



**Halls Creek Scoping Project for a
Healing Plan**



Atkinson Kerr & Associates

Halls Creek Scoping Project for a Healing Plan

Final report

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Definitions

Comments about this report in its draft form showed the need to provide some guidance on the various bodies associated with the development of the Halls Creek Healing Centre.

The Halls Creek Healing Centre Taskforce - 'the Taskforce' - is a voluntary and currently unincorporated body made up of community members, some of whom are employed by local services. As individuals they do not necessarily represent the views of the services. The Taskforce was formed in response to the activities of the Regional Operations Centre (ROC) and the Local Operations Centre (LOC). Initially it was known as the Halls Creek NGO group but in recent months has focused primarily on developing a healing centre. Over that time they have broadened their membership criteria to include anyone who is resident in the Shire of Halls Creek. As yet they have not finalised a constitution or rules of association. The Kimberley Regional Language Centre provides support including use of its facilities for the Taskforce.

The Halls Creek Project Group - The Halls Creek Project Group comprises federal and state representation, from the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs and the Commonwealth Department of Health and Ageing; state representatives are from the Mental Health Commission, the Office for Aboriginal Health, the Drug and Alcohol Office, the Department of Child Protection, the Western Australia Country Health Service, the Department of Indigenous Affairs, and the ROC.

The purpose of the Halls Creek Project Group is for government agencies and departments responsible for responding to the holistic healing priority within the Halls Creek Local Implementation Plan (LIP) of the Remote Service Delivery (RSD) National Partnership Agreement (NPA) to:

- Work collaboratively across agencies to provide a single Government interface in responding to the priority of a Halls Creek Healing Centre
- Ensure the process of developing and implementing a response is consistent with the RSD NPA aims, objectives and principles
- To progress the establishment of a Halls Creek Healing Centre

Halls Creek Community Forum (p.18) is a body referred to in the Halls Creek Local Implementation Plan but no other reference to this title was either cited or mentioned to AKA. AKA has not used this title in any part of this report.

Halls Creek Advisory Group (p.18) is a body referred to in the Halls Creek Local Implementation Plan but no other reference to this title was either cited or mentioned to AKA. AKA has not used this title in any part of this report.

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Executive Summary

The purpose of this study is to scope the current opinion and possible form of a healing centre for Halls Creek and to report on options regarding infrastructure, services, programs and governance of a healing centre. This analysis has been achieved through stakeholder consultation, literature review and field observation over a five-week period in May-June 2011.

It appears that despite a number of previous consultations and plans compiled to date, there has been little progress on a healing centre for Halls Creek and little work has been done to map the detail of how a centre might be formed or operate. This is despite widespread support and enthusiasm for a healing centre in this area.

A fundamental issue in the design and operation of a healing centre is defining the nature of, and qualities that would direct, operations. The 2008 Social Justice Report's review of healing argues that healing is qualitatively different from the delivery of other health and wellbeing services. This key difference is that important decision making for this process must be vested in the community itself rather than an external body. Essentially, it is about the community taking control of its own healing. In this framework, healing occurs only when the decisions are made within the community and for the community. Healing at individual and community levels is, therefore, about a community taking responsibility and control of future community direction. This principle was strongly supported by community members and by service providers within Halls Creek during the consultation process.

Community control underpins the governance approach for many other Aboriginal services such as community controlled Aboriginal Medical Services. However, such services operate within a service delivery model that is determined outside of the community. The healing process is different, and as defined above, relies on the community - through debate and consensus - determining the service and delivery mode. By its nature, this will involve an 'evolutionary' approach to identify the needs of the community, the skills and the resources necessary to assist healing at an individual and community level.

Halls Creek - given the relatively small size of its community - has an extensive range of health and wellbeing services. Many respondents felt that a healing centre could enhance the delivery of these services, rather than compete with them. This will involve developing processes and activities that enhance the normal clinical model of service. These have been less effective in Aboriginal communities than originally conceived. The healing centre may

act as a bridge between the current practice and need by improving the reach of services into the community and the co-ordination in their delivery.

A commonly expressed opinion throughout the consultation process was the difficulties caused in Halls Creek by divisions in the community. Many expressed hope that the healing centre may be a focus for bringing the community together to improve some of these divisions. Some even suggested the need for a process of truth and reconciliation.

Specifically the consultants were asked to address the following questions.

1. Support for establishing a Halls Creek Healing Centre as a response to the Local Implementation Plan developed under the Remote Service Delivery process

There is a lengthy history of consultation and reporting that has been found to support the development of a healing centre. This current consultation found significant support in the community still exists for a healing centre and that there is an expectation that work should now commence. However most agree that more consideration is warranted as to the nature of what may be constituted by a healing centre.

2. The co-design process between community members, Government, service providers and other agencies that would be implemented in establishing a successful Healing Centre in Halls Creek

The consultants recommend that the co-design process from here on, should, first and foremost, allow a representative (as far as possible) community body the time and space to explore what healing means to the various individuals, families and communities within Halls Creek. The Canadian experience where a national healing foundation has operated since 1998, suggests that the major flaw in their process was the lack of extended consultation prior to embarking on the desired activities.

In the first instance the carriage for design within the community should be by the already established Taskforce. This Taskforce has indicated that initially it would not be an incorporated body or wish to hold funds. The Kimberley Regional Language Centre may be the most appropriate auspice body in the interim.

This should be supported by a clear line of communication with the lead government agency (a single government interface) which would undertake to meet regularly (i.e. monthly) with the Taskforce. The lead agency should provide the necessary support for the Taskforce to develop its terms of reference and membership and undertake the broader education and community consultation required for the more detailed planning of the services and structure of the healing centre.

The third aspect should be an obligation for the Taskforce to meet regularly with health and wellbeing service providers. Many of the non-government organisations (NGO) including Aboriginal organisations have employees who are part of the Taskforce, but more formal meetings with the NGOs themselves and also the government health service providers such as the WACHS health and mental health will also need to occur. In addition, other important local stakeholders such as the Halls Creek Shire will need to be involved.

3. What services a Halls Creek Healing Centre must encompass now and possibilities for the future

The consultants believe that the process should first and foremost allow a representative body – whichever that may be - the time and space to explore what healing means to the various individuals, families and communities within Halls Creek.

In order to place some boundaries around this, and so that government and the service provider stakeholders may better respond, we suggest that the healing activities be considered under three broad categories of activity:

- Support for **empowerment and skills development** to improve the capacity of individuals and families and communities to address the impact of trauma and grief e.g. training as healers, healing circles, community reconciliation activities, self help groups;
- **Healing through cultural renewal** e.g. healing on country, support for art, music, writing and other cultural activities;
- **Partnerships with various health services providers** (broadly defined) to assist them on the ground and improve their service reach and efficacy e.g. volunteers, case assistants, community engagement, advocacy.

As an aside to the healing centre, the consultants noted that while regular reference was made in various studies to the merging of various language groups in Halls Creek post-European settlement there is no readily available history of Aboriginal people in Halls Creek. The production of this may contribute greatly to healing in Halls Creek.

4. Stakeholder requirements for the governance and service operation of a Healing Centre in Halls Creek, including how performance will be measured

Stakeholder requirements for governance are discussed under Item 2 in this summary and addressed in the Implementation Plan (See Section 6).

The Implementation Plan suggests that a healing plan be developed in the first year of the development of the centre. Once this is developed, an evaluation plan that meets stakeholder requirements can be developed prior to the commencement of any activities. Questions for evaluation of the operations of the Healing Centre are listed in this report.

5. Identification of appropriate governance and service operation models, including review of existing service provision in Halls Creek that may be part of, or support, a Healing Centre in Halls Creek

The governance model has been briefly discussed in Item 2. The nature of healing services has been discussed in item 3.

Regarding service models three preliminary options have been identified by respondents and are outlined in the body of the report. These are

- 1) a 'one stop shop' centre;
- 2) a centre in which a range of services could be accessed and outreach provided to the outlying communities; and
- 3) a service consortium or network that could respond to the various needs presented.

Other operational issues are addressed including:

Identifying sites - A number of sites were suggested for a healing centre and in due course these may need to be considered once the model is developed and budget matters are clarified. Finding suitable sites should not be a major impediment to the development of the centre.

Staffing - The key issue for staffing will also depend on the development of an agreed model. Most respondents indicated that a high priority should be placed on employment of local Aboriginal persons. Some indicated that there were a number of local Aboriginal people with suitable experience but there was a lot of competition for local workers already. Organising local training should not be a major issue as a number of tertiary institutions operate across the Kimberley.

Recruitment of qualified staff from outside of Halls Creek presents problems firstly due to the isolation of the area and secondly due to a chronic housing shortage.

Residential services - generally there was little interest in the primary focus of the healing centre being residential.

It is somewhat unsatisfying to recommend a 'plan to plan' but essentially this is the recommendation of this report. This report shows that while there is strong support for healing in Halls Creek, the form it is to take will require careful thought before beginning operational funding. To date there is little

agreement on any of the major detail such as governance, services and infrastructure. Government appears undecided about its own role and who within it should be most responsible. This report argues that the detailed planning is best undertaken by the community through its leaders such as the Taskforce. This is consistent with the community's wishes and experiences in other countries.

The need for a healing centre is in part based on the established evidence showing that there is still a gap to close and new approaches, especially those that see communities taking responsibility for planning the future, are much needed. The most difficult part of the development will be the next year. The willingness and determination of the three stakeholder groups to work together to develop a plan will be the crucial factor. If a shared vision can be created then the Halls Creek healing centre will become a reality.

Implementation

It is suggested that implementation occur in two phases. The first year would be to establish an organisation capable of providing or facilitating healing to all parts of the Halls Creek community. The current Taskforce would have initial carriage of this role. Government would meet regularly with the Taskforce and provide the necessary support through its lead agency. Also in the first year, a healing plan would be developed to cover the next three years.

The second and subsequent years would involve the implementation of this healing plan.

Where to from here

A draft report was provided to DoHA and members of the Halls Creek Project Group for comment. Following these comments some clarifications were made and this final report produced.

AKA recommends that it be circulated to stakeholders in Halls Creek and in particular, the Task Force. Perhaps this could be done via a workshop or series of workshops with all stakeholders and community members.

1 Terms of Reference

The tender brief states that the establishment of a Healing Centre is a priority identified by the Halls Creek community under the Halls Creek Remote Service Delivery Local Implementation Plan (LIP). The development of the LIP is part of the implementation of the *Remote Service Delivery National Partnership Agreement* between the State and the Commonwealth. The Plan calls for collaborative delivery of services relating to healing and social and emotional wellbeing, including healing and trauma, mental health, drug and alcohol misuse and suicide prevention.

The objectives of this project are to thoroughly scope the development of a Halls Creek Health Centre by addressing the key requirements below. Through this work the consultant may identify other work required to ensure the successful development of the Healing Centre.

1.1 Key Requirements

The **key requirements** for the consultant at the commencement of the project were noted to be to undertake a thorough consultative process with key stakeholders, including community members, service providers, non-government agencies and Government to determine:

1. Support for establishing a Halls Creek Healing Centre as a response to the Local Implementation Plan developed under the Remote Service Delivery process;
2. The co-design process between community members, Government, service providers and other agencies that would be implemented in establishing a successful Healing Centre in Halls Creek;
3. What services a Halls Creek Healing Centre must encompass now and possibilities for the future;
4. Stakeholder requirements for the governance and service operation of a Healing Centre in Halls Creek, including how performance will be measured;
5. Identification of appropriate governance and service operation models, including review of existing service provision in Halls Creek that may be part of, or support, a Healing Centre in Halls Creek.

2 Methodology

Atkinson Kerr and Associates were engaged by the Office for Aboriginal and Torres Strait Islander Health, DoHA, to undertake a scoping exercise. This is described in the terms of reference above.

The methodology for this project was based on the completion of a literature review (see Section 3), extensive field consultations, field observations, meetings with key stakeholders, analysis and compilation of data and then report drafting. Details about this process are provided below.

An extensive literature review was undertaken including reviewing the work arising from the establishment in Canada in 1998 of the Aboriginal Healing Foundation and the current work of the Aboriginal and Torres Strait Islander Healing Foundation.

Two field trips were also conducted over two and a half weeks to Halls Creek, Kununurra and Broome. Interviews were conducted with community members and providers of health and wellbeing services in Halls Creek. The project manager asked that at least ten days consultation take place in Halls Creek itself. This was achieved. Discussions took place with government officials associated with the Halls Creek Project Group¹ and the Regional and Local Operations Centre all of whom have responsibility for the Halls Creek Local Implementation Plan (LIP).

Prior to commencing, the consultants were provided with a list of service providers' contacts and names of some community members. Contact details for these members were not provided at this time.

The consultants attended the 'Hard Yarns' community and government forum at Halls Creek recreation centre on May 25 and 26. Over fifty people

¹ The Halls Creek Project Group membership is comprised of high level representation from Federal: Department of Families, Housing, Community and Indigenous Affairs and the Department of Health and Ageing; and State: Mental Health Commission, Office for Aboriginal Health, Drug and Alcohol Office, Department of Child Protection, Western Australian Country Health Service, Department of Indigenous Affairs, and the ROC.

The purpose of the Halls Creek Project Group is for government agencies and departments responsible for responding to the holistic healing priority within the Halls Creek Local Implementation Plan (LIP) of the Remote Service Delivery (RSD) National Partnership Agreement (NPA) to:

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(Email from Department of Health and Ageing, June 14th 2011)

attended. This consultation was a wide-ranging discussion of Halls Creek's needs, progress to date on the LIP and the proposed healing centre/plan. No agenda was provided and the minutes have been unavailable.

On commencement the consultants found that there was an existing community group called the Halls Creek Healing Centre Taskforce. This group had initially met as a meeting of NGOs and had then formed themselves into a Taskforce to plan the development of the healing centre, in the belief that this had been requested from members of the Project Group. The consultants met with the Taskforce and discussed the terms of reference and conduct of this consultancy.

Several other small group meetings were subsequently attended by the consultants. These included two more meetings at the Language Centre facilitated by the Taskforce (Appendix 1). Other groups (i.e. traditional owner corporations and boards community service organisations) were offered an opportunity for meetings, however these did not eventuate partially as a result of limited time available.

Specific interviews were also undertaken with community members, most of whom hold positions in the service delivery organisations in Halls Creek– (See Appendix 1).

It was apparent from the first interviews conducted that many respondents felt that there had been consultation for 'years' on the healing centre. Every attempt was made by the consultants to locate previous work including the Halls Creek Shire Strategic Plan, a plan generated from the work of the Better Life program and the LIP's own consultation process. Where available they have been incorporated. Other research reviewed included the Halls Creek Alcohol Restriction Report December 2010 and the draft Remote Service Delivery Baseline Mapping Report Halls Creek 2010 (the Baseline Report). These are listed in the references section of this report.

Throughout the project, discussions were held with DoHA to assist in the establishment and conduct of the consultancy.

A draft report was provided to DoHA. After discussion and review, this final report is provided.

3 The Origins of Healing Centres and Current Practice in Australia

Indigenous concepts of healing are based on addressing the relationship between the spiritual, emotional and physical in a holistic manner. An essential element of Indigenous healing is recognising the interconnections between, and effects of, violence, social and economic disadvantage, racism and dispossession from land and culture on Indigenous people, families and communities.

Healing is a spiritual process that includes therapeutic change and cultural renewal.

(Aboriginal and Torres Strait Islander Social Justice Commissioner 2009: 152, citing both his earlier definition and a simpler Canadian definition)

The strategy of funding a variety of Indigenous-centric services for healing the social and emotional legacy of colonisation has been effective in Canada but is still a relatively new area for Australia (Caruana, 2010; Cox, Young and Bairnsfather-Scott, 2009).

This legacy has led to generations of suffering from the impacts of colonisation and especially forced removal of children from families. The effects can be seen in the incidence of lateral violence, suicide, depression, poverty, alcoholism, incapacity to build healthy families and communities, to name a few (Aboriginal Healing Foundation, 2011). Australian commentators have spoken of the high levels of unemployment, poverty, ill health, poor educational outcomes, and involvement with the child protection and juvenile justice agencies for Aboriginal people. Research demonstrates that these measures of disadvantage arise from early assimilation policies and from dispossession and marginalisation (Cunneen and Libesman, 2000: 102; Mackean, 2009: 522). Unresolved trauma is transmitted across generations (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009, citing Zubrick 2005).

Aboriginal and Torres Strait Islander people have survived several generations of trauma and extreme disadvantage. Protective factors helping Aboriginal people's resilience to trauma have not been well identified, but the 'family, kinship and community connectedness found in many Indigenous communities appears to offer some protection against developing serious psychological distress'. The strands of social cohesion, connection to land, culture, spirituality, ancestry, and a sense of wellbeing or resilience seem to

be protective factors, where they exist (Kelly, Dudgeon, Gee and Glaskin 2009:22-23).

The Aboriginal and Torres Strait Islander Social Justice Commissioner in his 2008 report discussed the success of the Canadian Aboriginal Healing Foundation (AHF). This Foundation is a not-for-profit private corporation established in 1998 with an eleven-year mandate, extended to September 2012. The AHF was set up to redress a history of 150,000 Indigenous children being sent to 'residential schools' from the 1830s to 1969, with the last school being closed in 1996.

The National Apology to Australia's Indigenous Peoples from Prime Minister Kevin Rudd in the Australian Parliament on 13th February 2008 laid the foundations for healing. This apology was followed in July 2008 by the Inteyerrkwe Statement from an Aboriginal Male Health Summit held in Alice Springs, which acknowledged and said sorry for hurt caused by Aboriginal males to Aboriginal women of all ages. The Inteyerrkwe Statement specifically recommended establishing healing places for Aboriginal men. In September 2008, the Department of Families, Housing and Community Services and Indigenous Affairs (FaHCSIA) convened a Forum on Indigenous Healing which resolved to support the development of a national healing foundation. The Forum heard that healing is not a strategy, but a process that needs full ownership by the Indigenous community (Aboriginal and Torres Strait Islander Social Justice Commissioner 2009: 151).

The *2008 Social Justice Report* suggested that the Canadian experience provided some crucial lessons for Australia. Despite the differences between the countries, there are similarities in that generations of Aboriginal children were taken from their families. Useful features of the Canadian AHF in the Australian context would be:

- To adopt a broad scope and realistic time frame for healing
- To create an independent, indigenous controlled healing body
- Note that compensation and healing are related but can be pursued separately
- Engage in proper consultation and engagement
- Establish credible, respected leadership
- Note that research and evaluation have a central role in the process
- To build partnerships
- To create acceptance for healing in mainstream services

Since the *2008 Social Justice Report* and the Forum on Indigenous Healing, the [Aboriginal and Torres Strait Islander Healing Foundation](#) Ltd has been established as a national, Indigenous-controlled, not-for-profit organisation to support community-based healing initiatives to address the traumatic legacy of colonisation, forced removals and other past government policies. The Foundation will focus on the areas of:

- **Capacity Building** – identifying and supporting Aboriginal and Torres Strait Islander healing initiatives, at the community level and in response to community needs, by providing funding and capacity development;
- **Healing Promotion, Education and Training** – facilitating the promotion and education of healing for Aboriginal and Torres Strait Islander people and their communities, including skills training in the prevention and treatment of trauma, and fostering a supportive public environment for healing;
- **Research & Evaluation** – contributing to an evidence base for Aboriginal & Torres Strait Islander healing through community-driven and culturally-appropriate research and evaluation.

In relation to the Healing Foundation, the difference between the Canadian model and our model is that the Canadian model was established to provide healing initiatives to those native Canadians that were placed in the reformatory schools or the stolen generation. Ours is lot wider. We want to be able to provide funding for those healing initiatives for Aboriginal and Torres Strait Islander people who have suffered not only forced removal but the impacts of colonisation and past government policies.

(Florence Onus, Chair, Aboriginal and Torres Strait Islander Healing Foundation – [Message Stick, ABC, 14 Feb 2010](#))

Some basic features of an effective Indigenous healing model have emerged from the literature (Caruana, 2010: 6). These are described below. The literature sources are cited in Caruana’s study (ibid.:7).

3.1 Core Characteristics of Indigenous Healing

- *Indigenous ownership, design and evaluation of services - Informed by an Indigenous, not a Western, worldview, and using culturally sensitive screening and assessment tools.*
- *Holistic and multidisciplinary approach - That is, addressing mental, physical, emotional and spiritual needs, with a focus on familial and community interconnectedness, as well as connections to the environment and the spiritual realm.*
- *Centrality of culture and spirituality - Cultural renewal is seen by some as an essential precursor to healing - ‘culture is treatment’.*
- *Informed by history - That is, being cognisant of the historical source of trauma, rather than focusing too strongly on the individual pathology.*

- *Adopting a positive, strength-based approach - This recognises and promotes the resilience of Indigenous people.*
- *Preventative and therapeutic strategies - Rather than reactive responses that merely seek to reduce symptoms.*
- *Commitment to healing - As a process that takes considerable time, rather than as an event.*
- *Commitment to adaptability, flexibility and innovation - Programs must be inclusive to ensure they reach people who may not have strong cultural ties and to incorporate localised practices.*
- *Utilisation of particular approaches best suited to the Indigenous context - Such as narrative therapy, group processes, and the combination of Western and traditional practices, such as the use of traditional healers, or ngangkari.*

Healing following postcolonial trauma is not necessarily a medical issue. Healing involves spiritual, family and community dimensions. Since the National Apology, and following the lead of the Canadian AHF, Australia has sought to begin the healing process through the establishment of the Aboriginal and Torres Strait Islander Healing Foundation. The Aboriginal and Torres Strait Islander Healing Foundation provided \$2 million in funding for 2010-2011 to support 20 Indigenous healing projects across Australia. 'All projects are driven by their community and the solutions are based on the communities' identified outcomes.'
(http://healingfoundation.org.au/?page_id=238)

The 20 projects are:

- *2 Women Dreaming – Sydney, NSW*

Journey of Healing: Healing through promotion of the use of art and culture and the development of traditional healing therapies.

- *Aboriginal Family Support Services – Ceduna, Whyalla, Coober Pedy, SA*

Seasons for Growth: Development and delivery of a grief and trauma program for children to assist them in healing and developing positive futures.

- *Akeyulerre – Alice Springs, NT*

Angangkere Healing Project: Support for traditional healers (Anangkere) in the development of traditional healing practices including bush medicine production and teaching traditional skills.

- *Banmirra Arts – Bairnsdale, VIC*

Healing Workshops: Healing through traditional cultural renewal.

Family Action Centre – Newcastle University, NSW

Healing for Men: Promotion of healing and parenting activities for male parents, father figures and carers with a focus on reconnecting to culture and the role of fathers in growing their children strong.

- *Gippsland and East Gippsland Aboriginal Cooperative – Gippsland, VIC*
Healing Journeys through Ceremony: Cultural camps for young people reconnecting with land and elders to promote strength in youth.
- *Halo – Perth, WA*
Family Healing: Cultural group program for young people to develop strong cultural awareness and reconnection with Noongar ways and responsibilities. Building strong families and relationships.
- *Jawoyn Association – Katherine region, NT*
Family Healing and Resource Centre: Providing training and support, strengthening the role of Elders, youth holiday and cultural healing camps.
- *Kura Yerlo – Adelaide, SA*
Family Wellbeing: Wellbeing program including loss and grief counselling.
- *Link-Up Queensland - QLD*
Healing Camp: Healing camp for members of the Stolen Generations in conjunction with Bringing Them Home workers.
- *Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council – NPY region, NT, SA and WA*
Ngangkari Project: Development of a women’s healing outreach program targeting women & children in the remote cross-border area of Western Australia, South Australia and the Northern Territory.
- *Northern Carers’ Network – Adelaide, SA*
Healing Workshops: Traditional healing workshop retreats on country to grow cultural connectedness and stronger support networks.
- *Rumbalara Aboriginal Cooperative – Shepparton, VIC*
Traditional Healing Centre: Development of a traditional healing combining traditional healing programs with existing counselling and health services.
- *Sister Kate’s Home Aboriginal Corporation – Perth, WA*
Healing Program: Traditional and alternative healing sessions and oral history project.
- *Tangentyere Council – Alice Springs, NT*
Men’s Place Project: Establishment of a men’s space for healing. Development of healing programs including return to Country and promotion of men’s linkages to other community services including health.
- *The Buttery – Northern Rivers, NSW*
Wake Up Time Group: Women’s healing program promoting strong cultural connectedness through strengthening linkages for women to traditional practices.

- *Total Health and Education Foundation – Warwick, QLD*
Aboriginal Music Showcase: Using traditional song and story telling to promote healing.
- *Winangali Marumali – VIC and QLD*
Marumali Journey of Healing: Residential healing camps and yarning circles for members of the Stolen Generations.
- *Wurli Wurlinjang – Katherine region, NT*
StrongBala Male Healthy 4 Life: Development of a cultural revitalisation program to compliment existing health services.
- *Yothu Yindi Foundation - East Arnhem region, NT*
Wellbeing Program: Development of a healing place for traditional healing including suicide prevention, alcohol and substance abuse prevention, rehabilitation and diversionary programs for Yolngu communities.

4 The Community of Halls Creek

The following is drawn from the very detailed work contained in the draft Remote Service Delivery Baseline Mapping Report, Halls Creek 2010.

The Shire of Halls Creek has the youngest average population and is the fourth fastest-growing shire in Western Australia. The town of Halls Creek is a service centre for a large number of Indigenous communities and outstations. Within the town boundary are the separate Indigenous communities of Mardiwah Loop, Red Hill, Yardgee, and Nicholson Town Camp. Other communities outside the township include Barangga, Dolly Hole, Flywell, Gilungurra, Kartang Rija, Koongie Park, Lamboo Station, Linga, Marnjarl, Milba, Moogu Moogu, Ngyallawilli, Quartz Blow, White Rock, Wunkul, Yarrunga Yunggul, and Widi.

The following data is based on ABS census data. The ABS Halls Creek data covers the people from the town of Halls Creek including the separate Aboriginal communities of Mardiwah Loop, Nicholson Town Camp and Yardgee. This profile does not include information on people who live in the small communities and outstations that use services in Halls Creek.

The data showed that most Aboriginal people in Halls Creek township indicated they spoke English at home. Fifty-nine people said that they normally spoke Jaru at home and small numbers of people spoke one of five other languages (Murrinh Patha, Kukatja, Gooniyandi, Kija and Kriol).

Taking into account 'under counting' ABS estimated resident population data for the Halls Creek town in 2006 was 1,335 people of whom 1,092 were Indigenous (82%). The ABS estimated the total population of the Shire to be 3345 in 2010.

Group	Age range years	2006	2006 (%)	2026 (no.)	2026 (%)	Growth (no.)	Growth (%)
Infants	0-4	132	12	164	11	32	24
School aged children	5-14	262	24	297	20	35	13
Transition from school to work	15-24	216	20	264	17	48	22
Under 20 years	0-19	503	46	596	39	93	18
Working Age population	15-64	653	60	970	64	317	49
Post Working Age	65 and over	45	4	83	6	39	87
Older People	50 and over	136	12	252	17	116	85
Total Population	All ages	1092		1515		423	39

Source: Draft Remote Service Delivery Baseline Mapping Report – Halls Creek, 2010, pp. 17.

The age profile of Halls Creek is typical of Aboriginal communities with a high proportion of young people with a median age of 24 years of age and well below the non-Indigenous national median age figure of 37.

The draft Remote Service Delivery Baseline Mapping Report, Halls Creek 2010 provides a very detailed description of Halls Creek, its population and services which are beyond the scope of this study to summarise but provided very useful background information.

5 Findings and Discussion

AKA was required to undertake a thorough consultative process with key stakeholders, including community members, service providers, non-government agencies and Government about five key matters. However, before proceeding the following issues need consideration.

5.1 But first - what is a centre?

Despite the use of the term 'healing centre' in the tender documents and brief provided to the consultants, government officials and others were concerned about the concept of a 'centre' with its implications of a solid, fixed and centralised location or structure. Some suggested that it was not a centre but a 'mechanism', 'process' or a 'matrix'. AKA has not tried to define this at present because the model that we go on to recommend based on the available evidence and the consultation process, suggests that more discussion and consultation needs to occur before the nature of the centre is established – whatever form it takes. We recommend that it retain the title of 'centre' on the basis of consistency and that the 'centre' can be taken to mean anything from an administrative base (possibly within an existing service) to a multipurpose cultural and therapeutic complex or a series of outdoor and built spaces.

On this basis the five key matters we were required to consider are contemplated and detailed below.

5.1.1 Support for establishing a Halls Creek Healing Centre as a response to the Local Implementation Plan developed under the Remote Service Delivery process

It was reported to the project team that over the last five years at least, there have been numerous calls for a healing centre to be established in Halls Creek. The Shire reported that it had been approached in around 2008 for the establishment of such a service. The concept of the healing centre, at the time was described as 'in development'. Council was asked to auspice the organisation, but at the time, they felt that they could not do so. This was because they did not feel confident about being involved in something that had not been wholly articulated. Council were aware that subsequent to their declining to be involved, the Better Life project, a whole of government approach resourced by the WA government through the Department of Indigenous Affairs, provided some support for the concept and approached the Wunan Foundation to auspice the service/agency. It was reported that the Wunan foundation subsequently declined.

The healing centre is referred to once under the Shire's Strategy Plan 2008-2018 (on p.21). This plan involved considerable community consultation. By way of example, it is estimated that over 600 people were involved at 'some point'. The Plan notes:

This Halls Creek Community Strategy represents a vision and direction for the development of the township of Halls Creek. Its production is the result of a comprehensive mapping and consultation exercise that involved 30% of the town's population and most agencies operating within the community (p.7)

The plan outlined some fourteen strategy areas. Strategy 2 addresses Healthy Lifestyles (p.20). Of note is that a community Alcohol Management Plan was listed as the first planned action. This is now in place with what appears to be very positive results - (see Halls Creek Alcohol Restriction Report December 2010).

The second planned action was:

*Design and implementation of a Plan to increase health related services and businesses in Halls Creek including pharmacy, **healing centre**, dentistry and gym/fitness programs (p. 21) .*

The Local Implementation Plan has its origins within a year of the Shire Strategy Plan. The formation of the LIP resulted from:

'... two key community forums which have informed and driven the development of this plan:

- *Halls Creek Advisory Group – formed in late 2009.*
- *Halls Creek Community Forum – created as a means of improving government engagement with community and to ensure that the development of the plan remained community-driven.*

In addition to these structures the following also informed the development and content of the Local Implementation Plan:

- *A review of previous and recent community consultations were undertaken, including the results of the Halls Creek Community Plan developed by the Shire of Halls Creek.*
- *Community workshops to determine a list of priorities under the Building Blocks.*
- *Household surveys to maximise the representative nature of the priorities.*
- *One-on-one interviews with Indigenous and non-Indigenous community members and representatives from government and non-government organisations.*
- *Community solutions workshops to allow the Halls Creek community an opportunity to design solutions to identified priorities.'*

The Baseline report (p. 132) also cites consultations which supported the concept of healing centre (Commissioner for Children and Young People 2009 - Contribution from CCYP to the Department of Indigenous Affairs submission to the Senate Select Committee on Regional and Remote Indigenous Communities' inquiry).

Much support for a healing centre was expressed during the consultation process. By way of example, at the commencement of the project, AKA attended a meeting of the recently formed Taskforce of local residents. Most of the Taskforce members were employed in the health and education sector and resident in Halls Creek. They were under the impression that they had been requested by members of the Project Group to formulate their ideas for such a centre. Consequently, they were somewhat surprised and disconcerted that an outside consultant had been brought in to do another 'study' and had written to the Project Group on 20 May 2011 to express their concerns.

The Taskforce had developed draft terms of reference for the centre and are currently refining these. The consultants pointed out that the current project was a scoping process and, by its short term nature, it would not usurp the detailed local planning that will be required in the future should a Healing Centre proceed.

The Taskforce then assisted with a further two meetings with a number of other community members. Both meetings expressed the opinion that the need for a healing centre was fully supported and had been demonstrated to previous consultancies.

Support for the consultation can be seen in Appendix 2 and include such comments as 'A Healing Centre is a place where people can address past history of trauma, grief and loss associated with removal of stolen generations, sexual abuse and disruption to traditional style' (Mental Health Service Provider, Halls Creek, 2011). Other stakeholders noted that a healing centre would support: 'Families that have separated through removal or stolen generations. Trauma associated with past abuse of one type or another such as A&D, family violence, sexual abuse, gambling, which can be seen as symptoms of past trauma' (Community Member, Halls Creek, 2011).

In summary there has now been a lengthy history of consultation and reporting that has supported the development of a healing centre. This process, too, found significant support in the community is still exists and there is an expectation that work should now commence. However most agree that more work on the nature of what may be constituted by a healing centre is warranted.

5.1.2 The co-design process between community members, Government, service providers and other agencies that would be implemented in establishing a successful Healing Centre in Halls Creek

As indicated above, the co-design process is undertaken using a structure based on three broad groups. These are community members, service providers and government at all levels. All three have been involved in planning to date and the challenge is to continue this in a more formal arrangement consistent with the more detailed planning now required.

Senior government officials at the Hard Yarns forum clearly expressed their views that the Healing Centre Taskforce (or any other group) must demonstrate that it represents the 'whole community' not just particular factions, or particular service providers. This is probably best described as a threshold issue for gaining government support. This demand is made against the backdrop of significant challenges faced by services given the reported divisions in the community. Comments by some in both government and the community indicated that some of the existing community controlled organisations were seen as being closer to certain family groups and therefore not utilised by others. Of particular concern for the operations of the Healing Centre is that the most disenfranchised in the community are able and willing to access the healing centre. This is so that the outcome of healing will be equally achievable for **all** community members.

This finding was reinforced by stakeholders who noted:

'Everyone should access the facility. Everyone has a problem of one sort or another. Many people are carrying baggage of past trauma associated with colonisation, removal policies, sexual abuse, domestic violence, alcohol and substance misuse, gambling.' (Community Member, Halls Creek, 2011)

Service providers operating in Halls Creek were concerned that the healing activities enhance the provision of their own services. For instance, the Halls Creek Health Service is concerned that often it is able to provide clinical intervention but the follow up, and in particular, the proper use of medications is often ineffective. This is not because of a lack of their attempts to manage this process but rather, communicating the importance of appropriate aftercare in a manner that the patient can understand or for other reason properly comply with, is sometimes very difficult.

A second concern for service providers is that the healing centre complements and does not duplicate existing service provision capacity. The consultants believe that there is great potential for the healing centre to achieve enhanced service provision by increasing the reach of therapeutic services into the community particularly the more traditional communities within the shire. This was described by community members in the following

way: 'A place where people can go to and be provided with help for their problems. To deal with mental health issues, especially helping people suffering grief and loss. To try and heal by building up self esteem' (Community member, Halls Creek, 2011). That is, not a duplication of existing services, but rather, an enhancement to those services available.

Community members overwhelmingly expressed their desire for control over the healing to be vested in the community. They wish to be able to explore various options and develop the nature of healing within their own community(s). They expressed an interest in developing approaches which are outside the usual therapeutic classifications. This is not to say that community members do not support the existing clinical models, rather it means that alongside these more conventional models, they wish to develop some additional approaches.

A clear requirement that the community has voiced is the need for government to provide a clear avenue for communication with the healing centre. This has been recognised by government in its concept set out by the LIP for a 'single government interface' (Richard Aspinall Presentation, slide 11). In a sense, this mirrors the demand from government that they deal with an organisation that is representative of the community. Conversely, it requires all components of government to communicate with the healing centre, with a unified voice. Obviously this should fall to the designated lead government agency or alternatively the local operational centre (LOC) who has an on-ground presence in Halls Creek. We regard this matter as a decision for the Project Group.

The consultants recommend that the co-design process from here on should first and foremost allow a representative (as far as possible) community body the time and space to explore what healing means to the various individuals families and communities within Halls Creek. In the first instance this should be the already established Taskforce. The Taskforce has indicated that initially it would not be an incorporated body nor wish to hold funds, rather they would concern themselves with design issues. The Kimberley Regional Language centre may be the most appropriate body for this in the interim.

This should be supported by a clear line of communication with the lead government agency which would undertake to meet regularly (say monthly) with the Taskforce. Initially the lead agency should provide the necessary support for the Taskforce to develop its terms of reference and membership and undertake the broader community consultation required for the more detailed planning of the services and structure of the healing centre.

There should be an obligation for the Taskforce to meet regularly with service providers, both individually and as a group. Many of the non-government organisations (NGO), including Aboriginal organisations, have employees who are part of the Taskforce but more formal meetings with the NGOs themselves and also the government health service providers such as the WACHS health and mental health will also need to occur. In addition, other

important local stakeholders such as the Halls Creek Shire will need to be involved.

5.1. What services a Halls Creek Healing Centre must encompass now and possibilities for the future

The following matters were identified in various meetings and consultations as services that a healing centre could encompass both now and in the future:

- Healing of the grief and trauma experienced by individuals
- Healing on country including negotiating with various pastoral lease holders for access to country
- Identification and marking of historically significant sights in post European settlement history such as massacre sites
- A 'truth and reconciliation' process for healing feuds between language, traditional owners and family groups
- Very strong support for assistance for healing on country i.e. the ability to return family and community members on to the traditional lands
- Supporting those returning to Halls Creek after treatment e.g. mother returning from Broome after giving birth, including those whose infants are subject to child protection orders.
- Support for those with mental illness in the community
- Support for those returning from imprisonment
- After care on the ground and in language and within culture for a number of services including physical and mental health
- Cultural activities for young people e.g. going back to country
- Healing through culture or cultural renewal e.g. access to art studios, music studios, creative writing, etc.
- Priority for young people

One community member noted that in relation to service provision, the centre should provide: 'Counselling, good advice, caring atmosphere and also feedback. Help sort out an individual's problems' (Community member, Halls Creek, 2011). Another community member noted that it would be: 'For people who are pressure bound. For people going through problems. Good to have a place for people who are troubled. There are a lot of hurting people around. They need somewhere they can go and feel safe' (Community member, Halls Creek, 2011).

But as the Social Justice report states, this will need more consultation and development.

These are some of the possible activities that could take place, but what are some of the roles that the healing centre might encourage? A number of roles have been suggested.

- Individuals able to provide assistance with healing for individuals and groups
- Self help coordinators and conveners
- Cultural guides and historians
- Mediators for dispute resolution
- Mentors
- Volunteers
- Case aides
- Community development and advocacy
- Community engagement facilitators
- Teachers and training in various healing related skills
- Support for healing through culture, art, music, etc.

These roles may be undertaken in a voluntary or paid (casual, part time and/or full time) basis by members of the healing centre. It is possible that the healing centre may be a powerful source of economic development within the shire by locating a greater reach of services into the area. Part of this may be to foster a greater ability for services establishing in Halls Creek to recruit local employees (noting the difficulties that some agencies have reported in local recruitment).

These roles may be undertaken as an activity generated by the healing centre itself or in partnership with services who are trying to reach into the community.

Similarly, the Social Justice Report 2008 explored in detail the emergence of the concept of healing and arrived at conclusions closely aligned to those of the community, expressed above.

The report (2008) notes that the term 'healing' is not widely used in all Indigenous communities because there is not a clear understanding of what it entails. 'However, this is starting to change. For instance in Western Australian Indigenous communities some practitioners noted that there has been a growing awareness of the concept of healing and a corresponding increased demand, for healing programs and services' ([2008 Social Justice Report \(Report No. 1/2009\)](#): 188).

To address this knowledge gap, it was recommended by respondents (to a consultation undertaken as part of the Social Justice report) that there needs to be widespread community consultation and awareness raising sessions with Indigenous communities about Indigenous healing. This would develop an understanding of what healing is, the manifestations of healing not taking place, and how needs for healing can be met.

Respondents raised concerns that there is equally a lack of understanding among parliamentarians, government departments and service providers about healing, and what it means in the Indigenous context. There needs to be training and education for government officials among others about the traumas that Indigenous peoples face and what Indigenous healing is. This should then inform government's capacity to develop effective healing strategies (ibid.:189).

The report lists the key themes of healing as being:

- Indigenous healing is a long term response to address the trauma resulting from colonisation and forced removal of children from their families.
- While Indigenous healing overlaps with other areas including social and emotional well being, mental health, and medical based therapeutic models, it is also distinct from these. Elements of these other areas contribute to healing, but healing is not limited to any of these.
- Cultural identity and cultural renewal are central features of Indigenous healing processes.
- Healing is a very personal process, and necessarily requires different approaches and processes for different people.
- Healing is not limited to the individual. It extends to healing of the family, the community and of the nation.

In terms of the specific services that may result from these themes the report identifies:

- Targeted healing programs and services for Stolen Generations peoples and their families (that address the impacts of forced removal and intergenerational trauma stemming from the forced removal).
- Healing programs and services for the wider Indigenous community, not limited to addressing impacts of forced removal, but extended to address trauma arising from other situations such as drug and alcohol abuse, family violence, and rehabilitative programs for incarcerated Indigenous peoples.
- Crisis healing – short term, individual, immediate trauma relief on a daily basis.
- Longer term restitutive/ rehabilitative healing process for individual and community based healing; and
- Therapeutic, narrative, cultural or spiritual healing programs.

It is unclear how the LIP defines healing as it uses the term 'Healing and SEWB centre' and it focuses at least in part on a centre that would address the service gaps in the other services.

The LIP identifies that strategies relating to healing should aim for:

- Healing and trauma
- Counselling and social supports
- Alcohol and drug management and prevention plan

- Suicide prevention
- Mental health services
- Youth focus, engagement and diversion
- Violence related harm

It notes that the current situation is:

'A number of programs addressing the aims exist, poorly coordinated and gaps in addressing whole issues are apparent to Community'.

[The plan calls for a future activity to focus on]:

- *Healing programs that operate on country*
- *Training in healing and counselling that will operate on country*
- *Linkage with Culture and Arts*
- *A central healing centre space for administration and consultation needs*
- *Resourcing for Community people to attend National and International healing and SEWB conferences*
- *Prevention programs*
- *Grief and loss supports*
- *Employment of local Community assets- local people who naturally undertake healing or SEWB roles*
- *Appropriate language use*
- *Linkage*
- *Review of drug and alcohol needs and resources*
- *Youth*
- *Elders*
- *Review of other successful models/programs, including the Yiriman Program*
- *Expanding and aiding existing health and SEWB services to undertake appropriate social support roles*
- *Linkages and support needs for Halls Creek Community members receiving healing and/or SEWB services outside of Halls Creek*
- *Implementation, resource and funding requirements*

(LIP, 2010, pp.42)

In summary the consultants believe that the process going forward should, first and foremost, allow a representative body the time and space to explore what healing means to the various individuals, families and communities within Halls Creek.

In order to place some boundaries around this, so that government and the service provider stakeholders may better respond, we suggest that the healing activities be considered under three broad categories of activity:

- Support for empowerment and skills development to improve the capacity of individuals and families and communities e.g. training as healers, healing circles, healing on country, community reconciliation activities, etc.
- Healing through culture e.g. healing on country, arts movements, music studios;
- Partnerships with various health services providers (broadly defined) to assist them on the ground and improve their service reach and efficacy.

The need for a history of Aboriginal people in Halls Creek

In the course of researching this project it has become apparent that although culture and history in the region is widely referred to by all stakeholders there is almost no readily available history of the Aboriginal people post European settlement. Although documents often refer to the number of communities and languages of the area little is available to make this more meaningful. It was also suggested that memorials be made to mark sites such as massacre sites but currently little on these events is readily available. As stated in Section 4 - healing should be 'informed by history - that is, being cognisant of the historical source of trauma, rather than focusing too strongly on the individual pathology.'

A published and publicly available local history would be both an important resource for the community and assist with the development of tourist information. It may that be the Halls Creek Shire in partnership with the Language Centre should apply for funding to commission an Aboriginal history of the area.

5.1.4 Stakeholder requirements for the governance and service operation of a Healing Centre in Halls Creek, including how performance will be measured

Stakeholder requirements in general have been discussed under Item 2 above and also addressed in the Implementation Plan below. However, local community members noted that: 'Good governance underpins good service. Not too onerous but provides peer support, training including mentoring, and middle management support' (Community member, Halls Creek, 2011). Others noted that a good governance structure requires: 'Committed people. Team builders. Fair minded people. People with integrity' (Community member, Halls Creek, 2011).

In relation to auspicing, community members offered the following: 'Depends on if you are auspiced, stand alone or become incorporated under ORIC. This would be the preferred model if incorporated.' (Community member, Halls Creek, 2011).

The second part of this section is the issue of performance measures, that is, how will stakeholders measure success. The Shire plan identified a number of 'Indicators of our Success' in regard to the arrangement of activities including the Healing Centre:

- Improved personal health indicators and life expectancy rates.
- Reduction in alcohol related crimes and injuries – especially in relation to domestic abuse.
- Improved nutrition practices.
- Reduced levels of smoking.
- Lower levels of suicide and self-harm. Establishment of new or improved health services and support businesses.
- Improved agency collaboration.
- Positive change in image perception (internally and externally).

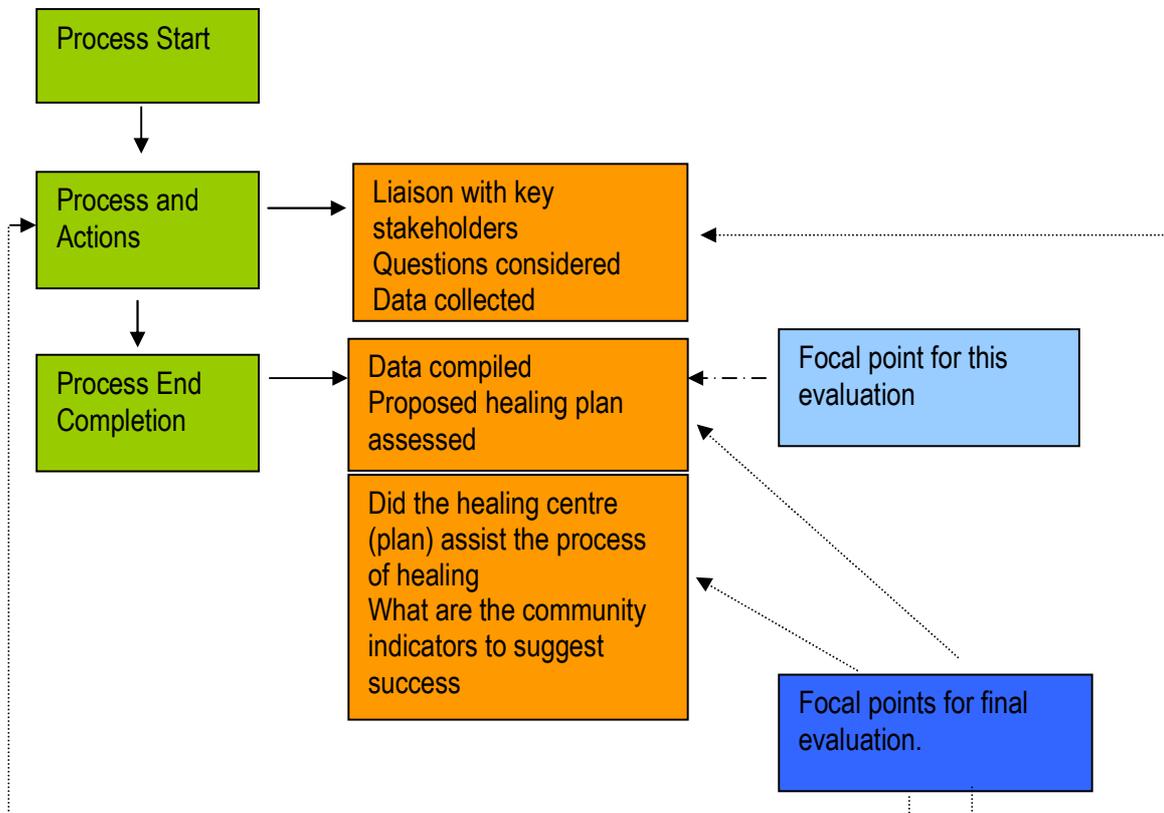
(Shire plan, p.21-22)

These seem a sound basis for evaluation, however, they are in the main outcome indicators which will only be realised over the longer term.

The Implementation Plan suggests that a healing plan be developed in the first year of the development of the 'centre'. Once this is developed an evaluation plan that meets all stakeholder requirements can be developed prior to the commencement of any activities. Indeed, it may be useful to have an evaluation of the planning process in the first year. Such a process evaluation may include the following questions and be designed at the commencement of year one and conducted towards the end of that year.

- Did the Taskforce or alternative community group gain broad support?
- Did it develop a terms of reference or charter?
- Was that charter adhered to?
- What is the membership?
- What consultations were undertaken?
- Did government provide a 'single interface'?
- Did government respond in a timely fashion?
- What support was provided by government?
- Where other service providers engaged?
- Were their interests included in the Healing plan?
- Was a healing plan developed?
- What is its acceptance by all stakeholders?

The evaluation process can be demonstrated thus:



Adapted from: Project Evaluation Toolkit, Chapter 2: 'A Project Evaluation Framework' Available from: <http://www.utas.edu.au/pet/Drafts/proframe.doc>.

Following this evaluation adjustments may need to be made to the healing plan and it would certainly benefit from having its own evaluation plan that is initially a process evaluation (i.e. where the outputs are reviewed to see if consistent with the plan) and later look at the outcomes in terms of indicators identified by the Shire.

5.1.5 Identification of appropriate governance and service operation models, including review of existing service provision in Halls Creek that may be part of, or support, a Healing Centre in Halls Creek

In relation to the appropriate governance models, stakeholders noted: 'Governance Committee needs to have a good understanding of how a Healing Centre is run and be familiar with roles and services offered. It needs to be able to connect with other people' Community Member, Halls Creek, 2011).

Further information about the governance model has been discussed in Item 2. The nature of healing services has been discussed in item 3.

The existing service provision in Halls Creek with regard to health and wellbeing is extensive. A very detailed description of services can be found in the Baseline report for Halls Creek.

It was not within the scope of this study to undertake a comprehensive review of service delivery. In fact this had been suggested in a related item under the LIP. However regarding services related to a healing centre there are many services that may both benefit from and provide support for the development of a healing centre.

These include (in no particular order):

- The Kimberly Regional Language centre
- Yura Yungi Medical Services
- Jungarni Jutiya Indigenous Corporation Alcohol and drug service
- Women's refuge
- The Halls Creek School
- Children and families centre (soon to open)
- WACHS Mental Health Services
- Anglicare - various services but particularly in suicide prevention service
- Community Corrections
- Bin-waji Nyurra Nga teaching place
- The Shire Community Engagement and Youth services
- The Shire Arts Centre
- The Halls Creek hospital
- Local police
- Department of Child Protection in Halls Creek

It is possible that comprehensive partnerships may be developed with all these services to provide greater reach and effectiveness within the community. All services consulted expressed a desire to improve their effectiveness in the community. This is critical to the success of the healing centre. It has been suggested that all three groups of stakeholders need to be represented on the governance structure.

5.2 Some possible models

In our consultations the conversation alternated between:

- 1) a 'one stop shop' centre;
- 2) a centre in which a range of services could be accessed and outreach provided to the outlying communities; and
- 3) a service consortium or network that could respond to the various needs presented.

A one stop shop, service hub or coordinated service network are not necessarily mutually exclusive options. In fact our consultations found support for the accommodation of all models.

Whether people preferred to view the plan as a physical centre based in Halls Creek or as a program encompassing the local services network, they agreed that an access or entry point is an essential element for activating the client's healing journey. Along that pathway other services could be brokered or engaged to provide coordinated care and follow-up.

It is worth noting that these models are largely described in terms of services aimed at individual healing. The other healing activities such as healing through cultural renewal could fit with any of the models but may require their own specific staff and infrastructure e.g. a youth focused recording music studio.

Option 1: One Stop Shop Model

This option could be activated relatively quickly due to the availability in town of vacant facilities that are no longer in use since the Alcohol Restrictions. For example, the previous Sobering Up Centre in town is vacant. It has office facilities as well as a 14 bed hostel that could be adapted as a centre.

The primary functions of this Access/Coordination Centre are:

- To provide an access point or point of entry for clients seeking to begin their healing journey.
- To establish an initial intake and referral system.
- To provide an initial assessment and identification of the clients problem.
- To identify the appropriate service to provide service to the client
- To ensure appropriate follow up care is provided for the client.
- Limited outreach may be provided from the access centre.

Advantages

- A safe place for clients with trauma related issues to go.
- A one-stop access and entry point for clients.
- A place which engages with clients and 'activates' their healing journey.
- A place where stigma, shame, privacy and confidentiality are not barriers to client access.
- A place that has skilled, experienced and trained Aboriginal and non-Aboriginal staff.
- A place which can refer clients to the appropriate service provider.
- An access referral point, not necessarily a service delivery centre, has economies of scale compared to a more sophisticated service delivery structure.

- Vacant premises such as the former Job Futures and Sobering Up Centre could be used to establish an access centre in the short to medium term.

Disadvantages

- May not have sufficient capacity to deal with the scale and urgency of trauma related problems documented in previous studies of local community.
- The authority of the centre to ensure follow up care is provided by service providers to whom referrals are made.
- Clients from town camps and outlying may have to make their own way to the centre.
- Because its focus will be on 'activating the client's healing journey' the centre would not have capacity to offer outreach to outer communities.

Option 2: Town based Service Hub with Outreach Services

This option is a more sophisticated version of option 1. It would perform all the above functions but would perform an expanded range of functions. The service hub could be an access point for clients residing in the township, town camps and outlying communities in the wider Halls Creek catchment. At least 60 or more communities live in these areas. The initial contact though would require clients from these areas accessing the service centre in Halls Creek. At the initial contact visit the primary functions mentioned above would be performed such as intake, assessment and referral to the appropriate service provider. The outreach function would be reciprocal in that once the client agreement on treatment problem is established, outreach services could be offered to outlying areas.

Advantages

- Fulfils primary functions of access point service.
- Could include capacity to facilitate residential/non residential activities.
- Could refer clients to appropriate service provider and provide consulting space for these at the centre.
- Would act as a service hub and outreach service.
- Service reach could extend to town camps and outlying communities.
- Could be auspiced by existing lead agency or stand alone service

Disadvantages

- This may be the most resource intensive option.
- The recruitment of professional and other service staff would take time to complete, but it could be factored into the planning 'co-design' phase mentioned earlier.

Option 3: Service Consortium Model

There is a wide range of government and community-based services in Halls Creek. However, most respondents expressed concern about the fragmentation of service delivery amongst the existing services network. This model requires existing services in the town agreeing by way of Memoranda of Understanding to better coordinate their service delivery to clients seeking help to deal with their trauma related issues. It would also require a service agreeing to be the lead agency to auspice the program.

Advantages

- Cost savings in not having a separate stand alone centre
- Healing activities could be integrated with auspice's range of services
- Auspice could act as an access point where intake and referral could be managed
- Auspice would provide entry point to activate client's healing journey

Disadvantages

- Activity would drain auspice services resources
- Risk of Healing Centre image absorbed in auspice's brand
- The new activity would have to compete with the auspices existing service operations

Some other operational issues

Identifying sites

A number of sites were suggested for a healing centre and in due course these may need to be considered once the model is developed and a budget matters are clarified.

The shire reports that finding suitable sites should not be a major impediment to the development of the centre.

Staffing

The key issue for staffing will also depend on the development of an agreed model. Most respondents indicated that a high priority should be placed on employment of local Aboriginal persons. Some respondents indicated that there were a number of local Aboriginal people with qualifications in areas like Aboriginal health who could form a recruitment pool for a healing centre. Others indicated that there was a lot of competition for suitable local workers already and a number of vacant positions that could not be filled.

Respondents generally felt that organising local training should not be a major issue as a number of tertiary institutions operate across the Kimberley.

Recruitment of qualified staff from outside of Halls Creek presents problems firstly due to the isolation of the area and secondly due to a chronic housing shortage.

Residential services

Generally there was little interest in the primary focus of the healing centre being residential. Some respondents indicated that there was a need for transitional accommodation for those returning to town after imprisonment or health issues.

Others were interested in providing some residential support for healing on country.

6. Conclusion

It is somewhat unsatisfying to recommend a 'plan to plan' but essentially this is the recommendation of this report. This is AKA's opinion after consultations with stakeholders, reviewing all previous studies and spending some time on the ground in Halls Creek. We have found that there is a demand for a healing centre but little design work has been done.

Alternative options could have been provided, buildings sourced and budgets constructed. Perhaps the centre could be established with counselling staff in place to provide grief and trauma counselling. Alternatively, a bigger statement could be made with the construction of a multi-purpose, multi-site healing complex with counselling rooms, group spaces, fire pits, smoke houses and arts and music facilities. But who is going to determine the design of these? Who is going to govern and manage and its services if it provides them directly? Who will staff it and will those who use it be patients, clients or an audience? All these questions would need to be answered and more than likely it would fall to government to do this and there is no blueprint for healing centres and more particularly healing centres in Halls Creek.

This report shows that while there is strong support for healing in Halls Creek, the form it is to take will require careful thought and consultation across the whole community before beginning operational funding and provision of support or services. To date there is little agreement on any of the major detail such as governance, services and infrastructure. Government appears undecided about its own role and who within its ranks should be most responsible. This report argues that the detailed planning is best undertaken by the community itself. This is consistent with experience in other countries.

If the community through its leaders (such as the Taskforce) can provide a well thought out plan for healing there is no doubt this will find support. There is still a gap to close and new approaches are much needed, especially those that see communities taking responsibility for planning the future. Based on this, a draft Implementation Plan has been developed to assist all stakeholders with furthering the process of agreeing, designing, establishing and operating a Healing Plan/Centre. This is included at the end of this section.

Finally it may be useful for all concerned to understand that the most difficult part of the development will be the next year. The willingness and determination of the three stakeholder groups to work together to develop a plan will be the crucial factor. If a shared vision can be created then the Halls Creek healing centre will become a reality.

Implementation Plan

Implementation Plan (2011/2012)		
	Community	Outcome
Activity 1	Formation of Halls Creek Healing Centre Taskforce; -Interim terms of reference/charter -Membership process and membership roll, -Consultation with members and community including outlying communities	- Charter established - Membership process documented - Membership roll established - Consultation with outlying communities completed
Activity 2	- Confirmation of auspice agency to act as fund holder and to employ any staff	- Auspice agency is identified and confirmed
Activity 3	- Development of a three year Healing Plan and submit to Project Group	- Three year healing plan is developed and submitted within first twelve months
Activity 4	- Development of partnerships with a range of service providers and in particular those providing mental health and counselling services.	- Partnerships are established and documented

Implementation Plan (2011/2012)		
Government		
Activity 1	<ul style="list-style-type: none"> - Project Group to confirm lead agency/single interface with responsibility for liaison with Taskforce - Confirmation of Taskforce's role 	<ul style="list-style-type: none"> - Lead agency interface defined - Taskforce role has clear TORs describing it
Activity 2	<ul style="list-style-type: none"> - Respond to requests for establishment costs 	<ul style="list-style-type: none"> - Establishment costs clarified
Activity 3	<ul style="list-style-type: none"> - Receive Healing Plan 	<ul style="list-style-type: none"> - Healing Plan Received by end of FY 2012
Activity 4	<ul style="list-style-type: none"> - Consider funding an Aboriginal history of Halls Creek 	<ul style="list-style-type: none"> - Proposition considered and decided upon
Service providers (i.e. NGOs and government operated services providing health and well being services in or to Halls Creek)		
Activity 1	<ul style="list-style-type: none"> - Liaison with Taskforce to support the establishment of the healing plan/centre. 	<ul style="list-style-type: none"> - Regular meetings set up and adhered to.
Activity 2	<ul style="list-style-type: none"> - Development of partnerships to provide various healing activities for healing 	<ul style="list-style-type: none"> - Partnerships established and formalised

Implementation Plan (2011/2012)		
Activity 3	- Those service providers with responsibilities for mental health and counselling services to consider developing protocols for requesting clinical interventions or counselling	- Protocols developed
Year Two Community		
Activity 1	Establish healing centre/service	- Healing Centre/ Point established
Activity 2	Establish governance arrangements for the healing centre and determine whether it will have its own administration or will operate under an auspicing body.	- Governance clarified
Activity 3	Commence implementation of agreed three year plan; and Ongoing discussions with Government lead agency and stakeholder group	- Implement three year plan
Government		
Activity 1	<ul style="list-style-type: none"> Respond to three year healing plan 	- Respond to three year healing plan

Implementation Plan (2011/2012)		
Activity 2	<ul style="list-style-type: none"> Ongoing liaison with Taskforce 	- Liaison with taskforce
Service providers		
	<ul style="list-style-type: none"> Ongoing discussions with and partnerships with the Taskforce 	- Discussion occurs regarding partnerships

Resourcing the Plan

For year one: Support (administration/communication/consultation) in the establishment of a community based healing organisation.

From year one and beyond, the resource quantum required will depend on the plan developed for extended implementation.

Where to from here

A draft report was provided to DoHA and members of the Halls Creek Project Group for comment. Following these comments some clarifications were made to produce this final report.

AKA recommends that it be circulated to stakeholders in Halls Creek and in particular, the Task Force. Perhaps this could be done via a workshop or series of workshops with all stakeholders and community members.

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Appendices

Appendix 1

List of Consultations Conducted

Consultation Period May/June 2011

Organisation	Number of Personnel consulted
Halls Creek Shire	Staff x 2
Halls Creek School	Staff x 2
Yura Yungi Medical Services	Board & staff x3
Jungarni Jutiya Alcohol Action Council	Board & staff x3 f
WACHS Halls Creek	Staff x 1
Kimberley Community Drug Service Team	Staff x 1
WACHS Mental Health	Staff x 2
Anglicare/Kinway-	Staff x 3
Halls Creek Department of Child Protection –	Staff x 1
Halls Creek Police	Staff x 2
Women’s Safe House	Staff x 1
Better Life Project	Staff x 2
Centrelink –Kununurra	Staff x 1
Bin-waji Nyurra Nga teaching Place	Staff x 2
Halls Creek Language Centre	Board & Staff x 4
GP Division Boab Health –	Staff x 2
Department of Justice	Staff x 2

Organisation	Number of Personnel consulted
Baraangya Boongaray Aboriginal Corporation	Staff x 1
Regional Operations Centre	Staff x 3
Peoples Church	Minister x 1
Halls Creek Frail Aged Hostel	Staff x 2
Halls Creek TAFE	Staff x 2
Traditional owner	Owner x 1

In addition to the individual consultations AKA attended the following Community meetings:

Hard Yarns 25th and 26 May 2011

Three community meetings at the Kimberley regional Language Centre on 26 May, 28 May, 31 May

Constitutional Recognition Panel – Halls Creek Consultations June 9 2011

A number of other organisations were invited to host meetings with the consultants including the Board of Jungarni-Jutiya Indigenous Corporation (Jungarni-Jutiya) and The Marijal Aboriginal Corporation

A list of other local residents was forwarded to the consultant but without contact numbers.

Appendix 2

Summary of Consultation Findings

1. What purpose does a healing centre have?

Rather than a single purpose centre, most respondents specified a number of purposes that the Healing Centre could perform. These were:

- A safe place that people feel comfortable using and a gathering place to bring people together.
- A place where people can address past history of trauma, grief and loss associated with removal, stolen generations, sexual abuse and disruption to traditional life style.
- A service hub for coordinating other services and a place where professional people can work.
- Traditional healing - helping people to heal first cultural way and place to go to build up self esteem.

Many saw the HC as:

- Facilitating or coordinating outreach activities.
- Helping people with their problems, especially helping people suffering grief and loss.
- Having mental health workers and other specialist staff.
- Letting people know about their culture.
- A place that encourages people to talk about their problems, including victims of abuse and trauma and escape the stigma of mental illness.
- Offering cultural renewal, follow up and addressing service gaps.
- Getting people work ready
- Finding commonality to bring people together.
- Aftercare - help people heal.
- Anything that would assist in mental health would be a huge plus. People are wandering the streets not being looked after, they sleep on the streets.

2. What services does a healing centre offer?

The core services that were suggested to be offered included:

- Counselling and support for trauma, grief and loss and family crisis problems.

- Social and Emotional Wellbeing services (counselling) including, financial management, Alcohol and Drug services.
- Counselling staff to help people solve their problems; group healing and individual healing.
- Counselling, psychologist and Aboriginal mental health workers.
- Women's grief and loss associated with removal of their children and legacy of stolen generations.
- Healing and Yarning circles and take children back to country to reinforce their cultural identity.
- Helping people suffering grief and loss to try and heal by building up self esteem.

Other support services discussed were:

- Out reach service - referrals from school and other services. A&D and suicide, including heavy gunja (marijuana) use in town among young.
- Taking people to various cultural locations but not lore or sacred places.
- Guidance - to provide a safe place where they can come and talk about their problems.
- Education programs that help people to recognize their own problems. Referral service.
- Respite support. To talk to someone, to get things off your chest and not be judged.
- Services could include listening to music, doing art, or seek help such as families coming out of prison.
- Therapy – for some effective alternative therapy is good.
- Water exercise for cerebral palsy.
- Going to country (jump in the car and stay for a while)
- Traditional healing places
- Car pool – transportation is a big issue.
- Child protection services – child protection issues.
- Kids need to be kids (gathering centre).
- Strengthening families.
- Holistic approach.
- Money management.

3. To whom would the healing centre provide services?

Most respondents agreed the Service target group would broadly be:

- All residents and age groups of Halls Creek.
- People with mental illness, alcohol and substance misuse problems and people with low self esteem, especially from outlying areas.
- Those with trauma associated with past abuse including A&D, family violence, sexual abuse, gambling - all seen as symptoms of past trauma.
- 12-18 year olds – noting that half of the population is under 12 years.
- Families separated through removal or stolen generations practices.

- Many people are carrying baggage of past trauma associated with colonization, removal policies, sexual abuse, domestic violence, alcohol and substance misuse, gambling.
- Children, young people and families including non-Aboriginal partners, with the child being the central focus.

More specific target groups would be:

- Families and individuals with mental health issues.
- People suffering trauma of grief and loss associated with removal, abuse, addictions.
- Aboriginal people seeking connection to their culture.
- Young mothers whose children are removed and those seeking family reunification with their children. Need close linkages with DCP Hostel in HC.
- Elderly people because of remoteness of HC.
- Young recidivist offenders and those engaging in anti social behavior.
- Respite for carers and families with A&D and other trauma related issues.

4. What specific groups would use the healing centre?

- No boundary should be imposed - arts and creative activities. Everyone who has something 'bugging' them.
- Right people, right country.
- Members suffering grief and loss, especially for own family members.
- Need for service to heal the disjointed fragmentation in and between organizations and groups.
- All ages and all people. Family disputes and feuding is serious community concern.
- Music studio

5. What do you know about other models of healing centres?

Knowledge and understanding of the healing centre model varied. Many claimed they had never heard of the HC initiative before but support the principle. Some had heard of other centres such as the Tennant Creek Elders Group. NZ Maori healing practices and consultations undertaken by Judith Miller and Darell Henry were referred to throughout this consultation process.

WACHS reported it did its own consultations and asked people what mental health means to them. This report had 60 recommendations.

6. Should the healing centre be residential or non-residential?

The majority of respondents did not stress the need for the centre to be residential. However some were for a centre that provided a residential program. Comments included:

- Non residential with daily operating hours.
- Mixture of both. If doing family work would need respite care, like the Darwin Rehabilitation Centre.
- Could be residential. Would require planned and structured program. Also agree with referral service idea.
- Sometimes people in a residential environment are more conducive to change. Could be both. Also, some people go bush which seems to work as well.
- Should be a choice. Some may need to live in, others could be day patients.
- There is a women's safe house but nothing for men who can get away from their family pressures (overcrowding) and 'humbug' from younger people.
- Residential because a lot of youth are suicidal. Need a place where people can keep an eye on people 'at risk'.
- It should be a 24 hour support service but the office should not be 24/7, supported by volunteers to help with after hours work hours.
- Depends on circumstances. Could help with reuniting mother with their child.

7. What aspects of other sorts of services you have experienced do you think would fit in with a healing centre?

Responses noted that the following sorts of services had been experienced and would fit in with healing centre:

- Some A&D services could be provided from HC.
- Would be of benefit to WACHS if Healing Centre were able to provide backup and support for mental health staff. Unless this was provided would be reluctant to change present service arrangement.
- Lot of DCP issues related to A&D misuse.

8. What sort of governance structure arrangements do you think would work best?

All respondents agreed that good governance for the HC will be essential. Some reference here was made from the lessons learned from failed programs that have since closed in Halls Creek. Other comments were:

- Needs good governance structure.
- Good governance underpins good service delivery. Need governance training, include mentoring and middle management support.

- Using a mental health service delivery model, MHSs must have clear mandate, legal requirements, referral pathways, and duty of care to staff working in the service.
- Governance body needs to have knowledge of governance, purpose, operations and how to run a HC.
- Depends on if your auspiced, stand alone or become incorporated under ORIC which is preferred governance model.
- A good understanding of how a HC is run. Committed. Understand roles and services offered. Good communicator with people, able to connect with other people.
- Get government agencies involved
- Need to move away from short term project – 6 months.
- We have a regional membership.
- Competent governance – NGO – consumer advocacy. 10-year plan to be independent.
- Coordinator with some qualification - Halls Creek needs a governance structure by appointment, with representatives on one body. Don't have an election – by appointment.
- Avoid factional control.

9. Should the healing centre be under the auspice of another organization?

Diverse views expressed here ranged from some who supported auspicating the centre under an existing service to those who felt the HC should be independent and autonomous. Others gave qualified support to both options, such as:

- Only if the auspice is equipped to take on the new activity.
- The language centre is neutral
- Maybe, if there isn't an organisation that can deliver in its own right, a separate service could be considered. There is an incremental aspect in the establishment of a new service and also a size factor that influences whether a service is independent or auspiced.
- Only if the auspice is equipped to take on the new activity.
- If they could handle it, the Yura Yungu Medical Services Aboriginal Corporation (Yura Yungu).
- Depends how close link with other agencies eg A&D, etc.
- Could be under auspice of Jungarni-Jutiya A&D program.
- Some people are not happy with some of the key services. Need s to be stand alone.
- Could be under Yura Yungu Medical Services or Jungarni-Jutiya A&D, or independent corporation.

9. Who would you suggest be important members of the governing body?

- Committed and skilled people.
- Prominent people including respected leaders.
- Skilled, financial background, people with skills, willing to learn and COMMITTED.
- Chairpersons of 4 Town Camps and committee members.
- Elders to be included but should include young as well. Some elders too controlling.
- Board needs governance training (essential).
- Many people are already on other Boards.

10. How should community languages be factored into the project?

- Culture and language is important.
- Language Centre should play role here.
- Need to involve Traditional Owners from key language groups.
- Need to train the young ones. This is the challenge.
- Should play big role in Centre. Need to reinforce culture.
- Sometimes – need interpreters. Courts need languages.
- Important for communication and reaffirmation.
- You must provide it [services and information] in people's own language.

11. What important cultural matters should be considered in the design of a healing centre

As above and:

- Men's business, women's business, rights of child, rites of passage.
- No exclusion, no 'not the right person'.

12. What role do you see for training local people?

- Very important.
- Some staff can be trained but need experienced professional workers there from day one.
- HC TAFE is a useful resource for training people.
- East Kimberley CDEP could play role here.
- Local firm, House Masters, have done lot of work with Aboriginal community including employment of Aboriginal workers.
- There are local people with skills and also others who could be trained.

- Aboriginal people need to trust people. There are skilled people in HC.

13. What is the capacity in the local community for capital works or buildings needed

As above.

14. Where in the Halls Creek district should the healing centre be located?

While some suggested that the HC be located out of town, most agreed that because of access to local services and transport, it be located in Halls Creek. Sites suggested were:

- Old Sobering Up premises – because it is currently vacant.
- Could base hub in HC and spokes reaching out into outlying areas.
- Nerve centre or hub could be in town but activities could be out on country such as men's and women's business.
- Referral is important.
- Located in the main street.
- The old Job Futures Office – avoid duplicating services - need to use services more effectively.
- Out of town because then there would be no interruption. Not in town because of the negative vibes.

15. Will sites be available?

- Speak to shire.
- What about the premises and vacant sites of closed down programs e.g. Sobering Up Centre and Job Futures program.
- Gidja and Djura Claims to be settled soon, but there is a boundary dispute.
- There are properties not being used in town.

16. What categories of staff should be employed in the healing centre?

- Depends on what it does. Professional staff - e.g. psychologists and social workers.
- Highly skilled staff.
- Sometimes staff from outside community are more able to work with Aboriginal clients.
- Aboriginal staff may be compromised working with their own family members or relatives

- Professional staff, trained staff, TOs, AHWS, Youth Workers.
- Professional staff. Indigenous trained staff on par with other staff; people should be competent, boundaries must be recognised. See Daryl Henry - have worked with him.
- SEW/BTH; Peer Support; Mentor Support; Language linguists.
- Professional staff but not just these. Need provision for training Aboriginal staff.
- Local people. 1-1 counselling. Skilled, special person in role.
- Mentors, volunteers (paid and unpaid) pool of casual staff, use them as needed, needs to be flexible.
- Pool of casual staff. Professional staff. Include a buddy up system between skilled and unskilled trained staff. Have to be creative, culturally aware but communication and help has to be two way.
- Qualified and also trainees. Need Indigenous staff working there. Need to train local people.
- Mainly Indigenous staff. Skilled staff, qualified staff eg counsellors. Healing support team.

17. What strategies could be used to retain staff because of the remoteness of the area?

- Need backup of staff - need peer support, need to train up local people, not on 'soft fluffy stuff'.
- Accommodation must be included in the package. Three weeks on, one week off; not be too stressful.
- Appropriate housing infrastructure inc. rental is in place for staff from outside HC. Package must include appropriate professional development support, including supervision and support. Commitment and passion for the job and to strategically plan.
- Training needs to be done in HC. Use HC TAFE training.
- Accommodation is part of the package.
- Package must be supported by award payments.
- Sensitive to stress on staff because they'll need healing as well.
- Staff must be culturally trained.
- Pooling of casual staff. Housing. Proper packages. Flexibility with pool of casual staff. National working with children check. Minor offences?

18. Other comments

- When the alcohol restrictions come in 3 years ago, nothing was provided to support problem drinkers.
- Creating a context/space to help people.
- Moondjawal project (Sobering Up Centre?) closed down. They still have their properties and assets that could be used.

- WACHS offers a visiting service because it does not have the infrastructure or resources to run a normal service. It is a three weekly service.
- Overcrowded housing is big problem in HC.
- Creative arts are important.
- Bullying at school is problem.
- Nothing for men. Need men's shelter.
- Language Centre is good because it doesn't have any clients. We are not working in competition with other local services...but our funding is limited.
- Felt that the answer was for people to turn to the church for the answers. This respondent was a member of the People's Church group. Said I would email him articles on Healing Centre and Traditional Healing. Didn't feel people should get a free ride.
- The healing centre needs the support of government – this is important because this is more concerned about social healing rather than output numbers - makes it very hard to measure change. This is a leap of faith.
- This is not one town – groups are thrust together. Separate drinking areas – don't mix.