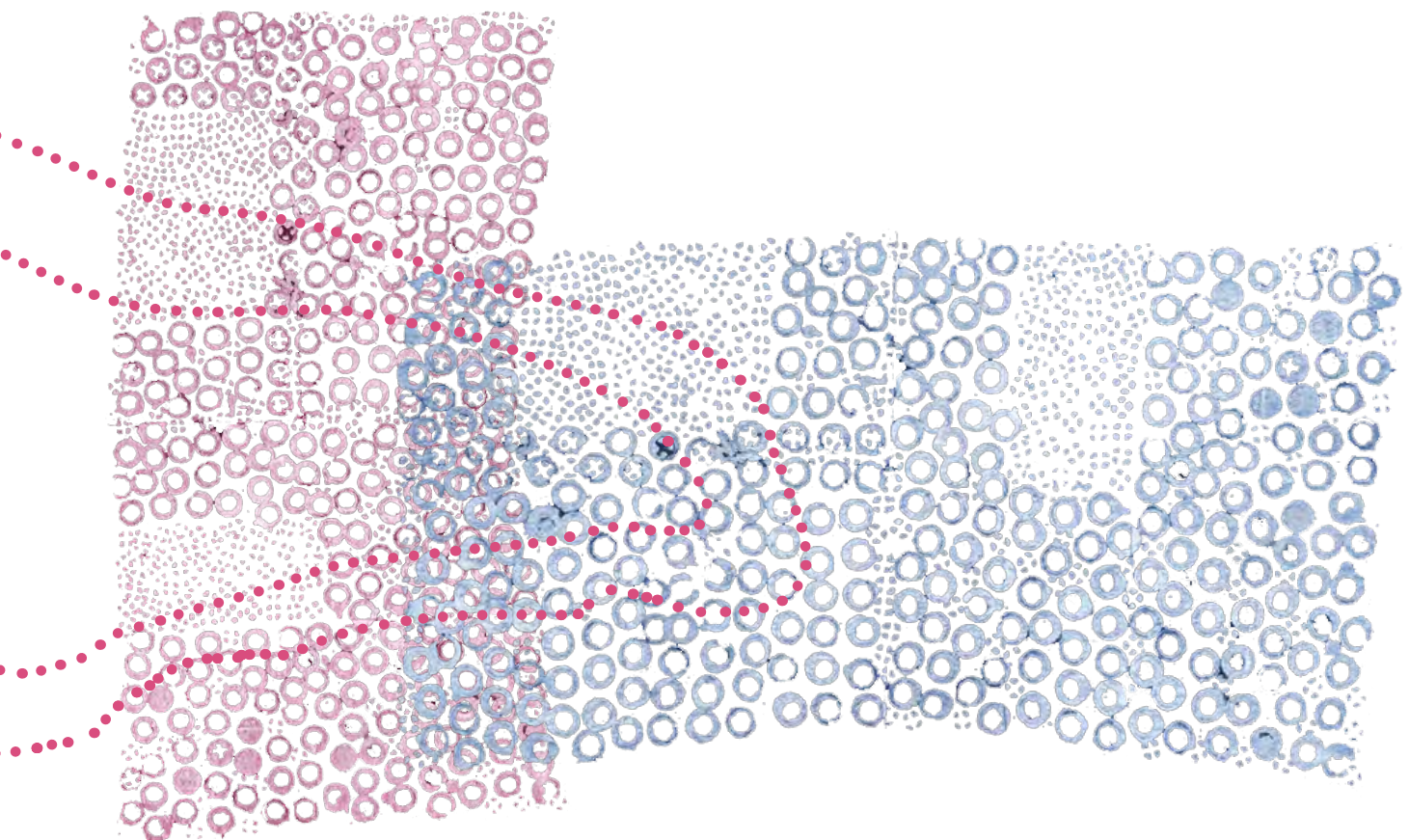
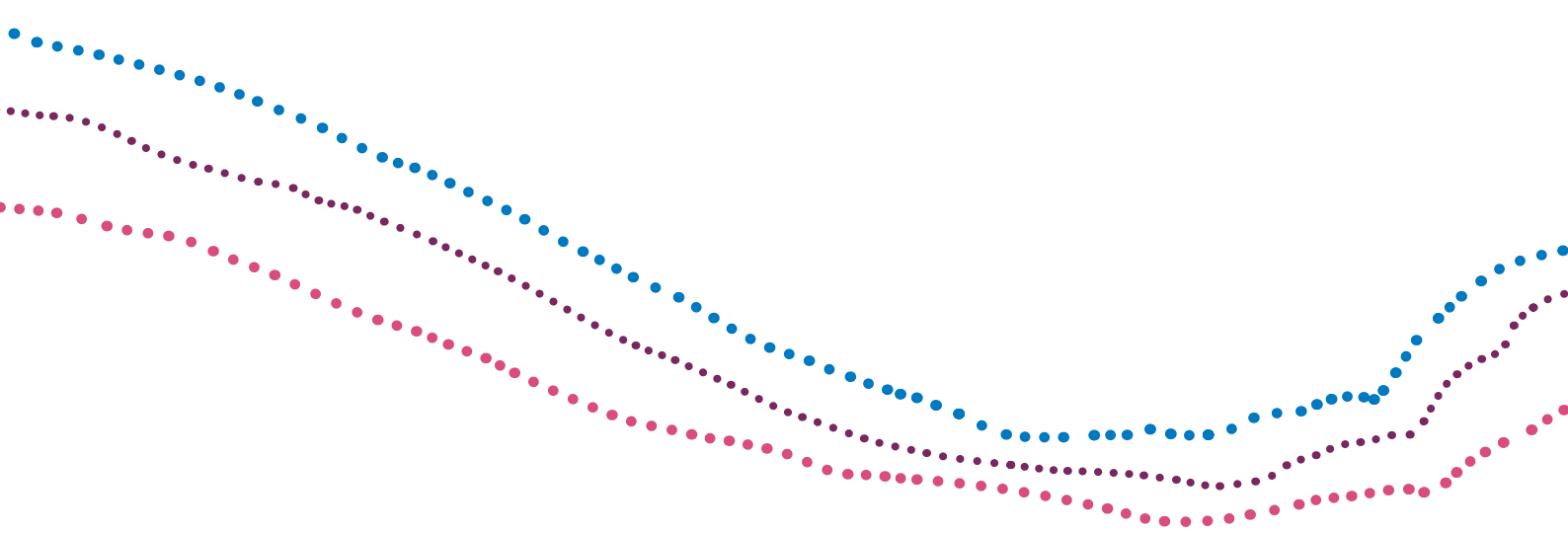


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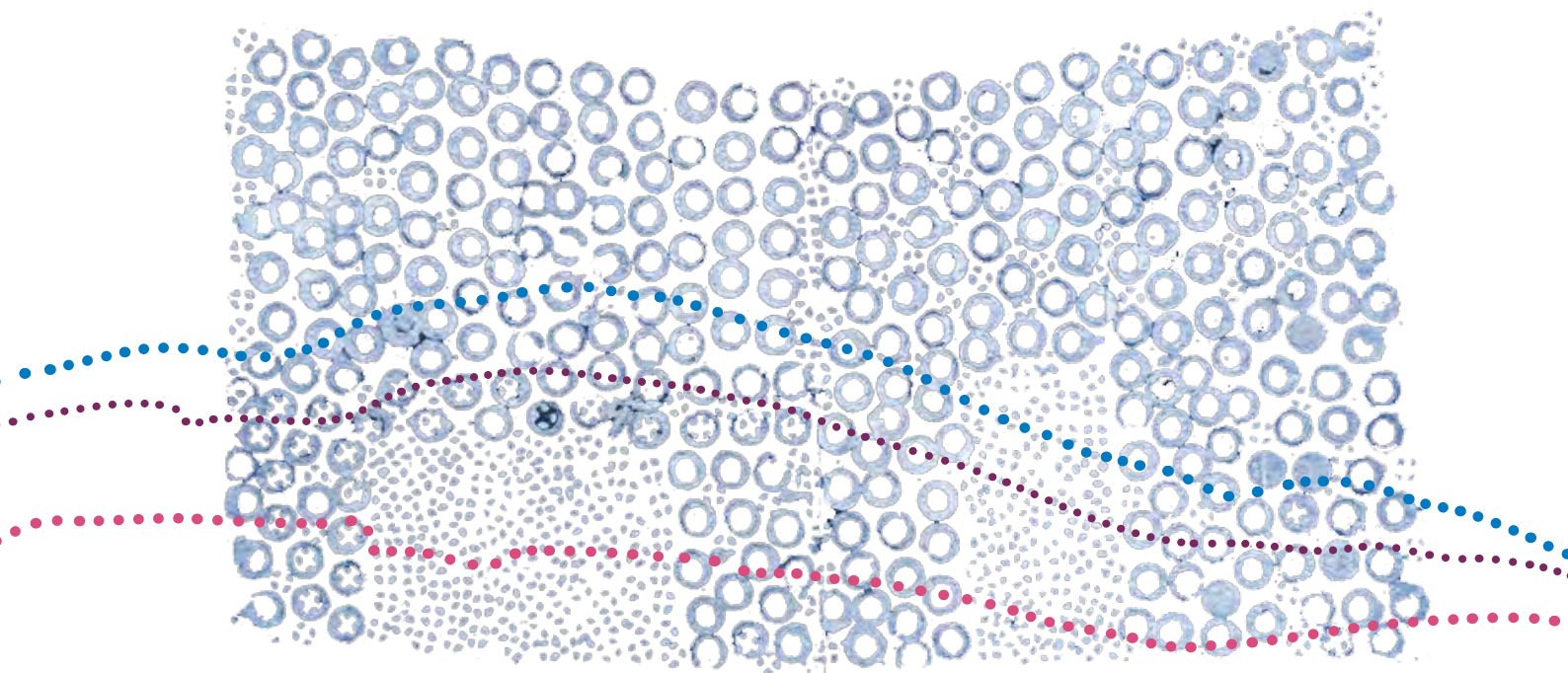
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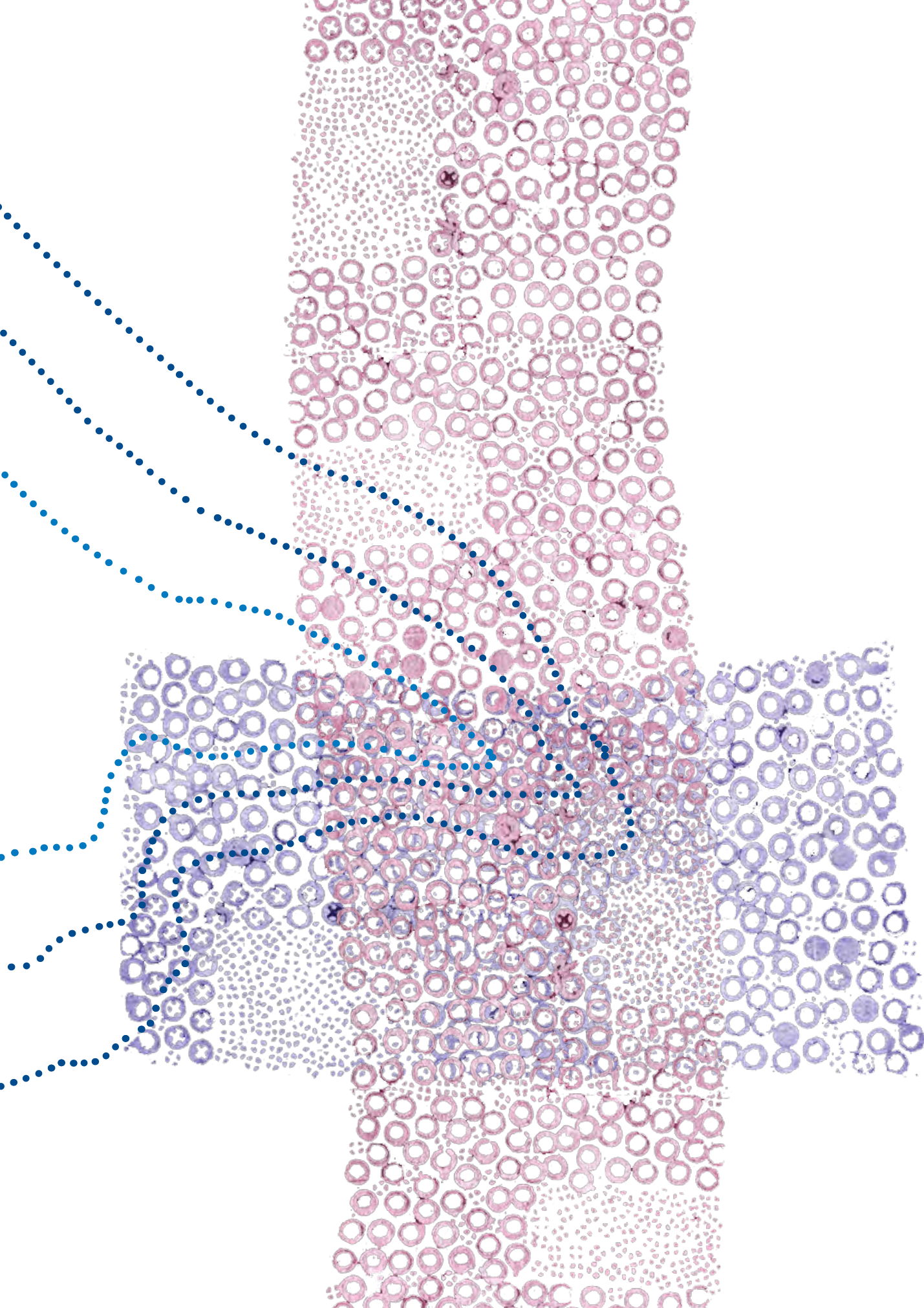
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ACRONYMS

ACCHO	Aboriginal Community Controlled Health Organisation
AHRC	Australian Human Rights Commission
ATSIHF	Aboriginal and Torres Strait Islander Healing Foundation
BTH	Bringing Them Home
CQI	Continuous Quality Improvement
CRC	Cooperative Research Centre
DOHA	Department of Health and Ageing
GEM	Growth and Empowerment Measure
HREOC	Human Rights and Equal Opportunity Commission
KSGAC	Kimberley Stolen Generation Aboriginal Corporation
NGO	Non-government Organisation
NHMRC	National Health and Medical Research Council
QLD/Qld	Queensland
NSW	New South Wales
SA	South Australia
SEWB	Social and Emotional Wellbeing
UNSW	University of New South Wales
VACCA	Victorian Aboriginal Childcare Agency
VIC	Victoria
WA	Western Australia





Dadirri

Miriam Rose Ungunmerr-Baumann

*Dadirri. A special quality. A unique gift of the Aboriginal people, is inner deep listening and quiet still awareness.
Dadirri recognises the deep spring that is inside us. It is something like what you call contemplation.*

*The contemplative way of Dadirri spreads over our whole life. It renews us and brings us peace. It makes us feel whole again.
In our Aboriginal way we learnt to listen from our earliest times. We could not live good and useful lives unless we listened.*

*We are not threatened by silence. We are completely at home in it. Our Aboriginal way has taught us to be still and wait.
We do not try to hurry things up. We let them follow their natural course – like the seasons.*

*We watch the moon in each of its phases. We wait for the rain to fill our rivers and water the thirsty earth.
When twilight comes we prepare for the night. At dawn we rise with the sun. We watch the bush foods and wait
for them to open before we gather them.*

*We wait for our young people as they grow; stage by stage, through their initiation ceremonies.
When a relation dies, we wait for a long time with the sorrow. We own our grief and allow it to heal slowly.
We wait for the right time for our ceremonies and meetings. The right people must be present.
Careful preparations must be made. We don't mind waiting because we want things to be done with care.
Sometimes many hours must be spent painting the body before an important ceremony.*

*We don't worry. We know that in time and in the spirit of Dadirri (that deep listening and quiet stillness)
the way will be made clear.*

*We are like the tree standing in the middle of a bushfire sweeping through the timber.
The leaves are scorched and the tough bark is scarred and burnt, but inside the tree the sap is still flowing
and under the ground the roots are still strong. Like that tree we have endured the flames and
we still have the power to be reborn.*

*Our people are used to the struggle and the long waiting. We still wait for the white people to understand us better.
We ourselves have spent many years learning about the white man's ways: we have learned to speak the white
man's language; we have listened to what he had to say. This learning and listening should go both ways.
We would like people to take time and listen to us. We are hoping people will come closer.
We keep longing for the things we have always hoped for, respect and understanding.*

*We know that our white brothers and sisters carry their own particular burdens.
We believe that if they let us come to them, open their minds and to us we may lighten their burdens.
There is a struggle for us but we have not lost our spirit of Dadirri.*

*There are deep springs within each of us, within this deep spring, which is the very spirit, is a sound.
The sound of Deep calling to Deep. The time for rebirth is now. If our culture is alive and strong and respected it will grow.
It will not die and our spirit will not die. I believe the spirit of Dadirri that we have to offer will blossom and grow,
not just within ourselves but within all.*

1 INTRODUCTION

This resource is the result of the combined efforts of many people and organisations. It was commissioned by the Aboriginal and Torres Strait Healing Foundation in response to a need identified by the Foundation's Stolen Generations Reference Committee. It was developed by Muru Marri, an academic unit at the School of Public Health and Medicine, UNSW Australia, with input from Healing Foundation staff and Reference Committee members and other key stakeholders around the country.

1.1 What and who the resource is for

The purpose of the resource is to:

- Strengthen and build upon the work already being done in the community by Stolen Generations members, organisations and groups to provide collective healing responses.
- Encourage the inclusion of collective healing responses in services provided to the Stolen Generations, including support groups, group therapy programs, day trips on country, healing circles, healing camps and reunions.
- Improve the range and quality of social and emotional wellbeing and healing programs available to the Stolen Generations, in particular first generation survivors.

It is intended that the published resource will be made available to Stolen Generations members, organisations and groups; and to other Aboriginal and Torres Strait Islander and non-Indigenous organisations and practitioners involved in the delivery of services to Stolen Generations members. Its primary purpose is to support good practice. It may also be used to seek support from government for the inclusion of collective healing responses in their funded programs.

1.2 What the resource contains

The resource is divided into two main parts. The material contained is based on information collected during the stakeholder consultations, supplemented by literature and project reviews.

We have tried to make the resource easy to use. It can be read through from beginning to end or you can dip into different sections at different times, or both, depending on your needs. A resource such as this can be helpful:

- when you want to know what others are doing in this field,
- when you are looking for ideas on how to get started or what to do next, and
- when you want to revisit or follow-up an example you remember as being relevant.

The **first part** (sections 2 and 3) presents the current state of knowledge about collective healing for people from the Stolen Generations. Section 2 explains the background to this work and why a resource like this is needed. Section 3 summarises what is known from the academic literature and experiences on the ground, including existing program models and good practice features.

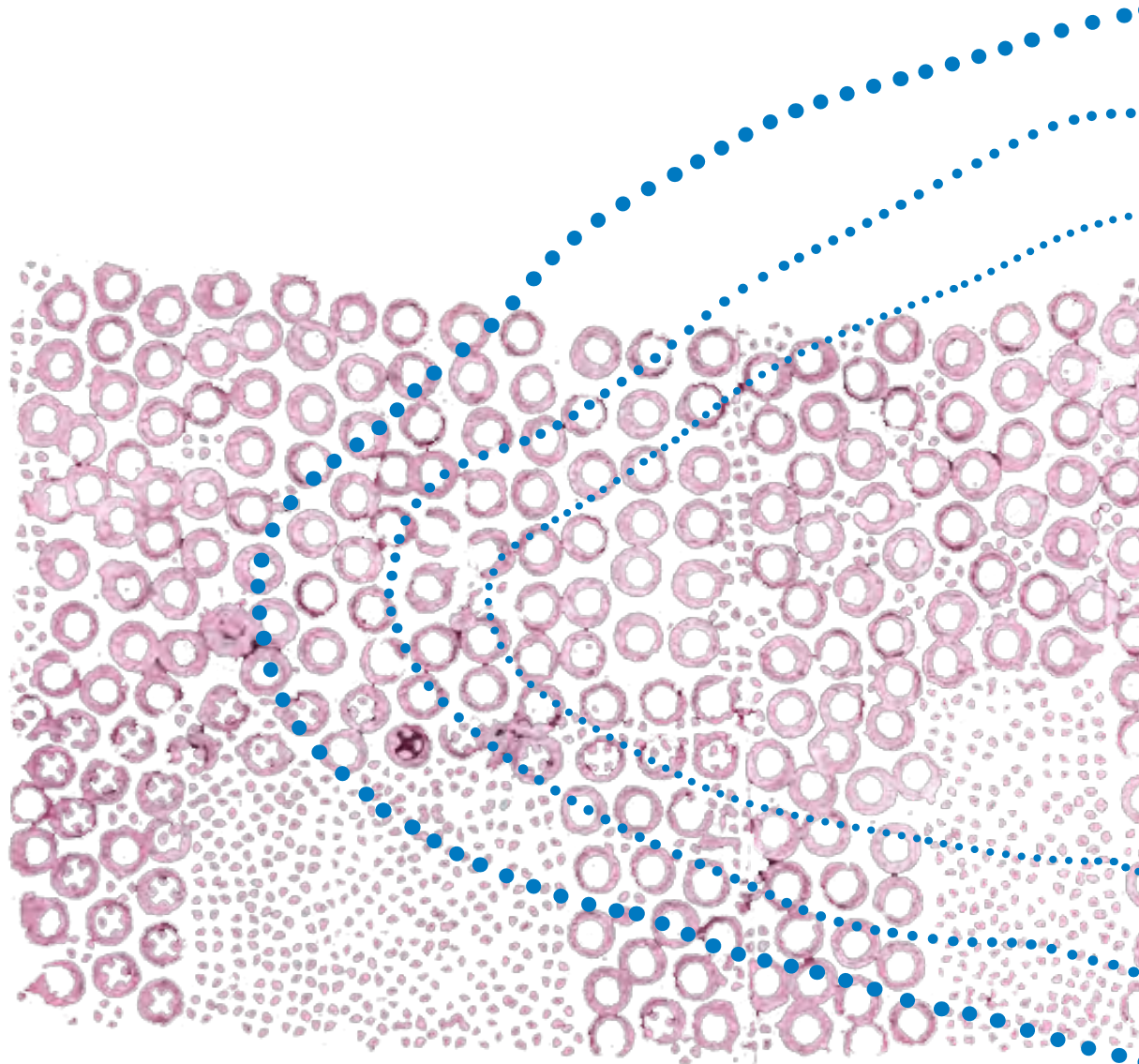
The **second part** (sections 4 to 10) provides a framework and tools for future work in this field, together with a list of additional resources. Section 4 presents a program logic for collective healing responses, explaining how the different program elements fit together. Section 5 deals with getting started on programs and projects. Section 6 deals with ethics and principles. Section 7 considers the practicalities involved, in particular timing and resources. Section 8 covers, in turn, the three phases of the program cycle: planning, implementation and evaluation. Section 9 considers dissemination—sharing the learnings. The final section, Section 10, contains a list of readings and resources that you may find helpful.

Where possible, especially in Section 8, we have presented the material in a step-by-step format to assist groups in using the information provided. We recognise that, in practice, things are often not so clear cut. We encourage you to adapt the material according to your own needs and circumstances; the guidance is not intended to be prescriptive or to be interpreted in a rigid way.

We have tried to avoid technical jargon wherever possible. Also, because many of the common terms (program, project, evaluation and so on) are used differently in different situations, we have included a [glossary](#) defining the terms as we have used them here.

The [appendices](#) explain how we went about creating this resource. They include a description of the methods used, and lists of the projects reviewed and the people involved in the stakeholder consultations.

At very end, we have included a [feedback sheet](#) inviting comments and suggestions for possible future editions. You can provide feedback online if you prefer, on the Healing Foundation website. The evidence base to guide collective healing responses for the Stolen Generations is still emerging; therefore this resource is also a work in progress.



2 BACKGROUND

2.1 The First Australians

Aboriginal people are believed to have lived in Australia for over 60,000 years. They successfully adapted to the often harsh environments which they inhabited, using their intimate knowledge and understanding of the land and its physical and natural resources not only to survive, but to thrive. As collective peoples, they developed ways of life that were rich in spirituality, lore, relationships and roles, music, art and story-telling. When the British arrived in 1788, there were probably over 750,000 Aboriginal people across the country, with approximately 260 distinct languages and many more dialects being spoken. In the north there were Torres Strait Islanders, with their own traditions and languages (Australian Institute of Aboriginal and Torres Strait Islander Studies/AIATSIS, 2008).

2.2 The Stolen Generations

Colonisation had many negative consequences for Australia's First Peoples. One of the most profound was the forcible removal of Aboriginal children from their families and communities under the laws and policies of Federal and State and Territory governments during a large part of the 20th century (Haebich, 2000). The social and emotional wellbeing and healing needs of these men and women—the Stolen Generations—and their families are distinct from the wider Aboriginal and Torres Strait Islander population (Peeters et al., 2014). They were brought to national attention by the Royal Commission into Aboriginal Deaths in Custody, which found that 43 of the 99 people whose deaths were investigated had been separated from their families as children (Commonwealth of Australia, 1991).

Bringing them home, the report of the National Inquiry into Separation of Aboriginal and Torres Strait Islander Children from Their Families, concluded that between one in three and one in ten Aboriginal children were forcibly removed from their families from approximately 1910 until 1970 (Human Rights and Equal Opportunity Commission/HREOC, 1997). This figure was much greater in certain periods and certain regions of Australia. Aboriginal children were sent to missions, institutions or placed with non-Aboriginal foster and adoptive families, with many experiencing multiple placements. Children were removed from their families and communities at any age, however between one-half and two-thirds of children forcibly removed were under five years old (HREOC, 1997).

In the early years, governments' motivation for removing children from their Aboriginal families was to instil in them 'European' values. During the 1930s and 40s, the ultimate purpose of forcible removal of children was to control the reproduction of Aboriginal people by blending them into the non-Aboriginal population and to provide labour, with young women trained as domestic servants and young men as rural workers. During the 1950s and 60s, even greater numbers of Aboriginal children were removed from their families to progress the policy of assimilation (HREOC, 1997).

2.3 The impact of forced removal on individuals, families and communities

The impact of these past forcible removal practices on Australian Aboriginal and Torres Strait Islander people, both individually and collectively, has been immeasurable. Most families have been affected by forcible removal of one or more children across generations, and this in turn has had a major impact on the cohesion of many communities (HREOC, 1997). The impact continues to resound through Aboriginal and Torres Strait Islander families and communities as the trauma is passed from one generation to the next in complex ways through parenting practices, behavioural problems, violence, unresolved grief and trauma, harmful substance use and mental health issues (Atkinson, 2002; Atkinson et al, 2014; Peeters et al., 2014). Despite these vulnerabilities and challenges, those affected have demonstrated incredible strengths (Peeters et al., 2014).

Similar policies were enacted on the Indigenous peoples of Canada, the United States and New Zealand. The lives of members of these Indigenous peoples today are also marked by chronic socioeconomic disadvantage and transgenerational pain and suffering (McKendrick et al., 2014).

2.4 Towards healing

2.4.1 Government initiatives

In response to the *Bringing them home* report, the Australian Government allocated \$62.85 million over the period 1998–2001 to establish the *Bringing Them Home* (BTH) Program and extend the national network of Link-Up Services. An evaluation conducted in 2007 (Wilczynski et al.) found that, while services were generally delivered in culturally-appropriate ways to a large number of clients nationally, there were a number of significant concerns including:

- inadequate focus on the needs of first generation Stolen Generations members,
- generic social and emotional wellbeing services being provided to the wider Indigenous population, although this was not the target group or purpose,
- over reliance on a mainstream clinical counselling model which was neither effective nor appropriate in meeting the needs of Stolen Generations members, and
- variable skills and qualifications of the workforce contributing to high staff burnout, staff turnover and inconsistent client outcomes.

To address these and other limitations, the evaluators recommended that services “adopt a flexible approach to service delivery that extends beyond the mainstream clinical counselling model. This includes conducting group activities in community settings ... services should liaise closely with Stolen Generations organisations to ensure that services meet the needs of these groups” (Wilczynski et al., 2007, p. 102).

On 13 February 2008, more than a decade after the *Bringing them home* report, the Australian Government offered a formal apology, expressing remorse for the “laws and policies of successive parliaments and governments that inflicted profound grief, suffering and loss on Stolen Generation members, their families and communities” (Rudd, 2008). The Apology represented a milestone in the reconciliation process with Aboriginal and Torres Strait Islander Australians, and the national acknowledgement of the forcible removals and their impact provided the impetus for additional healing initiatives.

On 13 February 2009, the first anniversary of the Apology, the Government announced that it would establish an organisation to address trauma and aid healing in Aboriginal and Torres Strait Islander communities. Following a nationwide consultation process, the *Voices from the campfires* report (ATSIHFDT, 2009) made several recommendations as to how the organisation should be set up. In October 2009, the Aboriginal and Torres Strait Islander Healing Foundation was incorporated. The Healing Foundation is governed by an Aboriginal and Torres Strait Islander Board, including members of the Stolen Generations. The Foundation’s vision is “*Strong Spirit, Strong Culture, Strong People*”.

In the 2011–12 Federal Budget, the Australian Government announced that a single Social and Emotional Wellbeing (SEWB) Program would be created to consolidate the existing counselling, family tracing and reunion services to Aboriginal and Torres Strait Islander communities, including the Stolen Generations (Department of Health & Ageing/DOHA, 2012). The current SEWB Program incorporates:

- counselling, family tracing and reunion services to members of the Stolen Generations, through the existing network of Link-Up services,
- SEWB services to Aboriginal and Torres Strait Islander people through the existing mental health and counselling staff in Aboriginal Community Controlled Health Organisations (ACCHOs), and
- national coordination and support for SEWB service providers through Workforce Support Units.

The revised *SEWB Program: Handbook for Counsellors* (DOHA, 2012) highlights that counselling is just one type of healing activity that may be provided to clients, with other supports including yarning circles, healing camps, outreach services and case management. In general, the approach has broadened from an individual focus, based on western models of counselling, to recognition of the importance of family and community healing as integral to Aboriginal and Torres Strait Islander peoples’ wellbeing.

A developmental review of the SEWB counselling services (DOHA, 2013) found a greater focus on supporting people from the Stolen Generations. In 2010–11, nearly one-third (31%) of clients were first generation survivors, more than double the percentage for the previous year (14%). Suggestions to strengthen services for the Stolen Generations included:

“strengthening awareness in Aboriginal communities of the impacts of past government practices and the availability of support services; improving access to family support services, counselling for their children and grandchildren; strengthening the provision of group programs [whilst retaining individual counselling services]; greater use of healing and alternative healing methods; strengthening the proactivity of services; and providing cultural workshops for people who have limited understanding of their culture and community”

(DOHA, 2013, p. viii).

2.4.2 Grassroots initiatives

Along with these government initiatives, a number of successful Aboriginal-led healing programs have been developed. Some of these began as local community initiatives and have grown into well-established programs delivered nationally. Others were developed within existing organisations such as ACCHOs and Link-Up services. They offer first, second and subsequent generations of the Stolen Generations, a range of group activities including support groups, healing camps and reunions—collective healing. While positive feedback is often received about these activities, few have been evaluated. Thus, the evidence base for what works and what does not work in providing collective healing for first generation survivors and their descendants is still evolving.

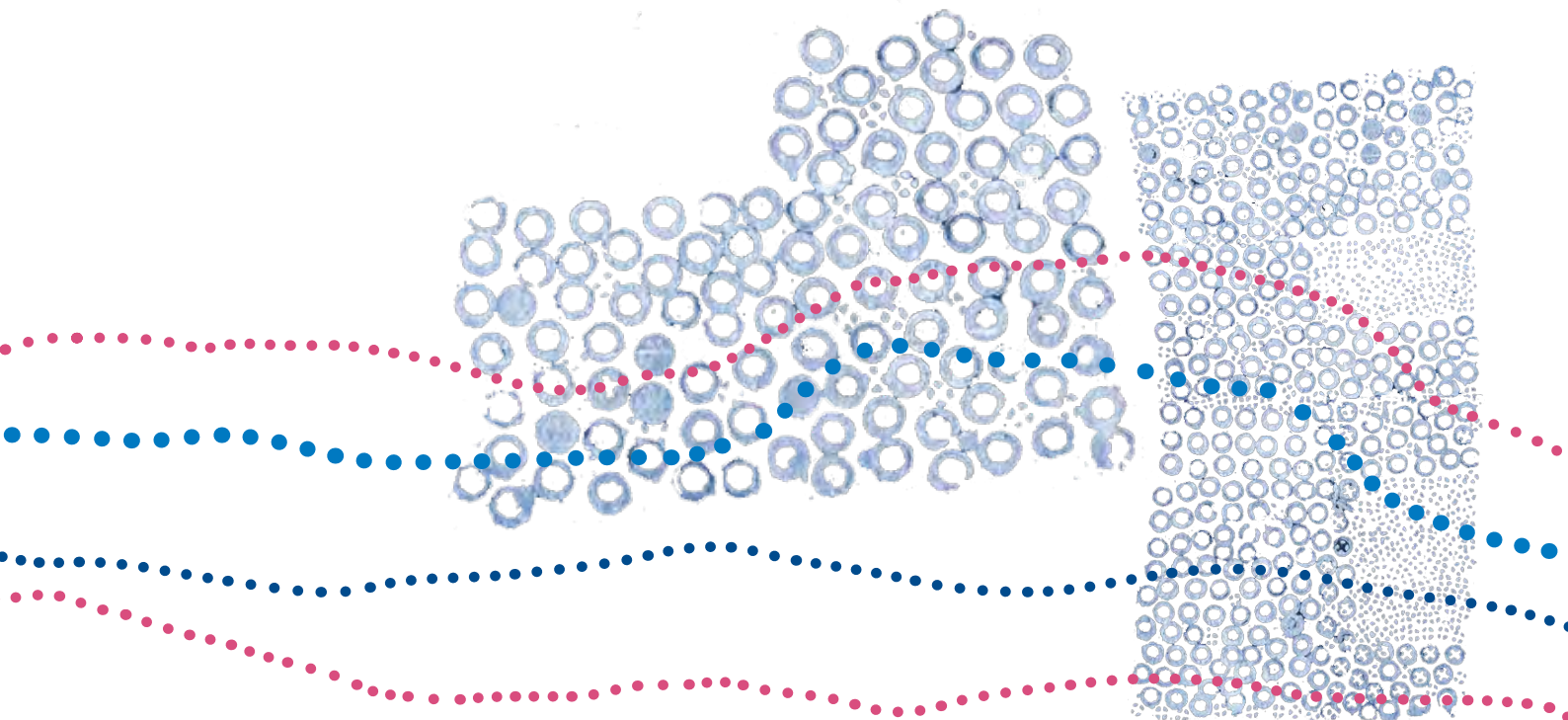
The Healing Foundation has supported Aboriginal and Torres Strait islander organisations around Australia with funding for projects designed to assist individuals, families and communities to restore wellbeing and build pathways to healing. To date these include 21 healing projects, 46 training and education projects, 3 intergenerational trauma projects and, more recently, 31 Stolen Generations projects and 13 healing centres design and development projects. Three of the original 21 healing projects included support for Stolen Generations members, however only one project was designed specifically for this group. Responding to calls for more sensitive, authentic healing, in 2012 the Healing Foundation introduced a Stolen Generations Initiative under the guidance of the Stolen Generations Reference Committee.

A desk-top review of the 21 healing projects developed from the first funding round was undertaken in 2013. Ten recurring themes were identified; these are listed in Box 1.

Box 1. Emerging evidence themes for Aboriginal and Torres Strait Islander healing

1. Identifying with our cultural lineage makes us proud and dignified.
2. Preserving and sharing cultural heritage gives us a sense of future.
3. Connecting with land, country and our history makes us strong.
4. Following our cultural ways makes us feel good and builds our spirits.
5. Strengthening our community gives us belonging and protection.
6. Acknowledging leadership allows us to mentor our future leaders.
7. Respecting self and others is an important cultural value that guides us.
8. Using our cultural skills in our work makes us feel valuable and rewards us.
9. Grieving space and healing time lets us take care of hurt.
10. Reconnecting with our spiritual selves is powerful and makes us whole.

Source: Gilmour (2013).



3 COLLECTIVE HEALING FOR THE STOLEN GENERATIONS

The *Bringing them home* report emphasised the importance of self-determination for Aboriginal and Torres Strait Islander people and communities to overcome the devastating legacy of forced separation and removal from family and country. It recommended that local Indigenous community-based services and organisations be supported to lead and develop their own healing responses that would enable them to overcome the trauma of removal and assist them in limiting the intergenerational transfer of trauma:

“ Only Indigenous people themselves are able to comprehend the full extent of the effects of the removal policies. Services to redress these effects must be designed, provided and controlled by Indigenous people themselves ”

(HREOC, 1997, p. 277).

3.1 The significance of collective healing

The significance of the concept of *collective healing* in this context is that it broadens the scope for *who* does healing and *who* healing is for. It means moving from a model where expert professionals work with individuals to a model where individuals develop their own skills and capacities to empower healing in themselves and their families and communities. Collective healing engages all participants *“as workers for healing so that working together we grow the wider circles of relationships necessary to develop healing communities”* (Sheehan, 2012, p. 108).

Through the idea that ‘in healing oneself one heals others’, healing approaches move closer to an Aboriginal worldview and definition of health:

“ Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life ”

(National Health Strategy Working Party/NAHSWP, 1989).

3.1.1 Addressing transgenerational issues

The transgenerational impacts of the forcible removal policies have been well documented (eg Australian Bureau of Statistics/ABS, 2010; Zubrick et al., 2005).

Peeters et al. (2014) describe the burden of trauma associated with forcible removal from family and country as follows:

- The **primary burden of trauma** has been borne by those who directly experienced forcible removal during the years from 1910 to 1972 (first generation).
- The **secondary burden of trauma** lies with those other than the individuals forcibly removed, such as their families—including their children (second generation) and grandchildren (third generation)—and communities.
- The **future burden** is the ongoing legacy of not adequately addressing the burden of trauma in the population of people who directly experienced it, and the transgenerational transmission of social, emotional and spiritual wellbeing problems as a result of connections that were severed or attenuated by past government policies.

Based on results from 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), there are an estimated 10,625 people who directly experienced the trauma generated by forcible removal (first generation). There are another estimated 25,844 children (second generation) who have been living with parents affected by forcible removal, and an estimated 40,612 grandchildren (third generation) who continue to experience the effects of their grandparents’ removal (ABS, 2008 & 2010, cited in Peeters et al., 2014).

3.1.2 Addressing societal issues

As noted above, the Aboriginal definition of health encompasses a view of wellbeing that is holistic, multidimensional and embraces a whole-of-life approach to wellbeing, including the cycle of life, death and life itself. Furthermore, it is a view whereby individual wellbeing cannot be separated from the social, emotional and cultural wellbeing of the whole community. It reflects a social system that is based on “inter-relationships between people and land, people and creator beings, and between people” (NAWPHS, 1989, p. ix).

This deep, inclusive understanding of health highlights the need for connections between people and their families, communities and social histories. It is consistent with social ecological models (eg Bronfenbrenner, 2005) which recognise that an individual’s health and wellbeing are influenced by factors operating at several different levels:

- individual level – individual genetics and characteristics, lifestyle choices and health care
- interpersonal level – interactions with family, friends and social life
- community level – the resources and services available for a person to access and contribute to, in order to improve their own health and wellbeing and that of others
- societal or structural level – the policies, legislation, dominant culture and its ideas that shape the way resources are available.

Social ecological models recognise that factors at each of these levels influence Indigenous health and healing (Caruana, 2010; Chandler & Lalonde, 1998) and that the different levels influence each other. The Aboriginal definition of health adds a time dimension: life-death-life. This acknowledges the historical context of Aboriginal and Torres Strait Islander peoples’ experiences, and suggests that each person has connections and responsibility across the generations: to older people and younger people, as well as to ancestor spirits and those who will come in the future. We have drawn on both of these conceptual frameworks in developing a program logic to guide collective healing responses for members of the Stolen Generations (Section 4).

3.2 The nature of collective healing

Healing is a complex and often lengthy process—*“a journey rather than an event”*. Healing models for Aboriginal and Torres Strait Islander people need to reflect their unique history, culture and family and community structure, and holistic world view. Therefore, they will be different from Australian mainstream. Healing for members of the Stolen Generations will, in some respects, be different again. The journey will be different for every person depending on their past experiences and current circumstances. Healing is also required for the mothers, families and communities left behind when the children were taken.

Healing in this context is about restoring and making connections for Aboriginal and Torres Strait Islander people—*“belonging people”*— who have been disconnected from family, country and culture. For some Stolen Generations members, circumstances will mean that the connections made are not to their Aboriginal family but to their institutional family. Whatever form it takes, collective healing is supported by bringing people with similar experiences together, often with their children and grandchildren, in a safe space where they can share, get to know on their own story, build understanding and skills, and take positive steps towards a better future.

3.2.1 Acknowledging diversity – One size does not fit all

Collective healing responses will, in some ways, look different in different parts of the country, reflecting different experiences of colonisation and its impacts. It is important to understand the way trauma is felt in different places, and local community needs and strengths, in order to plan effective local responses (Gilmour, 2014).

Each Australian State and Territory developed its own legislation about Aboriginal and Torres Strait Islander people, including the forcible removal of children (HREOC, 1997). As a result, there is considerable diversity among the Stolen Generations members and groups. Even among the first generation survivors, who share the common experience of separation and removal, there are differences in terms of the place to which they were taken (Aboriginal or mainstream institution, dormitory, foster care or adoption), as well as their individual experience (Kelly, 2013, cited in ATSIHF, 2014). Some children were relocated several times. Such diversity underlines the necessity for locally informed or tailored responses.

Community and individual differences also need to be considered. Across the north and central Australia, where there is great diversity in Indigenous languages and culture, a lot of tailoring may be necessary if the response is not ‘home grown’. In New South Wales, on the other hand, a program developed in one region may require little tailoring to meet local needs in other, similar communities. Some communities are more vulnerable than others, particularly those in remote Australia, with fewer services and greater needs. Individual differences include the age a person is now, their age when taken, whether the child was a boy or girl or light or dark skinned, and personality and life experiences. Even siblings can have different lives and healing journeys.

In workshops and groups, it is important to acknowledge each person’s own story, as well as the shared experience of forcible removal and loss, grief and trauma, and encourage people to take what they need and apply it to themselves. The freedom to decide for oneself is a critical factor in healing for Stolen Generations members, especially those from institutions who were often seen and treated as a group rather than individuals.

In this context, where everyone is their own healer, participants are valued as experts. Just as *“the process of reunion is a dance that each client performs in their own way”* (Sheehan, 2012, p. 69), in healing there is *“a different dance for everybody”* and *“each person knows their own steps”*. Peeters et al. (2014, p. 501) make the point strongly:

“No one has a right to set another person’s healing agenda. Nor is it possible for one person to ‘heal’ another. Each of us needs to be recognised as the expert of our own healing, and it is crucial that we are able to control the speed, direction and outcomes of our own healing journey. This includes the right to refuse to look at any removal issues at all until we feel ready to do so.”

3.3 Local programs, projects and activities

Our research revealed an impressive range of collective healing programs, projects and activities, some of which were specifically designed to meet the needs of the Stolen Generations. However, not many have been fully evaluated or documented to be shared.

The terms ‘program’, ‘project’ and ‘activity’ can mean different things to different people. For the purpose of this resource we have adopted the following definitions:

- An **activity** is specific undertaking that a person or group does.
- A **project** is a collection of planned activities.
- A **program** is a collection of projects.

Projects are usually focussed on pre-determined ‘outputs’ and ‘deliverables’. You know what you are doing and often have a detailed project plan. Programs are usually focussed on ‘outcomes’ and ‘benefits’. They are typically larger in size and intended impact than projects, with greater levels of uncertainty, and so are less amenable to a structured management process. Both projects and programs are designed to deliver change—you expect something to be different at the end.

As described in Section 2, there is a long history of grassroots action in this area. In particular, the establishment of Link-Up and Stolen Generations organisations in each state and territory (except Tasmania) which grew out of discussions that were already taking place in local communities and groups, with Stolen Generations Elders playing an instrumental role as supporters and drivers. These organisations were incorporated as: Link-Up New South Wales in 1980, Link-Up Queensland in 1984 and Link-Up Victoria in 1998. Nunkuwarrin Yunti began the South Australian Link-Up service in 1999. The Northern Territory Stolen Generations Aboriginal Corporation was incorporated in 1998, and the Central Australian Stolen Generations and Families Aboriginal Corporation in 1999. In Western Australia, the Kimberley Stolen Generations Committee, formed in 1996, was incorporated as the Kimberley Stolen Generation Aboriginal Corporation in 2001, while Yorgum Aboriginal Corporation, formed in 1991, was incorporated in 1993.

Programs that have been underway for some time now include the Family Wellbeing Program, Red Dust Healing and the Marumali Journey of Healing, which was specifically developed to heal those who were forcibly removed from their families and communities.

The Family Wellbeing Program (also known as the Family Wellbeing Empowerment Program) was developed in 1993 by a group from the Stolen Generations who were working in the Aboriginal Education Development Branch of the South Australian Education Department. By 2012, it had been delivered to 3,300 people at 56 sites across Australia. At the heart of Family Wellbeing are Aboriginal people's own stories of survival, with the program developers also drawing on a range of western and eastern approaches (Whiteside et al., 2014). Numerous evaluations over more than a decade have demonstrated the program's capacity to support personal healing and growth, better relationships, and increased confidence and engagement at work, in helping others and in bringing about community change (Tsey & Every, 2000; Tsey et al., 2009; Whiteside et al., 2014).

Red Dust Healing was originally designed by Tom Powell for Indigenous men and their families, and further developed in partnership with Randal Ross who he first met in October 1996 while working for the Department of Juvenile Justice in Taree, NSW. The program examines the intergenerational effects of colonisation on the mental, physical, and spiritual wellbeing of Indigenous families. It also encourages individuals to confront and deal with the problems, hurt and anger in their lives. Over 1,700 people in New South Wales and Queensland have completed the full program, while 2,100 people have participated in information sessions and 1-day workshops. The "Road to Healing" is described in Sophie Cull's research thesis (Cull, 2009).

The Marumali Program was developed by Aunty Lorraine Peeters, who was taken away herself. 'Marumali' is a Kamilaroi word that means 'to heal' or 'put back together'. Reconnecting with spirit and spirituality is seen as core to overcoming the loss experienced by those who were forcibly removed. The Marumali model of healing was originally presented at the NSW Mental Health Conference in Sydney in 1999. Since 2000, over 2,500 people have completed Marumali training and healing workshops: Link-Up and SEWB workers and BTH Counsellors, health and mental health service providers and Aboriginal and Torres Strait Islander people in prison, as well as Aboriginal and Torres Strait Islander survivors of removal policies (Peeters et al., 2014). An evaluation of Marumali is currently underway, with a survey of those who completed workshops between 2002 and 2012.

In 2012, Link-Up (Qld) published the book *Stolen Generations Education: Aboriginal Cultural Strengths and Social and Emotional Well Being*, by Norman Sheehan. As stated in the foreword, the book is a resource "for counsellors, teachers and community members to gain a good understanding of the history of child removals in Queensland and the effects this history has had on Aboriginal and Torres Strait Islander people and their communities". The recently updated *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon et al., 2014a) has several chapters relevant to collective healing and the Stolen Generations, including those by Peeters et al. (2014) on Marumali, Powell et al. (2014) on Red Dust Healing, and Wanganeen (2014) on integrating loss and grief.

3.3.1 Common strategies

Although collective healing can take many forms, common strategies or approaches include structured workshops, peer support groups, healing camps and gatherings, healing centres, and institutional and family reunions. In keeping with the social ecological model presented earlier, it is important that these are not delivered in isolation but are part of a multi-level response to the trauma, loss and grief. Within a community, for example, this may include counselling and other support for individual healing, as well as organisation and community capacity building. At the societal level, acknowledgement of past government forcible removal policies and their present-day legacy, eg through the Apology Anniversary and National Sorry Day, and resolution of outstanding claims for reparations remain important (Durbach, 2008).

Structured workshops are usually run by trained facilitators and participants who complete them receive a certificate. They may be run over one day or several days. Longer workshops usually include a range of large group and small group activities, as well as providing individual support during the workshop and follow-up as needed. Some workshops have healing as their direct focus. In others, while they have a healing component, the main focus is on training. Examples include the Marumali worker versions and workshops developed for Gurriny Yealamucka Health Service in Yarrabah by Guthlan Indigenous Training.

Healing gatherings and camps may be less structured than workshops but still need some structure to draw out what they mean for healing. They may be facilitator and/or peer-led. They commonly include yarning circles, activities on country and a range of other activities, such as art or narrative therapy, designed to support healing and, above all, to avoid reinforcing trauma.

Healing centres are a recent development in Australia. These are safe and meaningful spaces, founded from an Aboriginal and Torres Strait Islander worldview, and led and mainly staffed by Aboriginal and Torres Strait Islander people who also draw on mainstream and complementary skills. Healing Centres operate with and for their own communities through empowering and emphasising traditional and contemporary healing practices that are demonstrated to work (KPMG, 2012).

Healing projects such as construction and maintenance of Stolen Generations memorials bring people together. The activities and processes involved in planning and carrying them out also facilitate healing. **Peer support groups** are generally peer-led with ongoing support from BTH, SEWB or Link-Up Counsellors.

Among the twelve Healing Foundation-funded projects reviewed (see Appendix B), a wide range of ‘services’ were provided. All were largely group based and incorporated strong Indigenous cultural themes. Workshops were very popular and varied in focus from healing/therapeutic to skills development, or a combination of both. Yarning circles were also popular; most projects incorporated these at some point. Healing camps and day trips to country provided an opportunity to visit culturally significant sites and for story-telling by Elders. Healing gatherings were arranged for former residents of institutions. Community commemorative ceremonies were also held. Stolen Generations members were supported in documenting personal and group stories through art and spoken and written words—paintings on canvas and murals, films and books. The following examples (one initiated by an ACCHO, one by Link-Up and one by a Stolen Generations Support Group) are illustrative.

Example 1

To coincide with the anniversaries of the National Apology and the Cummeragunja Walk Off, Rumbalara Aboriginal Cooperative organised a Return to Country Healing Camp for Stolen Generations members, including men and women and Elders who witnessed the forcible removals. The healing camp was held over a 3-day weekend at River Resort on Yorta Yorta Country, near Moama. The camp began on Friday night, with a traditional Welcome to Country and dance. After an early breakfast on Saturday, people boarded a coach for a field trip onto Yorta Yorta Country. First stop was at Cummeragunja mission where they visited the old school and the cemetery. After morning tea, they transferred to a cruise boat and sailed the Barmah Lakes for two hours. During the trip, participants told stories and yarns which were captured on video by the Connecting Home worker.

Participants who didn’t attend the field trip spent their time relaxing, yabbing, fishing or joining the photo yarning table. Melbourne Museum presented hundreds of photos for people to look at and yarn about, triggering many memories and stories. During the evening, a yarning circle was held where participants shared their memories and experiences of the Stolen Generations era. The evening entertainment included a performance by a local Aboriginal country and western player and a karaoke session, one of the highlights for many and enjoyed by all. The last day involved getting together and practicing some traditional art work, including basket weaving, wood burning and canvas painting, or fishing and yabbing. To end the camp, organisers and management thanked everyone for their participation and were complimented with a gift from Rumbalara.

A total of 70 people were engaged across the whole weekend. In addition to supporting the participation of 38 community members, the project employed over 23 Aboriginal people and the involved 9 Rumbalara staff from different service areas. Of the 20 people surveyed, 18 indicated that they felt fully supported during the healing camp and the cultural activities met their expectations.

Source: Healing Foundation Project Report.

Example 2

In 2014, Link Up SA trialled a new healing approach called *Reunion to Self*. This was for clients they had been unable to assist in the usual way, including those for whom reunions were not possible due to the absence of information to obtain definitive records, as well as those for whom the outcomes had not been positive. *Reunion to Self* comprised a series of six day trips and a final overnight camp. It was designed to reduce isolation and distress, develop sustainable relationships with peers and create connections to local places of cultural significance and the communities and stories associated with those places. Week 1 focussed on beginning relationships; Week 2 on colonisation and survival; Week 3 on loss and grief; Week 4 on journey to healing; Week 5 on spiritual healing; and Week 6 on cultural connection. The final week involved an overnight stay at Victor Harbour and concluded with an outsider witness yarning circle and graduation lunch. Evaluation data were collected by applying the SEWB checklist to each participant before and after the program and by written and verbal feedback.

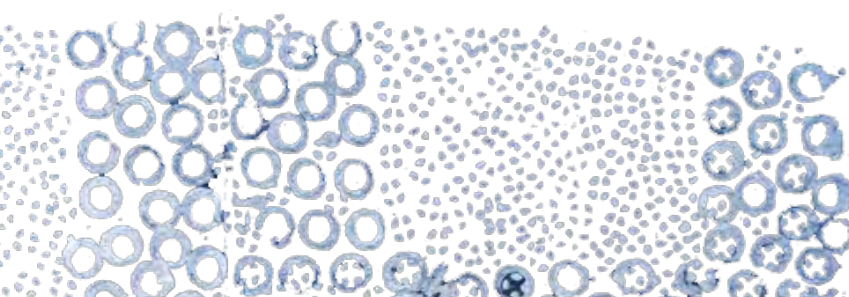
“Overwhelming feedback was given in relation to the inclusion of cultural Elders which acknowledged their need to be connected to the local cultural groups which they live within but are not their own. The client group felt that for the first time they gained a sense of permission to connect with the local Aboriginal cultural contexts and were supported by the Elder who understood to a degree the level of grief and healing that is needed for members of the Stolen Generation.”

Source: Healing Foundation Project Report.

Example 3

The Cherbourg Dormitory Women’s Workshop was initiated by a group of women who participated in the Cherbourg Dormitory Reunion yarning circle held in 2011. The workshop was held at the Link-Up QLD Brisbane office in March 2012. The 27 participants focused on building their individual leadership capacity throughout various engaging and practical activities. These provided tools on how to stop struggling and start living by setting a happiness trap, transforming our inner worlds, creating a life worth living and becoming skilled in mindfulness. An enjoyable laughter workshop session enabled the women to further their understanding of using humour as a therapeutic tool for themselves and their families, while a jewellery making activity brought out their creativity and exercised their fine motor skills. The highlight of the workshop was the beginning of a steering committee to represent the Cherbourg Dormitory Girls.

Source: *Link-Up (Qld) Newsletter*, vol. 1, May–June 2012.



3.3.2 Common elements

What makes these ‘collective healing’ projects is that they bring people together in a safe space in which they can learn from others, share their own experiences and be stimulated to think and do things differently. They incorporate local Aboriginal knowledge and adopt a trauma-informed or recovery framework, acknowledging the pain and suffering as well as the potential for transformation.

What makes them especially relevant to the Stolen Generations is the leadership and participation of Stolen Generations members themselves, with Stolen Generations Elders and first generation survivors taking a prominent role in their design and conduct. Support workers also have important roles, as well as professionals. They are designed to heal and empower people; to connect them to family and country, and services as required; and to build individual and collective capacity (just as forcible removals reduced both) through community development initiatives such as leadership and life skills training and workforce development (Milroy et al., 2014).

The range of activities is broad, with many being performative and having a strong narrative and visual basis in keeping with Aboriginal ways (Sheehan, 2011). Widely found examples include story-telling, poetry, song, music and painting. It is how these activities are framed and carried out that makes them healing

Example

In the ‘Connective Art’ initiative, a collaboration between Link-Up (Qld) and Swinburne University, Aboriginal arts facilitators from urban, regional and remote communities across Queensland were given training to conduct workshops with their local Aboriginal community. Locations with high proportions of Stolen Generations members were prioritised. Connective Art provides a safe cultural space where many things can be shared and wellbeing can be facilitated and sustained through deeper human connections. In the workshops, Aboriginal people were able to sit together talking, sharing stories and painting images that they then connected together to produce a whole group image. The artwork, the visual sharing and the overall pattern that emerges is healing, and a powerful experience for many participants.

Source: Link-Up (Qld) website.

3.3.3 Good practice features

The field of collective healing for Aboriginal and Islander people in general, and the Stolen Generations in particular, is still evolving and the evidence base is still being built. Therefore, it is generally more appropriate to talk about ‘good practice’ rather ‘best practice’.

Good practice can be considered in terms of program content (what is delivered) and delivery (how it is delivered). The literature highlights the value of strength-based approaches (Brough et al., 2004; Haswell et al., 2013; Milroy et al., 2014), especially healing approaches based on the strengths of Aboriginal cultural traditions (Sheehan, 2012). The literature also supports an ecological, multi-level approach. If they are to realise their full potential, collective healing responses should not be considered in isolation but, rather, as part of range of programs and services and community activities available to the Stolen Generations and the broader Aboriginal and Torres Strait Islander and mainstream populations—adults, young people, children and families. It is important to recognise here, the complexity and sophistication of Aboriginal family ties and kinship systems (Lohoar et al., 2014).

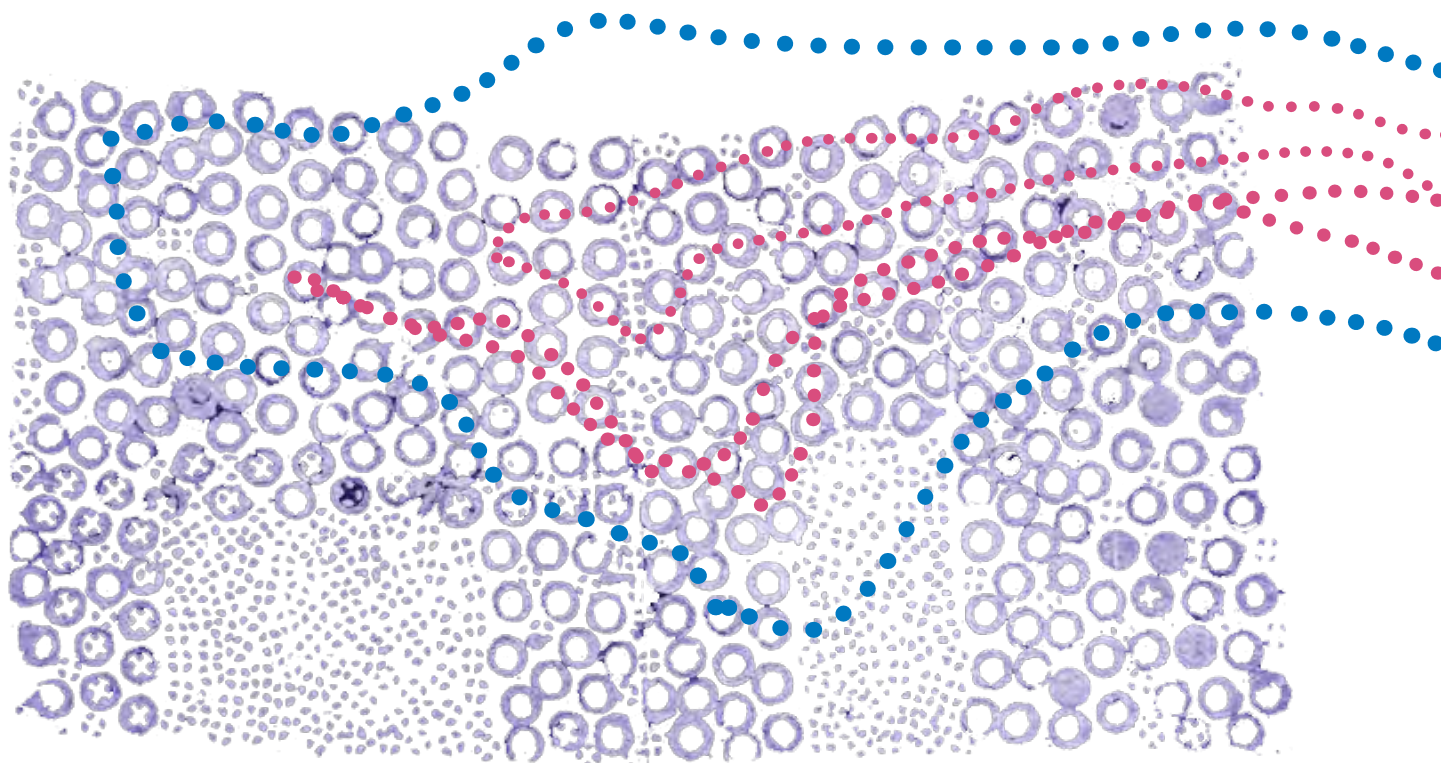
Stakeholders consulted highlighted the features listed in the Box 2 as constituting good practice in collective healing for the Stolen Generations. They also emphasised direction by Stolen Generations Elders and the necessity for a long-term commitment by stakeholders at all levels to stop the cycle of intergenerational trauma.

Box 2. Good practice in collective healing for members of the Stolen Generations

Content	Delivery
Reflects an Aboriginal world view – holistic Has an education component Has an experiential component Builds on traditional cultural strengths Provides tools and builds skills Promotes empowerment and self-determination Is inclusive of family and community Connects people to services and follow-up	Emphasises safety – trauma-informed Ensures support is available, with the opportunity to work individually or in a group as needed Allows time for engagement Is confidential, non-judgemental and flexible Respects individual differences

These good practice features have implications for the design and funding of collective healing programs and projects (discussed in Sections 7 and 8). Engaging and involving communities takes time and often means that activities start later than originally planned. The need to connect with other activities, and become part of a bigger picture, can also lead to delays. However, the actual processes of individual and community engagement can be as meaningful as the outcomes. A flexible, responsive program will allow for individuals, groups and communities to be ready to be involved. It will take into account individual differences and accommodate individual stories. This responsiveness may lead to different outcomes than those originally anticipated.

Organisational issues, such as governance, workforce and partnerships, also come under the umbrella of good practice (Haswell et al., 2013). Safety involves ensuring organisational and self-care for counsellors and support workers delivering healing services and programs, including cultural and clinical supervision and social and emotional support networks. Evaluation is another good practice feature—a way of documenting positive outcomes and lessons learned, improving things as needed and helping others (see Section 8.3).



4 INDICATIVE PROGRAM LOGIC – How it all fits together

Many different terms have been used to describe how a program or project is supposed to work, eg chain of reasoning, causal map, intervention logic, logical model, logical framework or logframe, program theory and theory of change (Funnell & Rogers, 2011). In this resource, to be consistent with other Healing Foundation publications, we use the term ‘program logic’ for this purpose.

Program logic can be used to tell the story of how program inputs and processes produce a series of outcomes or, alternatively, how participants move through a program to achieve the intended results. *Program* logic can be applied not only to programs but also to policies, strategies, funding initiatives and projects.

Program logic can be represented in many ways, both visually and in words. The image of tree is a powerful one that speaks to all peoples. Trees provide not only shelter and food and wood for fires, but resources for making medicine, building tools and construction. In many countries around the world, trees also have profound cultural and religious significance. Trees provide many analogies for human development—with sustenance from the earth, water and sunlight they grow in stature and strength and eventually blossom and bear fruit.

The Dulwich Centre Foundation, in partnership with REPSSI (a non-government organisation working in Africa), has developed the ‘Tree of Life’ as a healing tool for working with children, young people and adults who have experienced hard times. The approach enables them to speak about their lives in ways which make them stronger. It involves people drawing their own ‘tree of life’ in which they get to speak of their where they come from, their skills and knowledge and their hopes and dreams, as well as the special people in their lives. The participants then join their trees into a ‘forest of life’ and, in groups, discuss some of the ‘storms’ or ‘tornados’ that affect their lives, and the ways that they respond to them and protect themselves and each other. An Aboriginal and Torres Strait Islander version has been developed (see Dulwich Centre website).



Figure1: Illustration from Tree of Life Women’s Group Community Garden Art Project, Elizabeth South Australia

www.dulwichcentre.com.au/tree-of-life-australia.html

The Growth and Empowerment Measure or GEM, a strengths-focused measure of emotional wellbeing and social connectedness that seeks to reflect the changes that people experience as they gain confidence and capacity in their lives, also incorporates a tree (Figure 2). The Kauri Pine is one of the oldest, strongest living trees in the world and its presence in Australia can be traced back 30 million years. While many other Australian trees have significant meaning for different Aboriginal groups, the Kauri Pine was chosen specifically to represent the collective strengths of Aboriginal culture as one of the oldest surviving cultures in the world. As one young Aboriginal person has said:

“... Empowerment ... it’s like a tree – there is a foundation (seeds, roots), then the energy and self-esteem to look after yourself (trunk), so you can grow – the more you grow the bigger it gets ... on the branches (of the tree) are education, job opportunities, housing.”



Figure 2: Illustrations from the GEM, developed by staff of the Muru Marri at UNSW and the Collaborative Research on Empowerment & Wellbeing Team (CREW) Empowerment Research Program, James Cook University/University of Queensland

4.1 A collective healing tree

In the examples given above, the tree is used to demonstrate personal growth. The tree image can also be used to tell a story about program growth and development, and to demonstrate how all the elements are connected and fit together to form a whole, as shown in Figure 3. Although we have used a tree to show our collective healing program logic, there may be other images (or other trees) relevant to your community. It is just one way of representing complex ideas and showing connections.

The ‘collective healing tree’ in Figure 3 was developed by members of the Healing Foundation’s Stolen Generation Reference Committee and others at the national Collective Healing Workshop held in June 2014 in Sydney. It is based on a tree that was originally developed to support the Healing Foundation’s work on healing centres. As explained in the *Healing Centres* final report (KPMG, 2012, p. 18):

“The tree is not a metaphor for healing itself, but rather an illustration of an Aboriginal and Torres Strait Islander worldview which connects people intrinsically to culture and country. The process of healing involves restoring and strengthening these connections.”

The *Healing Centres* tree was adapted and extended for collective healing for people from the Stolen Generations. Collective Healing Workshop participants made the roots deeper and added more branches and fruit, while giving examples of collective healing practice. In Figure 3:

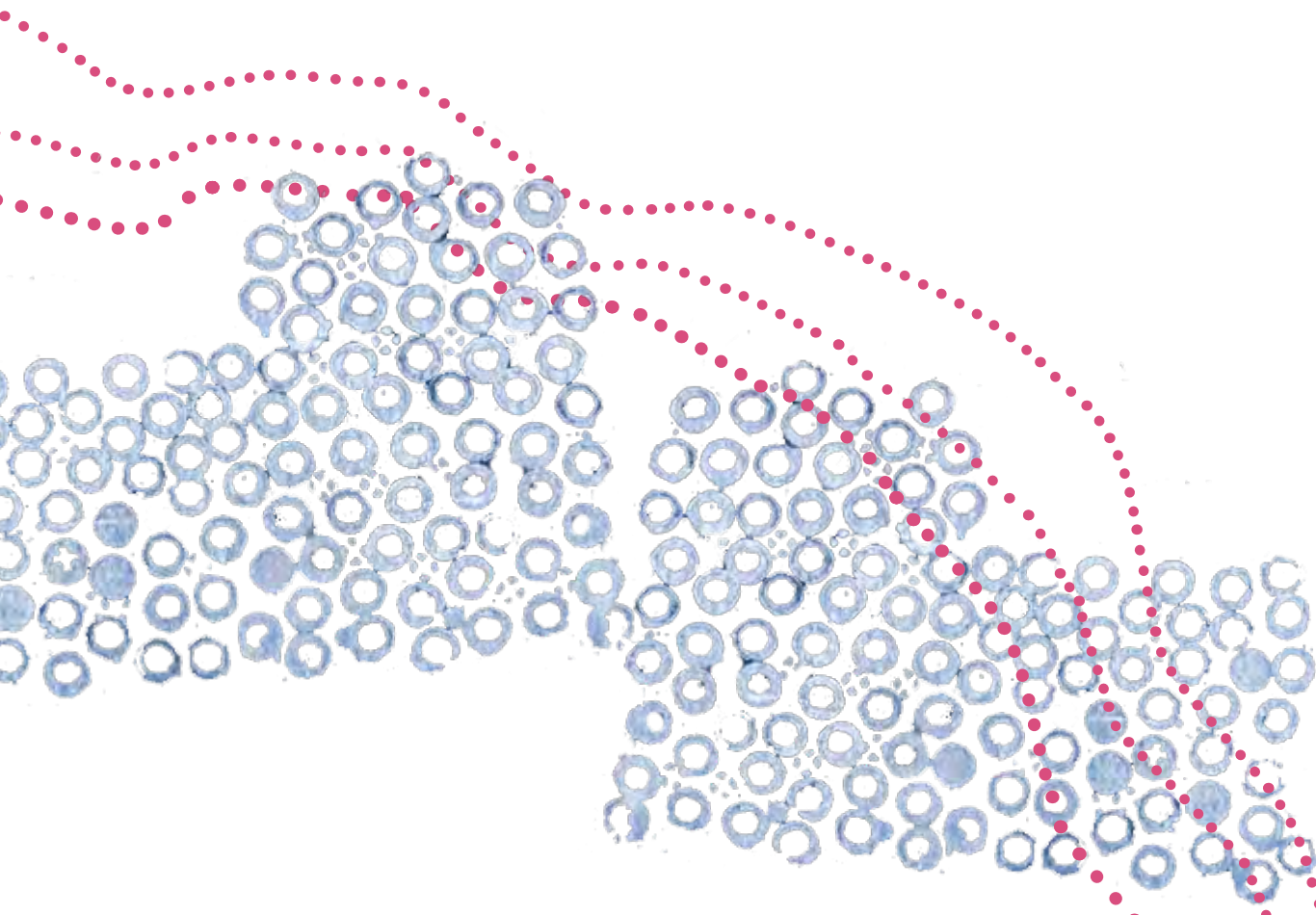
- The trunk represents collective healing programs, projects and activities.
- The extensive root system provides the nutrients that support and sustain them, including values, resources, and foundational activities.
- The branches and leaves, laden with fruit, show how individuals and families, communities and society at large can grow and flourish.

Reading the story in the tree from the ground up (from the deepest roots to the topmost branches), we start with values and, with resources and activities, move steadily towards societal outcomes.

4.1.1 Values

The deepest roots (the core values and strengths) lie within Aboriginal and Torres Strait Islander people, specifically people from the Stolen Generations, themselves. After that, comes recognition by Australian communities and governments, and decolonising and renaming places.

Decolonisation, like colonisation, is a complex process requiring both personal and social action and participation (Muller, 2014). It offers the possibility of a future of healing and harmony where Aboriginal and Torres Strait Islander people “*stand once again in our rightful place, eternal and generational*” (Muller, 2014; Helen Milroy quoted in ATSIHFDT, 2009). Decolonisation is the responsibility of all Australians. Renaming places with their ancient names is part of this process.



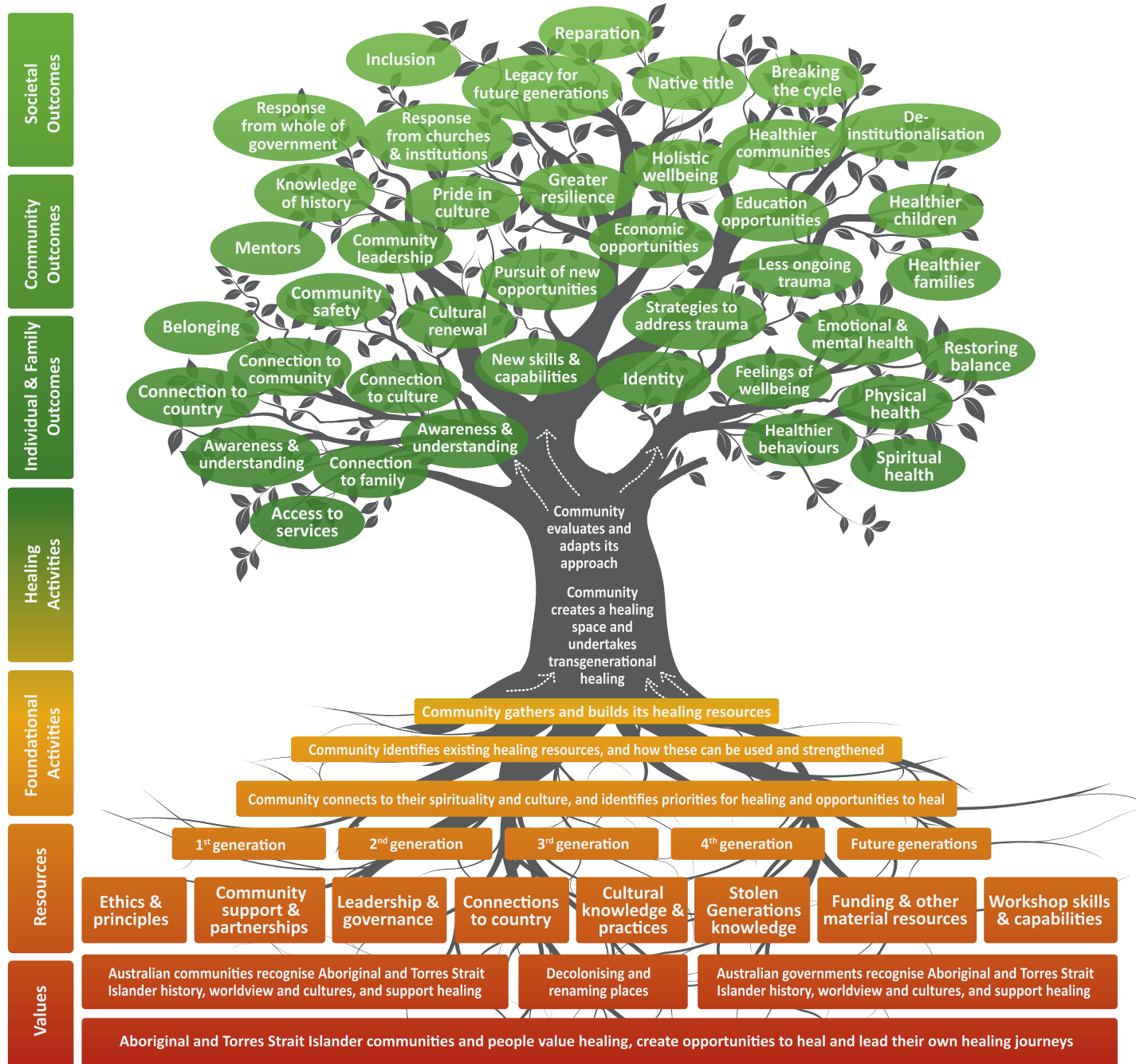


Figure 3: Collective healing for Stolen Generations members and their descendants

4.1.2 Resources

Building on values, resources make up *the next layer of the root system*. There are eight groupings here: Ethics and principles, Community support and partnerships, Leadership and governance, Connections to country, Cultural knowledge and practices, Stolen Generations knowledge, Funding and other material resources, and Workforce skills and capabilities.

Ethics and principles

All healing programs require a set of ethics and principles to provide a safety net for participants, workers and the organisation. This 'new' resource was added to the original tree at the Collective Healing Workshop and placed at the beginning of the row because safety and ethical practice are fundamental to any activity in this area. See Section 6 for a fuller discussion of this issue.

Community support and partnerships

Both community support and broader partnerships play a central role in collective healing responses. The Healing Foundation has been a major partner and funding source in recent years. Other potential partners include local community groups and organisations, government departments and agencies, and non-government organisations. Section 8.1 gives several examples.

Leadership and governance

Leadership and direction from Stolen Generations Elders and first generation survivors, and good governance arrangements, constitute good practice. Some collective healing programs are led by individuals who have been through their own healing journey sharing their story. In others, Stolen Generations members are involved in both planning and delivery. Aboriginal and Torres Strait Islander community-based services offer a culturally-appropriate home for such programs. Good governance structures and ongoing training for board members will strengthen organisational and community capacity, contributing to positive outcomes.

Connections to country

Connections to country, an important healing resource for all Aboriginal and Torres Strait Islander people, are particularly pertinent for those whose connections were broken through forced removal. Descendants who feel that they have missed the opportunity to make the connection to their mother's or father's country and culture themselves, may still wish for their children and grandchildren (the third and fourth generations) to have this opportunity. In some cases, as in Link Up SA's *Reunion to Self*, connections are made to a different country.

Cultural knowledge and practices

Cultural knowledge and practices, including Indigenous languages, are regarded as significant resources for Indigenous people's healing everywhere. The nature of these resources and the extent to which different communities of Aboriginal and Torres Strait Islander people have access to them varies considerably.

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

(KPMG, 2012, p. 18).

Stolen Generations knowledge

In addition to general cultural knowledge, specific Stolen Generations knowledge is needed to guide collective healing responses for the Stolen Generations members in different communities. This was another 'new' resource added to the original tree.

Funding and other material resources

Attracting funding to develop and, especially, to continue or replicate successful collective healing programs is a significant challenge. Stakeholders stressed the importance of long-term funding targeted specifically for Stolen Generations initiatives and given to Stolen Generations organisations. As noted in the *Healing Centres* report (KPMG, 2012, p. 20), “While there is a strong voluntary work ethic amongst healing leaders, a lack of sustainable resourcing constrains what can be achieved, and contributes to stagnation of efforts and ‘burn out’”.

Workforce skills and capabilities

Collective healing responses also need an appropriately skilled workforce who understand the impact of colonisation and forcible removal and who, themselves, are well supported. All workers, including professionals, support workers and community volunteers, need training to ensure ethical, high-quality care. While professionals can expect continuing professional development and supervision, attention should also be given to capacity building and empowering support workers. The ideal is a diverse workforce of *“Highly trained individuals who have their hearts, minds and spirits in the right place”*.

Training workshops to build community capacity can add to a program’s impact and sustainability. As noted in the design report for *Our Men Our Healing* (Gilmour, 2014, p. 15), *“Growing a resilient local workforce by supporting men to enhance their leadership and other skills will mean they can respond effectively in their communities and wider society. This is essential to enabling change.”*

4.1.3 Foundational activities

In the roots closest to the surface of the earth, drawing strength from the deeper roots and holding up the trunk of the tree, are three foundational activities:

1. Community connects to their spirituality and culture, and identifies priorities for healing and opportunities to heal;
2. Community identifies existing healing resources, and how these can be used and strengthened; and
3. Community gathers and builds its healing resources for individuals and *“still fractured”* families and communities.

4.1.4 Healing activities

In the broad trunk of the tree, building on all the roots (values, resources and foundational activities), are the actual healing activities. These must be self-determined.

At the bottom of the trunk, the community creates a healing space and undertakes transgenerational healing for those Aboriginal and Torres Strait Islander people who were forcibly removed and their descendants—the first, second, third and fourth generations (“the lost generations”) and future generations. Collective healing practice includes healing groups, camps on country, institutional gatherings, women’s and men’s business, therapeutic ways, truth telling, oral recordings and videos, music, songs, art and craft, public installations, and the Sorry Day Flower.

At the top of the trunk, the community evaluates and adapts its approach. In addition to strengthening local collective healing responses, capturing program processes and outcomes, and documenting the lessons learned, will also contribute to the national evidence base for collective healing.

4.1.5 Individual and family, community and societal outcomes

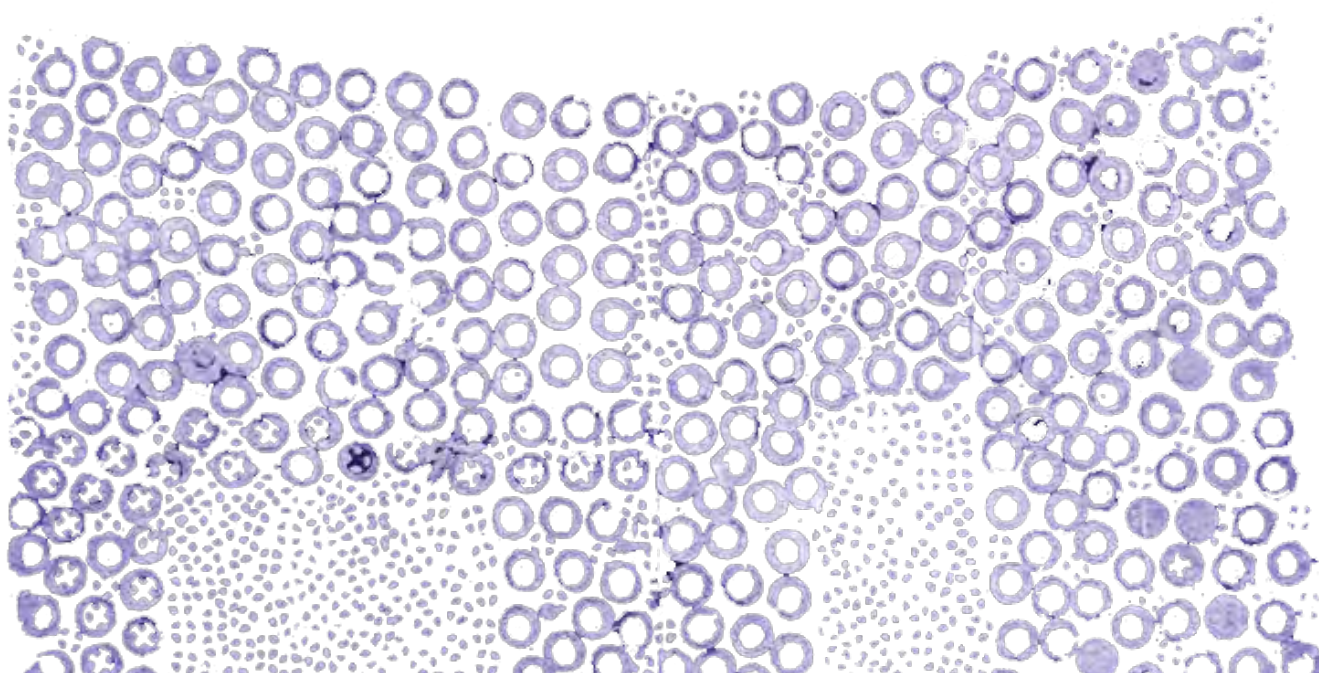
Among the branches and leaves of the tree, supported by the trunk and nourished from the roots, are the outcomes—the changes that you hope to see as a result of your work. The collective healing tree contains societal outcomes, as well as individual, family and community outcomes, because the full range of collective healing responses will extend to the whole of society, including the Australian community, government and institutions.

Although represented as separate fruits, in reality these outcomes are very much connected, with some overlap between individual and family and community outcomes. None of the following lists is exhaustive.

- **Individual and family outcomes** include: Access to services, Connection to family, Improved relationships, Connection to country, Connection to culture, Connection to community, Belonging, Cultural renewal, New skills and capabilities, Identity, Strategies to address trauma, Feelings of wellbeing, Healthier behaviours, Spiritual health, Physical health, Emotional and mental health, and Restoring balance.
- **Community outcomes** include: Community safety, Mentors, Community leadership, Knowledge of history, Pride in culture, Pursuit of new opportunities, Economic opportunities, Education opportunities, Strategies to address trauma, Greater resilience, Holistic wellbeing, Healthier families, Healthier children, and Less ongoing trauma.
- **Societal outcomes** include: Response from whole of government (Police, Justice, Child Protection, Housing, Human Services, Health and Education—*“all the departments that have to change policies, practices and behaviours in relation to the Stolen Generations”*), Response from churches and institutions, Inclusion, Legacy for future generations, Reparations, Native title, Breaking the cycle, Healthier communities, and De-institutionalisation.

Identity is a complex concept that is central to wellbeing. For many Aboriginal and Torres Strait Islander people who were forcibly removed as children, identity is a troubling issue. Although some of the stolen children have *“finally come home”* (Edwards and Read, 1989), others have yet to discover their real name or find where they belong. For all of them, loss of contact with families, country and culture has meant *“lost opportunity to be someone else”*.

The concept of intergenerational trauma recognises that past government forcible removal policies created an ongoing legacy of sorrow and trauma for Stolen Generations members, as well as for the families and communities from which they were taken. The *Bringing them home* report (HREOC, 1997) recommended that reparations should be guided by the van Boven principles and should consist of: acknowledgement and apology, guarantees against repetition, measures of restitution, measures of rehabilitation, and monetary compensation.



5 GETTING STARTED

Before you plunge into your program, project or activity it is important to be clear about *why* you are doing it and *who* it is for.

Spend some time thinking and yarning with others about the following questions:

- Why do you want to do it?
- What motivated you in the first place?
- What do you want to change?
- What do you hope to achieve?
- Who is the program for?
- Who are the expected beneficiaries?

If you keep your answers to these questions in the front of your mind, and they are shared with others, it will help you keep focused and on track.

6 ETHICS AND PRINCIPLES

Any healing program or project needs a set of ethics and principles to act as a safety net for participants, workers and the organisation. Sources of guidance in this area come from work that has been done in Aboriginal and Torres Strait Islander health research (National Health and Medical Research Council/NHMRC, 2003), establishing the National Congress of Australia's First Peoples (Calma et al., 2009), and the practice of organisational learning and service delivery with Aboriginal and Torres Strait Islander people, especially the Stolen Generations (Sheehan, 2012).

The document *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC, 2003) identified six core values as being important to all Aboriginal and Torres Strait Islander peoples. These are: **Spirit and Integrity, Reciprocity, Respect, Equality, Survival and protection**, and **Responsibility**. The diverse responsibilities involve *“country, kinship bonds, caring for others, and the maintenance of cultural and spiritual awareness. The main responsibility is to do no harm to any person, or any place”* (NHMRC, 2006, p. 9).

The principles adopted by the National Congress of Australia's First Peoples emphasise **Self-determination** and **Empowerment, The United Nations Declaration on the Rights of Indigenous Peoples** and **Courageous leadership**. They recognise that the challenges faced require a long-term, intergenerational vision and commit the organisation to meaningful engagement, innovation, high standards of research and sustainable solutions, drawing strength from culture and history.

Work by Link-Up (Qld) has identified four principles of constant organisational learning: **Respect, Knowing, Sharing** and **Caring**. In service delivery, working with individuals and whole communities, the organisation has adopted the principles of **Recovery-oriented practice**. The term ‘recovery’ as used here refers to both the internal conditions experienced by people who describe themselves as being in recovery (hope, healing, empowerment and connection) and the external conditions that facilitate recovery (implementation of human rights, a positive culture of healing and recovery oriented services) (Sheehan, 2012, p. 69).

According to Dr Norman Sheehan (2012), the recovery of Indigenous populations around the world after colonisation requires principles that:

- recognise the uniqueness of the individual, their journey and context,
- empower individuals by providing real choices to them in their journey of healing,
- place the dignity, respect and rights of individuals as first priorities,
- work with individuals in partnership and through open and equal communication, and
- evaluate recovery in the interest of individuals and future clients.

Dr Sheehan and others are currently formulating a set of Principles of Aboriginal Healing Practice. These will be a valuable tool to support both individual and collective healing responses for Australia's Stolen Generations. Until they are available, the principles listed above offer a useful guide.

Look back over the values and principles that are highlighted in bold type above:

- Which ones are important to you?
- Are there others that you think could be added in your setting?

7 PRACTICALITIES

Once you are clear about *why* and *who for*, and your ethics and principles, you need give some thought to the practicalities. Timing and resources, including people and funds, are especially important, as is flexibility and the ability to negotiate with multiple stakeholders.

7.1 Timing and resources

There are no hard and fast guidelines about how long things take, as that will depend on the program or project, but it is helpful to start out by thinking in broad terms about the major activities involved and then work out a rough timeline, allowing for each of them.

Timing questions might include:

- What is the urgency of the project?
- Are there targets?
- Are there deadlines such as a submission date for funding applications or a completion date?
- Who wants what by when?

You will need to revisit timing, maybe several times, when you move into the planning phase.

Resources usually include people and money, for example:

- How many people will be needed for the program?
- What skills and connections do you need?
- Who will be in the management group or steering committee?
- What other resources (cash or in-kind) will be needed?

If the program is really going to cost you something, you need to work out a budget and obtain funding. See Section 8.1, Step 5 for more information on budgeting.

Much of the funding for collective healing has been short term; one or, maybe two, years at most. Increasingly, people are concerned about sustainability—how to keep things going and extend the outcomes after the initial funding runs out. Commonwealth and State/Territory government departments are one possible source of further funding. If you can demonstrate your achievements, you may be well placed to attract additional or ongoing support, especially if you can show what you are doing is in line with government policy and current priorities.

Other possible sources of further funding include the Healing Foundation (especially for innovative, developmental work) and Philanthropic Trusts with an interest in Aboriginal and Torres Strait Islander issues. In some regions, industry and businesses may be worth approaching. Within communities, consider Local Councils and service clubs such as Rotary. For many reasons, it is good to work with local community partners. To start with, it can boost the pool of resources and give you greater leverage in competitive funding applications. Once again, it is important to be strategic in targeting and framing your proposal.

Licensing, and then marketing, any resources and tools developed may also provide a small income stream for some organisations. Others distribute their resources for free (paid for by the organisation or grant funded), or on cost-recovery basis. Raising funds and support via the Internet (crowdsourcing) is another avenue worth exploring.

7.2 Suggestions for funding bodies

Box 3 includes several suggestions for funding bodies who want to support local collective healing responses. Successful outcomes are more likely if funders allow time for meaningful community engagement and take into account organisational and community priorities and capacity.

Box 3. Suggestions for funding bodies

1. Don't be in a rush, but allow Aboriginal and Torres Strait Islander people to work in their own time.
2. If seed funding is provided, build in the potential to apply for an ongoing contract based on successful outcomes.
3. Recognise the importance of, and fund, the process as well as the products.
4. Allow some flexibility in determining outputs and outcomes (less prescriptive).
5. Base funding for service delivery not just on client numbers but, also, on the level and range of work done and level of support needed to do it.
6. Allow for additional costs associated with outreach and working in remote communities.
7. Include funds for organisational capacity building (workforce development).
8. Fund well-established, effective programs to mentor others, leveraging their expertise and giving them an additional income stream.

8 BREAKING EVERYTHING DOWN – Phases and steps

So, let's assume you are clear about purpose and have given some thought to practicalities such as timing and resources. Now you are ready to really get down to work. When organisations or groups of people set out to change things, they often start by developing a plan of action. Planning is followed by implementation which is followed by evaluation. These three phases (planning, implementation and evaluation) constitute the basic program cycle.

While the program cycle is often shown as a neat circle (see Figure 5), in practice the sequence of phases and steps should be suited to the local context—the place, the people involved and the nature of the program. Certain steps will need to be revisited throughout the process of program development and delivery. Another way to view this process is as an ongoing process or spiral (Walsh & Mitchell, 2002), as shown in Figure 6. To keep the spiral moving upwards in a positive direction, programs need regular monitoring as well as ongoing resourcing or “*nourishment*”.

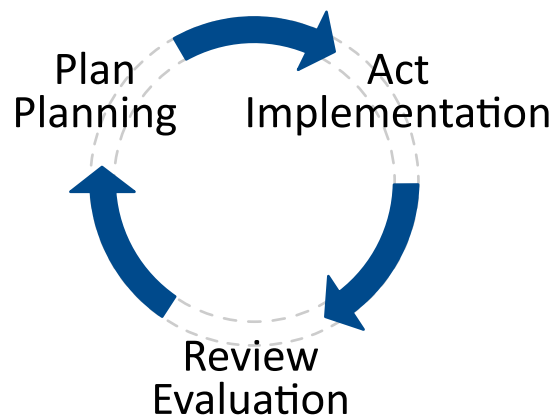


Figure 5: Program cycle

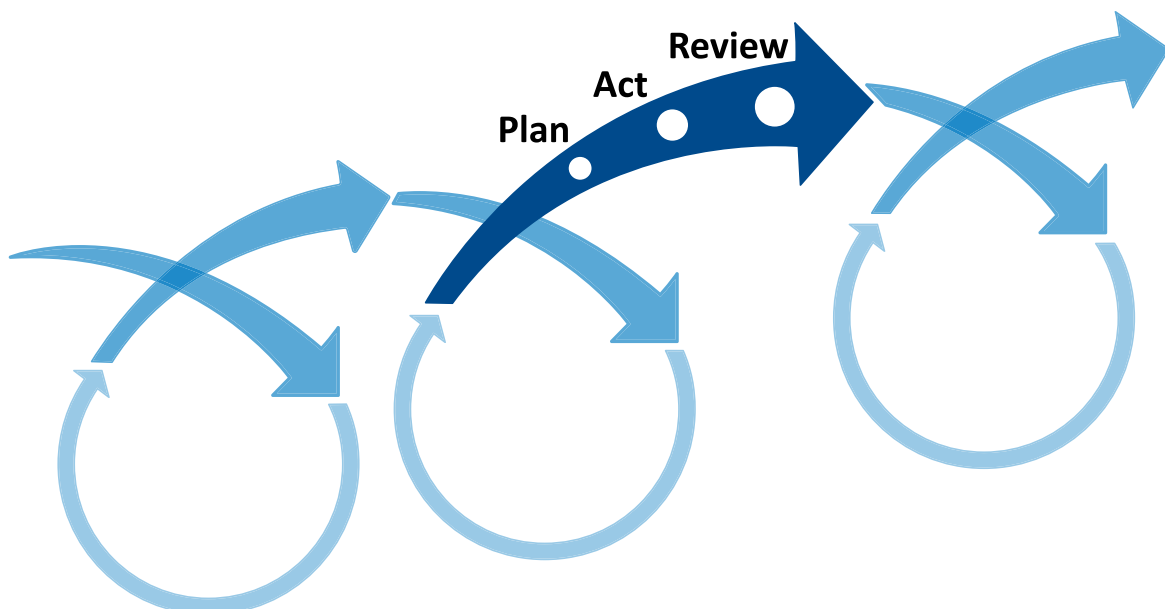


Figure 6: Making the circle a spiral

8.1 Planning – what will you do and how will you do it

Planning has been defined as “the process by which a desired future is conceived and an effective way of delivering this is developed and sourced” (Field, 2012, p. 12).

The planning or design phase involves a number of steps: bringing people together; gathering information; deciding on goals and objectives; allocating responsibility for the various activities and tasks and developing a time line; developing a budget; and setting up monitoring and evaluation processes. These are discussed in broad terms below and illustrated with examples from Stolen Generations collective healing programs and projects around the country. Appendix D contains a copy of the planning template currently used for Stolen Generations specific projects funded by the Healing Foundation.

Step 1: Bring people together and develop relationships

People are the most critical resource to any program or project. Involvement of Stolen Generations Elders and members is fundamental:

“Let us do the stuff the way we want to do it. Empowerment. Use our own mob. Don’t design programs and give them to us, we have to do for ourselves.”

Involving other individuals and organisations as early as possible means they are more likely to feel that they are part of the program or project, and to work to help you succeed. Your existing contacts and networks provide a good place to start. They might refer you on to someone else. These may not necessarily be people you would bring onto to the management group, but people who can help you in some way (eg by advertising, making a venue available or assisting with transport and logistics). The following examples illustrate a range of different scenarios.

Example 1

The ex-Cherbourg Dormitory Boys (Domo Boys) Gathering held in Boonah in 2013 was driven, and the ground work was done, by a Working Group comprised of four of the Men. They applied for funding and then approached other organisations (including Link-Up (Qld) who agreed to auspice funds and Gallang Place (an Aboriginal and Torres Strait Islander counselling service based in Brisbane) and individuals (including an Aboriginal psychologist and an Aboriginal physiotherapist) for help and support. The time and input from all parties in the planning phase was a key factor in the gathering’s success, while building the relationships between the Men themselves was another valuable outcome.

Example 2

In 2012, the Kimberley Stolen Generations Link-Up Service organised healing art camps at Port Smith Resort, south of Broome. The key people involved were Stolen Generations members, Link-Up officers, SEWB workers and Port Smith Resort, but the project was mainly driven by the Stolen Generations who decided what they wanted and “felt empowered”. “The members felt a sense of ownership, and a sense of freedom in their name, in their program for them.”

Example 3

For the Heartfelt project conducted in Kalgoorlie in 2014, Yorgum Aboriginal Corporation engaged a local consultant, an experienced social worker and song facilitator with the Wongatha Aboriginal people. The consultant helped to develop and deliver music workshops that would give Aboriginal young people the opportunity to talk about the impact of the Stolen Generations era for their aunts, uncles and grandparents. She explained: “I talked and canvassed a lot of people to see if it was a good idea. I talked it up, took a while. Then I went back and see if, and how, they could be involved. Some would do pick-up bus, food, or other jobs; we all did something. You have to build on what is already there, eg youth groups and community networks and relationships. I looked for a safe place and considered different language groups. I strengthened partnerships with Aboriginal mentors to support and promote the project. They were especially helpful with the cultural things ... Like the idea of the passport; you can’t just go in everywhere.”

Step 2: Gather information on local needs issues and the existing service environment, as well as evidence for effective strategies

You might want to organise local consultations. Think about who to collect information from and the best way to collect it, eg interviews, surveys, yarning circles. Do you have to provide some information first? What is the best format?

Evidence about 'what works' can be obtained from evaluation of other programs and the academic literature. Find out who else is running collective healing programs for Stolen Generations members and contact them. Ask if they have evaluation reports or data. Explore the Healing Foundation's website and the Australian Indigenous HealthInfoNet online resources. Look for programs and projects that have been positively evaluated. Some of their ideas, resources and tools may be applicable to your program too.

Example

The design process for *Healing Waters*, a new Aboriginal and Torres Strait Islander Counselling and Wellbeing Service in Townsville based on Brisbane's Gallang Place model, involved engagement with the whole community. Input, especially identification of service gaps, was sought from a wide range of stakeholders: Elders, Stolen Generations, Indigenous communities and community networks, Townsville Aboriginal and Islander health Service, SEWB workers, Aboriginal Men's Group, Red Dust Healing, Probation Centre managers, Closing the Gap Indigenous staff at the Medicare Local, General practitioners, Relationships Australia and other NGOs operating in North Queensland; as well as Gallang Place and the Healing Foundation. What made the process so good was that "the design will adopt a 'best practice' model from Gallang Place, but the wider community will also provide input so that the outcome is that *Healing Waters* is designed by our community people to deliver diverse healing for our people".

Step 3: Decide on the program goals and objectives

Once you have established the necessary relationships and done your research, you are in a position to decide, as a group, on your program or project goals and objectives.

There are two sets of questions to think about here:

- What do you want to achieve? What changes would you like to see? (your goals or aims)
- What will you do to achieve these? (your objectives)

In project management, people often talk about setting SMART objectives. These are objectives that are Specific, Measurable, Achievable, Relevant and Time bound (see Box 4).

Box 4. SMART objective setting

Element	Description
Smart	Make each objective as specific as possible. It is useful to start with an action word, eg Create, Establish, Extend, Improve, Increase, Reduce or Support.
Measurable	Decide how you will measure your achievements and progress. How will you know if you've achieved your objective? Where will you get the data? Including a variety of measures will make your conclusions more reliable.
Achievable	Make sure what you set out to do is achievable. Do you have the skills and resources to achieve the objective? Can you get them? Is the objective dependent on factors over which you have no control? It is good to have objectives that involve a bit of a stretch or a challenge but there is a good chance that you can achieve them in the not too distant future. Objectives that are too hard or take too long can be disempowering, while those that are too easy may not be motivating at all.
Relevant	Ensure each objective is relevant to your goals. Will it have an effect on the overall goals? Evidence of relevance can come from a literature review, good practices, or your program logic.
Time bound	Make each objective time bound by adding a reasonable target date. When will this objective be accomplished? Even if you want to stay flexible, a target date and some milestones help to keep things on track. Milestones also offer opportunities for small celebrations on the way.

Writing SMART objectives also helps you to think about and identify elements of the evaluation—performance indicators and measures (see Section 8.3).

Having said all that, we recognise that it is sometimes difficult to write all your objectives in advance because they will come out of project itself. Process is also important. In cases like this, highlight the processes!

In deciding on your goals and objectives, remember your *why, who for* and *ethics and principles!*

Step 4: Identify the various activities and tasks involved and who will be responsible for each of them, and develop a time line.

Each objective should be broken down into activities and tasks. Think about who will be responsible for what and by when, and what resources they will need. In addition to paid workers, volunteers play a major role in many Stolen Generations programs and projects. Consider administration and reporting as well as service delivery and evaluation. Also give some thought to sustaining the program outcomes over time and risk management.

Sometimes, especially if you have a partner or partners that you plan to collaborate with long term, it can be helpful to develop a Memorandum of Understanding (MOU). MOUs specify mutually-accepted expectations between two or more organisations or groups as they work together towards a common objective. Generally, they are not legally binding and do not involve the exchange of money.

Example 1

Key people and organisations involved in delivering Link Up SA's *Reunion to Self* were Stolen Generations members and Elders, local Traditional Owners from the Adelaide region, Tandanya National Aboriginal Cultural Institute and the Kurna Living Culture Centre. Direct delivery of the program was guided by the two Link Up counsellors with support from the case workers. The local Traditional Owners led the site visits. The first project cycle was supported by the Link Up team manager who observed the process and documented impacts and outcomes.

Example 2

In the *Heartfelt* project “everyone” had a role in delivery: the PCYC provided a neutral safe place to hold the song-writing workshops for Aboriginal young people; Yorgum and Centcare staff did pick-ups and drop-offs and, also, attended the group sessions as mentors, as did Goldfields-Midwest Medicare Local and Department of Child Protection staff; the BTH Counsellor gave support and contributed a poem about the Stolen Generations that became a “touchstone” or focus for the project; Link-Up facilitated; Bega Garnbirringu Health Service provided food; the youth groups provided youth worker support; and the musical facilitators brought a range of musical skills and mentor abilities.

Your time line should take into consideration the environment in which the program or project will be implemented, the scope of the change expected, and how it fits into the overall work plans of everyone involved. Factor in other work and family commitments, school holidays and annual leave. If an objective concerns an ongoing activity, break it into tasks or actions and set target dates for each task.

Sustainability

Sustainability can mean different things: from extending the life and reach of a program or project, to building individual and community capacity. Box 5 lists approaches to sustainability in the twelve projects reviewed.

Box 5. Working towards sustainability

- Collaborating with other Aboriginal and Torres Strait Islander organisations
- Maintaining contact with counselling services
- Incorporating projects as part of ongoing programs (eg SEWB)
- Recording stories in books and on film
- Developing resources (eg community learning tools, self-help tools and booklets)
- Sourcing additional funds and securing corporate sponsorship
- Extending programs to include Stolen Generations descendants and the wider community
- Continuing with Stolen Generation support groups
- Duplicating successful programs
- Strengthening capacity of community participants
- Including a training component for Aboriginal workers
- Educating and upskilling local service providers to better serve Stolen Generations clients

Risk Management

A risk is an uncertain event that can be either positive or negative. Risk management refers to the identification and assessment of unfavourable risks or threats (what could go wrong), followed by action to reduce or avoid those risks. Risks can come from both external and internal sources. They are often assessed in terms of consequences: What would be the resulting impact on your project: insignificant, minor, moderate, major or catastrophic? What is the probability or likelihood of this happening: almost certain, likely, moderate, unlikely or rare? You can find more information on planning for risk in the book by Dwyer et al. (2004)—See Section 10.2.3.

Step 5: Determine costs and available resources and tailor the program accordingly

If your program can't be done within existing resources and is really going to cost you something, you need to work out a budget. First, list everything you can't get for free. Also list things you can get for free (sometimes shown in a budget as an 'in-kind' contribution) since these will need to be factored in if you are working towards sustainability or plan to repeat the program in the future. A typical budget might include some or all of the following items: staff costs, advisor/consultant fees, meeting costs, venue hire, catering, printing, communications, equipment, art and craft supplies, vehicle hire and fuel, travel and accommodation, gifts, and evaluation. Think carefully about travel and accommodation as these often end up costing more than anticipated.

Remember to plan for participants with special needs, eg disability access at your venue or special dietary requirements and medical needs. If carers are accompanying elderly or frail participants, you will need to arrange and for their travel and expenses too. Follow-up with participants after a healing event needs to be factored in too.

Appendix A of the *Healing Centres* report contains guidelines for costing a healing centre. They advise that costs need to be offset against any revenue or income received to determine whether the healing centre will be viable (KPMG, 2012).

Step 6: Set up processes for monitoring, evaluation and review

Monitoring, evaluation and review need to be considered during the planning phase, rather than as an afterthought.

- **Monitoring** involves the continuous measurement of progress towards a goal or objective. Monitoring is concerned with checking outputs or activities, eg if a film or book capturing Stolen Generations stories has been produced or if workshops have been completed by a certain date.
- **Evaluation** involves determining whether your program is effective, using performance measures to see if you are actually achieving your objectives. Evaluation is concerned with processes and outcomes, eg if the film or book results in greater community understanding of the Stolen Generations era or more people feeling comfortable to speak about their experiences, or the workshops lead to more people using the available services. Evaluation can be internal (conducted by you) or an external evaluator may be engaged.
- **Review** is the process of looking again at the overall program direction and priorities to check if you have the right objectives or strategies.

Example

The Healing Foundation has developed a standard project reporting template. In addition to the number of participants engaged and the number of Indigenous staff or consultants employed, all twelve projects reviewed were required to indicate, from data collected, the degree to which the Stolen Generations participants were satisfied with the project. The average was 9 out of 10, with a range from 7 to 10. In addition, projects were required to report against relevant national outcomes using a 10-point scale and say how they gathered these data. The nine Stolen Generations projects reported the following very positive results:

- For Outcome 1, *Stolen Generations members have an increased sense of belonging and connection to culture*, the average response was 8.2 out of 10.
- For Outcome 2, *Stolen Generations members have an increased understanding and strength in caring for their loss and grief*, the average response was 8.1 out of 10.
- For Outcome 3, *Stolen Generations members have increased knowledge and confidence in utilising support services available*, the average response was 8.1 out of 10.

Data sources included written evaluation forms (completed by participants and counsellors); group yarning circles; individual verbal feedback; follow-up phone calls; regular meetings and feedback sheets after workshops; and feedback from community and the services involved.

8.2 Implementation – putting your plan into action

This is where you do any preparation required (advertising, organising the logistics for healing camps, etc) and roll your program out. Good management and communication within the organisation or group, and good coordination with external stakeholders, is essential. You may want to start and end with a celebration, eg launch or closing event.

Regular meetings of the management team and reference group will help keep everyone informed. For some healing programs, which are more fluid or organic and where you are feeling your way through, this is particularly important.

In all activities it is important not to be judgemental or prescriptive; again *“one size does not fit all”*. The nature of healing requires that Stolen Generations members have the freedom to set the agenda and decide for themselves. As one first generation survivor explained, what made his first healing camp so good was: *“No expectations or demands by any people of authority. This was ours.”*

The importance of creating and maintaining a safe space has already been discussed (Section 3.3.3). Having counsellors and support workers available at a workshop or camp allows for a combination of individual group work and provides an opportunity for participants to get to know service providers, while follow-up afterwards can provide a bridge to ongoing care. Remember that all referrals require informed consent.

Having a role for everyone and valuing all positive contributions encourages a sense of connection, belonging and achievement. Each role, however small, in working together for healing is important. The following examples illustrate careful processes and successful outcomes.

Example 1

Guthlan Indigenous Training for Stolen Generations organised by Gurriny Yealamucka Health Service involved significant cultural input. Participants were connected to country through visits to sacred sites led by the Traditional Owners and to their family history and identity through individual sessions with an Indigenous anthropologist. Traditional stories were told through the yarnning circles. Continuing support and care was provided by the SEWB Unit and the BTH Counsellor at the Health Service. The main thing that made project so good was that *“almost all partners were Indigenous from these communities and understood all the issues”*.

Example 2

In 2013, KSGAC organised healing art classes for the Stolen Generations Support Group, with input from an independent art instructor who is also a Stolen Generations member. Various art forms (murals, banners, small canvas) and different styles and techniques were used, with themes around their relationship to their original country and memories. The project was endorsed by the KSGAC board and implemented by staff based on the needs, wants and dreams of the Stolen Generations members. The process unfolded in their time and space and involved their stories and experiences. The participants owned the program and the final products and said they enjoyed the way the classes brought them together and brought outsiders in too. The positive outcomes were seen in the products which, when publically displayed, gave a sense of pride, identity, recognition and being loved: *“Knowing what love is and what love is to each other – love in terms of healing”*.

Example 3

As part of the Connective Art initiative, Link-Up (Qld) staff recorded the art works and people’s stories and then built a travelling exhibition and movie of the stories which went to each community involved. One of the Aboriginal arts facilitators remarked afterwards: *“It’s been a very successful program; the community has shown a lot of support towards the program, both the Indigenous community and the wider community. I hope that by our journey within the group and where we’ve come as a group, will help us strengthen ourselves emotionally, and spiritually. We’re ready to explore different places.”*

Source: Link-Up (Qld) website.

8.3 Evaluation – What have we achieved? What have we learned? How can we improve?

The Healing Foundation is committed to building and verifying evidence for Aboriginal and Torres Strait Islander healing initiatives. This involves supporting evaluation at the program level and the organisational level—the Healing Foundation itself (Higgins et al., 2013).

Program evaluation is a complex field and there are many different and competing views about how it should be done. Put simply, evaluation is an organised effort to understand how effective a program or project is and how it can be made more effective. It can be undertaken in a ‘developmental’ or ‘formative’ manner that supports the development and refinement of the program design, or in a ‘summative’ manner that measures the effectiveness of the program design implemented in a particular context. Summative evaluation is used to provide evidence of outcomes, including unintended outcomes, and their value. It should measure whether you have achieved your goals, not merely whether you have completed the activities in your program plan. Typically, evaluation shifts from developmental and formative to summative, and from informal to rigorous, over time (Owen & Rogers, 1999).

By providing evidence and insight about the conditions necessary for healing to occur and how healing works for different people, as well as documenting the broader outcomes, evaluation has an important role to play in helping Aboriginal and Torres Strait Islander communities to strengthen their own healing practices, as well as encouraging broader support for healing work. As noted in the *Healing Centres* report (KPMG, 2012, p. 36), in order to fulfil this role evaluation must be undertaken in a way that:

- reflects an Aboriginal and Torres Strait Islander worldview,
- is accountable to Aboriginal and Torres Strait Islander communities, and
- acknowledges and respects Aboriginal and Torres Strait Islander histories, cultures, and knowledge systems.

Evaluations that are responsive to, and ultimately owned and led by, Aboriginal and Torres Strait Islander communities will work differently to mainstream evaluations. Timeframes, methods, relationships between evaluators and stakeholders, and the identification and measurement of outcomes all need to be adapted. As with program design, *“it is important that each community have the opportunity to shape evaluation of their own healing centre or programs, and to select measures, tools, approaches and responses which are meaningful to them”* (KPMG, 2012, p. 36).

There are a numerous guides and tools available to help with planning and managing an evaluation—see Section 10. Methods that have been identified as promising options for evaluating Aboriginal and Torres Strait Islander healing programs include Participatory Action Research (PAR) and the Most Significant Change (MSC) Technique (Gilmour, 2014; KPMG, 2012). MSC is a narrative technique that is often used in evaluation to supplement numerical indicators (Wadsworth, 2014).

It is good practice to collect data using a range of tools and from a range of sources. You may find an existing measurement tool that suits your purpose and use it as it is or modify it, or you can create your own. Some people don't like writing while others are happy to fill in a survey or feedback form. Some prefer to talk about the changes they have experienced and others prefer to draw or paint. Among the twelve Healing Foundation-funded projects reviewed, formal and informal verbal feedback during service delivery and afterwards were found to be particularly helpful.

The Growth and Empowerment Measure (GEM; Haswell et al., 2010) is based on extensive qualitative research and consultations with Aboriginal people who had participated in the Family Wellbeing Program. The GEM has undergone validation in a range of settings and is now being used to evaluate several programs working with Aboriginal and Torres Strait Islander adults and youth. The Dulwich Centre Foundation's 'Tree of Life', although designed primarily as a healing tool, can also be used to illustrate changes experienced by program participants over time.

Quality measures focus on client experience and satisfaction with the service or program itself.

You can measure satisfaction with services by using a tool such as a short questionnaire (which could be administered as an interview) and by quantifying responses. Client stories and case studies collected on a periodic basis would provide additional information about the quality of care that individuals receive and the associated health and social outcomes. Continuous Quality Improvement (CQI) refers to a system of regular reflection and refinement to improve processes and outcomes that will provide quality care (see Lowitja Institute CQI website).

In summary, evaluation involves appraising the implementation of a program, considering what has been achieved, what has been learned and what can be improved, and documenting these results and good practice. Like the rest of your program or project, evaluation requires ethical practice. These issues are discussed briefly in the *Healing Centres* report (KPMG, 2012), which also includes a list of tips to bear in mind if you are looking for an academic partner or a consultant to help with the evaluation phase of your program or project.

Questions to consider when thinking and yarning about evaluation include:

- Will your evaluation be developmental/formative or summative?
- What evaluation methods and measures will you use?
- How will you collect the data?
- What are the ethical issues involved? How will you address them?
- If you think you will need technical assistance, who can you get to help?

Section 10 provides a list of resources that can guide you in this area.

9 DISSEMINATION – Sharing your experience and learning

Before you move on or plunge into another project, think about sharing your experiences and the lessons learned. This will help others, as well as helping to build the evidence base for this emerging field of collective healing for members of the Stolen Generations.

You might like to take some time to think about the following questions:

- Who needs to know about this work?
- Are there other organisations or groups who would benefit?
- What is the best way to let them know?
- What would they like to know?

There are many ways of letting people know what you have done. Most funding agencies will require a final report, usually in a prescribed format. Other options include producing your own written report presented in your own way (give some thought to best way to do this), giving a verbal report at meetings (perhaps accompanied by a 1-page summary sheet), making and showing a video recording (again with a short written summary), or putting together a photographic collection, a poster, or a CD or DVD. Think about what your target group reads: newspapers, magazines, newsletters. Don't overlook the Internet and social media, eg *Facebook* or a *YouTube* clip.

Example

Link-Up (Qld) distributes 2,000 newsletters quarterly and has an e-version on their website. Volume 10 May–June 2014 contains reports on the Lake Tinaroo and Tambourine healing camps, as well as lengthy feedback from one of the participants that was titled: “*Awesome! Just what the Health System ordered!*”

You might want to present your findings directly to government to advocate for ongoing support. You might also think about presenting your work at a conference (this can be an oral presentation or a poster), or writing an article for publication in a journal or book, or providing short description for Australian Indigenous Health*InfoNet*. It depends on who you want reach.

Example 1

Link Up SA gave a presentation on *Reunion to Self* at the SEWB conference held in Brisbane in June 2014, attended by 180 SEWB workers from around Australia. Conference delegates shared good practice projects and initiatives from their communities, including many healing programs.

Example 2

Marumali was first presented by Aunty Lorraine Peeters at the NSW Mental Health Conference in 1999. Chapters written by Peeters, Powell and Wanganeen are included in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon et al., 2014).

Many projects do not lead only to verbal presentations, reports to stakeholders and published papers. Some have other outputs that may be of use to others such as educational resources or workshop tools, or a collection of stories or songs or paintings. If these are to be used and acted on, they need to be promoted and marketed. Again, think about which groups are likely to be interested and the best ways of letting them know about the product and, if you are intending to charge for it, how much it costs.

Example

From the Connective Art project, Link-Up (Qld) produced a coffee-table book, *Respectful Designs*, which they then offered for sale through their newsletter on their website with income being used to support ongoing cultural and healing programs. “The visual strength of these works and the record of expressions of social and emotional connection promoted by this program are a testament to the resilience of our Indigenous cultures. Some of these works delve into the wounded spaces of forced removal and community dislocation; others deeply express the cultural integrity of our people.”

Source: *Link-Up (Qld) Newsletter*, vol. 5, February–March 2013, p. 23.

10 OTHER SOURCES OF INFORMATION AND RESOURCES

10.1 Internet resources

Aboriginal and Torres Strait Islander Healing Foundation website, <http://healingfoundation.org.au/>

Reports available online include:

[Aboriginal and Torres Strait Islander Healing Programs: A Literature Review](#)

[Why healing services are a good investment](#)

[Healing Centres](#)

[Our Healing Our Solutions](#)

[Our Healing Our Solutions: Sharing Our Evidence](#)

[Our Men Our Healing](#)

The Story of the **Healing Foundation** - *YouTube* www.youtube.com/watch?v=zDN7R6qRpUg

Australian Indigenous HealthInfoNet website, www.healthinfonet.ecu.edu.au/

The Australian Indigenous HealthInfoNet is an innovative Internet resource, based at Edith Cowan University in Perth, which aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. It has an extensive section on social and emotional wellbeing including mental health and healing.

Dulwich Centre website, www.dulwichcentre.com.au/tree-of-life.html

Information on collective narrative practice and applying the Tree of Life approach in working with vulnerable children, young people and adults in different contexts.

The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC website, www.lowitja.org.au/licrc/

The Lowitja Institute is Australia’s national institute for Aboriginal and Torres Strait Islander health research. Social and emotional wellbeing and continuous quality improvement (CQI) are two of the many research themes.

BetterEvaluation website, <http://betterevaluation.org/>

BetterEvaluation is an international collaboration to improve evaluation practice and theory by sharing information about options (methods or tools) and approaches. RMIT University in Melbourne was of the founding partners. The website is a useful source from which to select guidance to apply to your evaluation work, as well as providing links to more detailed articles and advice.

10.2 Reports, books and guides

10.2.1 Aboriginal and Torres Strait Islander healing

In addition to the Aboriginal and Torres Strait Islander Healing Foundation reports listed above that can be accessed through their website, the following books and guides may be useful.

Sheehan N. (2012). ***Stolen Generations Education: Aboriginal Cultural Strengths and Social and Emotional Wellbeing***. Brisbane: Link-Up Queensland.

This book (232 pages) was designed as a resource for counsellors, teachers and community members to give them an understanding of the history of Aboriginal and child removals in Queensland and the resulting impact on Aboriginal and Torres Strait Islander people and their communities. It includes an excellent annotated bibliography and resource directory.

Dudgeon P, Milroy H & Roz Walker R. (2014). ***Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice***, 2nd edn. Perth: Telethon Institute for Child Health Research/Kulunga Research Network, in collaboration with the University of Western Australia. [http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-\(1\)/](http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-(1)/)

This book (588 pages) was developed as an information source for health professionals working with Aboriginal and Torres Strait Islander people with social and emotional wellbeing and substance use issues. Many of the chapters were authored by Aboriginal and Torres Strait Islander people. The final part covers healing models and programs for specific groups including the Stolen Generations.

Chapters of particular relevance to healing include:

4. Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart & Kerrie Kelly

24. Community Life and Development Programs – Pathways to Healing

Helen Milroy, Pat Dudgeon & Roz Walker

25. Enhancing Wellbeing, Empowerment, Healing and Leadership

Pat Dudgeon, Roz Walker, Clair Scrine, Kathleen Cox, Divina D’Anna, Cheryl Dunkley, Kerrie Kelly & Katherine Hams

27. Red Dust Healing: Acknowledging the Past, Changing the Future

Tom Powell, Randal Ross, Darryl Kickett & James F Donnelly

28. Seven Phases to Integrating Loss and Grief

Rosemary Wanganeen

29. The Marumali Program: Healing for Stolen Generations

Lorraine Peeters, Shaan Hamann & Kerrie Kelly

10.2.2 Human rights

Australian Human Rights Commission/AHRC. (2010). *The Community Guide to the UN Declaration on the Rights of Indigenous Peoples*, www.humanrights.gov.au/publications/community-guide-un-declaration-rights-indigenous-peoples

The Declaration is described as “the most comprehensive tool we have available to advance the rights of Indigenous peoples”.

van Boven T & Bassiouni MC. (2005). *Basic principles and guidelines on the rights to a remedy and reparation for victims of gross violations of international human rights law*. Geneva: Office of the United Nations High Commissioner for Human Rights.

10.2.3 Project management and planning

Dwyer J, Stanton P & Theissen V. (2004). *Project Management in Health and Community Services: Getting good ideas to work*. Crows Nest, NSW; Allen & Unwin.

A practical guide to project management in health and community settings with useful chapters on planning (including planning for risk), implementation and evaluation.

Field R. (2012). *Planning and Budgeting Skills for Health and Social Work Managers*. Los Angeles, CA: SAGE.

A small handbook designed to support front-line managers and team leaders working in a service delivery context with planning and with budgeting and financial management. It contains lots of examples as well as tips for success.

10.2.4 Evaluation and research

Wadsworth Y. (2011). *Everyday Evaluation on the Run: The User-Friendly Introductory Guide to Effective Evaluation*, 3rd edn. Crows Nest, NSW: Allen & Unwin.

This easy-to read book includes a very useful chapter that describes a range of different evaluation approaches, models and techniques including Appreciative Inquiry (AI) and the Most Significant Change Technique (MSC).

Crane P & O’Regan M. (2010). *On PAR – Using Participatory Action Research to Improve Early Intervention*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs. www.dss.gov.au/sites/default/files/documents/05_2012/reconnect_0.pdf

This manual is designed to assist human service practitioners and agencies, and the communities they work with, to enhance their skills in undertaking Participatory Action Research (PAR). It outlines how PAR can be implemented to help improve the situations of young people, families and communities and provides practical examples, tools and links to complementary resources.

Davies R & Dart J. (2005). *The Most Significant Change (MSC) Technique: A Guide to Its Use*. [Self- published]. www.mande.co.uk/docs/MSCGuide.pdf

From the National Health and Medical Research Council (NHMRC):

Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics is a companion document to *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Both are currently under review.

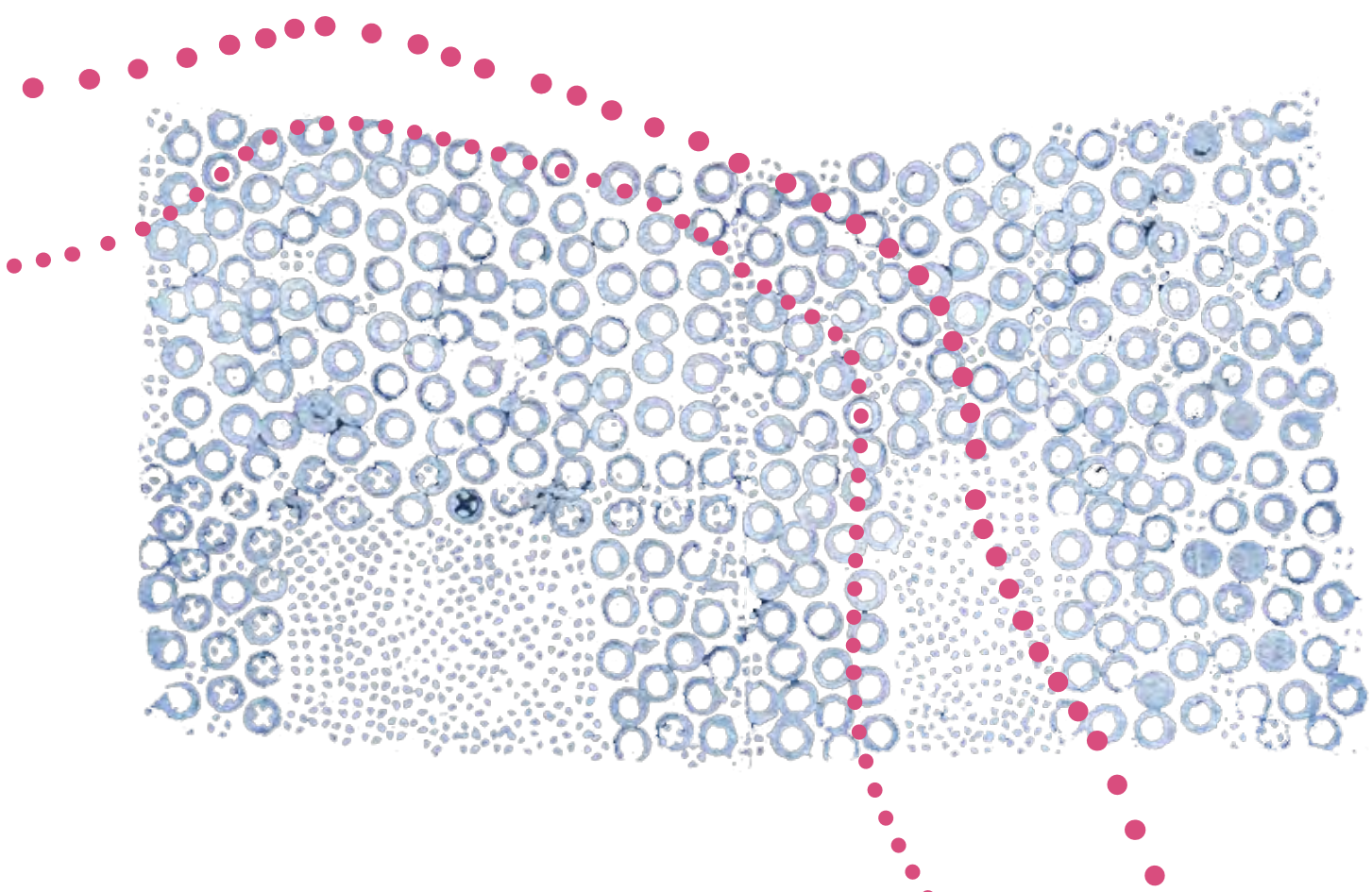
Keeping Research on Track is designed for Aboriginal and Torres Strait Islander communities to use when they are considering conducting or being involved with health research. It helps people become familiar with the stages in the research journey and make decisions about health research. This helps ensure that the research journey respects shared values as well as diversity, priorities, needs and aspirations of communities; and benefits Aboriginal and Torres Strait Islander peoples as well as researchers and other Australians. *Values and Ethics* and *Keeping Research on Track* are to be used together, along with the *National Statement on Ethical Conduct in Human Research (2007-updated 2014)*.

GLOSSARY OF TERMS

Term	Definition
Colonisation and decolonisation	Colonisation refers both to the British occupation of the land called Australia and the ongoing control of the lives of Aboriginal and Torres Strait Islander people. Decolonisation starts with an understanding the colonisation process and how it works. It is the responsibility of all Australians.
Continuous Quality Improvement	Continuous Quality Improvement (CQI) refers to system of regular reflection and refinement to improve processes and outcomes that will provide quality health care. <i>Source:</i> Lowitja Institute website.
Cultural knowledge	An accumulation of knowledge that has been handed down from generation to generation which could be held by particular individuals or family groups. It includes knowledge about spiritual relationships; relationships with the environment and the use of natural resources; and relationships between people, which are reflected in language, stories, social organisation, values, beliefs, and cultural laws and customs. <i>Source:</i> Healing Foundation's <i>Glossary of Healing Terms</i> .
Empowerment	Empowerment is an active, participatory process through which individuals, groups and communities gain greater control over their lives.
Evaluation	Evaluation involves determining whether a program is effective, using performance measures to see if the goals and objectives are being achieved.
First generation, and later generations	First generation members of the Stolen Generations were forcibly removed from their families, their wider kin and community, and their country. They were forced to forgo their language and cultural traditions. Their children, grandchildren and great-grandchildren are referred to as second, third and fourth generation members of the Stolen Generations.
Identity	Identity is the distinctive characteristic which belongs to an individual, or is shared by members of a group. It can be a sense of who you are and the community or communities you are a part of. For many Stolen Generations members, their sense of identity is incomplete. <i>Adapted from:</i> Healing Foundation's <i>Glossary of Healing Terms</i> .
Intergenerational trauma	Intergenerational trauma is a form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. In Australia intergenerational trauma particularly affects the children, grandchildren and future generations of the Stolen Generations. <i>Source:</i> Healing Foundation's <i>Glossary of Healing Terms</i> .
Healing	Healing refers to recovery from the psychological and physical impacts of trauma. For Aboriginal and Torres Strait Islander people this trauma is predominantly the result of colonisation and past government policies. Healing is not an outcome or a cure but a process; a process that is unique to each individual. It enables individuals, families and communities to gain control over the direction of their lives and reach their full potential. Healing continues throughout a person's lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base. <i>Source:</i> Healing Foundation's <i>Glossary of Healing Terms</i> .

Term	Definition
Holistic	A holistic approach to healing is a complete approach, dealing with the whole of a person's or community's experience.
Kinship	Kinship refers to the patterns of social relationships, the way people are organised into groups and how they are related to one another. It defines how people behave within a community and how they understand their roles and responsibilities. <i>Source: Healing Foundation's Glossary of Healing Terms.</i>
Monitoring Program, project and activity Program logic	Monitoring is involves the continuous measurement of progress towards a goal or objective. An activity is specific undertaking that a person or group does; a project is a collection of planned activities; and a program is a collection of projects. Program logic describes how a program or project is supposed to work. It can be represented in many ways, both visually and in words, and can be applied not only to programs but also to policies, strategies, funding initiatives and projects.
Resilience	Resilience is an individual or collective inner strength, developed over time, as a result or reaction to stress or trauma. Resilience is about experiencing and identifying adversity and learning how to cope. Coping may include developing supportive relationships, strengthening links to culture and community, or engaging with support programs or services. <i>Adapted from: Healing Foundation's Glossary of Healing Terms.</i>
Reconciliation	Reconciliation involves building mutually respectful relationships between Aboriginal and Torres Strait Islanders and other Australians, allowing us to work together to solve problems and generate success that is in everyone's best interest.
Recovery	Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery—hope, healing, empowerment and connection, and external conditions that facilitate recovery—implementation of human rights, a positive culture of healing and recovery-oriented services. <i>Source: Sheehan (2012).</i>
Self-determination	The freedom of a group of people to determine their own future, including political, economic, social and cultural development. For Aboriginal and Torres Strait Islander people it means taking control over their own affairs.
Social and emotional wellbeing	Social and emotional wellbeing is a broad concept. It is a state where individuals and communities are strong, proud, happy and healthy. It includes being able to adapt to daily challenges while leading a fulfilling life. For Aboriginal and Torres Strait Islander people land, culture, spirituality, ancestry, family and community are central to wellbeing.
Spiritual health	Spiritual health is a focus on the strong spirits of Aboriginal and Torres Strait Islander people and is an important part of culture. It emphasises people's relationships with each other, with land and place; and the connection between past, present and future. Over time, spiritual health has been weakened as a result of colonisation, assimilation and Stolen Generations policies. <i>Source: Healing Foundation's Glossary of Healing Terms.</i>

Term	Definition
Stolen Generations	<p>The Stolen Generations are Aboriginal and Torres Strait Islander children who were forcibly removed from their families as a result of past Australian government policies, from the late 1800s to the 1970s. The removed children were sent to institutions or fostered or adopted to non-Indigenous families. Ultimately, the intention of child removal was to break parental links and sever cultural attachments to kin and country.</p> <p><i>Adapted from: Healing Foundation's Glossary of Healing Terms.</i></p>
Trauma	<p>Trauma is an emotional response to a deeply distressing or disturbing event or series of events; it can occur at a personal level and at a collective level. Trauma affects a person's physical or emotional safety. It is often accompanied by feelings of intense fear, helplessness and horror, and can affect a person for many decades and in many different ways. If people have not had the opportunity to heal, then they may act out their pain in negative ways including physical or emotional violence, abuse or addiction.</p> <p><i>Adapted from: Healing Foundation's Glossary of Healing Terms.</i></p>
Trauma-informed practice	<p>Trauma-informed practice is a strengths-based approach to healing that: is based on an understanding of, and responsiveness to, the impact of trauma; emphasises physical, psychological, and emotional safety for people seeking help and for the helpers; and creates opportunities for people affected by trauma to rebuild a sense of control and empowerment. It recognises the prevalence of trauma and is sensitive to and informed by the impacts of trauma on the wellbeing of individuals and communities.</p> <p><i>Source: Healing Foundation's Glossary of Healing Terms.</i></p>



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APPENDICES

APPENDIX A: METHODS USED IN CREATING THIS RESOURCE

The project to develop this resource was conducted in four stages as described below. The Muru Marri consultancy team worked closely with the Healing Foundation's program staff throughout. Members of the Healing Foundation's Stolen Generations Reference Committee provided general guidance as well as contributing to the stakeholder consultations.

Stage 1 involved a project inception meeting between Muru Marri and the Healing Foundation to establish relationships and ongoing guidance and communication mechanisms, and to finalise the methodology and project milestones.

Stage 2, establishing what was already known in this area, involved three components:

1. a brief literature review and analysis of the policy context
2. a review of Stolen Generations specific projects funded by the Healing Foundation
3. a series of consultations with key stakeholders to ascertain their views and input.

The literature review was designed to build on existing work by the Healing Foundation and others, rather than starting anew. This preliminary work led to identification of the issues which would be explored in the stakeholder consultations:

- What is the nature of the healing required?
- What will collective healing look like for these groups?
- How will healing cater for similarities and differences in circumstances and contexts?
- What kinds of program/service delivery models are available? What kinds are desired?
- What kind of funding models would work to sustain programs?
- What are 'best practice' approaches to providing healing in a collective space?
- How do we ensure the capacity to evaluate our approaches?
- What kind of program logic would work for us?

Twelve projects that focussed wholly or partly on the Stolen Generations were included in the project review (see Appendix B). These were selected by the Healing Foundation Project Officer to provide a mix across target groups (gender, age and experience) and geographic locations, as well as Healing Foundation funding streams. The Project Officer also looked for projects with detailed service delivery plans and performance reports as these were more likely to provide rich information for analysis. The final 12 included projects designed for former residents of institutions, for Link-Up clients and for the local community.

A total of 19 people from organisations around the country participated in the stakeholder consultations (see Appendix C). Sixteen of them took part in telephone interviews loosely based on the issues identified previously, and 13 took part in a national workshop.

Stage 3 involved a one-and-a-half day workshop with key stakeholders held in Sydney. Participants included most of the stakeholders interviewed, plus the Muru Marri and Healing Foundation teams. Conducted by an independent facilitator, the workshop allowed further exploration of the nature and shape of collective healing for Stolen Generations members. There was extensive sharing of experiences and discussion on the topics of program design, program delivery and evaluation (including the types of changes expected as a result of a successful program), and program logic.

Stage 4 involved the development of this resource. Following agreement on structure and content, an initial draft was produced by Muru Marri. This was submitted to the Healing Foundation's Programs Director and circulated to all workshop participants for comment and feedback.

APPENDIX B: LIST OF PROJECTS REVIEWED

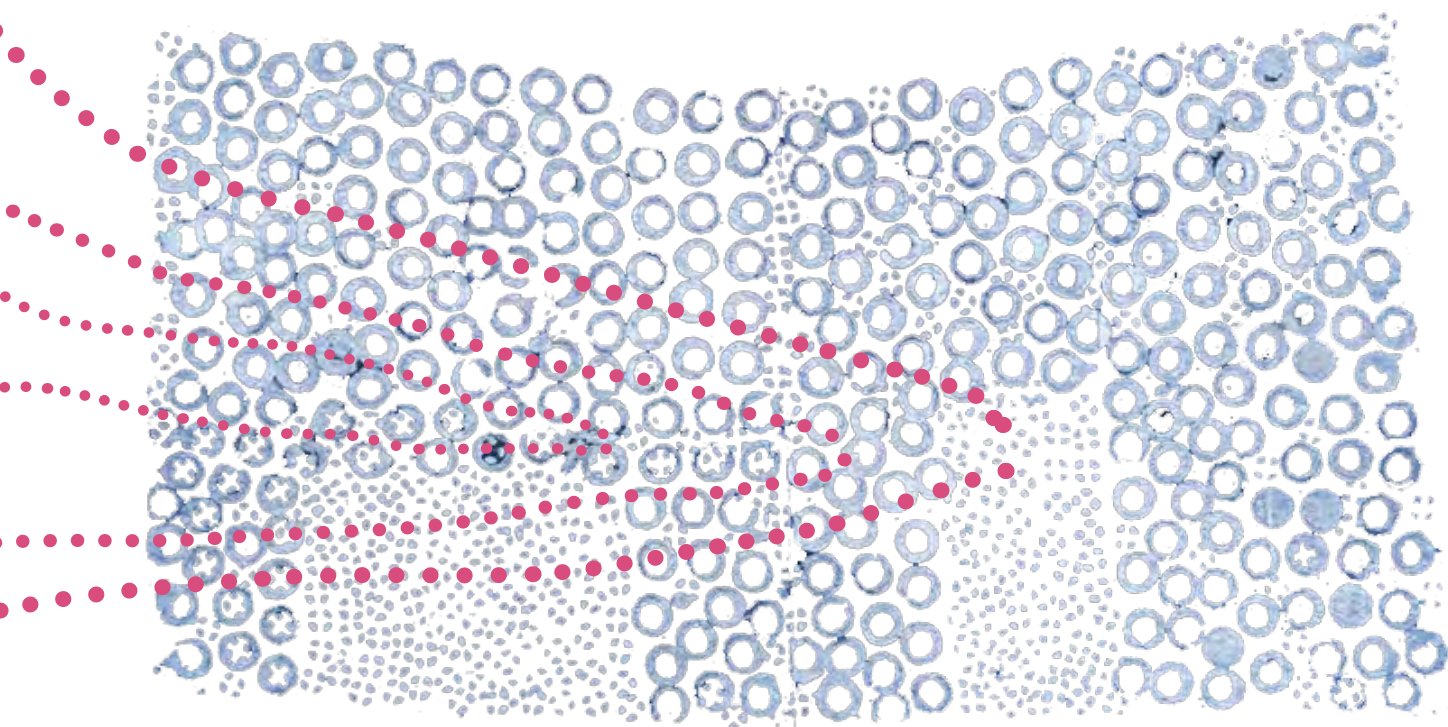
The twelve Healing Foundation-funded projects reviewed are each briefly described below.

Nine of the twelve were funded under the Healing Foundation's 'Stolen Generations Initiative'. Two (no. 9 and 10) were 'Training and Education' projects and one (no. 8) was a 'Healing' project.

Four projects were located in New South Wales (including one on the NSW/Victoria border), three in Queensland, two each in South Australia and Western Australia, and one in Victoria.

No.	Organisation, Location and Title	Description
1	Gurriny Yealamucka Medical Service Yarrabah QLD Healing Workshop	Healing journey for Stolen Generations Elders: taking people back to country and connecting with lost family from Cape York, Hopevale and Wujal Wujal communities.
2	Kinchela Boys Home Aboriginal Corporation Redfern NSW KBH: Reconstruct, Reconnect, Restore	As part of the KBH Reconnect, Reconstruct, Restore Project, strengthening the KBH brotherhood by undertaking individual and group healing activities.
3	Pangula Mannamurna Inc Mt Gambier SA Our Yarning Together	Stolen Generations members and families healing camp, grief and loss workshops and counselling sessions.
4	Rumbalara Aboriginal Cooperative Ltd Mooroopna VIC Yamutj Healing Gathering	Stolen Generations healing camp including traditional ceremonies, healing circles, spiritual healing workshops, traditional arts and crafts workshops, and Aboriginal music, song and dance.
5	Sister Kate's Home Kids Aboriginal Corporation. Perth WA Stolen Generations Cultural Healing Bush Camp	Bringing together Stolen Generations members to share, heal and celebrate their survival: cultural healing activities in Moora, Lower-Midlands region WA
6	Winangali Marumali NSW Marumali Journey of Healing Workshop for former residents of Cootamundra Domestic Training Home for Aboriginal Girls	Marumali Journey of Healing workshop designed specifically for 'All One', a group comprised of former residents of Cootamundra Domestic Training Home for Aboriginal Girls.
7	Nunkuwarnin Yunti – Link Up SA Adelaide SA Reunion to Self	Series of 6 day trips and final overnight camp for Link-Up SA clients who are either unlikely to achieve family reunions or return to country due to inadequate records of origins, or have experienced reunions but failed to reconnect satisfactorily to family, community or country.
8	2 Women Dreaming Healing Inc La Perouse NSW Keeping Our Spirit Strong Healing Circles	Healing and wellbeing program 'Keeping Our Spirit Strong Healing Circles' with several components: trips to country/healing retreats; counselling (skills to cope with trauma and grief); Elders' yarning circle and oral history; Elders' and young women's yarning circles; and journey of healing through art and culture workshop

No.	Organisation, Location and Title	Description
9	Albury Wodonga Aboriginal Health Service Albury NSW Stolen Generations Support Group Red Dust Healing Workshops	Fortnightly support group for 12 months for Stolen Generations members and their support people incorporating healing sessions to assist in self-help and social activities. 'Red Dust Healing' workshops for Stolen Generations Support Group, community and workers in relevant agencies and organisations in the area.
10	Cherbourg Historical Precinct Group Inc Cherbourg QLD Film: <i>The Domo Boys</i>	Creation of an oral history film about the Boys' Dormitory in Cherbourg to increase the knowledge of the impact of the trauma that that past government policies have created.
11	Yorgum Aboriginal Corporation Perth WA Healing Projects – Stolen Generations	<i>Heartfelt: hopeful notes for the lost and the stolen</i> – Singing workshops for Stolen Generations descendants in Kalgoorlie–Wongatha community.
12	Link-Up (Qld) Aboriginal Corporation Brisbane QLD Far North Qld Healing Camps Southern Regional Qld Healing Camps	Healing camps for Stolen Generations in Cairns, Brisbane and Bundaberg/Fraser Coast regions; also healing activities and support for those forcibly relocated from Old Mapoon Mission at 50th anniversary events.



APPENDIX C: LIST OF STAKEHOLDERS CONSULTED

Stakeholder input was obtained through individual telephone consultations and participation in a workshop held on 18–19 June 2014 in Sydney. Many workshop participants also undertook local consultations with members of their organisation and the broader community.

Name	State/ Territory	Organisation	Telephone interview	Workshop
Carolyn Fyfe	QLD	Healing Foundation Stolen Generations Reference Committee	X	X
Cynthia Sariago	NT	Healing Foundation Stolen Generations Reference Committee	X	X
Florence Onus	QLD	Healing Foundation Stolen Generations Reference Committee	X	X
Ian Hamm	VIC	Healing Foundation Stolen Generations Reference Committee	X	
Mark Bin Bakar	WA	Healing Foundation Stolen Generations Reference Committee	X	X
Michael Welsh	NSW	Healing Foundation Stolen Generations Reference Committee	X	X
Daniel Millgate	WA	Yorgum Aboriginal Corporation	X	X
David Wragge	QLD	Royal Commission into Institutional Responses to Child Sexual Abuse (Ex-Domo Boy)		X
Frank Spry	NT	Northern Territory Stolen Generations Aboriginal Corporation	X	
Helen Akee	QLD	Link-Up (Qld)	X	X
James McKenzie	WA	Kimberley Stolen Generation Aboriginal Corporation	X	X
John Dommett	VIC	Connecting Home		
Lou Turner	SA	Nunkuwarrin Yunti – Link Up SA	X	X
Lynn Hazelton	WA	Yorgum Aboriginal Corporation 'Songing' facilitator	X	X
Muriel Bamblett	VIC	Link-Up Victoria/VACCA		X
Norm Sheehan	NSW	Southern Cross University, Gnibi College	X	X
Rosemary Wanganeen	SA	Australian Institute for Loss & Grief	X	
Shirley Prider	SA	TAFE SA, Family Wellbeing Course	X	
Terry Chenery	NSW	Link-Up NSW	X	

APPENDIX D: PROJECT PLANNING TEMPLATE

This appendix contains a copy of the project planning template currently provided by the Healing Foundation to assist projects they fund under their Stolen Generations Initiative. The template does not include performance indicators as these will be developed at a later date based on identification of common themes across the Initiative. This is just one example.



SERVICE DELIVERY PLAN

Organisation Name	Name of Project
Key Contact Name	Phone number & email address
Your Project (150 words maximum) Please provide a short description of your project, what it will do and who it will work with. You should only include parts of the project that the Healing Foundation is funding. This will be used in publications and on the Healing Foundation website as our summary of your project.	
Project Location	Target Group
What communities will benefit from my project?	Please define the differing people that your project is trying to reach. For example, Elders, men, women or people with a disability.

Your Project Outcomes

How would you know that your project has made a difference? What positive changes would you see in your participants from the project activities?

Short-term changes may take place during, or after the activities, or within 1 year as a result of the project.

The outcomes that you define here will need to be measurable. Your project will be required to report against these outcomes.

Your Project Goals

To help define your project goals, you might want to ask yourself the following questions:

What do you want to see different for your target group? What changes would you like to see occur?

Goals need to be realistic to the time frame and length of your project. Thinking about these questions will help you to define you project goals.

Your Project Outputs

Your outputs are the actions, services or goods your project activities will deliver. For example, if the activity is a series of healing gatherings then the output is that 5 healing gatherings held and 30 participants received grief and loss training. Or if the activity is art therapy then the outputs would be 10 art therapy sessions delivered and artworks displayed for 3 weeks at local art gallery.

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Activities

What are the key strategies you will implement to achieve your identified outcomes?
How will you do this?

What are the activities that your project will undertake?

Outputs (Deliverables)

How much
How often

Timeframe

Be as specific as possible in relation to date ranges

Expected Number of participants

It is good to be realistic about the number of participants that the project is capable of reaching. We will measure your project against these numbers so please do not overestimate.

Risk Management

Please tell us the risks to your project. Risks are events or factors that are likely to affect the successful implementation of your project.

For example, a risk may be that participation rates are very low in the community, you have difficulty securing an appropriate consultant to facilitate the training, or that sorry business in the community means that the project activities are delayed.

Risk	Strategy on how to manage this risk

Safety Plan

Please outline the aspects of your safety plan. What will you do if a participant discloses that they are suicidal or that they have been a victim of abuse? How will you ensure that you employ safe people to work with your participants? What will you do to ensure that your staff are safe?

You should also include aspects of cultural safety.

Safety Risk

Strategy on how to manage this risk

Indigenous Employment Expectations

How many Aboriginal and Torres Strait Islander people will be employed to deliver the project? This will be any person that you pay to be involved in the project, such as part-time project officer, cultural advisors, training facilitator and so forth. Please list the numbers for each different role, such as 1 part-time project officer and 3 cultural advisors.

Sustainability Plan

Please outline how you will sustain key learnings from the project after the end of this funding.

Budget	
Salaries and Wages (Normal Salary) (please specify)	\$
Payments to Elders/Steering Committee or Cultural Advisors	\$
Consultants/Contractors Fees (please specify)	\$
Salary and Wage On costs (23% allocated for wage on-costs)	\$
Administration and Management Fees (not greater than 12%)	\$
Meeting Costs (please specify)	\$
Printing and Stationary (please specify)	\$
Phone and Internet	\$
Catering (please specify)	\$
Resources (please specify)	\$
Travel Costs (please specify)	\$
Vehicle Costs including fuel, registration etc.	\$
Rent & Utilities (please specify)	\$
Evaluation	\$
TOTAL	\$

FEEDBACK SHEET



HealingFoundation

Strong Spirit • Strong Culture • Strong People

A Resource for Collective Healing for Members of the Stolen Generations

Planning, implementing and evaluating effective local responses

FEEDBACK ON RESOURCE

We hope this resource will be of use to Stolen Generations members, groups and organisations, and to service and program deliverers and managers, and to funding bodies. As noted in the introduction, the evidence base to guide collective healing responses for the Stolen Generations is still emerging; therefore this resource is also a work in progress.

To inform possible future editions, we welcome your feedback.

We are keen to know: **Do you like the resource overall? Have you found it useful? How can we improve it?**

In addition, if you have **other stories of good practice and positive outcomes** in relation to collective healing for members of the Stolen Generations, and are happy to share them so that others may learn from your experience, please let us know. We are still collecting examples.

A Resource for Collective Healing for Members of the Stolen Generations

Planning, implementing and evaluating effective local responses

Please write your feedback here

1. Do you like the resource?

Yes [] No []

Please comment:

2. Is it useful?

Yes [] No []

What sections or parts have been most useful to you?

3. How can we improve this resource? Please write your suggestions here:

4. If you have any relevant experiences or stories to share, please provide your contact details here:

Name:

Organisation (if applicable):

Email:

Telephone:

*Thank you for taking time to share your thoughts about this resource.
It will help us design future editions.*



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